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## **PATIENTS' PERCEPTION ABOUT THE ROLE OF HOSPITAL CHAPLAIN IN HEALTHCARE DELIVERY: A SURVEY AT A FAITH-BASED HEALTHCARE FACILITY IN ACCRA, GHANA**

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### **ABSTRACT**

*This study aimed to unearth patients' perception about the role of chaplaincy in the healthcare delivery system. The study specifically sought to explore the emotional and spiritual needs of patients Vis-a Vis chaplain presence in hospitals. The study was a quantitative survey using self-administered questionnaires. Pentecost Hospital, Madina (a suburb of Accra, Ghana) provided the geographical context of the study. The study was based on 150 structured questionnaires. The quantitative data were analysed using SPSS 20.0 software. Descriptively, the data was presented and the Crosstab and chi-square test of independence were used to test the research hypotheses.*

*Overall, the findings from this study suggest that patients perceive the role of the hospital chaplain to be an important part of quality care delivery since the presence of chaplain can aid their spiritual as well as emotional healing and should be encouraged or made an integral part of healthcare system in Ghana.*

**KEY WORDS:** Healthcare, Emotional Needs, Spiritual Needs, Chaplaincy Care.

### **SECTION I**

#### **1. INTRODUCTION**

Spirituality is a significant component of the Ghanaian culture and it is frequently mentioned as an explanation for the well-being or otherwise of the Ghanaian (Kretchy, Owusu-Daaku, and Danquah, 2013). In this region of the globe, both beneficial and bad health can receive some spiritual significance. Spiritual beliefs and practices are a source of comfort, coping and support and are the most efficient ways to influence healing; God is responsible for physical and spiritual health and the doctor is God's tool for healing. Spiritual wellness is an important dimension on which health can be enjoyed and is an important base of other dimensions of health (Abel, and Busia, 2005). Spiritual

orientation can help people to cope with the effects of a life stress situation which can contribute to many physical and mental diseases (Balducci, 2011).

In the state of doubt or in cases when all physical efforts - X-ray or Laboratory tests are not conclusive and other medicine seems not to work, patients use their belief system that they have trespassed against God and ask to be forgiven. In this case they resort to shrines and other traditional healers. Those who are Christians or Moslems resort to use the priestly or Imam etc... to aid them in determining answers to their ailment or cure (Takyi, 2003).

One by one from medical involvement, some people's beliefs are firm that they profit from it. The chaplain's work is so beneficial on such patients

by drawing upon their faith to influence their healthcare outcome or experience.

Even though patients in one mode or the other rely on their spiritual or spiritual beliefs to cope with and also want their spiritual values taking into account in planning their treatment, they neglect to appreciate or make broad use of the presence of hospital chaplains in the health care organization to see that need. This may be as results of lack of wide exposure of patients to the works of the chaplain in this country. Relatives mostly are eager to take their patients out of the hospital to spiritual healers to seek for solutions or cure even though the chaplain might be in the healthcare facility for that same purpose. Harvard Cardiologist, Herbert Benson (1996) wrote: "I am amazed that my scientific works have so conclusively shown that our bodies are wired to be nourished and healed by prayer and other practices of belief." Professional chaplains respect and respond to patient values and beliefs, encouraging a more holistic approach to healthcare.

The goal of this study was to unearth patients' perception about the role and benefits of the hospital chaplain and also ascertain to what extent chaplaincy contributes to holistic care and the need to make chaplaincy an integral part of healthcare in Ghana. The study specifically sought to study the relationship between patients' spiritual needs and the existence of chaplaincy services in health facilities and finally to explore the emotional needs of patients Vis-a Vis chaplain presence in hospitals.

## SECTION II

### 2. REVIEW OF RELATED STUDIES AND HYPOTHESES PROPOSITIONS

It must be observed that, religion and spirituality are important to most Ghanaians and religious coping is a major resource that many use to dole out with sickness. Even though spirituality is key to the health outcomes in Ghana, there is scare literature on the topic. However, despite this scarcity on studies pertaining to the presence of chaplaincy service and the spiritual and emotional healing of patients, some studies have nonetheless been conducted in those areas.

A study of patients in a palliative care unit with end-stage cancer found that 61% of patients were experiencing spiritual pain at the time of being interviewed.

