

Rush University Medical Center

New Approaches to Spiritual Assessment

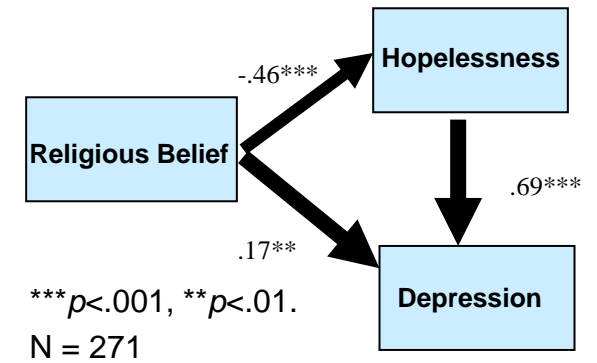
**Center for Spirituality,
Theology, and Health**
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Outline

- Background
- Quantified Approaches to Spiritual Assessment
 - SDAT
 - PC-7
 - ONC-5
 - GERO-#
- Research & Training





Background

Three Levels of Clinical Inquiry about R/S

Level of Inquiry	Examples
<p>SPIRITUAL SCREENING <u>Context</u> - Initial contact <u>Length</u> - Very brief <u>Mode</u> – Questions <u>Clinician</u> - Any trained clinician</p>	<ul style="list-style-type: none"> • Rush Religious/Spiritual Struggle Screening Protocol (Fitchett and Risk, 2009) • “Are you at peace?” (Steinhauser et al., 2006) • “Do you have any spiritual pain?” (Mako et al., 2006)
<p>SPIRITUAL HISTORY- TAKING <u>Context</u> - Initial contact <u>Length</u> - Brief <u>Mode</u> – Questions <u>Clinician</u>- Primary care provider</p>	<ul style="list-style-type: none"> • FICA (Puchalski and Romer, 2000) • HOPE (Anandarajah and Hight, 2001) • SPIRIT (Maugans, 1996) • SPIR (Frick et al., 2005)
<p>SPIRITUAL ASSESSMENT <u>Context</u> - Initial contact and on-going reassessment <u>Length</u> - Extensive <u>Mode</u> – Conceptual framework for interpretation and development of care plan <u>Clinician</u>- Board certified chaplain or other with equivalent training</p>	<ul style="list-style-type: none"> • Pruyser (1976) • 7x7 (Fitchett, 1993) • Discipline for Spiritual Caregiving (Lucas, 2001) • MD Anderson Model (Hui et al., 2011) • Spiritual AIM (Shields et al., 2014) • Spiritual Distress Assessment Tool (SDAT, Monod et al., 2010) • PC-7 (Fitchett et al., 2019)

Why is Spiritual Assessment Important?

Spiritual assessment is foundation for:

- Caring
- Communicating
- Evaluating

(Naming the Pain and Guiding the Care, D Denton, 2008)

Limitations of Current Practice in Spiritual Assessment

Current Practice	Revised Practice	Rationale
One-size fits all	Multiple condition specific assessments	Recent research about R/S needs in specific clinical populations supports condition-specific assessment
Narrative	Quantifiable	<p>Communication with colleagues is thwarted by narrative models whose assessments are too long and use chaplain jargon</p> <p>Identify degrees of R/S distress and R/S resources in order to inform care plan</p> <p>Describe change in R/S distress or other symptoms in response to chaplain/spiritual care</p>
Inefficient	Useful	<p>Acceptable to patients</p> <p>Acceptable to chaplains: helpful guide to spiritual care; consistent with identity and education</p> <p>Provides information valued by other clinicians</p>
Local	Universal	The same model is used by all chaplains working with patients with this condition

Quantified Models for Spiritual Assessment SDAT

RESEARCH ARTICLE

Open Access

The spiritual distress assessment tool: an instrument to assess spiritual distress in hospitalised elderly persons

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Abstract

Background: Although spirituality is usually considered a positive resource for coping with illness, spiritual distress may have a negative influence on health outcomes. Tools are needed to identify spiritual distress in clinical

