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Building on his previous research, which looked at spirituality as a resource for patients, Arndt Büssing, together with various colleagues, developed the Spiritual Needs Questionnaire (SpNQ). Validated in 2010, and positioned as a standardized instrument for assessing a person’s spiritual needs, their work on this “flexible questionnaire” has until now only been published in a flow of academic papers. This book raises the profile of the SpNQ.  

*Spiritual Needs in Research and Practice* not only describes the instrument, it also explores what researchers and practitioners are learning by applying it in a range of patient populations: persons with chronic diseases, special needs in difficult situations and healthy individuals. Büssing’s book also brings together a spread of perspectives that includes reflections by theologians, philosophers, medics and psychiatrists. It is noteworthy, however, that, despite Harold Koenig’s assertion in his foreword to the book that “most spiritual needs should be addressed by the only healthcare professional with the training to do so, i.e., the healthcare chaplain” (p. viii), of the 45 contributors listed, I could only identify one who had direct experience as a working chaplain. While Koenig’s assertion is professionally affirming, one has to wonder why there is such little representation from the one profession for whom the book’s subject is that profession’s specialty. This editorial incongruity notwithstanding, Büssing’s book is an important contribution to an aspect of our work that is much referenced, if poorly understood.

A strong motivator for developing the SpQN was the perception that there needed to be a standardized means of assessing patients’ spiritual
needs in a way that would be easily applicable by healthcare professionals who do not have competencies in pastoral care. At least for Büssing, this plays out in a functionalist understanding of spirituality. Thus, he appears to understand personal spirituality in terms of its value as “a strategy to cope with difficult life situations, as a general resource of hope, hold and orientation in life, and, depending on the religious background and worldview, as a source to connect with that which is Sacred, with others and with creation (nature/environment)” (p. 1). In this, Büssing is typical of the way in which much healthcare literature views spirituality – crudely put, how spirituality can be mobilized to benefit patient health. Of interest in this is his understanding of spiritual need, which Büssing regards in terms of something that is longed for but which is unavailable. Meeting the need for that hoped for thing, he suggests, may lead to satisfaction and inner peace. In contrast, failure to meet the need may bring about depressive resignation. For this reason, Büssing argues that “it is essential to assess spiritual needs of persons, document the relevance and intensity of these needs and monitor changes over time during support processes” (pp. 79–80). (For the record, Büssing distinguishes “spiritual need” from “desire” on the basis that, while spiritual need points to a source of hope, desire is always something that “cannot be satisfied at all” – but would not failure to fulfil that desire also lead to depressive resignation?)

Working from the premise that spirituality is multidimensional, Büssing and his team developed the SpQN to cover diverse spiritual needs in an instrument that can be used diagnostically, to assess the strength of an individual’s unmet need or for research purposes (a third version of the SpQN is available for use with adolescents). To that end, the SpQN conceptualizes spiritual need as clustered around four categories: religious needs (the need for transcendence); existential needs (the need for meaning/purpose); inner peace needs (the need for peace); and giving/generativity needs (the need for connection). It is about these needs that the items in the questionnaire enquire (27–30 items for the diagnostic instrument, 20 items for the research instrument, plus three free text fields for reflection on the relative importance of specific needs). Examples of items (each prefaced with the phrase, “During the last time, did you have needs...”) include: (N2) To talk with others about your fears and worries? (inner peace needs); (N10) To find meaning in illness and/or suffering? (existential needs); (N23) To turn to a higher presence (i.e. God, Allah, Angels, Saints)? (religious needs); (N27) To be assured that your life was meaningful and of value? (giving/generativity needs) (p. 82).

Büssing’s clear intention is that the SpQN should work for both secular and religious people. With that in mind, the questionnaire purports to
eschew exclusive religious terminology (elsewhere, Büssing has noted that the religious needs items occur in the second half of the questionnaire, as the team found this increased the response rate of non-religious people). Nonetheless, it is difficult to disguise the religiosity of questions about prayer, religious ritual, religious/spiritual books and God. Büssing’s somewhat weak defence is that, “When a-religious persons do not have specific religious needs, they can state ‘not at all’, and may find other (secular) needs which are of relevance to them” (pp. 80–81).

As this book makes clear, what sets the SpQN apart in the increasingly crowded field of spiritual assessment instruments or tools is the degree to which it has been researched. Büssing himself has collaborated and published widely, but the range of papers in this collection makes the case for a claim that the SpQN is the most extensively researched spiritual assessment instrument available. Parts 3–5 curate 18 research papers, each of which considers how the instrument can be used in identifying spiritual needs among specific populations: patients with chronic pain; Iranian patients with cancer; HIV-infected persons from Brazil; patients in the emergency room; people with autism; people with Down’s Syndrome; (healthy) elderly people.

The value of spiritual assessment instruments is not a settled issue among some chaplains. However, Büssing regards the SpNQ primarily as an aid to healthcare communication. He argues that it provides a reason to start a conversation about what the patient sees as their important and unmet needs. Its use as an aid to documentation, research and learning are suggested as additional benefits, but any tool that helps and encourages healthcare professionals to talk with patients about their deepest concerns is worth consideration. Although the cover price is likely to put the book beyond the reach of all but the most motivated chaplain reader, individual chapters are available for purchase from the SpringerLink website, where their abstracts and keywords are freely accessible.