

Spiritual Assessment and Health Care: A Select Bibliography of Medline-Indexed Articles Published 2001-2012

John Ehman, 7/22/13

- Ai, A. L. and McCormick, T. R. [University of Pittsburgh, Pittsburgh, PA]. **"Increasing diversity of Americans' faiths alongside Baby Boomers' aging: implications for chaplain intervention in health settings."** *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 24-41. This article includes case studies illustrating possibilities for the chaplain's role at the bedside in the face of diversity and presents the basics of a new scale for chaplains to assess diverse afterlife beliefs.
- Ambuel, B. [Waukesha Family Practice Center, Waukesha, WI]. **"Taking a spiritual history."** *Journal of Palliative Medicine* 6, no. 6 (Dec 2003): 932-933.
The author reflects briefly on practice of taking a spiritual history, using Maugans' SPIRIT assessment. The article is an excerpt from the chapter, "Discussing Spiritual Issues and Maintaining Hope," in *Improving End-of-Life Care: A Resource Guide for Physician Education* (3rd. ed., Milwaukee: Medical College of Wisconsin, 1999, pp. 133-144), by the author and D. E. Weissman.
- Anandarajah, G. and Hight, E. [Brown University School of Medicine, Providence, RI]. **"Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment."** *American Family Physician* 63, no. 1 (Jan 1, 2001): 81-89.
[Abstract:] The relationship between spirituality and medicine has been the focus of considerable interest in recent years. Studies suggest that many patients believe spirituality plays an important role in their lives, that there is a positive correlation between a patient's spirituality or religious commitment and health outcomes, and that patients would like physicians to consider these factors in their medical care. A spiritual assessment as part of a medical encounter is a practical first step in incorporating consideration of a patient's spirituality into medical practice. The HOPE questions provide a formal tool that may be used in this process. The HOPE concepts for discussion are as follows: H—sources of hope, strength, comfort, meaning, peace, love and connection; O—the role of organized religion for the patient; P—personal spirituality and practices; E—effects on medical care and end-of-life decisions.
- Bailey, M. E., Moran, S. and Graham, M. M. [University of Limerick, Castletroy, Limerick]. **"Creating a spiritual tapestry: nurses' experiences of delivering spiritual care to patients in an Irish hospice."** *International Journal of Palliative Nursing* 15, no. 1 (Jan 2009): 42-48.
This Irish study, using semi-structured interviews with 22 nurses working in the area of specialist palliative care, looked at nurses' provision of spiritual care to patients. Among the points of the article: the challenges of assessing spiritual needs and measuring outcomes of care.
- Bartel, M. [Arnold Palmer Hospital for Children and Women, 92 West Miller Street, Orlando, FL]. **"What is spiritual? What is spiritual suffering?"** *The Journal of Pastoral Care & Counseling: JPCC* 58, no. 3 (Fall 2004): 187-201.
[Abstract:] The author offers definitions for "spiritual" and for "spiritual suffering," suggesting that human spiritual needs include Love, Faith, Hope, Virtue, and Beauty. Spiritual suffering is experienced when these needs are unfulfilled. Spiritual care involves assisting in the fulfillment of these needs. He considers the constant movement between spiritual needs and fulfillments, encouraging use of fluid (not static) assessment methods using "spiritual spectra." As a model, this outline of basic spiritual needs may serve as the foundation for many current spiritual assessment tools.
- Bekelman, D. B., Rumsfeld, J. S., Havranek, E. P., Yamashita, T. E., Hutt, E., Gottlieb, S. H., Dy, S. M. and Kutner, J. S. [Department of Medicine, University of Colorado Denver School of Medicine, Aurora]. **"Symptom burden, depression, and spiritual well-being: a comparison of heart failure and advanced cancer patients."** *Journal of General Internal Medicine* 24, no. 5 (May 2009): 592-598.
This study of 60 outpatients with symptomatic heart failure and 30 outpatients with advanced lung or pancreatic cancer used the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being scale. Results showed that patients with symptomatic heart failure and advanced cancer have similar needs for palliative care as assessed by symptom burden, depression, and spiritual well-being.
- Blanchard, J. H., Dunlap, D. A. and Fitchett, G. [Maine Medical Center, Portland]. **"Screening for spiritual distress in the oncology inpatient: a quality improvement pilot project between nurses and chaplains."** *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1076-1084.
[Abstract:] AIMS: A quality improvement initiative of nursing/chaplain collaboration on the early identification and referral of oncology patients at risk of spiritual distress. BACKGROUND: Research shows that spiritual distress may compromise patient health outcomes. These patients are often under-identified, and chaplaincy staffing is not sufficient to assess every patient. The current nursing admission form with a question of 'Any spiritual practices that may affect your care?' is ineffective in screening for spiritual distress. METHOD(S): Ten nurses on the oncology unit were recruited and trained in a two-question screening tool to be utilized upon admission. RESULTS: Six nurses made referrals; a total of 14 patients. Four (28%) were at risk of spiritual distress and were assessed by the chaplains. CONCLUSIONS: Nurses are interested in the spiritual well-being of their patients and observe spiritual distress. They appreciate terminology/procedures by which they can assess more productively the spiritual needs of their patients and make appropriate chaplain referrals. IMPLICATIONS FOR NURSING MANAGEMENT: The use of a brief spiritual screening protocol can improve nursing referrals to chaplains. The better utilization of chaplains that this enables can improve patient trust and satisfaction with their overall care and potentially reduce the harmful effects of spiritual distress.
- Block, S. D. [Department of Adult Psychosocial Oncology, Dana-Farber Cancer Institute and Brigham and Women's Hospital, Harvard Medical School, Boston, MA]. **"Psychological considerations, growth, and transcendence at the end of life: the art of the possible."** *JAMA* 285, no. 22 (June 13, 2001): 2898-2905.

The author uses a patient case to illustrate psychosocial concerns of seriously ill patients. She emphasizes the possibility for personal growth at the end of life and considers spiritual issues, though the patient in the exemplary case is not explicitly spiritual. She considers psychosocial and spiritual assessment and offers sample screening questions (p. 2899). She also notes the "total pain" sometimes experienced by patients with unresolved psychological and spiritual issues, depression, and anxiety..." (p. 2902).

Borneman, T., Ferrell, B. and Puchalski, C. M. "**Evaluation of the FICA Tool for Spiritual Assessment.**" *Journal of Pain & Symptom Management* 40, no. 2 (Aug 2010): 163-173.

[Abstract:] CONTEXT: The National Consensus Project for Quality Palliative Care includes spiritual care as one of the eight clinical practice domains. There are very few standardized spirituality history tools. OBJECTIVES: The purpose of this pilot study was to test the feasibility for the Faith, Importance and Influence, Community, and Address (FICA) Spiritual History Tool in clinical settings. Correlates between the FICA qualitative data and quality of life (QOL) quantitative data also were examined to provide additional insight into spiritual concerns. METHODS: The framework of the FICA tool includes Faith or belief, Importance of spirituality, individual's spiritual Community, and interventions to Address spiritual needs. Patients with solid tumors were recruited from ambulatory clinics of a comprehensive cancer center. Items assessing aspects of spirituality within the Functional Assessment of Cancer Therapy QOL tools were used, and all patients were assessed using the FICA. The sample (n=76) had a mean age of 57, and almost half were of diverse religions. RESULTS: Most patients rated faith or belief as very important in their lives (mean 8.4; 0-10 scale). FICA quantitative ratings and qualitative comments were closely correlated with items from the QOL tools assessing aspects of spirituality. CONCLUSION: Findings suggest that the FICA tool is a feasible tool for clinical assessment of spirituality. Addressing spiritual needs and concerns in clinical settings is critical in enhancing QOL. Additional use and evaluation by clinicians of the FICA Spiritual Assessment Tool in usual practice settings are needed.

Bowman, E. S., Beitman, J. A., Palesh, O., Perez, J. E. and Koopman, C. [Department of Neurology, Indiana University, Indianapolis]. "**The Cancer and Deity Questionnaire: a new religion and cancer measure.**" *Journal of Psychosocial Oncology* 27, no. 4 (2009): 435-453.

[Abstract:] We evaluated a new measure, the Cancer and Deity Questionnaire (CDQ), which assesses perceived relations with God after a cancer diagnosis. Based on object relations theory, the 12-item CDQ assesses benevolent and abandoning God representations. Sixty-one older participants with recent cancer diagnoses completed the questionnaire at baseline, and 52 of these participants completed the same questionnaire at follow-up. Internal consistency was excellent for the Benevolence scale (alpha = .97) and good for the Abandonment scale (alpha = .80). Moderate correlations with the Spiritual Well-Being Scale support divergent validity. Correlations between CDQ scales and the Styles of Religious Coping scales support convergent validity. The CDQ is brief, easily scored, practical for psycho-oncology research, and adaptable for use with other illnesses.

Brown, A. E., Whitney, S. N. and Duffy, J. D. [Baylor College of Medicine, Department of Family and Community Medicine, Houston, TX]. "**The physician's role in the assessment and treatment of spiritual distress at the end of life.**" *Palliative & Supportive Care* 4, no. 1 (Mar 2006): 81-86.

[Abstract:] OBJECTIVE: Patients at the end of their life typically endure physical, emotional, interpersonal, and spiritual challenges. Although physicians assume a clearly defined role in approaching the physical aspects of terminal illness, the responsibility for helping their patients' spiritual adaptation is also important. METHODS: This article (1) describes the terms and definitions that have clinical utility in assessing the spiritual needs of dying patients, (2) reviews the justifications that support physicians assuming an active role in addressing the spiritual needs of their patients, and (3) reviews clinical tools that provide physicians with a structured approach to the assessment and treatment of spiritual distress. RESULTS: This review suggests that physicians can and should be equipped to play a key role in relieving suffering at the end of life. SIGNIFICANCE OF RESULTS: Physicians can help their patients achieve a sense of completed purpose and peace.

Bussing, A., Balzat, H. J. and Heusser, P. "**Spiritual needs of patients with chronic pain diseases and cancer - validation of the spiritual needs questionnaire.**" *European Journal of Medical Research* 15, no. 6 (Jun 26, 2010): 266-273.

[Abstract:] PURPOSE: For many patients confronted with chronic diseases, spirituality/religiosity is a relevant resource to cope. While most studies on patients' spiritual needs refer to the care of patients at the end of life, our intention was to develop an instrument to measure spiritual, existential and psychosocial need of patients with chronic diseases. METHODS: In an anonymous cross-sectional survey, we applied the Spiritual Needs Questionnaire (SpNQ version 1.2.) to 210 patients (75% women, mean age 54 +/- 12 years) with chronic pain conditions (67%), cancer (28%), other chronic conditions (5%). Patients were recruited at the Community Hospital Herdecke, the Institute for Complementary Medicine (University of Bern), and at a conference of a cancer support group in Herten. RESULTS: Factor analysis of the 19-item instrument (Cronbach's alpha +/- .93) pointed to 4 factors which explain 67% of variance: Religious Needs, Need for Inner Peace, Existentialistic Needs (Reflection / Meaning), and Actively Giving. Within the main sample of patients with chronic pain and cancer, Needs for Inner Peace had the highest scores, followed by Self competent Attention; Existentialistic Needs had low scores, while the Religious Needs scores indicate no interest. Patients with cancer had significantly higher SpNQ scores than patients with chronic pain conditions. There were just some weak associations between Actively Giving and life satisfaction (r +/- .17; p +/- .012), and negatively with the symptom score (r +/- -.29; p < .0001); Need for Inner Peace was weakly associated with satisfaction with treatment efficacy (r +/- .24; p < .0001). Regression analyses reveal that the underlying disease (i.e., cancer) was of outstanding relevance for the patients' spiritual needs. CONCLUSION: The preliminary results indicate that spiritual needs are conceptually different from life satisfaction, and can be interpreted as the patients' longing for spiritual well-being. Methods how health care professionals may meet their patients' spiritual needs remain to be explored.

Byrne, M. [The Prince and Princess of Wales Hospice, Glasgow, UK]. "**Spirituality in palliative care: what language do we need? Learning from pastoral care.**" *International Journal of Palliative Nursing* 13, no. 3 (Mar 2007): 118-124.

[Abstract:] This article is a sequel to 'Spirituality in palliative care: what language do we need?' (Byrne, 2002). It looks at the language of pastoral care, its place in palliative settings and how it is regarded by patients and carers. Spirituality and spiritual need is multifaceted, and the various beliefs regarding the concept of spirituality and the spiritual needs of terminally ill patients are appraised, and the methods of

spiritual assessment reviewed. The role of the chaplain in spiritual care is also assessed, and an ability to move beyond the boundaries of their own denominational position addressed. Several components of the language of pastoral care are identified. [46 refs.]

