

Spirituality in Palliative Patients: A literature Review

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ABSTRACT

Introduction : Spirituality is important for palliative patients. Studies on spirituality in palliative patients were found differently in terms of the importance and the assessment.

The purpose of the study : To describe the importance of spirituality and identify the most appropriate tool for spirituality assessment used in palliative patients.

Methodology : Searching were conducted from PubMed and ProQuest during 2005-2014. A total 15 studies were analyzed for this review.

Result : Spirituality was important for palliative patients in reducing distress, anxiety, depression and also improving quality of life. There were numerous measurements have been used to measure spirituality in palliative patients which showed good psychometric properties and can be used in multicultural palliative patients population such as MQOL, QUAL-E and POS.

Conclusion : Spirituality was reported having a pivotal role for palliative patients. The 8-items of GES as a new measurement seems have a feasible and valid in measuring spirituality for palliative patients. However, the measurement still requires further testing.

Keywords : spirituality, palliative patients, assessment tool

Introduction

Palliative care is defined by the World Health Organization (WHO) as an active total care to control the pain, other symptoms, and manage psychological, social, and spiritual problems. The main purpose of palliative care is to improve the quality of life (QoL) of patients for whom there are no curative treatment options, and their families (Albers et al., 2010). Spiritual care has been identified as a core domain of patients at the end of life (EOL) by the WHO (Balboni et al, 2013). Spirituality means individuals seek and express meaning

and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. Another, there was a distinct construct from spirituality and religiosity. Spirituality can be seen as a dimension of personhood, whereas religion is a construct of human making, which enables the conceptualization and expression of spirituality. Both spirituality and religiosity become increasingly important as patients approach the end of life especially for patients at the end of life (Delgado-Guay, 2011). Spirituality refers to those beliefs, values, and practices that relate to the search for existential meaning, purpose, or transcendence, which may or may not include belief in a higher power. Spiritual well-being is defined as the health of the spiritual dimension of the person, conceived as a spectrum from spiritual pain or distress to spiritual wellness or growth (Selman, 2011).

There were several benefits of spirituality for patients at the end of life and also it need the measurement of spirituality which is essential in both clinical practice and research. In caring for palliative patients at the end of life, the health care providers should strive to be more conscious of the narratives that undergird their own spiritual as well as seek to understand those of the patients they serve (Sulmacy, 2013). The tools has role in screening for spiritual distress and identifying patients who may require support in clinical practice, and are needed for service evaluation and quality improvement. The aims of this literature review were to describe the importance of spirituality and identify the most appropriate tool for spirituality assessment used in palliative patients.

Methods

Searches were conducted from PubMed and ProQuest. The specific search terms used were “spirituality”, “spirituality measurement”, and “palliative”. The criteria used to search for published studies for this study included : (1) spirituality in palliative care; (2) written in English; (3) studies during 2005-2014. A total 15 studies were analyzed for this review.

Results

The importance of spirituality in palliative patients

Spirituality has an important factors for patients at the end of life. Balboni et al., (2013) mentions that spirituality is essential for 1) patient quality of life, 2) decreased aggressive care at the EOL, and 3) significantly higher costs when SC is absent. Based on

Delgado-Guay (2011), patients' spiritual needs is associated with higher hospice utilization. In addition, it is an important resource for patients that helps them address distress when facing disease. In this context, patients suffering spiritually have indicated that their suffering aggravated their physical/ emotional symptoms. Spiritual well-being has been clearly shown to be linked with lower levels of anxiety and depression (Benito et al, 2013). Based on literature review from Cobb, Dowrick and Lloyd-Williams(2012) reviewed the role of spirituality in palliative care and had correlation with various factors, including depression,⁷¹ pain,⁷² quality of life,⁶⁸ distressing symptoms,⁷³ and coping strategies.⁷⁴

The measurement of spirituality

From the review, there are numerous measurements for measuring spirituality. Many of them are part of quality of life dimension such as MQOL and QUAL-E. A summary of the measurement in this review is described in Table 1.

Table 1

Spirituality measurements in palliative care

Measurement	References	Type and total items	Validity and reliability	Note
MQOL (McGill Quality of Life Questionnaire)	Selman, 2011, Tsujikawa, 2009, Squazzin, 2010, Kim et al, 2007	Four items (17 in total) 11-point scale from 0 to 10	Internal consistency used Cronbach's alpha coefficient = 0.85- 0.90, for four subscales was 0.58-0.86.	Spiritual aspects of quality of life: meaning and purpose of life, life worth, feeling good about oneself, value of life.
QUAL-E	Selman, 2011	Three items Five-point scale, from not at all to completely	0.68-0.8	Spiritual aspects of quality of life: feeling at peace, sense of meaning in life, fear of thoughts of death
POS (Palliative Care Outcome Scale)	Selman, 2011 Pelayo-Alvarez, 2013	Two items Likert scale,	Cronbach's Alpha was 0.6, ICC 0.78-0.89	

