

Spiritual Care and Chaplaincy

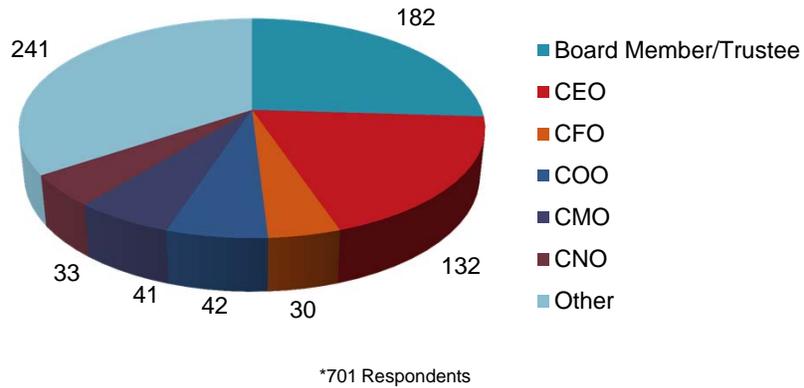
Surveying the Understanding and Need of Spiritual Care in Catholic Health Care

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National Association of Catholic Chaplains
June 2013 NACC Audio Conferences

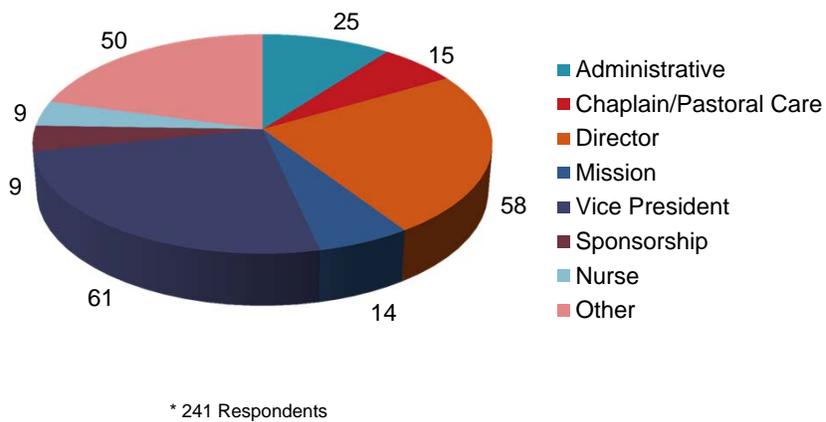
Review of Executive Survey

Q1: Please identify your role in Catholic Healthcare



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Q1, continued - Breakdown of "other"



Note: Some of the Individuals are in multiple roles.
For Example, "CEO/VP Mission"

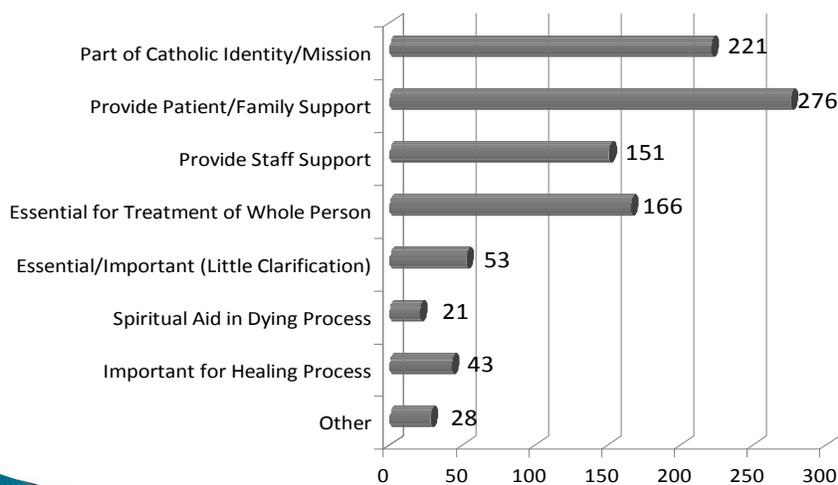
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Q1, continued – Key Themes

