Spirituality: Identifying and Addressing the Powerful Domain of Palliative Care

Betty Ferrell, PhD, RN, MA, CHPN, FAAN, FPCN
Professor & Director
City of Hope
National Medical Center
Division of Nursing Research and Education
Duarte, CA

ISPEC
INTERPROFESSIONAL SPIRITUAL CARE EDUCATION CURRICULUM

Interprofessional Spiritual Care Education Curriculum (ISPEC)

Module 1: Background and Introduction

Learning Objectives

After completing this course, you should be able to:

- Recognize the importance of spirituality in clinical care
- Define the role of spirituality in care for serious illness
- Evaluate the evidence for spirituality in health care
- Define spirituality and its components
- Identify current models of spiritual care
- Identify the role of healthcare professionals and spiritual care professionals in providing spiritual care

Section 2:
An Overview of Spirituality and Health

In recent years, more people of all ages are living with serious chronic diseases, such as cancer, diabetes, and renal failure, and they experience complex physical, mental, social, and spiritual problems that are associated with poor quality of life, psychological distress, disability, and an increased risk of mortality. It is critical for healthcare providers to learn how to address the multidimensional needs of patients, and family members, who are also affected.

Healthcare is often centered on the identification of disease with little attention to the whole person—mind, body and spirit.

In a study of 230 seriously ill cancer patients in the US, 72% reported that their spiritual needs were supported minimally or not at all by the medical system. (Balboni, et.al., 2007)

Other studies have shown that the majority of patients want their physicians to inquire about their spirituality. (Sulmasy, 2002; Borneman, et.al., 2010) In a study of 921 patients, McCord, et.al. found that over 90% of patients welcome a discussion with their physicians about their spirituality if they are seriously ill with the possibility of dying, suffering from an ongoing, serious illness, or just diagnosed with a serious illness. (McCord, 2004)

This highlights a need for providing holistic, patient-centered care with an interdisciplinary approach to address physical, intellectual, social and spiritual needs of all patients, especially those with serious or chronic illnesses.

Definition of Health

World Health Organization (WHO) Definition of Health

"Health is a complete state of physical, mental, and social well-being and not merely the absence of disease or infirmity"

-WHO, 1948

International Health Congress (2004) Consensus based definition of Health

This recognizes each person's ability to cope with chronic illness, and be healthy even with the presence of ongoing chronic illness or conditions.

"Health is the ability to adapt and to self manage"

- Ability to perform relative to the condition
- Achieve individual fulfillment, meaning, purpose
- Negotiate demands of social environments

-Hubner, M. et al., 2011

BioPsychoSocial-Spiritual Model

(Saunders, 1980, Sulmasy, 2002, Barnum, 1998)

The biopsychosocial-spiritual model assumes the totality of patient's experience in the context of disease, which includes interdisciplinary management to address all dimensions of care.

Biological	Psychological	Social	Spiritual
Pain	Cognition	Financial Burden	Meaning
Fatigue	Depression	Caregiver Burden	Purpose
Nausea	Sadness	Community Support	Dignity
Appetite	Anxiety	Roles/ Relationships	Hope
Sleep	Fear		Faith
	Anger		Community
	Suicidal Ideation		Connection and love
			Forgiveness
			Gratitude
			(distress is conflict with or absence of the above)

WHO Palliative Care Resolution

Strengthening of palliative care as a component of integrated treatment within the continuum of care, May 2014

"Palliative care is an approach that improves the quality of life of patients… ***through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.***"

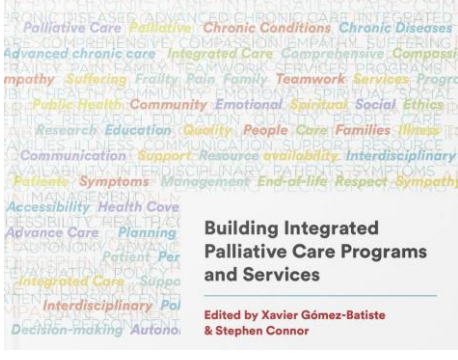
FINAL PALLIATIVE CARE RESOLUTION 2014

"Palliative care is an ***ethical responsibility of health systems, and that it is the ethical duty of health care professionals*** to alleviate pain and suffering, whether physical, psychosocial or spiritual…"

World Health Organization

"…the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (***including spiritual support and counseling,*** as needed)…"

"…basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers ***addressing patients' spiritual needs*** and social workers…"



Section 3:
Definitions Of Spirituality and Spiritual Care

Definition of Spirituality

A global consensus derived definition of spirituality is:

"Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices."

(Puchalski, et.al., 2014)

Meeting the Patient's Need: Broad Definition Needed for Patient Care

Spirituality may include religion and other worldviews but encompasses far more general ways these experiences are expressed, including through the arts, relationships with nature and others, and for some, through the concept of secular humanism.

(Puchalski, et.al., 2014)

NCP Definition of Spiritual Care

- Spiritual care as “ an essential component of quality palliative care.”
- Spiritual care service, including screening, history, and assessment are performed on admission and regularly thereafter.
- Interventions using **professional standards of practice** are part of the basic provision of quality care available to all palliative care patients.”

Definition: Spiritual Care

That care which recognizes and responds to the needs of the human spirit when faced with trauma, ill health or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for the sensitive listener. **Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires.**

(NHS Education for Scotland, 2009)

Definition: Chaplaincy Care

Care provided by a **board certified** chaplain or by a student in an accredited clinical pastoral education program. Examples of such care include emotional, spiritual, religious, pastoral, ethical, and/or existential care.

(Peery, 2009)

