

Interprofessional Perspectives on Providing Spiritual Care for Patients With Lung Cancer in Outpatient Settings

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PURPOSE: To explore palliative care and oncology clinicians' perspectives on current challenges and facilitating factors in meeting the spiritual needs of patients with lung cancer and family caregivers. This study was conducted in preparation for a community-based lung cancer palliative care intervention.

PARTICIPANTS & SETTING: 19 oncology and palliative care clinicians in three outpatient Kaiser Permanente sites in southern California.

METHODOLOGIC APPROACH: This multisite qualitative study used focus group and key informant interviews. Data were analyzed using content analysis methodology, and a team approach was used to validate findings.

FINDINGS: Clinicians described facilitating factors (interprofessional team support, assessment of spiritual needs, clinician-provided spiritual support, and provision of culturally respectful spiritual care) and challenges (related to providing culturally respectful spiritual care by respecting the patients' spiritual and cultural beliefs in an open way and in advocating for the patients' wishes) they encountered when addressing patient and caregiver spiritual needs.

IMPLICATIONS FOR NURSING: This study demonstrated the need to provide nurses with practical tools, education, and a supportive environment to address patients' and family caregivers' spiritual concerns.

KEYWORDS palliative care; spiritual care; spiritual needs; quality of life

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Spirituality plays an important role in the lives of patients with cancer. Oncology nurses concerned with the whole person play a crucial role in supporting spiritual well-being in patients and families (Musgrave & McFarlane, 2003). However, in outpatient oncology settings, a clinical assessment of spirituality is generally limited to a single question on religious preference (Skalla & Ferrell, 2015). Consequently, underlying spiritual needs are often overlooked despite the patients' wish to have their spiritual needs addressed in the context of their illness experience (McCord et al., 2004; Phelps et al., 2012).

Spiritual care is not solely the responsibility of one healthcare discipline. Rather, research has recommended an interprofessional approach that includes taking a spiritual history and knowing when to make appropriate referrals to chaplains and others trained in providing spiritual care (Puchalski et al., 2009). This study identified facilitating factors and challenges of providing spiritual support to patients and family caregivers in outpatient settings. This qualitative study is part of a larger ongoing two-phase intervention study conducted to test the dissemination of a palliative care intervention (PCI) for patients with non-small cell lung cancer and their primary family caregivers in community-based settings. Three outpatient Kaiser Permanente sites in southern California were chosen for the dissemination of the PCI because of their substantial commitment to supporting palliative care services and bridging outpatient services to the community (Nguyen et al., 2017).

Background

The International Consensus Conference in 2012 defined spirituality as "a dynamic and intrinsic aspect of humanity through which persons seek ultimate