Meeting Our Patients’ Spiritual Care Needs
Addressing the Spiritual Domain in Narrative Medicine & Palliative Care

Although increasingly expected to include spirituality in inter-disciplinary assessments and care plans, many healthcare providers are uncomfortable addressing spiritual issues with patients. Unfamiliarity and lack of training in this area as well as clinicians’ own religious issues may get in the way of being able to take a culturally sensitive, effective approach to spirituality as an integral domain of patient centered care.

In this interactive seminar participants will be encouraged to reflect on their own spiritual values and to develop practical approaches for validating the spiritual dimension in the lives of patients. Topics will include recognizing the difference (as well as the overlap) between religion and spirituality, the role of spiritual screening in multi-disciplinary teamwork, the value of spiritual assessment in interdisciplinary assessment and comprehensive care planning in the delivery of palliative care. Methods and tools for spiritual care and screening by doctors, nurses and other members of the care team will be introduced and practiced through case studies and role play.

- Introduction
  - Why we are here?
  - Personal religious and spiritual history/attitudes
  - Barriers to addressing/responding to spiritual issues in patient care

- Spiritual Domain of Palliative Care—Handout
  - Consensus on Preferred Practices
  - Findings in Research Literature

- Definitions--Handout
  - Religion & Spirituality—R/S
  - Spiritual screening & assessment
  - Inter-disciplinary Spiritual Care

- Spiritual Care in Practice
  - Recognition/Acknowledgment
  - Empathy/Invitation
  - Interest/Exploration
  - Solidarity/Commitment

- Spiritual Screening Tools & Practice
  - HOPE

- Referring to Spiritual Care Providers

- Professional Self-Awareness and Self Care

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RELIGION Beliefs and practices associated with organized groups, such as synagogues, sanghas, masjids, congregations, denominations, faith communities

Religious Needs Screening—focus on religious associations to identify religious/faith tradition—is the practice of religion important to this person?
Level of religious activity—worship, prayer, scripture, devotional reading, radio/TV ministry, Sabbath observance, Ramadan fast etc.

SPIRITUALITY *the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.*

- Awareness of inner self—authenticity, core values intrapersonal
- Connectedness to others—relationship, community interpersonal
- Search for the sacred— Transcendence, Holy, God transpersonal

Dynamic—continually developing, process
Multidimensional—beliefs, senses, feeling, practices, relationship, community

Spiritual Assessment—functional—not about content of belief
Not looking for pathology. Assume pt. has spiritual resources that can aid in coping, healing. Eg. How does this person’s spirituality contribute to a sense of spiritual well-being? Support hope, healing, coping with adversity?

Spiritual Care Aspect of patient centered holistic care directed to
- Acknowledging significance of spirituality to patient’s identity and healing
- Tapping spiritual resources to promote healing, alleviate pain and suffering and increase peace of mind.

It is not necessary to share beliefs, to acknowledge that spirituality may have significance in patient’s well-being. Every member of the team, no matter one’s spiritual orientation or philosophy, may contribute to spiritual care.

However, we need to be aware of our own attitudes toward religion and spirituality in order to be able to put them aside, if necessary, to focus on the patient’s spirituality.

Even though we may not share the patient’s beliefs, we can recognize and affirm varieties of religious coping.
Even though we may not practice meditation, prayer, commune with nature or experience transcendent beauty in music and art— we can affirm those who do.
Even though we may not have mystical experience of acceptance, feelings universal love for all creation, connectedness with humanity or oneness of the universe— we can recognize when they can promote well-being and be sources of healing.
Recognizing and Responding to Spiritual Concerns—Creating Connection

In context of existential realities of suffering, loss, doubt, anxiety, fear . . .

