

Chapter 2: How to include spirituality?

Spirituality in Patient Care: Why, How, When and What

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“Emerging research demonstrates the positive effect of an individual’s beliefs on his or her health.”

Key Skills: Listening in order to understand, showing respect for R/S beliefs, supporting the patient’s spiritual beliefs, appropriate referral.

1. *What is spirituality?(38)*

Use “spiritual” terminology rather than referring to religion, which may alienate some Pts. (Is this true in our region?) “Spiritual” is often either just a substitute for religion, or is completely devoid of anything to do with spirit, being simply a catchall phrase for good mental health, i.e. “peaceful”, “connected”, “life having meaning”, etc.

Spirituality is more than subjective self-fulfillment. Ken Pargament defines it as *“a search for the sacred.”* (40)

2. *The Spiritual History (40)*

Goals: 1) understand the role that religion plays in the Pt’s coping with illness or in causing him or her stress, 2) become familiar with the Pt’s religious beliefs as they relate to the decisions about medical care, 3) identify Pt spiritual needs that could affect health outcomes if not adequately addressed. 4) Send message to Pt that HP recognizes and respects this aspect of Pt’s life 5) Gather important information that is useful for understanding motivations behind behavior 6) Gather info about Pt’s support systems and resources for progress in healing 7) Lets Pt know that HP is willing to discuss R/S in the future, should the need arise.

Criteria for good assessment/history instrument: 1) brief and able to complete in a few minutes; 2) easy to remember so information is not missed; 3) effective in gathering the desired information; 4) Patient centered; 5) Acknowledged by experts in the field as valid and appropriate.

CSI-MEMO SPIRITUAL HISTORY– (Originally published in JAMA) – 1) Do R/S beliefs provide Comfort or Stress? 2) Influence medical decisions? 3) Are you a MEMber of a R/S community? 4) Other R/S needs?

ACP SPIRITUAL HISTORY– (ACP & ASIM) – 1) Is Faith (R/S) important to you in this illness? 2) Has F been important to you at other times? 3) Do you have someone with whom to discuss R/S needs? 4) Would you like to explore R/S matters with someone? (Several things missing from this assessment – what are they?)

FICA SPIRITUAL HISTORY– (Christian Puchalski @ GWUMC) F – Faith tradition? I – How Important? C – What is your Church or community of faith? A – How do your R/S beliefs Apply to your health? A – How might we Address your R/S needs?

SINGLE QUESTION SPIRITUAL HISTORY– Do you have any R/S needs or concerns related to your health?
Good for rushed situations

Explain why the questions are being asked – HP should communicate to Pt that Qs are not related to condition but reflect a desire to be more sensitive to any R/S needs or concerns that the Pt may have. Only proceed after Pt understands this reason for taking the Spiritual History.

3. *Nonreligious patients (45)*

Once Pt expresses no interest in R/S conversation, inquiry should shift to other resources for coping, sources of meaning and purpose, other cultural beliefs that may influence medical decisions, social sources of support. *Question remains how to make R/S resources available to the Pt without imposing.*

4. *Beyond screening (46)*

- a. ***Documentation*** - Important to include the SH in the chart, perhaps in a special section. Helps avoid failure to complete the SH or duplication of work resulting in irritating the Pt.
- b. ***Orchestrating Resources*** - Some HP should take responsibility for coordinating R/S care and access to resources. This may include conversation, reading material, participation in services or rituals, communication with congregation/clergy, time to pray w others.
- c. ***Support Spiritual Beliefs*** - When taking the SH, be respectful and seek understanding. Purpose of SH is to “*enter into the worldview of the Pt*” (50). Intention is to maximize health, not promote a particular religious or spiritual view. Supporting existing beliefs/practices, not introducing new ones. Stay Pt centered and health related.
- d. ***Pray with Patients*** - Much controversy over whether and how to pray with/for Pts. Who should initiate? HPs run the risk of imposing their R/S views on the Pt. Proceed by asking the Pt if they would like prayer. If so, HP can invite the Pt to lead the prayer w/ HP present. Prayer should be consistent w/ Pt’s R/S beliefs, necessitating taking of SH first. Ask Pts what they desire prayer for. Possibly take Pt hand or place a hand on arm or shoulder in a “safe touch” way. Follow Pt lead on whether to pray for physical healing. Can hedge by praying for “effectiveness of medical treatments and progress toward wholeness” which is open to broader interpretation.
- e. ***Prescribe Religious Activities*** – Generally only those that are already meaningful to the Pt.
- f. ***Linking with Religious Communities*** – For those with existing connections, supporting and enabling this connection during hospitalization/treatment/recovery is important and can be done by the HPs. Encourage/empower Pt & family to take responsibility for this, but offer help as needed. Some Religious Congregations and Communities even have health related ministries such as Parish Nurse Programs which provide intentional health and wellness support to parishioners and community members. RC may provide significant sources of R/S and social support during hospitalization and convalescing at home. Establishing a connection with someone from the RC can be helpful in facilitating this support.