Assessment and Implementation of Spirituality and Religiosity in Cancer Care:
Effects on Patient Outcomes

Penny Richardson, RN, BSN, CMR

Spirituality and religiosity have been defined by several governing bodies to mean everything from purpose in life, beliefs, faith, and hope, to transcendence with a higher being. The absence of uniformity regarding the components of spirituality and religiosity has created a barrier for professional caregivers in identifying, assessing, and providing spiritual needs. The diagnosis of cancer often leads patients to contemplate their own mortality and frequently presents unique challenges to their belief system. Spirituality is a unique component of holistic care. When appropriately addressed, it may strongly influence positive patient outcomes during the cancer journey. Consequently, nurses should actively participate in and incorporate the provision of spiritual care into the treatment plan for each patient with cancer or at least be able to assess those needs and make sure they are being addressed.

Many well-known short sentences change an individual’s life forever: “Will you marry me?” “It’s a girl!” Among them, one of the most difficult to comprehend is, “You have cancer.” The diagnosis of cancer is laden with challenges regarding questions of what lies ahead. It forces people to recognize their own mortality and often brings up questions of spirituality and religion. According to the National Comprehensive Cancer Network (NCCN, 2012), spirituality is a relationship between a person and a power greater than themselves that improves their lives, whereas religion is a specific practice connected to an organized group. The National Cancer Institute (2012) defined spirituality as “having to do with deep, often religious, feelings and beliefs including a person’s sense of peace, purpose, connection to others, and beliefs about the meaning of life” (Glossary Terms section). To date, consensus is lacking on a clear definition of spirituality and religion. Although their meanings are different, they are interconnected and often used interchangeably. Spirituality, which includes constructs of peace and sense of purpose, has a more powerful positive impact than religiosity, which includes beliefs and church attendance (Rippetrop, Altmayer, & Burns, 2006). The data suggest the need to investigate spirituality and religiosity as separate variables when conducting well-being assessments on patients with cancer prior to providing interventions aimed at improving quality of life.

Spiritual well-being and religiosity have been associated with better quality of life, including improved patient perception of quality and satisfaction with care, as well as extended overall survival (Astrow, Wexler, Texeira, He, & Sulmasy, 2007; Balboni et al., 2007). Facing a potentially incurable illness may elicit feelings of hopelessness, fear, and anger, and questions of meaning and purpose. Those feelings impact patient care choices, quality of life, and satisfaction with care. Patients with cancer who engage in activities that promote a positive spiritual well-being have been described as having a greater quality of life, making more aggressive care choices to extend life, and reporting satisfaction with care provided (Balboni et al., 2007; Phelps et al., 2009; Rippetrop et al., 2006; Yanez et al., 2009). Conversely, patients who do not receive adequate spiritual care become distressed, leading to poorer outcomes such as increased pain, feelings of isolation, hopelessness, and anger (Narayanasamy, 2006).

The purpose of this article is to highlight the importance of recognizing, addressing, and incorporating spirituality and religion as vital components of cancer care. This article will describe how spirituality affects the outcomes of patients with cancer and discuss the unique role oncology nurses play in helping patients achieve their desired level of spiritual engagement.
Benefits of Spiritual Care

NCCN (2012) has recognized the benefits of providing spiritual support to include reducing stress and anxiety, improving one’s sense of belonging, helping to find meaning, strengthening the will to live, promoting inner peace, and improving coping ability, among many other constructive outcomes. Incorporation of spirituality and religiosity as an integral part of cancer care may positively affect spiritual well-being and assist patients with the challenges they face during active treatment and for the rest of their lives. Religiosity and spirituality both have a positive impact on patients’ quality of life; this impact manifests as improved coping skills, a greater understanding of life’s purpose, and an enhanced will to live (Rippentrop et al., 2006). Research suggests that religious and spiritual individuals are more likely to choose aggressive measures necessary to extend life (Balboni et al., 2007). Religious individuals may place a high value on life and, therefore, believe they should do all things possible to sustain it. Religious faith may influence medical decisions at the end of life and the intensity of chosen options. Positive religious coping may be correlated with patients choosing heroic life-sustaining treatments (Balboni et al., 2007).

