Getting comfortable with the uncomfortable.

Brenda D. Kimery, MPAS, PA-C
Division of Hospital Internal Medicine
Mayo Clinic in Arizona
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Learning Objectives

- Spiritual Health
  - Definition, Role in medical care, Evidence

- Spiritual Assessment/History
  - Joint Commission requirements for health care providers and facilities
  - How?
  - Benefits, Challenges, Precautions

- Spiritual Intervention
  - Identify need
  - Spiritual Care Team (SCT)
  - Resources
**History of Spiritual/Cultural Healing (Spirituality)**

- **2000 BCE** Egyptian Medicine
- **600–500 BCE** Traditional Chinese Medicine
- **600–500 BCE** Medicine Buddha 12 Vows
- **460 BCE** Hippocrates Greek Medicine
- **400–500 CE** CE Hindu Renaissance
- **15,000 BCE** Native Americans
- **700 BCE** Ancient Greek Medicine
- **1250 BCE** Egyptian Medicine
- **1300 BCE** Judaism
- **750 CE** Islamic Muslim Medicine

Majority of these religions look to their god(s) for healing

**Religion**

2017 2018 2019

- Catholic: 22.1%
- Protestant: 21.1%
- Buddhist: 1.9%
- Hindu: 1.5%
- Jehovah’s Witnesses: 0.3%
- Muslim: 0.3%
- Other: 9.5%

www.mrctv.org

"Imperative to help physicians become more comfortable with cultural differences to deliver best care in our increasingly multicultural society."

*Physicians= All medical providers (MD, DO, PA, NP, RN, etc.)

David A. Fleming, MD, MA, FACP
ACP Internist
Definitions

Religion (beliefs, practices, and ritual)
- Related to mystical, supernatural, or God in Western religious traditions
- Related to Ultimate Truth or Reality in Eastern traditions
- Organized and practiced in a community (but can be practiced in private too)
- Established traditions

Measurable

Spirituality: Values, beliefs, principles, morals
- Personal
- Defined by the individual
- No rules, regulations or responsibilities to a religious organization
- "I am spiritual, but not religious"

All inclusive - Difficult to measure

Definition

Spirituality

• Hope
• Significance
• Love

Criteria (not required)
• Unity with a greater force
• Guiding sense of meaning and value
• Organized religion
• Balance
• Introspection
• Meaning
Practices to support spiritual growth

Examples
- Meditation
- Medicine Wheel
- Rituals
- Hymns of Praise
- Prayer
- Fellowship
- Readings
- Tai Chi
- Gestures (example, laying of hands)

Early 20th Century Nurse Florence Nightingale (Pioneer of modern medicine)

“Often when people seem unconscious, a word of prayer reaches them.”

Definitions

- Spiritual Health: Ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature or a power greater than oneself. (Wikipedia)

MIND, BODY, SPIRIT
Mind
Body
Spirit

SPIRITUAL HEALTH

MIND
Purpose
Significance
Love

BODY
Organs
 Conscious
Sub-Conscious
Cells

SPIRIT
Purpose
Conscious
Significance
Love

MIND
Purpose
Significance
Love

Will
Emotions

Conscious
Sub
Conscious
Will
Emotions

Sight
Auditory
Taste
Smell
Touch

RELIGION
SPECIALITY
SECULAR

MENTAL HEALTH

PHYSICAL HEALTH

Psychiatrist
Harold G.
Koenig, MD
Duke
University

- Director of Duke’s Center for the Study of Religion/Spirituality and Health
- Published
  - Over 280 scientific articles in peer-reviewed journals and scholarly professional journal articles
  - 60 chapters in professional books
- First systemic evidenced based analysis on the connection between mental disorders and religion
  - 1990-2010 in PubMed
- Review of research based on religion/spirituality and both the mental and physical impact on people. Analyzing for positive and negative effects.
  - Reviewed 3300 articles from 1872-2010
  - Reported findings on the most rigorous studies
### Better Mental Health

- **Good evidence**
  - Depression, substance abuse, suicide
- **Some evidence**
  - Stress-related disorders & dementia
- **Insufficient evidence**
  - Bipolar d/o & Schizophrenia

### Coping skills

- 134 studies reviewed prior to 2000
- 344 studies reviewed on health and coping
- Total of 454 studies
- There was a positive correlation between R/S and coping with health issues in an overwhelming majority of studies.
- Examples of illnesses associated with positive correlations:
  - Chronic pain
  - Heart/CV disease
  - Cancer
  - HIV
  - Overall stress
  - End of life issues
  - Psychiatric disorders
  - Natural disasters/acts of terrorism
  - Caregiver burden

