Spiritual Care in the U.S.

Chaplaincy contributes to patient care

Research related to the integration of spiritual care in health care, and staffs the chaplaincy departments at major New York area hospitals, including Memorial Sloan Kettering Cancer Center, Hospital for Special Surgery, NYU Langone Medical Center and Winthrop University Hospital.

Are chaplains playing an increasing role in today’s health care system?

Many more hospitals are adding to their chaplaincy staffs, others are holding steady and some are cutting back. Like everything else in health care today, staffing very much depends on region, budgets and the perceived and proven value of the service.

The reality is that chaplaincy should be on the radar of all health care settings. One industry leader recently said it best, calling spiritual care “a low-cost, high-impact resource for organizations.”

We need to treat the person as well as the disease. And we need to do this throughout the health care continuum. This aligns with an increased focus today on whole person care — body, mind and spirit. How can you provide whole-person care if a health care encounter does not include spiritual care?

Should chaplains be further integrated into the health care team?

If you ask patients and their families, the answer would be a resounding “yes.” Surveys show that more people, those who are ill, near death or grieving, want spiritual care conversations than have been their health care setting.

Accrediting agencies are increasingly requiring hospitals, hospice and other health care settings to address spiritual care. There’s a growing presence of palliative care teams at hospitals today, and, practice guidelines call for professional chaplains to be part of these teams that treat patients with serious illness. As palliative care becomes even more integrated into health care, that should also drive chaplaincy.

Health care chaplains are the spiritual care specialists, so we need to ensure that these chaplains are professionally trained with the clinical competencies that can demonstrate value to an institution. But spiritual care is everyone’s responsibility, not just the chaplains’, so the challenge to doctors, nurses and other members of the multi-disciplinary community is to become spiritual care generalists — to gain basic knowledge, to know when to refer to chaplains and to work hand-in-hand with them as respected members of the team.

Another area where chaplaincy can contribute is excellence in patient experience. This is a big buzzword in health care today as hospitals look to improve their patient satisfaction scores. These scores impact Medicaid/Medicare reimbursement and brand loyalty. We know from research that spiritual care positively impacts quality of life, medical outcomes and cost savings. Still, chaplains remain underutilized in helping to improve patient experience.

What are a typical consumer’s greatest misperceptions about chaplaincy?

We often hear the myth that chaplains are only for people who are religious. Professional health care chaplains are trained to care for people of any religion, or no religion or belief. We’re not here to proselytize, to force religion, to judge; we’re here to accompany you in your journey with your illness and healing. And not all chaplains are clergy, as some might think.

Also, many people are under the impression that, “If I’m Jewish, I need a Jewish chaplain,” or “If I’m Catholic, I need a Catholic chaplain,” etc. While local clergy who volunteer to see patients in hospitals usually serve only patients of their own faith, professional health care chaplains undergo pastoral education to care for everyone, again regardless of religion or belief. Of course, someone, say, of Jewish faith, can specifically request a Jewish chaplain. These requests often relate to faith-specific prayers or rituals. Even many unaffiliated patients may value their heritage during a crisis.

Another myth is that, “If a chaplain comes to see me, I must be at death’s door.” It’s true that most people especially at the end of life enter a chaplaincy-training program; or the transplant patient who recalled the chaplain/rabbi who sat with him many, many times while in isolation, listening to his fears about what would happen to his children and whether his wife would have the inner strength to carry on without him, and always ending with a non-religious prayer seeking peace and a better frame of mind. And there’s the Floridian who regularly contributes to HealthCare Chaplaincy’s annual appeal because of the impression left by one of our staff chaplains at Memorial Sloan Kettering Cancer Center many years ago.

Now, there’s a growing body of research on spirituality and health. Findings indicate that chaplains help patients cope with their illness, tap into inner strengths and align care plans with values.

Rabbi Maurice Appelbaum working as part of HCCN’s Chat with a Chaplain Service.

One of HCCN’s professional chaplains at a patient’s bedside.

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How does the provision of spiritual support impact a patient and his/her family?

Until recently, we only had a lot of anecdotal evidence about how spiritual care can help in health care. We would rely on people’s stories, like the middle-aged New Yorker, a practicing Jew, who told us his encounter with a chaplain during hospitalization for a staph infection prompted him to later

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chaplains rank the hospital higher on patient satisfaction surveys. In addition, more evidence will be forthcoming. International panels convened by HealthCare Chaplaincy Network recently released the first evidence-based quality indicators and set of competencies for spiritual care that can indicate outcomes.

“Why provide spiritual care?” has always been the million-dollar question. For the first time, these tools will help standardize spiritual care programs, and give us the answers to what chaplains can and should contribute.

