

Spirituality in Clinical Practice

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Abstract

This paper describes a one-semester clinical practice and is about the spiritually inspired moments. While caring for more than 5 patients, I learned a lot and discovered my shortcomings. And I have learned how clinical practice affects my spirit. While practicing, I learned how to take care of the ethical, realistic, economical, and necessary parts of patients.

My clinical practice was during the semester in the oncology unit. Nursing students and instructors gather at 7:00 am to begin clinical practice with a conference meeting. And at 8:00, I attend one more conference meeting with the nurses. And each patient is assigned one by one. Then, the patient's medication administration time is checked, and the medicine is administered by the nurse, me, and the instructor. And I assessed from head to toe. And, according to the patient's disease, I made a care plan to focus on which part to assess. And based on the care plan, I took care of the patient until the clinical practice was done. And before the end of the clinical practice, students report to the instructor what they learned and how they managed patients during the conference meeting. And the clinical practice ends with prayer.

The most accomplished moment was pain management. The patient complained of pain a lot. And the patient's body had a slight fever. So I asked the patient what she needed. So, I brought a towel soaked in cold water to the patient. The patient said the pain was getting better. And because the patient spoke the same Korean as me, I was able to give her a quicker response. A technical skill I used was medication administration. Enoxaparin was administered to the patient. I had the experience of giving an injection for the first time. At first, I didn't know how fast to inject, but I learned that it should be administered not too fast and not too slow. And I applied topical ointment because of the patient's skin rash. Plans and interventions for this patient are using pain medicines, physical therapies (such as heat or cold packs, massage, and exercise) psychological therapies (such as cognitive behavioral therapy, and meditation. Severe pain care plans are always individualized to the patient.

This unit clinical practice impacts my nursing care. The most challenging part was measuring the pain scale and pain locations. Because the patient's diagnosis was cancer, the patient said that it hurts everywhere. And the communication was not active. Due to weakness and pain, the patient could not speak well. The patient talked about the pain scale very slowly but she was unable to talk because she soon fell asleep. The bioethical problem for this patient is communication. The patient said that she was unable to describe the pain in words. The patient always seemed confused and had a hard time saying what the patient needed. That's why I'm worried about whether staff can give delicate care to give patient what she need.

To improve my clinical skills, the communication with the nurse was successful. The nurse gave me detailed instructions on what to do when administering medication to a patient. And the nurse explained how to treat patients. The nurse kindly told me what I did not know. The instructor taught me in detail how to administer the medicine and how to explain it to the patient before administering the medication. And I got peer feedback from a nursing student after medication administration.

While taking care of this patient, I remembered this Bible verse. "If you listen carefully to the Lord your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you." (Exodus 15:26) I believe that if the patient continues to believe in God and wants to be healed, God's hand will reach him according to the words of the Bible. I hope God knows the pain of the patient. I hope that the patient's family will be mentally and psychologically helpful to the patient. And I hope that the patient's discomfort and pain will not

increase anymore. The priority is to help the patient have a comfortable mind for reducing pain. The patient must be psychologically stable to decrease pain.

While doing this practice, I thought about medical missionary work. Many countries are still poor and the medical infrastructure is weak, so medical missionaries are requested a lot. As the gap between the rich and the poor is getting wider, there are more poor countries, and more countries need medical help from other countries. Even today, medical missionaries are penetrating countries that are still firmly shut to the gospel. Medical missions are exerting the influence of the gospel. Medical missionaries also directly preach the gospel. Depending on the circumstances of the mission field, they directly preach the gospel to patients or hospital staff, take charge of raising children, help local pastors or missionaries, or sometimes plant churches alone. As a field of missionary care for the poor and sick, which God has a special interest in, it seems that medical workers are needed today.

In conclusion, 'What is medical missionary work?' Although the definition has changed with the times, I would like to define it as 'service through medical care and evangelism through medical care. Healing the sick, especially the poor and sick, is one great purpose of medical missionary work. It is to serve the sick with the love and truth of Christ. It is to do with the will of God and Jesus, who have a special interest in the poor. Serving the poor through medical care is an important element of the basic ethics of the kingdom of heaven that Christians who have become citizens of heaven must live.