

Describing Effectiveness of Health Care Chaplaincy: A Mixed-method Research Project

Being a Chaplain & Being with Others – How do we care? Contribution on relevant research

ENHCC

17th consultation, 11 – 15 May 2022, Chania, Greece

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Supervisor: Prof. Traugott Roser



Agenda

- **Personal Background**
- **Project Background**
- **Methods**
- **Further Process**

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Personal Background

- Degrees in Business Psychology (B. Sc.) and Caritas Science and Ethics (M. A.)
- 2,5 years of professional experience as executive assistant for a larger diaconal company with health care and social facilities → Johannesstift Diakonie
 - Working area among others assistance in administration chaplaincy services in the company's facilities
- Since 2021 PhD-project at the Faculty of Protestant Theology at the University of Münster
 - Titel: Effectiveness of health care chaplaincy – An investigation into the possibility of measurement methods



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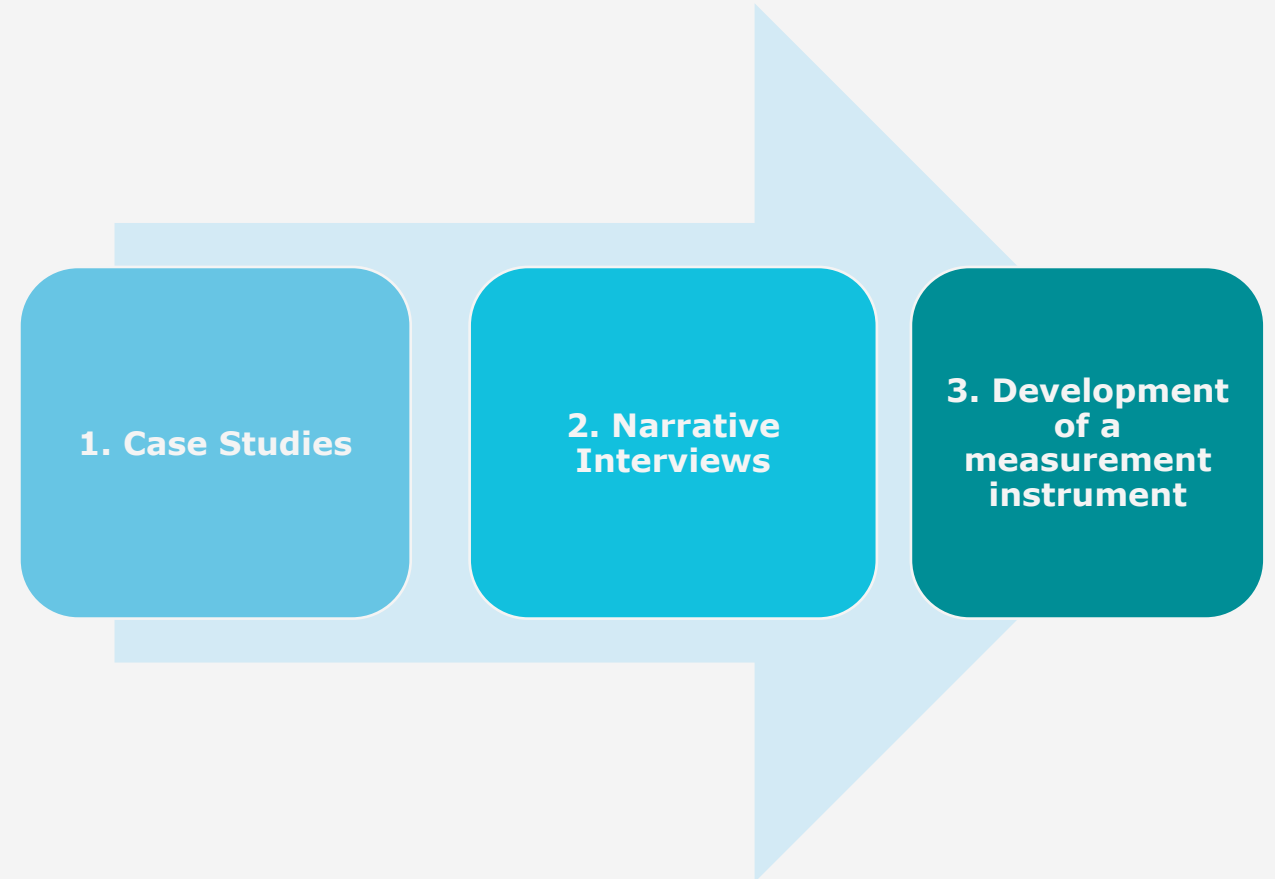


