New Frontiers in Spiritual Care Research: Applying and Integrating New Research Findings into Clinical Practice

March 16, 2018

Keynote Speaker & Presenter
George Fitchett, DMin, PhD, Rush University Medical Center

Presenter
Allison Kestenbaum, MA, MPA, BCC, UC San Diego Health

Schedule for the Day

8:00–8:15	**Welcome & Introductions** – *Rabbi Jason Weiner, BCC*
8:15–9:00	**Overview of New Research in Spiritual Care and Healthcare** – *Dr. George Fitchett*
9:00–9:55	Topic 1: **Distinguishing Between Spiritual Distress, General Distress, Spiritual Well-Being, and Spiritual Pain Among Cancer Patients During Oncology Treatment** – *Dr. George Fitchett* Group Discussion (15 minutes) Video Presentation Q&A (5 minutes)
9:55–10:05	***Break***
10:05–10:55	Topic 2: **What Impact Do Chaplains Have? A Pilot Study of Spiritual AIM for Advanced Cancer Patients in Outpatient Palliative Care** – *Chaplain Allison Kestenbaum* Group Discussion (15 minutes) Q&A (15 minutes)
10:55–11:00	***Break***
11:00–11:50	Topic 3: **Adolescents' Spirituality and Cystic Fibrosis Airway Clearance Treatment Adherence: Examining Mediators** – *Dr. George Fitchett* Group Discussion (15 minutes) Q&A (15 minutes)
11:50–12:30	***Lunch***
12:30–1:15	Panel: **The Experiences of Chaplains as Researchers** – *Dr. George Fitchett & Chaplain Allison Kestenbaum*
1:15–2:00	**Conclusion: Looking Forward** – *Dr. George Fitchett*

Practical Details

- Conference is being video-recorded. Please keep this in mind during the Q&A sessions. A link to the recording will be posted after the conference.
- Bathrooms are located in the hallway outside of Harvey Morse Auditorium.
- Parking validation upon sign-in.
- Please fill out your conference evaluations and turn them in before you leave.

New Frontiers in Spiritual Care Research

George Fitchett, DMin, PhD, BCC

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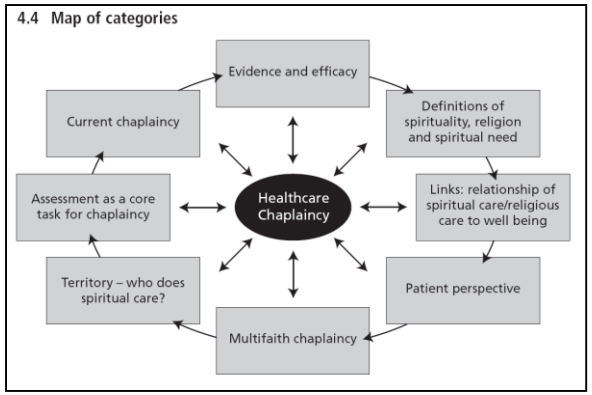
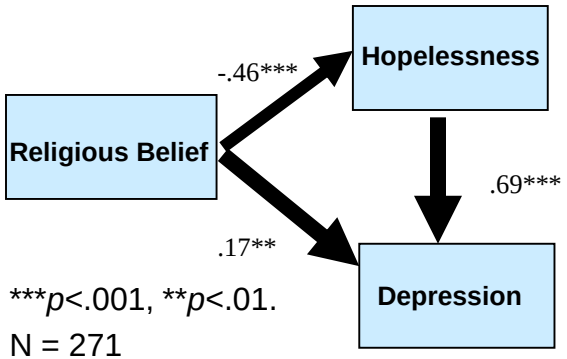
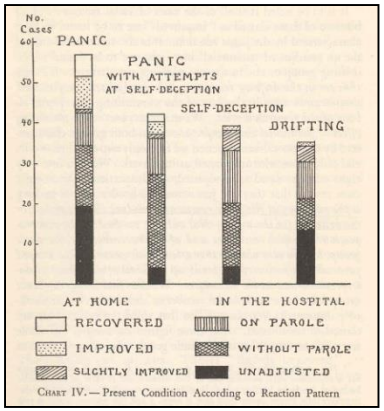
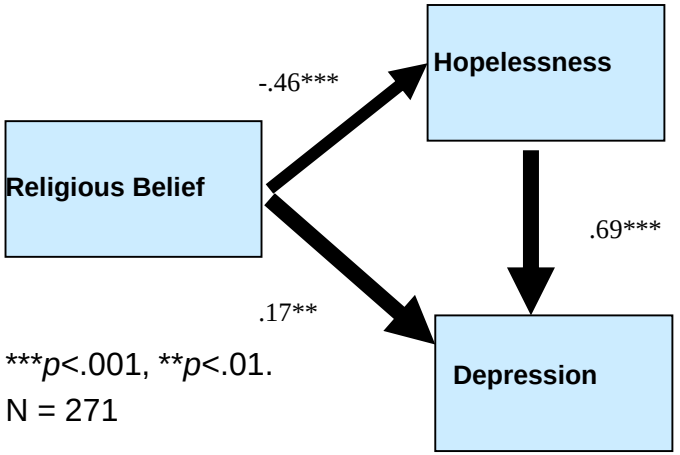






Outline

1. Evidence-Based Chaplaincy Care: Some Basics
2. New Research in Spiritual Care: 4 New Studies
3. 2 Studies:
    a. Spiritual Distress (Schultz et al., 2017)
    b. Spiritual Coping and Health Behavior (Grossoehme et al., 2016)



How Do We Know Good Spiritual Care?

Tradition – *We have always done it this way.*

Policy – *This is the way we are supposed to do it.*

Education – *I was taught to do it this way.*

Personal Experience/Trial and Error

– *I tried several ways and this this one works best.*

Intuition – *Doing it this way feels right to me.*

Research – *There is evidence this is the best way to do it.*

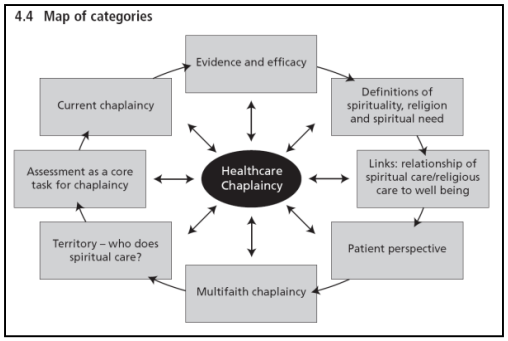
From Hundley, 1999

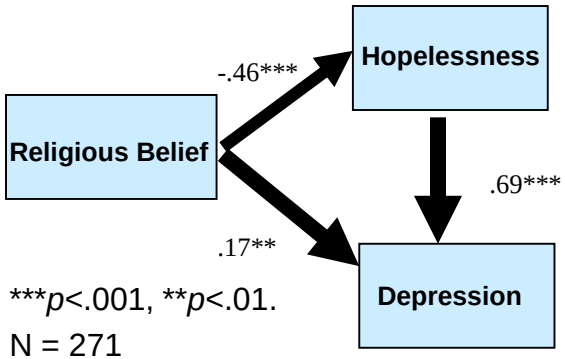
What is Evidence-Based Spiritual Care?