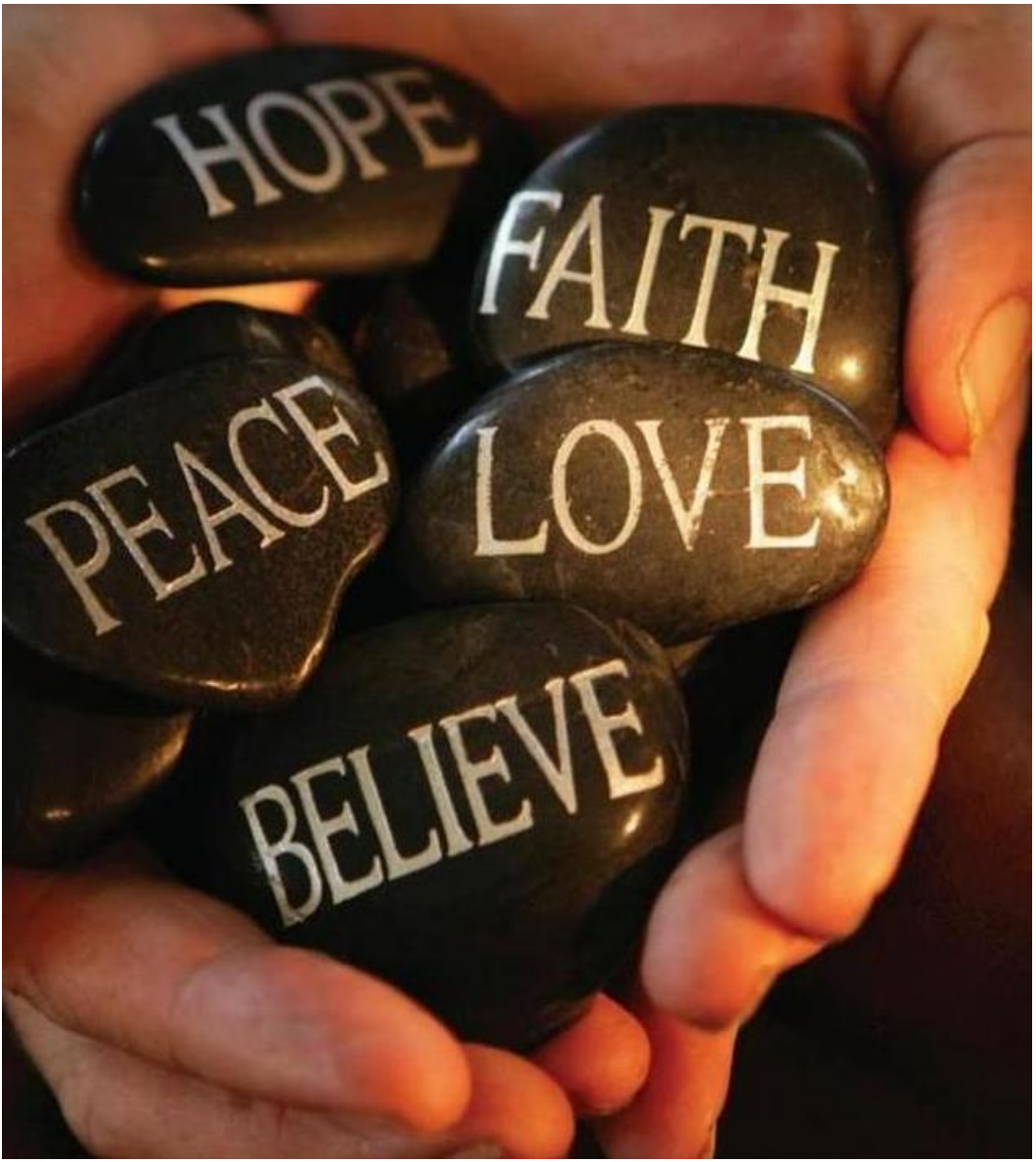
Definition: Professional Spiritual Caregiver

In many countries, chaplains are referred to as spiritual caregivers. The spiritual care giver is:

- Educated and trained in spiritual care: The training of the spiritual caregiver is recognized by professional associations for chaplains, by universities and colleges, churches or faith communities in the country where he or she is serving.
- Competent in diagnosing spiritual needs, spiritual resources, spiritual wellbeing and spiritual distress in contacts with patients, loved ones and staff.
- Capable of using interventions that address the spiritual needs and resources, the spiritual distress or wellbeing of patients, loved ones and staff with the intention of delivering the best possible spiritual care which contributes towards the healing of those involved.

Section 4:

Evidence



Spirituality is recognized as the fundamental aspect of compassionate, patient and family centered care, honoring the dignity of all persons.

In the last two decades, a large and growing body of literature explores the relationships between spirituality and healthcare outcomes of patients living with serious illness.

This evidence base demonstrates that spirituality is a fundamental element of wellness, associated with several outcomes including coping with disease, quality of life and improved physical, psychological, and social well-being.

Association Studies

Spirituality and spiritual well-being have been studied **globally** and these studies demonstrate a positive effect of spirituality on several outcomes:

- Spiritual well-being has been associated with improved **health-related quality of life** (Wildes, 2009, Bergman 2011, Zavala, 2009, Jafari, 2014), and general well-being (Lopez-Sierra, 2015; Sherman, 2015).

- Spirituality has often been observed as a **coping mechanism** and patients with a higher spirituality use their spiritual strength to cope with their cancer diagnosis and its treatment. (Garssen, 2015; Vallurupalli, 2012; Asiedu, 2014)

- Spiritual patients are more aware of their prognosis (Seyedrasooly , 2015) and are more **at-ease with decision- making, and more satisfied with their decisions regarding treatment and cure. (Mo**llica, 2016; Sterba, 2014)

Association Studies

- Three meta-analysis of 101 studies suggested that greater religious/spiritual well-being is associated with:
  - better physical health,
  - better emotional well being, and
  - improved patients' capacity to maintain satisfying social roles and relationships in the context of disease. (Jim, et.al. 2015; Sherman, et.al. 2015; Salsman, et. al. 2015)

- **Patients who reported that their spiritual needs were not being met gave lower ratings of the quality of care and reported lower satisfaction with care (Astrow, A.B et. al. 2018)**

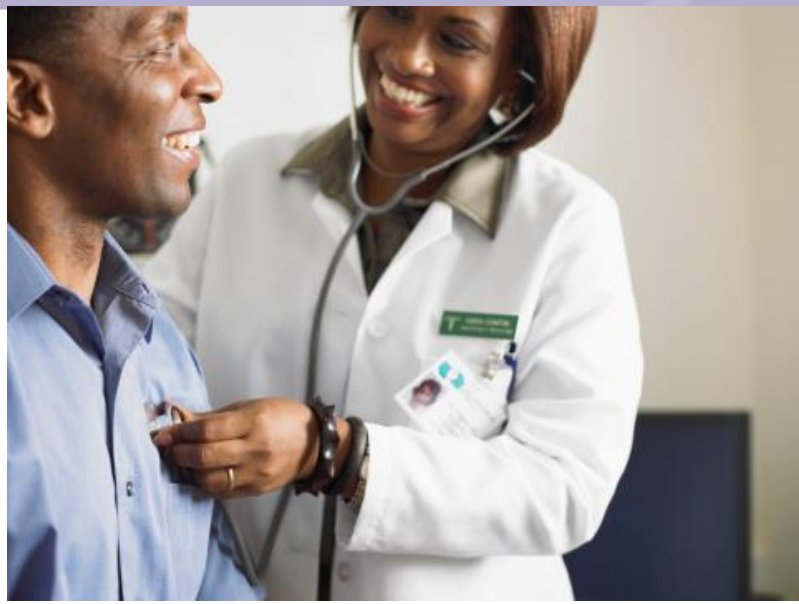
- Patients with cancer with higher spirituality have increased hope and meaning in their lives. (Ripamonti, 2015)

