Improving Spiritual Health Through Intentional Screening and Targeted Interventions in Primary Care

Erika Benfield, DNP, RN, FNP-C
Cornerstone Clinic, Fredericksburg, TX, USA

Abstract

**Background:** Spiritual health is an integral part of a person’s overall health. Literature supports a tie between poor spiritual health, suicide risk, and other negative health outcomes. A national shortage of mental health providers has led to an increased number of people are seeking mental health care in primary care settings. Barriers such as time and training have made it difficult for primary care providers to effectively screen for spiritual health.

**Objective:** The purpose of this project is to implement a focused screening and intervention program in primary care to improve spiritual health, perception of overall health, and reduce suicide risk.

**Methods:** The Functional Assessment of Chronic Illness Therapy-Spiritual Well Being (FACIT-Sp), which is an instrument validated for assessing spiritual distress in oncology and chronic pain management settings, was chosen to screen all same-day patients in a rural privately-owned family practice clinic. Individuals identified as experiencing spiritual distress were offered a systems-focused, multi-disciplinary intervention targeted towards reducing distress and improving health, and then followed for a period ranging from one week to two months to assess the impact of the intervention.

**Results:** Of the 172 patients screened 20% demonstrated scores indicating they were experiencing spiritual distress. While some individuals declined resources, 95% of those who received a targeted intervention and follow up plan reported an improvement in overall health, and the majority increased their total FACIT-Sp scores by 20% or more. Furthermore, nursing staff reported no negative impact on patient flow, and providers reported improved communication related to holistic health needs. Patient experience related to the screenings was mixed; while some patients were very grateful for being asked the information, others thought it was not an appropriate setting to be screened for spiritual distress, and a few patients reported feeling the questions were inappropriate or invasive.

**Conclusion:** Analysis of the improvement outcomes indicates that there is a need for routine screening for spiritual health status in primary care, but further research is necessary to develop the best approach for successful, time-efficient screening in the future.

**Keywords:** spiritual health, holistic, spiritual distress, primary care, systems-focused
Keywords:
primary care, spiritual health and systems-focused

References:


**Abstract Summary:**
After a targeted translational intervention was applied in primary care, analysis of the improvement outcomes indicated that there is a need for routine screening for spiritual health status in primary care, but further research is necessary to develop the best approach for successful, time-efficient screening in the future.

**Content Outline:**

I. Introduction

A. The spiritual health of an individual can have a significant impact on overall health and tendency toward chronic illness. Spirituality has been found to have a positive effect of coping, chronic pain, diabetes, hypertension, and coronary heart disease among other conditions (Cook et al., 2012; Koenig, 2012; Villatoro, Dixon, & Mays, 2016). Spiritual health can be defined as “a well-defined belief system or worldview, selflessness/connectedness/commitment to others, and high levels of personal belief and hope that one’s worldview indeed depicts reality” (Como, 2007, p. 226).

1. Despite known benefits, it has been found that barriers such as inadequate time and training have led to few health professionals addressing issues related to spirituality as part of the healthcare they provide even though the majority of patients would like their provider to ask them about spiritual health in certain circumstances (Banin et al., 2014; McCord et al., 2004). Spirituality has been linked to multiple health outcomes including
Research demonstrates a protective effect of good spiritual health, but more than 800,000 people per year commit suicide, indicating many suffer from poor spiritual health (Mandhouj, Perroud, Hasler, Younes, & Huguelet, 2016). Healthcare providers acknowledge addressing spiritual health has a positive health impact, but routine assessment of spiritual health in the primary care setting rarely happens. Current literature supports the fact there is a practice gap related to addressing spiritual health and providing spiritual care in the primary care setting.

2. Compounding the importance of addressing this practice gap in primary care is the daunting rise in suicide rates: 24% higher in the United States than they were less than 20 years ago, resulting in a suicide rate of 13.0 per 100,000 people (Curtin, Warner, & Hedegaard, 2016). Due to a national shortage of mental health providers, an increasing number of people are seeking mental health care in primary care settings (Butryn, Bryant, Marchionni, & Sholevar, 2017). In addition to those patients actively seeking mental health care, there are patients who are experiencing psychological or spiritual distress, but who seek health care for other reasons, including acute illnesses. With suicide rates on the rise and increasing obstacles with access to mental health providers, primary care providers are presented with a macro-system level challenge which underscores the significance of implementing effective screening for spiritual distress within the micro-system of primary care practice.

II. Body

1. Increasing Global Suicide Rates
2. National Shortage of Mental Health Providers
3. Primary Care Poised to Screen for Spiritual Distress

III. Conclusion

1. While there is a national shortage of mental health providers, primary care providers equipped with time-effective screening instruments and resources for local interventions can effectively stand in the gap for mental health, making a positive overall impact in individual health and decreasing the societal burden of suicide in the United States and beyond.

First Primary Presenting Author

**Primary Presenting Author**

Erika Benfield, DNP, RN, FNP-C
Cornerstone Clinic
Family Nurse Practitioner
Fredericksburg TX
USA

**Author Summary:** Erika Benfield is a Family Nurse Practitioner from Fredericksburg, Texas. After earning her BSN from the University of Pennsylvania in 1997, she was commissioned into the U.S. Navy Nurse Corps. In 2012, Erika graduated from Texas Tech Health Sciences Center and was awarded the School of Nursing Dean’s Award for Excellence. In 2018, she earned her doctoral degree from UTHSCA. She is passionate about top-quality, holistic, patient-centered care, focusing on timely intervention for spiritual distress.