coro HEALTH

The Role of Religion and Spirituality in Acute Care Environments

A MEDWRITERS REPORT

Coro Health, LLC
WWW.COROHEALTH.COM | 2022F

FaithFirst™ by Coro Health is a multi-faith platform that provides spiritual and religious support to individuals in healthcare environments

Filling an Unmet Need: Spirituality as Part of Holistic Therapeutic Care

Through the intersection of medicine and religion, humans grapple with the everyday issues of infirmity, suffering, loneliness, despair, and death, all while searching for hope, meaning, and personal value in the crisis of illness[1]. Scientific evidence agree that spiritual care should be an integral part of healthcare. In fact, scientific studies show that spiritual support is directly tied to healthcare provider profits, as well as patient satisfaction and healthcare outcomes[2-3]. However, in practice, less than half of patients are provided sufficient spiritual support during acute care[4]. Investing in FaithFirst, allows healthcare providers to raise their profits while meeting this unmet need for their patients.

Spiritual Support and Patient Satisfaction

Patient satisfaction scores are impacted by the technical quality of care, the doctor-clinician relationship, and holistic aspects of well-being, like spiritual support. In-patients who received spiritual support reported higher satisfaction[5-6]. Chaplain visits were associated with improved patient satisfaction scores on the Press Ganey survey and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey[7].

Patient Satisfaction and Provider Profits

Patient satisfaction, in turn, is associated with profits for healthcare providers[3]. Patient satisfaction surveys typically measure "patients' emotions, feelings, and attitudes towards care and their perception of delivered services" or "the congruency between patient expectations of ideal care and their perceptions of real care received"[8]. These surveys have grown in popularity and use over the last 25 years as a resource for identifying areas for quality improvement in healthcare services.

Patient Satisfaction and Healthcare Outcomes

Higher patient satisfaction is also associated with improved adherence to clinical care guidelines and lower inpatient mortality rates[2]. Patient satisfaction also predicted whether patients would return to see the same provider, an action with implications for the continuity of care necessary for the healthy management of many conditions[9]. Therefore, providing spiritual care can benefit patients' physical and mental health by improving satisfaction.

What Is Spiritual Support?

Spirituality is generally defined as an individual dimension that deals with meaning, purpose, values, transcendence, connectedness, and energy[10]. Spirituality is composed of the experiences, beliefs,

RETURN ON INVESTMENT

A six-year study including patient satisfaction data from over 3,000 hospitals from the Centers for Medicare & Medicaid Services and the Hospital Consumer Assessment of Healthcare Providers and Systems provides profound justification for investing in improving patient experiences. Specifically, they found that positive patient experiences were associated with increasing profits, while negative patient experiences were strongly associated with profit losses[3]. Additionally, satisfied patients are more likely to return to the same provider, helping healthcare providers to retain business[9]. Therefore, investing in spiritual support improves patients' lives and provides economic benefits for health care providers.

and practices that connect a person's sense of self to community and divinity[11]. Spiritual support promotes health through interactions between the brain, mind, and body. Subsets of spiritual support can include holistic medicine approaches like prayer, meditation, yoga, and rituals. Religious activities are also considered a subset of this definition of spiritual support.

Providers of Spiritual Support in Healthcare Settings

Spiritual support in healthcare is essential. In fact, the Veterans Affairs health system just became the first to establish Healthcare Common Procedure Coding System (HCPCS) codes for chaplain spiritual care. This allows for insurance reimbursement of pastoral care further expanding access and validating the positive impact proper spiritual support provides for patients.

A 2011 study at the University of Chicago Medical Center found that 41% of inpatients wished to address spiritual concerns, but only half had the opportunity to discuss them during their hospital stay[4]. A 2018 report found that only 54.4% of adults and 48.1% of pediatric palliative care programs in the U.S. had a chaplain[5]. Chaplains are trained professionals who focus on providing spiritual care for individuals in non-religious settings, like the military, prisons, and hospitals.

In addition to Chaplains, the role of spiritual support is often played by healthcare providers, hospital volunteers, or the patient's family and friends. Evidence shows that critical care physicians and nurses know the importance of spiritual support but feel ill-equipped to provide it without additional help[12-13]. They raise concerns that offering spiritual care without proper training and resources requires stepping beyond their areas of competence[14]. In a country as diverse as the United States, even chaplains find that they are not always qualified to provide spiritual support tailored to the beliefs of a particular patient.

In the months of the COVID-19 pandemic, spiritual support demand increased dramatically as many patients faced a largely untreatable critical illness, in addition to the above-mentioned common challenges of infirmity. At the same time, safety precautions meant that

chaplains and other providers of spiritual support were frequently unable to be with patients physically. Like other healthcare workers, chaplains are also experiencing burnout and staffing shortages even as the pandemic eases[15].