Agenda

- Personal Background
- **Project Background**
- Methods
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Project Background

- Research Project initiated in 2017 by two chaplaincy associations in western germany (Westphalia and Rhineland) together with Prof. Traugott Roser (University of Münster)
- Three project phases, mixed-method design
- Phases 1 and 2 completed by Nika Höfler (see also contribution at the 16th consultation of ENHCC), publication expected in September 2022



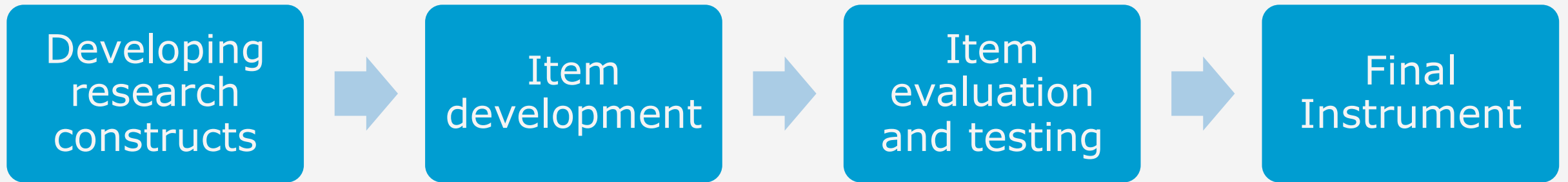
Focus of Project Phase 3

- **What we focus on:**
 - Perspective of inpatients
 - Inpatients' perception of encounters with chaplains
 - Emotional state with regard to possible impact of health care chaplaincy
- **What we don't focus on:**
 - Perspective of relatives and/or hospital staff
 - Impact of other chaplaincy activities (e.g. ethical counseling, worships)
 - Correlation of religiosity/spirituality and health

Agenda

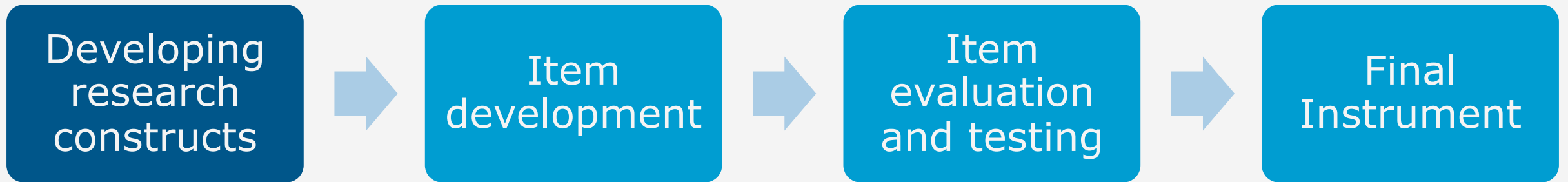
- Personal Background
- Project Background
- **Methods (and preliminary results)**
- Further Process

