



Spirituality in Palliative Care - What Our Patients Tell Us

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Background

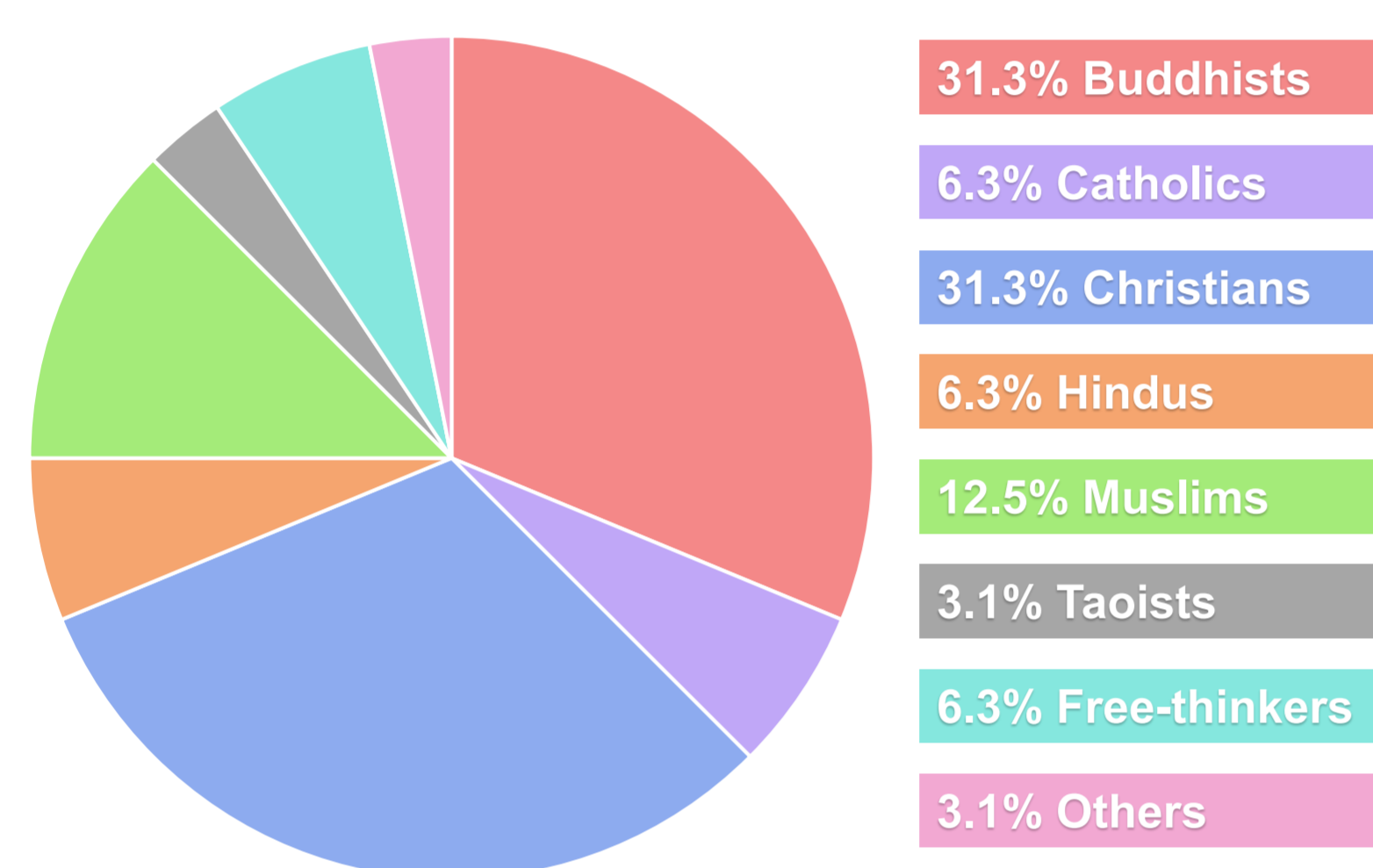
Spirituality is crucial in **person-centered care**.¹ It significantly impacts how palliative care patients **cope** with their illnesses and is vital in **enhancing their quality of life**.^{1,2} A strong sense of spiritual well-being **helps patients manage** the challenges of the end-of-life journey.^{3,4} **Caregivers** are also key stakeholders in spiritual care, as they can guide healthcare professionals in understanding how **spirituality influences** not only the **patient** but also the **entire family unit**.⁵

