

SPIRITUAL CARE COMMUNICATION IN CANCER PATIENTS

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OBJECTIVES: *To provide a definition of spirituality, define the scope and nature of spiritual care communication, describe how to initiate communication about, and elicit, a spiritual history, and introduce the AMEN protocol to support patient/family hopes for a miracle.*

DATA SOURCES: *Literature review.*

CONCLUSION: *Spiritual communication is important throughout cancer care. Nurses can assess and integrate patient and family caregivers' spiritual needs in clinical care by practicing self-awareness and engaging in spiritual care communication strategies.*

IMPLICATIONS FOR NURSING PRACTICE: *Spirituality is recognized as an essential component of quality care. Spiritual conversations can increase patients' satisfaction with care and improve well-being.*

KEY WORDS: *spiritual, communication, cancer, nursing, assessment, clinical practice.*

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The US landscape of religious and spiritual beliefs is highly varied and complex. The Pew Research Center US Religious Landscape Study¹ findings demonstrate the mosaic of the rich spiritual beliefs and practices in the United States. While 77% of adults identify with a religious faith, 89% believe in God, and many individuals who do not identify with an organized religion still profess to have spiritual experiences. Navigating the complexity and diversity of spiritual and religious beliefs may seem overwhelming to health care providers who, as part of best practices, are attempting to integrate spiritual care into patient care. Providers who make assumptions based solely on the religion identified in a patient's medical record (eg, Protestant, Jewish) are unlikely to fully appreciate the nuances

of an individual patients' beliefs, values, and spiritual needs. Knowing how to appropriately bring up the topic of spirituality in cancer care is one way for oncology nurses to make the patient feel seen as an individual and to treat the whole person.

A diagnosis of cancer, and the subsequent disease and care trajectories, prompt some patients and their families to discuss their religious and spiritual beliefs with others – often including their oncology nurse. Many cancer patients want their care team to be aware of their beliefs and take faith into account. Integrating specific religious practices into care can underscore spiritual or religious coping, which can be a source of strength.² Others may have broader needs and concerns. For some cancer patients, a cancer diagnosis can shake their faith, prompt feelings of anger, or lead them to question their view of God as loving and just; this can affect a patient's mental health and life satisfaction.²⁻⁴ Cancer often leads individuals to re-evaluate meaning, purpose, and priorities, and can be a time of existential uncertainty.^{4,5} Cancer patients and families often look to their relationships and contemplate connections in light of regrets, the need to seek forgiveness, or express gratitude and appreciation, processes that many care team members feel difficult facilitating.⁶ Many patients and caregivers describe the "cancer journey" as providing them with a new and different sense of meaning and appreciation for daily life.⁷⁻⁹ Over the course of cancer treatment, patients and caregivers experience a wide range of spiritual issues and may wish to discuss these with their nurse.

Patients may find that their illness leads them to feel uncertain about their beliefs, thus oncology nurses need to be able to recognize spiritual distress. Conversely, spirituality can be a source of patient strength that can be acknowledged and supported by oncology nurses. As such, it is critical that oncology nurses develop the skills to assess and address spirituality in their patients as well as their family caregivers. In this article we define the scope and nature of spiritual care communication. We then turn to a discussion of the challenges oncology nurses face in communicating about spirituality, particularly as the patient and family search for forgiveness or experience spiritual uncertainty. To address these challenges, we provide practical guidance on how to prepare for communication about spiritual care, elicit a spiritual history using the *Faith, Importance and Influence, Community and Address* (FICA) protocol,¹⁰ and introduce the *Affirm, Meet,*

Educate, No Matter What (AMEN) approach to support patients and their families.¹¹

The increasing focus on treating the patient as a whole person, including integrating spirituality into clinical care, requires a clear definition from which clinical guidelines can be derived. The National Consensus Project defines spirituality as "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 to the significant or sacred"¹² p.26. From this definition, it is evident that the concept of spirituality is broad and multi-dimensional and encompasses religious beliefs and practices as well as existential aspects.⁵ Spirituality and religion are recognized as being interrelated, with spirituality being the broader, primary concept and religion falling within it, representing specific beliefs and practices associated with an organized system or dogma. The National Consensus Project definition can be applied to both patients and family caregivers and recognizes the wide variation among patients and their family caregivers.^{13,14}

PATIENT AND FAMILY OUTCOMES ASSOCIATED WITH SPIRITUALITY AND RELIGION

Patient and family members' spirituality has implications for psychosocial adjustment and health. Spirituality is associated with well-being in advanced cancer patients,⁴ better quality of life,¹⁵ and lower cancer-related depression and anxiety.¹⁶ In contrast, unmet spiritual needs are associated with poor perceptions of care quality and dissatisfaction with care.¹⁷ Among advanced cancer patients, discussions with the health care team about spirituality may reduce the pursuit of aggressive treatment and, in turn, lower costs.¹⁸ Like cancer patients, family caregivers often experience psychological and spiritual distress.¹⁹ If unaddressed, caregiver spiritual pain and suffering is associated with poorer mental health.²⁰

PATIENT PERSPECTIVES ON SPIRITUAL CARE COMMUNICATION

Most patients state that spirituality and religion are important during cancer care.³ Patients and their families often want to discuss spiritual issues

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