

NURSES' PERCEPTION OF THE ROLE OF CHAPLAIN

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*"Build thee more stately mansions, O my soul....Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast, Till thou at length art free, Leaving thine
outgrown shell by life's unresting sea!"- Oliver Wendell Holmes*

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I. Abstract

In 2010 an informal survey to examine nurses' perception of the role of chaplain was conducted by the Spiritual Wellness Department at Saint Luke's Hospital-Plaza in Kansas City, Missouri. This survey was replicated in 2013 in order to further examine and identify areas for growth that will enhance the quality of collaborative patient care. The findings from this study revealed that there is a positive correlation between nurses' familiarity with the role of chaplain and their likelihood to work collaboratively with chaplains.

II. Purpose

The importance of spirituality in holistic care is well established and affirmed in the standards and guidelines of the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).¹ Spirituality or religiosity is often an effective coping strategy for patients and families when they find themselves faced with serious illness, injury or end-of-life issues.² In the 2003 "Patient Care Partnership" document, the JCAHO stated that "spirituality contributes to a patient's well-being and encouraged patients to discuss their spiritual values with the health care team."³ Additionally, several other provider and accrediting institutions require healthcare providers to address patients' spiritual needs.⁴

It has been shown that referrals and collaboration with chaplains may be influenced by nurses' perceptions of the hospital chaplain's role. Spiritual care by nurses is grounded in the history and philosophical foundations of nursing.^{5 6} Nurses recognize spiritual distress as a diagnosis and spiritual care as an integral part of holistic care.⁷ Both chaplains and nurses play important roles in the delivery of that care.⁸ Nurses provide spiritual care, but at times need to know that it is appropriate to make a referral to the hospital chaplain.⁹ Nurses are the primary source of referrals to chaplains for patients in need of spiritual care.¹⁰

In 2010 the Spiritual Wellness Department at Saint Luke's Hospital-Plaza undertook an informal study to examine nurses' perception of the role of the hospital chaplain. Briefly summarized, the key findings of the survey are as follows:

1. Some nurses indicated a lack of knowledge about the role of chaplain in the hospital.
2. Nurses indicated a desire for chaplains to consult and inform them about patient and family care. 40% of respondents indicated that information about chaplains, spirituality and health would be helpful. Curiously, the study also revealed that 80.6% of respondents were not interested in learning more about Spiritual Wellness.
3. When asked "what is most important" about chaplain care, nurses reported (in order): care of families in difficult situations (including grave crises and death/bereavement), spiritual care and support, and staff support. (Note: some responses to this question also indicated nurses are not uniformly familiar with the role of the chaplain.)
4. Nurses' comments also indicated confusion about the distinction between 'staff' and 'student/resident' chaplains.

A series of focus groups were formed to respond to these findings and facilitate communication between Saint Luke's Hospital nurses and the Spiritual Wellness Department chaplains. These focus groups studied the data and respondent comments together; their findings were compiled and analyzed. A summary of nurses' expectations of chaplains was prepared (Appendix 1).

Further, a Chaplain/Nurse Performance Improvement Team was created for the purpose of enhancing collaboration (Appendix 2). Unfortunately, shifting staff and gaps in institutional memory prevented many of the focus groups' recommendations from being implemented.

In an effort to evaluate the goals/responses which arose during those focus groups the 2012-13 CPE Residents undertook the task of replicating the 2010 survey as a research project.

The purpose of this study is to evaluate the nurses' perception of the role of hospital chaplains at Saint Luke's Hospital-Plaza. We assume that nurses' awareness of the role of the chaplain will increase the probability of patient and family referral when spiritual care is indicated. Based on the survey results we will identify areas for growth that will enhance the quality of collaborative patient care.

III. Methods

Participants. A cross-sectional survey and trend study was adapted and distributed to registered nurses in Saint Luke's Hospital-Plaza. The survey invitation was distributed through Survey Monkey to 1009 nurses. The Decision Support Department distributed the survey electronically to all nurses (1009) at Saint Luke's Hospital-Plaza between April 15th, 2013 and May 6th, 2013.

Materials. Survey questions addressed the following topics: nurses' perceptions of chaplain response time, collaboration with staff, effectiveness in patient/families care, and what patients and families report to nurses regarding chaplain care. These questions were measured on a Likert scale from 1 (never) to 5 (always).

Survey questions also addressed nurses' perception of chaplain support of nurses; ways nurses contact chaplains; preferred ways to contact chaplains; use of the employee link for information regarding chaplains; spirituality, health and other information about religious practices; tools for religious/spiritual assessment of patients; chaplains' duties; suggestions for how to provide spiritual care for patients and resources for personal spiritual well-being were included. All were measured using a scale based on familiarity: 1 (very familiar), 2 (some awareness) to 3(not familiar).

Responses on many of these items were correlated with nurses' self-reported familiarity with the roles of chaplain.

