Covenant Health
Spirituality and Health Research Day 2015

Integrating Spirituality as a Key Component of Care

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"uplifting the whole people"
— HENRY MARSHALL TORY. FOUNDING PRESIDENT. 1908

Research Team

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LITERATURE REVIEW

Literature Review: Spirituality in Patient Care

- Spirituality broadly defined:

    "that which gives meaning and purpose to life"

- Biomedical approach predominates - focus on cure orientated outcomes/physical symptom management

Literature Review: Patient Perspectives

Spiritual issues: consistently identified by patients as being

- Among the most **important** yet under addressed
- Especially **significant** when dealing with:
    - **end of life issues** or chronic and serious illness.
    - spiritual **suffering/distress**
- Particularly important when:
    - making **healthcare decisions**
    - coping with **end of life distress**

Patients are not often invited to express their spiritual needs or discuss the impact and meaning of illness

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Literature Review: HCP Perspectives

- **HCPs** are somewhat **reluctant** to explore the emotional and spiritual care needs of patients because
  - **they do not know** how to initiate the conversation
  - they perceive it requires a substantial **time commitment**
- When spiritual conversations occur, they are often profoundly meaningful to patients, and informative and rewarding for HCPs
- Spiritual screening and assessment **tools** can provide a means of engaging patients in **spiritual conversations**

METHODS

Methods:

This **descriptive, qualitative exploratory** project aimed to examine how use of a spiritual screening tool affected the provision of spiritual care by IP teams

The study protocol was approved by the University of Alberta Health Research Ethics Board

Project Objectives:

(1) To explore the **value of inclusion of spiritual screening** in clinical practice;

(2) To determine **ways HCPs can incorporate spiritual screening** into routine patient care

(3) To identify **facilitators and challenges (barriers)** to incorporating spirituality into person-centred care.

Project Phases:

Phase 1: Recruitment and education of HCPs

Phase 2: Recruitment of patients and data collection

Phase 3: Data Analysis

Setting and Participants:

3 inpatient hospital units

9 HCPs (NPs, OTs, PTs, MDs, RNs, SWs)
- Age range 30-59
- 1 male, 8 female

Setting and Participants:

24 patients
- Age range: 53-92
- 11 male, 13 female
- Patient diagnoses and symptoms:

metastatic cancer (n=12)

pain and/or weakness (n=3)

dementia (n=1)

falls or injury (n=2)

gastrointestinal bleed (n=2)

COPD (n=2)

rehabilitation needs (n=1)

flu-like illness (n=1)

HCP Survey Responses

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total Responses
My professional education provided me with an appropriate level of training in the area of spiritual assessment	1	3	2	5	0	11
I have had many post-professional opportunities for training in the area of spiritual assessment	0	1	3	7	0	11
I am comfortable asking patients questions of a spiritual nature	3	4	1	2	1	11
I think that it is important to integrate patient spirituality into care planning	8	3	0	0	0	11
I am comfortable integrating patient spirituality into care planning	3	4	4	0	0	11
I frequently ask patients questions of a spiritual nature	2	5	2	2	0	11
I consider inclusion of spirituality in overall care of patients to be very important	8	3	0	0	0	11
I believe a chaplain is an essential component of the healthcare delivery team.	9	2	0	0	0	11

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I believe that the following HCPs are to discuss a patients' spiritual/religious concerns:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total Responses
Physicians	3	7	1	0	0	11
Nurses	2	9	0	0	0	11
Physical therapists	1	8	2	0	0	11
Occupational Therapists	1	8	2	0	0	11
Social Workers	2	9	0	0	0	11
Psychologists	2	8	0	0	1	11
Recreation Therapists	1	8	2	0	0	11
Music Therapists	1	9	1	0	0	11
Pharmacists	1	5	3	2	0	11

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total Responses
I believe asking a patient about his/her spirituality or religious beliefs is unethical when practicing in a clinical setting	0	0	1	4	6	11
My spiritual beliefs and practices strongly influence my role as a healthcare practitioner	4	3	2	2	0	11
Throughout the course of my day, I feel a sense of thankfulness for what others bring to my life.	9	1	1	0	0	11
Addressing a patient's spiritual beliefs can benefit his/her health.	7	3	1	0	0	11
It is important for at least some healthcare professionals to talk to patients about his/her spiritual concerns in healthcare.	8	2	1	0	0	11