- ▶ Largest group of participants are Board Members and CEOs
- ▶ CFO, COO, CMO, and CNO make up about one third of respondents
- ▶ Remember “Other” identifies:
 - Those who wear multiple “hats”
 - Those who took the survey who were not part of the target audience

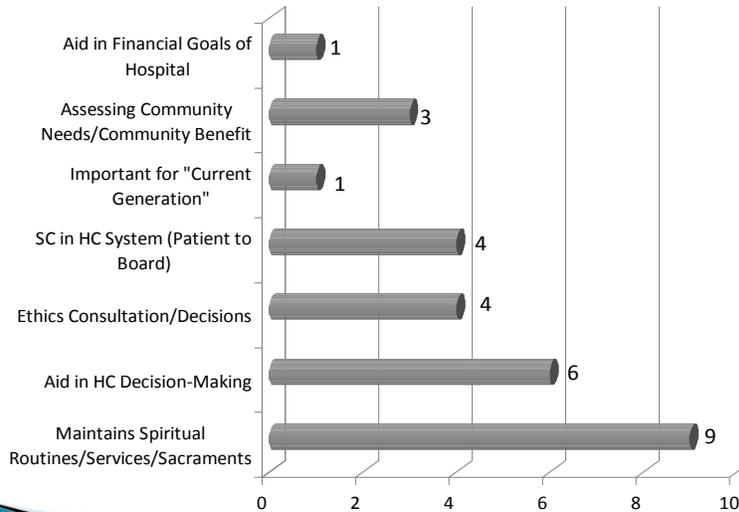
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Q2: How would you describe the purpose & value of spiritual care and professional chaplaincy?



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Q2, continued – Breakdown of “other”



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Q2, continued – Key Themes

- ▶ Open-Ended Response
- ▶ Providing patient and family support was the most recognized purpose and value of spiritual care and chaplaincy
- ▶ Second most recognized value was the role spiritual care plays in our Catholic identity and mission
- ▶ The breakdown by subgroup shows values of spiritual care are similar throughout responding groups (available in the Executive Survey Appendix at the end of the presentation)

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Q2, continued – Comments We Are Hearing

“Both a **strong presence** and a wide array of spiritual care services will only **enhance our healthcare mission vision** and values.”

– *Board member/Trustee*

“I believe it can be **an underrated value**, because what happens between a chaplain and the patients is often not going to be revealed, **so the value is not seen.**”

– *Board member/Trustee*

“To **carry out our mission** and ministry by providing spiritual support to residents, families and staff. To act in a leadership role in assisting in the development of a culture of **respect and dignity** for others, and healing for all.”

– *CEO*

“I believe this is an **integral part** of supporting our **mission** to provide quality care of the whole patient.”

– *CFO*

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Q2, continued – Comments We Are Hearing

“The purpose and value is many. First, it is to provide a **framework** for who we are as an organization with our faith based foundation. Second, it is to remind us continually, that our **passion and role in life** is to live God's will. Third, it is to be **supportive to patients and families** during times of doubt, need, and grief.”

– *CFO*

“The spiritual dimension is an **integral part** of our daily ministry to patients, at times of birth and death, joy and sorrow.”

– *COO*

“To lead spiritual healing among patients, families, staff, and physicians. To help organization remain **faithful to our mission.**”

