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Hospice & Palliative Care Chaplaincy: *What Everyone Should Know*

HealthCare Chaplaincy Network™

SPIRITUAL CARE ASSOCIATION
Making Spiritual Care a Priority

CONTRIBUTORS

Charles James Parker, M.Div., Ed.D, APBCC-HPC, Director of Hospice and Palliative Care Division, Spiritual Care Association

George Handzo, APBCC, CSSBB, Director of Health Services Research & Quality, HealthCare Chaplaincy Network

Brian Hughes, M.Div, APBCC, BCC, Director of Programs and Services, HealthCare Chaplaincy Network

Sue Wintz, M.Div, APBCC, Director of Education, Health Care Chaplaincy Network

Hamish Seegers, M.Div., MAR, MAML, APBCC-HPC, Chaplain, Evelyn's House/BJC Hospice

Joelle Johns, MDiv., PT-Csp, Certified End of Life Doula / Adjunct Professor, University of Theology & Spirituality

Heather Riley, MA, Executive Director and Chief Spiritual Officer, SoulRapha

HealthCare Chaplaincy Network

Since its founding in 1961, HealthCare Chaplaincy Network (HCCN) has led the way in the integration of spiritual care in health care through clinical practice, education, research, and advocacy. The organization has grown from a small program providing hospital chaplaincy in the New York metropolitan area into an internationally recognized model for multi-faith spiritual care, education, and research. The parent company of the Spiritual Care Association (SCA) and the SCA University of Theology and Spirituality (UTS), HCCN has catalyzed spiritual care research through a grant from the John Templeton Foundation, which has resulted in ground-breaking studies that provide an evidence base for the effectiveness of spiritual care in health care. Through the publication of several key white papers, and the annual Caring for the Human Spirit Conference, HCCN's outreach and advocacy is now felt throughout the field of chaplaincy, nationally and internationally.

Spiritual Care Association

The Spiritual Care Association (SCA) was formed to standardize the fragmented field of professional chaplaincy training by providing resources, education, and certification backed by evidence-based practice and indicators of quality care. The ensuing development of Common Standards and Quality Indicators in spiritual care ensure that the skills and performance of SCA-trained chaplains and spiritual caregivers can be measured objectively, which is of vital importance to hiring managers in all health care settings. In addition, new methods for training and credentialing have been developed for several non-chaplain health care groups, including first responders, physicians, nurses, social workers, palliative care and hospice workers, and volunteers. The SCA's Learning Center is the most extensive and most successful online chaplain education program worldwide, and the Spiritual Care Resources app is the first online application that gives mobile access to the latest information on best practices in spiritual care for chaplains working in health care, hospice and palliative care, and first responder settings.

www.healthcarechaplaincy.org
www.spiritualcareassociation.org
212-644-1111

Hospice and Palliative Care Chaplaincy: *What Everyone Should Know*

What are Palliative Care and Hospice?

Palliative medicine applies to all patients with deteriorating, serious illness, and addresses psychosocial and spiritual concerns in addition to biological disease. Attention is paid to physical, psychological, social, and spiritual needs.[1] Symptom control is very important as a means of supporting quality of life for patients and their families. The patient and family are the focus of care. Care extends across illnesses and settings. Care also extends across time, from diagnosis to the time of bereavement past death. Palliative care helps patients with serious life-changing illnesses live as well as they can for as long as they can.[2] Patients and their families make informed decisions about treatment options that are consistent with their values.

The definition of palliative care from the National Consensus Project for Quality Palliative Care is: *"Palliative care means patient and family-centered care that optimizes the quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information and choice"*[3].

Palliative Care is not just for end-of-life care; it is also applicable early in the course of life-limiting illness and is used in conjunction with other therapies that are intended to prolong life, such as medication, surgery, chemotherapy, or radiation therapy. There is strong agreement that palliative care should begin at the time of diagnosis of a life-threatening illness and that hospice care focuses on the final months of life. A life-limiting or life-threatening condition is any disease/disorder/condition that is known to be potentially life-limiting (e.g., dementia, COPD, chronic renal failure, metastatic cancer, cirrhosis, muscular dystrophy, cystic fibrosis) or that has a high chance of leading to death (e.g., sepsis, multi-organ failure, major trauma, complex congenital heart disease). Palliative care also applies across all ages from neonates to geriatrics and across all settings of care.[4]

Dame Cicely Saunders asked dying patients what they needed, documented them, and analyzed over 1,100 cases. She opened St. Christopher's Hospice in 1967 in the United Kingdom where pain and symptom control were linked with compassionate care for the whole person. She was famous for saying to patients: "You matter because you are you, and you matter to the last moments of your life." Her approach brought meaning and dignity to patients who might have lost a sense of personal meaning. Dame Cicely spoke of spiritual pain and suffering as vital elements of care in addition to the needs for physical care and symptom management.