- **Spirituality improves children's coping with**
  - **cancer, terminal illnesses,**
  - **nighttime fear,**
  - **suffering,**
  - **hospitalization, and**
  - **disability**. (Barnes, 2000, Mueller, 2010; Sposito, et. al. 2015)

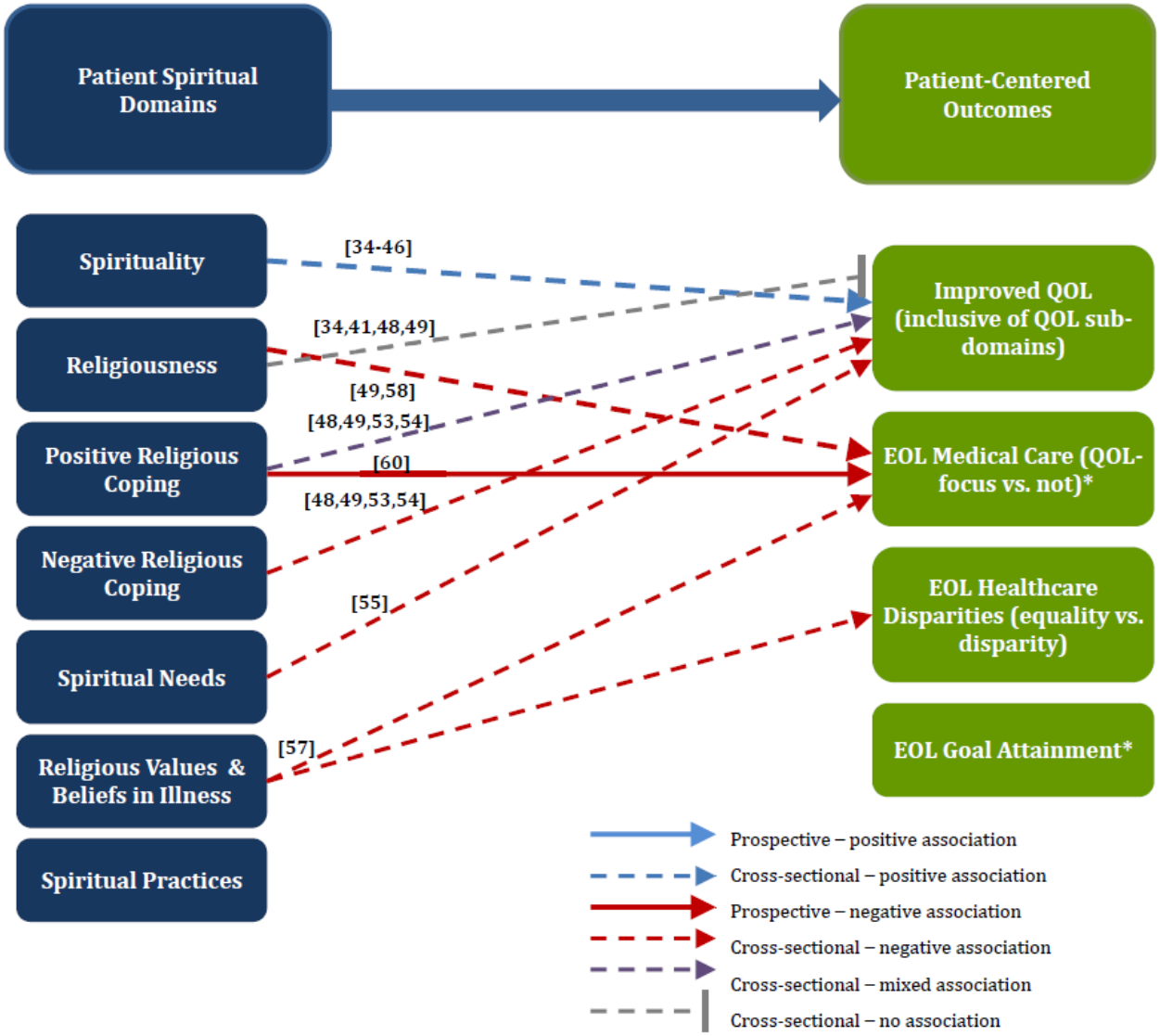
Healthcare Outcomes

Research shows the spirituality and/or religion results in:

- Improved quality of life,
- Decreased depression/anxiety
- Better physical Well-being,
- Improved coping,
- Increased adherence to treatment,
- Improved social functioning and maintaining social relationships



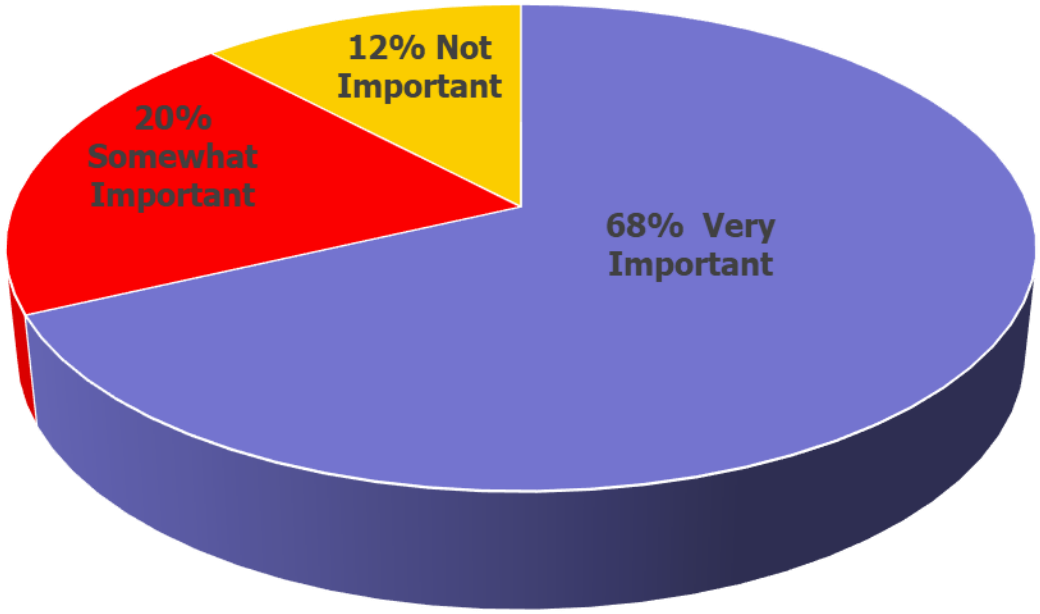
(Balboni, et.al. 2017; Barlow, et.al., 2013; Holt, et.al., 2009; Jafari, et.al., 2013; Salsman, et.al., 2015)



Patient spiritual domains and their relationship to patient-centered health care outcomes. Quality-of-life focused end-of-life medical care, for example, receipt of hospice care and lack of heroic, aggressive measures at the end of life, for example, resuscitation, ventilation, and death in an intensive care unit. Notably, this does not take into account patient goals of end-of-life care, also a key, inter-related outcome for patients. EOL : end of life; QOL: quality of life.

