Religion and Spirituality’s Effect on Hospice Patients

As humans we try to focus our lives upon staying young and making the most of our lives without having regrets. These pursuits may be good in some aspects but they neglect the issue of what happens after death. When people reach the end of their life and look back upon what they have done they are either proud or ashamed. Based upon what they feel about how their life was spent it could affect their health and experience of dying. Most patients turn to or contemplate religion and spirituality when at this stage of life. Being faced with the reality of death is what a hospice patient deals with each day and their caretakers witness it all. Hospice patients usually have up to a few months left to live and no definite hope of getting well. This type of news can have a large affect upon patients and their families causing them to hold tighter to a certain religion or thinking about the possibilities of their truths.

The research that follows was performed in order to study the effect that religiosity and spirituality has on patients who are at the end of their life. Questions that were asked by the researchers sought to discover if having a religion or level of spirituality brought a positive or negative effect upon the emotional and physical health of patients. Each research study gave a look into a different sample of patients and provides a clear look into how a diverse range of people handle death. Their results found a connection between religion and health but do not prove the existence or nonexistence of a God.
Review of Literature

What is “Religiosity” and “Spirituality”?

In order to better understand the kind of impact that religiosity and spirituality have on patients at the end of life (EOL), researchers first needed to find what they truly meant (Hermann; McIntosh et al.). Sometimes people consider religiosity and spirituality to be the same thing which may have an effect upon how data is perceived (Hermann 67). The definitions of these two words can be found having two meanings; one meaning comes from what researchers believe to be the definition and the other meaning comes from what was discovered when hospice patients were asked for the definition. Researchers believe that religion is the involvement in the traditions, behaviors, and values of organized groups, while spirituality is more about the inner self and individualism that is separate from schools of belief (McIntosh et al. 497). Hospice patients told researchers that when they think of spirituality they think of things like Christianity, God, and religion (Hermann 69). Their definition is less specific and gives an example of how spirituality and religion can be seen as one in the same. The first use of the words that was stated by researchers provides a more detailed description of each and could therefore make different categories of beliefs; which could be useful when comparing the health and emotional welfare of the patients.

Providing Spiritual Care

Working in the health care profession requires not only caring for a patient’s physical needs but also the spiritual needs of a patient as well. As a result of spiritual care being a major part of caring for a patient, researchers have gathered perspectives on this care through the eyes of those who administer it (Carlson et al.; Evans and Hallet; Tiew et al.). Spiritual care has had
positive affects upon patients and is a topic that they are open and willing to discuss (Hart et al.). Research shows that patients want their doctors to talk to them about spiritual matters, but they also want them to know when and how to appropriately address it (Hart et al.). With patients being open to talk about religiosity and spirituality it provides an open door for hospice workers to care for all aspects of the patient. These workers can range from nurses to chaplains and all have been studied to find what spiritual care looks like for each of them (Carlson et al.; Evans and Hallett). In most cases the workers are there to help the patients sort through any uncertainties they may have about their life or religion in order to give them the most peace before death (Carlson et al.; Evans and Hallett). Chaplains have extensive training to prepare for providing spiritual care to patients, but other workers like nurses don’t need such training (Carlson et al. 1165; Tiew et al.). In one research, study the hospice nurses didn’t consider great spiritual knowledge to be needed; instead, they considered empathy and trust to be the most important (Tiew et al.).

**Effects on Emotional and Physical Health**

When people are faced with being told that they have a limited time to live it can have large repercussions upon their attitude and emotions. In order to deal with the stress and anxiety that comes from facing death, it has been found that religion and spirituality has been able to reduce these negative emotions and replace them with hope (Olokor; Plakas et al.; Neimeyer et al.). Patients who practiced a certain faith before being diagnosed with an illness were able to handle the reality of the news better than those who didn’t, because they held a hope that there was an afterlife or a miracle could occur and save them (Olokor 53). There is also research that found that most patients don’t change the way they live after they are told about their illness (Stephenson, Draucker, and Martsolf). It said that patients rarely go through a huge spiritual
transformation now that they are dying; instead, they have the same values in life as they do in death (Stephenson, Draucker, and Martolf). Negative affects upon patient’s emotions comes from having regrets in life and feeling as though they have not completed all that they wanted to do (Neimeyer et al.). Physical health as well as emotional health can be positively affected by religiosity and spirituality at the end of life (Thoresen and Harris; Plakas et al.). These influences have been known to lower blood pressure, reduce pain, and lower the rates of diseases (Thoresen and Harris).

