

THE RELATIVE PREVALENCE OF VARIOUS SPIRITUAL NEEDS

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Abstract: An announcement was placed in a chaplaincy newsletter inviting chaplains from the United States and Canada to participate in a survey about the spiritual needs of their patients. A total of 167 chaplains responded to the invitation and completed an on-line questionnaire. The questionnaire listed 28 spiritual needs that fell into seven categories. Chaplains were asked to rate how often they encountered patients with each of the needs, using a scale of 1 to 6, with 1 meaning "a few times a year" and 6 meaning "many times a day." The responses of chaplains indicated that the seven categories formed a hierarchy of needs. The most common, or prevalent, of the seven spiritual needs were the need for love and belonging, and the need to find meaning and purpose, which chaplains encountered between "many times a week" to "a few times a day."

Key Words: chaplaincy, pastoral care, religion, spirituality, spiritual needs

A 2003 study in the *International Journal of Psychiatry in Medicine* found that interest in spirituality has surged in the biomedical literature in recent years, as evidenced by a statistically significant increase in the rate of publications in Medline that used this term (Weaver, Flannelly & Oppenheimer, 2003). That study, which searched the on-line Medline database for 1965 - 2000 noted a marked surge in articles on spirituality throughout the 1990's. A smaller, non-significant increase also was found in the rate of articles about chaplains during the time-period studied.

A similar electronic search was conducted by Galek and her colleagues (2005) to identify research and theoretical articles about the spiritual needs of patients. The search found 19 articles (mostly qualitative studies) published since 1990 that focused on the spiritual needs of hospitalized patients. These articles indicated that patients' spiritual needs fell into several dimensions or domains. The most commonly recognized domain was the need to find meaning and purpose in life (e.g., Clark, 1997; Narayanasamy et al., 2004; Ross, 1997; Taylor, 2003). This is not surprising in that scholars widely see the search for meaning and purpose as the core of spirituality, and some authors suggest that it is a universal human need (see reviews by Dyson, Cobb & Forman, 1997; McSherry & Draper, 1998).

The need for love, peace, belonging/connectedness and forgiveness were also quite common (e.g., Greasley et al., 2001; Murray et al., 2004; Ross, 1997; Taylor, 2003). In all, Galek et al. (2005) identified seven dimensions of spiritual needs, and developed a 28-item scale to measure them based on a content analysis of over 300 descriptive phrases contained in the 19 articles. The scale is similar to that developed by McSherry, Draper and Kendrick (2002), which includes items about meaning and purpose, hope, forgiveness, relationships, morality, creativity and spiritual care. But our scale differs from that of McSherry et al. (2002) in several ways. Whereas their scale is designed to measure whether people view these items as being related to spirituality, ours is designed to be an assessment tool that can measure how strongly and/or how often people experience these needs. As such, our items tend to be more specific about the nature of such needs. Finally, although the instrument is intended to help explore the nature of spiritual care, items about spiritual care itself are not included in the scale.

Several authors have recently discussed the difficulty assessing the spiritual needs of patients (Draper & McSherry, 2002; McSherry & Ross, 2002; Narayanasamy, 2002; Wright, 2001). These difficulties arise in part from the ambiguity and complexity of the concept of spirituality, especially with respect to differentiating between the concepts

of religion, and assessing spirituality in people who are not religious. Hunt et al. (2003) suggest that the difficulties inherent in doing a spiritual assessment probably account for the fact that a large majority of chaplains do not use them, according to Wright's findings. The "Royal Free Interview for Spiritual and Religious Beliefs" was specifically designed to measure spirituality across religious creeds and to evaluate the influence of spiritual beliefs on health outcomes (King, Speck & Thomas, 1995, 1999, 2001). The purpose of the Galek et al. (2005) scale was more modest, to provide a brief instrument that could be self-administered or administered by clinical staff to assess the spiritual needs of patients. But that study did not actually test the scale with either patients or chaplains.

Relatively little research has examined the frequency or prevalence of different spiritual needs among patients. A study by Feudtner, Haney and Dimmers (2003) is particularly relevant for our purposes because it asked chaplains how often they encountered various emotional and spiritual needs among hospitalized children and their parents. As might be expected, the spiritual needs portion of the questionnaire contained items about meaning and purpose in life, but it did not capture most of the other types of spiritual needs that have been identified in the literature.

Some time after we developed our spiritual needs scale, we read a commentary in a web-based chaplaincy newsletter (widely distributed throughout Canada and the United States) that inquired about research being conducted on spiritual assessment tools. This expression of interest led us to realize that the newsletter might afford us an opportunity to examine spiritual needs, much as Feudtner, Haney and Dimmers (2003) did, by asking chaplains how often they encountered patients with the kinds of needs measured by our scale. The present study, therefore, attempted to assess how widespread various spiritual needs are among patients/clients based on the experience of chaplains.

