

Spirituality in Healthcare: A Primer for Case Managers

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Objectives

Discuss the role of spirituality in person/client-centered healthcare delivery.

Explore spiritual/faith beliefs regarding mortality, suffering, and healthcare decision-making.

Integrate case management strategies through patient experiences and case management guiding principles.

Apply the ethical principle of autonomy and underlying values for case management practice in relation to addressing the client's spiritual/faith beliefs.

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Let's Talk...



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Spirituality in Cancer Care (NCI, 2022)

*77% of patients want their healthcare team to incorporate their spiritual needs into the care plan.



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The Why?-The Joint Commission (TJC)

- Hospitals/facilities accountable for maintaining patient rights.
- Accommodation for cultural, religious, and spiritual values.
- Spiritual assessment not prescriptively required by TJC

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The Why?-American Nurses Association Code of Ethics with Interpretive Statements

- It supports nurses in providing consistently respectful, humane, and dignified care. These values are often second nature to nurses' caregiving but are frequently challenged by the failings in U.S. health care and by negative social determinants of health.
- The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

[The Code of Ethics for Nurses | ANA \(nursingworld.org\)](https://nursingworld.org/coc/)

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The Why?-National Association of Social Workers (NASW) Code of Ethics

Value: Dignity and Worth of the Person

Ethical Principle: Respect the inherent dignity and worth of the person

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs.

[Code of Ethics: English \(socialworkers.org\)](https://www.socialworkers.org/ethics)

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The Why-NASW Code of Ethics (cont.)

Compels social workers to understand social diversity, with regard to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

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The Why?-CMSA Guiding Principles, pp. 14-15 [select applicable principles]

- Use a client-centric, collaborative partnership approach that is responsive to the individual client's culture, preferences, needs, and values.
- Use a comprehensive, holistic, and compassionate approach to care delivery that integrates a client's medical, behavioral, social, psychological, functional, and other needs.
spiritual
- Practice cultural and linguistic sensitivity and maintain current knowledge of the diverse populations served.

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The Why?-CMSA Guiding Principles, pp. 14-15 [select applicable principles] (cont.)

- Facilitate awareness of and connections with community supports and resources.
- Pursue professional knowledge, practice excellence, and maintain competence in case management and health and human service delivery.

[CMSA Standards of Case Management Practice, 2022 Revision | Case Management Society of America](https://www.cmsa.org/standards)

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The Why?-CCMC Code of Conduct and Ethics

- Principle 2: Board-Certified Case Managers will respect the rights and inherent dignity of all of their clients.
- CMBOK: Autonomy is at the heart of American citizens' cultural identity; honoring it means that you respect one another's choices, decisions, and behaviors, as long as they are lawful and don't pose an unreasonable risk of injury to the individual or to others.

[Ethical Principles and the Case Manager | CCMC's Case Management Body of Knowledge \(CMBOK\) \(cmbodyofknowledge.com\)](https://www.ccmcc.org/ethics)

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Religion, Sex & Politics

*Personal, delicate, and essential conversations.

*Key element in person-centered care.

*Emotional wellness.

How comfortable are you with this discussion?

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Which is What: Religion, Faith and Spirituality

Religion: Personal set or institutionalized system of religious attitudes, beliefs, and practices.

-Sacraments, ceremonies, prayers, & traditional observances

Faith: Trusting in something you cannot explicitly prove. Strong or unshakeable belief without proof.

Spirituality: A broad concept of belief in something beyond the self. A holistic belief in an individual connection to others and the world as a whole.

-Refers to that which gives meaning, purpose, and hope in life.

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Religion



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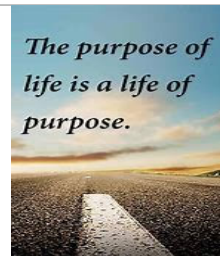
Faith

“When you come to the end of all the light you know, and it's time to step into the darkness of the unknown, faith is knowing that one of two things shall happen: Either you will be given something solid to stand on or you will be taught to fly.” -Edward Teller

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Spirituality

The purpose of life is a life of purpose.



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Other Spiritual Concepts

SPIRITUAL DISTRESS

- Disturbance in belief or value system.
- Conflict between what is happening in life and their beliefs.
- Causes: Isolation; grief and loss; Why Me?
- Symptoms: breaking away or loss of one's beliefs or faith; feelings of shame, grief, hopelessness, or abandonment.

