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Spiritual Care in the Healthcare Field

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April 2023

Spiritual Care in the Healthcare Field

The most basic dimensions concerning every human's comprehensive/holistic health and well-being are physical, emotional, mental, and spiritual. Amidst these, spirituality can often be neglected, when in reality, it is an equally established part of wellness within an individual's life. Yet when one of the dimensions is disregarded, it may lead to adversely affecting the other dimensions (Stoewen, 2018). As a result, discussion regarding spiritual care (SC), and its role within the healthcare setting is essential. This holds particularly true as facilities press for SC to be performed to implement holistic care in the fullest sense. Overall, this thesis aims to serve as a resource that provides readers with a more comprehensive guide focused on describing what spiritual care is, its significance in the healthcare setting, and how it is accomplished. This will be done through an examination of current literature and analyzing published research on the complications, barriers, and ways that spiritual care can be improved upon. A video resource will also be filmed to model what a spiritual assessment may look like in the healthcare setting.

Keywords: Spiritual care (SC), spiritual health, healthcare providers, beliefs, spirituality, barriers

The Basics of Spiritual Care

Before learning how healthcare providers can integrate spiritual care as a part of their holistic care, context, definition, and goals must be identified to clearly explain what SC is. Spiritual health terminology includes words such as spirituality, religion, and faith. Most individuals can identify with at least of one these terms. Despite some not participating in a specific religion/faith or consider themselves to be "without spirituality" many definitions bring to light that everyone has a sense of spirituality or "spiritual needs." Spiritual needs that are universally possessed include, "the need to be loved, the need for meaning and purpose, the need

for hope and support, and the need for dignity and respect” (NHS Inform, 2020). Often these desires are universally agreed upon. This explains why spiritual health is included in many definitions of health and wellness (as discussed above). When looking through the lens of the healthcare setting, spiritual health requirements often increase during life-threatening/limiting illness(s). Therefore, when a person encounters life and death situations, they may feel as if they are wrestling on a higher spiritual level, such as finding a reason or meaning for their circumstance. Individuals may also seek “help to cope with their illness and with suffering, loss, anxiety, certainty, despair, anger, and guilt” (NHS Inform, 2020).

Spirituality

In comparison to spiritual needs, spirituality is another component that is both complex and diverse with no set definition. It is associated with several factors, including quality of life, connection to God, nature, surroundings, and more (Victor & Treschuk, 2019). One study utilized a systematic review to investigate the varying definitions surrounding spirituality in the field of healthcare. The goal was to distinguish connecting factors between every definition so that a comprehensive framework could be created. The researchers understood the need for a consistent definition which can create more accuracy in healthcare-related research. One of the most cited articles by Koenig et al. (2001) describes spirituality as: “the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to... the development of religious rituals and the formation of community” (Sena et al., 2021). Overall, the article concluded with a framework of three major points in which spirituality:

- 1) is a human individual, dynamic characteristic, (2) is expressed through beliefs, practices, and experiences in the search for connection with something that promotes

meaning and personal growth, and (3) leads to the development of values and positive inner feelings (Sena et al., 2021).

Religion and Faith

In contrast to the difficulty of defining spirituality, religion can be more clearly explained. Merriam Webster states religion is, “a personal set or institutionalized system of religious attitudes, beliefs, and practices” (Merriam-Webster, 2019). It is also connected to the traditions and values of a certain people group or culture. On the other hand, faith is described as more, “personal, subjective, and deeper than organized religion and relates to the relationship with God. It is a source and sense of hope” (Victor & Treschuk, 2019, p. 3). A powerful component for some, so much so that it is even used in faith-based addict recovery programs (Victor & Treschuk, 2019).

