ENSIGN COLLEGE OF PUBLIC HEALTH – KPONG
EASTERN REGION, GHANA

PATIENTS' PERCEPTION ABOUT THE ROLE OF HOSPITAL CHAPLAINCY IN HEALTHCARE DELIVERY:- A CASE STUDY AT A FAITH-BASED HEALTHCARE FACILITY IN ACCRA, GHANA

by

VIDA NVIDDAH

A Thesis submitted to the Department of Community Health in the Faculty of Public Health in partial fulfilment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Supervisor: Dr. Frank Baiden

Co – Supervisor: Dr. Juliana Y. Enos

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DECLARATION

I, Vida Nviddah, declare that except for references of other people's investigations which have been duly acknowledged, this dissertation is the result of my own research towards the MPH and to the best of my knowledge this dissertation either in whole or in part has not been presented for another degree elsewhere.

Vida Nviddah (147100011)	…….	…….
(Student)	**Signature**	**Date**

Certified by:

Dr. Frank Baiden	.....	.....
(Supervisor)	**Signature**	**Date**

Dr. Juliana Y. Enos	.....	.....
(Co-Supervisor)	**Signature**	**Date**

Certified by:

Christopher N. Tetteh	.....	.....
(Dean)	**Signature**	**Date**

ABSTRACT

This dissertation sought to unearth patients' perception about the role of chaplaincy in the healthcare delivery system. It also aims to evidence how responding to the spiritual needs of patients contribute to their healing as recognized by the WHO when it stated that aside the physical, mental and social dimension of health, attending to patients' spiritual health can impact greatly on the overall health and happiness of the Individual.

In addition, the study tried to explore the religious/spiritual needs of patients when they are ill and how addressing these needs could speed up their healing process. Finally the study sought to explore the emotional and physical needs of patients vis-a-vis chaplains' presence in hospitals. The study was a mixed method made up quantitative survey using self-administered questionnaires and qualitative method using In-depth Interviews (IDIs). Pentecost Hospital, Madina provided the geographical context of the study. The dissertation was based on 150 semi-structures questionnaires with an in-depth interview of 10 patients. The quantitative data were analysed using Stata software whiles the qualitative data were analysed using thematic analysis. 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 and should be encouraged or made an integral part of healthcare delivery system in Ghana.

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ACRONYMS

ANC	-	Anti-natal Clinic
CHAG	-	Christian Health Association of Ghana
GHS	-	Ghana Health Service
JCAHO	-	Joint Commission on Accreditation of Healthcare Organisations, USA
NICU	-	Neonatal Intensive Care Units
OPD	-	Out Patients' Department
WHO	-	World Health Organisation

DEDICATION

…… To God my Savour, You have placed me on a path that I would never have imagined walking. Your goodness and blessings have been my portion all the days of my life.

ACKNOWLEDGEMENT

My first and foremost thanks goes to the Almighty God for His Love, Grace and Mercy that has seen me through this MPH course; to You be endless glory and praise. To Brigadier General Musa Whajah, you deserve my warmest gratitude for your support and constant encouragement which saw me achieving this feat in my educational career. I would also like to express my sincere thanks to Dr. Juliana Enos who has always been there to listen and give advice. She gave me the freedom to explore on my own and at the same time the guidance to recover when I get astray. She encouraged me to use the right grammar and maintain consistency in my writing; Am really grateful to her.

How to fine-tune my Thesis Topic became really a hell of time especially when everyone seemed not seeing through what you really want to achieve by that kind of research. Then came along Dr. Frank Baiden who saw meaning in what I wanted to achieve and helped fine-tune my topic. His encouragement and support has been really valuable and without which this dissertation would not have been achieved. Doc. Am indebted to you. To the Board chairman of Pentecost Hospital, Prof K. B. Omane-Antwi, the Board Members, and Management of the Hospital for your sponsorship to this course. I am sincerely grateful.

I would like to mention my colleagues Richard Otoo and Pharm. George Afful for their encouragement and assistance. To my parents, siblings and family, your love and appreciation for what I do are more than words can describe, I am indeed grateful. How can I end this page without expressing my sincere thanks to all the patients and staff of Pentecost Hospital, Madina who willingly took part in this study; without your input this study wouldn't have been possible. Thank you.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Spirituality is an important part of the Ghanaian culture and it is often cited as an explanation for the well-being or otherwise of the Ghanaian (Kretchy, et al 2013). In this part of the world, both good and bad health can have some spiritual implication. Spiritual beliefs and practices are a source of comfort, coping, support and are the most effective ways to influence healing; God is responsible for physical and spiritual health and the doctor is God's instrument for healing. Spiritual health is an important dimension (Figure 1.1) 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 consequences of a life stress situation which can lead to many physical and mental diseases (Balducci, 2011).

Figure 1.1: Dimensions of Health

The World Health Organisation defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1949). However, in 1998 during the World Health Assembly, WHO realized the need of the 4th dimension of health. i.e. the spiritual health to be considered as an important element of health and amended the definition of health to read: “Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity” (WHO1998).

By this amended definition, the World Health Organization (WHO) understands spirituality as, ‘an integrating component, holding together the physical, psychological and social components [of a person’s life]. It is often perceived as being concerned with meaning and purpose and, for those nearing the end of life, this is commonly associated with a need for forgiveness, reconciliation and affirmation of worth’(Anon n.d.). Spiritual care addresses these needs. Religious care addresses the needs of those whose spirituality is, to a greater or lesser extent, associated with a defined system of belief and practice, shared ‘in community with others.

It is incumbent upon health facilities to address all the healthcare requirements of patients; this means attempting to meet a full range of needs: medical, nursing, social, environmental, psychological and spiritual. Consequently, health facilities undertake to provide patients with care which encompasses good nutrition, a safe and therapeutic environment and time and space for enjoying social and emotional support from friends and family. This is done in recognition that these can contribute to positive healthcare outcomes. Spiritual and religious needs are no less significant, particularly in times of acute stress or when individuals and families face challenges associated with major or

terminal illnesses. There is no defensible rationale for separating spiritual and religious care from other aspects of healthcare (Summary & Goal 2004).

Herbert Benson (1999) also stated that he was astonished his scientific studies have so conclusively shown that our bodies are wired to be nourished and healed by prayers and other exercises of beliefs. A study carried out by Brandy et al., (1999) showed that spiritual well-being was related to the ability to enjoy life even in the midst of symptoms including pain. This suggests that spirituality may be an important clinical target.

Drawing from the definitions provided above, chaplaincy care comes in as the part of spiritual care practiced by chaplains to meet that special need of patients. Chaplains' focus is on the awareness of the sacred, listen and observes how the sacred is experienced by the patient. Chaplains are then well trained and prepared to move from being watchful and present in that awareness into supporting the sacred for the patients in their coping. They are a spiritual resource for many people. 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 (Mako, et al., 2006). 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.

VandeCreek (2010), using spiritual care as a synonym for chaplaincy care defines spiritual care provided by chaplains as professional attention to the subjective spiritual and religious worlds of patients, worlds made of perceptions, assumptions, feelings and

beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death. While in the view of Purdy (2002) chaplaincy care is a palliative care that addresses spiritual needs, Purdy however expresses that Chaplains do not attempt answers for all the questions put to them. Of important interest to note is that chaplains listen to the patients and talk with them about meaning, hell, heaven, God's existence and the meaning of being human living a limited life (Purdy, 2002).

This calls for more widespread availability of clinically trained multi-faith chaplains to be more fully integrated as the spiritual care experts on the health care team rather than simply being the community religious professional (Denley, 2010).

It is also worth noting that, in the state of doubt or in instances when all physical efforts - X-ray or Laboratory tests are not conclusive and other medicine seem not to work, patients use their belief system that they have sinned against God and need to be forgiven. In this case they resort to shrines and other traditional healers. Those who are Christians or Moslems resort to use the priest or Imam etc… to aid them in finding solutions to their ailment or cure (Takyi, 2003).

Many patients' needs are met based upon their faith. Apart from medical intervention, some people's beliefs are so strong that they benefit from it.

Even though patients in one way or the other rely on their spiritual or religious beliefs to cope with and also want their spiritual values taking into account in planning their treatment, they fail to appreciate or make full use of the presence of hospital chaplains in the healthcare system to meet that need. This may be resulting from a lack of wide exposure of patients to the works of chaplains in this country. Relatives are often 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. Others especially (TB, HIV, Mentally ill patients etc…) most often chose spiritual healers as their first point of call for seeking solution to their ailment just to report back to the hospital with worse cases.

It is in light that this study seeks to unearth patients' perception about the role and benefits of the hospital chaplain in healthcare delivery and also ascertain the extent to which chaplains contribute to holistic care and the need to make chaplaincy care an integral part of healthcare in Ghana.

1.2 Statement of the problem

Even though healthcare has evolved from an exclusive concentration on the physical dimension of illness to a more holistic model which takes into account the psychosocial, and increasingly the spiritual with availability of a great number of trained chaplains to attend to patients' need, patents' perception about the role and benefits of the world of the hospital chaplain to contribute to their holistic care is unclear. (Takyi, 2003)

This is due to lack of adequate knowledge of patients about the fact that chaplaincy service exist in the facilities to help them (patients) to cope with whatever ailment or healthcare problems they are confronted with; many patients fail to access this care even though most of them on one way or the other rely on their spiritual and religious beliefs to cope with and also want their spiritual values taking into account in planning their treatment (Abel and Busia, 2005).

Harvard Cardiologist, Herbert Benson (1999) wrote: "I am astonished that my scientific studies have so conclusively shown that our bodies are wired to be nourished and healed by prayer and other exercises of belief." Professional chaplains respect and respond to patients' values and beliefs, encouraging a more holistic approach to healthcare.

The goal of this study is 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.