How is HealthCare Chaplaincy Network responding to the trend toward more outpatient health care delivery?

Traditionally, Healthcare Chaplaincy Network has provided hospital bedside chaplaincy services. We still do, but major New York area hospitals have moved further. We’ve been providing multi-denominational Jewish Clinical Pastoral Education (JCPE) units and offering financial scholarships to those students in need; the JCPE units are fully credited toward board certification by Neshama: Association of Jewish Chaplains (NAJC).

We are fortunate to have Rabbi Maurice Appelbaum as a staff member. He recently became the country’s second Orthodox educational supervisor certified by the Association of Clinical Pastoral Education. He also is the rabbi of the Greenpoint Shul in Brooklyn. He brings such enormous strength to our program from his various perspectives as a board-certified chaplain, educator and rabbi.

In Israel, we are responding to a growing interest in spiritual care. Last year, I gave the keynote address at a conference there on spiritual care. Since then, we have been discussing strategies to strengthen continuing education and incorporate professional chaplaincy into Israel’s health care system. It’s part of our efforts globally to assist and collaborate with other countries to advance the field.

HealthCare Chaplaincy Network recently announced an affiliate organization, the Spiritual Care Association. What are the objectives of the new organization?

The Spiritual Care Association takes a contemporary approach to chaplaincy. We’re introducing much-needed changes that better reflect the needs of today’s health care environment, including ones thought leaders have been talking about for decades. We want to minimize the complexities holding back the field, while maximizing the competency requirements for professional chaplains.

The Spiritual Care Association is a global, professional membership organization open to chaplains, other health care providers, community clergy and also organizations/ institutions. It incorporates new models related to spiritual care education, including an online learning center; and chaplaincy training, credentialing and certification tied for the first time to evidence-based clinical competencies. There’s also a robust advocacy platform.

All of these components are intended to standardize the field, raise the bar on spiritual care and put chaplains on a par with other health care providers in terms of requirements, respect and integration into the health care system. And, of course, the overarching goal of all of this is to relieve the suffering of patients and their families.

What is the role of community clergy in regard to the provision of spiritual care?

Many congregants rely on their rabbis or other members of the clergy when they are ill or dying. This is a very important and meaningful connection. However, while clergy members’ desire to meet their congregants’ needs is well-intentioned, their ability may fall short. In numerous surveys, the majority of clergy report that they lack the seminary training, experience and skills required in health care situations, and feel uncomfortable caring for the seriously ill or dying.

Our new Spiritual Care Association (SCA) is addressing this. We have already engaged major semi-naries throughout the U.S., and, as a committee, are discussing how SCA can develop curriculum to give current and future clergy the knowledge and confidence to fulfill their role in health care. Meanwhile, we invite clergy to take advantage of what SCA is currently offering.

Is chaplaincy a viable career choice for someone, for example, who is just graduating college or thinking of a career change?

When we began developing the Spiritual Care Association, it was top of mind to create new pathways to ensure the future of the profession. We believe our approach will open up a chaplaincy career to a wider audience of competent providers, while, most importantly, raising the standards of the profession.

We’re widening access to chaplaincy as a career choice because of SCA’s flexible approach to training requirements. Traditionally, someone interested in professional chaplaincy may have been shut out of pursuing accredited clinical pastoral education because of a program’s on-site hours or location. With CPE.org, under supervision, students do their academics online, with self-guided courses and video-conferencing; and they do only their clinical training on-site, at a health setting that’s convenient. In fact, our first CPE.org session began this spring with a group of rabbis and rabbinical students from Chabad Worldwide.

In terms of chaplain credentialing and board certification, our requirements include enabling chaplains to become certified with a master’s degree in relevant subjects, rather than only a Masters in Divinity. And we’re offering chaplain credentialing for those with only a bachelor’s degree. Of significance, each candidate for credentialing and certification will undergo objective testing of knowledge and clinical competencies, rather than a subjective assessment. We do not include other common requirements, such as faith group endorsement, that are not evidence-based indicators of the person’s competency as a chaplain. Such limitations may have held back promising candidates from advancing in their careers.

This is an exciting time for the profession. Patients want spiritual care. They’re attesting to its value. Regulatory bodies are recognizing the place of chaplains in health care. Yes, more work is ahead of us. But with time, advocacy, more research findings and other developments, I am confident that chaplaincy will move further into the medical mainstream. Our hope is that professional chaplains increasingly have a seat at the table so they can make a difference for patients and their families.

Ultimately, that’s what it’s all about.

Our professional multi-faith chaplains respond to the needs of all patients, including Jewish patients of all denominations...