Spiritual Care

Difficulties defining what SC is can be attributed to the “highly individualized” nature of spirituality and religious beliefs/expression (Hall et al., 2019). One article found that in research literature, SC “is broadly understood as a type of care that addresses and seeks to meet existential and spiritual needs and challenges in connection with illness and crisis” (Hvidt et al., 2020). When healthcare providers encourage their patients to search for meaning in their lives by respecting their views and being present and honest during these discussions, spiritual care is provided (Abu-El-Noor, 2016). Most commonly, SC can be done by assessing a patient’s spiritual history while gathering background on medical/social history. Several helpful tools have been developed to assess spirituality (FICA, HOPE tool, etc.), however, SC does not simply involve just asking questions, but “active listening fostering dialogue about things that matter

deeply, supporting their reflections on values in life” (Hvidt et al., 2020). A common misconception and concern surrounding SC, is that whoever is conducting the assessment must be capable of holding an in-depth religious discussion or must possess vast knowledge on varying religious beliefs. Rather, “SC is *attentive* to the beliefs and values of patients supporting their dignity by means of empathic listening, and by offering comfort, compassion, love and advice” (Hvidt et al., 2020). This statement encompasses the core of SC and shows that a caring nature, asking appropriate assessment questions, and taking a small amount of time to listen to a patient’s beliefs can cover this significant human dimension without requiring extensive expertise on different religions. Despite the lack of completely consistent definitions for spirituality, religion, and faith, distinguishing and knowing the differences between the three is significant prior to administering spiritual care, as each component may play varying roles in the lives of patients.

Importance of SC

The importance of SC is frequently stated in textbooks, articles, and lectures. However, data is not always provided to support these statements. There is an analogy that looks at humans’ holistic nature like a three-legged stool where physical, mental, and spiritual health each represent a leg of the stool (see Figure 1). When individuals disregard their health and wellness until something is “off balance,” this can be draining and lead to worse outcomes by wearing down the other legs of the stool. This becomes evident when individuals are experiencing physical/mental illnesses or if the spirituality of human nature is neglected. If one is off, it leads to an imbalance in people’s lives. Living in a state of imbalance goes against human nature, solutions to increase stability and support each kind of health should be a priority when providing whole-person care (SCL Health, n.d.).

Another point to the importance of including SC is that medical practice and physical health can be impacted by one's spirituality and religion. This is seen in Jehovah's Witnesses as they may refuse blood transfusions or people of faith may prolong seeking medical assistance as they believe a miracle will occur. Another example of this is during Ramadan, Muslims generally fast for 30 days. For someone with diabetes, this could drastically impact glucose levels which is essential for a provider to take into consideration. Also, patients of certain beliefs maintain specific dietary restrictions (halal, kosher, etc.) which should be properly accommodated for. It should be acknowledged that each patient holds to different levels of strictness regarding their beliefs, even within the same religion. Therefore, no two patients can be automatically grouped into the same dietary regards. A spiritual assessment can elicit this kind of patient-specific information which should be incorporated into the individualized treatment plan (Saguil & Phelps, 2012).

In addition to SC being supported by current literature, the Joint Commission recognizes this to be an essential component of healthcare. The Joint Commission accredits the majority of healthcare facilities and is an organization that seeks to improve healthcare within the USA and around the world (Joint Commission, 2022a). Their standards regarding spiritual care state that, "spiritual needs, beliefs, values and preferences" should be assessed and evaluated, particularly in patients with psychosocial disorders, all types of substance use disorders, and hospice (end-of life) care (Joint Commission, 2022b). They believe that every organization should find methods to meet these standards of care. However, since a specific definition of this is not provided, the Joint Commission recognizes there is flexibility in the way organizations can choose to achieve this standard (Joint Commission, 2022b).