1.3 Objective of the study

The main aim of this study is to establish patients' perception about the role of hospital chaplain in the healthcare system and to ascertain the extent to which chaplaincy contributes to medical care. It is anticipated that the experience gained in this study will inform efforts at making chaplaincy service an integral part of all health facilities in Ghana. In specific terms, the study focuses on achieving the following objectives:

- ✓ To ascertain the extent to which hospital chaplaincy contribute to holistic care as perceived by patients.
- ✓ To examine what chaplains do and the desired outcome of chaplaincy interventions
- ✓ To explore the religious/spiritual needs of patients during illness and how addressing these needs could speed up their healing process
- ✓ To study the relationship between patients' spiritual needs and the perception of quality of care
- ✓ To explore the emotional and physical needs of patients vis-a-vis chaplain presence in hospitals

1.4 Research Questions

The fundamental questions to be addressed in the study include the following:

- ✓ How do patients perceive the role of chaplaincy in the hospital
- ✓ To what extent does chaplaincy contribute to patients' care/healing process
- ✓ How to examine the spiritual needs of patients during illness and ascertain whether they require those needs to be met as part of the healthcare
- ✓ Whether patients agree that there is the need to integrate chaplaincy care in the healthcare delivery system in Ghana

1.5 Significance of the study

This study is significant in that it contributes to existing knowledge and serves as a reference material on patients' perception about the role of the hospital chaplain in the healthcare system in Ghana. The study will also be useful to the Ghana Health Services Facilities in that recommendations raised therein can be implemented in these facilities to address patients' fundamental right to considerate care that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. (JCAHO, 1998)

Professor Herbert Benson (1999) in his biannual educational events for healthcare professionals that explore spirituality and healing in medicine, following intensive research, he wrote, "I am astonished that my scientific studies have so conclusively shown that our bodies are wired to (be) nourished and healed by prayer and other exercises of belief." Professional chaplains respect and respond to patient values and beliefs, encouraging a more holistic approach to healthcare.

1.6 Scope and Limitations of the Study

Pentecost Hospital, Madina, which is a Mission Hospital was the only hospital chosen for the study where data was collected. The study recognizes that the outcome of this study from different religious based institutions might potentially vary or be influenced by the religious beliefs of those institutions, which is a potential limitation of this study. The study was limited to the Pentecost hospital in Madina, due to time constraints and requirements for the dissertation research. The limitation is well recognized and opportunities for future research will explore perceptions from faith based and other

institutions as well for a more holistic understanding of the role of hospital chaplaincy in patient outcomes.

Another seeming challenge that the researcher encountered was patients' reluctance in answering the questionnaires. Patients who were not familiar with the subject and had no interest in the topic did not really see the need to partake in the study

1.7 Organization of the Report

The study report is organized in six chapters. Chapter one is the introduction to the study and it provides a general background of the study. In this chapter, the research problem, study objectives, research questions and the significance of the study are presented. Also, the nature and scope of the study are provided. Chapter two covers the literature review which provides a review of extant literature in relation to the topic. The purpose is to provide a theoretical and conceptual frame of reference that explains the research problem.

A discussion of the research design and methodology are presented in Chapter three. The target population, sample and sampling procedure as well as the method of data analysis are also expatiated on in Chapter three. Chapter four presents the results of the survey in line with the objectives of the research. Chapter five looks at the discussions of the findings of the study. The Conclusions drawn, based on the findings of the study and the Recommendations are provided in this Chapter Six.

CHAPTER TWO

LITERTURE REVIEW

2.1 Introduction

This chapter reviews the literature on patients' perception about the role of hospital chaplaincy in healthcare delivery in general and how chaplaincy care impact on the well-being or healthcare of the patient. The Literature Review is divided into three parts: in Part I, the researcher considers various definitions of hospital chaplaincy, spirituality and religion relating to this study. Part II looks at the impact made by some prominent organisations to this study. Part III covers reviews some authors around the globe have made to this study area. It is worth mentioning that notwithstanding the vital role chaplains play in contributing to patients' health and considering the importance the Ghanaian patient attaches to spirituality and religion in situation of uncertainty and coping with ill-health, Literature and for that matter knowledge on the role of chaplain in the healthcare system in Ghana is very limited due to non-existence of resources in this fiel d.

2.2 Testing the Efficacy of Chaplaincy Care

As indicated by scholars such as Meador, (2004) Puchalski and Ferrell, (2010) and Sulmasy, (2009), health care is seemingly evolving from select fixation on the physical dimension of illness to a more holistic model which takes into account the psychosocial and progressively the spiritual. In the events that patients become centre of care and play a leading role in planning the kind of treatment they receive, there is growing evidence that they rely on their spiritual and religious beliefs to help them cope

(Koenig, 1998) and want their religious and spiritual values taken into account in planning their treatment (Astrow, et al 2007). Corresponding with this trend is the introduction of health care chaplaincy as a profession made of chaplains who are ever-ready to be the spiritual care leader on the health care team.

A professional chaplain is a church or layman accused of accommodating the profound and religious consideration of people in institutional settings and is regularly the otherworldly/religious pioneer of the foundation itself. Chaplain advices relatives and staff members, conduct group outreach exercises with neighbourhood church and take an interest in medicinal and nursing instruction programs (VandeCreek and Burton, 2001). Also, hospitals are increasingly finding it beneficial to include a good number of chaplains in committees dealing with issues of ethics, palliative care, and customer service. These changes, in turn, suggest the need for new skills and training that many chaplains do not have. Truth be told, some question whether chaplains have the skills that qualify them as members of the health care team with charting privileges (Loewy and Loewy, 2007).

To superintend and improve chaplaincy practice and as well incorporate spiritual care into health care, there is need to conduct researches specific to the profession to provide an empirical basis for chaplaincy care. The idea or process of turning to a research-informed practice remains in both medicine and psychology (Richards & Worthington, 2010), however only minimally in spiritual care. Handzo& Koenig (2004) reasoned that chaplains are the lead spiritual care professionals on the treatment team. Chaplains are the experts in the hospital responsible for creating sacred space (Mohrmann, 2008; p.22) and as professionals are who responsible for recording and improving their contributions (Berlinger & Cadge, 2008; Gleason, 2004). Satisfying the commitment to

practice with the best tools available requires guidance gained through supervised practice that has been acquired through experience that in turn has been supported by research. There is need for chaplains to make patient-centered care established by research a priority to be taken seriously by other health care professionals. In the absence of this research, spiritual and religious issues will continue to be disregarded in the care of the patient and family.

2.3 Who is a Hospital Chaplain?

In a broader sense, a hospital Chaplain is a clergy (a Priest, a Pastor, an Imam, a Rabbi etc…) or a lay person who provides spiritual and religious care to individuals in hospitals, in other healthcare Institution. A chaplain may also become a spiritual/religious leader for the Institution.

Hospital chaplains also play an especially important role in identifying patients in spiritual distress and helping them restore their religious/spiritual problem thus improving their health and adjustment. They are theologically and clinically uniquely trained clergy or lay persons whose work reflects:

- ✓ Sensitivity to multi-cultural and multi-faith realities
- ✓ Respect for patients' spiritual or religious preference
- ✓ Understanding the impact of illness on the individuals and their care givers
- ✓ Knowledge of health organizational structure and dynamics
- ✓ Accountability as part of a professional patient care team
- ✓ Accountability to their faith groups

It must be noted that the hospital Chaplain does not displace local religious leaders, but fills the special requirements involved in intense medical environments (VandeCreek& Burton 2001).

2.4 Theory of Chaplaincy

Chaplaincy care has historically not been, in general, theory driven. Where theory is used at all, it is generally borrowed from other professions. Millspaugh (2005a) mentions that chaplains start by being present with a patient so that the chaplain is open to creating new meaning with the one who suffers. Millspaugh (2005b) also avers that the presence of the chaplain has what it takes to restore to the patient the opportunity to feel some control, a sense of power, and a sense of transcending purpose, to experience being loved and to show love. This is as much as important as vividly puts forward by LaRocca-Pitts (2006), 'the wellspring from which all our care arises is love. For a chaplain to have a genuine and therapeutic relationship with an individual (patient), four things are needed. The first three are; being congruent; being positive and accepting; and being empathic and the fourth characteristic of presence can arise from those three to enable the therapist to be truly and completely present in the moment with the individual. Geller and Greenberg (2002) studied presence, as suggested to be important for study by Rogers in an interview in 2000 (Baldwin, 2000) by asking ten psychotherapists to describe the experience of presence with clients. The findings of the study indicate that there are three domains to be concerned with in therapeutic presence thus preparing the situation for experiencing presence; activities that facilitate the experience of presence; and unconditional positive regard which is the actual experience of presence. Based on Geller and Greenberg's in 2002, Chaplain Kit Hall

has developed and used an evaluation form to help her prepare to offer presence to those she visits (Hall, 2010).

In furtherance of the debate on experience of presence, Harvey, et al (2008) used decision analysis to describe the activity that surrounds the preparation for presence, and the depth that happens in the conversation that takes place between the chaplain and patient. Their study reveals that during the conversation, the chaplain conveys a polite and focused stance that allows the patient to self-disclose the problems he/she is facing or what is on his/her mind. This polite stance is known as linguistic politeness, and it is more complicated than everyday politeness (Chaplaincy, 2011). Thus a chaplain who is well experienced in linguistic politeness knows how to engage the conversation partner well so as not to threaten him or her by speaking inappropriate words. Chaplains communicate in a way that allows the patient to speak about great difficulties without losing face.

