Spiritual Care and Chaplaincy

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

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Review of Executive Survey
Q1: Please identify your role in Catholic Healthcare

Q1, continued – Breakdown of “other”

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

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

- Part of Catholic Identity/Mission: 221
- Provide Patient/Family Support: 276
- Provide Staff Support: 151
- Essential for Treatment of Whole Person: 166
- Essential/Important (Little Clarification): 53
- Spiritual Aid in Dying Process: 21
- Important for Healing Process: 43
- Other: 28
Q2, continued – Breakdown of “other”

- Aid in Financial Goals of Hospital: 1
- Assessing Community Needs/Community Benefit: 3
- Important for “Current Generation”: 1
- SC in HC System (Patient to Board): 4
- Ethics Consultation/Decisions: 4
- Aid in HC Decision-Making: 6
- Maintains Spiritual Routines/Services/Sacraments: 9

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)
Q2, continued – Comments We Are Hearing

"Both a **strong presence** and and 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 in an **integral part** of supporting our **mission** to provide
quality care of the whole patient.”

- CFO

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 it’s mission.”

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

- Essential role of spiritual care in Catholic health care.
- Integral role of spiritual care, especially in tending to the emotional needs of the clients we serve.
- Orientation, education and integration of staff in meeting spiritual care needs.
- Positive influence on patient satisfaction.
- Impact/involvement in quality initiatives.
- Support of staff, especially during critical incidences.
- Influence on overall public image/perception of total care.
- Other (please specify)

*674 Respondents

Q3, continued – Breakdown of “other”

- SC for Multiple Faith Traditions
- SC for Outpatient/Clinical/Outside Hospital Setting
- Role of SC in Health care Mission
- Role/Services of SC for Patient/Family
- SC in Medical Care (Cost, Medication, Anxiety, Healing)
- Who can be SC provider/education necessary
- Accountability/Productivity/Measuring SC Effectiveness
- Role of SC for medical staff/hospital personnel
- Role in Future HC planning
- Role of SC in Ethics Decision-making
- SC’s Role in business aspects of the Health care system
- Other

*103 Total Responses
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).

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
Review of Clinician Survey

Q1: Please indicate your role within the clinical team.

- Physician: 18
- Nurse: 226
- Social Worker: 48
- Physical Therapist: 12
- Nutritionist: 24
- CNA: 6
- Other: 98
Q1, continued – Breakdown of Other

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

Note: Some Respondents have multiple roles, therefore, multiple responses
Q2: How would you describe the purpose and value of spiritual care?

- Aid in End-of-Life Care: 23
- Aid in Ethical Decision Making: 10
- Important for Healing: 24
- Important (Little Clarification): 45
- Support Staff: 54
- Support Patient: 44
- Support Patient/Family: 80
- Essential for Treatment of Whole Person: 31
- Part of Catholic Identity: 5
- Engagement of Faith/Rituals: 19
- Other: 0

Q2, continued – Breakdown of Other

- Assist With Outside Needs (transportation, funeral arrangements, etc.): 4
- Give "Compassionate" Care: 3
- Give Voice to Patient: 1
- Aid in Organ Donation Decision: 1
- Not Important/Only Helpful with Certain SC Individuals: 1
- Advise on Church Teaching: 1
- Fill Doctor/Patient Gap: 1
- Comfort in Aging Process: 1
- Give Time other Clinicians Cannot: 1
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).

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
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

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

- Supportive Presence for Patient/Family: 381
- Prayer/Ritual for Patient/Family: 327
- Supportive Presence for Staff: 282
- Personal Support: 184
- Ethical Questions/Concerns: 229
- Other: 36
Q3, continued – Breakdown of Other

- Guidance on Next Steps After Death/Treatment
- Assistance with Understanding Advance Directives
- Patient is Depressed/Poor News Received
- Therapies (Music, Focused Breathing)
- Patient/Family Requests Presence
- Conflict Resolution
- Increased Availability
- Clarifying Needs of other Faiths
- Policy Development
- Feedback from SC about Improvements

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
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

“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 patients from faith backgrounds that we typically do not have experience with. Muslim, Hindu, etc... and finding support within the community for these patients and families.”  
-Physical Therapist
Q4: When would you refer a patient and why?

- Code is Called
- Patient Receives Terminal Diagnosis
- Patient Expresses/Evidences Emotional/Spiritual Distress
- Patient Failing to Thrive/Progress with Goals
- Patient Expresses Need for Spiritual/Cultural Support (Faith and Beliefs)
- Patient Needs Support with End-of-Life Decisions
- Family Needs Support
- Other

Q4, continued – Breakdown of Other

- No Particular Crisis/Presence is Healing
- Staff Support
- Staff Have Limited Time to Spend with Patient
- Referral
- Rituals (Anointing of the Sick, etc.)
- After Permission is given

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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 of progress with goals”
- 5 responses have 80% or better response rate
- Little variation by subgroup (Appendix)

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

- When/Where should Chaplains be Visible? 2
- Catholic vs. non-Catholic Chaplain vs. Priest 2
- How/When Should Staff Refer Patients to the Chaplain? 7
- Chaplain’s Role in Supporting/Comforting Staff 5
- How Specifically do Chaplains Provide Support? 4
- Hours and Availability of Chaplains 3
- Specific Roles and Responsibilities of Chaplains 15
- Educational Backgrounds/Specialized Training 23
- Chaplain Support of Other Faiths 5
- Chaplain’s role in Staff education on SC 9
- Other 0

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
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

“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