

ABSTRACT

Analysis of the NIH-HEALS tool to assess Psychosocial Spiritual Healing: Cognitive Interviewing

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BACKGROUND

- 76% of those with life-threatening illness are cognizant of some form of spirituality in their lives (Murray et al, 2004)
- Knowledge of a care team available to discuss these matters might help the patient engage important additional resources to cope with their condition (MacAskill & Petch, 1999)
- Evidence demonstrates that there are seriously ill or terminal patients who progress beyond the experiences of psychological trauma, coping, and acceptance.
- The Healing Experience during All Life Stressors (NIH-HEALS) measure assesses psychosocial and spiritual healing in life limiting and life-threatening illnesses and can hence be used to improve the psychosocial and spiritual care in palliative care patients.

OBJECTIVES

This study aimed to examine item performance of the NIH HEALS Assessment (healing experience during all life stressors) tool in Uganda.

To establish the cross-cultural equivalence of the psycho-social – spiritual healing construct

To perform content analysis of the translation using a cognitive interview methodology to evaluate an individual’s understanding and interpretation of items within the instrument.

METHODS

- We used a cross-sectional qualitative study design using the cognitive interview approach alongside standard piloting. We used the think aloud technique and concurrent probing.
- The study was conducted at Hospice Africa Uganda, a tertiary palliative care centre. We consecutively recruited adults with advanced care from outpatients and community settings. All interviews were audio recorded, transcribed verbatim and subsequently imported into Nvivo 12 for content and thematic analysis. The results were indexed using the following Tourangeau’s model of the response process (comprehension of questions, retrieval from memory, decision process, and response process).

In this study, 3 factors emerged:

- Connection** (10 items), example items:

power is important to me.



me hope.

become my highest priority.

- Reflection/Introspection** (14 items), example items:

I have an increased sense of gratitude.



Working through thoughts about dying brought meaning to my life.

Being surrounded by nature is meaningful.

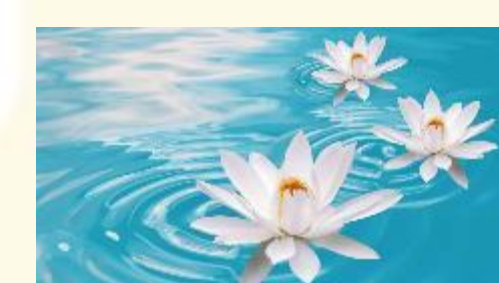
- Trust/acceptance** (11 items), example items:

I am content with my life.



I accept things I cannot change.

I am confident that my medical caregivers will respond to my needs.



Connection with a higher

My religious beliefs give

Connection with family has

RESULTS

We recruited 35 patients, 51% of these were male. 15 42.8% reported multi-morbidities, such as HIV and hypertension. The mean age was 52 years, minimum 26 years and maximum 86 years. We found issues with comprehension for five (14%) of the thirty-five items and patients noted that the items were relevant but suggested use of examples and additional narrative to improve the comprehensiveness. Cultural differences in the construction of the “Trust and Acceptance” construct, our sample showed less emphasis on family/friend relations.

RESULTS

Types of cancer reported by study participants (n=35)

Type of cancer	Count (%)
Cervix	10(28.6%)
Prostate	10(28.6%)
Breast	06(17.1%)
Karposis sarcoma	03(8.6%)
Myeloma	02(5.7%)
Leukemia	02(5.7%)
Head and neck	01(2.8%)

- We found issues with comprehension for five (14%) of the thirty-five items and patients noted that the items were relevant but suggested use of examples and additional narrative to improve the comprehensiveness.
- The Likert response scale of 1-5 was rated as appropriate by all respondents and the 30-day recall period for retrieval of information from the memory was also rated as appropriate.
- We mapped the themes emerging from patients’ definition of spiritual healing on to the know factors of the NIH-HEALS of 1) connection, 2) reflection and inspection, 3) trust and acceptance. These themes mapped on the proposed structure, but we noted that the connection was more with the supernatural being than social networks.

CONCLUSIONS

- The NIH-HEALS has sufficient face and content validity properties for use in palliative care patients in Uganda.
- The development of a user’s manual is recommended detailing the meaning intent for each item, with examples where possible to aide comprehension for users.