In a different theoretical approach, Gleason (1999) put forward that chaplains provide the best spiritual care to individuals, from a particular faith tradition to none at all, when chaplains understand that patients occupy one of four distinctive faith worlds. None of the worlds of the patient is the same because of the complexity of the patient's faith system. Patients who belong to the first faith world have a straightforward view of their faith and take it at face value (Chaplaincy, 2011). They would not even consider questioning their faith so it is unproductive to ask this type of patient if their stress is from a crisis of faith. Interesting to note is that patients in one of the other faith worlds are likely to question their faith. Patients of a type require a method of chaplaincy care directed toward their particular faith world. Furthermore, each patient can move from a simplified view to a more complex view of their faith in the course of the stay in the

hospital. What is required from chaplains is to be ever-ready to work with patients in any faith world they happen to inhabit.

2.5 What is Chaplaincy in Health Care?

Probably a decade ago, professional health care chaplaincy in North America has made tremendous strides in formulating the basic structures that mark it as a true profession (Chaplaincy, 2011). In the words of Chaplaincy (20011), Standards of Practice, a Code of Ethics and Standards for Board Certification are all less than ten years old. It can be said that this gap may have to do with the fact that most chaplains consider their practice chiefly a function of their own personality and thus not subject to any generalizable theory (Ibid). There is currently no evidence that being board certified and/or following standards of practice produces more effective chaplaincy care (ibid). This lends credence to the fact that there is no regulatory or financial business case for the incorporation of professional chaplains in health care settings.

It is important to distinguish chaplaincy care, spiritual care and pastoral care in this review. It is care that is grounded in initiating, developing and deepening, and bringing to an appropriate close, a mutual and sympathetic relationship with the patient, family, and/or staff (Association of Professional Chaplains (APC), 2010). Such a care is delivered by an individual who is thoughtfully aware of sacred matters that arise during the delivery of chaplaincy care.

Sacred matters are deeper concerns that can arise out of illness and focus attention on the person's relationship to a genuineness that transcends the moment, is boundless and deals with ultimate issues such as life, death, suffering, beauty. The issues are understood through beliefs about God, higher powers and other cultural or religious

belief systems -areas of knowledge that chaplains are experienced in by virtue of their education and experience (Health Care Chaplaincy,2011). That is to say that spiritual care can be considered as helping the patient maximize their relationship with that which is sacred in the service of their healing.

To Health Care Chaplaincy (2011), the term, pastoral care, has been applied historically within the Christian tradition to refer to care provided by clergy. This care is founded in theology and expressly concerned with a cure of a soul (Mills, 1990). Mills also reasons that pastoral care is more like an intensive discourse between one or more individuals in search of guidance in moral or spiritual concerns from the faith leader. Pastoral care is encountered in relationship centered on understood communal belief systems, values, and behaviors. Whiles to the best of knowledge of LaRocca-Pitts (2006), the faith leader's care for seekers is worked out within a dialectical relationship between an individual's unique needs, on the one hand, and the established norms of the faith community, as represented by the pastor, on the other.

Drawing from the definitions provided above, chaplaincy care is the part of spiritual care practiced by chaplains. Chaplains' focus is on the awareness of the sacred, listen and observes how the sacred is experienced by the patient. Chaplains are then well trained and prepared to move from being watchful and present in that awareness into supporting the sacred for the patient in their coping.

VandeCreek (2010), using spiritual care as a synonym for chaplaincy care defines spiritual care provided by chaplains as professional attention to the subjective spiritual and religious worlds of patients, worlds made of perceptions, assumptions, feelings and beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death. Whiles in the view of Purdy (2002) chaplaincy care is a

palliative care that addresses spiritual needs. Purdy however expresses that Chaplains do not attempt answers for all the questions put to them. Of important interest to note is that chaplains listen to the patient and talk with them about meaning, hell, heaven, God's existence and the meaning of being human living a limited life (Purdy, 2002).

Customarily, chaplaincy in an intense health care has been provided by community clergy who minister exclusively to patients of their faith tradition. The main concern is about providing for religious needs and rituals. Thus, care for the spirit has been the private province of the clergy. Therefore, the chaplain has been focused solely on care of the patient and family and no provision is being made for integrated institutional initiatives and communicating with the health care team (Chaplaincy). Interestingly, the (Chaplaincy, 2011) posit that the chaplain has operated in a silo which culminated in spiritual/religious care not being integrated into the overall treatment plan.

The creation of committees for bioethics, the concern for patient satisfaction, the awareness of the impact of cultural influences, and finally, the full introduction of patient-centered care broadened the general understanding of spiritual care into a realm that all members of the health care team need to participate in (Wintz & Handzo, 2005). The more widespread availability of clinically trained multi-faith chaplains has increasingly allowed the chaplain to be more fully integrated as the spiritual care expert on the health care team rather than simply being the community religious professional (Denley, 2010). Presently, best practice models of care call for chaplains to be health care team oriented, other than denominationally based, and increasingly a referral service for patients with documented spiritual/religious needs as compared to visitors to anyone who desires a chaplaincy contact (Handzo & Wintz, 2006). Even though this new model is gaining wide acceptance and provides better congruence with the

processes by which health care is currently provided, its efficacy and outcomes are yet to be tested (Handzo 2006).

2.6 What Do Chaplains Do in Hospitals? Theory and Opinion

Chaplains provide supportive spiritual care through empathic listening, demonstrating an understanding of person in distress. Typical activities of a hospital chaplain include but not limited to grief and loss care, risk seeming: identifying individuals whose religious/spiritual antics may compromise recovery or satisfaction adjustment, crisis intervention, critical incident stress briefing, Spiritual assessment, Communication with caregivers, facilitation of staff communication, conflict resolution among staff members, patients and their family members, Participate in medical rounds and patients care conferences, offering perspective on the spiritual status of patients, Offering prayers, meditation and reading of holy texts, Worship and observance of holydays, Blessings of sacraments, Memorial services and funerals, Participate in ethics issues pointing to human values aspects in institution's policy and behaviors, Acting as advocate between institution and patients and their family members.(VandeCreek & Burton 2001)

Chaplains address patient issues and concerns for example, existential inquiries, spiritual pain and the sacred. They can work with religious patients and additionally the expanding number of patients without a particular religious character (Newport, 2010). Chaplains engage patients and help them readjust their situation to reduce suffering. Chaplains start with a focus on the patient and the current situation, and evaluate all factors that could be potentially contributing to stress and suffering. The Catholic Health Initiatives (2002) conjectured that chaplains approach persons in a given

situation with, focused attention with no agenda' suggesting that the chaplain is completely focused on the patient. They proposed a plan to address the spiritual suffering, help the person instantly and a plan to ensure benefits. The chaplains turn to share their experiences with the patients in course of conversation. This conceptualization again recommends how the role of chaplains is evolving.

In the quest to promote spiritual healing, many chaplains conduct a spiritual assessment and create a spiritual care plan which is not to be confused with a spiritual screening (Chaplaincy,2011). Fitchett and Canada (2010) have helpfully differentiated spiritual screening, spiritual history, and spiritual appraisal. Screening is a couple of basic questions asked by any health care personnel that distinguish a person in genuine profound spiritual crisis and who needs immediate referral to a chaplain. Spiritual history taking needs more time and more questions to identify particular religious needs and resources of the patient. encourage helpful religion coping process. Hospital chaplains play an essentially important role in identifying patients in spiritual distress helping them resolve their religious or spiritual problems, this improving their help and adjustment.

Patients are frequently aware of their spiritual needs during hospitalization, want professional spiritualization to those needs, and responding positively when attention is given – indicating that it influences their recommendation of the hospital to others.

2.7 Spiritual/Religious Needs: The Case for Spiritual Care in Health Care

The World Health Organization (WHO) understands spirituality as, 'an integrating component, holding together the physical, psychological and social components [of a

person's life]. It is often perceived as being concerned with meaning and purpose and, for those nearing the end of life, this is commonly associated with a need for forgiveness, reconciliation and affirmation of worth'(Anon n.d.). Spiritual care addresses these needs. Religious care addresses the needs of those whose spirituality is, to a greater or lesser extent, associated with a defined system of belief and practice, shared 'in community with others.

It is incumbent upon health facilities to address all the healthcare requirements of patients; this means attempting to meet a full range of needs: medical, nursing, social, environmental, psychological and spiritual. Consequently, health facilities undertake to provide patients with care which encompasses good nutrition, a safe and therapeutic environment and time and space for enjoying social and emotional support from friends and family. This is done in recognition that these can contribute to positive healthcare outcomes. Spiritual and religious needs are no less significant, particularly in times of acute stress or when individuals and families face challenges associated with major or terminal illnesses. There is no defensible rationale for separating spiritual and religious care from other aspects of healthcare (Summary & Goal 2004).

The evidence suggests that religion and spirituality are important to most Ghanaians and religious coping is a major resource that many use to deal with illness. Despite research suggests that spiritual needs are common among patients, patients have reported that those needs are always not met.

The widespread acceptance of the concept 'holistic care' in health care has led to the increasingly promotion of spiritual care as an essential part of holistic care (Sulmasy, 2009). One such area where the evidence for spiritual care as part of holistic care is

fairly strong is about spiritual and religious needs. For instance, a study by King & Bushwick (1994), revealed that 94% of hospitalized patients reported that they felt spiritual needs were as important as physical needs. In support of this statement, Fitchett, et al., (2000) documented how often people might need spiritual support. Patients interviewed in the course of the study were either admitted to either a general or surgical medical unit in an urban hospital. The patients were asked what religion they could be identified with, and if they desired one of three spiritual care services thus to talk with a chaplain, to have a chaplain pray with them, or to receive the sacrament of communion. A good number of them thus 68% chose a religious affiliation and 72% expressed that religion was a source of great strength and comfort to them. With the spiritual sources, 35% of the patients agreed to one or more and those who requested services tended to engage more frequently in religious practices and derive more comfort from religion overall. Feudtner, et al.,` (2003) in their study, they questioned Chaplains in pediatric hospitals as to whether they could recall how often parents and children experienced specific spiritual needs. They found out that the hospitalized children had somewhat different spiritual needs than the parents. It has been revealed that more than half of the children had needs around feeling fearful or anxious, and they told chaplains they had difficulties coping with family relationships and also with pain. The spiritual needs identified were anxiety, fearfulness, guilt, coping with their child's pain and grappling with questions related to meaning and purpose of suffering.

