

# *In-Demand Chaplains Adjust Their Approach*

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DAVID LEWELLEN

**T**he impact of the COVID-19 pandemic reaches far beyond sick people. Everyone is disrupted; everyone is struggling with loss and uncertainty and grief for the way things used to be. In the health care universe, the job that is best suited to treat those feelings is the chaplain, but the pandemic has forced changes in how they do their work.

“We learned that we can pivot really fast,” said Mary Heintzkill, senior director of spiritual care and mission integration for Ascension Health in St. Louis. Just as physicians have learned to use tablets and Zoom to practice telehealth, telechaplaincy has gained more acceptance in the past year than it did in the previous decade. “If we hadn’t had COVID, chaplains wouldn’t be believers in this, but we’ve become believers,” Heintzkill said. “We can do really good spiritual care with an iPad or a phone.”

Chaplains and their skills have been a vital aspect of the pandemic response, and their services have been in high demand. “You don’t know you need a chaplain until you need a chaplain,” said Rev. Marilyn Barnes, vice president of mission and spiritual care at Advocate Aurora in Chicago. “And right now, everyone needs a chaplain, the CEO of our company and everyone else.”

While chaplains in her system are rounding to visit with patients, they consistently check in with employees, too. Barnes explained that the experienced chaplain knows to avoid general questions that may get a perfunctory response, and instead ask much more targeted questions to gauge someone’s physical or emotional state. “We don’t ask, how they are doing? It’s more how are you sleeping, what have you done for yourself, what are you grateful for, what’s keeping you up at night? We’re listening for whether something else is going on and do we need to make a referral.”

That kind of concern extends to everyone in the building. Rev. Ruth Goldthwaite, a Boise, Idaho-based director of spiritual care for Trinity Health, said that amid the celebration of acute care health workers as heroes, her chaplains also cultivate relationships with housekeeping and food service employees. “We’ve made an effort to say we know this is having an impact on you and we want to be mindful of that, so that you recognize how your work is essential,” she said. “Everyone needs a sense of their importance and the integrity they bring to the work.”

All eight health systems contacted for this article classified their chaplains as essential workers, who received their share of personal protective equipment and got no more than their share of furloughs, if any. Some workers have been furloughed in Advocate Aurora, which represents a merger of a secular and a Protestant-affiliated system, but chaplains have been exempt. “We need every chaplain,” Barnes said.

At Trinity, part of being essential means being on-site, but some chaplains also have an opportunity to minister via phone calls and video. “We’re rethinking how to be present when we were not physically present,” Goldthwaite said. And spiritual care provided through a tablet is also proving effective in other situations, such as for patients in rural areas or in home care.

Establishing connections by distance ministry is essential for another reason. Relatives are most-

ly barred from visiting many health care facilities, and chaplains have been called on to assist with contacting and supporting patients' loved ones. At Methodist Health System, the spiritual care department keeps a daily log of nonresponsive patients across the system, and those families are prioritized, so that if the situation worsens, "usually a chaplain has called the family many times," said Rev. Caesar Rentie, vice president of pastoral services at that system in Texas. "I didn't want the first time the hospital called a family to be about disconnecting their loved one from life support."

Like many other systems, Ascension has created internal wellness resources for staff. Heintzkill said that includes encouraging self-care and taking paid time off as well as setting up virtual support groups and a 24-hour hotline (somewhere in the system, at least one chaplain is always on duty).

In part because access to patients and families is now more difficult and also because staff need support more than ever, many spiritual care departments in recent months have spent much more time working with employees than they did before the pandemic. In normal times, a chaplain's time is divided about equally among

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patients, family and staff, according to Rev. Tom Harshman, system vice president of pastoral care at CommonSpirit Health in northern California. But recently, staff has taken about 60% of the time. Hospital employees "are bearing a phenomenal burden," Harshman said, "and if we help them, that helps the patients."

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## MINISTERING IN NEW WAYS

**T**he challenges of pastoral care in a pandemic world also extend to long-term care communities, with all of the acute-care problems plus some new ones.

At Trinity Health Continuing Care, which runs 60 retirement communities across the country, chaplains have continued their ministry via technological connections. Creative solutions include meeting residents outside in "front porch ministry" and holding outdoor Mass with a public address system and open windows so those inside also can hear, according to Alan Bowman, vice president of mission integration.

Ministry to families has also become more important, as chaplains listen to their grief at enforced separation from their loved ones. And video connections have allowed chaplains at one location to provide ministry at another, Bowman said. Trinity has started covering spiritual care needs system-wide because there's current

demand for those services around-the-clock, including the need to minister to those who experience a loss.

Although chaplains always had families on their radar, "this has moved us into proactively reaching out to family members and engaging with them as they deal with distress of not being able to physically visit their loved ones," said Bob Smoot, chief mission integration officer for Ascension Living, which has 50 communities in 12 states.

Staffers, too, feel "deep concern when they see residents missing their loved ones, still having restrictions," Smoot said. "So much of what we do to keep people safe and healthy goes against what we would normally do." But as an organization, "we've all learned the importance of caring emotionally and spiritually, so we're making efforts to provide more care for associates and chaplains as well."

patient suffer without family allowed to be nearby, staff “feel the loss of a role, the loss of an image, the sense of who I am,” Harshman said. And a new thing to most staff is the realization that “what I do during the day is a threat to my family.”

