ADVOCATE HEALTH CARE CHAPLAINCY RESEARCH

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ACKNOWLEDGEMENT

AGENDA

- What Do I Do? Developing A Taxonomy of Chaplaincy Activities and Interventions For Spiritual Care in ICU Palliative Care
  - Chaplaincy Vignette
- Research Goals
- Research Participants
  - Research Council
  - Chaplains
  - Partnerships
- The Research Journey …
  - Research Methods
  - Results
- Presenting the Taxonomy
  - Terminology
  - Taxonomy Items
- Patient Centered Spiritual Care Model
- Research Dissemination
- Next Steps
- Q & A

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RESEARCH GOALS

The goal of this project was to provide clarity around the question, "What do Chaplains do?". This study:

1. Used a purposeful sequence of steps, to generate and evaluate a comprehensive pool of items

2. Identified a core set of chaplain activities and interventions aimed at meeting the spiritual needs of patients, significant others, and health care staff within palliative care provided in the ICU

3. Began forming a standardized chaplaincy language geared towards…

   - Serving as a common frame of reference for chaplains to communicate actions with each other and inter-disciplinary care teams
   - Providing the utility of uniformly portraying those actions for research and evaluation purposes

RESEARCH COUNCIL

- Provided oversight of the project; conducted ongoing problem solving and sought opportunities for discussion regarding the project direction in support of the project specified anticipated outcomes.

  - Rev. Kevin Massey, BCC (Chaplain)
  - Tom Summerfelt PhD (Advocate Research)
  - Michael Ries, MD (Physician)
  - Rev. Marilyn J. D. Barnes, BCC (Chaplain)
  - Rev. Anna-Lee Hisey-Pierson, BCC (Chaplain)
  - Rev. Betty Vander Laan, BCC (Chaplain)
  - Rev. Cheryl Scherer, BCC (Chaplain)
  - Dana Villines (Advocate Research)
  - David McCurdy, DMin (Bio-Ethicist)
  - Rev. Bonnie Condon (Chaplain)
  - Julie Goldstein, MD (Physician)
  - Sr. Patricia Murphy, PhD Member (Chaplain)
  - Barbara Giloth, DrPH (Advocate Foundation)
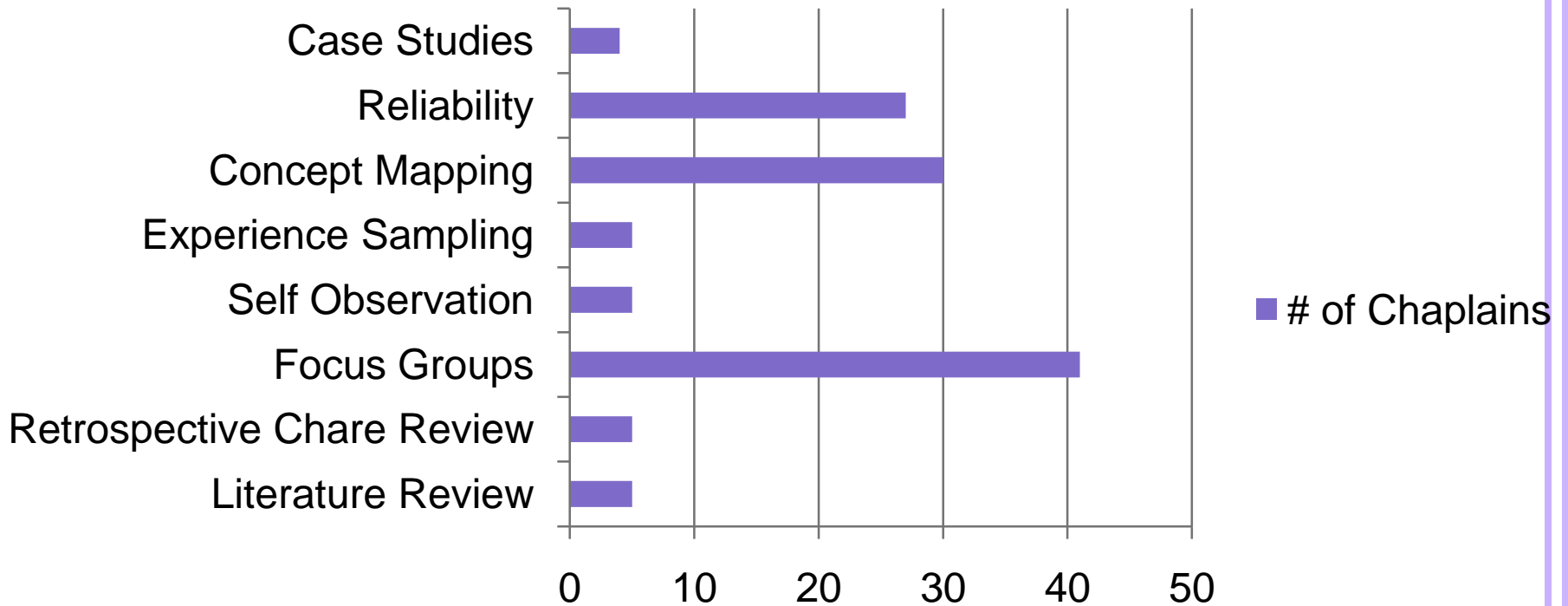
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RESEARCH COUNCIL

