



The Critical Role of Spirituality in Patient Experience

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**T H E B E R Y L
I N S T I T U T E**

Improving the Patient Experience

THE BERYL INSTITUTE

The Beryl Institute is the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge. We define patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.



HealthCare Chaplaincy Network™ is a global health care nonprofit organization that offers spiritual-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Its mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to increase patient satisfaction and help people faced with illness and grief find comfort and meaning—whoever they are, whatever they believe, wherever they are. HCCN has been Caring for the Human Spirit® since 1961.

Why Spirituality is Key to Experience Excellence

At The Beryl Institute, we believe a critical role we play is not only reinforcing the core of the patient experience conversation but also stretching its boundaries. As the historical roots of this conversation have grown from patient rights and advocacy to service excellence and now experience, we have reached a critical point in the conversation of the healthcare experience that in many ways has returned us to the fundamentals of humanity ingrained in healthcare itself.

If we agree that healthcare is primarily grounded in human beings caring for human beings, and we acknowledge that whether planned for or not, that as human beings we have an experience in every healthcare encounter then we have a broad reaching and significant opportunity. That being said we must be willing to focus on addressing the individual in every care encounter and at every point on the healthcare continuum. We must look beyond the technicalities that drive clinical intervention, yet rest at the heart of our efforts to provide the best in outcomes, to address the human experience that traverses the greater healthcare journey. We too must then recognize that this human experience is not just on the patient, family or consumer side but is deeply significant for those who provide care or support the system every day.

With this in mind we sought out to explore what touches us deeply at our core in healthcare. How do we get beyond body and its ills and opportunities to the mind and spirit that accompany it? In this light, there was and is no more significant opportunity to explore than that of how spirituality influences and is influenced by healthcare today. When we speak of spirituality, we do not mean to suggest this is solely about religious belief, though for many it is strongly grounded there. Rather we look broadly to the values, hope and dreams, concerns and fears that collectively accompany an individual on a care journey. It is for this reason we believe in all we have seen and as much data has begun to show that spirituality is key to experience excellence.

In collaboration with HealthCare Chaplaincy Network (HCCN) and inclusive of voices representing many of the professional chaplaincy organizations, we looked to explore this issue from the voices driving this work in healthcare today. While we know there is much more work to be done on this topic and many more perspectives to be engaged as we expand this dialogue such as what spirituality means directly to patient and family members or to those providing care across care settings, we focused this initial inquiry on those working on bringing the ideas of spiritual care to the forefront in their daily work via this paper.

Our hope is that it sparks a conversation on the true breadth of issues sewn together in the healthcare experience. If we come back to the essence of the human, of the individual in the healthcare encounter, then this is a conversation worthy of continued exploration and dialog, so we hope you as reader take this as a doorway to broader and further reaching discussion.

We open the paper with a thoughtful commentary from Rev. George Handzo, currently Director, Health Services Research and Quality, HCCN and a former president of APC, who begins to tie all the pieces of this puzzle together. His quick survey of the research and data support a comprehensive focus on spiritual care and the results it is seen to drive across the range of desired outcomes in healthcare. When you see the clear links then to the broader experience people have in healthcare we begin to realize the true impact this focus can bring to healthcare overall.

The paper captures the thoughtful voices of individuals across the spectrum of chaplaincy and spirituality in healthcare as they look to address and engage in this as a critical topic for action. In

a series of core questions we look to frame an initial picture and call to action for how this critical work is seen as not at the edges of the experience conversation but a critical consideration at the core of the experience movement overall. From reflections on purpose to a statement of value and recommended actions the Contributors in this paper help to shed light on this important topic. Much of it is left to their words directly. Within their statements and stories a powerful opportunity is revealed.

When we are willing to see patient experience as something encompassing all a patient, family member or provider of care encounters in the healthcare system, we set the stage for a radical shift in our thinking. For all our desired outcomes in healthcare, from clinical and financial to customer/brand loyalty and community reputation, we can trace back to one foundation – the experience we provide or have. When we touch on the essence of humanity at our core – the very spirit that accompanies the body in each care encounter, we reveal boundless opportunities to positively impact the overall health of each individual and the communities we serve. Thank you to the voices of the committed professionals you are about to meet, and here is to joining them in expanding this important conversation.

Jason A. Wolf, PhD
President
The Beryl Institute

Guest Commentary

Intuitively, many healthcare institutions assume that caring for the spiritual and religious needs of patients and caregivers will contribute to patient experience. While the contention that people in the U.S. are less religious is still used as a reason to discount the need for spiritual care, at least in the healthcare setting, the importance of spirituality and religion as a preferred coping strategy for most people is well established especially at the end of life.¹ Many hospitals have partnered chaplaincy and patient experience or even put chaplains in charge of patient experience.

And yet, spiritual care and chaplaincy care remain seriously underutilized in helping to improve patient experience. Why? In part, many of the beliefs about integrating spiritual care in healthcare still exist. “Patients don’t want healthcare professionals to integrate spiritual care.” “People who are religious all have their own faith communities to take care of them.” “There is no evidence that attending to spiritual care improves patient outcomes.”

Up until only a few years ago, there was little or no evidence to suggest that any of these views were indeed false. However, today there is plenty of evidence to suggest that all of them are false.

One study found that many more inpatients desired conversations with their caregivers about religion/spirituality than had them and those who had these conversations rated the hospital higher on several patient satisfaction measures even if they didn’t ask to have the conversation.² Another study found that over half of the patients sampled wanted their religion and spirituality taken into account in their care.³

While many patients do have very supportive faith communities who help them cope, the study first mentioned above also found that 42% of patients in this sample said their spiritual needs were not being met by their faith communities. It is also true that while religion and spirituality are important to people, fewer are affiliated with organized faith communities.

The largest explosion in the literature in recent years has come in the area of the relationship of spiritual care to healthcare outcomes. The positive effect of spiritual care for both patients and families on patient satisfaction scores is now clear with a recent study finding significant correlations between chaplain visits and patient experience and HCAHPS scores.⁴ Chaplains help patients align their care plans with their values and promote a culture of respect and dignity, both of which are associated with better patient satisfaction and reduced use of aggressive care at the end of life.⁵ There is also evidence of a beneficial association between spiritual activities and patient anxiety.⁶

Thus, it is now clear that meeting spiritual needs and supporting religious and spiritual coping can be a major contributor, not only to patient experience, but also to medical outcomes and cost savings. Yet, this resource remains underutilized. Certainly, the evidence for spiritual care is still largely unknown. There is also a major gap in the research itself. The last major review of this research concluded that, while the generalities were now known, the particulars of best practice for particular populations in particular settings needed to be further studied.⁷

Much more work needs to be done on gathering, testing and disseminating best practices in leveraging spiritual care. We need greater focus on applying the research findings in practice. Our experience in other areas is that there are a lot of spiritual care providers out there doing very effective work but that work is never disseminated for others to try and for patients to benefit. This collaboration between The Beryl Institute and HealthCare Chaplaincy Network is one effort to bridge that gap.

Rev. George Handzo, BCC, CSSBB
Director, Health Services Research and Quality
HealthCare Chaplaincy Network™

The Voices of Spiritual Care

Framing the Conversation

Central to addressing the issue of spirituality is to hearing from those working on this issue every day on the front lines of care. As we look at the implications of spiritual care in healthcare today, we engaged a number of key leaders across organizational settings. Through their thoughtful and comprehensive engagement we get a sense of not only the commitment and passion it takes to bring the spirituality conversation to the healthcare environment but of the real impact people have seen it have overall.