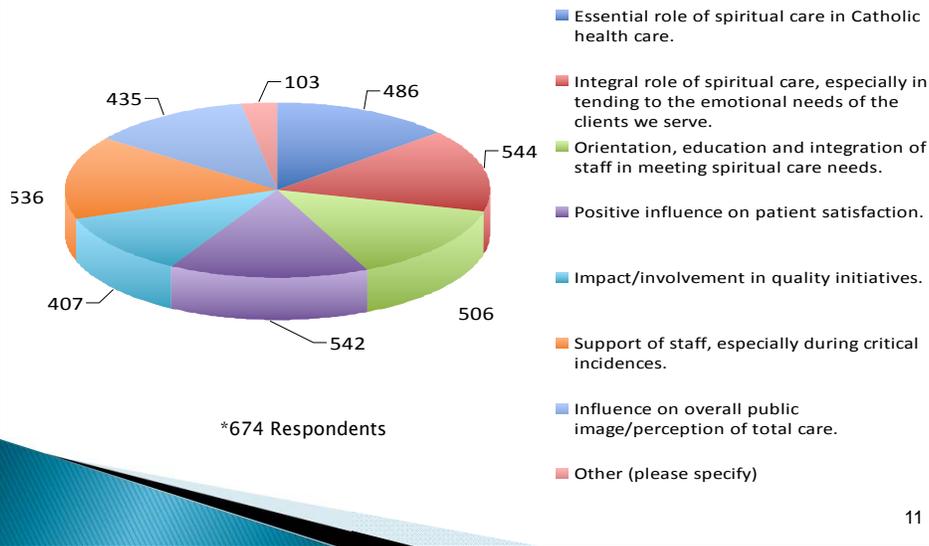
– *CMO*

“**Critical for the success** of the hospital and its mission.”

– *CNO*

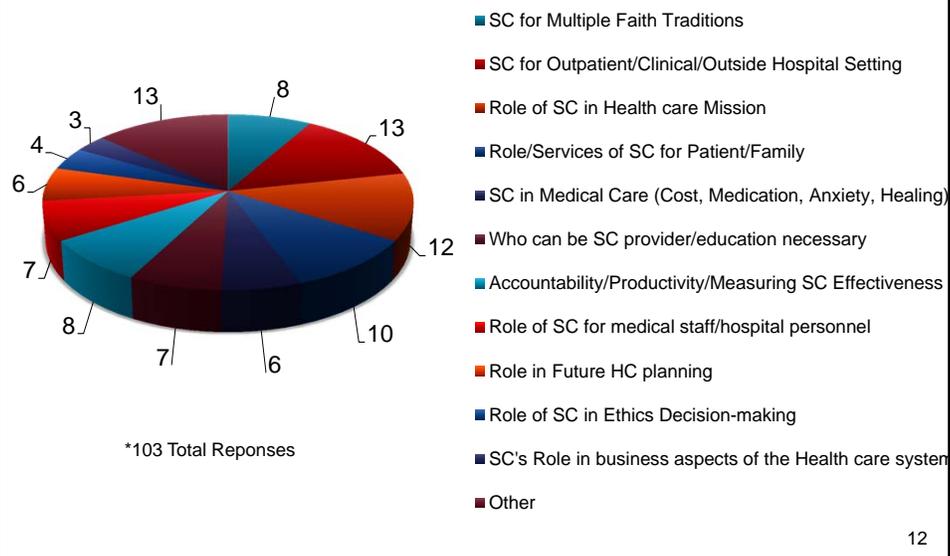
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Q3: What types of information do you want to have regarding the role of chaplains in your decision making?



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Q3, continued - Breakdown of "other"



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Q3, continued – Key Themes

- ▶ “Check all that apply” Question
- ▶ Most responded: “Integral role of spiritual care, especially in tending to the emotional needs of the clients we serve” (80.7%)
- ▶ However, 5 of the answers were within 72% to 80% response range (all important)
- ▶ Least requested: “Impact/involvement in quality initiative.” (60.4%)
- ▶ Breakdown by subgroup shows very little variation among individual groups (Appendix).

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Q3, continued – Comments We Are Hearing

“All of the above are important, but the most important thing is that the patient's & families' total lives are improved by the care of the chaplains and staff.”
– *Board Member/Trustee*

“However mission leaders are involved is critical to integrity of Decisions made in light of critical compelling business rationale.”
– *CEO*

“They are all important. It is the underpinning of the unique character/healthcare delivery of catholic healthcare.”
– *CFO*

