



Hospice Spiritual Care Leadership: Developing A Chaplaincy and Spiritual Care Education Department



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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.

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The Importance of Spiritual Care Leadership

The overall development and well-being of health care staff has been the priority of health care institutions long before the COVID-19 pandemic. However, since the horrible crisis, funding has been redirected to respond to the challenges and regain financial stability. Health care organizations have implemented various programs that are designed to meet those challenges. One of the major ways that these institutions have launched into action involves ensuring that the best, most qualified people are in the right positions. Investing in talented people in hopes to establish long-term positive results is good business and lays the foundation for the future of health care.

In most hospital settings today there exists a spiritual care department that is aligned based on the organization's needs and mission. Such a department is often led by a board-certified chaplain (BCC) employed as the director or spiritual care coordinator depending on the size.¹ Further, many of these departments are embedded with a chaplain volunteer and training component. Clinical Pastoral Education (CPE)² is considered the standard for chaplaincy training and education and prepares trainees to be candidates for board certification³. This vital chaplaincy training coupled with knowledge, skill, and experience are recognizably effective when a spiritual caregiver is empowered by supportive leaders.

Ewan Kelly's report on how to achieve values-based reflection in a health care setting posits that chaplains hold the key for the overall well-being, health, and satisfaction of the entire health care system including patients, families, and staff. The argument is made that chaplains are uniquely trained to engage others in reflective practices that can ensure best practices, better outcomes, and well-being by stating "It has been found that regular intentional theological reflective practice in facilitated groups with chaplaincy colleagues enriches their practice, enhances their relationships with fellow team members, and promotes personal well-being."⁴

Spiritual Care Leadership in Hospice

Currently in most hospice organizations there exists little to no chaplaincy leadership. In most cases, hospice chaplains are supervised by local executive directors that are often registered nurses. Perhaps in much larger hospices, there may exist a supportive services department that combines the supervision of chaplains and social workers. These types of departments are either led by social workers or registered nurses. In rare cases, some hospice companies may have a lead chaplain that neither supervises, evaluates, trains, nor has any influence and interaction with policy decision making processes. Furthermore, many of these lead chaplains are not board certified and fill the positions based on their seniority. In fact, a recent study was conducted that gathered professional organization data for about 6000 active chaplains nationwide and revealed that only 538 (9%) hospice chaplains are active members. Additionally, only 350 (8.8%) are board certified chaplains with only 5 (0.4%) being CPE students in training for professional chaplaincy.⁵ These numbers are suggestive of a major problem that exists within the hospice community and may be directly related to hospice chaplain hiring requirements. For example, an analysis of 71 hospice chaplain job advertisements revealed only 44% required applicants to have CPE and only 37% required or preferred professional certification.⁶ For high quality spiritual care to be provided for terminally ill patients, their families, and the interdisciplinary teams that support them then these percentages must increase.

Identifying board certified chaplains with management training⁷ to serve in a variety of leadership positions within the structure of a hospice organization is the solution to the existing problem. Taking this type of action within an ever-changing healthcare system is ideal and spiritual care managers in hospice would result in a substantial variation of caregiving effectiveness.⁸ There are guidance and programs that are available to assist health care organizations, administrators, teams, and other stakeholders in cultivating spiritual care leadership and developing spiritual care departments. The Spiritual Care Association has developed many such programs based on evidenced-based quality indicators that can be integrated into any existing hospice Quality Assurance and Performance Improvement (QAPI) program.⁹ Therefore, this article proposes the ideal state for chaplaincy leadership and structure within the hospice setting. The information contained is applicable to all hospice organizations and can be tailored for hospice companies large and small.