Procedures. Institutional Review Board approval was obtained. Nurses took the survey at their convenience during the time period from April 15th, 2013 through May 6, 2013. A survey participation reminder was sent electronically to nurses during this time period. Of the 1009 eligible Saint Luke's Hospital Nurses who received the participation request via e-mail, 192 completed the survey. This indicates a response rate of 19%. With 192 surveys completed, the standard error rate for this sample size equals $\pm 6.35\%$ at a 95% confidence level.

IV. Results

Familiarity with chaplains work with patients. The majority of nurses (51%) stated that they had "some awareness of the chaplain care of the patients." 45.3% of the nurses surveyed stated they were "very familiar with chaplain care of patients." This finding represents a 3.5% decrease from the percentage reported in the 2010 study.

Timely response to requests for spiritual care. Nurses reported that chaplains respond in a timely fashion to patient/family requests for spiritual care, nursing referrals and emergencies. This finding represents an increase between 2010 to 2013. The greatest increase was reported in the timely response to emergencies; nurses felt that chaplains “usually or always” responded in a timely manner (91%), up from 81.2% in 2010.

- Nurses “very familiar” with chaplain’s work with patients reported that chaplains responded in a “timely” manner to patient/family requests for spiritual care, nursing referrals and emergencies.
- One nurse stated “chaplains even respond to code blues before being paged.” Most comments related to the chaplain’s response time were positive.

Chaplain collaboration with the interdisciplinary team. Nurses reported an increase in chaplain collaboration with staff between 2010 and 2013. When asked if chaplains “consult staff about the patient,” nurses responded “usually or always” 20.7% more often in 2013 than they did in 2010. 67.5% of nurses surveyed felt that the chaplains “usually or always” collaborated by consulting staff about the patient. 62.3% of nurses surveyed felt that the chaplains kept staff informed of their patients’ spiritual care.

Several nurses comments reflected positive collaboration and communication with chaplains. However, one nurse stated “I feel that the chaplain often barges into patient rooms without first speaking with the nurse.”

Chaplains’ effectiveness of care with patients and families. Nurses “very familiar” with chaplains’ work rated effectiveness in patient/family care much higher (87.8%) than nurses who only had “some awareness” of chaplains’ work (65.4%). 75.4% of the total population of nurses surveyed indicated that chaplains are “usually or always” effective in their patient/family care.

Chaplain feedback to staff related to patient and family care. Nurses stated that families “usually or always” tell them that the chaplains provide helpful care (69.1%). When asked the same question during the 2010 study, 63% responded “usually or always.” This represents a 6.1% increase from 2010 study. Those nurses who are “very familiar” with the role of chaplain rated chaplain care higher than those who only indicated “some awareness” (79% to 61%).

Chaplain support of nurses. The majority of nurses (82.3%) stated that chaplains are supportive of nurses in stressful patient/family care situations. This percentage is down from the 2010 study (92.6%). The percentage of nurses who felt that chaplains support nurses by helping with personal and professional concerns declined from 2010 (48.4%) to 2013 (39.6%).

Comments from a few nurses indicated a perception that chaplains were not as supportive and present during the night shift. Some nurses commented that they had not experienced chaplains supporting nurses, only patients.

Methods utilized/preferred by nurses to contact chaplains. More nurses stated that they contacted chaplains by paging the operator (67.7%) than any other method. This represents an increase from 2010 (59.3%). The majority of nurses in 2010 stated that the method they most often used to contact chaplains was by calling the Spiritual Wellness office directly (71.6%); this compares to 62% in 2013. When asked what method of contacting chaplains they most

preferred, 27% of nurses surveyed stated they chose to page the chaplain through the operator. This represents an increase from 14% in 2010. Other leading modes of contacting chaplains were: 1) calling the spiritual wellness department directly - 25.2%, and 2) directly paging the on-call chaplain - 24.5%.

Nurses stated that their preferred method of contacting chaplains also depended on the situation/need. Some responded that in emergency situations they would page or call the chaplain directly. If the situation was not emergency they would try to use Horizon to log a consult request. One nurse stated their preference to “text the chaplain, like we do the residents.”

Utilization of E-Link to access Spiritual Wellness information. When asked about using employee e-link to search for information, 49.4% of the nurses surveyed indicated they “hardly ever” consult this web-based tool. This represents a increase of 13.1% since 2010 of those nurses who report they “hardly ever” use e-link. Nurses who report they consult e-link once weekly for information increased slightly from 2010 to 2013 (38.8% to 41.7%). When asked whether information on the e-link about chaplains, spirituality and health would be beneficial, 40.8% of nurses stated “yes” while 46.2% were “unsure.” This is similar to 2010 study’s responses (40.4%).

