

Spiritual, Religious, and Existential Concerns: How do These Aspects Relate to End-of-Life Care?

By

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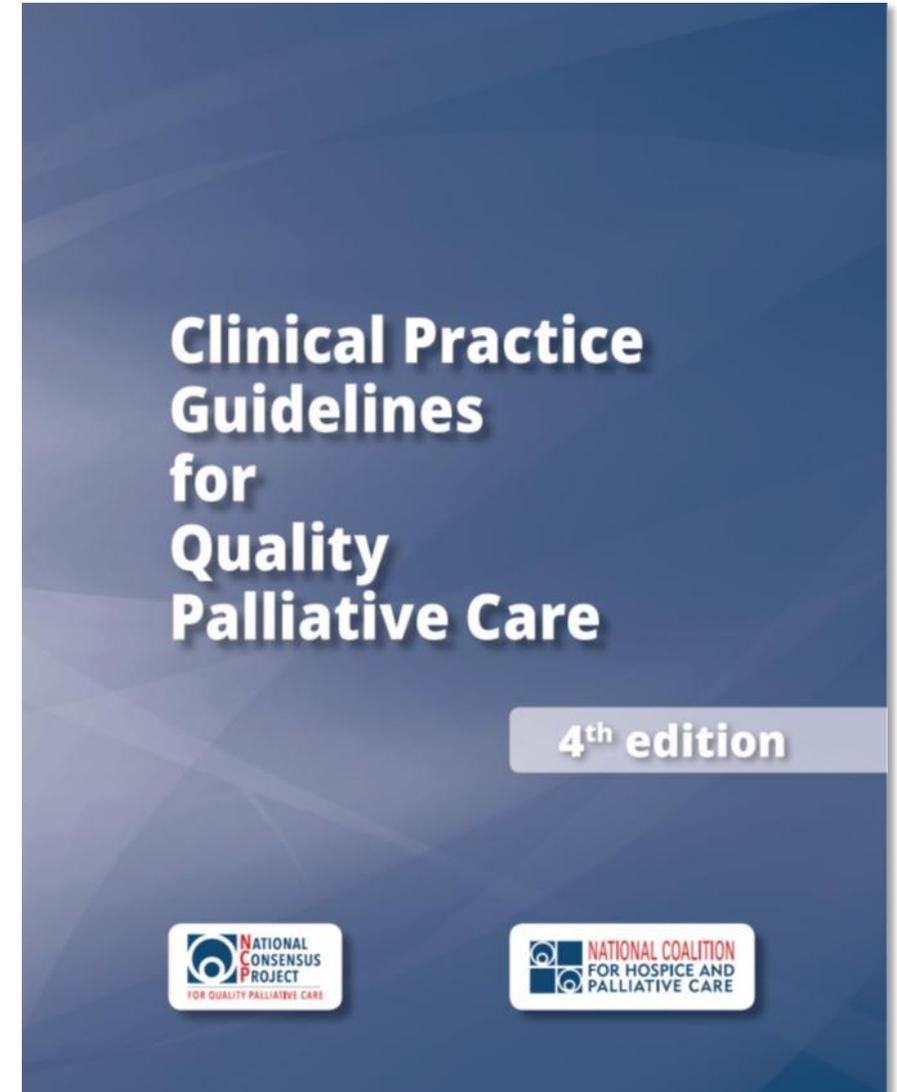
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Objectives

- Identify how spirituality is related to serious illness care
- Distinguish between religion, spirituality, and existential aspects of care
- Define the role of the spiritual care clinician in palliative care and hospice in a rural setting.

NCP Guidelines, 2018

- For all people with serious illness, regardless of setting, diagnosis, prognosis, or age
- Funded by the Gordon and Betty Moore Foundation
- Published by the National Coalition for Hospice and Palliative Care
- NCP leadership consisted of 16 national organizations



NCP Guidelines –Definitions (continued)

- **Serious illness** is defined as a “health condition that carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains their caregiver”.

(NCP Guidelines, 2018,p. 87)

Key Themes: the 6 C's

Each domain addresses:

- Comprehensive assessment
- Care coordination
- Care transitions
- Caregiver needs
- Cultural inclusion
- Communication



Domains of Palliative Care

Domain 1: Structure and Processes of Care

Domain 2: Physical Aspects of Care

Domain 3: Psychological and Psychiatric Aspects of Care

Domain 4: Social Aspects of Care

Domain 5: Spiritual, Religious, and Existential Aspects of Care

Domain 6: Cultural Aspects of Care

Domain 7: Care of the Patient Nearing the End of Life

Domain 8: Ethical and Legal Aspects of Care

Definitions from the NCP Guidelines

- “**Clinician** refers to any health professional providing direct care to seriously ill person sand their families, whether primary care practitioners, specialist consultants, or specialist-level palliative care teams. While any clinician can apply palliative care principles and practices, specialist palliative care teams are interdisciplinary, and the team members have certification or specialty-level competency to provide specialist palliative care.”

