

The 2013 Spiritual Caregiver Survey Report:

What Findings Mean for the Field

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Overview

In June 2013, the National Council of Hospice and Palliative Professionals (NCHPP) Spiritual Caregiver Section Steering Committee, with assistance from NHPCO's Research and Quality Team, performed a survey of spiritual care providers and their supervisors.

With 1047 participants, this survey provides a wealth of information regarding:

Overview

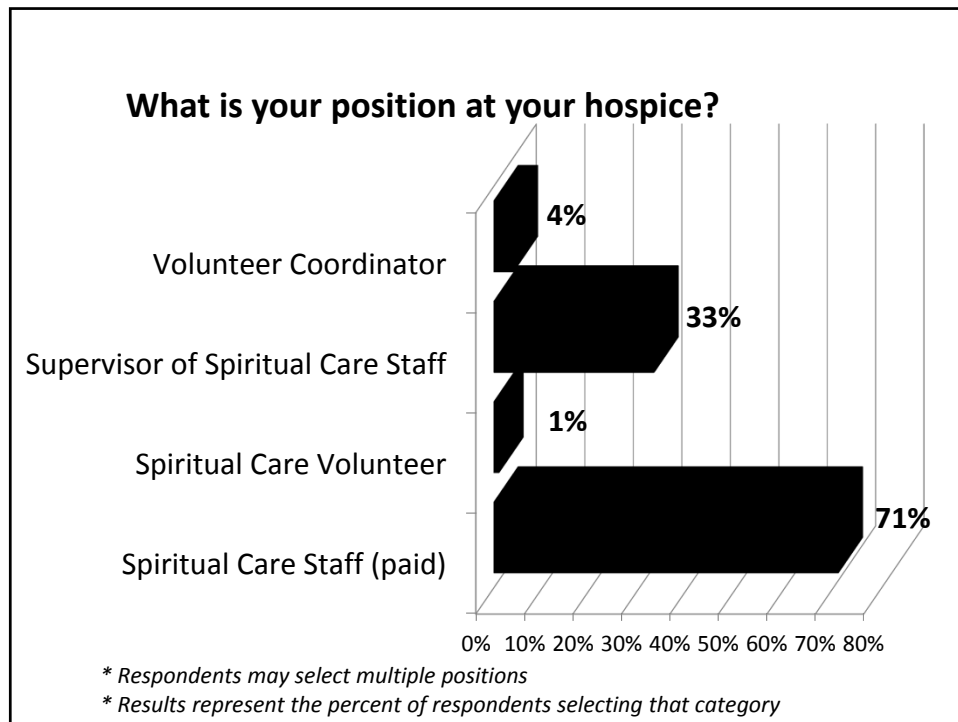
- 1) experience and qualifications of those providing spiritual care
- 2) sources of spiritual distress
- 3) interventions they are providing and
- 4) trainings they are requesting.

Overview

Review findings for each area

Discuss implications for the field

Discuss “take home” messages for agencies



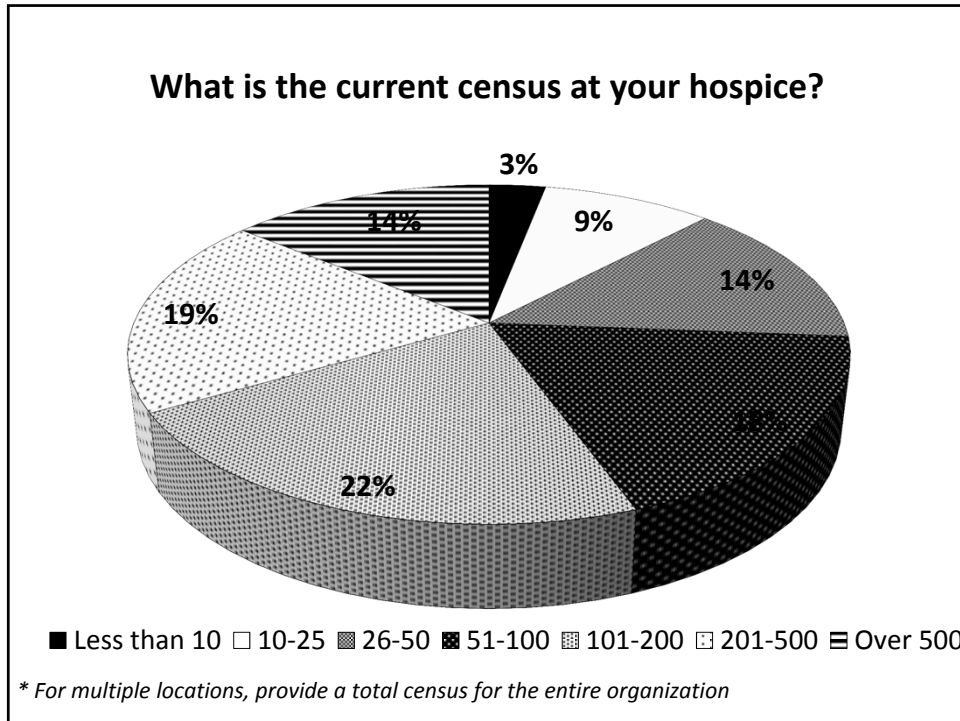
Demographics

Participants

N=1,047

71% Paid spiritual care staff

33% Supervisor



Demographics

Hospice Census

3% less than 10	9% 11 to 25
14% 26 to 50	18% 51 to 100
22% 101 to 200	19% 201 to 500
14% over 500	