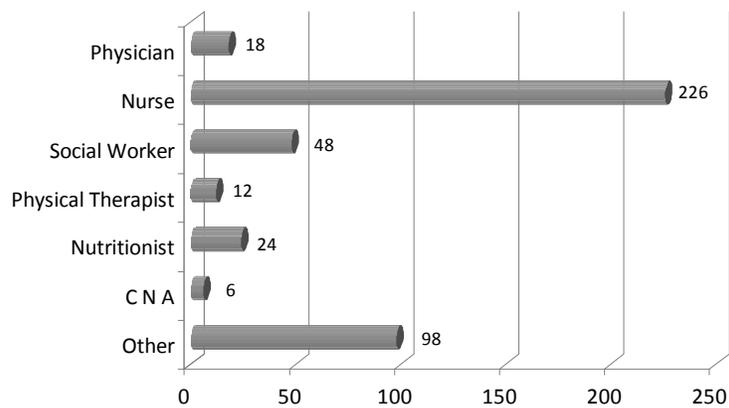
“Invaluable in helping coworkers and those we serve understand end-of-life issues and when further medical interventions are not warranted.”
– *CMO*

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Review of Clinician Survey

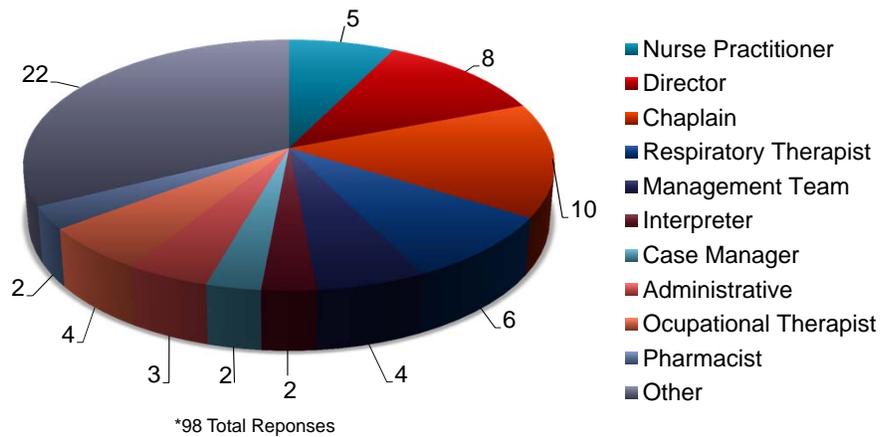
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Q1: Please indicate your role within the clinical team.



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Q1, continued – Breakdown of Other



Note: Some Respondents have multiple roles, therefore, multiple responses

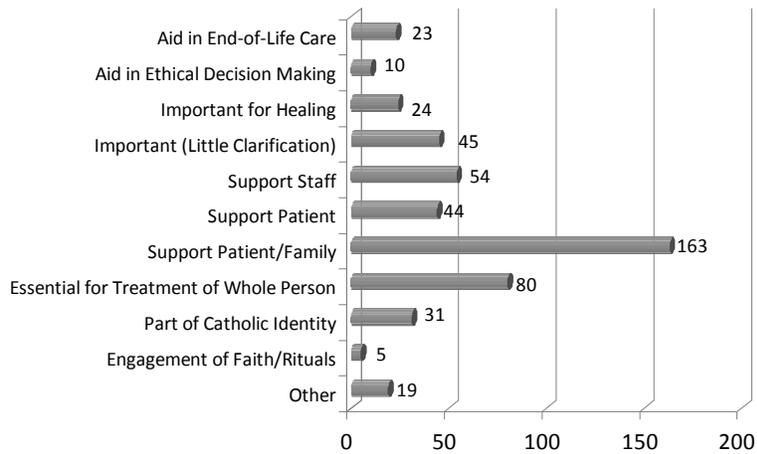
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Q1, continued – Roles

- ▶ Nurses make up the largest group of respondents
- ▶ “Other” Responses:
 - Individuals carrying multiple roles
 - Those outside the target audience
- ▶ Second largest subgroup are social workers