Methods*

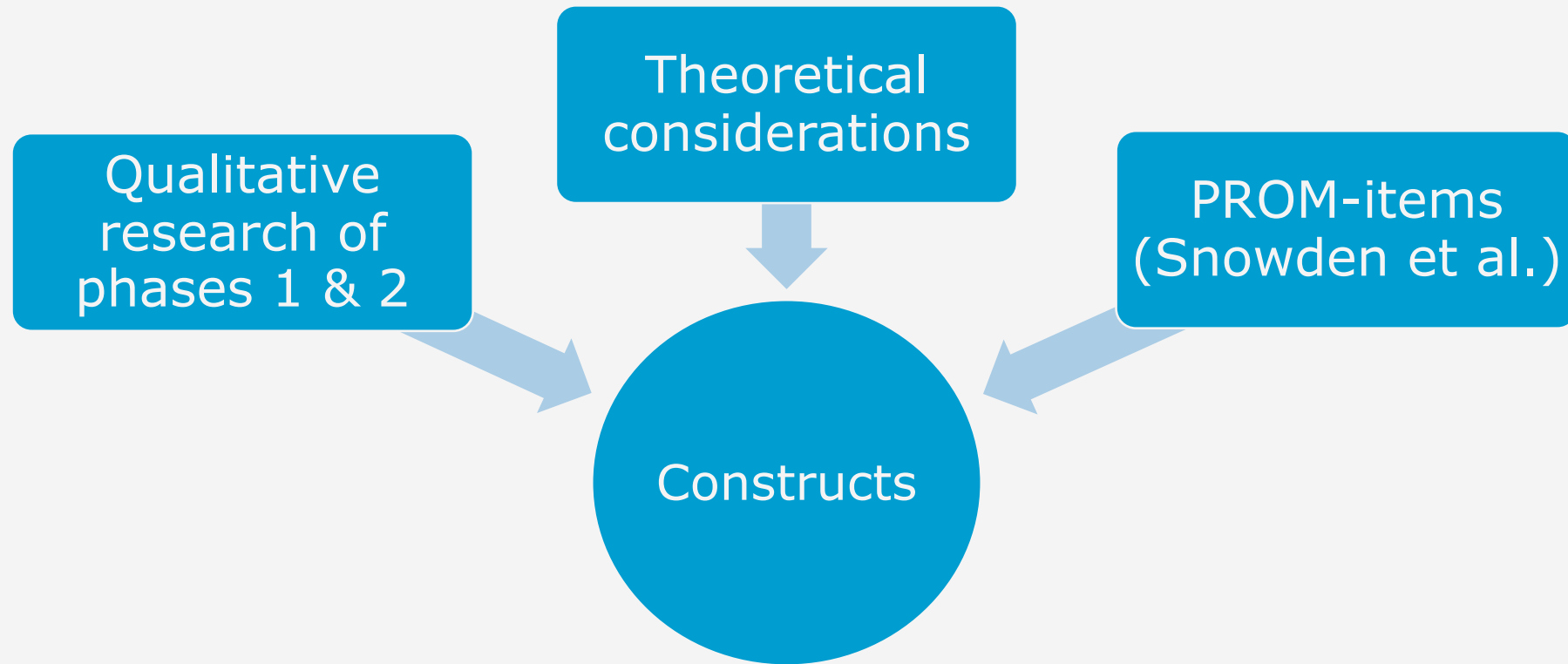


* see for example: DeVellis, R. & Thorpe, C. (2021). *Scale Development – Theory and Applications. 5th edition*, Thousand Oaks: Sage Pub; Boateng, G. O. et al. (2018). Best Practices for Developing and Validating Scales for Health, Social, and Behavioral Research: A Primer, in: *Frontiers in Public Health*, Volume 6, Article 149.

Methods



Development of Constructs



The constructs

„Quality of relationship“

„Quality of intervention“

„Dealing with vulnerability“

Process Factors of HCC

Process-outcome oriented design

- Why naming constructs?
 - Quantitative methods, but also:
 - Being clear about what to measure
 - Being clear about the chaplain's practice for the interdisciplinary discourse

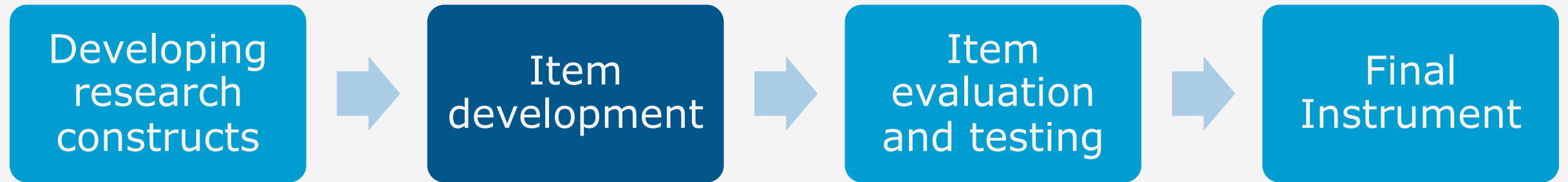
Construct definitions

"Quality of relationship": Subjective patient perception of the quality of the relationship between the patient and the chaplain. The relationship is composed by the way the chaplain shapes the relationship (e.g. empathy, acceptance) and the attitude of the patient towards the chaplain (e.g. trust in the chaplain, openness towards chaplaincy). The construct is intended to capture successful as well as unsuccessful moments in the chaplain-patient-relationship.

