Spiritual Needs Assessment of Patients Terminating Pregnancies For Fetal Anomalies

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Interim Report

• 4 Men and 7 Women
• Mean age 36 yrs
• 2/11 Black
• 9/11 Christian
• 10/11 At least some college level education
• 5/7 Lethal birth defect
• Diagnosis known from 1.5 to 3 weeks
I: Spiritual Needs Questionnaire

Scored on a Likert Scale: 1 = Not at all, 2 = To a small extent, 3 = To a moderate extent, 4 = To a large extent, 5 = To the largest extent possible

• Satisfaction with care
• Emotional & spiritual needs addressed
• Involvement of religious congregation
• Importance of religious faith/belief in coping
• Specific religious needs*


II: Questionnaire

(Answered yes, no, or don’t know)

• Who should address your spiritual/religious concerns during this experience?
  Would this attention improve your satisfaction with care?

• Would you like members of your healthcare team (other than clergy) to pray with you?
  Would prayer improve your satisfaction with your care?
III Questionnaire

Narrative Responses:

• What was the best thing that anyone did or said during this experience?

• What was the worst……?

• Is there anything that you wish people had known to do for you, or say to you, during this experience?

Satisfaction with care

• Are you satisfied with the quality of your care at DUMC? Mean 4 = To a large extent

• Have your emotional and spiritual needs been addressed? Mean 4 = To a large extent

• Would more attention to your religious faith beliefs and spiritual care improve your satisfaction? Yes 7/11 Ask?

• Were you asked about your emotional and spiritual needs? Mean 2 = To a small extent

• Do you want to be asked? Mean 2 = To a small extent
Who Should Address Spiritual Needs?

- Your healthcare team? Mean rating 2
  = To a small extent.
- What person?
  Nurse = Yes 1/11
  Obstetrician = Yes 2/11
  Social worker/Mental health = Yes 4/11
  Hospital chaplain = Yes 6/11
  Own pastor = Yes 8/11

Prayer

- Do you want members of your healthcare team (other than clergy) to pray with you? Yes 1/11

- Would this improve your satisfaction with your care at DUMC? Mean 2 = To a small extent
Faith and Religious Community

- Is your spirituality/religious faith an important part of coping with this situation? Mean 4.5 = To a large – largest possible extent
- To what extent has your religious community/pastor been involved in this decision? Mean 2 = To a small extent
- Did you want them to be involved? Mean 2.5 = To a small - moderate extent

Specific Spiritual Needs

<table>
<thead>
<tr>
<th>Need</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance from a Higher Power</td>
<td>4.6</td>
</tr>
<tr>
<td>Prayer</td>
<td>4.4</td>
</tr>
<tr>
<td>Forgiveness (self or others)</td>
<td>4.0</td>
</tr>
<tr>
<td>To “make sense” of the loss</td>
<td>3.5</td>
</tr>
<tr>
<td>Attend services</td>
<td>3.3</td>
</tr>
<tr>
<td>Read/TV religious material</td>
<td>3.3</td>
</tr>
<tr>
<td>Ritual</td>
<td>2.2</td>
</tr>
</tbody>
</table>
Thoughts

• Best for me
  – Talking about the situation
  – Brief condolence: “So sorry about your loss”
  – Listen, listen
  – “I love you and I’m here”
  – “God knows my heart”
  – “Prayer with my pastor and his wife”

Thoughts

• Worst for me
  – Nonchalant when told; acted as if this were not a loss
  – “We understand what you are going through; we had a miscarriage, too”
    “This is not a miscarriage!!!”
  – “I didn’t want another baby, anyway”
  – Another’s opinion pushed on me; feeling I was being judged
  – Questioning the accuracy of the diagnosis
I wish….

• People would acknowledge the loss like any other (phone calls, visit, cards, flowers).

• People would know how sad I am.

• Just listen; listen

• The staff would know in advance why we were here - Things like registration would be less difficult.

• We had been asked if we would like to have a hospital chaplain bless the baby before the procedure

Recommendations

• The role of medical staff is to listen! Listen!
• Religious needs, such as prayer, are best addressed by clergy – particularly the patient’s own pastor.
• We need to better educate community clergy (CPE?) about the needs of parents in this situation.
• From the pulpit – make it clear that you are available as a pastoral counselor and are willing to listen, rather than dictate or judge.