Measurement	References	Type and total items	Validity and reliability	Note
Spiritual well-being (SWB) (the “Spirit 8”)	Selman, 2012	Eight of the ten items from the Well-being Likert scale from 1 (worst) to 5 (best)	Internal consistency of the eight-item scale was $\alpha=0.73$	The Spirit 8 composes from well being scale and transcendence subscales of the original MVQOLI
Self-rated religiosity	Delgado-Guay, 2011	11 items	Have not been yet validated	The example of items “Do you consider yourself a spiritual person?” “Do you consider yourself a religious person?”
DUREL (Duke University Religion Index)	Karches, 2012, Selman, 2011, Lucchetti, 2012, Saffari, 2013	Self-rated spirituality Spirituality was categorized as low if a patient answered “slightly” or “not at all” moderate if they answered “moderately”, and high if they answered “very”	Cronbach's alpha ranged from 0.87 to 0.92 and ICC ranged from 0.94 to 0.99. internal consistency	The example of items “How often do you attend church, synagogue, or other religious meetings?” “To what extent do you consider yourself a spiritual person?”
GES Grupo de Espiritualidad de la SECPAL	Benito, 2013	6- open questions & 8 items assessing spirituality	Cronbach's alpha was 0.72	The need of spirituality identified by palliative care professionals

Table 1 shows that most of the studies related to spirituality of patients with palliative used a few items to measure the spirituality. Regarding the type of items, it can be divided into two groups. First, the spirituality that measured using likert scale (Selman, 2011; Pelayo-

Alvarez, 2013). Second, the spirituality measurement that is used an open questions by using self-rated (Delgado-Guay, 2011; Karches, 2012). Most of the measurements have good internal reliability by using cronbach alpha ranges from 0.60 to 0.92. Only one of them that has not yet validated which is self-rated religiosity.

Discussion

Spiritual measurements especially spiritual well-being measurements have an aspect or domain such as purpose of life, meaning (fullness) of life, acceptance of death, feeling at peace with life, feeling at peace with God, preparation for death, religion, and evaluation of life (Albers et al, 2010). All of the items use the aspect of purpose of life and meaning (fullness) of life, some of them use feeling at peace with life, feeling at peace with God, religion, and evaluation of life with scarcely of them use acceptance of death and preparation for death even the measurement used in palliative patients. It means that most of the spiritual instruments in palliative care have similar definition from Delgado-Guay (2011) that spirituality means individuals seek and express meaning and purpose and related with the God.

Some of the instruments were explored in terms of spirituality domain. The MQOL consist of items of self-rated spirituality from 0 to 10 over the past two days. This instrument used an aspect of purpose of life and evaluation of life in spirituality domain. The items such as “Over the past two days, my life has been utterly meaningless and without purpose (0) to very purposeful and meaningful (10)”, and “Over the past two days, when I thought about my whole life, I felt that in achieving life goals I made no progress whatsoever (0) to progressed to complete fulfillment (10) (Albers et al, 2010; Selman, 2011). POS consist of one item of self-rated spirituality by using purpose of life in spirituality domain. The item is “Over the past three days, did you feel life was worth living?”. The answers are ranges from 0 means yes, all the time to 4 means no, not at all (Pelayo-Alvarez M, 2013; Selman, 2011). QUAL-E used self rated spirituality by using peace with life and meaning of life in spirituality domain. The items such as “I have regrets about the way I have lived”, “Despite my illness, I have a sense of meaning in my life” and “I feel at peace”. The answers are ranges from 1 means not at all to 5 means completely true (Albers et al, 2010; Selman, 2011).

Selman (2011) reviewed spirituality instruments which can be used in many cultures or cross-cultured applicability. The criteria of the instruments of cross-cultured applicability were the instruments that have been validated either in more than one country or in at least one “ethnically diverse” sample in a single country. The results of the review show that MQOL, POS and QUAL-E are cross-cultured applicability and the others instruments did not provide information regarding ethnicity. The POS for example, it is originally from UK and have been translated and validated in Germany and African version.

Based on Benito (2013) most of the instruments of spirituality are also used in others population, not spesific to palliative patients and have not been sufficiently validated in the cross-cultural palliative care setting. The researcher developed an instrument, namely GES that was useful as guidance for clinicians, providing a short and easy application, to stimulate dialogue with end-stage patients about fundamental aspects of their spiritual dimension and care and also fulfill the psychometric requirements. The criterion-related validity showed that this questionnaire was related to depression, anxiety, and resilience. The reliability from cronbach alpha also showed that this questionnaire has good reliability (0.72).

Conclusion

Spirituality was reported having a pivotal role for palliative patients especially for their quality of life. There are many of instruments of spirituality used the aspect of purpose of life and meaning (fullness) of life in the domain of spirituality. Most of measurements have good psychometric requirements and some of the measurements are cross-cultured applicability. The new measurement of GES seems to have a feasible and valid in measuring spirituality for palliative patients. However, the measurement still requires further testing especially as measurement which has cross-cultured applicability so it can be used in the cross-cultural palliative care setting.

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