Chaplain’s Impact on Emotional and Spiritual Needs: Job Security in a world of Scarce Resources

Beverly M. Beltramo,  D.Min, BCC
System Director of Spiritual Support Services
Oakwood Healthcare System

Objectives - To help you:

- Become the recognized experts in addressing emotional & spiritual needs.
- Be able to show how what we do impact core measures.
- Learn some techniques to raise patient satisfaction scores

The Genesis of this talk…
“I wish my chaplains understood this…”

Why does this matter?

- Who here has…
  - Enough chaplains to do the work?
  - Big enough budget?
  - Happy patients?

- Purpose: to offer one model to help you achieve the above.
Some context:
Chaplaincy as a profession is facing significant challenges:

2010 American Hospital Association Study
Financial Cutbacks

- Hospitals which made no cutbacks
- Hospitals which made both administrative and staff cuts
- Hospitals which made other budget cuts

Changing religious landscape in US

- Americans are more Pluralistic/less Religiously Observant:
  - Changing religious landscape: “unchurched” adults up by more than 50% between 1991 – 2011 (Barna, 2011)
  - Of 100 million “unchurched,” approximately 37% “avoid churches because of negative past experiences in church or with church people” (Barna Group, 2011, p. 2).

- “My anecdotal information confirms yours; as we deal with members being late for renewal, we do get members who let us know that hours have been cut…”
  – D. Lichter, Exec Dir., NACC
Lack of standardization in defining “What is a Chaplain?”

- NACC/NAJC/ACPE/APC – MA/M.Div +CPE

**IFOC Mission Statement**

“Trained and licensed chaplains will provide counsel, education, advocacy, life improvement skills and recovery training…” = 47 hr Chaplaincy course

- **Association of Christian Counselors** – offers chaplain licensing through ODB Ministries. Appears to only require a HS diploma.

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Before we go any further…

- Take off your “chaplain” hat…

- And put on your “administrator” hat
In our organizations, we measure what we value: …ratings, safety, errors, customer or employee satisfaction. We measure what we hope to influence.

- Benson

In a world of “measurables” chaplaincy is hard to quantify

- HCAHPS- “communication questions…”
- Press Ganey – “Emotional needs” (no mention of spiritual…)
And emotional ≠ spiritual

….right???

Well, research tells us differently…

- Difference (between “emotional need” and “spiritual need”) not clearly established within literature, nor, (per Clark Drain & Malone), well differentiated within the minds of most patients.*

- Study asked patients to rate “how well chaplain addressed emotional needs” and “how well chaplain addressed spiritual needs.” Every one of the seven measures correlated more highly with “emotional needs” than “spiritual/religious needs” –including “praying with the patient.”*

*Clark, Drain & Malone (2003)
A single self:

So OK: emotional = spiritual (sometimes).

But do emotional needs matter?

(remember… )
- \$\$\$ - evidence shows “relationship between patient satisfaction with emotional and spiritual care and profitability” (Press Ganey, 2003)

- **LOYALTY** - When chaplains are involved, “patient more likely to choose that institution again for future hospitalization” (Gibbons, et al, 1991).

- **PATIENTS SAY SO** Joint Commission Journal of Quality Improvement, “Information and emotional support needs were more important to patients than all other care delivery needs or concerns.” (2003)

- **QOL** - Balboni of the Dana-Farber Cancer Institute found that patients whose spiritual needs are effectively addressed have better QOL and are 3X’s more likely to accept hospice care in lieu of futile aggressive care (Balboni, et al., 2010).

- **OUTCOMES** - Koenig, (Handbook of Religion and Health) found “spirituality and religion play a critical role in how patients cope with illness and result in positive outcomes.”

- **SO to recap:**
  - We value what we can measure
  - Emotional needs not differentiated from spiritual
  - Emotional needs matter

*How do we measure satisfaction with emotional needs?*
…Press Ganey!

