

2018 APC/NACC Conference

**Spiritual and Religious Coping of Medical Decision  
Makers for Hospitalized Older Adult  
Patients**

Saneta Maiko, PhD., BCC., Alexia M. Torke, MD. MS.



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**Speakers**



*Saneta Maiko*



*Alexia Torke*

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**OTHER CO-INVESTIGATORS**

Beth Newton Watson, M.Div., BCC  
Kianna Montz, MA  
Sarah Rush, BA  
Steven S. Ivy, PhD, M.Div.  
Vern Farnum, D. Min., BCC  
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**SUPPORT**

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## Collaboration and Mentorship



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## Workshop Overview

- Literature Review: Saneta Maiko
- Study Design: Alexia Torke
- Qualitative Analysis: Saneta Maiko
- Study Results: Saneta Maiko
- Giving and Receiving Mentorship in this Research: Alexia A. Torke
- Discussion: Saneta, Vern, Joseph and Alexia



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## What Research tell us

- Between 24 and 47 percent of surrogates make medical decisions for patients hospitalized for life-threatening illnesses  
Torke, 2014; 2007; LeCaine, 2005; Kim, 2002.
- Surrogates experience high levels of distress.  
Wender, 2011; Christakis, 2003; Siegel 1991
- Severe illness of a loved one, anticipatory grief and poor clinician-family communication cause surrogate distress  
White, 2007; Rabow, 2004; Azoulay, 2000
- Religion and spirituality are central to coping  
Phillips, 2009; Balboni, 2007; Tarakeshwar, 2006; Ferrell, 1996.
- Negative coping is associated with poorer health outcomes  
King, 2015; Filchett, 2004; Sherman, 2005, 2009; Parmantier, 2000.
- S/R promote healthy adaptation to significant life events.  
Balboni, 2011; Kernohan, 2007; Chochinov, 2005.
- R/S beliefs influence communication, decision-making and utilization  
Torke, 2014; Petzet, 2013; Schenker, 2012; Silvestri, 2003.

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## So what?

- There is little empirical research describing the role of S/R in surrogate coping in greater depth.  
• Mesquita, et al. 2017
- Without understanding specific S/R coping resources for surrogates, it will be difficult studying the spiritual relationships with health outcomes.  
• Jim, et al. 2015
- Further studies that explore S/R coping in greater depth that will guide spiritual care to surrogates  
• Piderman, et al 2015



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## Study Goals

- To gain a deeper understanding of the S/R coping resources used by surrogates of hospitalized older adults..
- To identify the preferences of surrogates regarding spiritual distress, coping and quality of care.



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## Methods

- Subjects  
Recruited from US midwestern urban, public, hospital, and a university-affiliate tertiary referral center  
  
Patients were at least 65 years and above at the time of enrolment  
  
Surrogates were willing to participate in this study  
  
Brief interview was conducted with the potential participant's treating physician  
  
Study eligibility for patients was defined as hospitalization of at least 24 hours  
  
Determination by the patient's treating physician that a major medical decision was considered during the current admission  
  
The presence of a surrogate decision maker due to the incapacitated status of the patient



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## Methods

### • Data Collection

- Interviews were conducted in either a private location in the hospital or in the surrogate's home.
- One-on-one, in-person in-depth interviews
- Semi-structured interview guide
- Completed 46 interviews from June 2011 through January 2012.

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## Data Analysis

- Interviews were audiotaped and transcribed verbatim.
- Constant comparative method.  
Systematic approach to qualitative data  
To identify important new variables  
To develop hypotheses and theories for future projects
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Participants (N=46)	
Characteristic	(Percent)
Age, mean range	
Female	(76)
Race	
African American	(50)
White	(50)
Education, mean range	
Marital Status	
Income level	

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### Spiritual and Religious demographics

Spiritual / Spirituality:	Number screened (%)
Religious	8 (38%)
Both religious and spiritual	5 (24%)
Spiritual	4 (19%)
Neither religious or spiritual	4 (19%)

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## Qualitative Analysis of Patient Interviews





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### Key Qualitative Data Sources

- Observations
- Focus groups
- Open-text surveys
- Written records (diaries, etc.)
- Conversations
- Interviews (unstructured, semi-structure, structured)

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### Steps in the Qualitative Analysis of Cancer Patient Interview Transcripts

1. Inductive method.
2. All 46 interviews were independently coded by the primary investigator.
3. Three investigators reviewed each transcript and identified comments/concepts
4. We then identified those that we felt aligned to our topic.

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### Steps in the Qualitative Analysis of Cancer Patient Interview Transcripts

4. Team met regularly to
  - Discussed the preliminary codes
  - Revised, added and deleted codes
  - Created a preliminary codebook
5. Investigators independently examined important concepts and themes.
6. Investigators met weekly to examine agreement and disagreement until they reached 82% interrater agreement



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### Qualitative Analysis

6. All interviews were then coded using this codebook by two investigators.
7. The PI grouped the codes into themes and subthemes and shared with the team who then reviewed and decided the model and codebook.