Back row: Julie Goldstein, W. Tom Summerfelt, Cheryl Scherer, Kevin Massey, Anna-Lee Hisey-Pierson, Barb Giloth, Dave McCurdy, Michael Ries
Front row: Dana Villines, Betty Vander Laan, Pat Murphy, Marilyn J. D. Barnes
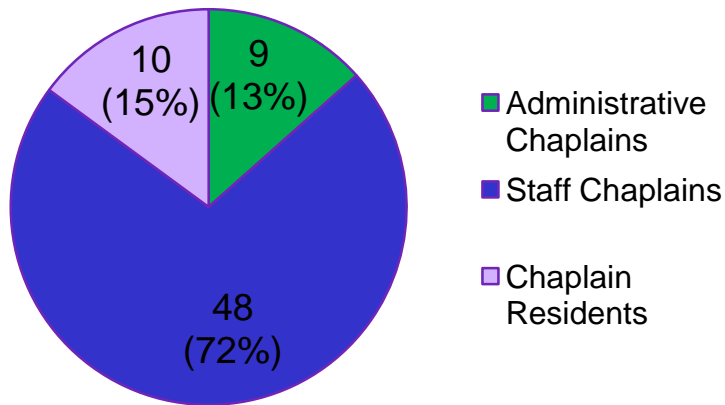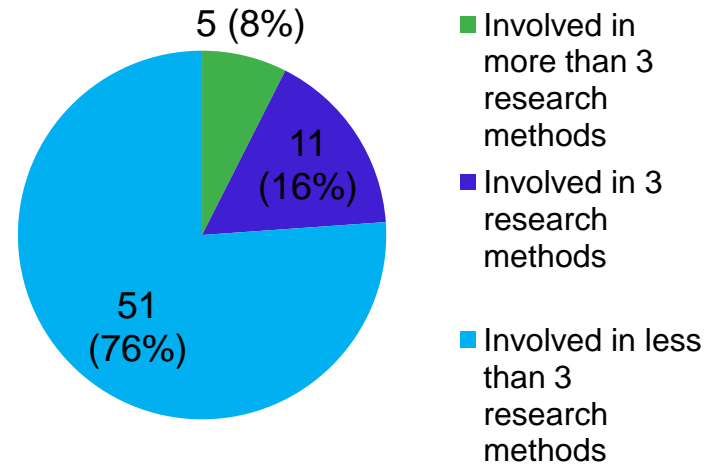**Note Pictured:** Bonnie Condon

CHAPLAIN PARTICIPATION

**Chaplain Participation by Method Type
(many chaplains participated in more than one step)**

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CHAPLAIN PARTICIPATION

Overall Chaplain Participation
(67 total chaplains participating)

Involvement by Method
(8 total methods)

Overall Chaplain Participation:
- Administrative Chaplains: 9 (13%)
- Staff Chaplains: 48 (72%)
- Chaplain Residents: 10 (15%)

Involvement by Method:
- Involved in more than 3 research methods: 5 (8%)
- Involved in 3 research methods: 11 (16%)
- Involved in less than 3 research methods: 51 (76%)

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CHAPLAIN AND RESEARCH COLLABORATION

○ Research Team

- 2 core research team members
- Lunch and Learn Sessions on various research methodologies
- Engagement of chaplains on analysis of data
- Partner with chaplains on educating other chaplains on research methods
- Participating in chaplain encounter vignettes to experience what chaplains do

○ Chaplains

- 5 core chaplain team members
- Observer in Focus Group sessions to learn more about the process
- Reviewers of the research data
- Recommended methodological changes to enhance the data collected

METHODS

- Literature Review – Review previous works on the interventions of chaplains.

- Retrospective Chart Review – Review charts of patients meeting specific criteria for chaplain activities.

- Focus Groups - Elicit information from chaplains regarding their activities with patients, family member(s), and care team.

- Self-Observation – Chaplains reflect and journal about their activities during a given shift.

- Experience Sampling – Capture real-time data of chaplain activities during a given shift.