1. **ALL** hospital staff--but chaplains legitimately the “experts”.
2. **ALL** patients have emotional and spiritual needs.
3. Satisfaction w/emotional needs highly correlated w/ Overall satisfaction.

“I wish my chaplains understood this…”
Are there things which chaplains do which impact patient’s satisfaction with emotional & spiritual needs?

If we want staff to care—they have to feel cared about….

…chaplains know a thing or two about that

Any examples?
Chaplains know how to care for staff:

- Port in the storm
- Teach self care? Model self care?
- Teach staff to care for each other?
- Other?

We need to find the “wow’s”.
A few chaplain “wow’s”

- Handmade Blankets/Baby clothes
- Music
- Pet visitation
- EOL care
- Hospitality
- Other??

We may need to invite others…

- Chaplain : patient ratio (ouch!)
- Volunteers not just helpers—a ministry of their own. Help them hear how God has called them.
- CPE for volunteers
- Scripting
Teach OTHERS what we know...

- The question doesn’t say “Did the chaplain come and say a prayer with you…?”

Chaplains understand patients’ emotional & spiritual needs …

- Making sense
- Control
- Connection & Care
- EOL
- Hope
- A search for MEANING & PURPOSE

Harold Koenig “Meeting the Spiritual Needs of Patients”
More stuff we know…

- Let go of the “stuff” before you enter
- Emotional vulnerability
- Listening
- Guard dignity
- Acknowledge (and respond to) emotion.
- Compassion matters.
- Honor silence.

Caring interventions we can teach…

- Preferred name
- Sit
- Good touch
- Empathy
- Cultural Competence
- Know when to refer

Clark (Hosp & Health network) & Dingman (Jrnl of Nursing admin)
What it can look like…

Not so long ago or far away…

- Our patient satisfaction goal was 75\textsuperscript{th} percentile
- Scores hovered in the 30’s
- Chaplains were charged with the “Emotional Needs” question

\textit{(help!)}
First, we began to do things differently.

- CPE training for volunteers
- Scripting
- Day 2 Spiritual Assessment
Day 2 went from

- THIS
- (Introduction)
- Brochure
- Prayer (pretty much always!)
- Outta there

TO THIS
- (Introduction)
- Religious pref.
- Contact pastor?
- Stuff?
- Open it up…
- Anything we can do?
- Prayer (maybe)?

Our H & P went from this…

Do you want to see the chaplain?
To this...

We trained others:

- PowerPoint which we presented to (almost) all RN's on all clinical units
- Modified content for a 30 min presentation @ New Hire
- Med Resident training
- As value of PowerPoint was recognized, was asked to present to all departments—both clinical and non clinical.

...scores started to climb.
In short…

- We taught staff what chaplains know about caring for people.
- We reached out to care for staff – if they feel cared for, they will do a better job of caring for others (“the chocolate brigade…”).
- We affirmed it when we saw it!

DID IT WORK?
So then we launched in four underperforming units at another hospital…
Mean Score: Intervention Units vs. Overall Hospital - Emotional Needs

Mean Score: Intervention Units vs. Overall Hospital - Overall Satisfaction
A final note... nursing satisfaction

- American Nurse Association: almost half of respondents “exhausted and discouraged when they leave work.”

- “...Making a difference in a patient's life, gives nurses the feeling of reward.”

- “The neglect of the whole person in modern health care creates widespread dissatisfaction...which is certainly affecting the skyrocketing rates of burnout of nurses.” (Koenig 2003)

So in summary...

- Emotional and spiritual needs matter.
- Chaplains are the experts at addressing those needs.
- Emotional needs scores overall satisfaction.
- This patient satisfaction—and clinician satisfaction too!
Implications of this work

- Emotional needs highly important to patients
- Chaplains play key role in addressing emotional/spiritual needs
- Emotional/spiritual satisfaction = high R w/ overall satisfaction
- Higher patient satisfaction = ↑ reimbursement + ↑ QOL @ EOL + ↑ patient loyalty

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