The benefits of implementing SC and the negatives of not including SC should be discussed when assessing its significance. One study analyzed the benefits of spiritual care during the COVID-19 pandemic. Diego-Cordero et al. (2022) found it served as an important tool for coping, not only for patients but for health professionals as well. The results showed the healthcare providers that utilized spiritual or religious coping mechanisms experienced increased ability to overcome the extremely stressful events of the pandemic (being overworked, patient deaths, etc.). In terms of patients, the study found that, “addressing spiritual needs of individuals leads to a reduction in stress, anxiety, depression, and an increase in resilience and hope among patients” (Diego-Cordero et al., 2022). Pearce et al. (2011) investigated how detrimental not receiving enough SC is for advanced cancer patients’ spiritual and emotional needs. The study assessed 150 people and used various tools to measure their spirituality and quality of life. Ninety one percent of participants identified that they had spiritual needs with 68% of patients stating they wanted these to be addressed by their healthcare provider. Forty-two out of the 150 verbalized they received less spiritual care than they were desiring. As a result, those patients experienced more depressive symptoms, less meaning in life, and decreased feelings of peace. The findings were significant in relation to the number of patients that were dissatisfied, experienced negative feelings, and had a lower quality of life due to minimal SC from healthcare providers, religious community, or chaplains (Pearce et al., 2011). Overall, SC has shown itself to be important, as it is an essential component of life such as physical and mental health. When performed, there are frequently positive results, but if not, a lack of SC can negatively impact patients. SC is supported by research and is recommended by organizations that promote a high standard of care.

Qualifications to Perform SC

There is often confusion about who is qualified to give SC in the field of healthcare. Most commonly, people point to chaplains or other religious leaders that have designated positions within healthcare. While this holds true, as frequently they are best equipped to answer difficult spiritual-related or religious-specific questions, healthcare providers can meet basic spiritual needs of patients as well. To clarify the meaning of healthcare provider, the Legal Information Institute has defined healthcare provider as, “A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State in which the doctor practices; or any other person determined by the Secretary to be capable of providing health care services” (Legal Information Institute, n.d.). This shows how vast the definition of healthcare providers is and how it truly encompasses all those who provide care to patients. Licensed healthcare providers include social workers, psychologists, many different levels of nursing professionals, and more (Health Information Technology, n.d., MedlinePlus, 2018).

With a clearer description of who can perform spiritual care, does this mean everyone is qualified? To better understand the answer, one study found that an essential component to providing SC is doing it appropriately. “Appropriate spiritual care included: (a) assessing the patient’s spiritual needs, (b) referring to clergy/chaplains as needed, (c) supporting the patient’s spiritual beliefs and needs, and (d) individualizing the spiritual care to the patient” (Elk et al., 2017). It should be recognized that while many healthcare providers possess the ability to ask basic questions concerning spirituality (i.e. what religion a person identifies as, if they practice anything spiritual in their lives, etc.) some healthcare roles are better suited to assess these than others, such as a physician or nurse practitioner (Elk et al., 2017). However, spiritual care can go beyond basic spiritual questions. When referring to the given definition of spirituality, SC occurs when a provider is willing to be attentive and supportive of a patient’s beliefs. A good example

of this is through empathetically listening and allowing a patient to take a moment longer to voice concerns and describe their spiritual background (Hvidt et al., 2020). By incorporating practices such as this, providers may unknowingly perform an assessment without use of a spiritual assessment tool. As a result, they can draw conclusions about if their patients may benefit from a referral to a chaplain or other resource, while encouraging them in any spiritually supportive practice they already have in place.

One factor to note is that specific SC training for healthcare providers is extremely beneficial. A research study was conducted to see how beneficial SC training would prove to be amongst oncology nurses. The control group received a training session once every 6 months, for a total of two training sessions which involved lectures from experts, group activities, practice in the clinical setting, and sharing of cases. After the results were analyzed, 47 out of 92 nurses that were in the control group ranked considerably higher on their SC competency scores than the nurses who did not receive training ($P < 0.01$). The researchers concluded that SC training for nurses enhanced their quality of performing SC, showed spiritual fulfillment among the patients, and demonstrated an evolution in the nurses' spiritual well-being and SC competencies (Hu et al., 2019). Despite the reality and limitations in providing SC training, such as lack of priority and/or limited funding, organizations should still provide education so that providers may benefit from being competent in providing this kind of care.

In the end, a goal for all healthcare providers should be to learn how they can utilize one simple technique to meet any patient's basic spiritual needs. This will vary depending on the position the healthcare worker is in as nurses may perform more assessments, social workers explain resources, physicians implement referrals, and chaplains can answer spiritual-related

questions. In conclusion, there is a great degree of diversity in how SC looks in the many different fields of healthcare.

