


Spiritual Assessment and Care

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In Conjunction with the



Introduction

As a country becomes more diverse, health care providers increasingly encounter religious and cultural diversity while planning and providing care (Davidhizar, Bechtel, & Juratovac, 2000). With the move toward a more holistic form of care and rejection, on at least some level, today's technology-driven health environment, spirituality now occupies prominent place in vocabulary contemporary providers.

While many health care providers have been trained to assess and care for the physical, psychological, emotional, social, and cultural aspects of a client, many have not been adequately trained to deal with the spiritual aspect of care.

Many professionals feel uncomfortable assessing a client's spiritual beliefs, while others believe that developing an instrument to assess a client's spiritual needs is difficult because of the metaphysical nature of the elements of spirituality (Brush & Daly, 2000; Draper & McSherry, 2002). No universal agreement exists about the definition of spirituality, and the concept can differ among both clients and health care providers (Brush, & Daly, 2000; Govier, 2000). This can make spiritual care and spiritual assessment difficult.

In an effort to follow the mandates of regulatory and accrediting bodies as well as a desire to honor their own values and provide the best possible care to clients, health care professionals increasingly recognize that clients want a holistic approach to their care. The influence of the New Age movement has also tapped into a deep need for the spiritual, and more and more people—clients and health care professionals alike—sense that life needs a source of purpose and direction. The role of today's health care professional is to “hear the patient into speech, to be a midwife of the spirit” (O'Connor, 2001, p. 38).

Spiritual Care

Spirituality is deeply personal and involves an individual's deepest fears and aspirations. It provides individuals with a worldview and a context in which to view life and its meaning (Miller, 1999). When people experience a spiritual crisis and need spiritual care, they may choose to discuss their concerns only if they have been shown respect and appreciation (Cobb & Robshaw, 1998). Thus, having an understanding of spirituality and its impact on well-being helps health care practitioners provide compassionate and appropriate spiritual care.

Spiritual Care

Defining Spiritual Care

- *Spiritual care* involves “promoting an individual’s personal integrity, interpersonal relationships, and search for meaning” (Berggren-Thomas & Griggs, 1995, p. 7). It involves the ability of the health care provider to recognize and respond to the multiple aspects of spirituality encountered in clients and their families (Anandarajah & Hight, 2001). M. C. Wright (2002) states that spirituality also “affirms the value of each and every individual . . . and acknowledges the place of cultural traditions and personal relationships” (p. 127).
- According to M. C. Wright (2002),
 - Spiritual care is based on empathy and nonjudgmental love.
 - It affirms the worth of each person.
 - It responds to both religious and nonreligious needs.
 - It involves the humanistic desire to “be there” and listen to another.
 - It acknowledges the dignity and nobility of life.
 - It respects each person up to the point of death.

Spiritual Care

Govier (2000) defines spiritual care as care comprised of the “four Rs”:

- **Reason and Reflection:** The individual in extreme or ordinary circumstances searches for the meaning and purpose in life. Clients in extreme circumstances may ask, “Why is this happening to me?” and the health care provider can help them reflect upon the suffering to find meaning in their lives.
- **Religion:** Religion is the means through which spirituality is expressed via a framework of values, practices, and beliefs. For many people, religion provides the answers to essential questions about life and death. It is important to recognize that many people have their own form of religion that may not fall into the traditional models of recognized religions. These forms still require the respect of health care professionals, whether or not that professional agrees with the individual’s beliefs.
- **Relationships:** Relationships with others, the self, or God are at the spiritual center of an individual. He or she may express both vertical and horizontal dimensions of spirituality through transcendent relationships with a higher being (vertical) or relationships with others, nature, and the self (horizontal). Thus, creative, meaningful work and service to others can be viewed as one type of spiritual expression.
- **Restoration:** This aspect refers to the ability of a person’s spirituality to positively influence his or her physical being. For example, when a particular life event results in an imbalance in a person’s physical health, spirituality can help restore that balance by helping the individual understand the meaning of that event. Conversely, when that life event is so devastating that the person cannot restore spiritual balance, that individual may suffer spiritual distress.

Spiritual Care

- Spiritual care can be provided by anyone, but specialized spiritual care is usually performed by an individual with specialized training in theological beliefs and conflicts. An example of this would be a chaplain trained in clinical pastoral education (CPE) (Anandarajah & Hight, 2001).

The Spiritual Care Process: A Systematic Approach

A systematic approach to the spiritual care of any client assures appropriate and effective care. Utilizing this approach means that no step will be overlooked and helps assure that clients will receive the highest quality care possible. It also involves clients in their own plan of care and provides them with a sense of control at a time when they may experience little control over what happens to them (Muncy, 1996).

There are four steps to a systematic approach to spiritual care. Most health care providers are familiar with these steps (Govier, 2000):

1. **Assessing** the individual's spiritual status and identifying specific needs
2. **Planning** mutually agreed-upon goals for action
3. **Intervening and implementing** the planned actions
4. **Evaluating** the individual's status after the intervention

Assessing Spiritual Status

Whenever the holistic process is applied to a client's health, assessment is the first step taken.

Assessment is defined as “the process of gathering, analyzing, and synthesizing salient data into a multidimensional formulation that provides the basis for action decisions” (Hodge, 2001, p. 204). Assessment, diagnosis, and appropriate interventions are the characteristics of excellent client care (O'Connor, 2001). The assessment process, in particular, provides a framework in which to identify the spiritual needs of a client. It allows information to be collected in an efficient, organized manner and then communicated to those who need it (Benedict, 2002).

A holistic approach to a client's spiritual assessment is undertaken with the assumption that spiritual needs influence all other areas of an individual; thus, the assessment will examine the physical, psychological, emotional, social, and cultural components as well (Govier, 2000). Without a thorough and careful assessment, effective interventions are compromised. This is true whether the individual's physical, psychological, emotional, social, cultural, or spiritual dimension is assessed (Taylor, 2002).

Assessing Spiritual Status

- Although many health care providers agree that it is important to assess a client's spiritual beliefs as part of a comprehensive, holistic assessment, many of those professionals have a difficult time articulating what spirituality is and therefore what spiritual needs actually are (Mansen, 1993). For example, a nurse may know that a client is Catholic and may even know what church the client attends, but knowing the client's religious affiliation does not tell the nurse about the client's spiritual beliefs, spiritual needs, or faith. In addition, health care providers should not assume that an individual without a religious affiliation has no spiritual beliefs (Muncy, 1996). Difficulty may also exist because spirituality in health care today is primarily being delivered from a Judeo-Christian perspective. Others, such as agnostics or atheists, may interpret spirituality from a more humanistic, existential perspective.
- The concept of spirituality is deeply subjective; this can make the assessment of spirituality difficult (McSherry & Ross, 2002). However, spiritual needs are not the prerogative of only the believer. The assessment process should embrace the needs of those with no particular religious beliefs, or those who question or dismiss the existence of a higher being. This can be accomplished through the use of an open-ended questionnaire and the use of active listening (Govier, 2000).

Assessing Spiritual Status

Why Is Spiritual Assessment Important?

Spiritual assessments are important for several reasons.

- They have been widely shown to be predictive of health outcomes (Miller, 1999).
- They provide important information to the members of the health care team about the individual's ability to cope, about the level (if any) of spiritual distress, and about any interventions that would help that person cope with the health care crisis he or she may be facing (Muncy, 1996).
- They can provide a deeper understanding about a person from a holistic perspective.
- They lead to the delivery of care that respects the individual's health care needs and concerns (Burkhardt & Nagai-Jacobson, 2002). For example, Burkhardt and Nagai-Jacobson (2002) describe a man who was hospitalized at the insistence of his children after being bitten by a poisonous snake during a religious ceremony at a snake-handling church. He had been at home for the previous several days, being "treated" through prayer and trust in God's healing abilities. Upon admission to the hospital, he refused antivenin, even though he knew he might die. Even though this may have been difficult for his health care providers to understand, it was essential that they respect this man's choices and right to his autonomy in light of his religious and spiritual perspectives.