In North America, Calvary Hospital in New York became a hospice in 1969, after having helped the dying since 1899, and is the only hospital specializing in end-of-life care. The Connecticut Hospice was formed in 1974, by a nurse and Dean of the School of Nursing,

Florence Wald, inspired by St. Christopher's. The first palliative care service in Canada was established at The Royal Victoria Hospital of McGill University in Montreal in 1975.[5]

Focused on relieving symptoms and supporting patients with a life expectancy of months, hospice involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support. The emphasis is on caring, not on curing, and care is conducted in most cases in the patient's home. It also can be provided in freestanding hospice facilities, hospitals, nursing homes, and other long-term care facilities.

The Palliative Care Model evolved from the traditional hospice perspective. Palliative care addresses quality of life concerns for patients living for prolonged periods of time with progressive disease, symptoms, and often suffering. Palliative care can be given at any stage of a serious illness, whether it is potentially curable, chronic, or life-threatening.

Hospice is a model of care - a program where palliative care (expert management of symptoms and suffering) is intensified as individuals move closer to death. Hospice is a type of palliative care for people who likely have six months or less to live. In other words, hospice is always palliative, but not all palliative care is hospice care.

National Consensus Project (NCP) Guidelines for Quality Palliative Care: The Clinical Bible for Palliative Care and Hospice

National Consensus Project (NCP) guidelines provide practitioners with the best available data in hopes to address specific issues related to matters dealing with palliative care and hospice. Specific guidelines are well organized under eight specific domains: (1) Structure and Processes of Care, (2) Physical Aspects of Care, (3) Psychological and Psychiatric Aspects of Care, (4) Social Aspects of Care, (5) Spiritual, Religious, and Existential Aspects of Care, (6) Cultural Aspects of Care, (7) Care of the Patient Nearing the End of Life, and (8) Ethical and Legal Aspects of Care. This is especially important for hospice and palliative care chaplains to know because Domain 5 provides evidenced based research to support family support and care, screening and assessment, treatment, and ongoing care. Further, chaplains will be able to assess their own spiritual care practices considering clinical and operational implications of the NCP Guidelines. To further demonstrate the importance of this document, aspects of Domain 5 are addressed throughout this entire paper. Hospice and Palliative Care spiritual care specialists are urged within the context of these guidelines to obtain clinical pastoral education (CPE), continuing educational training, and subspecialty certification specific to hospice and palliative care spiritual care delivery. For the purposes of this discussion, it is important to note the difference between spiritual care specialists as listed above and spiritual care generalists showcased here:

Spiritual Care Generalists and Volunteers

- Spiritual Care Generalists include all non-chaplain members of the hospice or palliative care team. **There are specific courses of training available for Spiritual Care Generalists who want to enhance their spiritual care knowledge and skill. However, these persons do not hold the title of a chaplain and are not qualified to work in that capacity.[6]**
- Volunteers are neither chaplains nor spiritual care generalists from within other professional disciplines. They are persons who wish to volunteer their time to a chaplaincy department with specific and limited duties. There are avenues of training available to those interested in becoming volunteers.

Overview

The goal of this body of work is to build upon the aforementioned definitions of hospice and palliative care, the existing NCP guidelines, and all significant content as they relate to spiritual care delivery for seriously-ill and terminally ill patients and their families. Further, this work will discuss the role of a hospice chaplain and how they interact within an interprofessional team, how that role overlaps with other disciplines, and how spiritual care delivery best practices can be interwoven into overall patient care. Readers will better understand what a hospice and palliative care chaplain does on the interprofessional team and subsequently how families are impacted in relation to that endeavor. Lastly, the objective will be to showcase unique chaplaincy benefits, outcomes, and contributions that are directly related to the discipline's hopes, goals, and ideal state.

