

Demonstrating the Value of Integrating Spiritual Care in HealthCare Through Increased Patient Satisfaction

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Outline

- **What's God Got To Do With It?**
- **Higher Mathematics**
 - Spiritual satisfaction and overall patient satisfaction
- **Spiritual Care Integration**
- **Spiritual Care - Not Just for Chaplains Anymore**
- **Spiritual Synergy - Challenges with physician collaboration**
- **Try It - You'll Like It! - Using the CPE Model with physicians**

What's God got to do
with it?

Relationship Between Chaplain Visits and Patient Satisfaction (Marin et al, 2015)

- Prospective study investigating relationship between chaplain visits and patient satisfaction in a tertiary care hospital (Mount Sinai Hospital, NYC)
- Almost 9000 surveys evaluated 2011-2013
- Findings
 - Chaplain visits increased willingness of patients to recommend the hospital
 - Patients visited by chaplains stated staff was more likely to meet their spiritual needs
 - Chaplains' integration into healthcare team improves patients satisfaction with their hospital stay

Relationship Between Chaplain Visits and Patient Satisfaction (Marin et al, 2015)

Observed Scores (Mean ± SE) Question	Patients Visited and Not Visited by Chaplains	
	Not-visited by Chaplain N = 8,480	Visited by Chaplain N = 498
Overall rating of care given at hospital	4.63 ± 0.01	4.72 ± 0.03**
What number would you use to rate this hospital during your stay?	8.80 ± 0.02	8.97 ± 0.07*
Likelihood of your recommending this hospital to others	4.59 ± 0.01	4.67 ± 0.03
Would you recommend this hospital to your friends and family?	3.70 ± 0.01	3.77 ± 0.02*
Degree to which hospital staff addressed your spiritual needs	4.23 ± 0.01	4.38 ± 0.04**
Degree to which hospital staff addressed your emotional needs	4.38 ± 0.01	4.44 ± 0.04

Association Between Chaplain Visits and Patient Satisfaction: Regression Coefficients for Chaplain Visits in the Models for Questions About Patient Satisfaction

Question	Coefficient	Standard Error	<i>p</i>
Overall rating of care given at hospital	0.11**	0.04	0.001
What number would you use to rate this hospital during your stay?	0.17*	0.08	0.036
Likelihood of your recommending this hospital to others	0.11**	0.04	0.005
Would you recommend this hospital to your friends and family?	0.07*	0.03	0.018
Degree to which hospital staff addressed your spiritual needs	0.27***	0.05	<.001
Degree to which hospital staff addressed your emotional needs	0.10*	0.04	0.020

Relationship Between Chaplain Visits and Patient Satisfaction (Marin et al, 2015)

“Historically, chaplaincy is not viewed as revenue generating. Our findings suggest that meeting patients’ spiritual needs increases patient satisfaction and may also have positive fiscal consequences, given the advent of the Value Based Purchasing Program”

Spiritual Care...Not just
for Chaplains Anymore

Relationship Between Chaplain Visits and Patient Satisfaction (Marin et al, 2015)

- Other Findings
 - Referrals to chaplains accounted for minority of chaplain visits
 - The overall low referral rate by the medical team may reflect inadequate training and discomfort into inquiring about patients' spiritual or emotional needs
 - Patients who report that spiritual needs supported
 - Score higher on quality of life scales
 - Less likely to have aggressive end of life care
 - More likely to enroll in hospice care

Spiritual Care Consistently Linked to Better Health Outcomes

- Addressing patients' spiritual concerns increases trust in the medical team and overall satisfaction (Williams et al, 2011)
- When spiritual needs are not met, patients report lower ratings for their quality of and satisfaction with care (Astrow et al, 2007)
- Among patients with congestive heart failure, religious struggle associated with poorer physical functioning and increased hospitalization (Park et al, 2009)

Research in Spirituality and Health

Coping: Pain Questionnaire by American Pain Society to Hospitalized Patients

- Personal Prayer most commonly used non-drug method for pain management
 - Pain Pills 82%
 - **Prayer** **76%**
 - Pain IV med 66%
 - Pain injections 62%
 - Relaxation 33%
 - Touch 19%
 - Massage 9%

Research in Spirituality and Health

- **Mortality:** People who have regular spiritual practices tend to live longer
- **Coping:** Patients who are spiritual utilize their beliefs in coping with illness, pain and life stresses
- **Recovery:** Spiritual commitment tends to enhance recovery from illness and surgery



"That jar is not for money. It's for coping tips I can use to satisfy my spiritual needs."