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	Total Responses
The training prepared me to ask patients questions of spiritual nature	1	10	0	0	0	11
Having had the training, I am more comfortable asking patients questions of a spiritual nature	0	9	2	0	0	11
Having had the training, I am more comfortable identifying spiritual distress	0	8	3	0	0	11
I feel prepared to use the FICA Tool with patients	1	9	0	0	0	10
Having had the training, I feel more adequately prepared to engage with patients regarding spirituality	0	8	3	0	0	11
Having had the training, I feel better prepared to include spirituality in the overall care planning of patients	0	9	2	0	0	11
Having had the training, I feel better prepared to identify spiritual issues in patients	0	10	1	0	0	11

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PATIENTS:
Spiritual Issues & Identified Interventions

Interventions offered by IP team members

HCPs	SCPs
Supportive listening	Explore issues related to:
Provision of emotional support	Bereavement and loss
Being a compassionate presence	Hope/forgiveness and reconciliation
Prayer	Meaning of what is sacred and Divine
Inclusion of and engagement with family	
Facilitate patient:	Examine and encourage religious practice
Self-expression through conversation, art, music	Affirm strengths
Participation in practices and rituals (e.g. meaningful activities, exercise, Church attendance, communion, or hymn sing)	Facilitate reception of blessings, rituals and sacraments specific to particular faith expressions

KEY FINDINGS

Regarding inclusion of spirituality in patient care:

- Strengths
- Challenges/Barriers
- Opportunities
- Recommendations

KEY FINDINGS: STRENGTHS

Organizational Level:

- **Mission, vision, and values** of the institution

- **Leaders** and **staff** aligned with mission, vision, values

Clinical/Unit Level:

- Organization employs **Spiritual Care Professionals** (SCPs) to offer support to patients and staff

- Some clinical **leaders** attend to and **role model** ways to include spiritual components into care

KEY FINDINGS: STRENGTHS

Personal/Professional Level

- **HCPs were committed to a person-centred approach** to care that inherently viewed spirituality as essential

- HCPs **recognized the importance** of getting to know, & establishing and maintaining trust with pts/families

- HCPs were **aware of professional competencies** regarding spirituality

- A **spiritual screening tool** supported further development of competencies in this area

KEY FINDINGS: STRENGTHS

Patient Level:

- Patients and families recognize that spirituality is an **essential component of care**

- They **desire** to have their spiritual issues addressed and integrated into their care

- Allowing patients to **share** their spiritual perspective enhances patient comfort level with HCPs

- Spiritual discussions provided an opportunity for patients to **reflect** upon feelings related to their illness

KEY FINDINGS: CHALLENGES

Organizational Level:

- Need to develop follow up **interventions**

- Strong emphasis on the **medical model**

- Difficult to attend to spiritual needs of **acutely ill and cognitively compromised patients**

- There was a **pressure to discharge or transfer** patients prior to consideration of their spiritual concerns

KEY FINDINGS: CHALLENGES

Clinical/Unit Level:

- **Fiscal constraints** and **competing priorities** inhibited incorporation of spirituality into patient care

- **Competing clinical demands**; physical care needs take precedence over spiritual care needs

- Addressing spiritual concerns takes **time**

- **Documenting** and communicating patients' spiritual needs to other team members is challenging

KEY FINDINGS: CHALLENGES

Personal/Professional Level

- Knowing how to attend to **one's own spiritual distress**

- Professional **roles & boundaries** with patients - Possibility of crossing professional boundaries

- Fear their attempts to address spiritual issues could lead into areas in which they are **unprepared**

- **Language barriers** - Challenging to do a spiritual assessment with patients with limited English

KEY FINDINGS: CHALLENGES

Patient Level:

- Individual **conceptualization of spirituality varies**

- When patients said they did not consider themselves "spiritual," the **conversation sometimes stopped**

KEY FINDINGS: OPPORTUNITIES

Organizational Level

- More **intentional inclusion** of spirituality in person-centred care

- **Collaboration between clinicians and researchers**

KEY FINDINGS: OPPORTUNITIES

Unit/Clinical Level

- Enhance **patient/family satisfaction**
- Patients and families may perceive the **IP team as being more attentive to and respectful of the patient** as a person, vs. constellation of physical symptoms.
- Increased **professional satisfaction of HCPs**
- **Incorporation of routine spiritual screening**
- Continuity of attention to spiritual issues with subsequent admission and **along the care continuum**
- Enhanced **documentation** and integration of spirituality into **treatment plans**