We all have an expiration date. Each of us knows our entry date to this life. If asked, most regale in telling the tale of their birth as it is passed from generation to generation. Restaurants offer birthday incentives, and we sing special songs because ours is a culture that perpetuates a continuous celebration of this beginning moment. In contrast, it is difficult to contemplate how our lives will finish. But death is very much a part of life to be considered and even understood, as opposed to ignored or avoided. Imagine for a moment living that out day after day, observing the lives of others transition into a new reality beyond our present comprehension. What if it were you sitting at the bedside of someone who is about to take their last breath? In many instances, our instincts are to shy away from such situations. However, Hospice and Palliative Care exist in those facets of healthcare. Such practitioners regularly come face-to-face with the issues that pertain to serious illnesses, the quality of life, and death.

In, "What Do Chaplains Really Do?" the authors provide this quote about the indispensable work that chaplains do in this space, saying chaplains, "have an opportunity to elevate the sense of humanity often lost in health care encounters. When Chaplains help people feel understood, heard, and respected, this brings the whole person into the care encounter and supports engagement, understanding and outcomes".[7]

The authors include a quote from the Beryl Institute's *The Critical Role of Spirituality in Patient Experience* foundational paper and add this charge for chaplaincy stating, "Spirituality in health care and the positive impacts it can have cannot be left to chance. They can and should be supported by a chaplain, who helps people identify and draw upon their sources of spiritual strength regardless of religion or beliefs."[40]

Much of what every hospice does (or should do) daily is addressed by a Medicare regulation that is the guiding entity for every hospice agency - specifically, the U.S. Code of Federal Regulation (Title 42, Chapter IV, Subchapter B, Part 418).[8] Hospices typically refer to them as the Conditions of Participation (COPs). The Centers for Medicare & Medicaid Services has a section dedicated to Hospice where regulation updates are kept[9]. According to these guidelines, spiritual care in hospice is inclusive of both bereavement and spiritual counseling whereby both patient and family care needs are assessed along with the development of a spiritual care plan.[10]

There are many misconceptions that exist today about what it means to be a hospice chaplain. The idea of spiritual care delivery for patients facing the end of life is often riddled with assumed images of impending doom. However, a truer picture for hospice is the focus on the quality of life for not just the patient but of the entire unit of persons involved. This includes not only the patient, but their family and loved ones, and the healthcare professionals providing their care. This is accomplished through the aim of providing a healthy balance between care of the mind, body, and spirit. Dr. Ira Byock's work in the Providence Institute for Human Caring promotes and educates based on this important concept of whole-person health for seriously ill, vulnerable patients, and their families.[11]

As such, Hospice Chaplaincy centers the spiritual component that contributes to whole person care of terminally ill patients for the betterment and improvement of the individual's quality of life. This whole person, or holistic, care includes assessing and meeting both spiritual and religious needs, along with creating an

environment of compassion that supports emotional, physical, psychological, and social aspects of a person.[12] Whole person care asserts that the mind, body, and spirit are inextricably linked, and that influence in one will lead to a change in the other.[13] Research shows that patients want to discuss religious or spiritual concerns with the health care team.[14] Patients who have their spiritual and religious needs met have reported greater satisfaction with their hospital stays.[15] Narayanasamy and Owens (2001) argue that "distress in any one of these areas affects the others and, therefore, a holistic approach to restoring the harmonious balance between these three components of humanity is paramount."[16] Puchalski declares the role of spirituality in health care is increasingly respected and valued by health care professionals of all roles. Research suggests individuals are increasingly being treated as integrated systems that reflect body, mind, and spirit due to holistic (whole person) medicine.[17] [18] Hospice and palliative care, which involve end-of-life care and chronic health care, have contributed to the priority given to spirituality and religion in health care and our culture is increasingly embracing spirituality and religion in clinical practice.[19]

Hospice Chaplaincy Defined

As previoulsy mentioned, hospice is a model of care - a program where palliative care (expert management of symptoms and suffering) is intensified as individuals move closer to death. Hospice is a type of palliative care for people who likely have six months or less to live. In other words, hospice is always palliative, but not all palliative care is hospice care. Pre-modernity and early modernity explicitly utilized spirituality in the practice of medicine because spirituality was one of their primary ways of manipulating and understanding the situation. With the onset of science, reason, and technology, medicine evolved from care-orientated concern to a functionally curative orientation. Attending to the whole person in mind, body, and spirit is the goal of health care, and chaplains are at the forefront of the type of compassionate care that is required.[20]

Hospice involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes and care for the family. A member of the hospice team visits regularly, and someone is always available —24 hours a day, 7 days a week.