- Cole, B. S., Hopkins, C. M., Tisak, J., Steel, J. L. and Carr, B. I. [Department of Behavioral Medicine, University of Pittsburgh Cancer Institute, Pittsburgh, PA]. "**Assessing spiritual growth and spiritual decline following a diagnosis of cancer: reliability and validity of the spiritual transformation scale.**" *Psycho-Oncology* 17, no. 2 (Feb 2008): 112-121.
[Abstract:] This study assessed the factor structure, reliability, and validity of an instrument designed to assess spiritual transformations following a diagnosis of cancer—the Spiritual Transformation Scale (STS). The instrument was administered to 253 people diagnosed with cancer within the previous 2 years. Two underlying factors emerged (spiritual growth (SG) and spiritual decline (SD)) with adequate internal reliability ($\alpha = 0.98$ and 0.86 , respectively) and test-retest reliability ($r = 0.85$ and 0.73 , respectively). Validity was supported by correlations between SG and the Positive and Negative Affect Scale (PANAS) Positive Affect Subscale ($r = 0.23$, $p < 0.001$), the Daily Spiritual Experiences Scale ($r = 0.57$, $p < 0.001$), and the Post-traumatic Growth Inventory ($r = 0.68$, $p < 0.001$). SD was associated with higher scores on the Center for Epidemiological Studies Depression scale ($r = 0.38$, $p < 0.001$) and PANAS-Negative Affect Subscale ($r = 0.40$, $p < 0.001$), and lower scores on the PANAS-Positive Affect Subscale ($r = -0.23$, $p < 0.001$), and the Daily Spiritual Experiences Scale ($r = -0.30$, $p < 0.001$). Hierarchical regression analyses indicated that the subscales uniquely predicted adjustment beyond related constructs (intrinsic religiousness, spiritual coping, and general post-traumatic growth). The results indicate that the STS is psychometrically sound, with SG predicting better, and SD predicting poorer, mental and spiritual well-being following a diagnosis of cancer.
- Cotton, S., McGrady, M. E. and Rosenthal, S. L. "**Measurement of religiosity/spirituality in adolescent health outcomes research: trends and recommendations.**" *Journal of Religion & Health* 49, no. 4 (Dec 2010): 414-444.
[Abstract:] The relationship between religious/spiritual (R/S) factors and adolescent health outcomes has been studied for decades; however, the R/S measurement tools used may not be developmentally relevant for adolescents. A systematic literature review was conducted to review and evaluate trends in measuring R/S in adolescent health outcomes research. In this review a total of 100 articles met criteria for inclusion. Relatively few ($n = 15$) included adolescent-specific R/S measures or items accounting for developmentally relevant issues such as parental religiosity or age-appropriate language. Future R/S and health research with adolescents would be strengthened by incorporating developmentally relevant R/S measurement tools, psychometrics, and multidimensional measures.
- Davison, S. N. and Jhangri, G. S. [Department of Medicine, University of Alberta, Edmonton, Canada]. "**Existential and religious dimensions of spirituality and their relationship with health-related quality of life in chronic kidney disease.**" *Clinical Journal of the American Society of Nephrology* 5, no. 11 (Nov 2010): 1969-1976.
This study tests the validity of the ESRD Spirituality Scale for patients with End Stage Renal Disease. This study was then followed by: Davison, S. N. and Jhangri, G. S., "Existential and supportive care needs among patients with chronic kidney disease," *Journal of Pain & Symptom Management* 40, no. 6 (Dec 2010): 838-843.
- Delaney, C. "**The Spirituality Scale: development and psychometric testing of a holistic instrument to assess the human spiritual dimension.**" *Journal of Holistic Nursing* 23, no. 2 (Jun 2005): 145-167. Discussion on pp. 168-171.
[Abstract:] PURPOSE: The purpose of this study was to develop, refine, and evaluate the psychometric characteristics of the Spirituality Scale (SS). The SS is a holistic instrument that attempts to measure the beliefs, intuitions, lifestyle choices, practices, and rituals representative of the human spiritual dimension and is designed to guide spiritual interventions. METHOD: A researcher-developed instrument was designed to assess spirituality from a holistic perspective. Items were generated to measure four conceptualized domains of spirituality. The SS was completed by 240 adults with chronic illness. FINDINGS: Psychometric analysis of the SS provided strong evidence of the reliability and validity of the instrument. Three factors of spirituality that supported the theoretical framework were identified: Self-Discovery, Relationships, and Eco-Awareness. IMPLICATIONS: These findings can assist in facilitating the inclusion of spirituality in health care and have the potential to provide a transforming vision for nursing care and a vehicle to evoking optimal patient outcomes.
- Delgado, C. [School of Nursing, Cleveland State University, Cleveland, OH]. "**Meeting clients' spiritual needs.**" *Nursing Clinics of North America* 42, no. 2 (Jun 2007): 279-293, vii.
[Abstract:] True holistic care requires attention to spiritual as well as physical needs, but many health care providers do not feel comfortable discussing spiritual matters with clients. Although recognized by national nursing groups as a standard of care, nurses are not well prepared or rewarded for spiritual care efforts. There are several spiritual assessment tools available and many suggestions for interventions, but little research-based evidence on the effectiveness of spiritual care assessments or interventions. Nurses are well positioned by their continued intimate contact with clients and the importance of caring to nursing to lead the health care profession in developing spiritual care theory and practices. [68 refs.]
- Della Santina, C. and Bernstein, R. H. [Department of Internal Medicine, Kaiser Permanente, INOVA Fairfax Hospital, 3300 Gallows Road, Falls Church, VA]. "**Whole-patient assessment, goal planning, and inflection points: their role in achieving quality end-of-life care.**" *Clinics in Geriatric Medicine* 20, no. 4 (Nov 2004): 595-620, v. [Review, 76 refs.]
This article discusses patient spirituality and spiritual assessment (--see especially pp. 608-610) within [from the abstract:] a framework for performing whole-patient assessment and goal planning.
- Doka, K. J. "**Religion and spirituality: assessment and intervention.**" *Journal of Social Work in End-of-Life & Palliative Care* 7, no. 1 (Jan 2011): 99-109.
[Abstract:] In this article, the author explores the ways that an individual's spirituality influences responses to life-threatening illness and dying. He begins by differentiating between religion and spirituality, and then delineates the spiritual issues that arise in a life-threatening illness including the spiritual needs that arise in the final phases of illness. Recommendations for spiritual assessments and interventions are offered.

- Draper, P. [Faculty of Health and Social Care, University of Hull, Cottingham, UK]. **"An integrative review of spiritual assessment: implications for nursing management."** *Journal of Nursing Management* 20, no. 8 (Dec 2012): 970-980.
 [Abstract:] AIMS: To describe the current 'state of the art' in relation to spiritual assessment, focusing on quantitative, qualitative and generic approaches; to explore the professional implications of spiritual assessment; and to make practical recommendations to managers seeking to promote spiritual assessment in their places of work. METHOD: The paper integrates aspects of a recent systematic review of quantitative approaches to measuring spirituality and a recent meta-synthesis of qualitative research into client perspectives of spiritual needs in health and the principles of generic assessment, before drawing on the wider literature to discuss a number of professional implications and making recommendations to nurse managers. IMPLICATIONS FOR NURSING MANAGEMENT: The issues to emerge from this paper are (1) that spiritual assessment is an increasingly important issue for nursing practice, (2) that the range of reliable and valid quantitative instruments for use in clinical practice is limited, (3) that there is overlap in the domains and categories of spirituality identified by quantitative and qualitative researchers, and (4) that nurse managers seeking to introduce spiritual assessment will do so in the context of a professional debate about the relevance of spirituality to contemporary practice.
- Dunn, G. P. **"Patient assessment in palliative care: how to see the 'big picture' and what to do when 'there is no more we can do.'"** *Journal of the American College of Surgeons* 193, no. 5 (November 2001): 565-573.
 With the perspective of a surgeon particularly in mind, the author offers a very practical plan for patient assessment based upon the "Nine Dimensions of Whole Patient Assessment for Palliative Care," from the American Medical Association's Education for Physicians on End-of-Life Care (EPEC) curriculum. He considers, as part of this, spiritual assessment (pp. 570-1). He suggests the use of Christina Puchalski's FICA spiritual assessment tool and offers a table of "Screening Questions During the Spiritual Assessment" (p. 571). The author notes that an entire assessment for palliative care may take about 20-30 minutes and that "this is not only time well spent from a practical point of view (about the time it takes to wait for some frozen section reports), but it establishes a basis of mutual trust that is therapeutic in itself...." (p. 566).
- Ellis, M. R. and Campbell, J. D. [Cox Family Practice Residency Program, Springfield, MO]. **"Patients' views about discussing spiritual issues with primary care physicians."** *Southern Medical Journal* 97, no. 12 (Dec 2004): 1158-1164.
 [Abstract:] OBJECTIVES: The authors sought to explore patients' views about discussing spiritual issues with primary care physicians, including perceived barriers to and facilitators of discussions. METHODS: The study was a qualitative, semistructured interview of 10 chronically or terminally ill patients who were deliberately selected to represent a range of demographic factors (religious background, age, sex). We coded each interview and evaluated interviews for themes through content analysis. RESULTS: Themes included rationale for addressing spiritual issues; prerequisites for these discussions; roles in spiritual discussions; principles of spiritual assessment; and barriers to and facilitators of spiritual discussions. Patients justified spiritual assessment on the basis of importance of spirituality in life and health. They asserted that patients must feel honored and respected by their physician to risk discussing spiritual issues. They affirmed that physicians are helpful when legitimizing their spiritual concerns. Citing physicians' neglect of spirituality as a barrier, they affirmed that spiritual assessment in the context of other life issues facilitates spiritual discussions. CONCLUSIONS: Patients' willingness to discuss spiritual issues may depend on their sense of physicians' respect for their spiritual views, attitudes about spiritual health, and qualities of openness and approachability.
- Ferrell, B. R. and Baird, P. [Department of Nursing Research and Education, City of Hope National Medical Center, Duarte, CA]. **"Deriving meaning and faith in caregiving."** *Seminars in Oncology Nursing* 28, no. 4 (Nov 2012): 256-261.
 [Abstract:] OBJECTIVES: To review assessment of spiritual needs of family caregivers and four core interventions by nurses in addressing spirituality: presence, deep listening, bearing witness and compassion in action. DATA SOURCES: Literature review. CONCLUSION: Spirituality is increasingly recognized as a key domain of quality of life and essential to quality cancer care. In addition to the needs of patients, family caregivers also experience enormous spiritual needs throughout cancer diagnosis and treatment. Nurses can provide valuable spiritual assessment of family caregivers and support them as they seek support services to address spiritual needs. IMPLICATIONS FOR NURSING PRACTICE: Family caregiving can be a time of growth and meaning when support is provided by nurses and their colleagues.
- Fitchett, G. and Risk, J. L. [Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago, IL]. **"Screening for spiritual struggle."** *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 4-1-12 [online journal "page" designation].
 [Abstract:] A growing body of research documents the harmful effects of religious or spiritual struggle among patients with a wide variety of diagnoses. We developed a brief screening protocol for use in identifying patients who may be experiencing religious/spiritual struggle, as well as patients who would like a visit from a chaplain. We describe the results of a pilot study in which non-chaplain healthcare colleagues administered the screening protocol to patients admitted to an acute medical rehabilitation unit. The protocol identified 7% of the patients as possibly experiencing religious/spiritual struggle. Follow up spiritual assessments by the chaplain confirmed religious/spiritual struggle in all but one of these patients and also identified additional cases of religious/spiritual struggle not identified by the protocol. In addition to areas for future research, the authors describe how using a protocol to screen patients for religious/spiritual struggle can make important contributions to spiritual care.
- Flannelly, K. J., Galek, K. and Flannelly, L. T. [HealthCare Chaplaincy, New York, NY]. **"A test of the factor structure of the Patient Spiritual Needs Assessment Scale."** *Holistic Nursing Practice* 20, no. 4 (Jul-Aug 2006): 187-190.
 [Abstract:] Factor analysis was conducted on the responses of 683 individuals who completed a 24-item version of the Patient Spiritual Needs Assessment Scale. The results provided strong support for 4 of the 6 dimensions of spiritual needs and weaker support for one of the others. The 6 dimensions were appreciation of art and beauty, meaning and purpose, love and belonging, death/resolution, positivity/gratitude/hope/peace, and the Divine. The coherence of the dimensions is discussed in the context of the scale's intended application.
- Flannelly, K. J., Oettinger, M., Galek, K., Braun-Storck, A. and Kreger, R. [HealthCare Chaplaincy, 307 East 60th Street, New York, NY]. **"The correlates of chaplains' effectiveness in meeting the spiritual/religious and emotional needs of**

patients." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 9-1-15 [online journal "page" designation].

[Abstract:] The study was designed to assess the degree to which two sets of measures about chaplains' visits with patients predicted patients' perceptions that their spiritual/religious needs and their emotional needs were met by the chaplain. The first set consisted of seven items about the chaplain's demeanor during the visit. The second set measured patient satisfaction with seven aspects of the chaplain's care, including specific interventions. Overall, the latter items were more highly correlated with, and were better predictors of patients' perceptions that the chaplain met both their spiritual/religious needs and their emotional needs than were the demeanor items. The findings indicate the usefulness of measuring the effectiveness of specific chaplain interventions. The authors discuss that effectiveness measures may be more useful than patient satisfaction measures for assessing pastoral care.

Frick, E., Riedner, C., Fegg, M. J., Hauf, S. and Borasio, G. D. [Department of Psychotherapy and Psychosomatics, Psychiatric Clinic, University of Munich, Munich, Germany]. **"A clinical interview assessing cancer patients' spiritual needs and preferences."** *European Journal of Cancer Care* 15, no. 3 (Jul 2006): 238-243.

[Abstract:] We conducted a phase-I study to test the practicability and usefulness of a short (15-30 min) clinical interview for the assessment of cancer patients' spiritual needs and preferences. Physicians assessed the spirituality of their patients using the semi-structured interview SPIR. The interview focuses on the meaning and effect of spirituality in the patient's life and coping system. Visual Analogue Scales (VAS) and Questionnaires were completed following the interview for rating whether SPIR had been helpful or distressing, and to what extent spirituality seemed important in the patient's life and in coping with cancer disease. Thirty oncological outpatients who all agreed to participate were included. The majority wanted their doctor to be interested in their spiritual orientation. Patients and interviewing physicians evaluated the SPIR interview as helpful (patients mean 6.76 +/- 2.5, physicians 7.31 +/- 1.9, scale from 0 to 10) and non-distressing (patients 1.29 +/- 2.5, physicians 1.15 +/- 1.3, scale from 0 to 10). Following the interview, doctors were able to correctly gauge the importance of spirituality for their patients. Patients who considered the interview as very helpful (VAS > 7) were more often female (P = 0.002). There were no differences between patients who evaluated the SPIR as very helpful and those who did not, as far as diagnosis, educational level or belonging to a religious community were concerned. The present study shows that a short clinical assessment of cancer patients' spirituality is well received by both patients and physicians. The SPIR interview may be a helpful tool for addressing the spiritual domain, planning referrals and ultimately strengthening the patient-physician relationship.

Galanter, M., Dermatis, H., Bunt, G., Williams, C., Trujillo, M. and Steinke, P. [Division of Alcoholism and Drug Abuse, New York University School of Medicine, New York, NY]. **"Assessment of spirituality and its relevance to addiction treatment."** *Journal of Substance Abuse Treatment* 33, no. 3 (Oct 2007): 257-264.

[Abstract:] The prominence of Twelve-Step programs has led to increased attention on the putative role of spirituality in recovery from addictive disorders. We developed a 6-item Spirituality Self-Rating Scale designed to reflect a global measure of spiritual orientation to life, and we demonstrated here its internal consistency reliability in substance abusers on treatment and in nonsubstance abusers. This scale and the measures related to recovery from addiction and treatment response were applied in three diverse treatment settings: a general hospital inpatient psychiatry service, a residential therapeutic community, and methadone maintenance programs. Findings on these patient groups were compared to responses given by undergraduate college students, medical students, addiction faculty, and chaplaincy trainees. These suggest that, for certain patients, spiritual orientation is an important aspect of their recovery. Furthermore, the relevance of this issue may be underestimated in the way treatment is framed in a range of clinical facilities.

Galek, K., Flannelly, K. J., Vane, A. and Galek, R. M. **"Assessing a patient's spiritual needs: a comprehensive instrument."** *Holistic Nursing Practice* 19, no. 2 (Mar-Apr 2005): 62-69.

[Abstract:] Seven major constructs—belonging, meaning, hope, the sacred, morality, beauty, and acceptance of dying—were revealed in an analysis of the literature pertaining to patient spiritual needs. The authors embedded these constructs within a 29-item survey designed to be inclusive of traditional religion, as well as non-institutional-based spirituality. This article describes the development of a multidimensional instrument designed to assess a patient's spiritual needs. This framework for understanding a patient's spiritual needs hopefully contributes to the growing body of literature, providing direction to healthcare professionals interested in a more holistic approach to patient well-being.

Gall, T. L., Guirguis-Younger, M., Charbonneau, C. and Florack, P. [Saint Paul University, Ottawa, ON, Canada]. **"The trajectory of religious coping across time in response to the diagnosis of breast cancer."** *Psycho-Oncology* 18, no. 11 (Nov 2009): 1165-1178.

This study of 93 breast cancer patients and 160 women with a benign diagnosis sought to detect patterns of trajectory for religious coping and emotional well-being. Among the results [from the abstract:] Positive and negative forms of religious coping were predictive of concurrent distress and emotional well-being. As well, there was evidence that the mobilization of religious coping was predictive of changes in distress and well-being across time. For example, women's increased use of active surrender coping from 1 to 6 months post-surgery was related to a concomitant decrease in emotional distress and increase in emotional well-being.

