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Spiritual Assessment and Spiritual Care in Hospital Nursing Practice

Within the realms of holistic healthcare, often spiritual care can be overlooked and neglected. Although in recent trends, there is an increasing interest in whether one's spiritual beliefs, prayer and religious rituals have a scientifically proven impact on one's health. Yet many healthcare professionals are still ill-equipped to recognize spiritual needs in their patients and to address them. Even healthcare workers who look at their profession as their calling and potential ministry can feel unprepared to hold a conversation with their patients about their spiritual life. Spiritual assessment and continuous care is part of Joint Commission's requirements for hospitals. This needed component of healthcare can be easily taught. With confidence building and practice, spiritual assessment and care can be integrated into a nursing or medical practice, showing the patient that they are valued, and all of

their needs (not simply their physical ailments) are recognized and valued as part of holistic care.

Spirituality versus religion

More often in recent history, there has been a differing in defining spirituality and religion. To help understand the difference for the purpose of this paper, they are being defined early. Religion generally is used to define as “a personal set or institutionalized system of religious attitudes, beliefs, and practices¹”. This term is generally reserved for one’s religious association and its defined doctrines and rituals. Spirituality “refers to the individual’s personal experience, commonly seen as connected to some formal religion but increasingly viewed as independent of any organized religion²”. This is important to recognize because many individuals have a strong commitment to their own spiritual beliefs but may not associate themselves with a particular denomination, sect or even organized religion. One may be religious, but not spiritual. Conversely, one may be spiritual, but not religious³. This does not diminish in any way an individuals’ commitment to their beliefs. One’s spirituality, whether part of a religious doctrine, often focuses on matters such as seeking meaning in life, a greater sense of inner peace, hopefulness and compassion and seeking a sense of “being connected to something greater than oneself⁴”.

Spirituality’s effect on health

¹ Merriam-Webster online dictionary, <http://www.m-w.com/dictionary/religion>

² Thoresen and Harris, page 4.

³ Joint Commission: The Source, page 7.

⁴ Thoresen and Harris, page 4.

There have been increasing studies over the past few years over the psychological and physical effects of religion and prayer on health. There is still much more to study on this topic, particular on the effects of spirituality rather than simply the research on religion and religious involvement. Studies have shown a direct correlation between individual's religious commitment and their overall health. This can promote health and wellness, decrease depression, help patients cope with their illness, provide better outcomes and make their experience in general become more positive⁵. It has also found lower rates of coronary artery disease, emphysema, cirrhosis and suicide, lower blood pressure and rates of heart attacks, better medical compliance, physical

70 percent of nurses felt spiritual care was an important part of patient care - yet, only forty percent felt they were adequately prepared in addressing spiritual needs of patients.



function and self-esteem, lower levels of pain in cancer patients, better perceived health and better functional status of nursing home residents⁶. With such evidence, its hard not to

recognize the important impact spirituality and religion have on one's overall well-being.

⁵ Joint Commission: The Source, page 6.

⁶ Thoresen and Harris, page 5.

A Greater Need for Spiritual Care in Practice

There is a great need from patients to have their spiritual needs addressed. Often in the medical profession, the patient-healthcare provider role is diminished to simply a business relationship. Focus can easily be diverted to preventing or curing diseases and acquiring hospital or personal status rather than focusing care for an individual on the most personal level. At times patient's emotions and feelings about their healthcare is overlooked in order to do what is a perceived best for patient without giving the patient a voice. The role of the doctor-patient relationship has changed in many cases. Instead of patients' feeling authentically cared for and having trust and confidence in their doctor, more and more patients' voice distrust or lack of concern from their physician. Carson and Koenig argue that very few people who litigate have had a caring and trusting relationship with their physician⁷. Perhaps as nurses and doctors, this could be looked at in a greater capacity. Our dedication to holistic care for patients as individuals gives a perception of what type of healthcare professional we are indeed. In several surveys, sixty-five to ninety-five percent of patients reported wishing their doctors addressed their spiritual needs. Only ten percent of physicians overall did⁸. The University of Pennsylvania did a study that found sixty-five percent of patients felt that addressing their spirituality gave them more trust in their physician⁹. Many times there is a search for a cure to individuals' illnesses. However, in end of life issues when a cure is not optional, healing can still take place through finding hope and wholeness in a person's spirituality and relationships in life. End-of-life patients often

⁷ Carson and Koenig, page 27.

