

## Assessment of Spiritual Well-being



Health Education England

Inspected and rated

Outstanding ☆



LIVERPOOL HEART AND CHEST HOSPITAL  
ENTRANCE

- Define the term spirituality
- Describe the purpose of assessing spiritual well-being in end of life care patients
- Examine practical ways of identifying spiritual concerns in patients approaching the end of life
- Describe how spiritual problems may affect other aspects of end of life care



An assessment of spiritual well-being is a sensitive but important area of holistic care, particularly when someone is facing a life-limiting illness or approaching the end of their life. At this time their spiritual and/or religious needs may become apparent or be heightened.

Some people think that only chaplains or faith workers can discuss spiritual well-being with others. Some health and social care workers feel unconfident or unskilled in discussing spiritual concerns. Assessment of spiritual well-being, and being able to sensitively facilitate a discussion of such concerns, may be extremely helpful for patients at the end of life.

In this session you will:

- Consider the areas that are important to explore in relation to a patient's spiritual needs
- Have an opportunity to consider some case examples of how problems or needs in the spiritual area affect other domains in people who are reaching the end of their life



Before you start the session, rate your confidence level in some areas related to the assessment of spiritual well-being. You will have an opportunity to do this again at the end of the session, and to reflect on how your answers have changed. This is not a test, but an opportunity for you to see how much you know about spiritual well-being before and after completing this session. For each of the following statements state on a piece of paper if you are:

- A. Very confident
- B. Confident
- C. Not very confident
- D. Not confident at all

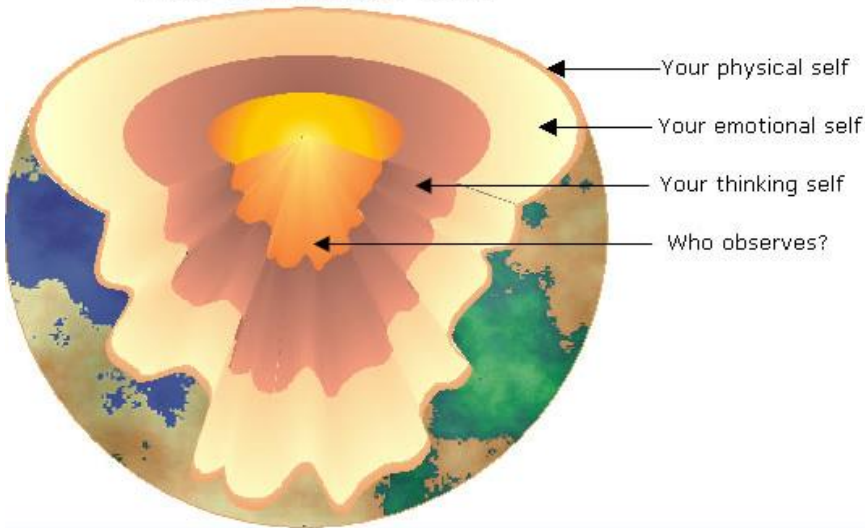
## Statements

- I am confident that I understand what spirituality is
- I find it easy to talk to patients about their beliefs
- I know how to recognise spiritual distress

# Are You More than Your Body, Feeling and Mind? Inside Our Individual World

Before carrying out a spiritual care assessment in others, you should first examine your own understanding of this hard-to-define yet essential area of end of life care. In order to do this, as you sit at your computer, you may wish to try out this simple self reflection as an introduction to the concept of spirituality.

Inside your individual world



**Your thinking self:** Finally be aware of your mind. What are you thinking right now? Allow thoughts to emerge, acknowledge them and allow new thoughts to come to light.

**Be aware of yourself observing your thoughts.**

You have a mind, but in order to observe your mind you could say you are more than your mind.

**Your physical self:** Take a moment to become aware of all the current sensations in your body as you read this. How does your body feel sitting on the chair? Note any discomfort in your body, note where your body ends and the external world begins.

**Now be aware of yourself observing your body – who observes?**

You have a body, but in order to observe your body you could say you are more than your body.

**Your emotional self:** Now take a moment to observe your feelings at this time. What do you feel right now? Acknowledge the feelings and see if others emerge.

**Who is observing your feelings?**

You have feelings, but in order to observe your feelings you could say you are more than your feelings.

## A Question to Consider

Think of what part of you observes your body, feeling and mind? How would you describe this part of you?

Having discussed that our spirituality incorporates different aspects of our selves, this next exercise will help you begin to define spirituality as you see and experience it.