How to Perform Spiritual Care

As noted in the previous section, one of the greatest reasons there is a lack of SC is due to the insufficient training healthcare workers receive. In turn, discussion of practical ways for healthcare providers to perform basic SC is essential since formal training is not always available. A study that looked at the relationship between spirituality and mental health, described practical ways in which SC can be implemented. The first recommended practice was when taking a psychiatric history or any other basic medical/social history, patients are asked what religion/denomination they belong to. Yet often the opportunity for SC is missed by simply not further asking, “what does religion and spirituality mean to you” (Verghese, 2008). This question reaches deeper than merely categorizing someone based on what they claim to believe as it reveals the depth of the person’s values and beliefs about life. The author states, “The psychiatric history should gather information about the patient's religious background and experiences in the past and what role religion plays in coping with life stresses” (Verghese, 2008). Another recommended method is to show support and respect toward the patients’ values, religion, or spirituality. In so doing, a patient may continue utilizing any healthy coping strategies that are already in place. Collaborating with religious workers is another method to consider. SC does not have to be an isolated intervention but should be a collaborative team effort to provide the most complete and beneficial care.

Praying with patients is another method of performing SC and is arguably one of the most controversial areas of SC (Verghese, 2008). One study looked at physicians, nurses, and

patients' views of the appropriateness of prayer within the advanced cancer setting. After interviewing a total of 391 participants, the majority viewed patient-practitioner prayer "at least occasionally appropriate" (Balboni et al., 2011). Eighty-six percent of patients that asked for prayer stated that prayer with practitioners would be spiritually supportive. However, the main conclusion found that appropriateness of prayer in the clinical setting varies greatly from case to case, and relies upon numerous factors such as: provider comfort level, therapeutic relationship, and genuineness of prayer. The conclusion pointed to the importance of doing a spiritual assessment and making appropriate referrals because of the potential negative and uncertain feelings regarding prayer. This will lead to greater success in meeting spiritual needs, particularly in the advanced cancer setting the study was addressing (Balboni et al., 2011). Spiritual assessments are frequently mentioned as a neutral way to start the process of the meeting SC needs of a patient. As the American Medical Association (AMA) states, it "is the first step towards addressing the spiritual as well as mental and physical well-being of patients. If done in a compassionate, culturally sensitive way, an assessment can lead implementing beneficial resources which may provide great deal of relief to suffering patients (Anandarajah, 2019).

Prior to a spiritual assessment, a goal of the healthcare provider should be to always promote a therapeutic, compassionate, religious/culturally sensitive environment. The methodology of spiritual assessments can be approached in two ways, either as informal or formal spiritual assessments. Informal assessments are performed when the provider thoughtfully "listens to the patient's stories and narrative and recognizes spiritual themes as they arise" (Anandarajah, 2019). Often, "spiritual values and beliefs present in the form of metaphors and stories rather than in response to direct questions" (Anandarajah, 2019). Formal spiritual

methods are when specific questions are asked for the purpose of finding out if spirituality plays a part in a patient's illness, coping strategies, or recovery. Some providers may customize the questions they enjoy using, whereas others prefer utilizing spiritual assessment tools designed to investigate these matters (Anandarajah, 2019).

