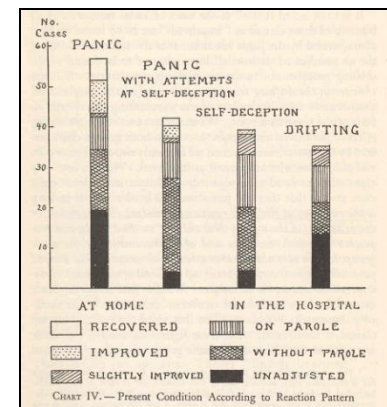
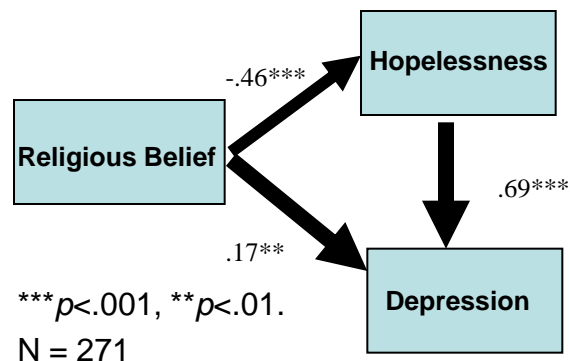
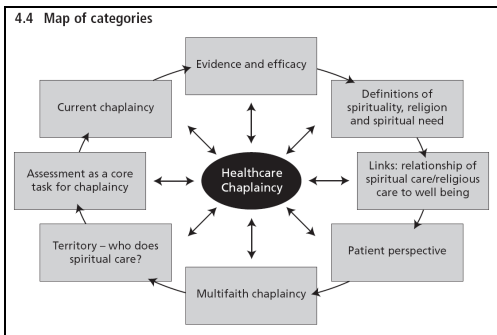


# What We Know About the Role of Spiritual Care in Health Care

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# Outline

## Patients' Religion/Spirituality (R/S)

- Importance in coping with illness
- R/S distress
- Preferences re chaplain care
- Unmet R/S needs

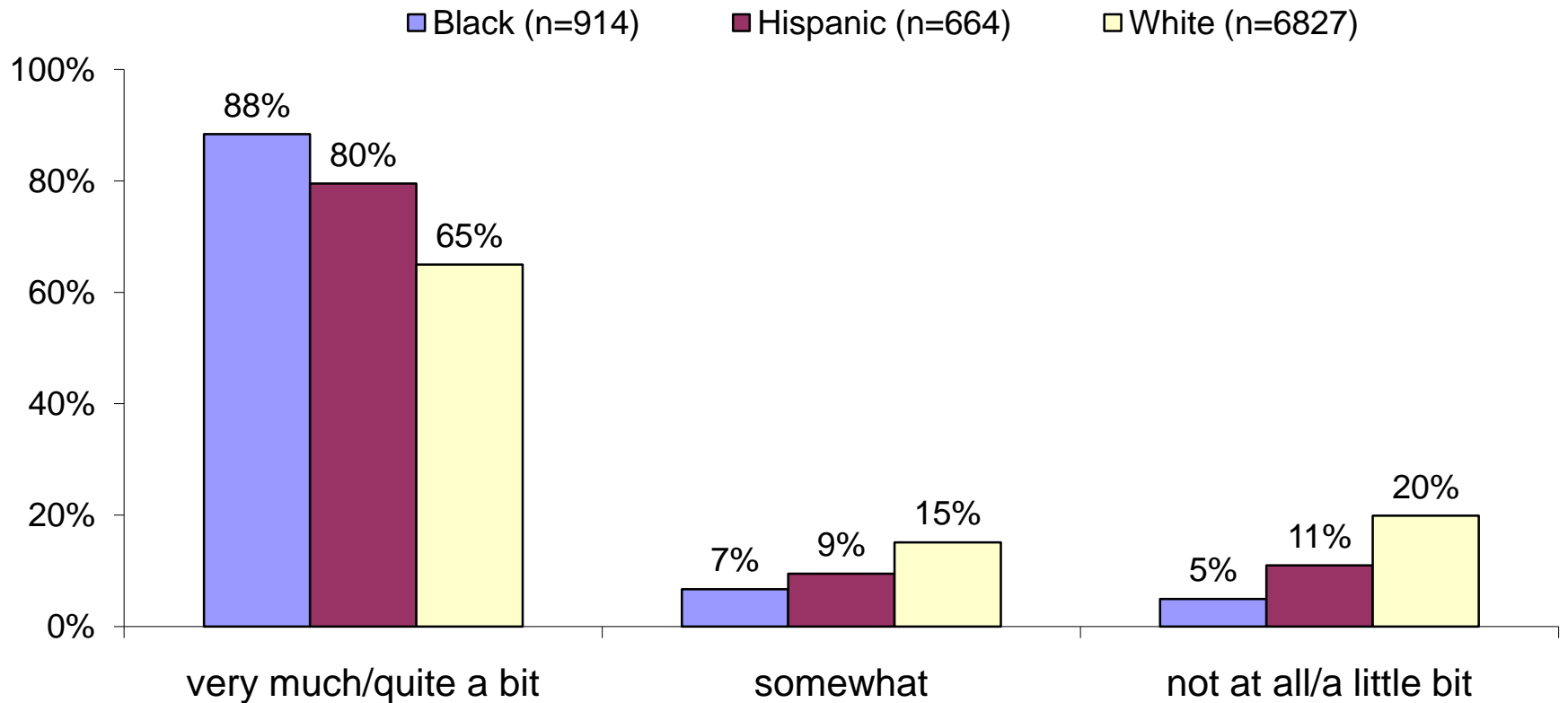
## Chaplains' Care

- Structure, Process
- Effect of spiritual care on outcomes
  - Satisfaction
  - Emotional distress
  - Health care utilization



Chaplain Russell Dicks

# My faith or spirituality has helped me through my cancer experience



N=8,405, ACS SCS II; Canada et al. 2012

Healthy Adults (N=31,100, NHIS)		Cancer Patients (N=700)	
Activity in the past 12 months	Percent Yes	Use during chemotherapy or radiation	Percent Yes
<b>Prayer specifically for your own health</b>	<b>43.0%</b>	<b>Prayer</b>	<b>77%</b>
Prayer by others for your health	24.4%	Relaxation	60%
Natural products	18.9%	Exercise	47%
Deep breathing exercises	11.6%	Diets	23%
Participation in prayer group for own health	9.6%	Mega-vitamins	20%
Meditation	7.6%	Spiritual healing	19%
Chiropractic care	7.5%	Imagery	14%
Yoga	5.1%	Massage	10%
Massage	5.0%	Herbal medicine	9%
Diet-based therapies	3.5%	Self-help groups	7%
		Chiropractic	6%
		Hypnosis	2%
		Acupuncture	1%

Source: Barnes et al., 2004 – NHIS; Yates et al., 2005 –Ca pts

# R/S and Adjustment to Illness, QoL

Sample (study)	Findings
<b>210 patients w advanced illness (one third each with cancer, COPD, or CHF)</b> (Johnson et al., 2011)	<b>Higher scores for faith were associated with lower anxiety and depression</b>
<b>210 patients w advanced cancer</b> (Tarakeshwar et al., 2006)	<b>Higher levels of positive religious coping were associated with better QoL</b>

