Making Healthcare Whole: Integrating Spirituality into Patient care

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Outline

- Spirituality and Health
- Role of spirituality in clinical setting
- Interprofessional model of care

Spirituality and Health

Fetzer Health Advisory Council, 2011

- Love/compassion
- Dignity
- Forgiveness
- Wholeness, full-self
- Other-regarding
- Relationship-centered
- Healing as transformational in context of relationship
- Humanity of providers and patients

Definition: Spiritual Care

Interventions, individual or communal, that facilitate the ability to express the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and[/or] a higher power.

American Nurses Association, & Health Ministries Association. (2005). Faith and community nursing: Scope and standards of practice. Silver Spring, MD: American Nurses Association.

Why Is Spirituality Important to Care?

Spiritual/Religious/Cultural Beliefs, Practices, and Rituals

- May be dynamic in patient's understanding of illness
- Religious convictions/beliefs may affect healthcare decision-making
- May be a patient need
- May be important in patient coping, quality of life, and healthcare outcomes
- Integral to whole-patient care

Spiritual History: A Patient Need

- Surveys: 50-85% or patients want physicians to address their spiritual needs and incorporate into treatment

- Why? Increases trust, helps physician understand patient more, helps physician with treatment plan, makes patients feel listened to and cared for, helps encourage realistic hope, and provides compassionate care

- Conclusion: Patients want spiritual issues addressed and integrated into their care

- 75 % of staff felt it was important to talk about spiritual care
- 71% of staff responded to spiritual concerns
- 73% of staff assessed spiritual issues
- 15% of patients said healthcare professionals asked about spiritual concerns

Integral to Whole-Person Care

What Is Whole-Person Care?

- Transcends control of a disease process and the relief of symptoms
- Aims at full health, understood as the recovery of an integrated and authentic self
- Maintains focus on the patient as a whole person, regardless of how intractable, expensive, or complicated the patient's problems might appear to be

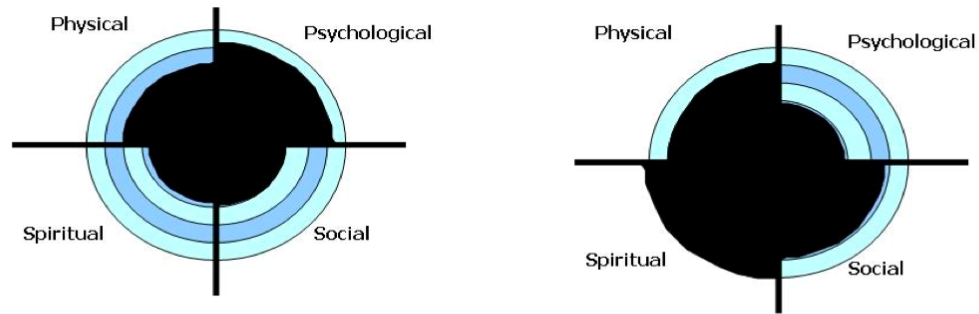# Whole Person Care:
The Biopsychosocial-spiritual Model of Care