Demographics

Geography

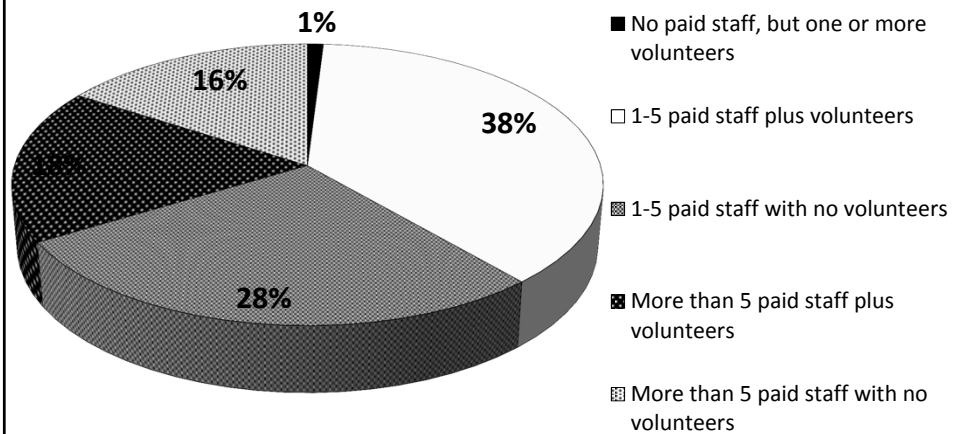
54% Both urban and rural

19% Mostly urban and/or suburban

18% Mostly rural

10% Large city

How many individuals are designated spiritual care providers/chaplains at your hospice?

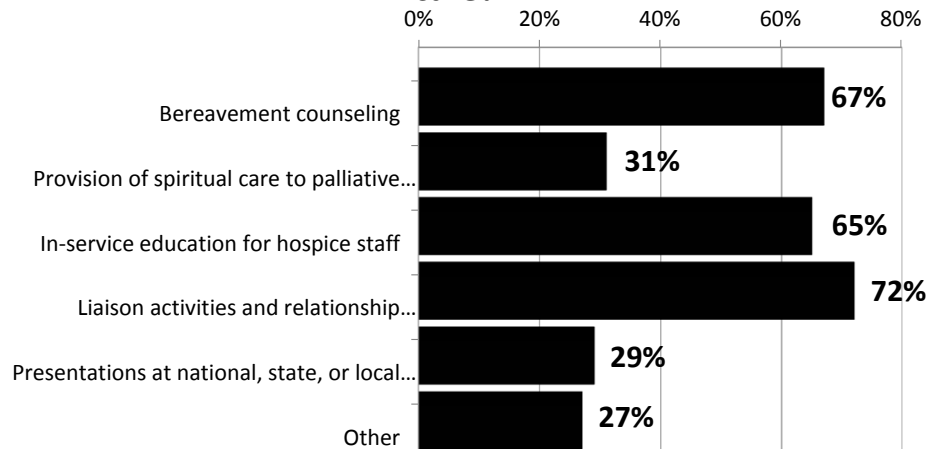


Demographics

<u>Paid Staff</u>	<u>Volunteers</u>	<u>%</u>
---	1 or more	1%
1 to 5	1 or more	38%
1 to 5	---	28%
More than 5	1 or more	18%
More than 5	---	16%

Little over half (57%) utilize spiritual care volunteers

What responsibilities do you have and/or services do you perform in addition to providing spiritual care?



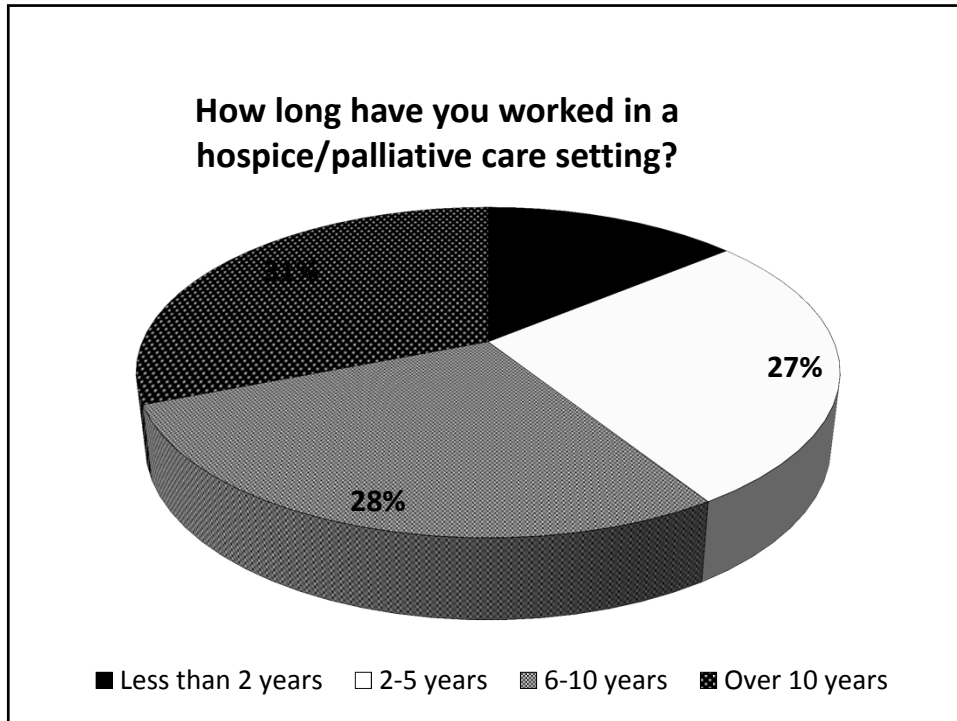
* Respondents may select multiple options

* Results represent the percent of respondents selecting that response

Demographic Overview

Roughly 2/3 spiritual care counselors...
from hospices w/ census= 130s-140s...
w/ 1-5 chaplains...
about 1/2 using volunteers...
mostly a mixture of rural and urban settings...
multiple hats: community liaison, staff support,
and bereavement counselor (plus spiritual care)

