Healthcare Chaplains Ministry Association

Chaplain-Patient Ratios

HCMA is frequently asked, "How many Chaplains are needed to meet the spiritual needs of patients?" This is not an easy question to answer since one Department may have very different needs than another. One must consider quality as well as quantity when discussing Chaplain-patient ratios.

Quality is an internal process rather than conformity to externally imposed ideas or numbers. Quality involves a Pastoral Care Department examining its healthcare system to determine the staffing levels that work best for them.

Published ratios range from a minimum of 1:30 to a maximum of 1:100.[1] These may function as a yardstick for a basic pastoral care program, but they still do not address the quality issue, nor do they provide a standard to which all pastoral care services should conform.

Susan Wintz and George Handzo have published an article on building quality-based pastoral care services.[2] To discover the right level of pastoral care staffing, according to Wintz and Handzo, one must take into consideration the individual healthcare facility, the role of the professional Chaplain, and the goals for the Pastoral Care Department. This involves a comprehensive evaluation of the organization's mission and strategic goals, the nature of the organization (for example, its service to the community), the current level of pastoral care staffing and expected activities, and the integration of all of these factors with the internal and external strategic goals and trends. For the professional Chaplain, this process also includes business-related concepts, such as productivity and leadership, the tools and data in professional chaplaincy, and how to influence administrative culture.[3]

Finally, Chaplains need to indentify those activities required of them in order to meet their priorities to demonstrate effective pastoral care services, such as spiritual assessment, documentation and referrals, which can be identified, measured and evaluated. These pastoral care services may be considered effective to the degree they are outcome-oriented, evidence-based, and aligned with both the Joint Commission's standards and with the organization's system.

Once the data from this evaluation is collected and analyzed, the final step is to develop a business plan along with a cost/benefit analysis. This plan can then be presented to administration.

Concerns about pastoral care staffing cannot be addressed by simply applying a random Chaplain-patient ratio. A more intentional approach is necessary. Pastoral care that emphasizes quality requires a systematic process of appraisal, monitoring and evaluation, as explained above. A vigilant quality improvement process applied to chaplaincy will provide administrators with a greater appreciation for chaplaincy care and patients or residents will reap the benefits.

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[1] Susan K. Wintz and George F. Handzo, "Pastoral Care Staffing and Productivity: More Than Ratios," *Chaplaincy Today* 21, no. 1 (Spring/Summer, 2005): 4.

[2] Ibid., 2-10.

[3] For example, a group of Georgia Chaplains focused on 12 practice areas in which a chaplaincy service, depending on its setting, can develop better practices based on quality. See Mark LaRocca-Pitts, et al., "A Collegial Process for Developing Better Practice," *Chaplaincy Today* 24, no. 1 (Spring/Summer, 2008): 3-15.