Become familiar with and understand the spiritual and/or religious values, beliefs, and practices of the diverse cultures and spiritual expressions in society.

Remember the complex connections between religious and spiritual beliefs and practices and an individual’s physical and psychological health.

Adjust health care practices to meet the needs of patients based on new relationships and connections found in research to provide optimal, quality, integrative health care.

Patients who are in a crisis mode and need a caring ear and heart who are not connected to family or the medical team.
Why have a spiritual assessment?

- An important component of holistic care
- Determine spiritual needs and resources
- Evaluate the impact of beliefs on healthcare outcomes and decisions
- Uncover barriers to using spiritual resources
- Includes questions on religious background, spiritual values, prayer experiences, and faith and beliefs
## Guidelines for Administration of Spiritual Assessment

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit</td>
<td>Sit with the person and plan a time for the assessment</td>
</tr>
<tr>
<td>Listen</td>
<td>Listen with the heart as well as the head</td>
</tr>
<tr>
<td>Be</td>
<td>Be nonjudgmental about the other’s beliefs and practices</td>
</tr>
<tr>
<td>Respect</td>
<td>Respect the religious beliefs and spiritual behaviors</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop an environment of safety, trust, dignity</td>
</tr>
<tr>
<td>Focus on</td>
<td>Focus on life rather on illnesses and death.</td>
</tr>
<tr>
<td>Integrate</td>
<td>Integrate the spiritual aspect of the individual into holistic care program</td>
</tr>
</tbody>
</table>
Define and Recognize Spiritual Distress

“Spiritual distress is the disruption in the life principle that pervades a person’s entire being and that transcends one’s biological and psychological nature.”

Symptoms of spiritual distress are: fear, guilt, denial, grief, anger/bitterness, crying withdrawal, anorexia, insomnia, despair, etc.” (Benedict 2002)
“REST” - Spiritual Interventions

• REST is the Acronym for:

  Respect – what the person is going through and how they express distress

  Encourage – discuss concerns and beliefs by listening, being silent and respond to needs

  Support – allowing your positive presence by using spiritual symbol, praying with them, use healing words and services as requested

  Trust – trust intuition and build trust through honesty, caring behavior, being genuine, follow up on commitments
The Ethical Questions and Issues

• Should a physician or other healthcare provider advocate prayer?
• Can spiritual assessment be an invasion of privacy?
• Should healthcare providers deliver spiritual care in any form, especially doing spiritual assessments for non-religious patients?
• Does culture affect ethical decision making?
Provision of a Healthcare Spiritual Assessment?

- Trained physicians
- Nurses
- Social Workers
- Chaplains
- Clergy
- Nurses with specialized training in spiritual and cultural care.
- Spiritual Mentors such as pastoral counselors and spiritual directors
- Healers
Assessing the Inner Life of Patients

Institute of Medicine, Education and Spirituality: A Spiritual Culture at Ochsner (IMESO)

By Rev. Anthony J. De Conciliis, C.S.C., Ph.D.

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Introduction

• The relationship between spirituality (values and beliefs) and medicine as a positive aspect of healing is a major topic of discussion in healthcare.

• The spiritual aspects of healing are now studied as a major factor in healing. An indication of the importance of spirituality in the practice of medicine is the fact that over 50 medical schools currently offer courses in spirituality and medicine.

• Major approaches to assess spirituality in patients are presented.
The rationale for spiritual assessment is to assist caregivers, especially physicians and nurses, to learn a concise method of assessing a patient’s spirituality to aid in treatment and healing. It will also help caregivers make intelligent referrals to spiritual care professionals.

The goal of the presentation is to model IMESO’s core imperatives which are to demonstrate altruism and compassion, augment healing, and reorient the future of healthcare.
Over 40% of patients wanted to discuss religious or spiritual concerns while in the hospital, but in only half of the cases did a conversation take place. Most of those discussions were with a chaplain (61%). Only in 8% of cases did a physician assess a patient’s spiritual needs.

The findings come from data collected between January 2006 and June 2009 and include survey results from over 3,000 patients.

Spirituality in healthcare can be defined as “the conscious striving to integrate life in terms not of isolation or self-absorption, but of self-transcendence toward an ultimate value one perceives.” (Schneiders)

This is a broad-based definition that encompasses religious and non-religious perspectives.

Spirituality can be experienced through many avenues: an organized religion; a personal relationship with the divine or transcendent; communion with nature, music or the arts; practicing virtues and principles; and a quest for scientific truth.
Cognitive, Experiential, and Behavioral Aspects of Spirituality

Cognitive aspect is found in the search for meaning, purpose, and truth.