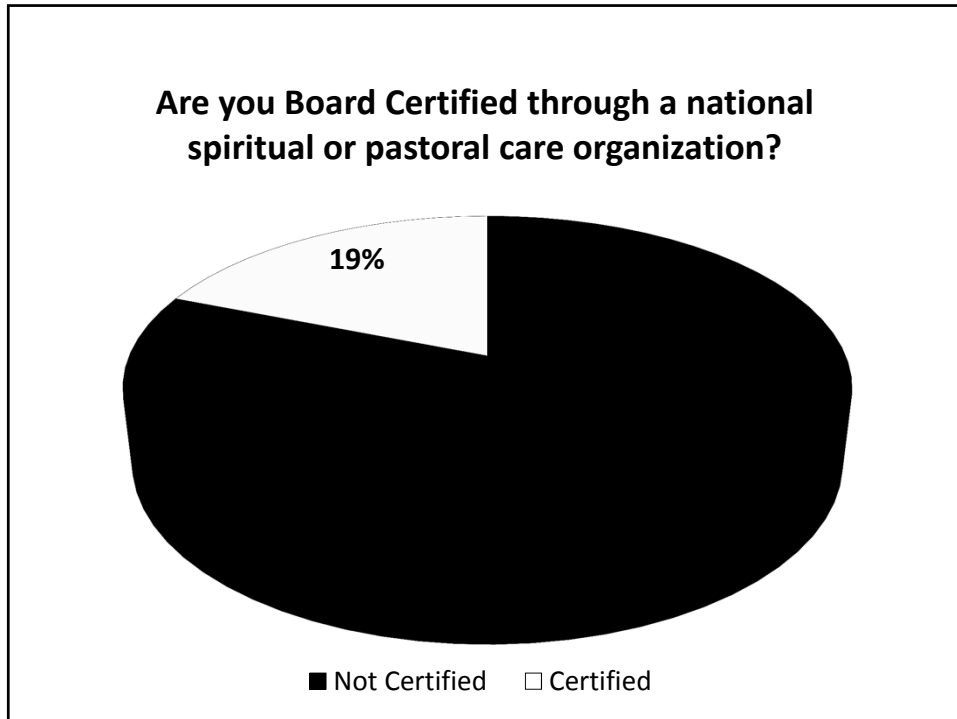
Experience & Qualifications...



Experience & Qualifications

Years of experience—Majority (59%) 6+ years

31%	Over 10 years
28%	6-10 years
27%	2-5 years
14%	Less than 2 years



Experience & Qualifications

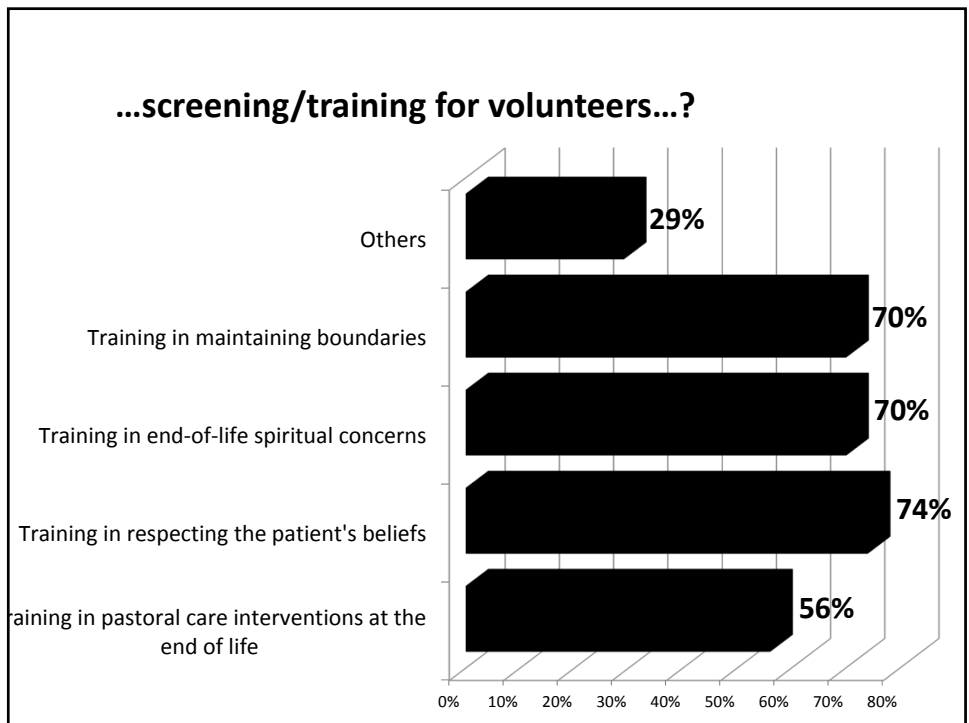
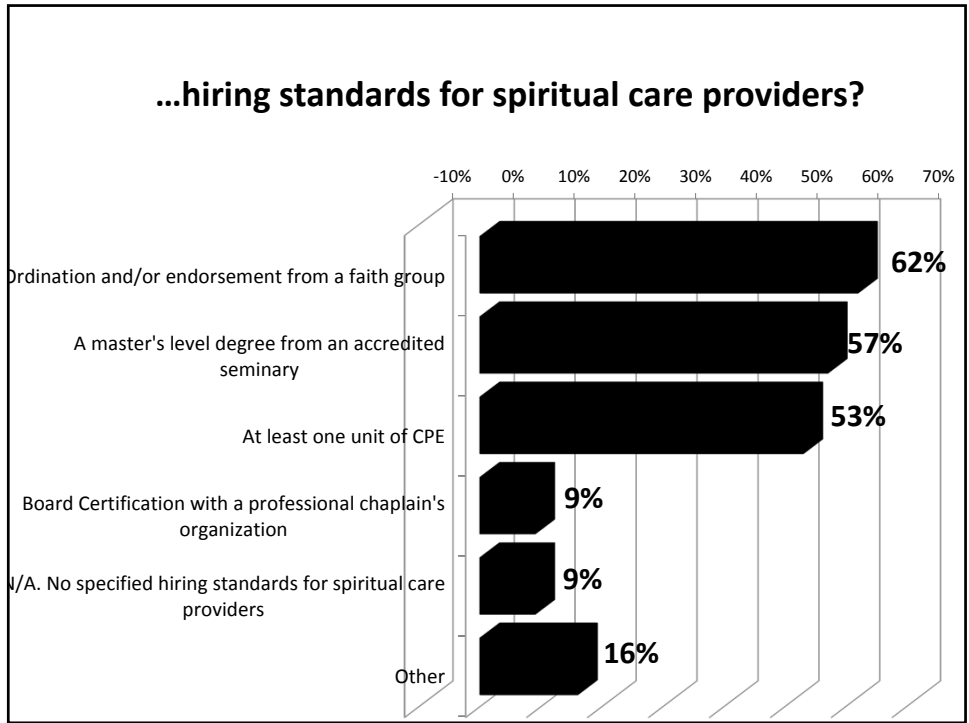
Years of experience—Majority (59%) 6+ years