### Health

- **Positive**
  - R/S associated with positive cardiac function or outcome
  - Less cancer and better prognosis
  - Less likely to smoke cigarettes
  - Lower blood pressure
  - Better endocrine function
  - Less emotional disorders
- **Negative**
  - R/S associated with heavier body weight
  - Other inverse relationships, but none of significance other
Morbidity and Mortality
• 121 studies
• Most are prospective cohort studies
• 82 studies predicted greater longevity
  (3 studies showed shorter)
• Frequent attendance to a religious service increased survival 37%  
  • This significant survival rate is equivalent to  
    cholesterol lowering medications or exercise-based cardiac rehab after MI

Hospital
- General admission questionnaire (RN)
  - Chaplain
  - Social Worker

Palliative Medicine
- Inpatient or outpatient
  - Chaplain
  - Social Worker
  - Medical Provider

When typically is a patient’s spiritual needs brought up in their health care?
Medical world is evolving and growing

Past
- Treatment of symptoms
- Efficiency
- Primary treatment was with drugs, medical interventions and surgery

Present
- Treatment of symptoms
- Efficiency
- Primary treatments
- Human values
- Caring is a component of healing
- Recognize pain and disease may be reflections/signs of internal conflict

Religion spirituality and health articles published per 5-year period (noncumulative) Search terms: religion, religious, religiosity, religiousness, and spirituality (conducted on 8/11/12; projected to end of 2012)

Positives
- 1996 American Academy of Family Physicians surveyed 296 family physicians
  - 95% believed that religious beliefs can heal
  - 79% believed that others' prayers can promote healing

Negative
- 12 month study (2016) surveyed 1544 U.S. physicians and PAs/NPs Religion/Spirituality issues were addressed only 10% of the time in their medical history taking
  - Percent increased if it was end-of-life, inpatient, or psychiatric setting
Barriers that prevent R/S assessment:

- Not enough time
- Uninformed (lack of training)
- Patients desire for spiritual discussion unknown
- Fear of inserting personal beliefs onto patient

My opinion of additional barriers:

- Afraid it is illegal
- Medical provider doesn’t believe in religion or the importance of spirituality
- Lack of training
- Never thought of it
- Judgement from patients and colleagues
- Time
- Uncomfortable!

News

- Medical schools including R/S training
  - 13% in 1994 vs. 90% in 2014

- 2013 Small review of PA schools (38 programs responded out of 143, 27%)
  - 68% of students responded and showed a desire to be trained in religion and spirituality
  - Of the 38 of schools responding, 37% do not incorporate R/S in their curriculum.
PATIENTS

- 87% of U.S. believe in God or a universal spirit (Gallup Poll 2016)
- 82% of U.S. consider religion important
- American College of Physicians report studies have shown 50-90% of patients want their spiritual needs met depending on the setting.
- There is a positive correlation between religion/spirituality and better health and psychosocial well-being according to multiple studies as previously reviewed.
- Higher mortality in patients experiencing a religious/spiritual struggle.

Religious/Spiritual struggle or needs are unmet

- Daily physical function is decreased
- Increased depression and anxiety
- Higher costs of medical care
- Poor patient satisfaction
- Decreased quality of life
- INCREASED MORTALITY (6%)

Rationale for Integrating Spirituality

1. Address religious/spiritual (R/S) struggles or needs
2. Ability to cope with illness (90% hospitalized patients use religion)
3. R/S influences patient's medical decisions, medical treatments, and compliance
4. Medical providers own beliefs may affect medical treatment or decision making (goes unspoken)
5. Affects physical and mental health, thus affecting medical outcomes
6. Influences support and care
7. Influences medical costs
8. Joint Commission for the Accreditation of Hospital Organizations and Medicare standards to show respect for patient's cultural and personal values, beliefs and preferences (includes R/S beliefs)
Respecting patient's rights to cultural and personal values, beliefs, and preferences, as well as, their right to religious and other spiritual services.

The Source: Patient Commission Compliance Strategies, January 2018, Vol 16:1

"If health professionals are unaware of those beliefs, they cannot show respect for them and adjust accordingly."

Doreen Finn
2012
Senior Associate Director of JCAHO

Mandates spiritual assessments:
- Hospitals
- Home Care Organizations
- Long-term care facilities
- Behavior health care organizations, such as, addiction centers

JCAHO
Spiritual Assessment/History
Each institution:
- Determines the content
- Determines the qualifications of the person performing the assessment/history

Spiritual Assessment
2 minutes

HOPE Assessment Tool
Brown University Medical School

H: Hope and healing
O: Organized religion
P: Spirituality and practices
E: Effects on medical care/EOL
Medical provider spiritual assessment questions

Harold G. Koenig, MD
Duke University

1. Do you have a religious or spiritual support system to help you in times of need?
2. Do you have any religious beliefs that might influence your medical decisions?
3. Do you have any other spiritual concerns that you would like someone to address?