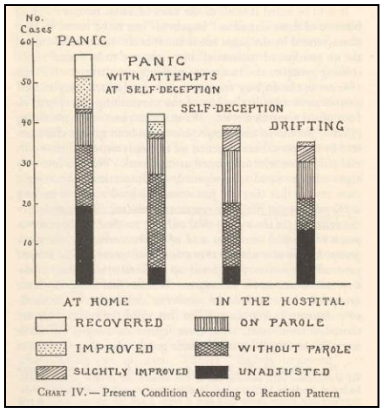
"Evidence-based spiritual care is the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons"

Tom O'Connor (2002). Journal of Religion and Health

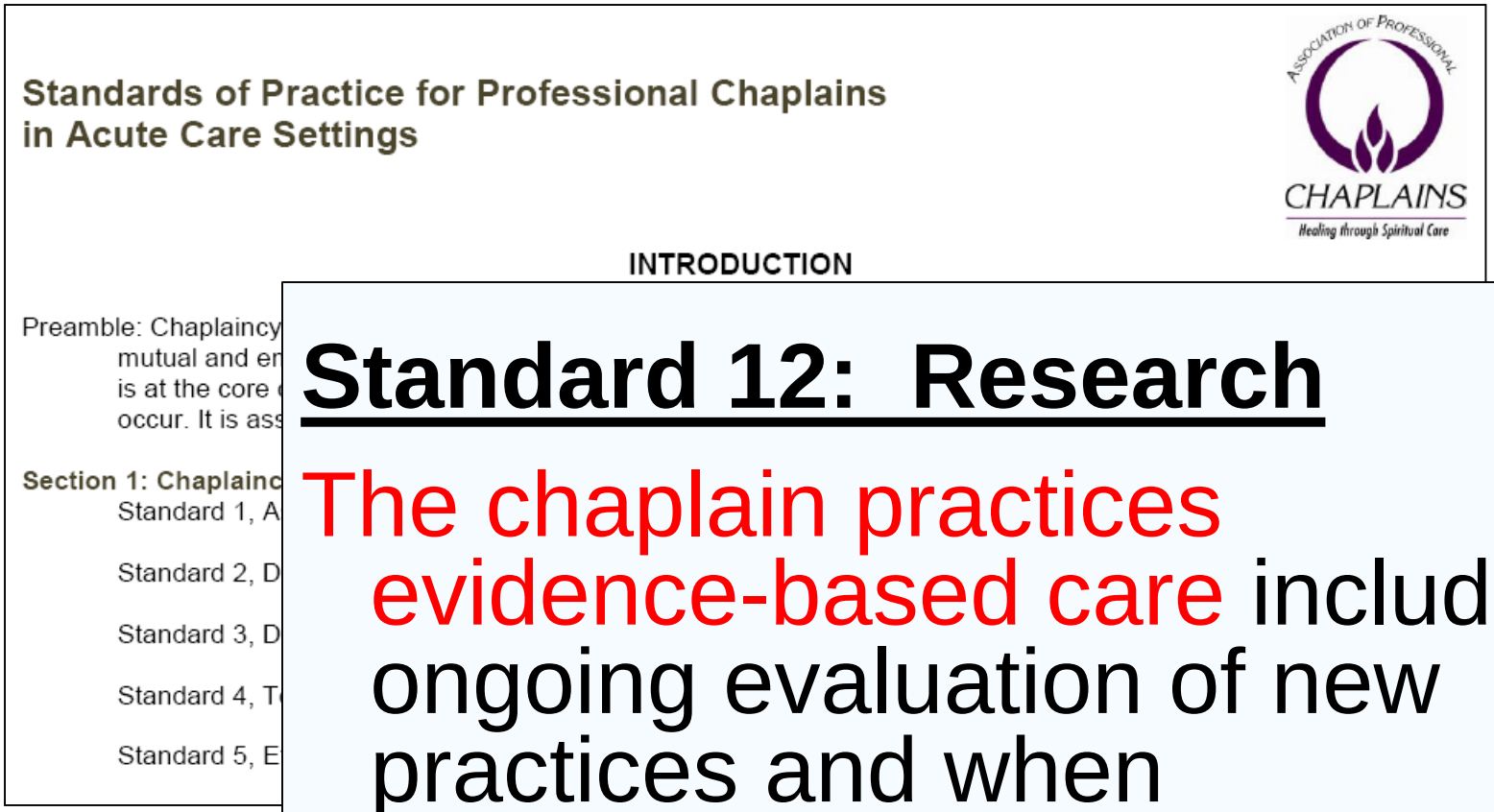
Health Care Chaplaincy *Improving our Care* and *Making our Case* Through Research







Chaplaincy: A Research-Informed Profession



Standards of Practice for Professional Chaplains
in Acute Care Settings

ASSOCIATION OF PROFESSIONAL CHAPLAINS
Healing through Spiritual Care

INTRODUCTION

Preamble: Chaplaincy
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Section 1: Chaplainc
Standard 1, A

Standard 2, D

Standard 3, D

Standard 4, T

Standard 5, E

Standard 12: Research

The chaplain practices evidence-based care including ongoing evaluation of new practices and when appropriate, contributes to or conducts research.

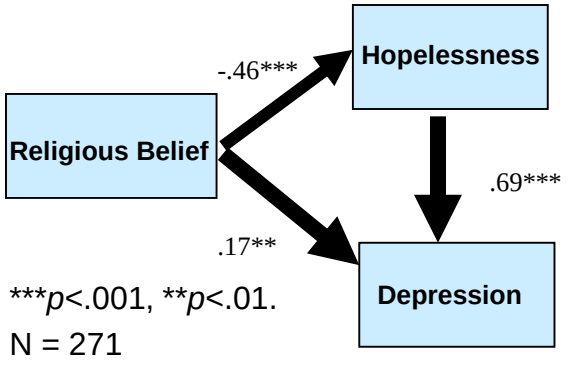
(http://www.professionalchaplains.org)

Levels of Chaplain Involvement in Research

Research Literacy **All** health care chaplains should be research literate
Research Collaboration **Some** health care chaplains will be qualified to collaborate in research conducted by health care colleagues (co-investigators)
Research Leadership **Some** health care chaplains will be qualified to lead research projects (principal investigators)

Chaplaincy: A Research-Informed Profession

A research-literate chaplain has the ability to critically read, understand, and summarize a research study and to explain its relevance for his/her spiritual care.