# Spiritual Needs and Care at End-of-Life

**Table 5.** Mean Rank Scores of 9 Preselected Attributes\*

Attributes	Patients	Bereaved Family Members	Physicians	Other Care Providers
Freedom from pain	3.07 (1)	2.99 (1)	2.36 (1)	2.83 (1)
At peace with God	3.16 (2)	3.11 (2)	4.82 (3)	3.71 (3)
Presence of family	3.93 (3)	3.30 (3)	3.06 (2)	2.90 (2)
Mentally aware	4.58 (4)	5.41 (5)	6.12 (7)	5.91 (7)
Treatment choices followed	5.51 (5)	5.27 (4)	5.15 (5)	5.14 (5)
Finances in order	5.60 (6)	6.12 (7)	6.35 (8)	7.41 (9)
Feel life was meaningful	5.88 (7)	5.63 (6)	5.02 (4)	4.58 (4)
Resolve conflicts	6.23 (8)	6.33 (8)	5.31 (6)	5.38 (6)
Die at home	7.03 (9)	6.89 (9)	6.78 (9)	7.14 (8)

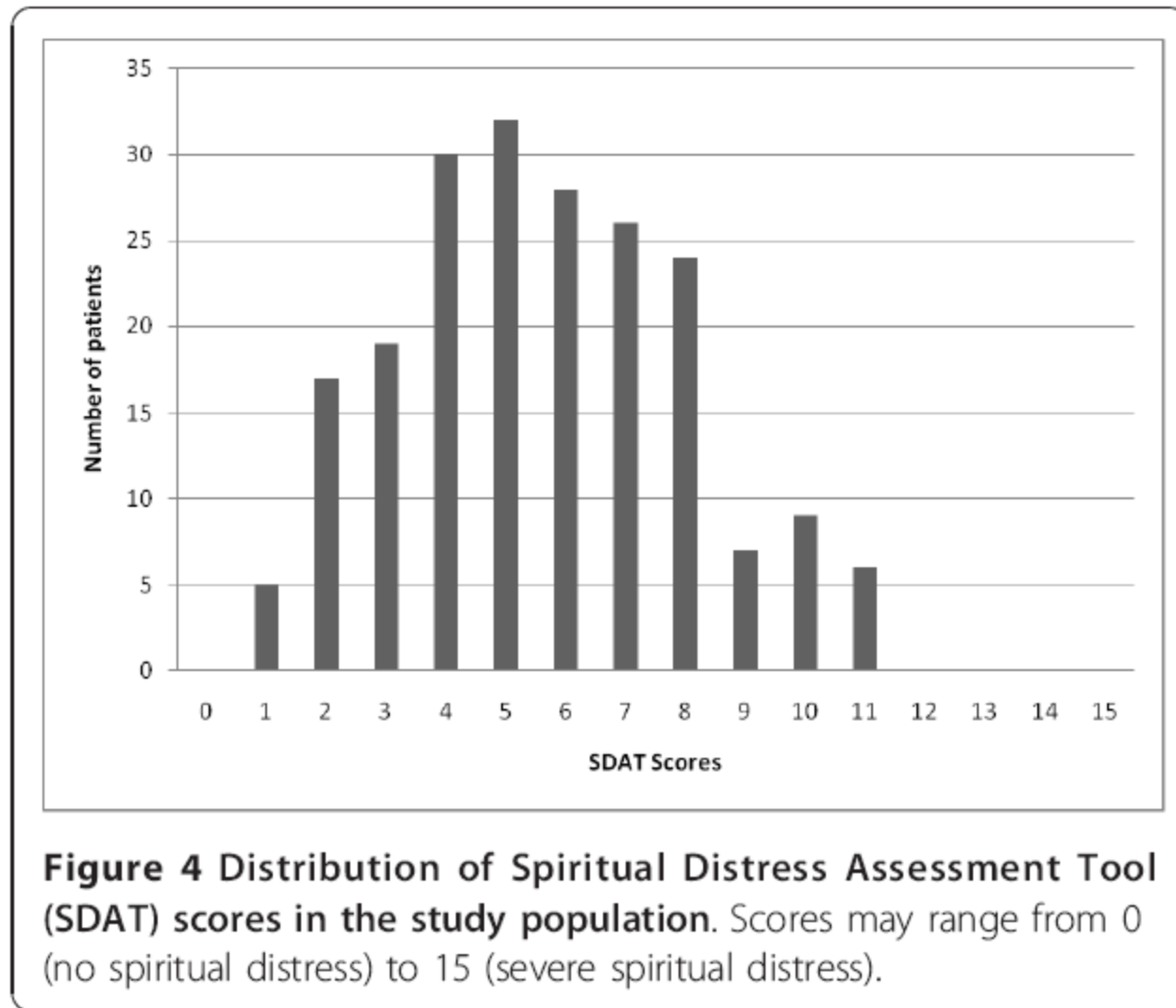
\*Attributes are listed in the mean rank order based on patient response. Numbers in parentheses are mean rank order, with lowest rank score (1) indicating most important attribute and highest rank score (9) indicating least important. Friedman tests were significant at  $P < .001$ , suggesting that rankings by each group were different than would be expected by chance alone.

Steinhauser et al 2000, 340 patients w advanced illness, 332 families whose loved one died in prior 6-12 months

# Religious Coping among Persons with Persistent Mental Illness (N=406)

65%	Religion helped to cope with symptom severity (to a large or moderate extent)
48%	Religion became more important when symptoms worsened
30%	Religious beliefs and activities were “the most important things that kept [them] going”

