

Healthcare Chaplains Ministry Association

Establishing a Pastoral/Spiritual Care Program

Establishing a pastoral/spiritual care program (Chaplain's Office) at a healthcare facility where no program has existed before involves several steps. General guidelines will be presented for each of these steps. Each step will need to be tailored to meet the special needs of your healthcare facility and community.

Step One: Forming a Planning Committee

The first step in developing a pastoral/spiritual care program is to form a planning committee. It is important that you involve members from both the medical community and the religious community in this planning committee. Possible members from the medical institution might include someone from administration, nursing and physicians. You should seek involvement, if possible, from a spectrum of faith groups, especially the Protestant, Roman Catholic and Jewish community. Chaplains from other healthcare institutions may also be helpful.

What should this group do? One project might be to conduct a survey of patients/residents and families, of medical staff, and of the religious community. This assessment of attitudes about meeting spiritual needs at the healthcare facility needs to be carefully put together and should reflect a wide variety of respondents. The results of this survey can be used in building support for a chaplaincy program. The results can also be used later in helping plan the focus of the pastoral/spiritual care program.

Step Two: Designing an Operational Framework

Deciding on the operational framework of the pastoral/spiritual care program is a major task. This will state the overall goals of the pastoral/spiritual care program. It will cover the specific needs of the healthcare institution and how a professional pastoral/spiritual caregiver will help meet those needs. This may include not only serving the needs of the people at the facility (patients/residents, families and medical staff), but also the mission, vision, values and strategic goals of the healthcare institution.

Defining the Role of the Pastoral/Spiritual Care Department. There are specific roles a Chaplain can perform that may be of interest to the healthcare institution and the religious community.

- The primary role of a Chaplain is as a **pastoral/spiritual care** specialist. A professional pastoral/spiritual caregiver can serve the special religious needs of patients/residents, their family members and the medical staff as they deal with illness and suffering, dying and death from a spiritual perspective.
- The Chaplain serves as a **religious representative**. Because Chaplains represent the entire religious community, they can serve the patients/residents, families or staff by filling in for a particular faith group, especially when that religious representative is unavailable to come to the facility.

- The professional pastoral/spiritual caregiver provides **religious consultation**. A Chaplain is able to identify, interpret and provide for the special religious/spiritual needs and concerns of patients/residents, families and staff in a healthcare setting.
- The Chaplain serves as a **community Clergy coordinator**. The Chaplain organizes and coordinates the religious resources in the community with those of the healthcare facility.
- The Chaplain is a **spiritual director**. Chaplains listen and respond to patients/residents, families and staff from all faiths or no faith. They provide appropriate spiritual guidance for other people's spiritual journey.
- The Chaplain is a **pastoral/spiritual counselor**. The professional Chaplain provides counsel from a pastoral/spiritual point of view for patients/residents, families and staff as they deal with emotional, spiritual, behavioral and bioethical concerns.
- Another role of interest to healthcare institutions is that of being an **ethical advisor**. Medical staff welcomes well-informed consultation in dealing with the spiritual and religious dimensions of bioethical issues in providing, withholding and withdrawing various medical treatments.
- One of those roles might be helping to fulfill the healthcare institution's **mission, vision and values statement**. This may include helping the administration communicate, facilitate and implement its mission, vision and values.
- Many Chaplains are involved in **pastoral/spiritual care education**. The Chaplain can teach seminars, supervise volunteers, provide clinical pastoral education, oversee seminary field education, and be a pastoral/spiritual care resource for others within the healthcare institution and the community.
- Some Chaplains are **religious researchers**. They study the relationships of spirituality and religion to illness and wellness.

You cannot be expected to do all of these tasks at once. You will need to set some priorities based on the scope of the needs. You will need to establish some parameters for meeting these needs. A small community healthcare facility will have different needs and a different focus than that of a large, tertiary care medical center or a skilled nursing facility. One facility might want all new admits to be visited at least once. Another facility may focus only on referrals for pastoral/spiritual care. The mission of the medical facility, the purpose of the Pastoral/Spiritual Care Department, and the religious and cultural factors in the community will all be factors that need to be taken into consideration.

Levels of Pastoral/Spiritual Care. When designing the operational framework for the pastoral/spiritual care program, you will need to begin at a basic level of pastoral/spiritual care and progress to a more structured and fully staffed program. Your planning committee can help decide at what level to begin according to realistic goals.

- **Informal Level.** At this level, the healthcare facility is simply allowing community Clergy to visit members of their congregations who are patients or residents. There is no structured pastoral/spiritual care program; the healthcare facility is simply being hospitable to the visiting Clergy.

