PSYCHOSOCIAL AND SPIRITUAL FACTORS ADDRESSED BY SOCIAL WORKERS IN HOSPICE AND PALLIATIVE CARE

The above chart shows the major psychosocial and spiritual factors that influence social work outcomes in hospice and palliative care. They are the factors that social workers address, and the things that change with social work intervention. Research has found that these factors influence each other, as shown by the arrows in the chart. This is explained below.

Spirituality is influenced by level of development, confrontation with mortality, and cultural group.

- **Level of development**: elderly clients may have the highest level of spirituality
- **Confrontation with mortality**: being faced with death is known to often result in spiritual growth
- **Cultural group**: One’s cultural group may influence one’s religious beliefs

Spirituality, in turn, influences a number of factors in this chart:

- **Sense of control**: Spirituality has been found to increase a sense of control for clients
- **End-of-life care decisions**: End-of-life care decisions may be influenced by religious beliefs. For example, a traditional African American Christian belief may be to continue curative care, in order to give God time to perform a miracle.
- **Death anxiety, grief, depression**: Spirituality has been found to decrease death anxiety, grief, and depression
- **Social support**: Spirituality may increase social support, and social support may increase spirituality.

Cultural group also influences social support. For example, traditional African Americans may have more social support than Caucasians.

Social support decreases death anxiety, grief, and depression.

Denial of terminality is influenced by death anxiety. Denial is a way of coping with anxiety. When death anxiety is lowered by spirituality or social support, denial is also lowered.
End-of-life care decisions are influenced by sense of control, spirituality, denial, grief, depression, and cultural group.

**Sense of control:** a reason for the decision for assisted suicide has been found to be the desire for a sense of control over one’s death.

**Spirituality:** End-of-life care decisions may be influenced by religious beliefs. For example, a traditional African American Christian belief may be to continue curative care, in order to give God time to perform a miracle.

**Denial:** Denial may lead some patients and family members to choose curative care, due to an inability to acknowledge a terminal prognosis.

**Grief or depression:** Complicated grief and depression can lead to suicidal ideation in patients, which is different from a rational decision for assisted suicide.

**Cultural group:** Cultural group may influence end-of-life care decisions. For example, cultural beliefs, or an African American’s experience of mistreatment by the white health care system, may lead to a decision to continue with curative care.

It can be seen that spirituality is a major factor in this model, with direct or indirect influence over most of the others. Research has shown that social workers address spirituality with clients in end-of-life care a majority of the time. Thus, addressing spirituality is an important part of the social work role, and a major determinant of social work outcomes. It should be included in any measure of social work outcomes.

The Social Work Assessment Tool (SWAT) measures most of these factors. Cerner has incorporated the SWAT into its software package. Scores at the first session should be compared to scores at the last session, to document improvement through social work intervention. Since in hospice we never know which will be the last session, the SWAT should be used at every session. Rating these factors can help guide social work intervention, since it is a reminder of factors that need to be addressed. SWAT results should be shared with supervisors, administrators, other social workers, and the interdisciplinary team.