Ashton explores how patients experience spiritual care commenting on the reoccurring themes patients claim after visiting with a chaplain such as, "comfort; hope; being listened to; being valued; being involved; and being understood."Ashton goes on to conclude patient satisfaction tends to be very high when a patient and family receive spiritual care, because the spiritual "practitioners' attributes of courtesy, understanding, kindness and gentleness were reiterated, as was the helpfulness, necessity and excellence of the spiritual care provided."[21]

The beauty of hospice care spiritual care delivery is that it is fluid enough and substantial enough to change and evolve with the times. Fundamentally it is about meeting the needs of those who are seriously ill or terminally ill. Effective support of patients, families, and staff involves cultural humility and sensitivity, and the ability of the interprofessional team to incorporate awareness of different points of view. Therefore, chaplaincy in hospice care involves the intentional implementation of interventions that are designed to provide comfort and peace by authentically meeting individuals where they are during that challenging and most sacred time.

Those who work in hospice chaplaincy should be specially trained to work in the clinical setting, caring for the spiritual needs of terminally ill patients. Hall, Hughes, and Handzo state, "Board certified chaplains are uniquely trained to be the spiritual care specialists within health care."[22] When clinically trained and qualified hospice chaplains are working, the level of quality care provided to patients and families increases. Their role is essential, and the Centers for Medicare and Medicaid Services requires all hospices which receive reimbursement employ a spiritual counselor or chaplain. Now, it important to understand that the titles "spiritual counselor" and "chaplain" are not the same. In fact, a chaplain that is properly trained will have a myriad of skills that are inclusive of spiritual counseling. Therefore, to equate a professional board-certified chaplain to a spiritual counselor diminishes this important role.

Hospice chaplains also provide support to other members of the interdisciplinary team (IDT) or interprofessional hospice team (IHT).[23] Hospice chaplains should possess the same training and skills as any other chaplain and complete the board certification process to demonstrate their competency.[24] In addition, hospice chaplains should complete additional training specific to the skills needed to provide, document, and communicate end of life care for persons and their families, working within a specialized team, and bereavement support and services.[25]

Clinical Practice Guidelines for Quality Palliative Care, 4th edition states, "Chaplains, as the spiritual care specialists, assess and address spiritual issues and help to facilitate continuity with the patient's faith community as requested (see Domain 5: Spiritual, Religious, and Existential Aspects of Care)."[26] Professional chaplaincy in hospice involves an understanding and skillful approach to providing Spiritual Care. However, it is important to note that while hospice chaplaincy differs in many ways from acute care and other healthcare settings, all healthcare chaplaincy should be fully integrated into the healthcare system as to truly demonstrate interdisciplinary practice.[27] The same can be said of palliative care chaplains who typically serve in a hospital setting. The intentional engagement of a spiritual care specialist who is board-certified begins at the time of admission and continues throughout the caregiving process and 1-year beyond the time of patient death, which is best defined as the bereavement process.

Palliative Care Chaplaincy Defined

As stated earlier, the Palliative Care Model evolved from the traditional hospice perspective. Palliative care addresses quality of life concerns for patients living for prolonged periods of time with chronic or progressive diseases, symptoms, and often suffering. Palliative care can be given at any stage of a serious illness, whether it is potentially curable, chronic or life-threatening. A person can be receiving palliative care alongside curative care.

The definition of palliative care from the NCP Guidelines is: *"Palliative care means patient and family-centered care that optimizes the quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information and choice."*[28]

This definition is important to chaplaincy, as spiritual care is clearly designated as one of the eight foundational domains. The guidelines also emphasize that palliative care is interdisciplinary care and that spiritual care providers are central to interdisciplinary care. As previously mentioned, Domain 5 covers the Spiritual Domain of the NCP Guidelines.