We engaged our contributors in a dialogue around seven central questions ranging from their perspectives on significance to recommendations for action. In these discussions we encountered both the personal and professional viewpoints that at their intersection reveal the powerful nature of humanity we often overlook in healthcare itself. There is much to gain in hearing their words. The insights of the individuals we engaged follow.

What do you see as the significance of spiritual care in the patient experience conversation today?

This question was designed to cast a broad net on the conversation of experience and led to some powerful insights into where significance truly rests, as we look at spirituality in the patient experience. Namely there was a clear acknowledgement that those who are in our healthcare system are more than a disease or a body, an emotion or a mind. They too are a human with beliefs or a spirit that cannot and should not be overlooked in the care process.

This critical point, that we can and must address those in our care in a holistic fashion, is one all too often overlooked in focusing on the “business” of healthcare. When we acknowledge the whole person in the process – and as our Contributors offered these are not just patients, but families and those who provide and support the provision of care as well - we provide a stronger foundation on which to drive the best experience, i.e. outcomes for all involved.

Some of the key thoughts from our contributors included:

The opportunity for spiritual care is significant in that it addresses a true sense of holistic care. In creating the opportunity for a shared spiritual experience beyond just clinical encounters. It allows caregivers to also bring their spirituality to bear and a sense of the whole person in the care encounter.

–Trace Haythorn

I think the significance of spirituality is the emphasis on recognizing patients as a whole, which would include the mind, the body, the spirit. The place of the spiritual dimension of care in the patient experience is honoring, in a broad-brush stroke, honoring and recognizing the power of beliefs on (the whole of) our biology. [It is] the overarching breadth of what it means to honor the sacred nature of the work that we’re doing.

–David Carl

I think that the significance is caring for a whole person and understanding that framing it as a person’s spiritual, personal and cultural values is really at the heart of making the best decisions about healthcare. [It’s about the] dignity that people feel, that they are being valued as who they are instead of the physical condition that they may have brought them to the walls of the hospital. We’re caring for people and preserving health and wellness. That will be even more important as we are on the verge of really being [focused on] population health. In that, I think we’re going to be astonished by how much of the human condition and how much of the human dimension really involves mind and spirit in terms of overall health.

–Kevin Massey

I think [spirituality is key to] helping patients cope with their disease and treatment burden. There are a fairly significant percentage of people who use their faith, their spirituality, to cope with their health situation. That is of significance that this is a major area which people use, rely on, to cope with a disease, a change in their physical condition in their lives. To strengthen and to support that coping would seem to be pretty important to the whole experience.

–Margo Richardson

[Spirituality] doesn’t always mean the same thing to every patient. In fact, it means something different with almost everyone. Our main goal is to figure out and to listen carefully enough so that we hear what is it that brings hope, comfort, peace to people in their lives and where does that come from and sometimes that comes from a faith community. Sometimes it’s from family. Sometimes it’s from other parts of their lives. It is how we listen for what brings them meaning, helps them find hope and comfort.

–Malcolm Marler

I think sometimes when it comes to the benefit of spiritual care, it's often understood to be relevant only to patients who identify themselves strongly with a particular faith tradition or religion, and not necessarily to [patients without a designated faith or religion] who could benefit from the support that spiritual care programs provide. It would be better for the patient experience, as well as the healthcare team, if spiritual care conversations were integrated, and those resources were recognized earlier.

–Amy Wilson-Stronks

I think that first and foremost, our patients are consumers. [They] are seeking not just a medical or clinical response, but a focus that is holistic in nature, so [inclusive of] the emotional, psychosocial, mental and spiritual. By humanizing the patient's experience of care, healthcare organizations are desiring to treat the whole patient and engage them holistically. This also includes the emotional element around the patient and family experience. Emotions attached to the interactions and encounters help peak moments bubble to the top and spiritually are the questions, the values, the beliefs around how we make sense of life. When we make space for people to say, "Yeah, those are big questions." It's okay to have those, and you're not alone. People have that same question in situations like you and then wow, healing starts happening, because I don't feel isolated. I don't feel like I'm crazy, or an anomaly, but [rather], I'm part of the human family.

–Doug Della Pietra

I'm very excited about the fact that more and more people are in the United States are recognizing the importance of certified chaplains as equal members of the healthcare team and that spiritual issues are very important in patient care.

–Christina Puchalski

THE IMPACT OF SPIRITUAL CARE STORY BY MARGO RICHARDSON

A young woman who unfortunately overdosed came to the emergency department, was put on the ventilator and moved up to our intensive care unit. As time wore on it became clear that her brain damage due to anoxic brain injury was very overwhelming, not to the point of brain death but absolutely to the point of not going to survive very long and only in a quasi state of awareness, not able to respond. She stayed in our ICU a week and a half all together. In the early days her family hoped that she would begin responding but after a few days they realized that this was not going to happen. They were told by the physicians, no we're sorry but there really is no hope for any further recovery and then faced with the decision making piece, which is well, what do we do now? Well, we can take her off the ventilator and make her comfortable and allow her to live as long as she will but not do anything to escalate the acuteness of the care that we provide.

This family was already very traumatized. The elder, they had an elder in the family, an elder woman, who helped to guide the family to accept that this young woman is not going to live so therefore we need to prepare her for the journey to the other world.

What I provided was a bridge to that. I sat in on the care conferences with the physician. I asked her family to tell us about her. Tell us about your loved one. What did she like to do? What has she been through in her life? Then allow the family to tell their story of their loved one. It's a way of pre-mourning. You're mourning, you're acknowledging this person as a human and yet you're preparing yourself also of the loss of this person physically. You're remembering. You're putting this person who is now on a ventilator who can't respond back together and then explaining this to people like us who don't know her. What is the significance of this person to you and your family?

Again, this humanizes the project. This allows the physician to connect with the family on a more holistic level, not just on a technical level. Then it puts everybody on the same page with the family and we're all in this journey together. That's the difference that a chaplain can make, is to change the atmosphere, the environment in which the family can tell their story.

THE IMPACT OF SPIRITUAL CARE STORY FROM AMY WILSON-STRONKS

I have a very personal example of how lack of awareness of the role of the professional chaplain can impact patient care. When my father became very ill, I think there could have been a more positive experience if the awareness of the resources for spiritual care had been recognized earlier, even though he was “un-churched.”

He spent three months in the ICU as a result of an adverse drug reaction. He was basically unconscious in the ICU for two of the three months. Long story short, I was with him at the hospital. I was his healthcare proxy and knew a lot about patient safety, knew a lot about medical errors, knew about all the terrible things that could happen. So I had my notebook, and I was trying to talk to everybody and anybody. I was trying to be at his bedside as much as I could, and then wasn't allowed to, because of visiting hours, and all those things that were, for me, contrary to safety, and also frustrating and challenging emotionally for me as a person. At the time, I was employed at The Joint Commission, and had lots of friends in healthcare, my father happened to have been a physician himself, so he had contacts through that. In other words, I had some resources.