**Gathering the Evidence**

Previous research has sought to grasp a better understanding upon the affect that religiosity and spirituality has upon patients who are terminally ill and dying. Topics that deal with something that can’t be fully explained, such as religion, brings up a lot of controversy about what religion is the absolute truth. Difficulty also arises when trying to find out how something as measurable as health could be impacted by something that is unexplainable and intrinsic. There is plenty of room for error and constraints within this research attempt because the data could be presented in favor of the researcher’s worldview. It is also hard to try and categorize the levels of religiosity and spirituality that an individual has because it is based upon what the person tells you rather than having it physically observable. Researchers have interviewed groups of nurses, chaplains, patients, etc. but haven’t ever studied the complete staff at a hospice center. My research studied a diverse group of hospice workers who encounter the same occurrences each day but have slightly different opinions upon what they see. I intend on researching the impacts that religiosity and spirituality has on hospice patients from the viewpoint of the people who are caring for them. With all of the different qualifications and opinions of the workers, I plan on gathering the data together and drawing conclusions that are unbiased.
to a certain skill level or religious awareness. Therefore, this research should widen the diversity of the participants and reveal answers about health and religion that bring us closer to what is universally true.

**Methods**

**Interview**

An interview was scheduled on March 5, 2014 with Rebecca Boswell, an experienced hospice worker at Cornerstone Hospice Center. Boswell was my top choice as a person to interview because of her 9 years of experience and firsthand experience with dealing with hospice patients. The interview was first scheduled after I called her and requested that we meet on that Wednesday of March 5th at the First Baptist Church of Mount Dora. Meeting at the church was the most convenient because she attended there and was going to be participating in a bible study later that evening. This church is also attended by my parents, which provided me with her acquaintance in the first place.

I held the interview with Boswell in a Sunday school room within the church and recorded her using the recording app on my iPhone. Within the interview she answered a list of 11 questions (see Appendix A) that asked about her experience as a hospice worker as well as her own beliefs. These questions sought to discover the kind of spirituality and behaviors that she saw displayed in her patients. Looking first at her own personal beliefs of spirituality helped me to then understand what she thought about her patients.

**Survey**

The survey that I created on a Microsoft document was dispersed to the hospice workers via Rebecca Boswell who put them in a box at the Cornerstone Hospice Center where she
worked. After having them in the center for a week, from February 26, 2014 to March 5, 2014, she was able to collect 18 surveys from her coworkers. The survey’s questions were similar to the questions asked in the interview, by asking things such as what his/her religious background was as well as what they felt that their patients experienced. The second portion of the survey was made up of scenarios that the workers had to rate on a scale of 1-5 about the kind of affect that it had upon their patients. From the information that I received from their answers it gave me a clear view into the kind of affect that religiosity has upon hospice patients. The questions asked in the survey can be found in Appendix B.

*Focus Group*

I chose to conduct a focus group in order to discover what a few hospice workers thought about how religiosity and spirituality affected their patients. This group was conducted on March 24, 2014 at 3:30pm at W.T. Bland Library in Mount Dora, FL. The three women who participated in this focus group agreed to have their answers recorded via a recording app on my iPhone. Two out of the three women were Certified Nurse Assistants (CNA) and the third one was a Registered Nurse (RN). At the beginning of the session they were asked questions about themselves and their own personal beliefs (see Appendix D). Following the introductory questions came questions that sought to assess what they felt brought emotional anxiety and negatively affected the patients that they dealt with. After they explained what they observed as having negative effects on their patients, the questions inquired what they thought brought positive effects upon emotional health. Once the first part of the questions about emotional health was complete I then moved on to ask them about the effects that religiosity and spirituality had upon physical health. Lastly, the women provided answers to how they feel that experiencing the end of life with patients has affected their own readiness for death.
Strengths and Limitations

These research methods have some limitations that may affect the results. The interview and the focus group were both conducted with women who were religious. Of these women, they were all Caucasian and above the age of 50. As a result of not having a diverse group of women to interview and participate in the focus group there might be other opinions that are missing within the research. Also, completing this research from the point of view of hospice workers gave an interpretation of what they saw displayed within their patients rather than how they may have actually felt. A few of the survey questions were not answered correctly by the workers at the Cornerstone Hospice Center, so I couldn’t use them in the final data. If they had answered according to how I had explained it then I would have more data to support my conclusions.