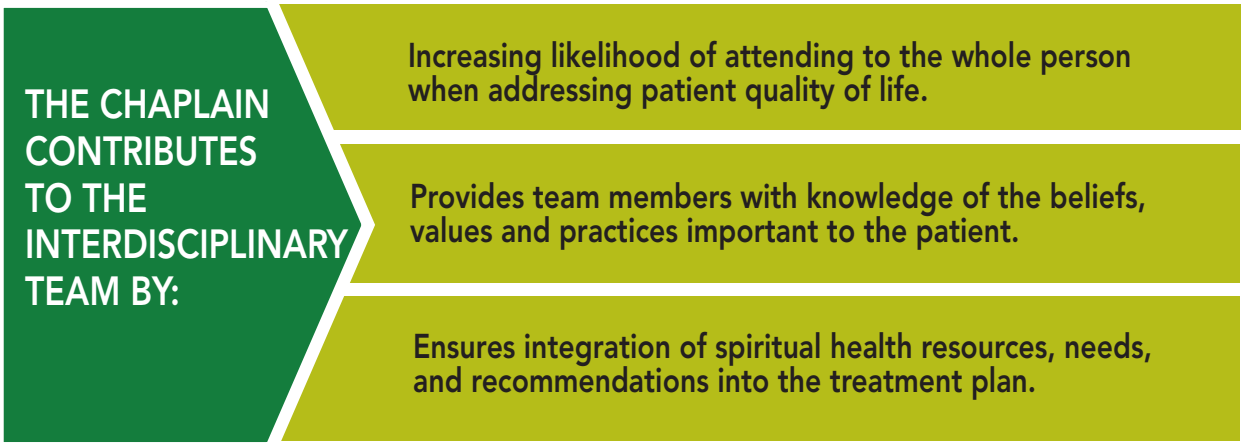
The unique role of the professional chaplain in palliative care is embedded in the specialist-generalist model which aligns spiritual care with the general practice of health care. In the practice of health care, there are generalist physicians (now often called primary care providers) and generalist nurses. The generalist assesses the patient and makes an evaluation of issues that may need treatment. The generalist then decides whether they have the skill to treat the problem or whether they need to refer to a specialist.

Spiritual care can be viewed through this same lens, with the interprofessional team being Spiritual Care Generalists, and the board-certified professional chaplain, the Spiritual Care Specialist. This is a way of integrating spiritual care that will make sense to others on the health care team. The doctor, nurse, and social worker are spiritual care generalists. They should have skills to bring up and screen for spiritual and religious needs and distress in their general history taking and to provide basic spiritual care interventions like compassionate, empathic presence emphasizing whole person care. In like manner, chaplains are emotional care, relational care, and physical care generalists. Chaplains have skills in assessing physical pain, for instance, but are not pain specialists, and do not prescribe treatment. Chaplains are the spiritual care specialists, and the spiritual care generalists need to know how and when to refer spiritual issues.[29]

Role of Hospice and Palliative Care Chaplains Within the Interdisciplinary Team (IDT)

The Joint Commission labels the chaplain as the "culture broker" on the team.[30] As the culture broker, the chaplain assists the patient, family, and health care team bridge any cultural, ethnic, or religious differences that may hinder communication between and among them. This expertise is especially useful when the family is making health care decisions, with advance care planning, and at the end of life. Patients and families should be aware of and able to call upon the religious, ethnic, and cultural resources in their community as needed. Research shows that families want to have their religion and cultural values included in their goals of care discussions.[31] These would include faith leaders from various denominations and religions, and other professionals such as pastoral counselors, spiritual directors, and culturally specific healers.[32]

Both hospice and palliative care chaplains are members of an interdisciplinary team. This role is vitally important because the Hospice Chaplain and Palliative Care Chaplain are often viewed as the moral and ethical compass of those teams. To establish and maintain such an important role involves a clear understanding of how the other disciplines on the team function, collaborate, and communicate both the unique roles of each as well as the overlap within and among those roles. Hospice chaplains and palliative care chaplains must understand the "big picture" pertaining to the hospice and palliative care philosophy. The palliative care chaplain is a specialized spiritual care professional within a hospital or healthcare facility. The hospice chaplain functions as an educator, marketer, grief counselor, spiritual guide, and many other functional roles that are designed to meet the needs of those who suffer and are within the chaplain's scope of practice. The next section will provide a more in-depth look at each of those functional roles.



