What do We Need to Know? Future Directions for Healthcare Chaplaincy Research

Kenneth I. Pargament
Department of Psychology
Bowling Green State University

Presentation to HCC
April 1, 2014

Why do We Need Research?

❖ How could we be anything but helpful?

❖ Taking it on faith is untenable in era of evidence-based care

❖ We have no "Godmotron"

The Footprints of Faith

Research is a Problem Solving Tool

The Lay of the Land:
Questions about the Current Status of Healthcare Chaplaincy

The Lay of the Land:
Questions about the Current Status of Healthcare Chaplaincy

❖ How available is healthcare chaplaincy?

  ❖ 54% to 64% of hospitals reported chaplaincy between 1980 and 2003 (Cadge et al., 2008)

  ❖ 86% of pediatric palliative care programs report a chaplain on their staff (Fitchett et al., 2011)

How Integrated is Healthcare Chaplaincy?

o "The full integration of spiritual care professionals within the standard practice of oncology interdisciplinary teams is lacking, as spiritual care services continue to be treated as ancillary services within cancer care organizations" (Sinclair & Chochoniv, 2012, p. 26).

The Lay of the Land:
Questions about the Current Status of Healthcare Chaplaincy

❖ How available is healthcare chaplaincy?

  ❖ What factors predict the integration of chaplaincy into healthcare?

  ❖ What factors foster referral to and utilization of chaplains within healthcare?

The Lay of the Land:
Questions about the Current Status of Healthcare Chaplaincy

❖ How available is healthcare chaplaincy?

❖ What are the spiritual problems and needs of patients and families?

Spiritual Needs Assessment for Patients: Spiritual Needs
(SNAP – Sharma et al., 2012)

❖ How much would you like help with:

  ❖ Finding meaning in your experience of illness?

  ❖ Finding hope?

  ❖ Finding peace of mind?

  ❖ Coping with suffering you may be experiencing?

  ❖ Your relationship with God or something beyond?

Spiritual Needs Assessment for Patients: Religious Needs
(SNAP – Sharma et al., 2012)

❖ How much would you like help with:

  ❖ Visits from clergy of your faith community?

  ❖ Visits from a hospital chaplain?

  ❖ Religious rituals such as chant, prayer, lighting candles or incense, anointing or communion)

Spiritual Needs Assessment for Patients (SNAP – Sharma et al., 2012)

- ❖ 15% of patients reported unmet spiritual needs
- ❖ 19% wanted help meeting spiritual needs

R/S Struggles Scale
(Exline, Pargament, Grubbs, Yali in press)

- ❖ Supernatural
  - ❖ Divine
  - ❖ Demonic
- ❖ Interpersonal
- ❖ Intrapsychic
  - ❖ Moral
  - ❖ Ultimate Meaning
  - ❖ Doubt

Divine Struggle Items

Felt as though God had let me down

Felt angry at God

Felt as though God had abandoned me

Felt as though God was punishing me

Questioned God's love for me

Demonic Items

Felt tormented by the devil or evil spirits

Worried that the problems I was facing were the work of the devil or evil spirits

Felt attacked by the devil or by evil spirits

Felt as though the devil (or an evil spirit) was trying to turn me away from what was good

Interpersonal Struggle Items

Felt hurt, mistreated, or offended by religious/ spiritual people

Felt rejected or misunderstood by religious/spiritual people

Felt as though others were looking down on me because of my religious/spiritual beliefs

Had conflicts with other people about religious/spiritual matters

Felt angry at organized religion

Moral Struggle Items

Wrestled with attempts to follow my moral principles

Worried that my actions were morally or spiritually wrong

Felt torn between what I wanted and what I knew was morally right

Felt guilt for not living up to my moral standards

Ultimate Meaning Struggle Items

Questioned whether life really matters

Felt as though my life had no deeper meaning

Questioned whether my life will really make any difference in the world

Had concerns about whether there is any ultimate purpose to life or existence
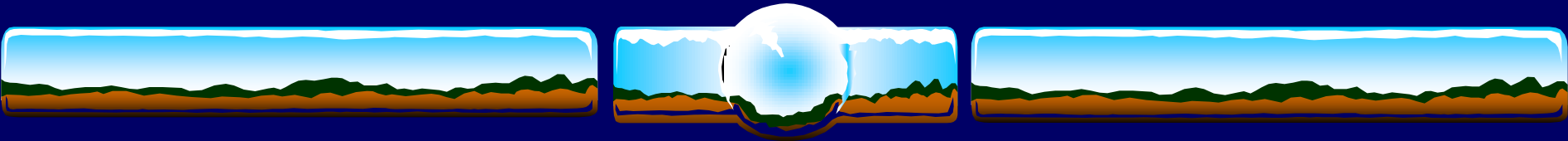
R/S Doubt Items

