



## HPNA Position Statement Spiritual Care

### **Background**

HPNA has developed this position statement to emphasize to healthcare systems and caregivers the importance of acknowledging and supporting the patient's and family's spiritual beliefs and expressions. The purpose of this position statement is to highlight the often under recognized need for spiritual support.

Spirituality is by nature and in expression, individual. It encompasses universal human needs and often includes an abiding belief in the potential of the human spirit. Spirituality may or may not include specific religious beliefs. It provides a philosophy or outlook that guides choices. It may or may not include desired outcomes such as salvation or ordination that are associated with some formal religions. There are many avenues into spiritual dimensions. Spirituality may be what gives a person strength and comfort and may become a more important concern as death approaches. It can hold a profoundly transformative potential for patients and caregivers.

Spiritual care involves the interdisciplinary team in assessing and responding to the spiritual and religious issues that concern patients and families. Spiritual care requires assessment and monitoring of a variety of aspects of the person and family and may include life review, hopes, fears, purpose and meaning, guilt and forgiveness and beliefs about afterlife.

Spiritual care values the uniqueness of each person by recognizing and honoring an individual's beliefs, values, practices and rituals and being fully open to their full discussion, expression and experience. It addresses issues of life completion in a manner consistent with the terminally ill patient's cultural and religious values and spiritual needs. Patients and families are encouraged to display their own spiritual and religious symbols and should be able to practice their own spiritual and religious rituals in an accepting atmosphere. The use of religious symbols by staff or institutions should be sensitive to cultural and religious diversity.

Spiritual distress may be expressed as or magnify the intensity of physical symptoms. Spiritual distress may occur when the individual is faced with challenges that threaten one's beliefs, meaning or purpose.

Spiritual care necessitates the ability of the caregiver to reflect on and recognize the importance of one's own spirituality and acceptance of the validity of others' spiritual beliefs. **One's own values cannot be imposed on patients and families.**

Spiritual care requires both an appreciation of the value of presence and a willingness to be fully present in providing spiritual care. Staff members need to identify their own boundaries/limitations and when there is a need for more expert assistance from chaplains or spiritual care providers. This includes attempts to notify clergy of the patient's own faith tradition, if requested.

Effective spiritual care requires

- Listening actively.
- Demonstrating empathy and the ability to journey with others in their suffering.
- Recognizing and responding to another's distress and helping them to discover meaning in their experiences of suffering, grief and loss.
- Eliciting another's key concerns, including unmet spiritual and religious needs.
- Identifying and responding to ethical issues and conflicts and assisting and supporting others in the application of their own values in decision-making.
- Willingness to create therapeutic/healing spaces in which spiritual growth can occur.
- Seeking additional resources as needed by the patient including chaplaincy, other spiritual providers.

### **Position Statement**

The Hospice and Palliative Nurses Association (HPNA) is committed to compassionate care of persons at the end of life. It is the position of the HPNA Board of Directors to

- Acknowledge that recognition of spirituality and spiritual distress is an essential component of palliative and hospice care.
- Support *The National Consensus Project for Quality Palliative Care (NCP) Guidelines*<sup>1</sup> on spirituality.
- Encourage organizations to recognize and support the provision of spiritual care through education and allocation of resources.
- Commit to providing education and resources to enhance information for healthcare professionals on spirituality.
- Recognize the right of the individuals to decline spiritual care.

## Definition of Terms

*Religion*: a group of beliefs, a belief system or a faith tradition concerning the supernatural, sacred or divine and the moral codes, practices, values, institutions and rituals associated with such belief.<sup>2</sup>

*Spirituality*: that which gives a person meaning, value, purpose and worth in life  
*Spiritual distress*: A disturbance in the belief or value system that is a personal source of strength and hope.<sup>3</sup>

## References

1. Domain 5: Spiritual, Religious and Existential Aspects of Care. Clinical Practice Guidelines for Quality Palliative Care. 2004. National Consensus Project for Quality Palliative Care. Available at <http://www.nationalconsensusproject.org/Guideline>. Accessed February 25, 2006.
2. Religion. Wikipedia: The Free Encyclopedia. 2006. Available at <http://en.wikipedia.org/wiki/religion#spirituality>. Accessed February 25, 2006.
3. Mitchell M. Problems with spiritual distress. In: Gorman LM, Raines ML, Sultan D. *Psychosocial Nursing for General patient Care*. 2<sup>nd</sup> ed. Philadelphia, PA: FA Davis: 2000: 318-329.

## Additional References

- Borneman T, Brown-Saltzman K. Meaning in illness. In: Ferrell BR, Coyle N, eds. *Textbook of Palliative Nursing*. 2<sup>nd</sup> ed. New York, NY: Oxford University Press; 2006:605-615.
- Kemp C. Spiritual care interventions. In: Ferrell BR, Coyle N, eds. *Textbook of Palliative Nursing*. 2<sup>nd</sup> ed. New York, NY: Oxford University Press; 2006:595-604.
- Mitchell D, Gordon T. Spiritual and Religious Care Competencies for Specialist Palliative Care. Marie Curie Cancer Center. London, England. Supported by the Association of Palliative Care Chaplains. Available at [www.mariecurie.org.uk/healthcare](http://www.mariecurie.org.uk/healthcare). Accessed February 25, 2006.
- Neimark J. The character of happiness. *Spirituality & Health*. 2005;October:57-59.
- Sing KD. Spiritual competency: an open letter to hospice colleagues. *American Journal of Hospice and Palliative Care*. 1999;16(4):616-618.
- Taylor EJ. Spirituality and Spiritual nurture in cancer care. In: Carroll-Johnson RM, Gorman LM, Bush NJ, eds. *Psychosocial Nursing Care along the Cancer Continuum*. 2<sup>nd</sup> ed. Pittsburgh, PA: Oncology Nursing Press, Inc.; 2006: 117-131.

Taylor EJ. Spiritual assessment. In: Ferrell BR, Coyle N, eds. *Textbook of Palliative Nursing*. 2<sup>nd</sup> ed. New York, NY: Oxford University Press; 2006:581-594.

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