Some nurses commented that having information on e-link could be helpful, while others stated they did not have the time to utilize e-link. Information regarding different religions’ health practices and beliefs was rated as the most helpful information to be placed on e-link; 59.9% of nurses surveyed indicated this would be helpful. This represents a small decrease from 65.4% of nurses in 2010, who felt this same topic would be beneficial. Nurses “very familiar” with the role of chaplain were less likely to want e-link information related to chaplain care than nurses who indicated only “some awareness” of chaplain care (29.9% compared to 49%).

Most important aspects of chaplains’ patient care. Nurses wrote about the following themes related to chaplain care:

- *Being available for patients and families.* Nurses wrote about the importance of being available/visible to patients and families, but also to nursing staff.
- *Offering comfort and support to patients and families.* Nurses underscored the importance of offering compassionate comfort and spiritual support to patients and families during their illness and in preparation for end-of-life care.
- *Blessings and prayers prior to procedures.* Many nurses stated that it is not only important to patients and families to have prayer offered prior to procedures, but it also benefits staff and other caregivers.
- *A listening ear.* Some nurses stated that patients and families benefit from a nonclinical person who will allow them to talk and will listen to them. “Their presence provides patients/families with peace of mind and a listening ear...”
- *Bring a calming presence into stressful situations.* Some stated that a chaplain’s presence is not only calming for patients and families, but also for the care team.

One thing you would change about what chaplains do. The following themes arose in nurses’ responses when asked this question:

- *Better timing.* Some felt chaplains should be more sensitive about interrupting clinical care when entering a patient’s room. One nurse stated that chaplains do not always consider patients’ physical privacy when entering the room.
- *More visibility on the unit and throughout the hospital.* Many nurses commented that chaplains need to be more visible throughout the hospital, especially on certain units.
- *More chaplains.* Some stated that a greater number of staff chaplains would increase availability to patients, families and staff. One commented “I won’t see a chaplain for weeks unless I call for a patient.”
- *Start a program for staff.* Some nurses felt that it would be beneficial to have a designated chaplain and/or support program for staff.

Additional Comments

1. *More active part of the care team.* “We need the chaplains as an active part of the care team... the lack of involvement right now is certainly felt on our unit.”
2. *Nurses appreciate chaplains.* Overall, there were many comments made that stated that the nurses appreciate chaplains and what they do.
3. *Would you like to know more?* 77.4% of nurses surveyed stated they would like to know more about “Spiritual Wellness.”

Response Distribution (n=192)

	% Never	% Sometimes	% Often	% Usually	% Always	Mean	Std. Dev	N
In my experience, the chaplain responds in a timely manner to:								
Patient/family requests for spiritual care	0.6%	7.6%	11.4%	40.5%	39.9%	4.11	0.83	158
Nursing referrals	1.2%	9.8%	12.2%	39.6%	37.2%	4.02	1.00	164
Emergencies	0.6%	4.5%	3.8%	25.6%	65.4%	4.51	0.82	156
The Chaplain Collaborates by:								
consulting staff about the patient	3.1%	18.9%	12.5%	31.3%	38.3%	3.81	1.19	160
Keeping the staff informed	5.0%	16.4%	16.4%	29.6%	32.7%	3.69	1.23	159
The Chaplain's patient/family care is effective	0.0%	9.6%	15.0%	44.9%	30.5%	3.96	0.92	167
Patients and families tell me that chaplains provide helpful care	3.7%	16.0%	11.1%	38.9%	30.2%	3.76	1.16	162

Breakouts by Level of Familiarity with Chaplain's Work

VERBIAGE	Level of Familiarity with Chaplain's work with Patients - 2013									
	2013 Total Responses (n=192)		2010 Total Responses (n=256)		Very Familiar (n=77)		Some Awareness (n=98)		Not Familiar (n=7)	
	% Usually/ Always	% Never/ Sometimes	% Usually/ Always	% Never/ Sometimes	% Usually/ Always	% Never/ Sometimes	% Usually/ Always	% Never/ Sometimes	% Usually/ Always	% Never/ Sometimes
In my experience, the chaplain responds in a timely manner to:										
Patient/family requests for spiritual care	80.4%	8.2%	76.4%	10.8%	86.7%	5.3%	76.3%	10.0%	0.0%	50.0%
Nursing referrals	76.8%	11.0%	75.2%	10.0%	84.0%	4.9%	72.2%	15.2%	0.0%	66.7%
Emergencies	91.0%	5.1%	81.2%	8.8%	94.6%	2.7%	89.9%	6.3%	0.0%	50.0%
The Chaplain Collaborates by:										
consulting staff about the patient	67.5%	20.0%	46.8%	18.6%	73.8%	13.8%	63.2%	25.0%	0.0%	66.7%
Keeping the staff informed	62.3%	21.4%	65.0%	23.9%	67.9%	14.1%	58.4%	27.3%	0.0%	66.7%
The Chaplain's patient/family care is effective	75.4%	9.6%	72.6%	11.3%	87.8%	6.1%	65.4%	11.1%	0.0%	66.7%
Patients and families tell me that chaplains provide helpful care	69.1%	19.8%	63.0%	24.2%	79.0%	8.6%	61.0%	28.6%	0.0%	100.0%

