

Part 1. Body, Mind, Spirit

HOSPITAL CHAPLAINS CONTRIBUTE TO PATIENT SATISFACTION AND WELL-BEING

This article is the first in a two-part series exploring how chaplains improve the satisfaction and well-being of hospitalized patients and their families. The second part will describe how chaplains help hospitals meet various Joint Commission standards; perform spiritual or religious screenings, histories, and assessments; assist in decisions about end-of-life care; and conduct evidence-based research.

When patients are diagnosed with chronic, debilitating, or life-threatening diseases that inevitably lead to one or many hospitalizations, they often experience stress, anxiety, or depression in addition to their physical symptoms. Patients receiving palliative care often struggle with the emotional and spiritual impact of their conditions (see the sidebar below). During these times, many patients and their family members find comfort in their religious or spiritual beliefs; however, some may experience transient or prolonged religious or spiritual struggles.

Caring for Palliative Care Patients

Palliative care addresses a patient's physical, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice. The contribution of chaplains to meeting these patients' needs is substantial.

For example, chaplain care was part of a multidimensional 12-month intervention for palliative care outpatients. Forty patients were in the control group and received usual care. Fifty patients received the comprehensive care team (CCT) intervention, which consisted of a multidisciplinary assessment; case management by a social worker; medication review by a pharmacist; and invitations to a patient-family support group and other interventions. All CCT patients had one chaplain visit and 42% had additional consultations with the chaplain or other religious advisors.¹

Compared to those in the control group, patients who received the CCT intervention had improved scores on a measure of spiritual well-being. They also had reductions in shortness of breath, improvements in anxiety and sleep, and reduced health care utilization.¹

Reference

1. Fitchett G. Recent progress in chaplaincy-related research. *J Pastoral Care Counsel.* 2017 Sep;71(3):163-175.
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“Unmet spiritual needs have been associated with greater emotional distress, more pain, and poorer quality of life,”¹⁻⁵ says Stephen King, PhD, BCC, manager of Chaplaincy, Child Life, and Clinical Patient Navigators, Seattle Cancer Care Alliance. In addition, patients with spiritual struggles often have poorer daily physical functioning, more depression and anxiety, higher costs of medical care, poor satisfaction with care, and increased mortality.¹⁻⁵

For these and other reasons, The Joint Commission asks health care providers to respect patients' cultural and personal values, beliefs, and preferences and accommodate patients' rights to religious and other spiritual services through Rights and Responsibilities of the Individual (RI) Standard **RI.01.01.01**. (See "Related Requirements" for this and other standards that can be met by chaplains below.) Although everyone on the hospital's interdisciplinary care team is responsible for meeting this standard, chaplains are specifically trained to respect, assess, and fulfill the religious and spiritual needs of patients and families.

Related Requirements

Standard RI.01.01.01

The hospital respects, protects, and promotes patient rights.

Elements of Performance (EPs) 6, 7, and 9 for RI.01.01.01

6. The hospital respects the patient's cultural and personal values, beliefs, and preferences.
7. The hospital respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–4)

Note 1: *This element of performance (EP) addresses a patient's personal privacy.*

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: *The resident's right to privacy includes privacy and confidentiality of his or her personal records and written communications, including the right to send and receive mail promptly.*

9. The hospital accommodates the patient's right to religious and other spiritual services.

Standard LD.04.04.05

The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

EP 9 for LD.04.04.05

9. The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

Note: *Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.*

Standard PC.02.01.05

The hospital provides interdisciplinary, collaborative care, treatment, and services.

EP 1 for PC.02.01.05

1. Care, treatment, and services are provided to the patient in an interdisciplinary, collaborative manner.

Overview of Chaplaincy

Chaplains are theologically and clinically trained health care professionals who receive clinical pastoral education and go through supervised training in the health care setting. Often, they attain board certification through a professional chaplaincy organization, such as the Association of Professional Chaplains (APC).⁶

“Most people don’t realize how much clinical training goes into becoming a chaplain,” says Amy Greene, DMin, director of Spiritual Care at the Cleveland Clinic. “Professional chaplains have also done training in the clinical setting, much like other clinicians.”

At a basic level, chaplains give patients access to familiar spiritual or religious rituals, such as prayer. “We can also create rituals that mark important times that allow people to feel the sacredness and specialness of the moment, even if they don’t come from well-established religions,” says George Fitchett, DMin, PhD, professor and director of research, Department of Religion, Health, and Human Values at Rush University Medical Center in Chicago. “For patients who come from a particular religious background, these rituals can be an important source of grounding and reassurance.”

