



## HPNA Position Statement Spiritual Care

### Background

Spirituality was central to Florence Nightingale's philosophy of nursing.<sup>1,2</sup> Humans are intrinsically spiritual since all persons are in relationship with themselves, others, nature, and the significant or sacred.<sup>3</sup> Spirituality encompasses universal human needs and often includes an abiding belief in the potential of the human spirit. It affects healthcare decision-making and healthcare outcomes, including quality of life.<sup>3</sup> Spirituality may or may not include specific religious beliefs. It provides a philosophy or outlook that guides choices.

There are many avenues into spiritual dimensions. Spirituality may be what gives a person strength, comfort, and courage, and may become a more important concern when health is threatened and death approaches. It can hold a profoundly transformative potential for patients, families, and professional caregivers. Unfortunately, spiritual and religious beliefs can also create distress and increase the burdens of illness,<sup>3</sup> especially when an individual's beliefs conflict with those of one's family or the culture of the healthcare system.<sup>4</sup>

Spiritual care involves the interdisciplinary team in assessing and responding to the spiritual and religious issues that concern patients and families. Spiritual care requires assessment and monitoring of a variety of aspects of the person and family and may include life review, hopes, fears, purpose and meaning, guilt and forgiveness, faith community, inner source of power, and beliefs about afterlife.

Spiritual care values the uniqueness of each person by recognizing and honoring an individual's beliefs, values, practices and rituals and being fully open to their full discussion, expression and experience. It addresses issues of life satisfaction and/or completion in a manner consistent with the patient's cultural and religious values and spiritual needs. Patients and families are encouraged to display their own spiritual and religious symbols and should be able to practice their own rituals in an accepting atmosphere. The use of religious symbols by staff or institutions should be sensitive to cultural and religious diversity.

Spiritual distress may be expressed as, or magnify the intensity of, physical or emotional symptoms. Spiritual distress may occur when the individual is faced

with challenges that threaten one's beliefs, meaning or purpose, or life situation. Spiritual distress has been associated with poorer outcomes, including emotional despair, depression with suicidal thoughts, and substance abuse.<sup>5</sup> Anxiety may also be a symptom of spiritual distress.<sup>5</sup>

Spiritual care necessitates the ability of the professional caregiver to reflect on and recognize the importance of one's own spirituality and acceptance of the validity of others' spiritual beliefs. **Professional caregivers must not impose their own beliefs and values on patients and families.**

Spiritual care requires both an appreciation of the importance of presence and a willingness to be fully present in providing spiritual care. Staff members need to identify their own boundaries/limitations when there is a need for more expert assistance from chaplains or spiritual care providers. Staff should offer to notify clergy of the patient's own faith tradition if mentioned. Board-certified chaplains are considered the trained spiritual care specialists.<sup>3</sup>

Effective spiritual care requires

- Recognizing spirituality as an integral component to the human experience of illness, healing and health.<sup>3</sup>
- Practicing spiritual self-care as a provider of spiritual care.<sup>3</sup>
- Listening reflectively to the patient's and family's story with a compassionate presence.
- Demonstrating empathy and the ability to journey with others in their suffering.
- Recognizing and responding to spiritual distress and helping to discover meaning in the experiences of illness, suffering, grief, and loss.
- Eliciting another's key concerns with respect, including their feelings of hopelessness, loss, brokenness, and other unmet spiritual and religious needs.
- Identifying and responding to ethical issues and conflicts and assisting and supporting others in the application of their own values in decision-making.
- Willingness to create therapeutic and healing spaces in which spiritual expression can occur.
- Facilitating the use of symbol and ritual according to the needs and values of the patient and family.
- Offering, sensitively, prayer, music, scripture, or other readings that are meaningful to the patient and family.
- Supporting a patient's and family's sources of spiritual strength.<sup>3</sup>
- Seeking additional resources as needed by the patient and family including chaplaincy or other spiritual providers.

Outcomes of effective spiritual care include the use of spiritual resources, increased life satisfaction, and decreased depression.<sup>2</sup>

## Position Statement

- Acknowledge that recognition of spirituality, spiritual distress, and spiritual care are essential components of palliative and hospice care.
- Support *The National Consensus Project for Quality Palliative Care (NCP) Guidelines* on Spirituality, Religious, and Existential Care.<sup>6</sup>
- Support *Joint Commission on Accreditation of Healthcare Organizations Standard*<sup>7</sup> Spiritual Assessment.
- Encourage organizations to recognize and support the provision of spiritual care through education and allocation of resources.
- Commit to providing education and resources to enhance information for healthcare professionals on spirituality.
- Recognize the right of individuals to decline spiritual care.

## Definition of Terms

*Religion*: “an organization that has set of rites, rules, practices, values, and beliefs that prescribe how individuals should live their lives.”<sup>8, p.546</sup>

*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.<sup>3</sup>

*Spiritual distress*: also known as spiritual pain is an individual’s perception of hurt or suffering associated with that part of his or her person that seeks to transcend the realm of the material. Spiritual distress is manifested by a deep sense of hurt stemming from feelings of loss or separation from one’s God or deity, a sense of personal inadequacy or sinfulness before God and man, or a pervasive condition of loneliness, distress, or angst of spirit. (adapted from 2)

*Spiritual screening*: is a triage or quick determination of whether a person is experiencing a serious spiritual crisis and therefore needs an immediate referral to a board-certified chaplain. It helps identify which patients may benefit from an in-depth spiritual assessment.<sup>3</sup>

*Spiritual history*: process of interviewing a patient in order to come to a better understanding of their spiritual needs and resources.<sup>3</sup>

*Healing*: refers to the ability of a person to find solace, comfort, connection, meaning, and purpose in the midst of suffering, disarray, and pain. It recognizes that although a person’s life may be limited or no longer socially productive, it remains full of possibility.<sup>3</sup>

## References

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One Penn Center West, Suite 425, Pittsburgh, PA 15276-0109  
Phone (412) 787-9301  
Fax (412) 787-9305

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