The Search for Meaning in the Primary Care Clinic

A Preliminary Report of the Spiritual Care Advisor in Primary Care Project

By Rick Mitchell, M.D., M.S.
Introduction
“Shamans rouse the ancient Siberian spirits” by Anna Liesowska, The Siberian Times, 9/10/2014
Photo: Alexander Nikolsky
What Is Spirituality? What is Religion?

Source: https://www.takingcharge.csh.umn.edu/enhance-your-wellbeing/purpose/spirituality/what-spirituality
Why Should We Care About Spiritual Care in Primary Care?

- 77% of patients feel their doctor should consider their spiritual needs

- 75% of studies showed a positive association between religious commitment and health outcomes
  - Prevention of illness: Depression, substance abuse, physical illness, mortality
  - Coping with illness
  - Recovering from illness

- Do you believe that spiritual well being is important in health?
  - 96% of physicians polled did.

And yet...

**Doctors Fail to Address Patients’ Spiritual Needs**

By ROBERT KLLTZMAN, M.D.  
AUGUST 13, 2015 10:24 AM  
71

My patient, a woman in her 20s with cancer, was doing poorly on chemotherapy. The disease had spread throughout her body. We were doing everything we could to help her, but didn’t know how long she would live – probably only a few months, at most. Her mother came regularly to visit, and sat by her side. Around their necks, they both wore gold crosses on tiny gold chains. Taped on the wall, near the foot of her bed, was a greeting card with a picture of Jesus, in a red cloak with pointy gold beams radiating from his head.

She had long, light brown hair, and her bangs clung to her forehead,
So, Why Don’t We Do This?

• Lack of time (71%)

• Lack of training (59%)

• Difficulty identifying patients who want such a discussion (56%)

The Pieces Come Together

• Previous attempt to use a Spiritual Care Advisor in Bloomington was unsuccessful.

• Kim Banz, M.Div. approached our clinic to ask if she could provide spiritual care services in the outpatient setting as part of her Chaplain residency, we decided to study how feasible it was.

• Bill Johnson, M.Div., MACP was willing to participate in Kim’s absence.

• PN IRB exempted this research.
“Please don't pray for healing. If it works, your insurance won’t know who to reimburse and it messes up our accounting system.”
Materials and Methods
• Advertising for Spiritual Care Services was placed on the electronic REACH board in the waiting area and as signs in exam rooms.

• Faculty and residents were informed about this project during a series of spirituality lectures.

• Potential participants were identified by residents, clinic staff, clinic faculty, spiritual care advisor, or could self refer.

• Potential participants were approached by Bill Johnson either during clinic or by phone and were given the opportunity to engage with his free services.
• Interested patients would meet with Bill, who would interact with them according to his training.
• After each interaction, participants were encouraged to fill out a brief, anonymous feedback form about the experience.
• Data concerning practical aspects of the interaction such as who initiated the encounter, follow up visits, and how long each encounter took were recorded as often as possible.
Results
Number of patients offered intervention | 27
Number of patients accepting intervention | 18
Number of patients with multiple encounters | 8
Total number of therapeutic encounters | 32
Most visits by 1 individual in 6 month period | 7
Number of times interrupted by hall staff during introduction | 5
Number of Spiritual Care Advisor hours in clinic | 250
Estimate of Spiritual Care Advisor hours spent interacting with patients directly | 25

Table 1: Feasibility Data
Figure 1: Patient Demographics
Figure 2: Frequency of encounter initiation by role
Figure 3: Indication for intervention
Figure 4: Length of Visit
Figure 5: Timing of Spiritual Care Advisor Intervention
Patient Feedback Questions

1. Do you think your meeting with the Spiritual Care Advisor helped you?

2. Do you think you will make an appointment for another visit with the Spiritual Care Advisor?

3. Do you think that a Spiritual Care Advisor is a useful person to be able to see at a medical clinic?

Figure 6: Positive responses in post-intervention patient feedback
Patient Feedback

• “It was so nice meeting you (Bill) the other day. I have been practicing what we talked about.”