KEY FINDINGS: OPPORTUNITIES

HCP Personal/professional Level

- Increased **job satisfaction** meeting pt needs

- Enhancement & validation of **HCPs' role/vocation.**

- Greater **self-awareness** in the area of spirituality may support **personal/professional growth**

- Opportunity to improve **communication/empathy**

- Greater **IP collaboration**

- Enhance **patient experience** and holistic care

KEY FINDINGS: OPPORTUNITIES

Patient Level

- **Enhance the patient's experience,** attending to needs from a holistic perspective, and what is meaningful

- **Further spiritual growth and enhancement**

- **Greater sense of being treated with dignity/respect**

- **Draw on family perspectives** - include patient and families in spiritual history taking.

KEY FINDINGS: OPPORTUNITIES

Patient Level

- Support **how pt. copes** with current situation/transition,

- Share and draw on **personal spiritual resources**

- Identify **existential suffering** - allows opportunity to reduce suffering & support resolution of spiritual issues

- **Explore additional spiritual resources**, especially those that are community-based

KEY FINDINGS: RECOMMENDATIONS

Organizational Level (System)

- **Organizational mission** - Investigate ways to integrate the mission of the organization in practical ways

- **Continuity of care** - Develop strategies to ensure spiritual needs are routinely assessed and addressed

- **Discharge/transfer priority** - Consider spiritual, psychosocial issues along with physical needs as determinants for discharge/transfer when applicable

KEY FINDINGS: RECOMMENDATIONS

Unit/Clinical Level

- **Broaden awareness of IP teams** of the essential component of spirituality in care as a 24/7 concern

- **Team communication** around spiritual issues

- **Educate/equip HCPs** to develop scope of practice, competencies, referring to SCPs as appropriate

- **Documentation** of spiritual information - clarify

KEY FINDINGS: RECOMMENDATIONS

Professional Level

- **Integration of spirituality** - into routine care

- **Timing** - Identify points in the illness trajectory when spiritual needs can be optimally addressed.

- **Time management** - Facilitate understanding that time for spiritual screening enables efficient patient care.

- **Language** - Consider ways to address spiritual concerns with patients speaking various languages.

KEY FINDINGS: RECOMMENDATIONS

Professional Level

- **Develop competencies regarding spirituality**

- **Personal impact** - Increase awareness of

- **Professional boundaries with their patients** - Protect against imposition of values/beliefs

- **Ethical Distress** - Enhance opportunities for HCPs to receive supportive intervention in distressing cases/scenarios from unit SCP.

KEY FINDINGS: RECOMMENDATIONS

Professional Level

- **Education and support for HCPs -** Post-secondary, graduate, and continuing education course offerings to:

  - Enhance **self-awareness**

  - Improve awareness of **spiritual distress**

  - Develop **competencies** and skills in this area

  - Explore ways to maintain **professional boundaries**

  - Practice **responding** to spiritual issues

KEY FINDINGS: RECOMMENDATIONS

Patient Level

- **Continuity of care** regarding spiritual issues upon transfer or post-discharge

- **Involve families** in spiritual history taking

KEY FINDINGS: RECOMMENDATIONS

Spiritual Screening Tools

- **Integration of tools into routine care** can insure that spiritual conversations occur

- **Provides a framework** for initiation of spiritual conversations

- **Guides documentation** of spiritual issues

STUDY LIMITATIONS & NEXT STEPS

LIMITATIONS

(1) **Recruitment** - HCPs and Patients

(2) **Consenting process** re: vulnerable patients

(3) **Declining health condition** of patients

(4) Need for **immediate engagement** around spiritual issues

(6) All HCPs in the study identified a Christian **denominational affiliation**

NEXT STEPS

Research of the spiritual domain of patient care:

(1) using a **variety of spiritual screening** and assessment tools,

(2) by **interprofessional team** members,

(3) with **various** patient **populations**,

(4) in both **faith-based** and **non-faith based** organizations.

QUESTIONS