

Prevalence and Associated Factors of Spiritual Needs Among Patients With Cancer and Family Caregivers

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Purpose/Objectives: To measure the prevalence of spiritual needs and identify factors associated with spiritual needs among patients with cancer and family caregivers.

Design: Descriptive, cross-sectional, quantitative.

Setting: Inpatients and outpatients at a university medical center in the southwestern United States.

Sample: 156 patients with cancer and 68 family caregivers who were primarily white and Christian and mostly perceived their cancer as not life threatening.

Methods: Self-report questionnaires, including the Spiritual Interests Related to Illness Tool and Information About You. Statistical analysis involved analyses of variance, correlations, and factor analysis.

Main Research Variables: Spiritual needs and desire for nursing help with spiritual needs.

Findings: The most important spiritual needs included being positive, loving others, finding meaning, and relating to God. The least important were needing to ask "why" questions and preparing for dying. Desire for nursing assistance with spiritual needs was moderate and varied. Variables correlated with spiritual needs and desire for nurse help included religiosity, being an inpatient, and perceiving the cancer as incurable. Desire for nurse help and importance of spiritual needs were directly correlated.

Conclusions: Distressing spiritual needs were reported least frequently. Certain factors appear to be associated with how much spiritual need is perceived and how much nurse help with those needs is wanted.

Implications for Nursing: Patients with cancer and family caregivers have similar spiritual needs that may require care. Spiritual assessment and therapeutics can target specific types of spiritual needs. A nurse's help with spiritual needs, however, is not always wanted.

Key Points ...

- Previous research about spiritual responses to cancer has documented the varieties of spiritual need. This study explored the prevalence of spiritual needs.
- Similar prevalence and similar types of spiritual needs were observed among patients with cancer and family caregivers.
- Prevalence of spiritual needs and desire for help with spiritual needs are directly correlated.
- Patients with cancer and family caregivers most receptive to receiving help with their spiritual needs include those who are religious and in the hospital and those who perceive that cancer is incurable.

lence of care recipients' spiritual needs and understanding their expectations about nurses' roles in addressing such needs are foundational to fulfilling the professional and ethical mandates for providing spiritual care (Taylor, 2002).

The current study addressed the following questions. How prevalent are the spiritual needs of patients with cancer and family caregivers, from their perspective? What demographic and illness-related factors are associated with type and frequency of perceived spiritual needs? What are the patients' and family caregivers' expectations regarding nurses addressing their spiritual needs?

Theoretical and Empirical Background

The Institute of Medicine defined spiritual need as "the needs and expectations that humans have to find meaning, purpose and value in their life" (Murray et al., 2004, p. 40). The definition recognizes that all people have ways of believing that give them meaning and purpose, regardless of whether they are religious. A patriarch of chaplaincy identified four broad categories of spiritual need, including the need to have meaning and purpose; a sense of the sacred; a trusting connection

All people have spiritual needs (International Work Group on Death, Dying, and Bereavement, 1990). Such spiritual needs have been variously categorized by chaplains and other healthcare professionals but generally include universal needs such as the need to give and receive love; to have meaning, purpose, hope, values, and faith; and to experience transcendence, beauty, and so forth. When spiritual needs are not satisfied, spiritual suffering or distress occurs (Bartel, 2004). When healthcare professionals address spiritual needs so as to promote spiritual health, they provide spiritual care.

Although mounting empirical evidence describes the spiritual needs of patients with cancer and their families (Moadel et al., 1999; Murray, Kendall, Boyd, Worth, & Benton, 2004; Taylor, 2003b), little is known about the prevalence of such needs. Less is known about what factors are associated with experiencing spiritual needs and whether patients and family members want nurses to address their spiritual needs. Knowing about the preva-

Elizabeth Johnston Taylor, PhD, RN, is an associate professor in the School of Nursing at Loma Linda University in California. Funding for this study was provided by an ONS Foundation/Glaxo-Wellcome Oncology/HIV Products research grant. (Submitted September 2005. Accepted for publication October 24, 2005.)

Digital Object Identifier: 10.1188/06.ONF.729-735