Physical

Social

Spiritual
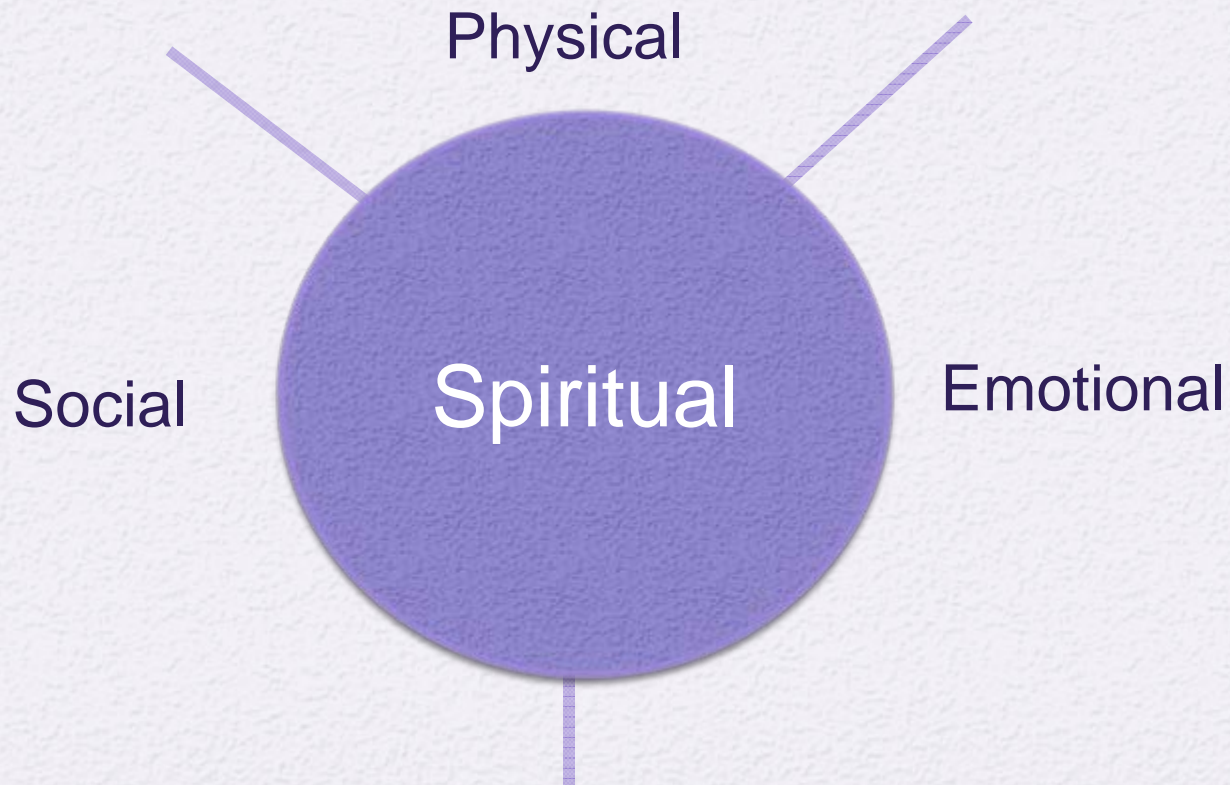
Emotional

Total Pain

Cecily Saunders, MD

Profile of Suffering

Physical   Psychological

Spiritual   Social

Physical   Psychological

Spiritual   Social

Puchalski, Bull 2009 (adapted from RJ Butler)

Biopsychosocial-spiritual Model

- Integrated; e.g., pain as multifactorial—physical, emotional, social, and spiritual pain
- All dimensions treated equally
- Implies team approach—different levels of expertise
- Recognition of the whole person—does not obscure the humanity of each individual
- Respect for dignity and inherent value of each human being
- Better likelihood of good diagnosis by being attentive to all aspects of presenting symptoms and issues

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

Convened February 2009

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Supported by the Archstone Foundation, Long Beach, CA, as a part of their End-of-Life Initiative.

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- The goal of palliative care is to prevent and relieve suffering (NCP, 2009)

- Palliative Care supports the best possible quality of life for patients and their families (NCP, 2009)

- Palliative care is viewed as applying to patients from the time of diagnosis of serious illness to death
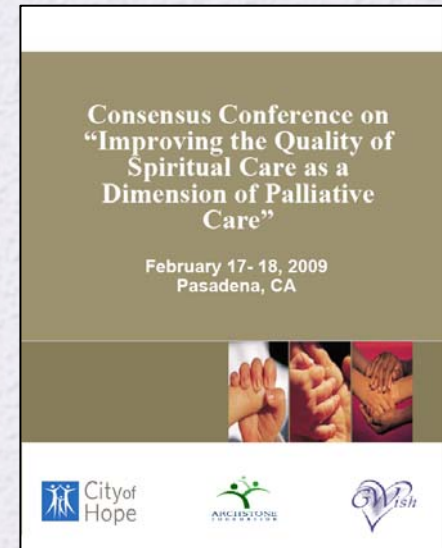
NCP Guidelines Address 8 Domains of Care