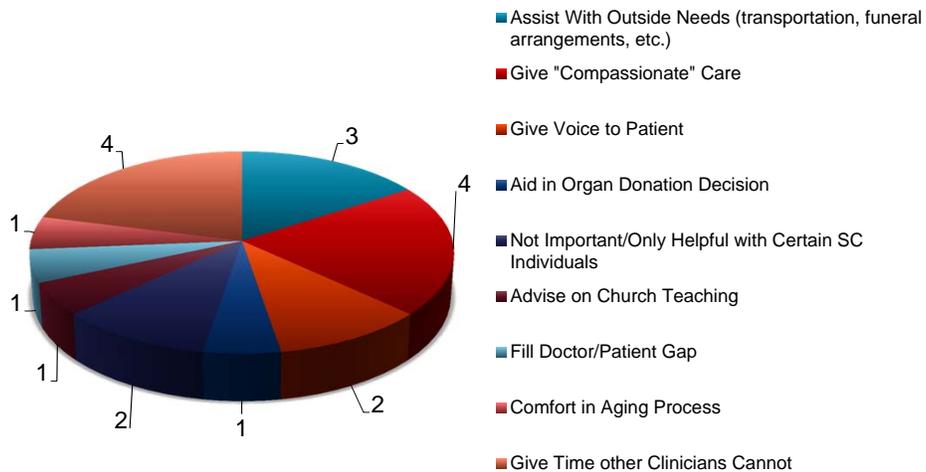
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Q2: How would you describe the purpose and value of spiritual care?



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Q2, continued – Breakdown of Other



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Q2, continued – Key Themes

- ▶ Open-Ended Question
- ▶ Largest Identified purpose/value is Patient and Family Support (similar to executive survey)
- ▶ Second largest value is the essential need for treatment of the whole person
- ▶ Breakdown by subgroup does show some variation due to the number of participants, however, trends are similar within different groups (Appendix) .

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Q2, continued – Comments We Are Hearing

“It is at the essential core of the **healing process** for patients and their families.”
– *Physician*

“The value lies in the fact that we are not simply physical beings. There is a part of us that, although not physical, requires support and healing during physical illness.”
– *Physician*

“To provide support to the **staff, patients, and family**. Also, to assist in making funeral home arrangements, organ donor assistance, and morgue management.”
– *Nurse*

“We need to recognize that our patients identify themselves as **spiritual beings**. **Respecting that identity** requires we provide care commensurate to their identified needs.”
– *Nurse*

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Q2, continued – Comments We Are Hearing

“The purpose of spiritual care is **to encourage the personal active engagement** of including God in all we do. The value is the most important aspect of our life.”
–*Social Worker*

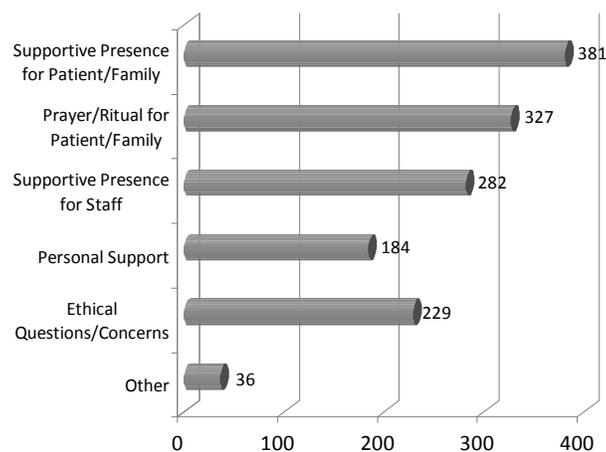
“The value and purpose of spiritual care are on the **same plane as medical care**. Just as important.”
– *Physical Therapist*

“**Mindful of dignity** to all, Spiritual Care is **the carrier of ethics and values** within the medical setting, many times just by presence alone and not a word said.”
–*Nutritionist*

