Background & Hypothesis

• Spiritual care is a form of complimentary medicine
• Spirituality can be defined as the connection/relationship people have with their environment, heritage, sacred holy, and other people. When these relationships experience stress due to illness or other sources the individual experiences spiritual struggle.
• This study focuses on inpatients who are vulnerable to spiritual struggle: patients with eating disorders, suicide attempts or ideation, ETOH addictions, and a history of assault.
• Hypothesis: We hypothesized that spiritual care sessions in a hospital would be correlated with a decreased length of stay (LOS) in inpatients who are vulnerable to spiritual struggle.

Methodology

• Reviewed qualitative and quantitative studies
• Examined EBI reports to find candidates for study
• Categorized patients into 3 groups: candidates, possible candidates or unspecified, and not candidates (for possible candidates I examined more patient information to see if they fit the criteria for our group of interest.)
• Used ICD Volumes 9 and 10 to find medical codes related to our group of interest
• Contacted financial analyst
• Utilized EPIC to match patients with diagnoses and to gather LOS data

Data

• LOS data was gathered from an 18 month period (1/1/15-6/30/16)
• There was 11,351 inpatients in total, only 1047 of these patients had diagnoses that we were studying
• Due to time constraints I reviewed 30% of the patients
• 315 patients were reviewed
• Out of the 315 over half (172) had ETOH/addiction as a diagnosis
• One third had an eating disorder as a diagnosis
• The remaining had either suicide attempts/ideation or sexual assault as a diagnosis
• None of the sexual assault victims had a spiritual care visits and only two of the patients with suicide attempt/ideation had one.
• The mean was calculated for each group, and the average LOS are illustrated in a bar graph

Results

• The chart gives a varied response to our initial hypothesis. It provides the following information:
  1. There is a difference between LOS in patients with ETOH/addiction and eating disorders.
  2. Our data does not show a correlation between suicide attempts/ideation and spiritual care interventions, this may be due to our small sample size.
  3. No data was found on LOS with interventions for sexual assault patients. Therefore we have a null value.

Conclusions

• Our hypothesis is not fully supported by the data but we can conclude the following:
  1. There may be a correlation between spiritual care visits and LOS in patients who have eating disorders or ETOH addiction.
  2. There does not seem to be a correlation between patients who have/had suicide attempts or ideation.
  3. There is no data to support a conclusion that sexual assault patients’ LOS will be affected by spiritual care.

Recommendations

• A larger sample size would have produced more valid and accurate results. Since there were two suicide attempt/ideation with a spiritual care intervention and no sexual assault patients with a spiritual care intervention those data values are not accurate.
• Further studies can be strengthened by controlling more variables. Our study had many uncontrolled variables such as: duration of visits and the number of chaplains per patient. Having less uncontrolled variables would improve the study.
• More research and education should be done on the connection between spiritual care and healthcare
• Explore further implication of not only biological but spiritual, psychological and social aspects in health care