- Structure and processes
- Physical aspects
- Psychological and psychiatric aspects
- Social aspects
- Spiritual, religious, and existential aspects
- Cultural aspects
- Imminent death
- Ethical and legal aspects

Consensus: Design and Definition

- 40 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

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

February 17- 18, 2009
Pasadena, CA

City of Hope
ARCHSTONE

Consensus-Derived Definition of Spirituality

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

Final Conference Report

- **Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., et al. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine, 12*(10), 885-904. DOI:10.1089=jpm.2009.0142**

- **Puchalski,C. & Ferrell, B. (2010). Making Healthcare Whole: Integrating Spirituality into Patient Care. West Conshohocken, PA: Templeton Press.**

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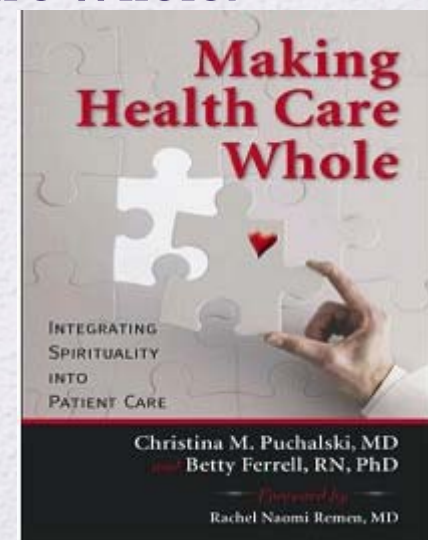
Consensus Conference: Recommendations

Recommendations for improving spiritual care are divided into seven keys areas:

I. Spiritual Care Models

II. Spiritual Assessment

III. Spiritual Treatment/Care Plans

IV. Interprofessional Team

V. Training/Certification

VI. Personal and Professional Development

VII. Quality Improvement

# Consensus Conference: I.Spiritual Care Models

Recommendations

- Integral to any patient-centered healthcare system

- Based on honoring dignity

- Spiritual distress treated the same as any other medical problem

- Spirituality should be considered a "vital sign"

