PASTORAL CARE’S ROLE
IN A REFORMED SYSTEM

Pastoral Care Professionals Need to Promote the Spiritual Dimension of Healing throughout the Continuum of Care

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Pastoral care professionals have labored to extend bridges to other members of the healing profession and to become recognized as valuable healthcare team members. But just as pastoral care givers are becoming comfortable with their new standing, healthcare reform is presenting fresh challenges. Like all members of the healing profession, pastoral care givers are being affected by the shifts. Acceptance and recognition—once goals in themselves—now appear to be mere stepping stones on the path to pastoral care professionals’ future position in the healthcare system.

The emerging structure of healthcare delivery is challenging many elements of traditional pastoral care. For instance, integrated delivery networks require that pastoral care providers think beyond hospital walls and develop new models for meeting patients’ and families’ spiritual and emotional needs. The increased emphasis on wellness and holistic health challenges pastoral care professionals to stretch beyond their traditional emphasis on crisis counseling and problem-centered care.

With all these changes, how can pastoral care professionals be on the cutting edge of tomorrow’s pastoral care ministry? Affirming the value and importance of spirituality in healthcare, we offer these recommendations for the twenty-first century.

UNDERSTAND INTEGRATED DELIVERY

To chart a solid course to the future, pastoral care givers must truly understand the new paradigm of integrated delivery. Without this understanding, they will not see the opportunities and challenges of integrating pastoral and spiritual care in the emerging structures.

Pastoral care givers must understand that the individual with holistic needs will be at the center of the reformed healthcare system. All providers will share the responsibility and financial risk of providing high-quality care to each client.

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**Summary**

The emerging structure of healthcare delivery is challenging many elements of traditional pastoral care. With these changes, how can pastoral care professionals be on the cutting edge of tomorrow’s pastoral care ministry?

Pastoral care givers must understand that the individual with holistic needs will be at the center of the reformed healthcare system. All providers will share the responsibility and financial risk of providing high-quality care to each client.

Pastoral care departments will need to develop systems to objectively measure the quality of their spiritual and religious care services, as well as patient or client satisfaction.

Pastoral care professionals must take the lead in developing a vision of spiritual care that reflects the new paradigm of integrated delivery. They must also share the vision of integrated spiritual care with opinion leaders who can be advocates for an expanded vision of pastoral and spiritual care within the network.

Ideally, faith communities should be centers for care, healing, and wellness, with hospitals as extensions of those communities. Within such a network, pastoral care givers can organize programs, workshops, and retreats around spirituality and wellness as part of the faith community’s mission.

In addition, pastoral care professionals can help clients learn about themselves and their life-styles and make healthier choices.

Pastoral care givers need to recognize that within brokenness there is also wholeness, wisdom, and new opportunities. When we are free of our own agenda, we can empower others. Together, with God’s grace, pastoral care givers can shape a new future and make it happen.
individual with holistic needs will be at the center of the reformed healthcare system. All providers will share the responsibility and financial risk of providing high-quality care to each client. Network case managers will minimize expensive inpatient care by promoting wellness and coordinating treatment in the most clinically appropriate and least costly setting.

As networks evolve, resources devoted to spiritual or religious care may vary depending on its perceived value. Pastoral care managers will likely be challenged economically, as well as in work design. Where pastoral care is operationally located will depend on decisions regarding the most effective way to deliver care. Pastoral care managers may need to seek alternative sources of funding and volunteer help to extend their ministry throughout the continuum of care.

MEASURE OUTCOMES
All care givers in the reformed healthcare system will be required to document the quality and efficacy of their services. If they have not yet done so, pastoral care departments will need to develop systems to objectively measure the quality of their spiritual and religious care services, as well as patient or client satisfaction. A hospital’s planning and quality management teams can help establish these systems.

One benefit of measuring quality and satisfaction is the assignment of value to pastoral and spiritual care services. Such knowledge can help providers document how pastoral care contributes to high-quality outcomes and assists in reducing healthcare costs. This information will be useful when executives make decisions regarding future services’ scope and intensity.

CREATE A VISION
Pastoral care professionals must take the lead in developing a vision of spiritual care that reflects the new paradigm of integrated delivery. One strategy to facilitate an inclusive vision is to organize one or more task forces of probable network partners: interested physicians; care givers from diverse disciplines; patients and clients; parish nurses; and community representatives such as senior citizens, employers, and educators.

These groups can help design a model for spiritual healthcare and recommend specific direct services and educational programs that will foster it in all settings across the continuum. Services such as spiritual assessments, crisis and grief counseling, patient and family counseling, education, and even religious rituals can be provided in nontraditional settings.