In a different survey, by Galek, et al., (2005), chaplains were asked to retrospectively report on how often they encountered spiritual needs in patients by completing online questionnaires and over 150 chaplains completed it. The sample of chaplains that responded represented general hospital chaplains (59%), long-term care chaplains

(20%), and chaplains in other settings. In order of most to least frequent, the spiritual needs were: meaning and purpose; love and belonging; hope, peace and gratitude; religion and divine guidance; death concerns and resolution; appreciation of art and beauty, morality and ethics (Flannelly, Galek, Bucchino& Vane, 2006). In general, the spiritual needs of meaning and purpose, and love and belonging were encountered in patients many times a week, whereas needs for appreciation of art and beauty, or morality and ethics were encountered but not as frequently. A considerable weakness of both of these studies is that the needs encountered were based on each chaplain's retrospective perception of needs, which is mostly influenced by the individual chaplain's biases. The retrospective evaluations cannot be assumed to be based on any rigorous clinical assessment or stated patient needs (Chaplaincy, 2011). However, the endorsement of the presence of these spiritual needs highlights the necessity of treating the whole person; mind, spirit, and body, in order to achieve the highest quality of health care.

More so, religious coping has been considered to be very important in handling with general emotional stress .In a similar manner, a national survey of American adults revealed that 58% pray at least once a day or more often and 35% of people pray about their health concerns (McCaffrey, Eisenberg, Legedza et al., 2004). Alcorn et al., (2010) lend support to the finding above fifty-eight percent of people with cancer engage in religious practices to enable them cope with their illness. VandeCreek, Pargament, Belavich, Cowell & Friedel (1999), conducted a study of family members in waiting rooms found that using religious support, such as prayer and reading the Bible, to cope with surgically related stress was associated with distinct subjective benefits above and beyond those contributed by non-religious sources. Research

increasingly indicates the importance and prevalence of spiritual risk and spiritual struggle in times of distress thus during an illness (Fitchett et al., 2004; Hui et al., 2010). In the view of Fitchett, (1999a), patients are at spiritual risk when they have high spiritual needs but have low spiritual resources. People with high spiritual risk are likely to experience negative health outcomes in case they develop spiritual struggles and negative coping styles. Negative religious coping is associated with increased death and psychological distress (Rosmarin, et al., 2010). There is some evidence that people who remain in a state of religious struggle, using negative religious coping over time, are more likely to develop worse health outcomes compared to those who show positive religious coping after first coping in a negative way (Pargament, et al., 2004).

However, even though many hospitalized people would welcome and benefit from competent spiritual care during health crises, and even though religious struggle in these patients predicts poorer health outcomes, the spiritual needs of many patients in health care institutions are not being met (Chaplaincy, 2011). For instance, in a survey of advanced cancer patients by Balboni et al, (2007), 88% of the patients considered religion to be at least somewhat important but 47% received little or no support from their faith community and 72% received little or no support for their spiritual needs from the medical establishment. Another study revealed that only 42% of hospitalized psychiatric and medical/surgical patients could identify an individual to whom they could approach about spiritual concerns (Sivan, Fitchett & Burton, 1996).

Vance (2001), in a survey of nurses, found that only 25% of patients were given spiritual care. The biggest barriers to care were that nurses felt they did not have enough time or enough education in spiritual matters, or they felt that the spiritual needs of a patient were a private matter. Another study revealed that physicians, the central figures

in treatment decisions, are less likely than all other hospital disciplines to believe it is important to refer patients to chaplains (Flannelly et al, 2005).

Chaplains are a spiritual resource for many people. 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 (Mako, et al., 2006). 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. Most advanced cancer patients (78%) stated that religion/spirituality matters were important in the illness experience and younger, more religious or more spiritual patients considered religious and spiritual concerns as important more frequently (Alcorn et al., 2010).

Herbert Benson (1999) stated that he was astonished his scientific studies have so conclusively shown that our bodies are wired to be nourished and healed by prayers and other exercises of beliefs. A study carried out by Brandy et al., (1999) showed that spiritual well-being was related to the ability to enjoy life even in the midst of symptoms including pain. This suggests that spirituality may be an important clinical target.

A research study of nearly 600 older, severely ill medical patients conducted by Koenig et al.,(1998) demonstrated that those who sought a connection with a benevolent God, as well as support from Clergy and faith group members, were less depressed and rated their quality of life as higher, even after taking into account the severity of their illness. Similar study has revealed that spiritual well-being helps persons moderate the following painful feeling that accompany illness: anxiety, hopelessness, and isolation.

Many patients expect chaplains to help them with such distressing feeling (Patients 2000)

2.8 What Do Chaplains Do? Care with Families.

Family members are really the patient's primary caregivers (Levine, 1998). If this is the case, it then suggests that they should be totally involved or engaged in all treatment decisions. Levine however, expressed that family members are most at times ignored by hospital staff. Chaplains can and often times play a critical role in bridging this gap. In support of this, Gillman, Gable-Rodriguez, Sutherland & Whitacre (1996) posited that chaplains are a vital link between family members and the treatment team, especially in critical care situations. To them, chaplains listen to family concerns, instill trust, and provide hospitality, information, and emotional support.

Sharp (1991) did a study of chaplains in neonatal intensive care units (NICU) in three hospitals documents the frequency of chaplains interactions with parents and other family members as well as staff. It was revealed that only eight percent of families with an infant in the NICU interacted with a chaplain. The study estimated that 82% of visits requested by nurses, parents/family or physicians were for decedent care (e.g. comforting parents, baptizing a dying infant), whiles 83% of chaplain-initiated visits were for non-decedent care for the support of the parents of an extremely ill child.

In one study, chaplains received positive ratings on helpfulness from deceased family members for the chaplain's support over the course of a loved-one's end-of-life care and family care after death. Broccolo and VandeCreek (2004) interviewed 130 next-of-kin, asking two open-ended questions that questioned about what the chaplain did or said and the extent to which the contact with the chaplain was supportive. The

descriptions of what the chaplain were categorized into five thus providing comfort and support, assisting with the details of death, being an interim family member, making meaningful contact, and being a spiritual doula for the deceased to make the transition from this life to the afterlife.

In surveys, chaplaincy care directors reported that they believe it is indeed necessary for chaplains to minister to the needs of family members (Flannelly et al, 2006; Flannelly, Handzo, Weaver & Smith, 2005). The studies identified chaplaincy activities as praying with patient's relatives, grief and mourning counseling, helping family members deal with difficult decisions, and generally providing emotional support to families. The chaplains in these studies rated such types of activities as being more important than performing religious rituals or services.

2.9 Patient Satisfaction of Chaplaincy Services in Hospital

With regard to patient satisfaction with the care received in hospital predicts returning to that hospital or referring family and friends to that hospital (Gibbons, Thomas, VandeCreek& Jessen, 1991). Daaleman, Williams, Hamilton and Zimmerman (2008), in a study of long term care residents, revealed most inhabitants received spiritual assistance (87%) in their end-of-life care, and those who received spiritual care were perceived by family members to have had better overall care. Families rated the facilities more positively when spiritual care needs were met

Chaplains are the experts with exceptional training to offer competent spiritual care. Parkum (1985) surveyed patients from six hospitals to compare the effectiveness of different nonmedical support services. In this survey, pastoral counselors were found to

be helpful by most persons (67%) followed by regular volunteers (23%) and social workers (16%).

A study by Flannelly, Oettinger, Galek, Braun-Storck and Kreger (2009) looked at the impact of chaplaincy services with full concentration on the satisfaction with chaplains in a hospital that specialized in orthopedic surgery. Patient satisfaction with the chaplain meeting patients' emotional and spiritual needs was measured, along with satisfaction with chaplain demeanor and specific interventions. It was only patients who requested a visit from the chaplain at check-in were visited by a chaplain. This was identified that the interventions used by chaplains varied across patients and comprised of praying, listening and providing help to overcome fears. 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. Most of the activities captured in the studies are ill-defined. In the absence of documented assessments, it is also not clear whether the chaplain's interventions are motivated by patient desire or chaplain preference.

In conclusion, studies that have evaluated patient satisfaction with the spiritual care provided by chaplains support the finding that patients are, in general, very satisfied with chaplains. They are more satisfied with chaplains than other members of the health care team providing services. Patients have reported that their spiritual needs were met by the chaplain. Future studies are needed to compare patient satisfaction with the spiritual services offered by board certified chaplains, chaplaincy students, and other professionals

2.10 Impact of prominent Organisation on this field

Most prominent Organisations which are concerned with the well-being of patients assert or recognise the importance of spiritual care. Aside from the physical, mental and social dimension of health, the World Health Organisation also recognise the fact that attending to patients' spiritual health can impact greatly on the overall health and happiness of the individual (Anon n.d.)WHO, 1990).(SEND THIS TO INTRO)

The Joint Commission on Accreditation of Healthcare Organisations in the USA has a policy that states that: "For many patients, pastoral care (which is the same as hospital chaplaincy care) and other spiritual services are an integral part of healthcare and daily life. It also states that patients have right to fundamental right to considerate care that safeguards their personal dignity and respect their cultural, psychosocial and spiritual values (JCAHO, 1998).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the project site and rationale for the selection, study design, sample size, sampling/Data source, eligibility/participation method, data collection method, data analysis procedure and ethical consideration.