Board Certification—19%

Similar to 2008 Survey numbers

56%—Association of Professional Chaplains

8% CPE Supervisors



Experience & Qualifications Overview

Years of experience—Majority 6+ years

Board Certification—19%

Graduate-level education—82%
(52% M.Div. 14% Doctorate)

Denominational endorsement or equivalent—71%

Experience & Qualifications Overview

Highly educated and experienced; surpass hiring standards

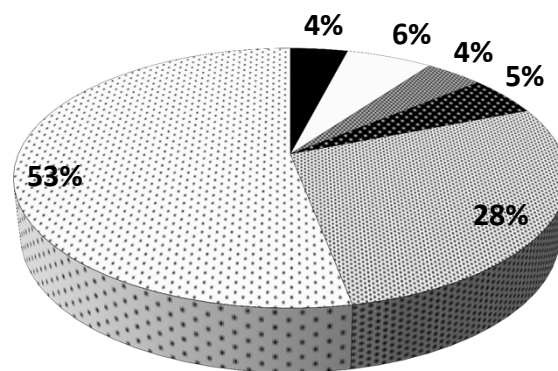
Selection bias?

Better access to clinical training needed

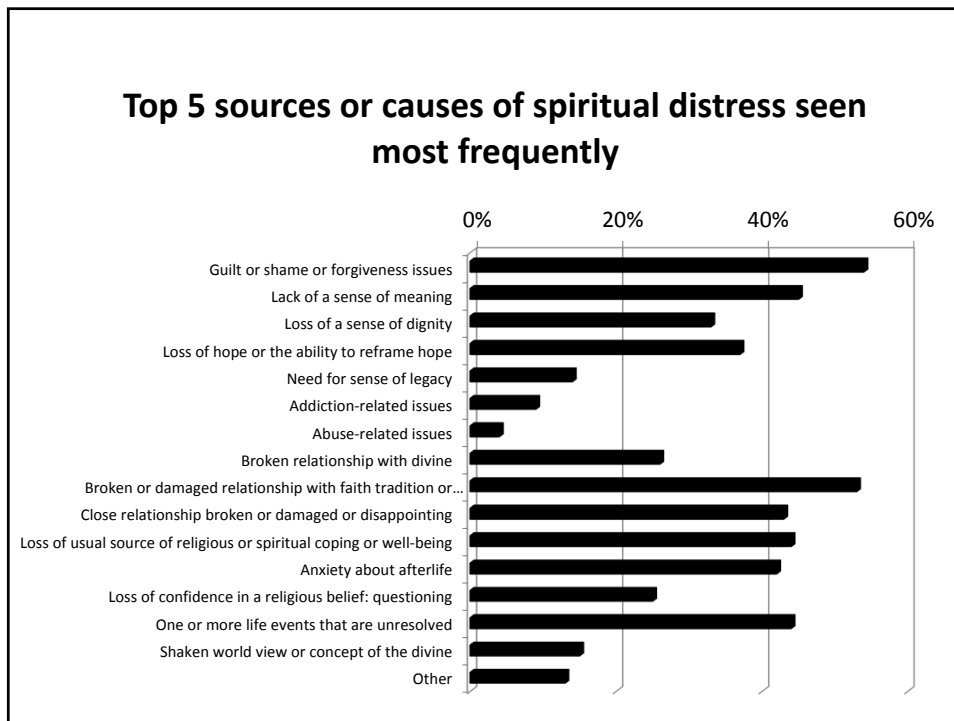
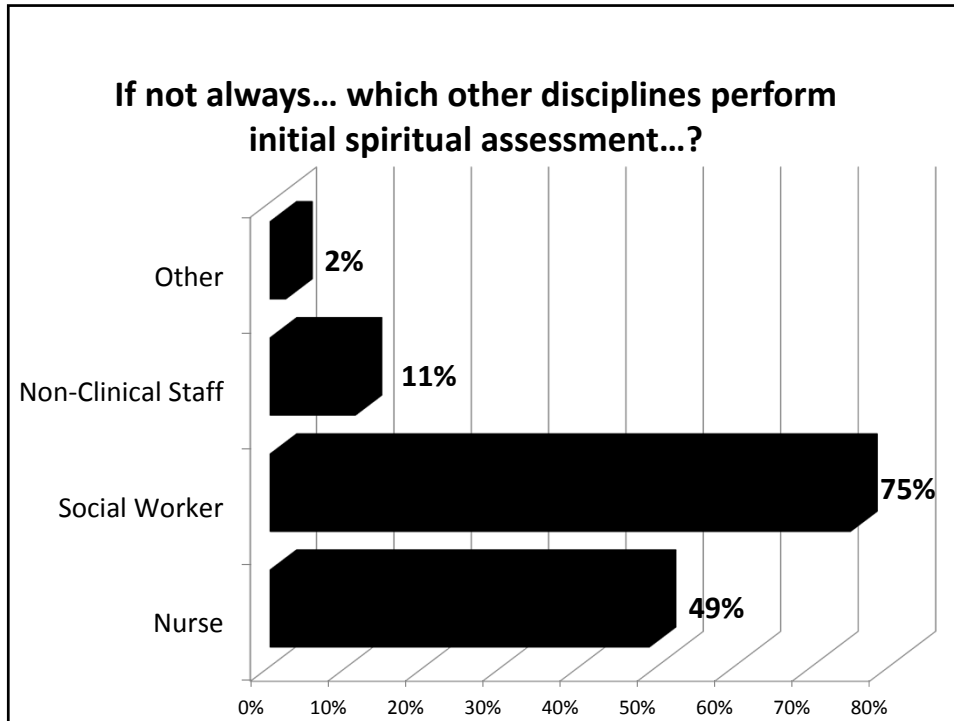
Vast improvements needed in training volunteers

Sources of Spiritual Distress...

