

SIMPLE STEPS

to Enhance Well-Being and Manage Spiritual Needs of Patients

After years of heavy burdens and heartbreak, a 70-year-old woman is diagnosed with pancreatic cancer. In the face of death, she is the happiest she has ever been. I know because this woman is my mother.

After her diagnosis in the fall of 2000, my mother turned back to her faith in God and to the love of her family. As her health care providers managed her body and mind, she managed her soul. She has survived her prognosis and believes the power of prayer and faith has carried her to this day.

Spirituality and holistic care are valuable approaches to managing our patients' well-being, and we need to understand our responsibilities in this area of practice. As health care providers, we address the physical, mental and emotional needs of our patients but rarely do we address their spiritual needs. Although spiritual discussion between patients and providers once was frowned upon, this should no longer be the case. Spiritual well-being enhances physical, mental and emotional well-being, which means that the spiritual should be as much our concern as the physical.

Allied health professionals are advocates for their patients, spending intimate time with them and communicating a sincere commitment to learning what they need and how those needs will be met. Addressing the spiritual needs of patients is an important element of care and may provide added value and enrichment to the holistic practitioner-patient interaction.¹

"Holistic" is defined as an integral structure of body, mind and soul. A 1994 study identified the basic principles of holistic health that guide the work of practitioners.² The study identified 17 principles, with spirituality the most strongly emphasized. Holism involves treating the whole person while considering the unity of body, mind and spirit. This unity relates to a patient's connection to a higher power.²

Every person has a natural inclination toward spirituality. At least once we all ask ourselves what life means to us. As we age, we face the issue of our own mortality.³ Health care professionals need to develop

goals to assess spiritual connection and be aware that many elements impact healing, including some we can't imagine. As patients communicate their spiritual needs, we are responsible for assisting them to meet these needs.

Spirituality is difficult to define. It penetrates the self beyond the confines of organized religion. One broad definition is "a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in any god."⁴ A person may never take part in organized religion yet possess a deep spiritual conviction that directs them.

Spiritual Interventions

Refer to clergy

Pray

Be an active listener

Therapeutic communication

Convey acceptance and respect

Instill hope

Be present

Touch

Refer to community/health care resources

Patients often encounter physical or emotional pain during illness. Health care providers intervene without hesitation, performing whatever measures are necessary to bring relief to patients. Consider that same scenario but include the spiritual anguish patients may harbor. Attention to patients' spiritual needs should be incorporated into our roles as collaborators and advocates.

Allied health practitioners specialize in being proficient at listening to and observing our patients as we manage their care. The most frequent method used to identify the spiritual needs of patients is listening to and observing them. As we use these tools, we tighten the gap between patient and provider, and our availability to the patient forms a bridge to improving outcomes.⁴

Research is growing in the area of spirituality and how it relates to health care. In a recent poll, 60 percent of the patients surveyed said they support the idea of physicians talking about spiritual health. In the same poll, however, only 10 percent of the physicians reported having approached patients with such discussions.⁴

In spite of the evolving understanding by science of the importance of spirituality on health, spiritual needs often are unrecognized and untreated, particularly if a provider does not endorse their importance. Patient outcomes could be compromised and treatment prolonged, at enormous monetary cost to patients and families.⁵ Allied health professionals are concerned about the well-being of patients and are committed to providing holistic medical management and prevention directed toward decreasing unnecessary hospitalizations or delayed lengths of stay.

Spiritual needs are any factors that maintain a patient's personal relationship with God or a higher being as explained by that patient.⁵ We can play a significant role in managing the spiritual needs of our patients. We spend a lot of time assessing and managing their needs, which provides patients with opportunities to be more self-expressive. It is imperative that we take advantage of the time spent with patients and provide them with an atmosphere of thoughtful concern while learning about their needs and communicating to them an honest desire to manage those needs.

A relationship with a patient begins the moment you gather the general history. This relationship can go one step further by incorporating spiritual history into the process. Information about a patient's spiritual history reveals deeper aspects of who our patients are and what they believe and value in their lives.⁶ Managing the spiritual needs of patients requires us to know what those needs involve and to collaborate with others to meet them.

Spiritual well-being consists of many characteristics, one of which is a force that draws together the physical, emotional and social dimensions of health.⁶ Allied health practi-



tioners need to build on that force when managing patients' health care needs.

We are indirectly meeting patients' spiritual needs as we help them feel hopeful, provide them with an atmosphere that allows them to participate in their own recovery, and provide referrals and literature to educate and assist them in managing their own health care. In so doing, we are fostering spiritual wellness.

Clinicians can take steps toward further managing the spiritual needs of patients by showing respect to their religious practices, offering to pray with them, listening to them, and encouraging them to examine their thoughts about spiritual issues.³ For patients with spiritual needs, meeting those needs can impact medical outcomes and, in some cases, their motivation to survive.

Allied health professionals can implement specific interventions to meet the spiritual needs of patients. Ten of the most frequently identified spiritual interventions are listed in Table 1.⁷

A spiritual life review and needs assessment tool are also valuable in guiding the

management of spiritual needs. As we incorporate spiritual interventions into practice, the relationship that develops will be one that allows patients to express themselves without reservation. The more we know about a patient, the better equipped we are to manage his or her needs.

The lyrics of a popular song by Jewel state, "I won't be idle with despair, I will gather myself around my faith. For light does the darkness most fear."⁸ Take hold of this knowledge as empowered clinicians and let go of any preconceived ideas that may hinder approaching patients about their spiritual needs.

My mother has not been idle with despair. Her goal to witness my graduation was fulfilled. She continues to live her life with confidence that her faith will sustain her.

References

1. Lewis, P. (1996). A review of prayer within the role of the holistic nurse. *Journal of Holistic Nursing*, 14 (4): 308.
2. Estby, S., Freel, M.I. (1994). A Delphi study of the basic principles and corresponding care

goals of holistic nursing practice. *Journal of Holistic Nursing*, 12 (4): 402.

3. Bauer, T., Barron, C.R. (1995). Nursing interventions for spiritual care: Preference of the community-based elderly. *Journal of Holistic Nursing*, 13 (3): 268.

4. McSherry, W. (1998). Nurses' perceptions of spirituality and spiritual care. *Nursing Standard*, 13 (4): 36-40.

5. Stranahan, S. (2001). Spiritual perception, attitudes about spiritual care, and spiritual care practices among nurse practitioners. *Western Journal of Nursing Research*, 23 (1): 90.

6. Kamy, H.A. (2000). Hardiness and spiritual well-being among social work students: Implications for social work. *Journal of Social Work Education*, 36 (2): 231.

7. Sellers, S.C. (1998). Spiritual nursing interventions. *Journal of Holistic Nursing*, 16 (3): 338.

8. Kilcher, J. (1998). *Hands. Spirit*. Atlantic Records.

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