Gijssberts, M. J., Echteld, M. A., van der Steen, J. T., Muller, M. T., Otten, R. H., Ribbe, M. W. and Deliëns, L. [EMGO Institute, VU University Medical Center, Amsterdam, The Netherlands]. **"Spirituality at the end of life: conceptualization of measurable aspects—a systematic review."** *Journal of Palliative Medicine* 14, no. 7 (Jul 2011): 852-863.

[Abstract:] Although spiritual caregiving is a key domain of palliative care, it lacks a clear definition, which impedes both caregiving and research in this domain. The aim of this study was to conceptualize spirituality by identifying dimensions, based on instruments measuring spirituality in end-of-life populations. A systematic literature review was conducted. Literature published between 1980 and 2009, focusing on instruments measuring spirituality at the end of life was collected from the PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO databases. Inclusion criteria were: (1) the studies provide empirical data collected with an instrument measuring spirituality or aspects of spirituality at the end of life; (2) the data report on a (subgroup) of an end-of-life population, and (3) the instrument is available in the public domain. Content validity was assessed according to a consensus-based method. From the items of the instruments, three investigators independently derived dimensions of spirituality at the end of life. In 36 articles that met the inclusion

criteria we identified 24 instruments. Nine instruments with adequate content validity were used to identify dimensions of spirituality. To adequately represent the items of the instruments and to describe the relationships between the dimensions, a model defining spirituality was constructed. The model distinguishes the dimensions of Spiritual Well-being (e.g., peace), Spiritual Cognitive Behavioral Context (Spiritual Beliefs, Spiritual Activities, and Spiritual Relationships), and Spiritual Coping, and also indicates relationships between the dimensions. This model may help researchers to plan studies and to choose appropriate outcomes, and assist caregivers in planning spiritual care.

Gordon, T. and Mitchell, D. [Marie Curie Hospice, Edinburgh, UK]. **"A competency model for the assessment and delivery of spiritual care."** *Palliative Medicine* 18, no. 7 (Oct 2004): 646-651.

[Abstract:] The delivery of spiritual and religious care has received a high profile in national reports, guidelines and standards since the start of the millennium, yet there is, to date, no recognized definition of spirituality or spiritual care nor a validated assessment tool. This article suggests an alternative to the search for a definition and assessment tool, and seeks to set spiritual care in a practical context by offering a model for spiritual assessment and care based on the individual competence of all healthcare professionals to deliver spiritual and religious care. Through the evaluation of a pilot study to familiarize staff with the Spiritual and Religious Care Competencies for Specialist Palliative Care developed by Marie Curie Cancer Care, the authors conclude that competencies are a viable and crucial first step in 'earthing' spiritual care in practice, and evidencing this illusive area of care.

Gow, A. J., Watson, R., Whiteman, M. and Deary, I. J. **"A stairway to heaven? Structure of the religious involvement inventory and spiritual well-being scale."** *Journal of Religion & Health* 50, no. 1 (Mar 2011): 5-19.

[Abstract:] Being religious or having spiritual beliefs has been linked to improved health and well-being in several empirical studies. Potential underlying mechanisms can be suggested by psychometrically reliable and valid indices. Two self-report measures of religiosity/spirituality were completed by a cohort of older adults: the Religious Involvement Inventory and the Spiritual Well-being Scale. Both were analyzed using principal components analysis and the Mokken scaling procedure. The latter technique examines whether items can be described as having a hierarchical structure. The results across techniques were comparable and hierarchical structures were discovered in the scales. Analysis of the hierarchy in the RII items suggested the latent trait assesses the extent to which an individual's belief in God influences their life. Examining scales with a range of psychometric techniques may give a better indication of the latent construct being assessed, particularly the hierarchies within these which may be of interest to those investigating religiosity-health associations.

Grossoehme, D. H., Cotton, S. and Leonard, A. [Cincinnati Children's Hospital, Cincinnati, OH]. **"Spiritual and religious experiences of adolescent psychiatric inpatients versus healthy peers."** *Journal of Pastoral Care & Counseling* 61, no. 3 (2007): 197-204.

This study of adolescent psychiatric inpatients with depressive disorders uses the INSPIRIT spiritual assessment and recommends that instrument for use by chaplains. The article's lead author is a pediatric chaplain.

Hale-Smith, A., Park, C. L. and Edmondson, D. [Dept. of Psychology, Univ. of Connecticut, Storrs]. **"Measuring beliefs about suffering: development of the views of suffering scale."** *Psychological Assessment* 24, no. 4 (Dec 2012): 855-866.

[Abstract:] Efforts to measure religion have intensified, and many specific dimensions have been identified. However, although belief is a core dimension of all world religions, little attention has been given to assessment of religious beliefs. In particular, 1 essential set of religious beliefs, those concerning the reasons for human suffering, has remained virtually unexamined despite the potential clinical relevance of these beliefs. To fill the need for a measure of people's beliefs about suffering, we developed the Views of Suffering Scale (VOSS). Analyses identified factors related to traditional Christian teachings, unorthodox theistic beliefs, karma, and randomness. Internal consistency and test-retest reliability for VOSS subscale scores were good (s and $rs \geq .70$). Comparisons to measures of related constructs suggest that the VOSS scores demonstrate good convergent validity. One subscale score was modestly correlated with social desirability related to image management, and 7 were positively correlated to self-deceptive enhancement. These preliminary studies suggest that the VOSS differentiates religious perspectives on suffering among a sample of U.S. university students, though more research is needed to confirm its utility in diverse populations. The VOSS provides a valid way to measure individuals' beliefs about suffering, allowing for inquiry into the factors that lead to various beliefs about suffering and the roles of these beliefs in adjusting to stressful life events.

Hall, D. E., Koenig, H. G. and Meador, K. G. [Duke University Medical Center, Durham, NC]. **"Episcopal measure of faith tradition: a context-specific approach to measuring religiousness."** *Journal of Religion & Health* 49, no. 2 (Jun 2010): 164-178.

[Abstract:] Precise measurement of religiousness remains a vexing problem. In addition to relying almost exclusively on self-report, existing measures of religiousness pay little attention to the specific context of religious belief, and this may override distinctive norms of particular faith traditions and potentially confound the conclusions drawn from such research. To address these limitations, the authors describe a modified form of narrative content analysis that could eventually sort respondents into distinct theological traditions. A pilot test among Episcopalians demonstrates encouraging reliability ($\kappa = 0.74$, 95% LCI 0.47, $P < 0.0002$), and tests for convergent and discriminant validity suggest that the context of religious belief is both relevant and insufficiently assessed by the existing paradigm of religious measurements. If validated in a religiously diverse sample, this approach could be combined with existing, context-free measures of religiousness to generate more meaningful findings.

Hamilton, J. B., Crandell, J. L., Carter, J. K. and Lynn, M. R. **"Reliability and validity of the perspectives of Support From God Scale."** *Nursing Research* 59, no. 2 (Mar-Apr 2010): 102-109.

[Abstract:] BACKGROUND: Existing spiritual support scales for use with cancer survivors focus on the support believed to come from a religious community, clergy, or health care providers. OBJECTIVE: The objective of this study was to evaluate the reliability and validity of a new measure of spiritual support believed to come from God in older Christian African American cancer survivors. METHODS: The Perceived Support From God Scale was administered to 317 African American cancer survivors aged 55-89 years. Psychometric evaluation involved identifying underlying factors, conducting item analysis and estimating reliability, and obtaining evidence on the relationship to other variables or the extent to which the Perceived Support From God Scale correlates with religious involvement and depression.

RESULTS: The Perceived Support From God Scale consists of 15 items in two subscales (Support From God and God's Purpose for Me). The two subscales explained 59% of the variance. Cronbach's alpha coefficients were .94 and .86 for the Support From God and God's Purpose for Me subscales, respectively. Test-retest correlations were strong, supporting the temporal stability of the instrument. Pearson's correlations to an existing religious involvement and beliefs scale were moderate to strong. Subscale scores on Support From God were negatively correlated to depression. DISCUSSION: Initial support for reliability and validity was demonstrated for the Perceived Support From God Scale. The scale captures a facet of spirituality not emphasized in other measures. Further research is needed to evaluate the scale with persons of other racial/ethnic groups and to explore the relationship of spirituality to other outcome measures.

Hawthorne, D., Youngblut, J. M. and Brooten D. "**Psychometric evaluation of the Spanish and English versions of the spiritual coping strategies scale.**" *Journal of Nursing Measurement* 19, no. 1 (2011): 46-54.

[Abstract:] The Spiritual Coping Strategies (SCS) Scale measures how frequently religious and nonreligious (spiritual) coping strategies are used to cope with a stressful experience. This study's purpose is to evaluate the psychometric properties of the newly translated Spanish version of the SCS. A total of 51 bilingual adults completed the SCS in Spanish and English, with 25 completing them again 2-3 weeks later. Internal consistency reliability for the Spanish ($r = 0.83$) and English ($r = 0.82$) versions of the SCS in the total sample were good. Test-retest reliability was .84 for the Spanish and .80 for the English version. Spanish and English responses to the SCS items and the resulting score for the subscales and the total scale were not significantly different. Scores on the English and Spanish versions were correlated as expected with time since the stressful event and happiness with family and with spouse or partner, supporting the validity of the Spanish SCS. Study findings support the reliability and validity of the newly translated Spanish SCS.

Hermann, C. P. [School of Nursing, University of Louisville, KY]. "**The degree to which spiritual needs of patients near the end of life are met.**" *Oncology Nursing Forum* 34, no. 1 (Jan 2007): 70-78.

This study of hospice patients uses the Spiritual Needs Inventory. [From the abstract:] 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.

Higginbotham, A. R. and Marcy, T. R. [College of Pharmacy, University of Oklahoma, Oklahoma City, OK]. "**Spiritual assessment: a new outlook on the pharmacist's role.**" *American Journal of Health-System Pharmacy* 63, no. 2 (Jan 15, 2006): 169-173.

The authors provide a general overview of the idea of spiritual assessment in the health care context and suggest that spiritual assessment may have a place in pharmacy practice. They give a practical model: the EBQT Paradigm [from Lawrence, R. T. and Smith, D. W., "Principles to make a spiritual assessment work in your practice," *Journal of Family Practice* 53, no. 8 (Aug 2004): 625-631].

Hill, P. C. and Pargament, K. I. [Rosemead School of Psychology, Biola University, La Mirada, CA]. "**Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research.**" *American Psychologist* 58, no. 1 (Jan 2003): 64-74. [Review, 113 refs.] [This article is one of four state-of-the-science overview articles comprising a special section in this journal issue.]

[Abstract:] Empirical studies have identified significant links between religion and spirituality and health. The reasons for these associations, however, are unclear. Typically, religion and spirituality have been measured by global indices (e.g., frequency of church attendance, self-rated religiousness and spirituality) that do not specify how or why religion and spirituality affect health. The authors highlight recent advances in the delineation of religion and spirituality concepts and measures theoretically and functionally connected to health. They also point to areas for growth in religion and spirituality conceptualization and measurement. Through measures of religion and spirituality more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the distinctive contributions of religiousness and spirituality to health and well-being.

Hinshaw, D. B. [Department of Surgery, VA Ann Arbor Healthcare System and University of Michigan, Ann Arbor]. "**The spiritual needs of the dying patient.**" *Journal of the American College of Surgeons* 195, 4 (Oct 2002): 565-568; discussion on pp. 568-569.

The author offers a brief overview of the spiritual needs of dying patients, their assessment, and examples of means by which such needs may be addressed.

Hodge, D. R. "**Developing a spiritual assessment toolbox: a discussion of the strengths and limitations of five different assessment methods.**" *Health & Social Work* 30, no. 4 (Nov 2005): 314-323.

[Abstract:] Increasingly, social workers are being called on to conduct spiritual assessments, yet few assessment methods have appeared in academic literature. This article reviews five complementary assessment approaches that have recently been developed to highlight different facets of clients' spiritual lives. Specifically, one verbal model, spiritual histories, is discussed, along with four diagrammatic approaches: spiritual lifemaps, spiritual genograms, spiritual ecomaps, and spiritual ecograms. An overview of each approach is provided along with a discussion of its relative strengths and limitations. The aim here is to familiarize readers with a repertoire of spiritual assessment tools so that the most appropriate assessment method in a given client-practitioner setting can be selected.

Hodge, D. R. "**The Intrinsic Spirituality Scale: a new six-item instrument for assessing the salience of spirituality as a motivational construct.**" *Journal of Social Service Research* 30, no. 1 (2003): 41-61.

The author has modified Allport & Ross' classic (1967) measure of intrinsic religion to accommodate the broad concept of spirituality and to work with theistic and non-theistic populations. The instrument, which uses ten-point Likert scales for its six-items, is presented on p. 48 of the article. Validity and reliability data are given in detail.