In addition, chaplains provide emotional support, ease anxieties during times of uncertainty, and help patients and family members find strength during stressful times.³ Chaplains also help patients and family members navigate through difficult medical choices, grounding their decision-making process in their values, beliefs, and preferences.³ (See the sidebar on [page 9](#) for more about what chaplains do for patients and family members.)



Chaplains provide emotional support to patients, families, and colleagues.

In Their Own Words: Chaplains' Perspectives on Health Care

Chaplains see the same patients and family members that health care providers see, but they view patients and family members through a different lens. Chaplains assess how a patient's or family member's religion and spirituality can help with his or her decisions about medical care as well as assist with or detract from the coping process. Several chaplains have described their role as assisting patients and family members along their religious and spiritual journey within the health care system.

“A key element of chaplaincy is active and empathic listening. We pay attention to what is on the patient's mind and invite them to share more. We listen to the joys and sorrows they are experiencing. When people feel heard, they feel less alone. My favorite research comes from a satisfaction survey at Mayo Clinics, where 78% of respondents stated that part of the reason for seeing a chaplain was to remind them of God's love and presence during a stressful time.”

—George Fitchett, DMin, PhD, Professor and Director of Research, Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago

“Chaplains tend to be good in a crisis—if people are sad, upset, or angry; we have a high tolerance for those emotions. We have the training to get people support or affirm their ability to call upon their internal and external resources. Chaplains help people find their own way back to courage. We provide a listening ear so that people can talk their own way back to a balanced perspective of what is happening to them. When everything goes wrong and they didn't get the outcome they wanted, patients and family members can still feel cared for.”

—Amy Greene, DMin, Director of Spiritual Care, Cleveland Clinic

“Chaplains often provide a representative role; we represent God or a faith community to many. If we are experienced as loving, then we can further reinforce or reinterpret their beliefs and help patients and family members feel supported. We value patients' spirituality and acknowledge what is important or sacred to the patient.”

—Stephen King, PhD, BCC, Manager of Chaplaincy, Child Life, and Clinical Patient Navigators, Seattle Cancer Care Alliance

Improve Patient and Family Satisfaction

When chaplains are involved in a patient's care, their satisfaction with the overall health care experience increases. “For more than 10 years, there has been a growing body of evidence about the impact of chaplain care on patient satisfaction,” says Fitchett. For example, a recent study reviewed nearly 9,000 patient responses on six items from the Hospital Consumer Assessment of Healthcare

Providers and Systems (HCAHPS) and Press Ganey satisfaction survey for Mount Sinai Hospital in New York City.⁸ Researchers found that chaplains had visited 5.6% of the patients who completed surveys, and these patients gave higher ratings for all six satisfaction items than did the patients who had not been visited by a chaplain.⁸

Patient satisfaction scores now affect the bottom line, and it is more important than ever before for health care leaders to make plans to improve the experience of hospitalized patients as well as their family members. Chaplains who help patients feel respected and who assess and fulfill their spiritual and religious needs can be part of the plan to improve the patient experience.

Respect Patient Rights

Chaplains are naturals when it comes to fulfilling The Joint Commission's Standard RI.01.01.01 for respecting patient's rights to cultural and personal values, beliefs, and preferences (EP6) as well as their right to religious and other spiritual services (EP9). "We must practice cultural humility," says King. "We may think we know a lot about one particular culture, but every individual is different. Chaplains have an active wonder to get to know an individual better and find out what's important to them."

Although chaplains are religious, they support any belief that patients and family members may have, even if they don't subscribe to a specific religion or believe in a god. "We enjoy contact with people of diverse faith traditions or no faith tradition," says Fitchett. "Our training includes learning about different faith traditions. Often, patients and their families are also happy to explain more about their religion when we ask. For example, I could meet a family and say, 'I'm not Buddhist, but tell me what will be helpful for your family.' And I can get someone from their Buddhist organization to come to the hospital."

Chaplains are prepared to provide or find religious and spiritual resources for patients and family members no matter what the beliefs may be. Of Cleveland Clinic, Greene says, "We do mass regularly and have a Muslim prayer room as well as a Muslim chaplain on the team. We have silent meditation that is led by a chaplain. We also have a thick notebook of community representatives for everything from Amish to Zoroastrianism beliefs."

