

The State of Spirituality Scale as a Screening Tool for Spiritual Distress

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Patients and families facing serious and life-threatening illnesses are at risk for spiritual distress. Screening for spiritual distress is an efficient way of identifying issues. The State of Spirituality scale takes a unique, multidimensional approach to spirituality screening.

AT A GLANCE

- Spirituality is often neglected by healthcare providers, who may lack the time or training to provide spiritual care.
- Spiritual screenings are an efficient way of identifying spiritual distress during serious illness and are simple enough for most clinicians to complete.
- The State of Spirituality scale takes a unique, multidimensional approach by reducing spirituality into five lower-level dimensions.

KEYWORDS

spirituality; hospice care; spiritual care; spiritual distress; spiritual screening

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Coping with serious illness can trigger deep spiritual reflection for families receiving hospice care (Ellington et al., 2015). Unfortunately, spiritual care is challenged by the abstract, subjective, and contextual nature of spirituality among patients, family members, and providers (Egan et al., 2017). Spiritual screenings are an efficient way of identifying spiritual distress during serious illness and are simple enough for most clinicians to complete. Spiritual assessments or spiritual histories are more sophisticated forms of information gathering and are usually completed by chaplains or healthcare providers with specialized training (Balboni et al., 2017). Most spiritual screening tools look for the presence of a single identifier, such as peace (Steinhauser et al., 2006) or spiritual pain (Mako et al., 2006).

The State of Spirituality Scale

The State of Spirituality (SOS) scale screens for spirituality by reducing the broad construct into five lower-level dimensions. These five dimensions, identified in previous research, include meaning, beliefs, connections, self-transcendence, and value (Stephenson & Berry, 2015). When translating the dimensions to the SOS scale, the dimensions of connections and self-transcendence were changed to “relationships” and “acceptance,” respectively. These terms were believed to be more easily understood because they better reflected participants’ everyday language. The SOS scale places each dimension on its own visual analog scale (see Figure 1). Scales are anchored with “well-being” on one end and “distress” on the other. All scales are arranged horizontally and side-by-side on one page. Using standardized prompts, patients receiving hospice care and their family members are advised to mark their current state on each dimension. Articulating spiritual distress is difficult for some patients, but the SOS scale allows for the spiritual state to be illustrated visually rather than verbally. When viewed together, the completed scales create a snapshot for providers to see which dimensions are problematic to individuals in real time. Responses to the SOS scale can guide follow-up conversations.

As a screening tool, the SOS scale is not intended to collect statistical data but to visually indicate what is most distressing to the participant in the moment. This screening procedure creates a visual depiction of the participant’s spiritual state in a way that might be hard for some people to convey verbally. Rather than ask a patient, “What is bothering you the most