Workshop B4: Increasing Spiritual Care Awareness in Oncology Nursing Staff to Provide Quality Holistic Patient Care

Speaker

The Rev. Christina Shu, MDiv

Increasing Oncology Nursing Staff Spiritual Care Awareness to Provide Quality Holistic Patient Care

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Caring for the Human Spirit Conference
April 20, 2015

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

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LEADING THE QUEST

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Overview

- Tell the story of the background, development and design for project
- Provide opportunity to experience some of content of the spiritual care didactic
- Discuss data and results of project
- Engage with one another about the experience of research at respective institutions, chaplain's role and involvement, and potential for future research

Learning Objectives

1. To demonstrate an effective quality improvement project involving collaboration between spiritual care staff and nursing staff and administration.
2. To design a didactic aimed at oncology nurses aimed at increasing their skill and confidence in screening spiritual distress and providing holistic patient care.
3. To research a correlation between a didactic on spirituality for nurses and an increase in chaplain referrals, an improvement in patient satisfaction scores, and in nurses' self-assessment of ability to assess and provide spiritual care.

Background of Cedars-Sinai Medical Center

- 956 bed, full service hospital, community and academic
- Founded in the Jewish tradition of healing
- Spiritual Care Department: 11 full-time chaplains, CPE program, volunteers, Chapel services, on-call availability
- Located in center of Los Angeles, with a diverse patient population

History of Spiritual Care and Nursing Relationships

- Chaplain didactic on spiritual care to new nurses during orientation
- Integration of unit chaplains through attending interdisciplinary progression of care rounds
- Provision of staff care through Tea for the Soul, and individual counseling and relationships
- Chaplains trained in Critical Incident Stress Management (CISM) and respond to crises
- Strong appreciation and respect between Spiritual Care and Nursing administration and leadership

4 South Nursing Identifies Needs

- Nurses feel moral residue resulting from caring for patients with chronic and terminal illness
- Nurses believe in holistic, multi-disciplinary care, “caring for the whole person”
- Nurses witness spiritual/existential distress and grief in patients and want tools for how to respond, within nursing scope of practice
- Education wanted about how to refer to chaplains and how to work effectively on a team that includes a chaplain
- Desire to improve number and quality of referrals to spiritual care
- Desire to improve patient satisfaction numbers especially patient’s perceived emotional support

Identification, Collaboration, Education

- Nursing staff initiated discussion elevating concern to Psychosocial Committee and CN IV staff
- Spiritual Care Department consulted for expertise
- Initial questionnaire circulated and results identify need for support and education
- Management responsive to need to address and improve spiritual care awareness and quality holistic patient care approving and supporting didactic
- Alignment with pre-existing unit goals and nursing research practice

Research Questions

- Does a didactic aimed at increasing RN staff spiritual care competency increase RN staff confidence to provide spiritual care thus directly impacting patient satisfaction of perceived emotional support?
- Does spiritual care education increase staff referrals to chaplaincy for their patients?

Methods PDSA

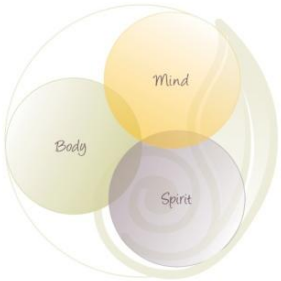
- *Plan:* Design education for 4 South nursing staff called “Spiritual Care for Oncology Patients,” with input from spiritual care, oncology nurses, and mental health nurse educator.
- *Do:* Implement didactic between Jan-Feb. 2014 for 4 South staff, approximately 101 nurses.
- *Study:* Analyze the results, including pre and post didactic evaluations, data from chaplain visits per month, and perceived emotional support data from patient satisfaction surveys.
- *Act:* Provide on-going follow-up interdisciplinary team education via in-services throughout the year on spiritual care education components along with annual clinical competencies
- Magnet Model: Exemplary Professional Practice