A Holistic Approach

The World Health Organization (2012) includes four dimensions of care in the palliative care setting: pain, physical, psychosocial, and spiritual. As spirituality is one of the aspects defined in palliative care, meeting this need can be identified as a basic part of nursing care that should be provided routinely in addition to physical care (Narayanasamy, 2006; Sinclair, Mysak, & Hagen, 2009). Consequently, nurses should actively participate in providing spiritual care, particularly when cancer-related interventions are no longer providing effective treatment. As knowledge and understanding regarding the relationship between spirituality and patient outcomes become more clearly defined, oncology nurses’ ability and willingness to effectively provide holistic care becomes paramount. Enhancing communication skills and cultural competence, as they relate to spirituality and religiosity, may be needed to approach each patient with the respect and sensitivity that this dimension of care requires. Evidence-based research suggests a correlation between optimistic spiritual well-being and positive patient outcomes, and spiritual care programs emerging throughout the U.S. healthcare system support this relationship (Alcorn et al., 2010; Johnson et al., 2007; Phelps et al., 2009; Rippentrop et al., 2006). Several researchers have reviewed the relationship between religion and spirituality and how it affects patients’ experience with cancer. Those relationship qualifiers have been identified as coping (the acceptance of death as a life process and endurance during the cancer experience), practice (prayer and religious service attendance), beliefs (life is an integrated whole with or without cancer), transformation (finding meaning in life and a sense of peace), and culture and community (socialization, clergy, other spiritual supporters) (Alcorn et al., 2010; McSherry, 2006; Mok, Wong, & Wong, 2009). Recognizing that spirituality is very different for every individual, that needs may surface at any time during the cancer journey, and that it can take on many different forms are very important. Evidence of that relationship indicates the importance of addressing spirituality and religiosity as an essential component of holistic care. Knowledge of the association between religion and spirituality and patient outcomes is an excellent framework for providing spiritual care to patients with cancer.

Recognizing, Assessing, and Implementing Spiritual Needs

Nurses need to approach the assessment of spirituality and religiosity gingerly, as the threshold of intimacy on the subject is very personal. Patients may feel isolated if nurses take a stance on imposing questions of spirituality without regard for their cultural differences and needs (Surbone & Baider, 2010). Several components have been identified as essential when approaching the topic of spirituality and religiosity, including the patient’s permission to discuss spiritual issues, timing of the discussion, and sharing spiritual beliefs without imposing influence (Surbone & Baider, 2010). Following those basic principles provides an open forum for patient discussion as opposed to a position of domination on the healthcare provider’s part. In a study by Taylor (2006), patients who placed a high value on spiritual beliefs were more receptive to acceptance of nurse-guided spiritual care, whereas those who appeared less religious did not want spiritual care provided. Nurses need to recognize that, although patients may express spiritual needs throughout their cancer care, the nurse should not assume their involvement is required to fulfill that need (Taylor, 2006).

Prior to implementing spiritual and religious care, nurses must be able to assess and describe a patient’s spiritual needs. Many assessment models have been proposed. Skalla and McCoy (2006) developed the five-dimensional Moral Authority, Vocational, Aesthetic, Social, and Transcendent model for assessment and recognition of spirituality. The first dimension, moral authority, includes questions that illuminate the source from which a patient derives decision-making power. Recognizing that element provides nurses with the necessary framework to respect patients’ rights regarding how and why they make certain cancer treatment choices (Skalla & McCoy, 2006).

The vocational dimension asks questions that clarify an individual’s sense of purpose in life, be it spiritual or vocational. Having cancer can threaten a patient’s ability to fulfill his or her obligations or purpose. Recognizing those obligations may be essential for the nurse to provide appropriate support and avoid unnecessary distress (Skalla & McCoy, 2006).

The aesthetic dimension provides nurses with information regarding how patients express creativity and what types of activities they derive pleasure from, such as art, music, poetry, and gardening. Dealing with the side effects of cancer and its treatment can make this dimension quite challenging for patients to execute. Recognizing which patients gain sustenance for their spirit in this way is critical, so that every effort can be made to find alternatives to achieve patient satisfaction (Skalla & McCoy, 2006).