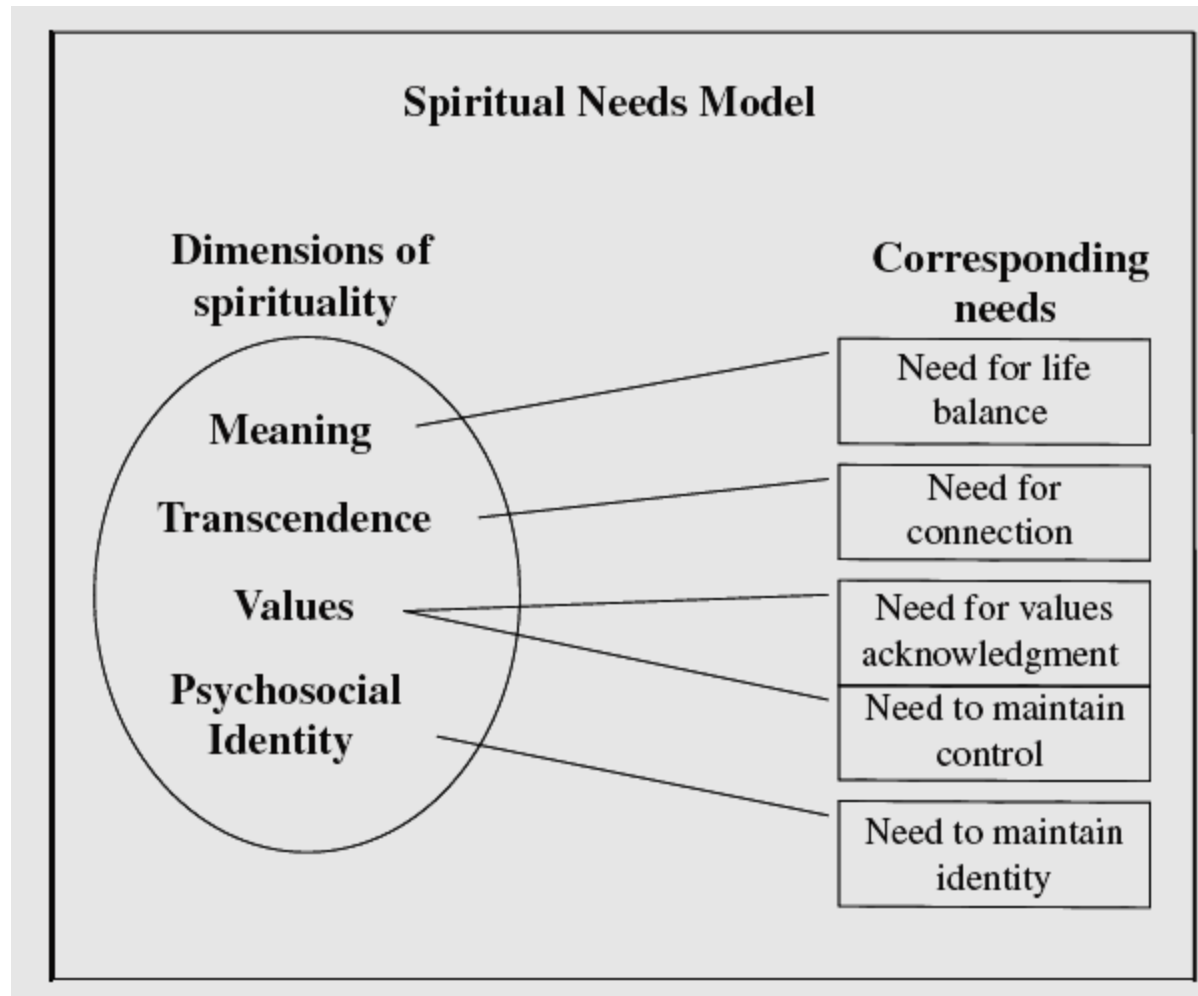


FIGURE 1 Spiritual Needs Model: Dimensions of spirituality and corresponding needs in elderly hospitalised patients.

SDAT: Needs, Interview Questions & Scoring

	Patient Interview	
Spiritual Needs Model	Set of Questions for patient interview	Scoring
MEANING NEED FOR LIFE BALANCE	<i>Are you having difficulty with what is happening to you now (hospitalization, illness)?</i>	Score = 0 No evidence of unmet need for life balance Score = 1 Some evidence of unmet need for life balance Score = 2 Substantial evidence of unmet need for life balance Score = 3 Evidence of severe unmet need for life balance
TRANSCENDENCE NEED FOR CONNECTION	<i>Is your religion/spirituality/faith challenged by what is happening to you now?</i> <i>Does what is happening to you now change or disturb the way you live or express your faith/spirituality/religion?</i>	
VALUES NEED FOR VALUES ACKNOWLEDGEMENT	<i>Do you think that the health professionals caring for you know you well enough?</i>	
NEED TO MAINTAIN CONTROL	<i>Do you feel you are participating in the decisions made about your care?</i>	
PSYCHO-SOCIAL IDENTITY NEED TO MAINTAIN IDENTITY	<i>Do you have any worries or difficulties regarding your family or other persons close to you?</i> <i>Do you feel lonely?</i> <i>Could you tell me about the image you have of yourself in your current situation (illness, hospitalization)?</i>	

Advancing EB Screening & Assessment Reliability & Validity of SDAT

1. Factor Analysis & Reliability

(internal consistency and item correlations)

