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# A Psychometric Analysis of the Spiritual Needs Inventory in Informal Caregivers of Patients With Cancer in Hospice Home Care

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Cancer caregiving affects the physical, social, emotional, and spiritual well-being of caregivers (Northouse, 2005). In addition, spiritual appraisals of caregivers of the terminally ill have been shown to predict situational and mental health outcomes (Mickley, Pargament, Brant, & Hipp, 1998). However, the systematic assessment of spirituality and spiritual needs of caregivers is not routinely conducted. The *Clinical Practice Guidelines for Quality Palliative Care* from the National Consensus Project for Quality Palliative Care (2009) recommends the use of standardized assessment instruments to assess, document, and re-evaluate spiritual and existential care needs of patients and caregivers. The Spiritual Needs Inventory (SNI) is an instrument developed and validated as a measure of the spiritual needs of patients near the end of life (Hermann, 2006). Patients and caregivers are known to reflect mutuality in psychiatric and spiritual measures (Bambauer et al., 2006; Fleming et al., 2006; Sherman et al., 2005; Taylor, 2003), so researchers theorized that a spiritual needs instrument developed for patients may have use for informal caregivers. The purpose of the current study was to test the validity and reliability of the SNI in measuring the spiritual needs of informal caregivers of patients with cancer in hospice home care.

## Background

### Caregiving at the End of Life

Caregivers describe the experience of caregiving as life-changing and consuming, and are known to provide large amounts of invisible health care at the end of life (Northouse, 2005; Sawatzky & Fowler-Kerry, 2003). Caregivers of hospice patients were found to provide an average of 120 hours of caregiving per week (Haley,

**Purpose/Objectives:** To test the validity and reliability of the Spiritual Needs Inventory (SNI) in measuring the spiritual needs of informal caregivers of patients with cancer in hospice home care.

**Design:** A subanalysis of a longitudinal, randomized hospice clinical trial.

**Setting:** Two hospices in the southwestern United States.

**Sample:** 410 informal caregivers of patients with cancer in hospice home care.

**Methods:** To test the hypotheses, Pearson and Spearman correlations, principal factor analysis with oblique rotation, and coefficient alpha were conducted.

**Main Research Variables:** Spiritual needs, depression, social support.

**Findings:** The SNI showed a small but significant positive correlation with the social support ( $p = 0.003$ ). A three-factor solution of the SNI accounted for about 55% of the variability. The first factor captured a traditional religious measure, with the original patient-reported subscales of inspiration, spiritual activities, and religion collapsing into this one factor. The second and third factors were similar to the original patient study. Cronbach alpha for the total scale was 0.88. The factor alphas ranged from 0.68–0.89.

**Conclusions:** The current study provides early evidence for the validity and reliability of the SNI in informal caregivers of patients with cancer in hospice home care. Additional testing in other populations is recommended.

**Implications for Nursing:** Use of the SNI with hospice caregivers could aid nurses in the identification of spiritual needs, enabling the development of plans of individualized, high-quality care.

LaMonde, Han, Narramore, & Schonwetter, 2001). In addition, unmet needs in the hospice caregiver lead to increased burden and risk for failure (Fleming et al., 2006). However, social support and caregiver coping are known to impact caregivers' perception of burden.