Strengths of this research, on the other hand, come from the ethos of those who participated in all three of my research methods. The surveys were completed by 18 hospice workers that had many different occupations and personal religions. That kind of diversity helped me to get well rounded answers to questions of religion and spirituality. Another strength in my research comes from the years of experience that the women involved in the focus group and interview had. Their expertise gave them a lot of patients and memories to draw from in order to provide me with trustworthy answers. Lastly, the results found in this research were triangulated from three types of research methods; giving me the ability to assess the answers from separate trials to find a common denominator.
Results

Interview

The hospice worker, Rebecca Boswell, who I chose to interview, had worked at the Cornerstone Hospice Center for 9 years. She began to get involved with hospice when her own father lived with her and had hospice come to her house. With a background of being in a Baptist church all of her life she was very open with talking about spiritual things. When asked if her patients are open with her about their own spirituality she said that, “…some of them do if they are alert…” As a result of working with hospice patients it is possible that when she receives patients that are unresponsive because they are so close to death. Even if her patients are unresponsive she says that, “…if I know that the families say they are Christians or something like that I can still kind of pray for them…” As a hospice worker, Boswell is allowed to pray with patients if they ask unless the families specifically say that they don’t want to affiliate with anything like that. She is expected to ask the patients if they, “…have any spiritual needs, or if you would like to talk to our chaplain…” From this I can see that it is a requirement for the Cornerstone Hospice employees to ask about religious and spiritual matters, and that it is a part of caring for them before death. Since they are encouraged to have spiritual conversations, I asked her if she ever shared her own personal beliefs with patients and she said, “…I will say to them, I am a Christian…” Even when she does share her own personal beliefs with her patients I could tell that she was very sensitive with the subject, trying not to push her own beliefs on them. Patients who already have a religious belief, according to Boswell, tend to pass away more peacefully than others. She told a story of a 28 year-old man who was in her care that didn’t have any religious beliefs at all and said that, “…he was in a lot of pain…” To explain why he was in more pain she said, “Sometimes when people who are not sure of what’s going to
happen, they are afraid. So that makes their death not as peaceful….” I also asked if patients who share the same religious beliefs as their family members have a positive effect on them, to which she said, “Yea, I do think so, because especially if they believe they will see them in the afterlife….”. Patients who do not believe in an afterlife or any type of religion, like the 28 year-old man, also showed a fear of death and fought the reality of it. This interview session with Rebecca Boswell provided a lot of answers to the types of affects that religiosity and spirituality had upon hospice patients.

Survey

Having surveys as one of my research methods provided me with logos that helped me understand what the majority of hospice workers thought about religion and spirituality’s affect on the end of life. Out of all of the workers at the Cornerstone Hospice Center there were 18 of them that participated in the survey (see Appendix C). These hospice workers fell into seven different categories of occupation that included; RN, physician, volunteer, CNA, chaplain, RN manager, and social worker. Their experience ranged from 2 to 22 years of being involved in hospice care. All except one person stated that they had a religion that they followed; the most abundant religion followed, Christianity, was practiced by 16 out of 18 of the workers. When asked if they thought that religion affected a person’s physical health 88% said yes, while the other 11% said no. This large percentage of workers who think that religion has an effect on their patients foreshadowed the kinds of answers that they would be giving throughout the rest of the survey. Yet surprisingly, 55% of workers said that religion could, or sometimes could negatively affect patients. Some of these workers wrote in the margin of the survey and said that religion could negatively affect a patient if that religion caused them to decline medical procedures that they may have needed. Almost all of the workers, 94%, agreed that believing in
an afterlife has a positive effect on a patient’s emotional health. Negative effects on the emotional health of hospice patients were shown to happen when they are unsure of what comes after death. Also, 94% of workers said that patients benefit emotionally if the family of the patient also shares the religion or spirituality that they believe. Out of all of these circumstances the thing that proved to have the most positive effect upon the emotional health of patients was feeling as though their purpose has been fulfilled. 100% of the workers said that if a patient thinks their purpose in life has been completed it makes their dying process a lot easier.

**Focus Group**

Three women, Rebecca Boswell, Laura Daniels, and Wendy Jacobson, all worked at the Cornerstone Hospice Center and participated in the focus group. Boswell and Daniels both work as a CNA at the Cornerstone Hospice Center, while Jacobson works as a RN. They had between eight to fourteen years of experience working for hospice. Each of them claimed to follow Christianity but they differed in the denomination that they belonged to. Once I got past their personal information I asked if they thought that religion and spirituality could positively or negatively affect their health.

They all agreed that religion had a positive effect on the health of patients, but Jacobson elaborated upon the question and said that, “It’s a comfort, a support, it gives you hope”.