Source: National Consensus Project for Quality Palliative Care Clinical Practice Guidelnes for Quality Palliative Care, 3rd edition 2013

THE 11 PALLIATIVE CARE COMPETENCIES REQUIRED OF A PROFESSIONAL CHAPLAIN ON THE INTERDISCIPLINARY TEAM

NOTE: Competencies are the combination of knowledge, skills and attitudes that define what is needed to be effective. Within each competency, there is a progression that defines different levels of expertise: Foundational, Advanced and Expert.

- Knowledge of Palliative Care
- Communication
- Counseling Skills
- Teamwork and Collaboration
- Spiritual Assessment and Documentation
- Ethics
- Delivery of Care and Continuity of Care
- Cultural Competence, Inclusion, and Marginalized Populations
- Care for Palliative Care Interdisciplinary Team
- Continuous Quality Improvement and Research Within Palliative Care
- Mentoring and Teaching

Source: California State University Institute for Palliative Care & HealthCare Chaplaincy Network

Chaplains are also educators for other members of their team on how to be spiritual care generalists including training on administering spiritual screening and spiritual history protocols and how to recognize, respond to, and refer the spiritual and religious needs that may arise during both the spiritual care screen and spiritual history. Staff education is also appropriate concerning major religious holidays that may be observed by patients, families, and professional colleagues so that staff members can better anticipate what to expect in terms of patient and family customs, diet, and other special activities around a particular holiday.[32]

Chaplains are unique among the interprofessional team in that they are charged with the professional care not only of patients and families, but of the clinical and professional staff with whom they work. In this role, the chaplain can help the team, individually and as a group, process its own spiritual, religious, and existential issues and help use its spiritual strengths to provide better care.[33] These activities could include memorial services, meditations as part of staff meetings, spirituality groups for staff, debriefing, and individual counseling.

As spiritual care leaders, hospice and palliative care chaplains can facilitate wellness programs for staff members. Such activities would include in-service education, modeling behavior, empowerment, and the encouragement of self-care implementation. This will help with reducing compassion fatigue and burnout within the interdisciplinary team. Compassion Fatigue has the potential to seriously impede overall staff well-being, resilience, and even basic functioning. Someone with Compassion Fatigue will not exhibit all of these symptoms, but rather these symptoms describe someone who may well be experiencing Compassion Fatigue.[34] Burnout is closely associated with both Compassion Fatigue and Compassion Satisfaction. Burnout is mostly seen as secondary to Compassion Fatigue. It is "associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively"[35]. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.[34]

Grief is a natural reaction to loss. Chaplains use their expertise in family systems theory to collaborate with other psychosocial caregivers in providing bereavement, emotional, and spiritual support to patients, families, and colleagues. Understanding the culture, family dynamics, and role of the patient within their own family or social system has the potential to significantly impact how the family will react and respond to the illness and the eventual death of the patient.[36] Is the deceased the matriarch of the family, the breadwinner, or the favorite child? Is the family norm to visibly express grief or to stoically accept the loss? Understanding the nuances of these often-complicated family dynamics, which themselves are heavily influenced by culture and religious/spiritual heritage, is critical to the provision of person-centered and family-focused quality care.[34]

Functions of the Hospice Chaplain

Hospice chaplains are often required to complete a number of field skill certifications required by the setting in which they wish to work, such as basic life support (BLS). These may or may not be part of a chaplain's clinical training (CPE) depending on the site and supervisor. If not, the chaplain should initiate a conversation with the hospice setting in which they may work so that the appropriate training can be completed within a timely manner once hired and onboarded. This ideally would include both advance practice training and certification of the chaplain in hospice and palliative care chaplaincy.[34] Some examples include:

- Spiritual guide, marketer, and community liaison
- Consultant and guide for advance directive decision making
- Spiritual leader for debrief process and in-service education
- Professional bereavement coordinator and grief support
- Expert assessor for spiritual distress and existential crisis
- Creative engineer for the implementation of established Spiritual Care Plan (SCP)
    - *NOTE:* Quality Indicators specific to process standards state, "An assessment of religious, spiritual and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan."[37]