"Quality of intervention": Subjective patient perception of the appropriateness, and quality of the choice and design of the intervention by the chaplain. The construct is intended to capture successful as well as unsuccessful moments of health care chaplaincy interventions.

"Dealing with vulnerability" means the ability of a person to integrate the possibility or fact of their own vulnerability into their own life. Vulnerability is understood as a genuine characteristic of human life that recognises that every human being is vulnerable in the sense of a „anthropological realism“ (H. Springhart).

Methods



Item development

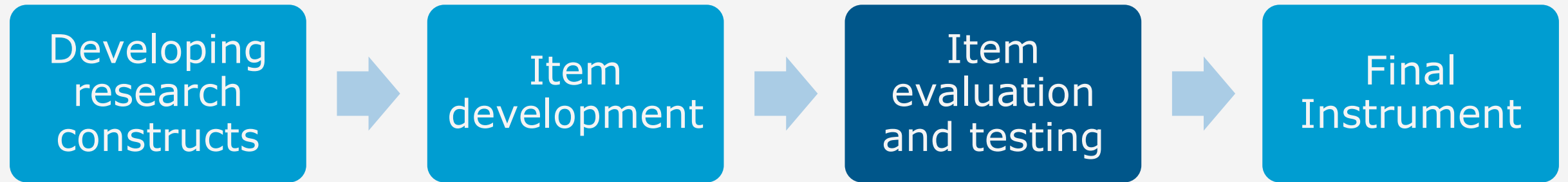
- Research of instruments / items matching with our constructs
 - Translation of PROM-items and matching them with the results of our qualitative research
 - Development of new items in alignment with the results of the qualitative research in phases 1 & 2
 - Several iterations to reduce item pool
- **115 Items for further evaluation process** (38 „relationship“, 38 „intervention“, 39 „vulnerability“)

During my meeting(s) with the chaplain I felt...

