

Development and Testing of the Spiritual Needs Inventory for Patients Near the End of Life

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Purpose/Objectives: To develop and test an instrument to measure the spiritual needs of patients near the end of life.

Design: Instrumentation methodology.

Setting: One inpatient and five outpatient hospices.

Sample: 62 female and 38 male hospice patients with a mean age of 67 years; most were Caucasian, Protestant, and dying of cancer.

Methods: Items for the Spiritual Needs Inventory (SNI) were developed from a qualitative study of spiritual needs of dying patients. Data were analyzed for internal consistency using Cronbach's alpha and item-to-total correlations and for content and construct validity using factor analysis.

Main Research Variables: Spiritual needs and life satisfaction.

Findings: The total scale alpha of the 27-item SNI was 0.81. Item-to-total correlations ranged from 0.07–0.65, resulting in seven items being eliminated. A principal component factor analysis with a promax oblique rotation was used to estimate content and construct validity. A total of 17 items comprised the five-factor solution. Cronbach's alpha for the revised SNI was 0.85.

Conclusions: The SNI is a valid and reliable measurement of spiritual needs of patients near the end of life. Further psychometric testing of this newly developed instrument is warranted.

Implications for Nursing: Nurses must recognize the spiritual needs of all patients, particularly those near the end of life. The SNI may be useful in the clinical setting as well as in future studies of spiritual needs of patients.

Key Points . . .

- ▶ A need exists for an instrument that can be used in research and clinical settings to assist in identifying the specific spiritual needs of patients who are near the end of life.
- ▶ The Spiritual Needs Inventory (SNI) was developed from a qualitative study of hospice patients in which they identified the spiritual needs they were experiencing.
- ▶ The SNI assesses the degree to which patients have specific spiritual needs and whether those needs are met in their lives.

Background

Spirituality often is equated with religion, but important differences exist. Religion is an organized system of beliefs and worship (Jenkins & Pargament, 1995). Spirituality is broader than religion and has been described as a personal quest to find meaning and purpose in life (Taylor & Ferszt, 1990) and as a sense of relatedness to a transcendent dimension (Reed, 1992). Spirituality involves the whole person, including physical, psychological, and social aspects (Wright, 1998), and is always present (Reed, 1992). For this study, spirituality was defined as the inherent quality of all humans that activates and drives the search for meaning and purpose in life. It involves all aspects of the individual as lived in relationships with self, others, and a transcendent dimension. A spiritual need is something required or wanted by an individual to find meaning and purpose in life. Spirituality applies to everyone, regardless of religious beliefs (Ellerhorst-Ryan, 1997).

Spirituality in Illness and Death

The role of religion and spirituality in coping with illness and death has been studied to a limited degree. Results conflict slightly, but religion and spirituality generally have been found to help individuals cope with illness and death. Spirituality has been found to be negatively correlated with loneliness (Miller, 1985) and anxiety (Kaczorowski, 1989) and positively correlated with hope (Mickley, Soeken, &

Spiritual assessment and intervention are important aspects of care for individuals as they near the end of life. The mandate for nurses to provide spiritual care for patients near the end of life is clear. The American Association of Colleges of Nursing ([AACN], 1997) included the assessment and treatment of spiritual needs in its list of "Competencies Necessary for Nurses to Provide High-Quality Care to Patients and Families During the Transition at the End of Life." Although nursing advocates spiritual care for all patients, nurses do not regularly provide spiritual care (Highfield, 1992; Narayanasamy, 1993; Narayanasamy & Owens, 2001; Taylor, Amenta, & Highfield, 1995). The reasons that spiritual care is not consistently provided include lack of education (Lemmer, 2002; Sellers & Haag, 1998) and confusion regarding the meaning of spirituality (Narayanasamy & Owens). Spiritual assessment tools can be found in the literature; however, they often measure religiosity as opposed to spirituality or they provide a general measurement of spiritual well-being instead of identifying specific spiritual needs. Thus, the development of a valid and reliable measurement of the spiritual needs of patients is essential for comprehensive care of dying patients. The purpose of this study was to develop and test an instrument to measure the spiritual needs of patients near the end of life.

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