I spoke to everybody, all of the respiratory therapists, every nurse who cared for him, doctors. I met with the Vice President of Quality, I met with the Patient Experience ... I talked to the social worker... to everybody, trying to make sure I knew what was going on with him, and make sure that we were doing everything possible. I never, ever though, talked to a chaplain, at all. It never crossed my mind, nor was it presented as an option. We reached a point where we had to make a decision (about withdrawing life support). He acquired an infection, and things were just not going to go well. That was when they asked us if we wanted to have a chaplain come. It was awkward, to say the least, given that my brother and I were not churched. The question from the Chaplain was, “What do you want? Do you want to have a ...” “Well, we don't know.”

It would have been nice if we'd had more than the ten or so minutes to have a conversation with the Chaplain about how she could support us. It probably would have been easier for her also. I think that, for me, it was my Aha moment. I took that, what was a horrible experience, losing a family member, someone you love, but also trying to take it and learn the lesson from it. Gosh, why did I never think of [reaching out to the Chaplain earlier]?

I am fortunate to know many professional chaplains through my work. When talking with them, I just remember, oh my gosh ... I'm sure that the woman who was there was probably a professional chaplain. She probably would have been much more supportive, had I had the chance to get to know her. I can only think that there are lots of other situations like that, where the chaplain's not present, but yet, could have been a huge and important resource.

What do you believe are the greatest spiritual care needs in positively impacting/influencing the patient experience and in what areas of the patient experience can spiritual care have the greatest impact?

Perhaps this entire question is captured in the essence of Margo Richardson's words shared below, “Spirituality points back to the humanity of the whole caring experience.” In conversation after conversation with our Contributors we heard the idea that what we are underlining with a focus on spiritual care is the humanity often lost in our healthcare encounters. When we help people to feel understood, heard and respected, this is not simply a rote exercise, but rather it is a focused intention on bringing the whole person into the care encounter. In doing so you acknowledge not just the diagnosis, but the emotions, fear, concern, anxiety, etc. that flavors any and all care encounters.

In conjunction with personal connection there is a clear understanding of the impact spiritual care can have on an organization, from reigniting staff passion or compassion to driving positive overall outcomes. So when asking what areas of patient experience, we may have been narrow in our inquiry. The answers do not address areas, but rather touch upon the impact that unquestionably can result from positive spiritual care encounters. More so, when we return to addressing the essence of a human in the healthcare equation, who honor and acknowledge more than a problem to be fixed to a person to be cared for. That perhaps may be the greatest impact of all.

Some of the key thoughts from our contributors included:

[Consider that] a person in [our healthcare system] may have been giving news that has shaken them to their core. He or she is immediately surrounded by people, but who are strangers and they feel alone. Those are the things, at least in healthcare that we in chaplaincy try to attend to.

–Kevin Massey

I think the spiritual masters would tell us that the two major emotions on the planet are fear and love. Too much fear can be a dis-connector and something that increases the dis-ease. For example, if somebody's facing surgery and he or she has a fear of a negative outcome, just having that type of fear in one's psyche can influence the outcome negatively. It can become a self-fulfilled prophecy on occasion. I'm not talking magic here. I'm talking about the power of the mind engaging the body and one's own psyche.

If I put positive outcomes that result from meditation and affirmations in a bottle and took it to an administrator and said, I've got something for you that will reduce length of stay, reduce pain and increase patient satisfaction, would you buy it? The problem is it's not a medication. It's a meditation. For some, it's just too soft, but we're finding ways hopefully to get that woven into the medical culture.

–David Carl

The role of a professional chaplain is “being present”. [Many] professionals are less able to spend the time that they would have in decades past to be present for patients, because of the way healthcare is now delivered, how resources are distributed, and other issues of timeliness and efficiency. So I think that that area of need, particularly from the patient's perspective is huge. It's not necessarily just for those patients who identify as having a particular faith belief. It could be for patients who don't have a faith belief at all. That sense of helping a patient navigate the whole care experience, I don't think there can ever be too many resources devoted to that.

That idea of presence, it is not just for the patient, but also for those who are caring for patients. That's probably something that, I don't know this for certain but, may not happen as often as it is needed. If it's not happening enough for patients, it's probably definitely not happening enough for the providers – the nurses, physicians, technicians, everybody else on the team.

–Amy Wilson-Stronks

My thoughts are this and the needs that I hear from patients are well, what does this change in my health mean for me? How will it change my life? What do I need to prepare for? Spiritually how can I use my spiritual tradition or my spirituality to deal, to cope with, the changes that I'm going to have to make either to take care of myself, to change my lifestyle, etc. The way they connect with their humanity is through their spirituality.

We have a transactional healthcare system

unfortunately. It is set up, regardless of the healthcare act, as a transaction. We look at healthcare as an object and not a subject. We're providing care, a noun, instead of caring, which is a verb. As a chaplain I don't provide a care, I provide caring. It's something that involves being and doing not just a transaction where you check off a box and move on.

Spirituality points back to the humanity of the whole caring experience. I would like to see it be less transactional and more covenantal. I've talked to many physicians, and they really want to see their relationship with patients as a covenant and not as a contract. The way that we have things set up [today] financially forces us to look at it as a contract and lose sight of the covenant.

–Margo Richardson

I think maybe the first, most important thing, is do people feel like those who are caring for them have compassion for their situation? That means a lot of different things to people. It may mean that a call light button is answered quickly and kindly. Compassion and kindness and also the opportunity to be heard, whatever the needs might be. Compassion, kindness and listening I think really impact whether a person feels like their experience is a good one or not.

I think helping persons feel understood [is important]. That may mean culturally, spiritually, etc. Being sensitive to their faith experience, their cultural experience, their cultural background and taking on the position of learner with the patient. That is, I am the patient's student and the patient is the teacher. As a Chaplain we are the student learning about their situation, which is different than maybe how some of us were trained or taught, that we're kind of the wise teacher somehow in the midst of all of this. I think we're really called to be students of those we serve.

–Malcolm Marler

I would say, I think the first thing is connection. Many patients feel very isolated, particularly in hospitals. Unfortunately the way healthcare is practiced these days there's a focus on time, efficiency and technology. As a result patients and families feel disconnected and lost in big systems. I think that the spiritual care professional has the training to be present to patients and to be able to treat their spiritual or existential distress, which I see is critical, and to listen to their whole stories. By addressing spiritual distress, we can also better address physical and psychosocial pain and suffering.

–Christina Puchalski

We're trying to create a more proactive, rather than what's called a kind of a crisis ministry approach to chaplaincy. So rather just simply responding to "okay, we got this consult request," or this unit has asked a staff chaplain to stop in at some point. I think that that proactive rounding and stopping in, and just simply showing presence is probably one of the most important approaches right now, not only for patients and families, but also at the staff level.

[For example] one of the things we talked to the ED team about last week was an approach concept called "the pause", and one of our staff chaplains did some research around this. The University of Virginia Medical Center had trialed this technique called "the pause" in their Emergency Department. [Consider] we just went through trying to save this person's life, and they died. Now, we as a team, whoever was in that room, do we just leave and go on to the next thing? Or do we take a pause, and do we realize wow, this is a human being? I'm a human being. I wish I could have saved their life. I'm feeling helpless right now. The person in the bed right now who just died, who's their family? Are they a dad, a mom, etc? That is a humanizing aspect of the care. For thirty seconds, maybe forty-five seconds, and then off they go.