The social dimension encompasses the patient’s connectedness with community, including family, friends, social groups,
or church. This arena encompasses any type of routine gathering. Among all the dimensions, social is the easiest to become compromised, as patients who endure cancer treatment often experience fatigue and/or other side effects that interfere with regular attendance, leading to social isolation. Having knowledge of how patients enrich their lives through socialization is important to nurses as they customize support group options or other resources to fulfill this need (Skalla & McCoy, 2006).

The transcendent dimension represents patients’ recognition that something larger than them exists, something divine that reflects faith, worship, religious practice, meditation, prayer, or any belief outside the natural world. This dimension enables patients to glean hope, purpose, and meaning despite the suffering they are enduring from cancer. During diagnosis, treatment, end of life, and survivorship, this dimension is critical to patients’ overall well-being (Skalla & McCoy, 2006).

### Nursing Implications

Spirituality has a component of intimacy, making intuition a critical factor in approaching the topic. Nurses are in a unique position to foster trusting relationships, allowing patients the freedom to expose their innermost feelings without fear of judgment (Sawatzky & Pesut, 2005). The interpersonal aspect of spiritual care involves several nursing skills, including proper use of verbal and nonverbal communication; an

---

**TABLE 1. Patient Spiritual Assessment Tools Developed for Nursing Practice**

<table>
<thead>
<tr>
<th>Tool</th>
<th>Components</th>
<th>Sample Verbiage</th>
<th>Sample Techniques</th>
<th>Usage Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAREL Spiritual Well-Being Scale</td>
<td>21-item Likert-type scale ranging from &quot;strongly agree&quot; to &quot;strongly disagree&quot;</td>
<td>Prayer is an important part of my life. I believe I have spiritual well-being.</td>
<td>Affirmation, therapeutic communication, reminiscence, referral</td>
<td>Screen and assess for potential spiritual well-being or spiritual distress. Assist in creating spiritual nursing diagnosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I find meaning and purpose in my life. I believe in afterlife. God has little meaning in my life. I am pretty well put together. I find it hard to forgive others. Belief in a supreme being has no part in my life. I cannot accept change in my life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual well-being core categories: Relationship, nature, self, time</td>
<td>Three factors: Faith/belief dimension, life/self-responsibility, life satisfaction/self-actualization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Assessment Tool (Dossey, 1998)</td>
<td>Meaning and purpose: One’s understanding of life’s meaning, mystery, uncertainty, and struggles</td>
<td>Meaning and purpose: What gives your life meaning? Does your illness interfere with your life goals? What is the most important or powerful thing in your life? Inner strength: What brings you joy or peace in your life? What makes you feel alive and full of spirit? How does your faith play a role in your health? In your preparation for death? Interconnection: How do you feel about yourself right now? What do you do to heal your spirit? What do you do to love yourself? Forgive yourself?</td>
<td>Acupressure, aroma-therapy, art therapy, exercise and movement, healing touch, humor and laughter, imagery, journaling, massage, meditation, music and sound therapy, therapeutic touch, play therapy, prayer, reflexology</td>
<td>As a diagnostic tool to assess spiritual issues and concepts To increase awareness of spirituality through the use of reflective questions</td>
</tr>
<tr>
<td>Spiritual Needs Survey (Galek et al., 2005)</td>
<td>Seven representative constructs: Love/belonging/respect, divine, positivity/gratitude/hope/peace, meaning/purpose, morality and ethics, appreciation of beauty, and resolution/death</td>
<td>Divine construct: How important is it to have someone pray with or for you? To participate in religious or spiritual services? Love/belonging/respect construct: How important is it to be accepted as a person? To feel hopeful? To feel a sense of connection with the world? Resolution/death construct: How important is it to review your life? To address unmet issues before death? To forgive yourself and others?</td>
<td>May be used to better understand a patient’s spiritual needs</td>
<td>To explore patients’ spiritual needs, both with traditional religion and noninstitutional-based spirituality</td>
</tr>
</tbody>
</table>
attitude of warmth, respect, empathy, and listening; and values of love and compassion (Sawatzky & Pesut, 2005). Those components can assist the nurse in overcoming the initial trepidation of entering into the spiritual realm of conversation with their patients. Altruism is an important aspect of spiritual nursing care, as it ensures that the patient’s needs remain a priority. When entering into spiritual discussions, nurses should careful not to lose sight and impose their own agenda. Nurses should feel free to share their own experiences, but should not direct patients to assume their approach to spirituality (Sawatzky & Pesut, 2005). Nurses should incorporate spiritual care into all aspects of patient care, not as a separate entity. Facilitating the integration of patients beyond themselves into the social and environmental realm is important (Sawatzky & Pesut, 2005). Such information provides valuable guidelines for nurses to use when engaging in spiritual care, where a lack of consensus on how to provide spiritual and religious care remains challenging.

