



2017

Developing Evidence-Based Practice in Chaplaincy: A Study of Unit and Chaplain-Specific Integration

Heber Aviles Villegas
Virginia Commonwealth University

Juanita Claiborne
Virginia Commonwealth University

Martin Garner
Virginia Commonwealth University

See next page for additional authors

Follow this and additional works at: <https://scholarscompass.vcu.edu/gradposters>

 Part of the [Medicine and Health Sciences Commons](#)

Downloaded from

Villegas, Heber Aviles; Claiborne, Juanita; Garner, Martin; Green, Neal; Kelly, Laura; Owens, Clara; and Stephen, Arouna, "Developing Evidence-Based Practice in Chaplaincy: A Study of Unit and Chaplain-Specific Integration" (2017). *Graduate Research Posters*. Poster 13.

<https://scholarscompass.vcu.edu/gradposters/13>

Authors

Heber Aviles Villegas, Juanita Claiborne, Martin Garner, Neal Green, Laura Kelly, Clara Owens, and Arouna Stephen

DEVELOPING EVIDENCE-BASED PRACTICE IN CHAPLAINCY: A STUDY OF UNIT AND CHAPLAIN-SPECIFIC INTEGRATION

Heber Aviles Villegas * Juanita Claiborne * Martin Garner * Neal Green * Laura Kelly * Clara Owens * Arouna Stephen
Department of Patient Counseling VCU School of Allied Health Professions

STUDY PROCESS GUIDED BY RESEARCH METHODOLOGICAL BASICS

Project, focusing on quality improvement, conducted in satisfaction of three mandatory research classes (PATC 640, 641, 642) in VCU Department of Patient Counseling's MS Program and taught by Dr. Diane Dodd-McCue, 2016-2017 Academic Year.

RESEARCH LITERACY, PROJECT FOUNDATION

- Develop competency with research basics and research critique
- Review of relevant literature and development of study objectives
- Identify relevant theory-based measurement instrument
- Generate research plans for application across service line units covered by chaplain residents
- Solicit ideas for refining research plans from service line liaisons and other PATC faculty
- Employ non-experimental descriptive research design

COMPLIANCE, RECRUITMENT, DATA COLLECTION

- Complete CITI; identify project as "quality improvement"
- Complete REDcap training; use in creating online survey
- Generate chaplain-specific integration questions to add to validated survey
- Identify sampling strategy as convenience, purposeful
- Specify inclusion, exclusion criteria for survey participation
- Provide nurse managers and other relevant unit stakeholders with summary of proposed project
- Initiate unit specific recruitment for survey participation
- Launch data collection in units

ANALYSIS, IMPLICATIONS FOR PRACTICE, DISSEMINATION OF RESULTS

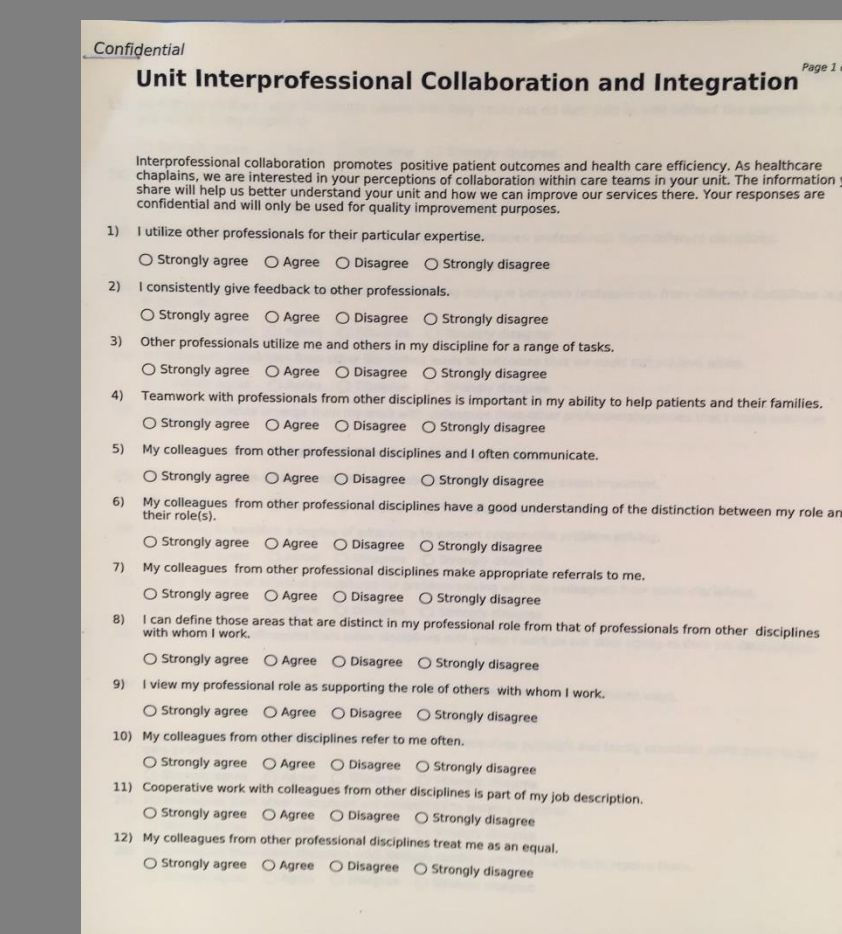
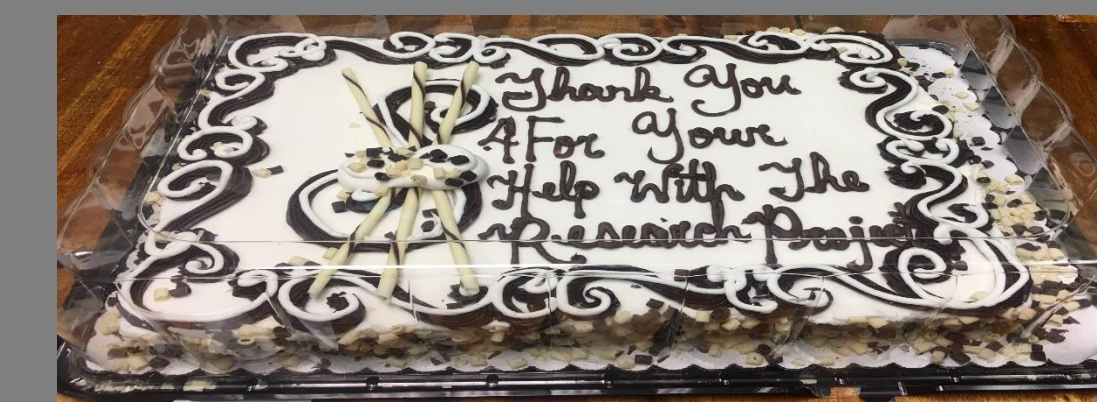
- Review survey data, generate descriptive profile of units and survey participants
- Provide summary of unit results to reflect theoretical foundation and subscales
- Identify generalizability based on representativeness of survey participants
- Generate implications of results to units; identify implications to chaplain practice
- Identify relevant stakeholders who would benefit from these findings and implications
- Develop deliverables (abstract, poster, unit overview) for relevant stakeholders
- Initiate distribution of results to relevant stakeholders using appropriate delivery methods
- Review project process to identify strengths and areas for future improvement

