DEMONSTRATING THE BENEFITS OF SPIRITUAL CARE VOLUNTEERS

BON SECOURS RICHMOND AS A CASE STUDY

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OBJECTIVES

I. Review of Spiritual Care Partners Program

II. Creating the Rationale

III. Contribution of Program to Volunteer Spiritual Growth and Departmental Productivity

IV. Contributions Made by the Program to the Field of Professional Chaplaincy

V. Lessons Learned

VI. Creating a Viable Program: Program Planning Workbook
I. PROGRAM OVERVIEW
WHAT IS SPIRITUAL CARE PARTNERS?

• Program began in fall of 2013 at St. Mary’s Hospital in Richmond, VA
• Visit patients on several different hospital units
• Focus on non-critical, non-emergent, and non-end-of-life cases
• Basic spiritual assessment and intervention
  • Utilize basic reflective listening skills, provide emotional/spiritual support, prayer, and screen for ongoing spiritual care intervention by chaplains.
• 10 – week training course (80 hours)
• Continuing Education:
  • 10 hours of continuing education seminars/year, 1 verbatim presentation/year
• 29 active volunteers at 4 Richmond area hospitals
EDUCATIONAL FOCUS

Focus on Knowledge

Didactics provided on:

- **Skills Development**: basic listening skills, conducting pastoral conversations, ministry to Catholic patients, ministry to families, etc.
- **Theory**: Narrative theory, Family Systems Theory, etc.

Personal Formation

Self-understanding and spiritual formation through:

- Verbatims
- Personality Inventory (Myers-Briggs)
- Group process
TOPICS COVERED

• Sharing Our Stories – the role of narrative in pastoral care
• The Role of Spirituality in Health Care
• Action-Reflection-Action Method of Learning and Verbatim Writing
• Ministering to Catholic Patients – Procedures and Protocols
• Basic Listening Skills
• Understanding Ourselves – Myers-Briggs Type Inventory
• Mission and Volunteering
• Ministry in a Diverse Context
• Family Systems
• Ministering to Families
• Assessing and Addressing Spiritual Needs
• Conducting Pastoral Conversations
• Overview of World Religions
• Self-care
• Theological Reflection
UNITS

• Medical Surgical (post surgical, general medicine)
• Orthopedic Joint
• Orthopedic Spine
• Surgical Bariatric
• Medical Oncology (highest acuity that they visit)
WHAT THEY DON’T DO

- End-of-life ministry (hospice patients, patients on comfort measures, actively dying patients)
- Critical care patients
- Behavioral Health patients
- Advance Medical Directives
- Other complex situations that require chaplain intervention
II. Creating the Rationale

Answer the question:

Why have volunteers?
THE BODY OF CHRIST

• The work of the Church has been assigned to the entire body of Christ:

1 Cor. 12: 4-7, 11:

• 4 There are different kinds of gifts, but the same Spirit distributes them. 5 There are different kinds of service, but the same Lord. 6 There are different kinds of working, but in all of them and in everyone it is the same God at work. 7 Now to each one the manifestation of the Spirit is given for the common good... 11 All these are the work of one and the same Spirit, and he distributes them to each one, just as he determines.
VISION OF BON SECOURS

Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours...

As a prophetic health ministry we will partner with our communities to create a more humane world, build social justice for all, and provide exceptional value for those we serve.
2016-2018 SQP

• Strategic Quality Plan: *Awakening the World*

• Goal #4: STRENGTHEN OUR CULTURE AND CAPABILITIES:

“We recognize that the health care delivery system is undergoing rapid change with increasing complexity. Thus, we commit to liberate the potential of our people by strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances.”

THUS: Know your SQP and tie your program directly to it.
PHILOSOPHICAL COMMITMENT

• Implicit in our program is the understanding that there are many gifts to be used beyond professional chaplaincy for spiritual care services.