Assessing Spiritual Status

Organizational Mandates for Spiritual Assessment

Multiple organizations mandate the assessment of spirituality. For example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) specifies that a spiritual assessment should be conducted on all patients. It requires health care organizations to define the content and scope of that assessment. It also requires that the qualifications of the individual(s) performing the assessment be clearly identified (Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2001).

According to JCAHO, the spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and spiritual practices (Davidhizar et al., 2000; JCAHO, 2001). It should also do the following (Benedict, 2002):

- Demonstrate respect for the person's values, religion, and philosophy
- Include how and when pastoral care is requested and when to provide a list of spiritual resources in the community as well as spiritual leaders who are available on call
- Provide access to services that ensure religious freedom and availability of services to meet the person's spiritual needs

Assessing Spiritual Status

In addition, numerous other agencies recognize the importance of spiritual care and spiritual assessment.

- **The World Health Organization**, in its definition of palliative care, states that the control of spiritual problems is of the utmost importance (Wright, 2002).
- **The United Kingdom Central Council for Nurses, Midwives, and Health Visitors' *Code of Professional Conduct*** states that a nurse should “take account of the customs, values, and spiritual beliefs of patients/clients” (McSherry & Ross, 2002, p. 480).
- **The American Nurses Association Code of Ethics** specifies that nurses must provide care that promotes an environment in which values, customs, and beliefs of patients are respected (Davidhizar et al., 2000).
- **The International Council of Nurses Code of Ethics for Nurses** states that “in providing care, the nurse promotes an environment in which the human rights, values, customs, and spiritual beliefs of the individual, family, and community are respected” (McSherry & Ross, 2002, p. 481).
- **The American Association of Colleges of Nursing** recommends that nurse education should provide the nurse with the ability to “comprehend the meaning of human spirituality in order to recognize the relationships of beliefs to culture, behavior, health, and healing” (Cobb & Robshaw, 1998, p. 123).
- **The Canadian Council on Health Services Accreditation** requires the health care team to consider a client’s physical, mental, spiritual, and emotional beliefs, and to respect a client’s cultural and religious practices as appropriate (VandeCreek & Burton, 2001).
- **The American Psychological Association (APA)** has a “division for psychologists interested in the interface between religion and psychology” (O’Connor, 2001, p. 36).

Assessing Spiritual Status

Interestingly, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* has a new category entitled “Religious or Spiritual Problem” that is not considered a mental disorder but is included in the section entitled “Other Conditions Which May Be the Focus of Clinical Attention” (O’Connor, 2001).

The Interdisciplinary Team for Spiritual Caregiving

Several types of health care professionals are capable of conducting a spiritual assessment and providing spiritual care. Physicians and nurses have the opportunity to interact with clients on the most constant level. However, everyone on the health care team should be involved in assessing the client’s spirituality, including social workers, traditional Western spiritual experts (such as hospital chaplains, pastoral care teams, religious ministers), spiritual advisers, and experts of a non-Western orientation (such as shamans, medicine men, or spiritual guides).

Family members and members of the individual’s religious congregation or spiritual community often provide the primary support for the client (Burkhardt & Nagai-Jacobson, 2002). Various health care professionals who have experience dealing with spiritual concerns can provide guidance and support for the staff, the family, and the client.

Assessing Spiritual Status

Preparing for the Spiritual Assessment: Strategies for Success

- Several fundamental actions should be completed before the spiritual assessment is undertaken. These actions include performing a spiritual self-assessment, caring for the self in a spiritual way, establishing a positive provider-client relationship, appropriately timing the discussion about spirituality, and creating a “sacred space.”
- **Performing a Spiritual Self-Assessment**
 - The health care provider’s ability to assess a person’s spiritual needs is related to his or her own spiritual or psychological well-being. An awareness of one’s own spirit is essential to providing spiritual care to someone else.
 - Prior to performing a spiritual assessment on a client, it is important for health care professionals to have a firm understanding of their own spiritual beliefs, values, and biases (Mansen, 1993). This understanding allows health care professionals to remain focused on the client and helps them remain nonjudgmental when dealing with the client’s specific spiritual concerns. This is especially important when the client’s spiritual beliefs differ from those of the health care professional (Anandarajah & Hight, 2001).

Assessing Spiritual Status

- Health care professionals can further examine their beliefs about spirituality by asking themselves questions such as the following (Burkhardt & Nagai-Jacobson, 2002; Govier, 2000):
 - What do I believe in?
 - What gives my life meaning?
 - What makes me smile?
 - What is my favorite part of creation?
 - If I could be anywhere, where would I be?
 - What do I hope for?
 - Who do I love and who loves me?
 - When do I feel most connected to others?
 - What is my understanding of spirituality?
 - How do I express my spirituality?
 - What relationship do I have with a higher being?
 - Why is spiritual care important to me?
 - What spiritual rituals are meaningful to me?
 - What unique personal qualities can help me meet the spiritual needs of my clients?
 - What client-care experiences have left me feeling uncomfortable or inadequate in the area of spiritual care?
- A commitment to incorporating spirituality as part of holistic care implies that health care providers have assessed their own abilities as a listener and addressed any barriers they may experience. Discomfort with any particular view or lifestyle does not need to make them unsuitable to provide spiritual care. An awareness of this discomfort and its causes can help health care providers move past the discomfort and barriers and increase their self-awareness. This can facilitate personal and spiritual growth and lead to better care of the provider and the client (Burkhardt & Nagai-Jacobson, 2002).

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- **Caring for the Self in a Spiritual Way**
 - Spiritual self-care is a basic requirement for health care professionals who are asked to care for many clients in today's current health care system. This self-care can take many forms, including involvement in religious practices, community service activities, connecting with family and friends, spending time in nature, meditating, participating in a favorite sport, or spending time alone (Anandarajah & Hight, 2001).
- **Establishing a Positive Provider-Client Relationship**
 - Since spirituality is such an intimate topic, health care providers often feel uncomfortable asking clients about their spirituality. However, taking the time to talk with clients about how their spirituality affects their health or illness is important in providing effective care. Most individuals agree that spirituality is different from religiousness, and this may be an important point on which to begin the discussion. Before most clients feel comfortable discussing intimate topics like spirituality, they usually want to have a sense of trust and respect for their health care provider. The health care or spiritual care provider who wishes to develop a sense of rapport and trust with a client will also realize that how spiritual assessment questions are phrased can influence the type of responses received (Koenig, 2001; Sumner, 1998; Taylor, 2002).
 - When a trusting, therapeutic relationship is established between clients and health care providers, clients are much more likely to feel comfortable discussing their intimate spiritual concerns. The health care provider should be careful, however, in using self-disclosure as a way of establishing this positive relationship. Sharing personal experiences can be interpreted as imposing personal beliefs onto a client, or proselytizing, and may hinder communication. In addition, it is important for health care professionals to explain the reasons for their inquiry and discuss with the client what they plan to do with the information obtained (Govier, 2000).

Assessing Spiritual Status

- **Appropriately Timing the Discussion about Spirituality**
 - The time at which spiritual questions are asked can help determine the success of the spiritual assessment. For example, most questions are asked when a person is admitted to the hospital or service, or seen in a clinic for the first time. When determining the appropriate time for a spiritual assessment, the health care professional should take into consideration the client's overall status. If the individual is extremely ill, the spiritual assessment may need to be deferred until a more appropriate time.
 - The ability to respectfully and tactfully approach clients about their spiritual beliefs is one that requires skillful interpretation of verbal and nonverbal cues. One way to determine the appropriate time to address spiritual issues is by using Maslow's hierarchy of needs, which states that human beings are inclined to address their physical and safety needs before paying attention to mental and spiritual ones. Following Maslow's hierarchy, for example, the health care provider would not try to initiate a conversation about spiritual beliefs while the client was experiencing intense physical pain or discomfort.
 - Often, a discussion of spiritual beliefs and practices flows naturally during a discussion of advanced directives; a new diagnosis of a severe, chronic, or terminal illness; end-of-life planning; or during the grieving process (Anandarajah & Hight, 2001). A discussion of spirituality might not be appropriate when an individual is in an area where the interaction will be brief or limited, such as in an acute or day ward. However, it may be very appropriate when the individual will be spending long periods of time in a long-stay, continuous care, or rehabilitation area (Govier, 2000).
 - Intuition plays an important role in the professional's ability to appropriately interact with clients (Govier, 2000). Intuition is that characteristic that is honed through experience and ability and provides the health care professional with the knowledge needed to determine when and how best to provide spiritual care.
 - Ideally, a spiritual assessment should be an ongoing endeavor that occurs throughout the provider-client relationship. The results of the spiritual assessment may change over time, so clients should be reassessed regularly, especially if and when their condition changes (Benedict, 2002).

