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

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Objectives - To challenge you to:

- Become the *recognized* experts in addressing emotional & spiritual needs.
- Be able to show how what we do impacts core measures.
- Learn some techniques to help your system/site 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?
  ▫ Completely happy patients? *

• Purpose: to offer one model to help you achieve move toward the above.

* Ok: me neither.
Some context:

Chaplaincy as a profession is facing significant challenges.

American Hospital Assoc. Study: Financial Cutbacks

- Hospitals which made no cutbacks: 10%
- Hospitals which made both administrative and staff cuts: 50%
- Hospitals which made other budget cuts: 40%

Source: AHA analysis of "Telling the Hospital Story" survey data from 572 acute care hospitals, April 2010.
Changing religious landscape in US

- Americans are more Pluralistic/less Religiously Observed:
  - 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).

Lack of standardization in defining “What is a Chaplain?”

- NACC/NAJC/ACPE/APC
  - Board Certification
  - MA/M.Div
  - CPE
  - Endorsement

- 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.
Chaplains may need to learn to think of ourselves differently...

To (perhaps?)
Before we go any further...

- Take off your “chaplain” hat...
- And put on your “hospital 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

- Few quantitative studies, fewer still related to chaplains & patient satisfaction.
  - most focus on patient satisfaction with the chaplain—not chaplain’s impact on patient satisfaction.

These are very different questions!

A critical difference:

- I have a great chaplain
- My chaplain helps my hospital achieve higher patient satisfaction.
It’s not their job to make the connection

It’s ours.

The patient satisfaction “measurables” of chaplaincy

<table>
<thead>
<tr>
<th>ANECDOTAL DATA</th>
<th>EMPIRICAL DATA</th>
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<tbody>
<tr>
<td>• Patient Letters</td>
<td>• HCAHPS - “communication questions…”</td>
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<td>• Foundation Contributions</td>
<td>• Bereavement Surveys</td>
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<tr>
<td>• Good stories</td>
<td>• <strong>Press Ganey</strong> – “Emotional needs” (no mention of spiritual…)</td>
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<tr>
<td>• Others…</td>
<td>• Others...</td>
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Let’s get this out of the way:

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)
What it might look like...

Emotional Needs

Coping & Well being: “you made me feel better…”

Spiritual Needs

Religious Belief & Practice

What are patient’s Emotional & Spiritual Needs?
### Definition of Emotional Need and Spiritual Need

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<th>Definition</th>
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<th>Spiritual Need</th>
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<td>Loneliness</td>
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<td>1</td>
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<tr>
<td>Religious Needs (prayer)</td>
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<td>1, 3, 5, 10</td>
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<tr>
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<tr>
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<td>6, 11</td>
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<tr>
<td>Listening/share feelings/need to Talk</td>
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<td>1, 3, 4, 6, 8, 11</td>
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<td>Tap Inner Strength</td>
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<tr>
<td>Overcome fears</td>
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<tr>
<td>Provide referrals for other help, patient advocacy</td>
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<td>To be thankful</td>
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<td>Kindness</td>
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<td>Need to make sense of Illness</td>
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<tr>
<td>Authenticity</td>
<td>6</td>
<td>6, 11</td>
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<tr>
<td>Relaxation</td>
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<td>Physical Presence</td>
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<td>Respect for privacy</td>
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<td>Openness to questions</td>
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<tr>
<td>Dignity</td>
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Citations:
1 = (Nixon & Narayanasamy, 2010); 2 = (Hummel, Galek, Murphy, Tannenbaum, & Flannely, 2008); 3 = (Flannely, Oettinger, Galek, Braun-Stork, & Kreger, 2009); 4 = (Handzo, et al., 2008); 5 = (Clark, Drain, & Malone, 2003); 6 = (Koenig, 2003); 7 = (Clark P. A., 2004); 8 = (Astrow, Wexler, Texeira, He, & Subinay, 2007); 9 = (Chochinov & Cann, 2005); 10 = (Mattison, 2006); 11 = (Tanyi, Werner, Recine, & Sperstad, 2006); 12 = (Press Ganey, 2010).

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**For the purpose of THIS talk....**

- Alleviation of fear & loneliness
- Transcendence
- Desire to maintain religious practice
- Presence of the Sacred
- A need to make sense of illness.
- A need for spiritual beliefs to be respected & supported.
- Need to feel in control.
- Need to feel connected/cared for.
- A need to acknowledge and cope with the notion of dying.

*Paul Clark, “Press Ganey Preceptor: Emotional and Spiritual Care”*

*Harold Koenig, “Meeting the Spiritual Needs of Patients”*
So OK: emotional  
(or at least overlap quite a bit!).

But do emotional needs matter?
(remember...

What we know...

• Patients place a high value on their emotional & spiritual needs.

• “Degree to which staff address emotional needs” ranks near the top priority index every year since 1998. Press Ganey

• This question is not influenced by patient demographics. Press Ganey

• Emotions are biochemical — they can and DO influence physical & mental health. Clark 2004

• And...
- $$$ - 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).

- **QOL** - Balboni of the Dana-Farber Cancer Inst. 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.”

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**one more...**

From the Joint Commission’s Journal of Quality Improvement:

“*Information and emotional support needs were more important to patients than all other care delivery needs or service concerns.*” (Gustafson, 2001)

So, yes. They matter. ‘Nuff said.
Addressing Emotional/Spiritual Needs

1. **ALL** hospital staff--but chaplains legitimately the “experts.”

2. **ALL** patients.

3. Satisfaction w/emotional needs highly correlated w/ Overall satisfaction.

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Emotional Needs Drive Overall Satisfaction

*One year of results for a 250 bed SE Michigan Community Hospital.*
Press Ganey “Overall” & “Emotional Needs” Scores

Two years of results for a 1400 bed/four hospital Health System

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SO to recap:

- We value what we can measure
- Most Patients do not differentiate Emotional needs from spiritual
- Emotional needs matter
- Addressing Emotional/Spiritual Overall satisfaction
Are there things which chaplains do which impact patient’s satisfaction with emotional & spiritual needs?

And if so,
  What are they?
  How do we know?

See you next week.