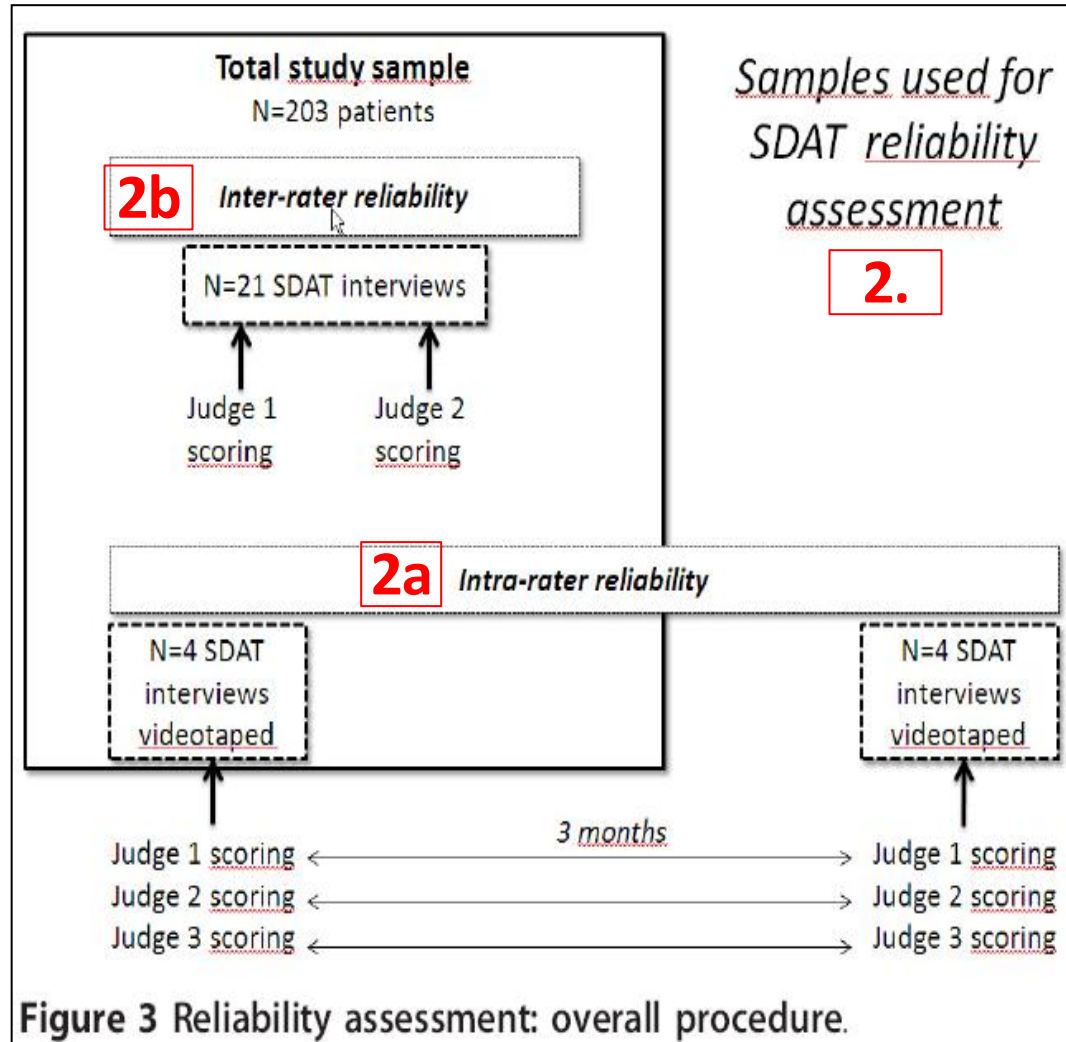


Figure 3 Reliability assessment: overall procedure.

2b. Inter-rater Reliability

Inter-rater reliability coefficient (N = 21 SDAT interviews and two judges) was high (0.87), and Cohen's kappa for spiritual distress was 90.4 (agreement: 95.4%).

3. Validity

Criterion

(correlation with related measures)

*FACIT-SP

*"Are you at peace?"

Concurrent

correlation with:

*Geriatric Depression Scale

*Need for family d/c meeting

Predictive

(association with rehab outcomes)