In my experience, chaplains are supportive of nurses (Select all that apply):

	2013 Total Response	2010 Total Responses	2013		
			Very Familiar	Awareness	Not Familiar
At Team Meetings	28.0%	29.1%	27.6%	26.5%	0.0%
In stressful patient/family care situations	82.3%	92.6%	87.4%	79.6%	57.1%
Helping with Personal & professional concerns	39.6%	48.4%	48.3%	34.7%	0.0%

What are the ways you contact chaplains (Select all that apply):

	2013 Total Response	2010 Total Responses	2013		
			Very Familiar	Awareness	Not Familiar
Telephone call to Spiritual Wellness	62.0%	71.6%	67.8%	58.2%	42.9%
Page Operator	67.7%	59.3%	72.4%	65.3%	42.9%
Horizon Order Management	30.2%	46.5%	34.5%	28.6%	0.0%
Speak directly with Chaplain	43.2%	52.3%	47.1%	41.8%	14.3%
Direct page to on-call Chaplain	49.5%	56.4%	58.6%	42.9%	28.6%

Please tell us your preferred way to contact a chaplain:

	2013 Total Response	2010 Total Responses	2013 Awareness		
			Very Familiar	Awareness	Not Familiar
Telephone call to Spiritual Wellness	25.2%	24.7%	30.3%	20.5%	25.0%
Page Operator	27.0%	14.4%	25.0%	28.9%	25.0%
Horizon Order Management	6.7%	12.3%	5.3%	8.4%	0.0%
Speak directly with Chaplain	8.0%	16.0%	6.6%	9.6%	0.0%
Ask Information Associate to contact chaplain	8.6%	7.8%	9.2%	8.4%	0.0%
Direct page to on-call Chaplain	24.5%	24.7%	23.7%	24.1%	50.0%

How often do you consult the e-link (Employee Link) for information?

	2013 Total Response	2010 Total Responses	2013 Awareness		
			very Familiar	Awareness	not Familiar
At Least once a day	5.3%	7.1%	7.4%	3.5%	0.0%
2-3 times a day	2.9%	4.2%	2.5%	3.5%	0.0%
Once a week	41.2%	38.8%	37.0%	44.7%	50.0%
3-4 times a week	1.2%	13.8%	1.2%	1.2%	0.0%
Hardly ever	49.4%	36.3%	51.9%	47.1%	50.0%

Would e-Link information about Chaplains, spirituality and health, be beneficial?

	2013 Total Response	2010 Total Responses	2013 Awareness		
			very Familiar	Awareness	not Familiar
Yes	40.8%	40.4%	37.5%	44.7%	25.0%
No	13.0%	18.3%	15.0%	10.6%	25.0%
Not Sure	46.2%	41.3%	47.5%	44.7%	50.0%

Of the following, what would be helpful to you on the e-Link? (Select all that apply)

	2013 Total Response	2010 Total Responses	2013 Awareness		
			Very Familiar		Not Familiar
Different religions' health practices and beliefs	59.9%	65.4%	60.0%	61.2%	28.6%
Tools for religious/spiritual assessment of patients	43.2%	45.4%	46.0%	41.8%	28.6%
What chaplains do and why	40.1%	36.3%	29.0%	49.0%	42.9%
Suggestions for how to provide spiritual care to patients	45.3%	54.2%	43.7%	48.0%	28.6%
Resources for personal spiritual well-being	38.5%	42.5%	41.4%	37.8%	14.3%

Would you like to know more about spiritual wellness?

	2013 Total Response	2010 Total Responses	2013 Awareness		
			Very Familiar		Not Familiar
No	77.4%	80.6%	80.0%	76.8%	33.3%
Yes	22.6%	19.4%	20.0%	23.2%	66.7%

V. Discussion

This study sought to evaluate nurses' perception of the role of chaplain at Saint Luke's Hospital-Plaza and identify changes and trends in those perceptions since 2010. Further, it sought to identify ways in which the Spiritual Wellness Department could collaborate with other members of the patient care team in order to provide better patient, family, and staff care. The purpose of this study was to evaluate how nurses' perceptions influence *when*, *why*, and *how* nurses refer to chaplains. The objective is to identify areas where collaboration between nurses and chaplains can be improved to enhance patient care.

Fewer nurses report they are "very familiar" (45.3%) with chaplain care than those who report they have "some awareness" (51%) of chaplain care. Further, the data revealed a 3.5% decrease in nurses who are "very familiar" with chaplain care between the 2010 and 2013 surveys. This trend deserves the attention of both the Spiritual Wellness Department and nursing staff throughout the hospital. Broadly, there was a positive correlation between nurses' familiarity with the role of chaplain and their perception of the effectiveness of chaplain care. The positive correlation indicates the need for nurses to receive further and ongoing education related to the role of chaplain; this will enhance patient care.

