

Challenges in Assessing Spiritual Distress in Survivors of Cancer

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Background: Many efforts have been made to better integrate spiritual assessment into the care of patients with cancer, with varying degrees of success in different parts of the United States. Little work has been done to describe challenges that face those who seek to implement assessment in busy ambulatory settings, particularly in the northeastern section of the United States.

Objectives: This study sought to test the feasibility of a screening process describing spirituality, distress, and spiritual transformation in cancer survivors after chemotherapy for lung or gastrointestinal cancer.

Methods: This descriptive pilot study took place in a rural National Cancer Institute–designated comprehensive cancer center, referral center, and outpatient medical oncology clinic. A web-based questionnaire was completed by 29 survivors, and 22 declined participation.

Findings: Respondents were primarily Christian, aged 60 years or older, and an average of 18 months post-diagnosis. The mean spiritual distress score was 1.38 (SD = 2.09), and the mean psychological distress score was 3.03 (SD = 2.73). Participants reported mean spiritual well-being, positive degree of spiritual growth, and little spiritual decline. The opportunity for spiritual growth among survivors creates a need for effective assessment and intervention to promote spiritual growth and mitigate spiritual decline and spiritual distress.

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New accreditation standards from the American College of Surgeons (2012) Commission on Cancer mandate that referrals for assessment and management of distress be considered part of patient care by 2015 (ASCO Post, 2013). Evidence-based literature on distress related to spirituality in cancer survivors is sparse because of methodologic challenges for researchers; however, the literature base is growing (Pearce, Coan, Herndon, Koenig, & Abernethy, 2012; Peteet & Balboni, 2013). Consequently, spiritual distress is often overlooked, particularly among outpatients, despite patients' desire to have spirituality addressed (McCord et al., 2004; Phelps et al., 2012). In addition, a significant lack of research exists on the role that regional geography plays in patients' spirituality within this context.

Clinical assessments of spirituality are generally limited to a single religious preference question, and current research tools are often too lengthy to be clinically useful in busy outpa-

tient clinics for patients receiving survivorship care. No rapid, clinically useful standardized screening and referral process for spiritual distress has been implemented in this setting. Therefore, this pilot project aimed to determine the feasibility of a process for assessing spirituality in a medical oncology outpatient setting in northern New England in the United States using an online questionnaire for patients with lung or gastrointestinal (GI) malignancies. The authors also investigated whether patients could discriminate spiritual distress from global psychological distress.

Background

Spirituality has been defined as the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to the self, to others, to nature, and to the