Approximately 50% of patients indicated that they would like the chaplain to provide a sense of existence, listen to them, visit with them, or accompany them on their journey. The more religious cancer patients also preferred religious intercessions from the hospital chaplain always. The study further showed that, most advanced cancer patients (78%) were of the view that religion/spirituality matters

were of prime importance in the illness experience (Alcorn et al., 2010).

A research survey of nearly 600 older, severely ill medical patients conducted by Koenig et al (1998) showed that those who sought a connection with a compassionate God, as well as support from chaplaincy service, were less depressed and appraised their quality of life as higher, even later on bringing into account the rigor of their malady. Similar work has also let out that spiritual well-being helps persons moderate the following painful feeling that come with illness: anxiety, hopelessness, and isolation. Many patients expect chaplains to help them with such distressing feeling (Pargament, Koenig, Tarakeshwar & Hahn, 2004).

Likewise in a survey of advanced cancer patients by Balboni et al, (2007), 88% of the patients regarded the presence of chaplaincy service in hospitals to be very much important to their healing process. Another survey revealed that only 42% of hospitalized patients experienced the existence of chaplaincy service in hospitals to be very much of help to their healing. The work indicated that the great majority of the respondents, 42% could name an individual to whom they could approach close to spiritual concerns (Sivan, Fitchett & Burton, 1996).

As regards to the presence of chaplaincy services in hospitals and the perceived emotional healing of patients, little studies has also been conducted. Handzo et al. (2008a) have reported in their study that patients sought the services of chaplains for the purposes such as Counseling, Crisis intervention and Emotional enabling and support. In their study it was reported that more patients preferred the presence of chaplain service in hospitals for the purpose of emotional upliftment.

Flannelly, Weaver & Handzo (2003) in their study also revealed that patients sought the services of chaplain because of Emotional enabling, Faith affirmation as well as Scripture reading. This is also in affirmation of Flannelly, Handzo, Weaver and Smith (2005) who also argued that patients in hospitals sought the services of chaplains because of Emotional support. The study also revealed that family members present in hospitals taking care of their patients sought the presence of chaplaincy service in times of bereavement as well as counseling purposes and emotional support

Galek et al. (2009) in their study also found out that patients seek chaplains in hospital because of Emotional issues/pain and end of life issues.

Fogg, Weaver, Flannelly and Handzo (2004) also noted that chaplain provides services to patients and their families in the aspect of advocacy or assistance, during times of anxiety, death and bereavement. They further noted that chaplains are

very important to patients during times of emotional depression and support during Pregnancy loss.

Flannelly, et al (2009) also looked at the impact of chaplaincy services with full concentration on the satisfaction with chaplains in a hospital that specialized in orthopaedic surgery. The results of their study indicated that 80% of the respondents thus the patients felt that their emotional and spiritual needs were met by the chaplain, and over 85% of the patients felt listened to and supported by the chaplain.

**STATEMENT OF HYPOTHESES**

**Hypothesis 1:** There is a relationship between Spiritual needs of patient and chaplain visit.

**Hypothesis 2:** There is a relationship between Patient emotional needs and chaplain visit

**SECTION III**

**3. METHODOLOGY**

This study employed quantitative methods of data collection using survey for a targeted population being patients of Pentecost Hospital, Madina a suburb of Accra. In all, 150 patients ranging from 18+ were conveniently and purposively sampled for the study at a confidence interval of 95% and using a margin error of 5%, making room for attrition rate of 5%. The Statistical Package for Social Sciences (SPSS Version 20.0) was the main statistical tools employed in analyzing the data

obtained for this study. Descriptively, the Crosstab and chi-square test of independence were used to test the research hypotheses.

**SECTION IV**

**4. RESULTS AND DISCUSSIONS**

**4.1 Socio-demographic**

**Characteristics of Respondents:-**

A total of 150 patients were interviewed over a three-week period. During data cleaning, it was observed that 4 of patients did not provide information on their ages and were discharged and could not be traced at the time of data cleaning. The data point on these patients were deleted.

The youngest and oldest patients interviewed were 18 years and 78 years respectively. The median and mean ages were 32 years (interquartile range of 26-42years) and 32 years (standard deviation of 16.8years) respectively. The majority of patients were Christians (76.7%). The rest were Moslems (20.7%) and traditionalist (2.7%). Most of the patients were other self-employed (44.7%), traders (32%) and civil servants (23.3%). Table 4.1.

