



CLEAR Whole Person Care Model

Conversations on Leadership & Management

August 20, 2023

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CLEAR Whole Person Care Model:

CONNECT

Connect with God (Spiritual Core), Self and Others

LISTEN

Be fully present in a sacred time of sharing

EXPLORE

Invite Whole Person Conversations

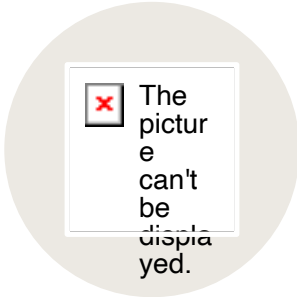
ACKNOWLEDGE

Empathizing and communicating understanding

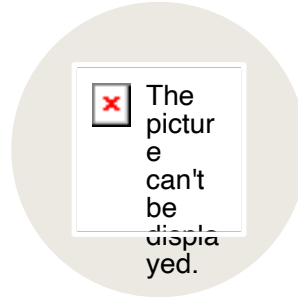
RESPOND

Sharing resources that affirm strength and offer hope

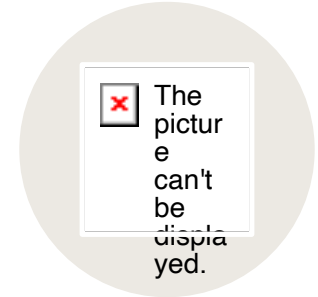
CLEAR Whole Person Care Model:



EXPLORE:



**GOAL—
ENCOURAGE
WHOLENESS**



**INVITE WHOLE
PERSON CARE
CONVERSATIONS**

Behavior

- Value the four dimensions of health as interconnected through the spiritual dimension (Physical, Mental/Emotional, Social, Spiritual)
- Discern Areas of Disconnect within and Between the Four Dimensions
- Consider the Physical Dimension of Well-Being.
- Consider the Mental/Emotional Dimension of Well-Being.
- Consider the Social Dimension of Well-Being.
- Consider the Spiritual Dimension of Well-Being.

Values

Discovery

Integrity

Health

Resilience Community


Spirituality

Why Spirituality Matters




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1. Many People patients are religious or spiritual, have spiritual needs related to illness and want their health professional to know about them.

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“A series of Gallup polls that surveyed 327,244 persons between January 2 and November 30, 2011, found that religious affiliations in the U.S. are diverse, with 78% of Americans identifying themselves as Christians, 1.6% Jewish, 0.5 % Muslim, and 2.4 percent other non-Christian. Furthermore, 15% surveyed indicated “none, atheist, or agnostic,” and 2.5% did not give a response.”


--Harold G. Koenig M.D., *Spirituality in Patient Care*

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“Even if patients are not religious, there is a good chance that some will describe themselves as spiritual, since about one in five Americans considers themselves “spiritual but not religious.”

--Harold G. Koenig M.D., *Spirituality in Patient Care*

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2. Religion influences the patient's ability to cope with illness

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“Not only is religion vital to the identities of many people, it is often used to cope with troubling life circumstances—especially sickness and disease...In certain parts of the United States, over 90% of medical patients indicate that religious beliefs and practices are ways they cope with and make sense of physical illness, and over 40% say that religion is the most important factor that keeps them going.”


--Harold G. Koenig M.D., *Spirituality in Patient Care*


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What exactly is “religious coping”?


Religious coping is the use of religious beliefs or practices to reduce the emotional distress caused by loss or change. Patients may “turn over” their problems to God, trusting God to handle them so that they don’t have to ruminate or worry about them. They may believe that God has a purpose in allowing them to experience pain or suffering, which gives suffering meaning and makes it more bearable.

--Harold G. Koenig, M.D. *Spirituality in Patient*

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3. Religious Beliefs Influence Patient's Medical Decisions

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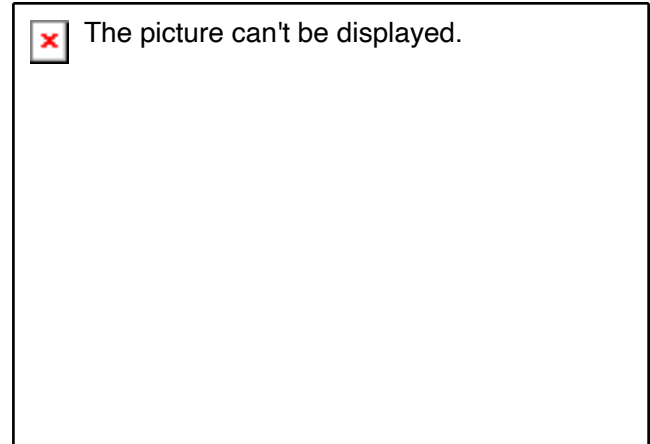
“Religious beliefs may be particularly influential on the treatment decisions made by members of certain ethnic groups, such as Hispanic Americans and African Americans. In a qualitative study of end-of-life decision making by surrogate decision makers, religion frequently came up, with Hispanic and Black Americans saying that they believe that God would help them make the “right” decision.”