Assessing Spiritual Status

- **Creating a “Sacred Space”**

- An important element to consider prior to assessing a client’s spiritual needs and during the delivery of spiritual care is the creation of a sacred space. A sacred place is a place where one feels safe (Wright & Sayre-Adams, 2000). This concept applies to an inner state of being as well as to the external environment.
- Any environment can be transformed into a sacred space through the *intent* of that transformation and through a “shaping” process that can involve prayer, poetry, expressions of love and concern, dance, rituals, the use of sound or music, candles, incense, the use of color, or through sacred or religious objects (such as art, crystals, pictures, or elements of nature) (Burkhardt & Nagai-Jacobson, 2002). While “things” are not sacred in and of themselves, they become sacred when special or reverent sentiments, beliefs, or feelings are attached to them. Ultimately, however, “we do not so much create sacred space, as become and be it. Who we are is the sacred” (Wright & Sayre-Adams, 2000, p. 13).
- The presence that a health care provider can bring to the encounter with the client is one of the major factors in creating a sacred space. S. G. Wright and Sayre-Adams (2000) state that every healing and caring act is a sacred act, yet most health care providers do their work in stressful, bustling environments that are not often conducive to creating a sacred place of healing. One of the most important things a health care provider can do to create a sacred space is to become still, which permits a reconnection with the senses and provides a connection with the divine. Stillness can be achieved through *being* in a quiet, still awareness rather than *doing* something to create that stillness.

Assessing Spiritual Status

Conducting the Spiritual Assessment

- When conducting the spiritual assessment, utilizing the following strategies will help ensure the best possible experience (Benedict, 2002; McSherry & Cash, 2000; O'Brien, 1999):
 - Sit down with the person and plan the time for the assessment.
 - Create a sacred space for the assessment to take place.
 - Create an environment of trust and dignity in which the person feels safe discussing personal issues.
 - Bring positive intent to the encounter.
 - Actively listen to the person (focus on what the person has to say with undivided attention).
 - Be nonjudgmental about the individual's beliefs and practices.
 - Respect the person and his or her religious or spiritual behaviors through honest and sensitive actions and communication patterns.
 - Focus on living rather than on illness and/or dying.
 - Use positive nonverbal communication (such as a relaxing manner, leaning slightly toward the client, or an open posture where arms and legs are not crossed).

Assessing Spiritual Status

- Spiritual or religious questions may need to be modified or phrased in a way that considers cultural and educational backgrounds. Open-ended questions are the most effective, since they can best help the health care provider assess this complex and unique personal dimension. However, closed-ended questions may be appropriate if the health care provider does not have much time or is inexperienced at completing a more thorough assessment. It is important to explain to the client why these questions are being asked and to describe what you will do with the information obtained. Otherwise, the questions may seem irrelevant and unwelcome (Govier, 2000).
- The assessment process should consider and embrace the needs of those who do not have any particular religious beliefs as well as those who question or dismiss the existence of a higher being altogether. The use of open-ended questions and active listening techniques, and the observation of nonverbal cues (especially facial expressions) can provide the health care professional with information about any fear, doubt, depression, or despair (all indications of spiritual distress) that the client may be experiencing.

Assessing Spiritual Status

Models for Spiritual Assessment

Numerous guides, instruments, and scales are used to assess spirituality and religious beliefs, practices, and levels of participation. The ones included in this section provide a wide range of tools based on a broad understanding of spirituality. They can be applied to people from a variety of religious and spiritual perspectives. Some of the instruments are based on a literature review from experts in the field and some are based on qualitative research.

An informal spiritual assessment can be accomplished at any time during a client encounter. Clients often use symbolic or metaphoric language when expressing their thoughts about spirituality, so the health care provider should use active, careful listening skills to interpret what the client is actually revealing. The use of open-ended questions as well as pointed questions about spirituality can provide a great deal of information to the listener who is perceptive enough to hear what is being said (Anandarajah & Hight, 2001).

Examples of elements that could be included, but are not required, in an informal spiritual assessment include the client's denomination, beliefs, and important spiritual practices as well as the following (JCAHO, 2001; O'Connor, 2001):

- Does the client use prayer in his or her life?
- How does the client express his or her spirituality?
- What type of spiritual/religious support does the client require?
- How does the client describe his or her philosophy of life?
- What are the client's spiritual goals?
- What does suffering mean to the client?
- Is a belief in God important to the client?
- What are the names of the client's clergy, ministers, chaplains, pastors, rabbis?
- How has the illness affected the client and his or her family?
- How does faith help the client keep going during the health care experience?

Assessing Spiritual Status

The Formal Assessment

- A formal spiritual assessment involves asking specific questions during an interview process to determine what role spiritual beliefs and practices play in the client's illness or recovery, what spiritual needs and resources the individual may have, and how these beliefs and practices may affect the client's treatment plan (Anandarajah & Hight, 2001).
- Formal assessment tools need to be easy to use, flexible, and take little time to utilize. They should also be nonintrusive and use wording that encourages the individual to participate in the process. A formal spiritual assessment should not interrogate, alienate, or discriminate between various religious groups. Finally, the assessment should be conducted in a nonthreatening, nonjudgmental manner (McSherry & Ross, 2002).
- A brief overview of several formal assessment tools is presented below.

Howden's Spirituality Assessment Scale

- Howden's Spirituality Assessment Scale is a 28-item instrument "designed to measure spirituality understood as the integrating or unifying dimension of our being" (Burkhardt & Nagai-Jacobson, 2002, p. 328). This scale provides a broad approach to spiritual assessment that is useful when working with diverse clients. It addresses four specific areas (Dossey, Keegan, & Guzzetta, 2000, pp. 107–108):
 - **Purpose and meaning in life:** The process of searching for or discovering events or relationships that provide a sense of worth, hope, or a reason for existence
 - **Innerness or inner resources:** The process of striving for or discovering wholeness, identity, and a sense of empowerment, manifested in feelings of strength in times of crisis, calmness or serenity in dealing with uncertainty in life, guidance in living, being at peace with oneself and the world, and feelings of ability
 - **Unifying interconnectedness:** The feeling of relatedness or attachment to others, a sense of relationship to all of life, a feeling of harmony with self and others, and a feeling of oneness with the universe or Universal Being
 - **Transcendence:** The ability to reach or go beyond the limits of usual experience; the capacity, willingness, or experience of rising above or overcoming bodily or psychic conditions, or the capacity for achieving wellness or self-healing

Assessing Spiritual Status

The FICA Model

The FICA Model of Spiritual Assessment provides information about what or who gives the client a transcendent meaning of life (Girardin, 2000). The acronym *FICA* stands for *F*aith and beliefs, *I*mportance and influence of faith and beliefs, *C*ommunity, and *A*ddress in care. This model can be used as a guide for conducting a significant assessment within a short period of time. It includes the following useful questions and areas for assessment (Puchalski & Romer, 2000, pp. 129–137):

- **Faith and beliefs:**
 - Do you consider yourself spiritual or religious?
 - Do you have spiritual beliefs that help you cope with stress?
 - **If the client responds “No,” then you might ask,**
 - What things do you believe in that give meaning to your life? (family, career, or nature)
- **Importance and influence of faith or beliefs:**
 - What influence does your faith have in your life?
 - Have your beliefs influenced how you care for yourself?
 - What role do your beliefs play in regaining your health?
- **Community:**
 - Are you part of a religious or spiritual community?
 - Is this of support to you and how?
 - Is there a person or group of persons that are especially important to you?
- **Address in care:**
 - How would you like me, your health care provider, to be involved in the spiritual aspects of your care?

