

Assessment of Spirituality in Older Adults: FICA Spiritual History Tool

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WHY: Older adults often need to find a way to cope with serious illnesses and end of life issues while re-evaluating life and spirituality. Research has shown that patients rely on their religion to help them cope with their illnesses and want their clinicians to ask about their spiritual concerns. The National Quality Forum (2006) and The National Consensus Project for Quality Palliative Care (2013) include spiritual care as one of eight clinical practice guidelines. Hence, clinicians need to incorporate a spiritual history into routine patient care.

BEST TOOL: The FICA Spiritual History Tool (FICA) (Puchalski, 1996) was developed in collaboration with primary care providers as a guide for clinicians to incorporate open-ended questions regarding spirituality into a standard comprehensive history. FICA pocket cards and a demonstration on how to perform a spiritual history may be found at The George Washington Institute for Spirituality and Health website, www.gwish.org.

TARGET POPULATION: Any older adult facing illness. As people age, they often reflect on the past. Spirituality, however defined by the patient, is often a component of reminiscing that may reinforce meaning and value to a person's life.

VALIDITY AND RELIABILITY: Preliminary clinical evaluation (n=76; mean age 57) of the feasibility and usefulness of the FICA was conducted as part of a larger National Cancer Institute funded study (B. Ferrell, PI). Content analysis was used to capture themes from FICA open-ended questions along with descriptive data from the single item FICA quantitative measure that asked patients to rate the importance of faith/belief in their life on a 0 (not important) to 5 (very important) scale. The mean score of 8.40 indicated that spirituality was important to patients, and data confirmed that the FICA was effective for assessing several dimensions of spirituality based on correlation with spirituality indicators in the Quality of Life (QOL) Tool - Spiritual Domain (Borneman et al., 2010).

Bremault-Phillips and colleagues (2015) used the FICA tool to integrate spirituality into routine patient care in three inpatient units (hospice, tertiary palliative care, and geriatric assessment) within a hospital setting. Nurses became more aware of the need to recognize and respond to spiritual needs. They also found that providing spiritual care facilitated connection with their patients, improved patient-centered care, and improved job satisfaction through meeting patient needs.

A systematic review of instruments used to take a spiritual history was performed by Luchetti and colleagues (2013). They looked at over 2000 articles and after excluding those not meeting criteria, 25 instruments for taking a spiritual history were selected. Results revealed that the FICA tool was one of five that scored the highest in the final analysis.

STRENGTHS AND LIMITATIONS: The FICA provides clinicians with a quick and easy means to conduct a spiritual history. Preliminary data from one hospital and one setting found the FICA to be clinically useful. Further research is still needed.

FOLLOW UP: Follow up assessment involves addressing all the issues in the FICA at every regularly scheduled visit. This enables the clinician to make the appropriate referrals (e.g. to pastoral counseling) depending on the findings.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeri.org.

Borneman, T., Ferrell, B., & Puchalski, C. (2010). Evaluation of the FICA tool for spiritual assessment. *Journal of Pain and Symptom Management*, 40(2), 163-173.

Bremault-Phillips, S., Olson, J., Brett-MacLean, P., Oneschuk, D., Sinclair, S., Magnus, R., Weis, J., Abbasi, M., Parmar, J., & Puchalski, C. M. (2015). Integrating spirituality as a key component of patient care. *Religions*, 6(2), 476-498.

Lucchetti, G., Bassi, R., & Lucchetti, A. (2013). Taking spiritual history in clinical practice: a systematic review of instruments. *Explore*, 9(3), 159-170.

National Quality Forum. (2006). A national framework and preferred practices for palliative and hospice care quality. Washington, DC: National Quality Forum.

National Consensus Project for Quality Palliative Care. (2013). *Clinical practice guidelines for quality palliative care* (3rd ed.). Available from <https://www.nationalcoalitionhpc.org/ncp-guidelines-2013>.

Puchalski, C. (2006). Spiritual assessment in clinical practice. *Psychiatric Annals*, 36(3), 150-155.

Puchalski, C., & Romer, A.L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*, 3(1), 129-137.

FICA Spiritual History Tool (Puchalski, 1996)

Clinician Questions

Patient Responses

F FAITH AND BELIEF

• Do you consider yourself spiritual or religious?	
• Do you have spiritual beliefs that help you cope with stress?	

If the patient answers “No,” the health care provider might ask,

• What gives your life meaning?	
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Sometimes patients respond with answers such as family, career, or nature.

I IMPORTANCE

• What importance does your faith or belief have in your life?	
• Have your beliefs influenced how you take care of yourself in this illness?	
• What role do your beliefs play in regaining your health?	

C COMMUNITY

• Are you part of a spiritual or religious community?	
• Is this of support to you and how?	
• Is there a group of people you really love or who are important to you?	

Communities such as churches, temples, and mosques, or a group of like-minded friends can serve as strong support systems for some patients.

A ADDRESS IN CARE

• How would you like me, your healthcare provider, to address these issues in your healthcare?	
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Available at www.gwish.org

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