- Concept Mapping – Chaplains organize and prioritize the list of taxonomy items.

- Reliability Testing – Chaplains use the taxonomy to record interventions contained in a series of presented vignettes, with their responses evaluated based upon the "gold standard" with a goal of .9 inter-rater reliability.

- Case Studies – Research chaplains using the taxonomy during patient, family member, and care team encounters, reflect and document the encounter.

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Advocate's Chaplaincy Research Journey …

Case Studies

Reliability

Concept Mapping

Experience Sampling

Chaplain Self-Evaluation

Focus Groups

Retrospective Chart Review

Literature Review

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LITERATURE REVIEW

- 4 cited works
- 1 précis developed
- 348 taxonomy items generated
- taxonomy Draft 1, version 1
  - 22 category items,
  - 92 method items,
  - 229 intervention items, and
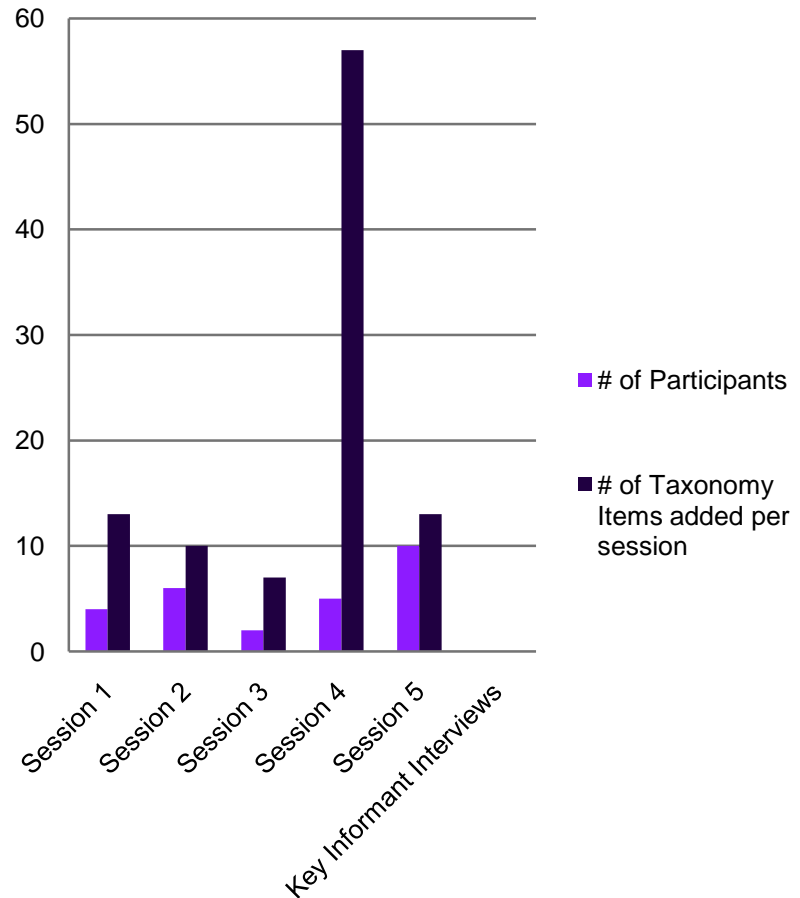 - 5 '?' items.

Taxonomy Buckets

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Retrospective Chart Review

- 5 chaplains involved
- 150 randomly selected patient chart notes reviewed
- 133 charts provided data toward the research
- 3 Advocate sites involved
- 100 items added to the taxonomy
- taxonomy draft 1 version 2 with 438 items

FOCUS GROUPS

- 5 Focus Group Sessions
- 8 Individual Key Informant Interviews
- 40 chaplain participants
- 100 items added to the taxonomy
- 100 items added to the taxonomy
- Taxonomy draft 1 version 3 with 538 items
- Post Focus Group data analysis sessions
- Taxonomy version 1 was born with …
  - *12 Intended Effects – "Why we do what we do"*
  - *22 Methods – "The way we do what we do"*
  - *68 Interventions – "What we do"*

Focus Group Session Data

Chart legend:
- ■ # of Participants
- ■ # of Taxonomy Items added per session

SELF OBSERVATION

- 3 chaplain participants
- 28 days of data collection
- 646 data points collected
- 100% of the Intended Effects selected
- 100% of the Methods selected
- 79% of the Interventions selected
- Top Intended Effect – "Establish a relationship of care and concern"
- Top Method – "Demonstrate caring and concern"
- Top Intervention – "Active listening"

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EXPERIENCE SAMPLING

- 3 chaplains involved in the data gathering
- 2 chaplains involved in the data analysis
- 20 days of data collection
- 244 total data points
- Chaplain time*
  - 42% spent with patients
  - 36% spent with a family member(s)
  - 43% spent with the care team

*A chaplain encounter in this step could be with multiple categories of recipients, thus the percentage exceeding 100.

