The research evidence of the positive impact of chaplaincy and spiritual care: summary of key findings

1. Professional chaplains are effective at meeting spiritual needs, which are important to overall patient and family satisfaction.

2. Chaplains are often involved with patients at the end of life. Many patients and health care staff find chaplaincy services helpful in reducing patients’ anxiety and helping patients to be more open to hospice care.

3. When spiritual needs of advanced cancer patients are met, they are more likely to die in hospice instead of the Intensive Care Unit and to have better quality of life at end of life and at a lower cost than in ICU. While research studies focus on advanced cancer patients, the findings suggest broader application to other patients with longer term chronic diseases.

DETAILED FINDINGS

• Professional chaplains improve patient and family satisfaction by helping them to address emotional and spiritual needs.

    — A study of 1440 patients at 14 US hospitals found that ¹:

        o The chaplain visit met the patient’s spiritual needs.
        o Being visited more often by a chaplain predicted greater patient satisfaction.
        o Patients often felt that visits from the chaplain contributed to their readiness to return home, a faster recovery, and an easier hospitalization.
        o Many agreed that chaplains helped them to cope, feel more hopeful, and find the strength to go on.
        o Chaplaincy services are related to significantly lower rates of hospital deaths and higher rates of hospice enrollment.²

• A study of 3,141 inpatients at the University of Chicago Medical Center suggests that many more inpatients desire conversations about religion/spirituality than have them. Health care professionals might improve patients’ overall experience with being hospitalized and patient satisfaction by addressing this unmet patient need.
• A study of 365 family members of patients who died in the ICU found that³:
  — Family members of patients who died in the ICU or 24 hours after discharge were more likely to say they were satisfied with the spiritual care they had received if a pastor or spiritual advisor was involved in the last 24 hours of the patient’s life.
  — There is a strong association between satisfaction with spiritual care and satisfaction with the total ICU experience.
  — Longer hospital stay patients are more likely to feel that having someone listen to them was a very important need that chaplains met.⁴

• Failure to meet spiritual needs is associated with cancer patients’ perceptions of lower quality of care and lower satisfaction with their care.
  — A study of 250 patients in a NYC hospital focusing on orthopedic surgery found that⁵:
    o 80% of patients who had spiritual or religious needs said the chaplain met these needs very well.
    o Most patients felt the chaplain made their stay easier and helped them tap into inner strengths and resources.
    o Religion and spirituality relate to coping, practices, beliefs, transformation, and community.⁶

Interventions by an interdisciplinary health care team that includes chaplains can lead to fewer hospital transfers for patients in geriatric skilled nursing facilities.⁷

Chaplains are heavily involved in end-of-life care and aid in hospice enrollment.

HealthCare Chaplaincy clinical staff members, as part of the palliative care team at several of our hospital partners, have advocated—or engaged in palliative care consultations—for patients who have been in the ICU for an extended time. These consultations can lead to transfer to either a palliative care or hospice care unit.

Professional chaplains facilitate end-of-life care discussions for advanced cancer patients that can influence patient satisfaction, hospice enrollment, and better patient quality of life near death.⁸,⁹,¹⁰,¹¹,¹²
CANCER and SPIRITUALITY RESEARCH FINDINGS

Religiousness and Spiritual Support among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life.

In a large study of advanced cancer patients:

- 88% said religion was at least somewhat important in their coping
- 72% said their spiritual needs were minimally or not at all supported by the medical system
- 42% said their spiritual needs were minimally or not at all supported by their faith community.
- Spiritual support was highly associated with quality of life. (P=.0003)\(^\text{13}\)

Provision of Spiritual Care to Patients with Advanced Cancer: Associations with Medical Care and Quality of Life Near Death

- Support of terminally ill patients’ spiritual needs by the medical team is associated with greater hospice utilization and, among high religious copers, less aggressive care at the end of life.
- Spiritual care is associated with better patient quality of life near death.\(^\text{14}\)

Support of Cancer Patients’ Spiritual Needs and Associations with Medical Care Costs at the End of Life

- Patients whose religious/spiritual needs were inadequately supported were less likely to receive a week or more of hospice and more likely to die in the ICU.
- Minority and highly religious coping patients with poorly supported religious/spiritual needs received more ICU care (11.3% vs 1.2% and 13.1% vs 1.6%, respectively), less hospice, and had increased ICU deaths.
- End of life costs were higher when spiritual needs were inadequately supported ($4947 vs $2833), particularly among minorities ($6533 vs $2276) and high religious copers ($6344 vs $2431).\(^\text{15}\)

“It Depends”: Viewpoints of Patients, Physicians, and Nurses on Patient-Practitioner Prayer in the Setting of Advanced Cancer.

- Most patients and practitioners view patient-practitioner prayer as at least occasionally appropriate in the advanced cancer setting, and most patients view prayer as spiritually supportive.
• The appropriateness of prayer is case specific, requiring consideration of multiple factors.16

OTHER

• Since 2011, a new service 'Community Chaplaincy Listening, (CCL) has provided patient centered spiritual listening in general practice surgeries across Scotland. Through CCL chaplains have established a new role of specialist spiritual care providers within primary care teams. Chaplains providing spiritual listening sessions can now show how listening directly enhances patient well being and resilience.17

• Work in the Scottish Health Care system describes a remarkable vision for mutual learning among health care professionals and chaplains though Values Based Reflection groups. Chaplains’ facilitative and supervisory input has the potential to transform individuals and teams and, with time, organizational culture which in turn enhances the well-being of caregivers and the cared for.18


2 Flannelly, Kevin J., Linda L. Emanuel, George F. Handzo, Kathleen Galek, Nav


18 Kelly, E, Translating Theological Reflective Practice into Values Based Reflection: A Report from Scotland. Reflective Practice- Formation and Supervision in Ministry, Vol, 33, 2013. (open access)