Winston Medical Staffing Services

Education Tool and Post Test

MULTI-CULTURAL ASPECTS

AND

SPIRITUAL DIVERSITY

IN

PATIENT CARE

MULTICULTURAL/SPIRITUAL ASPECTS OF PATIENT CARE

The primary reason for cultural and spiritual assessment is to enable the healthcare provider to deliver culturally competent, spiritually appropriate and individualized patient care.

Cultural competency is a critical skill for health care providers who deal daily with diverse populations in the direct and in-direct administration of patient care. Use of cultural profiles and stereotypes as predictors of beliefs and behaviors is problematic and can potentially lead to insensitive and potentially offending care. By conducting cultural and spiritual assessments, the care giver is able to address the patient as an individual and not just a diagnosis.

MULTI-CULTURAL ASPECTS OF PATIENT CARE

Purpose: To increase awareness of multicultural issues impacting patient care delivery.
Objective: 1. The learner will recognize and discuss feelings and behaviors that influence their ability to interact with individuals from varied and diverse cultures and socio-economic backgrounds.
2. The learner will recognize the impact of culture on a patient's experience of illness and hospitalization.

Multicultural Issues in Patient Care Delivery
Failure to recognize and appreciate cultural differences can lead to ineffective communication, conflicts in care planning and the possibility of misdiagnosis, all of which can lead to a poor patient outcome.
Common myths:

1. Others should live by our standards and expectations.
2. We should expect others to change their way of life, values or beliefs because we know the RIGHT way.

Reality:

1. People have a right to their personal and individual cultural beliefs, values and practices.
2. Cultural differences need to be understood, respected and considered whenever care is delivered

Implications for Patient Care Delivery:

1. Think about your own beliefs, fears, values and prejudices. How do you react/interact with those who are different from you?
2. Recognize that illness and hospitalization have different meanings for different people.
3. Be sensitive to feelings of isolation from family and community that patients may be experiencing.
4. Do not use a patient's first name without their approval, be respectful and courteous.
5. Be aware that a patient may not fully understand what you are saying and be afraid to admit this for fear of looking ignorant.
6. Arrange for an interpreter to clarify patient's understanding of hospital procedures and to allow for expression of feelings and concerns.
7. Be aware of food preferences and dietary restrictions.
8. Recognize the importance of spirituality and assess religious beliefs.
9. Integrate clergy, healers and rituals into patient care delivery.

10. Be aware that certain cultures may have difficulty in expressing pain, anger or frustration.
11. Recognize that social isolation, fear and powerlessness may commonly be experienced.
12. Do not condemn or prejudge an entire cultural group based on a negative experience with one person from that demographic.

Culturalogical Assessment

The following assessment guidelines will enable the health care provider and patient to co-develop a culturally responsible care plan.

Kleinman, Eisenburg and Good (1978) suggest the following open-ended questions to use when assessing a patient:

1. What do you think has caused your problem?
2. Why do you think it started when it did?
3. What do you think your illness does to you?
4. How severe is your illness?
5. What kind of treatment do you think you should receive?
6. What are the important results you hope to achieve from these treatments?
7. What are the chief problems your illness has caused?
8. What do you fear the most about your illness?

Bloch (1983) suggests in this Assessment Guide for Ethnic/Cultural Variations that the following information be collected:

- ✓ Cultural-ethnicity, birthplace, customs, values and beliefs, language, healing practices, nutritional preferences
- ✓ Sociological-education, economic, family/significant other support systems, patterns of interaction
- ✓ Psychological-self concept mental and behavioral processes, spiritually, meaning of illness
- ✓ Physiologic-anatomical differences, disease prevalence, growth and development

SAMPLES OF SOME CULTURAL CHARACTERISTICS

African Americans

- Tradition of involving "whole village" or family in raising children
- Major religions involve Christianity and Islam
- Women are often the heads of the household
- Pre-conceived discomfort and mistrust of healthcare system may be linked with fear of being diagnosed with a life-threatening disease or those diagnostic procedures which are an invasion of privacy

Asians

- Religions include Buddhism, Christianity, Hinduism, Islam, Sikh, Parsi and other traditional faiths
- Highly esteemed cultural values; hard work, acceptance of life, respect for nature, self-control, respect for elders and family loyalty.
- Societies are patriarchal and children demonstrate respect to elders.

