

Using Screeners for Religious or Spiritual Struggle: Why, How, What?

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**National Association of Catholic
Chaplains
Annual Conference**

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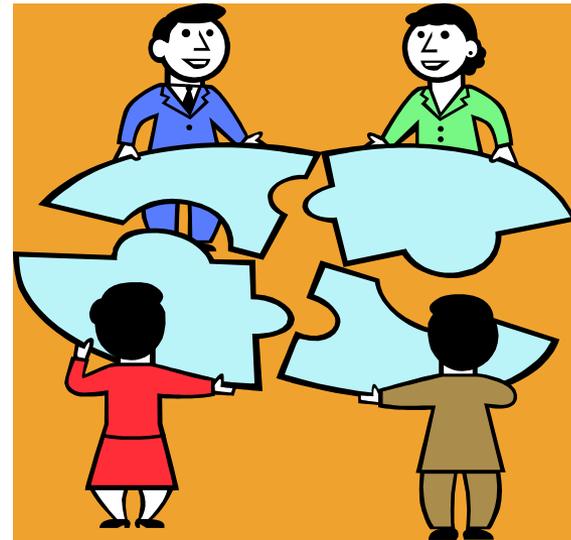
Why?

Spiritual Inquiry is the foundation for:

- Guiding chaplain's care
- Communicating with colleagues
- Evaluating our care

Chaplains

Health Care Colleagues



Hospital System

Electronic Medical
Records

Vocabulary

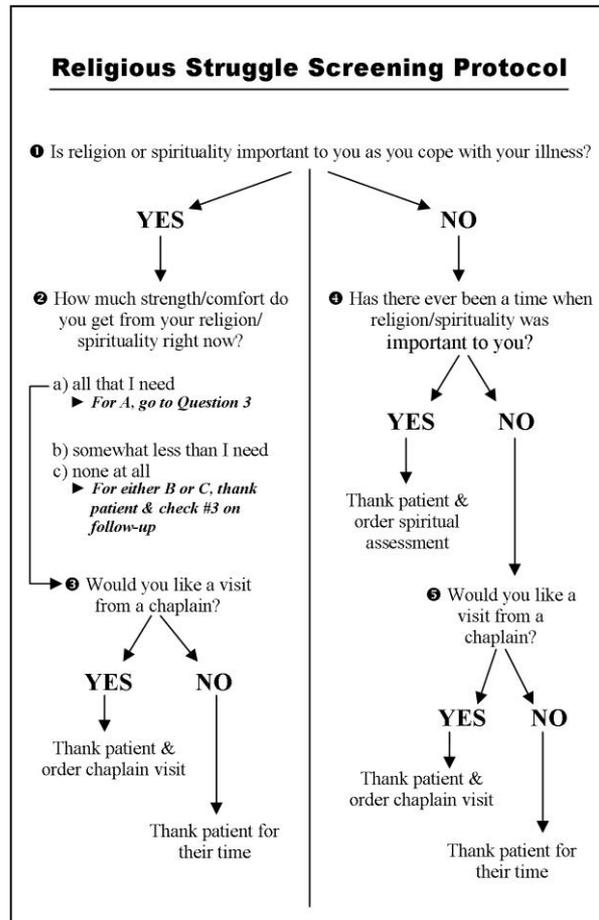
- **Spiritual Screen*** – a few questions to elicit basic preferences and any obvious distress that warrants follow up (minimal expertise & time required)
 - Often completed at admission
 - Triage level care
- **Spiritual History** – collecting the basic spiritual/religious story (medium expertise & time required)
 - Can be completed by MD, RN, or other healthcare professional
 - Common history tools include: FICA, HOPE, & SPIRIT

* Spiritual screens, histories, and assessments were first defined and differentiated from each other in 2004 by Massey, Fitchett, & Roberts.