MORAL INJURY

- Deep emotional wound.
- Witness to human suffering and cruelty.
- Cognitive or emotional response to events that violate moral or ethical code. Threat to core values.
- Psychologic damage occurs from continuous exposure.
- Symptoms: anger, guilt, fear, shame, and feeling empty /exhausted.
- Not Burnout

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Decisions and Choices

- No blood transfusions (Jehovah's Witness).
- Only female providers for women (Islam).
- Scheduling procedures so that a person who follows Islam may pray throughout the day.
- No embalming or cremation (Judaism).
- Emphasis on spiritual practices (Buddhism).

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Beliefs on Suffering...

- Jewish tradition holds that suffering is a result of one's own actions.
- Hindus view suffering as a consequence of a person's actions, committed in either this life or a past one.
- Buddhists believe that suffering is experienced over many lifetimes, a cycle of rebirths that continues until a person's negative actions, emotions, and cravings cease.
- Muslims view suffering as both a punishment for sin and a test of faith.
- Christianity acknowledges the reality of suffering and attributes it to the sinful nature of humanity.

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But Elaine, Isn't this the job of the Chaplain/Pastoral Care/Visiting Clergy?



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Guiding the Spiritual Conversation FICA Spiritual History Tool

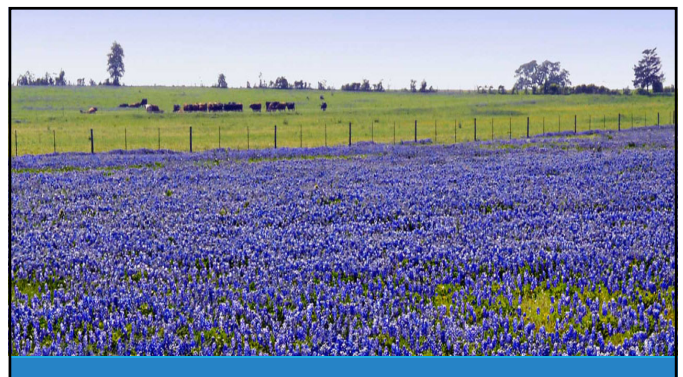
Category	Sample questions
F: Faith and belief	Do you have spiritual beliefs that help you cope with stress? If the patient responds "no," consider asking: what gives your life meaning?
I: Importance	Have your beliefs influenced how you take care of yourself in this illness?
C: Community	Are you part of a spiritual or religious community? Is this of support to you, and how?
A: Address in care	How would you like me to address these issues in your health care?

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We Can Do Better...

- Include those open-ended questions to determine spiritual factors that impact illness, recovery, and healthcare decisions.
 - What gives you hope?
 - Where do you find meaning in your life?
 - What brings you peace?

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Resources/References

Astran, John (2021). What is the role of spirituality in health care? *HealthMed.org*, May 5.
<https://healthmed.org/what-is-the-role-of-spirituality-in-health-care/>
 LeDoux, J., Mann, C., Demoratz, M., et al. (2019). Addressing spiritual and religious influences in healthcare delivery. *Professional Case Management*, 24(3): 142-47.
 Rura, N. (2022). Spirituality linked with better health outcomes, patient care. *The Harvard Gazette*, July 12.
[Spirituality linked with better health outcomes, patient care – Harvard Gazette](#)
 George Washington Institute for Spirituality and Health. *FICA spiritual history tool*.
smhs.gwu.edu/spirituality-health/sites/spirituality-health/files/FICA-Tool-PDF-ADA.pdf
 Lipka, M. & Gecewicz, C. (2017). *More Americans now say they're spiritual but not religious*. Pew Research Center, May 6.
<https://www.pewresearch.org/fact-tank/2017/09/06/more-americans-now-say-theyre-spiritual-but-not-religious/>

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Resources/References (cont.)

National Cancer Institute (2022). Spirituality in Cancer Care-Health Professional Version.
[Spirituality in Cancer Care \(PDQ®\)—Health Professional Version – NCI](#)
 Puchalski, C.M., King, S.D., & Ferrel, B.R. (2018). Spiritual considerations. *Hematology Oncology Clinics of North America*, (32): 505-17.
 Religious beliefs on suffering. [Religious Beliefs of Suffering – Synonym](#)
 Swihart, D., Yarrarapu, S. & Martin, R. (2022). Cultural religious competencies in clinical practice.
[Cultural Religious Competence In Clinical Practice - PubMed \(nih.gov\)](#)
 Valenti-Hein, C. (2022). Integrating spiritual care in population health and care management. *Professional Case Management*, 27 (5): 229-38.

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Thank You!

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