Spiritual Care for the Oncology Patient

- Goals of didactic
  - Orientation of definition of spiritual care
  - Assessment tools of spiritual distress
  - Educate staff about referrals to chaplaincy
  - Enhance cultural sensitivity to spiritual care needs
- Our didactic covered:
  - What is spirituality?
  - Identifying one's own spirituality and sharing – a creative activity
  - Spirituality as part of holistic patient-centered care
  - Spiritual distress
  - Grief and loss
  - Role-playing for responding to spiritual distress
  - Self-care

Relationship of Spiritual Care and Quality Holistic Patient Care

Oncology patients face life threatening disease states on a daily basis and they report that spiritual support lessens their burden. Studies show that nurses at the bedside believe that addressing the spiritual/religious needs of oncology patients is important and beneficial thus improving patient outcomes and patient satisfaction. Historically, nursing staff are not fully equipped to mitigate spiritual distress due to lack of training, time and education. Identifying spiritual distress and making referrals to spiritual care practitioners is a component of holistic patient care which has been shown to affect clinical outcomes, improve patient trust and satisfaction, and quality of life.



Spiritual Care Needs Go Unmet

- Majority of physicians and nurses think spiritual needs are **important** and that spiritual care **should be provided** during course of treatment for advanced cancer patients
- Majority think spiritual care is **appropriate** and **beneficial**
- **Patients report receiving** spiritual care from nurses **13%** of the time, and **nurses report providing it 31%** of the time
- Limiting factor is **time**
- Most significant factor is lack of spiritual care **training**

("Why is Spiritual Care Infrequent at the End of Life? Spiritual Care Perceptions of Patients, Nurses, and Physicians and the Role of Training," Balboni, et. al., Journal of Clinical Oncology, Feb. 1, 2013)

Identifying Spirituality

- "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred." (Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference." Journal of Palliative Medicine, Vol 12, No 10, 2009.)
- What gives you meaning? Purpose?
- What do you do to find peace?
- How do you connect to your inner self?

Other people? The world?

Spirit/sacred/the divine?

Spiritual Distress Identification Tools

Identification Tool Kit for Screening of Spiritual Distress

- **Meaninglessness** – life has no meaning
- **Lack of purpose** – "I have no purpose for being here"
- **Hopelessness** – a sense of discouragement/despair, radical loss of hope in life/self/God/other
- **Questioning one's belief system** – "what I have always believed does not seem to be true anymore"
- **Disconnection** – feeling disconnected from self, loved ones, community, the sacred, etc.
- **Concern/anger/resentment** over the meaning of life/suffering
- **Fear** of suffering or death
- **Abandonment** – a sense of having been abandoned by others/the divine
- **Powerlessness** – a sense of having no control over one's life/ present/ future; a sense of not being able to control that which is most important to one
- **Difficulty practicing familiar rituals** that were comforting/meaningful before
- **Shame, guilt, regret, feeling punished** – blaming oneself/others/the divine for illness/suffering

Spiritual Care for the Oncology Patient Didactic

- The didactic was interactive and included role playing exercises.

- Example Role play 1
  - Mrs. M identifies as a spiritual person, but not religious, and does not attend church. She tells her nurse that “God is giver and taker of life and death.” She believes in the power of prayer and that God can provide miracles for those of strong faith. She sees her illness (lung cancer) as a test of her faith, and an opportunity to testify to God’s miracles. However, lately she has started to have some doubts about whether or not she will receive God’s miracle.

