

Spiritual Assessment of Patients With Cancer: The Moral Authority, Vocational, Aesthetic, Social, and Transcendent Model

Karen A. Skalla, MSN, ARNP, AOCN[®], and J. Patrick McCoy, MDiv, MPhil, ACPE

Purpose/Objectives: To explore the nature of spiritual care in patients with cancer and discuss the Moral Authority, Vocational, Aesthetic, Social, and Transcendent (Mor-VAST) Model, a new theoretical model for assessment.

Data Sources: Published articles, online references.

Data Synthesis: Discussions regarding spirituality often do not occur for a variety of reasons but may affect physical and spiritual health of an individual.

Conclusions: Assessment of spirituality should be an integral part of cancer care. The Mor-VAST model can assist clinicians in discussing spirituality.

Implications for Nursing: Nurses should be aware of resources for referral to chaplaincy, but they can be a part of the process of spiritual support. Educational opportunities are available for nurses who wish to address their own spirituality so they can address spirituality comfortably and confidently with their patients.

Spiritual distress or spiritual suffering can be described as an emotional state in which people are unable to fulfill their basic human needs for love, hope, purpose, and connection with others or a situation in which conflict exists between individuals' core beliefs and their personal experience (Bartel, 2004). Patients with cancer may be most vulnerable to spiritual suffering at diagnosis, with a change in disease status, or when facing end-of-life issues. This article explores the nature of spirituality and spiritual assessment in patients with cancer. The term spirituality presents a challenge because it is very individual and intensely personal. Subsequently, it defies absolute definition, although multiple definitions have been offered. The National Cancer Institute (2006) 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."

Spirituality encompasses both a subjective side, which resides in free will and understanding of the person experiencing it, and an objective side, which is the person's actual experience. It represents the part of a person's inner being within which resides basic humanity. Spirituality has been described succinctly as "that which allows a person to experience transcendent meaning in life, often expressed as a relationship with God, but can also be about nature, art, music, family, or community—whatever beliefs and values give a person a sense of meaning and purpose in life" (Puchalski & Romer, 2000, p. 129). Another view describes spirituality as a "web" of relationships that give meaning to life. People are unaware

Key Points . . .

- Spiritual care should be an integral part of cancer care.
- Assessment of spiritual beliefs is an important component of holistic nursing care.
- Educational opportunities are available for nurses to address their own spirituality so they can address spirituality comfortably and confidently with their patients.

of the strands of the web until one breaks as a result of a life-changing event (Rumbold, 2003).

Common to all of the descriptions of spirituality are the concepts of meaning and wholeness or completeness, the absence of which results in spiritual distress. In response to that distress, the authors present a newly developed theoretical model that can be used in patients with cancer for assessment of spirituality. The model was created to provide clinicians with a concise yet comprehensive tool to assess the inner resources available to patients with cancer as they face a potentially life-threatening illness. In understanding assessment, spirituality and the place it holds in society and healthcare first must be understood.

Spirituality and Religion

A discussion of spirituality must include a discussion of religion. Spirituality and religion are distinct (Beery, Baas, Fowler, & Allen, 2002) but related concepts. Religion can be thought of as the shared experience of spirituality or as values, beliefs, and practices that people adopt to meet spiritual needs through religious affiliation, church attendance, prayer, religious beliefs, and religious practices (Highfield, 2000). Therefore, religious beliefs and practices focus more on the sacred, whereas the focus of spirituality is more on the self (Rumbold, 2003).

Karen A. Skalla, MSN, ARNP, AOCN[®], is a nurse practitioner in the Outreach Program of the Norris Cotton Cancer Center and J. Patrick McCoy, MDiv, MPhil, ACPE, is a director in the Chaplaincy Department, both at Dartmouth-Hitchcock Medical Center in Lebanon, NH.

Digital Object Identifier: 10.1188/06.ONF.745-751