- **Basic Level.** This involves a minimal program where volunteer community Clergy serve on a rotating basis. These volunteers are coordinated and supervised by a healthcare staff person, such as the director of volunteer services.
- **Intermediate Level.** At this level the institution hires a Board Certified Chaplain to provide and oversee a pastoral/spiritual care program. The Chaplain will maintain quality assurance data, record notes in charts, serve on healthcare committees, and attend to professional growth issues. The professional Chaplain will help coordinate community Clergy visitation. Some sort of training program for volunteers and/or seminary field education may be part of the Chaplain's task at this level.
- **Advanced Level.** At this level, there are multiple pastoral/spiritual care staff responding to the needs of patients/residents, families and staff at the healthcare facility. Areas of specialization may be developed to respond to the specialized care offered by the healthcare institution. With multiple staff there is usually a Director of Pastoral/Spiritual Care providing administrative, supervisory and teaching duties in relation to the pastoral/spiritual care provided by other staff members.

Step Three: Implementation

The first part of implementation is to secure support in three areas: financial, administrative and professional/ecclesiastical.

Financial Support. This may come from either the institution or outside sources. The type of support provided by the institution is an indication of their commitment to and support of the relationship between the Chaplain and administration.

Administrative Support. This is often the key to the success of a pastoral/spiritual care program. Administrative issues normally flow from fiscal policies. When Chaplains are paid by the institution, they are accountable to it. The Chaplain stands as a professional among professionals and has a position in the organizational structure. This usually entails responsibility for budget, performance evaluations, quality assurance, and so forth. When financial support comes from outside the institution, the Chaplain may have dual accountability: to administration and the funding group. It is vital that the fiscal and administrative relationships be clear to all concerned.

Professional/Ecclesiastical Support. This has to do with the Chaplain's relationship with a certifying professional chaplaincy organization and a particular faith group. Certification by a professional chaplaincy organization is important to administrators because it ensures that the Chaplain meets professional chaplaincy standards and is competent to make professional assessments and judgments concerning appropriate spiritual interventions, as well as understands various religious traditions and referral resources. The Chaplain's relationship with a community of faith is fundamental, as is ecclesiastical endorsement by that faith group, for performing the specialized service of chaplaincy. Ecclesiastical endorsement indicates a level of theological education, clinical training, support and standing within a particular religious group.

Accountability. The second part of implementation is to determine the Chaplain's place in the institution's table of organization based on the information and decisions that have gone before this step. The Chaplain should be accepted as a peer of other clinical professionals, and the organization chart should reflect this relationship. To whom does the Chaplain report? Who writes the Chaplain's annual evaluation? It's customary for the Chaplain to report directly to a member of the senior administrative staff, such as the CEO, COO, or VP of clinical services.

Job Description. The third part of implementation is to write a job description for the Chaplain. This will need to be based on the institution's needs, goals, funding sources, table of organization, and the specific responsibilities of the position. Job descriptions usually include a summary of overall responsibilities, along with an item-by-item breakdown of specific areas and/or tasks. Obviously, a job description for the Director of Pastoral/Spiritual Care of a multi-staff department will differ from that of a Staff Chaplain. What is important is the clarity of the task, fit with institutional need, and appropriateness to the setting. Job descriptions are also the basis for annual goal setting and performance evaluation. Some considerations in determining the job description might include the following:

- What are the needs to be met by this person?
- What tasks are required to meet these needs?
- What personal and professional qualifications are needed to perform these tasks?

Step Four: Review and Evaluation

Reviewing and evaluating chaplaincy is an ongoing task. The planning committee may become the Chaplaincy Advisory Committee to work with the Chaplains, advise the educational program, and support fundraising efforts. Professionals are aware of the constant need for review and evaluation of themselves and their programs. The emphasis of such review and evaluation will be on quality. Each institution will need to define quality in its own terms, related to its own clients, but each will have a common element: Quality will mean surpassing the client's expectations. Furthermore, quality will be seen in relation to productivity. When quality improves, productivity will increase.

Quality measures may range from meeting stated objectives for a given year to items in patient/resident satisfaction surveys to sophisticated statistical charts. In the midst of expanding technology and fiscal restraints, all departments need to demonstrate their effectiveness in meeting the overall needs and goals of the healthcare facility's mission. The ongoing viability as well as the potential expansion of Pastoral/Spiritual Care Departments requires this sort of ongoing review and evaluation.