Vocabulary

- **Spiritual Assessment** – detailed process of listening to, interpreting, and evaluating spiritual needs and resources (significant expertise & often more time required)
 - Completed by a professional chaplain

Screening, History Taking, Assessment



Fitchett & Risk, 2009

Spiritual Assessment (7 x 7)

Belief and Meaning
 Vocation and Obligations
 Experience and Emotions
 Doubt (Courage) and Growth
 Ritual and Practice
 Community
 Authority and Guidance

Fitchett, 1993

Screening for Religious/Spiritual Struggle

Screening for religious/spiritual struggle is an attempt to identify patients who may potentially be experiencing religious/spiritual struggle.

Screening for religious/spiritual struggle employs a few, simple, non-threatening questions that can be asked by health care colleagues.

A positive screen for religious/spiritual struggle triggers a referral to the chaplain who conducts a more thorough assessment and provides care as indicated.

SPIRITUAL SCREENING

Brent Peery, DMin, BCC

With his permission

MEMORIAL
HERMANN

Memorial Hermann

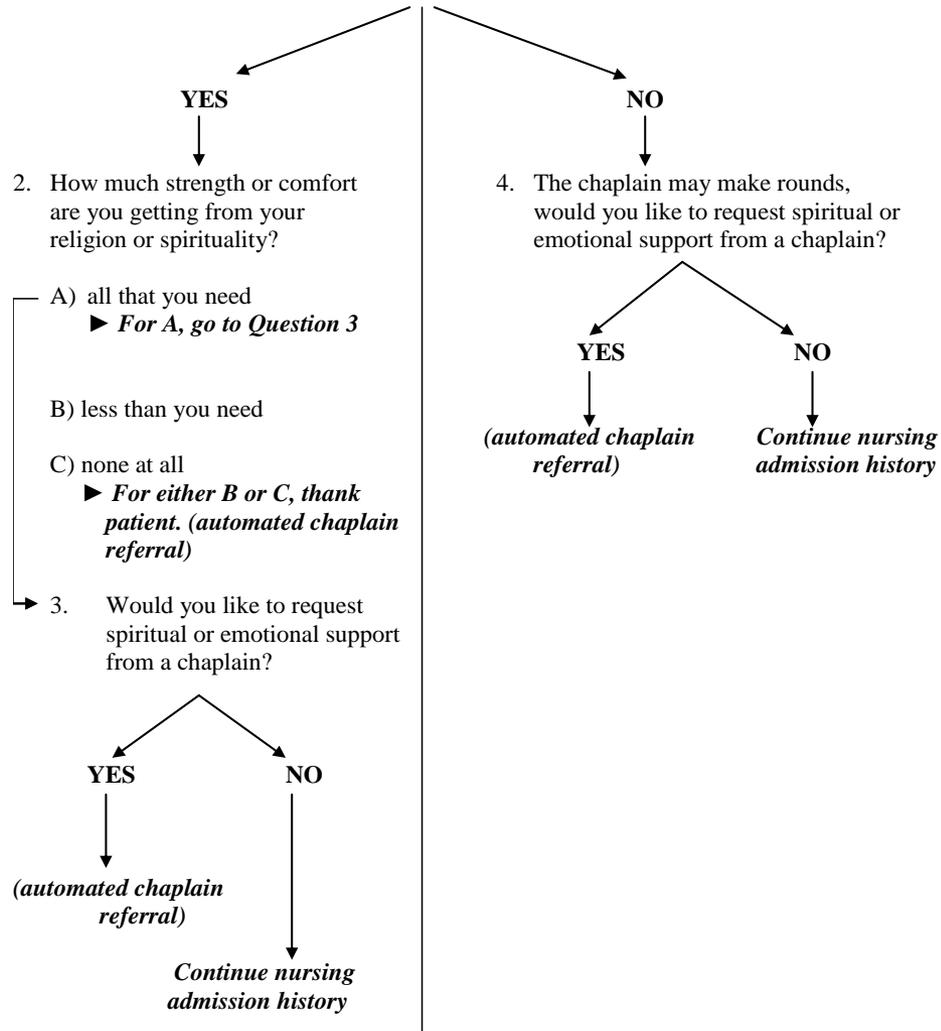
- We assembled a task force of 5 chaplains from throughout our 14 hospital health system
- We conducted a thorough search of published research literature on spiritual screening models
- We consulted via phone and email with other chaplaincy leaders regarding best practices for screening
- We identified the Rush Protocol from Rush University Medical Center in Chicago as the most researched and validated spiritual screening tool (2009. Fitchett and Risk)

