

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...

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“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.

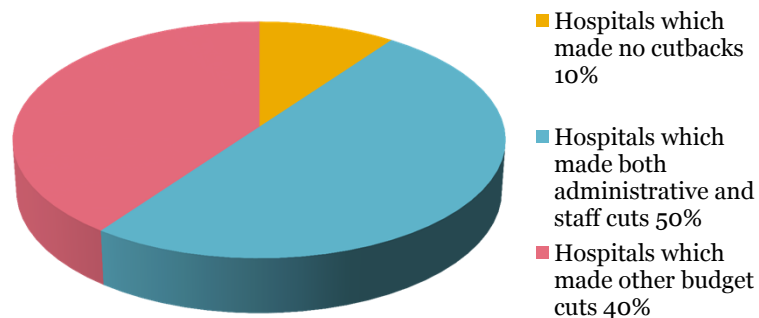
* **Ok: me neither.**

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Some context:

Chaplaincy as a profession is facing significant challenges.

American Hospital Assoc. Study: Financial Cutbacks



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

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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).

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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...



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To (perhaps?)



Before we go any further...

- Take off your “chaplain” hat...



- And put on your “hospital administrator” hat



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*In our organizations, we measure
what we value: ...ratings, safety,
errors, customer or employee
satisfaction.*

*We measure what we hope to
influence.*

- Benson

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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!

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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

ANECDOTAL DATA

- Patient Letters
- Foundation Contributions
- Good stories
- Others...

EMPIRICAL DATA

- HCAHPS - “communication questions...”
- Bereavement Surveys
- **Press Ganey – “Emotional needs” (no mention of spiritual...)**
- Others...

Let's get this out of the way:

Emotional \neq Spiritual

....right???

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Well, research tells us differently...

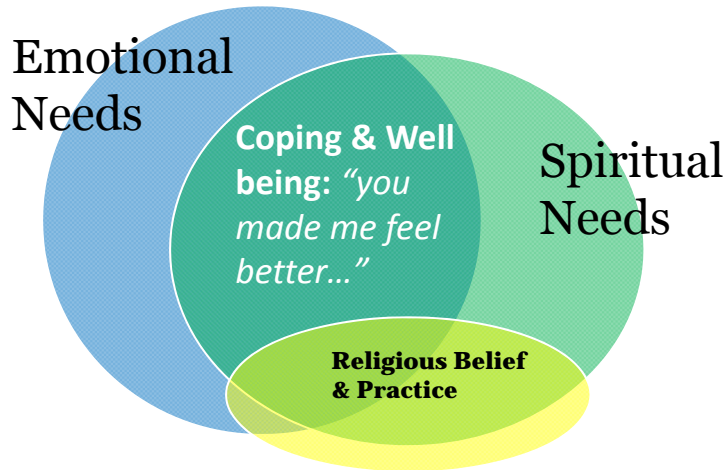
- Difference (between “emotional need” and “spiritual need”) not clearly established within literature, nor, (per Clark Drain & Malone), well differentiated within the minds of most patients.*
- Study asked patients to rate “how well chaplain addressed emotional needs” and “how well chaplain addressed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

*Flannely, et al, (2009)

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What it might look like...



What are **patient's**
Emotional & Spiritual Needs?

Definition	Emotional Need	Spiritual Need
Emotional support		1
Loneliness	12	1
Religious Needs (prayer)	3	1, 3, 4
Reassurance, Consoling, Encouragement	2, 3, 5, 12	1, 3, 5, 10
EOL Decisions/questions	6	1, 6, 8
Existential questions/meaning/purpose	2, 6, 12	2, 6, 8, 9, 10
Spiritual guidance/resources	6	2,4, 6, 8
Empathy	2, 4	
Comfort	2, 3	3, 10
Care and Concern	2, 6, 7	6, 11
Listening/share feelings/need to Talk	3, 6, 2	1, 3, 4, 6, 8, 11
Tap Inner Strength	3	3
Overcome fears	3, 12	3, 8, 10
Provide referrals for other help, patient advocacy	3,4, 5	3, 5
Life review	4	
Bereavement/sadness	4, 12	8
Control/to give up control	6	6
Forgiveness	6	6
To be thankful	6	6
Kindness	6	6
Need to Make sense of Illness	6	6
Authenticity	6	6, 11
Relaxation		8
Physical Presence	6	6
Respect for privacy	6	6
Openness to questions	6	6
Cultural Competence	7	
Emotional/Spiritual Assessment	7	
Existential Empowerment	2	
Crisis Intervention		4
Ethical Consultation		4
Meet Similar Patients		8
Help with Family		8
Hope	6, 2, 12	1, 6, 8, 9, 10
Dignity		9

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, Teixeira, He, & Sulmasy, 2007); 9 = (Chochinov & Cann, 2005); 10 = (Mattison, 2006); 11 = (Tanyi, Werner, Recine, & Sperstad, 2006); 12 = (Press Ganey, 2010)

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10/2/2013

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  spiritual
(or at least overlap quite a bit!).

**But do emotional needs
matter?**

(remember... )

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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...***

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- **\$\$\$** - 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.

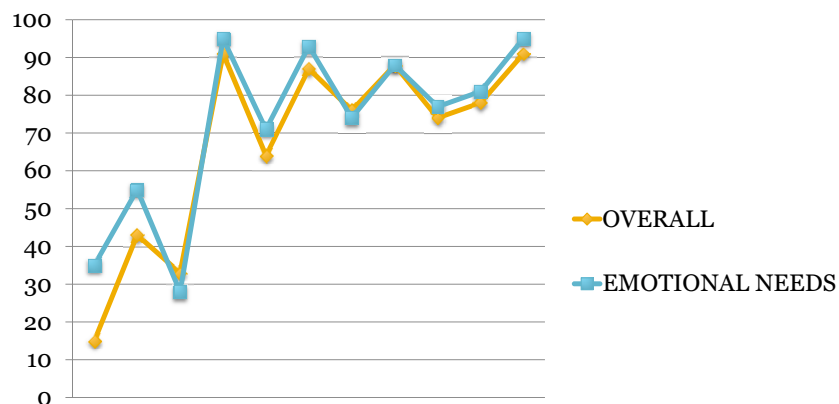
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Addressing Emotional/Spiritual Needs

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

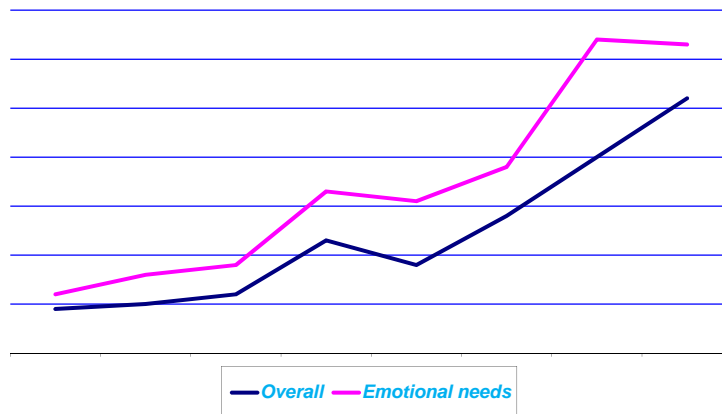


*One year of results for a 250 bed SE Michigan Community Hospital.

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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 satisfaction



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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.