The Role of Spirituality in Patient-Centered Care

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Disclosure

No Relevant Financial Relationships with any Commercial Interests

I have nothing to disclose.
Video Clip
Goals

• Attempt to provide a functional definition for Spirituality and Religion

• To introduce a body of literature highlighting the benefits of integrated spirituality/religion in clinical practice

• To introduce a variety of Spiritual Assessment Tools and Spiritual History Taking Techniques
Objectives

• To have an increase awareness of patients’ spirituality and their desire to have it addressed by their physician

• To become familiar with the current literature demonstrating the benefits of integrating spirituality/religion in clinical practice

• To formulate a respectful response to your patient’s (or family’s) spirituality or belief in God

• To identify and overcome barriers to integrating spirituality/religion in clinical practice

• To begin using spiritual assessment tools in a clinical setting as a way to integrate spirituality/religion into your clinical practice.
Why do I care?

A conversation between a parent and a neonatologist…
Why should YOU care?

• Gallup Poll Report 2011
  - more than 9 in 10 Americans continue to believe in God or a “Universal Spirit”

• CBS Poll in 2009
  - 80% of Americans believed in the healing power of prayer
  - 63% felt that physicians should pray with patients who requested it
Why should YOU care?

- Self-Rated Religious Coping*
  - 40% use religion as their most important source of coping
  - While 90% reported religion between most to moderately important source

*Responses by 337 consecutively admitted patients to Duke Hospital (Koenig 1998)
Why should YOU care?

A national survey of stress reactions after the September 11, 2001, terrorist attacks


**Table 3. Coping Behavior and Other Reactions by Adults.**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TOTAL NO. OF RESPONDENTS</th>
<th>RESPONSE NOT AT ALL</th>
<th>A LITTLE BIT</th>
<th>A MEDIUM AMOUNT</th>
<th>A LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much have you talked with someone about your thoughts and feelings about what happened?</td>
<td>556</td>
<td>2</td>
<td>12</td>
<td>30</td>
<td>57</td>
</tr>
<tr>
<td>How much have you turned to prayer, religion, or spiritual feelings?</td>
<td>556</td>
<td>10</td>
<td>15</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>How much have you participated in a public or group activity in recognition of what happened?</td>
<td>559</td>
<td>40</td>
<td>26</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>How much have you avoided activities such as watching TV because they remind you of what happened?</td>
<td>555</td>
<td>61</td>
<td>20</td>
<td>14</td>
<td>5</td>
</tr>
</tbody>
</table>

NEJM 2001; 345;1507-1512
Why should YOU care?

Do Patients Want Physicians to Inquire About Their Spiritual or Religious Beliefs If They Become Gravely Ill?

JW Ehman, BB Ott, TH Short, RC Ciampa, J Hansen-Flaschen

% think physician should ask

Religious Belief  No Religious Belief

0  20  40  60  80  100
Let’s Ask ourselves…

What is a physician?

noun - a person skilled in the art of healing

What is Healing?

verb - to restore to health

What is Health?

noun - the condition of being sound in body, mind, or spirit
What did we learn?

**Materialism**
- Only physical things truly exist

**Naturalism**
- All phenomena can be explained in terms of natural causes and laws

**Theism**
- Doctrine concerning the nature of a deity
- The study of a deity’s relationship to the universe
- A search for the “Sacred”
## Medical Training Over the Last 30 Years

<table>
<thead>
<tr>
<th>Then</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MD = Boss</td>
<td>• Family Centered Care</td>
</tr>
<tr>
<td>• Freudian Theory</td>
<td>• Cultural Competency</td>
</tr>
<tr>
<td>• Marxian Theory</td>
<td>• Spiritual Awareness</td>
</tr>
</tbody>
</table>
Medical Training
Over the Last 30 Years

Association of American Medical Colleges
Part III of the Medical School Objectives Project Report
“Communication in Medicine”

• The ability to elicit a spiritual history

• An understanding that the spiritual dimension of people’s lives is an avenue for compassionate care giving

• An understanding of the student’s own spirituality and how it can be nurtured as part of their professional growth, promotion of their well-being and the basis of their calling as a physician.
Medical Training
Over the Last 30 Years

Medical School and Residency

- The Role of Spirituality in Patient Care: Incorporating Spirituality Training into Medical School Curriculum: 2002 Journal of Academic Medicine
- Implementing a Medicine–Spirituality Curriculum in a Community-based Internal Medicine Residency Program: 2002 Academic Medicine
- Spirituality and Medicine: A workshop for Medical Students and Residents: 2006 Journal of General Internal Medicine
Medical Training
Over the Last 30 Years

The intensivist in a spiritual care training program adapted for clinicians
Medical Training
Over the Last 30 Years

Spirituality Institutes

GW School of Medicine
and Health Sciences

Duke University
School of Medicine

Texas Medical Center
Spirituality or Religion?

