

Original Article

Development and Validation of a New Tool for the Assessment and Spiritual Care of Palliative Care Patients

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Abstract

Context. Spiritual assessment tools and interventions based on holistic approaches are needed to promote healing. Such tools must be adapted to the wide cultural backgrounds of contemporary Western society.

Objectives. To develop and validate a new brief measure, simultaneously featuring clinical applicability and adequate psychometric properties. The tool uses six initial questions to establish a climate of trust with patients before they complete an eight-item, five-point Likert scale. The questionnaire is based on a model of spirituality generated by the Spanish Society of Palliative Care (SECPAL) Task Force on Spiritual Care (Grupo de Espiritualidad de la SECPAL), which aims to recognize, share, and assess the spiritual resources and needs of palliative care patients.

Methods. Multidisciplinary professionals from 15 palliative care teams across Spain interviewed 108 patients using the Grupo de Espiritualidad de la SECPAL questionnaire. Confirmatory factor analysis techniques were used to study the new tool factor structure and reliability. Additionally, concurrent criterion validity coefficients were estimated considering spiritual well-being, anxiety, depression, resilience, and symptoms. Descriptive statistics on questionnaire applicability were reported.

Results. Analyses supported a three-factor structure (intrapersonal, interpersonal, transpersonal) with an underlying second-order factor representing a spirituality construct. Adequate reliability results and evidence for construct validity were obtained.

Conclusion. The new questionnaire, based on empirical research and bedside experience, showed good psychometric properties and clinical applicability.

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Key Words

Palliative care, spiritual care, spirituality, assessment, questionnaire validation, structural equation modeling

Introduction

The assessment of spirituality in palliative care is a central issue in many cultures.^{1–3} Spirituality has been identified as an important resource for patients that helps them address distress when facing disease.^{4,5} In this context, patients suffering spiritually have indicated that their suffering aggravated their physical/emotional symptoms. Spiritual well-being has been clearly shown to be linked with lower levels of anxiety and depression.⁶ Assessing spiritual needs and resources as well as spiritual care is imperative to care for the whole person.

A variety of spirituality instruments have been developed and widely used in the past years, such as the Palliative Care Outcome Scale,⁷ the Existential Meaning Scale,⁸ the Functional Assessment of Chronic Illness Therapy-Spiritual Well Being (FACIT-Sp) tool,⁹ the Ironson-Woods Spirituality/Religiousness Index Short Form,¹⁰ the World Health Organization's Quality of Life Measure Spiritual Religious and Personal Beliefs,¹¹ and, more recently, the Spiritual Needs Assessment for Patients.¹²

The tools for available measuring spirituality in the palliative care context have several problems. Information about the psychometric properties of the instruments is scarce. There is a lack of precision in definitions as well as illusory spiritual health, ceiling effects, social desirability, and bias.¹³ Despite the need to assess spiritual outcomes in palliative care, as Selman et al.⁴ recently stated, little is known about the properties of the tools currently used to do so. Some critics have highlighted cultural bias and the lack of cross-cultural validations in these instrument^{4,13,14} because most of them have been developed in the U.S. Caucasian populations.⁴ As spirituality is embedded within culture,^{15,16} the exclusion of the target population from the tool development process may lead to a misfit between the spirituality approach embedded in the measure and the approach of the respondent population,⁴ which in turn leads to an uncritical

transference of concepts between cultures.¹⁷

The researchers' diverse goals, together with the assumption that their interpretation of spirituality can be applied universally—when in fact it is based on evaluative criteria of particular groups—make cross-cultural application of the existing tools not recommended.

Furthermore, in Mediterranean cultures, family relationships play an important role not only in life but also when dealing with death. The progressive secularization of Spanish society in recent decades and the current weak religious practice, along with the high frequency of agnosticism among health professionals, inspired a questionnaire based on issues that were considered more inherently spiritual. Religious beliefs and practices are avoided to facilitate the exploration of spiritual resources and needs, which, according to this model, are still at the core of every human being. We based the new instrument on the assertion by Mount et al.¹⁸ that “humans are intrinsically spiritual because all persons are in relationships with themselves, others, nature, and the significant or sacred.” Accordingly, the questionnaire is built on three axes: interpersonal, intrapersonal, and transpersonal. We try to reflect this cultural trait in our context. In fact, among the few instruments validated transculturally,¹⁹ only the psychometric properties of the Palliative Care Outcome Scale have been studied in the Spanish palliative care context,²⁰ although there are Spanish version of some of the other instruments.

The Spanish Society of Palliative Care (SECPAL) created a Task Force on Spiritual Care (Grupo de Espiritualidad de la SECPAL [GES]), which emerged out of the need identified by palliative care professionals to find a conceptual framework for coping with patient's suffering by working through their spiritual needs and resources. Its first step was to develop a humanistic, integrative, and conceptual model of suffering, spirituality, and spiritual care, integrating bibliographic research, traditional wisdom, and clinical experience.

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