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THE ROLE OF SPIRITUALITY IN MEDICAL SOCIAL WORK

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THE ROLE OF SPIRITUALITY IN MEDICAL SOCIAL WORK

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Adriana Vera
Elena Marie Rendon
June 2019

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ABSTRACT

Incorporating spiritually-involved interventions into the treatment process for chronically ill patients is a trending subject in the field of medical social work. Literature suggests the integration of spirituality with patients diagnosed with a chronic medical illness appear to influence patient's resiliency level. However, the lack of information and knowledge on the topic suggests medical social workers are still in the process of learning how to utilize spirituality as a form of intervention. This study explores how medical social workers in the Inland Empire perceive the practice of spirituality on resilience levels in adults diagnosed with a chronic medical illness. The data is collected through audio recordings from individual interviews with each participant. The audio recordings are transcribed into transcripts to identify themes and common categories among the participants. The results analyzed call for future research to continue on how to incorporate spirituality into the social work practice in the Inland Empire.

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Dr. Davis

Thank you for your time and dedication to this project. Your passion for truth and knowledge truly inspires us. Thank you for pushing us beyond our limits and helping us grow professionally and personally. You helped us to believe in ourselves and for that, we are forever grateful.

Family

Thank you for your absolutely love and support. You keep me motivated by trusting me during the pathway to my professional career. Your genuine belief in my abilities will be driving me to give the best of me.

-Elena Marie Rendon

To my family and friends who have been the driving forces to this achievement, I thank you for the endless support you have given me. Para mis padres, esto es para ustedes. Sus sacrificios y apoyo son la razón por la que logré esto. Gracias por darme las alas para volar.

-Adriana Vera

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Across the country, the prevalence of adults with chronic illness has been on the rise. Approximately 26% of adults in the United States are reported to have at least one chronic illness (Ward, Schiller, Goodman, 2012). Faced with a life-altering medical diagnosis, individuals often experience a variety of intense physical and psychological stressors. Subsequently, such stressors are frequently tied to the functioning and quality of life of the patient (Rowe & Allen, 2004). When coping with a chronic illness, patients often deal with physical pain, changes in body image, lifestyle changes, feelings of uncertainty, and end-of-life planning. These types of problems can lead to changes in well-being and questioning of the meaning of life along with other existential dilemmas. How patients cope with chronic illness becomes essential in maintaining a high level of functioning and good quality of life. Ramirez et al. (2012) alluded that individuals coping with the limitations and end of life planning imposed by chronic medical illnesses often find support, meaning, and hope in their connection to some form of spiritual transcendence. Davison and Jhangri (2012) claimed spirituality might actually promote better adjustment to chronic illness and therefore improve patient's resiliency and overall level of well-being.

Spirituality and religious practice are in the same area, yet distinct. Curtis (2014) defined spirituality as the unique experience of connecting the human soul with material or physical things that are greater than the self. The author further explained spirituality as the essence of the deepest and marvelous values that a human being could experience because it gives meaning to many aspects in life ranging from hope to acceptance. Reis and Menezes (2017), depicted spirituality and religiosity as strong motivators during the last years of a person's life when individuals face challenging situations and difficulties. Spirituality and religiosity both serve as resilience approaches and influence a better quality of life as people progress in age (Davison & Jhangri, 2012). Resilience includes the internal and external characteristics that help individuals manage adverse situations in life and help provide the ability to recover the strained body quickly after a stressful situation (Grafton, Gillespie, & Henderson, 2010). Individuals tend to derive resilience from both spiritual and religious practices during some of the most common difficult situations such as death, natural disaster, divorce, or chronic illness.

Spirituality as an area of focus is of great importance because of its impact on the social work profession in both a micro and macro aspect. One ramification in social work occurs when the providers are not familiar with the different cultural practices or personal beliefs of an individual. It is necessary to understand cultural humility to help people to manage hardships, such as being sick for an extended period of time. Ozawa et al. (2017) contended that religious

background is associated with the belief in a particular higher power and these different beliefs and cultures impact the level of spirituality. Usually, people facing life-altering hardships fall into depression and require words of empowerment or any kind of motivation to continue coping with their problems.

Many people in this group find resilience by practicing some spiritual practices, to avoid depression (Hodge, 2015). Safren, Gonzalez, & Soroudi, (2007) stated that depression is one of the most devastating and threatening consequences people suffer when experiencing a chronic medical condition; also, in a depressive state, individuals have a hard time finding the resilience to overcome the extenuating journey of a chronic illness. In these situations, is when the intervention of a skilled social worker who is prepared on the topic of spirituality can help those clients. The knowledge and level of use of spirituality by social workers needs further research to find out the extent to which social workers incorporate spirituality in their practice, and the impact of spirituality that is observed among their clients.

Purpose of the Study

The purpose of the research study is to explore and build upon existing knowledge about the role of spirituality in the field of medical social work by examining the use of spirituality among medical social workers working with chronically ill individuals. As Hodge (2015) mentioned above, the practices of spirituality provide strength to chronically ill patients and aid them in coping better

with their chronic health condition. One of the social workers' purpose solely focuses on empowering clients. Saleebey (1996) concurred that in mental health the strength perspective has an established reputation. In order to increase resilience, healing, and wellness, Saleebey contends the necessity to join the concepts of rational, investigation, and practice (Saleebey, 1996). In order to begin addressing the lack of knowledge in regards to the role of spirituality in medical social work, research with medical social workers is necessary to comprehend better how spirituality contributes to the resiliency of patients with chronic illness. Once medical social workers become more educated in the area of spirituality, they will be better equipped to address the spiritual needs of their patients more adequately. More research needs to be performed with the area of spirituality in medical social work to support integration of it as part of the curriculum in academic settings.

The overall research method that will be used in this research study is a qualitative and exploratory design. This research design will consist of implementing a semi-structured interview aimed at obtaining qualitative information from 8 to 10 experienced medical social workers as well as licensed clinical social workers (LCSWs) throughout the Inland Empire. The interview will be structured with open-ended questions in which the participants will be able to describe their experiences about incorporating spirituality when working with chronically ill patients. The semi-structured interview aims to elicit insightful information while still allowing for follow up questions if necessary or prompted.

Significance of the Project for Social Work

Although many theories of spirituality have been developed and advanced by social work scholars, the application of this work is still developing from the professional utilization perspective. The findings of this specific study will help contribute to the profession's ongoing discussion of the impact spirituality has on patients coping with a chronic medical illness. By further exploring the effects of spirituality on resilience levels, the field of social work will obtain knowledge on how to provide better ethical and professional services that acknowledge, incorporate, honor, and respect patient's spiritual beliefs.

The generalist intervention model is a process found in all realms of social work. The insight gained from this research study will help enable medical social workers to assess better, plan, implement, and evaluate interventions used specifically with chronically ill patients. The proposed research study will inform the assessment phase by providing the social worker with insight into the level of importance spirituality holds in the patient's life. The planning phase will be informed as social workers mindfully formulate treatment plans that emphasize the patient's spirituality as a source of strength. In addition, the implementation phase will be informed when the action steps taken by patients incorporate spiritual aspects that strengthen their levels of resilience. The evaluation phase of the generalist model also proves to be further informed as insight gained from the study will reflect any impact of incorporating spirituality in the interventions medical social workers use.