(NCP Guidelines, 2018,p. 83)

Domain 5: Guidelines

- Global
- Screening and Assessment
- Treatment
- Ongoing Care



Domain 5: Essential Palliative Care Skills Needed by All Clinicians

- Process and tools needed to conduct a spiritual screening and assessment for spiritual distress and spiritual needs can be learned by all clinicians
- Learn to identify and utilize resources
 - available on the team
 - within the patient and family
 - in the community or care setting



Definition:
Religion (NCP
Guidelines)

Distinct Religions

- Baha'i
- Buddhism
- Christianity (Eastern Orthodox, The Church of Jesus Christ of the Latter-Day Saints, Protestantism, Catholicism)
- Islam
- Judaism
- Neopaganism
- Scientology
- Serer
- Zoroastrianism
- Native American

Distinction in Religious Titles

- Abbot
- Archbishop
- Bishop
- Brother
- Cardinal
- Chaplain
- Chancellor
- Clergy
- Deacon
- Doctor
- Elder
- Minister
- Monk
- Nun
- Pastor
- Patriarch
- Pope
- Preacher
- Priest
- Rabbi
- Reverend
- Spiritual Care Counselor
- Teacher

Existential Definition (NCP Guidelines)



Terry's Story

- Army veteran
- Feels behavior led to cancer
- Researching his life looking into religions
- Conglomerate of religious beliefs
- Meaning of life- communing with higher power
- Aliens are real in his perception
- Open to prayer- in a way to honor his faith
- Hope for the daughter- strong Christian-not in agreement

Defining Spirituality

“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/or to the significant or to the significant or sacred.”

(NCP Guidelines, 2018, p.87)



NCP Guideline Definitions (cont.)

Spiritual distress:

- Suffering related to meaning in life
- Lack of connectedness or impaired connections with
 - Others/World/Self
 - Higher Power



Domain 5: Spiritual, Religious, and Existential Aspects of Care



- Spirituality is recognized as a fundamental aspect of palliative care
- Interdisciplinary Team (IDT) serves in a manner that respects
 - all spiritual beliefs and practices, and
 - when patients and families decline to discuss their beliefs or accept support

Why is Spirituality a Key Component to Quality Care?¹

- Patients want their clinician to ask them about spirituality
- Many patients utilize spirituality to cope with health threats to their mortality
- Inattention to spiritual distress by clinicians has been associated with higher end-of-life costs
- Chaplains provide a safe space for patients and families to acknowledge their spiritual distress and to identify ways to improve their spiritual health

1. <https://www.mypcnow.org/fast-fact/the-role-of-chaplaincy-in-caring-for-the-seriously-ill/>

Common Spiritual Needs:

- To finish business: such as forgiveness, reconciliation, or to review their lives for meaning.
- To have involvement and control: in their care plan, medical decisions, hospital or home environment.
- To maintain a positive outlook: by utilizing spiritual strengths and personal resources to keep an open mind and live in the present.

Common Sources of Spiritual Distress:

- Fear: of death, the afterlife, separation from loved ones, pain and suffering, and not leaving a legacy.
- Losses or grief: such as a loss of independence, mobility, life, control.
- Other negative emotions: despair, anger, frustration, helplessness

Cultural Considerations in Spirituality, Religion and Existential Aspects of Care



- Spirituality
 - Meaning-making
 - Need for purpose, forgiveness, love, hope, relatedness, and religious faith
 - Transcendence
- Religion
 - “Organized”
 - Institutional beliefs
- Existential
 - a journey to find one’s own meaning in life
 - curiosity in the hope - new self-discovery
 - a process of uncertainty and ambiguity

Distinction between a Chaplain & a Religious Leader

- Religious Rites/Rituals performed by religious leader
 - Some chaplains can perform SOME religious rites
- Chaplains assess for spiritual distress and then assist patient in utilizing their spiritual resources with the goal of attaining peace in their situation
- Religious Leaders provide support based on their specific religion's beliefs to people within their specific faith community
- Chaplains work with persons of any faith (including no faith) backgrounds

Who are Chaplains?

- Generally, chaplains have completed graduate-level theological training and at least 400 hours of additional supervised clinical training called "clinical pastoral education" or "CPE."
- Board Certified Chaplains (BCC) complete graduate-level theological training and at least 800-1600 hours of supervised clinical training called "clinical pastoral education." After completion of this additional training, they appear before a national committee for approval, and participate in continuing education to maintain certification. No matter what their own faith tradition may be, BCCs are interfaith, meaning they are trained to assist patients and families of any faith as well as those of no faith or those unsure of their faith.

When should a Chaplain be consulted?

- IDT clinicians should listen for key phrases which may indicate a need for spiritual support such as:
 - “Why is this happening to me?”,
 - “What God would allow this?”,
 - “I still have things to do in my life!” or
 - “I’ve lost touch with my faith leader since I’ve been in the hospital.”
- Alternatively, when pain or other physical symptoms are refractory, clinicians should consider whether spiritual or existential distress may be present. Clinicians should refer to a chaplain if unmet spiritual needs and/or spiritual distress are suspected.

