# What is Quality Spiritual Care in Health Care and How Do You Measure It?

## PURPOSE

To provide guidance to advocacy groups, professional health care associations, health care administrators, clinical teams, researchers, government and other funders, faith communities, spiritual care professionals, and other stakeholders internationally on the indicators of quality spiritual care in health care, the metrics that indicate quality care is present, and suggested evidence-based tools to measure that quality.

## 1. STRUCTURAL INDICATORS

| Quality Indicator | Metric | Suggested Tools |
|---|---|---|
| **1.A** Certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.[1,2,3,4] | Institutional policy recognizes chaplains as official members of the clinical team. | Policy Review |
| **1.B** Dedicated inclusive sacred space is available for meditation, reflection and ritual.[5,6] | Yes/No | |
| **1.C** Information is provided about the availability of spiritual care services.[7] | Percentage of clients and family members surveyed who report they were informed that spiritual care was available. | Client Satisfaction Survey |
| **1.D** Professional education and development programs in spiritual care are provided for all clinical disciplines to improve their provision of generalist spiritual care.[8,9] | Percentage of clinical staff who report receiving spiritual care training appropriate to their scope of practice. | Lists of programs, number of attendees and feedback forms |
| **1.E** Spiritual care quality measures are reported regularly as part of the organization's overall quality program and are used to improve practice.[10,11] | List of spiritual care quality measures reported in quality improvement dashboards. | Audit of organizational quality data and improvement initiatives |

## 2. PROCESS INDICATORS

| Quality Indicator | Metric | Suggested Tools |
|---|---|---|
| **2.A** Specialist spiritual care is made available in a timely manner.[6] | Percentage of staff who made referrals to spiritual care and report a timely response. Percentage of referrals responded to within Chaplaincy Service guidelines. | Survey of staff. Chaplaincy data reports |
| **2.B** All clients are offered the opportunity to have a discussion of religious/spiritual concerns.[30,31] | Percentage of clients surveyed who say they were offered a discussion of religious/spiritual concerns. | Client Survey |
| **2.C** An assessment of religious, spiritual, and existential concerns using a structured instrument is conducted and documented, and the information obtained from the assessment is integrated into the overall care plan.[4,6] | Percentage of clients assessed using established tools such as FICA,[32] Hope[33], 7X7[34], PC-7[35], AIM[36] or Outcome Oriented[37] models with a spiritual care plan as part of the overall plan of care. | Chart Review |
| **2.D** Spiritual, religious, and cultural practices are facilitated for clients, the people important to them and staff.[4] | Number of referrals for spiritual practices. Spiritual care practices documented in clients' records. Usage of sacred space. | Referral Logs including disposition of referrals and client satisfaction surveys Chart audit |
| **2.E** Families are offered the opportunity to discuss spiritual issues during goals of care conferences.[38,39] | Percentage of care conference reports in which it is noted that families are given the opportunity to discuss spiritual issues or referrals are made to spiritual care. | Chart Audit |
| **2.F.** Spiritual care is provided in a culturally and linguistically appropriate manner (e.g. client's language and literacy level).[4] Clients' values and beliefs are integrated into plans of care. [40,41] | Percentage of clients surveyed who say that they were provided care in a culturally and linguistically appropriate manner. Percentage of documented plans of care that mention client beliefs and values. | Client Survey Chart audit |
| **2.G.** End of life and Bereavement Care is timely and provided as appropriate to the population served. [42,4,43] | Percentage of care plans for clients approaching end of life that include attention to end of life care and a plan for bereavement care after death. | Chart Audit |
| **2.H.** Spiritual care is offered to all staff formally (e.g. groups and scheduled meetings) and informally (e.g. unscheduled encounters). [44,45,46] | Number of requests for spiritual care received and attendance at events open to staff such as worship, meditation, memorial services, support groups, and debriefings. | Referrals and activity logs |