Hodge (2015) suggested a central professional value to be integrating the client's perspective into the professional discourse. By affirming the strengths perspective in this manner, patients are more inclined to work collaboratively with the practitioner resulting in positive progression throughout treatment. With that said, the research question for this project is as follows: How do medical social workers perceive the practice of spirituality on resilience levels in adults diagnosed with a chronic medical illness?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This section will focus on the literature regarding spirituality in the field of social work, including implications of the gaps in previous studies related to spirituality. Also, it will cover methodological limitations and identify conflicts regarding spirituality in social work practice. Additionally, this chapter will present evidence demonstrating the need for additional studies to explore the role of spirituality in medical social work further. Finally, it will include a theoretical perspective supporting the presented research.

Spirituality in Social Work

Literature concerning spirituality and social work practice has been conceptualized as being allied and firmly connected, but having many conflicts, similar to a divorce with incompatible variances (Bullies, 2013). One of the first social workers who wrote about religion was Susan Spencer. As cited in Bullies (2013), Spencer defined a religious person as a believer in the universe to achieve comfort and strength. This earlier study about spirituality brought the conclusion that individuals seek a personal meaning and satisfying relations (Bullies, 2013). Having meaning in life can drastically help individuals to cope with stressful situations in life.

Amidst the growing interest of spirituality as an area of focus, there are methodological limitations indicated in the existing empirical studies. The construct of spirituality is highly complex and a daunting concept to attempt to measure. Berry (2005) contended that spirituality as a construct could not be operationalized in a logical manner posing a severe threat to the validity of any study. The inconsistency of conceptualization limits the ability to clearly define the construct of spirituality in any replicated or future studies taking place. Past trends define spirituality more conservatively while current studies define the term in a broader manner that allows for more inclusion (Berry, 2005).

However, Seinfeld (2012) contended that spirituality in social work has grown in the last two decades, as has the advancement of theoretical knowledge in psychoanalysis and behavioral modification, both of which rejected religion as an illusion or as unscientific. Sheridan and Hemert (1999) presented research into the interest of social work in religion and spirituality in which they demonstrated that most social workers agree that religion was essential in the lives of their clients. The research resulted that only a few medical social workers discussed a lack of comfort when talking about spirituality and religion with their clients (Sheridan and Hemert, 1999). Many practitioners feel anxious to combine social work with religion, thinking that they might be violating the client's rights (Sheridan and Hemert, 1990).

The findings of the previous studies mentioned show that medical social workers experience feelings of discomfort when discussing the issue of

spirituality with clients. Spirituality in the field of social work is a practice that needs exploring in depth because it encloses one of the most profound strengths in individuals when coping with any straining circumstances in life, such as coping with a chronic illness. The Council on Social Work Education (CSWE) has established a commission order to all the accredited social work programs to implement the competency of engagement in spirituality and religion (Oxhandler, 2017). The author further pointed out that many social work instructors do not incorporate spirituality practices as an intervention in the curriculum to help people cope with hard situations in life (Oxhandler, 2017).

A 2011 international study revealed similar methodological limitations mentioning, in particular, the lack of spiritual care addressed by medical staff (Tan, Wutthilert, & Connor, 2011). The study further detailed the lack of appropriate spiritual care recommended due to the absence of knowledge in determining between spirituality and religious suggestions.

Disparities in the Field

The practice of spirituality among the chronically ill has been growing across the globe. Religion and spirituality are meaningful for many individuals coping with a chronic or terminal illness. For instance, a survey conducted in Canada was administered to 37,000 people who suffer from chronic pain. The results of the study indicated that individuals who exercise spiritual practices displayed overall significant health improvements in comparison to those who did not (Baetz & Bowen, 2008). The Center for Disease Control and Prevention

(2012) specified that there are around 117 million people in the United States with one or more chronic health conditions. This number reflects the people in need of healthcare social services, which includes social worker's ability to incorporate spirituality with individuals diagnosed with chronic illness.

Oxhandler (2017) contended that many social workers do not receive enough training from faculty on how to work with clients regarding religion and spirituality. In the field of social work education, it is essential to incorporate a spirituality class as part of the curriculum of social work programs, as respecting diversity helps to shape individuals' identity, including religion and spirituality (CSWE, 2015). The interest of spirituality in social work practice is not enough to prepare practitioners regarding the incorporation of spirituality. Derezotes and Evans (2010) concurred that the current training among social workers does not satisfy the requirements of knowledge and skills to work with spiritual and religious issues.

However, spirituality has grown and occupied a protruding position in healthcare services (Henery, 2003). Vast numbers of social workers are clinical/medical practitioners that mostly have trained in the areas of long-term care such as oncology and depression NASW Press (2018). Depression is usually associated with experiencing unexpected or hardships in life such as oncology which is one of the chronic medical conditions that requires much endurance, faith, and belief in something.

Existing studies regarding spirituality in the social work field have laid a foundation for future studies to build upon. Findings of all previously conducted studies indicate a need to explore further the role spirituality plays for individuals diagnosed with a chronic medical illness. By exploring the impact of spirituality in the field, medical social workers will be able to provide better services when treating individuals who value spirituality due to understanding the importance of the client's spiritual practice in the course of their treatment. The proposed study differs from existing research because it provides insight into how medical social workers perceive the practice of spirituality by chronically ill individuals. This new perception allows for the incorporation of client's spiritual beliefs in the profession's discourse.

Theories Guiding Conceptualization

One of the theories used to address the study of spirituality will be the strengths perspective theory.

As cited by Smith (2006), the strengths-based perspective focuses on the strengths and skills of the individual rather than the deficits. The author further explains that this approach has helped practitioners learn a new language of positive qualities and strengths that are often left unacknowledged and unrecognized. This perspective is an essential instrument to use in the social work practice and has resulted in many years of positive outcomes when initially used in the field of mental health (Song & Shih, 2010).

The strengths perspective theory has been successfully applied to various clients facing mental health issues in the past years, and recently with other populations such as older adults, youth, and people with substance use addictions; this theory also has been useful in the areas regarding resilience and wellness (Saleebey, 1996). Drolet, Paquin, and Soutrine (2007) affirmed that this perspective approach promotes active support to clients facing problems and aid them and their families by using their strengths and skills. Conceptually, one of the roles in social work practice is to provide empowerment to clients facing hardships in their life. Mary Richmond was one of the first pioneers who initially used relevant evidence to help others with reframing their weaknesses into strengths (Weick, Rapp, Sullivan, & Kisthardt, 1989).

Strength-based practices involve the collaboration of both the client who is seeking services as well as the practitioner. The professional relationship that develops encourages the individual the opportunity to partake in the development of their treatment course rather than it solely being driven by the practitioner (Duncan & Miller, 2000). By incorporating the client into the treatment planning process, the practitioner can observe the client's perspective of the situation as well as their stance and level of importance of the problem (Saleebey, 1996). The research further alluded that this gained insight is essential in reframing the client as a whole in perspective to the systematic tiers in which they live in.