Assessing Spiritual Status

JAREL Spiritual Well-Being Scale

The JAREL Spiritual Well-Being scale is an assessment tool for nurses based on the study of spiritual well-being in older adults (Burkhardt & Nagai-Jacobson, 2002). However, it has broad application to many types of clients.

The 21 statements from the JAREL Spiritual Well-Being scale are rated according to a scale ranging from “strongly agree” to “strongly disagree.” Statements used in the JAREL scale include the following (Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1996, p. 263):

- Prayer is an important part of my life.
- I believe I have spiritual well-being.
- As I grow older, I find myself more tolerant of others’ beliefs.
- I find meaning and purpose in my life.
- I feel there is a close relationship between my spiritual beliefs and what I do.
- I believe in an afterlife.
- When I am sick, I have less spiritual well-being.
- I believe in a supreme being.
- I am able to receive and give love to others.
- I am satisfied with my life.
- I set goals for myself.
- God has little meaning in my life.
- I am satisfied with the way I am using my abilities.
- Prayer does not help me in making decisions.
- I am able to appreciate differences in others.
- I am pretty well put together.
- I prefer that others make decisions for me.
- I find it hard to forgive others.
- I accept my life situations.
- Belief in a supreme being has no part in my life.
- I cannot accept change in my life.

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Spiritual Assessment Tool

The interactive Spiritual Assessment Tool was developed by Dossey and Guzzetta (Dossey et al., 2000) and is “based on Burkhardt’s critical review of the literature and resulting conceptual analysis of spirituality” (Burkhardt & Nagai-Jacobson, 2002, p. 331). It includes open-ended, reflective questions that can assist health care providers in developing a deeper spiritual awareness for themselves and others . Some of the questions are included below as a sample. The full Spiritual Assessment Tool can be found in *Spirituality: Living Our Connectedness*, by Burkhardt and Nagai-Jacobson (2002).

- **Meaning and Purpose:** These questions assess the ability to seek meaning and fulfillment in life, manifest hope, and accept ambiguity and uncertainty.
 - What gives your life meaning?
 - Do you have a sense of purpose in life?
 - What is the most important or powerful thing in your life?
- **Inner Strengths:** These questions assess the ability to manifest joy and recognize strengths, choices, goals, and faith.
 - What brings you joy and peace in your life?
 - What can you do to feel alive and full of spirit?
 - What do you believe in?
- **Interconnectedness:** These questions assess your sense of self, sense of belonging in the world with others, capacity for finding meaning in worship or religious activities and a connectedness with a divinity or universe, and connection with life or nature.
 - How do you feel about yourself right now?
 - Who are the significant people in your life?
 - Is worship important to you?
 - Do you ever feel at some level a connection with the world or universe?

Assessing Spiritual Status

Qualitative Assessment Tools

- While the preceding tools focus primarily on quantitative measures of spirituality, they have been criticized because they “leave little room for clients to negotiate a shared understanding of the individual experiences” (Hodge, 2001, p. 204). Qualitative tools, on the other hand, “tend to be holistic, open ended, individualistic, ideographic, and process oriented” (Hodge, 2001, p. 204).
- Qualitative assessment tools can include taking a spiritual history (similar to taking a family history). A spiritual questionnaire that utilizes a sentence-completion format might consider a topic such as “I think spirituality is . . .” One such tool asks questions about awareness of the holy, providence, faith, grace or gratefulness, repentance, communion, and the individual’s sense of vocation (Hodge, 2001).

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Framework for Spiritual Assessment

Hodge (2001, p. 208) suggests a framework for a qualitative spiritual assessment that consists of two portions.

In the **initial narrative framework**, clients are asked about

- The religious/spiritual tradition they grew up with
- The personal experiences and practices that stand out during their years at home and impacted their later life
- Their current spiritual religious orientation.
- The **interpretive anthropological framework** includes questions in the following six areas:
 - Affect: How does their spirituality affect their life today?
 - Behavior: In what ways do they practice their spirituality?
 - Cognition: What are their current beliefs and how do they affect their life?
 - Communion: What is their experience with the Ultimate?
 - Conscience: How does their spirituality determine right and wrong, impact their key values, and help them deal with guilt and sin?
 - Intuition: Have hunches, premonitions, or spiritual insights affected their life?

Assessing Spiritual Status

Spiritual Diagnoses: Alterations in Spiritual Integrity

After completing an assessment, it is important to formulate a diagnosis for clients with spiritual needs. Nurses, physicians, mental health professionals, and other spiritual care providers may have a variety of diagnostic labels available to them.

- **Spiritual Distress**

- One of the most common diagnoses to result from a spiritual assessment is that of *spiritual distress*, which the North American Nursing Diagnosis Association (NANDA) has specifically identified as a diagnosis (Engebretson, 1996; Wright, 1998). Spiritual distress is described as a state in which an individual is experiencing or is at risk of experiencing a disruption in the values or beliefs that provide the individual with strength, hope, and meaning (Berggren-Thomas & Griggs, 1995).
- Identified as “any disruption—or dis-ease—in one’s spirit” (Taylor, 2002, p. 138), spiritual distress is “the disruption in the life principle that pervades a person’s entire being and that transcends one’s biological and psychological nature. In other words, it means the person’s self is disintegrating” (Benedict, 2002, p. 7). Spiritual distress or a spiritual crisis occurs when people cannot find meaning, hope, love, peace, or strength in their lives. It occurs when a lack of connection to life or people occurs and when their life situation is in conflict with their beliefs (Anandarajah & Hight, 2001).

Assessing Spiritual Status

Clients in spiritual distress may say they are “brokenhearted” or their “spirits are down” and they may talk about feelings of being abandoned by God or by others, or doubts about religious or spiritual beliefs. A client may say, “I don’t know why I got this illness. There must be some reason” (Davidhizar et al., 2000).

Specific characteristics of spiritual distress include the following (Benedict, 2002; Taylor, 2002):

- Questions about the moral/ethical implications of a therapeutic regimen
- Feelings of worthlessness, bitterness, denial, guilt, and fear
- Nightmares and/or sleep disturbances
- Anorexia
- Somatic complaints
- Verbalization of inner conflicts about beliefs
- Inability to participate in usual religious practices
- Seeking of spiritual assistance
- Questioning the meaning of suffering
- Questioning the meaning of one’s existence
- Anger toward God
- Alterations in mood/behavior (anger, crying, withdrawal, anxiety, apathy, etc.)
- Gallows humor

Assessing Spiritual Status

Spiritual distress or crisis can impact an individual's physical and mental health and is often precipitated by a medical illness or impending death (Anandarajah & Hight, 2001).

Additional risk factors for spiritual distress include the following (Taylor, 2002):

- Loss of a loved one
- Low self-esteem
- Mental illness
- Natural disasters
- Physical illnesses
- Situational losses
- Substance abuse
- Poor relationships with others
- Physical or psychological stress
- Inability to forgive (either the self or others)
- Lack of self-love
- Extreme anxiety

Assessing Spiritual Status

When caring for a person in spiritual distress, the health care provider should seek to help the individual participate in care and in activities with others, verbalize a more positive self-concept, realize he or she is not to blame for illness, discuss values and beliefs regarding spiritual issues, and actively seek positive relationships (Burkhardt & Nagai-Jacobson, 2002). This can be achieved by implementing specific interventions such as the following (Burkhardt & Nagai-Jacobson, 2002):

- Determining the spiritual or religious orientation and influence of the client's and family's belief systems
- Noting expressions of the inability to find meaning in life
- Listening to expressions of anger or alienation from God
- Providing a sacred space for the individual to express his or her concerns
- Expressing acceptance of the client's beliefs
- Asking how you might be most helpful to the client
- Developing a therapeutic relationship with the client and the family
- Helping the client and/or the family find spiritual/religious resources and support

Assessing Spiritual Status

Additional Diagnoses

While spiritual distress is one of the most common problems of spiritual integrity, other diagnoses specific to the nursing profession related to alterations in spiritual integrity include the following (O'Brien, 1999, pp. 69–70):

- **Spiritual pain**—the expression of discomfort or suffering related to one's experience with God. Spiritual pain can be expressed through feelings of a lack of fulfillment or a lack of peace in terms of the relationship to one's creator. It can be expressed through a statement such as "I am not living according to God's will."
- **Spiritual alienation**—the feeling that God seems very far away or remote from one's everyday life. The individual often expresses feelings of spiritual alienation and a negative attitude toward receiving any spiritual comfort or help from God. This problem can be expressed through a statement such as, "Where is God when I need him?"
- **Spiritual anxiety**—a fear that God is displeased with the individual's behavior. It is usually exhibited through expressions of fear of God's anger or punishment, such as, "This is God's punishment for my faults."
- **Spiritual guilt**—a fear that the individual has failed to do the things that should be done in a spiritual life.
- **Spiritual anger**—frustration, anguish, or outrage directed at God for allowing trials, sickness, or perceived unfairness.
- **Spiritual loss**—a feeling of emptiness regarding spiritual matters. It is expressed through psychological depression or feelings of powerlessness or uselessness.
- **Spiritual despair**—a feeling that God no longer cares. It is evidenced by expressing the idea that there is no hope of having a relationship with God.