Struggled to figure out what I really believe about religion/spirituality

Felt confused about my religious/spiritual beliefs

Felt troubled by doubts or questions about religion or spirituality

Worried about whether my beliefs about religion/spirituality were correct

R/S Struggle Scales	RSS (full scale)	Divine	Demonic	Interpersonal	Moral	Meaning	Doubt
Mental Health Measures							
Depressive symptoms	.42**	.38**	.23**	.29**	.22**	.44**	.26**
Generalized anxiety	.40**	.35**	.22**	.30**	.22**	.38**	.27**
State anger	.34**	.31**	.17**	.31**	.15**	.32**	.22**
Loneliness	.35**	.26**	.15**	.30**	.18**	.38**	.26**
Life satisfaction	-.21**	-.24**	-.07*	-.14**	-.04	-.32**	-.11**
Presence of life meaning	-.22**	-.20**	.08*	-.18**	.01	-.45**	-.23**

The Lay of the Land:
Questions about the Current Status of Healthcare Chaplaincy

❖ How available is healthcare chaplaincy?

❖ What are the spiritual needs of patients and families?

❖ What are chaplains offering patients, families, and staff?

Does it Work?
Questions about the Effectiveness of Healthcare Chaplaincy

❖ For what kinds of people?
- ❖ Patients
- ❖ Families
- ❖ Staff
- ❖ The Larger Community
- ❖ Religiously Identified
- ❖ Spiritual Not Religious
- ❖ Atheists

Does it Work?
Questions about the Effectiveness of Healthcare Chaplaincy

❖ Delivered by what kind of chaplain?

   ❖ Age

   ❖ Gender

   ❖ Training

   ❖ Similarity or dissimilarity with patient

Does it Work?
Questions about the Effectiveness
of Healthcare Chaplaincy

❖ For what kinds of problems?

- ❖ Psychological problems
- ❖ Family problems
- ❖ Physical problems
- ❖ Spiritual problems
- ❖ Institutional problems

Does it Work?
Questions about the Effectiveness
of Healthcare Chaplaincy

❖ For what kinds of healthcare chaplaincy activities?

   ❖ Presence

   ❖ Ritual

   ❖ Prayer

   ❖ Affirmation

   ❖ Life review

   ❖ Support groups

   ❖ Faith-specific vs. multi-faith

Does it Work?
Questions about the Effectiveness
of Healthcare Chaplaincy

❖ In what context?

  ❖ Public

  ❖ Religiously-based

  ❖ Solo vs. team-based

Does it Work?
Questions about the Effectiveness of Healthcare Chaplaincy

"A researcher's values determine whether spiritual well-being is indicated by meditative aloofness from society or by social justice attempts to change it, by hope for the eventual nothingness of nirvana or for rewards by heaven, by self-directedness or submission to the lordship of Christ, by seeking guidance from astrology and tarot cards or from biblical principles and the Holy Spirit, by rational and volitional control of one's life or by dependence upon fortuitous visual imagery and dreams, to mention by a few possibilities" (Moberg, 2002, p. 50).

Does it Work?
Questions about the Effectiveness
of Healthcare Chaplaincy

❖ In terms of what kind of outcomes?

- ❖ Psychological (anxiety, depression, distress)
- ❖ Medical (mortality, morbidity, length of stay)
- ❖ Religious and Spiritual (well-being, spiritual struggles)
- ❖ Psychospiritual (meaning, peace, forgiveness, gratitude, hope)

The Key (but very long) Question

"How helpful or harmful are particular healthcare chaplaincy activities delivered by particular chaplains on behalf of particular people dealing with particular problems in particular social contexts according to particular criteria of helpfulness and harmfulness?"

Healthcare Chaplaincy as Distinctive: Does Chaplaincy Offer Something Special?

❖ The dangers of reductionism

  ❖ Freud

  ❖ Durkheim

  ❖ Geertz

  ❖ Kirkpatrick

Healthcare Chaplaincy as Distinctive: Does Chaplaincy Offer Something Special?

