The Challenge and Heart of Chaplaincy

Recent Decades Have Brought a Host of Changes to the Health Care Chaplain's Role

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"I'm no good to anyone!" Andrea's despair was palpable. Her leukemia had returned and the chemotherapy wasn't working. "I'm stuck in this bed," she said. "I don't do anything. I can't cook or clean my house; I can't even watch my grandchildren." She fought back her tears.

The chaplain took her hand. "It has been a long haul, hasn't it?"

Andrea nodded. "Look at my arm," she said. "The lymphodema has made it useless. I'm useless."

"Useless? Hmmm. Do you remember when first we met?" the chaplain asked. "It was, what, about three years ago? Remember how your children behaved?"

Andrea rolled her eyes. "Oh, they were awful, weren't they? I was newly diagnosed and my kids were at each other's throats—all six of them, fighting. They were impossible—I even had to throw them out of my room twice."

The chaplain smiled. "Yes, I remember. They really had a hard time with your illness. How are your kids doing now?"

"Oh, really well. They are so attentive and supportive. I can't believe how they have come together in this. They are my angels."

"That's quite a change, isn't it? To what do you attribute it? Is there a possibility that it might have to do with how you have handled your illness?"

A broad smile crept over her face as she began to understand. "I guess I have made a difference, haven't I? My children now know how to . . . Her voice drifted off as she choked back her tears. *"Oh chaplain, God has been good to me, hasn't he? My children would have never found a way to get along if it had not been for the last two years. I know that. And now, no matter what happens, they will be okay. I guess I've made a difference after all."*

Chaplains attend to the sacred stories of those confronting change in their lives. Change can be good: the birth of a long-awaited child or perhaps a surgery that enhances a patient's quality of life. More often, change is a life-changing diagnosis or a poor prognosis. As the patient struggles to find some meaning in it, his or her relationship with God, as well as his or her sense of identity and self-worth, come into question. Finding meaning is a dynamic process; as the patient confronts greater challenges, he or she must continually seek ways to re-ground self within the constructs of a higher power, the illness, and significant relationships in his or her life. Finding meaning in these life changes can enhance the patient's quality of life.

In the vignette that began this article, Andrea was grieving significant losses in her life. The chaplain first affirmed the depth of the loss and then provided the questions necessary for Andrea to reframe and reflect on her experience. In the process, Andrea became once again grounded in her sense of worth, in her relationship with God, and in the larger picture of mystery. In essence, Andrea was, through her own story and understanding of God, able to find meaning in this illness at this time.

Training and Certification

The chaplain is trained to listen to the patient's story, to "be present to" (as we say) the patient's values, and to reframe the crisis in the context of these values. Being pastorally present requires active, nonjudgmental listening skills that recognize and name the symbols and metaphors found

in the sacred stories of others. The chaplain uses these stories to elicit avenues of meaning for the patient or family member. This facilitation can occur only if the chaplain is aware of his or her own issues and the way these issues might affect the ministerial event. This awareness comes through professional training and certification.

In North America, five certifying organizations share common criteria for certification: the National Association of Catholic Chaplains, the National Association of Jewish Chaplains, the Association of Professional Chaplains, the Association for Clinical Pastoral Education, and the Canadian Association for Pastoral Practice and Education. To be certified as a chaplain by one of these organizations requires:

- Graduate theological education or its equivalent
- Ecclesiastical endorsement that reflects the approval for ministry by a faith tradition
- Clinical Pastoral Education (CPE) "equivalent to one year of post graduate training in an accredited program recognized by the constituent organizations"[1]
- Demonstrated clinical competency, which includes adherence to a code of ethics that protects patients, clients, residents, and their families from proselytization and potential abuse[2]

Certification is an assurance to hiring institutions that the chaplain is both theologically and clinically trained and that the sacred stories and dilemmas of the patient will be heard and honored.

> Until 1997, pastoral care lay outside the purview of the JCAHO.