# Spiritual Distress in Older Medical Rehab Patients



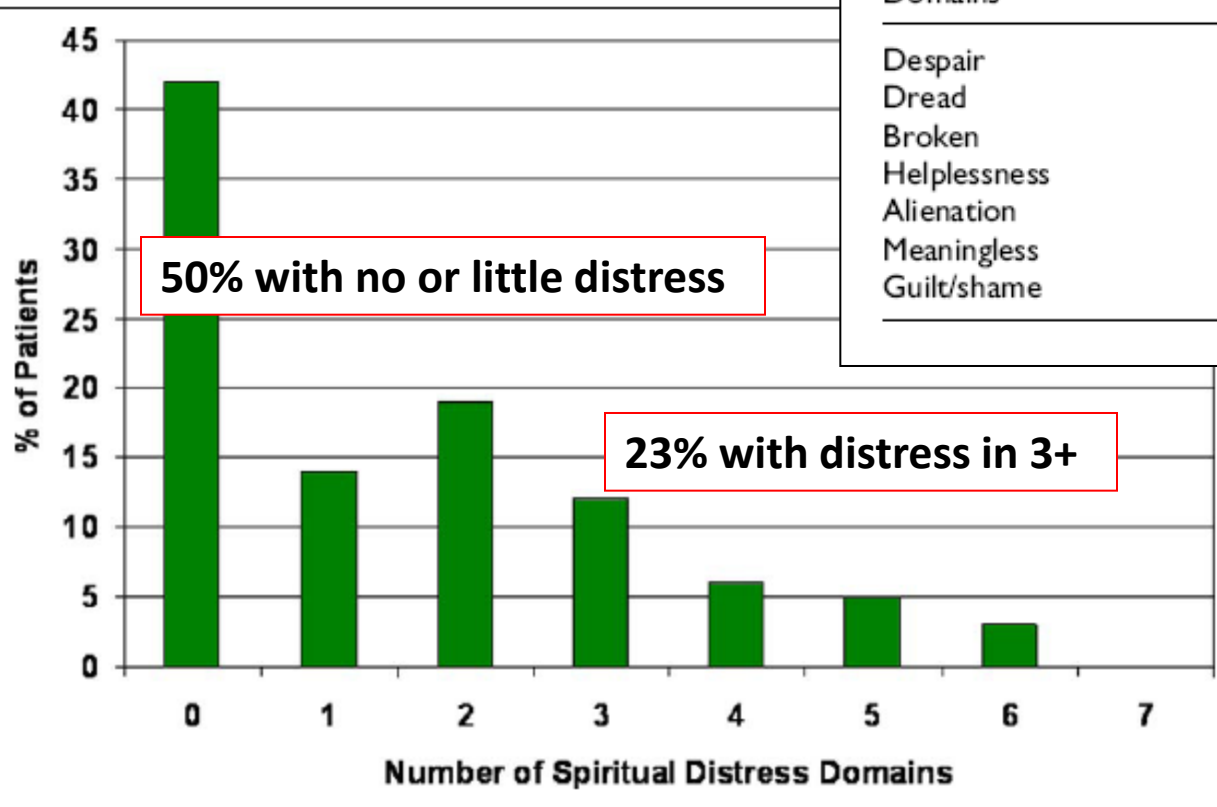
From Monod et al – 2012; n=203



# Spiritual Distress

**Table 3.** Frequency of Spiritual Distress Domains

Domains	Number of Patients (%)
Despair	36 (32)
Dread	33 (29)
Broken	31 (27)
Helplessness	28 (25)
Alienation	18 (16)
Meaningless	17 (15)
Guilt/shame	10 (8)



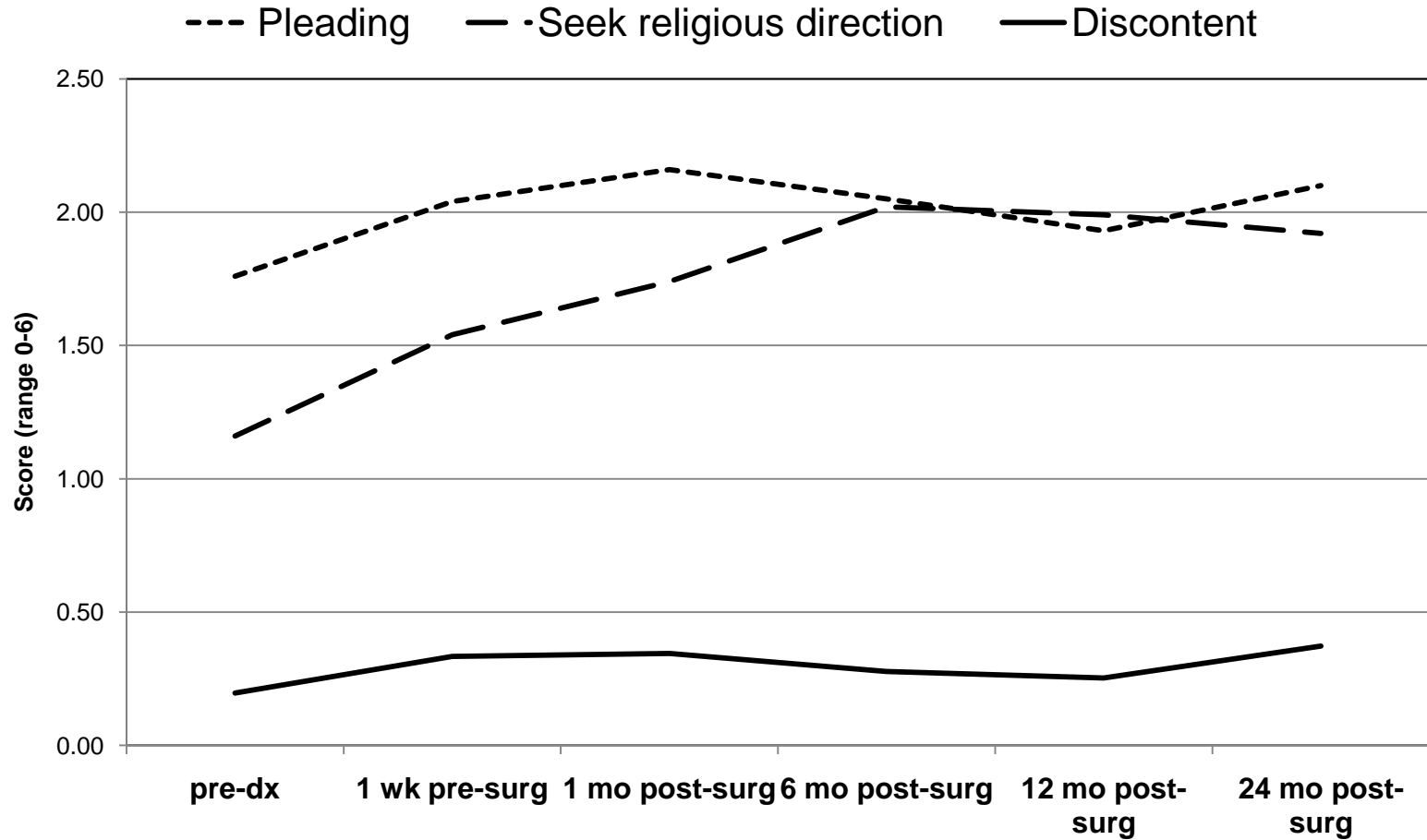
Chaplain ratings of spiritual distress for 113 palliative care in-patients at MD Anderson. Hui et al., 2011

# Spiritual Pain In Palliative Care Patients

Study	Sample	Measure	Proportion w spiritual pain
Mako et al, 2005	57 hospice inpatients w advanced cancer; Calvary Hospice NYC	Spiritual pain <sup>a</sup>	61% (mean = 4.7)
Delgado Guay et al., 2011	91 out pts in palliative care clinic; MD Anderson	Spiritual pain <sup>a</sup>	44% (median, IQR = 3 (1,6))
Hui et al., 2011	113 hospice inpatients w advanced cancer; MD Anderson	Spiritual distress, chaplain rated <sup>b</sup>	44% (42% no sp distress; 23% w distress in 3+ domains)
Winkelman et al., 2011	69 outpts with advanced cancer receiving palliative radiation; Boston	Spiritual concerns <sup>c</sup>	86% endorse at least 1 spiritual concern (median = 4)
Chochinov et al., 2009	253 palliative care pts (92% cancer pts) in Canada (90%) and Australia (10%)	Patient Dignity Inventory (PDI) <sup>d</sup>	Distress in average of 5.7 out of 25 PDI items (SD=5.5, range 0-24)

