Metrics for Spiritual Care:
A KentuckyOne Health Intervention

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Evidence Based Practice (EBP)

"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients"

Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996

Evidence-Based Spiritual Care

"Evidence-based spiritual care is the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons."

Tom O'Connor (2002) *Journal of Religion and Health*

The Ethics of EBP

"Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful."

O'Connor, T. & Meakes, E., 1998

EBP

EPB Conceptually (Gibbs, 1990)

- Step 1. Convert information need (prevention, assessment, treatment, risk) into an answerable question.
- Step 2. Track down the best evidence necessary to answer the question.
- Step 3. Critically appraise the evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our practice).

EPB Conceptually Cont'd

- Step 4. Integrate critical appraisal with our practice experience, with a client's strengths and values, and with circumstances that can affect how we approach a problem in practice.
- Step 5. Evaluate effectiveness and efficiency in exercising steps 1 to 5 and seek ways to improve them next time.
- Step 6. Teach others to follow the same process.

Areas for Determining Best Evidence

Literature

- *Meta Analyses*
- *Experimental Studies (i.e. Random Controlled Trials (RCT)*
- *Observational Studies (i.e. Cross Sectional)*

Areas for Determining Best Evidence

- Consumer/Client perspectives – Data
- Collecting evidence from whom?
  - Not all informants are the same
  - Person with the problem vs. Family/Social Support vs. Other system (e.g. Chaplains, Psychiatrists)

Focus Areas for Determining Best Evidence

- *What is appropriate data*?
  - Information about the presenting problem
  - Individual capacity/strengths
  - Relevant social supports/systems
  - Diagnosis
  - Services received
  - Treatment history

Focus Areas for Determining Best Evidence

- Once the evidence has been collected, it is necessary to "deconstruct" it to your client…
- *How will the evidence apply to my client?*
- *How close does the population studied match my client?*
- *In the case of an intervention, has it been studied for my unique client?*

Focus Areas for Determining Best Evidence

What is *Professional Wisdom*?

- Wisdom is defined as the "best use of knowledge"
- The judgment that individuals acquire through experience
- Consensus views of other practicing professionals

The Importance of Research for Chaplains

- Research is an essential tool to advocate for the field of chaplaincy
- Research is the language of peer disciplines
- EBP ensures effective pastoral interventions
- EBP can help energize chaplains and affirm the impact of their work (thereby reducing their own burnout)

Sacred Research: A KentuckyOne Health Intervention

Literature Review

- The issue of compassion fatigue and job burnout is a problem that is increasingly coming to the fore of scholarly attention, both in the health professions and beyond.
- Well-documented in hospice, and throughout the allied health professions.
- Dynamic extends beyond these fields to other occupations such as teachers, congregational clergy, librarians, engineers, accountants and even cruise ship employees

Literature Review (cont)

- ED nurses are at a moderate to high risk for experiencing compassion fatigue and burnout, which can result in decreased quality of care provided to patients and affect staff retention and turn over, patient safety, and patient satisfaction.
- Cumulative effects of secondary traumatization along with environmental factors such as high patient acuity, ED overcrowding, unrealistic patient expectations, workplace violence, and repeated exposure to sudden death can cause emotional withdrawal and lack of empathy as well as physical symptoms, sleep disturbances, and complete collapse in emergency department workers .
- Compassion fatigue and burnout in nursing staff thus affect not only the personal and professional well-being of employees but also patient outcomes and can have a significant, negative fiscal impact on healthcare organizations. Staff support programs utilizing chaplaincy interventions to manage stress have been implemented in outpatient care settings as well as in inpatient settings. Evaluations of these initiatives suggest that chaplains are an effective resource for staff care.

Study Design

- Jewish Hospital Emergency Department
- Day Shift
- All disciplines: doctors, nurses, social workers, PCAs, registration, EVS
- Chaplain 4 hours/day- rounding on patients and staff
- 3 months

PROQOl: compassion fatigue, Burnout and Compassion Satisfaction

- 1. I am happy.
- 2. I am preoccupied with more than one person I *[help]*.
- 3. I get satisfaction from being able to *[help]* people.
- 4. I feel connected to others.
- 5. I jump or am startled by unexpected sounds.
- 6. I feel invigorated after working with those I *[help]*.
- 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- 10. I feel trapped by my job as a *[helper]*.

