Spirituality Is Not A Luxury, It’s A Necessity

Spiritual care is recognized as an essential component of patient care. However, questions remain about what it means to incorporate spiritual care into practice.

FACTS:
- There is an estimated 30,000 different religious denominations in the US alone
- 80+% of medical schools offer spiritual care courses
- 56% of physicians believe religious inclination influences health
- According to the Healthcare Chaplains Ministry Assoc., the chaplain to patient ratios 1:30 to 1:100

Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients.
Support Care Cancer. October 2012

PURPOSE: Spiritual care is an important part of healthcare, especially when facing the crisis of advanced cancer. Do oncology inpatients receive spiritual care consistent with their needs? When inconsistent, are there deleterious effects on patient outcomes?

RESULTS: Almost all patients had spiritual needs (91%) and the majority desired and received spiritual care from their healthcare providers (67%; 68%), religious community (78%; 73%), and hospital chaplain (45%; 36%). However, a significant subset received less spiritual care than desired from their healthcare providers (17%), religious community (11%), and chaplain (40%); in absolute terms, the number who received less care than desired from one or more sources was substantial (42 of 150).

Attention to spiritual care would improve satisfaction with care while hospitalized for 35% of patients. Patients who received less spiritual care than desired reported more depressive symptoms and less meaning and peace.

CONCLUSIONS: A substantial minority of patients did not receive the spiritual care they desired while hospitalized. When spiritual needs are not met, patients are at risk of depression and reduced sense of spiritual meaning and peace. Spiritual care should be matched to cancer patients’ needs.
Spiritual needs and spiritual care for veterans at end of life and their families
Published: American Journal of Hospice & Palliative Medicine

- Spiritual care is an important domain of palliative care programs across the country and in the Veterans Affairs (VA) Healthcare System specifically.
- Spiritual care has been a main component of palliative care in the Veterans Affairs (VA) Healthcare System since 1996.
- Patients at the end of life and their families report needing religious activities, companionship, love, meaning and purpose, involvement and control.
- Veterans expressed a need to reconnect to their religion.
- Veterans and family members would like the chaplain to visit more often and spend more time with them; although many recognized that chaplains have many patients and their time for each patient is limited.

Do you want some spiritual support?
Journal Pastoral Care Counsel. September 2013

PURPOSE: To determine rates of positive response to chaplains’ versus nurses’ offer with spiritual support in 223 consecutive hospitalized patients. The patients received a proposal of spiritual support and were randomly assigned to one of two conditions.

RESULTS: 85.8% of patients accepted the offer in the chaplains’ group and 38.5% in the nurses’ group.

Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training?
Journal Clinical Oncology: February 2013

PURPOSE: To determine factors contributing to the infrequent provision of spiritual care (SC) by nurses and physicians caring for patients at the end of life (EOL).

RESULTS: Most patients with advanced cancer had never received any form of spiritual care from their oncology nurses or physicians (87% and 94%).

CONCLUSION: Patients, nurses, and physicians view SC as an important, appropriate, and beneficial component of EOL care. SC infrequency may be primarily due to lack of training, suggesting that SC training is critical to meeting national EOL care guidelines.

Spiritual support interventions in nursing care for patients suffering death anxiety in the final phase of life.
International Journal of Palliative Nursing. December 2013 Dec

PURPOSE: To investigate which activities from the ‘Spiritual Support’ intervention of the Nursing Interventions Classification (NIC) are used in patients with the nursing diagnosis ‘Death Anxiety’.

RESULTS: The most frequently used activity was ‘Treat individual with dignity and respect’ and the least frequently used was ‘Pray with the individual’.
A health services framework of spiritual care.
Journal of Nursing Management. December 2012

Despite over 20 years of study, the concept of spirituality is still under development.

METHODS: Three studies using a health services framework are reviewed:
(1) Survey study of dying patients and family that describes the providers, types and outcomes of spiritual care;
(2) Exploratory study of the process of spiritual care; and
(3) Multi-level study of the structure and outcomes of spiritual care in long-term care facilities.