...how often initial spiritual assessment performed by a spiritual care provider/chaplain?



- Never (0% of assessments)
- Rarely (between 1-25% of assessments)
- ▨ Sometimes (between 26-50% of assessments)
- ▩ Frequently (between 51-75% of assessments)
- ▤ Usually (between 76-99% of assessments)



Sources of Spiritual Distress

- 1) Guilt / shame / forgiveness issues 54%
- 2) Broken or damaged relationship with faith tradition or community 53%
- 3) Lack of a sense of meaning 45%
- 4) Loss of usual source of religious or spiritual coping or well-being 44%
- 5) One or more life events that are unresolved 44%

Sources of Spiritual Distress

- 6) Close relationship broken or damaged or disappointing 43%
- 7) Anxiety about afterlife 42%
- 8) Loss of hope or ability to reframe hope 37%
- 9) Loss of a sense of dignity 33%
- 10) Broken relationship with divine 26%

Sources of Spiritual Distress Overview

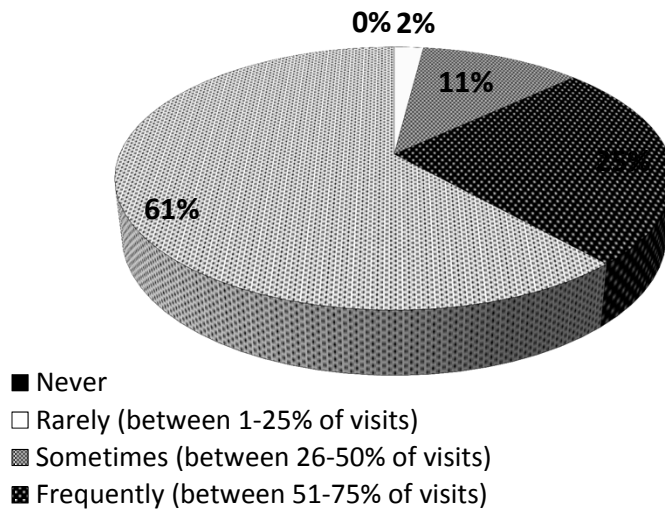
Explore reasons for other professionals
assessing spiritual care

Provide “elevator speech” to help other
disciplines adequately explain spiritual care

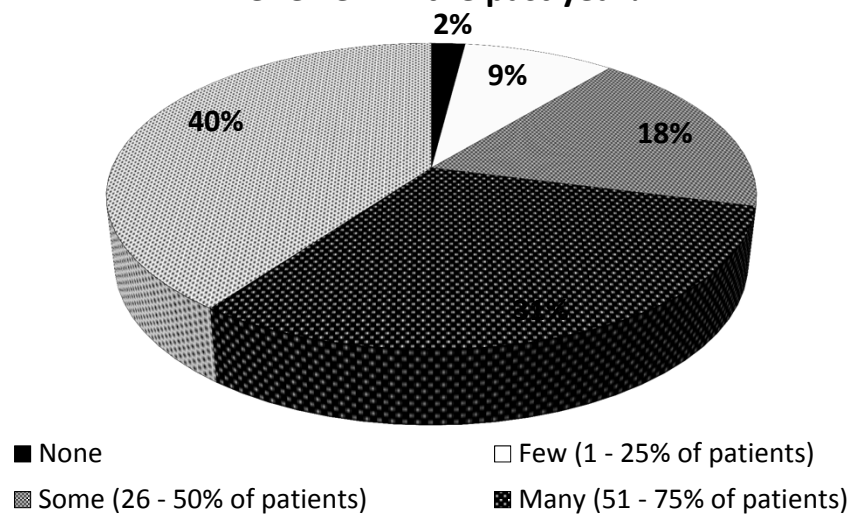
Wide variety of delicate issues requires skilled
professionals for competent intervention

Interventions...

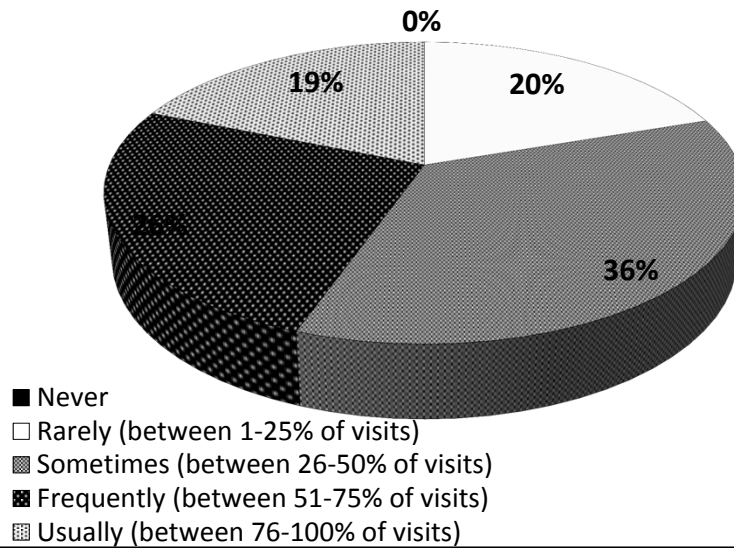
Over the past year, how often did you pray with the patient/family during a visit?



