



Developing Spiritual Assessment Tools for Healthcare Professionals

The Abstract

We have created a spiritual assessment tool that will assist healthcare professionals of various disciplines in making a more effective, comprehensive and useful assessment of the spiritual resources available to the patient.

Our core premise assumes that persons find their spirituality helps them maintain health and cope with illnesses, traumas, losses, and life transitions by integrating body, mind and spirit. It is hoped that through this type of tool, healthcare professionals can become more comfortable and successful in initiating conversations with patients regarding their spiritual resources and tapping into the potential healing powers of those resources.

The primary purpose of this tool is to facilitate healthcare professionals in understanding and recognizing the patient as a whole and integrated person with the right and responsibility to govern their medical care in accord with the fundamental beliefs by which they order their lives.



The Background

The idea of the project came from a conversation that I had with a nurse manager in an out-patient clinic at the University of Washington Medical Center. The nurse manager was frustrated by a question that her staff was being required to ask patients prior to their procedures. The question was, "Are there any values or beliefs that will impact your medical care?" The feedback she had received from staff was that patients were either confused, frustrated or simply said no. The staff felt that it was an important question, but that there might be a more effective way to elicit more helpful responses.

I then began to realize that the same question on the in-patient records was also usually left blank or had the word "none". In some cases healthcare staff even interpreted the word "none" as an instruction that the patient is refusing spiritual care, when often the patient is receptive when asked.

During the next several months I had conversations with colleagues, patients and various healthcare professionals regarding alternative ways to begin a dialogue or assessment of the patient's values, beliefs and spiritual resources. While an initial inquiry appeared to be important in identifying any obvious treatment related to issues such as transfusions, it also appeared that there are times when a more in-depth spiritual assessment might assist the patient in utilizing resources that will assist in the coping and/or healing process.

Therefore, it began to appear to me that there was a disconnect between patients desiring to talk about their spirituality in relationship to their healthcare and healthcare professionals desiring to tap into this very valuable resource. Yet, neither appeared to have a clear way to begin this conversation.



The Objective

The primary objective in developing an assessment tool was to provide an appropriate and practical resource for healthcare professionals in various disciplines to use in exploring the spiritual resources, beliefs and values of care seekers. The goal was to create a tool that would be non-threatening to both care givers and care receivers, yet still allow for a significant dialogue to take place. An additional objective is that the information gained through these assessments will be entered into the patient chart, and/or referred to the Spiritual Care Department.

The Research

The research in developing this assessment tool took two forms. The first included an exploration of pre-existing research and current tools available. The two strongest influences were the works of Harold Koenig and the works of Susan and David Larson. The documents I was most influenced by were *Spirituality in Patient Care* by Harold Koenig, and an article by Susan and David Larson from the *Journal of Psychology and Theology* entitled, *Spirituality's potential relevance to physical and emotional health: a brief review of quantitative research*.

This part of the research led me to create the first assessment tool. After reviewing existing assessment tools, I realized that all of the tools were in the form of questions. Such as, "Do you belong to a spiritual community?" or "Do you believe in God?". While this could be important information, I also believed that statements rather than questions might be a more useful approach. Many of the questions I read seemed very direct and could evoke anxiety or give the sense that there is a correct answer. Therefore I set out to create a series of statements that might facilitate a more comfortable and productive opportunity for spiritual assessment.

Putting the Tool to the Test

The second form of research took place following the creation of the first assessment tool. The tool was put into use with approximately twenty patients at the University of Washington Medical Center. These patients were primarily surgery patients. The tool was also used by a colleague at a Seattle area nursing home for a period of three months. In addition to use of this tool with patients, I presented the tool to a meeting of Ophthalmologists, as part of a program on Spirituality and Medical Ethics. The tool was also presented to a group of chaplain interns to discuss and review.

Tool #1

The first assessment tool consisted of the following four statements.