The 9.8% increase in nurses who reported chaplains "usually or always" respond in a timely manner to emergencies suggests increased familiarity and confidence in chaplain care. Nurses "very familiar" with chaplain care reported that chaplains responded in a timely manner more often than those who indicated only "some awareness." Continuing education will address this issue as well.

The number of nurses surveyed who responded that chaplains "usually or always" consult staff about the patient increased by 20.7% between 2010 and 2013. Only 62.3% of nurses reported that chaplains keep staff informed of patients' spiritual care. This suggests chaplains should be consulting with nurses about patient care before and after visits.

Responses from several questions indicated the importance of chaplain presence and visibility on care units, as well as communication with nursing staff. For example, nurses "very familiar" with the role of chaplain rated chaplain effectiveness much higher than those less familiar. In addition, some of the comments made about chaplains suggested their increased visibility on units would be helpful. Some nurses asked for a greater number of staff chaplains, and one nurse stated, "We need the chaplains as an active part of the care team...the lack of involvement right now is certainly felt on our unit."

Another issue identified in this study is the importance of further education about the role of chaplains as care providers for *staff*. While the majority of nurses (82.3%) stated chaplains are supportive of nurses in stressful patient and family care situations, this represents a decrease from the 2010 survey (92.6%). Nurses who felt as though chaplains supported them by helping

with personal and professional concerns also declined (8.8%). This suggests that research and discussion about chaplain care for *staff* is a topic worth pursuing. Their comments also underscored the importance of blessings and prayers prior to procedures. This indicates the importance of spiritual care not only for patients, but also for staff.

Data revealed an increase between 2010 and 2013 in the number of nurses who prefer to contact the chaplain through the operator. This suggests nurses desire easy methods for accessing chaplain care. Other leading modes of contacting chaplains included calling the Spiritual Wellness Department directly (25.2%) and paging the on-call chaplain (24.5%).

Many nurses responded that they hardly ever use the hospital's web-based tool, e-link. There has been a 13.1% increase in the number of nurses who report they "hardly ever" use e-link since 2010. While 40.8% of nurses stated that information on the e-link about chaplains, spirituality, and health would be beneficial, 46.2% responded that they are "unsure" about the benefit of this information. This suggests a need for more information about spiritual wellness. Respondents most requested resource for e-link were those related to understanding the health practices and beliefs of different religious traditions (59.9%). Nurses who responded that they are "very familiar" with chaplain care of patients stated that e-link information would be beneficial (29.9%). In contrast, nurses who indicate only "some awareness" of chaplain care (49%) placed higher value on e-link information. This represents an inverse relationship between nurses' familiarity with chaplain care and their perception of the benefits of e-link information.

Some limitations were encountered during the administration of this survey and study. The primary limitation was the instrument, since this study was originally designated as a replication of the 2010 survey. Many questions on the survey lacked clarity and specificity, leading to results that were inconsistent and difficult to measure.

VI. Summary

Nurses are front-line caregivers who provide care for patients and families. Spiritual care is an integral part of their role as caregivers. Indeed, Saint Luke's Hospital-Plaza nurses provide holistic care encompassing the physical, emotional and spiritual wellbeing of patients. Chaplains provide more specialized spiritual care beyond that which nurses provide due to training, staffing, and scheduling constraints. Nurses are the primary source of referrals to chaplains for patients in need of more intensive spiritual care.

Unfortunately, there is a gap between nurses' perception of the role of chaplain and how chaplains perceive their role as healthcare professionals. This gap results in decreased collaboration between chaplains and nurses regarding patients' spiritual care. Our recommendation is that chaplains and nurses "*mind the gap!*"¹¹

We recommend the downward trend in familiarity and perceptions of the role of chaplain among nurses be addressed in several ways:

- *Provide education about when, why, and how to make referrals to chaplains.* In addition to the information provided during new employee orientation, nurse managers, nurses, CNA's, IA's, social workers, and case managers should receive continuing education related to spiritual wellness. It is recommended that a mandatory spiritual wellness training module be developed for this purpose. Continuing education will address many of the issues cited in the study.
- *Chaplains must be integrated into patient care teams.* This includes attending rounds, discharge planning, team meetings, etc. Integration into the team will facilitate better patient care and pastoral relationships with unit personnel. It is further recommended that chaplains be intentional about developing relationships with nursing staff.
- *The Spiritual Wellness Department must provide e-link resources that address the issues reported by nurses.* Many nurses identified a need for information regarding spiritual care for patients who come from diverse faith traditions. Further, as nurses don't use e-link information because they don't know what is there, continuing education may be useful.