Challenges and Issues

Meeting spiritual needs is an important aspect of care for patients experiencing life-threatening illnesses. Unfortunately, challenges and issues exist that create barriers for nurses to provide appropriate spiritual care. Continuity of caregiver and adequate time to develop a relationship that encourages spiritual sharing are some issues that nurses encounter (Lemmer, 2005). Nurses are capable of meeting patient physical needs as they are easily identified through assessment. In contrast, spiritual needs, which are fluid and intangible, require time and continuity to recognize. Lack of knowledge regarding the spiritual realm and self-reflection also pose a challenge, leading nurses to misinterpret spiritual needs; out of uncertainty, they may shift the responsibility to other disciplines such as psychological or pastoral care (Lemmer, 2005).

Overcoming Barriers

To overcome barriers for providing spiritual care, Lemmer (2005) proposed that nurses view patients as having a spiritual dimension, drawing on the common elements that have appeared in most definitions. To explore the spiritual dimension, nurses may use one of several spiritual assessments that have been developed for nursing practice (see Table 1). One example is the Spiritual Assessment Tool (Dossey, 1998), which integrates two components for nurses to use in providing spiritual care. The first component is a list of reflective questions for assessing, evaluating, and increasing awareness of patient spirituality. The second is a spiritual issues and concepts diagnostic portion, which includes three defining characteristics: meaning and purpose, inner strength, and interconnection. A second, the Spiritual Needs Survey (Galek, Flannelly, Vane, & Galek, 2005), is a comprehensive 29-item quantitative survey that incorporates seven major constructs pertaining to patients’ spiritual needs. The total design is meant to include both traditional religion and noninstitutional-based spirituality. A third example, the JAREL Spiritual Well-Being Scale, is an assessment tool that provides a way to establish nursing diagnosis related to spirituality and identify resources that can be integrated into a plan of care (Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1996). Scores provide the nurse with direction on how to further explore patients’ areas of need or concern, and nursing interventions of affirmation, therapeutic communication, reminiscence, and referral may be used to provide patients with a sense of well-being (Hungelmann et al., 1996). Such spiritual assessment tools may be used as a tangible means of exploration for identifying patients’ spiritual needs. However, validity and reliability data may be limited and the length of the questionnaires may limit use in clinical practice.

Self-reflection regarding one’s own spiritual beliefs and establishing a trusting patient-nurse relationship provide an excellent foundation for spiritual assessment (Lemmer, 2005). Data support the existence of spiritual and existential needs for patients with cancer, yet clinical professionals seldom choose to investigate this dimension of care (Astrow et al., 2007). A majority of patients would welcome the spiritual discussion and direction, whereas leaving spiritual needs unmet may correlate with a patient perception of poorly provided care (Astrow et al., 2007).