Although the strength-based perspective emphasizes the client's strengths, this does not mean the challenges and trauma they have endured are

disregarded or forgotten. On the contrary, defining the cause or root of the problem makes the client view the problem in a new way. Weick et al. (1989), proposed that identifying something previously unnamed introduces it into a reality where therapeutic efforts can be directed to it. Mainly, the authors detail that making the root cause of the problem comprehensible allows for the clients to utilize their identified strengths in working through the challenges.

The strength-based perspective has since navigated and continues to guide social work practice. Lamb, Brady, and Lohman (2009) encouraged practitioners to continue practicing the strength-based approach in an attempt to understand how individuals exhibit resilience despite the numerous hardships they face. This approach results in clients feeling empowered and in control of their life which affirms one of the goals social workers aim to achieve (Rapp, Saleeby, & Sullivan, 2005).

Summary

The incorporation of spirituality in medical social work has increased in the past years. However, limitations still exist on how to best integrate this concept into the social work field. Research has demonstrated that practicing some sort of belief or religious denomination, has been essential for clients who are chronically ill. This study will explore the perception of medical social workers regarding spirituality and the impact that spiritual beliefs have on the levels of resilience in patients who are diagnosed with a chronic medical condition. This

research study also aims to explore the role of spirituality in social work practice, further using the strength perspective theory as an instrument to evaluate resilience and wellness of chronically ill patients.

CHAPTER THREE

METHODS

Introduction

This research study aimed to explore the insight of medical social workers in applying spirituality as an intervention tool with chronically ill patients and in what manner this aids to build resilience in coping with a chronic health condition. The content of this chapter will examine the importance of spiritual beliefs as a coping mechanism. The following sections will be discussed: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to explore the perception of medical social workers concerning spirituality and whether spiritual belief strengthens the levels of resilience in patients who are diagnosed with a chronic medical condition. The proposed study utilized a qualitative method through a snowball sampling approach to explore Licensed Clinical Social Workers' (LCSWs) and Master level Social Workers' (MSWs) perception and experience in working with chronically ill patients who exercise spiritual practices in the Inland Empire.

The proposed study gathered information from medical social workers who are either clinically licensed or possess a Master's degree in social work

with considerable experience working in a medical setting. For this study, the term medical settings were defined as hospitals, dialysis centers, clinics, nursing homes or long-term care facilities. Due to the low levels of existing information about incorporating spirituality as a recognized intervention, the proposed study was exploratory as well.

Additionally, there are numerous strengths in having utilized an exploratory, qualitative design. First, an exploratory design allowed the researchers to elicit insightful information and personal experiences with minimal structure from the participants. Participants had the opportunity to share personal experiences during the interview process and were informed that their identity would remain confidential in the final results. In addition, a qualitative approach allowed ample time for participants to ask the researchers clarifying questions and for elaboration on the answers given during the interview. Utilizing this approach provided the researchers with evidence that bestowed insight into the role spirituality plays with chronically ill patients.

Limitations also existed in the use of this method. One limitation was that the approach required a considerable amount of time for completing the interviews with the participants. Another limitation was the participants' level of comfort in sharing their experiences with spiritual beliefs. The topic of spirituality is considered controversial due to the different spiritual dimensions and beliefs of the interviewed participants, which may have resulted in censored answers. In

addition, because 10 participants were interviewed, the ability to generalize the sample was considered to be an additional limitation of the proposed study.

Sampling

The researchers conducted ten informal interviews with experienced medical social workers by using a snowball sample approach. The researchers contacted prospective participants via email. The researchers utilized their contacts to send emails to acquaintances with experience in the focus of medical social work. Additionally, the acquaintances that were contacted referred other medical social workers to the researchers for participation. The study utilized LCSWs and MSWs, specifically, with at least two years of experience working with chronically ill patients. The stated sample technique satisfied the purpose of the study since it intended to explore the insight and experiences of medical social workers regarding spiritual beliefs as a coping tool. The snowball technique further allowed the interviewing of unknown LCSWs and MSWs, and at the same time, explored their insight on the topic. This method was of substantial information because the researchers gained knowledge in diverse ethnicities, cultures, and beliefs.

Data Collection and Instruments

As stated previously, the research study gathered data using qualitative and exploratory methods by performing individual interviews via live audio-

recording. The time frame to conduct the interviews took place from January through March 2019. The format of the interviews began by introducing the topic of spirituality, the description of the study, and how the results of the study could be applied in future clinical interventions involving clients coping with a chronic illness. Followed, by the collection of demographic information which included age, gender, ethnicity, marital status, education, and experience (see Appendix C).

To conduct the interviews, the researchers implemented a semi-structured questionnaire using open-ended questions constructed to reflect the social worker's perception of the practice of spirituality in their work with chronically ill patients. The questions implemented were reviewed and formulated with the assistance of Dr. Thomas Davis, the research advisor of this study. The survey questions formulated were aimed to obtain insight from medical social workers, MSWs and LCSWs, about their experiences in the spiritual realm and the role this subject has played or the impact it has had on their patients who are coping with a chronic medical illness. The interview questions utilized served as a tool that guided the conversation that took place. The structure of the interview guide reflected cultural sensitivity for the participants by taking into consideration their different spiritual beliefs.

Given the nature of the study, interview questions were developed by the researchers in order to target the purpose of the proposed research study. Both research partners evaluated the interview questions and made modifications

when necessary in order to test for reliability. Although pre-planned questions were initially asked, individualized follow-up questions proceeded as necessary for clarification or further elaboration. Topics addressed in the interview included the social worker's personal experience using spirituality as an intervention, their perspective of how welcomed spirituality was in medical settings, experiences of how chronically ill patients benefited from utilizing spirituality as an intervention, and personal opinion in regards to comfort level and preparedness in using such an intervention in their practice. More detailed information about the interview questions is supplied in Appendix B of this study.

Procedures

The procedure was initiated when the researchers solicited participants through personal contacts who are currently experienced medical social workers. After confirming initial participants, the researchers inquired if the initial participants knew of other medical social workers to extend participation. Upon agreement to partake in the study, interviews were scheduled with the participants, taking into consideration the participant's preferred time and location. The researchers interviewed at the participant's preferred site. Informed consent was gathered before beginning the interview. The interviews were conducted and recorded by the researchers and lasted 15-30 minutes. At the end of the interview, a debriefing statement was provided to the participants to ensure

their confidentiality and safety. All gathered data was then transcribed to be used for the findings of the research study.

Protection of Human Subjects

For this research study, only MSWs and LCSWs with medical social work experience were eligible for participation. To ensure participants freely agreed to partake in the study, the researchers provided participants with a written informed consent document (Appendix D) that required the participant's signature demonstrating they had read and understood the specifications of the study. To ensure confidentiality and anonymity of participants, no specific medical setting or business name was necessary to disclose prior, during, or after the interview process. For the audio recordings, each participant pseudonym was assigned a number for transcription so that no identifying information exposed any participant. All audio recordings were securely stored on an encrypted USB device that was properly secured in a locked drawer.