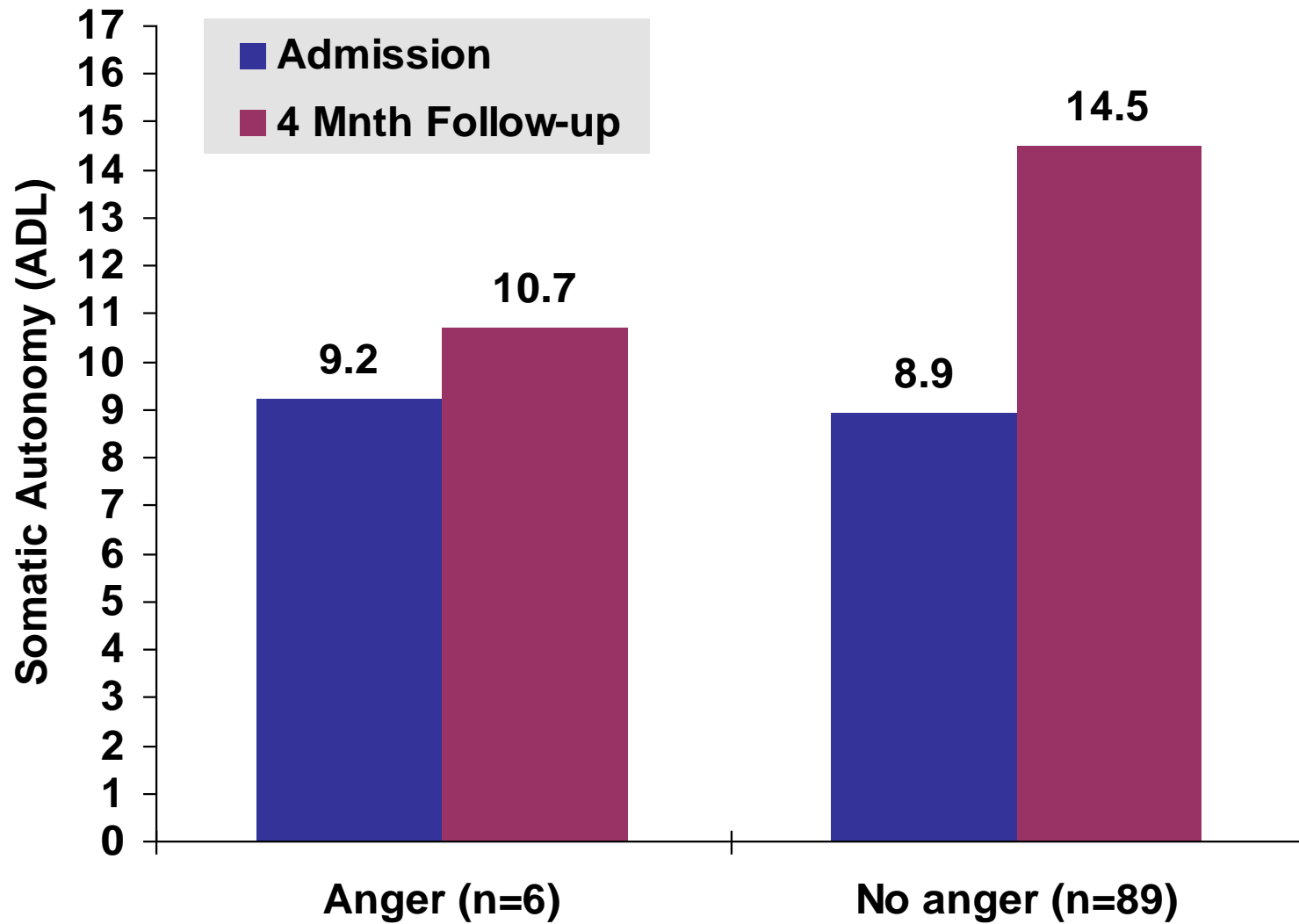
# Trajectories of Religious Struggle

(87 women diagnosed with breast cancer)



Gall et al., 2009

## Anger With God and Rehab Recovery



From: Fitchett, et al., *Rehabilitation Psychology*, 1999.

Sample (study)	Religious/spiritual struggle associated with
<b>94 stem cell transplant pts, 3 mo f/u</b> (Sherman et al., 2009)	<b>Greater anxiety</b> <b>Greater depression</b> <b>Worse emotional WB</b>
<b>300 breast cancer pts (stage I/II, IV), 12 mo f/u</b> (Herbert et al., 2009)	<b>Worse mental health (MCS)</b> <b>More depressive sx (CESD)</b> <b>Lower life satisfaction (SWLS)</b>
<b>202 CHF pts, 6 mo f/u</b> (Park et al., 2008)	<b>Poorer adherence to instructions re smoking and alcohol</b>
<b>101 end stage CHF pts, 3 mo f/u</b> (Park et al., 2011)	<b>More hospital days</b> <b>Poorer physical functioning</b>

# Two Year Change in Religious Struggle and Its Effects on Outcomes Among Elderly Medically Ill Patients

Group	Any Religious Struggle At		Number	Percent	Outcome at Follow-Up*
	Baseline	2 Year Follow-Up			
No Struggle	No	No	94	39%	reference group
Transitory Struggle	Yes	No	40	17%	ns
Acute Struggle	No	Yes	44	18%	ns
Chronic Struggle	Yes	Yes	61	26%	> depression > functional limitations < quality of life

\*Models adjusted for demographic factors and baseline values.

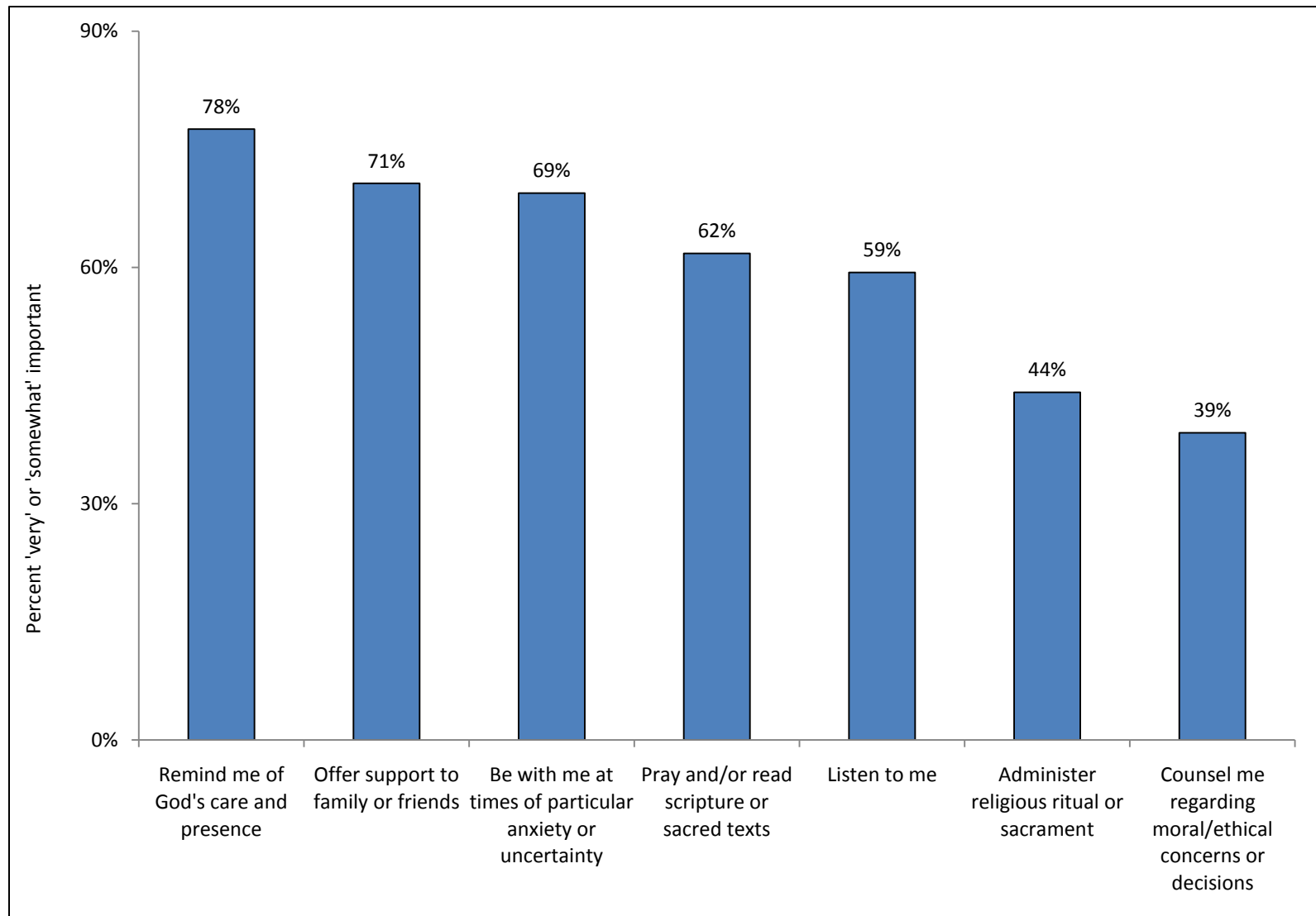
Source: Pargament et al, Journal of Health Psychology, 2004