Functions of the Palliative Care Chaplain

Much of the in-depth work a board-certified chaplain does may take place immediately following a Family-Physician Conference: (1) helping the family debrief and better understand the medical situation (diagnosis) and likely trajectory (prognosis); and (2) providing pro-active emotional, bereavement, grief, logistical, and spiritual support. While everyone working on the Palliative Care Interprofessional Team will likely play a role in providing spiritual support, the board-certified chaplain is the "spiritual care specialist" and should assume leadership in this role throughout her or his time working with patients, families, and staff.[38] Some examples include:

- Advance care planning
- Facilitating goals of care discussions/family meetings/MD conferences
- Facilitating palliative care meetings
- Facilitating communication when bad news is being delivered, and
- Being present with family members after a death

CODE OF ETHICS

Like other professions, chaplains are held to a professional code of ethics which is the foundation of their practice, interactions with clients, with colleagues, and the organizations for which they work. While different organizations may vary in the words used, the majority of professional chaplaincy organizations all adhere to standards. Examples include the Code of Ethics from:

- American Correctional Chaplains Association
- Association of Certified Christian Chaplains
- Association of Professional Chaplains
- Canadian Association for Spiritual Care
- Center for Spiritual Care & Pastoral Formation
- College of Pastoral Supervision and Psychotherapy
- Healthcare Chaplains Ministry Association
- International Association of Christian Chaplains
- National Association of Catholic Chaplains
- National Association of Veterans Affairs Chaplains
- Neshama: Association of Jewish Chaplains
- National Institute of Business and Industrial Chaplains
- Spiritual Care Association

Unique Chaplaincy Benefits of Spiritual Care Delivery in Hospice and Palliative Care

Higher patient satisfaction scores are related to chaplain visits in a palliative care setting. When patients are helped to address spirituality in relation to health and quality of life there appears to be an increase in patient coping and happiness.[39] Applicable to plans of care, Wolf, Palmer, and Handzo state that professional chaplains are trained to "align their (patient) care plans with their values and promote a culture of respect and dignity, both of which are associated with increased patient satisfaction and reduced use of aggressive care at the end of life."[40] Organizations should consider the following positive impacts:

- An increase in staff satisfaction along with a reduction of staff burnout and turnover.
- Another positive correlation relates chaplains to a reduction of staff burnout and compassion fatigue.

NOTE: Hall, Hughes, and Handzo contend that "Chaplains, in providing proactive spiritual and emotional support to physicians, nurses and other staff, can potentially positively contribute to an institution's bottom-line through helping to address and support positive coping strategies for the health care professionals suffering from burnout," [41]

- An increase in the percentage of patients and families reporting compassionate care.
- An increase in scores for treating families with respect and supporting emotional and religious needs.
- A reduction in the number of ethical issues raised by families and staff.
- A reduction in complaints and grievances from patients and families.
- A reduction in complaints and grievances from staff.

Such outcomes occur only as a chaplain is considered a fully integrated member of the team with appropriate communication, consultation, and triage to the spiritual caregiver. Unless the chaplain is aware of issues the chaplain will not be able to actively listen and mitigate issues.

BOTTOMLINE CONTRIBUTION

- An increase in overall satisfaction with care and willingness to recommend hospice services.
- Patients receiving a chaplain visit are more satisfied with their overall care according to both the Press Ganey and the HCAHPS surveys."[41]

Hospice and Palliative Care Chaplaincy Goals

It has been previously mentioned that many hospice teams function interdisciplinarily. However, it is common for many health care settings that have a palliative care component to function multidisciplinary or interprofessionally.[42] Nevertheless, it is important to note that every team has the capability of moving between disciplinary efforts as the team changes and evolves to meet the needs of patients and families. As such, it is important to understand three efforts when considering hospice and palliative care chaplaincy goals:

1. **Multidisciplinarity** draws on knowledge from different disciplines but stays within their boundaries
2. **Interdisciplinarity** analyzes, synthesizes, and harmonizes links between disciplines into a coordinated and coherent whole.
3. **Transdisciplinarity** integrates the natural, social, and health sciences in a humanities context, and transcends their traditional boundaries. The objectives of multiple disciplinary type approaches are to resolve real world or complex problems, to provide different perspectives on problems, to create comprehensive research questions, to develop concensus clinical definitions and guidelines, and to provide comprehensive health services. A professional chaplain should be well versed in these areas and this knowledge is assessed during the board certification and credentialing process.