Note: Other studies have nursing staff spending 31% (Hendrickson) and 37% (Westbrook) of their time with patients.
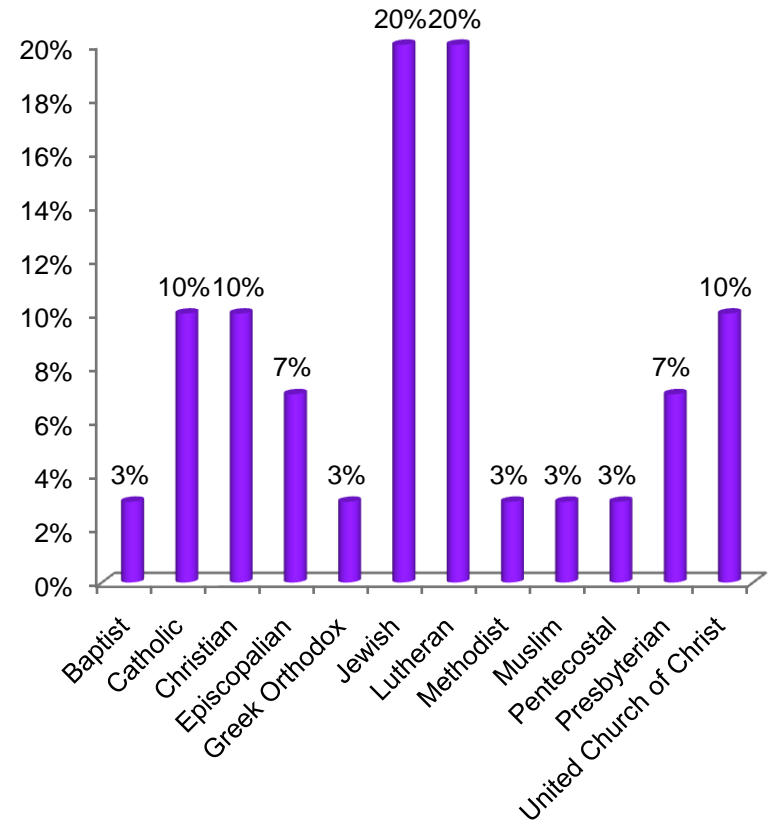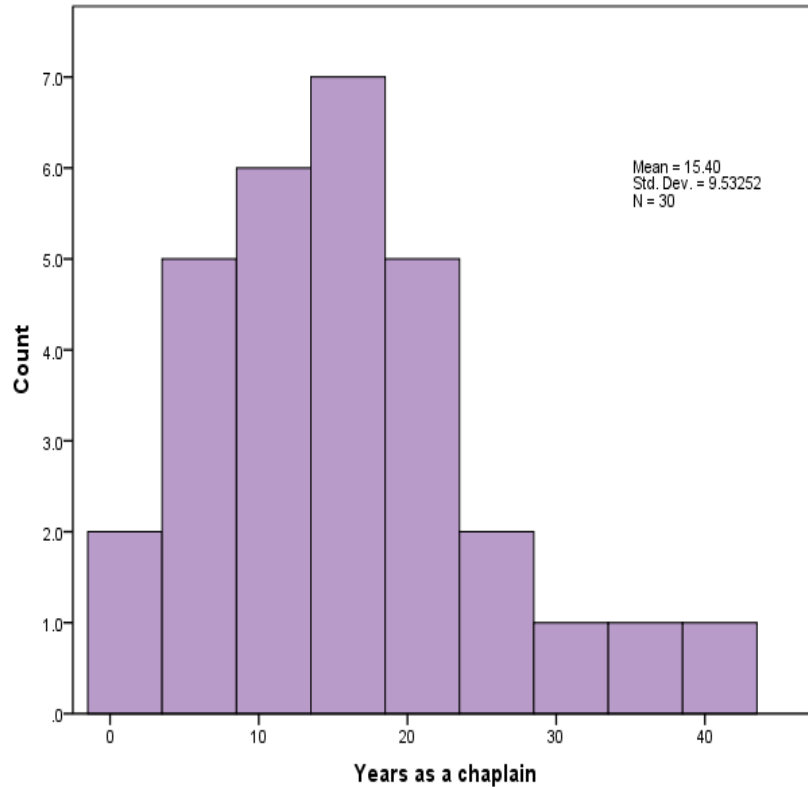
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CONCEPT MAPPING