*LOS

*D/C to NH

Spiritual Distress in Older Medical Rehab Patients

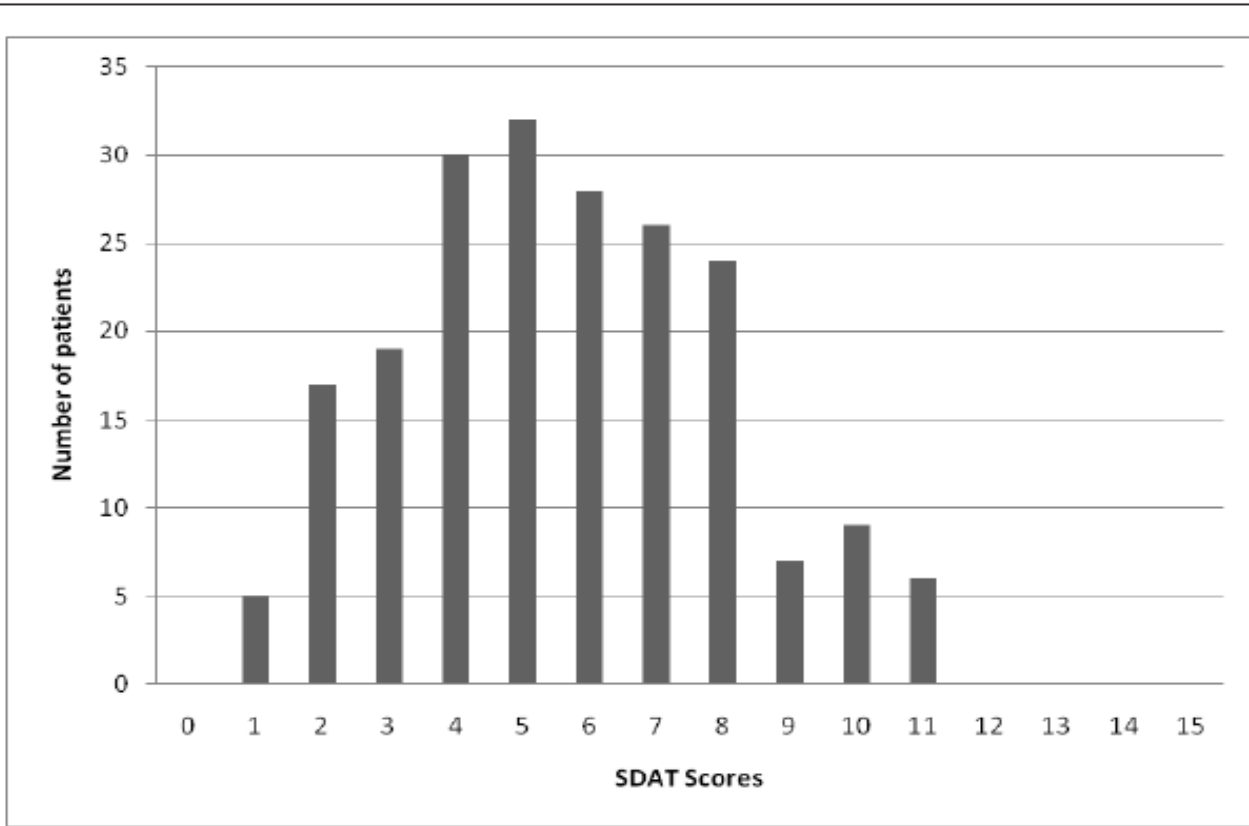


Figure 4 Distribution of Spiritual Distress Assessment Tool (SDAT) scores in the study population. Scores may range from 0 (no spiritual distress) to 15 (severe spiritual distress).

65% some distress

**27% some distress
in all 5 dimensions**

**22% severe
distress in at least
one dimension**

**60% of severe
unmet needs
were for
Life Balance**

From Monod et al., 2012; n=203 geriatric patients in medical rehabilitation, Switzerland

Quantified Models for Spiritual Assessment

PC-7

Developing the PC-7

- Spiritual Concerns (themes) identified from
 - Steinhauser et al QUAL-E (preparation & completion)
 - Pargament – R/S Struggles
- Used SDAT framework
- Revisions based on monthly case discussions



Fitchett, G., Hisey Pierson, A.L., Hoffmeyer, C., Labuschagne, D., Lee, A., Levine, S., O'Mahony, S., Pugliese, K., Waite, N. Development of the PC-7, a quantifiable assessment of spiritual concerns of patients receiving palliative care near the end of life. *Journal of Palliative Medicine* 2020 Feb;23(2):248-253. doi: 10.1089/jpm.2019.0188.

Spiritual Concerns in Palliative Care

Themes in PC-7
Need for meaning in the face of suffering, integrity
Need for a legacy, generativity
Concerns about family and/or significant others
Concern or fear about dying or death
Issues related to making decisions about treatment
Religious/spiritual struggle
Other dimensions

Chaplain Assessment of Spiritual Concerns in Palliative Care

Theme	Indicators (These indicators are meant to be suggestive, not exhaustive of the associated themes.)
Need for meaning in the face of suffering, Integrity	<ul style="list-style-type: none"> • The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g., grief related to key relationships, illness, frailty, dependency). • The patient expresses despair or hopelessness about these changes. • (The focus here is on coming to terms with illness, loss, diminished quality of life or other diminishment. If the issue is about the meaning of their life then score under Legacy.).
Need for a Legacy, Generativity	<ul style="list-style-type: none"> • The patient questions the meaning of their life; whether the life they have lived has meaning. • Patient has painful regret about some or all of life they have lived. (If the regret is about a relationship where reconciliation is possible score under Concerns about Family). • The patient questions whether they have made a positive contribution to loved ones, others, or society. • The patient has tasks they must complete before they are ready to die (If the tasks are interpersonal score under Concerns about Family or Significant Other). • Reminiscing about their life is painful for the patient. • Patient is distressed about having lived an imperfect life. (If the regret, conflict or discomfort focuses on current illness score under Need for Meaning in the Face of Suffering).
Concerns about relationships: family and/or significant others	<ul style="list-style-type: none"> • The patient has unfinished business with significant others (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation; unfulfilled expectations about others). • (Regrets about relationships where reconciliation is unlikely should only be scored under Legacy). • The patient has concerns about their family's ability to cope without them. • The patient has concern that they are a burden to their family/friends. • The patient expresses isolation, loneliness.