Reviews of Chaplaincy Research

Article

Journal of Pastoral Care & Counseling

Recent Progress in Chaplaincy-Related Research

Journal of Pastoral Care & Counseling
2017, Vol. 71(3) 163–175

DOI: 10.1177/1542305017724811
journals.sagepub.com/home/jpcc
SAGE

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

ISSN: 0885-4726 print/1528-6916 online
DOI: 10.1080/08854726.2011.616166

Routledge
Taylor & Francis Group

Testing the Efficacy of Chaplaincy Care

KATHERINE R. B. JANKOWSKI
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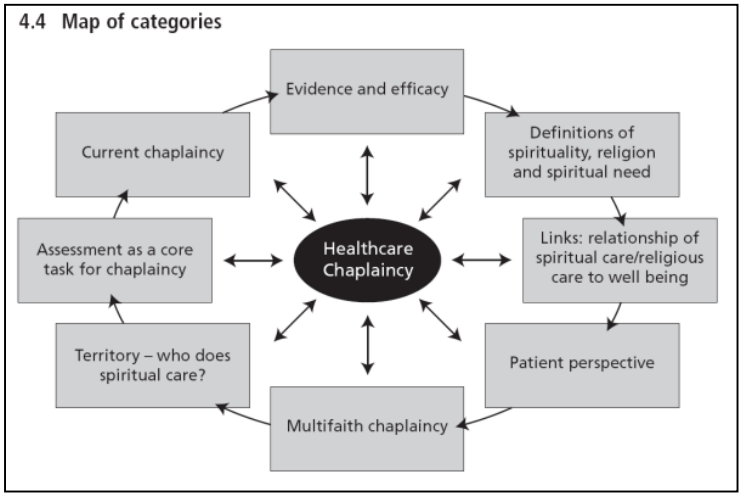


Mowat, Harriet (2008). The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK): A scoping review of recent research.

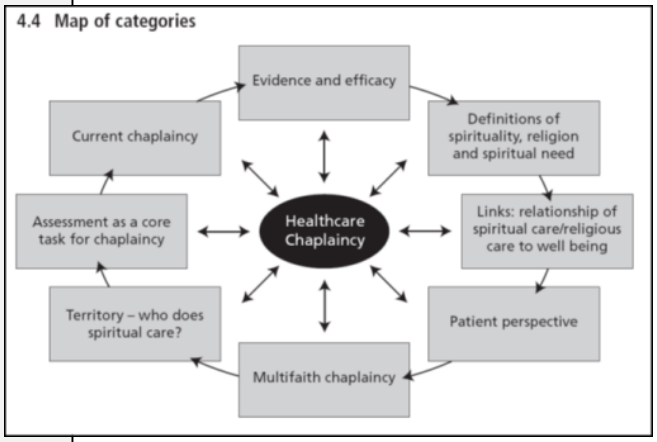
4 New Studies

1. Hospice Patients' Stereotypes of Chaplains
Lindholm, 2017

2. Mental Health Service Users Views of Spiritual Care
Raffay et al, 2016

3. Parents of Hospitalized Children Views of Chaplains
Donohue et al., 2017

4. Chaplains ACP Discussions in a Physicians Office
Lee et al., 2018



Chaplains' Reports of Stereotypes of Hospice Patients and Families

(n=45 chaplains; Lindholm, 2017)

Four initial stereotypes :

- chaplains as religious professionals whom others try to impress
- chaplains as people who only talk about spiritual and religious topics
- chaplains as male
- chaplains as those who try to convert others

Responses to stereotypes:

- describe the chaplain role
- use of names and titles
- choice of clothing and religious/spiritual symbols
- expressions of affiliation with hospice and the hospice team
- descriptions of themselves

Mental Health Services Users' Views of Spiritual Care

(n=22 service users; Raffay et al., 2016)

Table 4 Participants' views on what made a 'good chaplain'

Human qualities	'Man of God'
Non-judgemental	Be a 'man of God'
Honest	Church leader/spiritual training (whether this necessitates ordination varies)
Approachable	
Trustworthy	Walk with God
Genuine	Have a prayerful life
Kind	Have a genuine relationship with God
Friendly	Bring the word of God
Confidence	The ability to represent multiple faiths
Empathetic	Channel the Grace of God
Critical friend	
Have time	
Good communication	
Life experience	
Down to Earth	
Knowledge of the mental health system	

Table 3 Helpful services provided by SPC staff

Religious provision	Pastoral provision
Formal religious service	Listening
Prayer	The social side of religious services
Spiritual advice/guidance	Providing an emotional connection
Holy Communion*	Providing hope/self-worth
Confession^	A critical friend
Normalising faith	A bridge between community and ward
	'Tending the good in someone'

Parents of Hospitalized Children Views of Chaplains

(Donohue et al., 2017)

74 parents of children who had received chaplain visit
(80% of visits occurred in PICU or NICU)
Baltimore, phone survey, 29% response rate

Parents' Experience with Chaplain	
Care about me	96%
Listened	90%
Provided emotional support	87%
Prayed	82%
Helped find meaning	51%

Benefits of Chaplain Care

Chaplain Helps with Communication	
Chaplain is part of the care team	75%
Chaplain helped with communication with the team	38%

Effects of Chaplain Care	
Recommend others ask for chaplain	89%
Chaplain helped maintain hope	83%
Helped cope with stress	83%
Chaplain visit influenced overall rating of hospital	66%

Using Chaplains to Facilitate Advance Care Planning in Medical Practice

(Lee et al., 2018 JAMA Internal Medicine)

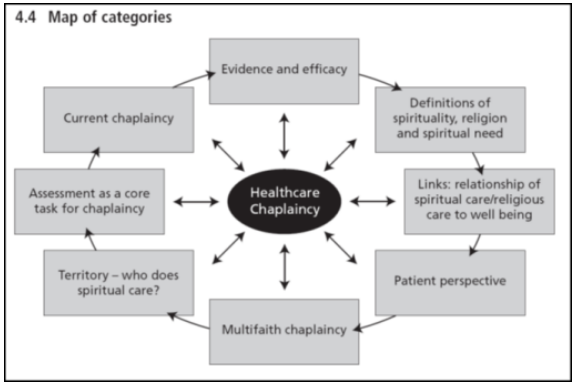
Variable	Value	Total Sample n=60	AD Completion During Consultation		
			No n=12 (20%)	**Document prior AD n=8 (13%)**	**Yes n=40 (67%)**
Age	mean, SD	78.6 (6.6) (range 70-95)	78.3 (6.0)	78.1 (6.0)	78.7 (7.0)
Gender	female	45 (75%)	11 (24%)	6 (13%)	28 (62%)
	male	15 (25%)	1 (7%)	2 (13%)	12 (80%)
Race	White	25 (42%)	4 (16%)	4 (16%)	17 (68%)
	Black	31 (52%)	8 (26%)	4 (13%)	19 (61%)
	Other	4 (7%)	0	0	4 (100%)
Length of Consultation (minutes)	mean, SD	23.2 (7.8) (range 10-40) (median, IQR, 20, 20-25)	20.8 (8.2)	21.3 (8.3)	24.3 (7.6)

For the total sample percents are column percent; for the AD completion subgroups percents are row percent.