- **Participant Overview**
  - 42 chaplains registered to participate
    - 8 persons chose not participate
      - 2 persons consented to participate, but did not participate
  - 34 persons took the survey
    - 4 persons did not complete the consent form
  - 30 persons survey input was valid for analysis
- **Participant Process**
  - Complete Consent Form
  - Answer 5 Demographic Questions
  - Place107 taxonomy items into three 'piles'
    - Piles ~ Intended Effect, Method, Intervention
  - Rate 107 taxonomy items based upon frequency of use
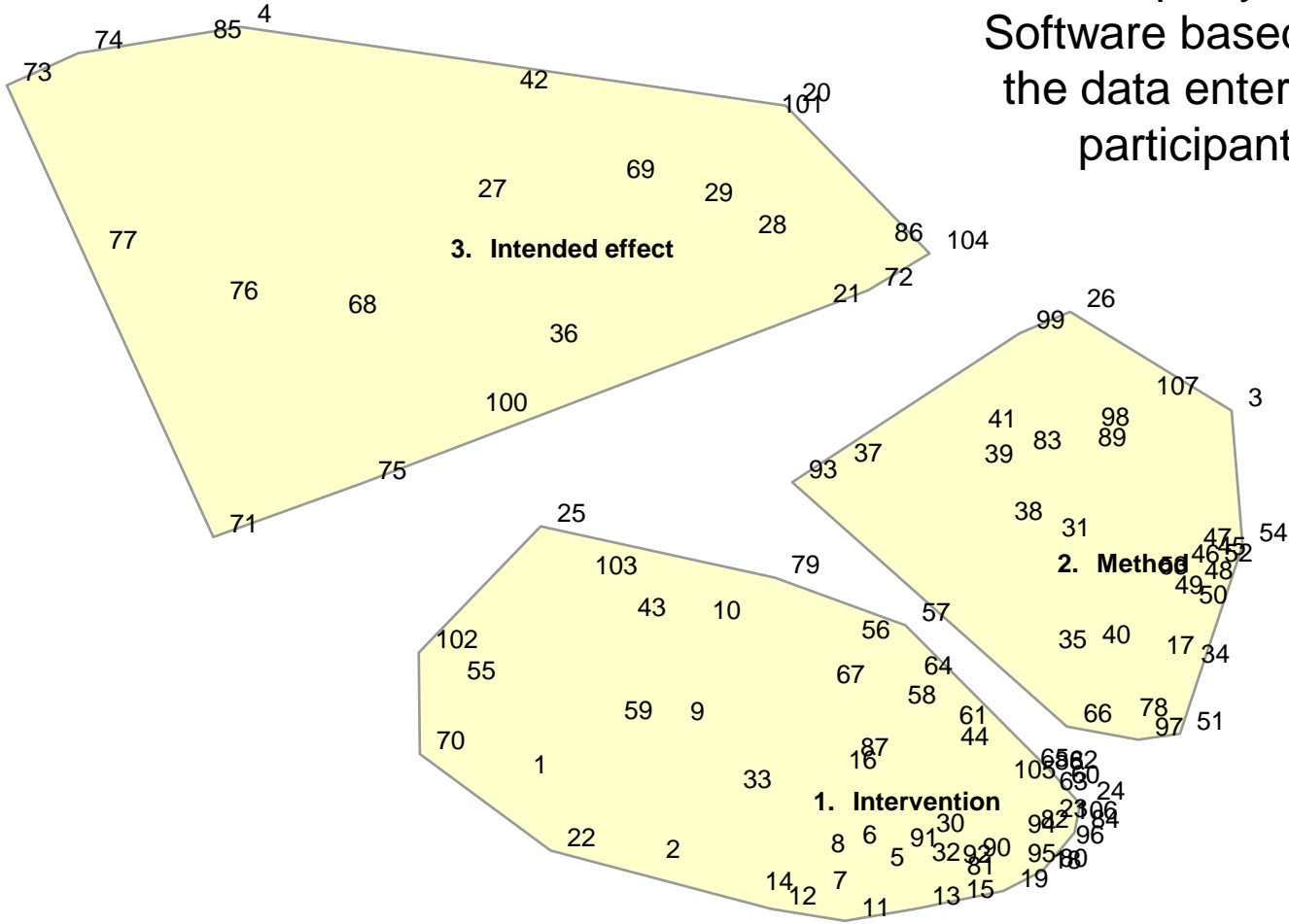 - Rate 107 taxonomy items based upon importance

CONCEPT MAPPING

Mean = 15.40
Std. Dev. = 9.53252
N = 30

Years as a chaplain Demographic

Faith Tradition Demographic

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CONCEPT MAPPING - CLUSTER MAP

Data Map generated by Concept Systems Software based upon the data entered by participants.