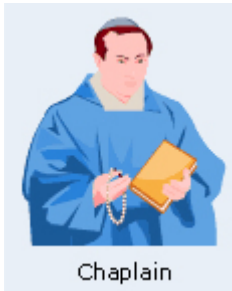
In order to understand and provide for spiritual need in your patients you first need to understand your own definition of spirituality.

Spirituality is like a hand (we all have one!), an integral part of the human form (Palliative Care Cumbria, Jean Radley). Some people may find a glove into which their hand comfortably fits (religion), others may choose to forgo the glove but still have a special part of themselves.

Which of these gloves is the best fit for you? Most people find that more than one glove fits really well.



Having discussed that spirituality can be expressed in many different ways, we'll now look at how spirituality is described in a more formal perspective.



Chaplain

... related to the search to find ... meaning within any given life experience, with reference to a power other than the self, which may not necessarily be called 'God'...  
Speck, 1988



Sociologist

The need to find meaning, purpose and fulfilment in life, suffering and death.  
  
The need for hope/will to live..  
  
The need for belief and faith in self, and/or others and God.  
Renetsky, 1979



Theologian

The need for meaning in the face of ontological (nature of being) anxiety.  
  
The need to seek connection and safety.  
  
The need to experience and express oneself through physical structure, social class, ethnicity, gender, age and sexual orientation.  
Burton, 1998

Having defined spirituality, let's now look at how religion is defined from a formal perspective.

This might seem a little complicated but it is really important to understand that some people's religious beliefs help them understand and make sense of their existence, while others find meaning through rituals based in the material world (e.g. retail therapy, physical fitness regimes) or natural world (e.g. sea, mountain or garden).



The belief in a superhuman controlling power, especially in a personal God or Gods entitled to worship.

The expression of this in worship.

A particular system of faith and worship.

Life under monastic vows (the way of religion).

A thing that one is devoted to (football is their religion).



The outward expression/practice of a particular spiritual understanding and/or the framework for a system of beliefs, values, codes of conduct and ritual.

Usually involves some kind of communal religious observance.

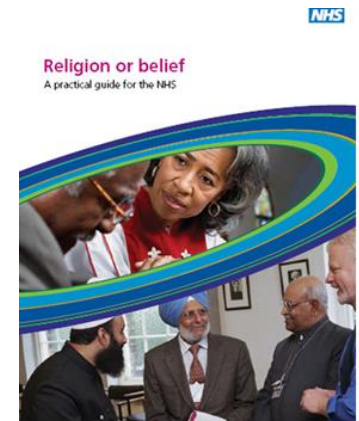
King, Speck and Thomas , 1999



Allport suggested that there were two types of religiosity (a term referring to aspects of religious activity and beliefs):

1. Intrinsic religiosity referring to people with a heartfelt belief and deeply committed, whose religion is an end in itself
2. Extrinsic religiosity, referring to people who use religion as a means to an end e.g. those for whom attendance at religious events is for help with their social status Allport, 1966

- Many of the world's formal religions have actions, behaviours or clothing which help people to express their beliefs.
- It is essential to find out what is important to an individual, through discussion with them, and not make assumptions based on their identification with a particular religion.
- Even within established religions there are various branches and regional and sectional variants with different traditions of interpretation, rituals and practices, moral guidelines and laws. There are also levels of personal compliance ranging from nominal to strict observance.
- - Religion or Belief: A practical guide for the NHS, DH (2009)



Nearly 46% of people in this country today do not have any kind of formal religious beliefs (British Social Attitudes Survey, 2006). However, it is part of human nature to have rituals and routines which give us a sense of meaning and enjoyment in our lives. Examples:

- Sports fans e.g. the football fan who follows the team every week
- Pop star followers
- TV series e.g. daily soap operas
- Shopping trips

**Question:** Are the rituals and routines associated with the above examples a form of religiosity?

**Answer:** Perhaps this is a form of religiosity. Take a moment now to reflect for yourself, once again, on the things that you like in your daily or weekly routines that give you a sense of meaning. Many of your patients are no longer able to do a lot of the things they used to do, and so it is important for you to understand the difficulties that this presents.

The following slide has an example of this.

In such cases, creative and complementary therapies can be really helpful. Find out what is available in your local area.

Mrs Benson is 79 and has been widowed twice. Her first husband died suddenly, at the age of 31, whilst playing badminton. He left her with two small children. She remarried when her children were grown up. Her second husband died of cancer when she was 49.