*Emotions provide a much better gateway to the spiritual dimension of our lives than beliefs.*

Listening for concerns, emotions, unexpressed feelings . . . coping with physical pain and disability

Surfacing sources of strength, hope, relationship, meaning & purpose

**PRESENCE**  
Attentiveness
Eye contact, as appropriate  
Mirroring facial expression
Facilitative responses—Nodding, Hmmm, Uh-huh, Wow
Not interrupting or interjecting own story
Allowing for silence

- Recognition & Acknowledgment of spiritual dimension

  *Is there anything you’d like me to know about your spiritual life in the midst of this . . .*

  *I know that spirituality can be important to our health, how is that for you?*

  Coping questions:
  
  *This is hard.*  
  *How are you holding up? How are you managing? What helps you cope?*

  *You seem to managing well, but this has to be difficult. It must be very hard.*  
  *What’s the hardest part? Most challenging? Greatest concern?*

- Empathy & Invitation

  *Empathy is the ability to ‘connect’ with patient . . . to understand a patient’s situation, perspective and feelings and to communicate that understanding to the patient.*
  

  Reflecting Content  +  feelings
  Sounds like . . .  
  That must be pretty painful;
  So I am hearing that . . .  
  That would have made me angry
  You didn’t expect this . . .  
  How frustrating

- Interest & Exploration

  Tell me more . . .
  How is that for you?
  I can imagine that you might . . .

- Solidarity & Commitment

  I wish things were different . . .  
  but I’ll work with you to . . .
  I had some better news . . .  
  we’d all be happier . . .
  We had a medicine to turn things around
  I could promise you that . . .  
  What could we do to make this the best day possible?

Recognizing and Responding to Spiritual Resources--Activity

Case 1:

J.F. is a 75 year old man who has stage IV cancer. He is listed as Buddhist in the medical record. Throughout your visit there has been soft music, chanting in the background. When you ask him about where he finds support, J.F. says “listen! I always listen to this chant.”

Case 2:

S.J. is a 65 year old woman who has had a recent amputation for complications of diabetes. When you ask how she is doing, she points up and says “I wouldn’t be here without him. I don’t know how I’m doing it, I know I’ve lost my leg, but somehow in my heart I am ok.”

Spiritual Concerns

Case 1:

R.P., a 68 year old man, has emphysema. As you begin to leave after a home visit, he says “nobody cares about you when you are sick. I had friends when I was well, but nobody cares now.”

Case 2:

S.M., a 44 year old woman, has stage IV breast cancer. While you are providing nursing care at bedside, she begins to talk: “Sometimes I think this whole life is a crapshoot. Celestial crapshoot. I mean, what meaning is there in having to suffer so much? Sure, I’ve learned a lot about myself. But it isn’t fair. Who’s going to take care of my son when I die?”

Case 3:

T.A., a 29 year old man, is enduring another episode of severe, unmanageable distress from his sickle cell disease. You enter his room to measure his vital signs and he groans, “Yeah, my pain is bad. I’ve been praying that God will ease my pain. He’s done it before, I know he can do it again! I know he can.”


What feelings do you hear underneath what is being said? How could you respond with recognition/empathy/compassion?
PROFESSIONAL SELF-AWARENESS & SELF-CARE

In palliative care, we rely more on our own humanity to make healing connections with our patients.

Caring for people who suffer opens up the possibility of personal transformation for the health care professional. To be open to that, the professional must have an awareness of the spiritual dimensions of their own lives [sic] and then be supported in the practice of compassionate presence with patients through a reflective process . . .. Reflective work is required in order to gain insight into one’s own sense of spirituality, meaning, and professional calling in order to have the capacity to provide compassionate and skillful care. By being attentive to one’s own spirituality and especially to one’s sense of call to service to others, the health care professional may be able to find more meaning in his or her work and hence cope better with the stresses.


Perform your own spiritual assessment: of your personal & professional life

What inspired me to become a health care professional, ______________________?

What are my sources of strength, hope?

Where do I find relational support, community?

What losses am I suffering?

How am I attending to my own grief?

What practices help me to feel centered and whole?

To what degree do I have a sense of well-being.