3.2.a Project Site

Taking into consideration resources and time constraints, Pentecost Hospital, Madina was selected for the study. Pentecost Hospital, Madina formerly Alpha Medical Center was established by the Church of Pentecost to provide health care to the people in the immediate Madina catchment area and beyond. The hospital was approved by the Government of Ghana and registered with the Christian Health Association of Ghana (CHAG) in 1999 and duly accredited by the National Health Insurance Scheme Board.Pentecost Hospital is a fifty four (54) bed capacity facility with an average of four hundred client (400) clients visiting the Out-Patient Department daily.It is the designated La Nkwantanang-Madina Municipal Hospital receiving referrals from the clinics and health centres in the Municipality and beyond.

Mission Statement

To be an excellent holistic health care institution, providing affordable and quality healthcare to all persons, especially the poor and the marginalized

Vision Statement

A healthy community, Christ's love and healing Ministry fulfilled

3.2.b Rationale for the selection

The hospital was chosen for the study to represent both public and faith-based health facilities. Being the Municipal hospital of the La Nkwantanang-Madina Municipality, Pentecost Hospital is the referral facility for all health facilities in the Municipality (be it public or private).

Being a faith-based facility, the hospital also fits as a good representative of faith-based facilities. This means that information gathered from this survey may be applicable in both public and faith-based health institutions.

Pentecost hospital was also chosen because of the presence of a chaplain in the institution. This enables the researcher to better assess patients' perception about the role of chaplaincy in the facility.

3.3 Study Design

The study was a mixed method made up quantitative survey using self-administered questionnaires and qualitative method using In-depth Interviews (IDIs)

This design was adopted because the findings from both methods will better shed light on the main objective of the research: Patients' perception about the role of the chaplaincy care in the healthcare delivery system. The results of the quantitative methods will enable the researcher to make a generalization on the study population while the In-depth Interview will elicit in-depth explanation on how chaplaincy care is perceived by patients in health facilities.

3.4 Sample Size

Pentecost Hospital, Madina as evidenced by the Institution's 2014 and 2015 Annual Reports, recorded an OPD Attendance of 104,917 and 98,556 respectively and Admission recorded 7,442 in 2014 as against 6,229 in 2015.

In all, a sample of 150 patients was selected for the study. At a confidence level of 95% and an assumed chaplaincy acceptability rate of 50%, this sample size was expected to yield an acceptance level within this population within a margin of error of 5%. This also accounted for a non-response rate of 5%. Patients were purposefully selected to participate in the In-depth Interviews.

3.5 Sampling/Data Source

Participants were selected by purposive sampling method. Semi-structured questionnaires were used to obtain primary data. In-depth Interview was also carried out.

3.6 Eligibility/Participation Method

3.6.a Inclusion criteria

- Participants shall be patients of the Pentecost Hospital, Madina
- Patients hospitalized in the Medical/Surgical and the Maternity Wards for more than 24 hours.
- OPD patients selected from OPD and ANC were interviewed within 24 hours
- IDI was done mainly with admitted patients due to their long exposure to services rendered by the chaplain.
- They should be 18 years and above

- They should be of sound mind
- They must voluntarily accept to participate in the study after the purpose has been read to them

3.6.b Exclusion criteria

- Non clients of Pentecost Hospital, Madina
- Persons who are less than 18 years
- Persons who are mentally challenged
- Persons who do not want to participate in the study

3.7 Data Collection Method

Data collection was done by self-administered questionnaires and In-depth Interviews using questions guide. Respondents in this study consented to participate in the study when the purpose and confidentiality of the research study were communicated to them. 150 questionnaires were administered. Ten IDIs were conducted. The main themes for the questions guide were: How patients perceived the role of hospital chaplain, to explore the religious/spiritual needs of patients when ill, how to integrate spiritual care into healthcare delivery system, to study the relationship between patients' spiritual needs and the perception of quality and satisfied care among others.

The interview was solely conducted by the researcher using a tape recorder.

For both the quantitative and qualitative methods, patients were selected to capture a diversity of views – participants included patients from the OPD, ANC, Maternity ward, Medical/surgical ward. However, the IDIs were conducted with patients at the Wards (Maternity and the Medical/surgical) excluding OPD and ANC patients to

examine their in-depth perception about chaplaincy care since they have had long interaction with the chaplain as a result of their longer stay in the hospital.

3.8 Data Analysis

Data from questionnaires collected were analysed with Stata Software Package. All Interviews were audio-recorded and transcribed verbatim upon repeatedly listening to the recordings. Ms Excel was used to facilitate coding and data management. Emerging themes were identified from the data guided by the objectives of the study. The themes were then discussed supported by relevant quotes from the transcripts.

The views expressed by patients in the IDIs conducted were discussed qualitatively.

3.9 Ethical considerations

Written informed consent was obtained from each person before enrolment into the research. No direct identifiers (e.g. names) was used. Patients were only identified on the basis of their in-or out-patient numbers. The data obtained were kept strictly confidential and made available to only persons connected with the study. Ethical and administrative approval for the conduct of the study was obtained from the Ethics Review Committee of the School and Authorities of Pentecost Hospital.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter looks at the data analysis and discussion of the results of the study. It commences with the demographic characteristic of the respondents; then the results of the IDIs are provided.

4.2 Socio-demographic Characteristics of Respondents

A total of 150 patients were given questionnaires to complete over a three-week period. During data cleaning, it was observed that 4 of patients did not provide information on their ages and could not be traced at the time of data cleaning.

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 self-employed (44.7%), traders (32%) and civil servants (23.3%). (Table 4.1).

Table 4.1: Socio-demographic characteristic of respondents

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

4.3 Chaplain visit and greatest needs of patients

From table 4.2 below, 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%). (Table 4.2)

Table 4.2: 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%
Total	**150**	**100%**

4.4 Chaplaincy care aiding patients' healing/recovery process

From table (4.4) below, it can be observed that majority of the respondents thus 129 representing 86.4% were of the view that the presence of chaplains in hospitals can aid in their healing process whiles 21(13.1%) of the respondents responded otherwise. (Table 4.4)

Table 4.4: Patients' responses to chaplaincy care aiding their healing process

Response Option	No. of Respondents	Percentage
Yes	129	86.4%
No answer	12	7.8%
No	9	5.8%
Total	**150**	**100%**

4.5.a Spiritual/religious needs of patients

In figure 4.1 below, a further interview with patients revealed that majority (100) of them have spiritual/religious needs which they wanted the chaplain to address when they report to the hospital and the remaining 50 respondents said no and others were uncertain. (Figure 4.1)

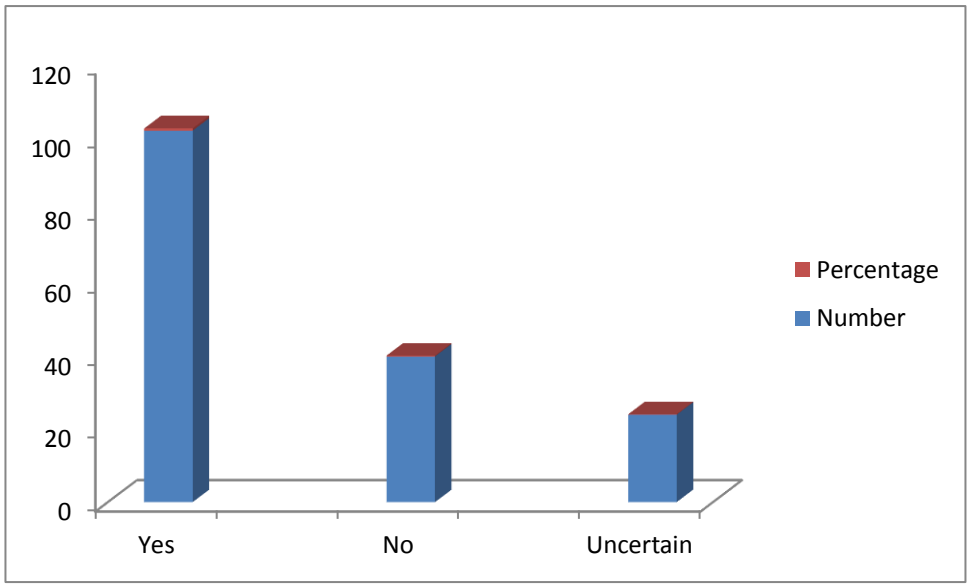

Figure 4.1 Spiritual/religious needs of patients

4.5.b Chaplain visit and Spiritual needs

Majority of patients were of that chaplain's visit has a bearing on their spiritual needs.

(Table 4.6)

Table 4.6 Crosstab and chi-square of independence between Chaplain visit and Spiritual needs

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

4.6 Patient perception of the contribution of faith to their healing

Majority, 138 (92.6%) of patients believed their faith could aid their healing outcome. Of the remaining patients, 5 (3.2%) were not sure whiles 7 (4.2%) did not believe their faith had any link with their recovery process.