For example, pastoral care staff can:
- Assist in preliminary evaluations and needs assessments in a primary care physician’s office
- Work in a multispecialty group practice with social workers and other care givers in a holistic health and education center
- Provide pastoral home care to families of stroke patients or help hospice families make serious choices
- Counsel people in dialysis centers waiting for transplants
- Provide prayer and healing services to cancer support groups

PROMOTE THE SPIRITUAL DIMENSION OF HEALING
Creating a vision is not enough. Pastoral care leaders must position themselves to influence the networks being created by their organization’s boards, physicians, and management teams. They can ask to be included on key development committees, especially those addressing network services, case management, and referral patterns. They must also share the vision of integrated spiritual care with opinion leaders who can be advocates for an expanded vision of pastoral and spiritual care within the network.

To overcome barriers to integrating spiritual care throughout the network, pastoral care givers must dispel the myth that patients’ spiritual well-being is either a private matter or the exclusive domain of chaplains and pastoral care staff. Although in the past many physicians did not see any direct link between their work and pastoral care, today some ask pastoral care givers to accompany them when they give a harsh diagnosis or when they discuss difficult ethical decisions with a family. These physicians know the pastoral care givers provide a spiritual component and help in the entire decision-making process. In the
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In the future, the bonds between pastoral care givers and clinicians need to be strengthened, with full acceptance of the intrinsic value of spiritual care in non-crisis situations.

Although some clinical care givers are superb at getting "in touch" with their patients, they do not always focus on the whole person. Clinicians often need greater awareness regarding the basic things they can do to help patients live fully while experiencing illness. The simplest gestures—a touch, a few extra moments of attention, reflective listening, kind words, and eye contact—are often enough to affirm the whole person and enable wellness. In some situations, mutual sharing of feelings also could be appropriate and healing.

To promote the idea that spiritual care is the work of every care giver, pastoral care staff can:

• Sponsor educational programs at medical staff meetings, staff in-service programs, and local health professional organizations on holistic health and the spiritual dimensions of healing.
• Make books, articles, videotapes, and audiocassettes available on topics related to spiritual health and its role in facilitating physical and emotional recovery.
• Provide training in spiritual care to professional care givers, as well as family members and community and church volunteers.

ENHANCE RELATIONSHIPS WITH LOCAL CHURCHES AND SYNAGOGUES

Ideally, faith communities should be centers for care, healing, and wellness, with hospitals as extensions of those communities. Within these communities, pastoral care givers can organize programs, workshops, and retreats around spirituality and wellness as part of the faith community's mission. Depending on their future position in the healthcare network, pastoral care givers may be able to recruit and train volunteers from churches and synagogues and strategically place them within the network to provide patients emotional and spiritual support when and where it is needed.

Parish nurse programs can also provide a valuable link between hospitals and parishes. Pastoral care professionals can help train parish nurses to handle clients' pastoral care needs. Such training would complement nurses' technical education and provide them with the skills necessary to meet or identify clients' spiritual needs.

Pastoral care givers can also train other parish volunteers in the spiritual dimension of holistic health. Trainees could include persons working in eucharistic ministry; social justice; bereavement; and other ministries to the homebound, chronically ill, grieving, indigent, or homeless.

BECOME MORE ACTIVE IN ILLNESS PREVENTION

As Americans become more interested in altering their life-styles for better health, pastoral care professionals can educate them about the spiritual component of wellness. Pastoral care professionals can help clients learn about themselves and their life-styles and make healthier choices. Pastoral care givers can also help persons create balance in their lives by persuading them to devote time to developing the whole self—body, mind, and spirit.

Beyond counseling, pastoral care givers can educate and support patients by loaning them books, articles, audiotapes, and videotapes for use in the hospital or at home.

BECOME TRANSFORMATIONAL LEADERS

It is important that pastoral care professionals examine the truth of their own spiritual power. This power comes from the Spirit that directs their listening and from being present with another person.

As pastoral care givers experience their human limitations in this era of healthcare reform, some may lose sight of the presence of God in their lives. But to be agents of change, pastoral care givers need to recognize not only their own role, but the role of the Spirit. Time spent in reflection and prayer can be valuable.

Pastoral care professionals need to be reflective—to recognize that within brokenness there is also wholeness, wisdom, and new opportunities. When we are free of our own agenda, we can empower others. Together, with God's grace, pastoral care givers can shape a new future and make it happen.