The Impact of the Hospice Environment on Patient Spiritual Expression

Heather M. Tan, M Grief and PC Couns, BSc, Grad Dip Ed, CCPE, Annette Braunack-Mayer, PhD, B Med Sci (Hons), and Justin Beilby, MD, MPH, MBBS, FRACGP

Key Points...

➤ Spiritual expression is important, an individual matter, and not necessarily related to religion.
➤ Nurses are seen as significant others in the inpatient hospice environment.
➤ Assessment of how nurses can further facilitate patients’ spiritual expression may be needed.

Purpose/Objectives: To understand how hospital inpatients express their spirituality and to investigate the impact of hospice environment on this expression.
Research Approach: Qualitative.
Setting: Two metropolitan hospice centers in southern Australia.
Participants: 12 inpatients (7 males, 5 females) who were residents for at least four days.
Methodologic Approach: Influenced by Heidegger’s Phenomenological Hermeneutics, semistructured interviews were conducted. Interview transcripts and field notes were analyzed to reduce data into codes and themes. Data were coded by extracting verbatim phrases used to describe spiritual expression and the impact of hospice environment on it.
Main Research Variables: The nature of spiritual expression and the impact of the hospice environment on the spiritual expression of hospice inpatients.
Findings: Participants were comfortable discussing their spiritual expression within the context of four main themes: Relationships, That Which Uplifts, Spiritual Practice, and Having Hope. Finding meaning was a common link among these themes. The impact of the hospice environment was variable. Most believed that it facilitated their spiritual expression to some degree.
Conclusions: Spiritual expression is important but is facilitated by individualized spiritual care. Nurses play an important role in the provision of spiritual care within a hospice setting.
Interpretation: Nurses are significant in assisting in patients’ spiritual expression. Nurses’ needs for training in listening skills, confidence in discussing spiritual issues, and time to provide individualized spiritual care should be assessed to ensure optimal patient expression.

Since the 1990s, the literature has placed considerable emphasis on the importance of spiritual care for palliative patients (McGrath, 1999; Spiritual Care Work Group of the International Work Group on Death, Dying and Bereavement, 1990; Thomson, 2000; Wright, 2002). However, little, if any, research has investigated the impact of the hospice environment on the spiritual expression of inpatients. Some studies have been carried out among palliative care staff members, such as nurses, as well as caregivers (McGrath, 1997; McSherry, 1998; Strang & Strang, 2002; Wright), whereas others have involved homecare palliative patients and survivors (Benzin, Norberg, & Savenman, 2001; Bolmsjo, 2000; Carroll, 2001; Gall & Cornblat, 2002; Hermann, 2001; McKinlay, 2001; Thomson).

The provision of spiritual care is complicated by the nature of spirituality itself (McGrath, 1997). Although the literature has differentiated between spirituality and religiosity (Koenig, McCullough, & Larson, 2001; McGrath, 1999; Walter, 2002; Wright, 2002), this division is not universally accepted (Gall & Cornblat, 2002; Rumbold, 2002). Numerous attempts have been made to define spirituality and the essence of spiritual care (Breitbart, 2002; Koenig et al.; McGrath, 1999; Rumbold; Walter; Wright). The most commonly mentioned themes are those of forgiveness and reconciliation; relatedness to self, significant others, and, for some, a divine being (Mickley & Cowles, 2001); transcendence (Benzein et al., 2001); hope (Benzein et al.; Kellehear, 2000; Parker-Oliver, 2002); and remembering (Strang & Strang, 2002). Elements of each of these are encompassed in the theme of “searching for meaning” and so, for the purpose of this article, spirituality is defined as a search for meaning. This search is enabled and motivated by relationships with a higher power, with significant others, with nature, and in transcendental experiences. Spiritual expression may include religion.

Apart from the difficulty of defining spirituality, a number of challenges are associated with research in the spiritual domain.

Heather M. Tan, M Grief and PC Couns, BSc, Grad Dip Ed, CCPE, is a doctoral student in the Department of General Practice and Annette Braunack-Mayer, PhD, B Med Sci (Hons), is a senior lecturer in the Department of Public Health, both at the University of Adelaide in Australia. At the time the article was submitted, Justin Beilby, MD, MPH, MBBS, FRACGP, was the head of the Department of General Practice and currently is the executive dean in the Faculty of Health Sciences, both at the University of Adelaide. (Submitted July 2004. Accepted for publication November 16, 2004.)

Digital Object Identifier: 10.1188/05.ONF.1049-1055