Memorial Hermann

- We slightly modified the Rush Protocol to fit our context and to facilitate its inclusion in the nurse admission history in our electronic medical record (EMR) software
- We sought feedback from bedside nurses and further revised the process according to their feedback
- We received approval from the system CNO Council for it to be built into the nurse admission history in the EMR
- We worked with the system informatics department to build the screening process into the EMR

Introductory statement: Many patients and families have religious or spiritual beliefs that give them strength, comfort, and contribute to health.

1. As you cope with your condition/illness/injury, is religion or spirituality important to you?



Memorial Hermann

Cultural/Spiritual/Ethnic

Use this script - "Many patients and families have religious or spiritual beliefs that give them strength, comfort and contribute to health."

As you cope with your condition/ illness/injury, is religion or spirituality important to you?

Yes No

Religious Preference

Baptist

The chaplain may make rounds, would you like to request spiritual or emotional support from a chaplain?

Yes No

"Yes" response will send referral to Chaplain Service

Memorial Hermann

Cultural/Spiritual/Ethnic

Use this script - "Many patients and families have religious or spiritual beliefs that give them strength, comfort and contribute to health."

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Yes No

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Religion

Baptist

Are you getting strength or comfort from your religion or spirituality?

All that you need Less than you need None at all

"Less than you need" and "none at all" response will send referral to Chaplain Service.

Would you like to request spiritual or emotional support from a chaplain?

Yes No

"Yes" response will send referral to Chaplain Service.

Cultural/Spiritual/Ethnic

How much strength or comfort are you getting from your religion or spirituality?

All that you need Less than you need None at all

"Less than you need" and "none at all" response will send referral to Chaplain Service.

Would you like to request spiritual or emotional support from a chaplain?

Yes No

"Yes" response will send referral to Chaplain Service.

The image shows a web form titled "Cultural/Spiritual/Ethnic" with two main sections. The top section asks if religion or spirituality is important to the user and if they would like to request support from a chaplain. The bottom section asks how much strength or comfort the user is getting from their religion or spirituality and if they would like to request support from a chaplain. A zoomed-in inset of the bottom section is shown, highlighting the "All that you need" radio button and the "Less than you need" and "None at all" radio buttons. A black arrow points from the "Yes" radio button in the top section to the "All that you need" radio button in the bottom section.

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Cultural/Spiritual/Ethnicity - WCVRD, ZKHI

Cultural/Spiritual/Ethnicity

How much strength or comfort are you getting from your religion or spirituality?

