What We Know

- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has included the assessment of spirituality and the provision of spiritual resources as part of patient rights standards (2)
- The concept of spirituality is often unclear and is defined in a variety of ways (2)
- Spirituality is often defined as the quality of being concerned with religion or the human spirit, the search for meaning and hope, one’s conception of the purpose of life, or the nature of one’s relationship with oneself, others, nature, or God (as defined by the individual) (4, 6, 10, 11)
- Research on spiritual well-being has suggested that it is usually directly related to physical, emotional/psychological, and social well-being (2, 6)
- Spirituality and religion
  - Many patients consider spirituality and religion to be one in the same (6)
  - Religion and/or spirituality are often used by patients to cope with illness, although a person’s religious affiliation is not always the same as his/her spirituality (2, 6, 9, 10)
  - Many patients consider themselves spiritual without being a part of a specific religion (1, 2)
- Spiritual tasks of dying patients often include finding meaning in life and finding hope that there is an afterlife (6, 10)
- According to national public opinion research, 87% of Americans say that religion is very important in their lives, and a majority believe that faith aids in recovery (2)
- Many patients find comfort when physicians and staff members pray with them, or offer to pray privately for them (2)
- Religious practices and needs may include praying, reading holy books (e.g., Bible, Torah, Quran, etc.), confessing and repenting, private time for personal worship (e.g., prayer, meditation), reconstructing faith that is threatened, searching for meaning in suffering, and speaking with clergy members (e.g., priest, rabbi, minister, etc.) (2, 9)
- Respectful care of the patient’s spiritual needs
  - Respect for the patient as a person helps build trust between the clinician and the patient, and trust allows the patient to openly discuss spiritual issues with his or her caregivers (13)
  - Respect includes recognizing that each patient has his/her own distinctive values and life plans, which may be drastically different from those of the clinicians or the nurses; it also includes the caregiver’s willingness to learn about the spiritual needs, resources, and preferences of the patient (13)
  - Attending to a patient’s spiritual needs does not include prescribing specific spiritual practices, urging a patient to relinquish religious beliefs, or urging a patient to subscribe to the spiritual beliefs of the caregiver(s) (11, 13)
  - Attending to the patient’s needs by providing support, sensitivity, kindness, respect, empathy, comfort, clear communication, affirmation, and attentiveness may decrease anxiety and depression, and may even decrease mortality (5, 9, 10, 12)
  - Studies confirm that when hospital staff have not adequately met patients’ spiritual or emotional needs, patients experience psychological distress such as depression and anxiety, and later may even suffer from post-traumatic stress disorder (PTSD) (2, 6)
  - Psychological distress, including spiritual concerns, can manifest as anger, anxiety, stress, and depression and can negatively affect physical outcomes (2)
  - Patient satisfaction is closely linked to emotional and spiritual needs being met (2, 9)
What We Can Do

- Learn to comprehend our own spirituality in order to respectfully understand, care for, and help with the spiritual needs of patients\(^{(11, 13)}\)
- Recognize that all patients have spiritual and/or religious needs
- Train more nurses in listening skills and spiritual care\(^{(2, 3, 9, 10)}\)
  - Listening involves various dimensions, including\(^{(11)}\):
    - understanding intellectually what the patient has said
    - understanding emotionally the feelings the patient has expressed
    - being aware of nonverbal “messages” being sent (e.g., facial expressions, body language) along with one’s own responses to them
    - being aware of a sense of “divine presence”\(^{(11, p. 27)}\) and being open to whatever happens in the conversation
  - Suggestions for listening include being interested in what the patient has to say; trusting the patient and allowing him or her to guide the conversation; being patient; don’t interrupt; don’t be afraid of silence; and don’t think of how you’re going to respond while you should be listening\(^{(11)}\)
- Be empathetic and be sensitive and respectful of spiritual and/or religious needs
- Maintain an attitude of respect, mirror the patient’s communication style, remain culturally aware, and follow the patient’s “lead” on topics\(^{(11, 13)}\)
- When appropriate or necessary, use a standard assessment tool (e.g., FACTIT-Sp, Daily Spiritual Experience Scale) to measure spiritual health\(^{(7)}\)
- Open-ended questions may be helpful – e.g., What role does religion play in your life? How do you express your spirituality? How can I support you in getting your religious and/or spiritual needs met while you are in the hospital?
- Offer and provide access to hospital and/or local community spiritual resources (chaplains, clergy, spiritual mentors, folk healers, etc.)\(^{(2, 3)}\)
- Offer religious and spiritual resources when appropriate; observe patient preferences\(^{(2, 6, 9)}\)
  - Books – religious scriptures, inspirational stories, poetry
  - Videos – yoga, meditational, stress management, health, and guided imagery
  - Music – religious or classical, nature, chanting
  - Sacred space – quiet; may have candles, incense, and soft light (e.g., garden, chapel)
  - Existing support groups should be attentive to spiritual needs
  - Establish a multidisciplinary quality improvement team to research, implement, and measure the effectiveness of resources and interventions used to address spirituality issues
- Observe patient’s religious practices\(^{(2, 6, 9)}\)
  - Meal choices – meal choices that respect the needs of a particular religion will ensure that the patient does not feel he/she has to violate his/her spiritual beliefs
- Attend and/or set up ongoing in-services that discuss spiritual and religious needs and appropriate interventions that can be used
- Respond appropriately to patients’ concerns/complaints by including patients in decision making, meeting their needs in a timely manner, and explaining treatments and interventions to be used
- Honor the patient’s dignity\(^{(12)}\)
  - Provide physical comfort such as pain/symptom relief and a peaceful environment
  - Share compassion and caring words, validate their lives
- If comfortable, offer to pray with patient or keep patient in one’s thoughts or prayers
- Other simple interventions can include maintaining eye contact, addressing a patient by his or her preferred name, smiling, making small talk, keeping the room clean, coming back to check on a patient, and addressing the needs of family members

References