A Psychometric Analysis of the Spiritual Needs Inventory in Informal Caregivers of Patients With Cancer in Hospice Home Care

Harleah G. Buck, PhD, RN, CHPN, and Susan C. McMillan, PhD, ARNP, FAAN

Cancer caregiving affects the physical, social, emotional, and spiritual well-being of caregivers (Northouse, 2005). In addition, spiritual appraisals of caregivers of the terminally ill have been shown to predict situational and mental health outcomes (Mickley, Pargament, Brant, & Hipp, 1998). However, the systematic assessment of spirituality and spiritual needs of caregivers is not routinely conducted. The Clinical Practice Guidelines for Quality Palliative Care from the National Consensus Project for Quality Palliative Care (2009) recommends the use of standardized assessment instruments to assess, document, and reevaluate spiritual and existential care needs of patients and caregivers. The Spiritual Needs Inventory (SNI) is an instrument developed and validated as a measure of the spiritual needs of patients near the end of life (Hermann, 2006). Patients and caregivers are known to reflect mutuality in psychiatric and spiritual measures (Bambauer et al., 2006; Fleming et al., 2006; Sherman et al., 2005; Taylor, 2003), so researchers theorized that a spiritual needs instrument developed for patients may have use for informal caregivers. The purpose of the current study was to test the validity and reliability of the SNI in informal caregivers of patients with cancer in hospice home care.

Background

Caregiving at the End of Life

Caregivers describe the experience of caregiving as life-changing and consuming, and are known to provide large amounts of invisible health care at the end of life (Northouse, 2005; Sawatzky & Fowler-Kerry, 2003). Caregivers of hospice patients were found to provide an average of 120 hours of caregiving per week (Haley, 2001). In addition, unmet needs in the hospice caregiver lead to increased burden and risk for failure (Fleming et al., 2006). However, social support and caregiver coping are known to impact caregivers’ perception of burden.