PROQOL

- 11. Because of my *[helping]*, I have felt "on edge" about various things.
- 12. I like my work as a *[helper]*.
- 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- 15. I have beliefs that sustain me.
- 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- 17. I am the person I always wanted to be.
- 18. My work makes me feel satisfied.
- 19. I feel worn out because of my work as a *[helper]*.
- 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.

PROQOL

- 21. I feel overwhelmed because my case [work] load seems endless.
- 22. I believe I can make a difference through my work.
- 23. I avoid certain activities or situations because they remind me of frightening experiences
- of the people I *[help]*.
- 24. I am proud of what I can do to *[help]*.
- 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- 26. I feel "bogged down" by the system.
- 27. I have thoughts that I am a "success" as a *[helper]*.
- 28. I can't recall important parts of my work with trauma victims.
- 29. I am a very caring person.
- 30. I am happy that I chose to do this work.

KentuckyOne Health

Chaplain Intervention Project (ChIP) to Improve Patient Satisfaction and Reduce Staff Burnout, Compassion Fatigue in the ED

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Purpose/Aim

Develop a quantifiable, effective Chaplain Intervention Program (ChIP) to address compassion fatigue, reduce the effects of burnout and post traumatic stress in ED nursing staff, as well as increase patient satisfaction and support. ChIP was implemented January 2015-March 2015, with validated pre- and post-test measures to assess effectiveness.

The aim: a) to provide spiritual care to patients and families in the ED, reduce anxiety in patients, and stress in nursing staff; b) to provide direct staff support through intentional and regular rounding on ED workers.

ChIP Design Flow

Process Change

Transition from current "on call" state to proactive daily rounding at "peak times" to meet the emotional and spiritual needs of patients and staff, integrating the chaplain into the team of and standard work of the ED.

The Professional Quality of Life Scale, ProQOL 5 [8], administered prior to ChIP and after ChIP, measured staff compassion fatigue (burnout and secondary traumatic distress) as well as compassion satisfaction.

Statistical Results-Staff

Trauma Improved

Burn out Improved

Compassion Increased

Outcomes-Patient Satisfaction

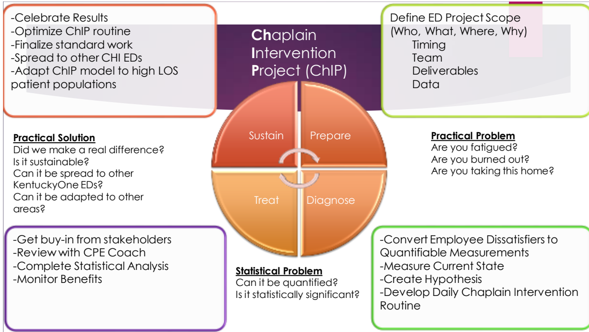
ChIP demonstrated that an interdisciplinary approach to care in the ED is effective for both patients and staff well-being.

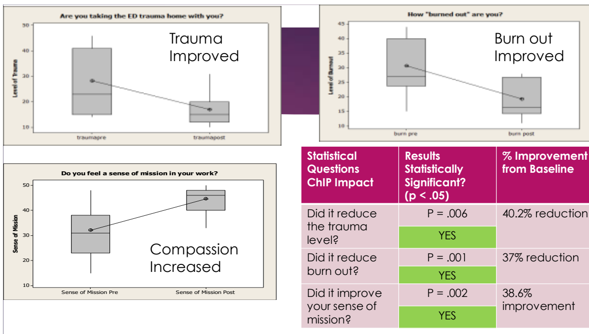
ChIP led to a statistically significant improvement in the key performance indicators for staff well-being (KPIs) of 38-40% and of patient satisfaction HCAHPS scores which increased by 83.34%.

Discussion/Implications

The Chaplain Intervention Project demonstrated that "soft issues" could be converted to measurable outcomes which could be impacted by redesigned approach for Chaplains.

Chaplains are well suited to address the emotional and spiritual needs of all key stakeholders in heathcare including patients, care givers, and healthcare providers.





Statistical Questions ChIP Impact	Results Statistically Significant? (p < .05)	% Improvement from Baseline
Did it reduce the trauma level?	P = .006 YES	40.2% reduction
Did it reduce burn out?	P = .001 YES	37% reduction
Did it improve your sense of mission?	P = .002 YES	38.6% improvement

Implications for pastoral care

- Chaplaincy serves staff and organizational goals, improving patient experience and retention
- Chaplaincy staffing models should include criteria for staff care as well as patient care
- Research is an essential tool for advocacy to advance the profession

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