

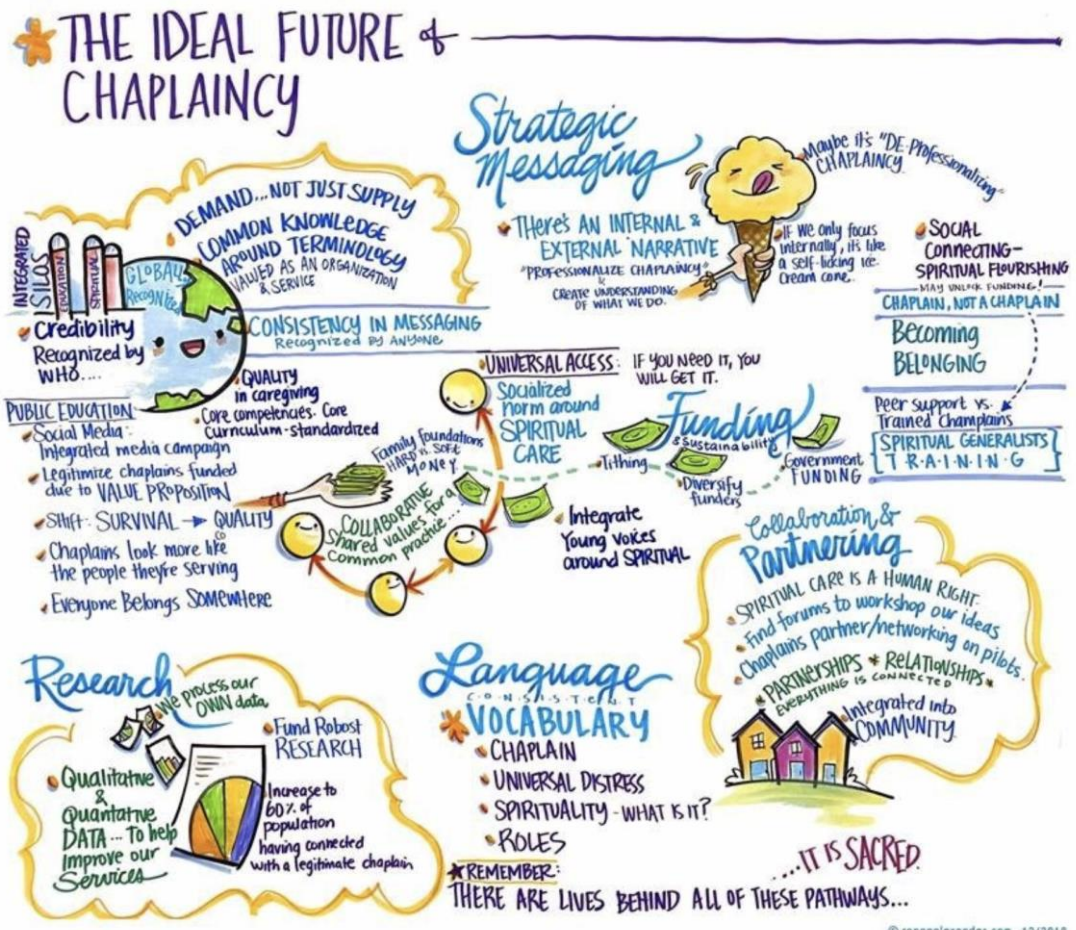
SPIRITUAL CARE IN HEALTHCARE: IDENTIFYING DECISION MAKERS' PERSPECTIVES

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Wendy Cadge, PhD
Aja Antoine

Department of Sociology
Brandeis University

CHAPLAINCY: SUPPLY VS. DEMAND



BACKGROUND

Two-thirds of American hospitals have chaplains (Cadge & Ecklund 2009; Flannelly et al., 2012).

The Joint Commission has required all hospitals to address the religious and spiritual needs of patients since 1969 (Cadge, 2012).

Hospitals are to respect, **“the patient’s cultural and personal values, beliefs, and preferences”** and accommodate, **“the patient’s right to religious and other spiritual services.”**

–The Joint Commission Guidelines 2018

“Spiritual needs related to palliative care patients are to be addressed in order to promote the resident’s well-being, comfort, and dignity throughout the dying processes”

–The Center for Medicare and Medicaid Services (Hamilton, 2012)

RESEARCH DESIGN

Paired Interviews (N = 25)

11 healthcare executives

14 chaplaincy managers

Hospitals (N = 18)

4 Academic

4 Community

9 Faith Based

1 For Profit

Health systems (N = 9)

3 Regions

Pacific Northwest

Mid-West

South

Interviews were conducted by Zoom
between August 2019 and February 2020
prior to COVID19 pandemic