3. Intended effect

2. Method
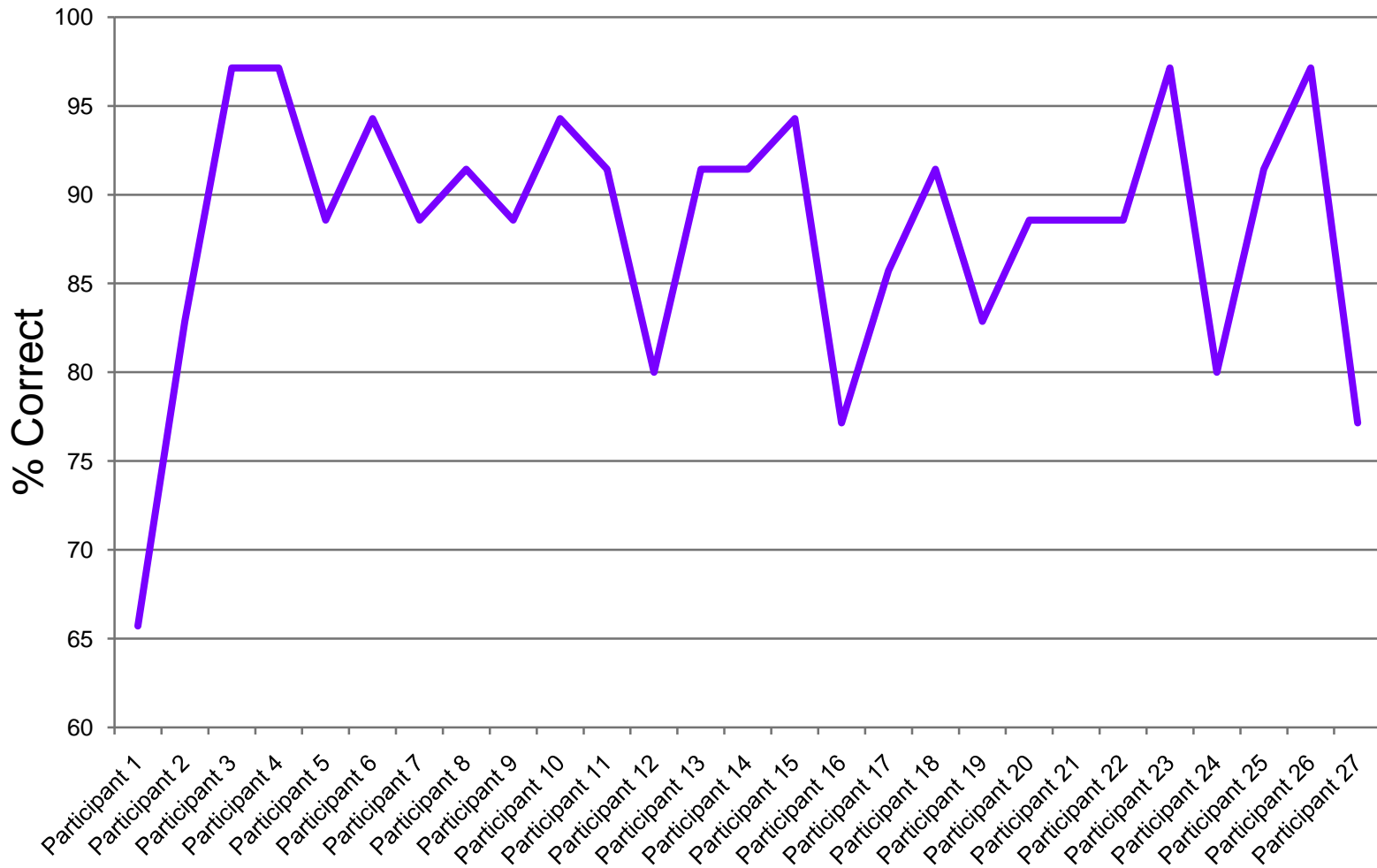
1. Intervention

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RELIABILITY

- Process Review
  - Introduced the taxonomy
  - Overview of reliability method
  - 15 example vignettes – discussion and review after each of the example vignettes.
  - 35 testing vignettes
  - 5 sessions with 27 participants
    - 17 Staff Chaplains
    - 10 Chaplain Residents
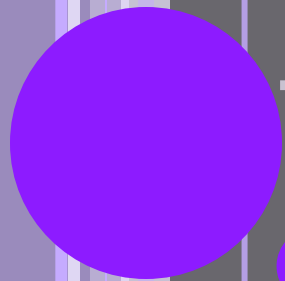 - 2 Health Care Systems participating
- Results
  - **.903** reliability with no question or participant information removed

