# Spiritual Assessment Form

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Date: XX/XX/20XXInterviewee InitialsGN Age68GenderFemale

Pertinent Medical Diagnosis:DM-2, Clinical Depression, General Anxiety Disorder,CHF Short description of interviewee and how you know them: The person I am interviewing is a current client of mine. She is a 68-year-old female of the Hindu faith that was born in Guyana. She immigrated to the US in 2001 because her son and grandkids where living here. He husband passed away 5 years ago and she is battling many mental health issues along with chronicdiagnoses.

Name of tool:SPIRIT Model for Assessing Spirituality

Source:Blais and Hayes, 2016, p. 435

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| **Questions Asked (use bullet points)** | **Interviewee Responses (use bullet points)** |
| * Do you belong to any religious orspiritual community?
* What is your source of strength, hopeand comfort?
* Do you believe in a higherpower?
* What lifestyle activities or practices doesyour religion encourage, discourage, orforbid?
* What does your spirituality/religion mean toyou?
* Are there any unresolved areas in your life atthis point that you would like us to assist you with addressing?
* In what ways can the nursing staff assist you and your family during the time you are inhomecare?
* Are there specific elements of nursing andmedical care that your beliefs/religion discourage/forbid?
* Are there any specific spiritual or religious beliefs or practices that you hold in regards to end oflife?

Source: Blais& Hayes, 2016, p. 435 | * “Yes, I belong to the faith that is namedHinduism”
* “The source of my strength is through meditation and attending the Hindu temple where I can meet with the members of my community andsocialize around myfriends”
* “We have many gods that someone might pick to follow. I follow the god Ganesh. He is the son of Lord Shiva (destroyer of worlds) and Goddess Parvati. Because I moved from Guyana toAmerica I pray to Ganesh to help in my new ventures in this world/country.”
* “We are encouraged to meditate and do yoga daily to help us be more grounded and at peace with our mind, body, and soul. We are discouraged to judge people; we hope that if someone lives a pure life that karma would not bring them harm. We are forbidden to eat cow. Cow is a holy animal touse.”
* “My religion means everything to me. It is howI live mylife.”
* “At this point in my life I do not feel like I have anything unresolved. I am a proud grandma; my granddaughter is in school to be a doctor. Mygoal is to get better and start to manage my disease and mentalhealth.”
* “I would love for the homecare nurses to makesure take off their shoes when they enter my home. It is believed that walking round in dirty shoes in a house brings bad karma from the world into the house.”
* “I will not take any medications that might have animal products. I am vegetarian. Many people from my faith might not be vegetarian but willnot

eat cow/beef. If at any point I will need a home |

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|  | health aide to assist me, I ask for only female aides. In my faith we can not have a member of the opposite sex see us, unless it is our spouse. I know I am diabetic, but fasting is very important to me. I am working with my doctor to help control my sugar levels while fasting.* Please remember that I would like to die at home not in a hospital. Death is a very important transition. There are many karmic implications that require proper prayer and rituals duringthe

transition of death.” |
| Nursing Action(s)-use bullet points | Why Chosen-use bullet points |
| * Assessed the client in contacting her temple to help arrange a swami (religious leader) tocome visit the client at her home while she is with homecare.
* Ensured to take off my shoes every time Istepped into the patient’shome
* Keep an open line of communication betweenthe patient and the nurse. This helps create trust between the patient and thenurse.
* Educated client on the spiritual support teamthat we have with the homecareagency
* Assigned a spiritual assessment guideline forall clinicians to use with allvisits

Source: Blais& Hayes, 2016, p. 438. | * This will help the client stay connected with her religions group and leader while she is battling her disease at home. This will help the patient have a sense of connection and feel she is stillremembered and cared for by her community and spiritualfaith.
* Patient believes that if you wear shoes from outside that it will bring in bad karma from the world around her into her privatehouse.
* This will ensure a therapeutic line ofcommunicate between the patient and nurse and help develop a good working and trustingrelationship
* This information provided allows the patient to know that if there are anytime during the homecare episode her leader can not make it over that shehas support and anothersource
* If the guideline is embedded in the assessments, it will ensure spiritual assessments are completedand spiritual competence is addressed. It will bethe

patient’s choice if she wants to address her spirituality every visit but at least it willbe addressed. |
| Result of Nursing Action: Interviewee thoughts/reactions use bullet points | Your own thoughts/take-aways-use bullet points |
| * The patient reported that after seeing her swami she felt a sense of peace about her current health condition and was given more motivationmentally to keep fighting her healthconditions
* The patient reported that she has beenstruggling with depression since she has moved from her home country and her son has been away on business. She stated that when cliniciansaddress how she is feeling spiritually that she feels more connected with the clinicians.
 | * The most important thing that I took away fromthis assignment is the importance of completing a spiritual assessment when first meeting ourpatients
* We need to embed the assessment into ourinitial assessments and to repeat a modified assessment with eachvisit.
* The way a person views their health might be in direct connect to how they perceive their faithand spirituality
* When a patient is fighting a health condition, their faith or spirituality can be a great coping tool. Nurses who take the time to learn what theirbeliefs area can help guide positivecoping.
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# References

Blais, K. & Hayes, J. S. (2016). *Professional nursing practice: Concepts and perspectives* (7th ed.). Prentice Hall