

The Evidence of the Positive Impact of Chaplaincy and Spiritual Care

Summary of Key Findings on the Efficacy of Professional Chaplaincy

- 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 (ICU) and to have better quality of life at end of life and at a lower cost than in ICU. While research studies have focused on advanced cancer patients, the findings suggest broader application to other patients with longer term chronic diseases.**
- 4. Practice guidelines especially in palliative care increasingly call for a board certified chaplain as a member of the health care team.** ^{1,2,3}

DETAILED FINDINGS

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

— A study of 1,440 patients at 14 U.S. hospitals found that ⁴:

- The chaplain visit met the patient's spiritual needs.
- Being visited more often by a chaplain predicted greater patient satisfaction.
- Patients often felt that visits from the chaplain contributed to their readiness to return home, a faster recovery, and an easier hospitalization.
- Many agreed that chaplains helped them to cope, feel more hopeful, and find the strength to go on.

- Chaplaincy services are related to significantly lower rates of hospital deaths and higher rates of hospice enrollment.⁵
- 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.⁶
- A study of 365 family members of patients who died in the ICU found that⁷:
 - 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.⁸
- **Visits from professional chaplains raise patient satisfaction and HCHAPS scores, including the likelihood of patients highly recommending the hospital to others.⁹**
 - Chaplain visits increased the willingness of patients to recommend the hospital, as measured by both the HCAHPS survey and the Press Ganey survey.
 - On the Press Ganey survey, patients visited by chaplains were also more likely to endorse that staff met their spiritual needs and their emotional needs.
 - In terms of overall patient satisfaction, patients visited by a chaplain were more satisfied on both the Press Ganey survey and on the HCAHPS survey.
- **Meeting spiritual needs is associated with value-added outcomes.**
 - A study of 250 patients in a NYC hospital focusing on orthopedic surgery found that¹⁰:
 - 80 percent of patients who had spiritual or religious needs said the chaplain met these needs very well.
 - Most patients felt the chaplain made their stay easier and helped them tap into inner strengths and resources.
 - Religion and spirituality relate to coping, practices, beliefs, transformation and community.¹¹

- Interventions by an interdisciplinary health care team that includes chaplains can lead to fewer hospital transfers for patients in geriatric skilled nursing facilities.¹²
- Chaplains are heavily involved in end-of-life care and aid in hospice enrollment.
- HealthCare Chaplaincy Network (HCCN) clinical staff members, as part of the palliative care team at several of HCCN's affiliated hospitals, 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.^{13,14,15,16,17} Chaplains help patients align their care plans with their values and promote a culture of respect and dignity, both of which are associated with better patient satisfaction and reduced use of aggressive care at the end of life.¹⁸

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 patients¹⁹:
 - 88 percent said religion was at least somewhat important in their coping.
 - 72 percent said their spiritual needs were minimally or not at all supported by the medical system.
 - 42 percent 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)
- **Provision of Spiritual Care to Patients with Advanced Cancer: Associations with Medical Care and Quality of Life Near Death**²⁰
 - 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.

- **Support of Cancer Patients' Spiritual Needs and Associations with Medical Care Costs at the End of Life** ²¹

- 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 percent vs. 1.2 percent, and 13.1 percent vs. 1.6 percent, respectively), less hospice, and had increased ICU deaths.
- End-of-life costs were higher when spiritual needs were inadequately supported (\$4,947 vs. \$2,833), particularly among minorities (\$6,533 vs. \$2,276) and high religious copers (\$6,344 vs. \$2,431).

- **“It Depends”: Viewpoints of Patients, Physicians, and Nurses on Patient-Practitioner Prayer in the Setting of Advanced Cancer** ²²

- 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.

OTHER

- Since its introduction in 2011, 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.²³
- Work in the Scottish health care system describes a remarkable vision for mutual learning among health care professionals and chaplains through 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.²⁴

SPIRITUAL NEEDS AMONG FAMILY CAREGIVERS OF PATIENTS IN AN ICU

The first study describes what can result when chaplains are involved (fewer patients died in the ICU when their caregivers had their spiritual needs met) and the second (published August 2015) describes the depth of the need and how rarely it is met if chaplains are not involved.

- Spiritual care providers engage in a variety of activities with families of ICU patients; several are associated with increased family satisfaction with ICU care in general and decision-making in the ICU specifically. These findings provide insight into spiritual care provider activities and provide guidance for interventions to improve spiritual care delivered to families of critically ill patients.²⁵

Note- The use of “spiritual care provider” instead of “chaplain” in this article is due to the fact that most of the care was provided by chaplaincy students and the authors decided not to give them the official title of “chaplain”.

- The study authors found that almost 78 percent of people acting on behalf of patients in intensive care said that religion or spirituality was fairly or very important to them. Yet their beliefs came up in only 40 out of nearly 250 family conferences with medical professionals. In 26 of those 40 cases, the patient's family member brought up the subject first.²⁶

¹ Distress Management Guidelines, National Comprehensive Cancer Network. www.nccn.org.

² The National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines for Quality Palliative Care 3rd edition 2013*, www.nationalconsensusproject.org

³ Standards for Advanced Certification of Palliative Care Programs, The Joint Commission, Oak Brook, IL.

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