Methods

Procedure

An invitation to participate in the study was posted on an electronic newsletter that is widely distributed to professional chaplains and other related profes-

sionals in the United States and Canada. The announcement explained the purpose of the study and included a link to web-site containing the survey questionnaire.

Study Sample

A total of 167 participants completed the questionnaire, including 87 women (52.1%) and 80 (47.9%) men. All participants were chaplains, who had worked an average of 10.8 years ($SD = 8.4$) years. The average age of the sample was 52.5 years ($SD = 9.1$). Ninety nine of the 167 respondents worked in general hospitals (59.2%), 34 (20.4%) worked in long-term care, and 34 (20.4%) worked in other types of institutions. This sample not only served our primary purpose of examining the spiritual needs of patients and others receiving pastoral care, it allowed us to test the instrument with the clinicians for whom it was intended for use, much as King et al. (1995, 2001) and McSherry et al., (2002) had done.

Survey Questionnaire

The questionnaire consisted of two parts. The first part contained a 28-item spiritual needs assessment, which was developed by Galek et al. (2005). The wording of some of the items on the published version of the scale was changed after discussing and pilot-testing the scale with a number of chaplains. The second part of the questionnaire collected data on participants' age, gender, years as a chaplain and the type of institution in which they worked. This section also contained a question that asked participants how many patients/clients they visited each week. All responses were retrospective self-reports that were entered by participants directly in to the database connected to the survey website. As such, the data represent subjective impressions of chaplains' regular encounters with patients/clients and not their verbatim accounts or other records of such encounters.

The following question was situated immediately above the list of 28 items: "How often do the patients/clients you visit have a need?" The first two items listed below were: "To review their life?" and "To be accepted as a person." Six response choices were listed for each item: 1 – "A few times a year;" 2 – "A few times a month;" 3 – "Many times a month" 4 – "Many times a week;" 5 – "A few times a day;" and 6 – "Many times a day." The wording of all 28 items is given in Galek et al. (2005).

Dimensions of Spiritual Need

In all, the 28-items represented seven constructs or dimensions of spiritual needs that were identified through an extensive literature review (Galek et al., 2005). The seven dimensions - and a brief description of the some of the items measuring them - are: (1) Meaning and Purpose – need to find meaning in life, meaning in suffering, and why this happened to me; (2) Love and Belonging – need to give and receive love, feel companionship and connected to the world, and be accepted as a person; (3) Hope, Peace and Gratitude – need to feel hopeful, thankful, grateful, and a sense of peace; 4) Religion and Divine Guidance - need to pray, for religious worship/rituals, and guidance from a higher power ; (5) Death Concerns and Resolution – need to address concerns about death and forgive and be forgiven; (6) Appreciation of Art and Beauty – need to appreciate or experience music, art and beauty; (7) Moral-

ity – need to live a moral and ethical life. Each construct was comprised of 3-6 items, except for Morality, which was measured by a single test-item. The Cronbach alpha (reliability test) for the six multi-item constructs ranged from .78 to .88, indicating that the category subscales were internally consistent. The average score of all of the items comprising a dimension was used as the score for that dimension.

Statistical Analyses

The seven dimension of spiritual needs were analyzed simultaneously by multivariate analysis of covariance (MANCOVA) in a 3 (type of institution) X 7 (spiritual need dimension) design, using the number of patients/clients visited per week as a covariate. Univariate and trend analyses were conducted to examine differences among the spiritual need dimensions.

Table 1. Mean (SD) Number of Times that Chaplains Encounter Patients or Clients with Various Spiritual Needs at Different Types of Institutions

Dimensions of Spiritual Needs	Hospital	Long-Term	Other	All
Meaning and Purpose	4.7 (1.1)	4.2 (1.2)	4.6 (1.3)	4.5 (1.2)
Love and Belonging	4.5 (1.2)	4.1 (1.3)	4.5 (1.4)	4.4 (1.3)
Hope, Peace and Gratitude	4.3 (1.0)	4.0 (1.1)	4.5 (1.2)	4.3 (1.1)
Religion and Divine Guidance	4.0 (1.0)	3.9 (1.2)	4.2 (1.2)	4.0 (1.1)
Death Concerns and Resolutions	3.8 (1.2)	3.6 (1.0)	3.6 (1.2)	3.7 (1.2)
Appreciation of Art and Beauty	2.9 (1.3)	3.0 (1.4)	3.0 (1.4)	3.0 (1.3)
Morality/Ethics	2.9 (1.6)	2.7 (1.6)	2.9 (1.5)	2.9 (1.6)

- 1 = A few times a year
- 2 = A few times a month
- 3 = Many times a month
- 4 = Many times a week
- 5 = A few times a day
- 6 = Many times a day

Results

Table 1 shows the average number of times that chaplains encountered patients or clients with different types of spiritual needs. The MANCOVA found no significant differences in the average number of patients within each dimension of spiritual needs among the three types of facilities. Significant differences among need dimensions were found, however ($p < .001$), and a significant linear trend was found among the categories ($p < .001$), when arranged from highest to lowest, as they are in the table. Indeed, the statistical analyses showed that the relative frequency of each need (across all institutions) was significantly higher than the frequency of the one below it in the table ($p < .05$), with the exception that no difference was found between the mean frequencies of morality/ethics and art/beauty.

