

Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum

Module # 6 : Spirituality

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Module #6: Spirituality

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Module #6: Spirituality

I. Overview: The history of Western medicine has been one of gradual but virtually complete disengagement from religious or spiritual explanations of and cures for disease, and an almost total embrace of biological explanations for disease and technologically-sophisticated treatments. Yet, even as health care and spirituality have come to be seen as largely separate domains in many Western countries, life-threatening disease and illness continue to provoke questions that biomedicine and the modern health care delivery have failed to address. To what extent are these ‘spiritual’ concerns the province of the chaplain and pastoral care providers, or the duty and responsibility of all health care providers, as part of their ordinary interactions with patients and families?

The relevance of spiritual concerns across the life span, but particularly as the end of life draws near, has been receiving more attention from health care providers and institutions. Linked to a renewed interest in the impact of spiritual beliefs on the lives and well-being of patients is the interest in the spirituality of the health care professionals themselves. Their faith and spirituality is being studied and programs are being developed that focus on the care and nurture of their spiritual well-being. These efforts occur in a larger context of an ongoing effort to promote relationship-centered care that depends on caregivers cultivating self-awareness and self-knowledge as prerequisites to developing therapeutic relationships with patients.

II. Learning Objectives

1. Define religiosity and spirituality.
2. Discuss the correlation between faith and health.
3. Delineate barriers to spiritual care at the end-of-life.
4. Identify components of a spiritual assessment of health professionals and others.
5. Identify signs of spiritual distress.
6. Describe an interdisciplinary approach to spiritual care at the end-of-life.

III. Religion and Spirituality

A. Definitions:

1. Religion: refers to beliefs, practices and traditions associated with religious groups (e.g. Catholic, Protestant, Jewish, Buddhist).¹
2. Spirituality: refers to the personal search for meaning and purpose in life (relationship to self, others, nature, world, God).¹
3. Spiritual Care: Spiritual care is defined as “meeting people where they are and assisting them with connecting or reconnecting with things, practices, ideas, and principles that are at the core of their being-the breath of their life, making a connection between yourself and that person².

B. Need for spiritual care

1. The essence of spirituality is connectedness to something that imbues life with a sense of meaning and purpose. Spiritual well-being is therefore a buffer against depression, hopelessness, and desire for death in patients with advanced cancer.²

2. Recent claims indicate that spirituality is not only an adaptive trait but__the gene has been located for the production of neurotransmitters that regulate profound feelings of spirituality. According to Buddhist thinking, the spirituality gene helps establish a general trust in the universe, a sense of openness and generosity.³

C. Importance to patients and physicians:

1. Evidence indicates that some dying patients and those with life-threatening illness would like health practitioners to be attuned to their spiritual needs^{4,5,6}

2. Based on the National Opinion Research Center, 81% of physicians believe that spirituality can directly affect clinical outcomes. This is supported by a meta-analysis conducted in 1998 by Larson and colleagues who found a positive correlation between spirituality and health . Ninety one percent of physicians agreed that doctors should attempt to understand the spiritual and religious perspectives of their patients.²

D. Spirituality as Part of the Health Assessment¹

1. Provides meaning in illness
2. Means of coping
3. Rituals, social support
4. Dynamic Interaction with all dimensions of quality of life
 - a. Physical
 - Strength/fatigue
 - Sleep and rest
 - Nausea
 - Appetite
 - Constipation
 - Pain
 - Functional ability
 - b. Psychological
 - Anxiety
 - Depression
 - Enjoyment/leisure
 - Pain Distress
 - Happiness
 - Fear
 - Cognition/attention
 - c. Social
 - Financial burden
 - Caregiver burden
 - Roles and relationships
 - Affections/sexual function
 - Appearance
 - d. Spiritual
 - Hope
 - Suffering
 - Search for meaning
 - Religiosity
 - Transcendence

IV. Barriers to Spiritual Care:

- A. Spirituality confused with religiosity
- B. Lack of training
- C. Poor understanding about what the spiritual dimension comprises
- D. No prior self-assessment
- E. Discomfort with the dimension

V. Correlation Between Faith and Health⁶

- A. Recent studies have linked religious beliefs and practices to better mental and physical health, including less depression, better coping with illnesses, less functional disability, and lower risk of death after cardiac surgery.
- B. 82% of adults believe in the healing power of prayer.
- C. 56-79% believe spiritual faith did or can help one recover from illness, injury or disease.
- D. 63% believe doctors should talk with their patients about spirituality.
- E. 75% of elderly inpatients rate religious beliefs as a very important means of effectively coping with their illness.
- F. Spirituality and/or religious commitment are associated with medical benefits including relief from physical, mental and addictive disorders, enhanced quality of life, and survival.
- G. Hills, Paice, Cameron, and Shott⁷ conducted a pilot study which indicated that of 31 patients the majority were somewhat spiritual, and 77% were somewhat religious. Negative statement about God was correlated with greater distress, confusion, depression, and negativity associated with physical and emotional well-being and quality of life.