- Hodge, D. R. [George Warren Brown School of Social Work, Washington University, St Louis, MO]. **“Spiritual assessment: a review of major qualitative methods and a new framework for assessing spirituality.”** *Social Work* 46, no. 3 (July 2001): 203-214. [Review, 77 refs.]
 [Abstract:] This article introduces a new qualitative spiritual assessment instrument. It reviews existing qualitative assessment tools and presents a new multidimensional spiritual assessment framework. The instrument consists of two components: a spiritual history in which consumers relate their spiritual life story in a manner analogous to a family history and an interpretive framework to assist practitioners in eliciting and synthesizing the full potentiality of strengths extant in clients' spiritual lives. Common spiritual strengths the framework is designed to evoke are discussed, and a number of interventions based on prevalent spiritual strengths are suggested.
- Hodge, D. R. [Department of Social Work, Arizona State University, Phoenix, AZ]. **“A template for spiritual assessment: a review of the JCAHO requirements and guidelines for implementation.”** *Social Work* 51, no. 4 (Oct 2006): 317-326.
 This article addresses JCAHO's position on spiritual assessment as it stood after the organization's 2001 revision of the standards, though it focuses not on particular standards but rather on a supporting document found on JCAHO's website that offers questions that could be posed to patients in the process of a spiritual assessment. The author (a professor of Social Work who had published a number of articles on spiritual assessment) presents his own set of four questions, proposing a Brief Assessment Model (--see p. 319), and he goes on to discuss Guidelines for Moving to a Comprehensive Assessment (--see pp. 320-323). The changes in JCAHO's standards pertaining to spirituality that followed from the dramatic overall revision of standards in 2005-2006 are not discussed. The Internet address for JCAHO's supporting document on spiritual assessment has since been moved from a "Frequently Asked Questions" section of the website to a page under simply a heading of Assessment. The article approaches the subject with social workers in mind but has broader applicability.
- Hodge, D. R. and Limb, G. E. **“A Native American perspective on spiritual assessment: the strengths and limitations of a complementary set of assessment tools.”** *Health & Social Work* 35, no. 2 (May 2010): 121-131.
 [Abstract:] Mental health practitioners are increasingly called on to administer spiritual assessments with Native American clients, in spite of limited training on the topic. To help practitioners better understand the strengths and limitations of various assessment instruments from a Native perspective, this study used a sample of recognized experts in Native American culture (N = 50) to evaluate a complementary set of spiritual assessment instruments or tools. Specifically, each instrument's degree of consistency with Native culture was evaluated along with its strengths and limitations for use with Native clients. A brief overview of each instrument is provided, along with the results, to familiarize readers with a repertoire of spiritual assessment tools so that the most culturally appropriate method can be selected in a given clinical context.
- Hodge, D. R. and Limb, G. E. [School of Social Work, Arizona State University, Phoenix, AZ]. **“Spiritual assessment and Native Americans: establishing the social validity of a complementary set of assessment tools.”** *Social Work* 56, no. 3 (Jul 2011): 213-223.
 [Abstract:] Although social work practitioners are increasingly likely to administer spiritual assessments with Native American clients, few qualitative assessment instruments have been validated with this population. This mixed-method study validates a complementary set of spiritual assessment instruments. Drawing on the social validity literature, a sample of experts in Native culture (N = 50) evaluated the instruments' cultural consistency, strengths, limitations, and areas needing improvement. Regarding the degree of congruence with Native American culture, verbally based spiritual histories ranked highest and diagrammatically oriented spiritual genograms ranked lowest, although all instruments demonstrated at least moderate levels of consistency with Native culture. The results also suggest that practitioners' level of spiritual competence plays a crucial role in ensuring the instruments are operationalized in a culturally appropriate manner. [See also: Hodge, D. R. and Limb, G. E., "Native Americans and brief spiritual assessment: examining and operationalizing the Joint Commission's assessment framework," *Social Work* 55, no. 4 (Oct 2010): 297-307.]
- Hoffert, D., Henshaw, C. and Mvududu, N. [Lydia Green School of Nursing, Seattle Pacific University, WA]. **“Enhancing the ability of nursing students to perform a spiritual assessment.”** *Nurse Educator* 32, no. 2 (Mar-Apr 2007): 66-72.
 [Abstract:] According to the literature, a majority of nurses and nursing students report a lack of comfort and ability to perform a spiritual assessment. The researchers designed and implemented an intervention program to address the 4 barriers most frequently identified as obstacles to performing a spiritual assessment. They discuss this study and suggest teaching interventions to assist nursing students to assess and implement spiritual care. Researcher-developed tools are presented and can be made available for use.
- Holt, C. L., Clark, E. M. and Klem, P. R. [Division of Preventive Medicine, Univ. of Alabama at Birmingham, AL]. **“Expansion and validation of the spiritual health locus of control scale: factorial analysis and predictive validity.”** *Journal of Health Psychology* 12, no. 4 (Jul 2007): 597-612.
 [Abstract:] The present study reports on the development and validation of an expanded scale assessing spiritual health locus of control beliefs. Additional items were developed, and the scale was pilot tested among 108 church-attending African American women. The scale was multidimensional, comprised of the original Active and Passive Spiritual dimensions, and additional subscales reflecting 'Spiritual Life and Faith' and 'God's Grace'. Internal consistency was acceptable, and predictive validity was evidenced by negative correlations between the Passive Spiritual dimension and knowledge about mammography, breast cancer, and breast cancer treatment, and mammography utilization. This instrument provides an in-depth assessment of beliefs regarding the role of God in one's health, and may be useful for the development of church-based health education serving African Americans.
- Huguelet, P., Mohr, S., Betrisey, C., Borrás, L., Gillieron, C., Marie, A. M., Rieben, I., Perroud, N. and Brandt, P. Y. **“A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience.”** *Psychiatric Services* 62, no. 1 (Jan 2011): 79-86.
 [Abstract:] OBJECTIVE: Recovery-oriented care for patients with schizophrenia involves consideration of cultural issues, such as religion and spirituality. However, there is evidence that psychiatrists rarely address such topics. This study examined acceptance of a spiritual assessment by patients and clinicians, suggestions for treatment that arose from the assessment, and patient outcomes--in terms of treatment compliance and satisfaction with care (as measured by treatment alliance). METHODS: Outpatients with psychosis were randomly assigned to two groups: an intervention group that received traditional treatment and a religious and spiritual assessment (N=40) and a

control group that received only traditional treatment (N=38). Eight psychiatrists were trained to administer the assessment to their established and stable patients. After each administration, the psychiatrist attended a supervision session with a psychiatrist and a psychologist of religion. Baseline and three-month data were collected. RESULTS: The spiritual assessment was well accepted by patients. During supervision, psychiatrists reported potential clinical uses for the assessment information for 67% of patients. No between-group differences in medication adherence and satisfaction with care were found at three months, although patients in the intervention group had significantly better appointment attendance during the follow-up period. Their interest in discussing religion and spirituality with their psychiatrists remained high. The process was not as well accepted by psychiatrists. CONCLUSIONS: Spiritual assessment can raise important clinical issues in the treatment of patients with chronic schizophrenia. Cultural factors, such as religion and spirituality, should be considered early in clinical training, because many clinicians are not at ease addressing such topics with patients.

Hui, D., de la Cruz, M., Thorney, S., Parsons, H. A., Delgado-Guay, M. and Bruera. E. [Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer Center, Houston]. **"The frequency and correlates of spiritual distress among patients with advanced cancer admitted to an acute palliative care unit."** *American Journal of Hospice & Palliative Medicine* 28, no. 4 (Jun 2011): 264-270.

[Abstract:] Limited research is available on the frequency of spiritual distress and its relationship with physical and emotional distress. We reviewed patients admitted to our acute palliative care unit (APCU) and determined the association between patient characteristics, symptom severity using the Edmonton Symptom Assessment scale (ESAS), and spiritual distress as reported by a chaplain on initial visit. In all, 50 (44%) of 113 patients had spiritual distress. In univariate analysis, patients with spiritual distress were more likely to be younger (odds ratio [OR] = 0.96, P = .004), to have pain (OR = 1.2, P = .010) and depression (OR = 1.24, P = .018) compared to those without spiritual distress. Spiritual distress was associated with age (OR = 0.96, P = .012) and depression (OR = 1.27, P = .020) in multivariate analysis. Our findings support regular spiritual assessment as part of the interdisciplinary approach to optimize symptom control.

Hunt, J., Cobb, M., Keeley, V. L. and Ahmedzai, S. H. [Sheffield Palliative Care Studies Group, University of Sheffield, Academic Palliative Medicine Unit, Royal Hallamshire Hospital, UK]. **"The quality of spiritual care--developing a standard."** *International Journal of Palliative Nursing* 9, no. 5 (May 2003): 208-215.

[Abstract:] Spiritual care is an important aspect of holistic care. However, it is seldom the subject of audit, or included in quality standards. This article reports on the work of the Trent Hospice Audit Group (THAG) into the development of a quality standard for the assessment, delivery and evaluation of spiritual care. The standard was drafted by a multidisciplinary team and circulated among the THAG user group and other interested specialists, and subsequently revised. Three levels of assessment are defined and the different levels of expertise needed for these assessments identified. Education has been highlighted as a key issue in enabling effective use of the standard package. Although acknowledging possible limitations and the importance of professional judgement, the standard should help provide a consistent approach to assessment, care planning and outcome review of spiritual care.

Ironson, G., Stuetzle, R., Ironson, D., Balbin, E., Kremer, H., George, A., Schneiderman, N. and Fletcher, M. A. [Department of Psychology, University of Miami, Coral Gables, FL]. **"View of God as benevolent and forgiving or punishing and judgmental predicts HIV disease progression."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 414-425.

[Abstract:] This study assessed the predictive relationship between View of God beliefs and change in CD4-cell and Viral Load (VL) in HIV positive people over an extended period. A diverse sample of HIV-seropositive participants (N = 101) undergoing comprehensive psychological assessment and blood draws over the course of 4 years completed the View of God Inventory with subscales measuring Positive View (benevolent/forgiving) and Negative View of God (harsh/judgmental/punishing). Adjusting for initial disease status, age, gender, ethnicity, education, and antiretroviral medication (at every 6-month visit), a Positive View of God predicted significantly slower disease-progression (better preservation of CD4-cells, better control of VL), whereas a Negative View of God predicted faster disease-progression over 4 years. Effect sizes were greater than those previously demonstrated for psychosocial variables known to predict HIV-disease-progression, such as depression and coping. Results remained significant even after adjusting for church attendance and psychosocial variables (health behaviors, mood, and coping). These results provide good initial evidence that spiritual beliefs may predict health outcomes. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the December 2011 Article-of-the-Month at <http://www.acperesearch.net/dec11.html>.]

Jackson, C. [Department of Nursing, Eastern University, St. Davids, PA]. **"Addressing spirituality: a natural aspect of holistic care."** *Holistic Nursing Practice* 25, no. 1 (Jan-Feb 2011): 3-7.

This is an editorial overview, including a table on Distinguishing Between Spirituality and Religion [p. 4] and suggestions for spiritual assessment strategies (e.g., CSI-MEMO and FACT).

Jones, G. L. **"A basic spiritual assessment model."** *Journal of Cancer Education* 21, no. 1 (2006): 26-27.

A chaplain proposes a spiritual assessment model that sees patients in terms of three patterns of need: "self worth patients" (for whom illness has brought into question their sense of self-worth and who tend to blame themselves), "community patients" (who, in contrast to "self worth patients," tend to blame others for their illness), and "purpose patients" (who "have good connections with a community, but are feeling lost nonetheless" [p. 27]). The article is part of the journal's Special Section on Spirituality in Cancer. [This article is part of the journal's special theme issue on spirituality and cancer.]

Kassab, V. A. and MacDonald, D. A. [Department of Psychology, University of Detroit Mercy, Detroit, MI]. **"Examination of the psychometric properties of the Spiritual Fitness Assessment."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 975-985.

[Abstract:] Using a sample of 196 undergraduate students, the present study investigated the psychometric properties of the Spiritual Fitness Assessment, a measure of spiritual fitness designed for use by health and fitness professionals. Examination of inter-item consistency produced satisfactory alpha coefficients for the total test and its three subscales. Correlations of the SFA with measures of spirituality and spiritual well-being provide support for convergent validity. Significant positive correlations with a measure of self-esteem suggest that the test has satisfactory criterion validity. Correlations with age, sex, and a measure of social desirability indicate that the SFA is significantly, though only moderately, affected by demographic variables and motivated response tendencies. Factor analysis of the SFA

items indicate that the test is factorially complex and subscales may need to be refined to better measure their intended constructs. Overall, the results of the study suggest that the test may be useful for evaluations of spiritual fitness. Further research with samples drawn from different populations is needed on the test to better establish its reliability and validity.

King, D. E., Blue, A., Mallin, R. and Thiedke, C. [Department of Family Medicine, Medical University of South Carolina, Charleston]. **"Implementation and assessment of a spiritual history taking curriculum in the first year of medical school."** *Teaching & Learning in Medicine* 16, no. 1 (Winter 2004): 64-68.

[Abstract:] BACKGROUND: The Association of American Medical Colleges has recommended addressing spirituality in the medical curriculum. DESCRIPTION: To evaluate the impact of a spiritual history-taking curriculum on the skills, knowledge, and attitudes of 1st year medical students. The study implemented a spiritual history-taking curriculum in the 1st year of medical school that included reading assignments, practice history taking, and standardized patient (SP) scenarios with spiritual content. It assessed students' performance in three ways: (a) using a videotaped SP interview, (b) a survey of students' attitudes regarding incorporating patients' religious and cultural views into medical decision making, and (c) a written test question on their first examination. EVALUATION: Students (146) took part in the medical school's spirituality curriculum, which included participation in videotaped interviews; 98% completed the initial survey, and 75% completed the follow-up survey. On the final videotaped SP interview, 65% of students were able to recognize the patient's spiritual concern according to trained faculty observers. On the attitude survey, there was an increased desire to accommodate patients' beliefs, although the magnitude of the increase was generally quite small. Ninety-four percent of students answered the test question correctly. CONCLUSION: Spiritual history taking can be integrated effectively into the existing history-taking curriculum in 1st year medical training.

King, M., Speck, P. and Thomas, A. **"The royal free interview for spiritual and religious beliefs: development and validation of a self-report version."** *Psychological Medicine* 31, no. 6 (Aug 2001): 1015-1023.

[Abstract:] BACKGROUND: Spiritual beliefs are rarely considered in psychological or medical publications. We recently published the psychometric properties of an interview designed to measure religious and spiritual belief. In this study, we aimed to develop this instrument further as a self-report questionnaire and to make it more comprehensive by including measurement of spiritual experiences in addition to faith or intellectual assent. METHODS: Based on extensive discussion with colleagues, advice from users of the interview and comments from respondents, a self-report format was designed. We then evaluated the final format of the questionnaire in terms of (1) patterns of response and demographic predictors of beliefs; (2) test-retest reliability and internal consistency; (3) criterion and internal validity; and (4) the nature of spiritual experiences and their relationship to beliefs and strength of beliefs. RESULTS: Two hundred and ninety-seven people took part in the validity and reliability tests of the questionnaire. Criterion validity, predictive validity, internal consistency and test-retest reliability were acceptably high. The instrument consistently differentiated between people with high and low spiritual beliefs. CONCLUSIONS: This instrument is brief and simple to complete. We would recommend that measures of religious and/or spiritual belief like this be more widely applied in health services research as they evaluate aspects of people's lives that go somewhat further than health status or quality of life.

Kub, J. E., Nolan, M. T., Hughes, M. T., Terry, P. B., Sulmasy, D. P., Astrow, A. and Forman, J. H. [School of Nursing, Johns Hopkins University, Baltimore, MD]. **"Religious importance and practices of patients with a life-threatening illness: implications for screening protocols."** *Applied Nursing Research* 16, no. 3 (Aug 2003): 196-200.

[Abstract:] Although providing spiritual support to patients has received growing attention in the nursing and medical literature, little has been written about how to screen new patients to determine whether a more in-depth spiritual assessment is in order. In many hospitals, newly admitted patients are simply asked whether they are affiliated with a specific religious denomination. This question alone provides little insight into potential spiritual needs that may require attention. Questions that inquire about patients' religious practices and the importance of religion in their lives may be more useful as screening questions to identify the need for a more detailed spiritual assessment. As a part of a longitudinal study on decision control preferences in terminal illness, data were collected on enrollment about religious practices and the importance of religion in a group of subjects recently diagnosed with a life-threatening illness. This study examines cross-sectionally the relationship between religious practices, importance of religion, and demographic variables. Recommendations are presented on how health professionals can use the responses to these questions to determine the need for further spiritual assessment and intervention.

Larson, K. [Division of Nephrology, Medical University of South Carolina, Charleston, SC]. **"The importance of spiritual assessment: one clinician's journey."** *Geriatric Nursing* 24, no. 6 (Nov-Dec 2003): 370-371.

The author offers a personal reflection, discusses the SPIRIT and HOPE assessments, and gives an example of "spiritual care in action."

Lawrence, R. T. and Smith, D. W. [Montgomery Center for Family Medicine, Greenwood Family Practice Residency, Greenwood, SC]. **"Principles to make a spiritual assessment work in your practice."** *Journal of Family Practice* 53, no. 8 (Aug 2004): 625-631.

The authors offer specific guidelines and practice recommendations.