(Steinhauser, et.al., 2017)

Importance of Spirituality to Cancer Patients

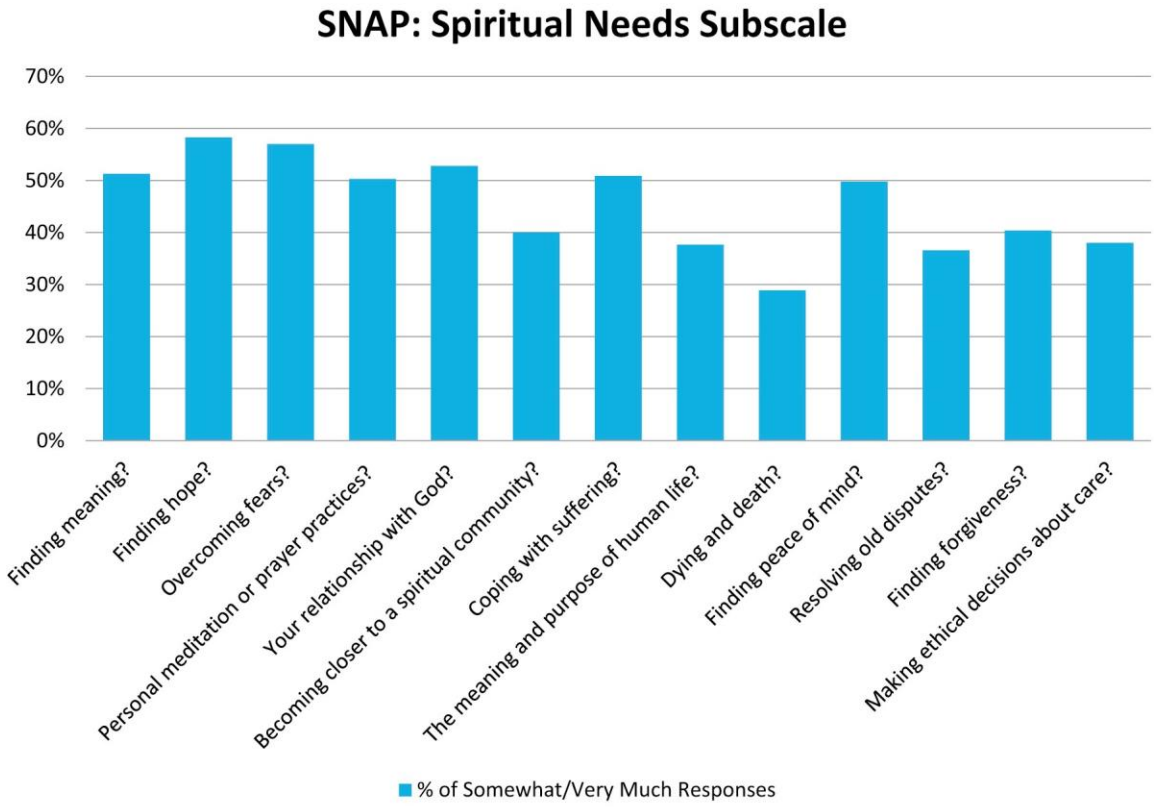


N=230 patients with advanced cancer.

(Balboni, et. Al. 2007)

Interprofessional

Spiritual Needs in a Diverse Group of Cancer Patients



Most of patients (79%) reported at least one spiritual need, including 51% wanting help "*finding meaning in your experience of illness*," 58.3 % "*finding hope*," 37.9% "*making decisions about your medical treatment that are in keeping with your spiritual or religious beliefs*," 50.3% with "*personal meditation or prayer practices*," 52.8% with "*your relationship with God or something beyond yourself*." (Astrow, et.al. 2018)

Patient Needs

Connection	• Social support • Normal behavior
Peace	• Seeking inner peace • Asking for forgiveness • Hopefulness
Meaning & Purpose	• Accepting reality • Seeking meaning • Having a prosperous end • Changing meaning of life
Transcendence	• Strengthening personal spiritual belief • Communication with higher being, • Prayers. meditation

Hatamipour, et. al. 2015

Barriers to Spiritual Care Provision

A survey of 339 oncology clinicians found that 74% nurses and 60% of physicians desire to provide spiritual care when caring for patients with a serious illness.
The most frequently endorsed barriers of providing spiritual care include:

- lack of time (72%),
- inadequate training (61%),
- lack of privacy (52%),
- Spiritual care better offered by others (50%)

Inadequate training was identified as the strongest predictor of lack spiritual care provision to patients. (Balboni, et.al. 2014)

Other studies suggested that an integrated structure for spiritual care (multidisciplinary teams inclusive of chaplaincy) may also influence spiritual care delivery in a positive way. (Steinhauser, et.al. 2017)

Case 1

Tanya was diagnosed at age 32 with hypertension by her new primary care provider. During her initial assessment the physician asked her a spiritual history as part of the social history. When asked about the impact of her spirituality on her health Tanya noted that she had not really thought about the connection of her spiritual beliefs with her health.

Tanya was not willing to take medications initially for her blood pressure but was willing to meditate, and also change her diet to control her blood pressure. She noted that the meditation helped control her stress which resulted in normal blood pressure.

Case 1 cont.

At age 43 she was diagnosed with breast cancer. She was despondent and worried about the surgery and possible chemotherapy. She missed a few appointments with the breast surgeon as she did not want to “face all that was going on”. She began to increase her meditation practice and attend a breast cancer support group at the church she belonged to. This gave her the strength to face her surgery. She was able to keep her appointments and do well after her surgery and subsequent chemotherapy, and eventually anastrozole. She did not like taking the medications but felt her spiritual beliefs and practices helped her accept the need for medication and adhere to the therapy.