–**Doug Della Pietra**

Research continues to show us that when the spiritual element is present and supported there is great value in healthcare encounters. More importantly spiritual care is not only for the end users of healthcare grappling with a significant life event; it also exists (or should exist) for those providing care. We need to acknowledge the role of the chaplain is to do much more than be there when a loved one dies; the chaplain is there for the life that exists, the challenges present and all engaged in the process: patient, family and caregivers alike.

–**Trace Haythorn**

THE IMPACT OF SPIRITUAL CARE STORY FROM DAVID CARL

I was called to an oncology unit where an elderly African-American patriarch in his 80s was actively dying. The family of 15 or 20 were gathered around the bed. They were all grieving, appropriately, over the loss of this beloved person.

The clinical team could tell by the patient's extremities that we were into the last hours of life, so the family asked for a chaplain to come and offer a ritual of a blessing. It was my honor to be the one that just happened to be called.

I went into the room and quickly ascertained everybody there as well as the patient was of a Christian tradition My language and the rituals offered honored this belief system with the use of holy oil to offer a blessing of healing while making a sign of the cross on the forehead.

The patient was semi-conscious, just in and out. As I am moving on into the ritual, all of a sudden the patient suddenly sat up in his bed, and stared ahead at a blank wall across the room. Everybody initially thought he was having a seizure or a reaction to his medications or that he might be in great pain. The initial response was, "Get the nurse in here! Get the nurse! He needs some medications."

I didn't mind the nurse being called, but my response was, "Let me check one other idea here." I called the patient by name and said, "Mr. (so and so), you look like you're staring at the wall. Do you see something?" He nodded his head yes. I said, "I don't know if you have capacity to speak, but could you tell me what you see?" He started pointing with his finger at the wall and he started naming names of persons who died before him. This is what's called a death vision.

He started naming some names some of whom the family members didn't know(they found out later from other family members who they were), but the patient was naming what some would call "a welcoming party". Then he got a big smile on his face and he said, "Oh, my goodness, is that Jesus?" Then he said, "Yes, it is!" Then, again, with a big smile on his face he laid his head back down on the pillow and within a matter of minutes, he died.

Needless to say that had a powerful impact on everybody in that room, to include this chaplain. There were still some tears of, "We're going to miss him," but there was clearly tears of joy as well because they had just witnessed something that was extraordinary. This is part of what chaplains do... we allow room for the extraordinary which cannot be explained away.

What do you see as the value in focusing on/ integrating spiritual care into your patient experience strategy?

The holistic nature of the care encounter was reinforced in the responses to this question. That in focusing on the whole person we extend both clinical and spiritual encounters towards positive ends. More so, what was powerful in the responses was the power seen in digging deeper into ourselves. Again this is not faith-specific, but rather the intention of touching deeper to one's own questions and beliefs, values and desires. It is in this conversation that we can talk about the individual in the care encounter, not one who is a variation of a typical care procedure we conduct every day.

In addition, we heard again and again that these types of dialogs are not isolated to those patient and families on the receiving end of care. In fact, there is a need, a great need inside the ranks of care givers, i.e., providers, nurses, staff, etc., to support their humanity in a challenging and sometimes adverse environment that can tax not only your mental capacity, but your emotional banks as well. As Trace Haythorn so clearly stated: "The users of healthcare are smart and will essentially go where they will receive holistic care, not simply where they are fixed." This calls for us to approach the way in which we address those in our care and those providing care with a wider lens and be willing in the hard science environment of healthcare to hold the great area of spirituality to honor the uniqueness of each individual being cared for.

Some of the key thoughts from our contributors included:

If we include spirituality on the front end of every interaction it would help healthcare providers address the real, actual suffering that people experience and endure. All too often someone receiving a diagnosis is labeled and then reduced to an illness rather than a human being, [they become] a problem that has to be solved. That's a very dehumanizing experience and if we brought in spirituality early on that would seem to acknowledge the whole person. It would create trust.

-Margo Richardson

A focus on spiritual care allows you to attend to someone's feelings of isolation,...bolster their feelings of dignity,...enhance a sense of meaning. You can incorporate the crisis they are having now into the overall meaning of their life and build a concept of hope. All of those things are really then serving not just the physical care received, but may even support that physical care in being more successful.

-Kevin Massey

I think it gives some people permission to talk about matters of belief and faith. It's amazing to me how many people feel like that is taboo, that there is a necessary split between religion and science. There is value in helping people reflect on how belief and faith and tradition and culture (things that can't be measured in a bottle) are still part of the milieu that either helps heal or create dis-ease. We offer the team a different way of thinking about chronic heart disease, for instance; it's not just the medical chemistry, and it's not just the physical scars that we need to be dealing with here, [there is so much more that is on and impacts people's hearts.

-David Carl

I think the value comes from realizing that the hospital is not a place where we fix parts of people like a garage for our car. Instead we're more holistic. In our care of people, we not only care about how they're physically feeling but how they anticipate, just not physically feeling better, but what is it that helps give them that hope or what is it that gives them...comfort and peace. Holistic care, caring for the whole person, not just the broken limb or the cancer that they have. [We work] to understand the whole person in terms of where they've come from, what motivates them, what de-motivates them, what discourages them, what encourages them. I think that is part of what we're trying to do in spiritual care; to care for the whole person, instead of just pieces.

-Malcolm Marler

The value remains the capacity to contribute to the whole of people. I believe the users of healthcare are smart and will essentially (or eventually) go where they will be holistically cared for, not simply where they are fixed. In addition, there is a real business aspect to this value conversation as leaders look to have the greatest impact at the lowest cost, there may be no better place to look for that caring for the spiritual needs of people –a true focus beyond body to mind and spirit as well.

-Trace Haythorn

I think that in healthcare, even if things are going well, it's hard to dissect caring for your physical health from caring for your emotional, spiritual, and mental health. It's very important to recognize as an organization; to let your patients and family members know that you really are there and you care for them. Any resource that can lend itself to helping to demonstrate compassion and sensitivity [is of value]... and the role of [spiritual care] is in recognizing and appreciating a person's individual needs.

-Amy Wilson-Stronks

How do you see the professional health care chaplain specifically contributing to this value and impact?

With our contributors being from the chaplaincy space we felt this was an important question to pose, not as a justification of existence, in so much as a means to help others recognize a value they might otherwise overlook. What was reinforced were some of the recurring themes such as supporting a holistic focus on and for those receiving care.

What was equally of interest was the sense of how the chaplain's role moved beyond the directly spiritual, to that of communicator and connector. Through creating a space for both personal and shared understanding, encouraging conversation and sharing and reinforcing communication, the chaplain's role also integrated both catalyst for new insights and change and glue that serves as a means to pull organizations together. It calls the question as to whether this juxtaposition in value layered with a tradition perspective on spiritual care remains a barrier that those committed to spiritual care must work to continuously overcome. It seems that this remains the case, but that increasingly opportunities for impact are emerging.

Some of the key thoughts from our contributors included:

Chaplains are probably one of the very few professional caregivers in the organization who have the time to actually just be with the patient for however they need to be with the patient. Most staff chaplains don't have the rigid case load that even a social worker or case or care manager might. I think that's one thing we've kind of been looking at as this is not about quantity, it's about quality. It is not about setting up the goal to visit every single patient during their hospital stay. The goal is when we're with people, it's about being present. We think that the best way to influence outcomes is really around the connection between people's emotional needs and their overall experience. And emotional needs and spiritual needs blend, so if you can meet spiritual needs, you're meeting emotional needs and driving a better experience.