# Preferences about Chaplain Visits\*

<b>Want at least 1 visit</b>	<b>70%</b>
<b>Daily visits</b>	<b>18%</b>
<b>Visit every few days</b>	<b>38%</b>
<b>Weekly visit</b>	<b>13%</b>
<b>Not at all</b>	<b>17%</b>
<b>Expect visit without requesting</b>	<b>39%</b>
<b>*14% missing</b>	

n=1,591 medical pts from Mayo hospitals; Piderman et al., 2010

# Patient's Ratings of Reasons for Wanting to See a Chaplain (n=1,591)





# Unmet Spiritual Needs and Patient Ratings of Quality and Satisfaction

	Quality of Care	Satisfaction with Care
Variable	$\beta$	$\beta$
Spiritual needs met <sup>a</sup>	-0.154**	-0.162**
Appropriate to inquire about beliefs <sup>a</sup>	-0.046	-0.095
Education	-0.180**	-0.146**
Life satisfaction score	0.129*	0.107
*p<.05, **p<.01		
<sup>a</sup> 1=yes, 2=no		

Among 369 oncology out-pts in NYC, 18% reported unmet spiritual needs. Astrow et al., 2007

# Receiving less spiritual care than desired and depression

Source of care	Desired care to moderate or greater extent (%)	Received care to a moderate or greater extent (%)	Received less care than desired (%)
Own religious community	78%	73%	11%
Health care providers	67%	68%	17%
Chaplain	45%	36%**	40%
Total all 3 sources			28% (42/150)
Association (adjusted) with depressive symptoms			p=.01
**proportion reporting a chaplain visit			

150 inpatients w advanced cancer at Duke; Pearce et al, 2012

# Chaplaincy-related Research

*Journal of Health Care Chaplaincy*, 17:100–125, 2011

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ISSN: 0885-4726 print/1528-6916 online

DOI: 10.1080/08854726.2011.616166



## Testing the Efficacy of Chaplaincy Care

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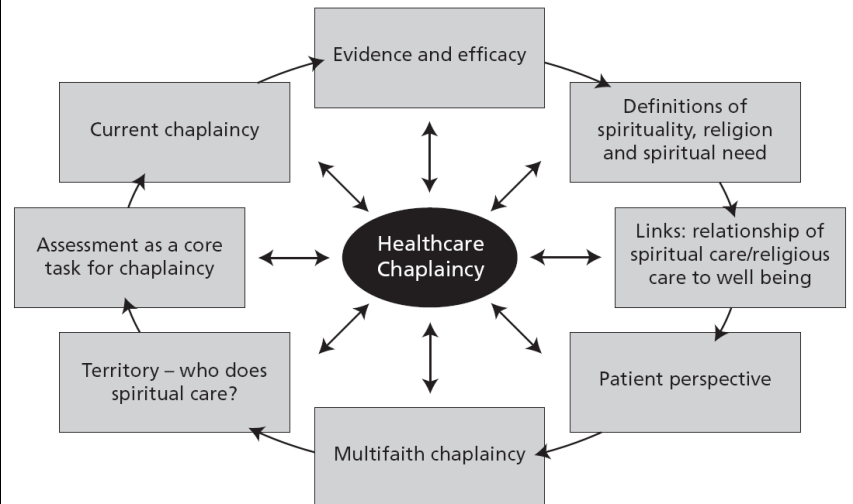
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### 4.4 Map of categories



# Measures of Structure: Chaplain-Patient Ratio



**Table 6**  
**The Number of Employed Chaplains Per 100 Patients by Institution Types**

Institution Types	Range	Median	Mean	Mode
Nonreligiously Affil. Community General Hospitals (n=124)	0.00 to 8.00	0.92	1.22	0.67
Religiously Affil. Community General Hospitals (n = 110)	0.00 to 11.20	2.64	2.90	2.67*
University Hospitals (n = 36)	0.00 to 3.33	1.24	1.50	2.00*
Psychiatric Hospitals (n=15)	0.08 to 4.00	1.00	1.20	1.33*
Other Institutions (n = 66)	0.15 to 12.00	0.96	1.66	1.33
Total Sample (n = 356)	0.00 to 12.00	1.33	1.85	1.33

Note: These results are created by dividing the total number of chaplain FTEs in each Department by the median census of each institution and multiplying that result by 100. \* Multiple modes exist; the highest value is reported.

VandeCreek et al., 2001

# Measures of Process: What Chaplains Do

<b>Pastoral Intervention</b>	<b>Pre-Op (n=324)</b>	<b>Treatment (n=598)</b>
<b>Emotional enabling</b>	<b>91.5%</b>	<b>56.9%</b>
<b>Bible reading or prayer</b>	<b>82.0%</b>	<b>32.6%</b>
<b>Religious ritual or blessing</b>	<b>4.0%</b>	<b>21.5%</b>
<b>Faith affirmation</b>	<b>7.6%</b>	<b>16.8%</b>
<b>Bringing a religious item</b>	<b>1.6%</b>	<b>13.0%</b>
<b>Life review</b>	<b>4.4%</b>	<b>11.2%</b>
<b>Other spiritual support</b>	<b>1.9%</b>	<b>5.2%</b>
<b>Counseling</b>	<b>0.6%</b>	<b>4.0%</b>
<b>Confession/amends</b>	<b>0.6%</b>	<b>2.7%</b>
<b>Crisis intervention</b>	<b>0.9%</b>	<b>1.8%</b>

Chaplains interventions during initial visits (MSKCC). From Flannelly et al, 2003

# Measures of Outcome: Satisfaction

## Evaluation of the Chaplains' Ministry (N=130)

Question	Percent Yes
Was chaplain requested by family	14%
Was chaplain visit at death first contact w family	74%
Did chaplain provide comfort/support needed by family	88%
Was help provided by chaplain	
more than expected	49%
about what was expected	50%
less than expected	1%
Overall evaluation of chaplain helpfulness (1=poor, 5 = excellent)	4.4 (0.8)

*“The helpfulness of the chaplain was a pleasant surprise for many family members”*

Phone interviews with next-of-kin whose loved ones died in CHI hospitals or nursing home. Broccolo and VandeCreek, 2004