- Prefer practitioner of same sex and many expect that treatment to be minimal, such as an injection or a prescription.
- May not be polite to shake hands (a slight bow may be acceptable), may not be polite to hold eye contact with someone older or "superior". Smiling often masks anger, frustration, lack of knowledge or unhappiness.
- Numbers are very important. Lucky numbers are 3 & 8. 3 in language sounds like the work "life". 8 sounds like the word for "prosperity". 4 is very UNLUCKY - it sounds like the word for "death".

Eastern Europeans

- Religions include Orthodox Christianity, Roman Catholicism, Islam and Judaism.
- Emotions expressed publicly. May not feel comfortable with personal questions. Note taking is viewed as suspicious
- Multi-generational families often live together. Relatives give moral and physical support
- Smoking and drinking are common and socially acceptable, particularly among men. Awareness of adverse outcomes from these practices is low. Some adults use alcohol excessively; higher rates of alcohol dependency.
- Treatment is not complete without a prescription
- The sick are encouraged to communicate suffering with others
- Food is appreciated. Good appetites are admired. Little awareness of the importance of exercise.
- Many generations may live longer

Hispanics/Latinos

- Roman Catholicism is the primary religion and greatly influences social life and traditions
- Caribbean populations vary and are rich in spiritual traditions, beliefs and practices; a historic blend of European, American and African cultures
- Maintaining eye contact is valued
- Friendly physical contact is common. (Touching of shoulder or upper arm)
- Friendliness and treating others with respect are highly valued
- Education, degrees and titles are esteemed.
- Socializing and spending time with family and friends is a vital part of life
- Cakes and sweets are often part of the regular (daily) diet
- When available, money and other resources are often sent back home to support family members
- Children highly valued and loved.

Native American/American Indian/Alaska Native

- Many cultural variations among the different groups
- Family and tribal affiliations and obligations are important in daily life
- Holistic perspective on life and health. Great care is taken to integrate physical, social, psychological and spiritual ways of healing.
- Many Native Americans living on reservations are living on allotted land that is remote and economically unproductive
- Residents of reservations may suffer from poverty, poor nutrition, stress on family and inadequate access to healthcare. The healthcare systems must often ration the care due to the lack the funding

and the costs associated with the delivery of healthcare. This has a negative impact on the patient's health status.

Pacific Islanders

- Encompasses islands in Pacific Ocean
- Holistic world view, emphasize interconnectedness in person, family, environment and spiritual world
- Tight knit communities. Family, community and church play prominent roles
- Ancestors and elders treated with deference. Interpersonal and social behavior based on mutual respect and sharing.
- Basic distrust of Western approaches to healthcare and treatment. Rarely responds positively to health education and treatment based on scare tactics to motivate behavior change.
- Low income and poverty are risk factors contributing to health status

Sub-Saharan Africans

- Wide variety of religions and languages
- Family includes people from village, friends, and extended (generational) relatives
- Some religions/cultures practice polygamy
- Close friend greeting: shake hands and ask about health of individual/family
- Males and females are circumcised in most countries, often through adolescent and teen life
- Most African counties grow 1 root crop as a starch staple, prefer cooked vegetables to raw and common to season foods with hot peppers.

Western Asia/Middle East

- Islam is the most common religion but other groups include Christianity, Judaism, Bahais, Druze, Parsis & Zoroastrians
- Most cultures do not consume pork and do not like to be touched on the head
- Prefer to be treated by same sex provider/practitioner
- Prefer treatment involving pills, injections or minor procedures rather than more invasive procedures and regimes.
- Most observe strict kosher diet and fasting, common during holy months with no food or drink between sunrise and sunset. The ill are exempt, however fasting may extend to medications or injections during this holy period. Muslims abstain from alcohol.
- When outdoors, women may be secluded from men.

