The Ars Moriendi Model for Spiritual Assessment: A Mixed-Methods Evaluation

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Researchers from all over the world have contributed to a growing understanding of spiritual care, providing a solid evidence base. Although much has yet to be learned, this evidence, combined with motivation and educational support, enables nurses to develop best practices concerning the spiritual dimension of caring (Cockell & McSherry, 2012). Spiritual well-being in patients with advanced illness is strongly associated with quality of life (Balboni et al., 2010). Healthcare providers (HCPs) (e.g., oncology nurses) view spirituality as an important aspect of palliative care, and the majority of HCPs think that patients undergoing palliative care can benefit from the regular provision of spiritual care (Phelps et al., 2012).

Some sources suggest that nurses and physicians should perform spiritual screening as part of patients’ routine history-taking (Puchalski et al., 2009). HCPs should also identify any spiritual problems and develop a plan of care. Worldwide, efforts are being made to incorporate spiritual care into the education of nurses and physicians (Lovanio & Wallace, 2007; Nicol, 2012; O’Shea, Wallace, Griffin, & Fitzpatrick, 2011). However, in clinical care, the provision of spiritual care remains difficult. Although a majority of patients with advanced cancer perceive spirituality to be a relevant issue, 72% of patients with advanced cancer report that their spiritual needs are minimally or not at all supported by HCPs (Balboni et al., 2007). Barriers that stand in the way of HCPs properly addressing patients’ spiritual needs include a lack of education, confidence, and the right vocabulary; a belief that spiritual care is someone else’s responsibility; and various influences of secularism and diversity in society (Molzahn & Shelds, 2008; Ronaldson, Hayes, Aggar, Green, & Carey, 2012; Vermandere et al., 2011).

Spiritual assessment is an increasingly important issue for nursing practice; however, the range of reliable and valid quantitative instruments for use in clinical practice is limited (Draper, 2012). More than 35 spiritual assessment tools are available in palliative care, but many of them have been developed for research purposes (Monod et al., 2011). Lucchetti, Bassi, and Lucchetti (2013), who reviewed the literature to compare the most...