- Interdisciplinary

Consensus Conference: Spiritual Care Models

Puchalski, Handzo, Wintz, and Bull, 2009
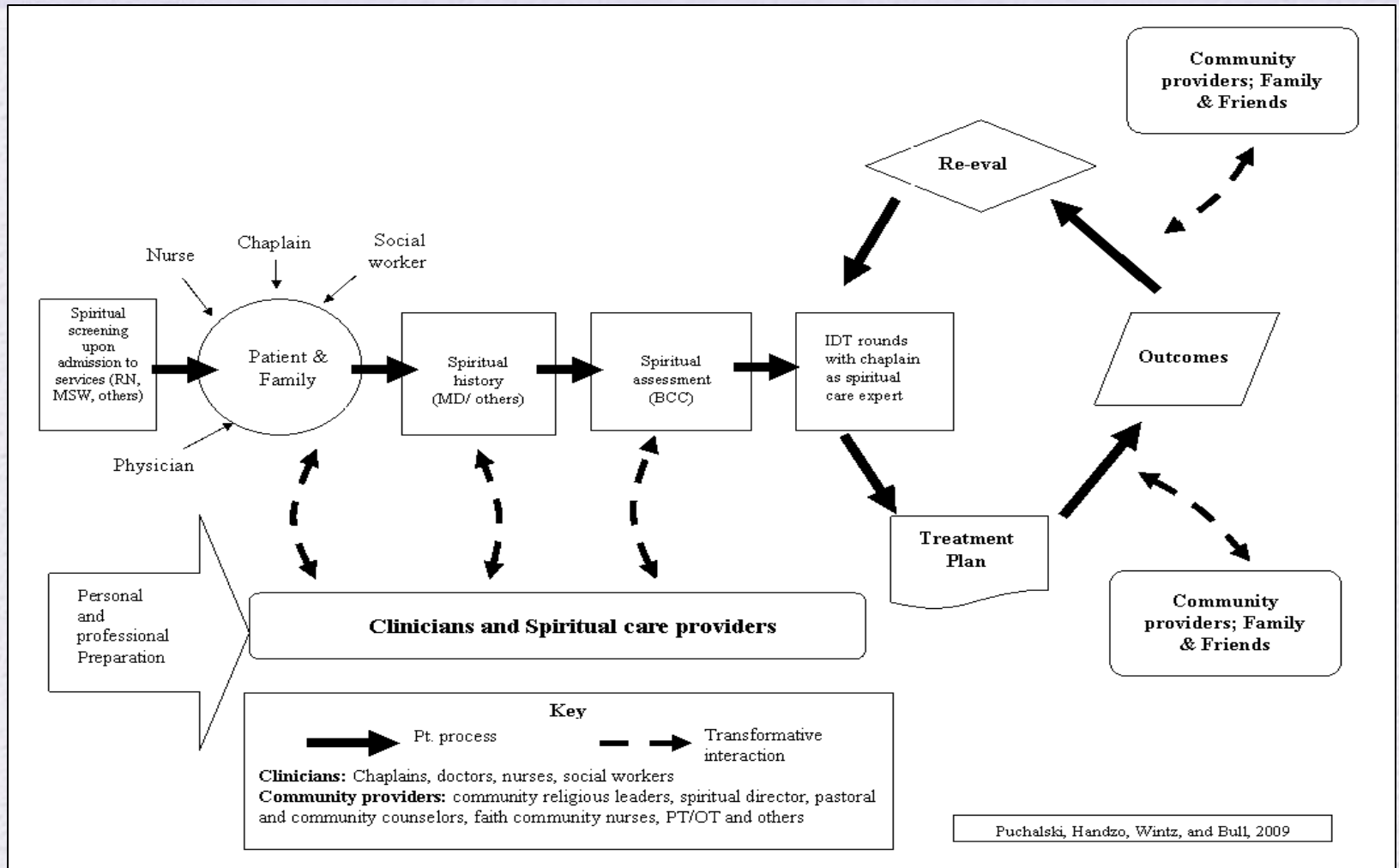
Communicating About Spiritual Issues

- Recognizing spiritual themes, diagnosis or resources of strength
- Following a patient's lead
- Responding to spiritual cues
- Spiritual screening/spiritual history/
- Spiritual assessment (full assessment done by BCC)

Spiritual Distress Is Evidenced By:

- Questioning the credibility of one's belief system.
- Demonstrating discouragement or despair.
- Inability to practice usual religious rituals.
- Ambivalent feelings (doubts) about beliefs.
- Expressing that he/she has no reason for living.
- Feeling a sense of spiritual emptiness.
- Showing emotional detachment from self and others.
- Expressing concern, anger, resentment, fear - over the meaning of life, suffering, death.
- Requesting spiritual assistance for a disturbance in belief system.

(RN Central Online, 2007)