Patient Satisfaction

Satisfaction with care often is associated with how patients perceive that their needs are being met. Both the National Quality Forum and the Joint Commission recognize the need to care for the spiritual needs of patients with cancer when assessing the quality of care provided throughout all stages of cancer (Astrow et al., 2007). An association between spiritual well-being and quality of life for patients with cancer has been demonstrated in the literature (Rippentrop et al., 2006; Tarakeshwar et al., 2006). Unmet spiritual needs may influence patient satisfaction when judging their quality of care (Astrow et al., 2007). Patients with spiritual needs who are open to health professionals providing religious and spiritual care but did not have this need met reported a lower satisfaction with care, as well as a poorer quality of life (Astrow et al., 2007). A minority of those patients may not welcome inquiries related to their religiosity and spirituality. That suggests that nurses would best serve their patients by respectfully identifying each patient’s expectations for this element of care prior to executing care or making resources available to meet this need. The author proposes that once the desire for spiritual care is confirmed, the health professional should investigate the specifics of those needs and follow the patient’s lead on fulfilling them. A need exists to address spirituality and religiosity from diagnosis to end of life to improve quality of life and promote patient satisfaction with care (Astrow et al., 2007).

Research Recommendations

Current research suggests guidance for clinical practice as it relates to religiosity and spirituality in caring for patients with cancer at end of life. Future research should examine the components of execution for spiritual care and how it changes throughout the patients’ course of disease. Looking at the effectiveness of spiritual interventions in helping patients along the terminal illness continuum would be prudent.

Research indicates that a relationship between spirituality and religiosity and health exists for patients experiencing a terminal illness. The continued exploration and description of factors that specifically influence spirituality and health may improve existing
Implications for Practice

- Research supports spiritual well-being as beneficial to patients with cancer, as daily spiritual experiences may positively influence health behaviors (e.g., diet, exercise, compliance with care).
- In clinical trials, identifying and addressing spiritual needs of patients with cancer improved quality of life and promoted satisfaction with care from diagnosis to end of life.
- Spirituality has been identified as an important component of physical and psychological well-being, positively influencing patients’ ability to cope with their cancer from diagnosis through treatment and into survivorship.

Conclusions

Spirituality and religiosity are connected to patient outcomes when one is challenged with life-threatening illness and end of life. Addressing the spiritual dimension of patient care during the cancer journey will be principally beneficial to those who use that coping skill. Spirituality and religion may take the form of meditation, yoga, music, belief in an existential being, prayer, or religious tradition, all of which somehow bring peace, meaning, and hope to individuals facing the reality of their own mortality. A cancer diagnosis, curable or incurable, often raises issues of meaning and purpose, as well as questions regarding mortality (Sinclair et al., 2009). Although the exact definition of what constitutes spirituality and religion remains uncertain, nurses need to recognize what has been made clear so far. The dimension of spirituality and religion correlates with patients’ quality of life, satisfaction with care, and decision making during a life-threatening illness such as cancer. When patients with cancer who derive optimism, strength, and completeness from the spiritual dimension have their needs addressed by clinicians, hope is restored despite the disappointment of physical care failures. Understanding the breadth of spirituality and religion is an important concept when providing holistic care. Initiating spiritual care may be difficult at first, but the techniques offered in this article may help. Nurses should recognize the importance of spirituality and religiosity and incorporate these concepts as a fundamental part of cancer care.

References


Sinclair, S., Mysak, M., & Hagen, N.A. (2009). What are the core elements of oncology spiritual care programs? *Palliative and Supportive Care, 7*, 415–422. doi:10.1017/S174895109990425

with cancer: The moral authority, vocational, aesthetic, social, and transcendent model. *Oncology Nursing Forum, 33*, 745–751. doi:10.1188/06.ONF.745–751


For Exploration on the Go

Visit the Oncology Nursing Society’s Spiritual Care Special Interest Group Virtual Community, with resources, past newsletters, and discussion for members, by opening a barcode scanner on your smartphone. Point your phone at the code and take a photo. Your phone will link to the content automatically.


Receive Continuing Nursing Education Credits

Receive free continuing nursing education credit* for reading this article and taking a brief quiz online. To access the test for this and other articles, visit [http://evaluationcenter.ons.org/Login.aspx](http://evaluationcenter.ons.org/Login.aspx). After entering your Oncology Nursing Society profile username and password, select CNE Tests and Evals from the left-hand menu. Scroll down to *Clinical Journal of Oncology Nursing* and choose the test(s) you would like to take.

* The Oncology Nursing Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s COA.