Chaplain Assessment of Spiritual Concerns in Palliative Care

Theme	Indicators (These indicators are meant to be suggestive, not exhaustive of the associated themes.)
Concern or Fear about Dying or Death	<ul style="list-style-type: none"> • The patient has concerns about dying: unready for death. This may include explicit hesitation, reluctance or avoidance to consider or discuss their mortality or associated issues. (This refers to a general sense of unreadiness. If the unreadiness is expressed in terms of specific tasks score under Need for Integrity. If the unreadiness is expressed in terms of unfinished interpersonal tasks score under Concerns about Relationships). • The patient is impatient for death. • The patient is concerned to participate in important events before death; the patient is concerned illness or death will prevent participation in important events. • The patient is torn between letting go and fighting on. • The patient has uncertainty or fear about life after death (afraid of damnation; concerned about reunion with loved ones). • The patient has fear of pain or of pain in dying.
Issues Related to Making Decisions About Treatment	<ul style="list-style-type: none"> • The patient needs assistance with values-based advance care planning. • The patient is confused or distressed about end-of-life treatment or about making choices about end-of-life treatment.
Religious/Spiritual Struggle	<ul style="list-style-type: none"> • The patient wonders whether they are being abandoned or punished by God. • The patient is concerned about God's judgment, forgiveness, and/or love. • The patient questions God's love for them. • The patient feels God is not answering their prayers (eg asking to die soon). • The patient expresses anger with God. • The patient is alienated from formerly meaningful connections with religious institutions or leaders.
Other Dimensions	<ul style="list-style-type: none"> • The patient identifies a need for assistance to perform important rituals, religious or otherwise. • Other spiritual concerns.

Chaplain Assessment of Explicit Spiritual Concerns in Palliative Care

- This assessment focuses on patients with a life-limiting illness receiving palliative care. We recognize that not all palliative care patients have such an illness.
- This assessment also focuses on the patient as an individual and is not meant to aid in assessment of a family or a comprehensive assessment of interpersonal issues that are sometimes the focus of attention for chaplains working in palliative care.
- *It is intended to assess explicit spiritual concern; and can note areas for future inquiry.*
- *It is meant to focus on unmet spiritual concern/need; i.e., need minus resources.*

Chaplain Assessment of Explicit Spiritual Concerns in Palliative Care

Scoring spiritual concerns

0 = no evidence of spiritual concern

0* = no evidence of spiritual concern,
further assessment needed to be sure

1 = some evidence of spiritual concern

2 = substantial evidence of spiritual concern

3 = evidence of severe spiritual concerns

- **A score of 2 or 3 for any theme implies a level of unmet spiritual concern that should be addressed in a care plan and follow-up care.**
- **For analysis PC-7 scores range from 0-7**

Current Research

- Validity: compare PC-7 scores with:
 - Religious/Spiritual Struggles Scale (Exline et al., 2014)
 - Spiritual Pain (Mako et al., 2006; Delgado-Guay et al., 2016)
 - QUAL-E, Preparation and Completion subscales (Steinhauser et al., 2004)
- Reliability:
 - Inter-rater reliability
 - Intra-rater reliability
- Clinical Usefulness:
 - Patient experience of the PC-7 spiritual assessment

Current Research

Study Sites - 110 Participants

Site	Number
OSF (Peoria)	49
Northwestern (Chicago)	30
Essentia (Duluth)	24
Other	7

Inpatient 66%, Outpatient 32%, Home 2%

Study Participants (n=110)

	n	%
Age (mean, SD)	64.95	15.01
Age (range)	24-94	
Gender		
Female	67	60.9
Male	43	39.1
Race		
White	88	80.0
Black	17	15.5
Other	5	4.5
Ethnicity		
Hispanic or Latino	3	2.7
Marital status (n=105)		
Married/partnered	45	42.9
Single	26	24.8
Widowed	21	20.0
Divorced	13	12.4

Study Participants (n=110)

	n	%
Primary Diagnosis (n=108)		
Cancer	61	56.4
Heart disease	17	15.7
Lung disease	10	9.3
Other	20	18.5
Time since diagnosis in months (median, IQR)	12.5	2.6 - 54
Range	0 - 408	
Palliative Performance Score		
70% +	37	34.9
60%	30	28.3
50%	28	26.4
<50%	11	10.4

Study Participants (n=110)

Religious Characteristics	n	%
Religious Affiliation (n=105)		
Protestant	57	54.3
Catholic	22	20.9
None	17	16.2
Other	10	9.5
R/S practices rated very/extremely important (n=109)		
To have guidance from God/Higher Power	74	67.9
To have quiet space to meditate/reflect	65	59.6
To have someone pray with you	55	50.5
To participate in R/S services	49	45.0
To read S/R matter	46	42.2
Spiritual Pain Rating (n=109)		
0	43	39.4
1 - 3	27	24.8
4+	39	35.8