Participant names and all data collected were also stored in a secured locked cabinet to continue and ensure confidentiality. At the end of each audio recording, the researchers provided participants with a debriefing statement (Appendix E) that reiterated how all audio and written information gathered was adequately stored by the researchers in a secured location. In addition, no other participants had access to either the audio recordings or paper data collected.

One year after completion of the research study, all audio recordings and gathered documentation will be deleted from the USB drive.

Data Analysis

After all the audio- recorded data was gathered, it was analyzed and transcribed into a hard copy. As soon as the transcripts were completed, the researchers analyzed the results thematically. Some of the concepts included the role of spirituality in social work, insight from participants and own experiences, level of resilience of patients practicing a spiritual belief, and if spirituality was perceived as a proper intervention tool to utilize in the social work field.

Some of the variables coded consisted of demographic information from participants, years of experience in the field of medical social work, ethnicity, age, gender, and educational achievements. Another observation noted and included as a variable for transcription involved the non-verbal reaction from participants when replying to the interview questions. The data was then revised for a final decision on the thematic structure with changes made as needed.

Summary

The research study conducted explored how medical social workers perceive the practice of spirituality on resilience levels in adults diagnosed with a chronic medical illness. The research study was composed of conducting

informal interviews with experienced medical social workers throughout the Inland Empire.

CHAPTER FOUR

RESULTS

Introduction

The data sources utilized in this study are medical social workers who are currently or have previously worked in a medical setting. The study has begun with medical social workers the researchers have direct access to, and then snowballed to other medical social workers whom the researchers have been referred. The concept of spirituality is ample and abstract and has an array of definitions for different cultures, ages, and belief practices. To have a clearer understanding of the concept of spirituality this research used a demographic description of the participants followed by the themes in the categories of people, places, things/artifacts which were categorized as abstract and concrete. Also, settings, training, and ideas/insight from the medical social workers interviewed.

Analyses

Table 1 displays demographic information from each of the participants. The age of the participants ranged from 25 to 64 years old. Most of the participants were female accounting for 80%, and only 20% were male. Ethnicity was composed of Hispanic, African American, and White, being the Hispanic the higher number. The majority of participants reported being married, and one reported being single. The majority of the participants had a Master's degree in

Social Work (MSW), and a lower number had obtained their License in Social Work (LCSW). The years of medical experience were accounted only for the years providing medical social work services, regardless of the experience in other settings. The section in regards to spiritual practices was included in the questionnaire to know if the participants' beliefs aligned with their professional service with their chronically ill patients.

Tables 2-7 contain the themes used in this study and were classified into people, places, things/artifacts which were broken into abstract and concrete, settings, training, and ideas/insight. These elements were acknowledged from the interview transcripts from each participant. The themes were categorized after all the interviews were completed due to the importance of them in the responses. Then, the theme's elements were inputted into the corresponding tables. Some of the tables contain quotations to show an insight of concrete and original thinking in regards to spirituality.

Data Thematic Results

The research question being addressed in this study was: How do medical social workers perceive the practice of spirituality on resilience levels in adults diagnosed with a chronic medical illness? This question was designed to be qualitative and exploratory in order to study, in depth, the concept of spirituality through the insight of the medical social workers and the impact of spirituality on chronically ill patients in the Inland Empire. From the data collected six main

elements emerged: (1) Settings matters. (2) Comfort level for the social workers to address spirituality. (3) Interaction with hospice patients. (4) The use of artifacts. (5) The need for more training to address spirituality. (6) Medical social workers' insight into how spirituality impacts patients.

Table 1. Demographic of Research Participants

DEMOGRAPHIC	Participant Response
Age	35, 55, 45, 55, 55, 35, 25, 25, 25, 45 (34,44, 54, 64)
Gender	Female, female, male, male, female, female, female, female, female, female
Ethnicity	African American, Hispanic, White, White, African, American, White, Hispanic, Hispanic, Hispanic, Hispanic
Marital Status	Married, married, married, single, married, single, married, married, married, married
Education (Title)	LCSW, LCSW, LCSW, MSW, MSW, MSW, MSW, MSW, MSW, LCSW
Years of Medical Experience	15, 20+, 10, 20+, 5, 5, 5, 5, 5, 10
Spiritual Practices	Fairly often, very often, very often, very often, fairly often, No often, fairly often, very often, fairly often, fairly often

Table 2. Research Category: People

Content/Theme
<ul style="list-style-type: none">• Patients/Clients/Residents• Recipient, Deceased Baby• Family, (parents/mother/Baby)• Friends, loved ones, mate, folks• Woman/ man• Children/ youth, Elderly• God, Jesus Christ, The Lord, Higher Being, Creator, God's creation• Professors, Graduate student• Church members, community members, neighbors• Medical Social Worker, case manager, Clinicians, staff, Colleagues• Certified Nurse Assistant (CNA), Doctors, Professionals, Nurses• Catholics, Christians, Agnostics, Jehovah Witness, Muslim, non-believers, Atheist• Chaplain, Clergyman, Priest, Preacher, Reverend, Spiritual Advisor• African American family, Latino family, Asian family, Caucasian family, Hispanics, American Indian• Buddha, Virgin Mary, Hindu, Eric Erickson, Angels, idols,

Table 3. Research Category: Places

Content/Theme
<ul style="list-style-type: none">• Hospice• Home• Church• Workplace• School, Classroom• Loma Linda University Medical Center• Paradise, Heaven• Secular University• Faith-based university, Religious university• St. Mary's Hospital, Psych-hospital• Veterans Home of Bartow• Vietnam• Catholic Foundation• The community• Cal-State San Bernardino• Cal-State Long Beach• Southern California• The Inland Empire

Table 4. Research Category: Things/Artifacts

Content/Theme	
Abstract	Concrete
• Scripture miracles	• Bible
• Healing Prayers	• Memorabilia
• Cultural competency	• Church Songs
• Biopsychosocial component	• CBT therapy
• Talk therapy, Active listening	• Existential theory
• Meditation, Concentration	• Mindfulness
• To provide Dignity and support	• Crisis intervention
• Suicidal assessment	• Solution Focus
• The technique of counting to 10	• Yoga
• Holistic stuff	• The Five wishes
• Statues	• Book of Mormon
• Praying and holding hands	• Quran
• Compassionate care	• Idol necklace

Table 5. Research Category: Settings:

Content/Theme
<ul style="list-style-type: none">• Secular Places,• Hospitals, County hospital, Teaching Hospitals,• Faith Medical Settings• Neonatal Intensive Care Unit• The pediatric unit, Licensed units• Maternal child health• Medical Social Work• IDT meeting, Interdisciplinary meeting• Federal level Organizations• State Government Institutions, State agencies• Private Institution facility• Clinic settings• Psychiatric setting• Dialysis Unit• Catholic Organizations• Breast Cancer Group

Table 6. Research Category: Training:

Content/Theme
<p>Personal Communication, Participant 1, January 2019</p> <ul style="list-style-type: none">• “Not from school, So I can say that I was better equipped once I got on the job training rather than just coming from school as they did not, they did not touch the subject.”
<p>Personal Communication, Participant 2, January 2019</p> <ul style="list-style-type: none">• “I went to secular University, and I was never equipped or taught to incorporate spirituality and individual treatment. So, I could have been better prepared to do so. In secular universities folks take a look upon spirituality is a form of weakness and they view man as the creator in the scholar, which is very sad. I believe that science is man's way of trying to understand God's creation.”
<p>Personal Communication, Participant 3, February 2019</p> <ul style="list-style-type: none">• “I happen to have attended a university that that was actually a religious University for my graduate work. And so, they included in part of the social work, the biopsychosocial, it was a biopsychosocial, spiritual component. However, sometimes I felt like they were afraid to fully incorporate the spiritual side.” “I was ever been trained and how to incorporate that into a treatment plan.” “I can write. I can figure out some things, but I would not say I have ever been trained to do so.”