VII. Appendix (pages follow)

Appendix 1

OUR NURSES EXPECTATIONS

Smile

Look professional

Be approachable

Be sure I know your name

Try to know my name

It's good to feel like a
chaplain wants to get to know me.

Non-confrontational/demanding

It's helpful to see the (a) chaplain everyday – helps us get to know them.

Don't force interaction/mindful of our tasks yet....

Talk to me before seeing the patient

Don't try to figure it all out by just seeing the patient or reading the chart.

But Chaplains should use all means to have a good understanding of a
patient and family

Follow-up and follow-through with the patient; keep updated.

Listen

Talk to me after you have seen the patient-I want to know you have seen my
patient...

I want to know from you: How the patient is coping. Something the patient
my need. What would make the patient more comfortable. Issues or concerns
they need to work through. How the family is feeling.

A good interaction with a chaplain is when the chaplain listens to me and allows me to share my feelings as well as with the patient

Ask me how I am

I want to be consulted.

Be a regular presence-helps us get to know you

Consult Unit Secretaries as they have good awareness of patient needs

Don't spend too much time with the chart

Some chaplains don't seem to know what to do-why they are there, what the patient needs and so they expect us to tell them—this is uncomfortable

Appendix 2

Chaplain/Nurse Performance Improvement Team First Meeting June 10, 2010

In the clinical setting, nurses are chaplains' most valuable and important allies, collaborators, co-workers in our effort to provide quality spiritual care. Therefore, last fall we conducted a survey for nurses to discover what we are doing well and how we can improve delivery of spiritual care. From the 256 responses we discovered the following:

What nurses affirm most about chaplains care:

1. Timely response
2. Support of highly stressed families during patient crises and at end-of-life
3. Support of nurses when faced with stressful patient/family care
4. Attention to the spiritual care of patients and families – our holistic care

What nurses want more from chaplains:

1. Consistency in our practice – nurses need to know what to expect and to expect some of the same things from all chaplains.
2. Greater presence/visibility on nursing units.
3. Increased collaboration with nurses through improved communication.

What nurses are uncertain or want to know more about:

1. Chaplain's role and reason for attending patient care meetings.
2. What do chaplains really do when they are with patients.

SO – our goal in working together as a PI team – a Performance Improvement Team – is to identify and implement effective behaviors which will increase nurses experience of chaplain's teamwork and collaboration in patient care.

I envision 3 – 5 meetings together over the next few months so that by fall we can roll out a concrete plan for improvement.

A little bit more about what we hope to accomplish and how: We need to develop a plan that outlines and describes specific behaviors for chaplains that would enhance the spirit of collaboration and confidence in nurses knowing what can be expected of chaplains and their care of patients. What consistent behaviors need to be put in place that builds confidence in nurses about what we do? What would those behaviors look like to nurses? What do nurses need to know consistently about our work on the unit?

1. We need to develop an action plan of how we can change behaviors on the units in our work with nurses with clear expectations. (i.e. we need to do the following 5 things or 10 things across the board consistently and with measureable results.)
2. Then we need to practice the action plan for perhaps six months.
3. Design a Nurse report card on how we are doing.
4. Evaluate the results of the report card and implement another wave of improvements.
5. All of these steps need specific target dates for completion.

A beginning point question: How do we get from nurses the information we need?

Nursing Report Card Observations:

Question 1. Response in timely manner

Affirmations

Chaplains are one of our best resources ✓
Always respond to needs of patient and staff
Always available, very helpful.

Impressed with speedy response ✓✓
infrequent delayed responses are explained by chaplain

Critique

Body response only – not much interaction with family.
Have not always come in a timely manner when paged. ✓✓
Dropping by to ask if family needs anything is not a ministry
Seem uncomfortable going into patient rooms

Observations

Many prefer their own clergy
Never had contact – not applicable ✓✓✓✓✓✓✓✓

Night shift – don't know ✓✓
[need an "unsure" box]

Question 2. Chaplain collaborates by consulting staff, keeping staff informed.

Affirmations

All staff chaplains keep staff involved.
Notifies me of visit, inquires before visiting .

Critique

Chaplain not very involves with pts. Listens from door.
Comes to discharge rounds but does not seem to know pts.
Chaplain doesn't usually inform nursing staff about issues.
Not in my (fairly rare) experience

Observations

Have rarely talked to chaplain ✓✓
Night / weekend. Don't see chaplain

Don't know ✓✓
[need "unsure" box]

Question 3. Chaplain's patient/family care is effective

Affirmations

Chaplains always give it their best shot
Effective and helpful in many cases

People usually feel better after visit
Positive response from pt / family

Critique

Spends little time in room, much time charting. Chaplain's perception of support may not match patient's.
Have rarely seen chaplain spend extended time or taking active role with patients and families.

Observations.

No experience ✓✓✓✓
One pt. would have appreciated scripture reading.

Question 4. Patients and families tell me chaplains provide helpful care.