CERTIFICATION

- Advanced Practice Board Certified Chaplains (APBCC), have been trained and tested in standardized curriculum based on the latest evidence in areas including department management, HIPAA regulations, the assessment, diagnosis, and treatment of spiritual distress, cultural competency, advance care directives, patient clinical care, staff support, grief, and bereavement, specialized topics such as emergency and disaster response or palliative care, among other essential topics and specialties. In addition, they have successfully completed a simulated patient/client exam. They are the professional spiritual care specialists on a team who often manage and direct departments and programs in addition to providing direct chaplaincy care to persons in need.

- An APBCC-HPC chaplain has demonstrated not only the advanced skills in the provision of and leadership in spiritual and chaplaincy care required of an advance practice (APBCC) but has also successfully completed a standardized test of core knowledge in hospice and palliative care. The APBCC-HPC specialty certification recognizes the unique skills, advanced education and the specialized expertise of hospice and palliative care chaplains.

- Board Certified Chaplains (BCC) have demonstrated competence to perform all of the normal tasks within the scope of practice of chaplains. Depending upon their certifying association, some may have also been trained and tested in a standardized curriculum based on the latest evidence and have successfully completed a simulated patient/client exam. They are also professional spiritual care specialists who manage and direct programs in addition to providing direct chaplaincy care to persons

CREDENTIALING

- Credentialed Chaplains (CC) has demonstrated the competencies to perform normal chaplaincy tasks in non-complex settings and under the supervision of an Advanced Practice Board Certified Chaplain (APBCC) or Board-Certified Chaplain (BCC) in complex settings.

Regardless of the setting in which a chaplain works, or whatever specialization he or she emphasizes, there are foundational knowledge and skills that are required. The goal of hospice and palliative care chaplaincy involves the following:

- Professional Chaplaincy (CC, BCC, APBCC, APBCC)
- Specialty Training (Hospice and Palliative Care designations – APBCC-HPC)
- Move from Interdisciplinary to *Transdisciplinary*:
    - **Interdisciplinary:** integrating knowledge and methods from different disciplines, using a real synthesis of approaches.
    - **Transdisciplinary:** creating a unity of intellectual frameworks beyond the disciplinary perspectives.

3 LEVELS OF COMPETENCIES PROGRESSIVELY ENHANCE THE PROFESSIONAL CHAPLAIN'S CONTRIBUTIONS TO THE PATIENT, TEAM AND ORGANIZATION.

FOUNDATIONAL Knowledge, Comprehension, Application	Understands concepts, engages in critical thinking, and applies them in daily individual work	
ADVANCED Analysis, Synthesis (in addition to Foundational level)	Develops new initiatives, applies leadership and interprofessional expertise in a variety of settings, situations, and teams	Mentors and teaches as appropriate Foundational level practitioners
EXPERT Evaluation (in addition to Advanced level)	Develops and assesses programs, predicts outcomes, provides thought level leadership	Mentors and teaches Foundational and Advanced level practitioners

Conclusion

One of the many goals of all chaplains, is to ameliorate the suffering of those persons in their care. To accomplish such a task, the spiritual care practitioner must be extremely self-aware, compassionate, and informed. The fundamentals of CPE contribute to the development of such individuals. Many of whom have served in various ministerial capcities for many years. Such experience and wealth of knowledge must not be marginalized. Rather, it can be enhanced to ensure that terminally-ill/seriously-ill patients, their families, and the supporting health care teams are best served.

While CPE does not guarantee that the individual chaplain will be totally proficient, it does serve as the mechanism for moving a spiritual caregiver through the 3 Levels of Competency. Thus, providing an opportunity for the candidate to become a professional chaplain through the board certification process. Historically, professional chaplains have not been required in the hospice heath care setting. If fact, the hospice community has often utilized local clergy to fill this important role. While some of these clergypersons have had CPE, not many are considered professional chaplains based on major certifying body standards. This should and must change to ensure that the vulnerable populations receive the best in total care. When high quality spiritual care delivery is implemented by professional chaplains, then it can be said that high quality holistic care is being provided.

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500 Seventh Avenue
8th Floor
New York, NY 10018
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