Table 6. Continued

Content/Theme
Personal Communication, Participant 4, February 2019
<ul style="list-style-type: none">• “not training from school, but from different background. “So, I donot think the schools teach anything of helping you prepare for including spirituality into an individual treatment plan.”
Personal Communication Participant 5, February 2019
<ul style="list-style-type: none">• “I think it was just like kind of lightly brushed over. It wasnot anything in college that we really heavily focused on and there wasnot like a particular course in the general practice that we really went over, but I can remember that you know, have a brief mention of it, but I wouldnot say it was intensely taught.”
Personal Communication Participant 6, February 2019
<ul style="list-style-type: none">• “Yes, I took a course in grad school on spirituality. And it was actually a very interesting class, Spiritualityand social work, I think it was the class title.And definitely my courses in school, in grad school helped.”
Personal Communication Participant 7, February 2019
<ul style="list-style-type: none">• I donot feel that the courses, we didnot really go into. I donot feel like spirituality was in it. I think just with growth and consultation and reading that helped me. But I do feel like they gave me at least some skills that I need to ask those questions regarding spirituality. But I really feel like they should have incorporated into the courses.”

Table 6. Continued

Content/Theme
Personal Communication Participant 8, February 2019
<ul style="list-style-type: none">• “I think it is mostly my background, my beliefs. I donot think school really helped me as much but because I was already comfortable with it. I think as a professional, everything else the school thought me to be a professional and incorporated it with my personal background.”
Personal Communication Participant 9, March 2019
<ul style="list-style-type: none">• “I do not recall spirituality being taught or mentioned in my college courses. I feel that it is a topic not really mentioned as they can be misunderstood. I believe spirituality is best understood when you have the opportunity to work in the medical field. At least that is how it was for me.”
Personal Communication Participant 10, March 2019
<ul style="list-style-type: none">• “I had to do a lot of the learning on my own, or with a consultation with supervisors or other social workers and how I could bring it into a session. And so if spirituality is a very important part of the client’s life, you want to see if you could use it as a tool to help the client make changes, or for support to build those internal resources that they could seek out whenever they are struggling with something.”

Table 7. Research Category: Ideas

Content/Theme
Personal Communication, Participant 1, January 2019
<ul style="list-style-type: none">• “spirituality for medical Social Work is also on the practitioner to understand that some people use their spirituality to get through the process...to have a sense of letting go.”
Personal Communication, Participant 2, January 2019
<ul style="list-style-type: none">• “I believe it is acknowledging the whole person. We do not just have a physical component and an emotional component. We also have, I believe, a spiritual component.”
Personal Communication, Participant 3, February 2019
<ul style="list-style-type: none">• “I think spirituality is part of the whole person. The spiritual component definitely plays a role and understanding the whole person both from how they see spirituality in terms of how do they connect with God, but also with their belief system.”
Personal Communication, Participant 4, February 2019
<ul style="list-style-type: none">• “I think it gives a patient hope. I think it gives positive thinking especially with a person is very spiritual in the belief the Bible or spiritual belief and the Higher Power to help them to do something in their lives.”

Table 7. Continued

Content/Theme
Personal Communication, Participant 5, February 2019
<ul style="list-style-type: none">• “it has actually played a huge role. Especially, I would say with the elderly, when it's come time for the end of life planning, hospice, and resources helping them get the end of life planning.
Personal Communication, Participant 6, February 2019
<ul style="list-style-type: none">• “In my experience, it is difficult sometimes to talk about...I too had that preconceived notion that it was like religious, and I am not “religious” thinking about karma or whatever, like my own beliefs, where I think helped mold how I talk to patients about it.”
Personal Communication, Participant 7, February 2019
<ul style="list-style-type: none">• “For me, like my spiritual faith, I am a Christian. So, identify with that. But some of my patients that I have their spiritual faith is different from mine. Some of them use yoga, meditation, all of that. And I think it is important because I feel like that is how people cope when they are struggling, or they are dealing with something difficult.”
Personal Communication, Participant 8, February 2019
<ul style="list-style-type: none">• “I feel like spirituality is a big part of medical, social work. I feel like a lot of patients or clients. I think that they rely a lot on spirituality in regards to medical medicine because most of the patients there are sick. So, I feel like spirituality kind of gives them meaning when they are sick.”

Table 7. Continued

Content/Theme
Personal Communication, Participant 9, March 2019
<ul style="list-style-type: none">• “To me, spirituality is not only the belief of a god or spiritual supreme being but as well as something beyond mind and matter, something beyond physical and psychological. Spirituality is a way one makes sense of their life and or existence.”
Personal Communication, Participant 10, March 2019
<ul style="list-style-type: none">• “So, for me, spirituality is important if it is important for the patient or client. And so, the use of spirituality can be very powerful and useful for patients or clients during whatever treatment they are receiving. Especially in medical social work.”

Summary

Themes were categorized into six elements of spirituality which includes: People, places, things/artifacts, settings, training, and ideas/insight. These elements were gathered through thematic analysis of the interview transcripts and systematized into tables reflecting different elements of spirituality. The settings, the comfort level to address spirituality, the interaction with hospice clients, the use of artifacts, the need for more training, and insight of social workers about spirituality were discovered from the data that succeeded in the

task of the original research question. Further explanation and in-depth analysis of the elements in spirituality will be unfolded in the next section.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The following section will discuss six elements of spirituality in medical social work discovered through the conducted research. This section will provide an in-depth discussion of those elements including the significance each element has for medical social workers in practice. This section will further attempt to use the proposed meaning of each element as a guide for viewing the different elements in order to apply them to current and future practice. The elements to be discussed derive from each of the tables previously presented which include: Setting matters, the comfort level of the social worker to address spirituality, interaction with hospice patients, the use of artifacts, the need for more training to address spirituality, and insight from medical social workers about how spirituality impacts patients. Additionally, recommendations on how to utilize these findings in current and future social work practices and prospective research will be addressed.