Assessing Spiritual Status

Planning Spiritual Care

Once the assessment has been completed, the information gained can be used to formulate an effective plan of spiritual care. A spiritual care plan should reflect the needs identified during the assessment phase. The information should be verified with the client, and then realistic, client-centered goals should be set within a time frame that is acceptable to both the client and the health care or spiritual care provider. Many health care providers feel uncomfortable with planning spiritual interventions because of a fear of imposing their own personal beliefs or because of a lack of training or knowledge of the client's beliefs, practices, and rituals of religion (O'Neill, 2002). Effective communication between the client, family, friends, and other members of the health care team is essential (Govier, 2000; McSherry & Cash, 2000).

Spiritual health affects physical and psychological health and therefore should be given a high priority when planning care, especially if the client is diagnosed with spiritual distress (Taylor, 2002). Spiritual caregiving can include four areas (Brush & Daly, 2000):

- **Affirmation:** The acknowledgement of factors in a client's life that could be considered positive
- **Therapeutic communication:** "Listening" to the meaning of the client's conversation through astute observation of body language and facial expressions and through maintaining an active "presence" with the client
- **Reminiscence:** A life review that allows the client to discuss people, places, or situations that are/were meaningful in their lives
- **Referral:** The appropriate recommendation to a spiritual health care provider such as clergy

Assessing Spiritual Status

In planning for spiritual care, several options may be considered by the health care provider (Anandarajah & Hight, 2001; McSherry & Cash, 2000):

1. Take no further action except offering one's presence, understanding, compassion, and acceptance of the client. This can mean allowing the client time to pray or read in private, arranging care so the client can attend a communion service, or contacting the client's religious or spiritual leaders for support.
2. Incorporate spirituality into preventive health care measures by helping the client identify and utilize his or her spiritual resources. This can mean helping the client work through spiritual issues with a chaplain or spiritual adviser or providing information about spiritual resources in the city or town in which the client is hospitalized.
3. Incorporate spirituality in conjunction with standard health care treatments. This can involve allowing a spiritual adviser or medicine man to conduct specific spiritual rituals for the client.
4. Modify the treatment plan as needed once the spiritual needs of the client are understood.

Assessing Spiritual Status

Implementing Spiritual Care

Following a spiritual assessment and the development of a plan of care, the goals or outcomes that have been set can now be implemented. This requires committing energy and time to the goals, which may present a challenge to the health care or spiritual care provider who is unable to spend much time with a client or who is already overwhelmed with the demands of an understaffed or busy hospital ward or community setting. In fact, many spiritual conversations with people in the hospital take place at night when nurses, in particular, have more time and are freed from the daily routine tasks that may prevent them from having this type of discussion during a day shift. In addition, many clients feel more vulnerable and alone during the night and are more willing to discuss these types of issues than during the daytime (Govier, 2000; O'Neill, 2002).

Assessing Spiritual Status

Interventions can include the following actions (Dossey et al., 2000; Taylor, 2002):

- Caring touch
- Fostering connectedness between the client and his or her family, friends, or pets
- Analyzing dreams
- Reading spiritually uplifting materials, including sacred writings
- Utilizing art as a means of expressing spiritual thoughts and beliefs
- Facilitating the use of spiritual rituals
- Utilizing humor
- Utilizing imagery, meditation, or prayer
- Encouraging journal writing or scrapbook making
- Encouraging experiences in nature
- Incorporating storytelling, reminiscing, or life review into care plans

Other effective tools for implementing spiritual care include the use of intuition and appropriate behavioral interventions, both of which depend on the level of self-awareness possessed by the health care professional. Health care professionals should recognize and understand their own limitations and utilize other available professional resources wherever and whenever appropriate (Govier, 2000).

Assessing Spiritual Status

Evaluating Spiritual Care

Once all the other steps have been completed, an evaluation of those steps is necessary to determine their effectiveness. Because the spiritual dimension is a subjective one, this step can be somewhat imprecise and difficult. While it is simple to measure the effectiveness of, for example, the administration of antibiotics for an infection, it can be quite difficult to measure cause and effect as they relate to a spiritual intervention. Consultation with the client and participation in the spiritual interventions are two factors that help determine their effectiveness.

Perhaps the most obvious way to measure the effectiveness of spiritual intervention is to ask the client directly and carefully observe his or her physical, verbal, or nonverbal cues (Govier, 2000; McSherry & Cash, 2000; Taylor, 2002). For example, the health care provider can observe whether a client attends a particular service or document that the client's spiritual/religious leader came to visit.

One difficulty with evaluating whether or not spiritual goals were achieved is the time frame involved in achieving them. It may take an individual many months to resolve a health problem or personal crisis. It is unrealistic to expect a client to reflect, adjust, and regain his or her spiritual balance in a matter of hours, days, or even weeks. Thus the specific spiritual needs of a client should be carefully considered and time frames for implementation and evaluation of spiritual goals realistically decided (McSherry & Cash, 2000).

Assessing Spiritual Status

If It Wasn't Charted, It Wasn't Done

There is an old adage about documentation: If it wasn't charted, it wasn't done. This applies to spiritual care as well as to every other aspect of care. JCAHO requires documentation of spiritual care, and most hospital admission forms have some areas where spirituality can be assessed and addressed. Documentation about the spiritual care provided serves several purposes (Taylor, 2002):

It allows health care professionals to communicate with each other about what has been identified as a spiritual need, what interventions were planned, what interventions were effective, and the client's response to the care.

It supports auditing and quality assurance requirements for health care accreditation.

It provides researchers and analysts with information that will ultimately improve health care.

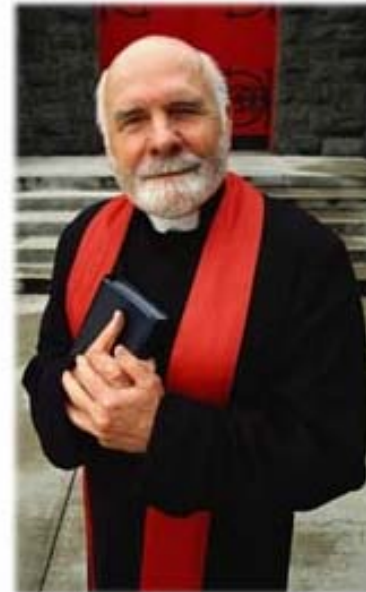
Goals for Clinical Care

Provide Comprehensive Healthcare

The literature strongly suggests that spirituality and religion are linked with health outcomes. Thus spirituality or religious practices are important in patient assessment and intervention and should be considered in both health and illness. The goal is to provide comprehensive healthcare that includes the spiritual and religious dimensions.

Health professionals should anticipate spiritual concerns because all people are spiritual beings as much as they are physical and rational ones. Everyone, whether religious or not, looks for meaning and purpose in life.

For example, how do you explain the deaths of seemingly healthy men a year or two after retirement? Could it be that work provided the meaning and purpose in their lives and without it they perished? How also would you explain the higher mortality of spouses in the year following the death of their partners? These are dramatic examples of negative health outcomes linked to the loss of meaning and purpose. (Holmes, T. & Rahe, R. , 1971)



The goal is to provide comprehensive healthcare that includes the spiritual and religious dimensions.

