Original Article

Spiritual Needs and Perception of Quality of Care and Satisfaction With Care in Hematology/Medical Oncology Patients: A Multicultural Assessment

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Abstract

Context. Assessment and response to patients' spiritual concerns are crucial components of high-quality supportive care. Better measures of spiritual needs across the cultural spectrum may help direct necessary interventions.

Objectives. The objective of this study was to assess spiritual needs in a racially/ethnically and religiously mixed sample of hematology and oncology outpatients and examine the association between spiritual needs and perception of quality of care and satisfaction with care.

Methods. This is an observational study of 727 racially/ethnically and religiously diverse outpatients. Spiritual needs were measured using a validated, 23-item questionnaire, the Spiritual Needs Assessment for Patients. Scales were administered in four languages.

Results. Forty-four percent were white, 13% Hispanic, 25% black, and 14% Asian. English was the primary language for 57%; 59% considered themselves "spiritual but not religious." At least one spiritual need was reported by 79%. Forty-eight percent were comfortable having their physician inquire about spiritual needs. Compared with English-speaking patients, Russian-speaking patients reported lower spiritual needs ($P = 0.003$). Patients who considered themselves "spiritual but not religious" ($P = 0.006$) reported a higher level of spiritual needs. Higher spiritual needs were associated with less satisfaction with care ($P = 0.018$) and lower perception of quality of care ($P = 0.002$).

Conclusion. Spiritual needs are common in an ethnically, religiously, and linguistically diverse cancer patient population but may differ by cultural background. High levels of spiritual need are associated with lower levels of satisfaction and diminished perception of quality of care. Training clinicians to address patients' spiritual concerns, with attention to cultural differences, may improve patients' experiences of care. J Pain Symptom Manage 2018;55:56–64. *© 2017 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words

Spirituality, spiritual needs, spiritual care, satisfaction with care, quality of care

Introduction

National guidelines recommend assessment of and response to patients' spiritual concerns as crucial components of high-quality palliative and supportive cancer care.[1–3] Although the provision of spiritual care to cancer patients (recognition of spiritual and religious concerns and attention to spiritual needs) has been associated with decreased medical costs,[4] less aggressive care at the end of life, and increased

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hospice use,[5] spiritual care is offered infrequently.[6] Preliminary studies have shown that patients with unmet spiritual needs (such as, e.g., finding meaning in one's experience of illness) rate the quality of their medical care lower, are less satisfied with their care, and have a lower quality of life.[7,8] Given the role of spirituality and reliance on spiritual beliefs among racial/ethnic minorities,[9,10] unmet spiritual needs among these groups may further contribute to disparities in the quality of cancer care.[11]

As the U.S. population becomes increasingly diverse, measures of spiritual need that can be generalizable across different racial, ethnic, and religious groups and to those who are not religious[12,13] may help better describe patients' experience of illness and care. Defining spiritual needs is complicated,[14,15] however, and previous literature has focused on measuring generic concepts such as "spirituality"[16,17] or spiritual well-being.[18,19] Spiritual well-being can be hard to distinguish from psychological well-being. Reported measures of spiritual well-being do not specify precisely what needs are unsatisfied in those who record lower scores. Those measurement scales that have focused on specific spiritual needs have used idiosyncratic response frames,[20] have included religious practices within their spiritual needs scales,[21,22] or measure spiritual need in only a single ethnic group[23] rather than across a broad range of ethnicities and cultures.

The goal in our study was to identify and measure the dimension of spiritual need and show that this dimension could be reliably distinguished from the emotional or religious dimensions. Although we acknowledge that there is overlap between the spiritual, the emotional, and the religious aspects of experience,[24] we have developed and piloted a survey instrument, the Spiritual Needs Assessment for Patients (SNAP),[25] that in small patient groups reproducibly separates these qualities. Using the SNAP, we sought to assess the spiritual needs of a large, racially/ethnically, and religiously mixed multisite sample of hematology and oncology outpatients. We hypothesized that greater spiritual needs would be associated with lower perceptions of quality of care and satisfaction with care and that we would identify differences in the degree of spiritual need by cultural background.

Methods

Study Design and Participants

We recruited patients from four outpatient hematology/medical oncology sites in Brooklyn, New York: the Maimonides Cancer Center of Maimonides Medical Center, a 760-bed voluntary hospital; Coney Island Hospital (a public hospital), and two private groups. Recruitment began in November 2013 and was completed in November 2014.

Patients were considered eligible if they were older than 18 years, had not previously been asked to participate in our pilot studies, were not patients of the primary investigator, spoke English, Spanish, Russian, or Chinese, and were not presenting for initial evaluation. Eligible patients were identified via appointment logs. After providing written consent, participants were offered the questionnaire in English, Spanish, Chinese, or Russian. The Institutional Review Board at Maimonides Medical Center approved this study.

Outcomes

In addition to completing survey questions about demographic and clinical information, patients completed the SNAP,[25] a 23-item validated survey instrument that comprises five measures of psychosocial need, 13 measures of spiritual need, and five items of religious need (See Appendix). Satisfaction with care and perception of quality of care were measured using the Quality of End-of-Life Care and Satisfaction With Treatment (QUEST) scale.[26] Patients also completed the Satisfaction with Life Scale[27] and questions about spiritual and religious beliefs and needs and preferences regarding clinician inquiry. To assess for the presence of unmet spiritual needs, patients were asked, "Do you feel your spiritual needs are being met?" and "Do you need help in getting your spiritual needs met?"[8,20]

Development and evaluation of the Chinese version of the SNAP has been described elsewhere.[28] We translated the SNAP into Spanish and Russian using the same approach. With the exception of the Spanish translation of the QUEST, which has been formally validated,[26] we used the same professional translation service to provide simple translations of other items in our questionnaire.

Statistical Analysis

We excluded patients who did not complete five or more items on the SNAP from the analysis. For those patients who failed to complete one to four items on the SNAP, we imputed the mean. We conducted univariate analyses to evaluate the association between patient characteristics and total and subscale scores on the SNAP. We then performed a multivariate linear regression analysis including variables from the univariate analysis, which had a P value of 0.05 or less. We also evaluated the association between patient demographics and both perception of quality of care and satisfaction with care (subscales of the QUEST). We included all variables from the univariate analyses that had a P value of 0.05 or less or were clinically important into the multivariate linear regression model to evaluate the association between patient characteristics and SNAP and QUEST scores. All analyses were conducted with SPSS software, version 23.

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