Experiential aspect incorporates feelings of hope, love, connection, inner peace, etc. These feelings show the inner resources that a person possesses, such as relationships and connections that exist with the self, others, and the transcendent (power greater than self, a value system, God, or the cosmic consciousness).

Behavioral aspect is the way a person externally manifests individual beliefs and inner spiritual states.
Formal Spiritual Assessment

- A formal spiritual assessment involves asking specific questions during a medical interview to **determine whether spiritual factors may possibly play a role in the patient’s illness and/or recovery and whether these factors might affect or moderate the medical treatment plan.**
A Spiritual Assessment and Care

• A spiritual assessment is the process of identifying a patient’s spiritual needs and strengths and their potential role in the healing process.

• Spiritual care is the recognition and the development of a plan to respond to patients’ and families’ spiritual needs. It involves compassionate presence, listening, encouragement, and treatment approaches/plans.

• Medical personnel can learn to assess spiritual needs by listening to a patient’s distress and determining the potential spiritual resources. Many times, this assessment involves a consultation with trained spiritual care advisors.
Spiritual and Religious Areas

• Cultural background and metaphysical outlook
• Religious affiliation
• Religious orthodoxy
• Religious problem-solving style
• Spiritual identity
• God image
• Value-lifestyle congruence
• Doctrinal knowledge
• Spiritual and religious health and maturity

Source: Richards PS, Bergin AE.
Identifying Spiritual Health and Well-Being

• Spiritually healthy patients are those who:
  • Attach meaning and purpose to life events, including their illness.
  • Have hope, faith, and a relative absence of guilt.
  • Are able to love and forgive self and others.
  • Participate in laughter and celebration.
  • Invoke a community of faith and practice worship, prayer, and meditation.

Source: Kuhn
Patient-Doctor Interaction Questions

• Do you belong to a religious community?
• How important is your religious and spiritual identification?
• What aspects of your religion or spirituality would you like me to be aware about?
• If you believe in a transcendent being, what does your belief mean to you? Has it changed during your illness?
• What are your religious and spiritual practices, such as prayer or meditation?

• Waldfogel
The **OCHSNER** Approach

**Organized:**
Do you belong to an **organized** religion which supports your religious beliefs?

**Community:**
Do you belong to a faith **community** that is not affiliated with an organized religion?

**Help:**
From whom **would** you seek to receive spiritual **help**?

**Support:**
How can I **support** you with your spiritual concerns?

**Need:**
Do you need any information about where to receive spiritual help?

**Environment:**
What **environments** help you to cope?

**Resources:**
What spiritual and/or stress reducing **resources** would help you?

- Source: ©The Institute of Medicine, Education, and Spirituality at Ochsner
The **H** **O** **P** **E** Approach

- **H**: pertains to a patient’s basic spiritual resources, such as hope, meaning, comfort, strength, peace, and connection, without specifically referring to religion or spirituality.
- **O**: pertains to the patient’s relationship with organized religion and the belief structure of that religion.
- **P**: pertains to personal spiritual practices
- **E**: pertains to effects of spiritual resources on medical care and end-of-life issues.

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- Fdarajah, G. and Hight, E
HOPE Questions

- I was wondering what is there in your life that gives you internal support?
- What are your sources of hope, strength, comfort, and peace?
- What do you hold on to during difficult times?
- Do you pray? If so, who do you pray to or for?
- What do you pray for?
- What sustains you and keeps you going?
- Do your religious or spiritual beliefs act as a source of comfort and strength in dealing with life’s ups and downs?
- If no, Was it ever? What changed if it was?
HOPE

• **O**: pertains to the patient’s relationship with organized religion and the belief structure of that religion.

• Potential Questions:
  - Do you consider yourself part of an organized religion?
  - How important is this to you?
  - What aspects of your religion are helpful and not so helpful to you?
  - Are you part of a religious or spiritual community? Does it help you? How?
HOPE

- **P:** pertains to personal spiritual practices
  - Do you have personal spiritual beliefs that are independent of organized religion? What are they?
  - Do you believe in God? What kind of relationship do you have with God?
  - What aspects of your spirituality or spiritual practices do you find most helpful to you personally (prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)?
HOPE

- **E:** pertains to effects of spiritual resources on medical care and end-of-life issues.
  - Has being sick affected your ability to do the things that usually help you spiritually?
  - As a doctor, is there anything that I can do to help you access the resources that usually help you?
  - Are you worried about any conflicts between your beliefs and your medical care or decisions?
  - Are there things I need to know about specific practices or restrictions of your beliefs that I should know about?
Resources and Acknowledgments


- Compassionate Fatigue in http://www.aafp.org/2001/


- De Conciliis, A.: Institute of Medicine, Education, and Spirituality. 2018