⁸ Puchalski, Christina, page 290.

have a very great need for spiritual care. Dr. Puchalski, the director at the George Washington Institute for Spirituality and Health, states when she asks dying patients what their greatest worry is, it is almost always unforgiveness by God or from other relationships and emotional or spiritual suffering. Addressing these needs can assist patients and families find reconciliation, peace and comfort during the last part of one's life.

Joint Commission "requires organizations to include a spiritual assessment as part of the overall assessment of the patient to determine how the patient's spiritual outlook can affect his or her care, treatment and services. This assessment should also include whether more in-depth assessments are necessary¹⁰." The need for caring for the spiritual and emotional needs as part of caring for the patient's overall health is increasingly being recognized, rather than a separation of needs and care between soul and body. It is becoming more readily accepted that these spiritual needs can also be cared for not only in a religious setting, but also in a hospital, clinic or other care center where a holistic approach is taken. Although these need to be addressed, one needs to understand what inhibits caregivers from being able to recognize and care for spiritual needs. It would be unfair to expect all healthcare professionals to be confident and capable to care not only for a patient's physical needs, but spiritual as well, especially if they are not spiritual themselves. However, proper education should allow all healthcare professionals to recognize spiritual needs of a patient, make a spiritual assessment and provide the proper referral and resources to see this need is met. Those who seek to implement spiritual care (beyond a spiritual assessment) as part of

⁹ Puchalski, page 293.

¹⁰ Joint Commission: The Source, page 6.

their routine practice can start through learning the basic assessment and conversation skills.

Inhibitions of Caregivers

In a recent survey of nurses on a medical-surgical-telemetry unit at a Jewish medical center in southern California (conducted for the use of this paper), seventy percent of nurses felt spiritual care was an important part of patient care, while thirty percent were unsure of whether they believed it was an important component. Forty percent felt they were adequately prepared in addressing spiritual needs of patients, including those with different religious background than their own. Answers included “Absolutely. I feel comfortable with myself and am aware of how much it would mean to them to help them in a time of need. Even if it means just holding their hand (even if it goes against my own beliefs)”, “no, often the rudimentary teaching that nurses are given in other religions go mused, until they are all but forgotten in the most untimely of situations”. When asked how they would assess for a patient’s spiritual needs, the answers were varied. The nurses often stated that they asked the standard Joint Commission required questions on admission (including what is the patient’s religious affiliation, are there any spiritual or religious practices that influence their hospitalization or health). Only one stated assessing spiritual needs by initiating a conversation. Other answers included verbal cues during routine conversation, assessing for signs of depression or anxiety and assessing ability to cope. Several answered by making a referral for the chaplains to assess if a patient states any spiritual faith on admission. When asked “how do you care for patients’ spiritual needs,” fifty percent stated they

made referrals to the chaplain. Twenty percent stated they did nothing. One stated responding to patients' statement, yet did not state what type of response this would be. One stated respected patients' beliefs and advocating for them. Another stated they prayed for the patient if they were open or asked.

In a survey of family physicians, a majority stated they believed spiritual well-being was conducive to one's overall health. However most of these same physicians stated they did not follow up on spiritual care issues of the patient because of lack of appropriate training. Fifty-nine percent stated they felt uncomfortable taking a family history, fifty-six percent stated they were unsure which patients might desire a spiritual conversation and forty-nine percent stated they were uncertain how to handle spiritual issues. In addition, ninety percent of social workers surveyed stated inadequate training in spiritual issues during their graduate education¹¹.

Whether physicians or nurses, similar inhibitions prevent spiritual care and assessments from taking place. Recently, seminars like the Saline Solution offered by the Christian Medical and Dental Association have started to be held to help tackle the issues that inhibit healthcare professionals from assessing and caring spiritual needs. Some hospital chaplains have started voluntary classes for employees to learn spiritual assessment and conversation tools. Many nursing schools and medical schools (over fifty) are now implementing spiritual care as a curriculum component¹². Hopefully with more understanding, education and support these hindrances will be overcome.

Spiritual Assessment - The Lament

¹¹ Larimore, et al, page 70.

¹² Anandarajah, D. & Hight, C. "Spirituality and Medical Practice", page 81.