![Figure 1: The effect on a patient who believes in an afterlife](image1)

![Figure 2: Hospice Workers that believe religion can affect a patient's physical health](image2)
Daniels elaborated on how religion could negatively affect a patient and said, “What you believe when you’re well is comforting, but when you are dying you may be uncertain; so that causes some anxiety and fear”. From her answer I could see that people may easily believe a religion when there is no adversity, but when their life suddenly comes into question they have doubts. I then asked the women if their patients are open with the topic of their personal religion. At first Jacobson said, “yes”, but then changed her answer to explain that, “Some are, and some are very private”. Boswell explained that patients are sometimes open with their religion when, “…there is a little bit of fear they can kind of express it in a way where you can talk to them and give them a little bit of hope”. They also told me that if their patient is open with religion it gives them more of a chance to be open about theirs. Religion seemed to be a topic that the women were very careful to be sensitive about and at most Daniels said she would, “…say the Lord’s Prayer or the 23rd Psalm or something like that I would share; or pray if they’re unconscious”.

As an employee of the Cornerstone Hospice Center they are required to ask the patients, “Do you wanna talk to a chaplain”, or they can offer any other spiritual service that the patient may want at the end of their life. A surprising commonality between all patients, whether they had a religion or not, was that they all experience a fear at the end of death. Boswell says, “…some of them are more afraid of the pain too that they may go through”. Even if patients believe in an afterlife a fear of pain and the experience of dying is an emotion that every one of them shares. Fear, anxiety, and stress can also come from a patient not feeling like they lived the way that they should’ve. Daniels says that, “I think some people really hang on because they have unsettled guilt or something…” This problem of regret and the feeling of an unfulfilled purpose can affect those who are religious and those who aren’t religious. A major benefit of religion is the hope that it provides and when an entire family shares that hope it can make the dying
experience of the patient less traumatic. Jacobson said, “If the families and the patients are on the same page with their spirituality it can be so good. They sing songs and they pray and they read…” No one likes to be alone so it is very understandable that a patient can greatly benefit from having their family share in a religious belief and encourage them in it. The only time where the women said that religion inhibited them from administering medical care is when a patient refused to accept a blood transfusion because her belief system was against it. At the completion of the focus group I was able to walk away with the knowledge that religion and spirituality can affect a patient. Even though having a religion at the end of life provides hope and more peace, according to the hospice workers, they may still experience some fears that those who don’t have a religion experience. Each patient is different which makes it hard to answer questions with a definite yes or no. The diversity of people is what makes this topic so interesting to research and so fascinating to explore.

Discussion

Religion and Spirituality address the purpose of life as well as death and what comes after it, therefore I sought to discover how having a religion or spirituality could affect hospice patients. When I first began to research what had already been found on the topic I wasn’t surprised to find that religion and spirituality played a significant role in the health of patients. Although, their results led me to believe that the answer to this research question could be easily spotted, I soon discovered that it wouldn’t be as easy as it looked. My primary research showed that religion and spirituality definitely have an impact upon patients; but the bigger question was what kind of impact? My hypothesis expected my study to gather undeniable results that showed religion’s benefit, yet that was not what I found. I stumbled into a topic that can only be found by studying a person’s past and present. Therefore, my hypothesis was neither disproven nor
proven; it was simply one aspect of a larger truth. The truth that each patient is dynamic and the positive or negative effects of religion vary with each individual. This one research question created more questions to be explored than it did answers.

*Not Black and White*

When 18 hospice workers were asked in a survey if religion negatively affected patients 27% said yes, 33% said no, 27% said sometimes, and 11% didn’t have an answer. Assessing these results it is clear to see that there is some factor that makes this question complicated to answer. How could a question that seems simple enough to answer cause hospice professionals to take multiple sides on it? The answer to this question isn’t that the professionals don’t know what they are talking about; it is that each patient is different than each other. In the focus group Wendy Jacobson said that if a patient, “…has a strong spiritual belief that you are going to be healed by God, and you aren’t, it could negatively affect it”. The “it” that she was referring to was the physical health of a patient (Jacobson). Yet, an example of a positive affect that religion could have on a patient was given by Rebecca Boswell in her interview when she said, “Most Christians…most of the time they will go very peacefully”. Here, Boswell is referring to when a religious patient dies it seems to be more peaceful than it would be for a patient who wasn’t religious. Both of these answers to the same question prove that there is no way to predict what kind of affect religion can have on a patient. There is no possible way of finding an absolute answer to whether or not religion and spirituality has a more negative or more positive affect. At the end of someone’s life there are many issues that can surface that cause anxiety and fear; therefore, making it hard to tell whether that anxiety and fear is coming from a religion.

