

EVALUATING EFFECTIVENESS OF CHAPLAIN VISITS IN MEETING THE SPIRITUAL AND EMOTIONAL NEEDS OF HOSPITALIZED PATIENTS

2015 ANCC Pathway to Excellence Conference

May 15, 2015

Rev. Duane Campbell, MA BCC PC CR

The Christ Hospital Health Network; Cincinnati, Ohio



EVALUATING EFFECTIVENESS OF CHAPLAIN VISITS

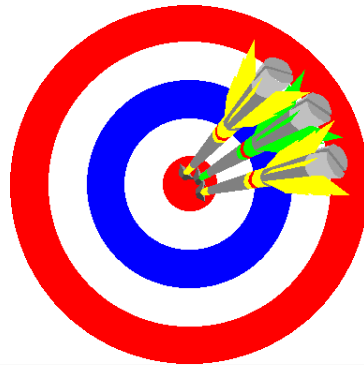
Conflict of Interest:

The presenter of this CNE activity has disclosed no potential bias or conflict of interest as it relates to this presentation.

CHAPLAIN EFFECTIVENESS STUDY:

Purpose of this study:

- To identify best practice for chaplains' assessment and management of patients spiritual and emotional needs.
- To compare the current practice of chaplains with recommended benchmarks.



CHAPLAIN EFFECTIVENESS STUDY: LITERATURE REVIEW

1. Review of literature detailing effectiveness of hospital chaplains in assessing and managing patient's spiritual and emotional needs:
 - a. Minimal literature is published in this area.
 - b. Articles by
 - a. Flannelly
 - b. VandeCreek
 - c. Gibbons
 - d. Bryant

CHAPLAIN EFFECTIVENESS STUDY: SETTING (TCHHN)



- This study was conducted at The Christ Hospital Health Network. This is a regional system of care, including a 555 bed facility and more than 100 locations. The Network delivers integrated, individualized healthcare & wellness services, and advanced specialty services.
- Based on the Oct. 2012 research findings of the *National Research Corporation*, consumers rated The Christ Hospital is the region's Most Preferred Hospital. (One of the consumer ratings was "best nurses".)
- ***Our mission is to provide the finest patient experience and improve the health of the community.***

CHAPLAIN EFFECTIVENESS STUDY: CHAPLAINS AT STUDY SITE

- a. Role of the chaplains in the institution
- b. Different types of chaplains
 - Staff Chaplains
 - Palliative Care Chaplains
 - CPE student chaplains
 - Volunteer Chaplains



CHAPLAIN EFFECTIVENESS STUDY: 4 TYPES OF CONSULTS

- (1) Decision Making Consults – Advance Directives, Advance Care Planning
- (2) Spiritual consults – visit, prayer, sacramental (communion, anointing of the sick, confession) spiritual literature, and clergy contact
- (3) Emotional – Grief, emotional distress, and crisis
- (4) Palliative Care

CHAPLAIN EFFECTIVENESS STUDY: INCREASE IN CONSULTS

- * Increase in # consults to Pastoral Services from 1300 (in 2011) to 7900 (in 2014).
- * Increase in consults attributed to adopting a new nursing assessment tool for identifying / documenting spiritual and emotional needs, as our institution transitioned from paper charting to EMR
- * This documentation in EMR included an updated automated referral system for consults to Pastoral Services. Many of these consults were missed with old referral system, which required the RN to call Pastoral Services.

CHAPLAIN EFFECTIVENESS STUDY: METHODS

IRB approved study

Study Design: This is a two phase study:

Phase 1: Evaluate the effectiveness of House wide chaplain and Palliative Care chaplain visits.

Phase 2: Evaluate the effectiveness of chaplain visits, using revised chaplain practices based on feedback from the Phase 1 study.

CHAPLAIN EFFECTIVENESS STUDY: INCLUSION CRITERIA

Participants of this study (Phase 1 and 2) will:

- have requested a chaplain visit either by electronic consults or by phone consult;
- appear to be oriented to person, place and time and is able and willing to give written informed consent;
- be at least 18 years of age;
- have been seen by a chaplain within the past 48 hours;
- be present in the hospital when interviewer is rounding; and
- have provided their written informed consent.