4.7 Chaplaincy services and emotional and physical needs of patients

As can be seen in figure 4.2 below, 74% of patients desired the chaplain to pray for them whiles 16% said the chaplain gave them sense of hopefulness and the remaining 10% expected the chaplain to give general counselling. It can be said that what patients desired in the chaplaincy is to offer them prayers which could help expedite their healing process at the hospital. (Figure 4.2)

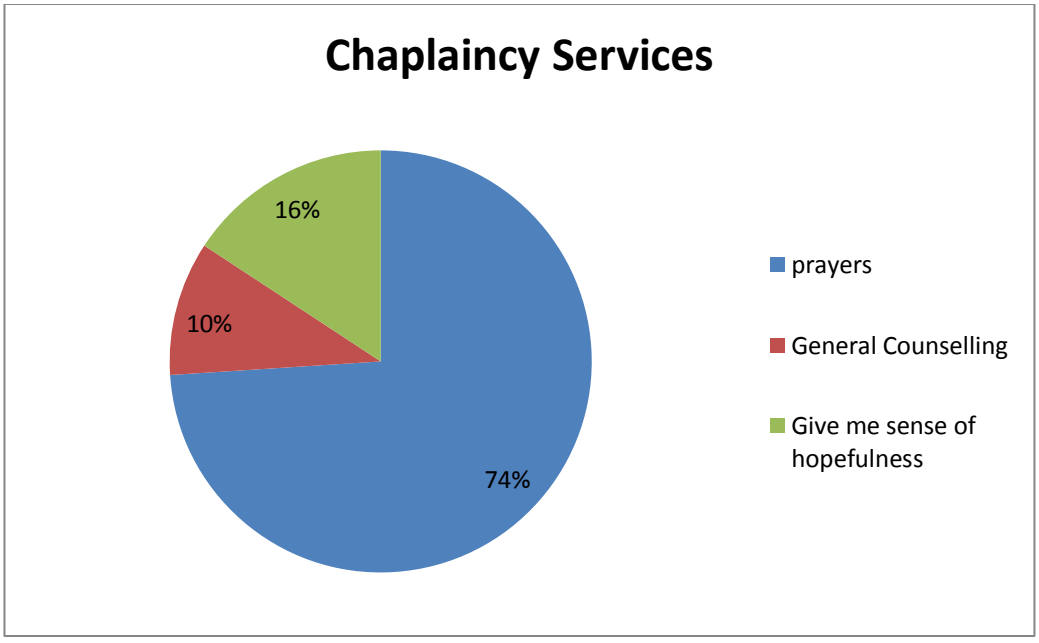

Figure 4.2: Patients' general overview of chaplaincy services

4.8 Views of patients concerning chaplains in hospitals

Most respondents (60%) perceived the hospital chaplain to be a clergy, priest, pastor, Imam, Rabbi who provide spiritual care in the hospital. (22.7%) also, perceived the chaplain to be a spiritual leader in the hospital with (7.3%) stating that he forms part of the healthcare team. However (10%) of patients interviewed did not have any idea about who a chaplain is. (Table 4.9).

Table 4.9: Patients' perception of a hospital chaplain

Variable	Number	Percentage
A Clergy, Priest, Imam, Rabbi who provide spiritual care	90	60%
A Spiritual Leader in the hospital	34	22.7%
He forms part of the healthcare Team	11	7.3%
I do not have any idea	15	10%
Total	**150**	

4.9 Frequency of chaplaincy visits proposed by patients

Of the 150 respondents that answered the questions relating to the number of visit they require from a chaplain when they are at the hospital, 74 (48.4%) said they desire getting a daily visit from the chaplain whiles 46 (30.7%) desire being visited by the chaplain when they needed him. Also, 15 of the respondents representing 10.5% were of the view that they would like chaplain visit them every few days whiles 15 of the respondents representing 10.5% also needed chaplain more often. (Table 4.10)

Table 4.10: Patient desired frequency of chaplaincy visits

Ranking	Frequency	Percentage
Daily	74	48.40%
As when needed	46	30.70%
Every Few days	15	10.50%
Often	15	10.50%
Total	**150**	**100**

4.10 Presence of chaplains in hospitals

84% of the respondents affirmed that chaplaincy care in all hospitals will be beneficial to patients while 9% said otherwise; 7% of the respondents were indifferent. (Figure 4.3).

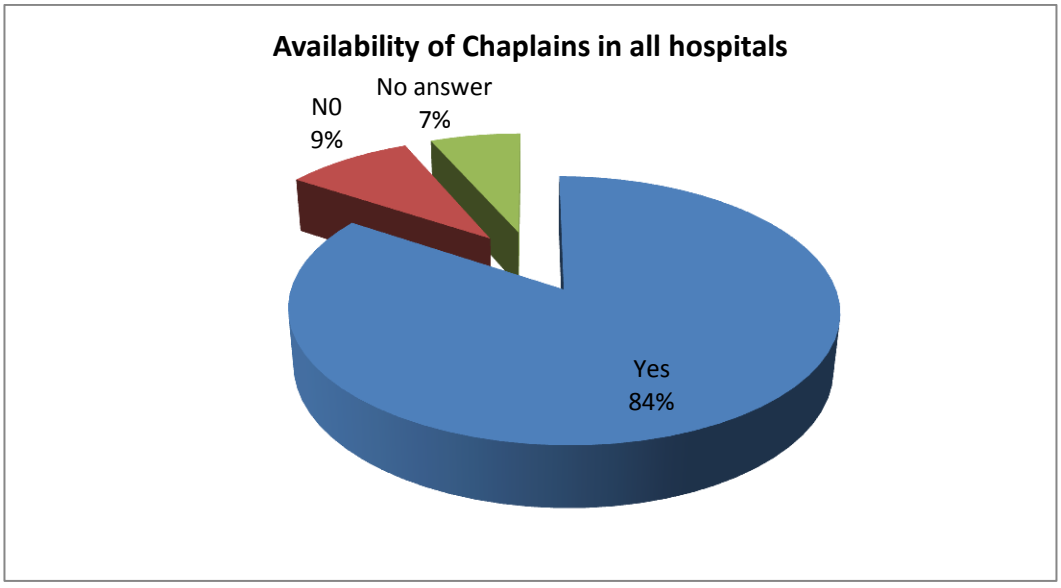

Figure 4.3: Presence of chaplains in hospitals

4.11 Integration of chaplaincy care in the healthcare system

Most respondents 120 (80%) interviewed said that it was important to integrating chaplaincy service in the healthcare system in Ghana. Only 14 respondents (9.3%) thought otherwise with 16 respondents (10.7%) being indifferent. (Figure 4.4)

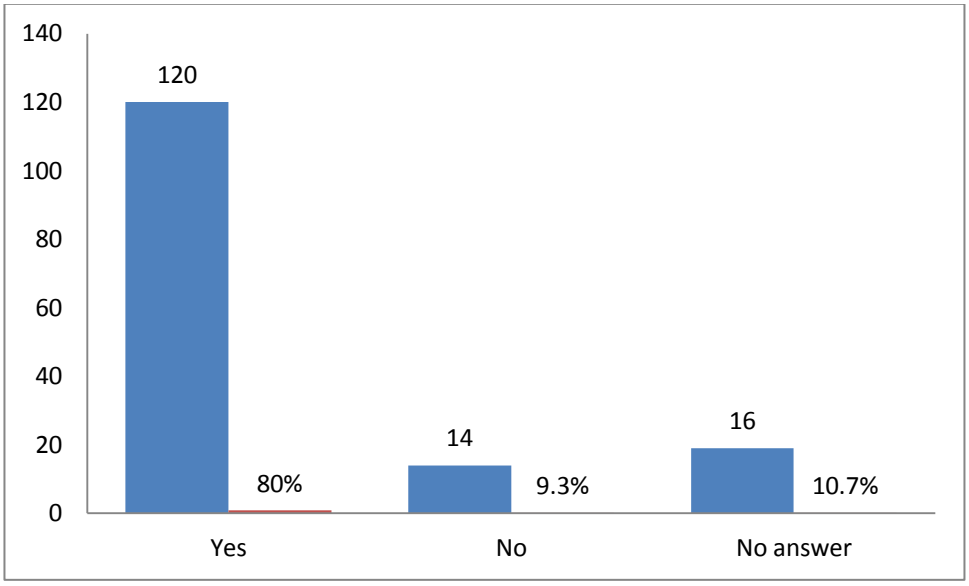

Figure 4.4. Integration of chaplaincy care in the healthcare system

4.12 QUALITATIVE ANALYSIS

4.12.1 Spiritual/Religious Needs of Patients

Some participants affirmed that they have spiritual/religious needs that need to be met by the chaplain when they visit the hospital. . This was illustrated as follows:

"In this world, we deal with lot of spiritual issues. For instance, being a pregnant woman staying in a compound house can be very dangerous one. Some of your co tenants tend to hate you for no apparent reason and may deliberately lure you into quarrel so that they will have cause to attack you spiritually" ***(IDI –28 year old Christian Trader).***

To other participants we all have spiritual issues which need to be addressed:

*"We all have spiritual needs because every sickness start from the spiritual side as such the care of chaplain is very fulfilling"***(IDI – 21 year old Christian student)**

"As human being, we are not only flesh but spirit beings and payers alone for someone who is not feeling well can even make the person relaxed before seeing the doctor and I think it is worth doing." **(IDI – 42 year old Christian Trader)**

4.12.2 The Role of Chaplain

4.12.2.1 Spiritual role

Most of the participants interviewed reported that the role of the chaplain is of tremendous benefit to them. They expressed divers opinions in which chaplain's role has been helpful to their healing experiences. Some of their expressions are captured in the following illustrations below:

*"The role of chaplain is very paramount because in everything we do God is first. Having pastors ministering to you should not be a bother at all because the doctors and nurses are just vessels in the hands of God so having chaplains to pray for patients will complement the work of the doctor and nurse"***(IDI – 21 year old Christian Student).**

"Yes, the role of chaplain has great impact in our lives especial in situation like this. I personally enjoy song ministration and whenever people sing gospel songs all my worries vanish. Today for instance I feel so much relieved after the ministration of the chaplain to us even though am yet to see the doctor having participated in today's

devotion with the chaplain and his team; I am so much touched". **(IDI – 52 year old Christian Trader)**

*"I expect the chaplain to pray, talk with us and encourage us especially for those who may lose hope because of the suffering they are going through. Also when one is sick and desperate and all hope is gone that is where you need an Imam and Pastor to bring you the word of God to give you comfort and hope."***(IDI – 25year old Moslem Student).**

4.12.2.2 Financial Assistance

Besides the spiritual support these patients required from the chaplain, among those interviewed, few of them, however, expressed the desire to get financial assistance from the chaplain:

*"I expect the chaplain to pray for me. And assist me pay for my hospital bills".***(IDI – 60 year old Christian Pensioner)**

*"At times, some patients may need financial help to buy especially drugs prescribed for; I expect the chaplain to assist them in that regard".***(IDI – 52 year old Christian Trader)**