Discussion

Settings Matter

The element of “settings matter” comes from the table reflecting the category of ‘settings’. Participants work in diverse medical settings, all of which

appeared to influence the participant's response to utilizing spirituality as an intervention. In this case, what 'settings' means or represents to medical social workers in the field is the level of restriction that exists. Table 5 reflects examples of different medical settings that range from state government institutions to private facilities to non-profit organizations. Each setting is attached to specific regulations and policies that can influence what topics medical social workers can elaborate on more freely. Due to each setting being attached to distinct regulations, the element of 'settings matter' also brings forth the idea of separation of church and state. Medical social workers employed by state government institutions tended to be more reserved when discussing the topic of spirituality compared to those employed by private or faith-based medical settings. This implies that medical social workers cannot adequately address this topic with patients without acknowledging the restrictions they are bound to due to their place of practice.

The importance of settings not only suggests how medical social workers work with their patients but may also have implications for how effective they are able to do their job. As one interviewee stated, "...where you are, private compared to public government and state government, it makes a difference" (Personal Communication, Participant 4, February 2019). What differentiates the social work profession from other fields is the holistic perspective social workers have when working with patients. Approaching cases with a person-centered perspective allows for social workers to encompass all aspects of what the

individual believes to be vital to them and to move in a positive direction (Turner, 2017). However, when specific settings restrict or do not encourage the advancement of particular topics, like spirituality, it may implicate the level of rapport the social worker is able to build with the patient. If spirituality is essential to a patient's ability to improve their human condition, the restrictions certain medical settings have may impact the social worker's ability to provide the patient the level of assistance or support they might need in order to move towards overall improvement.

Based on the findings of this element, it suggests settings can either expand or limit the boundaries of social work. The role of medical social workers goes beyond the particular place of practice. If the purpose of social workers is to improve the patient's human condition, then it is imperative all aspects of their lives are explored if the patient identified it to be of importance to them. After all, in order to ensure medical social workers are as effective as possible "We have a responsibility to discuss what role spirituality plays in their life" (Personal Communication, Participant 3, February 2019).

Comfort Level of Social Workers

The element of "comfort level of social workers" is a common theme that was identified across all participant interviews. This element also ties in with the 'Demographic of Research Participants' category displayed in Table 1. Under this category, part of the information gathered included the frequency of spiritual practices of each individual participant. Combined with responses from the

interviews conducted, this information contributed to the level of comfort medical social workers had when addressing spirituality with patients.

While for some medical social workers the comfort level may develop over time in practice, others began with a standard level of comfortableness when talking about the topic. For example, one participant stated “I have become more comfortable. [Even though] I had not initially been” (Personal Communication, Participant 6, February 2019). The consensus of the participants indicated that the comfort level of the medical social worker to speak with patients about spirituality further develops as time in practice passes. This, then, suggests that the personal biography of the medical social worker plays a role in the ability to address or discuss a topic such as spirituality comfortably.

The meaning of this element highlights the importance of intuitive understanding in regards to the practicing clinicians’ level of self-awareness. This indicates that the medical social worker’s personal upbringing or biography influences how they perceive the world around them. Therefore, this may inadvertently impact how they approach the taboo topic that is spirituality. All participants alluded to the idea that in their experience, they would converse more about spirituality with patients if and only if the patient was to bring up the topic initially. This ultimately suggests an opportunity for practicing professionals to be mindful and aware of their personal perspectives when working with patients. Additionally, this opportunity extends to supervising individuals in a management role to assist social workers in enhancing their practice by regularly

including self-assessment as part of the supervision process. If social workers explore their own self-awareness regularly, it may also assist in addressing topics that may be more difficult to explore with patients, such as spiritual beliefs and practices.

Interaction with Hospice Patients

Concerning to the comfort level that results from how often spirituality is discussed, lies the component of the patient population one is working with. Interactions with hospice patients is an element of importance that arose because of the level of acceptance of spirituality that is found among this population versus others. Many of the participants had experience working in various medical settings. Participants with experience working with hospice patients alluded that interactions with hospice patients were more welcoming when it came to the idea of spirituality. In some cases, “they felt more at peace” and furthermore “people that had a strong sense of spirituality had more peaceful deaths than people that didnot have a sense of believing in anything, who struggled and fought death more” (Personal Communication, Participant 10, March 2019).

This element implies that spirituality is a common topic of discussion among hospice patients and those alike. Additionally, spirituality is also a common topic with the families of hospice patients as well. For example, one participant mentioned, “...our goal was to make sure that their death was

peaceful and [assist] if the family was struggling” (Personal Communication, Participant 10, March 2019).

The meaning of this element points to the unavoidable presence of spirituality with specific populations, particularly hospice patients. Spirituality is viewed to be more than one’s current belief system or what occurs in the afterlife, it is “a way one makes sense of their life and existence... Spirituality is used in guiding our patients in life review, allowing our patients the opportunity to share, relive, and appreciate and reflect on their life experiences” (Personal Communication, Participant 9, March 2019). The importance of this element has implications for destigmatizing the topic of spirituality among medical social workers. This, then, suggests that eliminating the hesitation attached to spirituality can bring forth the opportunity for social workers to incorporate spirituality into end-of-life discussions if appropriately prompted by the patient.

For example, a clinician can ask the patient if they have any particular spiritual affiliation and engage with them in a discussion in regards to the patient’s treatment plan. Inevitably, end-of-life wishes may come into the discussion, and this allows for the clinician to validate the patient’s wishes. Furthermore, in this manner, any uncertainty about last wishes can be avoided and equipping the patient’s family with appropriate coping skills can also be achieved as a secondary effect.

Use of Artifacts

Directly connected with the interactions taking place with hospice patients, is the element of 'use of artifacts' follows. This element comes from the "Things/Artifacts" category and indicates both abstract and concrete components connected with spirituality. The use of both types of artifacts serves as a coping tool for patients and provides personal meaning. Patients shared these elements with the participants as they experience strength and resilience by using the artifacts. It was both abstract and concrete artifacts that allowed patients to positively engage with spirituality in a way that manifested improvement either physically, mentally, or emotionally.

Additionally, these elements informed clinicians of the benefit and use of these coping tools which, in turn, resulted in mutual learning. The use of artifacts and the connection to improvement patients had, suggests this element may be utilized as an additional resource for clinicians to incorporate into a patient's overall treatment plan. As a result, the inclusion of spiritual artifacts, both abstract and concrete, can positively impact a patient's resiliency levels when it comes to adherence to treatment. As one participant shared, "They rely a lot on that. And when I talk to them about how are you feeling today, they say 'Oh, well, you know, it is a good day'" (Personal Communication, Participant 8, February 2019).

Furthermore, this element is indicative of the importance and impact the use of artifacts has on the progress of a patient. For example, if prayer or visible artifacts are utilized for patients to cope with depression, anxiety, or pain

management, clinicians may be able to track the progress through a self-report model. If incorporated into treatment plans, such an approach suggests the beginning of legitimacy when it comes to incorporating spirituality into the treatment planning process. This approach also begins the process of providing concrete language to the complexity of spirituality as a concept across various treatment settings.