-Doug Della Pietra

As a chaplain I feel that my role is to focus or help the patient ... I'm helping them take care of their soul, their spirit, which can really undergo quite a battering when they are faced with a serious illness, especially a chronic one and all of the things that have to be done to manage it whether it's cancer or congestive heart failure or diabetes. And all these conversations that I have with people take time. If time equals money, which it does in our system of healthcare

you cannot have these kinds of conversations and have any hope of getting to the end seeing all the people that you are told to see for the day. I can see why physicians and nurses are not afforded the opportunity to doing any of this, even if they wished to.

-Margo Richardson

There's a benefit to having professional chaplains [as members of the healthcare team], versus the priest or minister who comes in from the local church because professional chaplains are trained to, for lack of a better term ... they have appreciation for all faiths. The professional healthcare chaplain, because of the training, really understands healthcare and how it works, and being part of the [healthcare] team is really important.

-Amy Wilson-Stronks

I think it adds to the breadth of the patient experience to have a spiritual care component and frankly the Patient Experience adds to the breadth of the spiritual care provider's role. The chaplain's role has been edified and expanded with the evolution of Patient Experience. Healthcare teammates want to bring inspirational care towards all whom they touch. But it begs the question: how can you bring inspirational care towards others if you're not inspired yourself? Here is another way I think chaplains can bring something unique, offering a forum, offering a space where people can talk about things like meaning and medicine.

-David Carl

The chaplain contributes value by providing and encouraging an environment of holistic care. They help establish or reinforce the sacred trust individuals can have with a healthcare institution, as people feel cared for as people, not just diagnoses or disease. I believe chaplains can and do install a sense of "radical humanness" to healthcare and can and must continue to do so.

-Trace Haythorn

The role of the chaplain is to really be that person who can help the patient and the medical team communicate together sometimes through seemingly foreign languages and goals of care. It is translating who a person really is, i.e., who they are culturally, personally and the values that they have and hopes that they have for their future, and how the medical team can help people achieve realistic goals along with that.

-Kevin Massey

THE IMPACT OF SPIRITUAL CARE STORY FROM MALCOLM MARLER

There was a patient in her early 80's who had been readmitted to the hospital three months in a row. I went to visit her. She talked a lot about her church. I asked about it and knew some people in it. As we talked, she was talking about going home and that would be difficult for her as she lives alone.

I helped her write down names of people who were so special to her and her church. I invited those people to a meeting and we formed a support team for her. She told me after a follow up phone call that she had never felt so cared for in that she did then. She had one person who is her best friend, who is the coordinator of the team, and that person just simply made her daily phone call to her like she always did except she knew that anything she mentioned to her that she would mention to the team and they would get needs met like picking up her medicines or giving her a ride to her doctor's appointment, which she always stressed over.

It's not so much of the things that I did - all I did was help organize the team that helped that care, that spiritual care, be done on a daily basis that I couldn't do. For me, part of what I think is good spiritual care that affects the patient experience is, how do we help facilitate connections and continued support for people even beyond that one visit?

Sometimes in the past we, as Chaplains, have worked too much in isolation. We think that whatever we discover is so confidential and is so much a secret from others that we have erred on that side to far. We need to be able to interpret what we are hearing to the interdisciplinary team in order to be a valued member of it. That means we need to be in interdisciplinary team meetings or times when shifts are handing off from one to the next or in conferences with the physician and with the family. We need to be interpreters of what we are learning and know about the patient and share that with our interdisciplinary team members. We can't just keep it to ourselves.

-Malcolm Marler

It is important to understand the totality of what a chaplain does—for patients, families and clinical teams. Look at having clinical background education training programs. Having a CPE residence is a really good way of having more access of chaplaincy for their patients. That gives credibility as well. I think that at the very least the hospitals need to have chaplains on palliative care teams. Any palliative care that a hospital has should have a dedicated chaplain, not a chaplain that's shared with other floors but dedicated to the palliative care team.

-Christina Puchalski

What do you see as the trend in healthcare over the next 5 years that will influence and/or be influenced by spiritual care?

We know most, if not all, areas of healthcare continually evolve whether influenced by technology, research, legislation or the simple human desire for change, and the world of chaplaincy is no different. In fact, we find much of the evolution of the professional chaplain is driven by a need to support other facets of the healthcare experience and in many cases the changes have a direct impact on patient, family or caregiver experience.

Our contributors were asked to share their predictions on how current healthcare trends might impact spiritual care. Their responses reflect both a positive outlook on the industry and some challenges that lie ahead:

Similar to patient experience, chaplaincy is moving towards a certification for professional understandings. It used to be in the old days that if a pastor in a parish was ready to retire, he might say, "Oh, I'll go be a chaplain in a hospital because all we do is hang around and listen to stories anyway." That day is long gone.

More and more factors of acuity and intensity along with increasingly complicated regulations necessarily inform the understandings of what it means to be a competent chaplain in this day and age. Organizations are starting to see the gold standard is to have a Board Certified Chaplain serving in a hospital setting who can competently get up next to the other certified practitioners on the healthcare team.

-David Carl

With employee engagement, satisfaction and morale being so closely linked to patient satisfaction and patient experience as a whole, chaplains are going to indeed take a bigger role and part in helping team members, employees, physicians address issues like burnout and compassion fatigue.

–Doug Della Pietra

Our health-care system is actually going to help people in the future be healthier through their lives and transition through chronic illness and actually, ultimately, death in a way that is in line with people's, I'll say this phrase again, spiritual, cultural, and religious values, and personal values that people have.

–Kevin Massey

We need to be teachers and trainers and to listen with a different ear than we've listened in the past. That's what we're doing. I think over the next five years the biggest change is how is the hospital and the community and the outpatient, coming back to the doctor, how does all of that help people stay out of the hospital? How does it help them be healthier?

–Malcolm Marler

There is a move to try to get chaplains to speak the medical language, but I hope it does not mean they are going to lose the very unique nature of what chaplaincy is – narrative approach and listening to the whole story of patients in a non reductionist way. Patients need that approach, we the clinical teams do as well, in order to best serve patients and families. There are trends in healthcare today that are impacted by technology and to some degree that don't recognize the importance of healing relationships between the clinician and patients. I hope that chaplaincy doesn't lose its richness of embracing the importance of the healing relationship in an attempt to fit into these more technical trends.

–Christina Puchalski

I think one of the trends is around the use of technology. I'm not saying there isn't a role for technology, but a computer is never going to hold your hand. A computer is not going to look you in the eye. Even if there's a person being visually videoed back and forth with a patient, it's not the same as somebody at the bedside. This is an important role the chaplain plays.

–Amy Wilson-Stronks

THE IMPACT OF SPIRITUAL CARE STORY FROM CHRISTINA PUCHALSKI

I was doing an emergency medicine rotation in medical school. It was late at night and fairly quiet in the ED. We received a call about a seriously injured patient coming in. A young couple while visiting from another country for their honeymoon were in a car accident. They were brought by ambulance to the hospital. The husband was seriously injured and pronounced dead on arrival. The physician and nurses were breaking the news to the bride. It was obviously very tragic. The chaplain entered in and I think his presence first of all to her was just being able to be with her. Not say anything, not try to fix anything, just listening to her story I think was life changing for her. It certainly brought that connection to her and her ability to begin to cope. That's the difference between chaplaincy, and a medical approach; that there's no need to fix. The chaplain is good at listening to the whole story without jumping in to try to fix it. That is what is so essential to professional spiritual care.