Spiritual Support in Pain Management, Recovery, and Healing

A questionnaire distributed by the American Pain Society showed that among hospitalized patients, personal prayer was used by 76% of respondents. Patients used prayer more frequently than intravenous pain medication (66%), pain injections (62%), relaxation (33%), touch (19%), and massage (9%)[16].

Since the 1960s, we have learned that 10 to 20 minutes of meditation twice daily leads to decreased metabolism, heart rate, respiratory rate, and slower brain waves[17]. More recently, meditation has been shown to increase the release of dopamine and serotonin, the "feel good" neurotransmitters in the brain[18-19]. Both neurotransmitters are explicitly associated with spinal descending pain inhibition[20]. The spiritual practice of meditation is beneficial in treating a wide range of conditions from chronic pain, cancer, and HIV, to mental health conditions like insomnia, anxiety, and depression[21].

In a study of burn patients, a series of three spiritual care sessions provided by a nurse and a clergy member before, during, and after the dressing changes reduced the intensity of pain experienced[22]. Mechanically ventilated patients given picture-guided spiritual care reported reduced stress and improved ability to cope with their hospital stay[22].

Positive spiritual coping mechanisms are associated with improvements in mental and physical health, but the converse is also true. Religious struggle and negative spiritual coping mechanisms were associated with poorer mental and physical health and even predicted mortality in medically ill older adults[23-24]. Therefore, spiritual health, like mental health, is essential to patients' physical health and should not be neglected.

How FaithFirst Can Help

FaithFirst is the largest multi-faith audio & video library providing spiritual and religious support to nurture connection and wellness in healthcare environments. It can help fill the need for spiritual support when chaplains and clergy cannot be present or when a representative of the appropriate faith is not available. The service includes a wide range of audio and visual content, from meditations and music to prayers and sacred texts. It also provides interactive

content, including worship opportunities, rituals, education, and spiritual exercises designed to promote healing. The ever-expanding resources cater to a diversity of beliefs, including Catholic and Protestant Christian faiths, Jewish, Muslim, Buddhist, and Native American traditions, as well as general spirituality. The service provides the tools for nursing staff, chaplains, caregivers, and volunteers to offer spiritual support to individuals and groups in their tradition of choice. The content and programming are created and curated by a team of board-certified chaplains, clergy, academics, and accredited spiritual care providers. Hospital administrators can feel confident that they are delivering high-quality, vetted content that positively impacts the lives of their patients, staff, and extended families.

Conclusion

Spiritual support is the oldest form of healthcare known to humans, and like mental health care, spiritual support is essential for the holistic well-being of individuals. Spiritual support promotes physical health and reduces mortality, but neglecting spiritual care increases health risks. Scientific evidence shows that spiritual support can reduce pain, anxiety, and stress for individuals undergoing medical procedures or hospital stays.

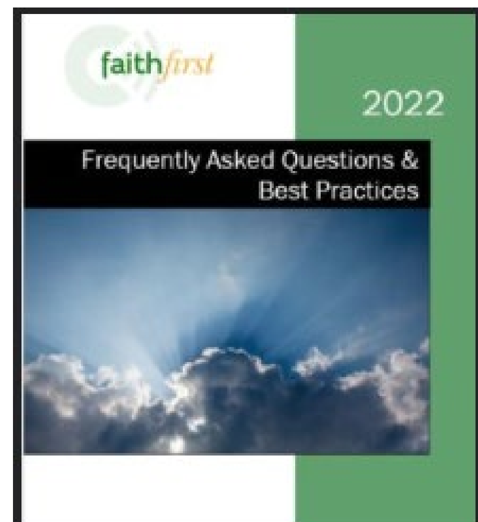
Despite the known benefits, evidence shows that many patients who wish to receive spiritual support during a hospital stay never receive that care. Chaplains are often not available in all palliative care programs, much less in smaller medical facilities, and the COVID-19 pandemic has only increased burnout and shortages of spiritual care staff. The FaithFirst offering from Coro Health can close the gap between patients' needs and the availability of spiritual care

providers. FaithFirst empowers everyone with the tools to offer tailored spiritual support as a part of essential health care.

Spiritual support increases patient satisfaction scores, which benefits patients and providers. Satisfied patients are more likely to comply, have lower mortality risks, and return to the same provider.

Lastly, investment in spiritual support benefits medical providers financially, through the raising of patient satisfaction scores. Required public disclosure of high patient satisfaction scores helps heath providers retain and attract new patients, and leads to higher disbursements from Medicare and other insurance plans.

Watch this short video clip to learn more about FaithFirst, or check out some FAQs.