Most commonly, the FICA and HOPE tools are referenced as tools for performing spiritual assessments (Anandarajah, 2019; Borneman et al., 2010). Research findings have indicated the FICA spiritual tool is effective when utilized in the clinical setting (Borneman et al., 2010). Another study evaluated a variety of tools and found that the HOPE tool was the most comprehensive in gathering information on a patient's spiritual themes (Blaber et al., 2015). Overall, both have been analyzed and found to be suitable for clinical practice. Table 1 and 2 show examples of questions that can be asked when utilizing either acronym (Saguil & Phelps, 2012). The frameworks of each slightly differ in the way spiritual assessment is addressed. The FICA tool looks at *Faith/belief*, *Importance of one's spirituality*, the patient's spiritual/religious *Community*, and *Addresses* any spiritual concerns or needs (Borneman et al., 2010). In contrast, the HOPE tool evaluates a person's sense of *Hope*, *Involvement in organized religion*, any *Personal spiritual beliefs/practices*, and if there are any *Effects* on medical care or end-of-life decisions these beliefs may have. In any case, providers unfamiliar with using these are easily able to read through the sample prompts or with practice, they may choose to customize the way in which they ask specific questions. All in all, for those new to performing SC, these tools provide a simple clinically approved guide, for a provider with any level of comfort, to perform a spiritual assessment (as appropriate to their occupation). In summary, SC may be performed in a number of ways that are feasible to incorporate into day-to-day care; whether it is by showing support, praying with patients, or assessing spiritual beliefs with various assessment tools.

Complications and Barriers to SC

A comprehensive guide to SC would not be complete without addressing commonly associated barriers. Particularly because many of these complications/barriers shed light on why there is often a deficiency surrounding SC. The American Family Physician cited a study that investigated physicians' barriers to the spiritual assessment. They "pointed to a lack of time (71%), lack of experience taking spiritual histories (59%), difficulty identifying patients who wanted to discuss spiritual issues (56%), and the belief that addressing spiritual concerns is not part of the physician's role (31%)" (Saguil & Phelps, 2012). In response to these barriers, the study acknowledged that despite these valid arguments, there are "tools and training programs available to improve physicians' efficiency in raising spiritual issues" (Saguil & Phelps, 2012). Other studies looked at obstacles health professionals face, specifically in nursing. Common themes included: uncertainty in defining spirituality and SC, not enough time to perform SC, and insufficient education or training to provide or conduct spiritual assessments (Rushton, 2014; Zehtab & Adib-Hajbaghery, 2014).

In terms of patients' views, different concerns arise compared to healthcare providers. Fitch & Bartlett (2019) studied perspectives patients hold in regard to spirituality and SC. A qualitative descriptive analysis identified themes of the participants all of which had <12 months prognosis in relation to their severe illness. They were interviewed, and the four general themes that were found consisted of: "spirituality is personal, spiritual distress is about separation, spiritual care is about connecting, and conversations about spirituality must align with the patient's beliefs" (Fitch & Bartlett, 2019). Participants expressed that to give adequate SC, healthcare providers should be able to realize individuals that were having a spiritual struggle, support them in that situation, and provide the appropriate referrals to resources or people.

Often SC is more commonly provided to the terminally ill or during end-of-life care. However, intensive care/critical care units (ICU) are frequently excluded from this list. This is mainly due to acuity of illness which is prioritized. Literature does show that SC would be beneficial in this area, especially to families who may experience shock from the severity of their loved one's diagnosis. Alch et al. (2020) conducted a study to identify common barriers surrounding the spiritual and religious needs of patients and their families in the ICU setting. The barriers identified are applicable not only to the ICU setting but are frequent concerns seen elsewhere in healthcare. The purpose of the study was to provide institutions with information to bring awareness of the barriers to elicit solutions. A qualitative interview process was used to discuss this topic among 11 critical care physicians. Aside from common barriers, such as lack of time and training, physicians often felt like SC is something they forgot due to no reminders or "checklists". Whereas others thought there is already too much on their plate. Some expressed that nurses are more capable, have more direct contact, and often advocate for patients and families. Many clinicians discussed the barrier of addressing spiritual concerns with patients that have very different religious or spiritual beliefs than what they hold. The ICU physicians identified the need to meet pressing biomedical issues ahead of spiritual issues. In addition, physicians expressed their preference of referring patients/families to the more spiritually equipped providers such as chaplains. Many also "cited uncertainty as to how to access spiritual care services when they were desired" (Alch et al., 2020). The authors concluded that the purpose of the study was achieved. By identifying common barriers, organizations can work to find solutions for the common complications that physicians in the ICU (and all across healthcare) face when trying to provide SC.