The Challenge of the Chaplain's Changing Role

The role of the chaplain in health care has changed radically in the past several decades. There was a time in Catholic health care that the bulk of the spiritual support was provided by women religious or priests. These people were committed religious who provided prayer and sacramental support to patients and their families. However, technological change, reduced numbers of clergy, and the expanded ministerial opportunities that Vatican II made available to the laity have contributed to a significant shift in chaplaincy. Chaplains are now expected to have expertise in areas that reflect the increased sophistication of health care today. These areas include risk assessment, crisis intervention, advocacy, cultural and religious diversity, ethics, integration of the patient's story into a larger faith perspective, ritual support, end-of-life issues, and bereavement and grief.

Changes in health care in recent years have had a significant impact on how chaplains function. Before 1997, for example, institutions accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) were not at risk for being cited for deficiencies in pastoral care. The chaplain's accountability was limited to his or her relationship with the hospital, long-term care center, or behavioral health facility's administration. As JCAHO has shifted to a more holistic health care approach, chaplains have become more fully integrated into the interdisciplinary team. As a member of the team, the chaplain is now responsible for providing spiritual assessments, interventions, and documentation in the patient's chart.

In addition, the nation has seen many advances in medicine over the past decade. New drugs, procedures, technologies—even legislation—have had an impact on the chaplain's role. Technology has produced tools to enhance and prolong life; as a result, patients are now given choices that did not exist 10 years ago. As patients' choices have increased, chaplains have had to prepare for a new depth of dialogue with them concerning those choices. The ongoing ethical training of chaplains has become imperative if they are to effectively support a patient's or a family's journey. Chaplains are continually called to walk the line between medicine's institutional tendencies and individual conscience. For instance, Oregon has legalized physician-assisted suicide. Catholic chaplains who are confronted with requests for assisted suicide must navigate difficult waters. They must be pastorally present while at the same time honoring Catholic ethics. The role of the chaplain will continue to grow as new ethical challenges arise from the medical milieu.

The Chaplain and Community Clergy

Whereas chaplains and clergy seemed interchangeable at one time in the history of health care, this is no longer the case. The federal government's focus on a patient's right to privacy has

defined the chaplain's role and activities in contrast to those of community clergy. This is spelled out in the 1996 Health Insurance Portability and Accountability Act's "Final Rule" regarding privacy rights.[3]

A primary function of chaplains is responding to crises: an accident victim is rushed to the emergency department, for example; or a patient goes suddenly into cardiac arrest; or another patient dies after a prolonged illness. Because of shortened lengths of stay in hospitals, chaplains often deal with several cases in a single visit. In this visit, the chaplain will, first, screen for spiritual risk (determining whether the patient is in despair and, if so, what implications that might have for his or her plan of care), and, second, assess the spiritual resources, the community supports, and patient's own fears and hopes. The chaplain's interventions may include offering prayer, ritual, and/or sacraments; reading Scripture; participating in song; processing (e.g., helping the patients ask questions and address fears) and/or reframing the patient's journey; or simply listening to what the patient has to say. When appropriate, the chaplain will provide referrals or reconnect the patient to the faith community of his or her choice.

The chaplain's role is radically different from that of community clergy. The more homogeneous environment of the parish reflects common values and beliefs, and the pastor will articulate questions and answers within that belief system. The chaplain, on the other hand, must first investigate the patient's faith journey and values. The questions the chaplain asks and the answers he or she provides must in each case fit the patient's understanding of a higher power and the meaning the patient has assigned to his or her life. Chaplains are trained to honor the patient's agenda; the patient is the person who decides what has meaning and how that meaning is lived in his or her own spirituality.

Spirituality is the capacity of the human spirit to make meaning, placing him- or herself within "the unfolding of life in connection with a dimension beyond self that establishes meaning and values in life."[4] Within the context of spirituality lies religion and "institutional based dogma, rituals, and traditions."[5] Although not everyone subscribes to a religion, every person is spiritual.