Part of the Interdisciplinary, Collaborative Team

Chaplains should play an integral role on the interdisciplinary care team, as required by Joint Commission Provision of Care, Treatment, and Services (PC) Standard **PC.02.01.05**. Chaplains attend multidisciplinary rounds and document discussions with patients and family members in a clear and concise manner in the electronic medical record. "What do you write in the chart?" says Fitchett. "Do you write something that is easy to understand, or do you use 'chaplain-speak' that no one understands? Our notes must be efficient because everyone is busy, and they don't have time to read long notes."

Often, chaplains use face-to-face communication in addition to progress notes in the electronic medical record. "Chaplains also have a practice of checking in

with the nurse before visiting a patient,” says King. “We ask the nurse, ‘Is there anything I should be aware of?’ And then we loop back with the nurse after we meet with the patient. We also follow up with social workers and doctors.”


Finally, chaplains may have to assert themselves on the interdisciplinary care team to remind other health care providers of how they can help with certain patients.⁹ “Few clinical colleagues have had meaningful education about patients’ spiritual concerns or a chaplain’s role in addressing them. It’s our job to educate clinicians on the chaplain’s role,” says Fitchett. “People in health care are always moving along, and they may not have a good understanding of what the chaplains do. Once they are educated, they make better use of chaplains.”

Uplift and Support Clinical Staff

Not only can chaplains provide spiritual and religious support to patients and family members, they can also support their coworkers at the hospital. This support for other health care providers can occur in formal and informal ways.

“We are available for staff to catch us on the run or to set up formal one-on-one appointments,” says King. “Staff can talk to chaplains when they are feeling overwhelmed, they’ve gotten close to some patients who are not doing well, or they’re feeling moral despair because their patients aren’t making choices with which they agree. We also have something called ‘Tea for the Soul,’ which is where the chaplain sets up shop in a staff lounge, offers hot tea and treats, and staff are invited to drop in. It’s a way for chaplains to express appreciation for staff on every floor on every unit once a month. Our nurse managers are saying ‘please don’t stop’ because it is very meaningful for the staff.”

When health care providers feel cared for, they are rejuvenated and can provide better care to their patients and family members. In addition, The Joint Commission requires health care leaders to make support systems available to staff who have been involved in an adverse or sentinel event through Leadership (LD) Standard **LD.04.04.05**, EP 9, and chaplains can play a vital part of that support system.

“We actually put a good deal of focus on staff care because we know that this pays big dividends in patient care,” says Greene. “For every nurse whose load you lighten even a little, you’ve helped all their patients, too. At Cleveland Clinic, we have a team of holistic nurses and chaplains who work together to do a rapid response to crisis, called a Code Lavender, to indicate the desire and urgency to bring calm to staff. Anyone can call a Code Lavender on a teammate or on a whole team. Most recently a unit lost a beloved colleague suddenly, and the Code Lavender team set up shop in the break room and offered listening, Reiki, prayer, silence, and light shoulder massage. We give them a lavender wrist band to remind them—and others around them—to take it a little easy on themselves.” 

References

1. Choi PJ, Curlin FA, Cox CE. “The patient is dying, please call the chaplain”: The activities of chaplains in one medical center’s intensive care units. *J Pain Symptom Manage*. 2015 Oct;50(4):501–506.
2. Pearce MJ, et al. Unmet spiritual needs impact emotional and spiritual well-being in advanced cancer patients. *Support Care Cancer*. 2012 Oct;20(10):2269–2276.

3. Fitchett G. Recent progress in chaplaincy-related research. *J Pastoral Care Counsel.* 2017 Sep;71(3):163–175.
4. Sherman AC, et al. Religious struggle and religious comfort in response to illness: Health outcomes among stem cell transplant patients. *J Behav Med.* 2005 Aug;28(4):359–367.
5. Tarakeshwar N, et al. Religious coping is associated with quality of life of patients with advanced cancer. *J Palliat Med.* 2006 Jun;9(3):646–657.
6. Association of Professional Chaplains, Board of Chaplaincy Certification Inc. BCCI Certification. Accessed Nov 6, 2017. <http://bcciprofessionalchaplains.org/content.asp?pl=25&contentid=25>.
7. Piderman KM, et al. Predicting patients' expectations of hospital chaplains: A multisite survey. *Mayo Clin Proc.* 2010 Nov;85(11):1002–1010.
8. Marin DB, et al. Relationship between chaplain visits and patient satisfaction. *J Health Care Chaplain.* 2015;21(1):14–24.
9. Bodemann C. Seeing eye to eye: Becoming the chaplain in the emergency department of a level I trauma center. *J Emerg Med.* 2015 Jun;48(6):751–753.

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