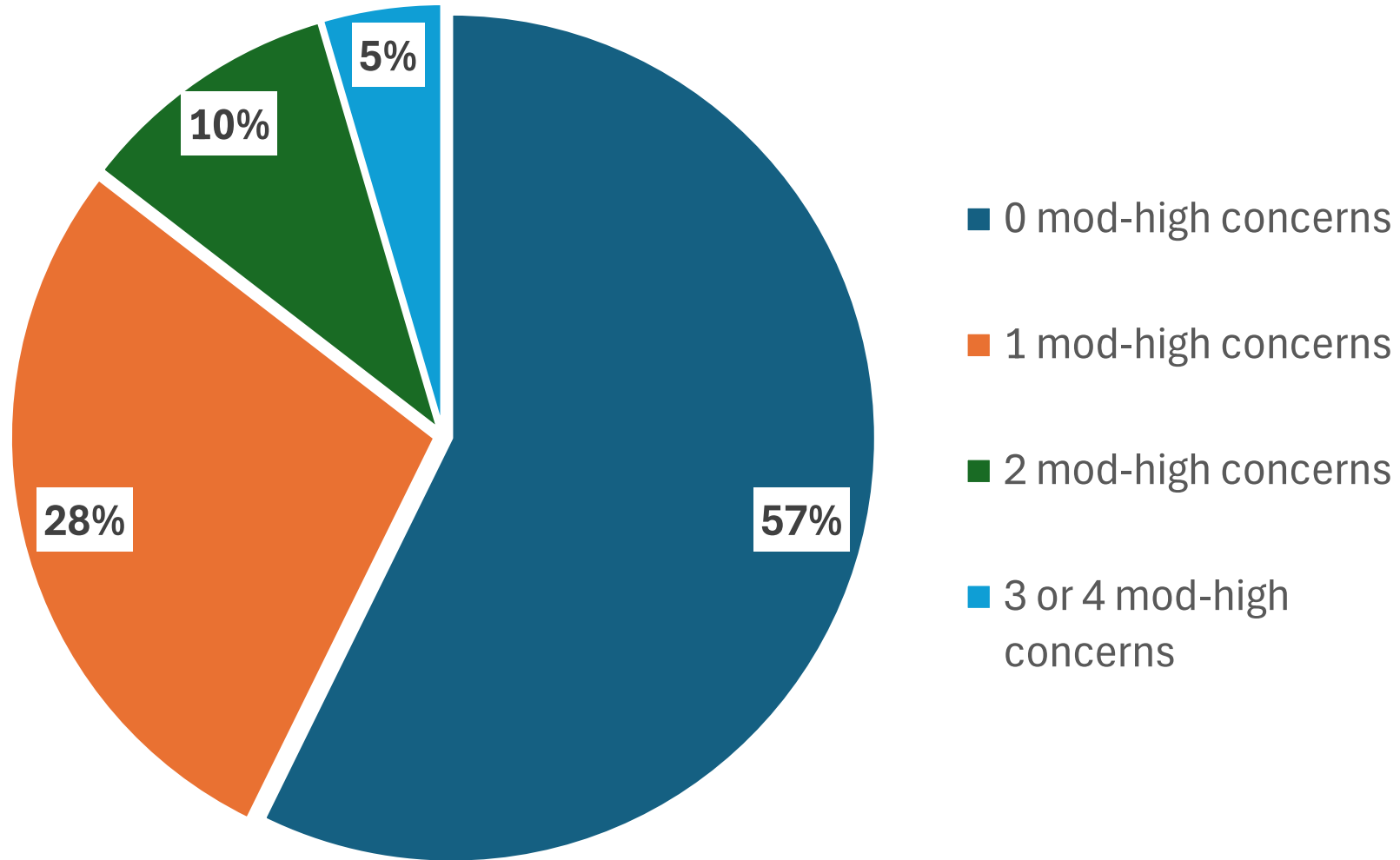
Chaplain Characteristics (n=17)

	n	%
Age (mean, SD)	52.18	11.32
Age (range)	32-72	
Gender		
Female	6	35.3
Male	11	64.7
Race & Ethnicity		
White	14	82.4
Other	3	17.6
Hispanic or Latino	2	11.8
Religious Affiliation		
Protestant	10	58.8
Catholic	3	17.6
Jewish	2	11.8
Other	2	11.8
Board Certified Yes	10	58.8
Years in Chaplaincy		
Median, IQR	9	7.2 – 15.5
Range	3 - 30	

Number of primary assessments	Number of chaplains
0 ^a	5
1-3	6
5-7	2
18-24	4

^aContributed inter-rater reliability assessments (2-8)

Prevalence of Moderate/High Spiritual Concerns (n=110)



Proportion with Moderate/High Spiritual Concern by Theme

Theme	Number (%)
Relationships	15 (14%)
Meaning	15 (14%)
Legacy	14 (13%)
Dying	13 (12%)
R/S Struggle	10 (9%)
Treatment Decisions	2 (2%)

No cases with moderate/high Other Concerns (PC-6?)

Validity of PC-7

	Correlation with PC-7 Total
Spiritual Pain	.217*
RSS total	.394**
Preparation	-.249**
Completion	-.288**

*p<.05, **p<.01

Validity of PC-7 Themes

PC-7 Spiritual Concerns	Spiritual Pain	RSS total	RSS Dimensions						QUAL-E	
			Divine	Demonic	Interpersnl	Moral	Ultimate Meaning	Doubt	Preparation	Completion
Meaning	.374**	.195*	.245*	-.002	.063	.066	.131	.217*	-.124	-.182
Legacy	.260**	.436**	.438**	.365**	.320**	.414**	.268**	.364**	-.176	-.215*
Relationships	.089	.321**	.157	.224*	.087	.277**	.280**	.320**	-.375**	-.263**
Fear of Death	.201*	.315**	.085	.187	.153	.330**	0.185	.236*	-.253**	-.266**
Decision Making	.072	-.113	-.056	-.048	-.280**	-.056	-.015	-.002	.020	.020
R/S struggle	.215*	.291**	.275**	.200*	.199*	.205*	.107	.424**	-.319**	-.170