SUSCEPTIBILITY TO HEALTH PROBLEMS AMONG SPECIFIC

RACIAL, ETHNIC AND CULTURAL GROUPS

African Americans

- Higher incidence of hypertension, blood disorders (sickle cell anemia) and diabetes
- Obesity rates are high, many are lactose intolerant
- Cardiovascular disease (CVD) death rate exceeds rate of general population
- Diabetes complications, including lower limb amputations and end stage renal disease, is double than rate of majority of population
- Women more likely than general population to be infected with HIV
- 10% males suffer mild form Glucose-6 phosphate dehydropinase (G6PD) deficiency
- Cancer death rate is approximately 35% higher than for the majority population
- Certain diseases (prostrate and breast cancer) may progress rapidly than in general population

Asians

- Common cancer sites for women are: lungs, breast, colon, stomach and pancreas. Invasive rates are higher among Southeast women in general versus US population
- Cervical cancer incidence and mortality for Vietnamese exceed those of other minority or majority of population
- Cancer among Chinese men: liver, colon, stomach and nasopharynx
- Newcomers may have hepatitis, intestinal parasites, malaria and or Hansen's disease
- Common disease among Cambodians: TB, Hepatitis B and intestinal parasites (hookworm, giardia and strongyloides)
- Lactose intolerance is common
- Some develop severe form of Glucose-6 phosphate dehydroginase (G-8PD) deficiency

Eastern Europeans

- Diseases of digestive system in men are more common than in majority population
- Smoking and weight may be problems
- Women have higher musculoskeletal complaints than majority of population
- Tay-Sachs disease occurs in 1/3600 infants of Askhenazi Jewish heritage

Hispanics/Latinos

- Diabetes is twice as prevalent than majority
- Hypertension is common
- Overweight and obesity are common in some
- Cervical cancer is double of Non-Hispanics and European Americans
- Lower incidence of breast, oral cavity, colorectal and urinary bladder cancer. Mortality rates from these diseases are similar to the major population

Native American/American Indian/Alaska Native

- 3 times more likely to have diabetes than Non-Hispanic European Americans of similar age

- Men and women suffer high rates of cancers (colon and rectal) vs. European Americans
- 5 year survival rate for Native American women with cervical cancer is poorer than most ethnic groups
- Lactose intolerance is common among Native Americans

Pacific Islanders

- Native Hawaiians have highest mortality rates of any US racial or ethnic group for cancers of breast, lung, ovary and stomach. As well, highest mortality rates for leukemia and Non-Hodgkin's lymphoma
- Mortality rates for heart disease, cancer & stroke are highest for Hawaiians than for total US population
- Risk factors for heart disease, cancer and stroke are high among them and include hypertension, obesity, smoking, alcohol consumption and diabetes

Sub-Saharan Africans

- High incidence of Sickle Cell Anemia. But has been shown to provide some protection against malaria
- Lactose intolerance is common
- Frequent release of P. Vivax malaria common. Relapse of P. Ovale is less common but can occur after several years after initial infection
- Recent immigrants may suffer dental issues as a result of poor dental care of home country or increase of processed foods in US
- Parasites (hookworm, schistosomiasis, strongyloides or glardia) may be present & affect overall health
- Female Genital Mutilation (circumcision) regularly practiced. Estimates range - 80% of women in Egypt, 5% Uganda and 98% in Djibouli and Somalia. There are severe health complications, including death, associated with this practice.
- Post traumatic stress may be present

Western Asia/Middle East

- Many Egyptians suffer from parasitic disease. Schistosoma mansonal or Scistosomahaematoblum. Female worm expels eggs, which become lodged in liver and urinary tract. Residual concerns are cirrhosis, liver failure, portal hypertension, esophageal varice, bladder cancer and renal failure
- Egyptians have highest rate of blindness
- Typhoid and paratyphoid fevers, streptococcal disease, rheumatic fever & TB (Check for BCG injection, if positive TB Test)
- Egyptian Americans prone to obesity, hypertension, lower back pain, cardiovascular diseases, lack of exercise and Type II diabetes. Iranians are prone to protein/vitamin deficiency, hepatitis A&B, high rates of TB & syphilis
- Genetic risks for b-thalassemia

- Stomach intestinal problems (heartburn, constipation, hemorrhoids and impaction - lack of roughage and fluids combined with rapid eating and straining.