In summary, there are several notable barriers and complications that providers are faced with when desiring to provide SC. Some of the most common include: not having enough time, higher priorities, not having adequate training or knowledge, difficulties identifying patients that need SC, and feeling like it does not fall under the healthcare providers job description (Alch et al., 2020; Fitch & Bartlett, 2019; Rushton, 2014; Zehtab & Adib-Hajbaghery, 2014). Despite these valid concerns, with time and dedication, institutions should find solutions to some of these barriers. The end goal, providing holistic care by meeting the spiritual needs of patients on a more regular basis.

Recommendations

As the realization of SC's importance grows within the field of healthcare, alongside identifying the current deficits in providing it, this should prompt a desire for further implementation of SC so that patients' spiritual needs are addressed. Practically speaking, this can be achieved in a number of ways. Firstly, healthcare organizations should make spiritual care competency training courses more widely available for staff. There are often furthering education requirements for many occupations (ex. nursing) and including courses on SC as an option could increase exposure and enhance the cause. Organizations must take the call to provide SC seriously as evidenced-based research has identified its significance, as well as the Joint Commission setting national standards for healthcare corporations to follow (Joint Commission, 2022b). Secondly, healthcare providers of all types should note the value of SC in the lives of patients. Individualized effort to learn about SC, and how it looks different from profession to profession, may be needed. This starts by learning the basic spiritual terms which can aid in understanding the diverse viewpoints of patients. As shown in various studies, patients

want their providers to address their spiritual needs, and part of this is achieved through taking an extra moment to ask a more spiritually geared question while providing a sincere listening ear (Pearce et al., 2011; Verghese, 2008). Also, trialing different spiritual assessment tools such as the FICA and HOPE tools allow for a straightforward and effective method of assessing patients' spirituality. Lastly, providers should utilize different parts of the healthcare team as they perform SC. Learning about available resources and using a team approach equipped with experts on spirituality (i.e chaplains) makes meeting spiritual needs more achievable than ever. Overall, organizations have a duty to implement SC to provide holistic care and follow best practice guidelines, while at the same time, each member of the healthcare team has a call to learn how to better provide SC and utilize their resources, so that SC becomes more feasible for all healthcare workers to provide to their patients.

Conclusion

This thesis can be interpreted as a fundamental and comprehensive guide that addresses major discussion points of spiritual care within the healthcare setting. With various studies and organizations (that set standards for healthcare) having found SC to be very significant, it has been recognized that patients are seeking for this component of their life to be assessed, and if necessary, interventions and resources provided. Further conduction of research would prove beneficial to developing a greater understanding concerning the most effective methods in which spiritual care is practiced. In turn, this could contribute to greater incorporation of spiritual care tools within organizations, and more specifically, providers' daily practices. Overall, this research has broadly overviewed major discussion points when approaching SC in the healthcare setting. As a result, it can be utilized as an inclusive resource to better understand the various

components that make up this topic, as well as guide healthcare providers when practicing SC with their patients.

References

- Abu-El-Noor, N. (2016, January 28). *ICU nurses' perceptions and practice of spiritual care at the end of life: Implications for policy change | OJIN: The online journal of issues in nursing*. *Ojin.nursingworld.org*; OJIN. [https://ojin.nursingworld.org/table-of-contents/volume-21-2016/number-1-january-2016/articles-on-previously-published-topics/icu-nurses-perceptions-and-practice-of-spiritual-care/#:~:text=Taylor%20\(2002\)%20has%20described%20the](https://ojin.nursingworld.org/table-of-contents/volume-21-2016/number-1-january-2016/articles-on-previously-published-topics/icu-nurses-perceptions-and-practice-of-spiritual-care/#:~:text=Taylor%20(2002)%20has%20described%20the)
- Alch, C., Wright, C., Collier, K., & Choi, P. (2020). Barriers to addressing the spiritual and religious needs of patients and families in the intensive care unit: A qualitative study of critical care physicians. *American Journal of Hospice and Palliative Medicine*, 104990912097090. <https://doi.org/10.1177/1049909120970903>
- Anandarajah, G. (2019). Doing a culturally sensitive spiritual assessment: Recognizing spiritual themes and using the HOPE questions. *AMA Journal of Ethics*, 7(5), 371–374. <https://doi.org/10.1001/virtualmentor.2005.7.5.cpr11-0505>.
- Balboni, M., Babar, A., Dillinger, J., Phelps, A., George, E., Block, S., Kachnic, L., Hunt, J., Petet, J., Prigerson, H., VanderWeele, T., & Balboni, T. (2011). “It depends”: Viewpoints of patients, physicians, and nurses on patient-practitioner prayer in the setting of advanced cancer. *Journal of Pain and Symptom Management*, 41(5), 836–847. <https://doi.org/10.1016/j.jpainsymman.2010.07.008>
- Blaber, M., Jone, J., & Willis, D. (2015). Spiritual care: Which is the best assessment tool for palliative settings? *International Journal of Palliative Nursing*, 21(9), 430–438. <https://doi.org/10.12968/ijpn.2015.21.9.430>