The Need for Additional Training

This element derives from the “Training” category, reflected in Table 6, and was a central idea among all participants. In the interview process participants discussed how the majority of training they received in regards to applying spirituality in the field practice, came from on the job experience or personal background. For example, one participant stated, “I went to a secular university, and I was never equipped or taught to incorporate spirituality and individual treatment. So, I think I could have been better prepared to do so” (Personal Communication, Participant 1, January 2019). Another participant shared, “I had to do a lot of the learning on my own” (Personal Communication, Participant 10, March 2019). Such statements highlight the lack of training that currently exists both in the field and in educational institutions.

The significance of this element points to modifying current training and educational curriculum to incorporate spirituality as a fundamental component in the teachings of social work interventions. If teaching professionals take this

element of including spirituality as a form of intervention, the process of normalizing the topic and providing formal language and procedures begins. Consequently, the foundational presence of spirituality in practice assists in the deconstruction of spirituality as a taboo subject in the social work field. As one participant stated, "...if they sort of better prepare us, it doesnot make us as afraid to ask the questions" (Personal Communication, Participant 1, January 2019).

This element also implies that spirituality is of more importance than what current teaching professionals view the subject as. The implication this element has for current, and future practice is evident. As one participant put it, "I think that the professor is worried to talk about that... we have a real disconnect between the rights in social work where we talk about that everybody has these rights, but we tend to, kind of, not value people's right for spirituality" (Personal Communication, Participant 3, February 2019). Therefore, this element suggests an opportunity to be seized by all social work institutions to pave the path towards encompassing spirituality as a more fundamental pillar in the program curriculum. Furthermore, this opportunity extends to larger organizations, such as CSWE, to assist in guiding educational, social work programs to restructure for a more inclusive conglomeration.

Medical Social Worker's Insight

Lastly, the social worker's insight arose from the interviews of all participants and their input throughout the study. Derived from the category

“Ideas”, this element of insight provides the general perception that spirituality is viewed as in all settings. While spirituality remains marked as a taboo topic in many practicing settings, it also offers the idea of broadening its context.

“Spirituality, it is defined differently for everyone” (Personal Communication, Participant 7, February 2019). The diverse experiences each participant has had when utilizing spirituality with their patients suggests that spirituality is subjectively defined. As a result, it can become an effective tool that clinicians can draw upon in order to provide the best services possible for their individual patients/clients.

Subsequently, what this element provides is an additional context in which social work professionals can view the topic of spirituality in their perspective settings. After all, the presence of spirituality appears to be a growing trend in high need client populations. As one participant stated, “...it is important because I feel like that is how people cope when they are struggling or when they are dealing with something difficult” (Personal Communication, Participant 7, February 2019). If clinicians build upon the idea that spirituality is a part of the whole person, clinicians can further gain insight into how to best assist the patient.

The meaning of this element points to the need for medical social workers to continue incorporating the patient’s spirituality within the treatment course. Social workers can combine Strengths Based Theory and spirituality to create a plan that patients will be able to greatly benefit from. Appropriately engaging

patients through this approach can result in positively influencing patients' resiliency levels and overall health. If social workers are tasked with providing the best quality of service possible to clients, it would be a disservice, on the provider's end, to not utilize the patient's spiritual component if identified as important. It is imperative that the social work profession acknowledge the effectiveness of utilizing spirituality as an intervention and further build upon it by formalizing the teachings through formal institutions.

Spirituality is essential for clients facing chronic illness and one of the participants confirmed by adding "I think it helps them (clients) oftentimes. You know, if you were to use kind of an existential approach to finding meaning in your life, well-meaning for most people, and a lot of people come from spirituality. So, you can tie an existential theory together with spirituality, or just use their spiritual belief system to help them in the recovery process." This statement demonstrates the need to apply spirituality not only in the treatment process but in the recovery process as well. The majority of participants agreed that the practice of spirituality has benefited most of their clients by instilling hope, positive thinking, and strength to cope with challenging situations in their life. Also, the clients' families have found comfort by practicing spiritual beliefs and sharing those with their loved ones.

Recommendations for Social Work Practice, Policy, and Research

Social Work Practice

Spirituality is one of the main components in many people's lives, and for them, it is the essence of existence. The social work profession should take the approach to integrate this belief as a therapeutic approach. Since social work practice excels in working with challenging and controversial subjects with much success, it could impact and change the professional attitude when dealing with trauma, substance abuse, mental illness, end of life, aging, cultural competence, and chronic diseases.

The field of social work practice started as an act of kindness and care for others in which compassion and religious practices, such as praying, was a component of the profession. Social workers have expressed their thoughts about how they were able to address stressful situations while helping their clients to develop positive coping skills by utilizing spirituality as the primary tool. One recommendation from this observation is to encourage the addition of spirituality in classroom settings in order for students to further develop skills to aid clients in managing adversity.

Policy

One recommendation on behalf of policy would be for NASW to be more involved in promoting the practice of spirituality as a component of the academic curriculum. If NASW were encouraging in formalizing the role of spirituality in the social work curriculum, it would be integrating an additional component in all social work programs. Since social work is an area of expertise that holds strong principles in implementing and promoting social justice, it would be beneficial to

place special attention to the spirituality component because spirituality acknowledges the whole person (Personal Communication, Participant 2, January 2019).

Policy practice is essential in the social work field because it can greatly impact changes in policy that endorse social and economic justice on behalf of individuals seeking social service programs such as mental health, public health, nutritional services, housing, and education. Also, social work policies protect clients from social challenges such as discrimination, racism, and gender identity by providing resources in the community that can assist in combating such complex issues. The NASW policy agenda highlights the areas of need for clients; spirituality is a need for many chronically ill people because it helps them to cope with their current and ongoing challenges.

Research

The six elements of spirituality discussed were analyzed as a measurement to the understanding of how social work practice could utilize them when applying spirituality as an intervention. Spirituality in medical social work is on the verge of being incorporated into the treatment process, but still needs to be studied more in depth in order to formally apply it as an intervention. The findings of this study suggest the application of spirituality to be beneficial to clients coping with a chronic medical illness or clients close to the end of life. One recommendation is to expand and distribute this study to a higher number of participants in order to validate the results of the research.

Most of the interviewed participants agree that the benefit could be more significant to their clients if the topic of spirituality were part of the formal social work curriculum. The research findings emphasized the importance of understanding the need to equip practitioners with academic and professional guidance on how utilize and apply spirituality in the social work profession. The majority of the medical social workers interviewed also agreed that they have mostly learned knowledge of spirituality due to their personal beliefs and individual cultures. Although some of the participants have been working in the social work profession for over twenty years, they still felt the need to be more prepared with knowledge about spirituality and proper ways to incorporate it as an intervention with clients that expressed it as an important component of their lives.

Conclusion

This study could be the pioneer to acknowledge spirituality in academic institutions and start doing more research on this topic which would benefit both, the client and the social worker. The participants informed that the clients were using religious artifacts to help them cope with their challenges of being sick, hopeless, and/or having pain. It was founded that those clients that have a spiritual belief were able to adjust to their situation and found an increase of resilience and peace.