PATIENT ASSISTANCE

Healthcare workers can assist the patients by:

- Demonstrating respect for the patient's cultural, religious and other practices
- Taking time to listen, eliciting each patient's view of her/his illness and the type of treatment he/she expects. Being empathetic.
- Encouraging the patient to seek community and other resources that may help him/her adapt to the new environment.

Healthcare workers engage many techniques to elicit necessary medical information to build a framework for culturally sensitive and competent medical treatments.

Listen to the Patient about the injury/illness:

- What are the patient's own descriptive terms used to describe the illness/injury?
- What does the patient think caused the problem?
- What makes it better or worse?

Look for clues about the Patient:

- Is the patient wearing or displaying religious objects?
- Does the patient make or avoid eye contact?
- Does the patient maintain a certain distance or try to be close?
- Does the speaker look away from listener? Looking too intensely in some cultures is aggressive. Some cultures respond to the speaker when listening to let the speaker know they understand. In other cultures they may be silent and look away while the speaker is talking which is not meant to be a lack of interest or understanding.

Observe Gestures and Language:

- Some gestures in one culture can mean something entirely different in another. For example, the "OK" sign (making a circle with your thumb & forefinger) is considered rude to some Asian individuals.

Verbal Communication:

- Some words in one language may have offensive meanings in another
- Don't assume that someone with an accent doesn't understand your language, nor does it reflect a lower level of intelligence
- Talking louder to compensate for a language barrier is irritating, patronizing and offensive.
- Speak slowly if someone does not comprehend what you are saying

Learn about individual and cultural health views:

- What are you doing to care for your illness?
- Has it worked?
- Is anyone else treating your illness?
- How would you describe the other treatment?

Their treatments may be foreign to you. Accept their practices when possible. Discuss risks of the remedies' interactions with treatment team before rejecting the patient's remedies.

Understand the Relationships:

- Ask about the patient's family.
- If a spouse/family member is involved in care, ask for his or her views on the treatment and response.
- Allow extended family to visit during death if these are expected practices.

Evaluate Time Relationship:

- Some cultures think of time as a general part of a day. They might view a 2:15pm appointment as sometime in mid-afternoon.

Expressing Opinions and Pain:

- People in some cultures believe it is rude to complain, disagree or say no. These individuals will signal pain in other subtle ways.
- Some cultures encourage individuals to share pain. Be sure to listen to the patient complaining or disagreeing to get to the root of the problem. Do not assume that the person is just being "difficult".

FACTORS TO CONSIDER

Healthcare workers should take the following factors into consideration when caring for a patient:

- **Country of origin:** How long the patient has lived here will affect his/her view towards health.
- **Preferred language:** If given the opportunity to speak or read about care in his/her own language, the patient will feel less anxious and understand the care better.
- **Views about health:** Some patients and family will see the illness as a supernatural cause and punishment for sins or they might see a need for traditional cures (herbal remedy or specific diet)
- **Religion:** This will affect the patient's consent to treatment, schedule of care, room arrangement, birth and death practices, dietary considerations and family involvement.
- **Relationships:** The patient may expect certain individuals to be involved in care, allowed to visit or not allowed to visit.
- **Age:** The patient may view illness as a normal process of aging. An adolescent might be sensitive about privacy and how treatment will affect their appearance. A middle-aged person might worry about financial issues while hospitalized.
- **Gender:** A patient may prefer to receive care from a same sex provider. Some cultural values prohibit touching between members of the opposite sex, including spouses during childbirth.

- **Socio-economic status:** Financial problems may keep a patient from seeking or following treatment.
- **Physical or mental disability:** Patients will have diverse views about how disabling a certain condition is, how to explain mental illness (some may believe it to be supernatural), expression of pain, and treatment acceptance or rejection.