# Measures of Outcome: Satisfaction

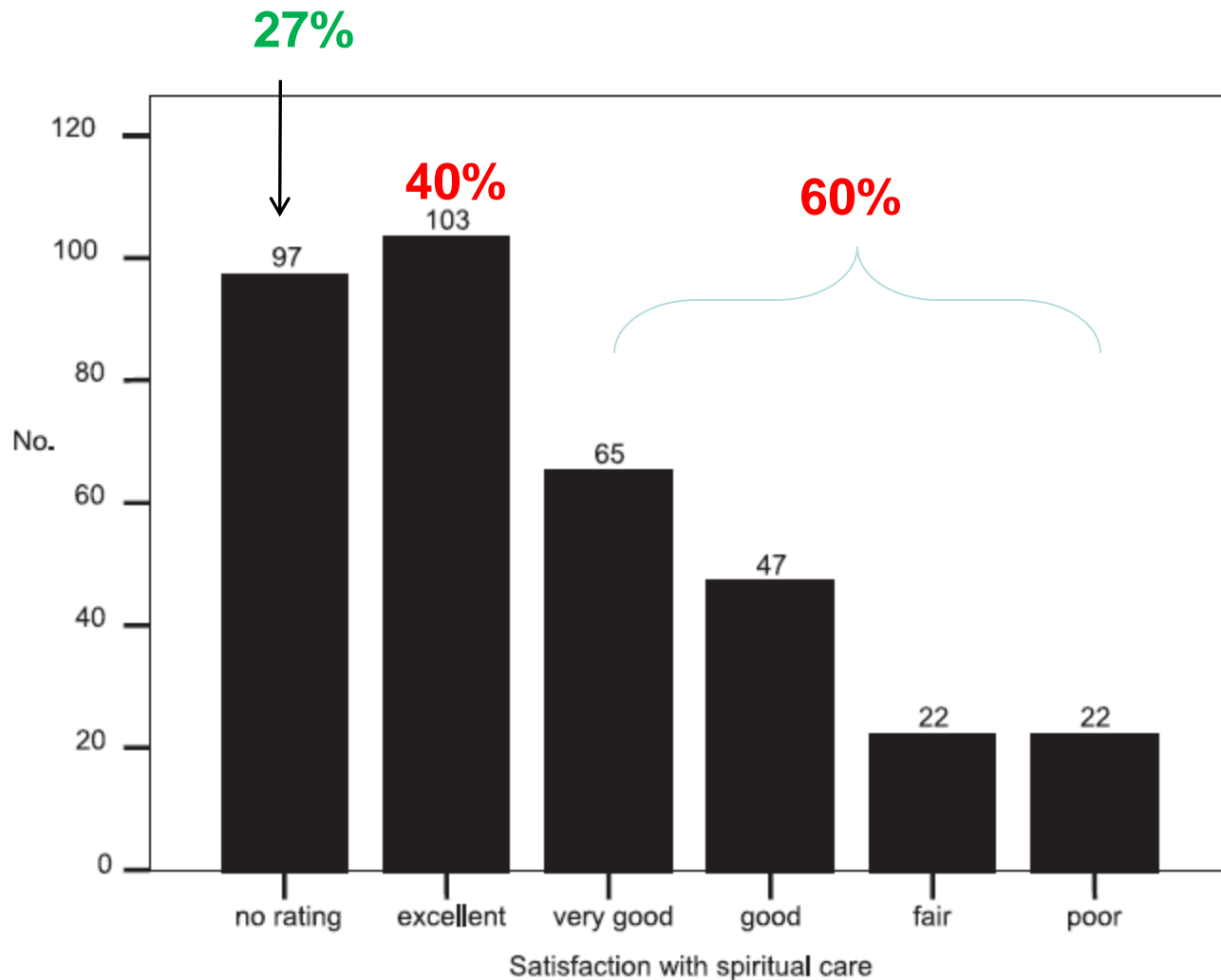


Figure 1. Family satisfaction with spiritual care in the intensive care unit (n = 356).

Families of patients cared for in 10 Seattle-area ICUs. Overall response to survey = 41%. Wall et al., 2007

# Impact on Family Satisfaction

Predictors of Rating Sp Care as Excellent	Univariate	Multivariable (Model $R^2=.51$ )
Overall satisfaction with ICU care	<b><math>P&lt;.001</math></b>	<b><math>P&lt;.001</math></b>
Family raters female	<b><math>P=.08</math></b>	<b><math>P=.03</math></b>
Pastor or spiritual advisors in last 24 hours	<b><math>P=.02</math></b>	<b><math>P=.007</math></b>
DNR order at time of death	<b><math>P=.04</math></b>	<b><math>P=.24</math></b>
No dyspnea at time of death	<b><math>P=.04</math></b>	<b><math>P=.08</math></b>

N=356 families of pts who died in ICU in Seattle area; Wall et al., 2007



# Associations Between Having a Discussion of R/S Concerns and Satisfaction with Care

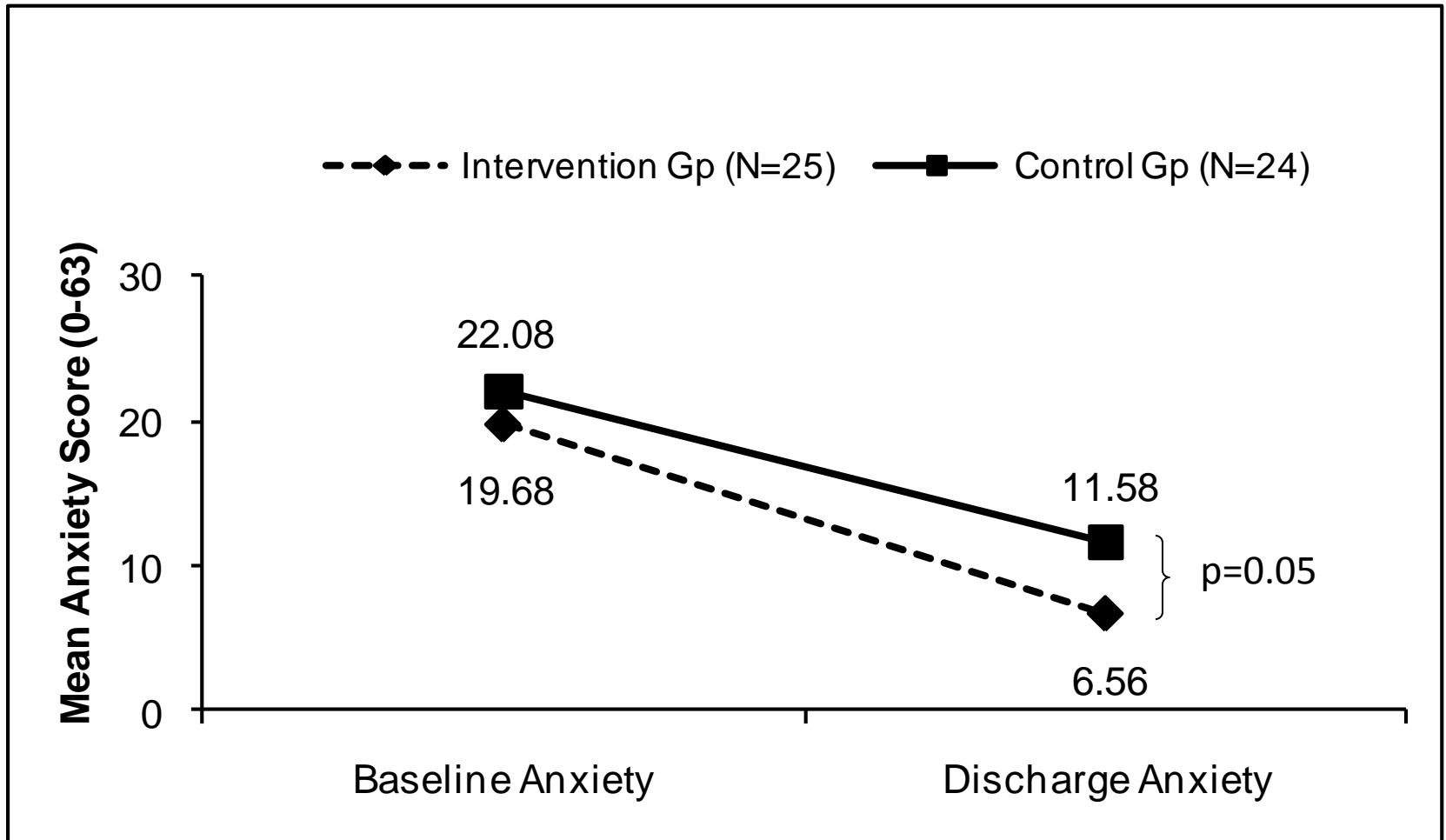
Discussion Desired	% of Total Sample	Extremely Satisfied with MD Care	Confidence & Trust in MDs Always	Excellent Coordination & Teamwork Among MDs & RNs	Rate Overall Care Received as Excellent
<b>Yes</b>	<b>21%</b>	<b>1.4</b>	<b>1.7</b>	<b>2.2</b>	<b>1.6</b>
<b>No</b>	<b>11%</b>	<b>1.9</b>	<b>1.7</b>	<b>1.5</b>	<b>1.7</b>