2 Studies

1. **Spiritual Distress (Schultz et al., 2017)**

2. **Spiritual Coping and Health Behavior (Grossoehme et al., 2016)**



Measures

Spiritual Distress (NANDA)	Impaired ability to experience and integrate meaning and purpose in life through the individual's connectedness with self, others, art, music, literature, nature, or a power greater than oneself.
Spiritual Pain (Mako et al. 2006)	Spiritual pain is a pain deep in your soul (being) that is not physical

Spiritual Injury Scale (SIS; Berg)
1. How often do you feel guilty over past behaviors?
2. Does anger or resentment block your peace of mind?
3. How often do you feel sad or experience grief?
4. Do you feel that life has no meaning or purpose?
5. How often do you feel despair or hopeless?
6. Do you feel that God/life has treated you unfairly?
7. Do you worry about your doubts/disbelief in God?
8. Do you worry about or fear death?
© Gary Berg. www.spiritualassessment.com.

FACIT-Sp	
Meaning	I have a reason for living.
	My life has been productive
	I feel a sense of purpose in my life.
	My life lacks meaning and purpose. (reversed)
Peace	I feel peaceful.
	I have trouble feeling peace of mind. (reversed)
	I am able to reach down deep inside myself in order to feel comfort.
	I feel a sense of harmony in myself.
Faith	I find comfort in my faith.
	I find strength in my faith.
	Difficult times have strengthened my faith.
	I know that whatever happens with my illness, things will be okay.

Sensitivity & Specificity

Alternative Screener		**Spiritual Distress (Gold Standard)**	
		Yes	No
SIS	Yes	True Positive (A)	False Positive (B)
	No	False Negative (C)	True Negative (D)
		Sensitivity = A/A+C	Specificity = D/B+D

Compare SIS with Spiritual Distress

		Spiritual Distress (NANDA)	
		Yes (23%)	No (77%)
Spiritual Injury Scale (SIS)	Any (55%)	True Positive 19%	False Positive 35%
	None (45%)	False Negative 3%	True Negative 42%

Spiritual Distress, Injury & Pain

			Spiritual Distress (NANDA)			
			Yes	No		
Measure	Response	Percent	23%	77%	Sensitivity	Specificity
DT	Yes (8+)	28%	34%		41%	76%
	No	72%				
FACIT-Sp	Lo	35%	39%		57%	72%
	Other	65%				
SIS	Any	55%	36%		83%	54%
	None	46%				
Spiritual Pain	Yes	35%	48%		74%	76%
	No	65%				

Topic 1 Discussion Questions: Distinguishing Between Spiritual Distress, General Distress, Spiritual Well-Being, and Spiritual Pain

- Do you hear your patients talking about something that seems like spiritual distress, injury or pain? What words do they use? How do those words compare with the items in the measures that were used in this study?

- Depending on the measure, between 25% and 50% of the patients in this study had spiritual distress, injury or pain. Do those proportions strike you as on target, high or low? How do those proportions compare with the proportion of the patients expressing spiritual distress with whom you work?

- What are the premises that underlie this research? One premise is that a key part of the chaplains' job is to address patient's spiritual distress and help resolve it. This would be consistent with an outcome oriented approach to chaplaincy care. Do you agree with this approach?

Schultz M, Meged-Book T, Mashiach T, Bar-Sela G. (2017). Distinguishing Between Spiritual Distress, General Distress, Spiritual Well-Being, and Spiritual Pain Among Cancer Patients During Oncology Treatment. Journal of Pain and Symptom Management 54(1):66-73.

Video Presentation

Video will play shortly

https://www.youtube.com/watch?v=RTXTqPvKRmU&feature=youtu.be

UC San Diego Health

New Frontiers in Spiritual Care Research Conference at Cedars-Sinai

March 16, 2018

Chaplain Allison Kestenbaum, MA, MPA, BCC, ACPE

Doris A. Howell Palliative Care Service – UC San Diego Health

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Research Steps

Step 1: Research questions

Step 2: Collaboration and funding

Step 3: Research design, including roles and IRB

Step 4: Description of model being researched

Step 5: Conduct the research

Step 6 : Data collection

Step 7: Data analysis and dissemination (i.e. conferences, papers)

Step 8 : Next steps – EPIC/RedCap Documentation Project,
Development of manual, interrater reliability testing…

What Impact Do Chaplains Have? A Pilot Study of Spiritual AIM for Advanced Cancer Patients in Outpatient Palliative Care

J Pain Symptom Manage. 2017 November ; 54(5): 707–714.

Allison Kestenbaum, MA, MPA, BCC, ACPE Certified Educator
Michele Shields, D. Min., BCC, ACPE Certified Educator
Jennifer James, MSW, MSSP
Will Hocker, M.Div., MSW, BCC
Stefana Morgan, MD
Shweta Karve, MD
Michael W. Rabow, MD
Laura B. Dunn, MD

Goals of Study

1) the feasibility and tolerability of a chaplain-delivered spiritual care intervention, which used a well-articulated model (Spiritual Assessment and Intervention Model; ‘‘Spiritual AIM’’),
2) the impact of Spiritual AIM on spiritual well-being, religious and cancer-specific coping, and physical and psychological symptoms.

