

# THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

Audio Conferences  
June 20 and 27, 2013

## *Communicating the Value of Chaplaincy*

**David A. Lichter, D.Min.**

### **SESSION ONE**

#### **I. Introduction**

How do we talk about chaplaincy, especially to healthcare leaders and our clinician colleagues? Over the past year, research and writing have occurred that can help chaplains better understand how they are perceived and the types of messages that can be developed to communicate about our profession and its benefits.

These two audio conferences will share insights from the recent CHA surveys of healthcare executives and clinicians, as well as synthesize other writings on this topic, and invite the participants to develop and test ways of expressing their work.

#### ***Objectives***

Participants will have:

- Gained knowledge and understanding of the CHA surveys to both healthcare executives and clinicians, and their key perceptions of spiritual care.
- Examined other recent writings on making the case for spiritual care, and the language of Association of Professional Chaplains and HealthCare Chaplaincy on explaining the benefits of chaplaincy.
- Explored ways of communicating the value of chaplaincy in light of the focus of the patient experience and patient-centered care.

#### **II. Catholic Health Association Surveys**

##### **1. Background**

- i. Spring-Summer 2012 Design
- ii. Conducted early September 2012
- iii. Executive Group (701 responses) larger number with lower responses
- iv. Clinical Staff Group (432) smaller pool with higher response rate

## 2. With Executives

There was strong response from board members and CEO's and those who responded (Board members, CEOs, COOs, CMOs, CNO's) overall have a positive understanding of and appreciation for the value of chaplains.

- i. The purpose and value of spiritual care and professional chaplaincy:
  - o The most prominent areas (in order of emphasis):
    - Providing patient and family support
    - Demonstrating Catholic identity/mission
    - Treating the whole person
    - Providing staff support
  - o Interpretation:
    - Leaders perceive/affirm spiritual care and chaplaincy in a broader and more integrative/holistic way, as linked to and demonstrating Catholic identity/mission, and integral to treating the whole person, as well as placing high emphasis of spiritual care and chaplaincy in supporting staff.
- ii. Information leaders want to have regarding the role of chaplains in their decision making:
  - o Integral role of spiritual care, especially in tending to the emotional needs of the clients served, received the strong response, four others were closely grouped after that one:
    - Positive influence on patient satisfaction
    - Support of staff, especially during critical incidences
    - Orientation, education, and integration of staff in meeting spiritual needs
    - Essential role of spiritual care in Catholic health care
  - o Interpretation:
    - More information needed about how chaplains impact patient satisfaction, and are meeting emotional needs.
    - Again role in preparing staff for their role in meeting spiritual needs, as well as supporting staff in critical times, are important.
    - How chaplains impact the quality of experience is a little less emphasized, and it could mean that leaders do not see or have not seen spiritual care and chaplains a part of quality initiatives in the facility.

### 3. With Clinicians

The majority of those responding were nurses, with the second largest (but much smaller) group being social workers. Many responded wearing several hats.

- i. Regarding the purpose and value of spiritual care and professional chaplaincy:
  - Patient and family support was of highest value
  - The essential need for treatment of the whole person second.
  - Again, third was staff support
  - Interpretation
    - As with executives, spiritual care and chaplains are most valued in their role with patients and their families, and the value stems from viewing the patient and families more holistically. Staff support remains important as well.
- ii. When seeking assistance from spiritual care and professional chaplaincy, what are you asking for?
  - Supportive presence for patient and families was noted the most
  - Recognition of the religious (prayer/ritual) needs of patients second
  - Again, support of staff was the third reason, and ethical questions/concerns fourth.
  - Interpretation:
    - Nursing and some other clinician feedback is similar. Not surprising given this group's focus on patient care, they named the value of chaplains in terms of patient care, and to provide religious support (prayer and ritual) as needed.
    - However, being called upon to be a support to staff remains consistently high.
    - Clinicians seemed to view the resources of spiritual care and chaplains in ethical matters more highly.
    - Additional comments focused on specific ways in which that support was provided, e.g., aid in end-of-life care
    - This group had less emphasis on the organizational role, yet still named it in smaller percentages than the leaders:
- iii. Regarding when asked the question, "When would you refer a patient and why?"
  - Several are grouped close together and rated very high in this order:
    - Patient expresses/evidences emotional or spiritual distress
    - Patient expresses need for spiritual or cultural support around faith or beliefs
    - Family needs support
    - Patient needs support with end of life decisions
    - Patient receives terminal diagnosis

- Interpretation:
  - Nursing seems to understand when to refer to a chaplain, although it is unclear if they seek support for themselves intentionally.
  - Clinicians understand the important role of spiritual care around end-of-life issues. This is not as prominent with executives.
- iv. Regarding when “What more would you like to know to better understand the role of professional chaplains?”
  - Clinicians are not aware of the specialized training or certification of chaplains.

#### **4. General interpretations:**

- i. Chaplains are valued at all levels of the organization, little variation existed between what groups reported are the main roles played by chaplains, with patient care highest.
  - Chaplains in quality improvement initiatives was not high, and it might suggest that how chaplains are involved is not well known and communicated to staff that some of the techniques we use have a research element behind them. It also suggests that chaplains may not be seen as key members of a team driving quality improvement on the units.

#### **5. Next Steps**

- i. Articles in Health Progress
- ii. Communication materials placed on CHA and NACC websites
  - Tool box with helpful materials
- iii. Video vignettes around certain topics
  - Value of chaplaincy
- iv. Written materials
  - Elevator speech
- v. Printed materials