To what extent am I at peace?
Addendum: Additional Resources
HOPE Approach to Spiritual Screening

H: Sources of hope, meaning, comfort, strength, peace, love and connection

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<th>Question</th>
<th>Response</th>
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<tr>
<td>What are your sources of hope, strength, comfort and peace?</td>
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<td>What do you hold on to during difficult times? / What sustains you and keeps you going?</td>
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<td>For some people, religion or spirituality is a source of comfort in dealing with life's ups and downs; is this true for you?</td>
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<tr>
<td>If the answer is “No,” consider asking: Was it ever?</td>
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<td>If the answer is “Yes,” go on to O and P questions:</td>
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O: Organized religion

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<th>Question</th>
<th>Response</th>
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<td>Do you belong to a particular faith community?</td>
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P: Personal spirituality/practices

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<th>Question</th>
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<td>What’s most helpful to you about your religious/spiritual life?</td>
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<td>How does that bear on your coping with your medical situation?</td>
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E: Effects on medical care and end-of-life issues

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<th>Response</th>
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<td>Are you concerned about any conflicts between your beliefs and your medical situation/care/decisions?</td>
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<td>Is there anything you’d like us to be aware of or any way we could support your spiritual practice at this time?</td>
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<td>Our spiritual care providers are great listeners—would you be interested in talking with one of our [interfaith] chaplains while you are here?</td>
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If the patient is dying: How do your beliefs affect the kind of medical care you would like us to provide over the next few days/weeks/months?

Making Sense of Spirituality

It is universal in that every human being experiences it, but it encompasses so many factors and permeates so much of life, that each experience is individual . . . its depth and profoundness may make it beyond the human vocabulary to describe, or even beyond the human capacity to adequately understand. Yet, since it rests at the core of our essence, we continue to strive to do so. Within the health care context we do so because of the understanding of the one-ness of mind-body-spirit, and therefore the impact of spirituality on health.


That dimension of a person that is concerned with ultimate ends and values; that which inspires in one the desire to transcend the realm of the material. p. 88

The spiritual is the self, or I, the essence of personhood, the God within, that part which communes with the transcendent. It is that part of each individual which longs for ultimate awareness, meaning, value, purpose, beauty, dignity, relatedness, and integrity. p. 117

The propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual. This relatedness may be experienced intrapersonally (as a connectedness within oneself), interpersonally (in the context of others and the natural environment), and transpersonally (referring to a sense of relatedness to the unseen, God, or power greater than the self and ordinary resources) p. 350
Spiritual Care providers are on-call 24 hours a day. We are here to provide emotional and spiritual support to a diverse population of patients, family members, friends and staff regardless of their religious affiliation.

Spiritual Care can help you understand your patients’ needs, hopes and spiritual resources. We assess how faith functions in their lives; we create a profile of their sense of the holy, personal philosophies, values, meaning, and community. We develop a care plan to meet their spiritual needs and incorporate resources for each patient, being faithful to their beliefs and values.

Understand what’s helpful to patients and family members when they are having an existential crisis, experiencing spiritual distress or struggling to find meaning and hope in the midst of crisis.

Support patient or family members when they are experiencing shock, grief, anxiety, loneliness, fear, hopelessness. We work alongside you to be companions to patients on their spiritual journeys.

Contribute to the patient’s healing and spiritual well-being. Our tools include active listening, emotional validation, life review, grief support, faith exploration, guided imagery, prayer, music, reading, ritual and referral to faith community resources.

Bring ritual at the end of life through providing baptism, anointing, religious or personal ceremonies or remembrances that are consistent with the family’s spiritual orientation or faith tradition or preferences.

Comfort patients or family members. When they are alone, overwhelmed or grieving, we can be companions for them.

When and how to refer to Spiritual Care
Many people are not aware of what spiritual care offers. Helpful phrasing can include words such as: You might find talking to a spiritual caregiver could be helpful. They’re good listeners.
Always Consider Calling Spiritual Care when
- A patient or family suffers a traumatic loss
- A patient is critically ill, moving to comfort care or end-of-life
- A patient is actively dying and after death, for family
- A patient receives/is about to receive a serious diagnosis
- a patient needs emotional or spiritual support for any reason
- A patient learns that s/he is not going to be able to return home to live
- A patient has witnessed or been close to a death in the hospital
- A patient appears depressed or lonely
- A patient appears to have a lot anger or strong emotions
- A baby is being delivered with any significant level of risk
- When organ donation is being considered
PREFERRED PRACTICES FOR SPIRITUAL CARE AS COMPONENT OF EOL AND PALLIATIVE CARE


Guideline 5.1 Spiritual and existential dimensions are assessed and responded to based on the best available evidence, which is skillfully and systematically applied.