Goals for Clinical Care

reflective

The 2002 movie, *About Schmidt*, portrays a retiree's quest to pick up the pieces of his disappointing life and discover new sources of love and meaning. There are many people like Schmidt seeking help from their health providers all over America.

What kinds of spiritual issues would come to your mind if you met a recent retiree, such as Schmidt?

Spiritual issues might include, not only a search for meaning and purpose outside of work, but also a search for connections now that work no longer provides a daily community.

Goals for Clinical Care

Role of the Healthcare Provider

For many providers, the separation of the spiritual and the physical is comfortable because it reflects what they have been taught. In most healthcare curricula, spirituality may be identified as important to overall health, but it is not covered in any depth, suggesting that it is not really within the domain of health disciplines.

Western biomedicine has avoided spiritual issues for more than 500 years, deeming them either non-existent or the concern of religion. However, as research increasingly shows, this separation is not in the patients' best interests.



As research increasingly shows, separation of spiritual and physical health issues is not in the patients' best interests.

Goals for Clinical Care

reflective 

What do you think is your role as a provider in spiritual care?

In brief, we believe that you should:

- ◆ Listen actively.
- ◆ Screen for spiritual issues.
- ◆ Intervene when appropriate, to your level of knowledge and skill.
- ◆ Refer to experts as needed.

Goals for Clinical Care

Listen Actively

To determine if a patient needs a spiritual intervention, you need to practice active, intentional listening. It is critical to listen well, because all subsequent interventions are based on understanding the spiritual needs.

In addition, listening attentively is itself an intervention that provides comfort to the patient while helping the healthcare provider and patient determine the type of treatment needed.

It is also important to use appropriate language with patients. Spiritual issues are frequently cloaked in the language of religion, and you need to understand that language and respond appropriately.

Listen to the patient's discussion of the issues for clues on how to respond. You can also ask patients if they recognize or how they refer to God or the Creator.



It is critical to listen well, because all subsequent interventions are based on understanding the spiritual needs.

Goals for Clinical Care

Conduct a Spiritual Screening

If you detect a spiritual need or issue with a patient, it is important to be able to conduct a brief spiritual screening. This consists of four to five simple questions that will help you determine if there are any important spiritual concerns that might be having an impact on a patient's health and healing.

In the next two sections of this module we demonstrate in detail how to conduct this spiritual screening, giving examples in different situations.

What are your sources of hope, strength, comfort, and peace?

Are you part of a religious or spiritual community?

What spiritual practices do you find most helpful to you personally?

Are there any specific practices or restrictions I should know about in providing your medical care?

A spiritual screening consists of four to five simple questions, such as these, that help determine if there are important spiritual concerns impacting a patient's health and healing.

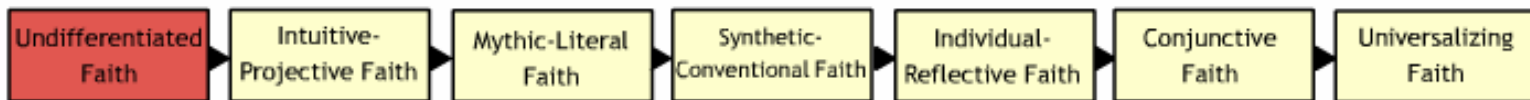
Goals for Clinical Care

Understanding Faith Development

Before you conduct these screenings, it is helpful to understand faith development and how it impacts a patient's worldview. James Fowler's stage theory of faith development can be a useful framework for gaining this understanding. It is often cited as a way to understand the universal human phenomenon that leads persons to need and find meaning and an understanding of themselves in relation to their world. (Fowler, J., 1981) Note that the theory is never used to judge a person's spiritual development.

Undifferentiated Faith: Up to 3 years old

Acquire qualities of trust and mutuality as well as courage, hope, and love.

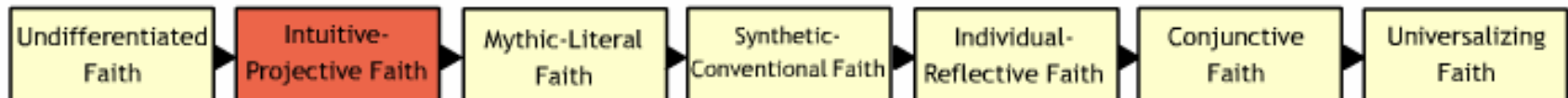


Before you conduct spiritual screenings, it is helpful to have an understanding of faith development.

Goals for Clinical Care

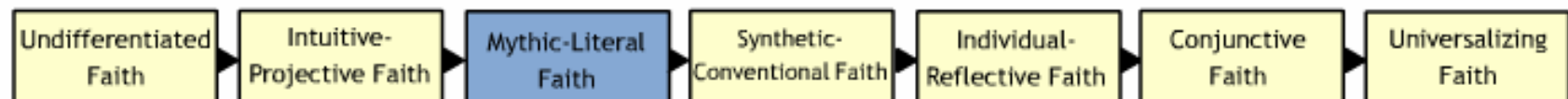
Intuitive-Projective Faith: 3-7 years

Relate intuitively to the ultimate conditions of existence through stories and images and the fusion of facts and feelings.



Mythic-Literal Faith: 7-12 years

Attempt to sort out fantasy from fact by demanding proofs or demonstrations of reality. The task is to learn not only the stories but also the beliefs and practices of the community.

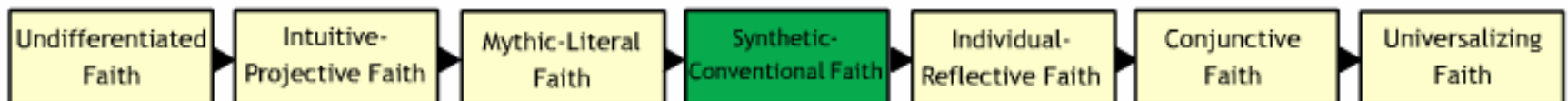


Goals for Clinical Care

Synthetic-Conventional Faith : Adolescence

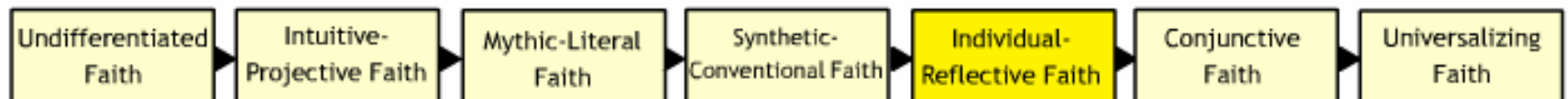
Synthesize values and information and provide a basis for identity and outlook.

Individuals generally conform to the beliefs of those around them until they reflect or study these beliefs objectively. Thus, they hold them tacitly.



Individual-Reflective Faith: Young adults

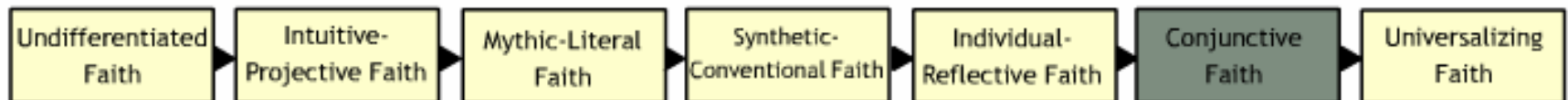
May continue into adulthood. Development of self-identity and worldview that is differentiated from those of others. Demythologize symbols into conceptual meanings.



Goals for Clinical Care

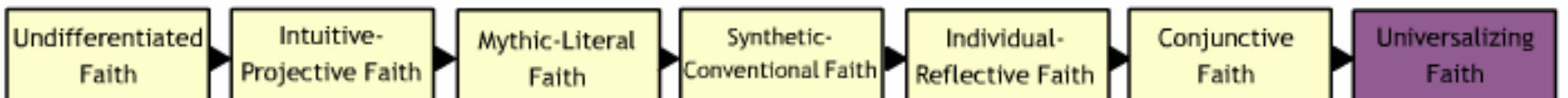
Conjunctive Faith: Adults past midlife

Find new appreciation for their past and value their inner voices. Become aware of deep-seated myths, prejudices, and images that arise from their culture and social background. Try to unify opposites in mind and experience.