Mrs Benson worked hard all her life as a nurse, and her main interest outside work was her garden. To keep herself busy every day she worked religiously through the routine that keen gardeners do - dead heading, weeding, planting, pruning etc. Then, out of the blue, she had a catastrophic stroke at the age of 78.

She was confined to her home, and was being cared for by her daughter and four-times-a-day carers. She was paralysed down one side and unable to walk unaided, but her mind was unaffected. She was really miserable. She no longer could tend her garden. She no longer saw any meaning to her life and became very difficult to please.

Following a palliative care assessment, which included her spiritual needs, her inability to continue with her gardening which had helped her find meaning in her life was identified as a key problem. She was referred to the local hospice day unit, where she was able, with help, to participate in table top gardening. Her plants are now sold to raise funds for the hospice. Mrs Benson has found a fresh outlet for her spirituality, restoring some meaning and purpose to her life.

We have already learned that spirituality is part of us, so any caring approach needs to look at the whole person. This includes their spiritual needs.

**Question:** What are the goals of assessing spiritual well-being in end of life care patients?

**Answer:** The goals of assessing spiritual well-being include:

- Allowing our patients to be seen and heard
- Ensuring that patients with a religious belief are enabled to practice according to their faith
- Helping the patients look at their questions around the meaning of their illness and support them, if possible, to find meaning in their situation
- Identifying supporting and coping strategies for the patients
- Helping patients recognise a sense of value in the world
- Enabling patients to engage confidently with their past, present and future

Assessment of spiritual well-being may be therapeutic to the patient, as it allows them to tell their story and discuss things of personal importance.



Having looked at why assessment of spiritual needs is important in end of life care, and what spirituality and religion might mean, we'll now look at techniques that may help you identify spiritual needs in your patients.

Before we look at how to carry out a detailed assessment of spiritual needs, we need to consider that there may be urgent situations which require a brief screening.

If a patient is admitted into care during a crisis, there is a need for a quick screening to determine any specific religious or spiritual needs in the event of the patient deteriorating. For instance, the need to contact a priest, rabbi, imam etc. to ensure religious needs or rituals are not overlooked. If the patient is in pain or distress it may not be an appropriate time for a more sensitive and in-depth assessment of need. This should occur later.



Initial spiritual assessments can be undertaken quickly and comfortably through the use of a script.

**Question 1:** What are scripts and how are they used?

**Answer 1:** Scripts follow some suggested questions that can open up a conversation about spirituality with your patients. Some questions are about the past, some the present and others the future.

There are scripts that you can learn, which assist in the assessment of spiritual need. You will find ways of adapting these scripts through your own experience and understanding your own spirituality.

**Question 2:** Can you think of some appropriate questions for assessing spiritual well-being?

**Answer 2:** These are suggested questions that can open up a conversation about spirituality with your patients. Find a colleague, friend or family member to practise these questions with.

## Some suggested questions for assessing spiritual well-being

- Past - How have you faced life's challenges in the past?
- Past - How have you coped with your illness up to now?
- Past - Do you have any beliefs at all?
- Present - While facing this present illness/difficulty, what has helped you?
- Present - What is the hardest part for you?
- Present - What else is happening in your life right now?
- Present - Has being ill brought you any new insights into your life?
- Future - What is your biggest fear?
- Future - What are your thoughts about the future?

Hearing your patients' stories is part of the spiritual assessment process. Often a patient's story emerges over time, rather than at first assessment.

Here is the story of Arthur - an 85 year old widower and war veteran:

Steve, a community palliative care nurse, had been visiting Arthur for a few weeks. Arthur lived with his daughter. Steve liked Arthur. They supported rival London football teams and always talked about football when Steve visited. Steve knew from Arthur's daughter that they were a Catholic family, but Arthur did not like to discuss his own beliefs. As Arthur became physically weaker he became withdrawn and depressed. His mood did not respond to anti-depressants. As part of his holistic assessment of Arthur's situation, Steve asked him if he would like to see a Catholic priest. Arthur said that he hadn't bothered with 'that stuff' and that he was 'not going to start now'. Steve returned to the office, feeling bad that he had upset Arthur and had intruded on Arthur's beliefs.

Continued on the next slide



A day or two later, Arthur's daughter contacted Steve to say that Arthur had asked to see him.