HOT BUTTONS FOR ALL RACES, CULTURES AND RELIGIONS

- Superstitions and Customs
- Death and Dying
- Religious Beliefs
- Family Roles
- Patient Autonomy and Privacy
- Dietary Practices
- Physical Space and Body Language

SOME COMMON HEALTH PROBLEMS IN NEWLY ARRIVED IMMIGRANTS AND REFUGEES

- **AIDS/HIV and Tuberculosis (TB):** All refugees and immigrants applying for permanent Visas to the US are required to be screened for TB and HIV. If positive, they are held until treatment is complete or they are no long contagious. Temporary Visas are not required to be screened.
- **Hepatitis B:** Commonly found in parts of the developing world; Amazon, Southern Eastern and Central Europe, Middle East and Indian sub-continent.
- **Parasites:** Intestinal and Hematological are common throughout developing world.
- **Incomplete Immunization:** Rubella, measles, Hepatitis B and diphtheria
- **Post Traumatic Stress Disorder:** Result of intensive civil strife and armed conflict in their country.
- **Malaria:** Relapses seen in people traveling or living in sub-Saharan Africa, Asia and Latin America.
- **Lead Poisoning:** Common in children from high pollution areas using diesel and leaded fuel.
- **Female Genital Mutilation (FGM):** 28 African countries, 5 countries on Arabian Peninsula, Indonesia and Malaysia. Approach this subject in a sensitive and responsive manner. Some women are deeply upset about having undergone the procedure and others believe it is a normal part of life. There are many complications related to this procedure.

CULTURAL DIVERSITY - WORKFORCE

Just as healthcare workers are dealing with a very diverse patient population, they are also facing a very diverse healthcare workforce population. Differences among staff can create communication problems and lead to unnecessary conflict. Your co-workers, just like your patients, are shaped based on cultural values, beliefs and behaviors. These factors will influence you and your co-workers communication, decision-making and clinical practice.

WORK STYLES

Egalitarian Society:

- American Culture - Everyone is to be equal.
- More comfortable questioning authority because they feel they are equal to others.
- Informal Culture. Our speech and our professional's dress are informal and in our culture is a demonstration of openness, friendship, acceptance and accessibility.
- Task accomplishment is important.
- Direct Communications - Low Context Culture
- Communication is clear and direct. Meaning is transferred with explicit verbal communications not from the context of the situation. Direct eye contact is important and getting directly to the business at hand. (i.e., I worked last holiday and I think it is unfair that I have to work the next holiday. Can you change my schedule?).
- Time is direct and language uses linear markers. A 9:15am meeting means the meeting starts at 9:15am and you are to be present at that time. Language is also linked. A boss giving instructions might say, "First, you do this. Second, you do this.
- English-Area Specific Idioms and Use shorter sentences. Refrain using idioms that don't translate well because they are culturally based. (i.e., let sleeping dogs lie). Keep sentences short and simplify the language.

Hierarchic Society

- Great respect given based on: age, sex, occupation and wealth. Problems arise if women are supervising men from male-dominated societies - men are "superior" to women.
- Difficulty questioning authority and don't usually take initiative to perform work on their own. Physicians from this culture might find staff who question then offensive and voice objection.
- Formal Culture. Informality is seen as presumptuous and rude. Casual appearance conveys a lack of respect and professionalism. Therefore, patients will lack confidence and trust. Personalism - highly valued trait where on shakes hands, addresses formally and asks about family well being before discussing issues.
- Tasks achieved within a context where rapport and relationships are emphasized
- Indirect Communication - High Context Culture
- Non-verbal gestures, voice tone and nature of relationship are just as or more important than the content of the message. The situation to which something is said carries great meaning. Eye contact is disrespectful. (i.e., a nurse is more likely to talk about the unfair scheduling with co-workers or a charge nurse, whom is seen as having "informal" leadership power, rather than to direct supervisor). The nurse will encourage the charge nurse to act, after pointing out the need for better holiday scheduling system.)
- Time is fluid and approximate. Not exact. A 9:15am meeting means you should arrive around that time. This is culturally based and does not denote laziness or irresponsibility. They are just not used to running their lives according to the clock. They must adjust that cultural influence working in the US. So, they need a private explanation of punctuality and why it is important to be on time, especially in a healthcare setting.
- Speaking with others in a common native tongue in a foreign country helps the person stay connected to language and culture.