What Do Chaplains Do?

- Spiritual Care Specialists on the IDT
- Independent Assessment of the patient/family's spiritual needs including cultural and religious factors which might influence medical decision-making
- Serious Illness Conversations (utilizing the SICG) / POLST
- Design an individualized spiritual care plan with interventions such as
 - Reflective listening
 - Prayer
 - Empathic support
 - Contacting the faith community
 - Performing life review
 - Assisting pt with integrating their spiritual beliefs with their new medical reality

Why Should Including Chaplains in the IDT?

- Chaplains add a spiritual lens which helps IDTs with identifying patients with spiritual or existential sources of suffering.
- Incorporating chaplains into usual IDT care practices by performing bedside rounds with the chaplain. By doing so, the IDT can address spiritual issues in real time and demonstrate spiritual care priorities to patients and families. Chaplains can also role-model and educate best spiritual care practices to IDT members or trainees.
- Involving chaplains when cultural or religious beliefs are cited as reasons for disagreement with medical recommendations, as chaplains may be able to function as cultural/religious translators.
- Including chaplains in goals-of-care discussions. Often, non-medical factors influence patient or surrogate decision-making. Chaplains listen for spiritual or religious coping influences during goals-of-care meetings and offer a unique, real-time perspective.

How to Bring Spirituality to Patients in Rural Settings?

- Rural settings have a specific set of challenges:
 - Distance
 - Not all faiths have a faith community in each town (i.e.: Ukrainian Catholic)
- Assist pt/family in connecting with their local pastor
- All clinicians can assist the patient/family in utilizing their sources of strength to cope with their situation
 - Chaplains will document what these sources of strength include in their Comprehensive Assessment note.

Case Study Two- JJ

- 45-year-old male with multiple comorbidities
 - 54 days hospitalized
 - Covid-19
 - "Failure to thrive"
 - Meaning in life: Christian faith, relationships with wife and step-children
 - Daily spiritual care visits implemented with Communion, devotions, prayer, specific focus on things he's hopeful for and things he's grateful for
 - Week later "Lucky to be alive"
 - Caregiver fatigue
- 



JJ today

Key Takeaways:

- Addressing spiritual distress
- Religion, spirituality & existential aspects of care unique but intertwine
- Spiritual care clinician integral team player
- Plan of care by the chaplain for the entire team

For More Information

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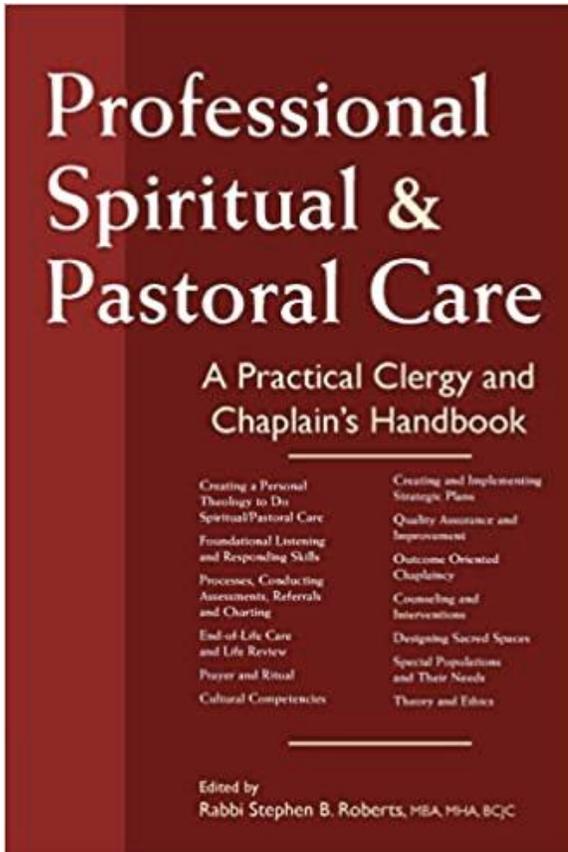
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Good Resources



<https://www.mypcnow.org/fast-fact/physicians-and-prayer-requests/>

<https://www.mypcnow.org/fast-fact/the-fica-spiritual-history-tool/>

References

- [National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care \(NCP Guidelines\), 2018](#)
- [Spirituality and palliative care: a model of needs, Kellehear, 2000](#)
- [A meaning-centered spiritual care training program for hospice palliative care teams in South Korea: development and preliminary evaluation](#)
- [Spirituality in Primary Palliative Care and Beyond: A 20-Year Longitudinal Qualitative Study of Interacting Factors Impacting Physicians' Spiritual Care Provision Over Time, Anandarajah, et al, 2021](#)
- [Spiritual care within palliative care](#)
- Fast-Fact: The Role of Chaplaincy in Caring for the Seriously Ill: <https://www.mypcnow.org/fast-fact/the-role-of-chaplaincy-in-caring-for-the-seriously-ill/>