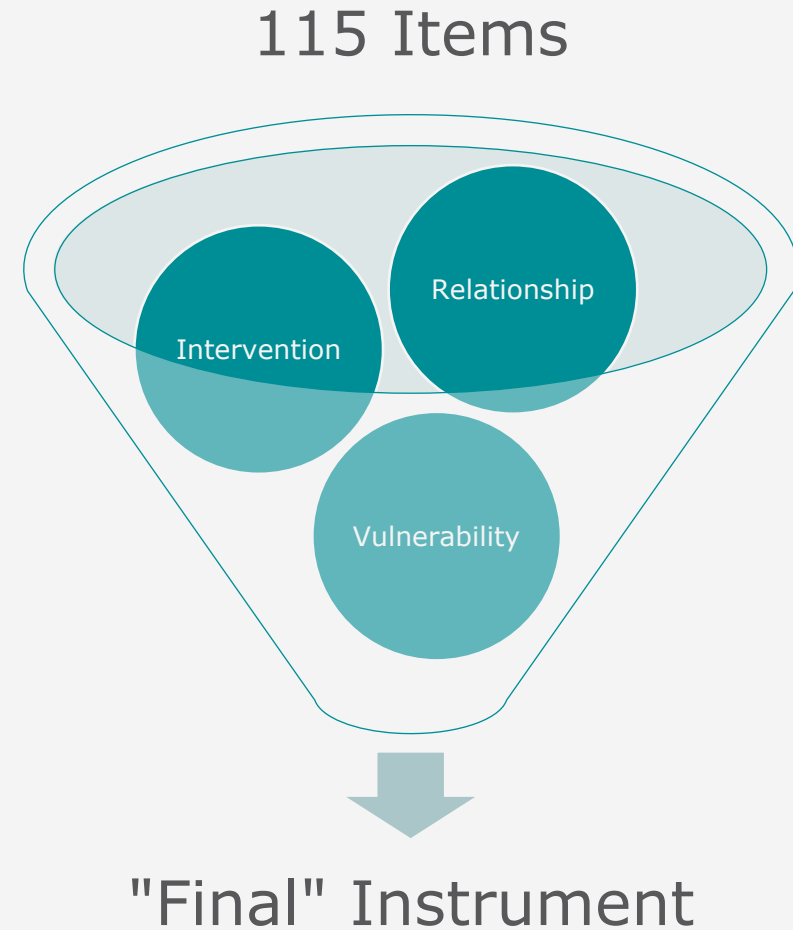
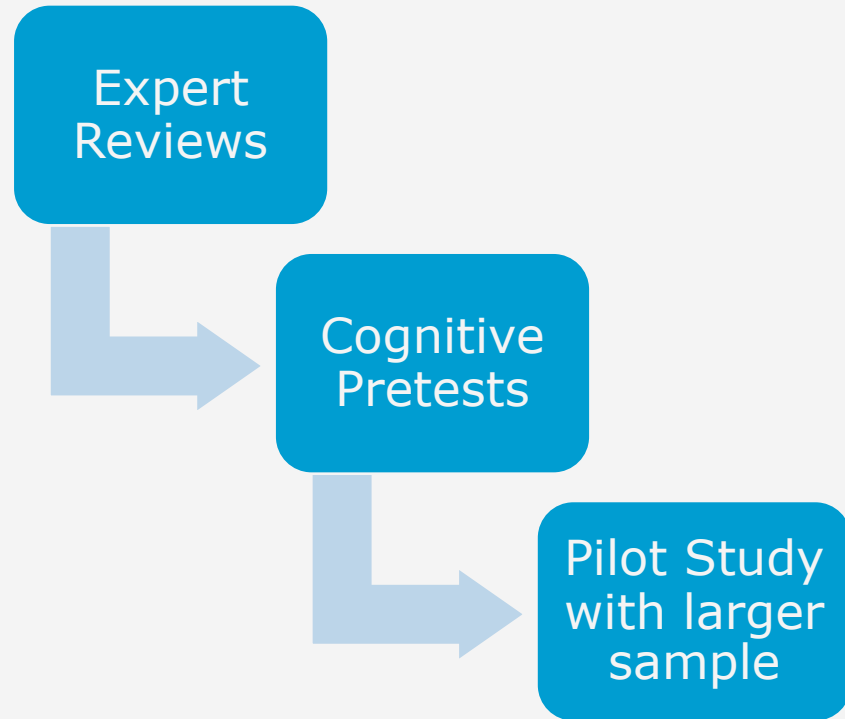
	None of the time	Rarely	Some of the time	Often	All of the time
I was listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to talk about what was on my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My situation was understood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My faith/beliefs were valued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Out of: Snowden/Karimi/Tan (2021):
Statistical fit is like beauty: A rasch and factor analysis of the Scottish PROM,
Journal of Health Care Chaplaincy

Methods



Item evaluation and testing



Expert Reviews

- **Objective:** Items with high content validity, sorting out irrelevant items, selecting relevant items with a maximum of 20 items per construct
 - **Method:** Review of the item pool by experts (chaplains, experts in poimenics, experts in item construction)
 - Experts reviewed the items on a 6-point-likert scale to see if they were suitable or unsuitable to measure the respective construct (1 = unsuitable, 6 = suitable)
 - Additional free text box to make comments on the items
 - Cut-off value for the items to remain in the item pool was a mean value of 5
 - **Survey** in 07 – 31 March 2022
 - **Sample:** N = 18
- **53 remaining items** (16 „relationship“, 18 „intervention“, 19 „vulnerability“)

Insights into the instrument | „Quality of Relationship“

During my meeting(s) with the chaplain I felt ...

- My situation was understood. (None of the time/rarely/some of the time/often/all of the time)*
- The chaplain was sensitive.
- Accepted just as I am.
- ...

