

Study shows enhanced spiritual care improves well-being of ICU surrogate decision-makers

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Family members or others who make decisions for patients in a hospital intensive care unit (ICU) often experience significant anxiety,

depression and post-traumatic stress.

In one of the first studies to address the effect of spiritual support on the well-being of these surrogate decision-makers, researchers led by Alexia Torke, M.D., with Regenstrief Institute and Indiana University School of Medicine, found that those receiving enhanced [spiritual care](#) had a clinically significant decline in anxiety. Additionally, family surrogates receiving enhanced spiritual support experienced higher spiritual well-being and satisfaction with spiritual care compared to individuals receiving usual care from a hospital chaplain.

The enhanced spiritual care model, developed and implemented by the researchers, many of whom are chaplains, addressed the most important questions about religion and spirituality that ICU patients and their family members were likely to face. The researchers noted that board-certified chaplains provide spiritual care to patients of all religions or no religion. Spirituality is defined to include big questions about life, including meaning, purpose, spiritual experiences and connection to oneself and others.

"Throughout my career as a physician, as I have spoken with patients and family members about critical illness and life and death decision-making, many of them have talked about their religious and spiritual practices and beliefs. Yet, studies addressing the effect of spiritual support on family members of these very sick individuals are lacking," said Dr. Torke.

"This study, one of the first of its kind, enabled us to actually measure the impact of spiritual care on those who are making decisions for ICU patients who are unable to do so for themselves." A clinician-researcher focused on [palliative care](#), Dr. Torke directs the Daniel F. Evans Center for Spiritual and Religious Values in Healthcare at IU Health.

A total of 128 pairs of patients (age 18 and older) admitted to an ICU and unable to make [medical decisions](#) and their surrogate decision-makers—typically family members—participated in the study.

Patients and family members in the usual care arm of the study saw a chaplain, on average, two times during the patient's ICU stay.

Patients and family members participating in the enhanced spiritual care arm of the study saw a chaplain, on average, four times during their relative's ICU stay. Surrogates were contacted again six to eight weeks after the patient's discharge from the hospital. If, however, the patient died during hospitalization, study chaplains attempted a bereavement visit, in person or by telephone, within 48 hours of the patient's death.

Dr. Torke notes that the study's enhanced spiritual care model, which builds upon usual chaplain practice, is scalable and could be adapted by hospitals across the country and around the world because it is uncomplicated and was developed to fit well into existing spiritual care departments.

The primary endpoint of the study was measurement of the surrogate's anxiety, six to eight weeks after the patient's discharge. The researchers found that those enrolled in the expanded chaplain interaction arm of the study had a clinically significant decline in anxiety and showed improvement in their spiritual well-being and satisfaction with spiritual care.

"As we discuss in the paper, spiritual care does not bring in revenue for a hospital. Chaplains, at this point in time, don't bill the way physicians do, and so they are not generating income for a hospital. And sometimes when budgets are tight, it's very tempting to cut chaplain programs," said Dr. Torke.

"By building a research base and research knowledge about spiritual care, we are demonstrating the importance of chaplains to the long-term well-being of our patients and their family members. Even though they're not bringing in money, chaplains are an extremely important part of the care environment, providing real support to [family members](#) as well as patients in critical ways that not only affect satisfaction and but also health outcomes."

"Effects of Spiritual Care on Well-being of Intensive Care Family Surrogates: A Clinical Trial" is published in the *Journal of Pain and Symptom Management*.

The authors concluded, "results of this study can inform hospitals, payors and policymakers about the value of chaplain-delivered spiritual care to improve emotional and spiritual support for ICU families. These results provide evidence for greater inclusion of chaplains in palliative and intensive care and inform the field about important elements of high-quality spiritual care such as proactive contact, comprehensive assessment, and tailored interventions."

More information: Alexia M. Torke et al, Effects of Spiritual Care on Well-Being of Intensive Care Family Surrogates: A Clinical Trial, *Journal of Pain and Symptom Management* (2022). [DOI: 10.1016/j.jpainsymman.2022.12.007](https://doi.org/10.1016/j.jpainsymman.2022.12.007)

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