Affirmations

Good listener when available.
Never heard negative comment
Patients grateful for pre-surgical visits

Critique

Rarely see chaplain except in morning rounds.
Chaplain is there when there are few parents (NICU)
Haven't seen someone in quite some time in our unit.

Observations.

No experience of √√√√√
Suggestion: Visit at various times during day.

Question 5. Chaplains are supportive of nurses at team meeting, with personal/professional concerns

Affirmations

Marc is the only one who reports back
Very helpful chaplains in past
Float chaplains gave great support to pts/Families
Wonderful experience of pre-surgical prayer with pt and staff.
Unfailingly supportive
Do their best in stressful situations.
More help with anxious pts than emergently ill ones.
Palliative care spends more time which is needed
?having rooms blessed for nursing comfort
Makes rounds to see if services are needed
Provide care pts need and support spiritual aspect of nurses care
Appreciate blessing of hands

Critique

I felt they didn't want to get involved.
Rude about coming to see a pt who requested a priest. Acted like it was my fault and a waste of her time.
Few are very good. Spend little time, look for quick fix. Not impressed with grief counseling. Appalled when chaplain decided mom should not see son in ED.
May encourage unrealistic goals and requests. Then nursing looks bad.
Chaplain at rounds asks questions beyond her practice. HIPPA violation? Should only be present for specific concerns
Not supportive of pts or nurses
Haven't seen any interaction in NICU/on unit √

Observations

No [current] experience of √√√√√
Concern that info shared at discharge rounds may include things pt doesn't want shared with chaplain.
Current chaplain more reserved
Support never given
Night shift √
Codes may be too hectic to deliver care

Q. 6. What are the ways you contact chaplains?

Affirmations

99% of time I speak directly to chaplain

Critiques

Current floor chaplain seems more interested in getting referral in computer than seeing patient

Observations

I don't know pager # and don't know that unit does.

As PCT I contact my nurse

Work nights

Contact secretary

Mostly through database request

Ask operator to page, or personally page.

Q. 7 Preferred way to contact chaplain?

Prefer to speak directly ✓

Usually have someone page – ideally would rather speak with chaplain

Depends on situation. ICU and ED = emergent calls. ✓

Page unit chaplain directly

Contact my nurse

Whatever works phone call takes less time than computer for pre-surgical

Q. 8. Consulting e-link

Don't use, doubtful if would use, not user-friendly.

Q. 9. What would be helpful on e-link?

See p. 10, #1.

Different religions' health practices and beliefs

Wouldn't use, not sure, rarely get on. ✓✓✓✓✓

If you have to tell us what chaplains do and why, we may not be seeing it.

Guidance on other beliefs and practices is fraught with danger.

Who is on call and who the unit should contact. ✓

Unfriendly

How does a chaplain [function]?

List of chaplains and a little background info. Highlight one a month/quarter

Mass on Saturday and Sunday

Q. 10. What is most important to you about the care chaplains give?

Support and comfort for pts, fam. & staff	45	Support in crisis/emergency	35	As concerned as staff re: pts. as customers	1
Spiritual concerns – whole pt.	20	Taking time to listen	7	Bereavement counsel / support	2
Variety of belief systems	3	Makes patients feel better	6	Don't know	2
End of life issues	6	Prayer	5	Help when nurse busy (see "crisis /emergency" above)	6
They find out things	2	Confidentiality	1	Availability	3

Q. 11. What would you change?

Out of 105 responses, 46 said "nothing", another 10 said not sure.

"Clone some of the very good ones!"

Love how they are so supportive of our staff and patient population

Items related to support of staff: 8.

- Offer support to staff after difficult situations (sudden death, etc.)
- Listen to personal issues also
- Be nicer to other health team members
- Be more available for staff spiritual needs.
- More opportunity for staff, possible prayer opportunities and service
- More support for RN's

Items related to availability: 16

- Connect with every interested pt even if not in the "spiritual" way they are used to.
- Be more helpful and available./ More connected. / More visible/ More involved. / spend more than just a few minutes. / more of them visible, day and night.
- Improved grief counseling – little pamphlet. Follow-up
- Unit chaplain be more involved with pts and families regardless of whether there is a consult. / Make rounds.
- Be available to those with no religious affiliation. Nurturing is important for mothers in perinatal period.
- See CVOR patients throughout day, not just a.m. Chaplain presence welcomed by most. Brief assessment interview occasionally.
- Have just one dedicated to our unit – they help us do our job better.
- Classroom time gets in way of developing a routine on units.
- Be around more.
- Better coverage for nights and weekends.

Other

- Ch could get all questions answered by pt instead of nurse who is busy.
- Some chaplains talk to me some don't. Would like to talk to each chaplain about my pts.
- Have quick access to priests/leaders of religions to assist pts with religion-specific needs.
- One way to reach chaplain
- Take initiative in pt. care. They tend to ask RN what to do and seem unsure.
- More varied belief systems
- Talk with nurse about how pt feels emotionally and spiritually.
- Step back and allow staff to do their work.
- Rounding when we are very busy.
- Prayer with patients seems so generic as to be insincere.