STRATEGIES FOR BETTER WORKING RELATIONSHIPS

These strategies will ease any tensions arising in a culturally diverse workplace. You may use either method based on your role in the facility. These are just a few things you can do to ensure correct clinical skills and productivity.

Person-Centered Strategies

- Understand the difference in role relations. Acknowledge the cultural differences that will affect your co-workers. Find out how individuals prefer to be addressed. Observe staff members to determine the dominant norms.
- Being aware of people's perception of what it takes to be a "good employee". An Egalitarian society worker will challenge authority and work more independently. Someone from a Hierarchic society may not seem to take initiative on the job but they are demonstrating respect. You want to observe the norms of the facility and emulate them to meet the expectations.
- Be aware of personal space and touching. It is important to talk about these differences. In some cultures very close talking and personal space is much smaller and may be seen as threatening or aggressive to those who have larger personal spaces.
- Understand that communication styles differ in their level of formality. In some cultures, informal communication is seen as rude and in others formal communication is seen as snobbish. It is best to be formal until an understanding or trust is established.
- Don't be hurt if foreign staff members speak another language in front of you. Remember they are staying connected with their heritage. If you are speaking the foreign language, explain what you are talking about to colleagues who speak only English. If you don't speak the language being spoken in front of you, you might say, "You seem to be having a good conversation. Can you share it with me?
- Speaking clearly and facing co-workers who have difficulty comprehending directions in English. Get them to describe what you have told them to check their understanding. Language skills are built overtime slowly. Your patience will help them improve their English speaking abilities.

Organization-Centered Strategies

- Closely define job duties and expectations. If you are supervising, recognize that some cultures will take the position description literally while others may only use as a guide. Be clear with your directions.
- Facilitate open communication. Watch for signs of misunderstandings and conflicts. Help clarify meanings without taking sides. If more than 2 members of a team are involved in a dispute, advise your immediate supervisor.
- Helping culturally diverse co-workers/staff learn appropriate ways to behave and interact in the mainstream culture. Explain accepted ways to address co-workers and patients. Help orient them to the mainstream work styles, communication, formality or informality, time orientation and the location where they will work.
- If you notice that a co-worker or someone you are supervising is having difficulty with the mainstream norms, refer them to your supervisor. Your supervisor will have the resources to direct the individual, so they are more comfortable with the mainstream norms.

CULTURAL DIVERSITY POST TEST

1. How should you use the LEARN MODEL?

   (a) Listen, Explain, Acknowledge, Recommend & Negotiate
   (b) Ignore differences
   (c) Talk to your supervisor
   (d) Treat another patient

2. As a key point, it is important to treat the _____ with the illness not just the illness:

   (a) Patient
   (b) Most money
   (c) Oldest
   (d) Babies

3. You must _____ treatment. Some treatments might not work well for some cultural groups because of beliefs or because they may metabolize drugs differently.

   (a) Withhold
   (b) Over analyze
   (c) Individualize
   (d) Ignore

4. One of the ways healthcare providers can assist patients is to _____.

   (a) Not talk to the patients
   (b) Show respect for patient's past and particular beliefs
   (c) Not talk to strangers
   (d) Ignore patient's request

5. One technique that can be used to elicit necessary medical information is to _____:

   (a) Try to learn about individual and cultural health views
   (b) Ask them about their food preference
   (c) Give them a form
   (d) Don't talk to the patients

6. Cultural influence can affect how some people express pain. Some express pain verbally and some express pain using _____ ways.

   (a) Subtle and non verbal
   (b) Improvisation - actor's method
   (c) Don't feel pain at all
   (d) Deceptive techniques

7. Some Hot Buttons for All Races, Cultures and Religions include:

(a) Superstitions and customs and death and dying
(b) Patient autonomy, diet and physical space and body language
(c) Religious beliefs & family roles
(d) ALL OF THE ABOVE

8. In a Hierarchic Society, members have difficulty questioning authority and don't usually take initiative to perform work on their own. Physicians from this culture may find staff questioning offensive.