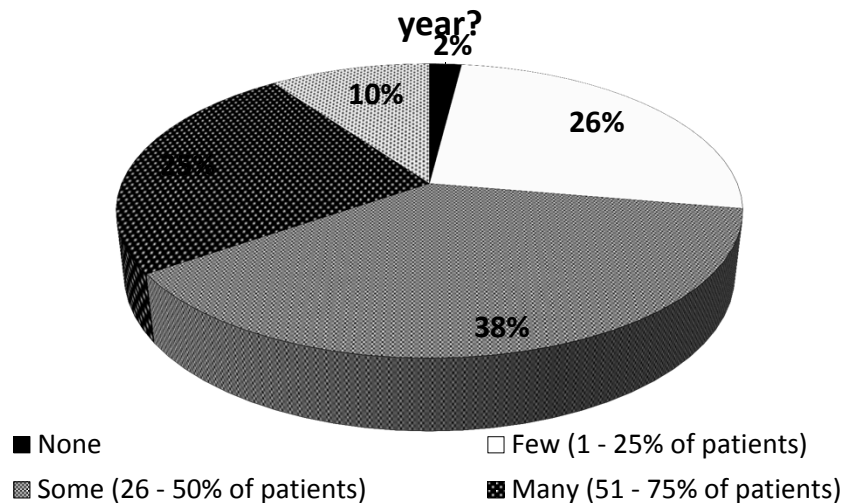
Among those who are able to converse, how many of your patients did you help facilitate a life review in the past year?

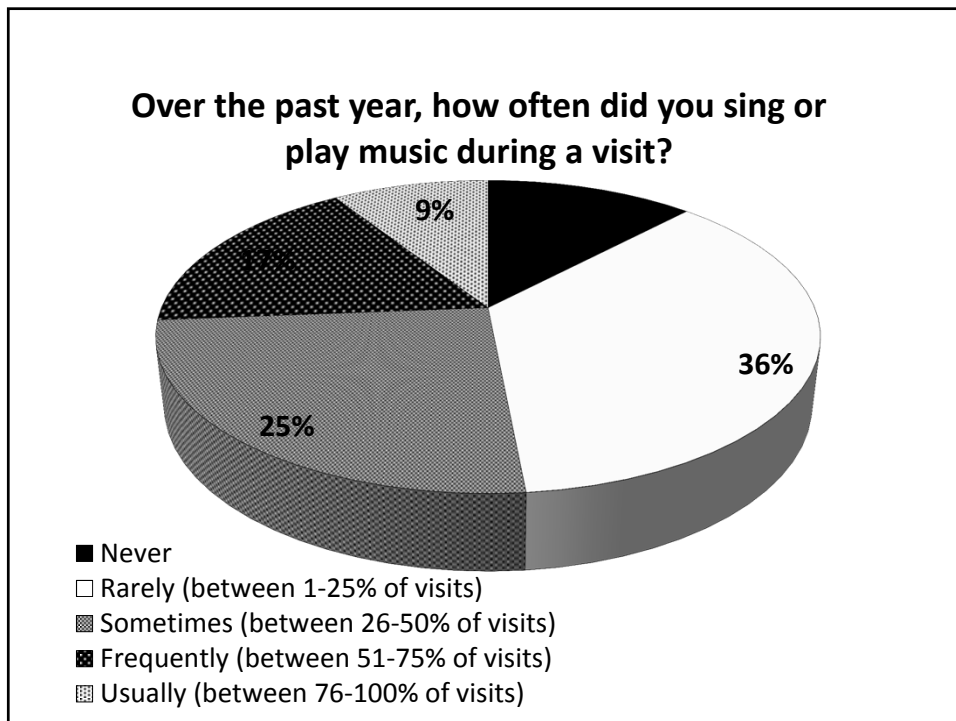
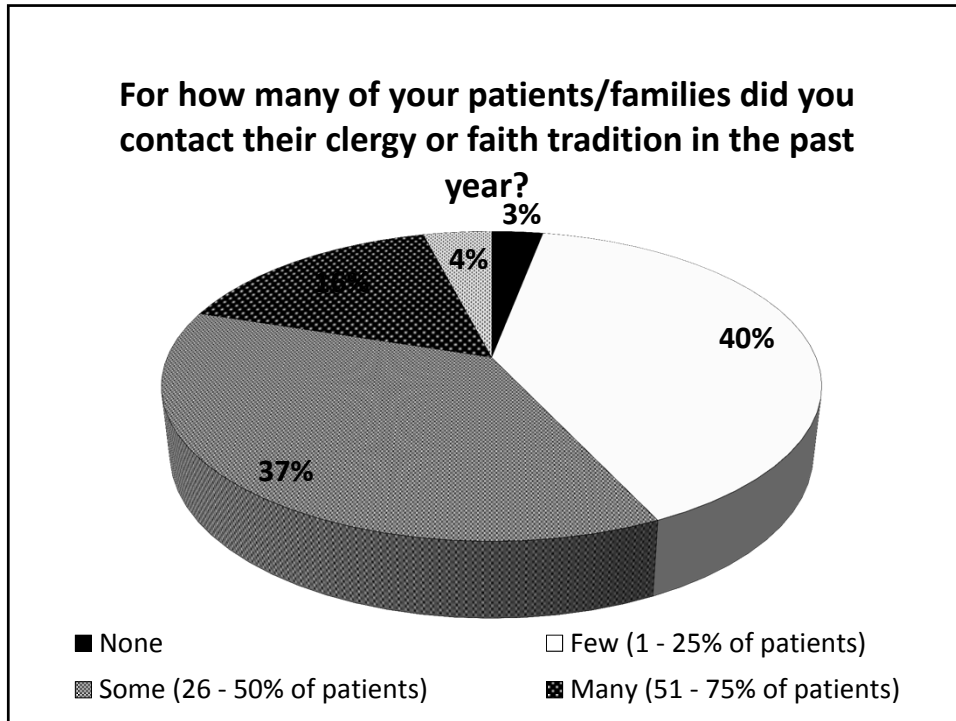