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RELIABILITY RESULTS

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CASE STUDY

- Six Case Studies
  - 1 Patient Case Study
  - 2 Family Member Case Studies
  - 3 Care Team Case Studies
- 3 Research Chaplain Participants
  - Rev. Anna Lee Hisey Pierson, BCC
  - Rev. Cheryl Scherer, BCC
  - Rev. Betty Vander Laan, BCC
- 1 Chaplain Consultant
  - Sr. Patricia Murphy, PhD, BCC
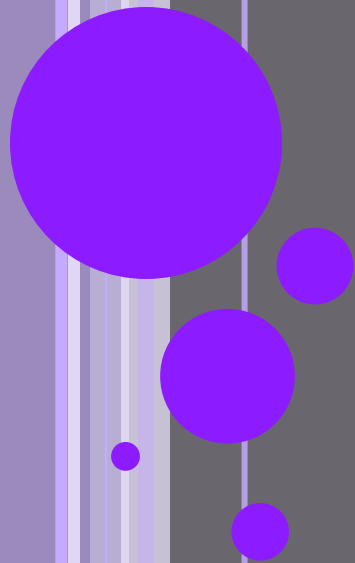
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THE CHAPLAINCY TAXONOMY

TERMINOLOGY

These terms emerged during the Literature Review phase and continued in the Focus Group phase.

- Intended Effect
  - The desired purpose, goal, and outcome of chaplain action(s).
- Method
  - The manner by which a specific gesture, action or activity supports a purpose, goal, and outcome.
- Intervention
  - Any ministry gesture, action, or activity by a chaplain.
- Pathway
  - The assemblage of an Intended Effect – Method – Intervention.
    - Pathway Examples
      - Cat - House Cat - Tabby
      - Journey with someone in the grief process-Offer spiritual/religious support -Provide a religious rite or ritual
- Spiritual Care Plan (SCP)
  - The intended effects, interventions, and methods selected in response to the identified spiritual care needs surfaced in the spiritual care assessment.

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For the ease of clarity and presentation, only a portion of the final taxonomy is being presented.

THE CHAPLAINCY TAXONOMY INTENDED EFFECTS (4 OUT OF 15)

- Aligning care plan with patient's values
- Demonstrate caring and concern
- Helping someone feel comforted
- Journeying with someone in the grief process
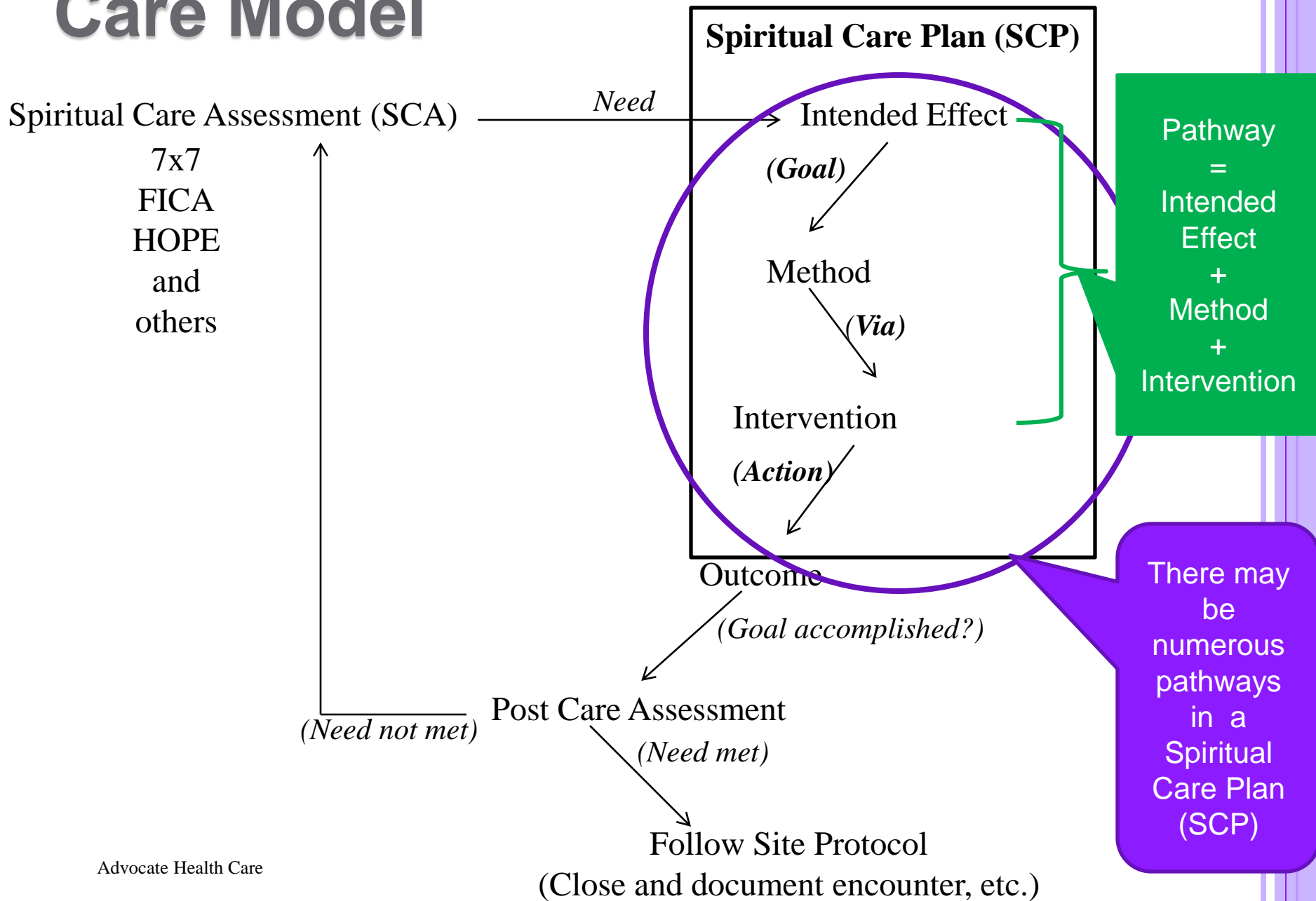
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THE CHAPLAINCY TAXONOMY METHODS (8 OUT OF 26)