4.12.2.3 Healthcare Integration/Availability of Chaplaincy care in our hospitals

Most patients also held the view that making chaplaincy care an integral part of health care in Ghana will enable them get prompt and easy access to a priest or Imam when they visit the hospital. Others even alluded that chaplains should be available in all our hospitals so that one can walk to any hospital just to talk to a chaplain when one is

weighed down with emotional matters for counselling among others. Their views were illustrated by the following quotes:

"Integrating chaplaincy care in our health service is good because in everything we do God is first. So therefore when the word of God is preached to the sick in the hospitals the sick people are given hope that God still loves them and is there to heal them". **(IDI – 25 year old Moslem student).**

*"Yes, it is good to integrate chaplaincy care in our healthcare system in Ghana because we will have pastors in all our hospitals to pray for the sick because they need it."***(IDI – 21 year old Christian Student).**

*"Yes, it is good to integrate chaplaincy care in our hospitals because when God's word is preached to you and the gospel songs are administered to you it enable or cause you to forget your illness no matter how serious it is".***(IDI – 52 year old Christian Trader).**

*"The presence of chaplains in our hospitals will definitely be a good thing because issues women go through especially during delivery is a lot and God's intervention is surely/mostly needed. At times a woman may be clinically fine to go through delivery smoothly but suddenly out of the blue complications set in even at times threatening her life or that of the baby. That is where to me, chaplain's role becomes very crucial because God's intervention is needed and having one readily in the hospital compound will help".***(IDI – 60 year old Christian Pensioner)**

*"Bringing chaplaincy care in all our hospitals will be helpful because people turn to God when they find themselves in such situations. It will also discourage people from going to shrines before coming to the hospital because they are assured of meeting someone who will pray with them at the hospital if the sickness is spiritual."***(IDI – 31 year old Christian trader)**

*"Having chaplains in our hospitals would be a great thing. You see, at times some people think their illness is purely spiritual so the room on spiritualists and before they report to the hospital their sickness is aggravated. When we have chaplains in the hospitals these people will come straight to the hospital because they know there is someone to take care of their spiritual needs whiles the doctor treat their ailment.***(IDI – 42 year old Moslem Civil servant)**

4.12.2.4 Role of Faith in healthcare

Patients interviewed attested to the fact that their faith in God was the ultimate healing factor which will see them through recovery. According to them without faith even the treatment and medication given by the doctor will be but nought.

*"Our faith surely helps us recover; because without faith all that the doctors will do for you will not really work. Even the doctors and nurses themselves believe in God that the treatment they give you will work. They also rely on Allah's healing mercies to do their work".***(IDI– 42 year old Moslem Civil Servant).**

*"We have faith that God is sufficient and can do all things and when we look up to him we will get well."***(IDI – 25 year old Moslem Student).**

Aside, it is God who will heal you; the doctor is just an instrument God is using. Healing comes from God through the doctor and the medicine given you. **(IDI – 21 year old Christian Student)**

4.12.2.5 Government Financing Chaplain Care

The issues of financing chaplaincy care really sparked a lot of controversies among the participants, few of whom decoded to respond to this particular question. The following were few points they expressed on the subject matter:

*"NHIS should not cover the work of the chaplain because it should be free. After all the Bible says freely they received and freely they should give".***(IDI – 21 year old Christian student)**

*"Government can resource the service of chaplain because it is important. People may just walk in hospital just to see the chaplain for words of encouragement and prayers without necessarily coming to see a doctor; I think it is also a form of healing."***(IDI – 42 year old Moslem Civil servant)**

CHAPTER FIVE

DISCUSSION OF RESULTS

The study was an examination of patients' perception about the role of the hospital chaplain in the healthcare system and also ascertain the extent to which chaplaincy contributes to holistic care and the need to make chaplaincy an integral part of healthcare in Ghana.

The Patients confirmed having some needs when they come to the hospital and expressed the desire to see the chaplains meeting them. From table 4.2 on page 33, 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%).

First, the study sought to find out whether Patients Greatest Needs Depend on Chaplains Visit. From table 4.2 above, it emerged that the greatest needs of patients when they visit the hospital was the physical/material needs (56%). This implies that there is no bearing on the presence of chaplains and the provision of the greatest needs of patients which in their view were their physical needs or material needs. This means that the presence of chaplains is very much important to the spiritual, emotional and the psychological wellbeing of patients rather than the provision of material needs.

The study also sought to find out if there is a relationship between Spiritual needs of patient and chaplain's visit.

From the findings in table 4.6 above, 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 implies that the spiritual needs can be met when chaplains are available in hospitals.

The evidence suggests that religion and spirituality are important to most Ghanaians and religious coping is a major resource that many use to deal with illness. Irrespective of its importance, research suggests that spiritual needs are common among patients; patients have reported that those needs always are not met.

The current findings of the study are in consistence with earlier researches for instance, King & Bushwick (1994), who revealed that 94% of hospitalized patients reported that they felt spiritual needs were as important as physical needs.

More so, the findings of the current study are also in line with Ano and Vasconcelles (2005) who revealed that religious coping has been considered to be very important in handling with general emotional stress, mental illness and medical illness, particularly cancer .

This finding also confirms the evidence that people who remain in a state of religious struggle, using negative religious coping over time, are more likely to develop worse health outcomes as compared to those who show positive religious coping after first coping in a negative way (Pargament, et al., 2004).

However, even though many hospitalized people would welcome and benefit from competent spiritual care during health crises, and even though religious struggle in these patients predicts poorer health outcomes, the spiritual needs of many patients in health care institutions are not being met (Chaplaincy, 2011). For instance, in a survey

of advanced cancer patients by Balboni et al, (2007), 88% of the patients considered religion to be at least somewhat important but 47% received little or no support from their faith community and 72% received little or no support for their spiritual needs from the medical establishment. Another study revealed that only 42% of hospitalized psychiatric and medical/surgical patients could identify an individual to whom they could approach about spiritual concerns (Sivan, et al., 1996).

A research study of nearly 600 older, severely ill medical patients conducted by Koenig (1998) demonstrated that those who sought a connection with a benevolent God, as well as support from Clergy and faith group members, were less depressed and rated their quality of life as higher, even after taking into account the severity of their illness. Similar study has revealed that spiritual well-being helps persons moderate the following painful feeling that accompany illness: anxiety, hopelessness, and isolation. Many patients expect chaplains to help them with such distressing feeling (Patients 2000).

The study also tried to find out if there is a relationship between Patients' emotional needs and chaplain's visit. The outcome of the study revealed that, chaplains can help solve the emotional problems of patients. This also implies that 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. This finding also 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.

From the cross tab majority of the patients who responded "good" in terms of their emotional needs have experienced chaplains' visit. It is, therefore, clear that the emotional needs of patients admitted to hospitals depend on chaplain's visit. This current study is also in support of Flannelly, et al., (2003) who in their study also revealed that patients sought the services of chaplains because of Emotional enabling, Faith affirmation as well as Scripture reading. This is also in affirmation of Flannelly, et al., (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 chaplains in times of bereavement as well as counseling purposes.

This has been confirmed by the finding in table 4.7 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 service patients have found to correlate with chaplains visit. The findings of this current study are 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, et al., (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, et al., (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 being listened to and supported by the chaplain. This implies that the services of chaplain are very beneficial in the aspect of emotional support to patients.

The study also sought to bring to light whether patients' physical needs do not depend on chaplain visit to hospital. At the end of the study, it was established, the presence of chaplains do not guarantee the provision of the physical needs of patients. It must be noted that, while it is a biological event, serious illness frightens patients and isolates them from their support communities when they need them most. Losses such as physical and cognitive capacities, independence, work or family statues and emotional equilibrium, along with the illness accompanying grief, can seriously impact their sense of meaning, peers and personal work. Hospital chaplains address these arises through spiritual means rather than material means as it has been confirmed by earlier studies for example Health Chaplaincy, (2011). Succinctly, the study suggests that the basic responsibility of the chaplains must encompass above all the emotional and spiritual needs other than physical needs but in case they have material things like money, food and clothing among others they could give to the patients. We must not forget the fact that sometimes the provision of material things can also aid in the healing process because it is not all patients who are visited by family and friends and are provided with

such needs, so chaplains could extend assistance in material terms to the patients if they wish and have more to offer.

Of the 150 respondents that answered the questions relating to the number of visits they require from a chaplain when they are at the hospital, 74 (48.4%) said they desire getting a daily visit from the chaplain whiles 46 (30.7%) desire being visited by the chaplain when they needed him. Also, 15 of the respondents representing 10.5% were of the view that they would like chaplain visit them every few days whiles 15 of the respondents representing 10.5% also needed chaplains more often. This implies that, majority of the patients needed the services of chaplains every day in their lives whilst they are admitted at the hospital.

This current finding of the study also coincides with a study (Mako, et al., (2006) of patients in a palliative care unit with end-stage cancer. At the end of the study it was 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 them, or accompany them on their journey. Most religious cancer patients also preferred religious intercessions from the hospital chaplain always. This is also in support with Alcorn et al. (2010) who showed that most advanced cancer patients (78%) stated that religion/spirituality matters were important in the illness experience.

Summary of Findings

The study sought to unearth patients' perception about the role of the hospital chaplain in the healthcare system and also ascertain the extent to which chaplaincy contributes to holistic care and the need to make chaplaincy an integral part of healthcare in Ghana.

It also tried to find out whether patients' greatest needs depend on chaplain's visit. Secondly, the study also tried to find out if there is a relationship between Spiritual needs of patients and chaplains' visits. At the end of the study, it was revealed that chaplain's visit helps in the spiritual improvement of patients. 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 patients' emotional needs and chaplain's visit. At the end of the study, it was evident that the chaplains' visits to hospitals are very paramount to patients' emotional healing. 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. Then the study also sought to bring to light whether patients' physical needs do not depend on chaplain's visit to hospital. At the end of the study, it was established, the presence of chaplains do not guarantee the provision of the physical needs of patients.