## 3. OUTCOMES

| Quality Indicator | Metric | Suggested Tools |
|---|---|---|
| **3.A** Client spiritual needs are met.[12] | Percentage of clients surveyed reporting that spiritual needs were met. | Spiritual Needs Assessment Inventory for Patients (SNAP)[13] Spiritual Needs Questionnaire (SpNQ)[14] |
| **3.B** Spiritual care positively impacts client satisfaction.[15,16] | Client satisfaction is higher for those who receive spiritual care. | HCAHPS #21[17] QSC[2] |
| **3.C** Spiritual care reduces client spiritual distress.[22,18,19] | Percentage of clients reporting reduced spiritual distress after spiritual care. | "Are you experiencing spiritual pain right now?" [20,21] Client Survey |
| **3.D** Spiritual care positively impacts clients' sense of peace.[22] | Percentage of clients surveyed reporting increased sense of peace after spiritual care. | Facit-SP-Peace Subscale[23] "Are you at Peace?"[24] Client Survey PROMs?? |
| **3.E** Spiritual care positively impacts meaning-making for clients and family members. [25,26] | Percentage of clients surveyed reporting increased ability to find measure of meaning after spiritual care. | Facit-SP-Meaning subscale RCOPE[27] Client Survey |
| **3.F** Spiritual care positively impacts spiritual well-being and overall quality of life.[28,29, 32] | Percentage of clients surveyed reporting increased spiritual well-being after spiritual care. | Facit-SP |

## How to Move Quality Indicators Forward in Your Organization

We understand that simply publishing the Quality Indicators document is not necessarily helpful without some guidance on how to leverage it to produce change in one's organization and/or setting. In that regard, the following should be considered.

**Assessment**

To what extent is the organization meeting these indicators? Many of these can be accomplished with a simple chart audit. The number of charts audited does not have to be large. One rule of thumb is that when the result seems clear, one can stop. Thus, if ten charts are audited in a high acuity area like the ICU and none have a spiritual assessment, it can likely be safely said that assessments are rarely if ever done. Some of the indicators that might be looked for in an audit include:

- What percentage of patients are documented as having been offered a discussion of religious/spiritual concerns?
- What percentage of patients has a spiritual assessment and care plan documented?
- What is the percentage of family meetings in which documentation shows that the family was offered a discussion of spiritual issues?

## Goal Setting

- Discuss the results of the assessment with the organization's chaplaincy and management teams.
- Celebrate indicators in which the team is doing well.
- Decide as a team which of the indicators stand out as ones that the team would like to improve in the context of the organization? What would be the gains to the organization if these indicators were improved?
- Out of the indicators above, pick one or two that might be more easily attainable as quality improvement projects.
- Engage any quality improvement professionals in the organization to help design projects around these indicators.

Be aware that all of this can take time- often much more time than one would like or think it should take. Be aware that this is a marathon, not a sprint.

## Consensus Panel

Timothy Daaleman, DO, MPH

Betty Ferrell, Ph.D., M.A., F.A.A.N., F.P.C.N.

Charles W. Fluharty, Ph.D.

Rev. Eric J. Hall, M. Div., MA

The Rev. George Handzo, BCC, CSSBB

Cheryl Holmes, OAM

Diane Meier, M.D., FACP,

R. Sean Morrison, M.D.

Shane Sinclair, Ph.D.

Rev. Sue Wintz, M.Div., BCC

## Feedback welcomed.

We consider this a dynamic piece and look forward to continuing to make it more useful over time.

Please contact:
ghandzo@healthcarechaplaincy.org

**HealthCare Chaplaincy Network™**

**SPIRITUAL CARE ASSOCIATION**
Making Spiritual Care a Priority

# Endnotes

1 Handzo, G. F. & Koenig, H. G. (2004). Spiritual Care: Whose Job is it Anyway? *Southern Medical Journal*, 97(12), 1242-1244.

2 Wintz SK., Handzo GF. 2005. Pastoral Care Staffing & Productivity: More than Ratios. *Chaplaincy Today*. 21(1), 3-10.

3 LaRocca-Pitts, M. (2019) The Board Certified Chaplain as a Member of the Transdisciplinary Team: An epistemological approach to spiritual care. *Journal of the Study of Spirituality*. 9(2), 99-109.

4 Cunningham, C. J., Panda, M., Lambert, J., Daniel, G., & DeMars, K. (2017). Perceptions of chaplains' value and impact within hospital care teams. *Journal of religion and health*, 56(4), 1231-1247.

5 The National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines for Quality Palliative Care 4th edition 2018*.

6 Baldacchino, D. (2017). Spirituality in the healthcare workplace. *Religions, 8*(12), 260.

7 National Quality Forum. (2006) A National Framework and Preferred Practiced for Palliative and Hospice Care Quality. National Quality Forum, Washington, DC.