Lennon-Dearing, R., Florence, J. A., Halvorson, H. and Pollard, J. T. [Department of Social Work, School of Urban Affairs and Public Policy, University of Memphis, TN]. **"An interprofessional educational approach to teaching spiritual assessment."** *Journal of Health Care Chaplaincy* 18, nos. 3-4 (2012): 121-132.

[Abstract:] Spirituality is an essential aspect of a patient's health that can and should be integrated into routine health care. Despite recommendations of accrediting organizations such as the Association of American Medical Colleges, the National Association of Social Workers, and the Association of Professional Chaplains, there is little well defined curriculum focusing on interprofessional spiritual assessment. This article explores one program's use of an interprofessional approach in teaching spiritual assessment to students from medicine, social work, and chaplaincy. Learning objectives were adapted from the Association of American Medical Colleges Medical School Objectives Project. Workshop evaluations show that students can learn key concepts of spirituality and the basics of spiritual assessment while developing an understanding and respect for the role of chaplains, social workers, and physicians.

- Lewis, L. M. [Family and Community Health Department, School of Nursing, University of Pennsylvania, Philadelphia, PA]. **"Spiritual assessment in African-Americans: a review of measures of spirituality used in health research."** *Journal of Religion & Health* 47, no. 4 (Dec 2008): 458-475.
 [Abstract:] BACKGROUND: A number of instruments have been developed for investigating relationships between spirituality and health, and have been used to assess spirituality in African-Americans. Yet, the cultural appropriateness for African-Americans of these instruments has not been investigated to date. OBJECTIVES: To evaluate the construct validity and reliability of spirituality measures used in health research from 1982 to 2005. METHOD: Systematic review of the literature. RESULTS: Thirty five studies and five measures of spirituality met the inclusion criteria. Most of the spirituality measures were developed in primarily Caucasian-American samples. African-Americans were represented in 71% of the studies (n = 25) using spirituality measures in health research. Distinct cultural attributes of African-American spirituality were omitted in most of the spirituality measures. Two studies were retrieved in which psychometric evaluation was conducted in entirely African-American samples. DISCUSSION: Spirituality is a significant cultural experience and belief that influences the health behaviors of African-Americans. The lack of a culturally appropriate measure of African-American spirituality is a major limitation of studies investigating spirituality and health in this population. Development of a culturally appropriate and sensitive measure of spirituality in African-Americans is suggested to strengthen the quality of research in this area. [91 refs.]
- Lillis, J., Gifford, E., Humphreys, K. and Moos, R. [VA Palo Alto Health Care System, Stanford Univ. Medical School, Menlo Park, CA]. **"Assessing spirituality/religiosity in the treatment environment: the Treatment Spirituality/Religiosity Scale."** *Journal of Substance Abuse Treatment* 35, no. 4 (Dec 2008): 427-433.
 [Abstract:] There has been much interest in measuring and evaluating the role of spirituality/religiosity (S/R) in substance use disorder (SUD) treatment. This study presents the initial evaluation of a new measure of S/R in the treatment environment: the Treatment Spirituality/Religiosity Scale (TSRS). The TSRS has 10 items and can be completed by both patient and staff to measure the emphasis on S/R in a given treatment program, which may have important implications for patient-program fit. Data on the TSRS were gathered from 3,018 patients and 329 staff members from 15 residential SUD treatment programs within the Department of Veterans Affairs Health Care System. The TSRS showed good internal consistency (alpha = .77), a single-factor structure, close agreement between patients and staff members (r = .93), and good discriminant validity. The TSRS appears to be a brief, easily administered, and potentially useful measure of the emphasis on S/R in residential SUD treatment programs.
- Lind, B., Sendelbach, S. and Steen, S. [Abbott Northwestern Hospital, Minneapolis, MN]. **"Effects of a spirituality training program for nurses on patients in a progressive care unit."** *Critical Care Nurse* 31, no. 3 (Jun 2011): 87-90.
 This article reports the evaluation of a 2-hour spirituality educational program for staff nurses that included key concepts for spiritual care, discussion, viewing part of the film *Wit*, a case presentation, and the HOPE spiritual assessment. Effects were measured in terms of subsequent increases in patient satisfaction scores and referrals to chaplains.
- Lunder, U., Furlan, M. and Simoncic, A. **"Spiritual needs assessments and measurements."** *Current Opinion in Supportive & Palliative Care* (2011): online ahead of print as of July 6, 2011.
 [Abstract:] Purpose of review: This review discusses the developments in spiritual needs assessments and measurements in end-of-life care. The review considers spiritual needs assessments from the perspective of palliative care patients, their families and caregivers, and healthcare professionals. Recent findings: Spiritual needs assessments vary significantly along the dimensions of content and domains. These needs assessments have the potential to deepen our insight and to identify those who are most at risk for spiritual distress, but few are practical and simple enough to use in everyday clinical practice, and for the research, few are cross-culturally validated. Spirituality is a complex construct, although 'relatedness' was recognized as a core dimension of spirituality in addition to existential beliefs and values related to meaning and purpose. Little is known about the spiritual needs in elderly patients, in the cognitively impaired, and during the dying process. The spiritual needs of family caregivers need more support and attention. Summary: Spirituality is considered to be one of the patient's vital signs and should be routinely screened and assessed. Research in spiritual care should be ongoing for all palliative care patients as well as for those with specific needs such as mental, neurological, or cognitive impairment. There is also a knowledge gap concerning how spiritual needs change during the progression of the disease trajectory. More work must be done on the spiritual concerns of family caregivers.
- MacDonald, D. A. and Friedman, H. L. **"Assessment of humanistic, transpersonal and spiritual constructs: state of the science."** *Journal of Humanistic Psychology* 42, no. 4 (Fall 2002): 102-125.
 [Abstract:] This article reports on the current status of psychometric testing as it pertains to the measurement and assessment of constructs relevant to humanistic and transpersonal psychologies. In so doing, information is provided on available instruments and associated empirical research findings exploring the relation of humanistic/transpersonal phenomena/concepts to human functioning. The article concludes with a listing of recommendations for investigators who wish to employ standardized assessment instruments in humanistic and/or transpersonal research.
- Margolis, S. A., Carter, T., Dunn, E. V. and Reed, R. L. [Department of Family Medicine, United Arab Emirates University, Al Ain, United Arab Emirates]. **"Validation of additional domains in activities of daily living, culturally appropriate for Muslims."** *Gerontology* 49, no. 1 (Jan-Feb 2003): 61-65.
 This research implicitly raises the issue of how an assessment of physical needs may be pertinent to an assessment of spiritual needs. [From the abstract:] BACKGROUND: Measurement of activities of daily living (ADL) is an integral part of geriatric care. Prayer is a central part of the life of practicing Muslims. OBJECTIVES: To validate additional domains of ADL based on the functional capacity of Muslims to perform prayer, a culturally appropriate measure for those practicing the Islamic faith. METHODS: Functional capacity was measured using 2 scales: an 8-domain scale (ADL-8) and a 3-component domain scale assessing the key components of Islamic prayer: washing for prayer, physical motion during prayer and the words spoken. A randomly selected sample of 132 community-based practicing Muslim people from Arabic-speaking countries, aged 65+ years were assessed. ...CONCLUSION: The prayer ADL domains provide an additional valid, short, simple and culturally orientated functional assessment for those of the Islamic faith.

- McClung, E., Grosseohme, D. H. and Jacobson, A. F. [College of Nursing, Kent State University, Kent, OH]. **“Collaborating with chaplains to meet spiritual needs.”** *MEDSURG Nursing* 15, no. 3 (Jun 2006): 147-156.
 [Abstract:] Current accreditation and professional standards in health care reflect the importance of chaplaincy services to patients, families, the health care team, and the organization. However, inadequate spiritual assessment, the organizational structure and climate, and lack of understanding of the chaplain's role can prevent these services from being optimally utilized. Chaplains are trained extensively to provide spiritual care to patients, families, and staff as they assist in meeting the organization's mission to provide patient-centered care. Spiritual assessment is a tool for nurses to recognize patient's needs for spiritual intervention and chaplain referral. By collaborating with chaplains, nurses can help develop an organizational infrastructure capable of timely responsiveness to patients' spiritual needs. 51 references.
- McConnell, K. M., Pargament, K. I., Ellison, C. G. and Flannelly, K. J. [Psychology Department, Bowling Green State University, Bowling Green, OH]. **“Examining the links between spiritual struggles and symptoms of psychopathology in a national sample.”** *Journal of Clinical Psychology* 62, no. 12 (Dec 2006): 1469-1484.
 This study revolves around an assessment of religious coping. [Abstract:] The present study investigated the relationship between spiritual struggles and various types of psychopathology symptoms in individuals who had and had not suffered from a recent illness. Participants completed self-report measures of religious variables and symptoms of psychopathology. Spiritual struggles were assessed by a measure of negative religious coping. As predicted, negative religious coping was significantly linked to various forms of psychopathology, including anxiety, phobic anxiety, depression, paranoid ideation, obsessive-compulsiveness, and somatization, after controlling for demographic and religious variables. In addition, the relationship between negative religious coping and anxiety and phobic anxiety was stronger for individuals who had experienced a recent illness. These results have implications for assessments and interventions targeting spiritual struggles, especially in medical settings.
- McEwen, M. **“Spiritual nursing care: state of the art.”** *Holistic Nursing Practice* 19, no. 4 (Jul-Aug 2005): 161-168.
 See especially the sections on Assessment, Diagnosis, and Interventions, on pp. 163-164.
- MacKinlay, E. B. and Trevitt, C. [School of Theology, Charles Sturt University, Barton, Australia]. **“Spiritual care and ageing in a secular society.”** *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S74-76.
 [Abstract:] Providing spiritual care is about tapping into the concept of spirituality: core meaning, deepest life meaning, hope and connectedness. The search for meaning, connectedness and hope becomes more significant as older people are faced with the possibilities of frailty, disability and dementia. Spirituality, ageing and meaning in life can be discussed in the context of an alternative view of "successful ageing". A model of spiritual tasks in older age can help explain the spiritual dimension and provide a starting point for spiritual assessment. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health.]
- McSherry, W. and Ross, L. [Dept. of Nursing and Applied Health Studies, Univ. of Hull, Willerby, UK]. **“Dilemmas of spiritual assessment: considerations for nursing practice.”** *Journal of Advanced Nursing* 38, no. 5 (Jun 2002): 479-488. [Review, 72 refs.]
 [Abstract:] BACKGROUND: Interest in the spiritual dimension of nursing has resulted in a proliferation of published research internationally that is very prescriptive, suggesting that nurses should be providing spiritual care. However, little research has been published that provides nurses with a potential framework for the assessment and subsequent delivery of spiritual care. It would appear that there is a consensus of opinion that nurses can and should be able to undertake an assessment of their patients' spiritual needs. However, such assumptions may be unfounded, inaccurate, misguided and potentially detrimental to patient care. AIM: This article explores the area of spiritual assessment, drawing on the international literature, highlighting potential dilemmas in conducting a spiritual assessment. A review of some of the currently available spiritual assessment tools is also undertaken. DESIGN: A debate is presented based on the authors' experiences and opinions with regard to this aspect of care. The debate is informed by a review of the literature specifically addressing spiritual assessment. The authors use United Kingdom policy to illustrate drivers and provide a context for the debate. However the dilemmas presented and issues raised are of significance to a wider international audience. CONCLUSION: It is argued that the area of spiritual assessment needs careful consideration, both nationally and internationally, by those professionals involved in the provision of spiritual care so that potential dilemmas can be identified and reviewed. Such consideration may prevent the construction and subsequent use of inappropriate assessment tools within practice. The article incorporates some considerations for practice.
- Meezenbroek Ede, J., Garssen, B., Van den Berg, M., Tuytel, G., Van Dierendonck, D., Visser, A. and Schaufeli, W. B. [Helen Dowling Institute, Care for Cancer, Utrecht, The Netherlands]. **“Measuring spirituality as a universal human experience: development of the Spiritual Attitude and Involvement List (SAIL).”** *Journal of Psychosocial Oncology* 30, no. 2 (Mar 2012): 141-167.
 [Abstract:] Many cancer patients experience spirituality as highly supportive while coping with their disease. Most research as well as most questionnaires in this field is religious orientated. The Spiritual Attitude and Involvement List was developed to enable research on spirituality among religious and nonreligious people. It consists of seven subscales that measure connectedness with oneself, with others and nature, and with the transcendent. Among a student, a healthy population, a healthy interested, a curative cancer, and a palliative cancer sample factorial, convergent and discriminant validity were demonstrated, as well as adequate internal consistency and test-retest reliability.
- Millsbaugh, C. D. **“Assessment and response to spiritual pain: part I.”** *Journal of Palliative Medicine* 8, no. 5 (Oct 2005): 919-923.
 [Abstract:] Spiritual pain or suffering is common. Cicely Saunders described persons with "total pain" including the physical, psychological, social, and spiritual dimensions. Yet, a construct for what it is, and how to respond, is not so common. In this paper, I hypothesize that the components of spiritual pain can be summarized in the following manner. Spiritual pain or Suffering = ((Awareness of death + Loss of Relationships + Loss of Purpose + Loss of Control))/(Life affirming and transcending Purpose + Internal Sense of Control). Thus, an assessment of spiritual pain or suffering should examine the degree to which the individual is experiencing each of these

components and their relationship to each other. Further, each of these components is dynamic, always in process, both within and between the components. A second paper will examine the sufferer's religious responses and suggested pastoral responses.

Millsbaugh, C. D. "Assessment and response to spiritual pain: part II." *Journal of Palliative Medicine* 8, no. 6 (Dec 2005): 1110-1117.

The author continues his consideration of spiritual pain, begin in Part I [*Journal of Palliative Medicine* 8, no. 5 (Oct 2005): 919-923], and looks at [from the abstract:] the Christian sufferer's religious responses and suggest[s] pastoral interventions.

Moncher, F. J. and Josephson, A. M. [Department of Psychology, The Institute for the Psychological Sciences, 2001 Jefferson Davis Highway, Suite 511, Arlington, VA]. "Religious and spiritual aspects of family assessment." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 49-70, vi.

[Abstract:] Childhood emotional and behavioral problems have increased over the past several decades, and the consequences of these behaviors have an impact on the entire family. The role of the family in these problems is clearly an important consideration for the child psychiatrist. A specific understanding of how the family's spiritual worldview or religious convictions impact clinical problems has been underappreciated. The religious orientation or spirituality of parents influences various aspects of family life, from ideals about marriage and family to specifics regarding child rearing. This article reviews the goals of assessment of family religious or spiritual worldview, which include empathically engaging the family of a child in treatment, developing a formulation of how these spiritual factors impact general family functioning, and determining whether the family's religion and spirituality are a resource for treatment or a contributor to disorder. The spiritual and religious assessment of the family facilitates the development of a treatment plan.

Monod, S., Brennan, M., Rochat, E., Martin, E., Rochat, S. and Bula, C. J. [Service of Geriatric Medicine and Geriatric Rehabilitation, University of Lausanne Medical Center, Epalinges, Switzerland]. "Instruments measuring spirituality in clinical research: a systematic review." *Journal of General Internal Medicine* 26, no. 11 (Nov 2011): 1345-1357.

