Physician Satisfaction

Executive Concern

“The future of healthcare rests in the integration of physicians into our facilities.”

What you could say:

“Physicians often use chaplains to support them when they have difficult conversations with patients and families. Physicians rely on chaplains to support the patient and family in dealing with their emotions and also use chaplains as a source of spiritual support for themselves, enabling them to better care for patients. I’d love to share with you some stories of how physicians have talked about chaplains enhancing their work environment.” Pacific Region ACPE Development Committee Dignity Health Spiritual Care Council

“Physicians rely on pharmacists, respiratory therapists, Social Workers and other technical specialists to provide the full complement of care that lies outside of their delivery. Chaplains allow the treatment of the psycho-social-spiritual issues that might impede healing or retard compliance – like the pharmacy for the human spirit.”

“Doctors encounter a variety of spiritual/religious issues in their patients/families as somewhat foreign -- outside of their learned expertise. However, it is in this arena that many barriers arise, and when these are coupled with the challenges around having difficult conversations, the result is often patient/family/provider frustration and hindrance to healing. Too often medical, clinical values are in conflict with individual, personal values; the right chaplain is a trained mediator.”

Some talking points to consider…

• You will want to consider how spiritual care supports the work you are discussing
  o You all work so diligently to help repair or correct the physiological issues in everyone you care for.
  o But what happens when their fear, or their beliefs or their families create barriers to your efforts?
  o There is no pharmaceutical or surgical process for removing those barriers – because they are not physical.
  o We are the specialists in helping to reduce -- possibly even remove – those barriers because our expertise falls within the psychosocial-spiritual realm and we will work with you and the social workers to support all of your physiological efforts as long as they are not in conflict with the patients own desires.

• For physicians or other clinical staff: Consider sharing ideas about end of life conversations and how spiritual care can help with those conversations.
CHA Pastoral Care Survey Quotes…

- “Extremely valuable - helps round out the care of our individual patients as well as their families.” Physician
- “Very helpful, very important part of our care.” Physician
- “Care for the spiritual needs of our patients and families while they are in management of life threatening illness. Continued attention to their needs in follow up as well.” Physician
- “It is at the essential core of the healing process for patients and their families.” Physician
- “The value lies in the fact that we are not simply physical beings. There is a part of us that, although not physical, requires support and healing during physical illness.” Physician

Some research points


Religion and spirituality are important resources for coping with serious illnesses, but research indicates that patients' needs in this regard often go unmet,” Fitchett said. "That's why it is important to understand how physicians view chaplains. Doctors play a crucial role in ensuring that patients get access to this kind of care." The study was based on data from a random sample of physicians of all specialties selected from the American Medical Association Physician Masterfile. The survey response rate was 63 percent.

Of the 1,102 physicians whose responses were included in the study, 89 percent had some experience with chaplains. Of these physicians, 90 percent were satisfied or very satisfied with chaplains' services. Those who were satisfied tended to be physicians who worked in teaching hospitals; practiced medical subspecialties, such as cardiology or oncology, or other specialties, such as emergency medicine or neurology; endorsed the notion that religion and spirituality can have a good effect on patients; and believed it was acceptable to pray with a patient whenever the physician sensed it would be appropriate.

The taking of a spiritual assessment has demonstrated improvement in the patient-physician relationship.


Other talking points on chaplains’ help to physicians/nurses:

1. Background awareness:
   - Our support can come in the form of dealing with all the "stuff" about patients that doctors/nurses do not usually feel they have the time or expertise to approach -- but that will often make a huge difference in patients’ ability to be compliant, open and receptive to other healing interventions.
Chaplains see and hear things other clinicians might miss, and act as ‘translators’ of diagnoses and prognoses to patients/family as well as ‘conveyors’ of spiritual pain the physicians may have missed.

2. Message to the physician and/or nurse:
   o The great work you are doing for bodies [doctors and nurses) is supported by our efforts to support the spirit -- and at a time when the body especially needs that support!
   o Like you (doctors and nurses), our role is to help patients/families optimize health, cope and find peace. Our agenda -- in healthcare --is to cultivate an environment of care that allows patients to do these in concert with the medical resources and the patient resources. We work with you to help engage the patient resources -- especially the emotional and psycho-social-spiritual resources – that will enhance health and medicine.
   o Consider referring cases to us when our training and resources are of great value – death & dying, end-of-life family decisions, and poor prognosis and anywhere spiritual/ emotional pain exists.

3. Ways physicians/nurses might utilize spiritual care can help physicians/nurses:
   o Providing insights or facilitate conversations about a patient's honest goals of care or their concerns about treatment. Skilled chaplains have the ability to bring clarity to the deepest intentions that drive medical decisions, for greater satisfaction of all involved. These are often healing conversations.
   o Helping with conveying “bad news” and “how do I need to say it” for this family.
   o Assessing a family system and the many beliefs, fears and relational dynamics that may be influencing patient care. Oftentimes, a patient may have clarity on his or her own preferences, but is being deferential to their sense of family preferences. Often families are doing the same.
   o Assisting in a family meeting through prayer or some type of ritual, especially prior to withdrawal of life-prolonging treatments.
   o Providing “coaching” in basic spiritual care for their clinical partners, as patients/families place importance on their spiritual health as a component of overall health.
   o Discussing personal issues, as well as professional ones, where chaplain can provide a safe place to discuss grief and loss related to a missed diagnosis, doubts, lack of clarity on a family, as well as perhaps to pray with them about some of these issues.