Aims and Methods

Our aims were to **identify spiritual needs** and preferences amongst the participants, **explore** their interest in Dover Park Hospice (DPH) providing **spiritual or religious services**, and **explore** whether **spirituality and religion** are seen as **synonymous concepts**. We used a **structured survey**, conducted on **18 patients** receiving inpatient services at DPH and **14 family caregivers** of the patients (n=32).

Results

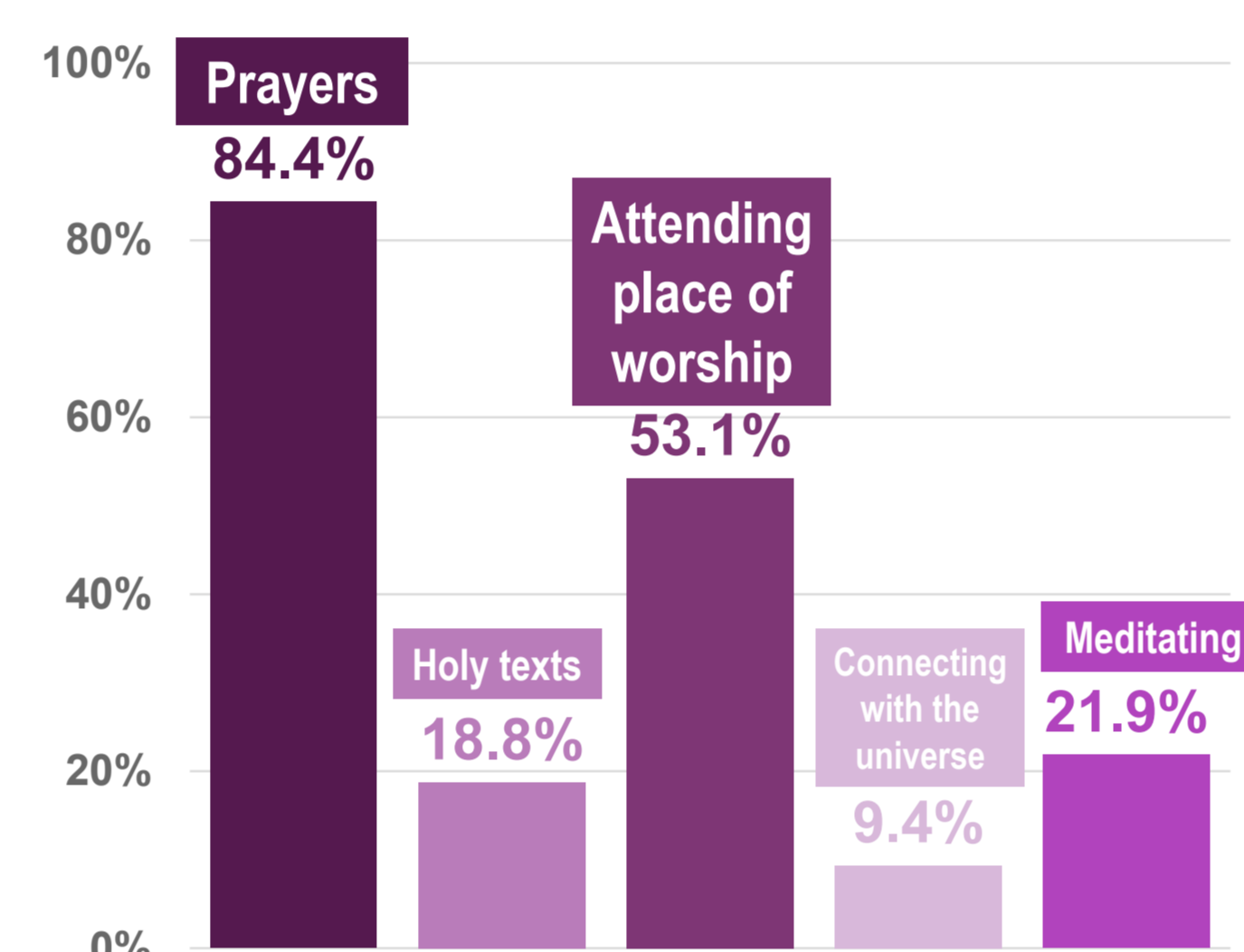
Religious Distribution



Compared to Singapore's religious distribution, there is an **overrepresentation** of **Christian** participants (31.3% vs 11.9%) and **underrepresentation** of **Muslim** (12.5% vs 15.6%), **Taoist** (3.1% vs 8.8%) and **irreligious** (6.3% vs 20.0%) participants.

56.3% of participants are **part of spiritual or religious communities**, all of whom find community to be helpful.

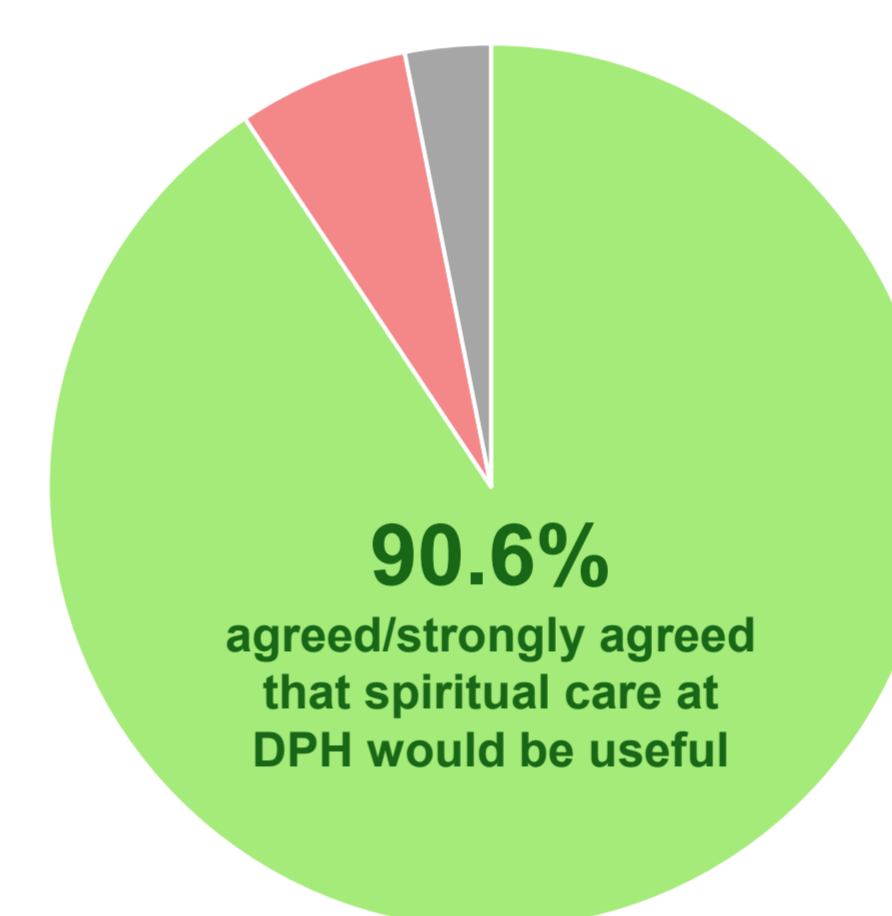
Useful Spiritual Practices



A vast majority of participants agreed that **prayers** (84.4%) and **attending place of worship** (53.1%) are the most useful aspects of their spiritual practices.

The other aspects of spiritual practices such as **meditation** (21.9%), **holy texts** (18.8%), and **connecting with the universe** (9.4%) were considered to be less popular/useful.