Spiritual Diagnosis

Diagnoses (Primary)	Key feature from history	Example Statements
Existential	Lack of meaning / questions meaning about one's own existence / Concern about afterlife / Questions the meaning of suffering / Seeks spiritual assistance	**"My life is meaningless"** **"I feel useless"**
Abandonment God or others	lack of love, loneliness / Not being remembered / No Sense of Relatedness	**"God has abandoned me"** **"No one comes by anymore"**
Anger at God or others	Displaces anger toward religious representatives / Inability to Forgive	**"Why would God take my child…its not fair"**
Concerns about relationship with deity	Closeness to God, deepening relationship	**"I want to have a deeper relationship with God"**
Conflicted or challenged belief systems	Verbalizes inner conflicts or questions about beliefs or faith Conflicts between religious beliefs and recommended treatments / Questions moral or ethical implications of therapeutic regimen / Express concern with life/death and/or belief system	**"I am not sure if God is with me anymore"**
Despair / **Hopelessness**	Hopelessness about future health, life Despair as absolute hopelessness, no hope for value in life	**"Life is being cut short"** **"There is nothing left for me to live for"**
Grief/loss	Grief is the feeling and process associated with a loss of person, health, etc	**"I miss my loved one so much"** **"I wish I could run again"**
Guilt/shame	Guilt is feeling that the person has done something wrong or evil; shame is a feeling that the person is bad or evil	**"I do not deserve to die pain-free"**
Reconciliation	Need for forgiveness and/or reconciliation of self or others	**I need to be forgiven for what I did** **I would like my wife to forgive me**
Isolation	From religious community or other	**"Since moving to the assisted living I am not able to go to my church anymore"**
Religious specific	Ritual needs / Unable to practice in usual religious practices	**"I just can't pray anymore"**
Religious / Spiritual Struggle	Loss of faith and/or meaning / Religious or spiritual beliefs and/or community not helping with coping	**"What if all that I believe is not true"**

Spiritual Treatment Plans

1. Make a diagnosis
2. Distinguish simple from complex
3. Recommend interventions
4. Referral to chaplain
5. Write up plan
6. Follow up

II. Spiritual Assessment of Patients and Families

- ***Recommendations***
- **Spiritual screening, history**
- **Assessment tools**
- **All staff members should be trained to recognize spiritual distress**
- **HCP's should incorporate spiritual screening and history as a part of routine history/evaluation**
- **Formal assessment by Board Certified Chaplain**
- **Documentation**
- **Follow-up**
- **Chaplain Response within 24 hours**

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III. Formulation of a Spiritual Treatment Care Plan

- *Recommendations*
- Screen and access
- All healthcare professionals should do spiritual screening
- Clinicians who refer should do spiritual histories and develop appropriate treatment plans working with Board Certified Chaplains if possible
- Diagnostic labels/codes
- Treatment plans
- Support/encourage in expression of needs and beliefs
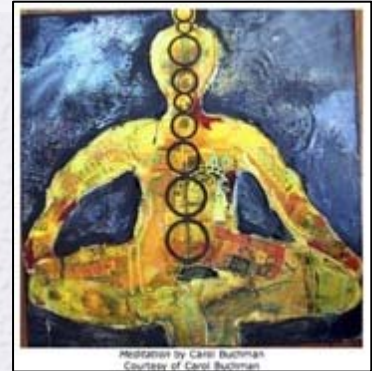
III. Treatment plan cont'd

- Spiritual care referral (BCC, pastoral counselor, spiritual director, clergy as appropriate)

- Documentation of spiritual support resources

- Follow up evaluations

- Treatment algorithms

- Discharge plans of care

- Bereavement care

- Establish procedure

Ms. Harper is a 75 yo previously healthy person with HTN diagnosed 5 yrs ago now comes in with cva two ago with residual hemiparesis and mild cognitive impairment.

Spiritual History

- F: Spiritual? I am a card carrying atheist. Meaning for me was my work--- I worked with the homeless.

- I: Look at me now---I can't do anything. I cannot do what I did all my life to help others. I am nothing

- C: My activist community. But I am not seen them in awhile—the stroke, it changed everything for me

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Narrative example: Biopsychosocial-Spiritual Model Assessment and Plan

Ms. Harper is a 75 yo s/ cva with hemiparesis and mild cognitive impairment

Physical	Ongoing physical therapy, rehab
Emotional	Grief rxn over loss of previous state of functioning Supportive counseling, presence.
Social	Engage activist community in her care as much as possible Needs home health aid Financial issues about long term care
Spiritual	Meaninglessness, consider referral to pastoral counselor or chaplain, connection with younger people at medical school interested in helping homeless.

