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Assessment and Implementation of Spirituality and Religiosity in Cancer Care: Effects on Patient Outcomes

Penny Richardson, RN, BSN, CMR



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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.

Penny Richardson, RN, BSN, CMR, is an advanced RN practitioner oncology graduate student in the College of Nursing at the University of South Florida in Tampa. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Richardson can be reached at jrpenrich@gmail.com, with copy to editor at CJONEditor@ons.org. (First submission November 2011. Revision submitted January 2012. Accepted for publication February 22, 2012.)

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Many well-known short sentences change an individual's life forever: "Will you marry me?" "It's a girl!" Among them, one of the most difficult to comprehend is, "You have cancer." The diagnosis of cancer is laden with challenges regarding questions of what lies ahead. It forces people to recognize their own mortality and often brings up questions of spirituality and religion. According to the National Comprehensive Cancer Network ([NCCN], 2012), spirituality is a relationship between a person and a power greater than themselves that improves their lives, whereas religion is a specific practice connected to an organized group. The National Cancer Institute (2012) defined spirituality as "having to do with deep, often religious, feelings and beliefs including a person's sense of peace, purpose, connection to others, and beliefs about the meaning of life" (Glossary Terms section). To date, consensus is lacking on a clear definition of spirituality and religion. Although their meanings are different, they are interconnected and often used interchangeably. Spirituality, which includes constructs of peace and sense of purpose, has a more powerful positive impact than religiosity, which includes beliefs and church attendance (Rippentrop, Altmaier, & Burns, 2006). The data suggest the need to investigate spirituality and religiosity as separate variables when conducting well-being assessments

on patients with cancer prior to providing interventions aimed at improving quality of life.

Spiritual well-being and religiosity have been associated with better quality of life, including improved patient perception of quality and satisfaction with care, as well as extended overall survival (Astrow, Wexler, Texeira, He, & Sulmasy, 2007; Balboni et al., 2007). Facing a potentially incurable illness may elicit feelings of hopelessness, fear, and anger, and questions of meaning and purpose. Those feelings impact patient care choices, quality of life, and satisfaction with care. Patients with cancer who engage in activities that promote a positive spiritual well-being have been described as having a greater quality of life, making more aggressive care choices to extend life, and reporting satisfaction with care provided (Balboni et al., 2007; Phelps et al., 2009; Rippentrop et al., 2006; Yanez et al., 2009). Conversely, patients who do not receive adequate spiritual care become distressed, leading to poorer outcomes such as increased pain, feelings of isolation, hopelessness, and anger (Narayananamy, 2006).

The purpose of this article is to highlight the importance of recognizing, addressing, and incorporating spirituality and religion as vital components of cancer care. This article will describe how spirituality affects the outcomes of patients with cancer and discuss the unique role oncology nurses play in helping patients achieve their desired level of spiritual engagement.