

Talking about faith increases hospital patients' overall satisfaction

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Hospitalized patients who had conversations about religion and spirituality with the healthcare team were the most satisfied with their overall care. However, 20 percent of patients who would have valued these discussions say their desires went unmet, according to a new study by Joshua Williams from the University of Chicago, USA, and his colleagues. Their work appears online in the *Journal of General Internal Medicine*.

Religious and spiritual concerns are particularly prominent during times of illness, suffering and death. Some medical leaders and policy-makers in the US have urged healthcare systems and providers to give due attention to patients' spiritual concerns. However, there is [disagreement](#) about which members of the healthcare team should ask about and address these concerns. According to hospitalized [patients](#) in this study, whom they speak to makes no difference - the important factor appears to be that they have these discussions.

Williams and team analyzed data collected between January 2006 and June 2009 on 3,141 patients enrolled in the University of Chicago [Hospitalist](#) Study. In particular, the authors were interested in whether or not patients wanted to have their religious or spiritual concerns addressed in the hospital, whether or not anyone talked to them about religious and spiritual issues, and which member of the healthcare team spoke with them about these issues. They also looked at patient-satisfaction ratings for overall hospital care.

They found that 41 percent of patients wanted to discuss religious or spiritual concerns with someone while in the hospital, and 32 percent of all patients said some discussion did occur. Among those who had taken part in discussions, 61 percent spoke with a chaplain, 12 percent with a member of their own religious community, 8 percent with a physician, and 12 percent with someone else.

Half of the patients who wanted a discussion did not have one (20 percent of patients overall) and one in four who did not want a conversation about spiritual issues had one anyway.

"It did not appear to matter if patients said they wanted such a conversation," said the study's senior author, Farr Curlin, MD, associate professor of medicine at the University of Chicago. "Even patients who did not want the conversation had higher rates on all four of the study's patient-satisfaction measures." Those measures were: satisfaction with the doctors' care, always had confidence and trust in doctors, excellent teamwork among doctors and nurses, and overall care was excellent.

The authors also found that older patients, African Americans, women, those who were less educated and those in severe pain were more likely to have discussed their religious and spiritual concerns with someone in the hospital.

The authors conclude: "Many more inpatients desire conversations about religious and spiritual concerns than actually experience such conversations. Our findings suggest that physicians, nurses, healthcare organizations, and pastoral care departments may address an unmet need and simultaneously improve [patient satisfaction](#) by talking to patients about religious and spiritual concerns in the inpatient setting."

More information: Williams JA et al (2011). Attention to inpatients' religious and spiritual concerns: predictors and association with patient

satisfaction. *Journal of General Internal Medicine*. [DOI 10.1007/s11606-011-1781-y](https://doi.org/10.1007/s11606-011-1781-y)

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