Dr. Harvey Elder, an internist specializing in care for HIV, states that often when talking with a patient, one will hear a lament – “a pervasive expression of suffering that every patient bears and needs to have heard and addressed”. This lament can come forth through hopelessness, loneliness, lack of self-worth, anger, grief, or disempowerment. Often words such as “but” and “if only” are verbal clues. The lament may be acute or chronic. An acute lament is part of natural healthy grieving. The situation is presented, causing a lament, the lament is addressed and healing occurs. Tears are often a healthy sign that the lament is being voiced and recognized. However, some individuals are not able to address their lament and it continues to go uncared for or acknowledged. This causes a cyclical event of behavior where healing and wholeness do not occur. Often a chronic lament is caused from an individual believing one of four lies – 1) they must meet a certain standard, 2) they must be approved by others in order to have self worth, 3) they believe that failure is a cause for punishment or lack of love and 4) a belief that their mistakes define them and they are incapable of change or deserving of others. The belief or lie that the person has adhered to will assist in hearing the lament and give direction as to where the Holy Spirit is moving the conversation and what we are to pray for this person.

Dr. Elder has his own way of doing a spiritual assessment. He guesses his patient’s national origin, and then guesses what religion their family is. He next asks if the individual is still practicing their family’s religion. Later on in the conversation, he asks them what they are known to be famous for. This may be a grandma’s chocolate chip cookies to a musical ability on a particular instrument. He has found out through this questioning the individual’s heritage, religious affiliation, level of commitment to this

affiliation and their self-identity. He then generally takes around two questions every visit with the patient to follow up with the spiritual assessment¹³. Things common to look for other than commitment to religious affiliation and coping mechanisms are how their illness and influenced the way they view themselves and how their illness has influenced the way they view God. Assessing for spiritual distress happens during this time. Spiritual distress is when an individual is “unable to find a source of meaning, hope, love, peace, comfort, strength and connection in life or when conflict occurs between their beliefs and what is happening in their life¹⁴.” Spiritual distress may have a significantly negative affect on the patient’s overall health, mental processing and ability to cope. Generally, asking patients about their spiritual life and how their illness has affected them is above what many in the health field ask. Patients will commonly see this as truly caring and feel more comfortable approaching these healthcare workers during times of crisis.

HOPE Assessment

A recognized mnemonic many hospitals use to assist health professionals with spiritual care questions is the HOPE Assessment. HOPE stands for **H**ope, **O**rganized religion, **P**ersonal spirituality and practices, and **E**ffects on medical care and end-of-life issues¹⁵. This tool used as a resource can assist healthcare professionals in having a spiritual care assessment. One can find what are the patient’s source of strength, hope, comfort and peace. If spirituality or religion help the individual deal with life’s ups and

¹³ Dr. Harvey Elder, *Initiating a Spiritual Conversation with Your Patient*, Fuller Theological Seminary, August 3, 2007.

¹⁴ Anandarajah, G. & Hight, E, page 84.

¹⁵ Joint Commission: The Source, page7.

downs, or has it ever (**H**ope). If the individual is part of a religious community and how this is beneficial or unbeneficial to them (**O**rganized Religion)? Does the person believe in God, the strength of this relationship and what spiritual practices are most helpful (**P**ersonal Spirituality)? If there are any conflicts in their healthcare with their spiritual beliefs, if being sick has affected their participation in spiritual activities they find helpful and in what way the healthcare team can assist and resource the individual to help the individual (**E**ffects on medical care)¹⁶.

FICA Assessment

The FICA Assessment is another mnemonic used by hospitals to for spiritual assessment and care. FICA stands for **F**aith/beliefs, **I**mportance, **C**ommunity, and **A**ddress in Care. With this mnemonic, healthcare providers can discover if the patient is spiritual/religious, how they cope and what brings them meaning (**F**aith/beliefs), the importance of faith in their life and its influence on their health (**I**mportance), their affiliation to a church, temple or like people of faith (**C**ommunity) and how the individual would like the healthcare team to address such issues in their care (**A**ddress in care)¹⁷.

Observational Assessment

In addition having a conversation with a patient, observing behavior, verbal and nonverbal communication, and environment of an individual can also give clues into their spiritual condition. The patient's affect may show loneliness, fear, anger, or depression. They have behavior that shows a connection to spirituality, such as the using a rosary, praying, watching religious television shows or reading religious

¹⁶Anandarajah, G. & Hight, E, page 87.

¹⁷ Puchalski, Christina, page 292.

materials. In conversation, they may relay difficulty with sleep, depression, a stressful situation or something they are anxious about. They may refer to their spirituality, church, or raise spiritual questions. They may have no visitors, or have much support from their friends, family or religious body. Their surroundings may have religious personal articles, religious get-well-soon cards, or spiritual music. All of this also must be taken into account to make a complete spiritual assessment¹⁸.