CHAPLAIN EFFECTIVENESS STUDY: EXCLUSION CRITERIA

Potential subjects (Phase 1 and 2) would not be entered into this study if they met any of these criteria:

- already been visited
- do not appear to be oriented
- received a chaplain visit greater than 48 hours ago;
- do not have the mental capacity to be interviewed;
- are 17 years old or younger;
- have not been seen by a chaplain;
- are not present when the interviewer is rounding
- have refused to provide written informed consent or participate in the interview.

CHAPLAIN EFFECTIVENESS STUDY: SETTING / INSTRUMENTS

- **Setting**
 - Midwest tertiary hospital
 - 14 separate units ranging from psychiatry to cardiac
- **Instruments**
 - The Chaplain Effectiveness Survey from Flannelly / VandeCreek
 - Qualitative questionnaire developed by the TCHHN Spiritual Research and Development Committee.



CHAPLAIN EFFECTIVENESS STUDY: DATA COLLECTION TOOL (PART 1)

•INSTRUCTIONS: “Place an X in the box that best describes how well your needs were addressed by the chaplain during their visit today.”

Comments:

	Not at all	Slightly	Moderately	Very Well	Does not apply
How well did the chaplain meet your spiritual needs?					
How well did the chaplain meet your emotional needs?					

CHAPLAIN EFFECTIVENESS STUDY: DATA COLLECTION TOOL (PART 2)

Patients were also asked to rate the following, using the same key: Not at all, slightly, moderately, very well, & does not apply:

- Did the chaplain really listen to you?
- Did the chaplain make your hospitalization easier?
- Did the chaplain help you to overcome your fears or concerns?
- Did the chaplain make you feel comfortable?
- Did the chaplain pray with you?
- Did the chaplain help you tap your inner strength and resources?
- Did the chaplain provide a referral for other help you needed?

CHAPLAIN EFFECTIVENESS STUDY: DATA COLLECTION TOOL (PART 3)

Place an X in the box that best describes if the chaplain did the following during their visit today.	Yes	No
Did the chaplain introduce himself / herself to you?		
Did the chaplain sit down while talking?		
Did the chaplain spend enough time with you?		
Did the chaplain seem to care about you?		
Would you like the chaplain to follow up with more visits if you wanted?		
Did the chaplain provide privacy so you felt comfortable talking?		
Did the chaplain leave a calling card?		