- Borneman, T., Ferrell, B., & Puchalski, C. (2010). Evaluation of the FICA tool for spiritual assessment. *Journal of Pain and Symptom Management*, *40*(2), 163–173.
<https://doi.org/10.1016/j.jpainsymman.2009.12.019>
- Diego-Cordero, R., Ávila-Mantilla, A., Vega-Escañó, J., Lucchetti, G., & Badanta, B. (2022). The role of spirituality and religiosity in healthcare during the COVID-19 pandemic: An integrative review of the scientific literature. *Journal of Religion and Health*.
<https://doi.org/10.1007/s10943-022-01549-x>
- Elk, R., Hall, E., DeGregory, C., Graham, D., & Hughes, B. (2017, September 17). *The role of nurses in providing spiritual care to patients: An overview | journal of nursing. nursing journals : American society of registered nurses*. American Society of Registered Nurses; The Journal of Nursing. <https://www.asrn.org/journal-nursing/1781-the-role-of-nurses-in-providing-spiritual-care-to-patients-an-overview.html>
- Fitch, M., & Bartlett, R. (2019). Patient perspectives about spirituality and spiritual care. *Asia-Pacific Journal of Oncology Nursing*, *6*(2), 111.
https://doi.org/10.4103/apjon.apjon_62_18
- Hall, E., Hughes, B., & Handzo, G. (2019). Time to follow the evidence – Spiritual care in health care. *Ethics, Medicine and Public Health*, *9*, 45–56.
<https://doi.org/10.1016/j.jemep.2019.04.011>
- Health Information Technology. (n.d.). Health care provider definition and cross-reference table. In *Health Information Technology* (pp. 1–6). Health Information Technology. Retrieved December 20, 2022, from https://www.healthit.gov/sites/default/files/page2/2020-08/Health_Care_Provider_Definitions_v3.pdf

- Hu, Y., Jiao, M., & Li, F. (2019). Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *BMC Palliative Care*, *18*(1). <https://doi.org/10.1186/s12904-019-0489-3>
- Hvidt, N., Nielsen, K., Kørup, A., Prinds, C., Hansen, D., Viftrup, D., Hvidt, E., Hammer, E., Falkø, E., Locher, F., Boelsbjerg, H. B., Wallin, J., Thomsen, K., Schrøder, K., Moestrup, L., Nissen, R., Stewart-Ferrer, S., Stripp, T., Steinfeldt, V., & Søndergaard, J. (2020). What is spiritual care? Professional perspectives on the concept of spiritual care identified through group concept mapping. *BMJ Open*, *10*(12), e042142. <https://doi.org/10.1136/bmjopen-2020-042142>
- Joint Commission. (2022a). *Joint commission faqs | the joint commission*. [Www.jointcommission.org](https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/). <https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/>
- Joint Commission. (2022b). *Spiritual beliefs and preferences - evaluating a patient's spiritual needs | hospital and hospital clinics | rights and responsibilities of the individual RI | the joint commission*. [Www.jointcommission.org](https://www.jointcommission.org). <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/rights-and-responsibilities-of-the-individual-ri/000001669/>
- Legal Information Institute. (n.d.). *Definition of health care provider*. Legal Information Institute. Retrieved December 20, 2022, from <https://www.law.cornell.edu/cfr/text/29/825.125>
- MedlinePlus. (2018). *Types of health care providers: MedlinePlus medical encyclopedia*. [Medlineplus](https://medlineplus.gov/ency/article/001933.htm). <https://medlineplus.gov/ency/article/001933.htm>