“Vital part of care! Our job is to heal **body, mind, & spirit**.” – *CNA*

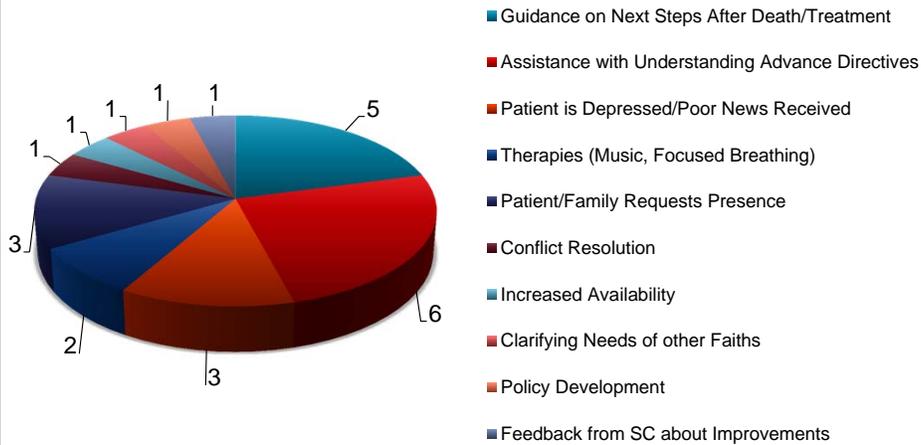
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Q3: When seeking assistance from spiritual care & professional chaplaincy, what are you asking for?



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Q3, continued – Breakdown of Other



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Q3, continued – Key Themes

- ▶ “Check all that apply” question
- ▶ Largest response (97.4%) was “Supportive presence for patient and family”
- ▶ Smallest Response (47.1%) was “Personal support”
- ▶ Very little variation in subgroups (Appendix).
Meaning: Focus does not vary between the subgroups

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Q3, continued – Comments We Are Hearing

“Feedback from spiritual care about their interaction with unit associates and **opportunities for improvement**, including more associate engagement in the healing ministry.”
– Nurse

“**Being available** (physically in the building) for 3rd shift as well.”
–Nurse

“**Advance Directives**, help with goals of care, or to help clarify a course of treatment/treatment plan.”
– Nurse

“**Providing therapies** such as music, DVD, simple hand massages, focus breathing etc...”
– Nurse

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Q3, continued – Comments We Are Hearing

“I have not thought about consulting the chaplain for **ethical questions**, thank you for this question.”
–RN Case Manager

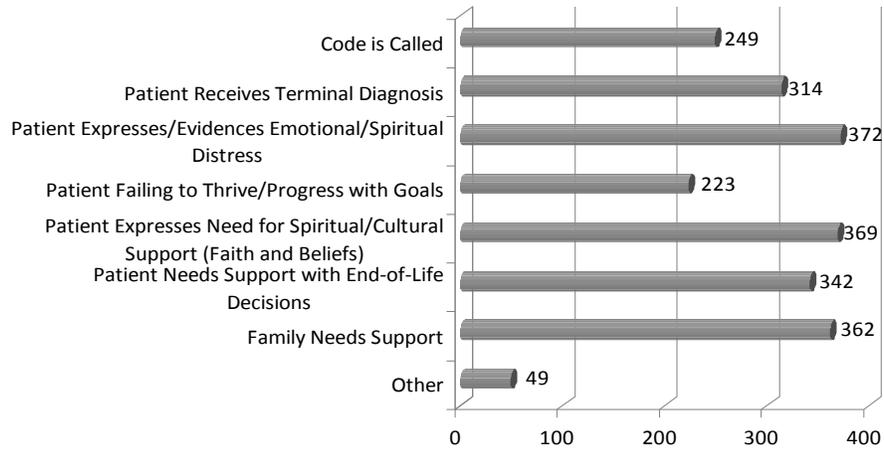
“**Intervention with patients** and families at times”
– Social Worker

“Teaching for staff **on how to meet spiritual needs** of patients within the work that we do”
– Social Worker

“Help with **clarifying needs of patient's from faith backgrounds** that we typically do not have experience with. Muslim, Hindu, etc.. and finding support within the community for these patient's and families.”
–Physical Therapist

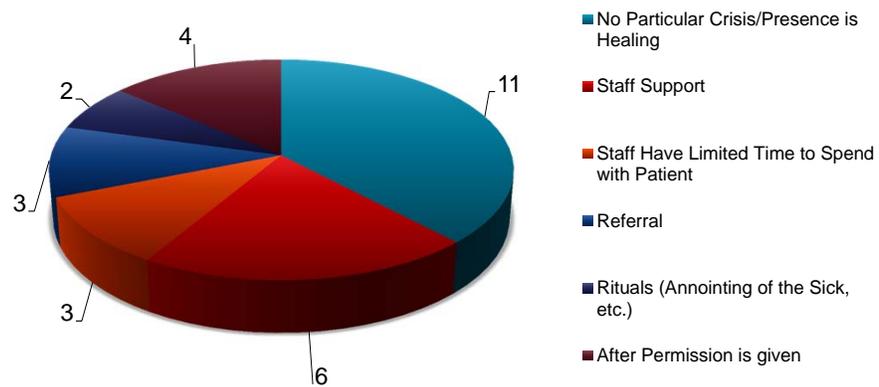
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Q4: When would you refer a patient and why?