VI. Health Professionals' Spiritual Self-Assessment¹

- A. Personal beliefs
- B. Sources of meaning/hope
- C. Values
- D. Religious affiliation
- E. Belief in the divine; transcendence
- F. Relationships: to others, God, nature

VII. Spiritual Assessment of Others

- A. General Points
 - Religious affiliation alone as not sufficient
 - No right way, no right time

- Reassessment with changing conditions/circumstances
- Trusting relationship
- Basic knowledge of major religions, and cultural practices of populations served
- Always perform an individualized assessment
- Never stereotype or generalize

B. How to Ask:

- Use open-ended questions
- Assess positive and negative aspects
- Be non-judgmental
- Do not impose your own beliefs

C. When to Ask:

- History (any discipline)
- After assessing religious affiliation
- Talking cues from patient's personal items
- Verbal cues
 - Questions: "why...", "I wish..."
 - Clues about spiritual nature
- Non-verbal cues
 - Affect
 - Moaning/crying

D. What to Ask: Screening for unaddressed spiritual and existential concerns is often useful for patients and providers comfortable with more in depth discussions. Some helpful questions may include:

- "What do you still want to accomplish during your life?"
- "What thoughts have you had about why you got this illness at this time?"
- "What might be left undone if you were to die today?"
- "What's your understanding about what happens to you after you die?"
- "Given that your time is limited, what legacy do you want to leave your family?"
- "What do you want your children and grandchildren to remember about you?"

VIII. Spiritual Distress

- A. Questions posed to Chaplains at the End of Life⁸
- Meaning/story of life: Why did I get sick; Was this all there is?
 - Death and Dying: What happens when I die? Is there life after death?
 - Illness and pain: Will death be painful?
 - Relationship and separation: How will the family manage after my death?
 - Religious Issues: Has God abandoned me? Themes of forgiveness and peace
- B. Reasons for Spiritual Distress
- Disruption in usual religious activity
 - Personal and family disasters
 - Loss of significant other
 - Behaviors contrary to society/cultural norms
- C. Characteristics of Spiritual Distress
- Feeling separated or alienated from the deity
 - Dissatisfaction with personal past or present
 - Depression
 - Crying
 - Self-destructive behavior or threats
 - Fear
 - Feelings of abandonment
 - Feelings of hopelessness
- D. Spiritual Cues indicating unanswered spiritual or existential needs⁹
- I am wondering if God is here for me now.
 - I feel as though God is punishing me.
 - I am angry at God.
 - Why is this happening to me?
 - I feel abandoned.
 - God has not been fair to me.
 - I failed God.
 - I am worried that my children is not going to remember me.

- E. Spiritual pain may manifest as the following :²
- Physical (intractable pain)
 - Psychological (anxiety, depression, hopelessness)
 - Religious (crisis of faith)
 - Social (denigration of human relationships)
- F. Spiritual crisis at the end of life may take the form of :²
- Losing one's will to live
 - Heightened desire for death
 - Loss of dignity
 - Loss of control
 - Fear of being a burden to others

IX. Measuring Spirituality: The Spiritual Involvement and Beliefs Scale
(See Learning Resource A)

X. Interdisciplinary Approach/Resources

- A. All team members are responsible for holistic care.
- B. Referral to chaplain, massage therapist, art therapist, music therapist.
- C. Use of individual's personal clergy, faith community, identified supports.

XI. Offering Spiritual Care²

- A. Acknowledge spiritual pain
- B. Therapeutic use of self
- Listening
 - Presence
 - Non-abandonment
- C. Create a spiritually healing environment through use of music, art, massage, aromatherapy, guided imagery, or therapeutic touch.
- D. Offer in-depth work as an approach that moves individuals toward a deeper level of the psyche, helping create a sense of meaning and

reconnection to the ordinary things of life. Discuss areas of concern such as relationships, control, identity and meaning.