❖ The dangers of reductionism

"Try as we might to maximize significance through our own insights and experiences or through those of others, we remain human, finite, and limited. To the most basic of existential crises, spirituality holds out solutions. The solutions may come in the form of spiritual support when other forms of social support are lacking, explanations when no other explanations seem convincing, a sense of ultimate control through the sacred when life seems out of control, or new objects of significance when old ones are no longer compelling. In any case, spirituality complements secularity, with its emphasis on personal control, by offering responses to the limits of personal powers."

Healthcare Chaplaincy as Distinctive: Does Chaplaincy Offer Something Special?

❖ Identifying the distinctive roles and resources of chaplains

The Uniqueness of Religious Support (VandeCreek et al., 1999)

❖ Does religious support contribute to mental health over and above the effects of social support?

❖ 216 family members awaiting outcome of loved one in cardiac surgery in hospital waiting room

❖ Religious support by chaplains, clergy, congregation members and God predicted mental health after controlling for effects of non-religious support

Defining Qualities of Sacred Moments

❖ Transcendence

❖ Ultimacy

❖ Boundlessness

❖ Connectedness

❖ Generative of spiritual emotions

Providers Attributing Sacred Qualities to their Important Moment

❖ Transcendence – 46% "This moment felt set apart from everyday life."

❖ Ultimacy – 65% "I felt that I was a part of something really real."

❖ Interconnectedness – 61% "I felt a deep sense of connectedness with the patient."

❖ Spiritual emotions – 57% "I felt deep gratitude."

Consequences of Sacred Moments for Patients (N = 519)

- ❖ Gains in treatment (e.g., healing, growth, transformation, insight) r = .72
- ❖ Stronger working alliance with provider r = .58
- ❖ Reports of personal growth, transformation r = .72
- ❖ Reports of greater self-efficacy r = .57
- ❖ Reports of improved mental health r = .63
- ❖ Greater sense of spiritual well-being r = .35
- ❖ Reports of less depression r = -.10
- ❖ No relationship with reported psychoticism

Thinking Outside of the Box

Memphis: City of Disparity
The Work of Gary Gunderson

Egregious disparity: Income, Heart Disease, Diabetes, Cancer, Suicide/Homicide, Limb Amputation

Congregational Health Network

❖ Hospitals work with 380 churches in Memphis

❖ Hospital navigators (including chaplains) work with church-based liaisons to facilitate health care of individuals
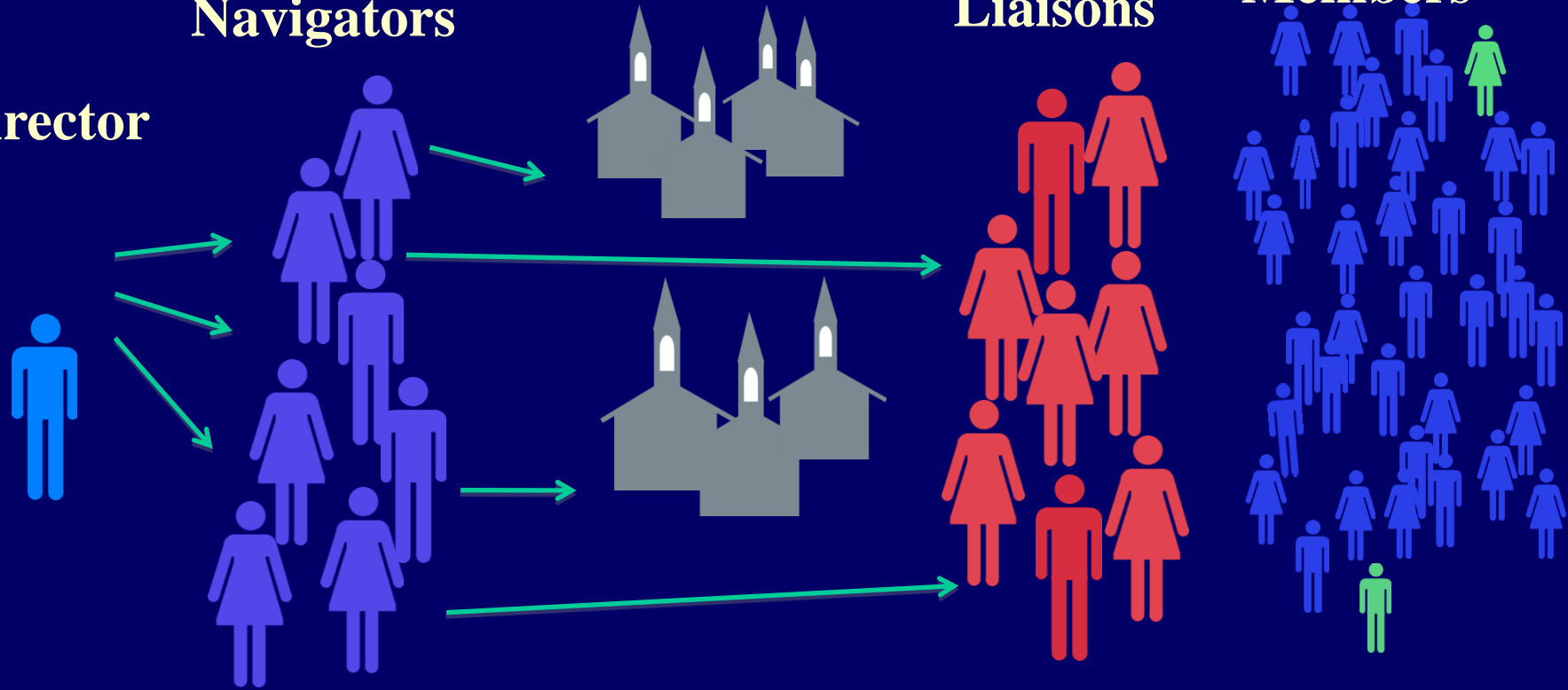
CHN