Teaching Empathy versus Sympathy

http://youtu.be/1Evwgu369Jw

Nursing Response to Spiritual Distress

- **Active and empathetic listening** - “I hear how difficult/painful/hard it is for you…”
- **Encourage reflection** - “What is that like for you?”
- **Ask the patient** if he/she would like a visit from a **chaplain**
- Be a **non-judgmental and non-anxious** presence

Self-care


art
sleep
giving
beach
yoga
exercise
colleagues
pets
prayer
friends
meditation
chocolate
massage
silence
family
wine
music

Methods: Spiritual Care Didactic Pre and Post Questionnaire

Self-Assessment

How confident do you currently feel regarding the following elements of spiritual care? If the skill is not part of your scope and practice, please check "N/A." (**10 = Most confident, 1 = Least confident)**

	1	2	3	4	5	6	7	8	9	10	N/A
1. Providing patient-centered holistic care	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
2. Identifying spirituality in patients I care for	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
3. Responding to spiritual needs/concerns	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
4. Screening and responding to spiritual distress and suffering	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
5. Knowing when to refer a chaplain	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
6. Working effectively in a team that includes the chaplain to provide interdisciplinary holistic care.	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
7. Identifying elements of the grief process in patients and families I care for.	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
8. Understanding and reflecting upon my own boundaries and limits when engaging in the spirituality of my patients.	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
9. Coping with the suffering and death of patients I care for	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
10. Caring for myself as a caregiver	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒

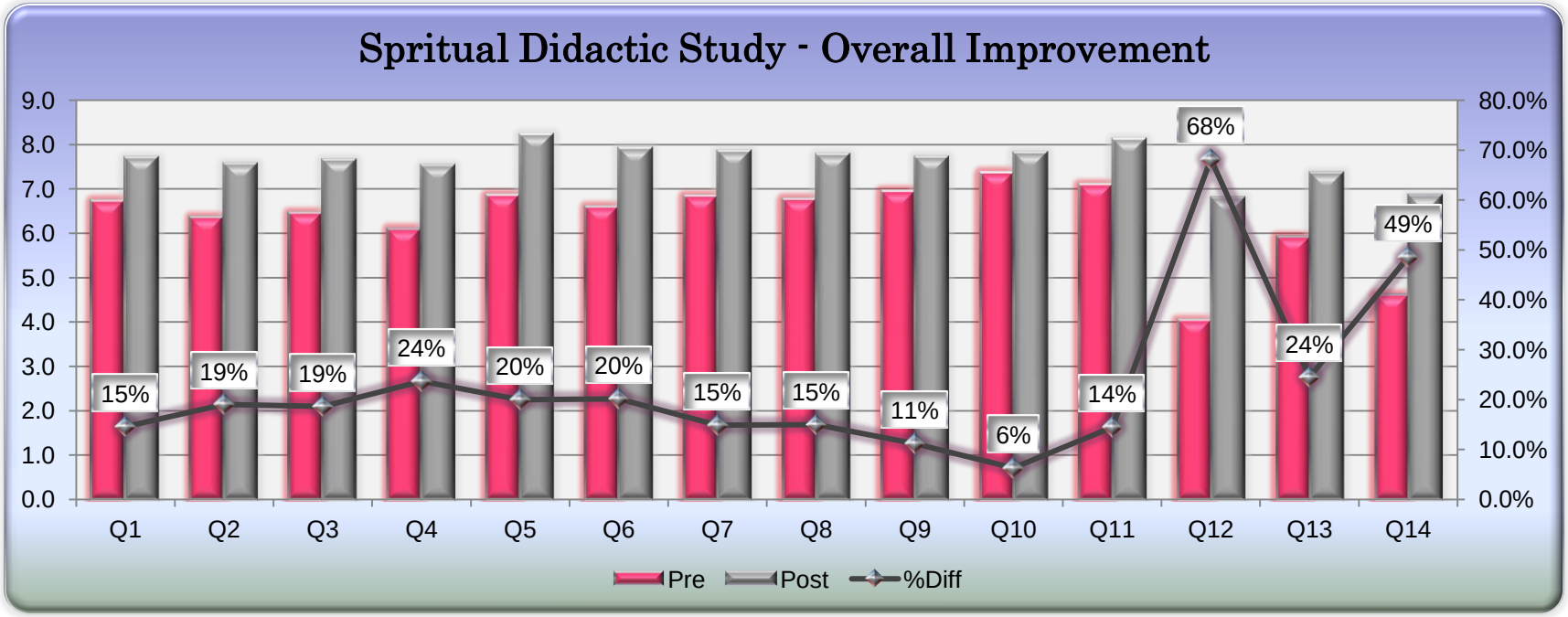
Methods: Spiritual Care Didactic Pre and Post Questionnaire

For what percentage of your patients do the following apply?