[Abstract:] INTRODUCTION: Numerous instruments have been developed to assess spirituality and measure its association with health outcomes. This study's aims were to identify instruments used in clinical research that measure spirituality; to propose a classification of these instruments; and to identify those instruments that could provide information on the need for spiritual intervention. METHODS: A systematic literature search in MEDLINE, CINAHL, PsycINFO, ATLA, and EMBASE databases, using the terms "spirituality" and "adults," and limited to journal articles was performed to identify clinical studies that used a spiritual assessment instrument. For each instrument identified, measured constructs, intended goals, and data on psychometric properties were retrieved. A conceptual and a functional classification of instruments were developed. RESULTS: Thirty-five instruments were retrieved and classified into measures of general spirituality (N = 22), spiritual well-being (N = 5), spiritual coping (N = 4), and spiritual needs (N = 4) according to the conceptual classification. Instruments most frequently used in clinical research were the FACIT-Sp and the Spiritual Well-Being Scale. Data on psychometric properties were mostly limited to content validity and inter-item reliability. According to the functional classification, 16 instruments were identified that included at least one item measuring a current spiritual state, but only three of those appeared suitable to address the need for spiritual intervention. CONCLUSIONS: Instruments identified in this systematic review assess multiple dimensions of spirituality, and the proposed classifications should help clinical researchers interested in investigating the complex relationship between spirituality and health. Findings underscore the scarcity of instruments specifically designed to measure a patient's current spiritual state. Moreover, the relatively limited data available on psychometric properties of these instruments highlight the need for additional research to determine whether they are suitable in identifying the need for spiritual interventions.

Monod, S., Martin, E., Spencer, B., Rochat, E. and Bula, C. [University of Lausanne Medical Center, Lausanne, Switzerland]. "Validation of the Spiritual Distress Assessment Tool in older hospitalized patients." *BMC Geriatrics* 12 (2012):13 [online article designation].

[Abstract:] BACKGROUND: The Spiritual Distress Assessment Tool (SDAT) is a 5-item instrument developed to assess unmet spiritual needs in hospitalized elderly patients and to determine the presence of spiritual distress. The objective of this study was to investigate the SDAT psychometric properties. METHODS: This cross-sectional study was performed in a Geriatric Rehabilitation Unit. Patients (N = 203), aged 65 years and over with Mini Mental State Exam score ≥ 20 , were consecutively enrolled over a 6-month period. Data on health, functional, cognitive, affective and spiritual status were collected upon admission. Interviews using the SDAT (score from 0 to 15, higher scores indicating higher distress) were conducted by a trained chaplain. Factor analysis, measures of internal consistency (inter-item and item-to-total correlations, Cronbach α), and reliability (intra-rater and inter-rater) were performed. Criterion-related validity was assessed using the Functional Assessment of Chronic Illness Therapy-Spiritual well-being (FACIT-Sp) and the question "Are you at peace?" as criterion-standard. Concurrent and predictive validity were assessed using the Geriatric Depression Scale (GDS), occurrence of a family meeting, hospital length of stay (LOS) and destination at discharge. RESULTS: SDAT scores ranged from 1 to 11 (mean 5.6 \pm 2.4). Overall, 65.0% (132/203) of the patients reported some spiritual distress on SDAT total score and 22.2% (45/203) reported at least one severe unmet spiritual need. A two-factor solution explained 60% of the variance. Inter-item correlations ranged from 0.11 to 0.41 (eight out of ten with $P < 0.05$). Item-to-total correlations ranged from 0.57 to 0.66 (all $P < 0.001$). Cronbach was acceptable (0.60). Intra-rater and inter-rater reliabilities were high (Intraclass Correlation Coefficients ranging from 0.87 to 0.96). SDAT correlated significantly with the FACIT-Sp, "Are you at peace?", GDS (Rho -0.45, -0.33, and 0.43, respectively, all $P < .001$), and LOS (Rho 0.15, $P = .03$). Compared with patients showing no severely unmet spiritual need, patients with at least one severe unmet spiritual need had higher odds of occurrence of a family meeting (adjOR 4.7, 95%CI 1.4-16.3, $P = .02$) and were more often discharged to a nursing home (13.3% vs 3.8%; $P = .027$). CONCLUSIONS: SDAT has acceptable psychometrics properties and appears to be a valid and reliable instrument to assess spiritual distress in elderly hospitalized patients.

Monod, S. M., Rochat, E., Bula, C. J., Jobin, G., Martin, E. and Spencer, B. "The spiritual distress assessment tool: an instrument to assess spiritual distress in hospitalised elderly persons." *BMC Geriatrics* 10 (2010): 88 [online journal "page" designation].

[Abstract:] BACKGROUND: Although spirituality is usually considered a positive resource for coping with illness, spiritual distress may have a negative influence on health outcomes. Tools are needed to identify spiritual distress in clinical practice and subsequently address

identified needs. This study describes the first steps in the development of a clinically acceptable instrument to assess spiritual distress in hospitalized elderly patients. **METHODS:** A three-step process was used to develop the Spiritual Distress Assessment Tool (SDAT): 1) Conceptualisation by a multidisciplinary group of a model (Spiritual Needs Model) to define the different dimensions characterizing a patient's spirituality and their corresponding needs; 2) Operationalisation of the Spiritual Needs Model within geriatric hospital care leading to a set of questions (SDAT) investigating needs related to each of the defined dimensions; 3) Qualitative assessment of the instrument's acceptability and face validity in hospital chaplains. **RESULTS:** Four dimensions of spirituality (Meaning, Transcendence, Values, and Psychosocial Identity) and their corresponding needs were defined. A formalised assessment procedure to both identify and subsequently score unmet spiritual needs and spiritual distress was developed. Face validity and acceptability in clinical practice were confirmed by chaplains involved in the focus groups. **CONCLUSIONS:** The SDAT appears to be a clinically acceptable instrument to assess spiritual distress in elderly hospitalised persons. Studies are ongoing to investigate the psychometric properties of the instrument and to assess its potential to serve as a basis for integrating the spiritual dimension in the patient's plan of care.

Murphy, P. E., Canada, A. L., Fitchett, G., Stein, K., Portier, K., Crammer, C. and Peterman, A. H. **"An examination of the 3-factor model and structural invariance across racial/ethnic groups for the FACIT-Sp: a report from the American Cancer Society's Study of Cancer Survivors-II (SCS-II)." *Psycho-Oncology* 19, no. 3 (Mar 2010): 264-272.**

[Abstract:] **OBJECTIVES:** Recent confirmatory factor analysis (CFA) of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) Scale in a sample of predominantly white women demonstrated that three factors, Meaning, Peace, and Faith, represented a psychometric improvement over the original 2-factor model. The present study tested these findings in a more diverse sample, assessed the stability of the model across racial/ethnic groups, and tested the contribution of a new item. **METHODS:** In a study by the American Cancer Society, 8805 cancer survivors provided responses on the FACIT-Sp, which we tested using CFA. **RESULTS:** A 3-factor model provided a better fit to the data than the 2-factor model in the sample as a whole and in the racial/ethnic subgroups (Deltachi(2), $p < 0.001$, for all comparisons), but was not invariant across the groups. The model with equal parameters for racial/ethnic groups was a poorer fit to the data than a model that allowed these parameters to vary (Deltachi(2)(81)=2440.54, $p < 0.001$), suggesting that items and their associated constructs might be understood differently across racial/ethnic groups. The new item improved the model fit and loaded on the Faith factor. **CONCLUSIONS:** The 3-factor model is likely to provide more specific information for studies in the field. In the construction of scales for use with diverse samples, researchers need to pay greater attention to racial/ethnic differences in interpretation of items.

Murphy, P. E. and Fitchett, G. [Department of Religion, Health and Human Value, Rush University Medical Center, Chicago, IL]. **"Belief in a concerned god predicts response to treatment for adults with clinical depression." *Journal of Clinical Psychology* 65, no. 9 (Sep 2009): 1000-1008.**

This study out of the chaplaincy department at a major teaching hospital links an assessment of belief in a concerned God with treatment response. [Abstract:] Belief in a concerned God has been shown to be associated with lower depression through the mediation of hopelessness. This study hypothesized that this relationship would also be true longitudinally. Shortly after admission to treatment and 8 weeks later, 136 adults with clinical depression completed the Beck Depression Inventory, the Beck Hopelessness Scale, and the Religious Well-Being Scale (RWB). Logistic regression models supported an association of baseline RWB, but not baseline hopelessness, with a 50% reduction in symptoms after 8 weeks. Persons in the upper third of RWB at admission were 75% more likely to have a response to treatment than persons in the lower third. Clinicians need to be aware of the role of religion for their clients.

Narayanasamy, A. [University of Nottingham, Faculty of Medicine and Health Science, School of Nursing, Queen's Medical Centre, Nottingham, UK]. **"The puzzle of spirituality for nursing: a guide to practical assessment." *British Journal of Nursing* 13, no. 19 (Oct 28-Nov 10, 2004): 1140-1144. [Review, 45 refs.]**

[Abstract:] Increasingly nurses are called upon to meet patients' spiritual needs. However, there is evidence to suggest that nurses are unable to do this adequately because of confusion about the notion of spirituality. This is compounded by the uncertainty surrounding the role of nurses in spiritual care interventions. Emerging research suggests that nurses, as primary carers, may have to initiate spiritual care interventions. This article offers practical guidance to nurses seeking to improve spiritual care for their patients. A working definition of spirituality is offered and spiritual needs are explained in the context of a case scenario. Practical guidance is given on how spiritual care can be put into action, using the Actioning Spirituality and Spiritual care in Education Training (ASSET) model as a framework for assessment of spiritual needs, planning, implementing and evaluation spiritual care, and a spiritual assessment tool for practice is outlined.

Nelson-Becker, H., Nakashima, M. and Canda, E. R. **"Spiritual assessment in aging: a framework for clinicians." *Journal of Gerontological Social Work* 48, nos. 3-4 (2007): 331-347.**

[Abstract:] Older adults may benefit from clinical conversations about the role of spirituality in their lives, but social workers and other helping professionals often do not have an understanding of where to proceed beyond initial questions of whether spirituality and/or religion are important and if so, what religious preference is held. Much has been written about definitions of spirituality and religion, but the literature has not yet provided a clear focus on ways to assess whether these are integrated positively or negatively in the lives of older adults. This article identifies eleven domains in spirituality that might be assessed. Within each domain an explanation is provided as well as a brief discussion of the rationale for including it in the classification. Sample interview questions and an illustrative vignette are included. Together these eleven domains build an important framework and resource for spiritual assessment with older adults.

O'Connell, K. A. and Skevington, S. M. [WHO Centre for the Study of Quality of Life, Department of Psychology, University of Bath, UK]. **"To measure or not to measure? Reviewing the assessment of spirituality and religion in health-related quality of life." *Chronic Illness* 3, no. 1 (Mar 2007): 77-87.**

[Abstract:] Measures of quality of life have not conventionally or routinely included concepts of spirituality, religion, or existential wellbeing. Although spirituality has been seen as irrelevant, or difficult to measure, a growing body of peer-reviewed articles point to a positive and important relationship between spiritual beliefs and other domains of quality of life in health. Following a discussion of current theoretical issues surrounding the inclusion of these generic concepts, we select and review seven quality-of-life assessments in health that provide a spiritual and/or religious dimension, and evaluate each in psychometric terms. Such information could be useful to

clinicians working in chronic illness, surgery and terminal care, who seek concept clarification before using an assessment that includes a spiritual domain.

O'Connor, T. S., O'Neill, K., Van Staaldouin, G., Meakes, E., Penner, C. and Davis, K. **"Not well known, used little and needed: Canadian chaplains' experiences of published spiritual assessment tools."** *The Journal of Pastoral Care & Counseling: JPCC* 59, nos. 1-2 (Spring-Summer 2005): 97-107.

[Abstract:] What are Canadian chaplains' experiences of published assessment tools? Utilizing a quantitative and qualitative methodology with multiple investigators and theoretical triangulation, this article reports the results of a survey of chaplains in the Canadian Association for Pastoral Practice and Education (CAPPE) and interview results of 15 chaplains in three focus groups. Findings indicated that published spiritual assessment tools are not well known, used little, criticized for being reductionistic and not fitting the clinical situation. Participants noted, however, that spiritual assessment is needed for spiritual care. Thirty percent reported the development of their own tools (not published) and three published tools were mentioned by 50% and more. Discussion, limitations of the research, and suggestions for education, practice, and future research are offered.

O'Neill, M. T. and Mako, C. [Catholic Health Services of Long Island, Rockville Centre, NY]. **"Addressing spiritual pain."** *Health Progress* 92, no. 1 (Jan-Feb 2011): 42-45.

This is a concise explication of the concept of spiritual pain and its assessment.

O'Reilly, M. L. [Division of Infectious Diseases, University of Massachusetts, Lowell, MA]. **"Spirituality and mental health clients."** *Journal of Psychosocial Nursing & Mental Health Services* 42, no. 7 (Jul 2004): 44-53.

[Abstract:] Spirituality is an important part of human existence but is often overlooked in the conceptualization of the person as a biopsychosocial entity. This article examines spirituality as a concept, relates it to the experience of mental health clients, proposes spiritual assessments and interventions within the role of advanced practice mental health nurses, and discusses the necessity of including spiritual interventions to support healing and wholeness for mental health clients.

Patton, G. L. [St. Mary's Hospital, Huntington, WV]. **"Spirituality assessment in health care. In examining a patient's 'objects of devotion,' the clinician may find clues to an unhealthy lifestyle."** *Health Progress* 82, no. 5 (Sep-Oct 2001): 15-18.

This article, in the official journal of the Catholic Health Association of the United States, considers the evaluation of patients' "objects of devotion" as part of a spiritual assessment for health care. The author provides "guidelines for distinguishing a healthy object of devotion from one that is not" (p. 16). A case example is offered. The author supports a holistic approach to health care.

Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L. and Cella, D. [Northwestern University, Center on Outcomes, Research and Education, Evanston, IL]. **"Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy—Spiritual Well-being Scale (FACIT-Sp)."** *Annals of Behavioral Medicine* 24, no. 1 (Winter 2002): 49-58.

[Abstract:] A significant relation between religion and better health has been demonstrated in a variety of healthy and patient populations. In the past several years, there has been a focus on the role of spirituality, as distinct from religion, in health promotion and coping with illness. Despite the growing interest, there remains a dearth of well-validated, psychometrically sound instruments to measure aspects of spirituality. In this article we report on the development and testing of a measure of spiritual well-being, the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp), within two samples of cancer patients. The instrument comprises two subscales—one measuring a sense of meaning and peace and the other assessing the role of faith in illness. A total score for spiritual well-being is also produced. Study 1 demonstrates good internal consistency reliability and a significant relation with quality of life in a large, multiethnic sample. Study 2 examines convergent validity with 5 other measures of religion and spirituality in a sample of individuals with mixed early stage and metastatic cancer diagnoses. Results of the two studies demonstrate that the FACIT-Sp is a psychometrically sound measure of spiritual well-being for people with cancer and other chronic illnesses.

Power, J. **"Spiritual assessment: developing an assessment tool."** *Nursing Older People* 18, no. 2 (Mar 2006): 16-18.