Attributes of Healthy Spiritual Caregivers

There are specific attributes and characteristics that a caregiver should strive to obtain to be effective. Spiritual Caregivers should be *good listeners*, who stop to hear an individual and share in their moment of suffering. Caregivers should *empower* individuals, giving encouragement and resources to make change without making it for them. They should *demonstrate unconditional love* and look past unkept appearances and socially unacceptable behavior. Caregivers give *witness and allow a voice to suffering*, and can accept they cannot end spiritual and emotional pain. Caregivers also give *encouragement* to individuals to define their own values and goals¹⁹.

Spiritual Care Practices

Prayer

Prayer is an integral part of spiritual care. It is important to pray and seek direction during a spiritual assessment and any spiritual care conversations. Pray that

¹⁸ Carson and Koenig, page 95-96.

¹⁹ Part of “10 Characteristics of a Ministering Person,” Carson and Koenig, page 4-10.

the Holy Spirit would direct the conversation, and give wisdom to see particular needs in an individual's life. Pray for the individual as well. This can (and should) be done with every visit. It can be as simple as praying over an individual's chart before or after seeing them or while passing medications and putting a hand on the individual during a physical assessment. Patients may request prayer, or the Holy Spirit may prompt one to offer to pray with a patient in the right timing. If a patient is requesting prayer, praying with the patient before leaving the room, rather than promising to pray later, shows the patient the healthcare worker's willingness to be present during a difficult time.

Be Respectful of Individual's Faith

It is important to be mindful of another's religion and beliefs. Spiritual care should never be used as a platform to proselytize one's own religious affiliation. If an individual is of another religion, be mindful of specific jargon or catch phrases that are common within Christianity. For instance, although many religions pray to or in the name of God, praying in the name of Jesus can be offensive to an individual who is not a Christian. There may be instances to share one's faith with a patient. A patient may ask the health professional what their views are on a particular situation. However, the main purpose of spiritual care is to address a patient's spiritual needs and to empower and encourage them through their own faith journey with these struggles. Individuals of other religions would find a healthcare professional who was proselytizing demeaning of their own values and beliefs, and a lack of care for the patients' spirituality. Regardless of religion, spiritual beliefs can be a driving force behind many people's behaviors, morals and world views. Keep in mind what is of spiritual importance to each individual.

For instance, many Jewish people have diet regulations and require a kosher tray. They also follow specific criteria during Shabbat, such as regulations on rest (cannot drive, cook or push buttons on an elevator), and the burning of the Menorah.

Therapeutic Exercises

There are many therapeutic exercises that are meaningful for people. Just as each person's spirituality is different, so is their choice use of therapeutic exercises. These vary greatly and depend in the individual's belief system, personality and culture. One popular exercise is to repeat a meaningful phrase, word or prayer, such as "peace", "The Lord is my shepherd", "I can do all things through Christ" or "Sh'ma Yisroel" when feeling anxious, angry or depressed²⁰.

Breathing exercises are also beneficial, as are therapeutic exercises that bring joy and peace to an individual, such as walking, crafts, reading, puzzles or music. These therapeutic exercises are shown to have physiological effects on an individual, such as a decrease in blood pressure, heart rate, metabolism and respirations. It has also been shown to increase slow brain waves²¹.

Advocacy of Religious Beliefs

There are many times when particular religions do not accept certain medical treatments. It is important to know and discuss issues with patients as to the impact of their beliefs on their healthcare and continue the discussion if they are uncomfortable with certain treatments. Immunizations, blood products, infertility treatments and

²⁰ Anandarajah, G. & Hight, E, page 83.

²¹ Anandarajah, G. & Hight, E, page 83.

contraceptives and end of life decisions are all greatly impacted by personal spiritual beliefs. Sensitivity to these issues is important, as is a thorough explanation of benefits to the patient. If the patient is adamant against treatment, then advocacy for the patients' rights should ensue. Alternatives to methods should be looked at. There are instances when the patients' religious beliefs clash with ability of a patient to be well. This can be especially difficult when the patient is a child. There was one instance in California in 1978 when a child spiked a fever and became ill. The parents fully believed that the child would get well and refused to medicate the child or take him to the hospital. The family continued praying along with their church while the child deteriorated. Eventually the boy died, and still the family and church members prayed that God would raise to boy from the dead. The autopsy report showed that the boy died from a form of meningitis that would have easy to have treated²². Instances that cause controversy or that put the patient's health at risk should be looked at with a bioethics committee. Despite the spiritual beliefs and the implication of them, the patient and family should never have spiritual expectations placed on them or meant to feel lack of recovery is a result of their beliefs or lack of faith²³.