Methods

- Description of Spiritual AIM
- Participants and criteria
- Chaplains
- Procedures

Basic Description of Spiritual AIM©

	Background
Theological/Philosophical	Golden Rule, Ethic of Reciprocity, etc.
Psychological	Object Relations
Clinical development	Developed by Rev. Dr. Michele Shields over 25 years through clinical chaplaincy practice, starting with a CPE supervisory group in Bay Area, CPE student critique and input, refinement through this study
Basic assumptions	1) Spirituality encompasses the needs to seek **meaning and direction**, to find **self-worth and to belong to community**, and to **love and be loved**, facilitated through seeking reconciliation of broken relationships. 2) When a person faces a crisis, 1 of 3 spiritual needs surfaces most urgently – referred to as the person's "core spiritual need" 3) Spiritual AIM articulates interventions and outcomes that correspond with each "core spiritual need" (a.k.a assessment)

Measures

- Edmonton Symptom Assessment Scale (10 items; cancer-related symptoms)
- 21 Center for Epidemiological Studies-Depression (10 items; depressive symptoms)
- Spielberger State Anxiety Inventory (20 items; anxiety symptoms)
- Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp-12; 12 items comprising three subscales assess- ing spiritual well-being (i.e., Meaning, Faith, and Peace)
- Steinhauser spirituality screen (one item, spiritual distress)
- Brief RCOPE (14 items; two 7-item subscales [positive and negative religious coping])
- Patient Dignity Inventory (25 items; spiritual, existential, and psychosocial distress)
- Mini-Mental Adjustment to Cancer Scale (Mini-MAC; 29 items; cancer-related coping; five subscales (Fatalism, Fighting Spirit, Anxious Preoccupation, Helplessness/Hopelessness, Cognitive Avoidance)

Results

Table 1
Demographic and Clinical Characteristics ($N = 31$)

Characteristic	*n* (%)
Age (yrs), mean (SD)	59.4 (9.9) (range 34–80)
Gender	
Female	20 (64.5)
Male	11 (35.5)
Ethnicity	
White	27 (87.1)
Asian	3 (9.7)
Hispanic	1 (3.2)
Religious self-identification	
Christian	18 (58.1)
Jewish	4 (12.9)
Buddhist	3 (9.7)
None	6 (19.4)
Cancer type	
Breast	6 (19)
Gynecological	7 (23)
Gastrointestinal	5 (16)
Prostate	5 (16)
Head/neck	3 (10)
Other	5 (16)

Chaplain Assessments of Patients:

Meaning and Direction – 11 patients

Self-worth and Community Belonging – 11 patients

Reconciliation – 9 patients

Results - Measures

- On the FACIT-Sp-12, compared with a large sample of adult cancer survivors, our sample scored approximately one SD below the mean on each subscale at base- line. Post-Spiritual AIM, a significant increase was observed only on the Faith subscale of the FACIT-Sp-12.
- At baseline, mean scores on the Brief RCOPE Positive and Negative religious coping subscales were lower than previously published norms.
- Post-Spiritual AIM, there was a trend toward an increase (improvement) in Positive religious coping on the Brief RCOPE, whereas no significant change was seen in Negative religious coping.
- On the Mini-MAC, we found a significant increase on the Fighting Spirit subscale and a trend toward an increase on the Fatalism subscale. When analyzed in terms of Adaptive or Maladaptive Coping, a significant increase (improvement) was observed in Adaptive Coping from baseline to post-Spiritual AIM.

Results - Qualitative

- Table 3 provides samples (assessment marker and patient quotes)
- Will be subject of forthcoming manuscripts using qualitative data form study to further describe assessment, intervention and outcome
- ~93 coded transcripts of chaplain-patient sessions

Further Commentary

What Can Chaplains Do in Outpatient Palliative Care? - Betty R. Ferrell, PhD, RN

Medscape Viewpoint – January 2018

“This study makes an important contribution to the fields of palliative care and spiritual care by testing a model of outpatient spiritual care and including important patient-centered outcomes.”

“In their discussion, the study authors acknowledge that other variables might have influenced their findings and that some of the tools they used might be measuring psychosocial factors rather than strictly religious or spiritual ones. However, these overlapping constructs are related to purpose, meaning, comfort, and peace-all of which are associated with quality of life, regardless of the patient's specific faith or belief system.”

“The Spiritual-AIM intervention has great potential to guide the training of other chaplains and to help achieve a higher level of care for patients and families.”

Topic 2 Discussion Questions: What Impact Do Chaplains Have?

- What are your attitudes, assumptions and thoughts about using validated measures to understand the impact of chaplains on patients?

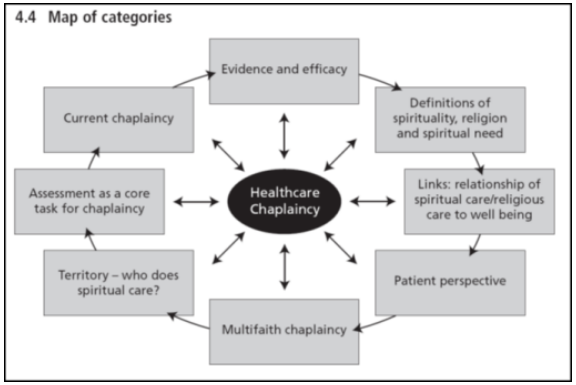
- The study data showed a significant increase in measures of spiritual well-being, but no statistically significant effect on other outcomes such as depression or anxiety—what questions and areas for further exploration about chaplain interventions does this raise for you?

- What are your thoughts about spiritual/religious factors overlapping with psychosocial factors and how this impacts research in our field?

2 Studies

1. Spiritual Distress
   (Schultz et al., 2017)

2. **Spiritual Coping and Health Behavior**
   (Grossoehme et al., 2016)



Spirituality and Airway Clearance Treatment Adherence

Table I. Descriptive Summary of Demographic and Clinical Characteristics of Study Participants

Characteristics	*N* (%)	*M* (*SD*)
Female, *n* (%)	27 (60)	
Age, years		13.8 ± 2.2
Religious affiliation, *n* (%)		
Nondenominational Christian	19 (42)	
Protestant	10 (22)	
Roman Catholic	6 (13)	
None	6 (13)	
Other	3 (7)	
Did not disclose	1 (2)	
FEV_1 % predicted		85.7 ± 20.8
PEx in prior year		1.38 ± 1.79
Adherence to AC treatment frequency, % of prescribed treatment	83[a] (67–100)	
Complete adherence to AC treatment frequency, *n* (%)	20 (44)	

Note. $N = 45$; FEV_1 = forced expiratory volume in 1 s, as a measure of lung function; PEx = pulmonary exacerbation; AC = airway clearance.

[a]Values are median (interquartile range).

Grossoehme et al., 2016

Spirituality and Airway Clearance Treatment Adherence:
Testing a Model of Theory of Reasoned Action

