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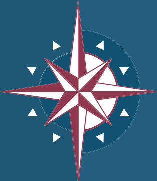

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Meeting the Spiritual Needs of Patients

By Harold G. Koenig, M.D., Duke University Medical Center

As modern medical science has yielded tremendous advances in new and exciting technologies to diagnose and treat disease, health professionals have begun to emphasize the physiological and biomedical aspects of health care. Doctors and nurses have increasingly been trained as expert technicians, equipped with the tools to treat illnesses quickly and efficiently. As a result, the *person* with the illness is often left out. The neglect of the whole person in modern health care has resulted in widespread dissatisfaction both for patients receiving such care and for health professionals delivering it. That dissatisfaction may be interfering with patient recovery and contributing to a rise in litigation against hospitals and providers. It is certainly affecting the skyrocketing rates of burnout among physicians and nurses.

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Spiritual Needs of Patients

Although most of us are taught about the emotional and social difficulties that accompany illness, there hardly seems time to adequately address these issues. Even more daunting is the notion that patients also struggle with *spiritual needs*, which may underlie and drive many of the problems that arise in the emotional and social areas as well. Health professionals receive almost no training in this subject, and, as a result, most feel unprepared. JCAHO (Joint Commission for the Accreditation of Hospital Organizations), however, is making it very clear that it expects us to do so.[1] What, then, are the spiritual needs of patients dealing with illness, disability and dependency?

A need to make sense of the illness. Patients need to understand why they have been singled out for illness, what it means for them, their future, and their families' future. They need to know how they are going to cope with, and bear the burden of, a changed life that may involve long-term physical discomfort.

A need for purpose and meaning in the midst of illness. Patients need renewed purpose and meaning in order to continue to fight illness. They need to know that they can still contribute, despite their illness. Religious and spiritual beliefs often lie at the core of what gives life purpose and meaning in these circumstances.

A need for spiritual beliefs to be acknowledged, respected, and supported. When patients are sick and in the hospital, religious or spiritual beliefs become increasingly important. Patients need their health professionals to acknowledge, respect, and support those beliefs.

A need to transcend the illness and the self. Patients need to get their minds off of themselves to counteract the obsessive preoccupation with self that almost always accompanies serious illness. Focusing on spiritual matters often helps patients put their own concerns in perspective.

A need to feel in control and give up control. Hospitalization takes control away and arouses anxiety. Many patients seek to regain that control and fight efforts by health professionals that are perceived as taking it away. Spiritual beliefs help to regain control over these situations.

A need to feel connected and cared for. Hospitalization and illness make patients feel isolated from others. Spiritual beliefs, visits from their pastor or members of their congregations, or knowing that members of the faith community are praying for them, all help to re-establish connection with others. Feeling connected to, cared for, and loved by God also helps to relieve loneliness.

A need to acknowledge and cope with the notion of dying and death. Having illness serious enough to warrant hospitalization sends a terrifying message to many patients – that they cannot live forever. Many fear death less than they fear the process of dying, and the discomfort, isolation and loss of control associated with it. Spiritual beliefs provide a world-view that makes sense of life, death, and suffering – and gives answers that medicine and science cannot provide. On the other hand, patients may not feel spiritually ready to die. They may fear punishment after they die, or worry about their relationship with God.

A need to forgive and be forgiven. Because illness can sometimes be perceived as punishment and because it forces us to confront our ultimate mortality, the need to give and receive forgiveness is greatly enhanced. Religious and spiritual rituals exist that help patients to forgive others and accept forgiveness themselves, releasing them from the emotional turmoil that guilt and bitterness produce.

A need to be thankful in the midst of illness. Being thankful and grateful for the health and relationships they still have helps patients to adapt more quickly to illness and maintain a positive outlook. Religious beliefs and stories both encourage an attitude-of-gratitude, and provide role models to help accomplish this.

A need for hope. Hope is the engine of motivation. Without hope, patients give up, neglect themselves, and strike out at others trying to help them. Spiritual beliefs are a powerful source of hope for many patients.

How Common, How Often Addressed

Spiritual needs are common among both medical and psychiatric inpatients. In a study of patients at a Chicago hospital, 76% of medical-surgical and 88% of psychiatric patients reported three or more religious needs during hospitalization.[2] Few patients have their spiritual needs addressed during acute hospitalization and even fewer have those needs met in long-term care settings. For example, when patients were asked whether their physician had addressed their spiritual needs, 80% indicated that they had never or rarely done so.[3] In fact, several years ago, *USA Weekend* magazine conducted a nationwide poll of 1,000 adults, asking whether people believed that it was good for doctors to talk to patients about spiritual faith.[4] Sixty-three percent indicated that this was something doctors ought to do. Fewer than 10% of health professionals regularly address their patients' spiritual needs.[5]

Consequences of Unmet Spiritual Needs

When spiritual needs are not addressed, spiritual struggles may result. The patient may perceive their illness as a punishment and become unable to use their faith as a resource for coping. God may start to be seen as weak, or as distant and uncaring, which may throw the person into an existential crisis.

In a prospective study of nearly 450 patients followed for two years after hospital discharge, we found that there were consequences of having such spiritual struggles, including an increased risk of death, poor mental health, and low quality of life.[6,7,8] Unmet spiritual needs may also impact the length of hospital stay[9] and need for long-term care services after hospital discharge.[10]

On the other hand, when patients' spiritual needs are adequately met, it reduces the likelihood that depression

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will develop[11] and speeds recovery from depression if it does.[12] The fact that many hospitalized patients rely on their spiritual beliefs to cope with illness has been documented in all areas of the U.S.,[13] and the proportion may exceed 90% of patients in some hospitals.[14] Having spiritual needs addressed may also influence speed of response to medical treatments.[15]

How to Address Patients' Spiritual Needs

All health professionals who have contact with patients should be trained to take a spiritual history. The spiritual history communicates to the patient that the health professional recognizes the place and importance that spiritual factors play in their struggle with illness.

There are many ways of taking a spiritual history.[16] When time is very limited, it may be as simple as asking the question: "How are you doing spiritually?" Patients usually don't need much prompting to get them talking about such matters. In many cases, however, a structured spiritual history is useful to help guide the conversation. The following is an example of five questions that tap information important to the care of the patient:[17]

Do your religious or spiritual beliefs provide comfort and support or do they cause stress?

How would these beliefs influence your medical decisions if you became really sick?

Do you have any beliefs that might interfere or conflict with your medical care?

Are you a member of a religious or spiritual community and is it supportive?

Do you have any spiritual needs that someone should address?

Once spiritual needs are uncovered, the health professional must orchestrate the meeting of those spiritual needs. This may involve a referral to chaplain services; providing access to inspirational reading material or directions to the hospital chapel; notifying the patient's clergy or friends at church; praying with a patient; or simply listening and trying to understand. It almost never means giving spiritual advice or providing solutions to the patient's spiritual struggles. The end result is usually deeply rewarding for patient and provider.

Harold G. Koenig, M.D., is an associate professor of psychiatry and internal medicine at Duke University Medical Center, and is author of Spirituality in Patient Care (Templeton Press, 2002) and 23 other books on spirituality and health. He will present at the Press Ganey National Conference this November, with a session entitled, "Religion, Spirituality and Health: Meeting the Spiritual Needs of Patients."

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