



Recognizing and Addressing Spiritual Concerns for Advanced Cancer Patients as Hospitalists

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Statement of the Problem

- Delivery of primary palliative care is in the realm of a hospitalist's role.
- The ability to address 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

Background/Literature Review

- Patients living with cancer frequently experience existential concerns, which has a negative impact on their health and total healing process.¹
- To assess spiritual conflict, one must understand the meaning of spirituality, how it pertains to the person and its effect on medical decision-making.³
- A 2011 study showed that among inpatients, 41% wanted to discuss religious/spiritual beliefs with someone while hospitalized, but only half did so.²

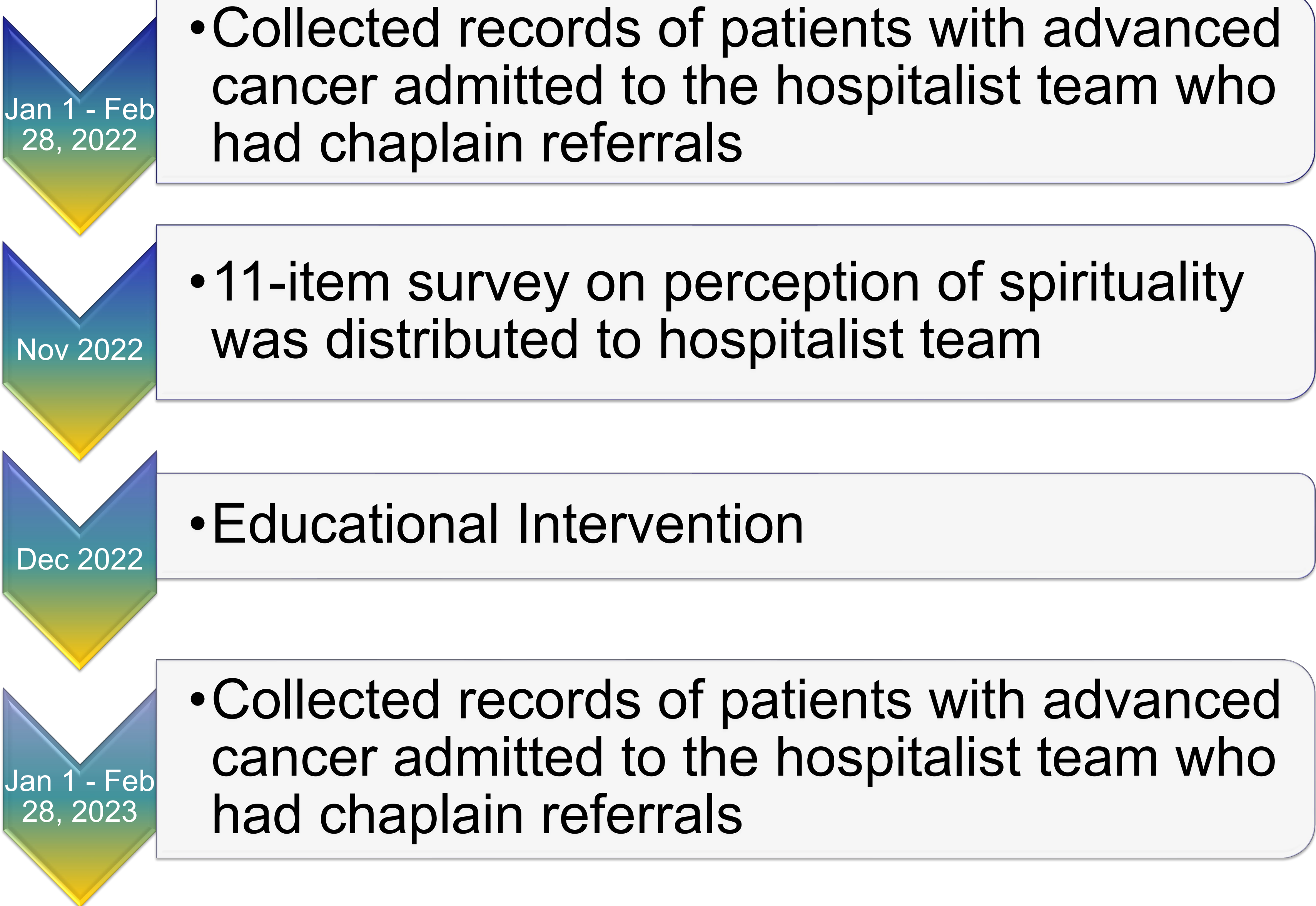
Purpose

- 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.



Methods

Design: Quality improvement project
Sample: Sixteen hospitalist team members - physicians and advanced practice providers.
Setting: Indiana University Health North Hospital
Data Collection and Analysis: Qualitative and Quantitative Data Analysis
Timeline:



Findings

- **Chaplain referrals:** 5.2% pre-intervention and 8.8% post-intervention. Statistical significance was not demonstrated ($p=0.621$).
- **Survey results:** 16/16 providers always or sometimes agree that spirituality influences health care practices and healing.
- 10/16 providers were motivated to improve practices on addressing spiritual concerns.
- Only 4/16 viewed the educational video.

Conclusions

- Although there was a small increase in chaplain referrals, increased training and support are needed to improve the confidence of hospitalists to address spiritual concerns for patients.
- 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.

Limitations

- Lack of participation by providers.
- Varying experience of providers.
- Inability of EHR to recognize patients as having advanced cancer if not listed as primary diagnosis.
- Inability for EHR to detect patients seen by a chaplain without a chaplain referral order.
- Timing of project hindered the ability to do a live educational session.
- The educational video focused on how hospitalists can engage in primary spiritual care assessment as part of primary palliative care. It did not address how, when, or why to place a chaplaincy referral.

Acknowledgements/References

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References:

1. Hvidt EA, Ammentorp J, Søndergaard J, Timmermann C, Hansen DG, Hvidt NC. Developing and evaluating a course programme to enhance existential communication with cancer patients in general practice. *Scand J Prim Health Care*. 2018;36(2):142-151. doi:10.1080/02813432.2018.1459235
2. Klitzman R. Doctor, will you pray for me? Responding to patients' religious and spiritual concerns. *Academic Medicine*. 2020;96(3):349-354. doi:10.1097/acm.0000000000003765
3. Ripamonti CI, Giuntoli F, Gonella S, Miccinesi G. Spiritual care in cancer patients: A need or an option? *Curr Opin Oncol*. 2018;30(4):212-218. doi:10.1097/cco.0000000000000454