Section 5:

Spiritual Care Guidelines & Models

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Special Report

Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference

Christina Puchalski, M.D., M.S., F.A.P.C.,[1] Betty Ferrell, Ph.D., M.A., F.A.A.N., F.P.C.N.,[2]
Rose Virani, R.N.C., M.H.A., O.C.N.,® F.P.C.N.,[2] Shirley Otis-Green, M.S.W., L.C.S.W., A.C.S.W., O.S.W.-C.,[2]
Pamela Baird, A.A.,[2] Janet Bull, M.A.,[1] Harvey Chochinov, M.D., Ph.D., F.R.C.P.C.,[3]
George Handzo, M.Div., B.C.C., M.A.,[4] Holly Nelson-Becker, M.S.W., Ph.D.,[5]
Maryjo Prince-Paul, Ph.D., A.P.R.N., A.C.H.P.N.,[6]
Karen Pugliese, M.A., B.C.C.,[7] and Daniel Sulmasy, O.F.M., M.D., Ph.D.[8]

Abstract

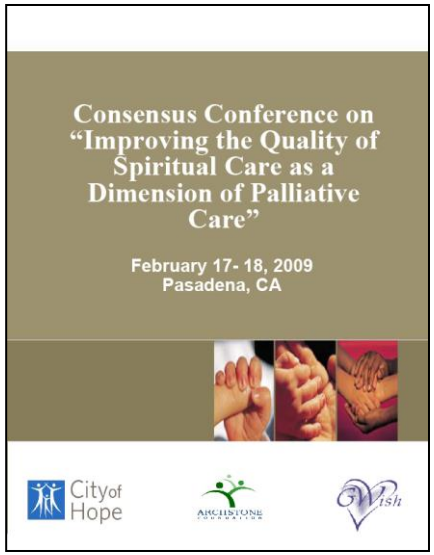
A Consensus Conference sponsored by the Archstone Foundation of Long Beach, California, was held February 17–18, 2009, in Pasadena, California. The Conference was based on the belief that spiritual care is a fundamental component of quality palliative care. This document and the conference recommendations it includes builds upon prior literature, the National Consensus Project Guidelines, and the National Quality Forum Preferred Practices and Conference proceedings.

NCP Guidelines Address 8 Domains of Care

1. Structure and processes
2. Physical aspects
3. Psychological and psychiatric aspects
4. Social aspects
5. **Spiritual, religious, and existential aspects**
6. Cultural aspects
7. Imminent death
8. Ethical and legal aspects

"Improving the Quality of Spiritual Care as a Dimension of Palliative Care" Consensus Conference
Design and Definition

- 52 national leaders representing physicians, nurses, chaplains and clergy, psychologists, social workers, other spiritual care providers, and healthcare administrators
- Develop a consensus-driven definition of spirituality
- Make recommendations to improve spiritual care in palliative care settings
- Identify resources to advance the quality of spiritual care



Interprofessional Spiritual Care: An Integrated Model

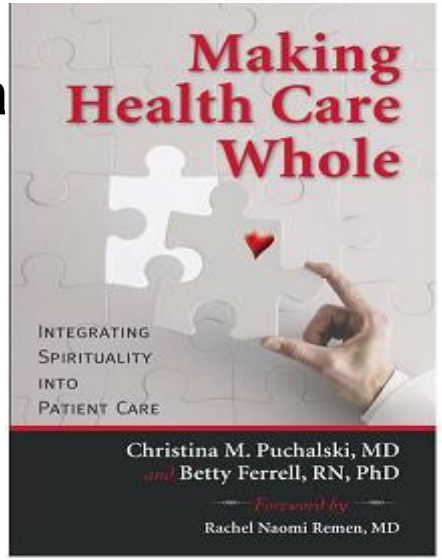
Recommendations:

- Integral to any patient-centered healthcare system
- ***Based on honoring dignity, attending to suffering***
- ***Spiritual distress treated the same as any other medical problem***
- Spirituality should be considered a "vital sign"
- ***Interdisciplinary (including Chaplains)***
  - ***Generalist specialist model of spiritual care***
- ***All patients get a spiritual history or screening***
- ***Integrated into a whole person treatment plan***

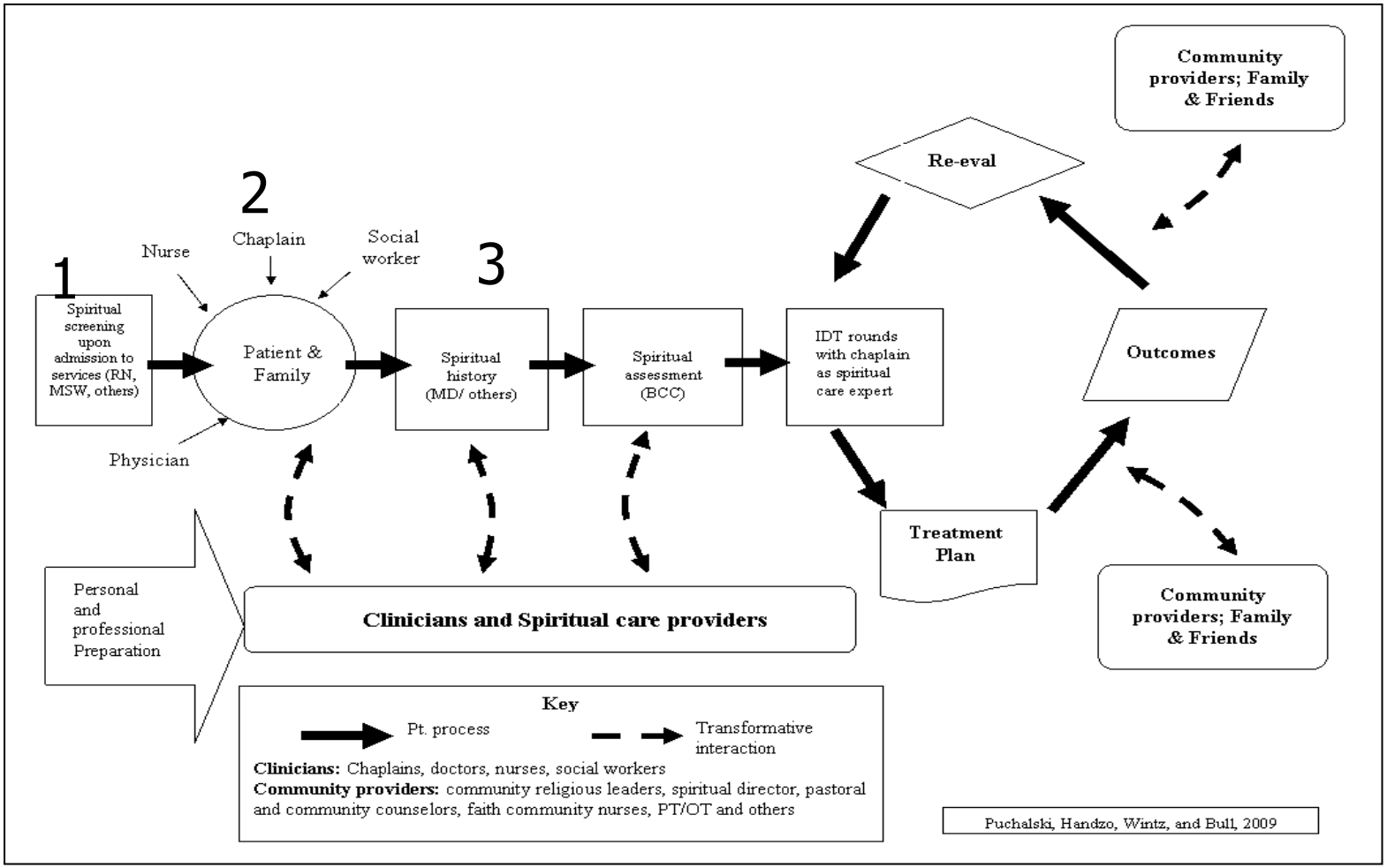
- Puchalski, Ferrell, Virani et.al. JPM, 2009