Provision of Spiritual Care at DPH

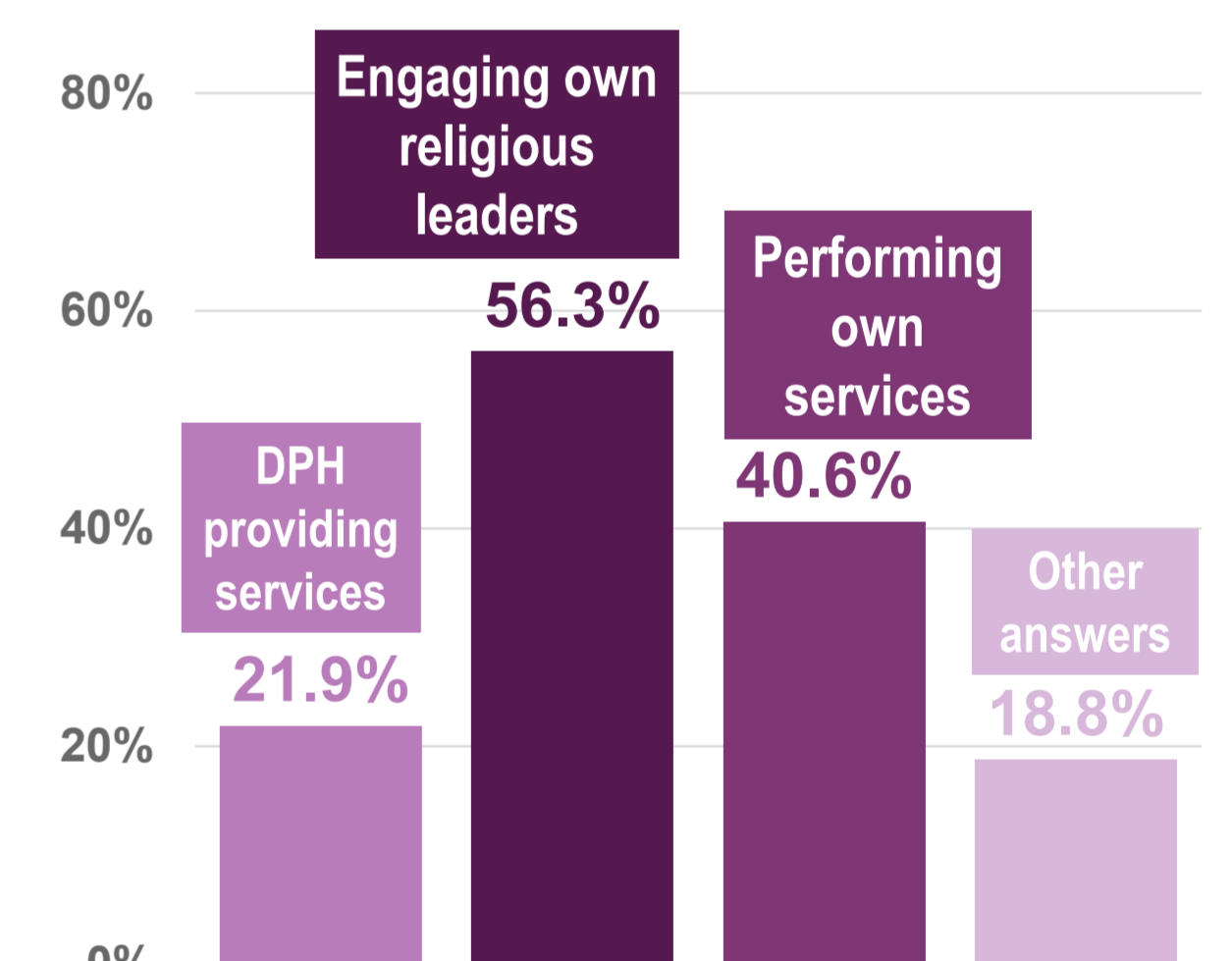


Amongst patients and family caregivers at DPH, **90.6%** **agreed/strongly agreed** that spiritual care at DPH would be useful. **6.3%** **disagreed**, while **3.1%** felt neutral.

This indicates that spiritual care is relevant and desired by patients and family caregivers at DPH, which necessitated further exploration about what forms of spiritual care services would be preferred by patients and family caregivers to meet their personal spiritual needs.