• “You neve(sic) know when the mood hits you, example, I just wanted to get a card from him and I ended up talking with him for a good 20 minutes about things and he has the same faith as me, that really is a great thing.”

• “Chaplain Bill has been a life-saver for me.”
Words from the Spiritual Care Advisor

• Mr. Johnson provided me with rich and thoughtful responses to some reflection questions I had asked him. There is not time to review them all, but here is the gist.

• On clinic attitudes towards spiritual care – “The majority of Residents and MDs – accepting. Some – resistant.”

• On patient attitudes towards interventions – “…referrals have been positive. When I’ve gone to see the patient, I’ve never encountered hostility or rejection. The extra “touch of care” always seemed to be appreciated, though brief. I felt like I was able to help and encourage patients even in a brief encounter.”
More Words

• **On practical matters** – “The majority of people did not follow through on the invitation to meet with me again. For phone referrals that I made, I recall only one recently that I followed up with in an actual session. Most people did not schedule a session with me after I introduced myself and services to them over the phone or left a message.”

• **On the role of a spiritual care advisor in clinic** – “One of the greatest functions and ways in which clinicians can be helped by spiritual care in the clinic setting is simply by them knowing that I can help them with "time." My assumption is that they simply do not have the time to deeply engage emotionally and spiritually with patients who are broken in their spirits or souls and who just need or want to talk. That's a way to explain one of the simplest ways that I can help them in their work - giving time to patients that they just don't have.”
Discussion
• 1. Discussing anything statistical about the numbers collected here is inappropriate given the low numbers involved.

• 2. There may be a trend towards preferential referring of female patients for services.

• 3. The demographics otherwise reflect the population we see roughly.

• 4. There was surprising diversity of faiths reflected in the people offered and using spiritual care.

• 5. About 2/3 of those offered services accepted using this model, and about ½ of those who accepted services had at least 1 follow up visit. Visits ranged from brief to very long, with most visits lasting 30 minutes or 60 minutes.
6. Interventions happened fairly evenly right after a visit vs. at a follow up visit on another date.

7. The Spiritual Care Advisor was kept busy with direct patient care only about 10% of the time available.

8. While the physicians seeing patients were most likely to recommend spiritual care services, people in numerous other roles also recommended services.

9. Mental health diagnoses were the ones most often causing referrals in this study.

10. Of those accepting interactions, their response to the interaction was overwhelmingly positive, with everyone agreeing that a spiritual care advisor was a good resource to have in clinic, and that they were helped by the interaction.
MORE SPIRITUALLY ENLIGHTENED OR LESS SPIRITUALLY ENLIGHTENED?

Third-eye exams
Conclusions and Future Work
1. This particular model of introducing spiritual care services into a general primary care outpatient clinic setting is inefficient and untenable.
   • Follow up – Could one spiritual care provider provide services to several clinic sites? Is there a better way to identify patients who are likely to benefit from spiritual care services?

2. Spiritual care services were most often requested for people with comorbid anxiety, depression, and other mental health diagnoses.
   • We are planning on piloting a model where people with abnormal anxiety or depression screens will be offered spiritual care services by default. We are also working on a spiritual pain screening tool to validate in a multicultural, multifaith outpatient clinic setting.

3. The services provided by the Spiritual Care Advisor were highly appreciated by those who received them.
   • In the future, we would like to have high enough numbers of participants to look directly at health-related outcomes – improvements in anxiety/depression scores, med utilization, improved measures in chronic disease outcomes, etc.
Acknowledgements

• This work was supported by a grant provided by the Creekside Family Medicine Program, with funding provided by the University of Minnesota Department of Family Medicine and Community Health


• Special thanks to Bill Johnson, M.Div., MACP, for actually doing the work, and Kim Banz, M.Div for suggesting it in the first place.
References

• Liesowska, A. “Shamans rouse the ancient Siberian spirits” The Siberian Times, 9/10/2014 Photo: Alexander Nikolsky


A Gratuitous Picture of Something I Find Meaningful...