Spiritual Care in Healthcare Identifying Decision-Makers’ Perspectives

This study explores how healthcare executives understand chaplaincy and spiritual care and make resource decisions related to the work. They tend to see the value of chaplains in terms of their quality of care, reliability and responsivity to emergent patient and staff needs, and clinical training and experience working within a complex environment. Executives saw themselves continuing to direct economic resources to chaplaincy departments in the midst of challenging economic realities. While data was gathered prior to the COVID19 pandemic, these findings might inform their actions in the midst of it.

Background
The Joint Commission has required all hospitals to address the religious and spiritual needs of patients since 1969. Some hire chaplains to do so, though chaplains are not required by law or policy in private for-profit or non-profit hospitals. Healthcare executives make ongoing decisions to offer spiritual care in their organizations which is not revenue producing. Little is known about how healthcare executives understand chaplaincy and make these decisions.

Methods
• 25 semi-structured interviews (11 health care executives and 14 chaplain managers) conducted between August 2019 and February 2020 prior to the COVID-19 crisis.
• Respondents (N=25) represent 18 hospitals in 9 systems 4 of which were faith-based.
• Respondents were selected from 24 hospitals in three similarly sized cities in three different regions of the U.S.
• Interview questions related to decisions about spiritual care and chaplaincy, specifically related to budget and staffing.

Key Findings
Value of Chaplains: Executives see the value of chaplains in terms of their work supporting staff in tragic situation and during organizational change and described ways to maintain chaplaincy efforts in the midst of challenging economic realities. In addition, executives and chaplain managers see the value of the work of chaplains in terms of their quality of care, reliability and responsivity to emergent patient and staff needs, and clinical training and experience working within a complex environment.

Arguments for value of chaplaincy: Most of the executives were aware that chaplains were representative and symbolic of the mission of their hospitals, however the level of the knowledge of their day-to-day work varied. Executives that made arguments in support of resources for chaplains tended to tie the work of chaplains to the broader missions, values and programs of the institution.

Organizational Integration: There is significant variation in how chaplains are staffed and integrated into their hospitals.

Data: Few organizations appeared to rely on empirical data when making decisions about chaplaincy staffing. Rather, decisions appear to be based on local clinical need and the budgetary status quo.

Implications
Healthcare Executives
• There are no current, widely accepted national benchmarks to inform chaplaincy staffing decisions.
• Many managers have limited understanding about the services chaplains provide. Chaplains need to find effective ways to educate their managers about what they do. We want to encourage chaplains to ask executives for what they need.
• Healthcare executives should work with spiritual care managers to identify chaplains’ contributions to valued outcomes and have this inform staffing decisions.

Chaplain Managers
• Executives appreciate the ability of chaplains to provide support in the face of crises.
• Executives value the support chaplains provide to staff.
• Managing up will help chaplain managers educate executives about their work and help to address the problems executives are trying to solve.
• Chaplain managers should use data to describe their work, make sure to communicate it up and use it for decision-making.

Papers under review
How Do Healthcare Executives Understand and Make Decision about Spiritual Care Provision? A Pilot Study

What Organizational and Business Models Underlie Spiritual Care Staffing in Healthcare Organizations? An Initial Description and Analysis

Acknowledgements
Funding for this project was provided by the E. Rhodes and Leona B. Carpenter Foundation, Transforming Chaplaincy, Center for Spirituality and Health at the Icahn School of Medicine at Mount Sinai, The Center for Spiritual Care at the Cleveland Clinic, Association of Professional Chaplains, ACPE: The Standard for Spiritual Care Education, and National Association of Catholic Chaplains

1 Aja Antoine, Department of Sociology, Brandeis University (aantoine@brandeis.edu), George Fitchett, DMin, PhD, Department of Religion, Health and Human Values, Rush University Medical Center, Vansheep Sharma, MD, Department of Psychiatry, Center for Spirituality and Health, Icahn School of Medicine at Mount Sinai, Deborah B. Marin, MD, Department of Psychiatry, Center for Spirituality and Health, Icahn School of Medicine at Mount Sinai, Andrew N. Garman, PsyD, Department of Health Systems Management, Rush University Medical Center, Trace Haythorn, PhD, Association for Clinical Pastoral Education, Kelsey White, School of Public Health & Information Sciences, University of Louisville, Amy Greene, DMin, Center for Spiritual Care, Cleveland Clinic, Wendy Cadge, PhD, Department of Sociology, Brandeis University (wcadge@brandeis.edu)