*p<.05, **p<.01

Reliability of PC-7 (iccCount)

	n	icc	95% CI	
			Lower	Upper
Inter-rater	57	.402	.111	.629
Intra-rater	54	.593	.019	.873

Patient Experience of PC-7 Spiritual Assessment (n=100)

Question about interview	Yes
Anything helpful?	90 (90%)
Anything you liked?	91 (91%)
Anything unhelpful?	5 (5%)

Was the interview...		
Too long	Too short	Just about right
6 (6%)	3 (3%)	91 (91%)

Patients Comments:

- New perspective or awareness, thought about things they hadn't before
- Felt seen, heard, had a chance to get things off their chest
- Received communion/prayer/scripture
- Chaplain provided resources

Summary

PC-7 is a strong and useful tool for spiritual assessment in palliative care

- PC-7 yields a quantified description of patient's spiritual concerns
- PC-7 is valid
- PC-7 appears to be reliable
- Patients value PC-7 interviews

Quantified Models for Spiritual Assessment ONC-5

ONC-5* Chaplain Assessment of Spiritual Concerns in Cancer Patients

Themes	Descriptions (Selected)
Need for <u>meaning</u> in the face of suffering	<ul style="list-style-type: none"> The patient is having difficulty coming to terms with changes in things that gave meaning to life (e.g. grief related to key relationships, illness, frailty, dependency). The patient is struggling to come to terms with a diagnosis/prognosis and what this will mean going forward. The patient struggles to find peace and/or experiences anxiety about death and dying.
<u>Legacy</u> and need for meaning around one's life/existence	<ul style="list-style-type: none"> The patient has questions around their life's meaning, purpose, and/or impact. The patient has concerns about what their lasting legacy to others will be. The patient expresses guilt and/or regret around things they have or have not done throughout life.
<u>Relationships</u> (family, significant others, friends)	<ul style="list-style-type: none"> The patient expresses having unfinished business with significant others (e.g. need to overcome estrangement, need to express forgiveness, need for reconciliation). The patient has concerns that they are a burden to their family. The patient struggles with living up to life responsibilities to others and/or expresses worry about people important to them (i.e. caring for children or elderly relatives, earning income for family, etc.).
Spiritual/religious/ existential (<u>SRE</u>) issues	<p><i>Struggles with the Divine:</i></p> <ul style="list-style-type: none"> The patient wonders whether they are being abandoned or punished by God/the Sacred. <p><i>Beliefs/Doubts:</i></p> <ul style="list-style-type: none"> The patient expresses doubt about important religious/spiritual beliefs.
<u>Values</u> /Duties/Obligations	<p><i>Personal struggles with values, duties and obligations:</i></p> <ul style="list-style-type: none"> The patient struggles with alignment between their beliefs/values and their medical decisions. The patient expresses feelings of guilt or responsibility for behaviors that might have contributed to the illness
Scoring spiritual concern: 0 = no evidence of spiritual concern; 0* = no evidence of spiritual concern, further assessment to be sure; 1 = some evidence of spiritual concern; 2 = substantial evidence of spiritual concern; 3 = evidence of severe spiritual concern	

*Was Onc-6 at the time of the Ascension out-patient oncology study.

Three ONC-5 Studies

	Rush	Ascension	Mayo*
Version	ONC 5	ONC 6	ONC 5
Number	71	27	40
Design	cross-sectional	longitudinal (n=20 with follow-up)	cross-sectional
Clinical setting	outpt infusion center	outpt cancer center (in-person + phone)	outpt neuro-oncology clinic
Region	Midwest	Midwest & South	South
Age (mean, SD)	60.5 (13.7)	67.5 (11.9)	55.3 (17.7)
Age range	21-89	42-85	
Gender (% female)	54%	59%	55%
Race (% white)	41%	89%	87.5%
Race (% Black)	41%	0%	2.5%

*The Mayo patients had screened positive for potential spiritual distress.

ONC-5 – Prevalence and Types of Concerns

Study	Rush (n=71)	Ascension (n=27)	Mayo (n=40)
Precent with any moderate or severe spiritual concerns	20%	45%	68%

Theme	Rush (n=71)	Ascension (n=27)	Mayo (n=40)
Meaning	8%	26%	58%
Relationships	11%	30%	40%
Legacy	0%	15%	38%
SRE	3%	15%	33%
Values	3%	11%	43%
Other		4%	

Correlation with Count of Moderate/Severe Spiritual Concerns (ONC-5)

	Rush (n=71)	Ascension (n=27)
Spiritual pain		.733***
R/S distress (King)		.594***
RSS	0.247*	.547**
PROM		-.388*
Distress thermometer	0.206	
PHQ-2	0.005	
EORTC RSG	-0.149	
EORTC EX	-0.247*	
EORTC SWB	-0.143	