**Spirituality**
- Individually oriented – inward experience
  - Awe and wonder
  - Mystery-sensing
  - Value-sensing
- Reflection
- Purpose
- Sacred
- Love

**Religion**
- Community oriented – outward experience
  - Doctrines and Creeds
  - Rituals and Routines
  - Learned stories and prayers
- Hope
Spirituality

- Family and family background (nearest and dearest)
- Religion/faith
- Life experience including childhood
- Aspirations and opportunities
- Occupation, vocation, employment, role, identity
- Relationships
- Responsibilities
- Leisure and support
- Social aspects
- Poetry, music, nature, other interests
- Pets
- Spirituality and spiritual practices

Who am I?
Being and becoming
IDENTITY
SPIRITUALITY
What makes me tick?
Sources of inspiration
Religion
How do we come to think about Spirituality/Religion?

Piaget’s Stages of Cognitive Development

• The Sensorimotor Stage: (birth to 2 yrs)

• The Preoperational Stage: (2 to 6 yrs)

• The Concrete Operational Stage: (7 to 11 yrs)

• The Formal Operational Stage: (12 yrs to adulthood)

How do we come to think about Spirituality/Religion?

**Erikson Faith Correlates**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age range</th>
<th>Basic strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust versus mistrust</td>
<td>Birth to 1 year</td>
<td>Hope</td>
</tr>
<tr>
<td>Autonomy versus shame and doubt</td>
<td>1 to 3 years</td>
<td>Will</td>
</tr>
<tr>
<td>Initiative versus Guilt</td>
<td>3 to 6 years</td>
<td>Purpose</td>
</tr>
<tr>
<td>Industry versus inferiority</td>
<td>6 to 12 years</td>
<td>Competence</td>
</tr>
</tbody>
</table>

How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

**Undifferentiated Faith: Up to 3 years old**
Acquire qualities of trust and mutuality as well as courage, hope, and love.
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

Intuitive-Projective Faith: 3-7 years
Relate intuitively to the ultimate conditions of existence through stories and images and the fusion of facts and feelings.
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

Mythic-Literal Faith: 7-12 years
Attempt to sort out fantasy from fact by demanding proofs or demonstrations of reality. The task is to learn not only the stories but also the beliefs and practices of the community.
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

**Synthetic-Conventional Faith: Adolescence**
Synthesize values and information and provide a basis for identity and outlook. Individuals generally conform to the beliefs of those around them until they reflect or study these beliefs objectively. Thus, they hold them tacitly.

Spiritual Assessment and Care – PowerPoint with the Touro Institute at the University of Minnesota
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

Individual-Reflective Faith: Young adults
May continue into adulthood. Development of self-identity and worldview that is differentiated from those of others. Demythologize symbols into conceptual meanings.
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

Conjunctive Faith: Adults past midlife
Find new appreciation for their past and value their inner voices. Become aware of deep-seated myths, prejudices, and images that are arise from their culture and social background. Try to unify opposites in mind and experience.
How do we come to think about Spirituality/Religion?

Fowler’s Stages of Faith

Universalizing Faith: Infrequently reached
Faith that is inclusive of all being - they want to unshackle social, political, economic, or ideological burdens in society. They fully love life, yet hold it loosely. e.g. Martin Luther King, Jr., Mother Theresa
How do we come to think about Spirituality/Religion?

Comparing the Theories

<table>
<thead>
<tr>
<th>Theorist</th>
<th>Stages and ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piaget</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sensorimotor stage (birth-2)</td>
</tr>
<tr>
<td></td>
<td>Preoperational stage (ages 3-6)</td>
</tr>
<tr>
<td></td>
<td>Concrete operations stage (ages 6-11)</td>
</tr>
<tr>
<td>Fowler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primal faith (birth-2)</td>
</tr>
<tr>
<td></td>
<td>Intuitive projective faith (ages 3-6)</td>
</tr>
<tr>
<td></td>
<td>Mythic-literal faith (ages 6-12)</td>
</tr>
</tbody>
</table>

How do we come to think about Spirituality/Religion?

The Golden Rule

• **Christianity** – So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets (Matthew 7:12).

• **Confucianism** - Do not do to others what you would not like yourself. Then there will be no resentment against you, either in the family or in the state (Analects 12:2).

• **Buddhism** -- Hurt not others in ways that you yourself would find hurtful (Udana-Varga 5, 1).

• **Hinduism** -- This is the sum of duty; do naught onto others what you would not have them do unto you (Mahabharata 5, 1517).

• **Islam** -- No one of you is a believer until he desires for his brother that which he desires for himself (Sunnah).

• **Judaism** -- What is hateful to you, do not do to your fellowman. This is the entire Law; all the rest is commentary (Talmud, Shabbat 3id).

• **Taoism** -- Regard your neighbor’s gain as your gain, and your neighbor’s loss as your own loss (Tai Shang Kan Yin P’ien).
Could it be…

- social support, sacred rituals, prayer, and other manifestations of spirituality are significant dimensions in faith and healing.