1. I would be interested to hear about your sources of support when you experience illness.
2. Sounds like your (family, friends, church) is a really significant part of your life.
3. Some people find that their religious or spiritual approach to life is a source of strength.
4. I would like to know more about your spiritual beliefs so that we can take them into account in your medical care.

Feedback Regarding Tool #1

The feedback regarding tool #1 was mixed. Overall, there was support for the concept and direction of the project. Below is a sample of the feedback from the different populations that were a part of the process.

Patients

- Some statements were vague.
- Many patients appreciated being asked about their spirituality.
- Some patients were hesitant to talk.
- A couple of the questions seemed to be redundant.
- Many patients talked about ways they could use their spiritual resources.



Chaplains

- There was some resistance to other members of the healthcare team discussing spirituality with patients.
- Statement 4 seemed too broad, or unclear.
- Statement 1 was received well by this group.

Physicians

- Some physicians felt that spirituality was not appropriate or relevant for them to discuss with patients.
- Several physicians felt unqualified to discuss spirituality with patients.
- Many felt they didn't have time for this conversation.

Tool #2

After reflecting on this feedback, I made a few adjustments to the tool, and have created the following assessment. I also developed the tool in the size of an index card and laminated it to make it more useful and practical for staff. On the front of the card are several statements. On the back of the card are a few suggestions on how to adapt the tool for different contexts and situation.

1. Very often, people have values, resources or beliefs that are helpful to be aware of as a part of their treatment or healthcare plan. I am curious to know if there are any customs, resources or traditions that you would like us to know about. I also wanted you to be aware that we do have spiritual care services available and that we can contact a chaplain at any time to meet with you or to help you get in touch with other resources that might be helpful in your healing process.
2. I wonder if you could tell me briefly about some of your sources of strength and support when you experience illness or stress.
3. Some people find that their religion or spirituality can be a source of strength during an illness or hospital stay. There might be some spiritual or personal resources that I could help you access.
4. If you think of ways we can be supportive, or would like us to contact our Spiritual Care Team, please don't hesitate to make that request.



The Current Assessment Tool

Assessing Spiritual Care Needs A Tool For Healthcare Professionals	Some suggestions on using this tool
<p>The Purpose:</p> <p>These statements are suggested as a way of beginning a conversation that will help healthcare staff to assess the spiritual needs and resources of the patient. The purpose is not to ask staff to provide spiritual, but rather to gain enough information that will allow for referrals and follow up by the Spiritual Care team.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • You might use this tool in different ways, depending upon the context. If you are admitting a patient to the hospital, you might use all four statements. However, if the patient is coming in for an overnight or day surgery, they may only use statements 1 and 4. • These statements, or your adaptation of them, might also be appropriate in an informal setting, such as during physical therapy or wound care, when there may be more time for conversation. • Reminder: You are not being asked to be responsible for providing spiritual care. However, you are in a unique place to assess potential spiritual care needs, and to refer to the Spiritual Care Staff. <p>Department of Spiritual Care Harborview Medical Center - Page 206 University of Washington Medical Center - Page 206</p>	<p>The Purpose:</p> <p>These statements are suggested as a way of beginning a conversation that will help healthcare staff to assess the spiritual needs and resources of the patient. The purpose is not to ask staff to provide spiritual, but rather to gain enough information that will allow for referrals and follow up by the Spiritual Care team.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • You might use this tool in different ways, depending upon the context. If you are admitting a patient to the hospital, you might use all four statements. However, if the patient is coming in for an overnight or day surgery, they may only use statements 1 and 4. • These statements, or your adaptation of them, might also be appropriate in an informal setting, such as during physical therapy or wound care, when there may be more time for conversation. • Reminder: You are not being asked to be responsible for providing spiritual care. However, you are in a unique place to assess potential spiritual care needs, and to refer to the Spiritual Care Staff. <p>Department of Spiritual Care Harborview Medical Center - Page 206 University of Washington Medical Center - Page 206</p>

Front of Card

Back of Card

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