

# Book Reviews

## Spiritual Needs & Chaplaincy Services: A National Empirical Study on Chaplaincy Encounters in Health Care Settings

Bartholomew Rodrigues, MDiv; Deanna Rodrigues, PhD; and Sr. D. Lynn Casey, SCL

*Providence Health System, Southern Oregon Service Area, Medford, OR, 2000, 76 pp. Providence Health System does not offer the book for sale. However, it is available from [www.amazon.com](http://www.amazon.com) for \$18 (paperback).*

ALTHOUGH THE EVENTS OF SEPTEMBER 11 ripped the fabric of our society, terrorism has not been the only recent source of serious change. Exploding costs and falling revenues have had a bomb-like effect on the U.S. health care scene. Managed care has not turned out to be the cure-all that some had hoped it would be. On the other hand, no one has come forward to offer a better way.

All this change has left caregivers and health care institutions spinning and patients and their families holding on for dear life. The very meaning of the term "health care professional" has been redefined, often by the people who are least qualified to do so. Budgets are crushed. Positions are redefined or eliminated. The bottom line becomes the "gospel," and all who work in health care are forced to do more with less. But how, in such an environment, do we establish criteria for quality? How do we determine the effectiveness of our work? Do we, as institutions, departments, and individuals, have anything to say about mission and vision?

None of this is new to us chaplains. We do suffer from the same changes (which others sometimes forget), but then we have always been forced to define and redefine who we are. We frequently are subjected to preconceived notions about us (and about God!), and we have always had to work with mini-

mal staff providing "24/7" coverage. We do all this while trying to remain personally and professionally healthy ourselves. Of course, we must do all this while enduring the same plagues as everyone else.\*

*Spiritual Needs & Chaplaincy Services*, the book under review here, addresses the situation confronting health care chaplains today. We chaplains can no longer rest on the assumption that everyone appreciates and understands our work; that hospital budgets will always facilitate that work; or that, in an age in which even the Joint Commission on the Accreditation of Healthcare Organizations requires hospitals to provide it with strong evidence of high-quality spiritual care, we chaplains will be in place to provide that evidence. To state it another way: We chaplains have a story to tell—but the chaplaincy story is not the *only* story out there, even concerning spiritual matters. If we don't reclaim our story and tell it in ways that demonstrate its effectiveness, we may soon be out the door. Our future, incidentally, seems no less threatened in religiously affiliated hospitals than in secular ones.

The authors of this book provide an invaluable service for all of us in chaplaincy and in health care administration. They give us tools and a rationale with which we can address these core questions:

- What qualifies us to do this work?
- Who defines our work and workplace?
- How do we best provide spiritual care in the workplace?
- How do we determine if our care is effective in meeting the needs of patients, staff, and the workplace as a whole?

\* For discussions of the evolution of health care chaplaincy, see Richard B. Gilbert, ed., *Healthcare & Spirituality: Listening, Assessing*, Baywood Publishing Co., Amityville, NY, 2002, and Larry VandeCreek and Laurel Burton, eds., *Professional Chaplaincy: What Is Happening to It During Health Care Reform*, Haworth Press, Binghamton, NY, 2001.

• What do we do with our data? How do we tell our story? What *is* our story?

*Spiritual Needs & Chaplaincy Services* is a tool, but one that comes with a promise from its authors to work with you, the pastoral care reader, to apply the gifts of this study to your work, so that you can in turn be the "gifts" you were called and trained to be. How do you track the nature of a chaplain's visit? What are the key spiritual care factors/stressors in life and how do you identify them? How do you identify spiritual care interventions within the context of faith, hope, and belief systems, as determined by the patient?

Yes, this book offers more work, even though you chaplains already have too much to do and too few "troops" to help you do it. However, *Spiritual Needs & Chaplaincy Services* will enable you to look clearly at what you do, how you do it, and how you can make your work more effective—and will do so at a time when your presence and ministry are needed more than ever.

Rev. Richard B. Gilbert,  
DMin, BCC

Director of Chaplaincy Services  
Sherman Health Systems and  
Executive Director  
The World Pastoral Care Center  
Elgin, IL

## The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy

Larry VandeCreek, DMin, and Arthur M. Lucas, Mdiv, eds.

