

Determining best methods to screen for religious/spiritual distress

King SD, Fitchess G, Murphy PE, Pargament KI, Harrison DA, Loggers ET.

Support Care Cancer 2017; 25: 471-479.

(Survey administered July 2011 – June 2012)

This research paper investigates the prevalence of religious and spiritual distress in cancer patients and survivors, focusing on the screening methods to identify this distress. Religious/spiritual distress (R/S) involves inner and interpersonal struggles related to religious or spiritual beliefs, impacting emotional and physical well-being. Recognizing its significance, the American College of Surgeons mandated screening for R/S distress, but the validity of common screeners remained unknown.

The study tested six various screening questions against a reliable measure (Negative Religious Coping subscale) to identify the best very brief screening items. Analysis of survey data from 1,449 hematopoietic cell transplantation (HCT) survivors showed that from the various screening measures used, the sensitivity ranged from 60% (struggling with the loss of meaning/joy) to 27% (R/S concerns), and specificity ranged from 89% (R/S concerns) to 65% (struggling with the loss of meaning/joy). While no single item met the predefined sensitivity threshold of 85%, the combination of "meaning/joy" and "self-described R/S distress" items showed promise for screening, providing a net sensitivity of 82%, though resource implications need consideration. However, low net specificity raises resource use concerns. The study emphasizes the need for further research and replication of results. Despite the absence of a valid single-item screener, the suggested combination could be a practical choice for screening religious and spiritual distress in cancer patients until further research identifies an alternative method.