Universalizing Faith: Infrequently reached

Faith that is inclusive of all being - they want to unshackle social, political, economic, or ideological burdens in society. They fully love life, yet hold it loosely. e.g. Martin Luther King, Jr., Mother Theresa



Goals for Clinical Care

Faith Development Theory

As is postulated in other stage theories, such as Erik Erickson's psychosocial development and Piaget's cognitive development, individuals move from stage to stage as they grow and develop throughout the life cycle. Each stage presents challenges and issues, causing the individual to move into the next stage.

Once an individual moves to the next stage, it is unlikely that he or she will revert. For example, when a teen moves from the concrete thinking of a school age child into abstract reasoning, it is unlikely that he will return to the former stage, because a transformation of his or her thinking has taken place.

Fowler suggests that this is also true for faith development. However, sometimes individuals do regress to an earlier stage when faced with illness because they perceive that the earlier stage provided greater spiritual security. Fowler's stages are also helpful in understanding a child's or adolescent's spiritual worldview, especially as they deal with health issues.



Goals for Clinical Care

Intervene

At all times you must keep in mind that you are assisting the patient with his or her spiritual issues. You are not called upon to fix your patient's spiritual problems but to assist the patient in dealing with them.

Often the spiritual issues are framed by the patient's religious beliefs and understanding, so knowing a patient's religious background is important.

EXAMPLE

The healthcare provider should note the patient's religious background and use it as a basis for discussion. The HOPE screening questions in the next section allow for that practice because they ask about how the patient wants to live out his or her beliefs and values.

Note that spiritual interventions are not limited to defined spiritual problems: patients' faith practices may influence how they want to be cared for in a healthcare setting. **EXAMPLE**

For example, knowing that a patient is firmly connected to her Catholic background will be helpful in deciding with her about an appropriate intervention. A Catholic woman may refuse an abortion, even when her own life is endangered because of cancer, while another may accept it after talking with her priest and family. Likewise, Jehovah Witnesses will sometimes accept blood products when they have no other alternative.

For example, a Muslim patient may need the opportunity to pray five times a day in her room and have her dietary requirements honored. She may not want to take any pharmaceuticals that have pork in them, such as gelatin capsules.

Goals for Clinical Care

Refer to Experts

When appropriate, be sure to refer the patient to appropriate spiritual resources, such as clergy or other spiritual leaders.

Just as healthcare providers would count on clergy to refer persons needing medical attention to them, so must healthcare providers be alert to spiritual issues in their patients and consult with clergy as appropriate.



Be sure to refer the patient to clergy or appropriate spiritual resources.

Goals for Clinical Care

reflective

We have suggested that in your role as healthcare provider, you should listen actively, screen for spiritual issues, intervene when appropriate, and refer to experts as needed.

What issues or questions do you have about implementing these goals?

There are many important questions about ethical boundaries and self-care when considering patient spirituality.

For example, how do you:

- ◆ Deal with your own spirituality?
- ◆ Maintain professional boundaries?
- ◆ Respond to a patient who wants you to pray with them?
- ◆ Work with someone who has a different religion from yours (or a patient who is very religious if you are not)?

We begin to answer these questions in the next screens.

Goals for Clinical Care

Your Own Spirituality

To be comfortable with providing holistic care, and to better identify patient spiritual concerns, it helps to be aware of your own spirituality and issues. Becoming more spiritually self aware is a life-long endeavor that allows you to maintain your sense of purpose and focus, while providing excellent holistic care to patients and families.

In this respect, spirituality is similar to bioethics. Students of bioethics are instructed to consider their own ethical values within the context of their discipline and society. The incorporation of your spiritual values is equally important to your professional practice.

Just remember, as you consider your spirituality, to go beyond your religious background and experience to an examination of your values, motives, and relationships with others and the transcendent.



You will be better at recognizing patient issues if you are more self-aware.

Goals for Clinical Care

Spiritual Self-Care

The following simple and universal practices can help you become more spiritually aware:

- ◆ Reflection
- ◆ Meditation
- ◆ Keeping a dream journal
- ◆ Maintaining relationships

In addition, these practices can provide the health benefits outlined by Levin in his seven principles. Incorporating these practices into our daily lives will enhance our own well-being and ultimately help us to provide better care for our patients

Every day, review the day's events for 5 to 10 minutes and ask yourself what experiences gave you life and what drained life. This will help you discover where you find purpose and meaning. If you discover that a particular part of your work is life-giving, you might want to expand that part and let go of the less satisfying parts.

Meditating for 20 minutes once or twice a day is another way to know yourself spirituality.

Dreams reveal our unconscious issues. While very few dreams are prophetic, they can provide precise insights into our personal needs, desires, and concerns. They are also compensatory and healing.

The health professional also needs community and meaningful relationships. Both are necessary to healthy spirituality and to survive and grow.

Goals for Clinical Care

Maintaining Boundaries

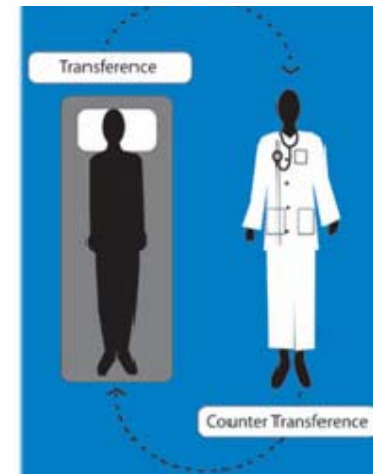
Knowing yourself spiritually is critical to maintaining appropriate boundaries with patients.

For example, this self-knowledge can help providers recognize and deal with transference and counter transference. Both transference and counter transference are common in patient/provider encounters, and it is important to understand these concepts to maintain professional boundaries appropriately.

- ◆ Transference occurs when the patient transfers feelings for a parent or other adult figure to the provider.
- ◆ Counter transference occurs when the provider transfers feelings onto a patient.

EXAMPLE

EXAMPLE



Self-knowledge can help providers recognize and deal with transference and counter transference.

EXAMPLE

For example, a patient resists a suggested treatment and gets angry with the provider for no apparent reason.

In this case, the patient's resistance may be the result of earlier life experience with an authoritarian parent or teacher that subsequently transfers to the healthcare provider.

EXAMPLE

For example, a provider who was mistreated by a parent finds it very difficult to work with patients who exhibit behaviors similar to his parent.

The provider might be unaware of the reason he finds the person difficult or he may recognize it for what it is, move beyond his feelings, and give excellent patient care in spite of their behavior.

Goals for Clinical Care

reflective 

Sarah, a patient with cancer, complains that her mother is not coming to visit. Her nurse, who was neglected by her own mother when she was a child, dismissed Sarah's complaints and tells her to forget about her mother.

How is this an example of counter-transference?

Because the issue of neglect is painful to think about, the nurse dismisses Sarah's concerns rather than helping her deal with them.

If the nurse were to reflect on what happened between the patient and herself, she could try to put her feelings aside and help Sarah with her sense of loss.

If she can do this, the nurse can also work on her own issues with neglect. However, working on her own issues must not be part of the patient's care or at the patient's expense.

Goals for Clinical Care

Maintaining Boundaries

When a patient provokes an emotional reaction in you that seems more intense than appropriate for the situation, it is important to reflect on your response. The patient's spiritual issues may be triggering your own. Examine your reaction for possible counter transference issues with the patient.

Spiritual issues may be unconscious and only come into awareness when a patient presents a particular problem. Experienced spiritual teachers would say that we get the patients we need—that is the patients whose problems invite us to deal with our own.

When caregivers step over the line and find themselves care-taking or attempting to fix their patient's problems, they must pull back and examine their motives. Self-reflection will aid you in discerning what might be happening to your judgment regarding a particular patient's care.



When a patient provokes an emotional reaction that seems beyond the circumstances of the present situation, reflect on your response.

Goals for Clinical Care

Your Own Beliefs

As a provider, your religion and spirituality should remain in the background.

If a patient inquires about your religion, ask why he or she wants to know, and how this knowledge could be helpful. A patient may have had a bad experience with a person from a particular group and be fearful about repeating it. Likewise, they may have very positive feelings about another group and have corresponding expectations. Understanding a patient's perspective will help a provider give care that fits the patient's expressed needs.