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Memorial Hermann

Cultural/Spiritual/Ethnicity - WCVRD, ZKH I

Cultural/Spiritual/Ethnicity

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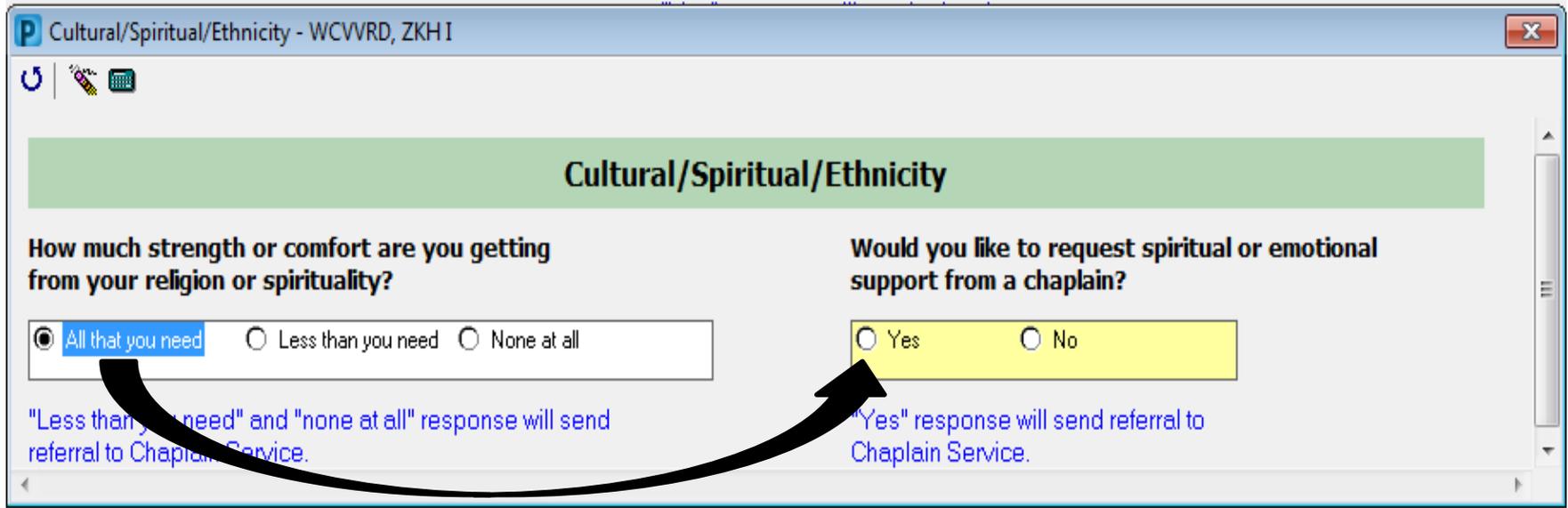
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Memorial Hermann

Cultural/Spiritual/Ethnic

Use this script - "Many patients and families have religious or spiritual beliefs that give them strength, comfort and contribute to health."

As you cope with your condition/ illness/injury, is religion or spirituality important to you?

Yes No

Religious Preference

Baptist

Are there any Cultural/ Spiritual/Ethnic Practices you want to share with us to assist in your care?

None shared
 Yes

The chaplain may make rounds, would you like to request spiritual or emotional support from a chaplain?

Yes No

"Yes" response will send referral to Chaplain Service

Cultural/Spiritual/Ethnic Practices continued

Yes No

"Yes" response will send referral to Chaplain Service

Memorial Hermann

- An average increase in electronic chaplaincy referrals of 109%
 - One campus saw an increase of 151%
- An average increase in Press Ganey percentile ranking on “staff addressed spiritual needs” of 24 points
 - Three campuses saw an increase of over 35 percentile points.
- 61% of patients/families screening for potential spiritual or religious struggle were assessed to have spiritual or religious struggle
 - Eight chaplains participated in this research. There was wide variability in their data. At the extremes one chaplain found 92% screening accuracy and another found 36%.

Another Screener

Spiritual Pain among Patients with Advanced Cancer in Palliative Care

CATERINA MAKO, Th.M.,¹ KATHLEEN GALEK, Ph.D.,² and SHANNON R. POPPITO, Ph.D.³

JOURNAL OF PALLIATIVE MEDICINE
Volume 9, Number 5, 2006
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Method

- Sample
 - 57 patients with advanced cancer a prognosis of death in six months.
 - 84.2% were Christian
- Measures:
 1. What is spiritual pain to you?
 2. Are you experiencing spiritual pain right now?
 3. How would you rate the intensity of your pain? (0 to 10)
- Results
 - Next Slide
 - Significant correlation between spiritual pain and morphine intake as well as between spiritual pain and depression.
 - Religiosity not associated with spiritual pain.

Another example of a Screener: Spiritual Pain Among Cancer Patients

A. Are you experiencing spiritual pain right now?

61%

“A pain deep in your being that is not physical.”