"Improving the Quality of Spiritual Care as a Dimension of Palliative Care" Consensus Conference
Interprofessional Spiritual Care Model

- Assessment, diagnosis and treatment of spiritual distress—include spiritual distress in symptom management
- Identification and support of spiritual resources of strength
- Generalist-specialist spiritual care
- Provision of compassionate care
- Team based model– all clinicians includin spiritual care professionals



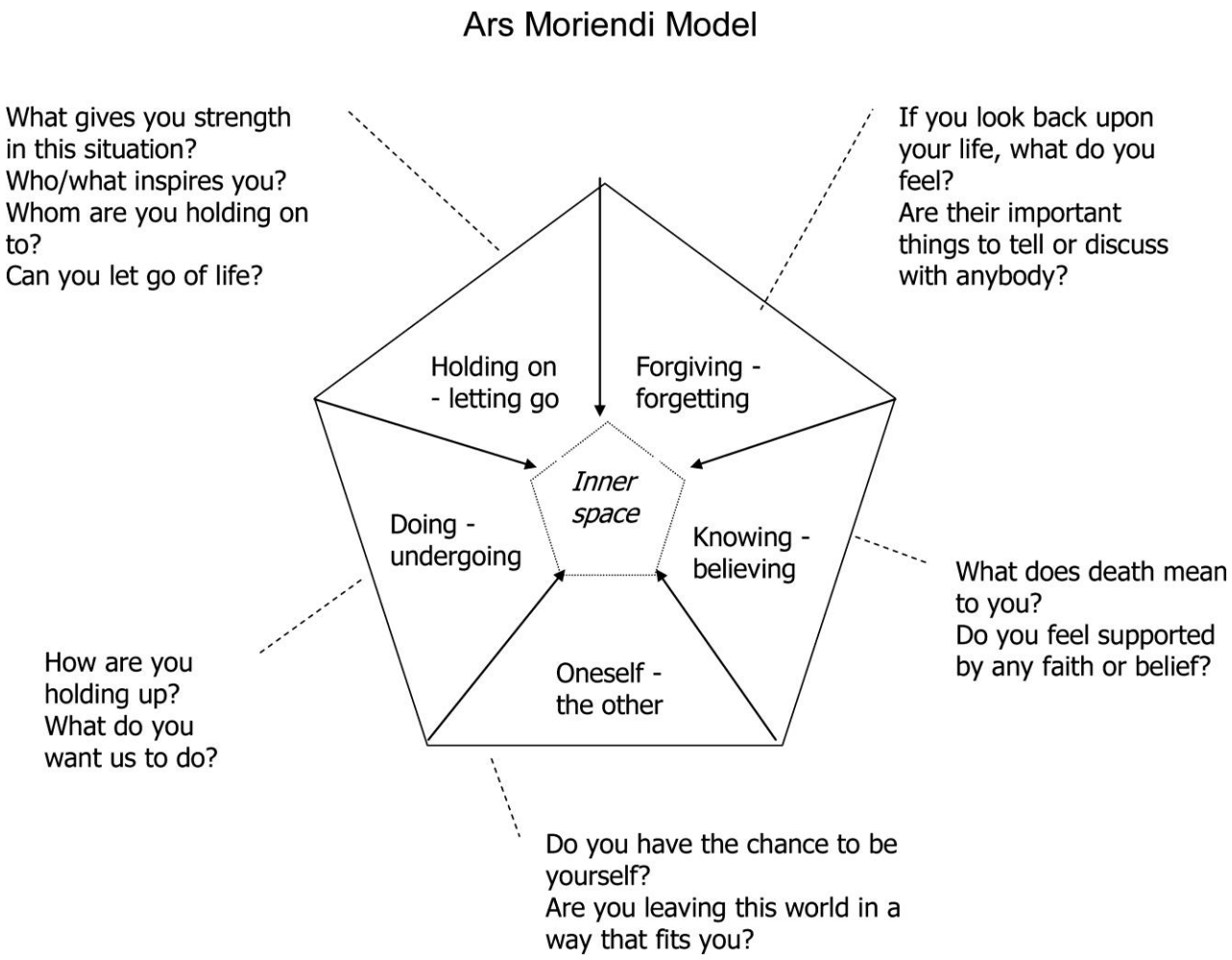
"Improving the Quality of Spiritual Care as a Dimension of Palliative Care" Consensus Conference
Interprofessional Spiritual Care Model



"Improving the Quality of Spiritual Care as a Dimension of Palliative Care" Consensus Conference Recommendations

- Spiritual Care Models
- Spiritual Assessment of Patients and Families
- Spiritual Treatment/Care Plans
- Interprofessional Team
- Training/Certification
- Personal and Professional Development
- Quality Improvement

Spiritual Care Models: Ars Moriendi



(Van de Geer, Leget, 2012)

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Special Reports

Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus

Christina M. Puchalski, MD, MS, FACP,[1] Robert Vitillo, MSW, ACSW,[2]
Sharon K. Hull, MD, MPH,[3] and Nancy Reller[4]

Building on the foundation of the 2009 conference, GWish, with the support of the Arthur Vining Davis Foundations, led the U.S. National Consensus Conference on Creating More Compassionate Systems of Care (2012), and The International Conference on Improving the Spiritual Dimension of Whole Person Care (2013). Using a two-stage Delphi process, participants achieved consensus on recommended proposed standards for interprofessional spiritual care and strategies in research, education, clinical care, policy and community engagement. The recommended standards for interprofessional spiritual care are listed on the subsequent slides.