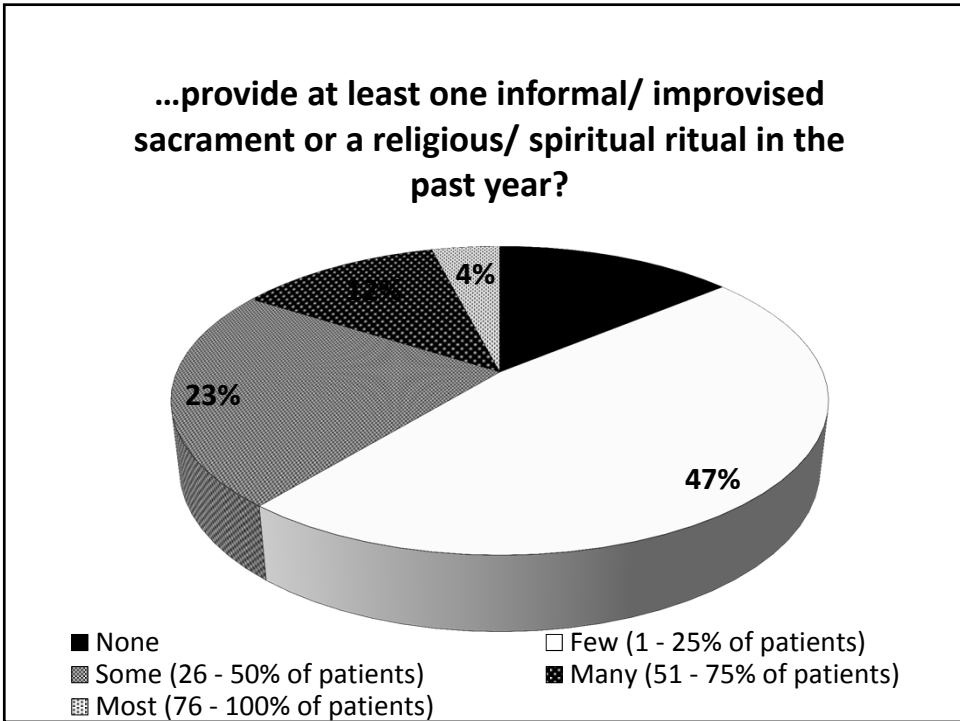
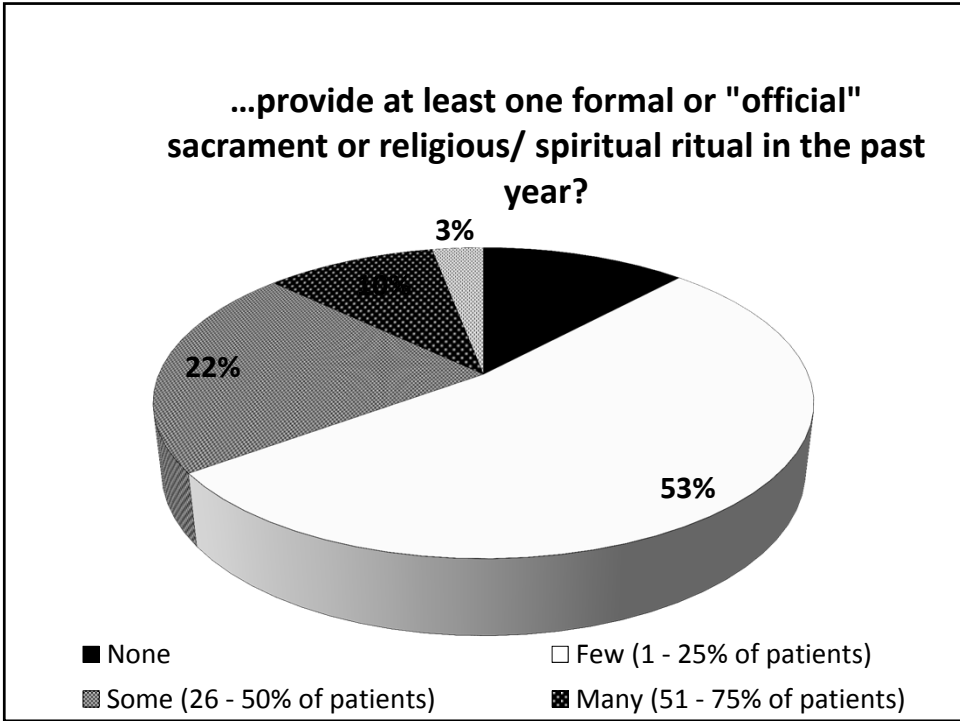
Over the past year, how often did you read scriptures or other literature during a visit?