Beginners
Brenda Kimery, PA-C

Who or what do you turn to for HOPE and HEALING?

Provide examples: faith, religion, meditation, music, etc.

Resources

- Chaplain
- Social Worker/Case Manager
- Spiritual Care Coordinator (assigned)
- ?Yourself
1. **DO NOT** recommend “religion” to a non-religious person
   - If a patient is not religious or spiritual do not make them feel insufficient or not worthy
   - Questions are routine in my H&P

2. **DO NOT** provide counseling to a patient regarding religion or spirituality
   - Chaplain or trained individual

3. **DO NOT** pray with the patient unless you have already obtained a spiritual assessment and the patient has directed you that this is something they desire.
   - The patient or family must initiate first.
   - Provider can let patient or family member pray or if you feel comfortable doing so, ask what the patient would like prayer for and pray on that.
   - Even words of prayer from a provider can present their own beliefs.

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- **ALWAYS** document your spiritual assessment
- **ALWAYS** document any interventions that were done or referrals that were made.
  - Prayer
  - Discussions
  - Follow-ups

- Documentation doesn’t just protect you, it helps other medical professionals that are apart of a patient’s care:
  - Understand cultural values
  - Sensitivities
  - Desires/wishes a patient may have in association with their religious or spiritual background.

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**Spiritual Care Team**

**SCT**
Definition
SCT

A group of selected medical providers and staff who have the soul purpose of integrating spirituality into patient care. The purpose and intention is to treat the whole patient (mind, body, spirit).

Spiritual Care Team Goals

1. Spiritual needs identified in patients.
2. Address spiritual needs competently and ethically.
3. Provide and atmosphere that invites patients to openly and willingly share their spiritual needs.
4. Deliver whole-person healthcare to the patients, fulfilling the expectation of treating mind, body, and spirit.

The patient comes first!

Christina Puchalski, MD, FACP
ACP Internist

"Whether they admit it or not, science is our belief system."

Body, body, body
Vs.
Mind, Body, Spirit
### Spiritual Care Team

**Harold G. Koenig, MD**  
**Duke University**

#### Roles

<table>
<thead>
<tr>
<th>Medical Provider</th>
<th>Chaplain</th>
</tr>
</thead>
</table>
| - Spiritual assessment (2 minute screen)  
- Follow up | - Comprehensive spiritual assessment  
- Address spiritual needs with a formal spiritual care plan  
- Work with SCC or Social worker to carry through plan as outpatient or at discharge  
- Follow up |

#### Spiritual Care Team

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
</table>
| - Physicians, PA/NPs  
- Spiritual Care Coordinator (RN or clinic manager)  
- Chaplains & pastoral professionals  
- Administrative staff | - Physicians, PA/NPs  
- Spiritual Care Coordinator (RN or clinic manager)  
- Chaplains & pastoral professionals  
- Administrative staff  
- Social Worker/Care Manager |

### SPIRITUAL NEEDS QUESTIONNAIRE

(SpNQ originally created by Arndt Büssing)

#### Example of Spiritual Assessment Tool

[Image of SPIRITUAL NEEDS QUESTIONNAIRE](#)
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Care Coordinator</td>
<td>Reviews assessment, identifies needs, prioritizes interventions, ensures interventions are completed.</td>
</tr>
<tr>
<td>Social Worker/Case Manager</td>
<td>Helps develop spiritual care plans with chaplains, identifies spiritual needs during social assessment rounds, connects with mental health professionals trained in spiritual and social needs, contacts outside faith communities if needed.</td>
</tr>
</tbody>
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Spiritual Care Team

1. Develop a mission statement
2. Diversify your SCT of individuals from different backgrounds and beliefs
3. Support both patients and staff

MY IDEAS
Inpatient Spiritual Care Team
Brenda Kimery, PA-C

Who? All patients should be assessed by their medical provider.
What? Spiritual assessment/history tools
Where? Inpatient or outpatient
Why? Impact on mental/physical health
How? Face to face, brief, DOCUMENT! & follow up
Conclusion
Possible Outcomes

- Increase trust
- Increase unity
- Increase healing
- Increase patient satisfaction
- Increase hope and well-being
- Decrease cost
- Decrease complaints
- Decrease law suits
- Decrease readmissions or return visits
- Decrease death

The patient comes first!
Their mind, their body, their spirit!

WWW.SPIRITUALITYANDHEALTH.DUKE.EDU
References


Www.jointcommission.org/standards Accessed January 2018