The physician will do better to be close by to tune in carefully on what may be transpiring spiritually both in order to comfort the dying and to broaden his or her own understanding of life at its ending.

Sally Leighton. *Spiritual Life*: 1996

Spiritual Synergy...Challenges with physician collaboration

Why Must Healthcare Professionals Attend to Spiritual Concerns of their Patients?

(Thiel and Robinson, 1997)

- Most patients believe in God
- Patients often put physicians in role secular priest
- Illness induces serious spiritual reflection

The more a physician is open to the spiritual/religious framework of the patient, the greater the trust the patient will have for the physician

Spiritual vs. Emotional Needs

(Press Ganey Preceptor)

- Patients largely do not perceive a distinction between an emotional need and a spiritual need
- Patients place a high value on their emotional and spiritual health and wellbeing
- The degree to which staff address emotional/spiritual needs ranks near the top of the National Inpatient Priority Index yearly since 1998

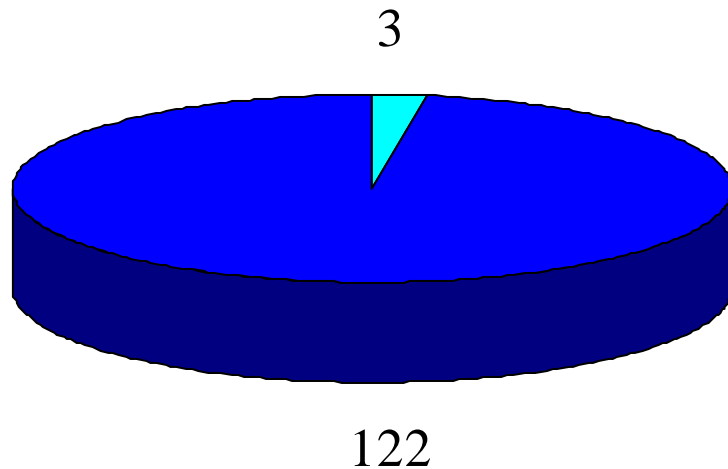
So what are their spiritual and emotional needs?

(Taylor 2003, Ross 1997)

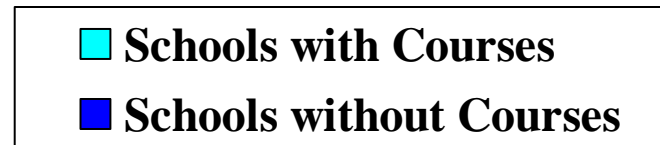
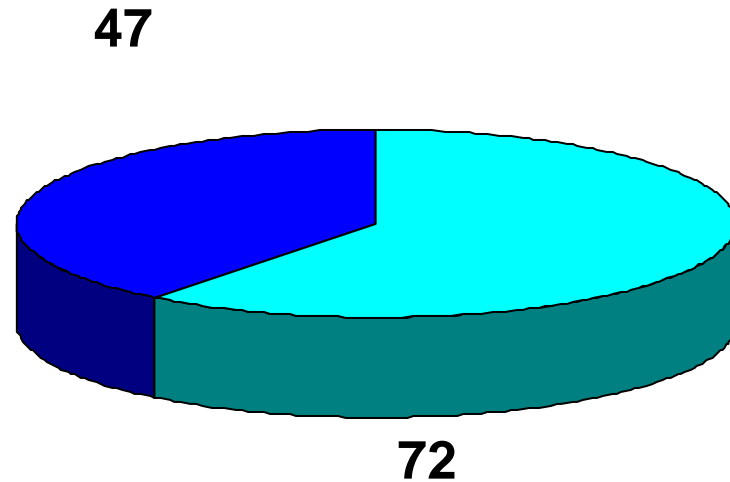
- Kindness
- Respect
- Talking and listening
- Authenticity
- Presence
- Timely response to requests
- Mobilizing religious and spiritual resources
- Quiet space for reflection or prayer

US Schools Teaching Courses on Spirituality and Health

1992



2000



So why is integration difficult?