RESULTS: Spiritual care recipients identify family or friends (41%), clergy (17%) and health care providers (29%) as spiritual care providers. The most frequently reported type of spiritual care was help in coping with illness (87%). Just over half (55%) were satisfied with the care that they received. The processes of spiritual care involved: (1) presence, (2) opening eyes, and; (3) co-creating, which was a mutual and fluid activity between patients, family members and care providers.

In long term care facilities, decedents who received spiritual care were perceived as receiving better overall care in the last month of life, when compared with those decedents who did not receive spiritual care.

CONCLUSIONS: A health services framework provides a holistic view of spiritual care, one that is consistent with integrated nursing models. By focusing on the structure, process and outcome elements of spiritual care within organizational settings, nursing management can develop feasible approaches to implement, improve and evaluate the delivery of this unique type of care.

Integrating complementary medicine and supportive care: patients’ perspectives toward complementary medicine and spirituality.

OBJECTIVES: The association of spirituality and complementary and alternative medicine (CAM) in oncology is unfolding as a research theme that may have practical implications in supportive care. The purpose of this study was to explore patients’ perspectives regarding CAM and spirituality in order to address their needs in an integrative oncology program.

METHODS: A 27-item questionnaire was developed that was administered by research assistants to a convenience sample of patients attending a community-based oncology service in northern Israel.

RESULTS: Of the 509 respondents, 302 (67.4%) were undergoing active oncological treatment and 146 (32.6%) were doing follow-up surveillance. Current and/or previous year CAM use for oncology treatment was reported by 244 of 495 respondents (49%). CAM users with higher spiritual quest expressed more expectations of CAM counseling in the following themes: improving daily functioning and coping with disease, lessening chemotherapy side-effects, and supporting the patient and family emotionally and spiritually. In addition, they expected their social worker to be more involved in building the CAM treatment plan compared to patients with average spiritual quest (35.3% versus 16.3%).

CONCLUSIONS: Higher degree of spiritual quest is associated with increased CAM use, and higher expectations from CAM providers and social workers in the context of CAM integration within cancer care.
BONUS: Two studies investigating two separate tools that assess unmet spiritual needs within healthcare environments.

1) The Spiritual Distress Assessment Tool (SDAT): Validation of the Spiritual Distress Assessment Tool in older hospitalized patients.

The Spiritual Distress Assessment Tool (SDAT) is a 5-item instrument developed to assess unmet spiritual needs in hospitalized elderly patients and to determine the presence of spiritual distress. The objective of this study was to investigate the SDAT psychometric properties.

METHODS: This cross-sectional study was performed in a Geriatric Rehabilitation Unit. Patients (N = 203), aged 65 years and over with Mini Mental State Exam score ≥ 20, were consecutively enrolled over a 6-month period. Data on health, functional, cognitive, affective and spiritual status were collected upon admission. Interviews using the SDAT (score from 0 to 15, higher scores indicating higher distress) were conducted by a trained chaplain. Factor analysis, measures of internal consistency (inter-item and item-to-total correlations, Cronbach’s), and reliability (intra-rater and inter-rater) were performed. Criterion-related validity was assessed using the Functional Assessment of Chronic Illness Therapy-Spiritual well-being (FACIT-Sp) and the question “Are you at peace?” as criterion-standard. Concurrent and predictive validity were assessed using the Geriatric Depression Scale (GDS), occurrence of a family meeting, hospital length of stay (LOS) and destination at discharge.

RESULTS: SDAT scores ranged from 1 to 11 and overall, 65% of the patients reported at least one severe unmet spiritual need. SDAT correlated significantly with the FACIT-Sp, “Are you at peace?”, GDS, and LOS. Compared with patients showing no severely unmet spiritual need, patients with at least one severe unmet spiritual need had higher odds of occurrence of a family meeting and were more often discharged to a nursing home.

CONCLUSIONS: SDAT has acceptable psychometrics properties and appears to be a valid and reliable instrument to assess spiritual distress in elderly hospitalized patients.

2) The Spiritual Needs Assessment for Patients (SNAP): development and validation of a comprehensive instrument to assess unmet spiritual needs.

Unmet spiritual needs have been associated with decreased patient ratings of quality of care, satisfaction, and quality of life. There is a need for a well-validated, psychometrically sound instrument to describe and measure spiritual needs.