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Q4, continued – Breakdown of Other



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Q4, continued – Key Themes

- ▶ “Check all that apply” Question
- ▶ Largest response (95.6%): “Patient expresses/evidences emotional or spiritual distress”
- ▶ Smallest response (57.3%): “Patient is failing to thrive or progress with goals”
- ▶ 5 responses have 80% or better response rate
- ▶ Little variation by subgroup (Appendix)

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Q4, continued – Comments We Are Hearing

“Many patients have expressed gratitude for spiritual care visits even when **no crisis is looming**. They like the element of spirituality a visit brings during hospitalization, and they take **comfort in access** of the service if they need it.”
– *Nurse*

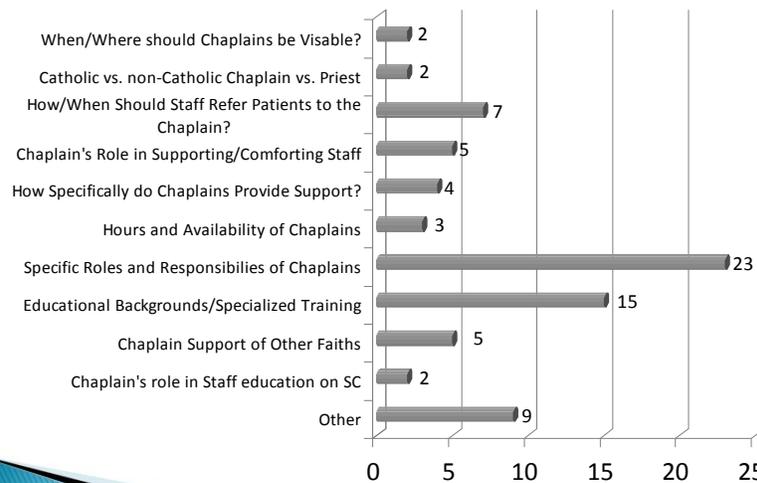
“We need to make these services available for patients seen on an **outpatient basis**, as they face chronic distress.” – *RN Case Manager*

“Spiritual Care is much better in addressing the above issues and often has more **contacts in the community** for helping the resident/family such as calling a priest for Anointing of the Sick, etc.”

– *Physical Therapist*

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Q5: What more would you like to know to better understand the role of professional chaplains?



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Q5, continued – Key Themes

- ▶ Very small amount of responses (of the 142 replies, most indicated no additional information needed)
- ▶ Largest response is desire to know more about the specific roles and responsibilities of chaplains
- ▶ Second largest request was information on educational training of chaplains
- ▶ Breakdown by subgroup lead to little conclusion due to lack of participation

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Q5, continued – Comments We Are Hearing

“I would like to see them support the staff more **during and after a crisis** or traumatic event.”
– *Nurse*

“Along with their **theological training**, do they have **social work** backgrounds as well? **Medical knowledge?**”
– *Nurse*

“How does the **role of chaplain** differ from the role of a local pastor or priest?”
– *Nurse*

“How does someone with a **different faith** have their support accepted?”
– *Social Worker*

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Q5, continued – Comments We Are Hearing

“We would like information/direction as to how to **incorporate more spiritual** care in the clinic setting.”
– *Nurse*

“Confidentiality: Can chaplaincy ask if **the information can be shared** with the professional working on the case?”
– *Nurse*

“What **sort of documentation** is required for the medical record?
Sometimes we don't know if anyone has been to see the patient or not,
as there is no documentation.”
– *Nurse*

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