

Spiritual Conversations: Its Really Okay

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Objectives

- Spiritual History versus Spiritual Assessment.
- What do patients want.
- How to have a spiritual conversations.



When you think about your experience with spiritual conversations. What initial thoughts, insights or questions come to mind?

What feelings does engaging in this type of work evoke in you?

What are the challenges and opportunities of engaging in spiritual conversations with your patients and their families.

What is Spirituality?

- **Spirituality** – quest for sacred, relationship to the transcendent, personal, individual-focused, inclusive, popular, but difficult to define and quantify.

Harold Koenig, MD - Duke

What is Religion?

- **Religion** – beliefs and practices connected to a system in which I fit. That includes its creeds, community-oriented, responsibility-oriented, can be divisive and unpopular, but easier to define and measure.

Harold Koenig, MD, et al - Duke

What do patients want?

Hospitalized medical patients

| | |
|--------------------------|-----|
| Religious and Spiritual | 88% |
| Spiritual, not Religious | 7% |
| Religious, not Spiritual | 3% |
| Neither | 3% |

Journal of the American Geriatrics Society,

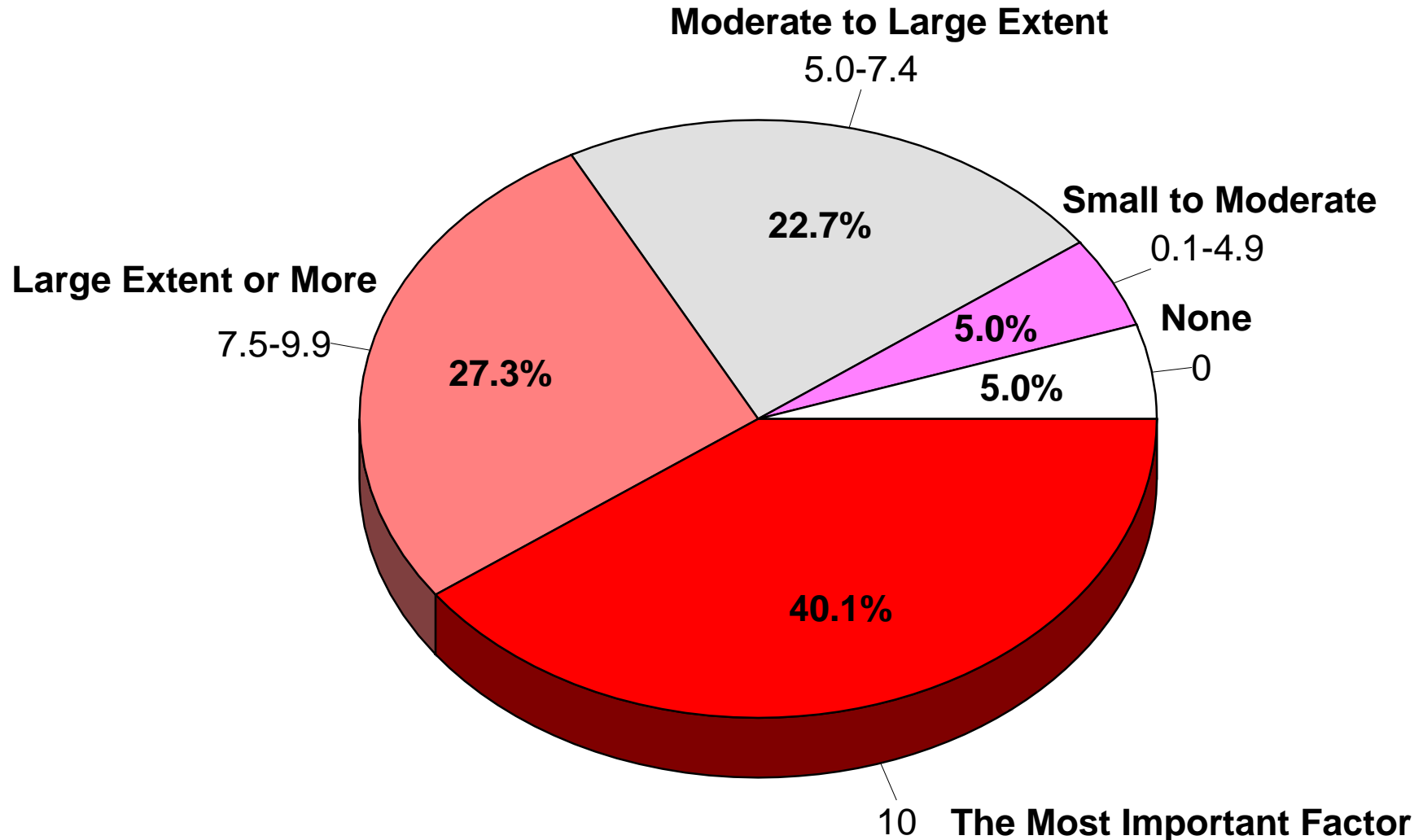
December 2003

n=838 consecutively admitted patients over age 60



Self-Rated Religious Coping

(On a 0-10 scale, how much do you use religion to cope?)