[Abstract:] Patients' 'spirituality' is widely considered to be a factor that nurses need to consider in their assessments. But Jeanette Power suggests ways in which assessments can be undertaken, and questions whether one assessment tool can prove adequate in measuring the significance of spirituality in the lives of individuals, all of whom may interpret its meaning differently?

Pronk, K. **"Role of the doctor in relieving spiritual distress at the end of life."** *American Journal of Hospice & Palliative Care* 22, no. 6 (Nov-Dec 2005): 419-425.

[Abstract:] Relief of spiritual distress is a part of good palliative care. This literature review examines journal articles and texts dealing with patient spiritual issues at the end of life to see what constitutes spiritual care, why such issues are felt to be part of healthcare, and how, when, and by whom they should be explored. It also looks at the anticipated outcomes of addressing spiritual distress. This review also notes recommendations in the literature regarding prerequisite skills and attributes of those providing spiritual care and some tools for spiritual assessment and guidance.

Reis, L. M., Baumiller, R., Scrivener, W., Yager, G., Warren, N. S. [Genetic Counseling Program, College of Allied Health Sciences, University of Cincinnati, OH]. **"Spiritual assessment in genetic counseling."** *Journal of Genetic Counseling* 16, no. 1 (Feb 2007): 41-52.

[Abstract:] One hundred and twenty seven full members of the National Society of Genetic Counselors participated in this study exploring current spiritual assessment practices of genetic counselors and reactions to a spiritual assessment tool. While 60% of genetic counselors reported they had performed a spiritual assessment within the past year, fewer than 8.7% of these counselors assessed spirituality in more than half of their sessions. Counselors reporting high perceived relevance of spiritual assessment performed an assessment more frequently than those reporting a low perceived relevance. Barriers to spiritual assessment included lack of time, insufficient skills, and uncertainty regarding the role of spiritual assessment within genetic counseling. Almost two-thirds of counselors expressed that having a spiritual assessment tool would increase their ability to elicit relevant information. These data suggest a need for increased training regarding the methods for and relevance of spiritual assessment in genetic counseling. Recommendations for future directions of research are explored.

Richardson, P. [College of Nursing, University of South Florida in Tampa, FL]. "**Assessment and implementation of spirituality and religiosity in cancer care: effects on patient outcomes.**" *Clinical Journal of Oncology Nursing* 16, no. 4 (Aug 2012): E150-155.

[Abstract:] Spirituality and religiosity have been defined by several governing bodies to mean everything from purpose in life, beliefs, faith, and hope, to transcendence with a higher being. The absence of uniformity regarding the components of spirituality and religiosity has created a barrier for professional caregivers in identifying, assessing, and providing spiritual needs. The diagnosis of cancer often leads patients to contemplate their own mortality and frequently presents unique challenges to their belief system. Spirituality is a unique component of holistic care. When appropriately addressed, it may strongly influence positive patient outcomes during the cancer journey. Consequently, nurses should actively participate in and incorporate the provision of spiritual care into the treatment plan for each patient with cancer or at least be able to assess those needs and make sure they are being addressed.

Rosmarin, D. H., Pargament, K. I., Krumrei, E. J. and Flannelly, K. J. [Department of Psychology, Bowling Green State University, Bowling Green, OH]. "**Religious coping among Jews: development and initial validation of the JCOPE.**" *Journal of Clinical Psychology* 65, no. 7 (Jul 2009): 670-683.

[Abstract:] Numerous studies have underscored the importance of religious coping in psychological health and illness; however, the majority of research in this area has been conducted with Christian samples and knowledge about other religious groups is lacking. Although recent investigations have developed scales to measure religious coping among Hindus and Muslims, the potential for future research in Jewish populations remains limited as no measures of religious coping have been validated in the general Jewish community. This two-part study reports on the development and validation of the 16-item Jewish Religious Coping Scale (JCOPE). In Study 1, an exploratory factor analysis identified two factors reflecting positive and negative religious coping strategies, and the concurrent validity for the measure was evaluated by examining correlations with indices of Jewish beliefs and practices. In Study 2, a confirmatory factor analysis (CFA) verified the JCOPE's 2-factor structure, and the scale's incremental validity was evaluated by examining Jewish religious coping as a predictor of psychological distress over and above significant covariates. Results suggest that the JCOPE has good psychometric properties, and that religious coping is a significant predictor of psychological distress among Jews.

Rosmarin, D. H., Pirutinsky, S. and Pargament, K. I. [McLean Hospital/Harvard Medical School, Belmont, MA]. "**A brief measure of core religious beliefs for use in psychiatric settings.**" *International Journal of Psychiatry in Medicine* 41, no. 3 (2011): 253-261.

[Abstract:] Results from several national studies in the United States suggests that: (1) religious beliefs and practices are highly prevalent; (2) spirituality and religion are statistically and clinically relevant to mental health and symptoms; and (3) many patients have a preference for spiritually integrated care. However, existing protocols that assess for salient religious themes in psychiatric settings are time-consuming to administer, relevant only to specific populations (e.g., Christians), and have poor psychometric properties. Further, evidence suggests that religious beliefs can take on a positive and negative valence, and both of these dimensions are worthy of assessment. We, therefore, developed a brief (six-item) self-report measure of positive and negative core beliefs about God which is uniquely suited for use with a broad range of religious patients. Across three studies, we evaluated its psychometric properties and ability to predict symptoms of anxiety and depression. Results provide support for the validity and reliability of our measure and further highlight the salience of both positive and negative religious beliefs to psychiatric symptoms. It is hoped that this measure will help to decrease the burden of spiritual assessment in psychiatric and medical settings, and further have research utility for this area of study.

Rubin, D., Dodd, M., Desai, N., Pollock, B. and Graham-Pole, J. [Department of Endocrinology, Boston University Medical Center, Boston, MA]. "**Spirituality in well and ill adolescents and their parents: the use of two assessment scales.**" *Pediatric Nursing* 35, no. 1 (Jan-Feb 2009): 37-42.

[Abstract:] The literature supporting a relationship between religion/spirituality and physical/mental health has led to recommendations that health professionals attend to these issues in patient assessment and intervention. Many studies indicate that spiritual issues are important to adolescents, especially those with physical and/or psychological health concerns. Although several instruments have been developed to measure religion/spirituality in adults, no validated instrument currently exists for assessing this concept in children or adolescents. The applicability of two adult scales, the SIBS and the SWBS, were assessed to explore the spiritual well-being of adolescents by comparing spirituality scores of 38 chronically ill and 38 healthy adolescents and their parents. No significant difference was found between ill and well adolescents on either scale. Parents scored significantly higher than adolescents on both scales. Although this could indicate that parents have greater spiritual well-being than their children, these two findings taken together suggest these measures may be insufficiently sensitive measures of spirituality in childhood. This is supported by the finding that most adolescents and their parents felt both scales to be ineffective measures of adolescent spirituality. The authors concluded that a more specific scale should be developed for measuring spirituality in the young, especially those with chronic illness. Such an instrument might best be developed through a combination of qualitative and quantitative research methods.

Rumbold, B. D. [Palliative Care Unit, La Trobe University, Melbourne, Australia]. "**A review of spiritual assessment in health care practice.**" *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S60-62.

[Abstract:] The recent surge of interest in links between spirituality and health has generated many assessment approaches that seek to identify spiritual need and suggest strategic responses for health care practitioners. The interpretations of spirituality made within health frameworks do not do justice to the way spirituality is understood in society in general. Spiritual assessment should not impose a view or definition of spirituality, but should seek to elicit the thoughts, memories and experiences that give coherence to a person's life. Spiritual assessment tools should not be used without adequate exploration of the assumptions made. Assessment processes need to be adequately conceptualized and practically relevant. [This article is part of a special theme supplement of the journal on spirituality & health.]

Saguil, A. and Phelps, K. [Fort Belvoir Community Hospital, Fort Belvoir, VA]. "**The spiritual assessment.**" *American Family Physician* 86, no. 6 (Sep 15, 2012): 546-550.

[Abstract:] More than 80 percent of Americans perceive religion as important. Issues of belief can affect the health care encounter, and patients may wish to discuss spirituality with their physician. Many physicians report barriers to broaching the subject of spirituality,

including lack of time and experience, difficulty identifying patients who want to discuss spirituality, and the belief that addressing spiritual concerns is not a physician's responsibility. Spiritual assessment tools such as the FICA, the HOPE questions, and the Open Invite provide efficient means of eliciting patients' thoughts on this topic. The spiritual assessment allows physicians to support patients by stressing empathetic listening, documenting spiritual preferences for future visits, incorporating the precepts of patients' faith traditions into treatment plans, and encouraging patients to use the resources of their spiritual traditions and communities for overall wellness. Conducting the spiritual assessment also may help strengthen the physician-patient relationship and offer physicians opportunities for personal renewal, resiliency, and growth.

Salsman, J. M., Garcia, S. F., Lai, J. S. and Cella, D. [Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, IL]. **"Have a little faith: measuring the impact of illness on positive and negative aspects of faith."** *Psycho-Oncology* 21, no. 12 (Dec 2012): 1357-1361.

[Abstract:] BACKGROUND: The importance of faith and its associations with health are well documented. As part of the Patient Reported Outcomes Measurement Information System, items tapping positive and negative impact of illness (PII and NII) were developed across four content domains: Coping/Stress Response, Self-Concept, Social Connection/Isolation, and Meaning and Spirituality. Faith items were included within the concept of meaning and spirituality. METHODS: This measurement model was tested on a heterogeneous group of 509 cancer survivors. To evaluate dimensionality, we applied two bi-factor models, specifying a general factor (PII or NII) and four local factors: Coping/Stress Response, Self-Concept, Social Connection/Isolation, and Meaning and Spirituality. RESULTS: Bi-factor analysis supported sufficient unidimensionality within PII and NII item sets. The unidimensionality of both PII and NII item sets was enhanced by extraction of the faith items from the rest of the questions. Of the 10 faith items, nine demonstrated higher local than general factor loadings (range for local factor loadings=0.402 to 0.876), suggesting utility as a separate but related 'faith' factor. The same was true for only two of the remaining 63 items across the PII and NII item sets. CONCLUSIONS: Although conceptually and to a degree empirically related to Meaning and Spirituality, Faith appears to be a distinct subdomain of PII and NII, better handled by distinct assessment. A 10-item measure of the impact of illness upon faith (II-Faith) was therefore assembled.

Selman, L., Harding, R., Gysels, M., Speck, P. and Higginson, I. J. **"The measurement of spirituality in palliative care and the content of tools validated cross-culturally: a systematic review."** *Journal of Pain & Symptom Management* 41, no. 4 (Apr 2011): 728-753.

[Abstract:] CONTEXT: Despite the need to assess spiritual outcomes in palliative care, little is known about the properties of the tools currently used to do so. In addition, measures of spirituality have been criticized in the literature for cultural bias, and it is unclear which tools have been validated cross-culturally. OBJECTIVES: This systematic review aimed to identify and categorize spiritual outcome measures validated in advanced cancer, human immunodeficiency virus (HIV), or palliative care populations; to assess the tools' cross-cultural applicability; and for those measures validated cross-culturally, to determine and categorize the concepts used to measure spirituality. METHODS: Eight databases were searched to identify relevant validation and research studies. An extensive search strategy included search terms in three categories: palliative care, spirituality, and outcome measurement. Tools were evaluated according to two criteria: 1) validation in advanced cancer, HIV, or palliative care and 2) validation in an ethnically diverse context. Tools that met Criterion 1 were categorized by type; tools that also met Criterion 2 were subjected to content analysis to identify and categorize the spiritual concepts they use. RESULTS: One hundred ninety-one articles were identified, yielding 85 tools. Fifty different tools had been reported in research studies; however, 30 of these had not been validated in palliative care populations. Thirty-eight tools met Criterion 1: general multidimensional measures (n=21), functional measures (n=11), and substantive measures (n=6). Nine measures met Criterion 2; these used spiritual concepts relating to six themes: Beliefs, practices, and experiences; Relationships; Spiritual resources; Outlook on life/self; Outlook on death/dying; and Indicators of spiritual well-being. A conceptual model of spirituality is presented on the basis of the content analysis. Recommendations include consideration of both the clinical and cultural population in which spiritual instruments have been validated when selecting an appropriate measure for research purposes. Areas in need of further research are identified. CONCLUSION: The nine tools identified in this review are those that have currently been validated in cross-cultural palliative care populations and, subject to appraisal of their psychometric properties, may be suitable for cross-cultural research.

Sessanna, L., Finnell, D. S., Underhill, M., Chang, Y.-P. and Peng, H.-L. **"Measures assessing spirituality as more than religiosity: a methodological review of nursing and health-related literature."** *Journal of Advanced Nursing* 67, no. 8 (Aug 2011): 1677-1694.

[Abstract:] Measures assessing spirituality as more than religiosity: a methodological review of nursing and health-related literature. *Journal of Advanced Nursing* 67(8), 1677-1694. Aims. This paper is a report of a methodological review conducted to analyse, evaluate and synthesize the rigour of measures found in nursing and health-related literature used to assess and evaluate patient spirituality as more than religiosity. Background. Holistic healthcare practitioners recognize important distinctions exist about what constitutes spiritual care needs and preferences and what constitutes religious care needs and preferences in patient care practice. Data sources. Databases searched, limited to the years 1982 and 2009, included AMED, Alt Health Watch, CINAHL Plus with Full Text, EBSCO Host, EBSCO Host Religion and Philosophy, ERIC, Google Scholar, HAPI, HUBNET, IngentaConnect, Mental Measurements Yearbook Online, Ovid MEDLINE, Social Work Abstracts and Hill and Hood's Measures of Religiosity text. Review methods. A methodological review was carried out. Measures assessing spirituality as more than religiosity were critically reviewed including quality appraisal, relevant data extraction and a narrative synthesis of findings. Results. Ten measures fitting inclusion criteria were included in the review. Despite agreement among nursing and health-related disciplines that spirituality and religiosity are distinct and diverse concepts, the concept of spirituality was often used interchangeably with the concept religion to assess and evaluate patient spirituality. The term spiritual or spirituality was used in a preponderance of items to assess or evaluate spirituality. Conclusions. Measures differentiating spirituality from religiosity are grossly lacking in nursing and health-related literature.

Sexson, S. B. [Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA]. **"Religious and spiritual assessment of the child and adolescent."** *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 35-47, vi.

[Abstract:] Assessment in child and adolescent psychiatry is a complex process that involves developmental, environmental, and experiential perspectives. Recently, there has been interest in including spiritual and religious assessment in the psychiatric assessment of children, but no well-recognized guidelines for such an assessment have been established. This article proposes an approach to spiritual assessment of children and adolescents that begins with developing an understanding of the family's spiritual and religious life, followed by a developmentally informed method of observing and talking with children and adolescents about their spiritual and religious beliefs. The article concludes with a discussion of ethical issues involved when the psychiatrist addresses issues of spirituality and religion with child and adolescent patients and their families.

