

*St. Michael's Hospital
Spiritual Care Department
Patient Satisfaction Survey, Pilot Study*

Background:

Patient satisfaction is an important benchmark in evaluating the services we provide. Previous SMH surveys rarely included specific questions about spiritual care provided to the patients. We designed this research project to elicit more precise feedback from patients and families, to determine what we are doing well, and where we can improve from their perspective. We need this information to assess current practice, and to ensure the effective provision of spiritual care.

We began this process in September 2003. None of our staff were experienced in the design and execution of research projects. We did a literature search, and discussed what we hoped to learn from our survey, our priorities and our options. We relied heavily on previous research done by the Rev. Dr. Larry VandeCreek¹ With his permission, we decided to use his work as a blue print for our own survey, adjusting as needed to reflect the particular nature of St. Michael's Hospital. This is the first time this type of research has been done in Canada.

We applied for a TIP grant (The Intrapreneurship Program, St. Michael's Hospital) in December 2003, and were awarded \$1000 for our project. We worked closely with the Research Ethics Board (REB) to define and refine our study protocol, and in July 2004, we received permission to proceed with the survey. We also applied for funding from CAPPE / ACPEP (Canadian Association for Pastoral Practice and Education), and received a grant of \$2000 dollars in June 2005.

Process:

Initial protocol was as follows:

Beginning in September 2004, when most of our staff had returned from summer vacations, we started notifying the patients we visited that they might be contacted as part of a survey. In order to do this in a consistent way, we put neon green stickers on our Spiritual Care brochures, informing them about the survey, and the possibility that they would be contacted at a later date, to assess the care that we provided.

We presented these brochures to each patient or family member that we saw for at least 10 minutes. Each chaplain provided the Principal Investigator with these names and addresses, and she assembled a list.

The REB directed us to collect 2,000 names, from which we would randomly select 250 names to participate in the survey. However by May 2005, we were still short a large number of names, and with the approval of the REB, we revised our protocol, and in the middle of May 2005, sent surveys to all 1,000 patients whose names we had collected.

Each person received a letter explaining the survey and its purpose, along with contact information. Because of the possibility of a strong emotional reaction to the survey, under the guidance of the REB, we included information on how to get in touch with mental health services, if needed.

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

***St. Michael's Hospital
Spiritual Care Department
Patient Satisfaction Survey, Pilot Study***

The survey itself comprised three parts: the questionnaire assessing spiritual care, space for any optional comments, and a section with demographic questions. We included a self addressed stamped envelope to encourage response.

We allowed one month for responses. During that time the Principal Investigator received 18 calls from patients and their family members. Some callers wanted to thank us in person for the care provided in the hospital; one was trying to arrange for out-patient follow up; six callers wanted to notify us about the death of their loved one; and some wanted clarification of the questions.

By the end of the month we had received 102 letters which were analyzed by a research analyst hired specifically for this project. We continued to receive responses after the cut-off date. These were not included in the survey results.

Our one-month response rate was 10.6%. We believe that a number of factors contributed to this low response rate, especially the extended period of time between the hospitalization and the survey. Future surveys must address this.

Results:

Our data was analyzed by a research analyst hired specifically for this project. We have attached a copy of these results.

Respondents' experience of spiritual care was primarily positive, and in fact 89% of responders said that they would recommend this hospital to [their] friends and family based on their experience with the chaplain. Only 2% would not make such a recommendation.

Contrary to popular fears about asking a person's religious status 91% of respondents answered this question, with 85% identifying with an organized faith group. Respondents strongly agreed that the chaplain's interventions were a comfort, helped them feel more relaxed, and gave them strength to go on. The chaplain's ministry helped them recognize their strengths, and use their faith or beliefs to cope with their worries or concerns. Most respondents strongly agreed that the chaplain's prayer was meaningful.

A number of respondents chose to provide written anecdotal feedback:

My father felt comforted by the presence of the ministers. Their approach was sensitive and very humane. He simply enjoyed their company and their visits made a real difference. In his words: "it is very good for my morale." He was very, very pleased with the spiritual, emotional care provided by the Spiritual Care Department. Keep up with the good work. Although my father is very frail, he insisted that we help him fill out each question on this survey!! Thank you from my father and our family.

The chaplain was a silver lining in a dark situation. Without his help and guidance, my uncle's death would have been much harder to cope with. Thank you St. Mike's for having such service available.

On a personal note, [the chaplain] is worth his weight in gold. He stood by us in the most devastating time of our lives.

St. Michael's Hospital
Spiritual Care Department
Patient Satisfaction Survey, Pilot Study

What the research project also showed based on the evidence collected and then analyzed is that:

- 1) The chaplain's supportive ministry provides spiritual care to patients while at SMH through empathetic and active listening, helping them to face difficult issues and a future that is uncertain.
- 2) The chaplain's ministry which helps patients cope also contributes to their healing. Patients and families reported that the encouragement and help of the chaplain in addressing their feelings of guilt, stress, grief, and loss helped them recognize many of their strengths, and the positive events they had already experienced in their life. They expressed the belief that this helped them face difficult decisions regarding their health and their overall well-being.
- 3) The chaplain's ministry to private concerns and acceptance by the patient shows that patients feel chaplains understand, are willing to spend time, and are very professional in their approach to a patient's personal life. The patients felt that chaplains through their compassionate care-giving and understanding provide the patient with a trusting and safe environment when they are revealing intimate details of their life.

Mind, body and spirit are all significant facets of our humanity. Institutions such as SMH that pay special attention to the spirituality of a person, recognize the value and importance of a patient's spiritual dimension in the healing process. This research project shows that in the health care setting, the role of the professional chaplain is an essential service. Patients report that the chaplain's visit contributed to their healing and recovery.

Many people when entering a hospital either do not inform their religious community of their admission or do not have a religious community that they can turn to for the spiritual support they now want. This is when the professional chaplain can have a significant impact on the health and well being of the patient. The voice of the chaplain must be included in the interdisciplinary team. Professional chaplains, through their extensive education and life experience, help the patient find meaning and value in their life. Serious illness brings about fear and loneliness, which generates spiritual crises that require specialized spiritual care. The chaplain is trained and equipped to address the spiritual issues which affect the healing process.

Patients are only one group of beneficiaries of an active chaplaincy. Families and friends also reported that the support given by the chaplain alleviated some of the discomfort and stress they went through while visiting someone in the hospital institution.

Conclusions:

The survey results, and the lengthy written anecdotal evidence provided by many of the people who responded, have given us ample feedback. We are using this feedback to improve several aspects of our practice, including patient care, electronic charting, the education of staff and the education of chaplain interns. It will also be valuable in the design of further research projects.

Before the analysis and reporting could be completed, the project was interrupted by an unanticipated absence and later by an extended leave of the Principal Investigator. This report has been prepared by other members of the Spiritual Care Department. For more information, please contact the Spiritual Care Department, the Rev. Jan Kraus, manager.