

Book Review

Callahan, A. M. (2017). *Spirituality and hospice social work*. New York, NY: Columbia University Press.

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Professor Ann Callahan is uniquely positioned to write such a book; she draws from a wealth of social work experience (20-plus years) and over 10 years of academic research focusing on the spiritual dimensions of hospice care.

For the casual, general reader, this book is probably not for you; it is not a “page-turner.” But, for the social worker, those interested in thanatology and anyone who wishes to better understand the difficulties of providing quality end-of-life care, this book represents a research-based examination of hospice from the role of the social worker with focused attention to spirituality as an integral part of quality end-of-life care. And, as the Professor Callahan (2017) points out, “it is the premise of this book that hospice social workers can engage with patients in a therapeutic relationship that enhances life meaning” (p. 39).

The “hospice movement” was established in 1967 in England by Cicely Saunders who “... was a social worker, nurse and doctor” (p. 18). From the beginning, the elements of an interdisciplinary approach for the delivery of end-of-life care was adopted with interdisciplinary teams consisting of “physician/medical director, a registered nurse, a social worker, and a spiritual caregiver” (p. 3). Eventually this movement gained traction in the United States and by 2014, there were 4,000 hospice care agencies in the United States according to the CDC National Center for Health Statistics (2017). “In 2014, 2.6 million people died in the United States, and 1.1 million received hospice care” (p. 2).

In eight, well-researched thematic chapters (e.g., Champion of Spiritual Care, Spiritual Diversity, Spiritual Needs, etc.), the author helps guide us through the complexities of providing spiritual care as an important element of end-of-life care. In this examination, the author makes the case for the essential role of the hospice social worker.

To provide an example of the research foundation of these thematic discussions, one would logically assume “spiritual diversity” would be easily defined. However, in reality, it is an extraordinarily complex topic and research shows that across disciplines one still grapples with clear, concise definitions. “Despite efforts toward integration, conceptual ambiguity has been challenging to reconcile. Upon closer examination, the concept of spirituality has been either broadly inclusive or narrow in scope, while still failing to recognize the potential fluidity of spirituality as a state of being or stage of development” (p. 42). The author goes on to point out flaws in terms of previous research methodology and observes “... the majority of research about spirituality, including palliative and hospice-care research relies on samples of the general population rather than hospice patients ... these results are further limited by small sample sizes and low response rate” (p. 42).

The book provides concise and useful figures and charts which summarize some current research and information. These should be useful references for hospice social workers. For example; the author provides a table of the “bio-psychological-spiritual

signs of spiritual suffering. Below I have abbreviated and summarized some of these signs of “spiritual suffering” from the biological, psychological, social and spiritual dimensions of care:

- Biological: panic attacks; insomnia; restlessness; decreased physical abilities; physical discomfort; worsening physical symptoms; intractable pain; crying; treatment noncompliance.
- Psychological: fear (of the unknown, of death); insecurity; nervousness; anxiety; feeling overwhelmed; hopelessness; helplessness; resignation; emptiness; depression; anger; etc.
- Social: blaming other for condition; taking pain out on others for release; loss of self (in relations to others); altered body image; forced dependency; low self-worth, etc.
- Spiritual: guilt (related to God, feelings of being punished, judged, abandoned, rejected and/or neglected by God); loss of meaning, etc. (p. 79).

The essential nature and role of hospice social workers is touched upon again and again. Hospice social workers must develop the competencies to provide and support the spiritual dimension of care and as part of the interdisciplinary team. Social workers must be integral in the design and delivery of a quality end-of-life care plan. “There are special qualities in the relationship between a hospice social worker and patients” (p. 184) and the author does an excellent job in helping the social worker understand as well as inform the general public as to the importance of social work and its role in providing spiritual care in a hospice setting.

So, beyond the obvious market for such a book, Professor Callahan provides an important service to the public in helping define and clarify the current state of hospice social work care in terms of its challenges. She makes the case for the ongoing investigation of the spiritual dimension of care through scientific-based inquiry. As hospice care will likely be in many of our futures, this book is eye-opening and informative for both hospice social workers and for consumers. Spiritual care is a critical aspect of hospice; many challenges remain. Through research and increasing experience, we can make important changes to improve this aspect of quality end-of-life care.

References

- CDC National Center for Health Statistics. (2017). Retrieved from <https://www.cdc.gov/nchs/fastats/hospice-care.htm>