EVIDENCE-BASED SPIRITUAL CARE FOR CHAPLAINS: Update and Prospects

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4.4 Map of categories

- Religious Belief
- Hopelessness
- Depression

- \[ .46^{***} \]
- \[ .17^{**} \]
- \[ .69^{***} \]

***p<.001, **p<.01
N = 271
Outline: Evidence-Based Spiritual Care

- Definitions
- The case for and against
- Some US chaplaincy-related research
- Next steps

**p<.001, **p<.01. N = 271
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 found doing it this way usually works.*
  – *I tried several ways and 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
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
Evidence-based practice in psychology is the integration of
- the best available research
- clinical expertise
- in the context of patient characteristics, culture, and preferences.

**What is Evidence-Based Practice?**

**EBP Model**

- Practitioner’s Individual Expertise
- Best Evidence
- Client Values and Expectations

[Image of Venn diagram showing the intersection of best evidence, practitioner expertise, and client values]

**American Psychological Association**

APA Policy Statement on Evidence-Based Practice in Psychology, 2005
AGAINST Evidence-Based Spiritual Care

It can’t be done

Stiger: God, the Spirit, presence, prayer, etc. are much too big and always will be mysteriously beyond our attempts to measure and quantify.

Mowat: At times the good outcome of chaplain care causes distress and anxiety

Walter: Routinization of spiritual care destroys its ethos - vulnerability

It shouldn’t be done

Sulmasy: Once pastoral care services succumb to the need to prove they can decrease the length of stay or improve patient satisfaction all will be lost.

Illich: Professionalized spiritual care robs people of the capacity to care for themselves and one another
FOR Evidence-Based Spiritual Care

“Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful”

(O’Connor TSJ and Meakes E. 1998. The first article to use the term “evidence-based” pastoral care.)
“Is evidence-based spiritual care an oxymoron? I see it as a paradox, as ambiguity and as mystery”
(p. 261, O’Connor, T ,2002)

Good stewardship of creation requires our best, evidence-based, care
(Grossoehme in Fitchett & Grossoehme, 2011)
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)
Chaplaincy: A Research-Informed Profession

• **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)
A research-literate chaplain has the ability to read, understand, and summarize a research study and to explain its relevance for his/her spiritual care.
Anton T. Boisen
Explorations of the Inner World: A Study of Mental Disorder and Religious Experience (Willett, Clark & Company, 1936)
Chaplaincy-related Research in the US

• What chaplains do

• Describing & assessing spiritual needs & resources

• The impact of the chaplains’ care by itself

• The impact of the chaplains’ care in a multidisciplinary intervention

Testing the Efficacy of Chaplaincy Care

KATHERINE R. B. JANKOWSKI
Professional and Continuing Studies, Healthcare Chaplaincy, New York, New York, USA

GEORGE F. HANDZO
Chaplaincy Care Leadership & Practice, Healthcare Chaplaincy, New York, New York, USA

KEVIN J. FLANNELEY
The Spence Research Institute, Healthcare Chaplaincy, New York, New York, USA
## Describing Spiritual Needs
(369 oncology outpatients in NYC)

<table>
<thead>
<tr>
<th>Spiritual need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding meaning in life</td>
<td>27%</td>
</tr>
<tr>
<td>Finding hope</td>
<td>28%</td>
</tr>
<tr>
<td>Overcoming fears</td>
<td>37%</td>
</tr>
<tr>
<td>Talk about meaning of life</td>
<td>20%</td>
</tr>
<tr>
<td>Talk about death and dying</td>
<td>20%</td>
</tr>
<tr>
<td>Finding peace of mind</td>
<td>30%</td>
</tr>
<tr>
<td>Spiritual needs not being met</td>
<td>18%</td>
</tr>
</tbody>
</table>

Astrow et al, 2007
Religious Struggle Screening Protocol in BRIGHTEN Participants (n=204)

Is R/S important to you as you cope with your illness?

YES (82%)

How much strength or comfort do you get from your R/S right now?

All that I need (40%)

Less than I need or none at all (42%)

R/S Struggle Path 1

NO (18%)

Has there ever been a time when R/S was important to you?

YES (9%)

R/S Struggle Path 2

NO (9%)

Screening Protocol from Fitchett and Risk, 2009
Effect of Chaplain Visit on COPD Patient Anxiety

Source: Iler et al. (2001).
Effect of Chaplain Visit on COPD Patient LOS

Source: Iler et al., 2001
Effect of Chaplain Visit on CABG Pt Anxiety & Depression

Case Study of a Chaplain’s Spiritual Care for a Patient with Advanced Metastatic Breast Cancer

RHONDA S. COOPER
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, Maryland, USA

