



2005 Grant Recipient

It is with pleasure that the Foundation Boards awards Iryna Soluk-Figol \$2,000.00 to complete the research project on Spiritual Care Patient Satisfaction. Congratulations to Mrs. Soluk-Figol as we look forward to the results of your survey.

Research Project Details:

Name: Spiritual Care Patient Satisfaction Survey

Time Frame for Research Project: 15.5 months

Research Project Director: Iryna Soluk-Figol

Title: Staff Chaplain

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1. a . Statement of the research topic and how it relates to the Mission and Goals of CAPPE:

The goal of the 'Spiritual Care Patient Satisfaction Survey' is to provide concrete documentation reflecting patients' response to the services provided by the Spiritual Care Department at St. Michael's Hospital. This will help us to monitor professional practice and to evaluate the work of the department. This survey will be one of very few performed in Canada, and it will provide us with data that can

be integrated in future studies and reflections. It is our intention to share the results of this survey with the CAPPE community.

b. The Spiritual Care Department is an integral part of the healing and teaching ministry of St. Michael's Hospital. We are committed to a multi-faith approach that effectively meets the spiritual and religious needs of the patients, their families and the staff of SMH.

Our team consists of 7 chaplains: Jan Kraus [manager], Catherine Walther, Patricia Maltby, Beverly Hearty, Peter Thompson, Toni Delabbio, Iryna Soluk-Figol [Principal Investigator], and an administrative assistant: Lynn Tavares. For more information about St. Michael's Hospital, please visit www.stmichaelshospital.com .

2. Background to the research (previous research, current issues etc)

A similar survey has already been performed in the U.S. and Canada by a leading researcher in the area of spiritual care, the Rev. Dr. Larry VandeCreek. However, Canadian scores were excluded, because they differed greatly from the U.S. responses.¹ The results of this survey were published and well received within the hospital chaplains' community². We have received written permission from the Rev. Dr. Larry VandeCreek to use any part of his research³.

3. Objectives of the Research

- To gather concrete documentation which will show how spiritual care services in a hospital setting improve patients' satisfaction and well-being, and aid in the recovery process.

4. Goals of the Research

¹ VandeCreek, Larry and Lyon, Marjorie A, Ministry of Hospital Chaplains: Patient Satisfaction, Binghamton, NY: The Haworth Pastoral Press,1997, p.16.

² Ibid

³ see attached letter

- To participate in the hospital wide movement of improving patient satisfaction.
- To study and use the results to assess Strengths, Weaknesses, Opportunities and Threats (SWOT process), to enhance the delivery of high quality spiritual and religious care to SMH clients and staff.

5. Research Methodology

During a 10 month period, each patient or a family member who has been cared for by a chaplain will receive a brochure describing Spiritual Care Services and mentioning the possibility that the patient or family member might be contacted in the future as part of a survey. At this time, if any patients or families ask not to be included in a future survey, their wishes will be respected. Otherwise, on a weekly basis, the chaplains working within the Spiritual Care Department will submit a list of patients or families to whom they have provided care (for 10 minutes or more) to the Principal Investigator (PI). At the end of a nine month period, the PI will be responsible for choosing 725 subjects to participate in the survey, using the standard randomization method. These subjects will receive a copy of the 'Patient Satisfaction Survey', together with a postage-paid pre-addressed envelope.

The Patient Satisfaction Survey will be comprised of four parts:

1. An information letter.
2. A comprehensive array of 45 questions, which will include questions about how the chaplain functions, and invite participants to respond to their experience of the chaplain's work;
3. 15 demographic or background items which will describe the patient who evaluated the spiritual care;

The fourth part of the survey will invite the patient or family to write narrative comments about their experience with chaplains.

6. Research Time Line

- 1) Start collecting data: 1 July 2004

- 2) Finish collecting data: 1 May 2005 or when 2250 participants have been identified, but no later than 1 July 2005
- 3) Send out letters by: 15 July 2005
- 4) Wait 4 weeks for response and start analysis by 12 August 2005
- 5) Complete analysis by 26 August 2005
- 6) Present analysis to the Department within a week.

7. Ethical guidelines to be followed

Ethical guidelines of the Toronto Academic Health Sciences Committee (TAHSC), as well as the guidelines of St. Michael's Hospital Research Ethics Board will be used.

8. Evaluation Procedures for the Research

The data will be received directly by a contracted research analyst. In order to prevent data contamination, a non-chaplaincy related analyst will be hired. The Likert scale will be used, with the addition of a 2.5 margin for the n/a responses. The research analyst will also use analysis of variance (ANOVA) to provide information on particular variables that might influence the scores. The survey contains 15 background questions. Only those that demonstrate a significant relationship when screened one at a time will be used. The screening will be done by placing a variable in a subscale ANOVA only if the results indicate that there will be 1:100 or less chance ($p \leq .01$) that the relationship is random. The research analyst will send the results of the analysis to the PI, who will present them to the Spiritual Care Department. The results will be studied and used for assessing Strengths, Weaknesses, Opportunities and Threats (SWOT) for the delivery of high quality spiritual and religious care to SMH clients.

9. Dissemination of findings

After the analysis of the study is completed, we plan to publish its results in the form of an article. We also plan to make a hospital-wide presentation, and to present our findings at different conferences. We will present the analysis of the

survey, including tables and percentages, as well as our plans to address issues which have been raised by people who participated in the survey.

10. Primary Researcher

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