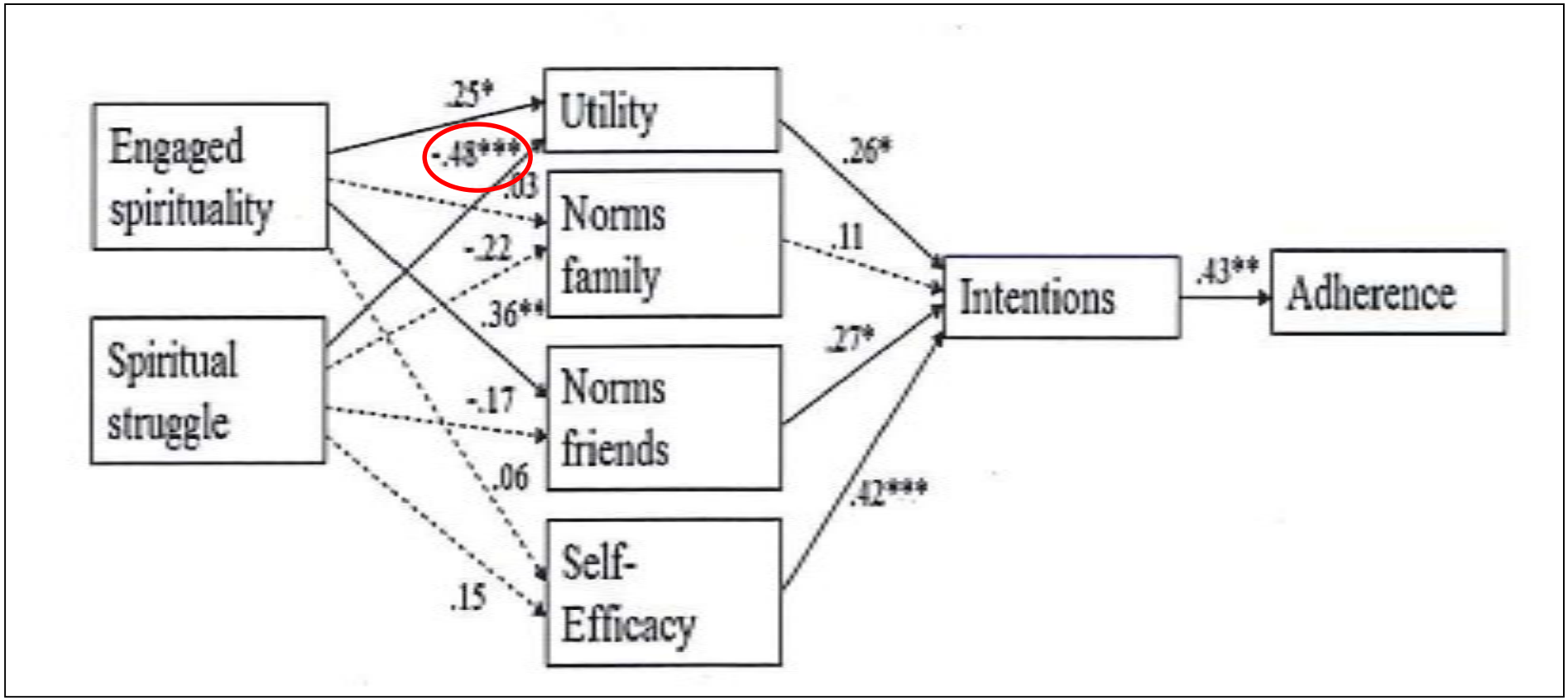


Figure 1. Path analysis model linking spiritual factors with adherence through utility, norms, self-efficacy, and intentions.

Note: Path coefficients are standardized. Dashed paths are not significant. *p< .05, **p < .01, ***p < .001.

Topic 3 Discussion Questions: Spiritual Coping and Health Behavior

- Describe any experiences with patients or other persons you know who have conditions that require burdensome self-management regimens. Describe how their adherence to their regimens influences their quality of life, health, and/or disease progression.

- Describe any examples from your chaplaincy practice where the patient's religious/spiritual beliefs or coping appeared to influence their health-related behavior. For example, their motivation, or lack of motivation to participate in therapy or rehabilitation. Or their style of coping: active problem solving, passive deferring, fatalistic giving up. Were there chaplaincy interventions you offered in this case that were helpful or that were ineffective?

- Do you think that influencing health behavior is an appropriate outcome for chaplaincy care? If so, what are the implications of the study findings for chaplaincy practice for adolescents with Cystic Fibrosis or other chronic, life-limiting conditions?

- What sense do you make of there being no association between the study participants' religious beliefs/coping and their scores on the measure of self-efficacy?

- What questions does the study raise for you? What areas for future research are raised by the study?

Grossoehme DH, Szczesniak RD, Mrug S, Dimitriou SM, Marshall A, McPhail GL. Adolescents' Spirituality and Cystic Fibrosis Airway Clearance Treatment Adherence: Examining Mediators. J Pediatr Psychol. 2016 Oct;41(9):1022-32.

Agenda for Research: Views of US Chaplains

(193 chaplains; Damen et al., 2017)

Research theme	Subthemes
Outcomes associated with chaplain care	specific interventions specific outcomes (e.g. satisfaction, quality of life, readmission etc.) outcomes in general outcomes in conjunction with chaplain characteristics (e.g. BCC, faith concordant etc.)
Chaplains: who they are, what they do	competencies, education and certification assessment and measurement screening and referrals a standardized language of spirituality/spiritual care self-care
Interventions	development and description of both general and specific interventions
The chaplain and the team	impact of chaplain care on the team chaplain integration in the team
Patients and families	research about patient characteristics, conditions, spiritual needs and distress
Perceptions about chaplaincy	perceptions of patients and staff about chaplains

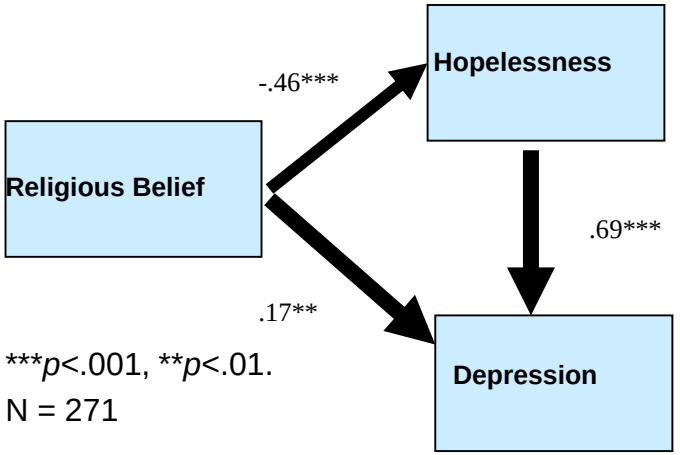
3 Paths for Advancing Chaplain Research

	SMALL	MEDIUM	LARGE
Resources needed	Small to Modest	Modest to Large	Huge
Link to chaplaincy research agenda	• EB improvement in local practice • Replication of existing study (with improvement, in new context)	• Advance our understanding of patient/family R/S needs and resources in diverse clinical contexts • Examine effects of spiritual care on some outcomes (eg satisfaction) • Examine any differences in R/S needs and resources for various sub-groups • Patient/family preferences for spiritual care	• Advance our understanding of how R/S needs and resources may or may not change in the patient/family journey • Develop EB screening and assessment practices • Examine effects of spiritual care on important outcomes
Team, expertise	• Research literate chaplain(s) • Research consultant	• Research literate chaplain(s) • Research consultant • Research assistant(s) • Data analysis	• Research literate chaplain(s) • Partnership with established research team with multiple expertise • Include R/S module in larger project
Budget per project	$0 - $10K	$10K-$250K	$250K-$5M