The case study seeks to describe an oncology chaplain’s pastoral relationship with a 64-year-old woman with advanced metastatic breast cancer. The patient’s distress was complicated by a history of anxiety and other chronic medical conditions. Approximately 16 pastoral encounters occurred during the last year of the patient’s life. The patient, chaplain, and the pastoral conversations are presented as well as a retrospective assessment of them. The chaplain’s interventions were appropriate for the patient’s spiritual needs, particularly in regard to her fear of death, loneliness, grief that her life was “too short” and estrangement from her inherited faith tradition, with observable benefits for the patient. The oncology chaplain has a distinctive role in the healthcare team as one who can meet the patient at the point of their spiritual need, provide appropriate interventions and, thereby, ameliorate the distress, particularly in regard to death anxiety, peace of mind, and issues of meaning.
Next Steps: Multi-disciplinary Studies
## Next Steps: Outcomes Oriented Care

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 pediatricians (14 general peds, 16 peds oncology)</td>
<td>22 chaplains (13 directors, 9 staff chaplains)</td>
</tr>
</tbody>
</table>

### Emphasis on tasks

<table>
<thead>
<tr>
<th>Chaplains help by:</th>
<th>Chaplains focus on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>performing rituals</td>
<td>wholeness</td>
</tr>
<tr>
<td>liaison to family's faith group</td>
<td>presence/companionship</td>
</tr>
<tr>
<td>providing support and counseling especially in</td>
<td>healing - helping people</td>
</tr>
<tr>
<td>times of crisis like death</td>
<td>find meaning and peace via</td>
</tr>
<tr>
<td></td>
<td>supportive relationships</td>
</tr>
</tbody>
</table>

Chaplains are members of the health care team

Chaplains wish they were included more often

Overall positive view of chaplains

Cadge et al., 2011
## Next Steps: Outcomes Oriented Care

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians emphasize chaplain contribution to key outcomes</td>
<td>Chaplains emphasize process (presence)</td>
</tr>
<tr>
<td>Address spiritual suffering</td>
<td>Chaplains provide a listening, supportive presence</td>
</tr>
<tr>
<td>Improve family-team communication</td>
<td>Chaplains comment on outcomes</td>
</tr>
<tr>
<td>Physicians are aware of process</td>
<td></td>
</tr>
</tbody>
</table>

Next Steps: Outcome Oriented Care

Profile
- Concept of Holy
- Meaning
- Hope
- Community

Discipline for Pastoral Care Giving – Arthur Lucas, 2001
Next Steps: Best Practices in Chaplaincy

SPIRITUAL CARE HANDBOOK ON PTSD/TBI

The Handbook on Best Practices for the Provision of Spiritual Care to Persons with Post Traumatic Stress Disorder and Traumatic Brain Injury

By
The Rev. Brian Hughes, BCC
The Rev. George Handzo, BCC

Next Steps: Evidence-based Care

1. INTENTIONAL MINISTRY OF PRESENCE:

Objective:
Facilitate spiritual healing through an intentional ministry of presence.

Evidence:

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Sources</th>
<th>QE</th>
<th>OQ</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide an intentional ministry of presence for persons with TBI</td>
<td>Interview-Ridley</td>
<td>III</td>
<td>Poor</td>
<td>I</td>
</tr>
</tbody>
</table>

QE = Quality of Evidence  OQ = Overall Quality  R = Recommendation

EVIDENCE GRADING SYSTEM

QUALITY OF EVIDENCE (QE):

I - At least one properly done RCT
II-1 Well designed controlled trial without randomization
II-2 Well designed cohort or case-control analytic study
III  Multiple time series, natural history or uncontrolled experiments

OVERALL QUALITY (OQ):

Good High grade evidence (I or II-1) directly linked to health outcome
Fair High grade evidence (I or II-1) linked to intermediate outcome, or Moderate grade evidence (II-2 or II-3) directly linked to health outcome
Poor Level III evidence or no linkage of evidence to health outcome

FINAL GRADE OF RECOMMENDATION: THE NET BENEFIT OF THE INTERVENTION

A - A strong recommendation that the intervention is always indicated and acceptable
B - A recommendation that the intervention may be useful/acceptable
C - A recommendation that the intervention may be considered
D - A recommendation that the procedure may be considered not useful/effective, or may be harmful.  
E - Insufficient evidence to recommend for or against.  The clinician will use clinical judgment.
Next Steps: Chaplain Education and Certification

- Need to teach research literacy skills in CPE residency programs
- Create research journal clubs in chaplaincy departments
- Demonstrate research literacy for chaplaincy certification

<table>
<thead>
<tr>
<th>Any Research Education</th>
<th>Yes</th>
<th>Some</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPE Centers</td>
<td>3 (14%)</td>
<td>5 (24%)</td>
<td>13 (62%)</td>
<td>21</td>
</tr>
<tr>
<td>CPE Systems</td>
<td>0 (0%)</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
<td>5</td>
</tr>
<tr>
<td>All Programs</td>
<td>3 (12%)</td>
<td>7 (27%)</td>
<td>16 (62%)</td>
<td>26</td>
</tr>
</tbody>
</table>

Margin of Error: 12%, 17%, 19%

Fitchett et al., 2012
When it’s over, I want to say:
all my life I was a bride married to amazement.

from When Death Comes
by Mary Oliver
Our research website:
www.rushu.rush.edu/rhhv
Click on
Research in Religion, Health & Human Values