The top three dimensions of spiritual needs listed in the table were encountered by chaplains between “many times a week” to “a few times a day.” Patients and clients with a need for prayer, religious services or divine guidance were encountered many times a week, while those with concerns about death and dying were encountered between “many times a month” and “many times a week.” The remaining two categories were much less frequent.

Discussion

Our data reveal a hierarchy of spiritual needs that is relatively stable regardless of the number of patients or clients whom chaplains visit each week. The most prevalent of these are the need for meaning and purpose in life and the need for love and a sense of belonging, which chaplains encounter virtually every day. Many scholars view the search for meaning and purpose as a central and/or overarching dimension of spirituality (cf. Dyson, Cobb & Forman, 1997; McSherry & Draper), so one might expect that chaplains would frequently encounter it among patients and other clients. Needs for love and belonging/connectedness are also commonly recognized as spiritual needs in the healthcare literature (e.g., Greasley et al., 2001; Murray et al., 2004; Ross, 1997; Taylor, 2003), hence it is not surprising that chaplains should often encounter them relative frequently, as well. Establishing relationships with patients through

empathy and listening, the chaplain opens the door to facilitating patients’ awakening of their spirit. After addressing basic needs for love, belonging and acceptance chaplains can help patients cope with other personal issues and facilitate the personal discovery of meaning and purpose in life.

The third most common spiritual need that the chaplains in our study encountered was the need for hope, peace and gratitude. To meet all three of these spiritual needs (i.e., meaning and purpose, love and belonging and hope, peace and gratitude), the chaplain must offer his or her self to the patient. These needs require that the chaplain provide this presence in order to help the patient connect with his or her feelings, and through their emotions to connect with his or her spirit.

The fourth most common spiritual need was to provide prayer and other religious services. This need encompasses the actualization of a patient’s spirituality through religious rituals, prayer and guidance from God. The final three patient needs addressed by chaplains in the current study were those relating to death concerns and resolution, appreciation of beauty, and morality and ethics. The last of these was relatively infrequent compared to the others.

Abraham Maslow (1943) theorized that human beings possess a “hierarchy of needs,” and will work to satisfy their higher-order needs for self fulfillment, knowledge, and unity with God only after satisfying lower order needs for physiological survival, safety and belonging. However, in crisis situations involving hospitalization, a different perhaps more spiritual hierarchy of needs may emerge in which meaning becomes paramount. Breitbart and colleagues have developed meaning-centered group and individual (2005) psychotherapeutic interventions for advanced stage cancer patients to help bolster their sense of meaning and purpose in life as they face the uncertainty of illness. Such an approach is largely based on Viktor Frankl’s (1959; 1969; 1967) existential work and seeks to enhance patients’ spiritual well-being by teaching them ways to tap into sources of meaning in order to cope with the spiritual and existential pain of living in the face of illness. The centrality of the need to create meaning during crisis highlighted in the current findings speaks to the importance of chaplains’ attunement to exploring with patients issues related

to what their life meant, what type of legacy they would like to leave, and how they hope to be remembered.

Conclusion

The findings suggest that the spiritual needs scale can be a useful assessment tool. Of equal importance, they help to confirm that patients' spiritual needs tend to fall within the seven dimensions Galek et al. (2005) proposed. Moreover, they provide a necessary step towards documenting the scope of patients' spiritual needs.

Naturally, we intend to distribute the scale to patients and are planning to do so at a number of hospitals where our chaplains work. This research is crucial for a number of reasons, especially in the United States. Whereas the National Health Service has encouraged hospitals in the United Kingdom to appoint chaplains for over 50 years (Department of Health, 2003), only recently has the primary hospital accreditation organization in the U.S. mandated that hospitals address the spiritual needs of patients (Joint Commission on Accreditation of Healthcare Organizations, 2003). This requirement is very general and there are no established standards for meeting it.

A survey of US healthcare institutions indicates that many of them call upon local community clergy to minister to patients instead of hiring professional chaplains (Flannelly, Handzo & Weaver, 2003). This may be partly attributable to financial factors and partly due to a lack of appreciation of the roles of chaplains and/or the importance of spirituality to patients (Flannelly, Galek, Bucchino, Handzo & Tannenbaum, 2005). One line of our research has been intended to describe and explain the roles and functions of healthcare chaplains to hospital administrators and healthcare professionals. The present study marks the beginning of a new line of research which we hope will demonstrate the depth and scope of patients' spiritual needs and how chaplains serve to meet those needs.

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