OBJECTIVES: To develop a valid and reliable instrument to assess patients’ spiritual needs.

METHODS: Instrument development was based on a literature review, clinical and pastoral evaluation, and cognitive pretesting. Forty-seven ambulatory cancer patients completed cross-sectional and longitudinal surveys to test instrument validity and reliability. Internal reliability was assessed by Cronbach’s, test-retest reliability by Spearman’s correlation coefficients, and construct validity by comparing instrument scores to a previously used single-item spiritual needs question.

RESULTS: The Spiritual Needs Assessment for Patients (SNAP) comprises a total of 23 items in three domains: psychosocial, spiritual, and religious. Sixty percent of participants were white, 21% black, 13% Hispanic, and 6% Asian or other. Fifty-eight percent were Catholic, 13% Jewish, 11% Protestant, 2% Buddhist, 2% Muslim, and 2% Hindu. Sixty-eight percent described themselves as spiritual but not religious; 15% reported unmet spiritual needs; 19% wanted help meeting their spiritual needs. Cronbach’s for the total SNAP was 0.95, and for the subscales was psychosocial=0.74, spiritual=0.93, and religious needs=0.86. Test-retest correlation coefficients were total SNAP=0.69, psychosocial needs=0.51, spiritual needs=0.70, and religious needs=0.65. Participants reporting unmet spiritual needs had significantly higher mean scores on the total SNAP (66.3 vs. 49.4, P=0.03) and on the spiritual needs subscale (39.0 vs. 28.3, P=0.02).

CONCLUSION: The results provide preliminary evidence that the SNAP is a valid and reliable instrument for measuring spiritual needs in a diverse patient population.
About The Spirit Window

Developed in partnership with Coro Health and The Window Channel, The Spirit Window was curated by a team of experts, drawn from academic, interfaith, spiritual and religious communities. The Spirit Window presents a unique, individualized and valuable resource. Offering support, inspiration and nurturing when and where it is needed—featuring over 200 individual prayers and inspirational readings in full HD video catalogued by religion.

Research affirms the professional wellness community’s conviction of the importance of providing spiritual and religious support to individuals in their care. With over 30,000 religious denominations in the U.S. alone, clergy, chaplains, and healthcare workers can find answering the need daunting. The customized HD video programs are selected to provide continuity to the individual, within the broader context of the emotional, psychological and behavioral aspects pertinent to personal as well as group beliefs and practices.

Available for license as a complete series or by individual religion The Spirit Window is designed to play on-demand or as a linear channel over IP networks or on your closed circuit television network.

About Coro Health
Coro Health was founded in 2009, offering personalized clinically-proven therapeutic music programs to healthcare organizations and aging communities. Early adopters of Coro Health’s MusicFirst and CoroFaith include over 2000 long-term care communities, oncology centers, rehabilitation agencies, home health companies, consumers and third party media distributors. Coro Health also services the hospital market in partnership with LodgeNet/Sonifi Healthcare.
Recently the company launched a breakthrough suite of therapeutic music and spirituality mHealth apps for use by individuals as well as by professionals in a broad range of healthcare environments. The suite includes six apps, each targeted to a particular segment of healthcare support. These include MusicFirst: Eldercare, MusicFirst: Alzheimers, MusicFirst: Oncology, MusicFirst: Expecting, MusicFirst: Calm Baby and CoroFaith: mFaith.
For more information, visit http://www.corohealth.com.

About The Window Channel Network
The Window Channel Network, founded in 2005, produces and distributes original specialty HD programming for select markets, including hospitality, healthcare, in-home and digital signage. The Window Channel’s selection of HD Programming Channels include a compilation of metaphorical “windows” from around the world designed to create relaxing environments for viewers. Programming is available directly from The Window Channel and is also available from partner affiliates including Swank Motion Pictures, Criterion Pictures, GetWellNetwork, Skylight Healthcare, Spectrio, TVRC and others. The Window Channel Network is headquartered in Davidson, North Carolina with production facilities in Austin, Texas.
For more information, visit http://thewindowchannel.com or http://WindowChannelWellness.com