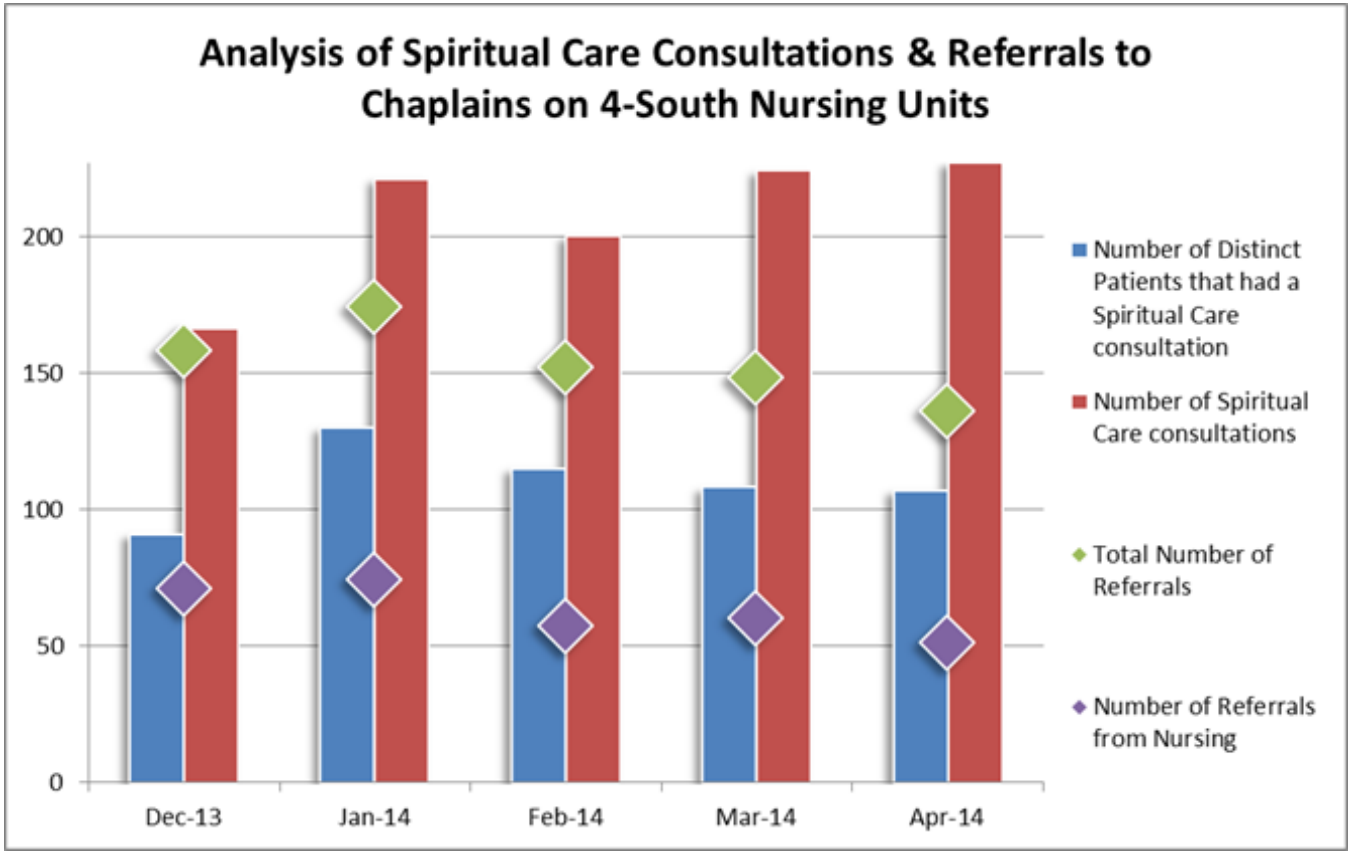
	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	N/A
11. A spiritual care consult would be beneficial for what percentage of your patients?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
12. What percentage of your patients do you refer for spiritual care consults?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
13. What percentage of your patients experience spiritual distress during their hospitalization?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒
14. For what percentage of your patients do you currently provide spiritual care?	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒	❒

