

Analysis of Importance of Implementing Spiritual Assessment and Care of Patients in Clinical Settings

You Na Park

Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA

Abstract

Health professionals need to take care of patients' spirituality, evaluate various spiritual approaches from both professional and public voices, and address concerns and potential conflicts in meeting the patients' spiritual needs. There is a number of strategies and solutions to addressing the concerns of spiritual assessments and management of the patients in clinical setting.

Problem Magnitude

1. A large percentage of physicians (63%) believe that religion and spirituality have significant impacts on patients' health; but only 6% believe that religion and spirituality help to prevent deleterious medical outcomes (Curlin F., et al, 2007).
2. Major professional groups and journals advise physicians to "seek to understand the meaning of patients' stories in the context of the patients' beliefs, and family and cultural values" (Report I, 1998, p.4).
3. Some scholars believe that physicians have "moral obligations" to address their patients' spiritual needs (Sulmasy, 2009, p.1635).
4. Some physicians believe that discussing spiritual matters or sharing religious beliefs in the context of treatment are "potentially harmful and in breach of General Medical Council guidance" (Poole, 2011, p.94); some believe that the act of spiritual assessment "oversteps the boundaries of medicine" and "unintentionally opens the door to spiritual coercion" (Sloan, 2000, E43).
6. Physicians who want to bring up spiritual issues are "reluctant to approach spiritual issues because they do not know how to provide spiritual care or speak about spirituality" (Polzer R, et al., 2012, p.2102).
7. There are "various situational barriers, including lack of time and effective setting for such conversations to flow between a patient and a physician" (Polzer, p.2102).

Example: Esperanza Health Center

Located in North Philadelphia, a designated medically-underserved area (MUA), Esperanza Health Center (EHC) was founded in 1989 to promote the health of the community with the vision of holistic care of individuals, regardless of people's ability to pay for their healthcare treatments. Its mission statement spells out Esperanza Health Center's firm belief in addressing more than patients' physical health but also their "spiritual, psychological, and social health needs".



Up to 19 percent of the population in the community has no health insurance, but EHC accepts different types of insurance and work with individual patients.

Currently EHC provides a plethora of medical services, including, but not limited to, Adult Preventive and Acute Care, Pediatrics, Women's and Prenatal Care, and dental services, as well as behavioral health services, social services, and nutrition and wellness programs. EHC provides comprehensive HIV care and free HIV screening tests, Community Health Promoter program, and on-site medication dispensaries. EHC continues to "[reach] out through new initiatives to work together with families, neighbors, churches and others in our community in promoting health and wholeness."

Spiritual assessments are performed after the physical screening with patients' permission. Patients, when asked, would share having some kind of religious and spiritual backgrounds that helped them go through difficult times in their lives, especially through the death and tragedies of their loved ones. Their stories confirmed a close link between patients' spiritual and emotional health and their physical health. By asking their spiritual practice and their coping mechanisms of life's difficulties, we were able to gauge the patients' health-promoting lifestyles.

Physicians at EHC spend at least 30 minutes to an hour with each patient, taking a thorough and comprehensive physical, medical, spiritual and social history of the patient, and also offering prayer whenever needed.

Intervention Strategy and Implementation

1. American College of Physicians recommends physicians to screen for unaddressed spiritual and existential concerns and sufferings by listening actively and showing empathy to the patients' struggles (Lo, et al., 1999).
2. Physicians should follow patient's wishes regarding spiritual care, rather than prescribing or encouraging patients to relinquish spiritual practices (Winslow & Wehtje-Winslow 2007)
3. Suggested strategies include allowing for large numbers of family and friends in patients' rooms for healing ceremonies, allowing for expression of spirituality through music, or through religious practices that may be unfamiliar to the clinician, and giving comfort to family members. Designing a room for patients and family members which include educational material on spiritually related issues, such as forgiveness, end-of-life issues and dealing with loss was also suggested.

Policy Development & Conclusion

1. In order to integrate spiritual screening and care as part of comprehensive medical screening, we need to inform healthcare providers with scientific basis and benefits of spiritual screening and provide them with tools to utilize knowledge. Researches call this "evidence-based spiritual care" for patients (Chung MJ, et al, 2011, abstract).
2. Discussions on religious and spiritual issues require more advanced communication skills than other communication skills, like discussing DNR orders (Ford DW., et al. 2012).
3. Therefore, medical schools and researchers need to research systematic education curricula for all healthcare professionals in regards to spiritual assessment and care. We need to foster better understanding of spiritual assessment and care of patients in both professional and public domains in order to eliminate controversial malpractice, misuse, or absence of spiritual assessments in clinical setting.