8 Puchalski C, Ferrell B, Virani R, Otis-Green S, Baird P, Bull J, Chochinov H, Handzo G, Nelson-Becker H, Prince-Paul M, Pugliese K, Sulmasy D. (2009). Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *Journal of Palliative Medicine*. 12(10):885-904.

9 Austin, P., Macleod, R., Siddall, P., McSherry, W., & Egan, R. (2017). Spiritual care training is needed for clinical and non-clinical staff to manage patients' spiritual needs. *Journal for the Study of Spirituality*, 7(1), 50-63.

10 Arthur J. (2011) Lean Six Sigma- Simple Steps to Fast, Affordable, Flawless Healthcare. New York: McGraw Hill.

11 Cone, P. H., & Giske, T. (2018). Integrating spiritual care into nursing education and practice: Strategies utilizing Open Journey Theory. *Nurse Educ Today*, 71, 22-25. doi:10.1016/j.nedt.2018.08.015

12 Balboni, et al. (2007). Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life. *Journal of Clinical Oncology*, 25(5), 555-560

13 Sharma, R. K., Astrow, A. B., Texeira, K. and Sulmasy, D. P.(2012) "The Spiritual Needs Assessment for Patients (SNAP): development and validation of a comprehensive instrument to assess unmet spiritual needs." Journal of Pain & Symptom Management 44, no. 1: 44-51.

14 Büssing A(1), Balzat HJ, Heusser P. (2010) Spiritual needs of patients with chronic pain diseases and cancer - validation of the spiritual needs questionnaire. Eur J Med Res. Jun 28;15(6):266-73

15 Marin DB, Sharma V, Sosunov E, Egorova N, Goldstein R, Handzo G. 2015. The relationship between chaplain visits and patient satisfaction. Journal of Health Care Chaplaincy. 21 (1):14-24.

16 Astrow, A. B., Kwok, G., Sharma, R. K., Fromer, N., & Sulmasy, D. P. (2018). Spiritual Needs and Perception of Quality of Care and Satisfaction With Care in Hematology/Medical Oncology Patients: A Multicultural Assessment. *J Pain Symptom Manage*, 55(1), 56-64 e51. doi:10.1016/j.jpainsymman.2017.08.009

17 Giordano, L. A., Elliott, M. N., Goldstein, E., Lehrman, W. G., & Spencer, P. A. (2009). Development, implementation, and public reporting of the HCAHPS survey. *Medical Care Research and Review*.

18 Schultz, M., Meged-Book, T., Mashiach, T., & Bar-Sela, G. (2017). Distinguishing between spiritual distress, general distress, spiritual well-being, and spiritual pain among cancer patients during oncology treatment. *Journal of pain and symptom management,* 54(1), 66-73.

19 Steinhauser, K. E., Olsen, A., Johnson, K. S., Sanders, L. L., Olsen, M., Ammarell, N., & Grossoehme, D. (2016). The feasibility and acceptability of a chaplain-led intervention for caregivers of seriously ill patients: A Caregiver Outlook pilot study. P*alliative & supportive care*, 14(5), 456.

20 Mako C, Galek M, Poppito SR. (2006) Spiritual pain among patients with advanced cancer in palliative care. J Palliat Med. 9(5):1106-1113.

21 Exline JJ, Pargament KI, Grubbs JB, et al. The Religious and Spiritual Struggles Scale: development and initial validation. Psychol Relig Spiritual 2014;6:208–222

22 Snowdon A., Telfer I, Kelly E, Bunniss S, Mowat H. (2013) "I was able to talk about what was on my mind." The operationalisation of person centred care. *The Scottish J of Health Care Chaplaincy*. 16 (Special), 16-22.

23 Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: The Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being Scale (FACIT-Sp). Annals of Behavioral Medicine, 24(1), 49-58.

24 Steinhauser KE, Voils CI, Clipp EC, Bosworth HB, Christakis NA, Tulsky JA.(2006) "Are you at peace?": one item to probe spiritual concerns at the end of life. Archives of Internal Medicine. Jan 9;166(1):101-5.

25 Flannelly, K. J., Handzo, G. F., Weaver, A. J., & Smith, W. J. (2005b). A national survey of health care administrators' views on the importance of various chaplain roles. Journal of Pastoral Care & Counseling, 59(1-2), 87 – 96.

26 Robert, R., Stavinoha, P., Jones, B. L., Robinson, J., Larson, K., Hicklen, R., ... & Weaver, M. S. (2019). Spiritual assessment and spiritual care offerings as a standard of care in pediatric oncology: A recommendation informed by a systematic review of the literature. *Pediatric blood & cancer*, e27764.

