Original Article

"It Depends": Viewpoints of Patients, Physicians, and Nurses on Patient-Practitioner Prayer in the Setting of Advanced Cancer

Michael J. Balboni, PhD, ThM, Amenah Babar, MPH, Jennifer Dillinger, MDiv, Andrea C. Phelps, MD, Emily George, RN, MPH, Susan D. Block, MD, Lisa Kachnic, MD, Jessica Hunt, BA, John Peteet, MD, Holly G. Prigerson, PhD, Tyler J. VanderWeele, PhD, and Tracy A. Balboni, MD, MPH

Center for Psycho-Oncology and Palliative Care Research (M.J.B., A.C.P., S.D.B., J.H., J.P., H.G.P., T.A.B.), Departments of Psycho-Oncology and Palliative Care (M.J.B., A.C.P., S.D.B., J.P., H.G.P., T.A.B.), Department of Chaplaincy (J.D.), and Department of Radiation Oncology (TA.B.), Dana-Farber Cancer Institute; Boston University School of Theology (M.J.B.); Department of Society, Human Development and Health (A.B.) and Departments of Epidemiology and Biostatistics (T.J.V.), Harvard School of Public Health; Department of Medical Oncology (E.G.) and Department of Radiation Oncology (L.K.), Boston Medical Center; and Harvard Medical School Center for Palliative Care (S.D.B., J.P., H.G.P., T.A.B.), Boston, Massachusetts, USA

Abstract

Context. Although prayer potentially serves as an important practice in offering religious/spiritual support, its role in the clinical setting remains disputed. Few data exist to guide the role of patient-practitioner prayer in the setting of advanced illness.

Objectives. To inform the role of prayer in the setting of life-threatening illness, this study used mixed quantitative-qualitative methods to describe the viewpoints expressed by patients with advanced cancer, oncology nurses, and oncology physicians concerning the appropriateness of clinician prayer.

Methods. This is a cross-sectional, multisite, mixed-methods study of advanced cancer patients ($n = 70$), oncology physicians ($n = 206$), and oncology nurses ($n = 115$). Semistructured interviews were used to assess respondents' attitudes toward the appropriate role of prayer in the context of advanced cancer. Theme extraction was performed based on interdisciplinary input using grounded theory.

Results. Most advanced cancer patients (71%), nurses (83%), and physicians (65%) reported that patient-initiated patient-practitioner prayer was at least occasionally appropriate. Furthermore, clinician prayer was viewed as at least occasionally appropriate by the majority of patients (64%), nurses (76%), and physicians (59%). Of those patients who could envision themselves asking their physician or nurse for prayer (61%), 86% would find this form of prayer spiritually supportive. Most patients (80%) viewed practitioner-initiated prayer as spiritually

Address correspondence to: Michael J. Balboni, PhD, ThM, Center for Psycho-Oncology and Palliative Care Research, Dana-Farber Cancer Institute, 44 Binney Street, Boston, MA 02120, USA. E-mail: michael_balboni@dfci.harvard.edu

Accepted for publication: July 29, 2010.

0885-3924/$ - see front matter
doi:10.1016/j.jpainsymman.2010.07.008

supportive. Open-ended responses regarding the appropriateness of patient-practitioner prayer in the advanced cancer setting revealed six themes shaping respondents' viewpoints: necessary conditions for prayer, potential benefits of prayer, critical attitudes toward prayer, positive attitudes toward prayer, potential negative consequences of prayer, and prayer alternatives.

Conclusion. Most patients and practitioners view patient-practitioner prayer as at least occasionally appropriate in the advanced cancer setting, and most patients view prayer as spiritually supportive. However, the appropriateness of patient-practitioner prayer is case specific, requiring consideration of multiple factors. J Pain Symptom Manage 2011;41:836–847.

Key Words
Prayer, spirituality, religion, spiritual care, end-of-life care, palliative care

Introduction

Prayer is the most common spiritual practice among patients facing illness[1–3] and is a frequent means by which religion and/or spirituality (R/S) helps patients endure and find meaning in the context of advanced illness.[1] In patient surveys, between 19% and 67% indicate that they would like prayer from their nurse or physician,[4–7] with the frequency of desiring patient-practitioner prayer increasing with greater illness severity and with the form of prayer offered (silent vs. aloud).[5,8] In a national sample of physicians, 83% agreed that it was appropriate to pray with patients under some conditions.[9] Physician openness toward participating in prayer depends on illness severity,[10,11] form of prayer,[11] and initiator (patient vs. caregiver).[9,11] Only 19% of physicians report at least "sometimes" praying with patients under any conditions.[12] Among nurses, between 53% and 66% frequently offer private prayers,[13,14] whereas 8%–30% report directly praying with patients.[13,15]

Recognition of the importance of spiritual care for patients with advanced illness is reflected in the incorporation of spiritual care into palliative care guidelines.[16,17] Among advanced cancer patients, spiritual support from the medical team has been shown to be associated with greater hospice use, decreased futile aggressive care, and improved quality of life near death.[18] Although prayer potentially serves as an important practice in offering R/S support,[1] its role in the clinical setting remains disputed.[19,20] Furthermore, little data exist to guide the role of patient-practitioner prayer in the setting of advanced illness. Given the important role of spiritual support in end-of-life care,[16,17,21] the importance of prayer among patients facing advanced illness,[1–3] and the frequent desire for patient-practitioner prayer among patients facing serious illness,[5,22] data are needed to inform the appropriate role of prayer in the setting of advanced illness.

The Religion and Spirituality in Cancer Care study is a multisite, cross-sectional study of advanced, incurable cancer patients, oncology nurses, and oncology physicians using mixed qualitative and quantitative methods to characterize patient and practitioner viewpoints of the appropriate role of prayer in the setting of life-threatening illness.

Methods

Study Sample

Patients and practitioners were enrolled between March 3, 2006 and December 31, 2008. Eligibility criteria for patients included diagnosis of an advanced, incurable cancer; active receipt of palliative radiotherapy; age ≥21 years; and adequate stamina to undergo a 45-minute interview. Oncology physicians and nurses were eligible if they cared for incurable cancer patients. Excluded patients were those that met criteria for delirium or dementia by neurocognitive examination (Short Portable Mental Status Questionnaire[23]) and those not speaking English or Spanish.