- the ability to recognize and mobilize these resources on a patient’s behalf is thus a vital and largely untapped part of the physician’s healing role.
Compassionate Care
Christina Puchalski, MD, MS

• Compassion means “to suffer with”

• Victor Frankl says, “Man is not destroyed by suffering; he is destroyed by suffering without meaning”
• Why not leave spirituality to families, clergy, and chaplains?
  - Patients are frightened by their condition and its meaning
  - Spiritual issues may be interfering with treatment
  - Treatment of the whole person
Spiritual and Religious Components of Patient Care in the Neonatal Intensive Care Unit: Sacred Themes in a Secular Setting
Catlin, Elizabeth A., Guillemin, Jeanne H., Thiel, Mary Martha, Hammond, Sheila, Wang, Marvin L., O’Donnell, James

Figure 2. Survey responses to the question “Do you privately pray for the babies in the NICU?” The available responses to this question did not include yes; nonetheless, several respondents typed in the response yes.

Religious Struggle as a Predictor of Mortality

Kenneth I. Pargament, PhD; Harold G. Koenig, MD; Nalini Tarakeshwar, MA; June Hahn, PhD

• 444 hospitalized medical patients followed for 2 years

• Each one of the 7 statements was rated on a 0-3 scale based on agreement

• For every 1 point increase on the religious struggle scale (0-21), there was a 6% INCREASE IN MORTALITY.

• Increased mortality was INDEPENDENT of physical and mental health

Religious Struggle Scale

• Wondered whether God had abandoned me

• Feel punished by God for my lack of devotion

• Wondered what I did for God to punish me

• Questioned God’s love for me

• Wondered whether my church had abandoned me

• Decided the Devil made this happen

• Questioned the power of God

Arch Intern Med, 2001;161: 1881-1885
Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer

Phelps AC, Maciejewski PK, Nilsson M, Balboni TA, Wright AA, Paulk ME, Trice E, Schrag D, Peteet JR, Block SD, Prigerson HG

• Multi-site prospective study
• 345 patients with advanced cancer followed to death
• Intensive, futile life-prolonging care was significantly more common among those with high levels of religious coping

<table>
<thead>
<tr>
<th>Table 2. Level of Positive Religious Coping and End-of-Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Positive Religious Coping, No./Total (%)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Ventilation</td>
</tr>
<tr>
<td>Resuscitation</td>
</tr>
<tr>
<td>Intensive life-prolonging care</td>
</tr>
<tr>
<td>Death in ICU</td>
</tr>
<tr>
<td>Hospice care enrollment</td>
</tr>
</tbody>
</table>

Phelps et al, 2009, JAMA
Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death.

Balboni TA, Paulk ME, Balboni MJ, Phelps AC, Loggers ET, Wright AA, Block SD, Lewis EF, Peteet JR, Prigerson HG.

- If addressed, likelihood of receiving hospice INCREASED FIVE-FOLD
- Likelihood of receiving aggressive care near EOL DECREASED by 72%
What is Spiritual Care?

• Taking a spiritual history/assessment/screening

• Identifying spiritual needs

• Ensuring that spiritual needs are met by someone

• Providing healthcare in a spiritual way
Focus on spiritual well-being: harmonious interconnectedness of mind-body-spirit--use of the JAREL spiritual well-being scale

- Prayer is an important part of my life.
- I believe I have spiritual well-being.
- As I grow older, I find myself more tolerant of others’ beliefs.
- I find meaning and purpose in my life.
- I feel there is a close relationship between my spiritual beliefs and what I do.
- I believe in an afterlife.
- When I am sick, I have less spiritual well-being.
- I believe in a supreme being.
- I am able to receive and give love to others.
- I am satisfied with my life.
- I set goals for myself.

- God has little meaning in my life.
- I am satisfied with the way I am using my abilities.
- Prayer does not help me in making decisions.
- I am able to appreciate differences in others.
- I am pretty well put together.
- I prefer that others make decisions for me.
- I find it hard to forgive others.
- I accept my life situations.
- Belief in a supreme being has no part in my life.
- I cannot accept change in my life.

TABLE 3
The HOPE Questions for a Formal Spiritual Assessment in a Medical Interview

H: Sources of hope, meaning, comfort, strength, peace, love and connection
O: Organized religion
P: Personal spirituality and practices
E: Effects on medical care and end-of-life issues
Evaluation of the FICA Tool for Spiritual Assessment

Borneman T, Ferrell B, Puchalski CM.

• F: Faith or Beliefs
• I: Importance and Influence
• C: Community
• A: Address
“To the doctor, the child is a typhoid patient; to the playground supervisor, a first baseman; to the teacher, a learner of arithmetic. At times, he may be different things to each of these specialists, but too rarely he is a whole child to any of them.”

— White House Conference on Children and Youth, 1930