SPIRITUAL CARE

Spirituality is generally described as an awareness and connection to a higher power, an awareness of divine presence, a harmonious relationship or connection with self, neighbor, nature, which draws beyond oneself. Spirituality may include religious beliefs and practices but does not require that one participates in an organized religion.

Spiritual well-being is a sense that life has meaning and is defined as a sense of inner peace, compassion for others, reverence for life, gratitude, appreciation of diversity, or contentment that comes from feeling connected with something greater than oneself.

Spiritual distress is a disruption in one’s beliefs or value system. It affects a person’s entire being and may disrupt the beliefs that are the basis of one’s life.

Spiritual care for persons with a life threatening illness is important as it gives a person meaning and hope. Addressing spiritual needs requires that team members acknowledge their own attitudes, beliefs, and biases, and be open and respectful of others’ beliefs. If physical needs are not met, the person cannot begin to address their spiritual needs suffering caused by a serious illness may cause a person to question previous spiritual beliefs and life’s purpose/meaning which may result in spiritual distress or crisis.

Spiritual needs of the patient

- Giving and receiving love
- Giving and receiving forgiveness
- Finding meaning and purpose in one’s life
- Reviewing or telling the story or one’s life (reminisce)
- Completing unfinished tasks
- Having positive relationships with God, a higher power, and others
- Accepting one’s self and being at peace
- Dying with dignity

Spiritual distress may be evidenced by suffering or pain related to

- Feelings of brokenness in one’s relationship with God, a higher power, or with others
- Loss of purpose/meaning
- Questioning one’s beliefs or values
- Loss of inner strength and/or sense of inner well-being
- Expressions of lack of spiritual fulfillment or peace
- Expressions of loneliness or abandonment
- Feeling that God seems far; negative attitudes towards receiving comfort or help from a higher power
- Expression of regret or fear that illness is a result of anger, punishment, or displeasure
- Expressed view of failure to do what should have been done
- Expressions of frustration, anguish or outrage at God; negative remarks
- Expressed feelings of having temporarily lost the love of God; fear that one’s relationship with God has been threatened; feelings of emptiness or alienation
- Expressions suggesting that there is no hope; a feeling that God no longer cares, or can care for them
What to report to the hospice/palliative care team

- A questioning of one’s faith (“Why is this happening?”)
- A sense of abandonment by their belief system (“Where is my God”)
- Searching for purpose/meaning in one’s life
- A loss of connectedness or withdrawal with their belief system or personal relationships
- An expressed desire for forgiveness
- A sudden change in spiritual practices
- Mood changes (depression, anxiety, restlessness, emotional outburst)
- Expressions of feeling worthless, hopelessness, a loss of the will to live

You can improve the quality of life for someone in spiritual distress by

- Providing presence – listening with sensitivity, being with the patient and family
- Encouraging open communication through a supportive and trusting environment
- Encouraging exploration of beliefs through prayer, reading scripture, and/or religious rituals
- Helping the patient complete any unfinished tasks by letter writing, making phone calls, journaling their life’s review

The desired outcome for the patient is

- A sense of self awareness, that that s/he is not to blame for the illness
- The ability to discuss values and beliefs regarding spiritual issues
- Reconciled relationships with God, or a higher power, and with others
- A sense of inner peace, contentment, and connectedness with God or a higher power
- A sense of well-being for a peaceful death

Not everyone experiences the signs and symptoms of spiritual distress. Any new problem will be evaluated by the hospice/palliative care team and ways to manage them will be discussed. The nurse can provide additional information about this topic. Report any changes to the team so they can plan interventions for the patient’s care.

Reference

Head B. Spiritual Care at the End of Life. Hospice and Palliative Nursing Assistant Core Curriculum. Pittsburgh, PA. Hospice and Palliative Nurses Association; 2009;8:71-76.