--Harold G. Koenig M.D., *Spirituality in Patient Care*

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“Transcendence, religion and spirituality in medicine Medical students’ point of view”

Rassoulilian, Anahita MD^a; Seidman, Charles^b;
Löffler-Stastka, Henriette MD, PD^a,



- **Most students consider it to be the role of the chaplain (94.7%).**
- **90% consider it to be the role of the partner.**
- **85.2% consider it to be the role of close friends.**
- **52.7% consider it to be the role of nurses.**
- **55% consider it to be the role of physicians.**

“Delegating the spiritual history to the chaplain is not sufficient, since 80% of patients will not see a chaplain. The patient needs to feel comfortable talking with the HP about these issues since they are relevant to the medical and nursing care being provided.”

--Harold G. Koenig, M.D.



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Do Patients want Doctors to Discuss Spirituality?

Study author Gary McCord, MA, of Northeastern Ohio Universities College of Medicine, found that 83% of respondents wished to discuss their spiritual beliefs with their doctor. Spiritual discussion was most acceptable when dealing with a life-threatening illness, serious medical condition, or a loss of a loved one. It was least welcome during routine physical exams.

McCord, G., Gilchrist, V. J., Grossman, S. D., King, B. D., McCormick, K. F., Oprandi, A. M., Schrop, S. L., Selius, B. A., Smucker, W. D., Weldy, D. L., Amorn, M., Carter, M. A., Deak, A. J., Hefzy, H. and Srivastava, M.
"Discussing Spirituality with Patients: A Rational and Ethical Approach." *Annals of Family Medicine* 2, no. 4
(July-August 2004): 356-361.

Of those who wished to discuss spirituality:

- 87% wanted their doctor to understand how their beliefs helped them deal with being sick.
- 83% wanted their doctor to understand how their beliefs influenced their decisions.
- Women were more likely than men to change their medical treatment based on spirituality.
- Two-thirds believed that by having doctors know about their spiritual beliefs, they would be advised on how to take care of them when sick.
- 67% believed that by having doctors know their spiritual beliefs they would be compassionate and encourage hope

“Patients do want spiritual care from physicians and other health care professionals. Initial research suggest that between 41 and 94 percent of patients want their physicians to address spiritual issues. In one survey, even half of the nonreligious patients thought physicians should inquire politely about patient’s spiritual needs. This is particularly true if patients are at the end of life or diagnosed with a serious illness.”

--Christian M. Puchalski, M.D. & Betty Ferrell, RN, PhD




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“In numerous surveys, patients indicate their preference to have a more integrated approach to their care with their spiritual issues address by their health care professionals. Ehman et al (1999) found that 85% of patients noted that their trust in their physician increased if that physician addressed their spiritual concerns, 95% of the patients who reported that spirituality was important wanted their doctor to be sensitive to their spiritual needs and to integrate it in their treatment, and 50 % of the patients for whom spirituality was not important felt that physicians should address spiritual issues in the case of serious and chronic illness.”

--Christian M. Puchalski, M.D. & Betty Ferrell, RN, PhD


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Barriers for Addressing Spirituality in the Clinical Setting

- Not in my Job Description.
- Lack of Time.
- Lack of Knowledge
- Lack of Training.
- Discomfort with the Subject.

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Taking Spiritual Care History


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Taking Spiritual Care History

“Health professionals should do nothing in this area, including referral to pastoral care or other spiritual interventions such as prayer with patients, until after the spiritual history is taken. The spiritual history will set the stage for all future actions in this area and may impact the medical care plan being developed for the patients.”


--Harold G. Koenig, M.D., *Spirituality in Patient Care: Why, How and What*

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Taking a brief spiritual history is necessary in order to:


1. Understand the role that religious or spiritual (R/S) belief play in the patient's coping with illness.
2. Understand how R/S beliefs may be a source of stress or distress for patients.
3. Become familiar with the patient's religious beliefs as they relate to decisions about medical care.
4. Become aware of how much support those medical decisions are likely to receive from the patient's social network (which is often their faith community).
5. Identify spiritual needs that could affect the patient's health outcomes or use of health services.


