

Spiritual Needs of Dying Patients: A Qualitative Study

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Purpose/Objectives: To identify dying patients' definitions of spirituality and their spiritual needs.

Design: Descriptive, qualitative.

Setting: Participants' places of residence.

Sample: 19 hospice patients (10 females and 9 males), mean age 72, with a range of length of time as a hospice patient of 2 weeks to 12 months.

Methods: 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 spirituality and spiritual needs. Themes emerged from the data as commonalities among the codes developed.

Main Research Variables: Meaning of "spiritual" and perceived spiritual needs.

Findings: Participants initially defined spiritual as relating to God or religion; however, as interviews progressed, it was apparent that their spirituality was a part of their total existence. Twenty-nine unique spiritual needs were identified and grouped into six themes: need for religion, need for companionship, need for involvement and control, need to finish business, need to experience nature, and need for positive outlook.

Conclusions: Participants perceived spirituality as a broad concept that may or may not involve religion. Spiritual needs were likewise broad in scope and were linked closely to purpose and meaning in life.

Implications for Nursing Practice: Spiritual care of dying patients is within the scope of nursing practice. Spiritual needs are quite varied and encompass more than religion. If nurses are to enhance the quality of life of dying patients, spiritual needs must be addressed.

Key Points . . .

- ▶ Spirituality involves the search for meaning and purpose in life and relatedness to a transcendent dimension.
- ▶ To increase the quality of life of dying patients, care must be aimed at spiritual needs as well as physical and psychological needs.
- ▶ Study results indicate that spiritual needs of dying patients are quite broad, encompass many aspects of patients' lives, and involve much more than religion.
- ▶ Providing spiritual care is a professional responsibility of nurses that must be fulfilled to enhance the quality of life of dying patients.

term spirituality had been used interchangeably with religiosity. Although confusion between the terms still exists, spirituality and religiosity generally are recognized as having different meanings. Religion is an organized system of beliefs and worship (Emblen, 1992). Spirituality is considered to be a broader concept that involves the quest for meaning and purpose in life (Taylor & Ferszt, 1990) and a sense of relatedness to a transcendent dimension (Reed, 1992). For some individuals, religion may be a key component of spirituality, but for others, religion may not be important.

Although there has been a renewed interest in spiritual care within nursing, confusion as to what spiritual care should encompass abounds (Ross, 1994). Few studies have examined specific spiritual needs of patients. No studies were found that focused exclusively on spiritual needs of people who are dying. The purpose of this study was to identify dying persons' definitions of spirituality and their spiritual needs.

Literature Review

Some evidence suggests that religion or spirituality assists individuals in coping with illness and death. Patients' perceptions of the importance of religious faith were positively related to adjustment to illness and treatment regimen

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Dying is an inevitable and complex part of human development that has the potential for both growth and distress (Germino & McCorkle, 1985; Reed, 1987). With death approaching, individuals commonly go on an inward journey to consider questions of life and death. To increase the quality of life of a dying person, all aspects of an individual—mind, body, and spirit—should be addressed.

Physical and psychosocial needs of the dying person have been examined to a limited degree; however, few attempts have been made to identify spiritual needs. Although clinical opinion supports the notion that spirituality is important to the individual's ability to cope with the dying trajectory (Doyle, 1992; Mount, 1993), research findings to date do not provide clear direction as to the role of spirituality. In reviewing the nursing literature, it is evident that in the last 30 years, the meaning of spirituality has evolved slowly. Until recently, the