Congregations

CHN Members

Navigators

Liaisons

Director

1   10   512   602   15,012
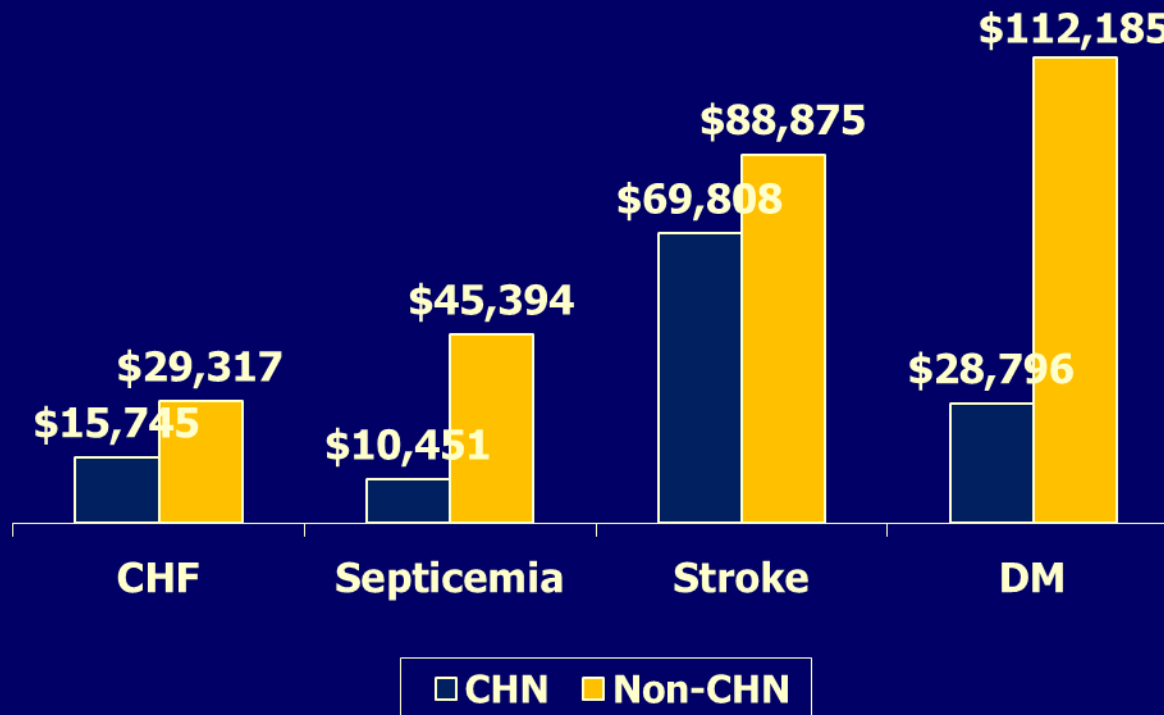
Paid Staff

Volunteers

Congregational Health Network

- ❖ CHN saved $8,705 per person compared to non-CHN
- ❖ CHN significantly reduced charges for CHF, stroke, and diabetes compared to non-CHN
- ❖ CHN resulted in half the crude mortality of non-CHN