B. What is spiritual pain to you?

Focus of spiritual pain

Percent

Associated Emotions

1. Intra-psychoic

(suffering with despair, loss, regret, anxiety)

48%

Despair/resignation (40%)

Isolation/abandonment (20%)

Regret (10%)

Anxiety (10%)

2. Interpersonal

(unwanted by family, disconnected from others)

38%

Isolation (71%)

Regret (24%)

3. Divine

(abandonment by God, without faith or religious/spiritual community)

13%

Resignation/despair (32%)

Anxiety (28%)

Isolation (8%)

Recent research with spiritual pain

- Patients at MD Anderson Cancer Center (N=292)
- To fill a void, the spiritual pain scale was added to a tool used to measure discomfort in patients with cancer or chronic disease.

Edmonton Symptom Assessment Scale (ESAS-FS)

Please circle the number that best describes your symptoms:

No Pain	0 1 2 3 4 5 6 7 8 9 10	Worst Pain
No Fatigue	0 1 2 3 4 5 6 7 8 9 10	Worst Fatigue
No Nausea	0 1 2 3 4 5 6 7 8 9 10	Worst Nausea
No Depression	0 1 2 3 4 5 6 7 8 9 10	Worst Depression
No Anxiety	0 1 2 3 4 5 6 7 8 9 10	Worst Anxiety
No Drowsiness	0 1 2 3 4 5 6 7 8 9 10	Worst Drowsiness
No Shortness of Breath	0 1 2 3 4 5 6 7 8 9 10	Worst Shortness of Breath
Best Appetite	0 1 2 3 4 5 6 7 8 9 10	Worst Appetite
Best Feeling of Well-being	0 1 2 3 4 5 6 7 8 9 10	Worst Feeling of Well-being
Best Sleep	0 1 2 3 4 5 6 7 8 9 10	Worst Sleep
No Financial Distress (Distress/suffering experienced secondary to financial issues)	0 1 2 3 4 5 6 7 8 9 10	Worst Financial Distress
No Spiritual Pain (Pain deep in your soul/being that is not physical)	0 1 2 3 4 5 6 7 8 9 10	Worst Spiritual Pain

Fig. 1. The Edmonton Symptom Assessment Scale-FS (ESAS-FS).

Recent research with spiritual pain

- Results

- 44% had Spiritual pain at baseline and 57% at follow up.
- Those with fairly high levels of spiritual pain (4 or more) had higher levels of most of the symptoms on the scale compared with those with no spiritual pain.
- When all the symptom items were used in a multiple correlation model with Spiritual Pain to find out which symptoms stood on their own, higher levels of depression and financial distress were associated with higher levels of spiritual pain.

- Discussion

- This tool makes it possible to quickly identify those with spiritual pain.
- The tool that includes spiritual pain makes it possible to address spiritual needs early in treatment.

HOW GOOD IS A SCREENER?

Patricia Murphy RSCJ, PhD, BCC and Stephen D.
King, PhD, BCC



Paper and Lead Author



Stephen D. King, PhD, BCC
Seattle Cancer Care Alliance

King et al. (2017).
“Determining best
methods to screen for
religious/spiritual
distress”. *Supportive
Care in Cancer*, 25,
471-475.

The Best Screener

- Identify close to 100% of those with struggle.
 - I could do that by creating a question almost every one would endorse.
 - Example: Do you feel a little less like yourself when you are in the hospital than when you are at home?
- A good screener does not catch too many false positives – those who are identified as having struggle when they really don't. Why would that matter in terms of pastoral care?



Steps in creating a Gold Standard

- A gold standard is assumed to be the best way to measure a construct – in our case, religious or spiritual (R/S) struggle;
- For a construct like depression, a diagnosis, based on symptoms, done by a psychiatrist, is the gold standard for paper and pencil instruments.
- To date, the gold standard for r/s struggle is Ken Pargament's Negative Religious Coping Scale (NRC; Pargament, Koening, & Perez, 2000).
- In the future, what could be gold standard?

Terminology for Evaluating a Screener



This is not something we talk about often!!!