IV. Interprofessional considerations:
Roles and Team Functioning

- ***Recommendations***
- **Policies are needed**
- **Policies developed by clinical sites**
- **Create healing environments**
- **Respect of HCPs reflected in policies**
- **Document assessment of patient needs**
- **Need for Board Certified Chaplains**
- **Workplace activity/programs to enhance spirit**

V. Training and Certification

- *<u>Recommendations</u>*
- **All members of the team should be trained in spiritual care**
- **Team members should have training in spiritual self-care**
- **Administrative support for professional development**
- **Spiritual care education/support**
- **Clinical site education**
- **Development of certification/training**
- **Competencies**
- **Interdisciplinary models**

# VI. Personal and Professional Development

- ***Recommendations***
- **Healthcare settings/organizations should support HCP's attention to self-care/stress management**
  - **>training/orientation**
  - **>staff meetings/educational programs**
  - **>environmental aesthetics**
- **Spiritual development**
  - **>resources**
  - **>continuing education**
  - **>clinical context**

VI. Personal and Professional Develop cont'd

- **Time encouraged for self-examination or reflection**
- **Developing a spiritual or reflective practice**
- **Opportunities for sense of connectedness and community**
  - **>interprofessional teams**
  - **>ritual and reflections**
  - **>staff support**
- **Discussion of ethical issues**
  - **>power imbalances**
  - **>virtual based approach**
  - **>opportunity to discuss**
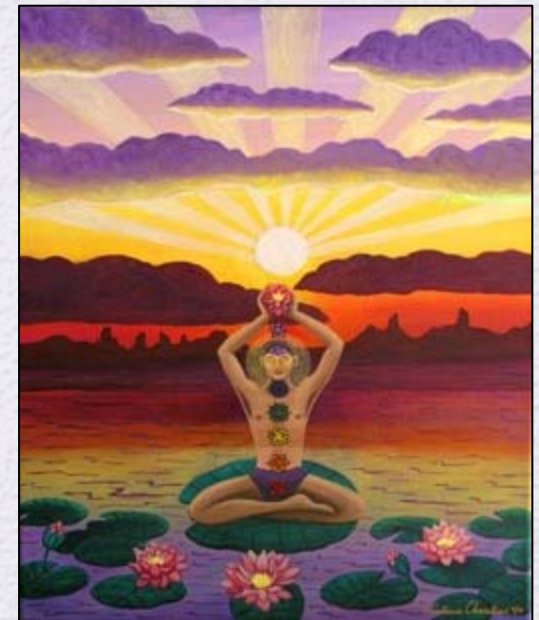
VII Quality Improvment

- ***Recommendations***
- **Domain of spiritual care to be included in QI plans**
- **Assessment tools**
- **QI frameworks based on NCP Guidelines**
- **QI specific to spiritual care**
- **Research needed**
- **Funding needed for research and clinical services**

Potential Impact

- Improved patient satisfaction
- Improved team cohesiveness
- Decreased provider burnout
- Improved provider satisfaction
- Decreased medical error
- Improved difficult conversations (e.g. withdrawal of life support)

Delivery of Care Rooted in Compassion

"When people are overwhelmed by illness, we must give them physical relief, but it is equally important to encourage the spirit through a constant show of love and compassion. It is shameful how often we fail to see that what people desperately require is human affection. Deprived of human warmth and a sense of value, other forms of treatment prove less effective.."

His Holiness, The Dalai Lama
Time for Listening and Caring (Puchalski (ed))

"Real care of the sick does not begin with costly procedures, but with the simple gifts of affection, love, and concern." His Holiness, The Dalai Lama

GWish
www.gwish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Retreats for healthcare professionals (Assisi, US)
- *Time for Listening and Caring*: Oxford University Press
- *Making Healthcare Whole*, Templeton Press
- FICA Assessment Tool—online DVD
- Spiritual and Health Summer Institute, July, GW campus
- INSPIR
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