Steve visited later that day and Arthur told him his wartime story. He had been part of the British army that had liberated a large Nazi concentration camp. Steve visited daily for the next three days. Arthur carefully described in detail what he had seen, and what he had done. Steve listened to the story. Never before had Arthur spoken to anyone of his wartime activities, and each day more detail of the atrocities that Arthur had witnessed unfolded. He spoke of his anger at what he had seen, and his guilt at what he had done in response to this. Having 'tested' Steve's response, Arthur then asked to see his local priest to receive absolution.

Arthur had given up on his faith after the war, but things were troubling him many years later. Some of the questions he was grappling with were:

Is my illness some sort of punishment?  
Why does God let bad things happen?  
How much longer will I have to suffer like this?

**Question 1:** How might you respond to Arthur's questions?

**Answer 1:** Like all spiritual things, there is no answer to these questions because none of us knows for sure. What is important to note from this example is how powerfully it shows what simply being there alongside patients can do for them. Your job is to stay with the unknown and explore the question with the patient.

Referral to expert spiritual support may be appropriate. NHS chaplaincy services are employed to support the spiritual needs of patients, families and staff, with and without a recognised religious belief system.

Take some time to find out about your own organisation. In the community setting, discussion and referral to your local specialist palliative care or hospice team, will give you advice and direction.

**Question 2:** What kind of person can be effective in building trust and rapport, and the have the personal resources to cope with some of the abhorrent and tragic stories that make up the lives of our patients?

**Answer 2:** Chaplaincy and spiritual care departments are equipped to deal with such things, when sometimes we are not. This is not simply because they are trained to ask the right questions, but because they can [usually] cope with the stories through their own spiritual resources and religious structures.

How can we assess and provide for spiritual need and distress, while looking after ourselves?  
Take a moment to reflect on your own beliefs.

How would you respond to a patient if they asked you the question: "What do you believe?"

Sometimes we avoid having difficult conversations because we are scared of upsetting our patients. Patients do not want us to have all the answers – they know we don't have them, because no-one has.

There is evidence to suggest that patients want us to be 'present' with them. Things we can enjoy with our patients can be a celebration of our shared humanity and spiritual connectedness.

Pause for a moment and think about three things you would share with a patient.

Some of the things which can be enjoyed with patients include:

- A beautiful sunset
- Chocolate
- Pets
- Football
- Soap operas
- Nature
- Music
- Art
- Places visited
- Literature
- Favourite poem
- Prayer

Remember that the patients must always have agreed to want to share.



Having completed the session, rate your confidence level in the same areas related to assessment of spiritual well-being as you did at the start of the session. For each of the following statements state if you are:

- A. Very confident
- B. Confident
- C. Not very confident
- D. Not confident at all

## Statements

I am confident that I understand what spirituality is

I find it easy to talk to patients about their beliefs

I know how to recognise spiritual distress

Now compare your pre-session and post-session reflection on each statement. Use the guidance below to develop your knowledge and skills further. Here is a reminder of the confidence levels:

- A. Very confident
- B. Confident
- C. Not very confident
- D. Not confident at all

**Statement 1:** I am confident that I understand what spirituality is

If your confidence has increased compared to the start – well done. Completing this session should have helped you to learn some further techniques for carrying out assessment of spiritual needs in end of life care

If you are less confident about this statement than you were at the start, then this may be because you have realised how important assessment of spiritual need is. You may want to undertake the session again. Also, discuss with colleagues, including spiritual care experts, and look for further learning opportunities to develop your skills

**Statement 2:** I find it easy to talk to patients about their beliefs

If your agreement with this statement has increased compared to the start – well done. Completing this session should have helped you to learn some further techniques for discussing these sensitive issues

If you are less in agreement with this statement than you were at the start, reflect on why this is – you may simply be realising that there are new techniques to learn and practice. Revisit the section of the session on scripts and ways to answer difficult questions

**Statement 3:** I know how to recognise spiritual distress

If your agreement with this statement has increased compared to the start – well done. Completing this session should have helped you to learn some further techniques for assessing spiritual need

If you are less in agreement with this statement than you were at the start, reflect on why this is – you may simply be realising that there are new techniques to learn and practice. Revisit the section of the session on scripts and ways to answer difficult questions

- Assessment of spiritual well-being is a key element of a holistic assessment
- Assessment of spiritual well-being is not only the remit of chaplains or faith workers
- Spiritual well-being may impact on other areas of need and this should be assessed as well
- By listening carefully when assessing the spiritual needs/problems a person has, and the effect of these on other areas of their life, you will begin to understand potential goals for care for this person