14.b I provide spiritual care support to patients by (select all that apply)
❒Referral to a chaplain
❒Providing compassionate presence
❒Inquiring about and affirming patient's spirituality
❒Prayer or other spiritual rituals/practices
❒Other _____

Results of Spiritual Care Didactic – Pre and Post Survey Data



Referrals to Chaplain



Referrals to chaplains showed a slight decline in the months following the didactic which was the opposite of our hypothesis. However, several factors might explain this data: 4South nursing units consistently contribute approximately 15% of total referrals which is already high; overall chaplain referrals also declined slightly in the same months; and 4South nurses may be making more nuanced or appropriate referrals. The number of spiritual care visits by chaplains remained high over this span of time.

Patient Satisfaction for 4 Southwest – January 2014

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Patient Satisfaction Survey Dashboard

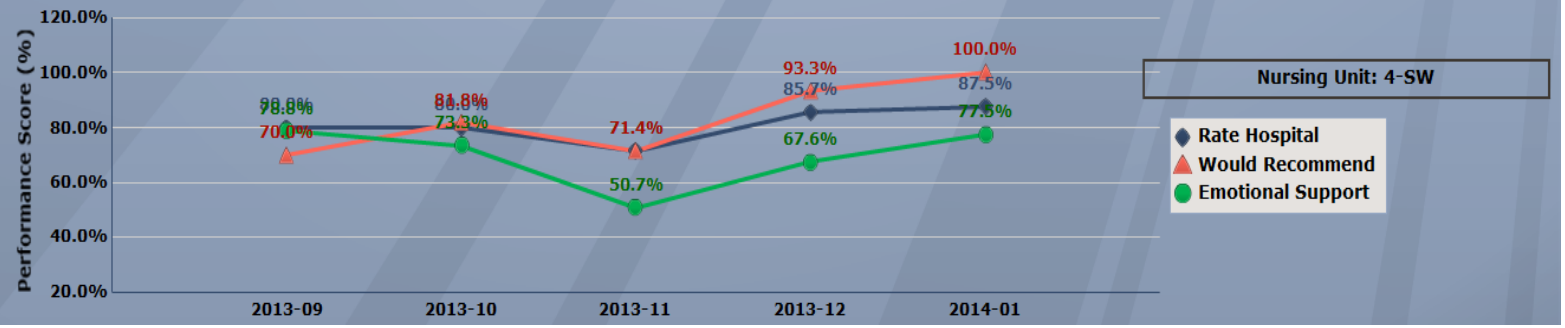
Last Refresh Date: 05/06/2014

HCAHPS Composite | Rate Hospital | Would Recommend | Executive Summary | Charts

Adult Inpatient | 2014-01 | 4-SW | Overall Dimension | N Size: 9 Response Rate: 12%

Rolling 6-Month Overall Summary | Question Summary

4-SW Overall Summary	2014-01 Correlation Coefficient	2013-09	2013-10	2013-11	2013-12	2014-01	2014-02
Rate Hospital		80.0%	80.0%	71.4%	85.7%	87.5%	
Would Recommend		70.0%	81.8%	71.4%	93.3%	100.0%	
Physical Comfort	-0.470	61.5%	65.1%	51.9%	66.7%	72.7%	
Information, Education, and Communication	-0.446	74.1%	74.2%	46.3%	60.5%	47.8%	
Coordination of Care	-0.391	64.9%	56.1%	44.2%	44.2%	63.0%	
Emotional Support	-0.376	78.8%	73.3%	50.7%	67.6%	77.5%	
Involvement of Family and Friends	-0.367	68.8%	82.4%	42.2%	61.9%	66.7%	
Continuity and Transition	-0.349	94.1%	91.4%	59.1%	72.2%	90.0%	
Support Services	-0.257	73.7%	67.9%	54.3%	73.6%	72.0%	
Patient Safety	-0.148	81.1%	73.8%	61.8%	76.8%	77.4%	



