

The Degree to Which Spiritual Needs of Patients Near the End of Life Are Met

Carla P. Hermann, PhD, RN

Purpose/Objectives: To determine to what degree the spiritual needs of patients near the end of life are met.

Design: Descriptive.

Setting: One inpatient and five outpatient hospices.

Sample: 62 female and 38 male hospice patients with a mean age of 67 years; 74% were dying from cancer.

Methods: Each subject completed the Spiritual Needs Inventory and rated life satisfaction via the Cantril ladder.

Main Research Variables: Spiritual needs and life satisfaction.

Findings: Women, patients residing in a nursing home or an inpatient hospice unit, and patients with lower levels of education reported a higher number of unmet spiritual needs. Needs that could be met independently by patients and were not related to functional status were met at a higher rate than those that were dependent on others and on functional status.

Conclusions: Spiritual activities are important to patients who are near the end of life, but these patients may have a variety of unmet spiritual needs that depend on many factors, including the care setting.

Implications for Nursing: Nurses must recognize the importance of spirituality to patients near the end of life. Assessment for specific spiritual needs can lead to the development of interventions to meet those needs. Meeting patients' spiritual needs can enhance their quality of life.

Key Points . . .

- Nursing care for patients near the end of life must address all aspects of individuals—physical, psychosocial, and spiritual.
- Spiritual activities are important to patients as they near the end of life.
- Patients near the end of life may need assistance in meeting spiritual needs, particularly as their functional status declines.
- Nurses can support patients in meeting spiritual needs by recognizing the existence of the myriad spiritual needs patients may be experiencing and providing an environment conducive to meeting those needs.

Background

Meaning of Spirituality

Interest in the concept of spirituality has increased recently. For many years, spirituality was equated with religion; however, researchers now recognize that spirituality is a broader concept and religion is subsumed under spirituality (Flannelly, Weaver, & Costa, 2004). Spirituality involves finding purpose and meaning in life (Taylor & Ferszt, 1990) and relates to a transcendent dimension (Reed, 1992). Spirituality is multi-dimensional in nature and involves individuals' physical and psychosocial characteristics (Wright, 1998). In the current study, spirituality was defined as the inherent quality of all humans that activates and drives the search for meaning and purpose in life. Spirituality involves all aspects of individuals as experienced in relationships with self, others, and a transcendent dimension. A spiritual need is something required or wanted by an individual to find meaning and purpose in life. Everyone can be considered to be spiritual in nature and therefore have spiritual needs (Walter, 2002).

Literature Review

The beneficial effects of spirituality have been reported in numerous studies. Spiritual well-being has been negatively

Carla P. Hermann, PhD, RN, is an associate professor in the School of Nursing at the University of Louisville in Kentucky. (Submitted November 2005. Accepted for publication April 4, 2006.)

Digital Object Identifier: 10.1188/07.ONF.70-78

The goals of care for patients near the end of life (EOL) include the prevention of and relief from the multitude of symptoms that may occur. The primary focus of symptom relief often is on patients' physical symptoms, but symptoms may be related to spiritual and psychosocial needs as well as physical needs. Quality EOL care must address all dimensions of patients—physical, psychosocial, and spiritual.

Nurses are in a unique position to discuss spiritual issues because of the amount of time they spend with patients (Field & Cassel, 1997). The literature indicates that patients may desire spiritual care (Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999), but nurses and physicians frequently omit spiritual assessment and care (Ellis, Vinson, & Ewigman, 1999; Stranahan, 2001; Taylor, Amenta, & Highfield, 1995). Spiritual care may be neglected because of healthcare providers' lack of education (Sellers & Haag, 1998; Stranahan) or lack of time (Ellis et al.). Because patients may grow spiritually and find greater meaning in life as they near the EOL (Byock, 1997), this is an important area for intervention. The purpose of the current study was to determine to what degree the spiritual needs of patients near the EOL are met.