Examining the Spiritual Care Needs of Patients Preceding In-Hospital Death

Kevin A. Van MD[1], Ven. Kevin Hickey MS, MA, CT, HEC-C[2,3]

[1]Oakland University William Beaumont School of Medicine, [2]Corewell Health William Beaumont University Hospital (CHWBUH), [3]Spiritual Care Services

Introduction

- Evaluating the spiritual care needs of dying patients within the hospital setting is not a well-developed area of research
- Patients who die within the hospital present varied spiritual and emotional needs that require an array of support strategies from a spiritual care (SC) standpoint
- There is insufficient quantifiable data on specific patient needs and interventions provided through SC, especially among end-of-life (EOL) patients

Objective

To assess patient spiritual/emotional needs and outcomes of SC prior to death following short-term and long-term hospitalizations

Hypothesis

Patients who die in the hospital following a long-term stay seek guidance via chaplaincy services for more spiritual-based needs* while patients who die following a short-term stay seek more emotional-based needs*

Materials and Methods

- Retrospective study at CHWBUH from January 1, 2023 to December 31, 2023
  - *Inclusion-* Death in the hospital, ≥ 1 SC visit, Death and SC visit during the same admission, complete SC documentation
  - *Exclusion-* ≥ 14 days since admission without an SC visit
- Subdivision of population into "Short-Term"(ST) (admission to death ≤ 7 days) and "Long-Term"(LT) (admission to death > 7 days) cohorts
- Determination of the top five spiritual-specific needs* and top five emotional-specific needs* of each cohort
- Assessment of subsequent outcomes* following spiritual care for each cohort
- Similarities/differences for primary needs and outcomes evaluated statistically by Chi-Square testing

***Spiritual Needs-** Affirmation, Belief Issues, Control, Dignity, Discernment, Doubt, End of Life Issues, Existential Concerns, Gratitude, Grace, Guilt, Forgiveness, Healing, Hope, Identity, Meaning, Mercy, Peace, Purpose, Reconciliation, Suffering, and/or No unmet spiritual needs. **Emotional Needs-** Anger, Anxiety, Apathy, Confusion, Despair, Embarrassment, Fatigue, Fear, Frustration, Functional Loss, Grief, Loneliness, Overwhelmed, Regret, Sadness, Shame, Uncertainty, and/or No unmet emotional needs. **Spiritual Outcomes-** Acceptance, Dignity, Faith, Gratitude, Peace, Hope, Control, Discernment, Self-Reflection, Insight, None Observed. **Emotional Outcomes-** Calmness, Catharsis, Courage, Resilience, Optimism, Determination, Joyfulness, None Observed.

Results

Subject characteristics for full cohort meeting study criteria

Length of Stay	Subject Count
≤ 7 Days	52
> 7 Days	95

Sex	Subject Count
Female	86
Male	61
Total	147

Average Age	Average Length of Stay	Average Chaplain Visit-Days from Death
72.35	12.17	4.73

Breakdown of reported race and ethnicity of full study cohort

Race	Subject Count
Asian	1
Black/African American	42
White	94
Other	6
N/A/Prefer not to Answer	4

Ethnicity	Subject Count
Arab/Middle Eastern	4
Non-Hispanic/Latino	120
Other	18
N/A/Prefer not to Answer	4

Primary emotional/spiritual needs for ST and LT admissions via chi-squared analysis

Emotional Needs	≤ 7 Days	> 7 Days	P-value
Functional Loss	11	11	0.1212
Uncertainty	10	16	0.7174
Fatigue	*7*	*4*	*0.0422*
Overwhelmed	*4*	*1*	*0.0343*
Sadness	3	4	0.6721
No Unmet Emotional Needs	5	12	0.5866

Spiritual Needs	≤ 7 Days	> 7 Days	P-value
Healing	25	42	0.6535
Hope	21	25	0.0798
Peace	10	9	0.0928
End of Life Issues	5	4	0.1924
Dignity	1	5	0.3293

Chi-square testing was used to determine if there is a statistically significant relationship between the specified categorical variables or if the observed data deviates significantly from the expected outcomes of the study.

Primary emotional/spiritual outcomes for ST and LT admissions via chi-squared analysis

Emotional Outcomes	≤ 7 Days	> 7 Days	P-value
Calmness	21	47	0.2922
Catharsis	4	4	0.3754
Resilience	4	8	0.8776
Optimism	1	4	0.4654

Spiritual Outcomes	≤ 7 Days	> 7 Days	P-value
Faith	16	24	0.4744
Hope	17	32	0.9044
Peace	10	13	0.3744
Gratitude	15	24	0.6385

Summary

In a diverse population of patients who died in the hospital setting:

- Emotional-based needs of both ST and LT stays were most associated with functional loss, uncertainty, and sadness with no significant difference associated between these needs; *however, a statistically significant difference exists in the emotional variables of 'overwhelm' and 'fatigue' between ST and LT stays. (p=0.034, 0.042, respectively).*
- Spiritual-based needs of both ST and LT stays were most associated with healing, hope, peace, end-of-life-issues, and dignity with no significant difference associated between these needs.
- Similarly, most SC outcomes as determined by chaplains themselves showed no statistically significant difference between ST and LT hospitalizations

Conclusion

Based on this internal research study at CHWBUH, patients who die in the hospital-setting following a ST vs. LT stay do not exhibit significant evidence of contrasting needs related to most spiritual and emotional variables assessed; however, there is evidence that ST stays were associated with greater emotional 'overwhelm' and 'fatigue' relative to LT stays.

Speculation/Future Directions

Exploration into possible connections and interventions pertaining to 'overwhelm' and 'fatigue' in ST hospitalizations of EOL patient is warranted with a larger study population, given the limitations of non-standardized chaplaincy reporting. SC services and protocols for death in EOL patients may benefit from improved training programs/assessment strategies for effective chaplaincy interventions and data collection, which will be further investigated.