The discussion prompted, then shifts the perspective from how spirituality helps patients cope during challenging times, to the need for better equipping social workers in utilizing new interventions, such as spirituality. Feeling ill-equipped to utilize spirituality as an intervention can stunt practitioners in assisting clients to make progress and improve their situations. Furthermore, the lack of preparation forces social workers to learn through their own experiences on the job rather than having a solid base to which they can refer to if needed. In the field of social work, spirituality is still perceived to be a taboo subject matter simply due to not knowing how to incorporate it into the treatment process. Therefore, spirituality needs to become more commonly talked about and accepted throughout the various settings in the social work profession.

By adding a curriculum that teaches students how to appropriately address this topic through an intervention lens in social work institutions and programs, it provides a basic framework for new social workers as they enter the field. Additionally, building upon this basic framework can further inform the profession as practitioners collaborate with patients and learn new means in which spirituality was of help in their journey to improvement. Therefore, spirituality needs to become a familiar topic formally taught and utilized in the treatment process of clients in order to deliver the most effective services possible.

APPENDIX A
MASS EMAIL INFORMATION

The email below is the general template used for each participant contacted:

EMAIL FOR PARTICIPANT SOLICITATION

Dear _____,

We are writing this letter to kindly ask you if it is possible to have your support for our thesis research. Our project title is "The Role of Spirituality in Medical Social Work." for this research thesis project, we would need to interview at least 10 LCSW or MSW participants who have experience as a Medical Social Worker.

The interview will consist of questions regarding the use of spirituality as an intervention with chronically ill patients as well as some demographic questions and is expected to last approximately 40-60 minutes.

This study will use a survey design focusing on spirituality and resilience of clients with coping with chronic illness. The research will be conducted in collaboration with the California State University of San Bernardino (CSUSB).

After the completion of data collection, data will be put into the SPSS program and will be analyzed. The results of the study will be reported to CSUSB to fulfill thesis approval.

We would like to express our appreciation in your assistance and support of this research endeavor. We genuinely thank you for lending your time, support and cooperation in this study. Without people like you, we students could no progress forward in our educational achievements. Thank you in advance for considering this request. If you have any question, please feel free to contact us directly.

Respectfully,

Elena Rendon, MSW Student

rendone@coyote.csusb.edu

(760) 261-3731

Adriana Vera, MSW Student

veraa@coyote.csusb.edu

(909) 568-3973

APPENDIX B
INTERVIEW GUIDE

INTERVIEW GUIDE:

The Interview consists of 9 open-ended questions. Interviews will last approximately 15-30 minutes. You can end the interview at any time and can provide as much or as little information in answering each question. You also have the option to skip any question without any repercussion.

1. What is your definition of “spirituality”?
2. From your experience, tell me about the role spirituality has in social work?
3. Do medical settings welcome spirituality as part of a patient’s treatment course?
4. In your years of working as a medical social worker, what role have a patient’s spiritual needs played in their treatment process?
5. How comfortable are you with incorporating spirituality into your practice with patients?
6. Have you ever incorporated spirituality in interventions used with patients?
 - a. If so, what has your experience been like with incorporating spirituality in interventions used with patients?

How have you seen spirituality to be of benefit to a patient’s recovery?

Thinking back to your social work courses taken in college, was spirituality taught as a form of intervention?

- . If yes, how do you feel about this being addressed as a form of intervention? Do you feel it was beneficial to your practice in the medical field?
- a. If no, how do you feel about it not being taught?

Do you feel as if you were sufficiently equipped to incorporate a patient's spirituality into their individual treatment plan?

- . If yes, what has helped you in doing so?
- a. If no, how do you feel you could have been better prepared to do so?

(Developed by Adriana Vera and Elena Marie Rendon)

APPENDIX C
DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION:

The following questions will be asked to gather demographic information about the participants of the proposed research study.

1. **Age:** What is your age?
 - a. 18-24
 - b. 25-34 years old
 - c. 35-44 years old
 - d. 45-54 years old
 - e. 55-64 years old
 - f. 65-74 years old
 - g. 75 years or older

2. **Gender:** What gender do you best identify with?
 - a. Female
 - b. Male
 - c. I would prefer not to comment

3. **Ethnicity:** What ethnicity do you best identify with?
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/ Pacific Islander
 - f. Other (Please specify): _____

4. **Marital Status:** What is your current marital status?
 - a. Single, never married
 - b. Married or domestic partnership
 - c. Widowed
 - d. Divorced
 - e. Separated

5. **Education:** What is your highest level of education?
 - a. Bachelor's Degree
 - b. Master's Degree
 - c. Doctorate
 - d. Licensed

6. **Experience:** How many years have you worked in medical social work?
 - a. 0-5 years
 - b. 6-10 years

- c. 11-15 years
- d. 16-20 years
- e. 20 or more years

7. **Spirituality:** How often do you participate in spiritual practices? (For example, attending church, praying, etc.)
- a. Very often
 - b. Fairly often
 - c. Not often
 - d. Never

APPENDIX D
INFORMED CONSENT

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/13/2019 VOID AFTER 1/12/2020
IRB# SW 1934 CHAIR Jana C



College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the insight of medical social workers in applying spirituality as an intervention tool with chronically ill patients and in what manner this aids to build resilience in coping with a chronic health condition. The study is being conducted by Adriana Vera and Elena M. Rendon, graduate students, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine the insight of experienced medical social workers in San Bernardino County.

DESCRIPTION: Participants will be asked interview questions regarding their experiences using spirituality as an intervention, the response of medical settings to this intervention, level of preparedness in using this form of intervention, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: The interview will take approximately 40-60 minutes to complete.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at (909) 537-3839.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2019.

I agree to be audio recorded: YES NO

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX E
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This study was designed to explore the insight of medical social workers in applying spirituality as an intervention tool with chronically ill patients and in what manner this aids to build resilience in coping with a chronic health condition.

There was no deception involved in this study.

If you feel you need counseling after this interview, please contact the following numbers:

San Bernardino County Department of Behavioral Health
Crisis Walk-In Clinic: Rialto
850 E. Foothill Boulevard
Rialto, CA 92376
Ph: (909) 421-9495 • 7-1-1 for TTY Users
Hours of Operation: Monday-Friday 8am-10pm
Saturdays 8am-5pm

Crisis Walk-In Clinic: High Desert
Valley Star Behavioral Health, Inc.
12240 Hesperia Road
Victorville, CA 92395
Ph: (760) 245-8837 • 7-1-1 for TTY Users
Hours of Operation: 24 hours a day, 7 days a week

Crisis Walk-In Clinic: Morongo Basin
Valley Star Behavioral Health, Inc.
7293 Dumosa Ave., Suite 2
Yucca Valley, CA 92284
Ph: (855) 365-6558
Hours of Operation: 24 hours a day, 7 days a week

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ASSIGNED RESPONSIBILITIES

For the collaboration of this research project, it was agreed that both research partners would share responsibilities throughout the duration of the study. Each partner possessed different strengths that were utilized in all aspects of the data gathering, analyzing, and writing process. Any and all modifications needed throughout the writing process were discussed and reviewed prior to finalizing submission. No concerns arose during the partnership due to partaking in equal responsibility and efforts for the completion of the study.