(a) True
(b) False

9. In a Hierarchic Society, indirect communication is the norm and non-verbal gestures are just as important if not more important than the actual message.

(a) True
(b) False

10. Using a person-centered strategy for better working relationships, we should become aware of people's _____ of what it takes or means to be a "good employee".

(a) Perceptions
(b) Gender
(c) Age
(d) Financial Status

Print Name: _____ Date: _____

Signature: _____ Winston Counselor: _____

SPIRITUAL DIVERSITY

Purpose: To increase awareness of spiritual issues impacting on patient care delivery.
Objective: 1. The learner will recognize and discuss feelings and behaviors that influence their ability to interact with individuals with various religious beliefs.

2. The learner will recognize the role of religion and spirituality in a patients' experience of illness and hospitalization.

Spirituality Issues in Patient Care Delivery

In providing patient care, it is equally as important to identify and understand a patient's religious beliefs as understanding their cultural background. Religious beliefs are common in our country and while there are three or four religions that many people follow, these by no means capture the many other religions that people practice. In fact, sixty-one percent of Americans state that their religion is the most important influence in their daily lives (Gallup, 1990) and ninety-four percent of people admitted to the hospital agree that spiritual health is as important as physical health. Spiritual concerns are almost universal among hospitalized patients.

The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has recognized the influence of spirituality on hospitalized patients by requiring a hospital chaplain or access to pastoral services in the standards for all hospitals (JCAHO, 1999). According to JCAHO, a spiritual assessment should be performed on every patient, identifying, "at a minimum," the patient's denomination, beliefs and spiritual practices.

Clinicians should be aware of the more common health beliefs of religious groups in their practice so that, they will be able to better able to counsel and care for their patients. Health beliefs vary according to culture, education and experience. Religious beliefs can be very strong and can be the deciding factor in many medical decisions, such as the withdrawal of life support.

When an individual's beliefs do not always coincide with the principles of a specific religious code, health professionals should be aware of the major moral and religious norms that guide the medical decision making of many patients.

SAMPLES OF SOME SPIRITUAL CHARACTERISTICS

About 75% of American adults identify themselves as Christian (52% identify themselves as Protestant and 24.5% Catholic). In comparison, the next largest religions are Judaism (1.3%) and Islam (.5%) Judaism.

Christianity: There are thousands of different definitions of the word Christian, but all identify a Christian as **any** group or individual who seriously, devoutly, prayerfully describes themselves as Christian. Under this definition, Christianity includes: Roman Catholics, Southern Baptists, Jehovah's Witnesses, Mormons, United Church members, even a small minority of Unitarian Universalists, and various Protestant denominations like Lutherans, Methodists, Pentecostal, Episcopalian, and Presbyterian.

The Roman Catholic Church:

1. is a hierarchically organized religion
2. is headed by God the Father.

3. was developed by His son Jesus.
4. operates under the authority (control) of the Holy Spirit.
5. has a level of authoritative, non-reversible doctrinal teachings concerning faith and morals that are protected by the power and superb wisdom of the Holy Spirit.
6. operates under the temporal leadership of **Jesus' vicar on earth** (in creation) who has distinguishable levels of authority as follows: The **"Chair of Peter"** is under the full control of the Holy Spirit and is concerned with the declaration of universal doctrine --teachings that affect and are obligatory upon the entire Church-- in relationship to faith and morals. The **Office of Peter** is the legal position held by a pope.
7. acknowledges and accepts the authoritative position of natural fathers and of civil authorities. Such authority is to be exercised in a just manner, that is, not oppressive to natural law rights of moral individuals or groups.

The Protestant Faiths
Because Protestantism broke away as a reform movement of the Roman Catholic Church, they share many of the basic tenets of Roman Catholicism. The three main differences between the religions are:

1. The sole authority of the scripture - this doctrine maintains that Holy Scripture, the revealed Word of God, consisting of the Bible Canon is the ultimate authority for the Christian in matters of faith and practice, life and conduct.
2. Justification by Faith Alone - this doctrine maintains that we are justified before God (and thus saved) by faith alone, not by anything we do, not by anything the church does for us, and not by faith plus anything else.
3. Priesthood of the Believer is the third principle of the *Reformation* puts forth that Protestant faiths are *"the priesthood of all believers"*

Judaism: Judaism is a monotheistic religion. In the Jewish faith, people believe there is one God who created and rules the world. This God is omnipotent (all powerful), omniscient (all knowing) and omnipresent (in all places at all times). God is also just and merciful.
The thirteen principles of faith is the most widely-accepted list of Jewish beliefs.