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Defining Spirituality

- Spirituality is personal.
- Spirituality as experience.
- Spirituality as narrative.
- Spirituality as “embodiment,” rather than “specialty.”
- Spirituality is not equivalent to religion.

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“The consequences of not being trained and relying only on a good motivation to provide spiritual care can include harming the patient emotionally and spiritually because there would be a high risk of not listening and imposing ideas without exploring the internal and external resources of the patient”

--Luis Elier Rodriguez, D.Min., *On Significant Components of Spiritual Care*

“Providing spiritual care requires knowledge of the basic questions of spirituality and an understanding of how to collect data on a person’s spiritual history, as well as skills in observing, listening, interpreting, and verifying what would be the best approach in terms of a spiritual intervention.”

--Luis Elier Rodriguez, D.Min., *On Significant Components of Spiritual Care*

SPIRITual History

Todd Maugans, M.D.

University of Virginia

- **S**piritual belief systems
- **P**ersonal spirituality
- **I**ntegration with a spiritual community
- **R**itualized practices and restrictions
- **I**mplications for medical care
- **T**erminal events planning

CSI-MEMO Spiritual History

Journal of the American Medical Association (JAMA)

1. Do your religious/spiritual beliefs provide **C**omfort, or are they a source of **S**tress?
2. Do you have religious/spiritual beliefs that might **I**nfluence your medical decisions?
3. Are you a **MEM**ber of a religious/spiritual community, and is it supportive to you?
4. Do you have any **O**ther spiritual needs that you'd like someone address?

ACP Spiritual History

American College of Physicians and American Society of Internal Medicine

1. Is faith (religion, spirituality) important to you in this illness?
2. Has faith been important to you at other times in your life?
3. Do you have someone to talk to about religious matters?
4. Would you like to explore religious matters with someone?

The 7 X 7 Model for Spiritual Assessment

George Fitchett (*Assessing Spiritual Needs: A Guide for Caregivers*)

- | | |
|----------------------------------|------------------------------|
| 1. Medical Dimensions | 1. Belief and Meaning |
| 2. Psychological Dimension | 2. Vocation and Consequences |
| 3. Psychosocial Dimension | 3. Experience and Emotion |
| 4. Family System Dimensions | 4. Courage and Growth |
| 5. Ethnic and Cultural Dimension | 5. Ritual and Practice |
| 6. Societal Issues Dimension | 6. Community |
| 7. Spiritual Dimension | 7. Authority and Guidance |

HOPE

Gowri Anandarajah, M.D.

Brown University

- Sources of **H**ope, meaning, comfort, strength, peace, love and connection
- **O**rganized religion
- **P**ersonal Spirituality and Practices
- **E**ffects on medical care and end-of-life issues

FICA

Christina Puchalski, M.D.
George Washington Institute for
Spirituality and Health

- **F**—Faith and Belief
- **I**—Importance
- **C**—Community
- **A**—Address in Care


LLUH Spiritual History--SOUL


- S:** Sources of Strength
--What gives you inner strength and support?
- O:** Outlook on religion and beliefs
--What religion, faith group or belief shapes you most?
- U:** Underlying issues/events (that may affect one's spirit or care)
--What significance life events (gains or losses) do you want us to be aware of as we care for you?
- L:** Links to care (integrate spiritual needs into care)
--What religious practices or beliefs would you like us to consider as we care for you?


Single-Question Spiritual History


“Do you have any spiritual needs or concerns related to your health?”


--Harold G. Koenig, M.D.

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Ethical boundaries of spiritual care

Winslow GR, Wehtje-Winslow BJ. Ethical boundaries of spiritual care. Med J Aust. 2007 May 21;186(S10):S63-6. doi: 10.5694/j.1326-5377.2007.tb01045.x. PMID: 17516888.

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1. In order to provide respectful care, health care professionals should seek a basic understanding of patient's spiritual needs, resources and preferences.
2. Respect for the patient requires that health care professionals follow the patient's expressed wishes regarding spiritual care.
3. Health care professionals should neither prescribe spiritual practices nor urge patients to relinquish religious beliefs or practices.
4. Health care professionals who care for the spiritual needs of patients should seek to understand their own spirituality.
5. Participation in spiritual care should be consonant with professional integrity.



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“Neglecting the spiritual dimension is just like ignoring a patient’s social environment or psychological state, and results in failure to treat the “whole person.”

--Harold G. Koenig M.D., *Spirituality in Patient Care*

Sample Section Title