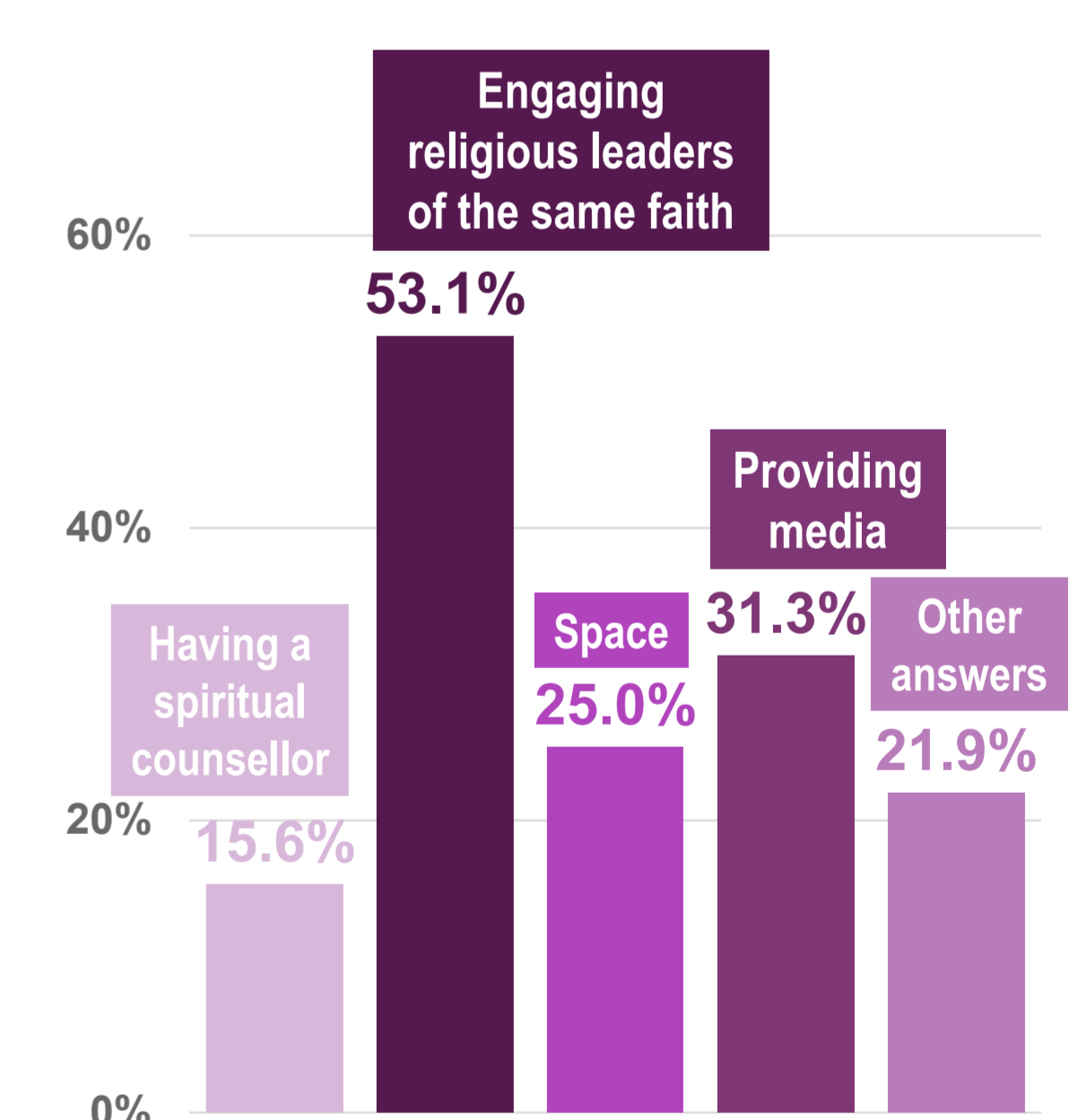
Patients and caregivers at DPH expressed strong preference towards private and personal spiritual practices, particularly **engaging own religious leaders** (56.3%) and **performing own spiritual services** (40.6%).

In contrast, only 21.9% would like **DPH to provide spiritual services**. 18.8% respondents who provided **other answers** further expressed preference towards private, personalised services at patients' and family caregivers' comfort levels.