CHN vs. Non-CHN
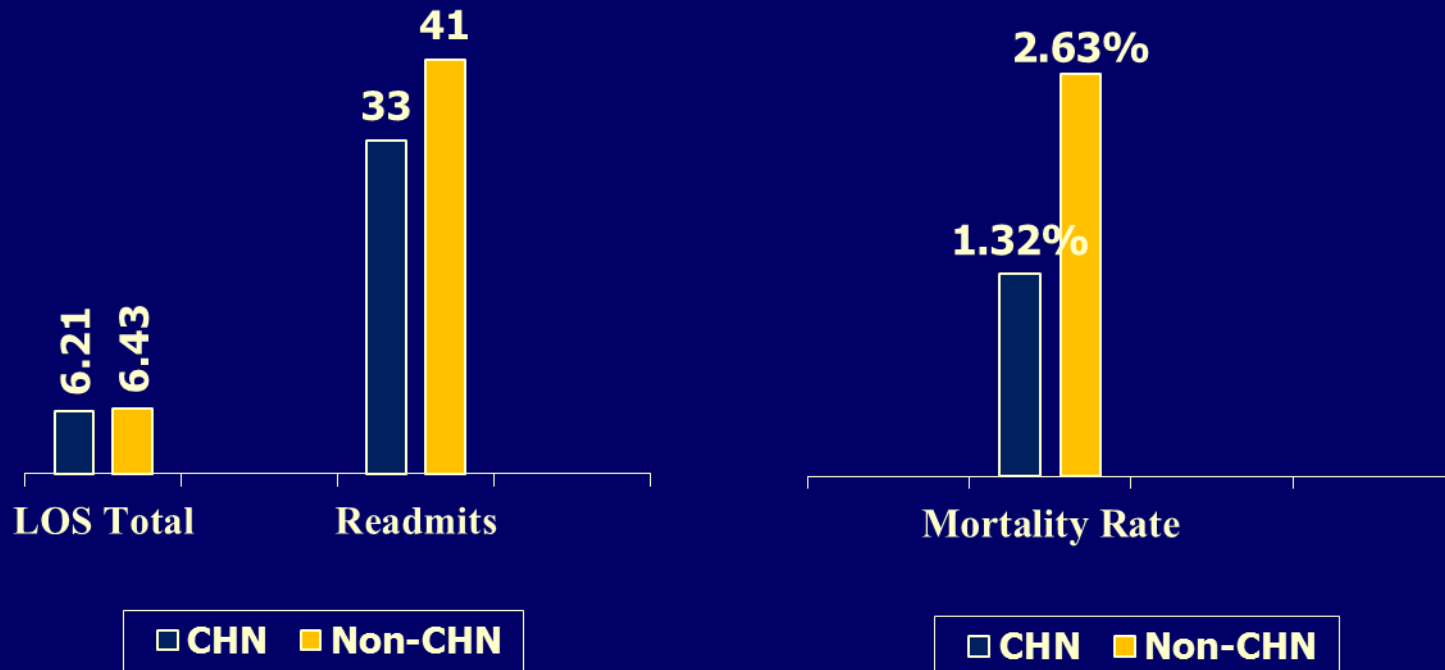# CHF, Septicemia, Stroke and DM Charges

CROSS-SECTIONAL SNAPSHOT AT 25 MONTHS INTO THE WORK OF CHN

CHN vs. Non-CHN Length of Stay, Re-admissions and Mortality rRate

CROSS-SECTIONAL SNAPSHOT AT 25 MONTHS INTO THE WOR*K* OF CHN

LOS - No difference between cohorts
Readmits and Mortality Rates – Significant difference in favor o

Conclusions

❖ Research is a social problem solving tool

❖ No need to be shy about putting healthcare chaplaincy to test

❖ The need for faith in the work of healthcare chaplaincy and in the methods of science

We've Only Just Begun