Appendix 3

Nurses' Perception of the Role of Chaplains

The Spiritual Wellness Department at Saint Luke's Hospital-Kansas City is conducting a research study of nurse's perception of the role of chaplain as part of the patient care team. You are invited to participate in this research study, which should take no longer than ten to fifteen minutes. No attempt to identify you will be made; all responses to questions are anonymous. Participation in this study is not required. Should you choose not to participate, your decision will not affect your position or work environment. You may skip questions if you choose.

Thank you for your time and feedback!

1. Please select your level of familiarity with the chaplains' work with patients.

- I am very familiar with chaplains' care of patients.
- I have some awareness of chaplains' care of patients.
- I know nothing about the chaplains' care of patients.

2. In my experience the chaplain responds in a timely manner to:

	Never	Sometimes	Often	Usually	Always
Patient/family requests for spiritual care	<input type="radio"/>				
Nursing referrals	<input type="radio"/>				
Emergencies	<input type="radio"/>				

Comments:

3. The chaplain collaborates by:

	Never	Sometimes	Often	Usually	Always
Consulting staff about patient	<input type="radio"/>				
Keeping staff informed	<input type="radio"/>				

Comments:

4. The chaplain's patient/family care is:

	Never	Sometimes	Often	Usually	Always
Effective	<input type="radio"/>				

Comments:

Nurses' Perception of the Role of Chaplains

5. Patients and families tell me that chaplains provide:

Helpful care Never Sometimes Often Usually Always

Comments:

6. In my experience chaplains are supportive of nurses [Select all that apply]:

- At team meetings
- In stressful patient/family care situations
- Helping with personal and professional concerns

Comments:

7. What are the ways you contact chaplains? [Select all that apply]:

- Telephone call to Spiritual Wellness at ext 22180
- Page Operator
- Horizon Order Management (HOM)
- Speak directly with chaplain
- Direct page to on-call chaplain

Comments:

8. Please tell us your preferred way to contact a chaplain.

- Telephone call to Spiritual Wellness at ext. 22180
- Page Operator
- Horizon Order Management (HOM)
- Speak directly with chaplain
- Ask Information Associate to contact chaplain
- Direct page to on-call chaplain
- Other (please specify)

Nurses' Perception of the Role of Chaplains

9. How often do you consult the e-Link (Employee Link) for information?

- At least once a day
- 2-3 times a day
- Once a week
- 3-4 times a day
- Hardly ever

10. Would e-Link information about chaplains, spirituality and health, be beneficial?

- Yes
- No
- Not sure

Comments

11. Of the following, what would be helpful to you on the e-link? [Select all that apply.]

- Different religions' health practices and beliefs
- Tools for religious/spiritual assessment of patients
- What chaplains do and why
- Suggestions for how to provide spiritual care to patients
- Resources for personal spiritual well-being
- Tell us what you would like

12. What is most important to you about the care that chaplains provide?

13. If you could change one thing about what chaplains do, what would it be?

14. What else would you like to tell us?

15. Would you like to know more about Spiritual Wellness?

No

If so, please access our website at <https://www.saintlukeshealthsystem.org/featured-service/spiritual-wellness>. You may also contact the Spiritual Wellness office at extension 22180 or mscott@saint-lukes.org

Thank you for your time and feedback!

VIII. In Gratitude

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VIII. Endnotes

¹ McClung, Emily, Collaborating with chaplains to meet spiritual needs. *Medsug Nursing*, June 2006; 15:3, 147-156.

² Berg, Gina M., Predicting the importance of hospital chaplain care in a trauma population. *Kansas Journal of Medicine*, 2012; 44.

³ Ibid., 148.

⁴ McClung, Emily; 147-149.

⁵ McSherry, W., The principle components model: a model for advancing spirituality and spiritual care within nursing and health practice. *J Clin Nurs*. 2006, 15(7); 905-917.

⁶ Joint Commission for Accreditation of Healthcare Organizations (JCAHO). Hospital Accreditation Standards. Oakbrook, Ill; JCAHO, 2000.

⁷ Winter-Pfander, Urs, Referrals to healthcare chaplaincy by head nurses. *Holistic Nursing Practice*. January/February 2011; 26-31.

⁸ VandeCreek L., Collaboration between nurses and chaplains for spiritual care giving. *Semin Oncol Nurs*. 1977; 13:278-280.

⁹ Cavendish, Roberta, Do pastoral care providers recognize nurses as spiritual care providers? *Holistic Nursing Practicel*. March/April 2007; 89-98.

¹⁰ Winter-Pfander, Urs; 28.

¹¹ London Transit System ☺