Faith communities and congregations often encourage evangelization, which can deepen a person's spirituality; in the pluralistic environment of health care, evangelization is not encouraged because it risks imposing the chaplain's theology on the patient. Perhaps this is the key distinction between the role of community clergy and that of chaplains.

In addition, chaplains, as members of the interdisciplinary team and employees of the health care facility, have access to patients and their medical charts. Community clergy, on the other hand, are viewed as guests and perhaps partners in healing, but because they are not on staff, their access to patient information is limited. The patient's permission is required before staff can place a patient's name on a clergy list for visitation or notify a pastor of a parishioner's admission. As a result, the chaplain has increasingly become the voice of advocacy for the patient. In a crisis, it is often the chaplain who acts as liaison between the patient (as a member of a faith community) and medical personnel.

For example, a mother who home schooled her three children was admitted into the hospital for chemotherapy. The side effects of the chemotherapy required an extended stay. Over time, she became lethargic and her condition began to deteriorate. Visiting the patient, the chaplain found that the patient's sources of hope and strength were her farm and her children. However, she would not permit her children to visit her in a hospital setting. The chaplain discussed this with the physician, who gave the patient a four-hour pass so she could go home. On returning to the hospital, the patient became more motivated and her health quickly improved.

The chaplain serves not only as liaison but also as a resource for patient and pastor. A medical facility is often like a foreign land to parish priests or ministers. Navigating the network of personnel and policies, locating parishioners, identifying patient needs, and following patients at discharge—all this can be an overwhelming challenge for clergy. In such cases, the chaplain assists the pastor by acting as a translator of hospital culture. The chaplain can provide concrete assistance by, for example, helping the visiting pastor to gain access to wards or providing guidance during an emergency or at a death. The patient's spiritual journey presupposes collaboration between the chaplain and community clergy.

The Importance of Spiritual Belief in Healing

The role of faith in healing has received substantial attention in the past five years. Writers such as Larry Dossey, Harold Koenig, and Kenneth Pargament, among others, have given us a new understanding of the power of belief to either heal or harm. As two writers have noted, "a recent meta-analysis of data from 42 published mortality studies involving approximately 126,000 participants demonstrated that persons who reported frequent religious involvements were significantly more likely to live longer compared to persons

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proving to be a very cost-effective means of attracting new talent. Today the average cost of recruiting a new staff member via a website is much lower than the traditional methods.[19]

Leaders interested in improving their facilities' recruiting should look closely at the online recruiting centers of Fortune 500 companies.[20] Most of these organizations have created online recruiting centers that recognize and cater to the needs of job seekers. Most job seekers want a website to give them some sense of the organization's culture, for example. Recent graduates tend to prefer to deal with companies whose online recruiting centers have special sections for new and recent graduates. Knowing this should be useful for hospitals trying to attract graduate nurses and imaging technologists.

An effective online recruiting center can both improve recruiting and reduce recruiting costs. Hospital leaders should make sure their sites include a strong career opportunities center. This center should be designed to help job seekers understand and relate to the organization's mission and culture. And, of course, the site should also make it easy for interested job seekers to actually apply online for jobs. □