Terminology



• Sensitivity of a screener

- The ability to correctly identify those with struggle based on the screener.
- Sensitivity is simply the ratio number detected by screener / number detected by NRC
- The NRC is a little long so a simple screener is a good first step.
- The desired ratio is at least 85%.

• Specificity of a screener

- The ability to correctly identify only those with struggle based on the screener.
- A screener might indicate r/s struggle incorrectly. A chaplain needs to assess patients who screen positive for struggle. Why is it a problem if some who are positive on the screener don't really have r/s struggle?
- The desired specificity is 85%.

Methods

- Sample: 341 survivors of hematopoietic cell transplantation in the Northwest who were two years or less away from the transplant;
- Measures: NRCope with six other frequently used screeners;
- Choose a cut point of three (a little more complicated than that) for the NRCope rather than a total score of 1 or more as an indication of struggle;
- Look for sensitivity and specificity of 85%.

Negative Religious Coping Scored 0 to 3 with 3 high

1. I wondered whether God/Higher Power had abandoned me;
2. I felt punished by God/Higher Power for my lack of devotion;
3. I wondered what I did for God/Higher Power to punish me;
4. I questioned God's/Higher Power's love for me;
5. I wondered whether my church/faith community had abandoned me;
6. I decided the devil/an evil force made this happen;
7. I questioned the power of God/ Higher Power.

Distribution for 341 Respondents Who had their transplant 2 years ago or less

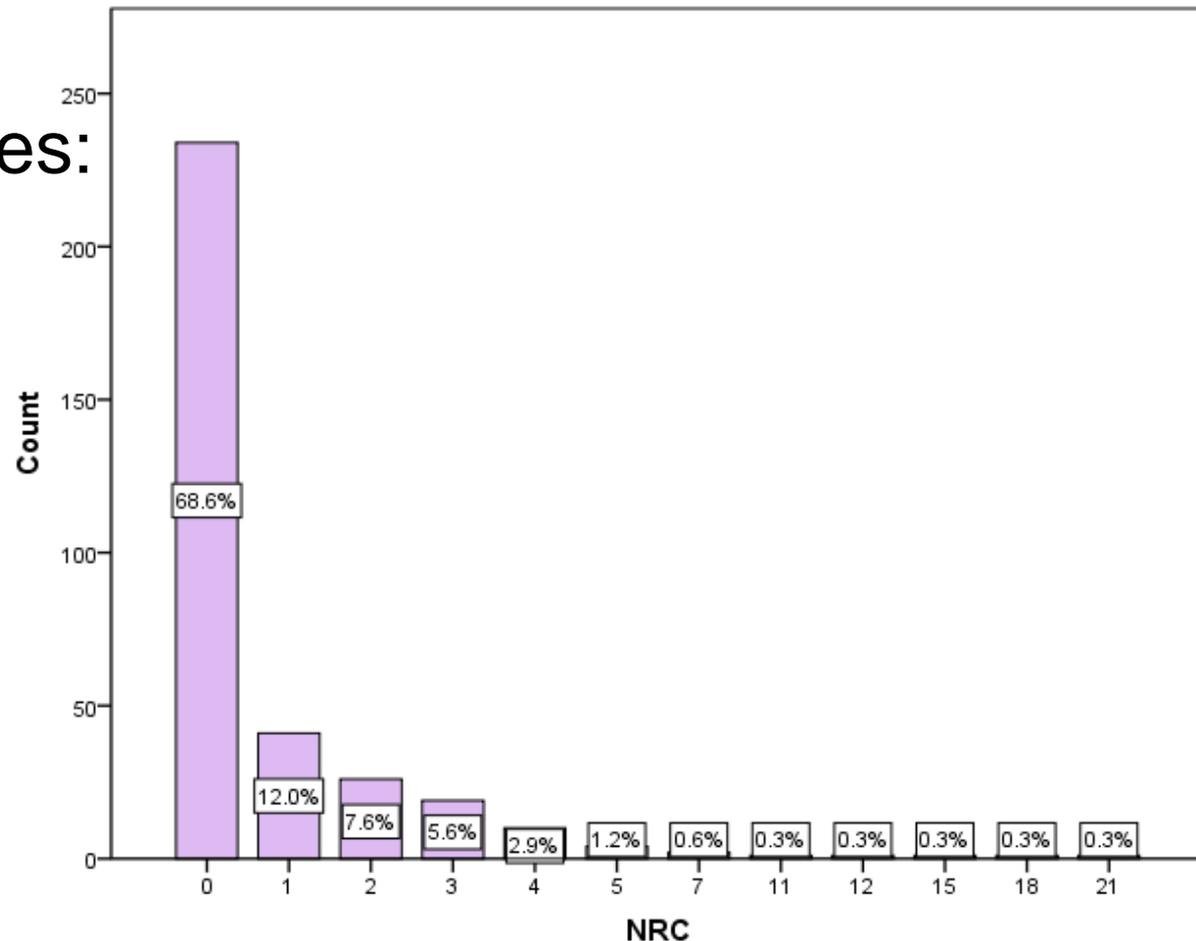
Possible responses:

0 = not at all

1 = somewhat

2 = quite a bit

3 = a great deal



Properties of Religious/Spiritual (R/S) Screeners

	Sensitivity	Specificity
Do you struggle with the loss of meaning and joy in your life?	65%	58%
Somewhat /Quite a bit/ a great deal		
Not at all		
Do you currently have what you would describe as religious or spiritual struggles?	61%	75%
Somewhat/Quite a bit/great deal		
Not at all		
Are you at peace? (Steinhauser)	55%	80%
Not at all/a little bit/ A moderate amount		
Quite a bit/ Completely		
Rush Protocol	31%	90%
Potential struggle		
No struggle		
Does your religion/spirituality provide you all the strength and comfort you need from it right now?	43%	85%
Not at all/somewhat		
Not applicable /Quite a bit/ A great deal		
Do you have any spiritual/religious concerns? (National Comprehensive Cancer Network)	25%	87%
Yes		
No		

Stuck at the Crossroads

Oh no! None of the screeners met our criteria of 85%.

It is a fair and a common practice to use two screeners at a time.

Stephen King decided to do that using the strongest screeners.

Because it was not in the original plan, the method was a post hoc analysis. It is not statistical cheating.



Two Screening Items Used Simultaneously

Items	Net sensitivity	Net specificity
Loss of Meaning/joy and Self-described struggle	87%	44%
Peace and Meaning/joy	84%	47%
Comfort/strength and Meaning/joy	80%	50%
Peace and Self-described struggle	83%	60%
Comfort/strength and Self-described struggle	78%	64%
R/S concerns and Meaning/joy	74%	51%
Comfort/strength and Peace	74%	68%
R/S concerns and Self-described struggle	71%	65%
Peace and R/S concerns	66%	70%
Comfort/strength and R/S concerns	57%	74%

Summary

- Screening for struggle
 - Can be done through a protocol suitable to EMR
 - Is an important way to find those most in need of spiritual care
 - Engages staff and increases referrals and improved scores on “staff addressed spiritual needs.”
 - Indicates the level of prevalence and, therefore, staffing needs
- Chaplains might need better training to assess struggle
- To date, no screener meets the standard of 85% sensitivity
 - Continue to work on screeners
 - Determine the best Gold standard
- Consider using two screeners simultaneously

Research on What Works Best

- A common screener for all chaplains that has the best psychometric properties?
- Continuing with chaplains' intuitive approach that looks for struggle?
- Get more chaplains Involved in simple research or screener development?
- Including presence/absence of struggle in dropdown menu of electronic medical record?
 - Rush Menu
 - Patient seems to be coping well at present
 - Patient doesn't seem to be coping well at present
 - Patient expressed feelings of guilt about lapse of religious practice

A Little Conversation

Do you screen for struggle?

How do you screen?

Are you likely to screen in the future?

Publications about Spiritual Assessment