After some time, arrangements were made in terms of funeral homes, shipping the husband's body back to South America. The staff and chaplain were also taking care of the bride. We, the care team, didn't even know what to say. The chaplain was able to sit with us and just listen to our concerns and do a little ritual for the team. I think this is one of the examples that always comes to mind because I think it made a huge difference to her life and clearly in all of us on the team as well.

What would you offer as the critical guiding principles or recommendations for action in engaging/introducing spiritual care as part of the patient experience conversation?

A lack of consistency exists in how spiritual care programs are operated or implemented in healthcare organizations today despite clear indicators that these programs have significant impact both on healthcare outcomes and overall patient and family experience. We asked our contributors to share their recommendations on how organizations can best engage or introduce spiritual care programs into their patient experience efforts.

From incorporating chaplains into the collective healthcare team to better communicating the purpose and role of a chaplain to considering the qualifications and training of the spiritual care team they offered many considerations:

I think that it's really important to have someone on the team that can address and treat spiritual distress more fully. Also, it's critical to be able to give voice to patients' and families' spiritual, religious or cultural beliefs and values. Those beliefs and values can impact the way patients understand their own goals of care. Sometimes they can conflict with the healthcare team, so having the trained chaplain be able to negotiate the conversation with the patient and family as well as support the family and patient is critical to honoring the patient's wishes and care.

–Christina Puchalski

In order to really effectively introduce spiritual care, it needs to be better understood by the public, as well as the key stakeholders who would actually make it happen [in the hospital]. I think that understanding what the difference is between a professional chaplain, and a minister, or a rabbi is important, but not widely understood that professional chaplain serves a purpose. I mean, everybody serves a purpose, but a professional chaplain serves a specific purpose as a member of the healthcare team.

–Amy Wilson-Stronks

The first suggestion I would have is to examine one's own beliefs and take time out to measure to what about your beliefs is healing and what about your beliefs promotes toxicity. We are challenged to recognize and even get out of our own biases to see others for who they are. While staying connected to the power of our own beliefs to nurture us so we can better love and serve, we need at the same time remain open to hearing clearly the beliefs our

patients and families are bringing with them to help them heal and perhaps learn how another's spiritual sojourn might even enrich our own.

It is estimated that only 50% of Americans belong to an organized faith group at this time, but I would say every American, every being on the planet, has beliefs. Even if you say you don't have a belief, that's a belief.

–David Carl

The evidence is very clear that patients with unresolved religious and spiritual needs are more vulnerable to adverse and negative health outcomes. Those that have their religious and spiritual needs met are more likely to be a part of their plan of care and compliant and less depressed, and more calm, more peaceful and more satisfied. We would look at that. That's some of the evidence I brought to the table to say, "We need more chaplains."

Staff chaplains and spiritual care should be seen as part of the interdisciplinary team, not just an add-on that if we run into very, very emotionally upset people, or a death, that we call spiritual care. This should be a part of the care plan with chaplains being integrated into conversations on patient units on a daily basis.

–Doug Della Pietra

The healthcare system would do well to acknowledge that spirituality is part of the recovery process and part of the coping process with any health problem on the front end. It's not a fix. So many people in our culture think that it's all about religion and converting somebody to a belief system. That is not what I am talking about. I am talking about meaning and value and how that is held together by a person's spiritual connections to something that's bigger than they are.

–Margo Richardson

Concentrate on making sure the provision of it whatever level you're going to be doing, have the very highest competency and professionalism. Like anything else, there are lesser versions of spiritual-care and lesser versions of chaplaincy, frankly. A lot of mediocre chaplaincy will not provide the same benefits as a small amount of highly professional chaplaincy.

–Kevin Massey

I think it's important for us to see that we're not in this by ourselves. It's like a huge mega church thinking that it's going to be able to hire enough

professional staff to organize and meet all the needs of their parishioners. That's never going to happen. You've got to train the laity to be the church.

In the medical field we've got to teach people from all types of disciplines how to listen and engage people comfortably and care for them spiritually and emotionally. I don't really separate spiritual and emotional that much, maybe some people might. I think we have to learn to be educators.

–Malcolm Marler

If organizations are going to declare a commitment to spiritual care, they need to both take bold action and work to support macro-systemic support. For instance, committing to a chaplain is a great start, but ensuring this individual is certified and trained in the nuance of this role in healthcare is critical. We can and should be working to beef up existing recommendations and standards, for example Joint Commission (in the U.S.) could work to refocus spiritual care as central, as integral and a priority for organizations, especially for those looking to drive the best in overall outcomes. Lastly we need to continue to work on engaging with and including hospital leadership and administrators to help them better understand the value we can bring to bear in healthcare organizations. As I mentioned earlier, spiritual care has the capacity to be a low-cost, high impact resource for organizations.

–Trace Haythorn

THE IMPACT OF SPIRITUAL CARE STORY FROM TRACE HAYTHORN

I have two brief, personal stories. The first is regarding my daughter who herself is dealing with a condition that has her regularly in healthcare institutions. On her regular visits to one facility she befriended a Rabbi, and while not our faith tradition, they quickly connected about her care journey. We have discovered that when we are visiting that facility for treatments, when the Rabbi is present she is calm and relaxed; when she cannot be there, the visits take on another feeling all together. It reinforced the value of connecting and engaging the whole person in their care experience.

The second situation was regarding my mom and dad. The short story was during a critical and terminal hospital stay with my father, while the clinical care was wonderful in almost all cases and the staff was engaged and caring, she never received a visit from a chaplain to engage her with her own personal struggles with the situation with my dad. I did my best to support her, but it was not quite the same. This encounter has left such a lasting impression that first, she will never go back to this facility in the future, and second, she will share she disappointment every chance she gets to this day. This is a great example of the high value and/or loss potential when we don't get the spiritual side of our care processes engaged.

A Call for Elevating Spiritual Care

In shaping the intention of this paper we spoke of the broader opportunity of shifting the topic of spirituality in healthcare, a topic seen often as tangential, to a central place in the broader healthcare conversation. As Rev Handzo shared, other studies show, and our contributors reinforced, this is not simply about making patients feel better in their beliefs, but rather spirituality can and does play a critical role in driving overall positive outcomes in healthcare today.