Patient Satisfaction for 4 Southeast – January 2014

CEDARS-SINAI

Patient Satisfaction Survey Dashboard

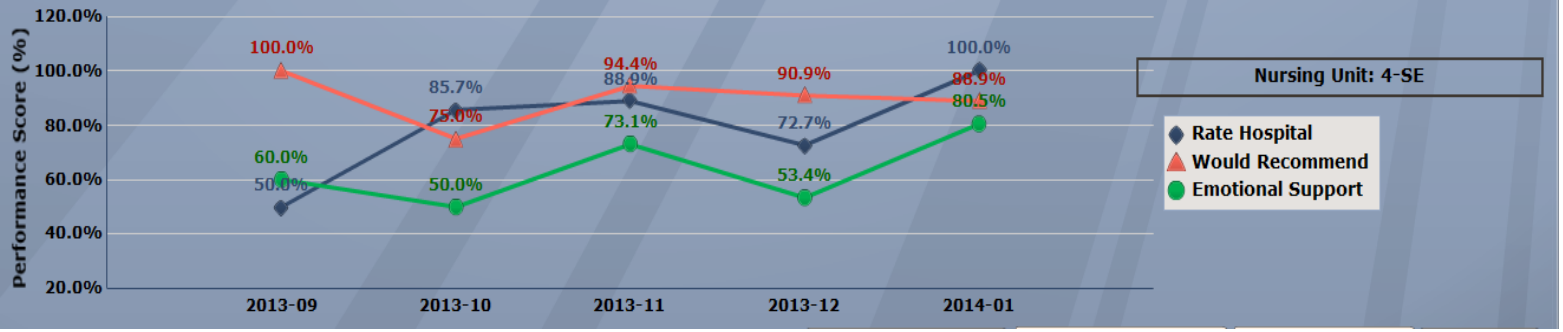
Last Refresh Date: 05/06/2014

HCAHPS Composite | Rate Hospital | Would Recommend | Executive Summary | Charts

Adult Inpatient | 2014-01 | 4-SE | Overall Dimension | N Size: 10 Response Rate: 9.7%

Rolling 6-Month Overall Summary | Question Summary

4-SE Overall Summary	2014-01 Correlation Coefficient	2013-09	2013-10	2013-11	2013-12	2014-01	2014-02
Rate Hospital		50.0%	85.7%	88.9%	72.7%	100.0%	
Would Recommend		100.0%	75.0%	94.4%	90.9%	88.9%	
Information, Education, and Communication	0.000	83.3%	73.7%	73.9%	65.5%	68.0%	
Physical Comfort	0.000	62.5%	51.9%	63.5%	48.9%	45.2%	
Emotional Support	-0.417	60.0%	50.0%	73.1%	53.4%	80.5%	
Respect for Patient Preferences	-0.373	80.0%	71.1%	75.9%	81.0%	75.5%	
Coordination of Care	-0.327	50.0%	25.9%	54.7%	50.0%	73.3%	
Patient Safety	-0.121	62.5%	75.0%	75.9%	75.6%	75.0%	
Support Services	-0.063	76.5%	61.4%	66.0%	64.2%	55.7%	
Continuity and Transition	-0.020	90.0%	55.3%	62.2%	66.0%	79.1%	
Involvement of Family and Friends	-0.013	83.3%	57.1%	52.9%	61.1%	68.2%	