Recommended Standards for Spiritual Care

1. Spiritual care is integral to compassionate, person-centered health care and is a standard for all health settings.

2. Spiritual care is a part of routine care and integrated into policies for intake and ongoing assessment of spiritual distress and spiritual well-being.

3. All health care providers are knowledgeable about the options for addressing patients' spiritual distress and needs, including spiritual resources and information.

4. Development of spiritual care is supported by evidence-based research.

5. Spirituality in health care is developed in partnership with faith traditions and belief groups.

6. Throughout their training, health care providers are educated on the spiritual aspects of health and how this relates to themselves, to others, and to the delivery of compassionate care.

(Puchalski, et.al., 2014)

Recommended Standards for Spiritual Care

7. Health care professionals are trained in conducting spiritual screening or spiritual history as part of routine patient assessment.

8. All health care providers are trained in compassionate presence, active listening, and cultural sensitivity, and practice these competencies as part of an interprofessional team.

9. All health care providers are trained in spiritual care commensurate with their scope of practice, with reference to a spiritual care model, and tailored to different contexts and settings.

10. Health care systems and settings provide opportunities to develop and sustain a sense of connectedness with the community they serve; healthcare providers work to create healing environments in their workplace and community.

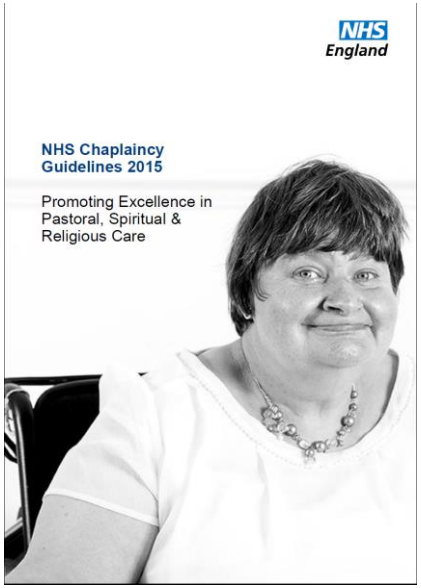
11. Health care systems and settings support and encourage health care providers' attention to self-care, reflective practice, retreat, and attention to stress management.

12. Health care systems and settings focus on health and wellness and not just on disease.

(Puchalski, et.al., 2014)

Global spiritual Care Guidelines

Australian National Guidelines for Spiritual Care



European Association for Palliative Care (EAPC) Spiritual Care Guideline

Suggested Guidelines for Integrating Spirituality into Pediatrics

- American Academy of Pediatrics recommendations:
  - All general and subspecialty pediatricians, family physicians, and pediatric surgeons need to become familiar and comfortable with spiritual dimensions of life and illness. (American Academy of Pediatrics, 2000).
  - "Pediatricians, pediatric medical subspecialists, and pediatric surgical specialists should respect families and their religious or spiritual beliefs and collaborate with them to develop treatment plans to promote their children's health." (American Academy of Pediatrics, 2013).

- Barnes and colleagues suggested these guidelines for integrating spirituality into pediatrics:
  - Anticipate the presence of religious and spiritual concerns in pediatric care. Become broadly familiar with the religious worldviews of the cultural groups in your patient population.
  - Allow families and children to be your teachers about the specifics.
  - Build strategic interviewing skills and ask questions over time.
  - Develop a relationship with available chaplaincy services.
  - Build a network of local consultants.
  - Refer to family-preferred spiritual care providers.
  - Listen for understanding rather than for agreement or disagreement. (Barnes, et. Al., 2000)

Section 6:
The role of healthcare professionals in providing spiritual care

Professional Guidelines

Each of the clinical professionals have professional guidelines on addressing spiritual needs of patients. What are the standards of your profession? What are the standards for your colleagues? Click on the box below to find out

Physicians

The American Medical Association (2001) and the American College of Physicians (2004) emphasized on the responsibility of all clinicians to attend to and psychosocial and spiritual suffering as well as physical pain. In 2010, The Joint Commission decreed that health care providers should "ask patients and families about staff responsiveness to their cultural, religious, and spiritual needs during care planning and treatment"

Nurses

The International Council of Nursing, and the American Association of Colleges of Nurses identify spiritual care as an integral component of nursing education and quality practice. (McEwen, 2005)

Social Workers

The Social Workers' Code of Ethics emphasizes on the integration of patients' religious/spiritual concerns into the delivery of social work services and social work practice. (Loue, 2017)

Chaplains

Standards for US and Canadian Professional Chaplain Associations

Standards of Practice for Professional Chaplains

Other Spiritual Care Providers

Attributes of All Clinicians

- ✓ Clinicians must be compassionate, empathetic, trustworthy and truthful in all professional dealings.
- ✓ Act with integrity, honesty, respect for patients' privacy, and respect for the dignity of patients as persons.

Standards for US and Canadian Professional Chaplain Associations

Five main chaplaincy organizations represent **more than 10,000 members** in US, Canada, and some international communities Collaborating since the 1920's. Common commitments to:

- Common Ethical Standards for Professional Chaplains

- Common Qualifications and Competencies for Certification of Professional Chaplains, including
  - Value and relevance of endorsement from Religious Endorsing Bodies
  - Graduate-level degree in theology or equivalent in one's own faith tradition
  - 4 units of Clinical Pastoral Education(ACPE)
  - Peer review approval for certification
  - Ongoing education/professional development

- Research on improving chaplain practice outcomes and effectiveness of their certification processes

- International partnership for evidence-based research through a Joint Research Council representing several countries

- Interdisciplinary practice

- Implementing Fifth Domain of the Clinical Practice Guidelines for Quality Palliative Care, 3rd edition

Other Spiritual Care Providers

- **Pastoral Counselors**: Pastoral counseling is a branch of counseling that integrates spirituality, faith and theology with psychotherapy to help people seeking assistance with personal, family, and faith issues. "Certified Pastoral Counselors have experience and training in the ministry, hold a postgraduate degree from an accredited university, are credentialed by a local religious community, and have significant education and supervised counseling experience." (Pastoral Counselling Organization, available at: www.pastoralcounseling.org)

- **Spiritual Directors:** "Spiritual direction explores a deeper relationship with the spiritual aspect of being human. Spiritual direction has emerged in many contexts using language specific to particular cultural and spiritual traditions (e.g. Buddhist, Christian, Eastern-Philosophy, Islamic, Jewish). It is often offered as a one-to-one or group experience in private sessions with spiritual mentors who have most likely completed extensive formation for the ministry and service of spiritual direction." (Spiritual Directors International, available at: http://www.sdiworld.org)

Generalist-Specialist Model

- Everyone on the team addresses patient suffering and provides support
- Clinicians who develop treatment plans assess for spiritual distress as part of distress assessment and practice compassionate presence and accompaniment
- Certified chaplains or spiritual care professionals are experts in spiritual care in healthcare settings.
- Outpatient spiritual care professionals include chaplains, pastoral counselors, spiritual directors
- Spirituality in health care is enhanced by integrating spiritual caregivers who work with other health care providers and are specialized in dealing with spiritual needs, spiritual wellbeing and spiritual distress.