Region	Type	Historically Faith Based? Y/N	Part of Health System? Y/N	# of hospitals	# of chaplain managers interviewed	# of executives interviewed	Does the executive have oversight at the hospital or system level?	Total Interviews
South	Academic	Y	Y	1	1	1	Hospital	2
	Community	N	N	1	1	1	Hospital	2
	For Profit	N	Y	1	1	0	Hospital	1
	Faith Based	Y	Y	2	1	0	System	1
	Faith Based	Y						
Northwest	Academic	N	Y	1	0	1	Hospital	1
	Academic	N	Y	1	1	2	Hospital	3
	Community	Y	Y	3	1	1	Hospital	4
	Community	Y			1			
	Community	N			1			
	Faith Based	Y	Y	2	1	1	System	3
	Faith Based	Y			1			
Midwest	Academic	N	Y	1	1	1	Hospital	2
	Faith Based	Y	Y	2	1	2	System	4
	Faith Based	Y			1			
	Faith Based	Y	Y	3	1	1	System	2
	Faith Based	Y						
	Faith Based	Y						
Totals	4 - Academic 4 -Comm. 9 – Faith Based 1 - For Profit	12 Historically Faith based 6 Secular	9 systems	18	14	11	7 Hospital 4 System	25

KEY FINDINGS

“I had no idea at the time that a chaplain could be a first responder. Now I see. Because healthcare is tough business, people can be potentially traumatized by their job and giving them that immediate support after a potentially traumatic event is dollars and cents, if you're talking **staff retention for example.”**

–President of a faith-based hospital in the mid-west describing a situation early on in his tenure when a medical error occurred, and the director of spiritual care held a Critical Incident Stress Management (CISM) support session with the nursing staff involved.

“I think over time, people have seen the value in having spiritual care. I think also the fact that they're helping us with other things, like the **staff distress, which could help us with **turnover**.”**

–Executive from a faith-based health system in the Mid-West

“Chaplains doing **programming with and for staff is invaluable to making a staff and clinical teams feel like they are being cared about and it refills their bucket... when they feel someone being compassionate to them, they're able to extend compassion to their patients.”**

–Executive, secular community hospital in South

“It is beneficial to have chaplains rather than clergy provide spiritual care because they are **part of an intact team that hands off to each other. There are very few exceptions for choosing a non-clinically trained spiritual care provider over a chaplain, particularly during hospital emergencies.”**

–Executive at a hospital with the region's number 1 trauma center

KEY FINDINGS

“Chaplains are **potential partners in helping employees as healthcare systems consolidate.”**

–Executive, faith-based system level executive

“I understand that healthcare is changing but that change doesn't have to be negative. **Chaplains can help to reframe and refocus people on the mission and the core components of the mission and how we live it. I think this one of the **critical jobs that chaplains provide.**”**

–Executive, in reference to a faith-based hospital merging with a secular health system

ARGUMENTS FOR VALUE OF CHAPLAINCY
MISSION AND STRATEGY

“If spiritually-centered care is our mission, then we need to be able to deliver and the only way to do that is to have a robust chaplaincy program... In order to be an organization that is authentic and works with integrity, we must walk the walk. Otherwise, I can't stand up and honestly say what differentiates us is this spiritually-centered holistic care because actually my secular competitors are providing it better than I am.”

–Executive for a faith-based health care system in the Midwest

DATA

“We've talked about [using data for streamlining processes] but I don't collect any numbers or data for this purpose. **We've talked about that for the future, but no one wants to discuss it now.** In some ways that's sort of a freedom that [chaplains] have. **They don't have quotas.**”

–Chaplain Manager

“I do not [use benchmarks to determine if chaplain productivity is satisfactory] because **no one in higher administration is asking me that question** and because I figure right now, we are just busy all the time.”

–Chaplain Manager

“The [chaplain] manager **doesn't produce reports for our bi-monthly meetings,** I don't really need to know why the chaplain was called or how many times. But [the manager] has access to that, if we ever need it. **[The chaplain manager] is more data-oriented than me when it comes to spiritual care.**”

–Executive

IMPLICATIONS

These findings provide the basis for a larger more systematic study

Administrative Implications:

- Organizational position matters.
- Staff care is more important to executives than you think.
- Are you using your data symbolically?
- How are you managing up?

Chaplaincy Implications:

- Executives appreciate your ability to manage crises.
- Executives value the support you give staff.
- You can't assume executives know much about what you do.

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TRANSFORMING CHAPLAINCY
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CHAPLAINS

Healing through Spiritual Care

CITATIONS

Two papers are currently 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

Aja Antoine, Department of Sociology, Brandeis University

George Fitchett, DMin, PhD, Department of Religion, Health and Human Values,
Rush University Medical Center

Vanshdeep 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

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