- E. Encourage patients and family to speak of aspects of their life they were most proud of or that were most meaningful; the personal history they would like remembered, or things that need to be said.
- F. Provide referral to clergy or spiritual advisor

XII. Documentation of Spiritual Well-being

- A. Where to record information:
 - Interdisciplinary progress notes
 - Spiritual assessment form if available
 - Other
- B. What to document:
 - Respect privacy/confidentiality
 - Evidence of Spiritual Distress
 - Referrals

XIII. References

1. Sherman D.W. (2006). Spirituality and culture: Domains of quality palliative care. In M. Matzo, & D.W. Sherman (2nd Ed.). *Palliative care nursing: Quality care through the end of life*. New York: Springer Publishers.
2. Chochinov H. & Cann B. (2005). Interventions to enhance the spiritual aspects of dying, *Journal of Palliative Medicine*, 8(1) :103-114.
3. Kluger J. (2004). Is God in our genes? *Time*: 25: 62-74.
4. Hart A., Kohlwes R., Deyo R., Rhodes L and Bowen, D (2003). Hospice patients' attitudes regarding spiritual discussions with their doctors. *American Journal of Hospice and Palliative Care*; 20: 135-139.
5. Norum J, Rishberg T, and Stolberg E. (2000). Faith among patients with advanced cancer. A pilot study of patients offered "no more than" palliation. *Support Care Cancer*; 8: 110-114.
6. Larson D & Matthews D. (1998). Proceedings of spirituality and healing in medicine conference. Boston, MA.
7. Hills J, Paice J, Cameron J, and Shott S. (2005). Spirituality and distress in palliative care consultation. *Journal of Palliative Medicine*, 8(4), 782-188.
8. Strang S & Strang P. (2002). Questions posed to hospital chaplains by palliative care patients. *Journal of Palliative Medicine*; 5: 857-864.
9. Okon T. (2005). Spiritual, religious, and existential aspects of palliative care. *Journal of Palliative Medicine*; 8(2): 392-414.

XIV. Learning Resource

Learning Resource A : Spiritual Scale*

	Strongly Disagree	Neutral	Disagree	Strongly Agree	
1. In the future, science will be able to explain everything.	5		1	2	3 4
2. I can find meaning in times of hardship.	1			5	4 3 2
3. A person can be fulfilled without pursuing an active spiritual life.	5		1	2	3 4
4. I am thankful for all that has happened to me.	1		5	4	3 2
5. Spiritual activities have no helped me become closer to other people.	5		1	2	3 4
6. Some experiences can be understood through one's spiritual beliefs.	1		5	4	3 2
7. A spiritual force influences the events in my life.	1			5	4 3 2
8. My life has a purpose.	1		5	4	3 2
9. Prayers do not really change what happens.	5		1	2	3 4
10. Participating in spiritual activities helps me forgive other people.	1		5	4	3 2
11. My spiritual beliefs continue to evolve.	1			5	4 3 2
12. I believe there is a power greater than myself.	1		5	4	3 2
13. I probably will not reexamine my spiritual beliefs.	5		1	2	3 4

14. My spiritual life fulfills me in ways that 1 material possessions do not.	5	4	3	2
15. Spiritual activities have not helped me develop 1 5 my identity.	2	3	4	
16. Meditation does not help me feel more in touch 5 with my inner spirit.	1	2	3	4
17. I have a personal relationship with a power 5 1 greater than myself.	4	3	2	
18. I have felt pressure to accept spiritual beliefs 1 5 that I do not agree with.	2	3	4	
19. Spiritual activities help me draw closer to a 5 1 power greater than myself.	4	3	2	
20. When I wrong someone, I make an effort to 5 1 apologize.	4	3	2	
21. When I am ashamed of something I have done, 1 I tell someone about it.	5	4	3	2
22. I solve my problems without using spiritual 1 5 resources.	2	3	4	
23. I examine my actions to see if they reflect my 5 1 values.	4	3	2	
24. During the last week I prayed (check one) ~ 10 or more times ~ 7-9 times ~ 4-6 times ~ 1-3 times ~ 0 times				
25. During the last week I meditated (check one) ~ 10 or more times ~ 7-9 times ~ 4-6 times ~ 1-3 times ~ 0 times				
26. Last month I participated in spiritual activities with at least one other person (check one)				

- ~ more than 15 times
- ~ 11-15 times
- ~ 6-10 times
- ~ 1-5 times
- ~ 0 times

* R.L. Hatch et al., The Spiritual Involvement and Beliefs Scale, Development and Testing of a New Instrument, Vol. 46, No. 6, pp. 476-486d, 1988, Dowden Publishing Company, Inc. Reproduced with permission from *The Journal of Family Practice*.
