Spiritual, Religious, and Cultural Aspects of Care
HPNA PALLIATIVE NURSING MANUALS

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Spiritual, Religious, and Cultural Aspects of Care

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Preface vii
Contributors ix

1. Spiritual Assessment  1
   Elizabeth Johnston Taylor

2. Spiritual Care Intervention  29
   Rev. Pamela Baird

3. Cultural Considerations in Palliative Care  47
   Polly Mazanec and Joan T. Panke

4. Meaning in Illness  71
   Tami Borneman and Katherine Brown-Saltzman

5. The Meaning of Hope in the Dying  91
   Valerie T. Cotter and Anessa M. Foxwell

Index  115
This is the fifth volume of a series being published by Oxford University Press in collaboration with the Hospice and Palliative Nurses Association. The intent of this series is to provide palliative care nurses with quick reference guides to each of the key domains of palliative care.

Content for this series was derived primarily from the *Oxford Textbook of Palliative Nursing* (4th edition, 2015) which is edited by Betty Ferrell, the editor of this series, Nessa Coyle, and Judith Paice. The Contributors identified in each volume are the authors of chapters in the *Oxford Textbook of Palliative Nursing* from which the content was selected for this volume. The Textbook contains more extensive content and references, so users of this Palliative Nursing Series are encouraged to use the Textbook as an additional resource.

This volume presents key content on the vital topics of spiritual, cultural, and existential aspects of serious illness. Providing true, patient-centered palliative care means addressing all aspects of quality of life, including spiritual care. Nurses increasingly care for patients and families from diverse cultures and for those with deep existential concerns, as they face life-threatening disease or the end of life. The intent of this volume is to support nurses in improving this essential aspect of palliative care.

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Chapter 1

Spiritual Assessment

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To solve any problem, one must first assess what the problem is. Consequently, the nursing process dictates that the nurse begins care with an assessment of the patient’s health needs. Although palliative nurses assess patients’ pain experiences, hydration status, and medical issues, they assess less frequently patients’ and family members’ spirituality.

Because spirituality is an inherent, integrating, and often extremely valued dimension for those who receive palliative nursing care, it is essential that palliative care nurses know how to conduct a spiritual assessment. This chapter reviews spiritual assessment models, presents general guidelines on how to conduct a spiritual assessment, and discusses what the nurse ought to do with spiritual assessment data. These topics are prefaced by arguments supporting the need for spiritual assessments, descriptions of what spirituality “looks like” among the terminally ill, and risk factors for those who are likely to experience spiritual distress. But first, a description of spirituality is in order.

What Is Spirituality?

Numerous analyses of spirituality have identified key aspects of this ethereal and intangible phenomenon. Conceptualizations of spirituality often include the need for purpose and meaning, forgiveness, love and relatedness, hope, creativity, and religious faith and its expression. A classic nursing definition for spirituality authored by Reed proposed that spirituality involves meaning-making through intrapersonal, interpersonal, and transpersonal connection. More recent spirituality definitions accepted by healthcare scholars not only emphasize the human search for ultimate meaning, but also the human desire for harmonious connectedness with self, others, an ultimate Other, and for some, the environment.

Usually, spirituality is differentiated from religion—the organized, codified, and often institutionalized beliefs and practices that express one’s spirituality. To use Narayansamy’s metaphor: “Spirituality is more of a journey and religion may be the transport to help us in our journey” (p. 141). Definitions of spirituality include transcendence—that is, spirituality explains the need to transcend the self, manifested in a recognition of an Ultimate Other, Sacred Source, Higher Power, divinity, or God. Although these definitions allow for an open interpretation of what a person considers to be sacred or transcendent, some have argued that such a definition is inappropriate for atheists,
humanists, and those who do not accept a spiritual reality. Indeed, a pluralistic definition of spirituality (however “elastic” and vague it is) is necessary for ethical practice, and a spiritual assessment process that is sensitive to the myriad of worldviews is essential—if even appropriate for those who reject a spiritual reality.

The spiritual assessment methods introduced in this chapter are influenced by some conceptualization of spirituality. Some, however, have questioned whether spiritual assessment is possible, given the broad, encompassing definition typically espoused by nurses. Bash contended that spirituality is an “elastic” term that cannot be universally defined. Because a patient’s definition of spirituality may differ from the nurse’s assumptions about it, Bash argued that widely applicable tools for spiritual assessment are impossible to design. It is important to note that the literature and methods for spiritual assessment presented in this chapter are primarily from the United States and United Kingdom, influenced most by Western Judeo-Christian traditions and peoples. Hence, they are most applicable to these people.