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## RESULTS

- **Five Themes Emerged**
- **1. Prayer**
- **2. Trusting in God**
- **3. Supportive Relationships**
- **4. Transformation**
- **5. Spiritual Activities**

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## Personal Prayer

- Prayer central to surrogate coping

I pray all the time and God pulls me through these really bad things that I feel in my life, but there are other things that are worse. I have...I turn a negative into a positive... And so I have to deal with all that on the sideline. So ... I trust this care more and to get this done and get it where we can move on and however long God has her here. (009)

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## Personal prayer

- Prayers get answered at the right time

“my prayers basically got answered. My mom’s prayers got answered when mine did because she would always, she would never talk about death with me....so, you know, prayer has kept me going because I am tired.” (004a)

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### Prayers from friends

- Prayers from friends also help

I have a group of friends that, you know, I've communicated with and they've all sent up their prayers and they've been calling me and, you know, so...and we've been updating back and forth. (0034)

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### Prayers from friends

- Support from friends through prayer

Every day she calls me or text me saying how's mom doing, how's she doing, is she going to be all right, you know I'm praying for you It's just...just positive energy, you know, from somebody that really knows her, you know. (004b)

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### Trusting in God

- Trusting God about decision made:

I think God showed me that my decision was right. That same day when I was crying and really kept praying was this right decision, two priests came to visit me, and two separate different priests came. They said they understood my position, and I wasn't wrong. So I know God loves me, so just leave it at that. (007b).

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### Trusting in God

- Letting God take charge:

Yeah. She'll say, you know, it doesn't matter because I'm old. You know? She just said, if...she said if it's my time to go, it's my time to go. If God calls me...is calling me, then I don't want them to interrupt it or whatever like that. (006b)

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### Supportive Relationships

- Excellent support from the medical team:

Well, one guy I knew was a neurologist. I knew he would be the expert knowing what was wrong with her and the same with the kidney doctor that came in the same way; and, they were both very, very informative, very personable, took the time to explain, you know, try to explain things so we'd understand it and I think they did a good job. So, I'd...that's probably why I'd remember. (004b)

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### Supportive Relationships

- Excellent support from faith community:

I would turn to my pastor or a member of the church, you know, like a person older than you that's more experienced and been there and done that... I would turn to them and sometime they can give you good advice, whether you take it or not, you know. (0016)

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### Supportive Relationships

- Mixed interpretation about a chaplain role:

A lot of comfort, well, and sometimes it scares them (patients). You know? About to see, when you see a priest or a chaplain heading toward you. It's not going to be good news... And that, that's one thing that they have a problem overcoming because people would just kind of associate a chaplain with something that's not going to be good news. (005)

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### Supportive Relationships

- Good support from family and friends:

Support from my family, his sister with my mom, talking to her and his younger brother, and just kind of being in agreement with things and then supporting what we're doing and knowing that we're all kind of in this together and all agreeing. Nobody's going against each other or butting heads about... what's going to be done and how things are going to be taken care of. (006c)

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### Spiritual practices

- Surrogates use different coping strategies:

I also do water color and oil... When you're doing that, you don't think about other things. You just kind of clear your mind and feel. (008)

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### Spiritual Practices

- Relaxation and meditation:

Just trying to relax and take a few minutes for myself every now and then, just to keep it together. You know, just...I wouldn't really say meditation, just getting somewhere quiet and just spending a little downtime all to myself and nobody else around. (008b)

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### Transformation/Change in mind

- Acceptance or reality:

No, I've accepted it...because...I've been following his case...and I know that he has prostate cancer...on top of all the other things that's going on with him...and whether some of them have...they're intertwined and there are...different symptoms that cause or are affected by the cancer. Some of them are...other things that are happening to him...so...I've accepted that fact...that he could pass. (002b)

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### Moving Forward

- Feasibility, Acceptability pilot study completed and paper published.
- Paper published by Journal of Healthcare Chaplaincy-link
- Incorporating some of our findings and that of a pilot study for a large Randomized Control Trial

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### Panel Discussion

- Vern: Tell us about your department. As a manager of a large healthcare system, how do you make sure chaplains are engaged with surrogates in their care?
- Joseph: As a corporate chaplain working with a system of over 33,000 employees, how is your role different from that of patient care chaplains?
- Alexia: As a palliative physician, what would you like to see different in the way chaplains integrate into the care of surrogates and their patients?
- Saneta: As a research chaplain, what trends and opportunities do you foresee in the area of elderly patient care and their surrogates

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### Collaboration and Mentorship in Research

- Alexia M. Torke, MD, MS.

  
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Center for Aging Research

  
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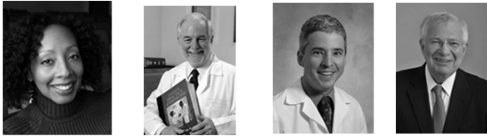
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## My Mentors



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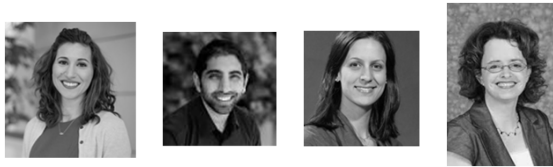
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## My Mentees



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## Research Mentorship Principles

- Tailor mentoring structure for the mentee
- Schedule regular meetings
- Establish a clear, written mentoring plan
- Provide training and resources for mentors and mentees
- Ensure ongoing evaluation
- Create a mechanism to reward mentoring

• Welch et al



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### Being a Mentee

- Actively seek mentorship
- Know (or explore) your own direction
- Identify a mentor (or mentors)
- Discuss the mentorship relationship
- Establish a mentoring plan
- Communicate often with your mentor
- Schedule meetings
- Set goals and meet them



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### Being a mentor

- Make careful decisions about whom you will mentor
- Prioritize your mentees' work
- Communicate often
- Schedule meetings
- Set expectations, goals and benchmarks
- Assist with career planning
- Provide regular feedback
- Be an advocate for your mentee
- Praise, love and encourage



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### Discussion/Questions



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