Values are Odd Ratios (ORs) for those who reported discussion of R/S concerns vs those who did not report discussion (reference group)

Models adjusted for age, marital status, education, self-rated health and pain severity. All ORs significant  $p < 0.05$

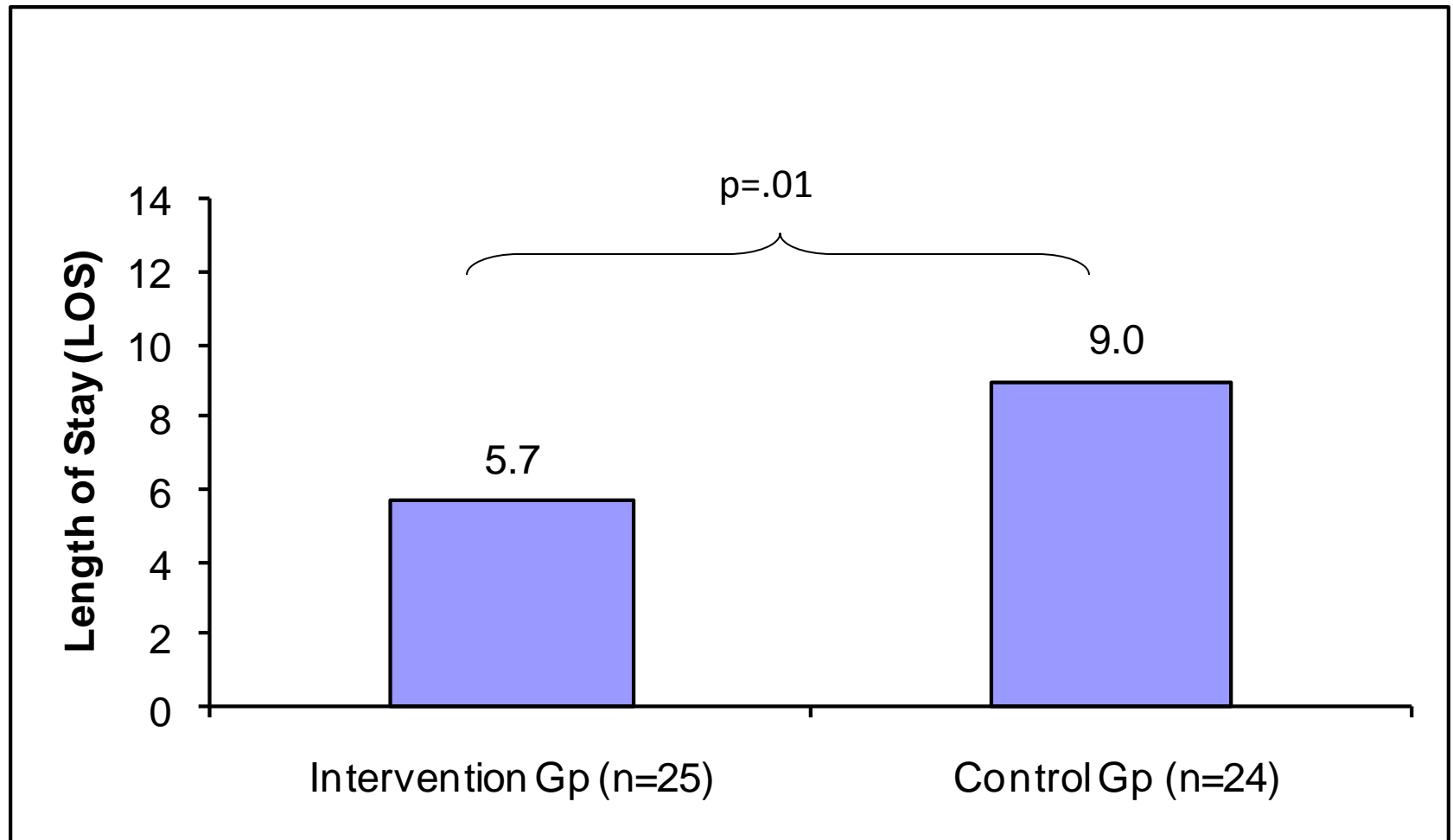
Who the patient discussed their R/S concerns with (chaplain, MD, other) had NO significant impact on satisfaction ratings.

