Current Research In Chaplaincy Care

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HealthCare Chaplaincy’s mission is to advance the profession of pastoral care through visionary leadership and continuing excellence in innovative research, education, and clinical service.
Outcomes for our Webinar

Review a handful of current studies of interest to chaplains

Increase sensitivity to the challenges of doing quality research in our area

Improve ability to use research strategically in advocating for chaplaincy
Question for Consideration

What is the recent research on chaplaincy care showing?

How does one read this research critically?

What does the research suggest about chaplaincy care?
Coping With Cancer Study


Balboni, T. A., et al. (Published ahead of print on December 14, 2009). Provision of Spiritual Care to Patients with Advanced Cancer: Associations With Medical Care and Quality of Life Near Death. *Journal of Clinical Oncology*.
Research Methods

Multi-institutional, multi-method investigation of advanced cancer patients and their caregivers

Sample = 5 centers
Sample size = 350-650

Goal: Establish database for multiple uses to allow for “mining” in various veins and directions
Religiousness and Spiritual Support

88% said religion was at least somewhat important

72% said their spiritual needs were minimally or not at all supported by the medical system

47% said their spiritual needs were minimally or not at all supported by a religious community

Spiritual support was highly associated with quality of life, QoL (P=.0003)

But no specific mention of chaplaincy…. 
Religious Coping and Use of Life-Prolonging Care

A high level of positive religious coping was correlated with intensive interventions like use of mechanical ventilation.

Sample data dominated by one center in Dallas.

Difference in groups statistically significant, but all numbers low.

Statistical significance vs. clinical significance.
Impact of Spiritual Care on Medical Care and QoL

Meeting spiritual needs associated with more hospice care & less aggressive treatment

Spiritual support associated with higher QoL scores near death

Pastoral visits were associated with higher QoL scores, but not more hospice care or less aggressive treatment

Why? What was the pastoral intervention?


Puchalski, C. M., et al. (2009). Improving the Quality of Spiritual Care as a Dimension of Palliative Care. *Journal of Palliative Medicine, 12*(10), 885-904.

Sample from one Catholic hospital in NYC

“Do you feel your spiritual needs are being met?”

Meeting spiritual needs associated with higher QoL and higher satisfaction with care

Sample bias from using one institution?

What does this mean?

Validity of using simple questions?
Spiritual Care in Long-Term Care

After death interview of family members of decedents in 100 LTC facilities

87% received assistance with spiritual needs

Families of those who received spiritual care rated overall care higher

Facilitating devotional practice was salient

Ministry of staff was more salient than ministry of clergy
Spiritual Care in Palliative Care

Multidisciplinary consensus panel is also a level of evidence

Puts other disciplines in position of advocating for chaplaincy

Provides theoretical models that can be tested

Spiritual care is required

Board-certified chaplain is the spiritual care leader on the team

Model for other health care teams
Cost Savings in Palliative Care

Example of a study of strategic importance

First study that demonstrates that palliative care reduces costs in significant amounts

Coupled with consensus panel findings, this study positions chaplains to help reduce medical costs while improving patient/family satisfaction!


Impact of Daily Chaplain Visits

Only controlled study of outcomes of chaplain visits

Those visited were less anxious, had shorter stays, and were more likely to recommend the hospital

Used a population where physical symptoms are related to anxiety

Chaplain/investigator was a solo chaplain without any previous research experience
Screening for Spiritual Struggle

Study piloted a screening tool that can isolate patients with spiritual struggle

Established baseline for incidence of spiritual struggle--7%

Validated a screening tool that reliably identifies patients suffering spiritual struggle

Assumes a model of chaplaincy care based on referrals for patients in need
Physician Experience & Satisfaction With Chaplains

Piggy backed on a previous survey

Since this use was not anticipated, some questions could not be answered

Doctors were much more experienced with, and satisfied with, chaplains than in some previous studies

What has changed?

Attitude and training of doctors?
Integration and training of chaplains?
The Need for New Theory & Models

Journals to Watch

Journal of Pastoral Care & Counseling

Journal of Healthcare Chaplaincy

Journal of Pain and Symptom Management

Palliative and Supportive Care

Journal of Palliative Medicine
Ten Notes of Caution.....

When it comes to assessing important effects, empirical evidence is probably better than armchair speculation but hardly foolproof. Oh-so-many threats to validity on a long path to truth claims....

Being able to demonstrate empirical outcomes of chaplain interventions is essential to advance the profession’s standing.
Ten Notes of Caution

Not simple to measure chaplain interventions and outcomes because of:

• subtlety of the phenomena,
• reactivity of most measures of human behavior,
• shortness of many patient visits, and
• too few patients receive more than one visit.

Chaplaincy research must be advanced by new theory about the most important effects and how they are best measured.
Ten Notes of Caution

Good idea to integrate quantitative and qualitative research on the same question—even better to extend the research design to diverse samples and cultures.

• We need good studies not just of patient outcomes but outcomes for family interventions and staff impact, which might be qualitative studies.

Quality of sample drawn for a population and research design are both more important criteria for good research than elegant statistics.
Ten Notes of Cautions

The gold standard for truth claims is a prospective, true experimental design—alas, we have few of these in chaplaincy studies.

Beware the great challenge of placebo effects based on patient or subject expectations as this variable confounds our best research designs—we humans are pattern-seeking, meaning-making creatures....
Ten Notes of Caution

Beware drawing **causal** inferences from cross-sectional data like surveys—and most of what we have are survey data!

Beware **enthusiastic claims** “for and agin” by researchers from both ends of the R/S spectrum, believers to skeptics. This arena is an emotional one for players!
The Presenters

Dr. Kytle, whose Ph.D. is in Social Psychology, has held academic leadership positions at higher educational institutions including Antioch University, Goddard College, Norwich University, and most recently, The New School in New York City. The author of scholarly books and articles on non-traditional education and adult learning, Dr. Kytle is the principal architect of HealthCare Chaplaincy’s education and research programs. He is a Commissioner for the Middle States Association.

The Rev. George Handzo has been part of HealthCare Chaplaincy for over three decades, first as a chaplain at Memorial Sloan-Kettering Cancer Center and later as a senior member of Chaplaincy’s management team. Rev. Handzo heads HealthCare Chaplaincy's entire clinical program and its Consulting Service, which offers a full range of options to help medical institutions across the country build or expand existing multifaith chaplaincy care departments. He is a board-certified chaplain and a certified six sigma black belt.
Questions

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