1. God exists.
2. God is one and unique.
3. God is incorporeal.
4. God is eternal.
5. Prayer is to be directed to God alone.
6. The words of the prophets are true.
7. Moses was the greatest prophet, and his prophecies are true.
8. The Torah was given to Moses.
9. There will be no other Torah.
10. God knows the thoughts and deeds of men.
11. God will reward the good and punish the wicked.
12. The Messiah will come.
13. The dead will be resurrected.

Islam: According to Islam you have to believe in Allah, the Angels of Allah (Malaikah), the Books of Allah (Kutubullah), the messengers of Allah, (Rusulullah), the Day of Judgement (Yawmuddin), the Supremacy of the Divine Will (Al-Qadâr) and life after death (Akhirah).

The five principles of Islam are:

1. Allah is the name of God and there is no god but Allah and Muhammad is the messenger of Allah"
2. The Muslim is enjoined to perform five obligatory prayers every day to keep himself in relation with his Lord, to invoke and implore Him, and to refrain himself from committing lewdness or indecency. These prayers not only ensure psychological rest to the Muslim in this present life, but they also pave the way to him to gain eternal happiness in the hereafter.
3. Allah ordained every Muslim who possesses a certain amount a certain amount of property to pay annually of these possessions the Zakah to the poor, or to the other categories mentioned in the Quran.
4. Muslims must fast during the month of Ramadan, the ninth month of the Hijri calendar. Before the dawn of the first day of Ramadan, the Muslim in-tends to fast this month, and abstains every day from drinking, eating, or practicing sex till after the sun sets, He performs the fasting till the end of the month of Ramadan, fulfilling by that the commandment of Allah, and seeking His pleasure.
5. Pilgrimage is the fifth pillar of Islam. It is a duty for a Muslim to perform pilgrimage to the House of Allah once in a lifetime, however it is permissible to him to do pilgrimage voluntarily more than once.

How to Address Spiritual Issues in Patients

Spiritual beliefs should be considered and incorporated into the work-up of all hospital patients; new patients, seriously ill patients or those with stress, distress, substance abuse or issues related to spiritual or religious views. Taking a spiritual history is the process of gathering relevant information from a patient about spiritual values, religious beliefs, spiritual needs and concerns and whatever gives the patient's life and illness meaning. It should also include questions about how their religious and spiritual views affect their health, whether they use religious coping, whether they have specific spiritual concerns at the time or whether they have a minister or other spiritual counselor to call upon.

Tools for Use in Taking Spiritual Histories

Several tools are available to help clinicians address the spiritual histories of their patients:

The HOPE method:

H addresses the patient's basic spiritual resources without immediately focusing on religion or spirituality. Using this method allows for meaningful dialogue with patients of diverse backgrounds including those whose spirituality lies outside of the boundaries of traditional religion or those who have been alienated in some way from their religion.
O focuses on the importance of **O**rganized religion in patients' lives
P focuses on the specific aspects of their **P**ersonal spirituality and personal religious practices.
E focuses on the **E**ffects of a patient's spiritual and religious beliefs on medical care and end-of-life-issues. These questions help redirect the discussion back onto clinical issues and medical decision making.

The FICA tool:

F - Faith, belief, meaning
I – **I**mportance and Influence of religious and spiritual beliefs and practices to the individual
C – **C**ommunity and Church connections
A – **A**ddress/Action in the context of medical care

The FAITH tool:

F – Do you have a **F**aith or religion that is important to you?
A – How do your beliefs **A**pply to your health?
I – Are you **I**nvolved in a church or faith community?
T – How do your spiritual views affect your views about **T**reatment?
H - How can I **H**elp you with any spiritual concerns?