The Integration of Spirituality into Patient Care
WHAT IS SPIRITUALITY?

• “Because it is who I am at my deepest core.”

Marilyn

Touching the Spirit: The Essence of Healing
by Christina M. Puchalski, M.D
What is Spirituality?

• “.. is 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.”

Natural Spirituality

- Natural spirituality is our innate capacity for connection, to be part of something larger than ourselves.

- Our transcendent connection(s) often provide the meaning and purpose as well as a set of values which guide our lives.
The Human Person Seeks Connection Which Provides Meaning and Purpose
• Spirituality is the lifeline that sustains people through stress and challenging times as it is an essential aspect of our humanness.
SPIRITUALITY

• Spirituality transcends religion
  • Spirituality is inborn, universal human capacity
  • Religion is a way we are socialized to express and experience our spirituality

Spirituality is diverse, may include
  – religion,
  – nature,
  – art,
  – music,
  – pets,
  – vocation,
  – family,
  – or community
Spirituality

• Arises in response to the awe inspiring and terrifying mystery of life and the universe

• We reflexively seek to make meaning of our experience in the world

• And make or strengthen our connection to others

• Ira, Byock, MD American Journal of Hospice & Palliative Medicine/Vol. 23, No. 6, Dec/Jan 2007
Illness and Suffering as Spiritual Issues

- He took her old Christian hands into his much younger Jewish hands, closed his eyes and began to pray.
Illness and Suffering as Spiritual Issues

• “Patients are suffering, truly suffering, as a result of illness. They are torn from their everyday looking at the world....

• they’re lonely; they’re scared; they’re terrified.”

Bruce Feldstein, MD Stanford Medical Center
Spiritual Issues

• These are existential issues
• These are spiritual issues”

Bruce Feldstein, MD
RESEARCH

• There is a growing body of evidence that indicates a strong link between health outcomes and spirituality.

  • Melissa Kelley (2010), Contemporary Theory and Ministerial Practice. MN, Fortress Press.
RESEARCH

• Studies indicate:
  – Spirituality affects health care outcomes, including quality of life
  – While Spiritual and religious beliefs can positively impact health, they can also create distress and increase the burdens of illness
Quality of Life

Patients who indicated that either the religious community or the medical system was providing spiritual support reported significantly higher quality of life.

Of nine variables, degree of spiritual support was the 2nd most powerful predictor of quality of life.

Spiritual Risk

• Negative religious coping (i.e. feeling punished or abandoned by God) is associated with poor adjustment to or recovery from illness
• Increased rates of depression
• Religious Struggle as a predictor of Mortality
• Studies also indicate:
  – Spirituality affects health care decision-making
  – Spiritual well-being is associated with lower levels of stress and anxiety as well as higher levels of resilience, hope and satisfaction
  – Talking about spirituality increases hospital patients’ overall satisfaction


The Role of The Chaplain

• A hospital chaplain uses the insights and principles of psychology, religion, spirituality and theology in working with individuals, couples, families and groups to achieve wholeness and health.

Mayo Clinic
Multi-Faith Approach

• Chaplains do not proselytize

• Clinically trained chaplains offer patients and families emotional and spiritual support that is centered in their beliefs and values
The Role of The Chaplain

- **Listening Presence:**
  - Through a non-anxious, compassionate presence, the chaplain accompanies patients on their journey and actively listens to their story.
  - Through active listening (narrative-reflective process), the chaplain conducts a *spiritual assessment.*
The Role of The Chaplain

Chaplains can assess spiritual concerns such as questions of meaning.

Chaplains assess possible spiritual resources (hope, meaning, purpose) or spiritual distress (abandonment, hopelessness, guilt).

Chaplains also assess for religious-specific concerns (need for religious ritual, use of religious coping skills, conflicted belief systems).
Spiritual Pathways

• First, look for indicators of possible spiritual distress for patient and/or family members
  – Such as, struggle to adapt to diagnosis
  – conflict with medical team and treatment plan
  – seeking meaning in illness
### TABLE 3  Potential spiritual diagnoses

