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Body, Mind, Spirit, Part 2

HOSPITAL CHAPLAINS CONTRIBUTE TO PATIENT SATISFACTION AND WELL-BEING

Chaplains are specifically trained to help people during a crisis, which is how patients and family members often view a hospitalization. This two-part series explores how chaplaincy care improves patient satisfaction and well-being. In part 1, Amy Greene, DMin, director of Spiritual Care at the Cleveland Clinic, explained that chaplains have a high tolerance for sadness and anger and know how to help people find internal and external resources to cope with crisis. (See the January 2018 issue.) In part 2, we explore screening and assessment for patient spiritual needs as well as the role of chaplains during end-of-life care.

Screen to Get Chaplains to the Bedside

Health care organizations benefit from using a standardized method to identify those patients and family members who would benefit the most from a chaplain

visit. Often, hospitals accomplish this through electronic screening questions that a nurse can ask the patient or family member upon admission.^{1,2} “Because chaplains have limited resources and time, the initial screening is necessary,” says Stephen King, PhD, BCC, manager of Chaplaincy, Child Life, and Clinical Patient Navigators, Seattle Cancer Care Alliance. “The screening is more of a triage or quick determination of needs that might be through an electronic method with two questions.”

Research is currently under way to find the best evidence-based questions to use in the screening process. Current research points to using the Rush Spiritual Struggle Screening Protocol² or the following two questions³:

- Do you struggle with the loss of meaning and joy in your life?
- Do you currently have what you would describe as religious or spiritual struggles?

Admission is not the only time that health care providers can conduct spiritual and religious screening. Whenever the patient’s prognosis and treatment plan changes throughout the hospital stay, a subsequent screening or automatic consult to the chaplain should occur.⁴

Conduct a Spiritual History and Assessment

After a chaplain becomes involved in a patient’s care, either through the screening process or a consult, he or she will visit with the patient and perform a spiritual history or spiritual assessment. The Joint Commission’s Rights and Responsibilities of the Individual (RI) Standard RI.01.01.01 requires an organization to address a patient’s right to access religious and other spiritual services.

The spiritual history and spiritual assessment may overlap in some ways, but the history often helps the chaplain briefly determine how a person’s religion or spirituality allows him or her to cope with current medical issues.¹ There are many tools, involving four to five themes, to help chaplains complete a spiritual history, including the FICA, FACT, CSI-MEMO, HOPE, FAITH, and so on.^{1,5} (See Sidebar 1, below, for a description of FICA.)

Sidebar 1. Using FICA as a Tool to Complete a Spiritual History

FICA (developed by Christina Puchalski, MD⁶)

F – Faith, Belief, Meaning

I – Importance or Influence of religious and spiritual beliefs and practices

C – Community or Church connections

A – Address or Action in the context of medical care

The spiritual assessment is a more in-depth assessment of a patient’s spiritual or religious struggle or distress. “It’s more of a process,” says King. “We listen to their

story and summarize their needs and resources. Part of the assessment process for chaplains is inquiring about these spiritual needs and resources. Do they have high or low needs? Do they have high or low resources? If they have high needs and low resources, we need to spend more time with them. It helps us triage and determine where to spend our time.”⁷

Several spiritual assessment tools provide ways to objectively measure a patient’s spiritual distress, such as the Spiritual Distress Assessment Tool.⁸ With the movement toward objective measurements, chaplaincy care is becoming more outcome oriented and evidence based.⁹ “Our models of assessment have been narrative models,” says George Fitchett, DMin, PhD, professor and director of research, Department of Religion, Health, and Human Values at Rush University Medical Center in Chicago. “We listen for concerns, struggles, hopes, doubts, or alienation from religious community and then summarize this in a narrative format. But we also need to quantify the level of spiritual distress the patient is having so that we can follow up and assess their progress.”

Finally, spiritual assessments cannot take a one-size-fits-all approach, as the assessment process should change based on the patient’s diagnosis or prognosis. “Is the assessment that would be good in med-surg also be good in palliative care or behavioral health care?” says Fitchett. “No. We know from practice and research that the kind of religious and spiritual issues that people face when living with depression or seeking recovery from substance abuse are distinct from people seeking spiritual support in palliative care.”

In recognizing the various needs of different patient populations, The Joint Commission has created several standards that require customized spiritual or religious assessments depending on the patient’s diagnosis. (See “Related Requirements,” [page 4](#), for a list of these standards.)

Assist in Decisions About End-of-Life Care

Chaplains are an invaluable resource when patients and family members need to make choices related to palliative, hospice, or end-of-life care. “I think it is one of the places where we can be the most helpful,” says Greene. “It’s really about quality of life and not just end of life. Chaplains know death is a fact of life, and we are not squeamish about talking about bad news. We try to get the conversation started earlier so that people feel like they have some choices. Whereas the patients are saying, ‘the doctor will tell me when it’s time,’ and the doctors are saying, ‘the patient will tell me when it’s time.’ Truthfully, patients want to talk about it more than the doctors realize.”

Research has found that when patients who face end-of-life choices receive spiritual care from a health care team that includes chaplains, the patients have a higher quality of life at the end of life and are more likely to choose comfort care as opposed to aggressive care, including ventilation or treatment in the intensive care unit (ICU).¹⁰ Furthermore, hospitals that provided chaplains had more patients enroll in home hospice.¹¹ And a study of family members whose loved ones had died in the ICU found that the family members had higher levels of satisfaction with their medical treatment decisions when they received spiritual care provided by chaplains.¹²

Related Requirements

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.11

The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.

Element of Performance 5 for PC.01.02.11

5. Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the patient's religion and spiritual beliefs, values, and preferences.

Standard PC.01.02.13

The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.

Element of Performance 3 for PC.01.02.13

3. Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the patient's religion and spiritual beliefs, values, and preferences.

Standard PC.02.02.13

The patient's comfort and dignity receive priority during end-of-life care.

Element of Performance 1 for PC.02.02.13

1. To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.

"We want to be aware of how spirituality informs patients' medical choices," says King. "We don't want people choosing the fifth line of chemotherapy just because it is there. We want them to make the choice that is true to their values and goals of care."

Move to Evidence-Based Chaplaincy Care

A chaplain's work remains focused on easing the religious and spiritual distress that patients, family members, and health care providers may confront depending on the various stressors in their lives. But chaplains have also been working to ensure that their care is evidence based.⁹ Furthermore, chaplains are finding ways to objectively document their outcomes to show the positive impact they have on the health care experience, including improved patient satisfaction, improved health outcomes, improved quality of life, and decreased medical costs.¹³⁻¹⁵

"There are studies on patients with heart failure who are experiencing spiritual distress," says Fitchett. "These patients were assessed using a seven-item scale, and 15% to 30% of patients stated that they felt forgotten by God or their congregation, punished by God, or were some place in between."¹⁶ Additional research suggests that patients with heart failure who are experiencing spiritual distress have more worries about their illness, more depression, less adherence



Chaplains can help patients and their families address the emotional and spiritual impact of their medical conditions.

to physician recommendations for care, more hospital days, and greater likelihood of not surviving more than five years.¹⁷⁻¹⁹ “If you targeted patients with heart failure for spiritual care,” continues Fitchett, “particularly if you screened for those patients who felt abandoned by God, I think you would find reduced spiritual and emotional distress, improved quality of life, improved adherence to medical recommendations, decreased use of the hospital, and increased survival.”

Fitchett co-directs the Transforming Chaplaincy project, which is an initiative to advance research literacy among health care chaplains. Find more information at <http://www.transformchaplaincy.org>. 

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