References:

1. Vanderpool HY, Levin JS. Religion and medicine: How are they related? Journal of Religion and Health. 1990;29(1):9-20. doi:10.1007/BF00987090
2. Glickman SW, Boulding W, Manary M, et al. Patient Satisfaction and Its Relationship With Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction. Circulation: Cardiovascular Quality and Outcomes. 2010;3(2):188-195. doi:10.1161/CIRCOUTCOMES.109.900597
3. Richter JP, Muhlestein DB. Patient experience and hospital profitability: Is there a link?. Health Care Manage Rev. 2017;42(3):247-257. doi:10.1097/HMR.0000000000000105
4. Williams JA, Meltzer D, Arora V, Chung G, Curlin FA. Attention to inpatients' religious and spiritual concerns: predictors and association with patient satisfaction. J Gen Intern Med. 2011;26(11):1265-1271.
5. Rogers M, Heitner R. Latest trends and insights from the national palliative care registry. CAPC On-Demand Webinars. Published online 2019.
6. Kirchoff RW, Tata B, McHugh J, et al. Spiritual Care of Inpatients Focusing on Outcomes and the Role of Chaplaincy Services: A Systematic Review. Journal of Religion and Health. 2021;60(2):1406-1422. doi:10.1007/s10943-021-01191-z
7. Marin DB, Sharma V, Sosunov E, Egorova N, Goldstein R, Handzo GF. Relationship between chaplain visits and patient satisfaction. Journal of Health Care Chaplaincy. 2015;21(1):14-24.
8. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. Oman Med J. 2014;29(1):3-7. doi:10.5001/omj.2014.02
9. Garman AN, Garcia J, Hargreaves M. Patient satisfaction as a predictor of return-to-provider behavior: analysis and assessment of financial implications. Quality Management in Healthcare. 2004;13(1):75-80.
10. Poder TG, Lemieux R. How effective are spiritual care and body manipulation therapies in pediatric oncology? A systematic review of the literature. Glob J Health Sci. 2013;6(2):112-127. Published 2013 Dec 10. doi:10.5539/gjhs.v6n2p112
11. de Brito Sena MA, Damiano RF, Lucchetti G, Peres MFP. Defining Spirituality in Healthcare: A Systematic Review and Conceptual Framework. Front Psychol. 2021;12:756080. Published 2021 Nov 18. doi:10.3389/fpsyg.2021.756080
12. Selby D, Seccaraccia D, Huth J, Kurrpa K, Fitch M. A qualitative analysis of a healthcare professional's understanding and approach to management of spiritual distress in an acute care setting. Journal of Palliative Medicine. 2016;19(11):1197-1204.
13. Canfield C, Taylor D, Nagy K, et al. Critical care nurses' perceived need for guidance in addressing spirituality in critically ill patients. American Journal of Critical Care. 2016;25(3):206-211.

14. Polazer Casarez RL, Engebretson JC. Ethical issues of incorporating spiritual care into clinical practice. J Clin Nurs. 2012;21(15-16):2099-2107. doi:10.1111/j.1365-2702.2012.04168.x
15. Dijxhoorn AQ, Brom L, van der Linden YM, Leget C, Raijmakers NJ. Prevalence of burnout in healthcare professionals providing palliative care and the effect of interventions to reduce symptoms: A systematic literature review. Palliat Med. 2021;35(1):6-26. doi:10.1177/0269216320956825
16. McNeill JA, Sherwood GD, Starck PL, Thompson CJ. Assessing clinical outcomes: patient satisfaction with pain management. J Pain Symptom Manage. 1998;16(1):29-40. doi:10.1016/s0885-3924(98)00034-7
17. Benson H, Klipper MZ. The Relaxation Response. Morrow New York; 1975.
18. Kjaer TW, Bertelsen C, Piccini P, Brooks D, Alving J, Lou HC. Increased dopamine tone during meditation-induced change of consciousness. Cognitive Brain Research. 2002;13(2):255-259. doi:10.1016/S0926-6410(01)00106-9
19. Walton KG, Pugh NDC, Gelderloos P, Macrae P. Stress reduction and preventing hypertension: preliminary support for a psychoneuroendocrine mechanism. The journal of alternative and complementary medicine. 1995;1(3):263-283.
20. Wood PB. Role of central dopamine in pain and analgesia. Expert Review of Neurotherapeutics. 2008;8(5):781-797. doi:10.1586/14737175.8.5.781
21. Keivan N, Daryabeigi R, Alimohammadi N. Effects of religious and spiritual care on burn patients' pain intensity and satisfaction with pain control during dressing changes. Burns. 2019;45(7):1605-1613. doi:10.1016/J.BURNS.2019.07.001
22. Berning JN, Poor AD, Buckley SM, et al. A Novel Picture Guide to Improve Spiritual Care and Reduce Anxiety in Mechanically Ventilated Adults in the Intensive Care Unit. Ann Am Thorac Soc. 2016;13(8):1333-1342. doi:10.1513/AnnalsATS.201512-831OC
23. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. J Health Psychol. 2004;9(6):713-730.
24. Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. Archives of internal Medicine. 2001;161(15):1881-1885.