Assessing Faith-Based Needs in Patients with Head and Neck Cancer (HNC)

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Background

- 98,000 persons will be diagnosed with head and neck cancer (HNC) this year
- >500,000 U.S. HNC survivors
- Majority of cancer patients rely on prayer for wellbeing
- Very little known about significance of faith-based communities for patients with HNC.

Aims

1. Describe existing religious/spiritual community resources for HNC burden.
2. Describe the prevalence of faith-based needs among HNC patients.

Methods

**Patient Facing**

1. Literature Review
   - Areas of focus:
     - Cancer Care Needs
     - Spirituality in Healthcare Decision-making
     - Psychosocial Effects of HNC
   - Key Takeaways:
     - Survivors of HNC have among the most complex rehabilitation needs
     - HNC leads to body dissatisfaction, cognitive and behavioral challenges, decreased independence
     - Individuals with HNC experience existential vulnerability but insufficient support
   - Develop a survey to characterize the faith-based needs of HNC patients
   - Components of the survey:
     - Part I: Physical and Medical Concerns
     - Part II: Measures of Distress
     - Part III: Spiritual Concerns
     - Part IV: Congregational Involvement
     - Part V: Needs Assessment
     - Part VI: Demographics

   The survey utilizes builds on Measurement Tools:
   - NCCN Distress Thermometer, MDASI – Head and Neck, Satisfaction with Facial Appearance, Religious Support Scale, Duke University Religion Index

2. Administering Patient Survey
   - Developed telephone script to obtain verbal consent for our study from patients attending Duke Otolaryngology Clinic 1F (n = ~50).

3. Patient Recruitment
   - Survey administered online or on a tablet at the clinic using RedCap Secure Link

4. Patient Interviews
   - Conducting 30-45 minute semi-structured interviews with (n = ~10) participants over zoom or in person.

**Clergy Facing**

1. Literature Review
   - Healthcare privacy as a barrier to connection
   - Clergy burn out + Compassion burn out
   - Lack of societal understanding on HNC social effects

2. Recruitment
   - Recruit clergy from a network of churches provided by the Duke Office of Durham and Community Affairs - Community Health

3. Clergy Interviews
   - Conducting 30-45 minute, semi-structured interviews of (n = ~20) Clergy members over zoom or in person.

4. Thematic Analysis
   - Looking at barriers to access for people with face-related disabilities in congregational settings
   - Looking at possibilities of expanded care and involvement of clergy

5. Building Connections
   - Working with Clergy associations and organizations such as the Interdisciplinary Ministries Alliance and Durham Congregations in Action
   - Connecting directly with local clergy and congregants of local churches in the Durham-Raleigh area

Next Steps

1. Complete administration of patient surveys and interviews.
2. Complete clergy interviews.
3. Employ thematic analysis with NVivo Software.
4. Conduct chart variable analysis to correlate health records with psychospiritual distress.

Outcomes

Preliminary Patient-Facing Outcomes

- 135 Patients Screened
- 41 Verbally Consented
- 8 e-Consented

We have begun administering the faith-based needs assessment surveys.

Preliminary Clergy-Facing Outcomes

- Clergy naming need for proper training and health literacy to understand needs of patients with HNC
- Clergy are naming limitations of time and resources
- Clergy are naming lack of value placed on holistic health and lack of awareness of their value beyond emotional and social support

Works Cited