CHAPLAIN EFFECTIVENESS STUDY: RESULTS

Number of surveys distributed

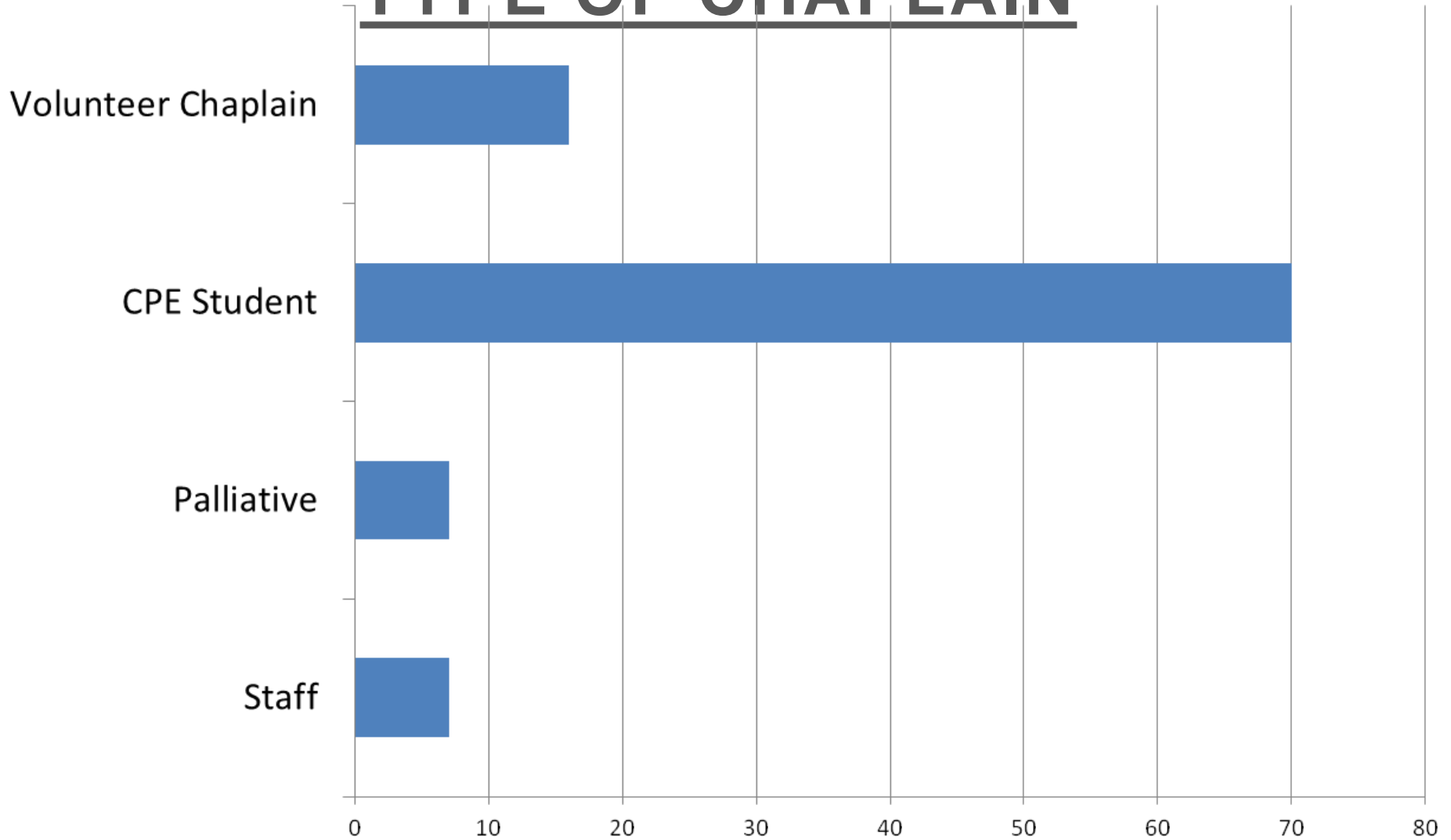
Population: 440