Chaplaincy and Spiritual Care Education Department in Hospice

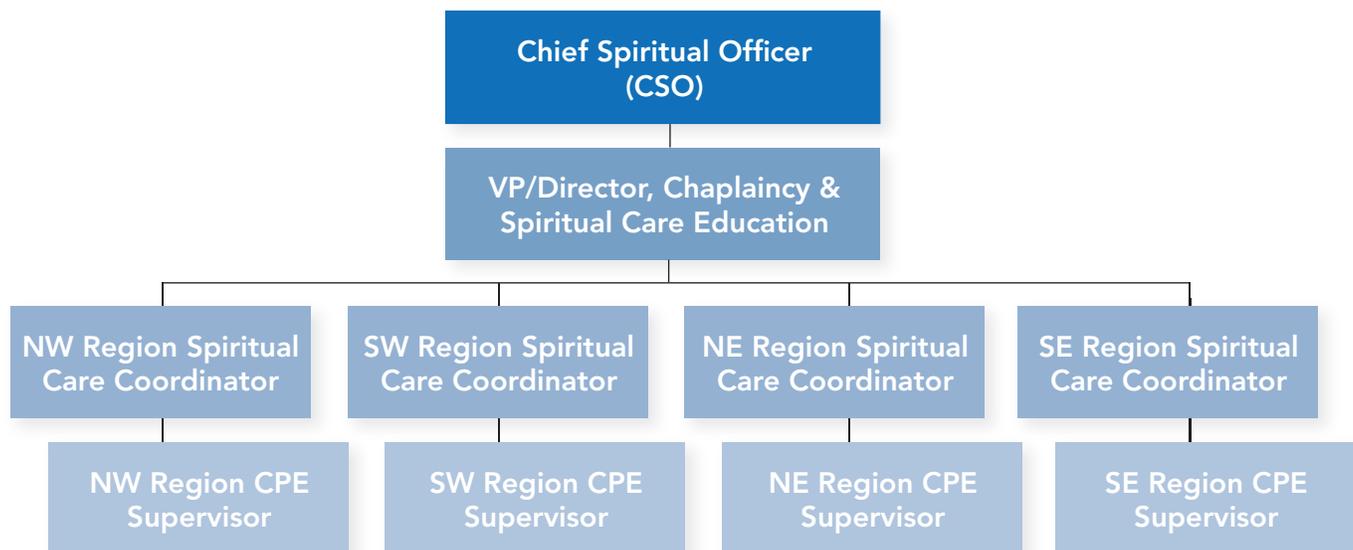
The Department of Chaplaincy and Spiritual Care Education (DCSCE) programs within hospice, should include a wide range of topics, from helping managers integrate spiritual care as an integral component of compassionate and patient [and family] centered health care systems model of care, and management of different types of interventions for staff support designed to reduce burnout/compassion fatigue, to providing a network of caregivers that support every patient and their families with respect for the inherent dignity and sacredness of every person.

A business is only as strong as its people. The development of a DCSCE will showcase that responsive, discipline-specific leadership along with spiritual care effectiveness makes the difference between good chaplaincy delivery and exceptional compassionate service. Studies prove that ongoing professional development is the single most important factor in recruiting and retaining quality employees. An established DCSCE will set realistic and measurable goals based on proven Quality Indicators (QIs)¹⁰, give timely and constructive feedback, communicate effectively, facilitate meetings, coach employees, and manage the performance of spiritual care specialists, generalists, and associated teams. Board Certified Chaplains (BCC) are the standard for spiritual care implementation because they have received much more training specific to the health care setting¹¹.

To optimize that momentum and ensure the stability of hospice organizations today and tomorrow, an investment in demonstrated competence is needed. A seasoned spiritual leader understands the need for servant leadership and mentorship. To that end, a DCSCE will also offer regular workshops/presentations, ongoing group communication, best practice analysis, literature reviews, and in the spiritual care industry, Clinical Pastoral Education (CPE), which focuses on leading existing employees towards becoming Board Certified Chaplains (BCC) and Advanced Practice Board Certified Chaplains with Hospice/Palliative Care specialty (APBCC- HPC)¹². Likewise, seminary students/interns seeking to acquire clinical hours leading to board certification can potentially supplement PRN employees.

The DCSCE must consider spiritual care to be a key component of providing holistic care. This type of department will establish a Standards of Excellence in Spiritual Care to ensure quality spiritual care is provided to all persons. These standards will be developed by Board Certified Chaplains with Hospice and Palliative Care Specialty. An example of the structure is provided:

EXAMPLE OF DCSCE ORGANIZATIONAL CHART



Being a leader is about being aware and intentional about the environment of the organization that enables everyone to thrive. In other words, being a leader is about being hospitable towards every follower. The good news from Bass and Riggio is that transformation leadership can be fostered “through policies of recruitment, selection, promotion, training, and development,” and affect the overall health and well-being of an organization.¹³

Chief Spiritual Officer with Hospice and Palliative Care Designation (CSO - HPC)

Chief Spiritual Officer or Adviser (CSO/CSA) is a highly skilled professional chaplain, has business acumen, but directly supports senior leadership, their families, and the chaplains serving in various locations. A CSO/CSA serves as the primary subject matter expert on all things pertaining to the spiritual care of the organization. As a member of senior leadership, the CSO/CSA provides guidance and input to the organization’s CEO as it pertains to various decision-making issues for the company/organization. Further, the CSO/CSA functions as the organization’s Chief Wellness Officer based on the understanding of specific organizational challenges that are associated with the rigors of hospice and palliative care.