Collaboration Within the Healthcare Team

Using Chaplaincy

As with other aspects of holistic healthcare, generally health is accomplished through the use of a healthcare team. Each member can attribute to wellness within

²² Blue, Ken, *Authority to Heal*, pages 41-42.

²³ Carson and Koenig, page 86.

their own specialty. Communication between healthcare members is important for cohesiveness and optimum effectiveness. In the same way, aspects of spiritual care can be treated by different healthcare professions. The use of the hospital chaplains ensures the continuum of spiritual care. Chaplains make rounds throughout the hospital to see patients whom staff has referred to them as having spiritual needs or when a patient makes a request for a visit. Chaplains are trained in care and communication of those who have spiritual needs – such as great losses, anger, hopelessness, fear and lack of self-worth. They meet with families who are going through transitions and who also have spiritual needs affected by the hospitalization of a loved one. Chaplains also are trained to give spiritual care to employees who are under great stress, who have undergone an emotional experience in patient care or who are in general need of prayer. Chaplains can be a resource for healthcare professionals. They can provide education to give confidence and assistance in finding the right words to say in spiritual care. Very often the chaplaincy office will provide Sunday services for patients, which are often televised for those unable to attend and provide a chapel for prayer. Some even lead weekly Bible studies for employees to attend.

Using Social Work

Social Workers are often overlooked as spiritual care providers. Social workers assess the socio-economical needs of patients. In this process, they often are able to spiritually assess as well. In the southern California hospital surveyed, social workers made three times as many chaplain referrals as nurses did. Many hospitals have support groups and bereavement care for patients and their families, which are many

times ran by the social work department (although this may differ with each hospital). The Social Work department can educate patients on how to connect to a support group and the benefits of this. Support groups are great places for patients and families to find moral support or accountability among individuals who are facing the same or similar situations in their lives. They are a place where they feel safe and validated as they discover they are not alone. Individuals can feel free to express their emotions and find healing. Within the hospital surveyed, the social work department is responsible for handing out advance directives and giving education on what are the implications of the document.

Conclusion

Sufficient data has been show there is a correlation between spirituality, an individuals' health and their response to it. As providers of holistic healthcare, and by the mandate of Joint Commission, we have the obligation to our patients that not only are their physical needs are met, but their spiritual needs as well. Furthermore, we have the opportunity to hear the inner cry and expression of a person's soul as they search for spiritual healing and answers. As healthcare providers, we can help patients find healing and restoration with the God who created them.

ARTICLE LESSONS

1. Start with a spiritual history
Hope, Organized religion, Personal spirituality and practices, and Effects on medical care and end-of-life issues
Faith/beliefs, Importance, Community, and Address in Care
2. Listen for the lament
3. Empower individuals by providing encouragement and resources
4. Demonstrate unconditional love
5. Witness and allow a voice of suffering
6. Pray with and for our patients
7. Demonstrate respect for an individual's faith
8. Offer therapeutic exercises
9. Be an advocate for a patients religious beliefs
10. Seek help
Chaplains
Social Workers

References

Anandarajah, G. & Hight, E. "Spirituality and Medical Practice: Using HOPE Questions as a Practical Tool for Spiritual Assessment" *American Family Physician* January 1, 2001; Volume 63 Number 1: pages 81-88

Blue, Ken (1987). *Authority to Heal* Downers Grove, IL: InterVarsity Press

Carson, V.B. & Koenig, H.G. (2004). *Spiritual Caregiving* Philadelphia, PA: Templeton Foundation Press

Elder, Harvey "Initiating a Spiritual Conversation With Your Patient" lecture on August 3, 2007. Fuller Theological Seminary, Healthcare Conference

Joint Commission on Accreditation of Healthcare Organizations "Asked and Answered: Evaluating Your Spiritual Assessment Process" *Joint Commission: The Source* February 2005; Volume 3 Number 2: pages 6-7

Larimore, W., Parker, M. & Crowther, M "Should Clinicians Incorporate Positive Spirituality into Their Practices? What Does the Evidence Say?" *Annals of Behavioral Medicine* 2002; Volume 24 Number 1: pages 69-73

Merriam-Webster, Incorporated, *Merriam-Webster Online Dictionary* last updated 2007 www.m-w.com/dictionary/religion

Puchalski, Christina "Spirituality and End of Life Care: A Time for Listening and Caring" *Journal of Palliative Medicine* 2002; Volume 5 Number 2: pages 289-294

Thoresen, C. & Harris, A. "Spirituality and Health: What's the Evidence and What's Needed" *Annals of Behavioral Medicine* 2002; Volume 23 Number 1: pages 3-11