*Definite Effects*
Despite the unpredictability of religion’s affect on a patient’s health it is still an important aspect of a person that needs cared for as well. In the focus group Boswell shared that as a Cornerstone Hospice Center employee she is expected to ask the patients if they would like to speak with a chaplain. Also, the fact that my primary research could be completed at all is because the hospice workers come in contact with that topic everyday and see how much it matters to patients and their families. One thing I found to be pretty universal to all three of my research methods was the fact that a patient’s family has a large affect on their health. The survey showed that 94% of the hospice workers said that patients are positively affected if their family shares in their religious beliefs. Also, in both the interview and the focus group the hospice workers said that if a family is on the same page with the spirituality of the patient it can really make the end of life a positive experience. Unity with family plays an undeniable role in the life of a hospice patient, therefore any unsettled disputes or unfinished business could negatively affect their dying process. Another very interesting discovery that I found was that patients were affected by their belief in an afterlife. 94% of the hospice workers involved in the survey said that believing in an afterlife has a positive effect on patients. Unlike some other questions, almost everyone seemed to have the same answer. Rebecca Boswell even said in her interview that it can be beneficial for a patient and family to “…believe that they will see them in the afterlife”, because, “…that can kind of give them a peace…” Therefore, even though it may be difficult to trace the effects of religion and spirituality, there are some clear ways that it plays a large role in the overall health of a patient. To ignore its significance would be denying caring for the patients total well being.
Future Research

Each person has different circumstances that they are living through and have different levels and forms of spirituality. As a result of the deep intricacies of a human being, research studies like these need to be performed with a few patients. It is unrealistic to think that a massive study can be done when to truly find the answer requires a very personal one on one assessment of each patient. There are many life experiences and situations that determine why a person thinks and believes the way that they do. If a researcher could spend a significant amount of time with a few patients in order to get to know them well, they would be able to discover the affects that religion and spirituality had upon them. The patients involved in this would need to differ in religious beliefs in order to gather information that would better reveal the truth of the matter. Research methods such as surveys and questionnaires would not work well in further research because it can be easily filled out without the researcher knowing if the person actually lives and believes what they wrote about. More answers could be found by observing how a patient behaves and reacts to being faced with death. Following these research ideas will help to bring researchers a large step closer to understanding the full weight that religion and spirituality has upon the physical and emotional health of hospice patients.
Works Cited


Daniels, Laura. Focus Group Interview. 24 March 2014.


Appendix A:

Interview Questions and Answers

Q: How long have you been working with hospice?

A: A little over nine years

Q: What inspired you to get into this line of work?

A: My father passed away at my house in 2000, and I had three kids at home. I was scared to death because I didn’t know what I was going to do. But he said that he didn’t want to go to no nursing home, and I said ok dad come live with me. Anyhow, he passed away and hospice was just such a blessing to me going through that. Helping me to know what I need to do and all. Out of eight kids, there were eight kids, he came to my house and I feel blessed and honored that he chose me. I feel like the Lord was kind of working out that plan for me to do what I am doing now.

Q: What is your background with religion?

A: I was born a Baptist, I have been a Baptist all my life. I was brought up in the Baptist church, and I accepted the Lord and all that at a young age. I have been coming to this church for 27 or 28 years now.

Q: Are your patients open with you with what meaning of spirituality they hold?

A: Some of them do if they are alert and all. But I will be honest with you; a lot of the ones we get are not alert. So they may pass away without me being about to talk to them. But even those patients like that; if I know that the families’ say that they are a Christian or something like that I can still kind of pray for them. I can say Jesus loves you, and I’m not the greatest singer but if no one is around I will sing little songs like Jesus loves you.

Q: As a hospice worker what are you expected to do for your patients in order to support them emotionally? Are you allowed to pray with your patients and do you desire to pray with them if they ask?

A: We can kind of pray with them if they ask or if the families say that they are willing to. We have had some family members that will say that their family does not want to have anything to do with it. So we honor their request. We may say, “Do you have any spiritual needs?” or “Would you like to talk to our chaplain? Or do you have a chaplain or preacher that you would like to have to see at the end?” We do have a hospice chaplain.

Q: Do you ever share your own personal spiritual beliefs with your patients?

A: I will say to them, “I am a Christian and I hope you don’t mind me saying this…,” or something like that if I feel led to. And they are always open to it. Nobody has ever said, “You shouldn’t have said that,” because I am really kind of sharing. I might say something like, “As a Christian I feel honored that my dad was at my house…,” and I kind of share how it was with my
dad and I just kind of bring back to how I couldn’t have done it without God’s help and hospice helping me too or something like that. I always kind of bring him into it someway.

Q: Have you observed an affect of spiritual beliefs upon the health of your patients?