Why Team Up with a Spiritual Care Professional?

- They are trained to listen for spiritual needs and resources of patients and loved ones. Spiritual care professionals make a difference through diagnosis, interventions and outcomes as reported by patients. (Snowden, et.al. 2018)
- They can take it. Recent research shows that the majority of spiritual caregivers have found a balance between self-care/meaning and dealing with stories of suffering. 67% of 267 chaplains in Veterans Hospitals in the US respond that the continuous confrontation with stories of severe suffering changes their own spirituality in a positive way or keeps it as it is, leading to the conclusion that spiritual caregivers have a resilient spirituality. (McCormick, et.al. 2017)
- As specialists in spiritual care, spiritual care professionals can train and mentor other health care providers in primary spiritual care.
- Spiritual care givers address the spiritual needs of staff and offer staff support. (Klein, 2015)
- Spiritual care givers enhance communication between patients/loved ones and the interdisciplinary team. (Cadge, et.al. 2011)

Case 2

Brenda is an eighty-five year old woman who moved to Cleveland to be near her daughter. She fell and broke her hip and was admitted to the hospital for surgery. She became very depressed after the surgery. The medicine team resident did a spiritual history and learned that Brenda's source of meaning was doing good for others. She belonged to a spiritual community of like-minded people who worked with the homeless in her hometown. She was also very active and found great peace hiking in nature. She felt isolated from her community and sad that she might never be able to hike again. The resident asked the hospital chaplain to see her. She helped Brenda identify some spiritual goals to work on, and she suggested some ways for Brenda to connect with volunteer communities in the Cleveland area. Brenda's mood improved and she was more hopeful. The chaplain also made a recommendation for a spiritual director in the community who could work with Brenda on her spiritual goals.

Quiz

Which one of the followings are examples of Generalist-Specialist Spiritual care in this case?

A. Spiritual history taking by medicine resident
B. Helping Brenda to set goals by chaplain
C. Surgery to correct the fracture
D. Referral to chaplain by medicine resident
E. Prescribing anti-depressant by resident

Recommendations

- ✓ It is the ethical responsibility of all healthcare providers to attend to spiritual needs of patients.
- ✓ Spiritual care guidelines and models could be used for developing culturally appropriate spiritual care guidelines.
- ✓ Building on the current evidence on spiritual care, more research efforts are needed to advance evidence-based methods for the integration of interprofessional spiritual care into health systems.
- ✓ Critical to the implementation of spiritual care models is interprofessional care that includes spiritual care professionals (e.g. board-certified chaplains) on the care team.

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Spirituality in Serious Illness and Health

Tracy A. Balboni, MD, MPH; Tyler J. VanderWeele, PhD; Stephanie D. Doan-Soares, DrPH; Katelyn N. G. Long, DrPH, MSc; Betty R. Ferrell, PhD, RN; George Fitchett, DMin, PhD; Harold G. Koenig, MD, MHSc; Paul A. Bain, PhD, MLS; Christina Puchalski, MD, MS; Karen E. Steinhauser, PhD; Daniel P. Sulmasy, MD, PhD; Howard K. Koh, MD, MPH

IMPORTANCE Despite growing evidence, the role of spirituality in serious illness and health has not been systematically assessed.

OBJECTIVE To review evidence concerning spirituality in serious illness and health and to identify implications for patient care and health outcomes.

EVIDENCE REVIEW Searches of PubMed, PsycINFO, and Web of Science identified articles with evidence addressing spirituality in serious illness or health, published January 2000 to April 2022. Independent reviewers screened, summarized, and graded articles that met eligibility criteria. Eligible serious illness studies included 100 or more participants; were prospective cohort studies, cross-sectional descriptive studies, meta-analyses, or randomized clinical trials; and included validated spirituality measures. Eligible health outcome studies prospectively examined associations with spirituality as cohort studies, case-control studies, or meta-analyses with samples of at least 1000 or were randomized trials with samples of at least 100 and used validated spirituality measures. Applying Cochrane criteria, studies were graded as having low, moderate, serious, or critical risk of bias, and studies with serious and critical risk of bias were excluded. Multidisciplinary Delphi panels consisting of clinicians, public health personnel, researchers, health systems leaders, and medical ethicists qualitatively synthesized and assessed the evidence and offered implications for health care. Evidence-synthesis statements and implications were derived from panelists' qualitative input; panelists rated the former on a 9-point scale (from "inconclusive" to "strongest evidence") and ranked the latter by order of priority.

FINDINGS Of 8946 articles identified, 371 articles met inclusion criteria for serious illness; of these, 76.9% had low to moderate risk of bias. The Delphi panel review yielded 8 evidence statements supported by evidence categorized as strong and proposed 3 top-ranked implications of this evidence for serious illness: (1) incorporate spiritual care into care for patients with serious illness; (2) incorporate spiritual care education into training of interdisciplinary teams caring for persons with serious illness; and (3) include specialty practitioners of spiritual care in care of patients with serious illness. Of 6485 health outcomes articles, 215 met inclusion criteria; of these, 66.0% had low to moderate risk of bias. The Delphi panel review yielded 8 evidence statements supported by evidence categorized as strong and proposed 3 top-ranked implications of this evidence for health outcomes: (1) incorporate patient-centered and evidence-based approaches regarding associations of spiritual community with improved patient and population health outcomes; (2) increase awareness among health professionals of evidence for protective health associations of spiritual community; and (3) recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

CONCLUSIONS AND RELEVANCE This systematic review, analysis, and process, based on highest-quality evidence available and expert consensus, provided suggested implications for addressing spirituality in serious illness and health outcomes as part of person-centered, value-sensitive care.

Supplemental content

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Authors: Howard K. Koh, MD, MPH, Harvard T.H. Chan School of Public Health and John F. Kennedy School of Government