Sample size: 209

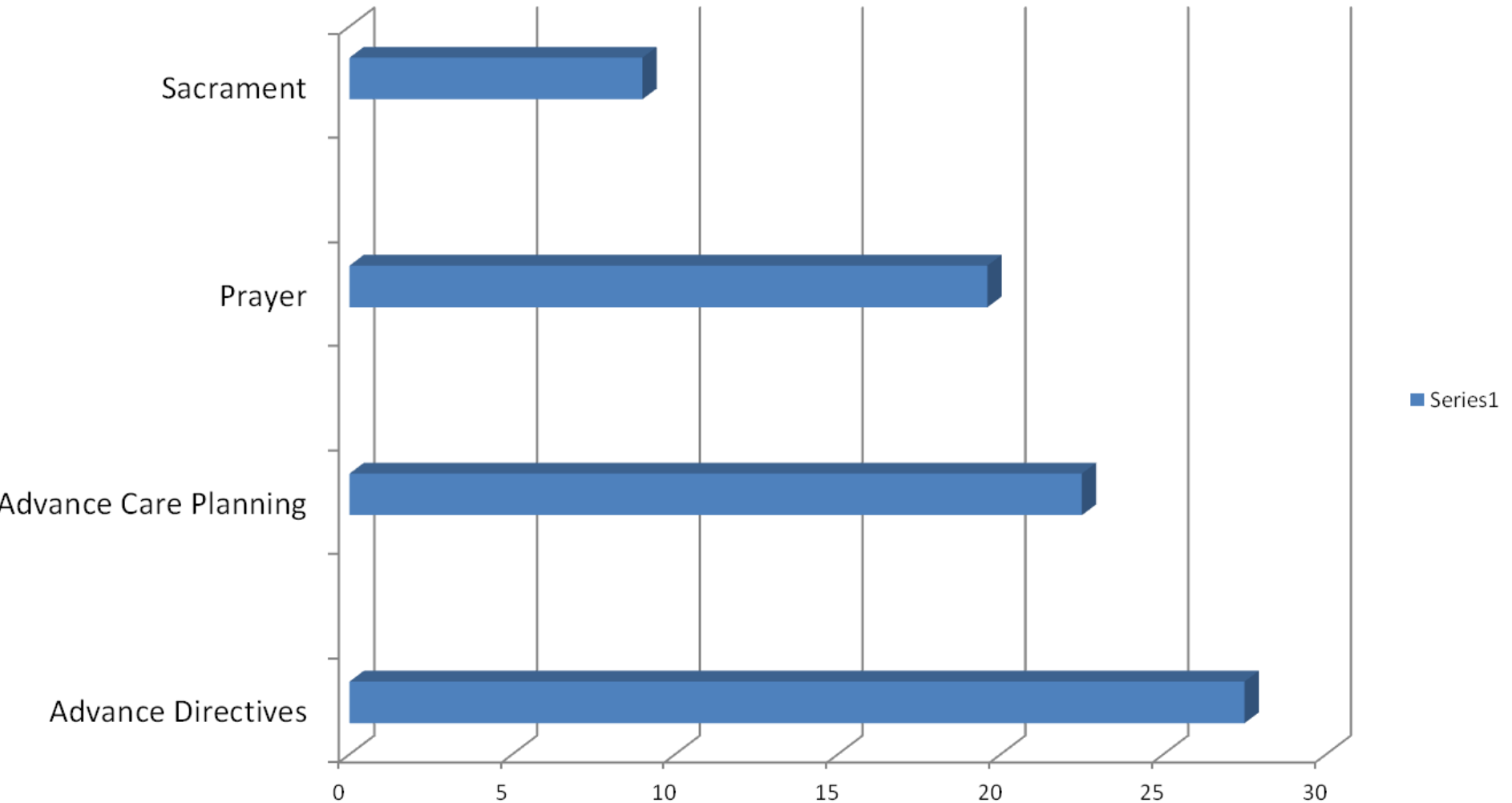
Surveys completed: 135

CHAPLAIN EFFECTIVENESS STUDY:

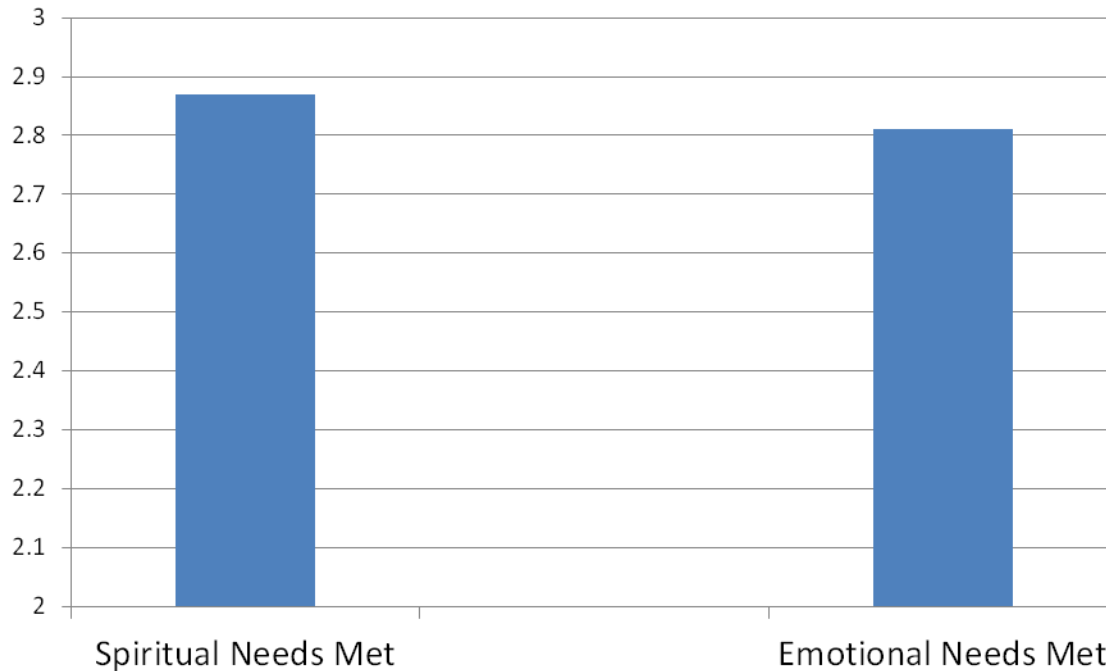
TYPE OF CHAPLAIN



CHAPLAIN EFFECTIVENESS STUDY: REASON FOR CONSULT



CHAPLAIN EFFECTIVENESS STUDY: QUANTITATIVE RESULTS (SCALE: 0 = NOT AT ALL; 2 = MODERATELY; 3 = VERY WELL)



2.87

2.81

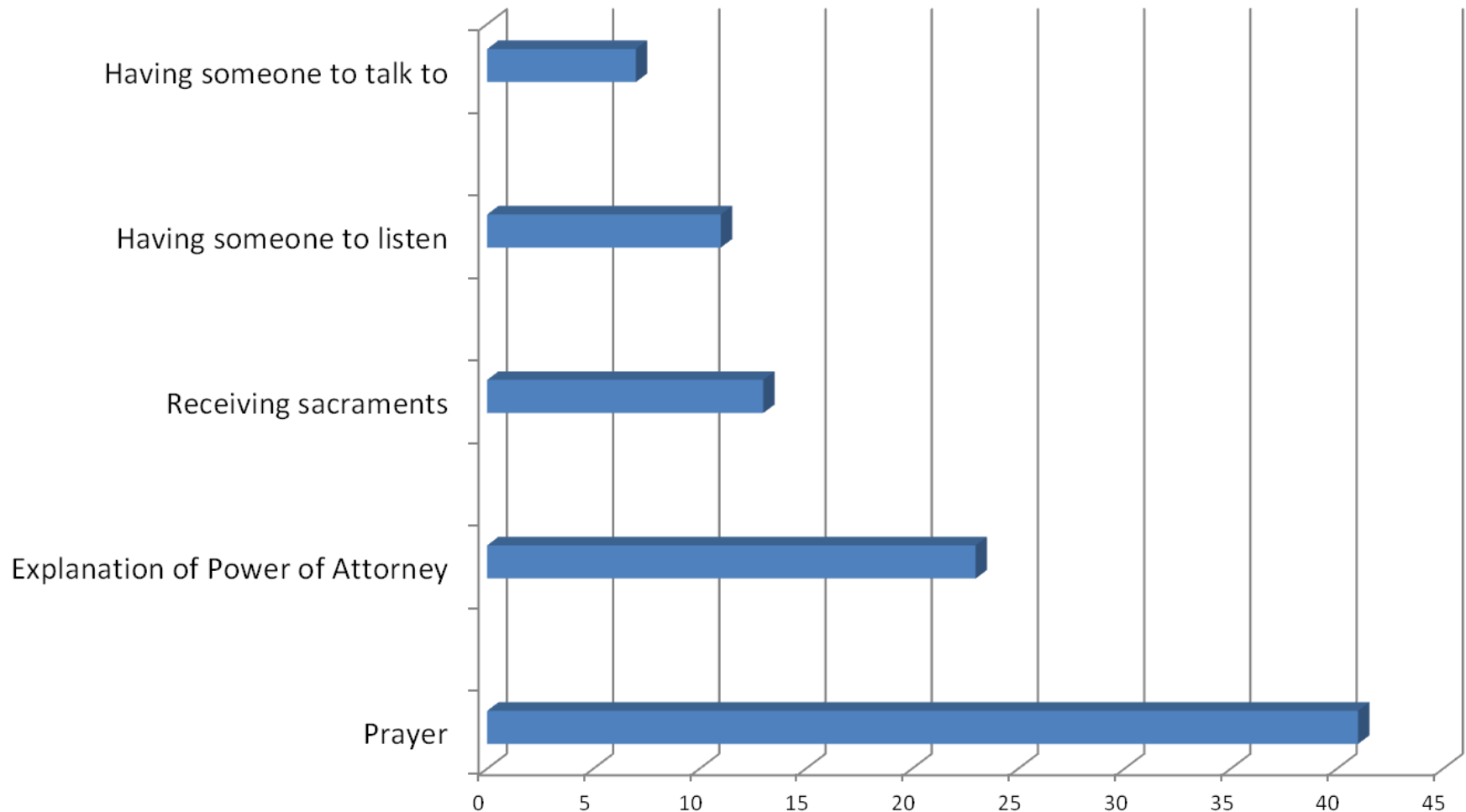
CHAPLAIN EFFECTIVENESS STUDY: QUALITATIVE QUESTIONS