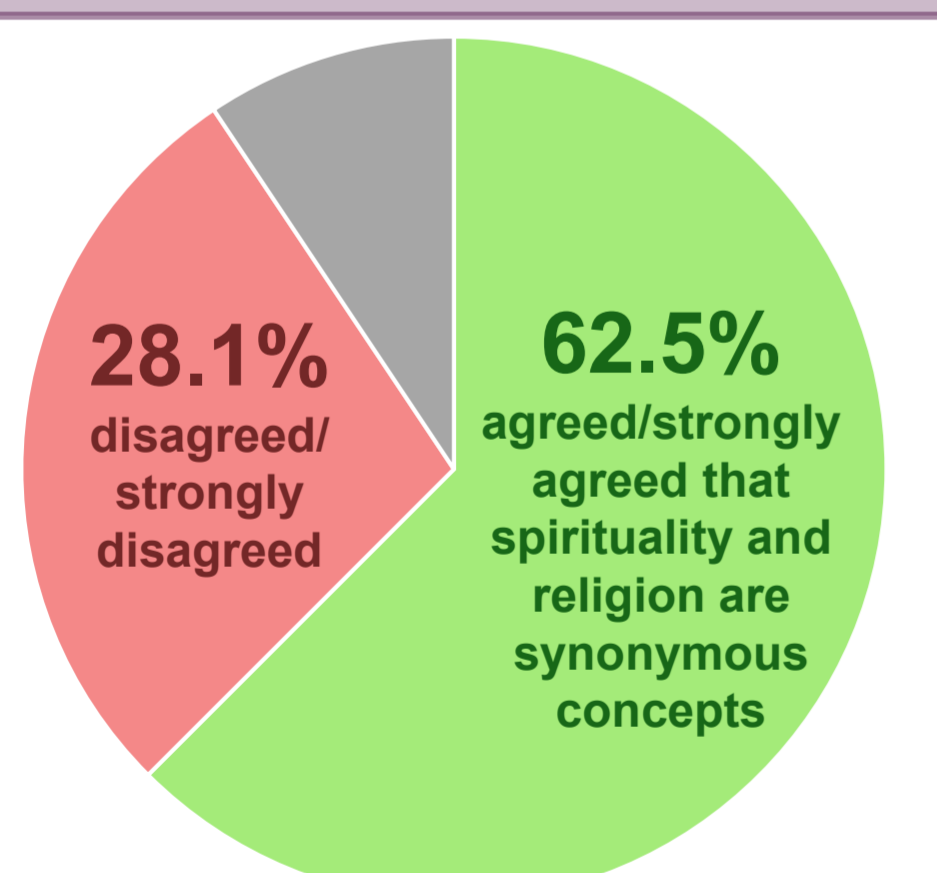


When asked how DPH could support their spiritual care, survey participants largely expressed preference for DPH to help with **engaging religious leaders of the same faith** (53.1%). Other potentially useful supports like **providing religious/spiritual media** (31.3%) or **dedicating space for personal spiritual services** (25.0%) were seen as useful to a lesser extent.

The least popular option is **having a dedicated spiritual counsellor at DPH**, with only 15.6% survey participants agreeing that it would be useful. All of these suggest that DPH could act as a facilitator, creating an environment and system that allow patients and family caregivers to feel supported in meeting their spiritual needs.



Spirituality and Religion According to Participants



When asked whether spirituality and religion are synonymous concepts, **62.5%** **agreed/strongly agreed**, while **28.1%** **disagreed/strongly disagreed**. **9.4%** gave no answer as they did not understand the question.

Words that are **most associated with spirituality**, according to our patients and their family caregivers:



Conclusions

The **positive associations with spirituality** highlight its uplifting nature. Patients and caregivers at DPH **found spiritual care valuable** and expressed a clear **preference for personal spiritual practices**, such as engaging religious leaders or performing spiritual services, over having a dedicated spiritual counsellor. **Key aspects** of their spirituality included **prayer and attending places of worship**. This suggests that **DPH could serve as a facilitator** to meet their spiritual needs, underscoring the crucial role of the hospice in palliative care. Additionally, the **majority** deemed **spirituality and religion synonymous concepts**.

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