Why Is It Important for a Palliative Care Nurse to Conduct a Spiritual Assessment?

Spiritual awareness increases as one faces an imminent death. Although some may experience spiritual distress or “soul pain,” others may have a spiritual transformation or experience spiritual growth and health. There is mounting empirical evidence to suggest that persons with terminal illnesses consider spirituality to be one of the most important contributors to quality of life. Research findings from various studies indicate that spiritual well-being may protect terminal cancer patients against end of life despair; it also has moderately strong inverse relationships with the desire for a hastened death, hopelessness, and suicidal ideations. Religious beliefs and practices (e.g., prayer, beliefs that explain suffering or death) are valued and frequently used as helpful coping strategies by those who suffer and die from physical illness. Family caregivers of seriously ill patients find comfort and strength from their spirituality that assists them in coping.

These research themes imply that attention to the spirituality of terminally ill patients and their caregivers is of utmost importance. That is, if patients’ spiritual resources assist them in coping, and if imminent death precipitates heightened spiritual awareness and concerns, and if patients view their spiritual health as most important to their quality of life, then spiritual assessment that initiates a process promoting spiritual health is vital to effective palliative care. It is for these reasons that the National Consensus Project (NCP) and National Quality Forum included guidelines and preferred practices for supporting spirituality in palliative care. The NCP guidelines (5.1) state: “Spiritual and existential dimensions are assessed and responded to, based upon the best available evidence, which is skillfully and systematically applied.”

The Joint Commission has mandated a spiritual assessment be included in palliative care. It stipulates that for clients entering an approved facility, a
spiritual assessment should, at least, “determine the patient’s denomination, beliefs, and what spiritual practices are important.” They also require that the institution define the scope and process of the assessment, and specify who completes it. Often, it is nurses who are charged with completing the spiritual assessment as part of an intake assessment.

Why should palliative care nurses be conducting spiritual assessments? After all, chaplains and clergy are the trained spiritual care experts. That said, although chaplains are the trained experts in spiritual care, current mainstream thinking asserts that all hospice team members participate in spiritual caregiving. A multidisciplinary consensus project offered the following guidelines for spiritual care at end of life:

- Upon admission, all patients should be screened for spiritual distress, and a referral made if support is needed.
- Structured assessment tools should be used to document and evaluate care.
- All palliative care clinicians should be trained to recognize and report spiritual distress.
- All clinicians should be trained to spiritually screen, and a certified chaplain should complete a more thorough assessment.
- Screenings and assessments should be documented.
- Patients should be re-assessed, when their condition changes.

Not only do professional palliative care recommendations include nurses in the spiritual assessment process, but there are also generic nursing ethics and professional standards that support the nurse’s role in health-related spiritual and religious assessment. Indeed, considering nurses’ frontline position, coordination role, and intimacy with patients’ concerns, the holistic perspective on care, and even lack of religious cloaking, nurses can be the ideal professionals to perform an initial spiritual assessment, if properly prepared.

Nurses must recognize, however, that they are not specialists in spiritual assessment and caregiving; they are generalists. Most oncology and hospice nurses report they lack adequate training in spiritual assessment and care; in fact, it is this absence of training, accompanied by role confusion, lack of time, and other factors that nurses often cite as barriers to completing spiritual assessments. Therefore, when a nurse’s assessment indicates need for further sensitive assessment and specialized care, it is imperative that a referral to a spiritual care specialist (e.g., chaplain, clergy, patient’s spiritual director) be made.

**How Does Spirituality Manifest Itself?**

To understand how to assess spirituality, the palliative care nurse must know what subjective and objective observations indicate spiritual distress or well-being. Numerous descriptive studies have identified the spiritual needs of patients and their loved ones facing the end of life. Likewise, clinicians have written articles that describe the spiritual concerns of these persons. Box 1.1 provides a fairly comprehensive listing of end of life spiritual needs compiled by Puchalski and colleagues.
Although the term spiritual needs may suggest a problem, they also can be of a positive nature. For example, patients can have a need to express their joy about sensing closeness to others, or to pursue activities that allow expression of creative impulses (e.g., creating artwork, music making, writing). The following models for conducting a spiritual assessment will provide further understanding of how spirituality manifests.