A: I think so because I have seen it. Most Christians or true believers in Christ, most of the time they will go very peacefully. We did have a young man that was about 28 years old that we had and they said that he was a non-believer and he didn’t want to have anything to do with it. He was in a lot of pain; not that he is being punished for it but I just think that sometimes when people who are not sure of what is going to happen, they are afraid. So that makes their death a little bit more, not as peaceful and sometimes more painful.

Q: Does a positive outlook on death change their amount of cooperation in following their prescriptions and orders from their doctor?

A: Most people, when we get them, they want help. They want to be out of pain and to get somebody to help them. So usually they are pretty open to it.

Q: If the family of the patient share the same view of religion or spirituality as the patient is it conducive to a better end of life experience for them?

A: I do think so especially if they believe that they will see them in an afterlife or whatever. They can say, “It’s ok dad to go, we will meet up one day,” or something like that. I think that that can give them a peace there too.

Q: If the family doesn’t share the patient’s belief does that affect the health or emotional state of the patient?

A: I think that sometimes the patients may be real concerned and they are kind of like hoping that they may accept it. And sometimes I do think that they hold on a little bit more just to be there. And we tell the families if we see that someone is really holding on to just tell that patient, “Hey, it’s ok to go, I will be ok.”

Q: Do you ever sense the fear of death in any of your patients?

A: Well, I go back to that 28 year old, that was the hardest one for the whole group because he was literally in so much pain. I think he was just fighting it and he was on so much medicine that nothing could control his pain. He really had a hard death because he was fighting so much I think.

Q: Did you ever see a fear of death in anyone who did have a religion?

A: They may have their eyes open and they may just have their eyes open after a daze or something like that. But I don’t know if it is really a fear or they may just see something. Right after a month or two I had worked there I had a gentleman that came in and he was talking to me; telling me he had three sons and where they lived at out of state. And he raised up and he looked up in the sky and he had this big smile on his face and me and the other girl were just like, “what are you looking at?” And then he went. Things like that stick out, like he had seen somebody. And we do have patients that they will be talking to someone like their mom or dad, and they may be 80 years old so you know that their parents are already gone. They are seeing somebody.
Q: Have you seen a change over the years in the spirituality of patients? Has spirituality and religiosity increased or decreased?

    A: I don’t know, it’s probably about the same really. Pretty much by the time we get them they are up in age. Maybe we don’t know really if they have accepted the Lord or not. If we don’t know we may say go see Jesus, or Jesus loves you. I may say, “I don’t know anything about you, but he does. If you just call upon the name of the Lord, Jesus Christ and ask for forgiveness he will forgive you.” We believe that even if they are not conscious enough to talk to us, we believe that they can hear until they leave this earth. My dad, he was out of it for like two days but before that I had told him that my brother from Minnesota was going to be coming. He woke up just enough to say, after two days, “Boy where have you been at?” and then he went back again. And then he died the next day. But we do believe that the hearing is there.

Q: Do you see a lot of people who accept a religion at the end of life?

    A: We do have people that will ask to talk to the chaplain and they will talk and accept at the end.

Q: Since you have been working for hospice has that help strengthen your own faith?

    A: Because I see it, I am definitely not afraid. If the Lord calls me I am ready.
Appendix B: Survey Questions

1) What is your specific occupation title?
2) What are your religious views? Do you follow a specific religion? If not, do believe in inner spirituality? If none of these just say N/A. Please Explain.
3) How many years have you worked with hospice?
4) Do you think that a patient’s physical health can be affected by their religious beliefs? Yes, No, or N/A?
5) Do you think that a patient has a better chance to recover or live longer if they are spiritual or religious? Yes, No, or N/A?
6) Do you think that a patient’s health is negatively affected if they have a set of religious views that they are trying to follow? Yes, No, or N/A?
7) Are patients more willing to cooperate with you if they are religious or spiritual? Yes, No, or N/A?
8) Do a patient’s religious views ever inhibit you from giving them the care that they need? Yes, No, or N/A?

Rate from 1-5 your observations on whether a patient’s end of life experience is affected by the circumstances that are listed (circle number). Then circle what kind of effect; good, bad, or none upon the end of life process of patients. Rate with 1 being no affect on patient’s experience and 5 being has a lot of affect on patient’s experience.