27 Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of clinical psychology*, 56(4), 519-543.

28 Rabow M, Knish S. (2014) Spiritual well-being among outpatients with cancer receiving concurrent oncologic and palliative care. *Support Care Cancer*. DOI 10.1007/s00520-014-2428-4

51 Bai, M., & Lazenby, M. (2015). A systematic review of associations between spiritual well-being and quality of life at the scale and factor levels in studies among patients with cancer. *Journal of palliative medicine*, 18(3), 286-298.

30 Williams JA, Meltzer D, Arora V, Chung G, & Curlin FA (2011). Attention to Inpatients' Religious and Spiritual Concerns: Predictors and Association with Patient Satisfaction. *Journal of general internal medicine* PMID: 21720904

31 Lee, A. C., McGinness, C. E., Levine, S., O'Mahony, S., & Fitchett, G. (2018). Using Chaplains to Facilitate Advance Care Planning in Medical Practice. *JAMA Intern Med*, 178(5), 708-710. doi:10.1001/jamainternmed.2017.7961

32 Puchalski, C., & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. J*ournal of palliative Medicine*, 3(1), 129-137.

33 Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice. *American family physician*, 63(1), 81-88.

34 Fitchett, G. (1993). *Assessing spiritual needs: A guide for caregivers*. Augsburg Fortress.

35 Fitchett, G., Pierson, A. L. H., Hoffmeyer, C., Labuschagne, D., Lee, A., Levine, S., ... & Waite, N. (2019). Development of the PC-7, a Quantifiable Assessment of Spiritual Concerns of Patients Receiving Palliative Care Near the End of Life. *Journal of palliative medicine*.

36 Kestenbaum, A., Shields, M., James, J., Hocker, W., Morgan, S., Karve, S., ... & Dunn, L. B. (2017). What impact do chaplains have? A pilot study of spiritual AIM for advanced cancer patients in outpatient palliative care. *Journal of pain and symptom management*, 54(5), 707-714.

37 VandeCreek, L., Lucas, A. M. (2001). *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy*. Haworth Press: New York.

38 Ernecoff, N, Curlin, F., Buddadhumaruk,P, White, D. Health Care Professionals' Responses to Religious or Spiritual Statements by Surrogate Decision Makers During Goals-of-Care Discussions/*AMA Intern Med*. 2015;175(10):1662-1669. doi:10.1001/jamainternmed.2015.4124

39 Maiko, S. M., Ivy, S., Watson, B. N., Montz, K., & Torke, A. M. (2018). Spiritual and Religious Coping of Medical Decision Makers for Hospitalized Older Adult Patients. J *Palliat Med*. doi:10.1089/jpm.2018.0406

40 Joint Commission Resources. (2010) Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf

41 Bashar, F. R., Vahedian-Azimi, A., Salesi, M., Hajiesmaeili, M., Shojaei, S., Farzanegan, B., Collaborative, M. (2018). Spiritual Health and Outcomes in Muslim ICU Patients: A Nationwide Cross Sectional Study. *J Relig Health*, 57(6), 2241-2257. doi:10.1007/s10943-017-0543-5

42 Balboni, T. A., Paulk, M. E., Balboni, M. J., Phelps, A. C., Loggers, E. T., Wright, A. A., ... & Prigerson, H. G. (2010). Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death. *Journal of Clinical Oncology*, 28(3), 445-452.

43 Donnelly, S., Prizeman, G., Coimín, D. Ó., Korn, B., & Hynes, G. (2018). Voices that matter: end-of-life care in two acute hospitals from the perspective of bereaved relatives. *BMC palliative care*, 17(1), 117.

44 McClelland L, Vogus, T. (2013) Compassion Practices and HCAHPS: Does Rewarding and Supporting Workplace Compassion Influence Patient Perceptions? Health Services Research. 1670-1683.

45 Doolittle, B. R., & Windish, D. M. (2015). Correlation of burnout syndrome with specific coping strategies, behaviors, and spiritual attitudes among interns at Yale University, New Haven, USA. Journal of Educational Evaluation for Health Professions, 12.

46 Keogh, M., Marin, D. B., Jandorf, L., Wetmore, J. B., & Sharma, V. (2020). Chi Time: Expanding a novel approach for hospital employee engagement. The Journal of Excellence in Nursing Leadership, 51(4), 32-38.