Advancing Chaplaincy Research: Core Ingredients

1. Deep Commitment:

   Personal and Institutional
   - Time
   - Persistence
2. Education
   - Research literate (eg methods)
   - Familiarity with existing research
3. Partnerships



Research Training

2018 Chaplain Research Summer Institute, *July 23-27*

- Hosted by *Boston University's School of Theology*
- *Now accepting applications*

Research Website:

www.transformchaplaincy.org

- *Dedicated to chaplaincy research and research literacy*

For information, contact Kathryn_Lyndes@Rush.edu

APC Webinar Journal Club VII
http://www.professionalchaplains.org/calendar_list.asp

APC Webinar Journal Club VII

New Paradigms, New Interventions and Essential New Information for Advancing Chaplain Practice

Presented by George Fitchett PhD BCC and Sr. Patricia Murphy PhD BCC

Five sessions presented on Tuesdays
September 19, 2017, November 14, 2017, January 9, 2018, March 13, 2018, & May 8, 2018

1:00 pm - 2:00 pm Central

Session 4 March 13, 2018	Ethical Conflicts in End of Life Care: What is the Role of Religious Beliefs?
Session 5 May 8, 2018	Next Steps in Identifying Who Needs Spiritual Care

ACPE Research Network

[Back to the Articles of the Month Index Page]

September 2014 Article of the Month

This month's article selection is by Chaplain John Ehman,
University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA.

Johnson, J. R., Engelberg, R. A., Nielsen, E. L., Kross, E. K., Smith, N. L., Hanada, J. C., Doll O'Mahoney, S. K. and Curtis, J. R. "**The association of spiritual care providers' activities with family members' satisfaction with care after a death in the ICU**." *Critical Care Medicine* 42, no. 9 (September 2014): 1991-2000.

SUMMARY and COMMENT: This month's feature is a "study of spiritual care providers [that is] the first to demonstrate the number and variety of activities that they report completing while providing support for families of critically ill patients" [p. 1996], and the data show associations between some of those activities and increased family satisfaction with certain aspects of ICU care. One of the authors is Chaplain Sean K. Doll O'Mahoney, ACPE Supervisor and Director of the Department of Spiritual Care at Harborview Medical Center (Seattle, WA), and he has written a special note (below) to the Network about his experience of participating in this research.

Data were gathered as part of a larger interventional study to improve palliative care in an ICU [--see Related Items of Interest (below), §V]. Questionnaires about satisfaction were analyzed from 275 family members of patients who died in a 65-bed ICU at a 350-bed level 1 trauma center between August 2003 and October 2005 (from a total consecutive sample of 587 decedents), and of these family members, 118 were identified as having been visited from a spiritual care provider. Also, a Spiritual Care Activities and Satisfaction Questionnaire [--see Related Items of Interest (below), §II] was distributed within 48 hours after deaths to 57 spiritual care providers who had direct contact with the target patient population, with 49 providers participating (86%) by returning the instrument. "Although more than half [of the spiritual care providers] were serving as interns in the Spiritual Care department and…therefore had little prior experience as spiritual care providers in the ICU…, they represented an older group of individuals (mean age, 42) with significant advanced degree training (46%)" [p. 1995]. Sampling in the study is explained to an exceptional degree, including flow diagrams for family members and providers [--see pp. 1994 and 1996].

Among the findings: "spiritual care providers reported engaging in a large number of activities with ICU patients' family members" [p. 1995]. Of 14 activities specified in the Spiritual Care Activities and Satisfaction Questionnaire,

> Actively addressing (92%) and discussing (92%) spiritual or religious needs were common. Discussions related to family members' feelings (90%) and patient values (79%) were also common as was reminiscing about the patient (80%). [pp. 1995-1996]

Other activities of note include discussing with family members the patient's wishes for end-of-life care (45%) and preparing the family for what to expect during conferences with the health care team members (27%) [--see Table 3 on p. 1997].

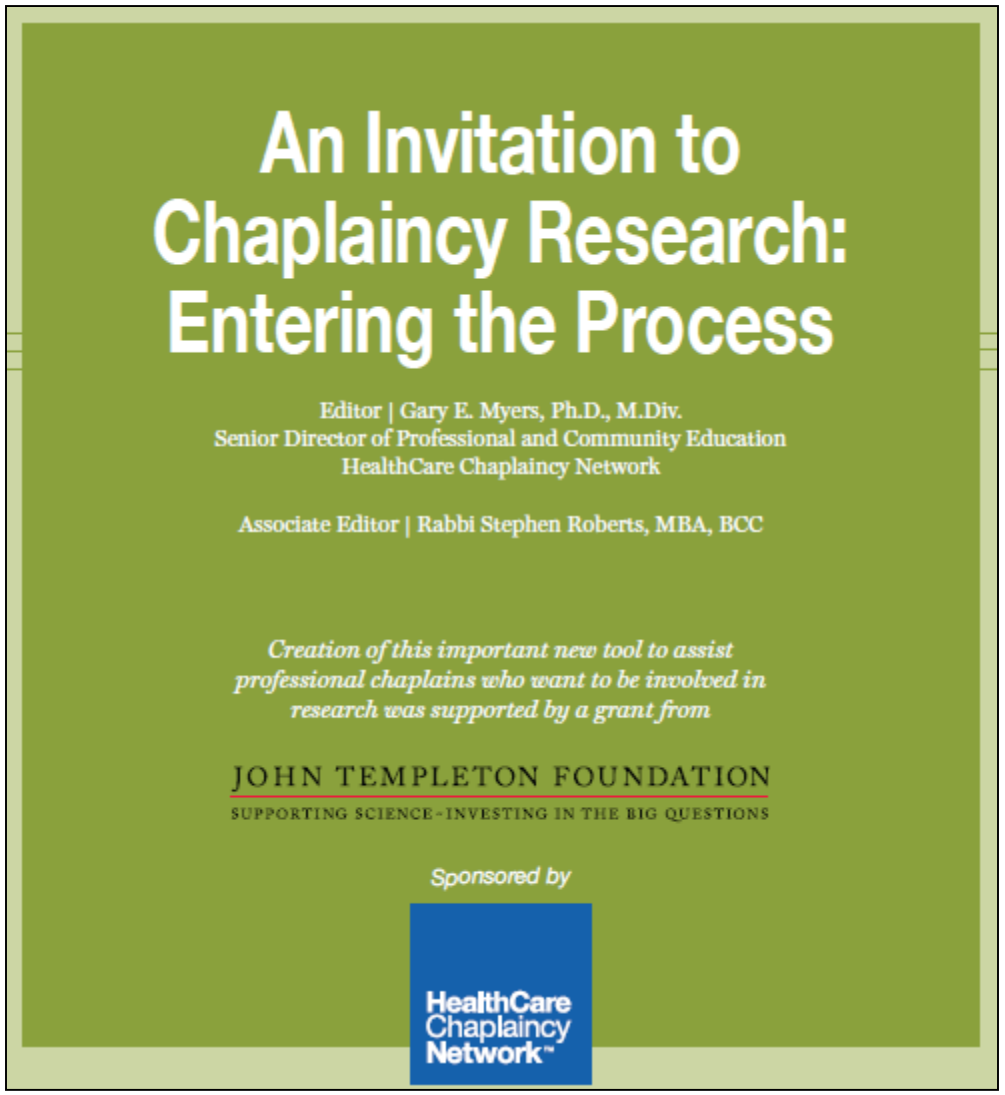
Regarding associations of spiritual care providers' activities with family members' feelings about ICU care:

> Discussions about the patient's wishes for end-of-life care and a greater number of spiritual care activities performed were both associated with increased *overall* family satisfaction with ICU care. Discussions about a patient's end-of-life wishes, preparation for a family conference, and total number of activities performed were associated with improved family satisfaction with *decision-making* in the ICU. [p. 1991 (abstract); emphasis added]

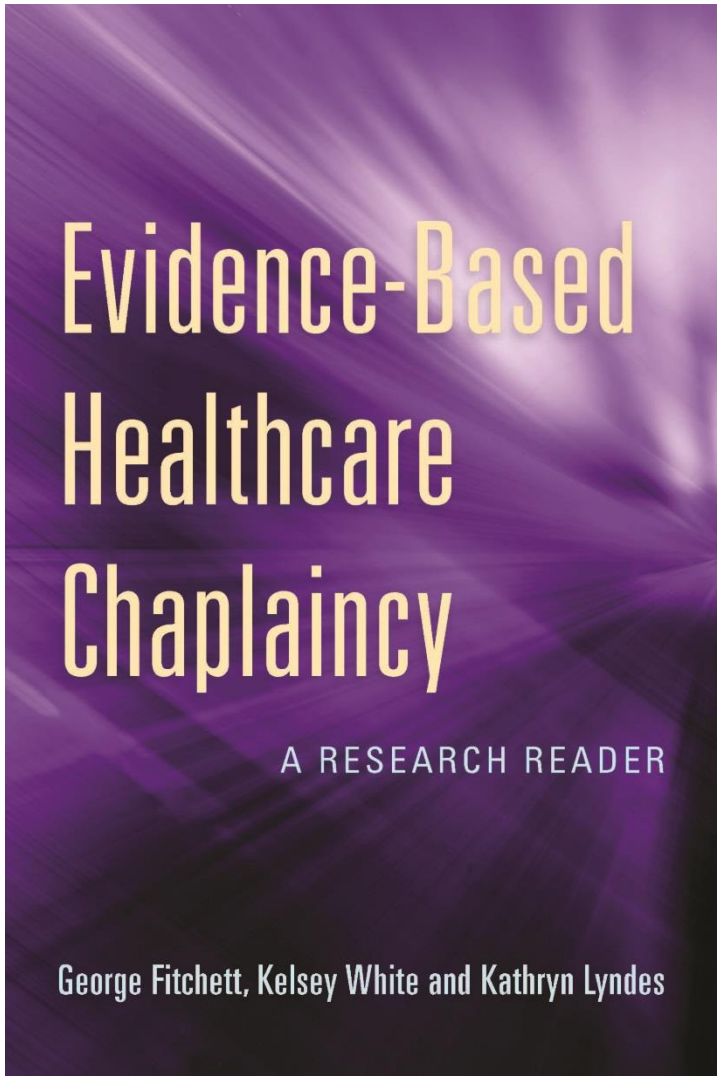
The authors guard against assumptions about causation in this observational study, but they do speculate about possible mechanisms behind the association between spiritual care activities and family satisfaction.

> We detected a significant association between the occurrence of discussions of patients' wishes for end-of-life care and higher overall assessments of the ICU experience. It may be the case that, for family members, the opportunity to give voice to the patient's wishes and have this acknowledged by a spiritual care provider provides some support. Similarly, the association between reminiscing about the patient and satisfaction with spiritual care supports the importance of patient-focused and family-centered approaches in which the patient is seen as an important and unique person with individual values, beliefs, and history. For family members, the opportunity for a spiritual care provider to learn about their loved one as an individual may be of particular value.

http://www.acperesearch.net, John Ehman Convener



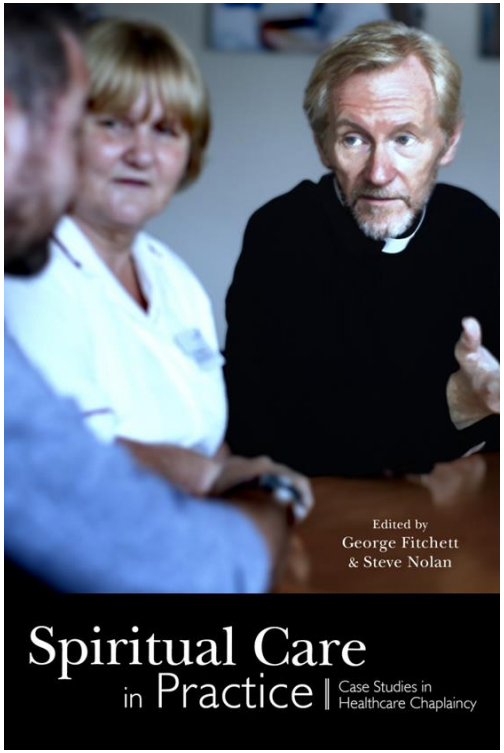
http://www.healthcarechaplaincy.org/docs/publications/templeton_research/hcc_research_handbook_final.pdf



Available July, 2018

Jessica Kingsley Publishers
https://www.jkp.com/uk/evidence-based-healthcare-chaplaincy-36031.html

Chaplain Case Studies



Case Studies in Spiritual Care: Healthcare Chaplaincy Assessments, Interventions and Outcomes

George Fitchett and
Steve Nolan, Editors

Available July 2018
https://www.jkp.com/uk/case-studies-in-healthcare-chaplaincy-2.html

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equinox

https://journals.equinoxpub.com/index.php/HSCC
Special Issue on Case Studies, (2017) Vol 5, No 2.

THANK YOU FOR ATTENDING!

- Include your email address on the evaluation form, if you would like to be notified of any future conferences or to receive a link to the video recording of this conference.
- Please remember to drop your evaluation in the box at the back.

New Frontiers in Spiritual Care Research:
Applying and Integrating New Research Findings into Clinical Practice

March 16, 2018