In those situations, chaplains have a role to play. “It’s more listening than telling,” Harshman said. “You listen to how the person voices their feelings and receive it non-judgmentally. It helps validate both their moral compass and their decisions. You confirm that this is a dilemma. Sometimes that’s the most critical thing, confirming that this is a tension.”

If staffers are distressed about times when the family can’t be present, “there’s a twofold opportunity in that space,” Goldthwaite said. Chaplains will “say this isn’t what anyone would hope for, but you (the staffers) are in that space representing the family, and that has significance and meaning.”

“We’ve always been sensitive to the fact that a hospital is a stressful environment,” said Rentie, the Methodist Health System officer. “People come here at the worst time of their life, and they experience enormous stress, even if they’re having a baby.” Even in normal times, that stress tends to spill over to staffers, but in a pandemic, “you cannot operate under these conditions and not have workers affected. PTSD, moral injury, all those things produce burnout.”

Much as free movement at airports became restricted following the Sept. 11 terrorist attacks, the need to limit the spread of coronavirus has changed access for hospital visitors. At the airport, “you used to go all the way to the gate and watch your family take off. Not anymore. You go to the checkpoint and that’s it,” Rentie said. Something similar is happening in hospitals now, and no one is used to it. “That produces moral injury and moral distress for our staff, because they’re caught in the middle. They’re trying to protect the patient and public health and themselves.”

In addition to listening to staffers’ fears and concerns, spiritual care managers are also considering how to document those interactions. In recent years, it has become standard practice for chaplains to write notes about their interactions with patients and patients’ families in the electronic medical record. But staffers don’t have charts.

To address that gap, at the PeaceHealth system in the Pacific Northwest, Theresa Edmonson has created a system to document chaplains’ interactions with staff, whether it’s a phone call, a hallway conversation or a supportive email. “It’s not just COVID,” said Edmonson, the system director for mission integration and spiritual care. “It’s all the 2020 events we’re responding to,” including racial unrest and nearby wildfires.

The form, which went live in April, has helped Edmonson document more than 1,000 interactions between chaplains and caregivers, which she estimated at an average length of 15 minutes. Staffers’ names and specific details are not reported, but “I knew it was important to capture this,” she said. She also is encouraging chaplains, who are in turn encouraging staff, to step away from work periodically and take the paid time off that they are entitled to. “When leaders are saying ‘We want you to and we need you to take PTO,’ that’s really empowering,” she said. “It’s kind of like guilt-free PTO.”

The spiritual resources are part of the overall program of emotional and financial support that PeaceHealth is offering, including mental health

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counselors. Because of increased salience of racial issues, the system is also offering that “if you want a professional counselor who is a person of color, we have that resource available.”

“We aren’t always appreciated, because what we do is hard to measure,” Rentie said. Therefore, about six years ago Methodist Health System chaplains began logging the time they spend with staff, and Rentie has found that the average interaction takes 20 minutes. “If we’re not doing it, who is, and is that the right person to do it?” he asked.

Even before the pandemic, Rentie said, “If we’re not doing (pastoral care), the nurse is probably doing it, and it’s not a good use of the nurse’s time.” Encouraging staff to make referrals to chaplains when patients need spiritual care, and also logging time chaplains spend ministering to staff

has “really been helpful. We’ve been able to show not only senior leadership but also our board of directors exactly what it is we do, and that it’s a good use of dollars.”

Ministry to staff, which totaled 1,500 hours in Methodist Health System in 2019, also improves employee morale and retention, Rentie believes. “We can’t one-hundred percent say that we saved this many jobs, but we can say that someone was there to respond to an incident and get (the employee) the help they need.”

Any great challenge also produces opportunities, and the pandemic may offer spiritual care leaders a chance to look at the big picture. “It’s a great opportunity to think about spiritual health and not just spiritual care,” Edmonson said. For people to draw on their own resources of resilience, “we need to help make sure that well is well-stocked and to highlight moments of hope and delight. We’re good at sitting with people in their pain. But what does spiritual health look like? What do we hold and share in common? It’s a rich topic.”

In the future, Harshman expects, “we’ll have a

different relationship with hope, a story about our future that’s nourishing.” When so many people have had their lives and beliefs upended, a pandemic is “a chance to invite people to reflect on the foundational building blocks for your sustenance. How do you lay them again, or notice what is still standing?” Grief and loss must be acknowledged, of course, but “there are all kinds of creative ways of being nurtured by one another. We can open new ways to extend ourselves differently.”

And one way can even involve the much-maligned Zoom call. Harshman told of a recent virtual session in which one participant turned off her video for a moment, then rejoined the group and explained she had broken down weeping before composing herself. “That format creates a boundary for just as long as necessary,” Harshman said. “That wouldn’t happen in a conference room. But now we have a way to be more intimate.”

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PAUSE. BREATHE. HEAL.

## *I Find Rest*

For just this moment, bring your attention to your breath.

**INHALE** deeply and settle yourself into your body.

**EXHALE** the stress and tension you feel.

On your next inhale, pray, [I Find Rest](#).

And as you exhale, [In Your Shelter](#)

**I Find Rest,**

**In Your Shelter**

**KEEP BREATHING** this prayer for a few moments.

*(Repeat the prayer several times)*

**CONCLUDE, REMEMBERING:**

Even now, God is with you, as near to you as your breath. Continue giving yourself the gift to pause, breathe, and heal knowing you are not alone.

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*Whoever dwells in the shelter of the Most High will rest in the shadow of the Almighty. PSALM 91:1*

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