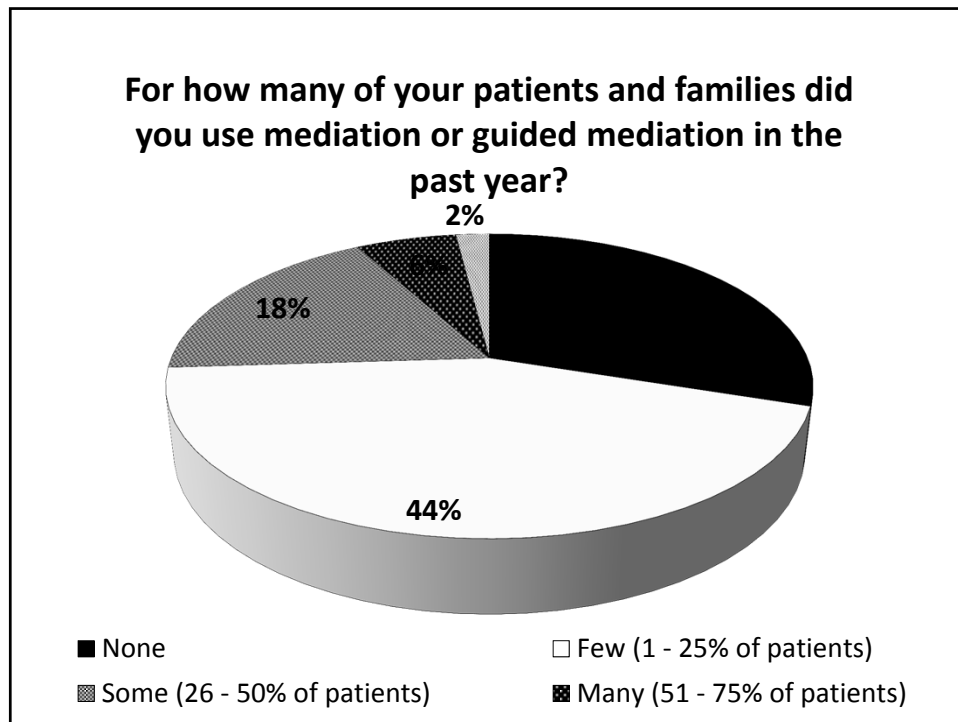


For how many of your patients/families did you help facilitate either family or family/team conversations about difficult topics in the past year?









Interventions Overview

Prayer (Usually 61%)

Life review (Usually 40%)

Reading of scripture/literature (Sometimes 36%)

Facilitating difficult conversations (Sometimes 38%)

Contacting pt's clergy or faith group (Rarely 40%/Sometimes 37%)

Singing or playing music (Rarely 36%)

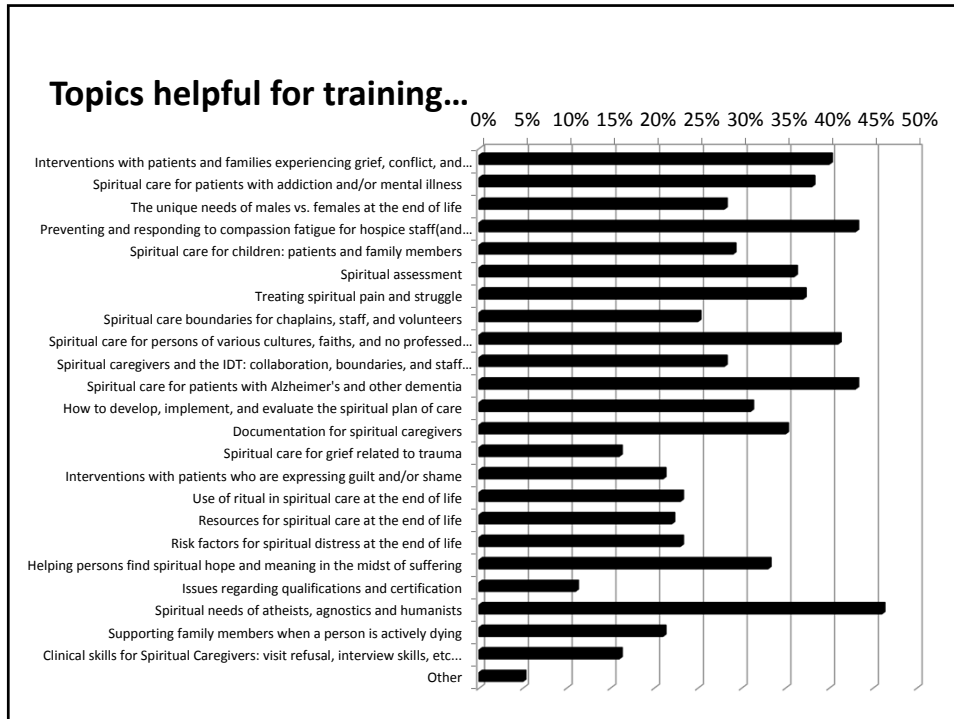
Interventions Overview

Allow space (caseloads, frequencies, hats & roles) for spiritual care counselors to provide adequate care

Encourage full participation with IDT/IDG

Orient other professionals to critical role SCCs may play in challenging cases

Requested Trainings...



Requested Trainings

Spiritual needs of atheists, agnostics, humanists 46%

Preventing/responding to compassion fatigue for staff and self 43%

Spiritual care for patients w/ Alzheimer's and other dementias 43%

Spiritual care for persons of various cultures, faiths, and no professed faith 41%

Requested Trainings

Interventions w/ patients and families
experiencing grief, conflict, and anger 40%

Spiritual care for patients with addiction and/or
mental illness 38%

Treating spiritual pain and struggle 37%

Spiritual assessment 36%

Requested Trainings

Documentation for spiritual caregivers 35%

Helping persons find spiritual hope and meaning in
the midst of suffering 33%

How to develop, implement, and evaluate the
spiritual plan of care 31%

Spiritual care for children: patients and family
members 29%

Requested Trainings

Spiritual caregivers and the IDT: collaboration, boundaries, and staff support 28%

The unique needs of males vs. females at the end of life 28%

Spiritual care boundaries for chaplains, staff, and volunteers 25%

Requested Trainings Overview

Assume diversity in patient and family needs

Allow space for spiritual care of staff, and SCCs!

Do not underestimate role of SCCs in supporting patients, families, and staff re: dementia, conflict, ethical dilemmas, etc.

Provide extra support for documentation

What does it all mean...?

What surprised you?

What impressed you?

What concerned you?

What would you like to know more about?

Take Homes...

Review hiring and training standards for SCCs/Vols

Advocate for/seek out better access to clinical training

Provide “elevator speech” to help staff explain SCCs

Review spiritual care assessment model

Encourage full participation with IDT/IDG

Take Homes...

Wide variety of delicate issues require skilled professionals for adequate intervention

Assume diversity in patient and family needs

Allow space (caseloads, frequencies, hats & roles) for spiritual care counselors to provide adequate care

Orient other professionals to critical role SCCs may play in challenging cases

Take Homes...

Allow space for spiritual care of staff, and SCCs!

Provide extra support for documentation

Share results with staff

Request state org provides trainings

Support your SCCs in developing trainings

Support professional development access (NCHPP?) for SCCs

Take Homes...

Others...?