The study also revealed that patients perceived chaplain to be a clergy, a Priest, Imam working in the hospital. Others also perceived him to be a Spiritual leader who forms part of the hospital Team. Patients also perceived the chaplain's role in the hospital to be a vital one which helps them cope with the condition they find themselves. During illness when patients lose physical and cognitive capacity, independence, feel isolated, have emotional equilibrium feelings which impact their sense of meaning and purpose are moments when patients tend to need the chaplain to address these crises through spiritual care: prayers, general counselling, reading of scriptures, giving of words of encouragements to cope, given patients sense of hopefulness among other things in order to see them through or aid healing and recovery.

The research has revealed that patients who visit the hospital for healthcare service have spiritual/religious need that they would like the hospital to address through its chaplain. As evidenced by table 4.2 on page 43 even though physical need emerged as patients greatest need when they visit the hospital, spiritual needs was also a need that patients wanted the hospital to meet. Unfortunately, they perceive this aspect of their needs being poorly met by most hospitals they visit due to the absence of chaplains in those facilities. They, however, hinted that very often doctors and nurses try to do their bit to address those needs when the patient's spiritual needs tend to affect the treatment given. This attests to the fact that care of the body alone cannot be effective if the mind, heart and soul are ignored.

One's faith or belief was also revealed to play some role in patients' healing outcome. Typical as Africans, participants in the study stated that their faith in God was a great factor to aid them cope with whatever illness they were going through. They believe that God is the ultimate healer and that doctors and nurses are instruments being used to affect their healing outcome.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Introduction

Chapter six presents the conclusion and recommendation of the study. The conclusion and recommendation are drawn from the research objectives and questions. The recommendation is further made to the Management of the hospital and the GHS with the view that the hospital will improve on its chaplaincy care whiles efforts are being made to integrate chaplaincy care in the Government healthcare institutions. The findings of the study requires that the following measures could be considered to ensure that chaplaincy contributes to an all holistic care and also ensure that patients' spiritual beliefs are addressed to enable them cope with the distress and find meaning and acceptance in the midst of suffering (Suffering & Spirituality 2001).

6.2 Conclusion

The study aimed to establish patients' perception about the role of hospital chaplain in the healthcare system and to ascertain the extent to which chaplaincy contributes to medical care. Thus the study sought to bring to light whether the presence of chaplains in hospitals will help in the emotional and spiritual healing of patients. Also it tried to examine what chaplains do and the desired outcome of chaplaincy interventions. In addition, the study tried to explore the religious/spiritual needs of patients when they are ill and how addressing these needs could speed up their healing process. Finally the study sought to explore the emotional and physical needs of patients vis-a-vis chaplain's presence in hospitals.

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 patients' emotional needs and chaplain's 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 their physical needs . The patients saw spiritual and emotional needs provided by chaplains to be more important than chaplains providing physical needs even though physical needs are also crucial to patients.

Generally, patients perceived the role chaplains 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 magnify patients' needs 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.

6.3 Recommendation

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

The 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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APPENDICES

APPENDIX I: Participants' consent form

ENSIGN COLLEGE OF PUBLIC HEALTH – KPONG

THESIS TITLE: PATIENTS' PERCEPTION ABOUT THE ROLE OF CHAPLAINCY IN HEALTHCARE DELIVERY. - A SURVEY AT A FAITH-BASED HEALTHCARE FACILITY IN ACCRA, GHANA. – PARTICIPANT INFORMATION SHEET AND CONCERNT FORM.

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Part 1: Participant Information

Introduction

I am a student from the ENSIGN College of Public Health, Kpong pursuing Master Degree in Public Health. As part of the course requirement, I am carrying out a research thesis which involves a research to assess Patients' Perception about the Role of chaplaincy in Healthcare Delivery in a faith-based health facility in Ghana. This participant information leaflet explains the research study you are being asked to join. Please take all the time you need to read it carefully. You may ask me questions about anything you do not understand at any time. You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.

Why you are being asked to participate

You are being asked to take part in this study because you are a patient at the hospital. Specifically, I am interested in talking to OPD patients aged 18 years and above within 24 hours. Patients admitted in the Medical/Surgical and the Maternity Wards for more than 24 hours. Also an In-depth Interview with Patients at the these wards will be considered.

Procedures

If you agree to be part of the study, I will ask you a series of survey questions alone for approximately 20-40 minutes. Your responses will be recorded on paper and later entered into a computer database. The questions will only begin after you have agreed to be in the study and have signed the consent form. As a participant, if you agree to participate in this study, data from your responses may be used as part of my academic project work of assessing the perception of patients about the role of chaplaincy in healthcare delivery.

Risk and Benefits
I anticipate no risk to you. There is no direct benefit to you for being in the study; however, study outcomes may lead to better ascertain to what extent chaplaincy contributes to holistic care as perceived by patients and whether there is the need to make chaplaincy care an integral part of holistic healthcare in Ghana.

Confidentiality
All data will be de-identified and will be kept private. Your identifiable data such as name or date of birth will not be used in documents, reports, or publications related to this research. When typing your survey responses into the computer, all data will be entered without any information that will make it possible for your identity to be known. The information you provide will be kept strictly confidential and will be available only to persons related to the study.

Voluntariness and Withdrawal
Your participation in the study is completely voluntary and you reserve the right not to participate, even after you have taken part, to withdraw. This is your right and the decision you take will not be disclosed to anyone. It will not affect the care that will be offered to you at the health facility now or in future. If you join the study, you can change your mind later. You can choose not to take part and you can quit at any time. There will be no negative consequences if you choose not to participate in the study. Please note however, that some of the information that may have been obtained from you without identifiers, before you chose to withdraw, may be used in analysis reports and publications.

Cost/Compensation
Your participation in this study will not lead to you incurring any monetary cost during or after the study.

Who to contact
This study has been approved by the Institutional Ethics Committee of the Ensign College of Public Health, Kpong and the Management of Pentecost Hospital, Madina. If you have any concern about the conduct of this study, your welfare or your rights as a research participant or if you wish to ask questions, or need further explanations later, you may contact me on 020 8344872. You may also contact the General Manager of Pentecost Hospital on 0244 130333.

Do you have any questions?

Part 2. CONSENT DECLARATION

"I have read the information given above, or the information above has been read to me. I have been given a chance to ask questions concerning this study; questions have been answered to my satisfaction. I now voluntarily agree to participate in this study knowing that I have the right to withdraw at any time without affecting my future health care services"

Name of **participant**_____

Signature of **Participant** _____

Date / /20_ _

Left thumbprint of participant

Name of **witness**_____

Signature of **witness** _____

Date / /20_ _

Name of **investigator**_____

Signature of **investigator** _____

Date / /20_ _

APPENDIX II: Questionnaire

QUESTIONNAIRE

ENSIGN COLLEGE OF PUBLIC HEALTH, KPONG

I am an MPH Student of the above University carrying out a research titled: "**Patients' Perception about the role of chaplaincy in healthcare delivery:-A survey at a Faith-based healthcare facility in Accra, Ghana"** as part of the requirement of my MPH Degree. I will be grateful if you could spare few minutes of your time to answer these questions that follow. Please rest assured that Information given will be handled with all confidentiality.

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SECTION A : QUESTIONNAIRES

IDENTIFICATION

Date:…… Questionnaire Number…….

WARD:……

NO	QUESTION	RESPONSE
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS		
1.	Age of respondents	
2.	Religion	a. Christian b. Moslem c. Traditional d. Others(specify)
3.	Occupation of respondent	a. Civil servant b. Trading c. Self employed d. Others specify
4.	In hospitals, sometimes priests pastor etc come to minister to individual patients. Have you ever received/seen a visit like that before (here or somewhere else)?	a. Yes, I have experienced it b. Yes, I have seen it but not experienced it c. No, not heard or seen it before
5.	If yes, how many times	

KNOWLEDGE AND PERCEPTION OF THE ROLE OF A CHAPLAIN.		
6.	How are your physical need(s) being met in the hospital	a. Poorly b. Satisfactory c. Good d. Excellent e. No answer
7.	How are your emotional need(s) being met in the hospital?	a. Poorly b. Satisfactory c. Good d. Excellent a. No answer
8.	What would you say are your greatest needs/concerns in the hospital?	a. Material b. Spiritual c. Emotional d. Physical e. Others
9.	Do you as a patient have any religious/ spiritual needs when you come to the hospital?	a. Yes b. No c. Uncertain
10.	If yes, how are those needs met in the hospital?	a. Poorly b. Satisfactory c. Good d. Excellent e. No answer
11.	Do you believe that your faith can aid in your emotional and physical healing?	a. Yes b. No c. Unsure d. No answer
12.	As a hospital patient, do you feel that it is important for the hospital to meet your religious/spiritual needs?	a. Yes b. No c. Unsure d. No answer

Thank you for your time and assistance and I wish you a speedy recovery.

SECTION B: INTERVIEW GUIDE FOR AN IN-DEPTH INTERVIEW WITH 10 PATIENTS

1. Do you as a patient have any religious/spiritual needs during your visit to the hospital?
2. If yes, could you tell me some of them?
3. Do you think those needs are met by the hospital?
4. How to you think those needs could be met?
5. Do you know who a hospital chaplain is?
6. Do you know the role of the hospital chaplain?
7. Could you mention some to me?
8. As a hospital patient, do you feel that it is important for the hospital to meet your religious/spiritual needs?
9. What needs do you have to be addressed by the hospital chaplain?
10. What are your expectations from the chaplain?
11. Do you think chaplaincy care should be made an integral part of health care in Ghana?
12. What else would you like to tell me about chaplaincy care?
13. Do you think Government should resource the service of chaplains in the NHIS?

Thank you for your time and assistance and I wish you a speedy recovery.