As we looked at the insights shared by our contributors we found not only common considerations for organizations looking to initiate or improve the integration of spiritual work in their overall efforts, but also ultimately the framing of a call to action for those engaged in healthcare today. First from these commonalities a core set of central themes were preset that lead us back to some critical and central concepts organizations should consider regarding spiritual care. They include:

1. People engaged in our healthcare system are more than a disease or a body, an emotion or a mind. They are first a human with beliefs or a spirit that cannot and should not be overlooked in the care process.
2. This focus on the whole person requires an intentional commitment to holistic care in leading to the optimal patient experience. It requires attention to emotional, social and spiritual needs in addition to the physical well-being central to healthcare today.
3. We have an opportunity to elevate the sense of humanity often lost in healthcare encounters. When we help people feel understood, heard and respected, this brings the whole person into the care encounter and supports engagement, understanding and outcomes.
4. Spiritual care should be made available to patients, family and other caregivers, AND also purposefully focus on and support healthcare professionals who deal with the challenges of a stressful healthcare environment driven by healthcare's very dynamic nature and relentless pace and grounded in the fact that this work remains primarily focused on illness and loss. A commitment to spirituality in the care experience helps us also reframe our efforts around hope and healing, human dignity and true respect.
5. Spirituality in healthcare and the positive impacts it can have cannot be left to chance. They can and should be supported by a chaplain, who helps people identify and draw upon their sources of spiritual strength regardless of religion or beliefs.
6. Chaplains, specifically board certified chaplains who are trained to understand and most effectively operate in the healthcare environment, should be included as the spiritual care specialists on the healthcare team, much like doctors and nurses represent the experts present on caring for the body.
7. Even with increasing awareness, a lack of consistency exists in how spiritual care programs are operated or implemented in healthcare organizations today. We have an opportunity to ensure alignment on both purpose and role and expand and reinforce the dialogue of the outcomes a focus on spiritual care can drive

While these central and shared ideas do not specifically outline simple steps to implement a chaplaincy program or integrate spiritual practice into your overall efforts, they do underline a call to action implicit in the conversations we had in shaping this paper.

First, spirituality in healthcare must not be optional or a fringe issue for organizations. In a world of healthcare we cannot and should not remove the humanity from the bodies on which we operate or to which we provide care. It is actually in addressing that level of humanity that we may have the greatest impact on the healthcare experience. This is not to diminish the importance of clinical excellence and outcomes. In fact, that must remain primary to our work in healthcare and that focus on quality stands firmly at the center of a total patient experience. Rather in elevating the dialog on not just the body, but the mind and spirit, great opportunities emerge to not only touch people's lives, but the data shows to positively impact and even improve them.

Second, with the time constraints and demands in today's healthcare environment, a focus on spirituality is not an assignment handed off for all to drive. There still needs to be an expert at the core, framing strategy, activity intervening and holding the space as the conscious of this work. Organizations committed to the best in outcomes would be remiss to overlook the investment in a committed chaplain role. As one of our contributors offered, it may perhaps be one of the lower cost, higher impact investments an organization can make in a world still grounded in human beings engaging with human beings. Great resources on who these individuals are and what they do can be found from all of those engaged in this paper and specifically found in the great work of HCCN and APC.

Lastly, even with the organizational intention of sharpened focus or purposeful engagement of resources to address this effort, all those committed to the best in outcomes in healthcare have an opportunity to contribute. In realigning ourselves with all we heard from our contributors and

reinforcing through our own individual actions that we can and must address the humanity of the care experiences provided we not only honor the person in front of us in each encounter, we commit even greater boldness to the best in outcomes possible. That in many ways is what the best in experience overall is all about.

While the intent of this paper was to explore the focus on and impact of spiritual care on patient experience, we also gained greater insight into the broader possibilities that exist if we address the simple humanity

that is at the core of healthcare. It has tremendous implications, the least of those being on satisfaction scores, but perhaps most significantly on helping patients, caregivers, staff and all those engaged in and impacted by the healthcare experience to better understand and address overall meaning and purpose, both theirs and those they serve.

THE IMPACT OF SPIRITUAL CARE STORY FROM KEVIN MASSEY

I cared for a young guy, a construction worker married with young kids who loved the outdoors and all of a sudden was paralyzed from the waist down now. He was just in an absolute sense of despair, not depressed. You can treat clinical depression really well. He wasn't really depressed; he was in despair. He did not see a future for himself in his life. That could look like depression, can even be accompanied by depression but it's a spiritual condition of not being able to see a future. He had a future before this happened to him and now the future that he hoped for seemed gone.

I had been taught that one way to help kindle a sense of hope for somebody in the future is try to invite somebody back to a previous moment in their life when they had felt some kind of accomplishment of overcoming something that was very difficult to overcome. I invited him to think about things. He didn't talk about his own life but he talked about the lives of other people. He talked about how his mother had been an immigrant, raised him and his brothers as a single mom and he felt that she was his greatest role model, that she had worked hard, and helped her children get ahead. He felt that she certainly had overcome many, many kind of barriers.

I needed to be away from hospital for a while so I didn't see him for a couple of weeks and expected when I came back to the hospital to find him in kind of area that he was - a post orthopedic floor where he was. I came looking for him and was told he's actually on the rehab unit now. Wow, really? He didn't seem like he was going to progressing to that anytime soon. I go visit him in the rehab unit and learned that he's worked really hard in therapies especially that machine where it's pedals with your hands, he's working really hard with his arms.

I said, "Hey, you look great!" And he said, "Remember that thing that you asked me to do about trying to think about examples of people who overcome things?" He said, "That night, I saw on TV, did you know that Franklin Roosevelt actually couldn't walk and he was the president in a wheelchair and they hid that fact from the public because people wouldn't have voted for him but in reality is you can be president in a wheelchair. He said that, "And I realized that if you can overcome that, I'm going overcome this."

A year later, I am walking down the street in Chicago and this guy says, "Hey Chaplain!" I turn around and it's this guy, he's sitting in one of those athletic wheelchairs. He has arms the size of tree trunks and it's this guy. He says, "Hey, do you remember me?" I was like, "I do remember you, how are you doing?" He says, "My life is great!" He said, "I'm actually working as an inspector for the same construction company that I was working for. I check the projects after they are done to make sure that everything is working fine." He says, "My family is doing great," and He said, "I can tell you with complete honesty that my life has never been better."

It was this strange kind of, it was a remarkable transformation from despair, ultimately, to a brighter future and it all came from this particular certain moment about saying revisit what is the things that have made you feel strong in the past. Revisit the things that have given you pride. Revisit the things where people have overcome things. For him, it did in fact kindle a sense of hope that he didn't have before. That sort of ability and techniques around things like that are powerful things that a Chaplain can help with, can actually have, I think as I mention in this story, profound outcomes that may never have happened in another way. He had ultimately, just from his own person and story, and narrative, built that back but at least in this case, it seems that it had a cause and effect outcome.

Contributors



George Handzo, BCC, CSSBB
Director, Health Services Research and Quality, HealthCare Chaplaincy Network

Rev. George Handzo, BCC, CSSBB, is the Director, Health Services Research and Quality at HealthCare Chaplaincy Network (HCCN), a global nonprofit organization. He has been a part of HCCN for more than three decades, first as a chaplain at Memorial Sloan Kettering Cancer Center, and later as an esteemed member of HCCN's management team. He is a board certified chaplain and a certified lean six sigma black belt. He was the co-principal investigator of HCCN's multi-year research project funded by the John Templeton Foundation, a major step forward in the field of chaplaincy research. The Association of Professional Chaplains, where he served as both president and national chair of certification, in 2011 gave him its highest honor – the Anton Boisen Professional Service Award.



David Carl
Executive Director, Spiritual Care and Education, Carolinas HealthCare System;
Assistant Vice President, CHS Patient Experience

David came to Charlotte after founding the Department of Pastoral Care at Cabell Huntington Hospital, Huntington, WV, where he served as Director for six years. Those two experiences helped to shape his creativity, appreciation for spiritual care and education, and his administrative abilities. He is an ordained Elder in the United Methodist Church and has a particularly strong belief that all faiths deserve respect. He is a CPE Supervisor, certified by the Association for Clinical Pastoral Education, and is also a Board Certified Chaplain with the Association of Professional Chaplains.