Interviewer Questions to ask the Patient

1. What was the most helpful part of your visit with the chaplain?
2. Do you have any suggestions on how the chaplain could have been more helpful?
3. Is there anything about the chaplain visit that you especially want to comment about?
4. Is there anything else that we can provide to you as chaplains to help you meet your spiritual or emotional needs?

CHAPLAIN EFFECTIVENESS STUDY: QUALITATIVE RESULTS

WHAT WAS THE MOST HELPFUL PART OF THE VISIT?



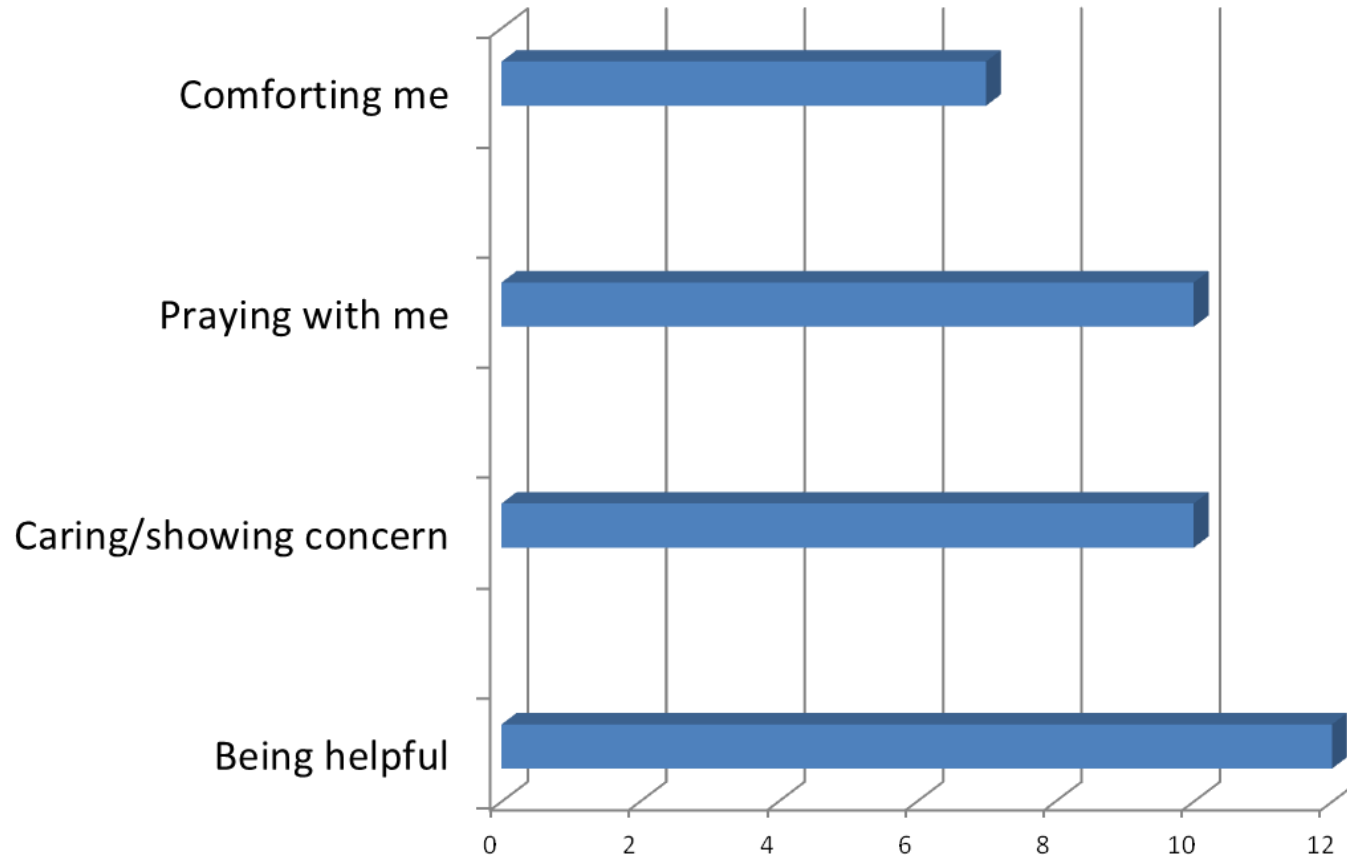
CHAPLAIN EFFECTIVENESS STUDY:

ANY SUGGESTIONS ON HOW THE CHAPLAIN CAN BE MORE HELPFUL?

1. “More Frequent visits”
2. “More time with the chaplain”

CHAPLAIN EFFECTIVENESS STUDY:

Anything about the Chaplain visit you especially want to comment on?



CHAPLAIN EFFECTIVENESS STUDY:
ANYTHING ELSE WE CAN PROVIDE TO YOU
AS CHAPLAINS TO MEET YOUR SPIRITUAL
AND EMOTIONAL NEEDS?

1. Return visits
2. More time with Chaplains
3. Uninterrupted visits

CHAPLAIN EFFECTIVENESS STUDY: IMPLICATIONS

1. Patients requesting return visits from chaplains.
2. Patients requesting uninterrupted visits from chaplains.

CHAPLAIN EFFECTIVENESS STUDY:

IMPLICATIONS

3. High rate of effectiveness contributed by unpaid staff (Only 14% of visits performed by paid staff)
4. Addressing the “non spiritual or emotional” consults still yielded a high rate of effectiveness among chaplains in addressing spiritual and emotional needs.

CHAPLAIN EFFECTIVENESS STUDY: LIMITATIONS

1. Small volume of Palliative Care population yielded little usable data.
2. Potential Halo Effect influenced perceptions of the patients.
3. Potential Hawthorne effect influenced the effectiveness of the chaplains.
4. Patients who had bad reviews of chaplains may have opted not to participate in the study.

CHAPLAIN EFFECTIVENESS STUDY: ACKNOWLEDGMENTS

I would like to acknowledge my colleagues who assisted in the planning and implementation of the study, and in the preparation of this presentation:

- Judi Godsey, PhD, RN
- Molly Johantgen, MSN, RN, CCRN
- Gigi Robison, MSN, RN, AOCN

REFERENCES



- Bryant, C. (1993) Role clarification: A quality improvement survey of hospital chaplain customers. *Journal for Healthcare Quality*. 15(4) 136-144.
- Flannelly, K.J., Galek, K., Tannenbaum, H. P., Handzo, G.F., (2007) A Preliminary Proposal for a Scale to Measure the Effectiveness of Pastoral Care with Family Members of Hospitalized Patients. *The Journal of Pastoral Care Counseling*. Spring-Summer. 61 (1-2) 19 - 29.
- Flannelly, K.J., Oettinger, M., Galek, K., Braun-Stork, A., Kreger, R. (2009) The correlates of chaplains effectiveness in meeting the spiritual/religious and emotional needs of patients. *The Journal of Pastoral Care Counseling*. Spring-Summer, 63(1-2), 1-15

REFERENCES



- Gibbons, J.L., Thomas, J. VandeCreek, L. & Jessen, A. K. (1991). The value of hospital chaplains: Patient perspectives. *The Journal of Pastoral Care*, 45(2), 117-125.
- VandeCreek, L. (1991) How Satisfied are patients with the Ministry of Chaplains? (2004) *The Journal of Pastoral Care Counseling*, Winter 58(4), 335-342.
- VandeCreek, L. (1991) Patient and family perceptions of hospital chaplains. *Hospital and Health Services Administration*, 36(3), 455 – 467
- VandeCreek, L. & Connell, L. (1991). Evaluation of the hospital chaplains pastoral care: Catholic and Protestant differences. *The Journal of Pastoral Care*, 45(3), 289 – 295.

CONTACT INFORMATION

Rev. Duane Campbell

513-585-1360

Duane.campbell@thechristhospital.com