# Measures of Outcome: Emotional Distress



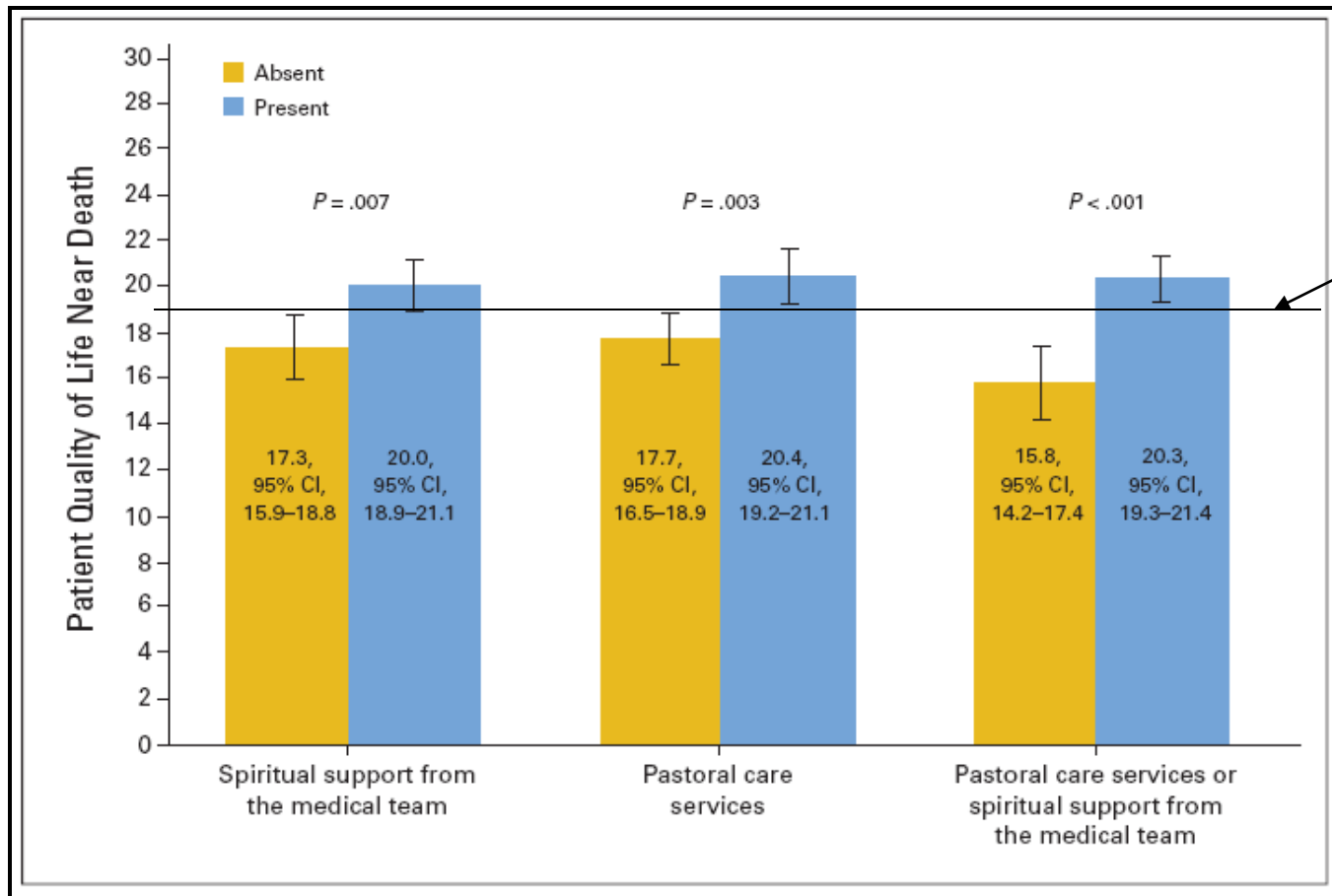
COPD patients in RCT of chaplain daily visits. Source: Iler et al., 2001

# Measures of Outcome: LOS



COPD patients in RCT of chaplain daily visits. Source: Iler et al., 2001

# Measures of Outcome: QoL (& treatment preferences & cost of care)



Avg QoL= 19, SD=7.9

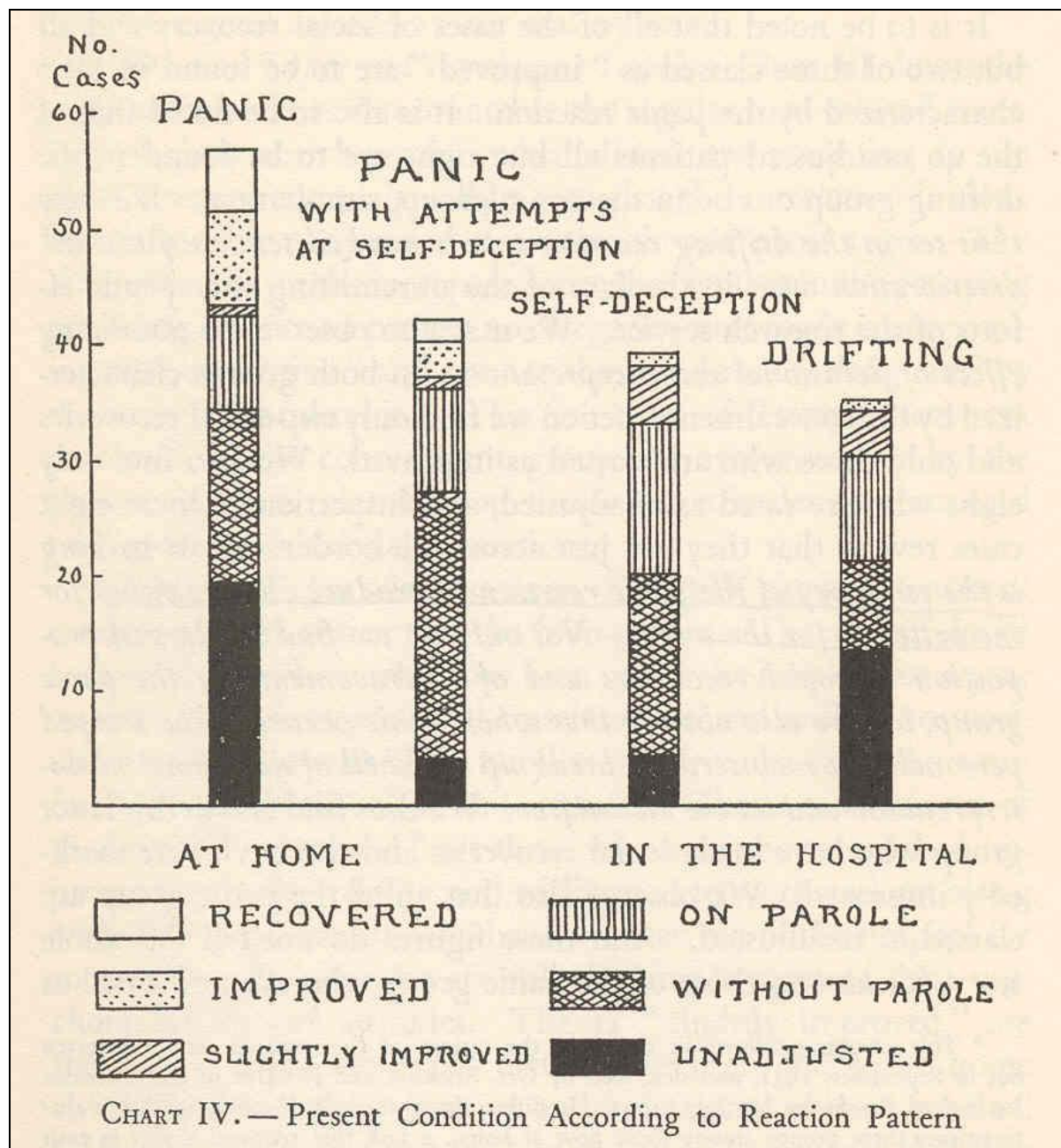
**Fig 2.** Adjusted estimates of quality of life near death by receipt of spiritual care in patients with advanced cancer ( $n = 299$ ). All models are adjusted for baseline quality of life, baseline social support, baseline existential well-being, recruitment site, patient-physician relationship, spiritual support from religious communities, receipt of outside-hospital clergy visits, receipt of hospice care at end of life, receipt of any aggressive care at end of life, and the person reporting quality of life near death. Sample has been reduced to 299 patients because of missing data. Analyses were repeated with missing data imputed to their mean values ( $n = 343$ ), and the results were unchanged. Quality of life in the last week of life, possible scores 0 to 30. Whole sample: mean = 19.0, standard deviation = 7.9.

N=299 patients; Balboni et al, 2010



## Anton T. Boisen

*Explorations of the Inner World: A Study of Mental Disorder and Religious Experience* (Willett, Clark & Company, 1936)



# Chaplain Case Studies

## ***Case Studies in Contemporary Spiritual Care: Chaplains' Interventions with Critical Responses***

George Fitchett & Steve Nolan  
Editors

Jessica Kingsley Publishers

([www.jkp.com/](http://www.jkp.com/))

forthcoming late 2014



LeeAnn's drawing of herself and  
God in the hospital  
(from D Grossoehme case)