Responses by 337 consecutively admitted patients to Duke Hospital (Koenig 1998)

“Toward Competency-Based Curricula in Patient-Centered Spiritual Care: Recommended Competencies for Family Medicine Resident Education” (Academic Med, Vol.85, no.12 (2010): 1897-1904)

“Effective training in this area may enhance physicians’ ability to attend to the physical, mental, and spiritual needs of patients and better maintain sustainable healing relationships.” p. 1897

Should Physicians talk about Spirituality? And do their patients want it?

“Patient Preference for Physician Discussion and Practice of Spirituality” (Journal of Gen Intern Med 2003;18:38-43)

- 456 respondents
- 66% felt that their physician should be aware of their religious & spiritual beliefs. (Koenig – 73% yes - OP settings)
- 33% would welcome conversation in an office visit BUT only 10% would trade medical conversation time for spiritual conversation.
 - The exception - Those with frequent worship experiences and African-Americans were more likely to agree in trading medical conversations time for spiritual conversation.
- 40% would welcome conversation if hospitalized
- 70% in death / dying situation

A Spiritual History

A spiritual *history* obtains information on a person's spiritual life and on how these affect their ability to cope with their present healthcare crisis.

- Are you a member of a religious community & is it supportive?
- Do religious/spiritual beliefs provide comfort or cause stress?
- How do your beliefs influence medical decisions?
- Are there beliefs that might interfere/conflict with medical care? JAMA 288 (4): 487- 493 (July 24, 2002)

FICA

The FICA Spiritual History Tool©
Developed by Dr. Puchalski, GMU

- Faith
- Importance
- Community
- Address

When to Take a Spiritual History

Cohen et al. (2001). Hastings Center Report, 31(5), p 34

1. When entering into a patient-physician relationship.
2. When learning they have a chronic disabling condition like diabetes or heart disease, arthritis, stroke, cancer, dementia.
3. Before undergoing major surgery.
4. During pregnancy.
5. After trauma.
6. When learning they are approaching death.

**What makes a spiritual
assessment different than a
spiritual history?**

Spiritual Assessment

- The Assoc. of American Medical Colleges Medical School Objectives Project states that physicians “must seek to understand the meaning of patients’ stories in the context of the patients’ beliefs, and family and cultural values. They must avoid being judgmental when the patients’ beliefs and values conflict with their own.

(Developing Curricula in Spirituality and Medicine. Acad. Med 1998;73:970-4)

Assessment

1. Patient spiritual coping is normal to situation
 - Support and encourage
 - Reassess at a later date
2. Patient spiritual coping is incongruent to situation
 - Provide direct intervention: Chaplaincy consult, plan of care to reassess at later date
 - Encourage patient to address these concerns with their own faith leader

How to Invite a Spiritual Conversation?

Communicate an Openness to Learning

- Spirituality or faith are ideal terms to use in clinical settings when talking to and engaging with patients.
- Patients should be allowed to define this term for themselves.

- "What importance does your faith or belief have in our life?"
- "Is there a meaning in {this} that is larger than right now?"
- "Is there a God part of this illness for you?"
- "I'd like to learn more about that."
- "Could you tell me more?"
- Use silence

Alfred Adler's personality development theory is grounded in the personal meanings of events and one's behavioral responses to these meanings (1931/1992). When meanings are attached to life events they provide a point of reference for one's development and insight into one's behaviors.

Not Addressing Spiritual Needs is *Expensive*

Multi-site, prospective study of 345 patients with advanced cancer who were followed to their death. They found that intensive, expensive, futile life-prolonging care was significantly more common among those with high levels of religious coping (Phelps et al, 2009). JAMA 301 (11), 1140-1147

Investigators examined who among those using religion to cope were using more expensive health services, they found that this was primarily among those whose spiritual needs were not being addressed by the medical team. Among high religious copers whose spiritual needs were to a large extent or completely supported, the likelihood of receiving hospice increased 5-fold ($p < 0.005$) and of receiving aggressive care towards the end of life decreased by 72% (range 21% to 96%) ($p = 0.02$)

Balboni et al (2010). Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death. Journal of Clinical Oncology 28:445-452

The Results
Spirituality as a Transformational Tool for Innovative Providers:

Kenneth I. Pargament
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- Transcendence – 46% “This moment felt set apart from everyday life.”
- Ultimacy – 65% “I felt that I was a part of something really real.”
- Interconnectedness – 61% “I felt a deep sense of connectedness with the patient.”
- Spiritual emotions – 57% “I felt deep gratitude.”
- Boundlessness – 9% “I felt that time had stopped.”

So what does it look like?

- When you think about your experience with spiritual conversations. What initial thoughts, insights or questions come to mind?
- What feelings does engaging in this type of work evoke in you?