

Title: Recognizing and Addressing Spiritual Concerns for Advanced Cancer Patients as Hospitalists

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Statement of the Problem: Hospitalists care for people with chronic serious illnesses in acute settings who present with suffering on multiple levels. Delivery of primary palliative care is in the realm of a hospitalist's role; therefore, the ability to incorporate spiritual discussions and recognize spiritual distress is imperative to help with overall healing. Studies have shown that people want to be asked about spirituality by their providers.¹ Most doctors report that their training is inadequate in this area and discomfort remains a major obstacle for addressing spiritual concerns.²

Purpose: To determine the effect of an educational intervention on integration of spiritual care into hospitalist practice by increasing chaplain referrals for advanced cancer patients at Indiana University Health North Hospital (IUHN).

Methods: Sixteen IUHN hospitalist team members were asked to complete an 11-item survey on their perception of spirituality in health care before viewing an educational video on recognizing and addressing spiritual concerns in seriously ill patients. The video was distributed in December 2022. Records of patients with advanced cancer admitted to the hospitalist team who had chaplain referrals from January 1, 2022 – February 28, 2022, were compared to January 1, 2023 – February 28, 2023, post educational intervention.

Findings: Chaplain referrals for cancer patients over 2 months were calculated at 0.052% pre-intervention and 0.088% (p=0.621) post-intervention. Statistical significance was not demonstrated. Barriers to referral included lack of participation in reviewing educational material, hospitalists' time constraints, and provider discomfort in addressing spiritual concerns.

Conclusion: Increased training and support are needed to improve the confidence of hospitalists to address spiritual concerns for patients with advanced cancer. Future investigations could include analyzing the impact on individual hospitalist referral rates to chaplaincy pre and post intervention. Training efficacy and reasons for lack of hospitalists' participation still needs to be determined.

References:

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