You should also be consciously aware if your own beliefs are leading to inappropriate judgment of the patient that impacts care.

EXAMPLE

You should never impose your spiritual views on a patient.

EXAMPLE

EXAMPLE

For example, a provider who believed strongly in Yoga and meditation as stress reduction tools had a patient whose religion prohibited her from these practices. The provider found himself judging the patient negatively for refusing to use these practices.

Because of this, he felt less effective as a provider and recommended that the patient see another provider.

EXAMPLE

A nurse who worked in a nursing home believed that a patient was not ready to die because she wasn't "saved."

The nurse believed that every person must say out loud that they "believed in Jesus as Lord and Savior and had verbally committed their life to Jesus."

The patient was at peace with God and was ready to die, but the nurse was pressuring her to say these words of confession, because the nurse herself saw this as critical before death.

The nurse could not hear, or accept, the patient's spiritual viewpoint and faith expression.

Goals for Clinical Care

Praying with Patients

Sometimes patients ask healthcare providers to pray with them. This invitation can be an opportunity to learn more about the patient's spiritual needs and can provide a very intimate encounter with a patient.

However, how you choose to honor the patient's request should be based on your own comfort with it.

If you are not comfortable praying with patients, you can say so respectfully and ask who else they could pray with. Then follow up to help the patient access that person. Respectfully declining the patient's invitation is better than proceeding, if you are not comfortable with prayer.

You could also ask what the patient wants to pray for, then suggest that you both reflect on it in silence for a minute.



Your own comfort should determine how you respond to a patient's request to pray.

Goals for Clinical Care

Praying with Patients

You could also ask the patient to lead the prayer.

If you are comfortable leading a prayer yourself, then you should ask what the patient wants to pray about. You must be very careful to pray for what the patient wants and not for what you might think is best. Your relationship with the patient can be damaged if you pray in a way the patient doesn't want.

You need to follow the lead of your patient and never impose prayer on a patient or family, even if you feel it would be very helpful.

EXAMPLE

For example, an experienced chaplain prayed for God's will to be done with a dying child, and the mother was deeply angry at the chaplain because she was not ready to let the child die.



You must be very careful to pray for what the patient wants and not for what you might think is best.

Goals for Clinical Care

How would you respond to a patient who asks you to pray for them or with them?

reflective 

You should do what you are comfortable with. If you are not comfortable, you can say so respectfully, and ask who else they can pray with or invite them to ask the chaplain.

If you are comfortable, you can ask the patient what to pray for or suggest that they lead the prayer.

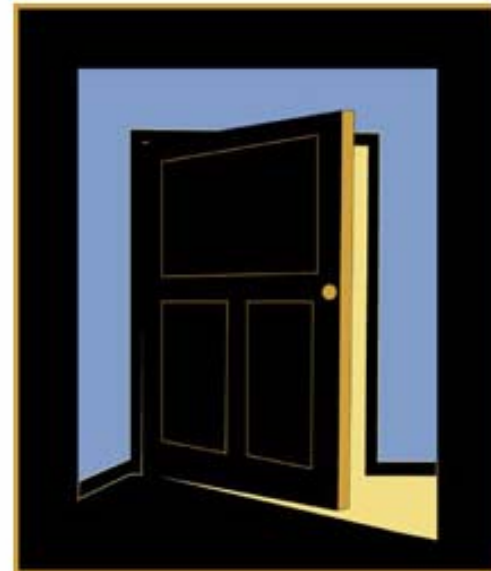
Be careful to establish what the patient wants before praying.

Goals for Clinical Care

Patients Who Require Providers in Their Faith

For patients who are uncomfortable with, or closed to, providers with religious backgrounds that are different from theirs, it is important to find ways to meet the patients' spiritual needs within their understanding. They may not be willing to converse with a provider about their health issues unless that provider comes from their own faith tradition. Referral to a chaplain of a different faith would be also be unacceptable. This can be true for people from any religious background.

In these cases, try to find a provider and chaplain in their faith tradition. If you can't, ask the patient how else you could meet their needs. Leave the door open in case the patient changes his or her mind.



Do what you can to leave the door open should the patient change his or her mind.

Goals for Clinical Care



Which of the following is NOT one of the goals of clinical care?

Click the best answer. When done, click Check My Answer.

- A. Listen actively.
- B. Conduct a spiritual screening.
- C. Fix your patients' spiritual issues.
- D. Refer to clergy.

Goals for Clinical Care



Which of the following is NOT one of the goals of clinical care?

Click the best answer. When done, click Check My Answer.

- A. Listen actively.
- B. Conduct a spiritual screening.
- C. Fix your patients' spiritual issues.
- D. Refer to clergy.

That's correct! You are not called upon to fix your patient's spiritual problems but to assist the patient in dealing with them, either with simple interventions, such as listening, or by referring to experts.

Goals for Clinical Care



Read the scenario below, then determine which answer(s) describe the provider's response.

An eight-year-old Native American girl was hospitalized for kidney problems. Her traditional Lakota family brought a medicine bundle for her to keep at her bedside that contained a number of objects and herbs. One of the nurses put the medicine bundle in the trash dismissing its relevance to the child's healing processes. The child's disease worsened and the family was very upset about the loss of the medicine bundle and its protective factors for their daughter.

Click all that apply.

- A. Maintained professional boundaries appropriately
- B. Judged the patient inappropriately, impacting patient care
- C. Kept her spiritual and religious views in the background
- D. Imposed her spiritual views on a patient

Goals for Clinical Care



Read the scenario below, then determine which answer(s) describe the provider's response.

An eight-year-old Native American girl was hospitalized for kidney problems. Her traditional Lakota family brought a medicine bundle for her to keep at her bedside that contained a number of objects and herbs. One of the nurses put the medicine bundle in the trash dismissing its relevance to the child's healing processes. The child's disease worsened and the family was very upset about the loss of the medicine bundle and its protective factors for their daughter.

Click all that apply. When done, click Check My Answer.

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That's correct! The nurse was imposing her spiritual views and impacting patient care. You should respect the patient and family's beliefs and use them as resources to help the patient heal.

Goals for Clinical Care



Read the scenario below, then determine which answer(s) describe the provider's response.

Mr. Stone was hospitalized for complications of diabetes. When the chaplain introduced herself, the patient turned his back on her and refused to engage in conversation. His wife apologized for his behavior. The chaplain left her card and assured Mr. Stone that she would be available if he changed his mind.

Click all that apply. When done, click Check My Answer.

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That's correct! The chaplain did not respond emotionally to the rejection, judge Mr. Stone, or try to force Mr. Stone to engage with her. She left the door open for future contact and help.

Goals for Clinical Care



Read the scenario below, then determine which answer(s) describe the provider's response.

A physician, who happens to be Roman Catholic, was caring for a Muslim patient scheduled for a special rehabilitation program at noon on Fridays. The patient was concerned because this would interfere with her participating in her regular Friday prayers with her faith community. The physician said: "I can appreciate your desire for your prayer time, I will change the order to another time slot."

Click all that apply.

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That's correct! (A isn't strongly relevant here, but it is not wrong.) The physician did not B-judge inappropriately, or D- impose his spiritual views.

Goals for Clinical Care

Summary

- ◆ The literature strongly suggests that spirituality and religion are linked with health outcomes. Knowing this, the goal should be to provide comprehensive healthcare that includes the spiritual and religious dimensions.
 - ◆ To determine if a patient needs a spiritual intervention, you need to practice active, intentional listening.
 - ◆ If you detect a spiritual need or issue with a patient, it is important to be able to conduct a brief spiritual screening.
 - ◆ At all times you must keep in mind that you are assisting the patient with his or her spiritual issues. You are not called upon to fix your patient's spiritual problems.
 - ◆ When appropriate, be sure to refer the patient to appropriate spiritual resources, such as clergy or other spiritual leaders.
 - ◆ When providing holistic care, providers should be careful to maintain professional boundaries and practice self-care.
- Listen actively.
 - Screen for spiritual issues.
 - Intervene when appropriate, to your level of knowledge and skill.
 - Refer to experts as needed.