**Table 4.1: Showing the Socio-demographic characteristic of respondents**

Variable		Number	Percentage
Age	18-28yrs	36	24.70%
	28-45yrs	79	54.10%
	45-78yrs	31	21.20%
<b>Total</b>		<b>146</b>	<b>100%</b>
Religion	Christian	115	76.70%
	Moslem	31	20.70%
	Traditionalist	4	2.70%
<b>Total</b>		<b>150</b>	<b>100%</b>
Occupation	Civil Servants	35	23.30%
	Other Self-employed	67	44.70%
	Traders	48	32.00%
<b>Total</b>		<b>150</b>	<b>100%</b>

### 4.2 Chaplain Visit and Greatest Needs of Patients

**Table 4.2: showing Patients greatest needs when they visit the hospital**

Variable	Number	Percentage
Physical/Material Needs	84	56%
Spiritual/Emotional Needs	59	39.30%
Other Needs	7	4.70%
<b>Total</b>	<b>150</b>	<b>100%</b>

Patients confirmed having some needs when they come to the hospital and expressed the desire to see the chaplain meeting them. From figure 4.2 above, it emerged that the greatest needs of patients when they visit the hospital was the physical/material needs (56%). Majority of respondents wanted their physical/material needs to be met. Spiritual/emotional needs (39.3%) emerged the

second greatest needs that patients wanted the chaplain to address followed by other needs (4.7%).

### 4.3 HYPOTHESES TESTING

**Hypothesis 1: There is a relationship between Spiritual needs of patient and chaplain visit**

	Poorly	Satisfactory	Good	Excellent	No answer	Total	chi-square P-value
No, not heard or seen it before	6	5	4	0	8	23	0.003
Yes, I have experienced it	15	30	38	9	13	105	
Yes, I have seen it but not experienced it	3	1	15	0	3	22	
Total	26	36	57	9	24	150	

From Table 4.3 above, the p-value is 0.003 which is less than 0.05. Hence we can say that patient spiritual needs of patient depend on chaplain visit. Hence this hypothesis has been supported. From the cross tab majority of the patient that response “good “in terms of their spiritual needs have experienced chaplain visit.

Hence the hypothesis that states that patient spiritual needs of patient depend on chaplain visit is supported by the findings of the current study (*see table 4.3above*). From the findings in table 4.3, if patients spiritual needs depend on the contributions of chaplains presence in hospitals, then this gives credence to the fact that there is the need to incorporate the services of chaplains in Ghanaian hospital be it a mission hospital or state own hospitals or private ones.

This finding of the current study is in agreement with (Mako, Galek & Poppito, 2006) who

found out that, approximately 50% of patients they surveyed indicated that they would like the chaplain to provide a sense of existence, listen to them, visit with them, or accompany them on their journey. The more religious cancer patients also preferred religious intercessions from the hospital chaplain always.

In consonance with the current study, Koenig et al (1998) also demonstrated that those who sought a connection with a benevolent God, as well as support from chaplaincy service, were less depressed and rated their quality of life as higher, even after taking into account the severity of their illness. Similar study have also revealed that spiritual well-being helps persons moderate the following painful feeling that accompany illness: anxiety, hopelessness, and isolation. This current study is also in support of Pargament, Koenig, Tarakeshwar & Hahn, (2004) who revealed that, many patients

expect chaplains to help them with such distressing feeling.

The outcome of the current study has also been found to be in line with a survey of advanced cancer patients by Balboni et al, (2007), who revealed that 88% of the patients they interviewed considered the presence of chaplaincy service in

hospitals to be very much important to their healing process.

**Hypothesis 2: There is a relationship between Patient emotional needs and chaplain visit**

<b>Table 4.4 Crosstab and chi-square test of independence between Chaplain visit and Emotional needs</b>							
	Poorly	Satisfactory	Good	Excellent	No answer	Total	chi-square P-value
No, not heard or seen it before	4	11	8	0	3	26	0.08
Yes, I have experienced it	7	33	48	9	3	95	
Yes, I have seen it but not experienced it	1	7	14	5	2	29	
Total	12	51	70	14	8	150	

From Table 4.4 the p-value is 0.008 which is less than 0.05. Hence we can say that patient emotional needs depend on chaplain visit. This hypothesis has been supported. From the cross tab majority of the patient that responded “good” in terms of their emotional needs they have experienced due to chaplain visit. From the above table, it is clear that the emotional needs of patients admitted to hospitals depend on chaplain’s visit. This has been confirmed by the hypothesis which sought to establish whether the emotional needs of patients depend on the presence of chaplains in their respective hospitals. It must be noted that, hospital chaplains play an especially important role in identifying patients in emotional distress and helping them restore their emotional problem thus improving their health and adjustment and this services patients have found to correlate with chaplains visit.