*PROM-item out of Snowden/Karimi/Tan, A rasch and factor analysis of the Scottish PROM, 2021

Insights into the instrument | „Quality of Intervention“

Did the chaplain do any of the following things in the time he was with you?

- The chaplain prayed with me (Yes/No/Don't know)
 - The prayer did me good. (Strongly disagree/Disagree/Neither nor/Agree/ Strongly agree)
 - The prayer was appropriate for me.
- ...

During my meeting(s) with the chaplain I felt ...

- I was listened to. (None of the time/rarely/some of the time/often/all of the time)*
- I could express my feelings.
- I could talk about my faith/beliefs.
- ...

*PROM-item out of Snowden/Karimi/Tan (2021): Statistical fit is like beauty: A rasch and factor analysis of the Scottish PROM, Journal of Health Care Chaplaincy

Insights into the instrument | „Dealing with vulnerability“

Please indicate below on how you feel about/experience your current situation:

- I can be honest with myself about how I am really feeling. (None of the time/rarely/some of the time/often/all of the time)*
- I have a positive outlook on my situation.*
- I feel left alone with my worries.
- ...

*PROM-item out of Snowden/Karimi/Tan (2021): Statistical fit is like beauty: A rasch and factor analysis of the Scottish PROM, Journal of Health Care Chaplaincy

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Looking ahead

- **Cognitive pretests with patients for further item evaluation**
 - Techniques: Thinking aloud, paraphrasing of items and probing of items (e.g. Can you explain to me why you gave the answer you chose?)
 - Whom are we going to interview in the pretests? → Thoughts about the study design
- **Preparing the study design for the pilot study**
 - Thoughts about where (number and type of hospitals, region) and who (sample size, possible sample selection criteria) we will survey patients
 - Is it possible to make assumptions about the representativeness of health care chaplaincy practice in Germany?



Thank you for your attention!

Let`s discuss!

- How does the construct “dealing with vulnerability” correlate with other commonly used (outcome) constructs in research such as “well-being” or “quality of life”? How would you – in your practice – relate to the construct?
- For the sampling strategy in a study design: What are your thoughts on „representativeness“ of health care chaplaincy practice?
- How can we transfer a patient’s perception of religious-spiritual intervention (e.g. prayers, sacraments) into measurable items?

Literature 1 | 2

- Bieler, A. (2017a). *Verletzliches Leben: Horizonte einer Theologie der Seelsorge*. Göttingen: V&R.
- Bieler, A. (2017b). Enhancing Vulnerable Life. Phenomenological and Practical Theological Explorations. In: H. Springhart/ G. Thomas (eds.): *Exploring Vulnerability*. (Göttingen: V&R). 13-34.
- Boateng, G. O. et al. (2018). Best Practices for Developing and Validating Scales for Health, Social, and Behavioral Research: A Primer, in: *Frontiers in Public Health*, Volume 6, Article 149.
- Culp, K. A. (2017). Vulnerability and the Susceptibility to Transformation. In: H. Springhart/ G. Thomas (eds.): *Exploring Vulnerability*. (Göttingen: V&R). 59-70.
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- Höfler, N. (2022). *Wirksamkeit von Krankenhausseelsorge – Eine qualitative Studie* (dissertation not yet published).

Literature 2|2

- Klein, R. (2015). Schmerzfrei Leben?, in: *Neue Zeitschrift für Systematische Theologie und Religionsphilosophie*. 57:3, 301-317.
- Snowden, A. & Telfer, I. (2017). Patient Reported Outcome Measure of Spiritual Care as Delivered by Chaplains, in: *Journal of Health Care Chaplaincy*, 23:4, 131-155.
- Snowden A., Karimi, L. & Tan, H. (2021). Statistical fit is like beauty: A rasch and factor analysis of th Scottish PROM, in: *Journal of Health Care Chaplaincy*.
- Springhart, H. (2017a). Vulnerable Creation: Vulnerable Human Life between Risk and Tragedy, in: *Dialog: A Journal of Theology*, 56:4, 382-390.
- Springhart, H. (2017b). Exploring Life's Vulnerability: Vulnerability in Vitality. In: H. Springhart/ G. Thomas (eds.): *Exploring Vulnerability*. (Göttingen: V&R). 13-34.