Results HCAHPS 4SW Post Education and Didactic January 2014

4-SW

Fiscal Year 2014	N Size	Response Rate	HCAHPS: Rate Hospital	HCAHPS: Would Recommend Hospital	HCAHPS: Responsiveness of Hospital Staff	HCAHPS: Communication with Nurses	HCAHPS: Pain Control	HCAHPS: Communication about Medicines	HCAHPS: Discharge Information	HCAHPS: Room Kept Clean/Quiet At Night	HCAHPS: Communication with Doctors	HCAHPS: Transition of Care
Target			81.0%	87.0%	64.7%	80.2%	75.4%	62.7%	86.6%	64.3%	84.4%	
2014-01	9	12.0%	87.5%	100.0%	53.8%	75.0%	83.3%	64.3%	93.8%	68.8%	70.8%	65.2%
2013-12	16	20.8%	85.7%	93.3%	62.5%	77.8%	77.3%	53.8%	85.7%	62.1%	66.7%	56.8%
2013-11	15	21.1%	71.4%	71.4%	44.0%	64.4%	56.3%	40.9%	81.8%	50.0%	53.3%	39.5%
2013-10	12	23.1%	80.0%	81.8%	47.4%	66.7%	85.7%	71.4%	90.9%	59.1%	83.3%	62.5%
2013-09	11	18.3%	80.0%	70.0%	55.6%	75.0%	75.0%	90.0%	95.0%	52.6%	81.8%	74.1%
2013-08	22	24.4%	65.0%	81.0%	61.3%	75.8%	69.6%	61.5%	83.3%	61.9%	72.7%	55.9%
2013-07	11	13.8%	60.0%	70.0%	46.7%	60.0%	65.0%	61.1%	80.0%	50.0%	56.7%	41.4%
2013-06	15	22.7%	71.4%	78.6%	23.5%	74.4%	50.0%	52.6%	92.0%	46.4%	89.7%	50.0%
2013-05	21	26.3%	78.9%	83.3%	53.3%	77.2%	69.0%	72.7%	88.9%	57.1%	78.6%	58.2%
2013-04	23	24.0%	82.6%	82.6%	60.0%	71.0%	58.3%	53.6%	78.0%	53.3%	76.9%	38.2%
2013-03	22	25.3%	90.9%	90.9%	48.3%	72.7%	85.2%	78.6%	84.6%	72.7%	84.8%	55.7%
2013-02	16	22.5%	71.4%	75.0%	57.1%	70.8%	61.1%	70.8%	90.6%	62.5%	81.3%	61.0%
2013-01	8	11.0%	100.0%	83.3%	60.0%	90.5%	75.0%	58.3%	100.0%	53.8%	90.5%	50.0%