This findings supports Handzo et al. (2008a) who in their study noted that patients sought the services of chaplains for the purposes such as Counseling, Crisis intervention and Emotional enabling and support.

This current study is also in support of Flannelly, Weaver & Handzo (2003) who in their study also revealed that patients sought the services of chaplain because of Emotional enabling, Faith affirmation as well as Scripture reading. This is also in affirmation of Flannelly, Handzo, Weaver and Smith (2005) who also argued that patients in

hospitals sought the services of chaplains because of Emotional support.

The findings of this current study in direct agreement with earlier studies conducted by Galek et al. (2009) who found out that patients seek chaplains in hospital because of Emotional issues/pain and end of life issues.

In support with the findings of the current study, Fogg, Weaver, Flannelly and Handzo (2004) also noted that chaplain provides services to patients and their families in the aspect of advocacy or assistance, during times of anxiety, death and bereavement. They further noted that chaplains are very important to patients during times of emotional depression and support during Pregnancy loss.

This particular finding of the current study is also in consonance with a study by Flannelly, Oettinger, Galek, Braun-Storck and Kreger (2009) who looked at the impact of chaplaincy services with full concentration on the satisfaction with chaplains in a hospital that specialized in orthopaedic surgery. The results indicated that 80% of patients felt that their emotional and spiritual needs were met by the chaplain, and over 85% of the patients felt listened to and supported by the chaplain. This implies that the services of chaplain is very beneficial in the aspect of emotional support to patients as has been supported by this hypothesis.

## SECTION V

### 5.1 CONCLUSION

The study aimed to establish patients' perception about the role of hospital chaplain in the healthcare system and to ascertain to which extent chaplaincy contributes to medical care. Thus the study sought to bring to light whether presence of chaplains in hospitals will help in the emotional and spiritual healing of patients. Based on the aforementioned objective two hypotheses were developed and tested.

The outcome of the study revealed that, the presence of chaplains in hospitals can help patients and speed up their healing process. This implies that the spiritual needs can be met when chaplains are available in hospitals. The study also tried to find out if there is a relationship between Patient emotional needs and chaplain visit. At the end of the study, it was evident that the presence of chaplain in hospital is very important to the emotional needs of patients. This also implies the presence of chaplains in hospital can contribute strongly to the emotional upliftment of patients who are emotionally down due to their state or condition. At the end of the study, it was also established, even though patients in one way or the other might have physical needs, however, they noted that the presence of chaplains do not guarantee the provision of the physical needs of patients. The patient saw spiritual and emotional needs provided by chaplains to be more important than chaplains providing physical needs even though physical needs is also crucial to patients.

Generally, the patients perceived the role chaplain play in the hospital as a very crucial and an important one which should be encouraged and made easily accessible to all who may need it. Our culture and belief as Africans also magnifies patients' need for chaplaincy care in our hospitals. Despite their desire to seek for chaplaincy care when they visit the hospital, the process to do so should be made more flexible such that patients could walk into any hospital just to access chaplaincy care.

### 5.2 RECOMMENDATIONS

Patients have spiritual/religious needs which should be addressed when they visit the hospital. For healthcare facilities who already have these care in their facilities, the chaplain should ensure that he has close relation or constant visit with patients especially hospitalised in the wards. The chaplain's constant visits will ensure that their spiritual/religious needs are attended to in the treatment process.

There is need for other government healthcare Institutions to integrate/institutionalise chaplaincy care in their service/program and make

patients' spiritual beliefs a part of their organisational culture is highly recommended. This would enable patients have a holistic care whenever they visit the facility and also help them have the fulfilment of going through suffering with meaning and acceptance in the midst of their ailment.

Spiritual health is an important dimension of health on which health can be enjoyed. Spiritual and religious beliefs can help people to cope with the consequences of life stress situations. Notwithstanding this, very little research has been carried out into this kind of study in this part of our world. There is strongly the need for more research work to be carried out in this field.

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