VP/Director of the DCSCE within Hospice

This position must be responsible for developing, organizing, and coordinating services designed to meet the spiritual and/or religious needs of patients and their families as well as institution employees; formulate program policies, confer with department heads to explain spiritual care programs, elicit cooperation in program objectives, and direct the provision of chaplaincy services for interdisciplinary implementation. For larger organizations, this leader will be responsible for the spiritual care oversight of multiple regions managed by Spiritual Care Coordinators. She or he would maintain knowledge of market/competitor trends. In addition, they would provide guidance and support to the CSO/CSA in the budgeting process from planning to implementation through evaluation, including capital budget requests; providing opportunities for spiritual growth and development for Chaplain Associates; and oversight of Spiritual Care volunteers. Lastly, this individual would work collaboratively with the other department heads (i.e. VP/Director of Social Services, VP/Director of Bereavement and Volunteer Services), and representatives of other faith traditions represented within the various communities.

Spiritual Care Coordinator (SCC) within Hospice

The primary roles and responsibilities of a hospice organization's Spiritual Care Coordinator or Regional Spiritual Care Coordinator (R-SCC) revolve around the supervision and training of chaplains assigned to those respective regions. Additional roles may include caring for the spiritual needs of each hospice patient and their families as needed. These duties include arranging counseling for patients and grieving families, offering spiritual support to caregivers, and helping with funeral planning as needed.

CPE Supervisor within Hospice

The purpose of the CPE Supervisor is to provide and administer a full ministry of spiritual care and counseling along with spiritual support to patients, families, and staff within a hospice setting, including assisting the SCC in the planning, implementation, and evaluation of all accredited levels of CPE. This position may be aligned under the SCC but could function independently under the supervision of the VP/Director to coordinate all aspects of chaplain recruitment/admissions or curriculum development/program evaluation for all accredited levels of CPE. In this role, the CPE Supervisor is to provide instruction and supervision for Chaplain interns/volunteers, and Chaplain Fellows in Supervisory CPE training.

Conclusion

Chaplain leaders must propose, test, develop, and demonstrate the contributions and value of the profession to patients, family/caregivers, staff, and the organizations that employ hospice care services. These outcomes should allow chaplains to continually improve the spiritual care delivery process and be consistent with the values and the vision for spiritual care. Without development, implementation, and documentation of these outcomes, there is a real danger that the profession may become reduced; outcomes may be imposed which could be inconsistent with chaplaincy professional values; perhaps lead to an increase in marginalized or eliminated spiritual care specialists of the health care team. Ultimately, the result would be that patients and their caregivers would largely have their spiritual care needs unmet and would not receive the support to draw upon their spiritual and religious beliefs and practices—valuable resources in coping with suffering and in the promotion of well-being.

It is the duty and responsibility of the professional hospice chaplain to communicate what chaplaincy is and what it is not.¹⁴ Such a dialogue must take place at the highest levels of every organization and should include those who comply and those who formulate policy. The overarching goal, in this case, is to ensure that quality care is being provided to all seriously ill/terminally ill patients their families friends and staff. Therefore, to ensure that this mark is reached, the quality of spiritual care must be elevated to showcase specific methods, intended effects, and detailed interventions as it pertains to achieving various outcomes for patients, families, and staff.

Hospice Chaplaincy is a profession and to be a professional, training is needed. Clinical pastoral education (CPE) should not be optional but rather a requirement. Spiritual Care delivery in acute care, in many cases, consists of Chaplains that are board-certified (BCC), or credentialed (CC) and identified in job descriptions as a requirement. As such, Hospice and Palliative Care should adopt the same practice to ensure high standards are being met and maintained. Society has changed and health care has changed alongside. As such, the needs of seriously ill/terminally ill patients have also changed. In response, Hospice and Palliative Care Spiritual Care delivery must rise to the occasion to truly and authentically meet individuals where they are by ensuring that structure, alignment, education, and goals are in place at every level in an organization that supports seriously ill/terminally ill patients, families, and the staff that support them all.¹⁵

For a health care organization to be successful, governance structures and leadership alignment must be inclusive of the best people and ideas associated with the organizational mission objectives. This is even more reason why hospice chaplaincy must be properly aligned to meet the challenges that the health care system is facing today. With spiritual care delivery properly aligned, hospice organizations will be able to have the same positive results

that appear in the local levels of service on a much larger scale. Spiritual care leadership will benefit the hospice organization by reducing miscommunication, enhance accountability, allocate spiritual care resources effectively, and smooth out any conflicting clinical priorities. The call is for holistic leadership that will be transformative for hospice organizations everywhere. Spiritual care governance inclusive of training, development, and strategy will effectively meet the leadership challenges and establish success for the future of hospice care.

Endnotes

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