Results HCAHPS 4SE Post Education and Didactic January 2014

4-SE

Fiscal Year 2014	N Size	Response Rate	HCAHPS: Rate Hospital	HCAHPS: Would Recommend Hospital	HCAHPS: Responsiveness of Hospital Staff	HCAHPS: Communication with Nurses	HCAHPS: Pain Control	HCAHPS: Communication about Medicines	HCAHPS: Discharge Information	HCAHPS: Room Kept Clean/Quiet At Night	HCAHPS: Communication with Doctors	HCAHPS: Transition of Care
Target			81.0%	87.0%	64.7%	80.2%	75.4%	62.7%	86.6%	64.3%	84.4%	
2014-01	10	9.7%	100.0%	88.9%	54.5%	76.7%	70.0%	50.0%	94.1%	29.4%	80.0%	34.6%
2013-12	12	13.5%	72.7%	90.9%	47.4%	82.9%	62.5%	60.0%	81.0%	45.5%	77.8%	50.0%
2013-11	21	20.8%	88.9%	94.4%	55.2%	79.6%	65.4%	65.0%	75.8%	66.7%	85.2%	56.5%
2013-10	8	11.1%	85.7%	75.0%	44.4%	87.5%	62.5%	62.5%	75.0%	50.0%	68.2%	18.2%
2013-09	2	11.1%	50.0%	100.0%	25.0%	83.3%	100.0%	50.0%	100.0%	50.0%	100.0%	50.0%
2013-08	12	16.9%	72.7%	81.8%	50.0%	68.8%	61.1%	43.8%	91.7%	45.5%	75.8%	50.0%
2013-07	16	17.0%	71.4%	71.4%	58.3%	75.0%	64.3%	61.1%	66.7%	67.9%	72.3%	35.1%
2013-06	19	19.8%	75.0%	78.9%	69.2%	73.7%	80.0%	72.2%	88.6%	65.8%	87.7%	56.3%
2013-05	23	24.0%	72.7%	81.8%	38.2%	76.8%	68.4%	60.0%	85.4%	57.8%	73.9%	37.9%
2013-04	24	23.5%	81.0%	90.9%	44.7%	66.7%	60.0%	50.0%	88.6%	47.7%	80.6%	50.0%
2013-03	17	19.8%	70.6%	64.7%	51.9%	52.9%	41.7%	43.8%	77.4%	50.0%	54.9%	28.6%
2013-02	19	19.6%	88.2%	78.9%	57.7%	71.2%	80.0%	42.1%	75.0%	66.7%	79.2%	53.1%
2013-01	26	22.0%	68.0%	75.0%	74.2%	76.0%	67.7%	50.0%	75.6%	38.8%	65.3%	47.0%

Quotes by Nurses Post-Didactic

- Request for future education: “A retreat that talks about Spiritual Well-Being & how nurses can become more spiritual-recapturing the "Art of Nursing".
- “This was a great way to touch on very sensitive and emotional aspects of caring for our patient population. Thank you for recognizing how important this is.”
- “After lecture I feel that I am more ready to respond as an empathetic practitioner to my patients-The lecture gave me objective tools to use.”

Results - Summary

- Difficult to analyze HCAHPS data
- Chaplain referrals did not show a significant increase after the didactic; however chaplains continue to be part of interdisciplinary rounds and 4 South collectively provides a significant amount of spiritual care referrals and collaboration
- Pre and post evaluation data shows significant improvement on all questions. Participants felt more confident and comfortable in their skills in identifying and responding to spiritual distress in patients, and said they were more likely to request a chaplain for their patients.

Results - Internal

- Project presented at Cedars-Sinai Nursing Research Conference and won 1st place for Originality
- Project presented at Cedars-Sinai Ethics Committee
- Staff requested potential topics for future education:
  - End of life issues from different religious perspectives
  - More role-playing and case scenarios
  - Care for people of diverse religious and cultural backgrounds
  - Palliative care and medical issues at end of life
- As of April 2015, staff remain interested in above topics and open and hopeful for a follow up project in future

Results - Limitations

- Survey of nurses self-reported skills was not repeated later in year
- Many factors influence patient satisfaction scores, so increase could not be tied directly to spiritual care education
- Many competing forces for nursing staff time and attention
- Un-measurable or intangible results, i.e. benefits of the project not directly related to data that was tracked or which could not be tracked

Discussion – A Chaplain's Perspective

- Relationships matter and time spent sharing, laughing and building trust with nurses is never wasted
- Understanding competing demands and limits of time in hospital setting
- Following where the energy, need, and opportunity leads
- Sometimes an effective project is not just in the data AND we can design projects to improve data collection
- Future plans? Continue to build and nurture interdisciplinary relationships and look for more opportunities!

Conclusion

This process and education empowered nurses to speak up at critical times to advocate for patients' medical, emotional and spiritual needs.

Anecdotal feedback suggests a higher level of comfort for nursing presence to support patients and families at the end of life.

Your Own Site and Projects

- Identifying key relationships
- Identifying needs and energy
- Linking to institutional goals and research resources
- Implement project
- Research and record results
- Analyze data and summarize research results
- Continued relationships and future plans

Q&A and Thank You!

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Speaker

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