RESULTS AND IMPLICATIONS

Results developed for each unit participating in the study included overall unit indices and chaplain-specific indices for each of the five dimensions of integrations. For all units surveyed, unit integration was relatively more positive than chaplain-specific integration, although not significantly so for all units. Of the five dimensions of integration, at the unit and chaplain-specific level **reflection on process** was identified as the weakest integration dimension, while the strongest dimension was either **interdependence** or **flexibility**. The patterns of responses varied across with units; some reflected a narrow response range, which implies staff consensus, while others suggest a disparity of staff opinion. Relative to mechanisms by which chaplains are integrated into the care team, **referrals to patients** emerge as the more frequently used within all units, and **self-referrals** and **referrals to staff** varying in usage. Results highlight a wide variation in the use of **chaplain charting**.

The implications of unit results were developed with respect to the generalizability of the unit sample. The response rates across the units surveyed varied, with several equal or higher than the 30% response rate deemed adequate for most social science research. Across all units the majority of respondents were female and nurses, often with relatively limited experience in the profession and unit. This respondent profile suggests potential opportunities for targeted orientation and education to enhance unit and chaplain-specific integration.

Although the implications of results for chaplain practice are unit-specific, recommendations across all units include improving **reflection on process** for overall unit integration as well as chaplain-specific integration. For all units this suggests opportunities by chaplains to improve other staff members understanding of chaplains activities as well as how they might be more efficiently and effectively engaged. Additionally, across all units **chaplain charting** was identified as an often under-utilized source of communications.



STUDY ABSTRACT

Health care chaplains provide spiritual care across diverse hospital units. As a result of the complex and interprofessional nature of health care services, different units are associated with unique integration and collaboration needs. Effective chaplain practice and patient-centered care are enhanced by sensitivity to unit differences. **Our project, aimed at quality improvement, examined unit and chaplain integration to promote interprofessional collaboration and unit-specific evidence-based practice.**

Integration was conceptualized by five dimensions: interdependence, newly created professional activities, flexibility, collective ownership of goals, reflection on process (Bronstein, 2002). Data was collected using the Interprofessional Integration and Collaboration Instrument (Bronstein, 2002), which has strong measurement quality (Bainbridge et al., 2015). Addition questions captured chaplain-specific integration and methods of chaplain engagement (charting, referrals). The survey was available in electronic and paper format.

Over 150 staff from 10 units at an academic medical center and a system-affiliated hospital participated in the 2017 convenience survey. **Survey results were used to develop profiles of unit integration by each of the five dimensions; of chaplain-specific integration; of chaplain engagement; and of perceived contributions of chaplains to patient care. Demographic information was summarized to determine representativeness. The results were used to generate three unique deliverables for each of the units studied: an abstract; a poster, and a unit overview summary which will be available to unit staff and hospital chaplains electronically.** The results are also being disseminated to hospital administrators and other relevant stakeholders.

The findings contribute to quality improvement and evidenced-based practice by identifying how chaplains can effectively integrate within specific units. Although the focus of this study was integration, the study process - using research methodological concepts - can be adapted by chaplains to other research questions and quality improvement areas.

