

Journal Watch

The Frequency and Correlates of Spiritual Distress Among Patients With Advanced Cancer Admitted to an Acute Palliative Unit

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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 (ACPU) 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 an 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. *American Journal of Hospice & Palliative Care Medicine* 2011; 28(4): 264-270

Strengths:

- Affirms the interconnectedness among physical, psychosocial, and spiritual dimensions of the human person and the importance of the interdisciplinary team approach to address complex needs, but also provides some evidence of risk factors for spiritual distress
- Utilized a validated tool, the ESAS, to assess symptoms
- Provides some helpful explanation of work done to identify spiritual distress domains

Weaknesses:

- Small sample size, limited in its cultural and religious diversity
- Retrospective data collection
- Use of an assessment tool for spiritual pain that has not been fully validated
- Only examined spiritual pain when patients first admitted to APCU, which may not be representative of patient experience

Relevance to Palliative Care:

The high percentage of palliative patients who experience spiritual distress emphasizes the need to develop validated tools for assessment of spiritual wellness and distress as well as effective spiritual interventions that focus on alleviating this dimension of patients' suffering.