*p < 0.05, **p < 0.01, ***p < 0.001

R/S = religious/spiritual; RSS = religious spiritual struggle; PROM=Patient Reported Outcome; EORTC subscales RSG = relationship with someone or something greater, EX = existential; EORTC swb = single item on overall spiritual wellbeing

ONC-5 – Validity & Reliability

Reliability (Rush Study, n=30)

Inter-rater reliability: CCC = 0.4411 (95%

CI: -0.1876, 0.8135)

(CCC is a Poisson count-based model)

**Quantified Models for Spiritual
Assessment
GERO-#**

GERO-# - Spiritual Assessment for Older Adults

Theme	Descriptions (Selected)
<p>MEANING Need to assign meaning to experiences, for one’s life to matter, to make sense of this life and our part in it.</p>	<ul style="list-style-type: none"> • The resident questions the meaning of their life; whether the life they lived has meaning. • Resident has painful regret about some or all of life they have lived. (If the regret is about a relationship score under need for Connection.) • Reminiscing about life is painful for the resident. • Resident is struggling to find a future story, hope.
<p>IDENTITY Need to be heard, to be recognized, to live true to one’s unique identity, to maintain dignity in the process of aging. The need to be included in decision making processes. (Intrapersonal - relationship with self.)</p>	<ul style="list-style-type: none"> • The resident is having difficulty coming to terms with changes in things that gave meaning to life secondary to illness, frailty, dependency. (The focus is on coming to terms with loss, diminished quality of life or another diminishment. If the issue is about meaning of their life, then score under Meaning.) • The resident is having difficult with dependency, reliance on others, trusting others to know and respect values/identity. • Anger over decisions made by others, lack of autonomy.
<p>CONNECTION Need for relationship, intimacy, or connection with others. (Interpersonal – relationship with others.)</p>	<ul style="list-style-type: none"> • The resident expresses isolation, loneliness, a sense of being forgotten by others. (If the sense being forgotten is expressed toward God, the Sacred or Transcendent score under spiritual/religious issues.) • The resident has unfinished business with S/Os (e.g., need to overcome estrangement, need to express forgiveness, need for reconciliation; unfulfilled expectations of others.) • The resident has a concern/fear that they are/will be a burden to family/friends. • Grief over (permanent, temporal, distance) loss of relationship with S/O
<p>RELIGIOUS/SPIRITUAL NEEDS Supra-personal – relationship with God, the Sacred, Higher power.</p>	<ul style="list-style-type: none"> • The resident wonders whether they are being abandoned or punished by God/the Sacred. • The resident is concerned about God’s judgment, forgiveness, and/or love. • The resident expresses doubt about important religious/spiritual beliefs and/or practices. • The resident expresses alienation from religious institutions or leaders who formerly played meaningful roles.



Discussion

Discussion

- Strengths
 - A suite of quantifiable models for spiritual assessment for use in specific clinical contexts
 - Growing evidence for the validity, reliability and clinical usefulness of the models
- Limitations
 - Current evidence is from small samples, some with limited religious and racial/ethnic diversity
- Future Research
 - Continue to examine validity and reliability of models
 - Examine chaplains' experience with models
 - Examine usefulness of models for communication with IDT colleagues
 - Examine prevalence and validity of R/S concerns in important religious/spiritual and racial/ethnic subgroups

Use of the Models & Training

- Use of these models does not require permission
 - We are glad to hear about your experience with them
- Training in use of the models is available
- We welcome partnerships to support further research about the models

Collaborators & Funding

PC-7 Collaborators	
OSF Healthcare, Peoria	Steven B. Drennan, MTh, BCC Burl Cole, DMin
Northwestern Memorial Hospital, Chicago	Edward Peñate, DMin, BCC
Essentia Health, Duluth	Rev. Kathryn A. Ulrich, MDiv, BCC Melissa L. Harry, PhD
Woodruff Health Sciences Center, Emory University	Patricia K. Palmer, MDiv, MSPH, BCC
Department of Religion, Health & Human Values, Rush University Medical Center	Dirk Labuschagne, MDiv, MPH, BCC
Project funded by College of Health Sciences, Rush University Medical Center	

ONC-5 Collaborators	
Rush	Dirk Labuschagne, Patricia Palmer, Allison DeLaney, Kristen Schenk Project funded by College of Health Sciences, Rush University Medical Center
Ascension	Beth Muehlhausen, Christa Chappelle. Allison DeLaney, David Peacock, Richard Stratton Project funded by Ascension
Mayo	Beba Tata-Mbeng, Kimberly Nelson, Kathy Sheffield, Star Valino, Cindy Tofthagen, Lynda M. Christel, Elaine R. Gustetic, Shannon L. Hancock, Patricia K Palmer Project funded by GWISH

GERO-# Collaborators
Sarah McEvoy, Tricia Bosma, Jacqueline Cook, Joanna George, Durham Harris, Sean Jarchow, Sharon Johnson, Becky Mokos, Cherie Shaw

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**Thank You
Questions
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TRANSFORMING CHAPLAINCY

Advancing Spiritual Care Through Research

[www/transformchaplaincy.org](http://www.transformchaplaincy.org)