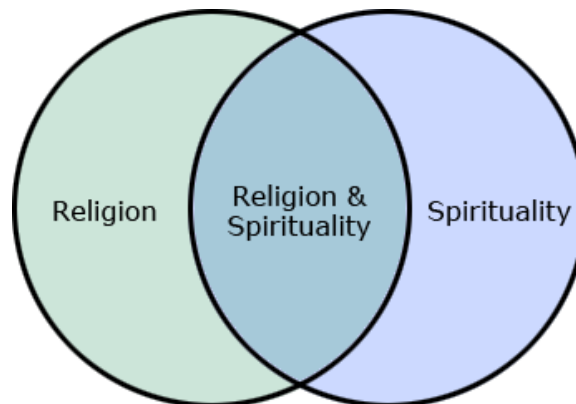
- Spiritual inquiry in health care controversial
- Patients desire spiritual discussions with physicians, and believe that it is as important as physical health
- Spiritual discussions rarely take place
- Physicians are often the least likely to refer to chaplains



"We really should talk about how time constraints preclude applying the skills we were taught, to deal with spiritual distress, but I have to run."

Challenges to Chaplain – Physician Relationship

- Physician issues with spiritual inquiry
 - Departing from established areas of expertise
 - Lack of spirituality training
 - Time constraints
 - Perception of invasion of privacy
 - Ethics of physicians acting as pastoral counselors



Consultation with Chaplains is an Essential Part of Spiritual and Ethical Care

- Chaplains should be consulted early to help the medical team create a care plan
- A trained chaplain can assist the healthcare team maneuver respectfully within the particular understanding of a given patient/family
- Physician collaboration with chaplains helps ensure continuity of care post-discharge

Spiritual History

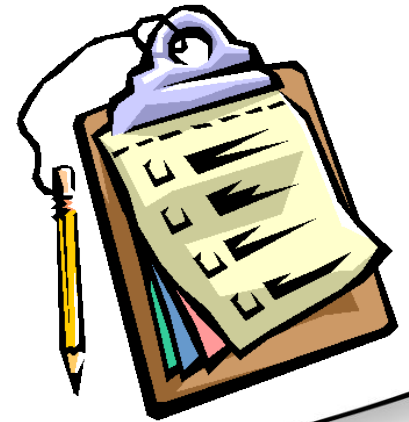


bergen.com

- Taken at initial visit as part of the social history, at each annual exam, and at follow-up visits as appropriate
- Recognition of cases to refer to chaplains
- Opens the door to conversation about values and beliefs
- Uncovers coping mechanisms and support systems
- Reveals positive and negative spiritual coping
- Opportunity for compassionate care

FICA

- F** What is your belief or **f**aith?
- I** Is it **i**important in your life? What **i**nfluence does it have on how you take care of yourself?
- C** Are you part of a spiritual or faith **c**ommunity?
- A** How would you like your healthcare provider to **a**ddress these issues?



Reflection in Medical Education

- Aim of reflective activities to move learners from lower to higher levels of reflection
- Activities that foster reflection
 - Learning portfolios, reflective essays, reflective log sheets, digital media, storytelling
 - Group sessions with trained facilitators

For Discussion with Your Group:

What have been the most difficult obstacles in your efforts to integrate spiritual care into the life of the hospital you serve?

What successes have you achieved in the area of integration of spiritual care? How did you achieve them?

What is your plan?

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