<table>
<thead>
<tr>
<th>Diagnosis (primary)</th>
<th>Key feature from history</th>
<th>Example statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>existential</td>
<td>lack of meaning; questions meaning about one’s own existence; concern about afterlife; questions the meaning of suffering; seeks spiritual assistance</td>
<td>“My life is meaningless.” “I feel useless.”</td>
</tr>
<tr>
<td>abandonment (God or others)</td>
<td>lack of love; loneliness; not being remembered; no sense of relatedness</td>
<td>“God has abandoned me.” “No one comes by anymore.”</td>
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<tr>
<td>anger at God or others</td>
<td>displaces anger toward religious representatives; inability to forgive</td>
<td>“Why would God take my child…it’s not fair.”</td>
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<tr>
<td>concerns about relationship with deity</td>
<td>closeness to God, deepening relationship</td>
<td>“I want to have a deeper relationship with God.”</td>
</tr>
<tr>
<td>conflicted or challenged belief system</td>
<td>verbalizes inner conflicts or questions about beliefs or faith conflicts between religious beliefs and recommended treatments; questions moral or ethical implications of therapeutic regimen; express concern with life/death and/or belief system</td>
<td>“I am not sure if God is with me anymore.”</td>
</tr>
<tr>
<td>despair/hopelessness</td>
<td>hopelessness about future health, life; despair as absolute hopelessness; no hope for value in life</td>
<td>“Life is being cut short.” “There is nothing left for me to live for.”</td>
</tr>
<tr>
<td>grief/loss</td>
<td>grief is a feeling and process associated with a loss of person, health, etc.</td>
<td>“I miss my loved one so much.” “I wish I could run again.”</td>
</tr>
<tr>
<td>guilt/shame</td>
<td>guilt is a feeling that the person has done something wrong or evil; shame is a feeling that the person is bad or evil</td>
<td>“I do not deserve to die pain-free.”</td>
</tr>
<tr>
<td>reconciliation</td>
<td>need for forgiveness and/or reconciliation of self or others</td>
<td>“I need to be forgiven for what I did.” “I would like my wife to forgive me.”</td>
</tr>
<tr>
<td>isolation</td>
<td>from religious community or other</td>
<td>“Since moving to the assisted living, I am not able to go to my church anymore.”</td>
</tr>
<tr>
<td>religious specific</td>
<td>ritual needs; unable to follow usual religious practices</td>
<td>“I just can’t pray anymore.”</td>
</tr>
<tr>
<td>religious/spiritual struggle</td>
<td>loss of faith and/or meaning; religious or spiritual beliefs and/or community not helping with coping</td>
<td>“What if all that I believe is not true.”</td>
</tr>
</tbody>
</table>
Spiritual Pathways

• Also, look for indicators of spiritual resources
  – Sources of hope
  – Resilience
  – Meaning-making
  – Calm/Peace
  – Forgiveness
Spiritual Pathways

- Second, identify outcomes I hope to provide as a result of interventions.
  - Patient identifies spiritual resources and sources of support and is able to utilize them appropriately in hospital setting
  - Patient reports less anxiety
  - Patient able to participate in environment of care
Spiritual Pathways

• Third, once outcomes identified, interventions to bring about these outcomes need to be named and undertaken.
Spiritual Pathways

~Establish supportive presence
~Identify patient’s internal and external resources including spiritual community, spiritual beliefs, important spiritual practices, needs and hopes
~Assist in activating spiritual resources
~Arrange/plan for a particular religious ritual or find proper spiritual leaders to do lead/perform ritual
~Identify and document patient’s cultural needs and serve as advocate for patient and family, perhaps arrange a care plan meeting
~Provide education as regards spiritual and/or cultural needs; share information with a particular team member about best way approach a therapy or intervention

The Role of The Chaplain
Also Includes

• Prayers & Rituals
• Ethical Discernment
• Goals of Care or Code Status Discussions
• Grief Work
• Conflict with others
• Collaborate with community spiritual or religious leaders
Should All Disciplines Be Involved in Spiritual Care?

• Dr. Puchalski answers this question affirmatively:
  – She advocates that non-chaplain clinicians do spiritual screenings and/or spiritual histories
  – Chaplain perform spiritual assessments and interventions
  – Key study shows conversations on spiritual issues with any member of the medical team increases patient trust in and satisfaction with care
Screening Questions

• Possible Screening Questions
  – Is spirituality or religion important to you? Or, How important is spirituality or religion in your coping?
  – How well are those resources working right now?

FICA

• F — Faith and Belief
  – “Do you consider yourself spiritual or religious?” or
  – “Do you have spiritual beliefs that help you cope with stress?”
  – If the patient responds “no,” the physician might ask, “What gives your life meaning?”
FICA

• I — Importance
  – “What importance does your faith or belief have in our life?
  – Have your beliefs influenced how you take care of yourself in this illness?
  – What role do your beliefs play in regaining your health?”
FICA

• C — Community
  – “Are you part of a spiritual or religious community?
  – Is this of support to you and how? Is there a group of people you really love or who are important to you?”
  – Communities such as churches, temples, and mosques, or a group of likeminded friends, can serve as strong support systems for some patients.
FICA

• A — Address in Care
  – “How would you like me, your healthcare provider, to address these issues in your healthcare?”
IT TAKES A VILLAGE
physicians, nurses, therapists, social workers, chaplains & vital support staff
Working together to bring compassionate care to our patients & families.
‘To cure sometimes, to relieve often, to comfort always’

15th Century French Proverb
• www.csh.umn.edu
• www.Gwish.org
• www.dyingwell.org
• ajh.sagepub.com/content/by/year
• www.Acpe.org
• www.Mayoclinic.com/health/end-of-life
• www.Nlm.nih.gov
• www.Beliefnet.com