- Accompany someone in their spiritual/religious practice outside your faith tradition
- Assist with spiritual/religious practices
- Educate care team about cultural and religious values
- Encouraging spiritual/religious practices
- Explore cultural values
- Explore spiritual/religious beliefs
- Offer emotional support
- Offer spiritual/religious support

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THE CHAPLAINCY TAXONOMY INTERVENTIONS (16 OUT OF 59)

- Ask guided questions about cultural and religious values
- Ask guided questions about faith
- Assist patient with documenting values
- Assist someone with Advance Directives
- Bless religious item(s)
- Blessing for care team member(s)
- Communicate patient's needs/concerns to others
- Connect someone with their faith community/clergy

- Discuss spirituality/religion with someone
- Facilitate communication between patient and/or family member and care team
- Facilitate preparing for end of life
- Incorporate cultural and religious needs in place of care
- Perform a religious rite or ritual
- Provide compassionate touch
- Respond as chaplain to a defined crisis event
- Share a written prayer

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Patient Centered Spiritual Care Model

Spiritual Care Plan (SCP)

Spiritual Care Assessment (SCA) ——— *Need* ———→ Intended Effect

7x7
FICA
HOPE
and
others

(Goal)

Method

(Via)

Intervention

(Action)

Outcome

(Goal accomplished?)

(Need not met)

Post Care Assessment

(Need met)

Follow Site Protocol
(Close and document encounter, etc.)

Pathway
=
Intended
Effect
+
Method
+
Intervention

There may
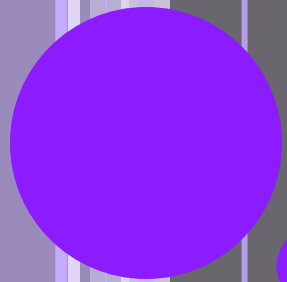be
numerous
pathways
in a
Spiritual
Care Plan
(SCP)

DISSEMINATION

- Completed
  - Presentation during the 3rd Annual Medicine and Religion Conference – March 2014
- Planned
  - Case Study Collection manuscript submission
  - Self Observation manuscript submission
  - Grant proposal to use the taxonomy in practice with staff chaplains
  - Grant proposal to educate chaplains (students) on developing a Spiritual Care Plan using the taxonomy
- Scheduled/In Progress
  - *Time Well Spent* poster presented during Health Care Chaplaincy *Caring for the Human Spirit Conference* – March 2014
  - Presentations during the Association of Professional Chaplains Conference – June 2014
  - Presentation during the 6th Annual Spirituality and Health Summer Institute (George Washington University) – July 2014
  - Research article submitted – *Journal of Palliative Medicine*
  - Expand the Patient Centered Spiritual Care Model
  - Taxonomy User's Guide

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NEXT STEPS

- Open use of the taxonomy

- Crosswalk with other Health Care Chaplaincy projects

- Formal process to elicit feedback on the taxonomy use

- Evaluation process for adding items

- Employ a number and categorizing system for the taxonomy

- Facilitate research projects using the taxonomy

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THANK YOU