Domain 5. Spiritual, Religious and Existential Aspects of Care

20. Document a plan based on assessment of religious, spiritual and existential concerns.

21. Provide information about availability of spiritual care services.

22. Specialized palliative care teams should include spiritual care professionals appropriately trained and certified in palliative care.


Spirituality plays an important role in how some critically ill patients and clinicians cope with illness and death. Spirituality is not synonymous with religion. Each person’s understanding of spirituality should be explored. Assessment of spiritual needs is not the exclusive domain of the chaplain but is part of the role of critical care clinicians, who should possess fundamental skills in spiritual assessment and referral.

Pulchalski, Christina M. Ethical Concerns and Boundaries in Spirituality and Health. Virtual Mentor, October 2009—Vol 11; 804-807.

Studies have shown that ability to support patients in their suffering requires health care professionals to know how to be a compassionate presence, convey dignity, and attend to spiritual needs of families. If they are to be fully present to the patient, health care professionals must prepare through reflection on their own sense of transcendence, meaning, purpose, call to service and connectedness to others.

The focus on relationship-centered care implies that both parties are equal partners in the clinical healing relationship. Conversations about existential and spiritual issues transform the clinical encounter and its participants, as the clinician and patient move into a nontechnical and personal domain of experience. . . There is an intimacy in these healing relationships and in spiritual care—one that must be engaged in with formality. Ethical guidelines are of paramount importance in relationship-centered care where boundaries are not explicitly clear . .

Conversations about spiritual and existential issues are deeply personal. In this context, the clinician must recognize that she is not an expert in the patient’s spiritual beliefs. Therefore, it is best to follow the patient’s lead in these conversations. Proselytizing by clinicians or dismissing patients’ spiritual or religious beliefs or values is unethical under all circumstances within the clinical encounter . .

Respect, patient-centeredness and inclusivity are key ethical guidelines for medical practice. Respect means valuing the patient’s views even when they differ from more frequently encountered belief systems. Respect also extends to the recognition that individuals are unique—two people with the same religious affiliation do not necessarily treat all dogma of that religion in the same way.
RESEARCH FINDINGS RELATED TO SPIRITUALITY AS A DIMENSION OF EOL CARE

The majority of patients with advanced illness view religion and/or spirituality as personally important and experience spiritual needs.
Balboni TA, Paulk ME, Balboni MJ, Phelps AD, Loggers ET, Wright AA, Block SD, Lewis EF, , Peteet JR, Prigerson HG. Provision of Spiritual Care to Patients with Advanced Cancer: Associations with Medical Care and Quality of Life Near Death. J Clin Oncol. 2009; 28:445-452. (Dana Farber/Harvard Medical School Center for Palliative Care, Boston)

Research related to patients with advanced illness has demonstrated: 1) the importance of religion/spirituality in the illness experience, including its central role in preserving patient quality of life; 2) frequent religious/spiritual concerns among these patients; and 3) patients’ expressed wishes for spiritual care as part of their medical care.

Most patients & families find religion to be the most important factor in coping with illness
Most clinicians under-recognize the value of spirituality
Many families and patients want physicians to ask about spirituality, especially during life-threatening illness.Professionals often underestimate the role that religious faith plays in medical decision making.

Quality of Life
Support of patients’ spiritual needs by the care team is associated with
better quality of life,
increased hospice use and
less intensive care at end of life

Patient and Family Satisfaction
Patients who had discussion of R/S concerns were more likely to rate their care at the highest level on four different measures of patient satisfaction, regardless of whether or not they said they had desired such a discussion. . .
Wiliams, Meltzer, et al.

Attention to Inpatients’ Religious and Spiritual Concerns: Predictors and Association with Patient Satisfaction
Results also suggest that family members felt more support and were more satisfied with the decision-making process when spirituality was addressed during a family conference. Spirituality may provide a platform for family members to express themselves and feel comforted. Families may be able to use spiritual care to cope with death and the guilt of ‘letting loved ones go’.