Merriam-Webster. (2019). *Definition of religion*. Merriam-Webster.com. <https://www.merriam-webster.com/dictionary/religion>

NHS Inform. (2020, February 26). *Spiritual care*. NHS Inform. <https://www.nhsinform.scot/care-support-and-rights/palliative-care/practical-help/spiritual-care#spiritual-care-needs>

Pearce, M., Coan, A., Herndon, J., Koenig, H., & Abernethy, A. (2011). Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients. *Supportive Care in Cancer*, 20(10), 2269–2276. <https://doi.org/10.1007/s00520-011-1335-1>

Rushton, L. (2014). What are the barriers to spiritual care in a hospital setting? *British Journal of Nursing*, 23(7), 370–374. <https://doi.org/10.12968/bjon.2014.23.7.370>

Saguil, A., & Phelps, K. (2012). The spiritual assessment. *American Family Physician*, 86(6), 546–550. <https://www.aafp.org/pubs/afp/issues/2012/0915/p546.html>

SCL Health. (n.d.). *The importance of spiritual care in the 21st century*. [Www.sclhealth.org](http://www.sclhealth.org). Retrieved December 19, 2022, from <https://www.sclhealth.org/blog/2022/03/the-importance-of-spiritual-care-in-the-21st-century/>

Sena, M., Damiano, R., Lucchetti, G., & Peres, M. (2021). Defining spirituality in healthcare: A systematic review and conceptual framework. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.756080>

Stoewen, D. (2018). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal*, 58(8), 861–862. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/>

Verghese, A. (2008). Spirituality and mental health. *Indian Journal of Psychiatry*, 50(4), 233. <https://doi.org/10.4103/0019-5545.44742>

Victor, C., & Treschuk, J. (2019). Critical literature review on the definition clarity of the concept of faith, religion, and spirituality. *Journal of Holistic Nursing*, 38(1), 107–113.

<https://doi.org/10.1177/0898010119895368>

Zehtab, S., & Adib-Hajbaghery, M. (2014). The importance of spiritual care in nursing. *Nursing and Midwifery Studies*, 3(3). <https://doi.org/10.17795/nmsjournal22261>

Table 1*FICA Spiritual Assessment Tool*

Category	Sample questions
Faith and belief	Do you have spiritual beliefs that help you cope with stress? If the patient responds "no," consider asking: what gives your life meaning?
Importance	Have your beliefs influenced how you take care of yourself in this illness?
Community	Are you part of a spiritual or religious community? Is this of support to you, and how?
Address in care	How would you like me to address these issues in your health care?

Adapted with permission from The George Washington Institute for Spirituality and Health. FICA spiritual history tool. <http://www.gwumc.edu/gwish/clinical/fica.cfm>. Accessed March 10, 2011.

Table 2*HOPE Spiritual Assessment Tool*

Category	Sample questions
H: sources of hope	What are your sources of hope, strength, comfort, and peace? What do you hold on to during difficult times?
O: organized religion	Are you part of a religious or spiritual community? Does it help you? How?
P: personal spirituality and practices	Do you have personal spiritual beliefs? What aspects of your spirituality or spiritual practices do you find most helpful?
E: effects on medical care and end-of-life issues	Does your current situation affect your ability to do the things that usually help you spiritually? As a doctor, is there anything that I can do to help you access the resources that usually help you? Are there any specific practices or restrictions I should know about in providing your medical care? If the patient is dying: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months?

Adapted with permission from Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. Am Fam Physician. 2001;63(1):87.

Figure 1

Components of health