• However, without Board Certified Chaplains, there would be no possibility of volunteers:
  • Bon Secours policy states that: Spiritual/Pastoral Care Departments or programs are to be characterized by:
    “The participation of...volunteers who are properly prepared for ministry within the facility and whose responsibilities and duties do not duplicate or replace the professional role of the chaplain.”
    - In the Light of Compassion, Appendix A: Pastoral Care Policy, point 4.
POLICY

From *In the Light of Compassion, Guidelines for Spiritual Care Departments, BSHSI* (GUIDELINE 2):

“Each Spiritual Care Department is staffed by competent, certified Chaplains under the guidance of a qualified Director, who is professionally educated and certified, and by competent Pastoral Associates and Spiritual Care Volunteers who assist in this ministry.”
“It seems to me that much of the proper work of the church should be the discerning and empowering of gifts for the world.”

• (Richard Rohr, Dancing Standing Still, 81)
THEREFORE

Clarify your rationale and link your rationale to your organization’s mission, vision, charism, goals, and strategic quality plan.
III. CONTRIBUTIONS
THE NUMBERS


Number of Volunteers Trained: 41

Number of Active Volunteers: 29

Number of Visits Made: 19,858

Number of Shifts Served: 1,432

Number of Hours Served: 4,813.7

Number of Referrals Made to Chaplains: 1,019
IMPACT

- **REACH**: Exponential increase in the number of visits made. Thus, an immediate increase in the reach of Spiritual Care Services.

- **Significance of Reach**: The language of business is numbers and that is why statistics are important. Keep as many statistics as you can in order to demonstrate the contribution of the program to the hospital’s mission.
VALUE

• **Value:** The value added is not solely financial and economic value.

• High numbers are good to have, but they are not what will sustain the program in the long – run.

• The existential value it provides the volunteers is what keeps the program going.

• Therefore: *nourish the volunteers.*
VOLUNTEER SURVEY

• On a scale of 1 – 5 with 5 representing highly impactful and 1 representing inconsequential, how would you rate the impact of participating in this ministry on your spiritual growth?

• 19 Total Responses
• 5% responded with a 3
• 11% responded with a 4
• 84% responded with a 5 HIGHLY IMPACTFUL
• 0% responded 1 or 2

• The overwhelming majority rated highly impactful.
Q2: Describe in a few sentences how this program has impacted your spiritual growth. If it has, how has it impacted your relationship with God and with yourself, and how have you noticed changes in yourself since beginning as a Spiritual Care Partner?
FORMATIONAL IMPACT

• PERSONAL GROWTH:
  
  “I am finding that all of this training spills over into my daily life and work (as it should!) and I am better able to _empty myself of ego_ so that God can better work through me.”

  “It's helped me be less judgmental and critical of others' faith. It's helped me listen better and ask better probing questions, putting their interests above my own.”
FORMATIONAL IMPACT

SENSE OF CONNECTEDNESS WITH GOD:

• “It has drawn me even closer to God as I see Him working through me to be a blessing to others. I can approach people I would not have been able to if I had not come into this program. Each time I visit with patients I am improving a little bit more with my listening and caring skills. This will impact my life forever.”

• “My faith in God, that He can work through me at the bedside of a suffering person has greatly increased. My ability to be a compassionate listener has improved greatly. My trust in God that my love for others is being deepened and that what I am doing for Him has eternal value.”
FORMATIONAL IMPACT

• THEOLOGICAL REFLECTION: “I have repeatedly seen firsthand how God has revealed Himself (Herself? Itself?) to people of other faith traditions than my own, which I find beautiful and awesome, although I have also experienced a deepening of my own faith...My time as an SCP is like four hours of additional prayer time each week, and I often feel God's presence now more than ever.”

• THEOLOGICAL REFLECTION: “Listening to patients' stories has made me more in awe of God's universal presence in the lives of all people...Being more aware of God's careful overseeing of each of us has made me become more aware of the needs of those around me, whether my spouse, or family members, or even strangers I interact with on any given day.”
EMPOWERMENT: “When I first started visits on my own I was apprehensive. Now when I enter a room I feel the Spirit moves me. I find myself interacting with folks and when I leave the room I sometimes wonder where the words came from. I have never had this experience in my life. I have come to expect him to be there with me always.”