Sharma, R. K., Astrow, A. B., Teixeira, K. and Sulmasy, D. P. [Division of Hospital Medicine, Northwestern University, Chicago, IL]. **"The Spiritual Needs Assessment for Patients (SNAP): development and validation of a comprehensive instrument to assess unmet spiritual needs."** *Journal of Pain & Symptom Management* 44, no. 1 (Jul 2012): 44-51.

[Abstract:] CONTEXT: Unmet spiritual needs have been associated with decreased patient ratings of quality of care, satisfaction, and quality of life. There is a need for a well-validated, psychometrically sound instrument to describe and measure spiritual needs. OBJECTIVES: To develop a valid and reliable instrument to assess patients' spiritual needs. METHODS: Instrument development was based on a literature review, clinical and pastoral evaluation, and cognitive pretesting (n=15 ambulatory cancer patients). Forty-seven ambulatory cancer patients completed cross-sectional and longitudinal surveys to test instrument validity and reliability. Internal reliability was assessed by Cronbach's α , test-retest reliability by Spearman's correlation coefficients, and construct validity by comparing instrument scores to a previously used single-item spiritual needs question. RESULTS: The Spiritual Needs Assessment for Patients (SNAP) comprises a total of 23 items in three domains: psychosocial (n=5), spiritual (n=13), and religious (n=5). Sixty percent of participants were white, 21% black, 13% Hispanic, and 6% Asian or other. Fifty-eight percent were Catholic, 13% Jewish, 11% Protestant, 2% Buddhist, 2% Muslim, and 2% Hindu. Sixty-eight percent described themselves as spiritual but not religious; 15% reported unmet spiritual needs; 19% wanted help meeting their spiritual needs. Cronbach's α for the total SNAP was 0.95, and for the subscales was psychosocial=0.74, spiritual=0.93, and religious needs=0.86. Test-retest correlation coefficients were total SNAP=0.69, psychosocial needs=0.51, spiritual needs=0.70, and religious needs=0.65. Participants reporting unmet spiritual needs had significantly higher mean scores on the total SNAP (66.3 vs. 49.4, P=0.03) and on the spiritual needs subscale (39.0 vs. 28.3, P=0.02). CONCLUSION: The results provide preliminary evidence that the SNAP is a valid and reliable instrument for measuring spiritual needs in a diverse patient population.

Skalla, K. and McCoy, J. P. [Outreach Program, Norris Cotton Cancer Center, Dartmouth-Hitchcock Medical Center, Lebanon, NH]. **"Spiritual assessment of patients with cancer: the moral authority, vocational, aesthetic, social, and transcendent model."** *Oncology Nursing Forum* 33, no. 4 (Jul 2006): 745-751.

[Abstract:] PURPOSE/OBJECTIVES: To explore the nature of spiritual care in patients with cancer and discuss the Moral Authority, Vocational, Aesthetic, Social, and Transcendent (Mor-VAST) Model, a new theoretical model for assessment. DATA SOURCES: Published articles, online references. DATA SYNTHESIS: Discussions regarding spirituality often do not occur for a variety of reasons but may affect physical and spiritual health of an individual. CONCLUSIONS: Assessment of spirituality should be an integral part of cancer care. The Mor-VAST model can assist clinicians in discussing spirituality. IMPLICATIONS FOR NURSING: Nurses should be aware of resources for referral to chaplaincy, but they can be a part of the process of spiritual support. Educational opportunities are available for nurses who wish to address their own spirituality so they can address spirituality comfortably and confidently with their patients.

Swift, C., Calcutawalla, S. and Elliot, R. [The Chaplaincy, Leeds Teaching Hospitals NHS Trust, Beckett Street, Leeds, UK]. **"Nursing attitudes towards recording of religious and spiritual data."** *British Journal of Nursing* 16, no. 20 (Nov 8-21, 2007): 1279-1282.

[From the abstract:] Poor recording of patients' religious and spiritual information is known anecdotally and occasionally referred to in publications. Chaplains in particular encounter lack of data entries or errors in records on a routine basis. While novel forms of spiritual assessment have been discussed, the only previously published United Kingdom research on nurses' responses to patients' spiritual needs uses the approach of critical incident analysis. This article reports on the findings of a nurse focus group used to generate issues likely to resonate with staff as to why poor assessment and recording occurs. Apart from clinical factors, nurses cited the intrusiveness of questions about spirituality and the feeling that assessment was 'unnecessary' as major reasons for non-recording. The most significant finding was the correlation between clinical area and the incidence of assessment. Nurses who admitted patients and always asked for religious and spiritual information were three times more likely to work in complex clinical areas....

Szaflarski, M., Kudel, I., Cotton, S., Leonard, A. C., Tsevat, J. and Ritchey, P. N. [College of Medicine, University of Cincinnati, OH]. **"Multidimensional assessment of spirituality/religion in patients with HIV: conceptual framework and empirical refinement."** *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1239-1260. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A decade ago, an expert panel developed a framework for measuring spirituality/religion in health research (Brief Multidimensional Measure of Religiousness/Spirituality), but empirical testing of this framework has been limited. The purpose of this study was to determine whether responses to items across multiple measures assessing spirituality/religion by 450 patients with HIV replicate this model. We hypothesized a six-factor model underlying a collective of 56 items, but results of confirmatory factor analyses suggested eight dimensions: Meaning/Peace, Tangible Connection to the Divine, Positive Religious Coping, Love/Appreciation, Negative Religious Coping, Positive Congregational Support, Negative Congregational Support, and Cultural Practices. This study corroborates parts of the factor structure underlying the Brief Multidimensional Measure of Religiousness/Spirituality and some recent refinements of the original framework.

Tamura, K., Ichihara, K., Maetaki, E., Takayama, K., Tanisawa, K. and Ikenaga, M. [Department of Medical Ethics, Osaka University Graduate School of Medicine, Osaka, Japan]. **"Development of a spiritual pain assessment sheet for terminal cancer patients: targeting terminal cancer patients admitted to palliative care units in Japan."** *Palliative & Supportive Care* 4, no. 2 (Jun 2006): 179-188.

[From the abstract:] OBJECTIVE: This research explores the potential benefit of a spiritual pain assessment sheet to clinical practice. With spiritual pain defined as "pain caused by extinction of the being and meaning of the self," the spiritual pain assessment sheet was developed by Hisayuki Murata from his conceptual framework reflecting the three dimensions of a human being as a being founded on temporality, a being in relationship, and a being with autonomy. The assessment sheet was developed from reviews of the literature and examinations from a philosophical perspective on the structure of spiritual pain. ...RESULTS: ...The patients reported that they did not find the use of the assessment sheet a burden, and more than half reported that it was useful. The burden of the assessment sheet on the subjects was thus determined to be low. Positive feedback on the assessment sheet was also received from the nurses who conducted the patient interviews, who said the assessment sheet made it easier to talk with the patients about their spiritual pain. SIGNIFICANCE OF RESEARCH: The research results indicate that the spiritual pain assessment sheet provided an appropriate assessment of spiritual pain among terminal cancer patients, showing that such a sheet could be used as an assessment tool in the future.

Tanyi, R. A. [Prevention, Lifestyle and Wellness Services, Loma Linda, CA]. "**Spirituality and family nursing: spiritual assessment and interventions for families.**" *Journal of Advanced Nursing* 53, no. 3 (Feb 2006): 287-294.

[From the abstract:] AIM: The aim of this paper is to propose a guideline for spiritual assessment and interventions explicitly for families, while considering each family member's unique spirituality. ...DISCUSSION: The majority of published guidelines on spiritual assessment and interventions are designed predominantly for individuals. They fail to differentiate between individual and family spirituality or offer only brief discussions on family spirituality. Such guidelines are potentially problematic. They may lead nurses to focus only on individual spirituality and neglect to discern family unit spirituality or recognize the presence of conflicts in spiritual perspectives within the family. While other disciplines such as social work and family therapy have several guidelines/strategies to assess family spirituality, there is a dearth of such guidelines in the family health nursing and spirituality literature, in spite of the rhetoric about incorporating spirituality as part of total family assessment. As a beginning solution, guidelines are proposed for spiritual assessment and interventions for the family as a unit, and the category of spiritual interpretation to represent diagnosis is introduced. Case studies exemplify how to integrate the guideline, and illustrate elements that may favor specific interpretations which would guide the interventions. CONCLUSION: As nurses continually strive to assist families with their health needs, they must also attend to their spiritual needs, as one cannot truly assess a family without assessing its spirituality.

Timmins, F. and Kelly, J. [School of Nursing and Midwifery, Trinity College Dublin, Ireland]. "**Spiritual assessment in intensive and cardiac care nursing.**" *Nursing in Critical Care* 13, no. 3 (May-Jun 2008): 124-131.

[Abstract:] AIM: The aim of this paper is to explore various approaches to spiritual assessments in contemporary intensive and cardiac care (ICU/CCU) environments. BACKGROUND: Despite the increasing recognition that spiritual care is essential for quality patient care, an agreed spiritual assessment approach and tool for use in ICU/CCU settings remains elusive. METHOD: An overview of spiritual assessment and spiritual assessment tools. CONCLUSION: It is suggested that the staff in ICU/CCU nursing settings choose or develop a formal assessment tool that most closely matches their considered collective definition of spirituality, which has been considered in light of their mission statement and philosophy of care. RELEVANCE TO CLINICAL PRACTICE: Spiritual assessment is essential to formulate a care plan as spiritual care provides a powerful inner resource to critically ill patients in acute clinical environments.

Wagle, A. M., Champion, V. L., Russell, K. M. and Rawl, S. M. [Department of Veterans Affairs, Illiana Health Care System, Danville, IL]. "**Development of Wagle Health-Specific Religiousness scale.**" *Cancer Nursing* 32, no. 5 (Sep-Oct 2009): 418-425.

[Abstract:] African American women have a lower rate of regular mammography screening, resulting in higher incidence of advanced-stage breast cancer at diagnosis and a lower 5-year survival rate as compared with white women. Researchers have demonstrated that several health beliefs relate to mammography screening in African American women, but little attention has been paid to the importance of religiousness. Although some authors have attempted to determine a link between religiousness and health, we lack a valid and reliable instrument to measure religiousness that can be found in the context of health behaviors. The purpose of this article is to describe the development and psychometric testing of the Wagle Health-Specific Religiousness (WHSR) scale, an instrument used to measure religious beliefs and the influence of those beliefs on mammography screening for African American women. A sample of 344 low-income African American women who were nonadherent to mammography at accrual participating in a randomized trial completed the WHSR. Data from this trial were used to determine the validity and reliability of the WHSR. The 19-item WHSR scale had a Cronbach alpha of .94. Construct validity was supported via factor analysis and analysis of theoretical relationships. Although further testing is warranted, this analysis indicates that the concept of religiousness is an important component of mammography behavior in African American women.

Wesley, C., Tunney, K. and Duncan, E. [Department of Social Work, Southern Illinois University, Edwardsville, IL]. "**Educational needs of hospice social workers: spiritual assessment and interventions with diverse populations.**" *American Journal of Hospice & Palliative Care* 21, no. 1 (Jan-Feb 2004): 40-46.

[Abstract:] Based on a national survey, this study analyzes the roles and educational needs of hospice social workers regarding assessment and intervention in spirituality, religion, and diversity of their patients. Sixty-two social workers responded to the survey. Results suggest that spiritual care is shared among hospice team members and that most social workers feel comfortable in addressing these issues. However, role conflict and role ambiguity also exist. Respondents to the survey often felt ill-prepared to deal with some complex faith-based conflicts related to diversity. They saw themselves in need of assessment models and end-of-life decision-making interventions regarding assisted suicide and euthanasia. This study provides recommendations for social work practice, education, and research.

White, M. T. [Department of Community Health, Boonshoft School of Medicine, Wright State University, Dayton, OH]. "**Making sense of genetic uncertainty: the role of religion and spirituality.**" *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 68-76.

Among the points of this article is a consideration of the challenges to conducting spiritual assessments in genetic counseling.

Whitford, H. S., Olver, I. N. and Peterson, M. J. [Royal Adelaide Hospital Cancer Centre, Adelaide, SA, Australia]. "**Spirituality as a core domain in the assessment of quality of life in oncology.**" *Psycho-Oncology* 17, no. 11 (Nov 2008): 1121-1128.

[Abstract:] OBJECTIVES: This study investigated including spiritual wellbeing as a core domain in the assessment of quality of life (QOL) in an Australian oncology population. METHODS: Four hundred and ninety consecutive cancer patients with mixed diagnoses completed the Functional Assessment of Chronic Illness Therapy--Spiritual Well-Being (FACIT-Sp) and the Mental Adjustment to Cancer (MAC) scale. RESULTS: Overall, 449 patients completed assessments. Spiritual wellbeing demonstrated a significant, positive association with QOL ($r=0.59$), fighting spirit ($r=0.49$) and a significant, negative relationship with helplessness/hopelessness ($r=-0.47$) and anxious preoccupation ($r=-0.26$). A hierarchical multiple regression showed spiritual wellbeing to be a significant, unique contributor to QOL beyond the core domains of physical, social/family, and emotional wellbeing ($R(2)$ change=0.08, $p=0.000$). However, high levels of meaning/peace or faith did not appear to significantly impact patients' ability to enjoy life despite chronic symptoms of pain or fatigue, making the current results inconsistent with other findings. CONCLUSION: Results lend further support to the biopsychosocialspiritual model. By failing to assess spiritual wellbeing, the 'true' burden of cancer is likely to be miscalculated. However, at this stage, the exact clinical utility of spirituality assessment is unclear.

Windsor, L. C. and Shorkey C. "**Spiritual change in drug treatment: utility of the Christian Inventory of Spirituality.**" *Substance Abuse* 31, no. 3 (Jul 2010): 136-145.

[Abstract:] The current study used data from reliability testing of the Christian Inventory of Spirituality (CIS) to (1) assess the utility of CIS in detecting differences in level of spirituality in residents of residential Christian faith-based substance abuse programs (RCFBSAPs); (2) test the hypothesis that residents who have been in the program for longer periods of time will have significantly higher levels of spirituality after controlling for relevant demographic characteristics; and (3) test the hypothesis that residents of programs that only use unlicensed staff and place higher importance on spirituality will have significantly higher levels of spirituality. A purposive sample of the cross-sectional data from the reliability testing of the CIS was used ($n = 253$). Analysis supported the hypothesis. Demographic characteristics were not associated with level of spirituality. The CIS proved to be useful in discriminating levels of spirituality. Further research is needed to examine spiritual change using randomized pre-post test designs.

Winter-Pfandler, U. and Morgenthaler C. [Swiss Institute of Pastoral Sociology St. Gallen, Switzerland]. "**Who needs chaplain's visitation in general hospitals? Assessing patients with psychosocial and religious needs.**" *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 2.1-9 [electronic journal page designation].

[Abstract:] Owing to the declining length of patients' hospital stay in recent years, chaplains need evidence-based criteria to decide which patients are likely to have the greatest psychosocial and/or religious-spiritual needs. Therefore, the present pilot study aims at sorting out evidence-based criteria to assess patients with lack of coping resources. A total of 610 patients in the German-speaking part of Switzerland were surveyed with regard to their psychosocial health. The results suggest that lack of vitality (including health condition), lack of support and lack of faith (including spiritual struggle) are valid and reliable criteria for chaplains as internal triggers for pastoral visitation.