1. If patients follow a religion and used to or still attend services: 1 2 3 4 5
   a. Effect: good bad none
2. If patients consider spirituality to be inner instead of openly shared: 1 2 3 4 5
   a. Effect: good bad none
3. If the patient’s family shares in their beliefs: 1 2 3 4 5
   a. Effect: good bad none
4. If a patient is not sure about what comes after death: 1 2 3 4 5
   a. Effect: good bad none
5. If a patient believes in an afterlife: 1 2 3 4 5
   a. Effect: good bad none
6. If a patient feels like they have completed their purpose: 1 2 3 4 5
   a. Effect: good bad none
Appendix C: Results from Survey

### Occupations

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>7</td>
</tr>
<tr>
<td>Physician</td>
<td>1</td>
</tr>
<tr>
<td>Volunteer</td>
<td>2</td>
</tr>
<tr>
<td>Certified Nurse Assistant</td>
<td>5</td>
</tr>
<tr>
<td>Chaplain</td>
<td>1</td>
</tr>
<tr>
<td>RN Manager</td>
<td>1</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1</td>
</tr>
</tbody>
</table>

### Religious Background

<table>
<thead>
<tr>
<th>Background</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Christian</td>
<td>16</td>
</tr>
</tbody>
</table>

**Years of Experience:** 2, 3, 6, 7, 8, 8, 8, 8, 9, 12, 13, 13, 13, 13, 20, 22

**Average amount of years:** 10.8 years

- **Question 4**
  - Yes: 16
  - No: 2
  - N/A: 0

- **Question 5**
  - Yes: 12
  - No: 4
  - N/A: 2

- **Question 6**
  - Yes: 5
  - No: 6
  - Sometimes: 5
  - N/A: 2

- **Question 7**
  - Yes: 8
  - No: 6
  - N/A: 4

- **Question 8**
  - Yes: 4
  - No: 13
  - N/A: 1
### Section 2:

#### Question 1

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>0</td>
<td>2</td>
<td>4.0</td>
</tr>
</tbody>
</table>

#### Question 2

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>1</td>
<td>5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

#### Question 3

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>0</td>
<td>1</td>
<td>4.0</td>
</tr>
</tbody>
</table>

#### Question 4

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>16</td>
<td>1</td>
<td>3.0</td>
</tr>
</tbody>
</table>

#### Question 5

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>1</td>
<td>0</td>
<td>4.3</td>
</tr>
</tbody>
</table>

#### Question 6

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
<th>None</th>
<th>Average Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>0</td>
<td>0</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Appendix D: Focus Group Interview

Q: What are your names?
   A: Laura Daniels (L.D.), Rebecca Boswell (R.B.), Wendy Jacobson (W.J.)

Q: What are your specific jobs?
   A: (L.D.) - I am a CNA, that’s a certified nurse’s assistant.
       (R.B.)- I am a CNA too.
       (W.J.) – Registered Nurse

Q: How many years of experience do you have?
   A: (L.D.) – about 14 years.
       (R.B.) – I’m about nine and a half years
       (W.J.) – As a nurse since 1976 and as a hospice nurse eight years.

Q: Do you follow a specific religion or consider yourself to be spiritual?
   A: (L.D.)- yes, I’m a Presbyterian but I was baptized a Lutheran. And I made my confirmation at 12 years of age, and that means you are a member of the church then.
       (R.B.)- I’m a Baptist, I’ve been baptized and born again.
       (W.J.)- I was raised Mennonite but am Non-denominational Protestant.

Q: Do you think that a patient’s physical health could be positively affected by religion or spirituality?
   A: (L.D.)- yes, definitely.
       (R.B.)- yes, for my brother they gave him six and a half months to live and it is going on a little over two and a half years. But I think he has had the Lord and that it has really given him the strength that he needs. Giving him that hope there, and he is a fighter. I think the Lord has given him that fight.
       (W.J.)- yes, it’s a comfort, it gives you hope.

Q: Could it negatively affect their physical health?
   A: (L.D.)- yes, I think that what you believe when you are well is comforting, but when you are dying you may be uncertain. So that would cause an anxiety and fear. When you are at that moment when you are definitely going to die, then you say, “Is there really a God? Am I going to heaven?” It is easier when you are well to accept it, but everybody has a fear at the end maybe.
(W.J.)- If you believe by your strong spiritual belief that you are going to be healed by God but you aren’t. That could negatively affect it.

Q: Do you think that a patient’s emotional health could be positively affected by religion or spirituality? Could it negatively affect their emotional health?

A: (L.D.)- Your attitude is the whole thing. I recently saw that a woman, she wrote a book, was only given a certain amount of time and through her faith she was completely healed. And you hear that those things happen quite often but this was a new book that came out.

Q: Do your patients ever talk to you about their own religion?

A: (L.D.)- yea, I haven’t had that much openness.

(R.B.)- I think that sometimes if there is a little bit of fear they can kind of express it in a way that you can kind of talk to them. Or maybe give them a little bit of hope. And then there are some that I think are not afraid and you can just see the peace in them.