APPROPRIATING A NARRATIVE MINDSET: “From contact with my patients I have really learned to listen carefully to each story. This has made me more open and compassionate with friends and family as well.”
IMPACT ON PATIENT EXPERIENCE

Q8: What have patients/families/visitors said to you that demonstrates their satisfaction with your ministry or the ministry of Spiritual Care Partners as a whole?
PATIENT EXPERIENCE

• They say: "I am so very grateful that you came in to see me today. It has helped." "You helped me." "Thank you so much for praying for me." "This visit is just what I needed." “My father (mother, sister, etc.) really needed this visit today." "Thanks for listening.”

• “Many people find the program (especially the name) very interesting. Even folks with no church or faith/belief tradition like the idea of holistic healing. Just about everyone is pleased and thankful to be kept in my prayers. And some folks ask to pray even before I bring up the idea!”

• “I have many thank me for visiting. They have told me they appreciate our taking the time to visit with them and their loved ones. They feel the hospital cares about their spiritual needs. Some are surprised we have such a ministry.”
PATIENT EXPERIENCE

• “I have had patients tell me that my visit was the highlight of their day. I have had them tell me that they really needed to talk to me and were glad I was there. Patients have told me that I 'make their day.' Patients have said that my words were exactly what they needed to hear.”

• “Many express heartfelt gratitude for my coming to see them; some say ‘that's what I like about coming to a faith-based hospital! (or to St Mary's hospital).’ Sometimes when I introduce myself as an SCP, they will brighten up and tell me how much they got out of the previous visit of another SCP, with many compliments for him or her.”
PATIENT EXPERIENCE NUMBERS

- “Staff was attentive to my spiritual needs.” Percentage marking 5 on scale of 1 - 5

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IV. Contributions to Professional Chaplaincy
PROFESSIONAL DEVELOPMENT

• Supervisory role to volunteers
  • Monthly supervision, 15 – 30 minutes of one-on-one time

• Teaching role
  • Many chaplains teach didactics during the 10 – week training

• Continuing Education role
  • Have opportunity to assist with facilitating verbatim seminars and teaching didactics

• Overall Outcome:
  • From Chaplain as Provider of spiritual care to Chaplain as Provider AND Trainer
PROFESSIONAL DEVELOPMENT

SURVEY OF CHAPLAINS:

• How has your involvement in the Spiritual Care Partners program impacted your professional development?

  • 67% reported that their skills have increased either moderately or significantly

• To what extent has working with and mentoring Spiritual Care Partners energized you in your work?

  • 92% of respondents: energized moderately or significantly
VOLUNTEERS ADD VALUE

• To what extent do the Spiritual Care Partners add value to our department’s work of providing spiritual care to patients and families?

• Add some value: 17% of respondents

• Add significant value: 58% of respondents

• Play a central role in our ability as a department to provide spiritual care in our hospitals: 25% of respondents
VALUE

• Reflect on the quality of the Spiritual Care Partners program. In your opinion, what are the best aspects of the program? Where is there room for improvement?

  • “The SCP allow for optimal patient visitation and better referrals. There have been several instances where we have received excellent patient care referrals from our SCP partners. This has become a central component to our work.”

  • “The best aspect is that more patients receive spiritual care and are assessed for the need for a chaplain visit.”
“Best Aspects:” Broadening the coverage of spiritual care to a significantly larger number of hospital patients. Identifying patients for chaplain intervention. Raising the profile of chaplains as collaborators, instructors, and coaches among volunteers and staff. Providing supplemental spiritual support to longer-term patients to lessen staff burden.

Room for Improvement:” Desire/need for some volunteers to debrief and sometimes merely socialize with chaplains who have limited time/attention availability.”
V. Lessons Learned
RECRUITMENT/ONBOARDING

Chaplain survey also revealed: “be more selective with volunteers.”

**ACTION PLAN:** refined recruitment process

- Require **formal written application** (distinct from volunteer services general application) with specific behavior based questions (e.g. “tell of a time when you demonstrated active listening with someone who needed your support”).

- Require written attestation to **active involvement in local congregation**

- Require **Pastoral/Church Letter of Endorsement**

- **Signed Documentation** (non-proselytizing policy, disciplinary policy, code of conduct, position description, rights and responsibilities, annual reorientation form, etc.)
VI. BRAINSTORMING AND IMPLEMENTING

PROGRAM PLANNING WORKBOOK