*Haworth Pastoral Press, Binghamton, NY, 2001, 174 pp., \$49.95 (hardcover), \$24.95 (paperback)*

BEFORE ITS PUBLICATION AS A BOOK, *The Discipline for Pastoral Care Giving* appeared as a two-part article in the *Journal of Health Care Chaplaincy*

(vol. 10, no. 2, 2001, and vol. 11, 2001). Larry VandeCreek is the journal's editor; Arthur M. Lucas is director of the Department of Spiritual Care Services at Barnes-Jewish Hospital, St. Louis. Their book is largely composed of essays and case studies written by chaplains working at BJC Healthcare, St. Louis, the system of which Barnes-Jewish is a part.

The editors of *The Discipline for Pastoral Care*

*Giving* are well-known pastoral caregivers, and their book has been praised by a number of health care professionals, including Stanley J. Mullin, DMin, Clarian Health Partners, Indianapolis; Larry J. Austin, DMin, Shore Health System, Easton, MD; George Fitchett, DMin, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Thomas H. Gallagher, MD, Washington University School of Medicine, St. Louis; Valerie J. Yancey, RN, PhD, Jewish Hospital College of Nursing and Allied Health, St. Louis; and Fred L. Brown, vice chairman, BJC Health System, St. Louis. All applaud the outstanding efforts made by BJC's staff of professional chaplains and see great value in the outcomes-oriented model of care discussed in this book.

A constant theme runs through all the book's chapters: In this era of outcome-based health care disciplines, chaplains need to speak in ordinary language (rather than theological jargon) that a multidisciplinary team of professionals can use to communicate with patients and their family members.

*The Discipline for Pastoral Care Giving* opens with an introduction by W. Noel Brown, who describes the medical profession of 25 years ago, when physicians were encouraged by the British epidemiologist Archie Cochrane to begin building an international library of treatment outcomes. The Cochrane Collaborative, based in Oxford, England, is today a voluntary collaboration through which physicians around the world report what on what works and what does not in the practice of

medicine. Noel suggests that the time has come for chaplains to follow the Cochrane example—to examine and describe exactly what we do as chaplains and exactly what happens when we do it, and then determine whether or not it is of value.

In the book's first chapter, Lucas describes a methodology called "The Discipline," which he and his colleagues have been developing for the past 10 years. He discusses the methodology's elements, the process through which it was developed, its effect on the chaplains who use it, and its implications for the future of chaplaincy. The Discipline has challenged many of chaplaincy's former assumptions, Lucas says. Because it is a disciplined, outcomes-oriented model, the methodology has deepened participating chaplains' relationships with patients and significantly increased their integration into hospital care teams.

As Lucas says, The Discipline encourages chaplains to begin by identifying the patient's spiritual needs, hopes, and resources (e.g., family, friends, pastor). From these elements the chaplain will put together a patient profile. In fleshing out this profile, the chaplain will discover the patient's sense of the words "holy," "meaning," "hope," and "community." From this knowledge, the chaplain begins to get some idea of what the patient would like to see as the outcomes of his or her treatment.

Then, having acquired an idea of the patient's desired outcomes, the chaplain can pose two questions: What can our ministry contribute to this person's healing and well-being? What difference do we hope to make? From these proactive interactions, the chaplain develops a plan, which is shared with the patient, concerning how they can mutually work toward the patient's desired outcomes. The chaplain then develops specific interventions based on the plan. With the plan in place, the chaplain begins to measure the actual outcomes of care against the desired outcomes. The process is circular in that the patient's needs,

hopes, and resources are reassessed to ensure ongoing spiritual growth.

In the book's remaining chapters, BJC staff chaplains write about their experience in developing The Discipline. I found them to be refreshingly honest in their assessments. Their case studies describe the process of utilizing this outcome-oriented model, which gives the patient and chaplain a common language and structure.

The book's organization is ideal and its content, from groundwork to conclusion, is well done. I appreciated the authors' openness to further discussions, research, trials, reshapings, and redefining as they become needed. The book is an open invitation to the members of any health care discipline to discover the true value of chaplaincy, and it further demonstrates that chaplains are integral members of the care team.

Rita S. McShea

Director, Department of Pastoral Care  
St. Anthony's Medical Center  
St. Louis

## Health Networks: Can They Be the Solution?

Thomas P. Weil

University of Michigan Press, Ann Arbor, 2001, 344 pp., \$50.

THIS BOOK CONTAINS A WEALTH OF knowledge and great insight into the past, present, and future of our health care delivery system. The question concerning health networks posed by the author in his title—can they be the solution?—is an especially interesting question in view of the fact that, as early as 1929, a group called the Committee on the Cost of Medical Care was formed to study the economic and social aspects of the delivery of health services in the United States. This committee recommended that such services be organized on a regional basis, with appropriate coordination of primary, secondary, and tertiary services. Ever since then, we

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