NOTES

1. Healthbeat, September 16, 2002, http://www.ihealthbeat.org/members/basecontent.asp?oldcoll=&program=1&contentid=23765&collectionid=539
2. Harris Interactive Health Care News, June 11, 2002, http://www.harrisinteractive.com/news/newsletters/healthnews/HI_HealthCareNews2002Vol2_Iss12.pdf
3. To request a copy of the study, e-mail karene@endresen.com
4. Pew Foundation, "Use of Internet at Major Life Moments," May 8, 2002, www.pewinternet.org/reports/toc.asp?Report=58
5. Netsmart America, http://cyberatlas.internet.com/big_picture/demographics/article/0,1323,5901_221541,00.html
6. Harris Interactive/Cyberatlas, http://cyberatlas.internet.com/big_picture/demographics/article/0,1323,5901_221541,00.html
7. Women.com, http://cyberatlas.internet.com/big_picture/demographics/article/0,1323,5901_221541,00.html
8. Pew Foundation, "Vital Decisions: How Internet Users Decide What Information to Trust When They or Their Loved Ones Are Sick," May 22, 2002, www.pewinternet.org/reports/toc.asp?Reports=58
9. "Moms, Hispanics Increasing Web Use," *CyberAtlas*, May 8, 2002, http://cyberatlas.internet.com/big_picture/demographics/article/0,1323,5901_1041581,00.html
10. "Moms, Hispanics Increasing Web Use."
11. American Medical Association, "2002 AMA Study on Physicians' Use of the World Wide Web," July 17, 2002, http://www.ama-assn.org/ama/pub/article/1615-6477.html
12. Harris Interactive, "Many Patients Willing to Pay for Online Communication with Physicians," April 11, 2002, http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=446
13. "Moms, Hispanics Increasing Web Use."
14. U.S. Department of Commerce, "A Nation Online: How Americans Are Expanding Their Use of the Internet," Washington, DC, February, 2002, http://www.ntia.doc.gov/ntiahome/dn/
15. U.S. Department of Commerce.
16. American Hospital Association, "Healthcare Workforce Shortage and Its Implications for America's Hospitals," http://www.hospitalconnect.com/aha/key_issues/workforce/resources/Content/FcgWorkforceReport.pdf
17. Pew Internet, "Online Job Hunting: A Pew Internet Data Memo," July 2002, http://www.pewinternet.org/reports/toc.asp?Reports=65
18. "Women Taking the Internet Lead," Business Women's Network/CyberAtlas http://cyberatlas.internet.com/big_picture/demographics/article/0,1323,5901_221541,00.html
19. iLogos Research, 1999, http://www.ilogos.com/trendwatch/doc_trendWatch_003.html
20. iLogos Research, 2000, "Best Practices of Fortune 500 Career Website Recruiting," http://www.ilogos.com/en/ilogosreports/iLogosReport2001/secure/index.php

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who were involved infrequently."[6]

Such research shows how involvement in religious or spiritual activities can help patients cope with their illnesses. However, just as religious coping and congregational/parish support can greatly enhance a sick person's quality of life, they can also be harmful. "My pastor says if I had enough faith, I wouldn't be in this mess," bemoaned a terminally ill cancer patient. "If I suffer, then I can be forgiven and will make it to heaven," said an elderly Roman Catholic as he refused his pain medication. "I can't talk about my doubts; I am the pastor and my parishioners would not understand," a dying 40-year-old clergyman whispered tearfully. Other patients speak of their illness as God's punishment or God's will. Such spiritual distress affects the patient's quality of life.

Perhaps the most important act of healing a chaplain can perform is to empower the patient or family member to access his or her own spiritual and religious coping strategies. "Healing," says one writer, "is the humble but also very demanding task of creating and offering a friendly empty space where strangers can reflect on their pain and suffering without fear, and find the confidence that makes them look for new ways right in the center of their confusion."[7] This is both the heart and challenge of chaplaincy. □

NOTES

1. Larry VandeCreek and Laurel Burton, eds., *Professional Chaplaincy: Its Role and Importance in Health Care*, Haworth Press, Binghamton, NY, 2001, p. 7.
2. VandeCreek and Burton, p. 16.
3. http://www.hhs.gov/ocr/hipaa
4. Donna S. Martsolf, "Cultural Aspects of Spirituality in Cancer Care," *Seminars in Oncology Nursing*, November 1997, pp. 231-236.
5. Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*, Guilford Press, New York City, 1997, p. 38.
6. VandeCreek and Burton, p. 11. The study was by Michael McCullough, et al., "Religious Involvement and Mortality: A Meta-Analytic Review," *Health Psychology*, vol. 19, no. 3, 2000, pp. 211-212.
7. Henri J. M. Nouwen, *Reaching Out*, Doubleday, Garden City, NJ, 1975, p. 68.

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