

Pastoral Care: Prepared to Make a Difference



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As you begin to read this article, stop for a moment and pick a clinical specialty offered by your facility. It may be a nursing, medicine, physical therapy, dietetics, or social work.

If you were asked to describe in general terms the preparation requirements for that clinical role, chances are you could respond with a ballpark estimate of the number of years of training, the basic areas of competence, and perhaps even some certifications that are attached to that specialty. You are often involved in the hiring of these practitioners and so you know what to look for on their resumes.

Now think about another key specialty that is also active in your facility—pastoral care. Could you offer a ballpark estimate of the number of years of preparation for required degrees? Could you name a degree required for certification? Could you name one of the national certification organizations for pastoral care professionals and at least three areas of competency that organization requires for chaplain certification? I suspect this would be a more difficult task. If you find it so, you are one of the majority of health care leaders who are unaware, even in a general way, of the professional requirements attached to health care chaplaincy.

Is "NICENESS" ENOUGH?

In a secular not-for-profit setting or a for-profit setting, we might be less concerned about this blind spot in our knowledge. However, in a Catholic health care setting, it is cause for concern. Twelve of the 72 directives in the *Ethical and Religious Directives for Catholic Health Care Services* are focused on pastoral care, constituting one of the document's six chapters. Pastoral care is described as key to the Catholic identity of a health care facility. Could you, as you read this article now (and without referring to the

ERDs), name from memory at least one requirement regarding pastoral care? Could you describe the proper role of your local bishop vis-à-vis your pastoral care program as it is outlined in the ERDs?

A few years ago, I invited the pastoral care directors of a regional health system to address their executive team about their pastoral care program. It was the first time they had ever been invited to do so. During their presentation, the directors described not only their multiple roles and services but also the professional certification requirements each chaplain is expected to meet. To a person, the executive team expressed surprise about the rigor of the requirements. After the meeting, one person commented to me that she had thought chaplains just had to be "nice people".

CATHOLIC HEALTHCARE PARTNERS'S STORY

In January, CHA's annual System Mission Leaders's Forum focused on the relationship of mission to pastoral care. Key leaders in pastoral care attended, along with system level mission leaders. As I recall our discussions now, phrases pop into my head—"preventive ethics," "first line in risk management," and "crisis intervention." The chaplains who offer these services may well be "nice people," but, more importantly, they are professionally prepared to offer a unique service.

As you read this—perhaps now feeling less than confident about your chaplains' ability to do any of these functions or others—I ask you to consider whether you would tolerate such misgivings about any other service that touches patients and staff in your facility. What will you do to build your knowledge about pastoral care? What will you do to ensure a level of quality comparable to that of other patient services?

I recall some other key words from System Mission Leaders's Forum discussion—"aging"

and “scarce.” Several mission leaders who attended the meeting confirmed that the average age of their chaplains is between 60 and 65. They also confirmed that recruitment is very difficult because few chaplains can support a family on salaries commonly paid by hospitals.

The representative of one system, Catholic Healthcare Partners (CHP), Cincinnati, described a very thorough and challenging process of assessing the training, roles, staffing models, and pay levels of chaplains throughout their system. CHP’s representative said that the system’s leaders had been surprised to discover the depth and breadth of professional training achieved by its chaplains, perceiving in them a source of talent that had previously gone unrecognized and untapped. They also were confronted with the fact that their corps of chaplains would be rapidly diminishing in a few short years because a large percentage were approaching retirement and few new candidates could afford to replace them at traditional salary levels.

CHP had made a courageous decision—and not without much internal debate—to cast aside the pay levels usually offered by comparative market studies. Instead, the system’s leaders based pay on salaries commensurate with other clinical professionals who are part of the care teams in their facilities. They also raised the bar on professional certifications required of their chaplains, making that commensurate with those of other care team professionals as well. It is a great example of a serious effort to truly integrate pastoral care as a unique specialty among others understood to be essential to good patient care.

THE COMMON STANDARDS

Finally, I want to call your attention to a very important resource that should help inform anyone seeking more information about the professional standards for health care chaplaincy. The resource is known as the *Common Standards*. It is a set of four documents that define professional standards covering professional chaplaincy and pastoral educators/supervisors, a common code

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of ethics, and principles for processing ethical complaints. The *Common Standards* were agreed to in 2004 by six accrediting organizations representing more than 10,000 members. Each organization committed to using the standards as the basis for its certification process. Importantly, each agreed that if it was to make additions or adjustments to the standards, those additions or adjustments would be at least as rigorous, and never less rigorous, than the original. To view these standards, go to the website of the Canadian Association for Pastoral Practice and Education at www.cappe.org, click first on “Resources,” and then on “Common Standards.” CEO’s, COO’s, sponsors, mission leaders, and human resources directors should be familiar with these standards.

Every one of us in Catholic health care is called to be not just “nice” but also compassionate, as our Heavenly Father is compassionate. A commitment to good stewardship and high quality also calls any professional involved in direct patient care to a high level of competency. I hope you will take the time to review the *Common Standards* and consider how well you can document their use in your facility or system. Our patients and staff deserve the high quality of care they call forth from those dedicated to good spiritual care. ■