He currently serves on the Institutional Review Board, the Hospital Ethics Committee, and the CHS Diversity and Inclusion Council. Chaplain Carl also is an Ombudsman for the UNC School of Medicine at Charlotte and Co-Chair of the CHS Patient Experience Healing Environments Committee. In addition, he is an instructor for the Carolinas HealthCare System's New Teammate Orientation program.



Doug Della Pietra
Director, Customer Services and Volunteers, Rochester General Hospital

Doug is Director, Customer Services and Volunteers at Rochester General Hospital, Rochester, NY, a 528-bed community and teaching hospital within Rochester Regional Health. With his background as a minister, Doug's greatest desire is promoting a holistic – mind, body, emotions and spirit – approach to patient and family care and service. Doug's areas of responsibility include Guest Services, Volunteer Services, Spiritual Care and patient and family experience efforts at the hospital and system-levels.

Doug is a member of The Beryl Institute's Patient Experience Advisory Board, and he co-authored The Beryl Institute's Body of Knowledge course "Hospitality & Healing Services." Doug is also the President of the New York State Association of Volunteer Services Administrators and begins a three-term in January 2016 on the board of the AHA's Association of Healthcare Volunteer Resource Professionals.



Trace Haythorn, PhD, MDiv.
Executive Director, Association for Clinical Pastoral Education, Inc.

Trace joined the staff of the Association for Clinical Pastoral Education, Inc. (ACPE) in 2013 as executive director. Prior to coming to ACPE, Trace served as the executive director of the Frazer Center in Atlanta; President of the Fund for Theological Education in Atlanta; professor and program director at Hastings College in Hastings, NE; and associate pastor of Westminster Presbyterian Church in Nashville, TN. He completed his PhD in cultural foundations of education at Syracuse University, a masters of divinity at Princeton Theological Seminary and a bachelor of arts at Austin College (Sherman, TX).

Trace is married to the Reverend Mary Anona Stoops, and they have two children, Jacob and Martha. When he is not working for ACPE or spending time with his family, Trace loves to bike, read, bake and brew beer, though not all at the same time.



Malcolm Marler, D. Min, BCC
Director of Pastoral Care, UAB Medicine

Malcolm has been the Director of Pastoral Care at UAB Medicine in Birmingham, AL since 2009. He was the Chaplain at the HIV Clinic at UAB (The 1917 Clinic) for 15 years prior to becoming director. He is a Board Certified Chaplain and was ordained as an Episcopal priest in the middle of UAB Hospital in January, 2014. Previously, Marler served two congregations in Kentucky and Connecticut as an associate pastor for pastoral care.

Marler's vision for Pastoral Care at UAB Medicine is for chaplains to care for patients in the inpatient and outpatient settings, and to create partnerships in the community through the development of Support Teams.

He is a graduate of Clemson University, B.A. Psychology, and Master of Divinity and Doctor of Ministry degrees from The Southern Baptist Theological Seminary in Louisville, KY. He is a trained pastoral counselor, and completed his CPE Residency at University of Louisville Hospital with Wayne Oates, Ph.D.



Kevin Massey, MDiv., BCC
Vice President for Mission and Spiritual Care, Advocate Lutheran General Hospital

Kevin is Vice President for Mission and Spiritual Care at Advocate Lutheran General Hospital and is an ordained pastor of the Evangelical Lutheran Church in America. Kevin is a 1987 graduate of the University of Wisconsin, where he received a Bachelor of Arts with Distinction in linguistics. He completed a Master of Divinity at Luther Seminary (St. Paul, Minn.) in 1993 and served as pastor at Lutheran congregations in North Dakota, Minnesota and Illinois.

Kevin is a Board Certified Chaplain with the Association of Professional Chaplains and has served extensively in disaster response with the American Red Cross with service at Ground Zero in 2001 and Katrina response in 2005 and with Lutheran Disaster Response where he was Director from 2007 to 2012.

Massey is the writer of the National VOAD guidebook on spiritual care in disaster, "Light Our Way." Massey was Co-Principal Investigator of a research project funded by the Health Care Chaplaincy and the John Templeton Foundation in 2012 and 2013 producing a Taxonomy of chaplaincy interventions, methods and intended effects.



Christina M. Puchalski, MD, FACP, FAAHPM

Director, George Washington Institute for Spirituality and Health

Christina is a pioneer and international leader in the movement to integrate spirituality into healthcare in both the clinical setting and in medical education. As founder and director of the George Washington Institute for Spirituality and Health (GWish) at The George Washington University in Washington, DC, she continues to break new ground in the understanding and integration of spiritual care in a broad spectrum of healthcare environments. The spiritual assessment tool called FICA, which she developed, is used widely in clinical settings around the world. Medical education has been impacted in this country by a GWish-run awards program their curriculum.

Puchalski is first and foremost a clinician. The cornerstone of her practice in internal medicine, geriatrics, and palliative care is integrating patients' spiritual beliefs into their care, addressing sensitive medical issues facing seriously ill patients, and supporting healthcare professionals in their provision of compassionate care. Puchalski's work in the field of spirituality and medicine encompasses the clinical, the academic, and the pastoral application of her research and insights.



Margo Richardson, M.Ed., MDiv., BCC

Spiritual Care Program Manager, Allina Health Unity Hospital

Margo currently manages the spiritual care program at Unity Hospital, part of the Allina Health System in Minnesota. She has been serving as a chaplain in healthcare for over 20 years in a variety of settings, from home care and hospice to a Level 1 trauma center. A proponent leader of patient-centered care, she led a chaplaincy-based initiative to improve family satisfaction with end of life care which was integrated into that hospital's standard for interdisciplinary care. This hospital grant funded initiative followed the PDSA (plan-do-study-act) improvement cycle and from the start, was informed by existing research associating chaplaincy interventions with family satisfaction.

Other professional interests and publications are focused on ways chaplaincy care can help reduce health disparities among minorities. Originally from Tennessee, Rev. Richardson has spent most of her professional life in Minneapolis and is ordained in the United Church of Christ.

**Amy Wilson-Stronks**

Visionary Healthcare Quality and Safety
Strategist, Researcher and Consultant,
Wilson-Stronks LLC Improving Healthcare

Amy is a seasoned healthcare quality improvement professional who designs and consults on implementing concrete, evidence-based practices and measures to improve healthcare. She founded Wilson-Stronks LLC Improving Healthcare in 2011. Prior to founding Wilson-Stronks Improving Healthcare, she was the Project Director for Health Disparities at The Joint Commission serving as the principal investigator of several pivotal studies. From that work, she led the research and implementation of Joint Commission standards for effective communication, cultural competence and patient-and-family-centered care. Amy has served and serves on a number of national boards and advisory panels.

She currently is an active volunteer with Reins of Life Therapeutic Riding Center and an avid “Midlife Horsewoman.” She is a Certified Professional in Healthcare Quality (CPHQ). grant funded initiative followed the PDSA (plan-do-study-act) improvement cycle and from the start, was informed by existing research associating chaplaincy interventions with family satisfaction.

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