(W.J.)- yes, some are. Some are very private. I’ve had a lot say that, “I’m just ready, I’m tired and ready to go” But atheists could say that too because they don’t think that there is anything after they die.

Q: Do you share your religion with your patients?

A: (L.D.)- I would say the Lord’s Prayer or the 23rd Psalm or something like that I would share, or I would pray if they were unconscious. I wouldn’t talk about my religion. I would just open a bible maybe and read the beatitudes or something like that. I had a gentlemen that was an atheist and I said, “Are you sure that you just don’t want to be sure? Just in case?” But he was pretty ready I guess and on his way. I don’t think I changed his mind, but I tried.

(R.B.)- And I think that sometimes the patients they may just open the door up if they say a little something then you can elaborate a little bit about it and what you think. And you can say, “Is it ok if I pray with you?” or if they talk a little bit you can do that.

(W.J.)- yea, if they open the door.

Q: What does the Cornerstone Hospice Center require you to do in order to care for the patient’s spirituality?

A: (R.B.)- We may ask them, “Do you want to talk to a chaplain or somebody else you would like to talk to?”

(W.J.)- As employees we do have continuing education classes that help address different religion types and what to expect in different cultures.

Q: When a patient doesn’t have a religion do they display a fear of death?

A: (L.D.)- I think everybody does, it’s the unknown you know?
(R.B.)- Maybe some of them they may be more afraid of the pain too, that they may go through. Not that they don’t really believe but they are just like, “How is it going to be? Is it going to be very painful?”

Q: If a patient claims a religion but doesn’t follow it the way that it tells them to does it cause anxiety or stress?

A: (L.D.) - Yea, I think some people really hang on because they have unsettled guilt or someone that they are waiting to come. Or just some unfinished business, that they are unsettled and they are not ready. They struggle and they have a hard death sometimes.

Q: Does it help a patient if their family members share their religion?

A: (L.D.)- If they will agree, sometimes you get families that battle with one another. When people die a lot of issues come out like, “who is getting this? and who is getting that? And who is getting buried and who is getting shipped somewhere else?” Everybody has got different opinions on what they are doing. Especially since we get so many people from out of state and the children aren’t close.

(R.B.)- yea it can be very peaceful.

(W.J.) - But if the families and the patients are on the same page with their spirituality it can be so good. They sing songs and they pray and they read.

Q: Do patients change their religious beliefs once they know that they are dying or do they follow the same religious beliefs that they held before the diagnosis?

A: (R.B.) - For us, because of where we are at they are right there within days. But I have heard where some of the family members kind of talk about when they found out that they did accept the Lord or whatever. So as long as they know that they are going to see their loved one up in heaven they have more peace. They think that this could’ve been a blessing because they could’ve died without it.

(W.J.) - Some people convert.

Q: Have you ever seen a patient leave a religious belief because they are dying and feel like their god has betrayed them?

A: (W.J.) - I haven’t really seen that. Maybe some anger but that’s kind of normal. But most of ours are at the very end so they have been through a lot of those stages.

Q: Do religious patients ever refuse medical care because it is against their religion?

A: (L.D.) - Yes, there was one. A blood transfusion. And then at one time we had the Muslims where they wanted to face the east when they died. And women came in and bathed her or something; there was some kind of thing that they followed.

(W.J.) - I know what you are talking about but I don’t think that we see that a whole lot. Oh yea, a blood transfusion, the Jehovah’s Witnesses don’t do that.

Q: Do you have any other experiences where religion can affect a patient?
A: (L.D.) - They do see things, angels, beloved ones that have passed before them, little children.

(R.B.) - I do think that the ones who do have a religion do seem more peaceful. And because we are at the end there they do have the acceptance there and they are like, “ok, I’m ready to go” They will call out to their mom or dad. And I did share with you that when I did first start working in there at the hospice house and this one gentlemen who was telling me about his three sons and what states and he is moving around and he just had a look. Then with a big smile he was gone. He was looking at something up there. That is just a neat experience for me to see that.

(W.J.) - We have the occasional patient that dies with a smile. You just know that they saw something before.

Q: Has being in this line of work affected your own religion? Has it strengthened it or tested it?

A: (L.D.) - I just think it’s a privilege because you are with them and they are passing over and your there as they are going into these gates or into the light and we are a part of it but we don’t know it in this physical realm. So it’s kind of really spiritual. We don’t really appreciate it as much. I think this is what God chose for us because you don’t just come by, “Well ill do this”. Who is going to do this? It’s not glamorous.

(R.B.) - To me its like, “Lord when you are ready, I am ready”

(W.J.) - I think since I have been working in hospice I don’t really fear death.