

Findings From the 2013 Spiritual Care Survey

By Carla Cheatham, MA, MDiv, PhD

Spiritual care counselors (aka “chaplains”) can be quite the enigma. Patients, families, and even staff often confuse us with “pastors” or other clergy who promote one particular religion. They wonder what education and training we have received, what tasks we perform for our respective agencies, and what it is we actually DO in the course of our work.

To misunderstand the role and importance of these professionals denies everyone access to a valuable resource that may ease spiritual distress, lessen complicated grief, and soothe the conflicts these struggles bring to a patient’s total care. As healthcare chaplaincy continues to standardize as a field, researchers and organizations are placing much energy and resources into better understanding who we are, what we do, and why it matters not only to patient care, but to the financial bottom line of healthcare agencies.

The Steering Committee of the NCHPP Spiritual Caregiver Section continues to search for meaningful and relevant ways to support the spiritual care counselors we represent. To do so, we need answers to the queries above.

As an important first step, the Committee conducted a Spiritual Caregivers & Managers/Supervisors Survey in 2013, with assistance and support from the NHPCO Research and Quality team. This article discusses the survey — and the valuable feedback we received from 1,047 respondents (reportedly a record number for any NHPCO survey to date!).

Survey Development: Method and Sample

Over several months we solicited input from spiritual care counselors (SCCs) across NHPCO’s membership to devise a survey that would explore the following:

- Background and Professional Information
- Role and Practice
- Organizational Information
- Education Received
- Resources Needed.

We also solicited input from spiritual care managers/supervisors, and added questions to the survey that explored their beliefs regarding the purpose of spiritual care and the role of SCCs in their organization.

Targeting these two disciplines, NHPCO members were solicited electronically and asked to complete the online survey by early June of 2013.

We cannot assume a representative sample or that responses accurately reflect trends in the field, due to sampling and self-selection biases. However, results from the survey still provide valuable information which may assist us in better serving the educational and advocacy needs of SCCs and their managers/supervisors. The findings may also serve as a starting point for further exploration. Additionally, this information may help individuals and organizations see how they compare to other NHPCO members, as we seek to increase our professional standards.

Lastly, survey participants were assured of confidentiality, so only pooled information of the quantitative (numerical) results are shared in this article. Content analysis of the qualitative (verbal) data is under way and will be shared in the near future.

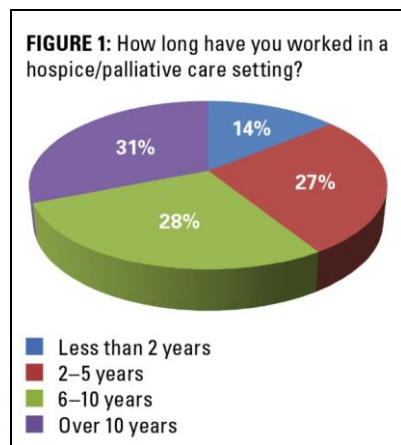
Survey Results

Background and Professional Information

Of the 1,047 respondents, 71 percent identified themselves as paid spiritual care staff; 33 percent as supervisors of spiritual care staff; 4 percent as volunteer coordinators; and 1 percent as spiritual care volunteers. Understanding that respondents may serve multiple roles, they were instructed to check “all that apply” when answering the questions.

Nearly a Third Have 10-plus Years of Experience

As shown in Figure 1, most reported working in a hospice/palliative care setting for a substantial length of time, with 31 percent having worked in the field for “over 10 years.”



Less Than a Quarter are Board Certified

Only 19 percent of respondents are board certified, with the majority of these (56%) certified through the Association of Professional Chaplains. Other certifications were provided by the National Association of Catholic Chaplains (12%), the College of Pastoral Counseling and Psychotherapy (11%), the American Association of Pastoral Counselors (5%), and the National Association of Jewish Chaplains (2%). Some respondents held certifications through more than one group.

Other certification sources were cited by 21 percent of respondents, most often through the National Association of Veterans Affairs Chaplains or their own religious community. For all respondents, 8 percent reported supervisory certification through the Association for Clinical Pastoral Education.

Majority Have Graduate-level Education

An impressive 82 percent of respondents have graduate-level or equivalent education. Of these, 52 percent have a Master of Divinity (MDiv); 28 percent have a Master’s in a related field; 21 percent have equivalent education from a wide variety of fields; and 6 percent have a Master of Ministry.

Doctorate-level degrees from various fields were held by 6 percent of those reporting a graduate-level education, while 7 percent of respondents reported a Doctorate of Ministry and 1 percent reported a Doctorate of Divinity.

Denominational endorsement or the equivalent was held by a majority of participants (71%). When asked whether they or another spiritual care provider/chaplain were a member of their organization’s Ethics Committee, 48 percent answered yes; 27 percent no; 14 percent stated this was not applicable; and 11 percent said they were not sure.

Their Role and Practice

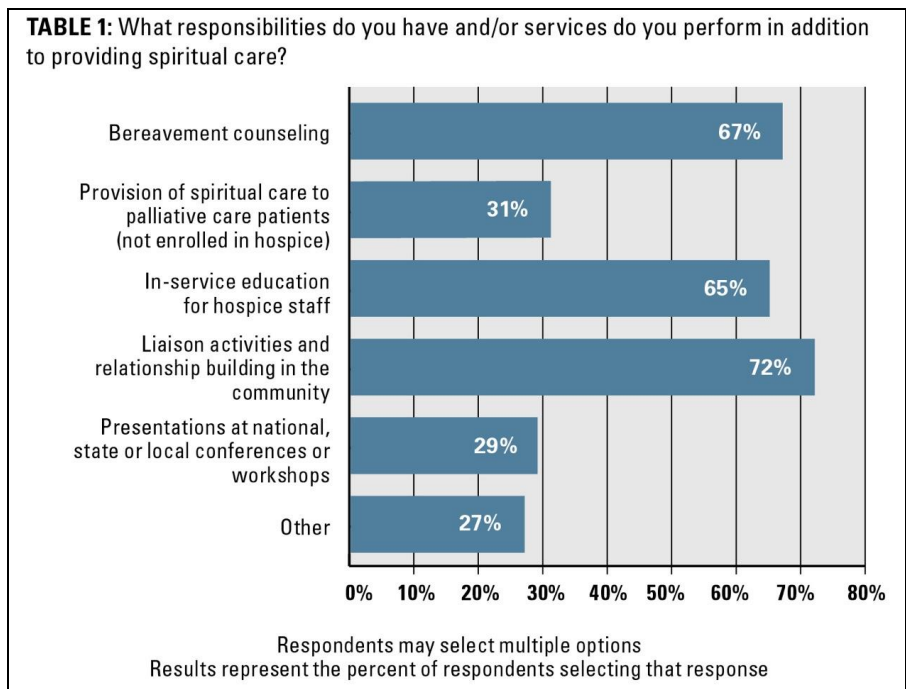
We were curious how SCCs introduce themselves to new patients. Most (73%) said as “hospice chaplain,” while 14 percent said as “spiritual care provider,” and 12 percent said as “other.” Only 1 percent of respondents said they introduce themselves as “clergy.”

Most SCCs Wear Multiple Hats

In addition to providing spiritual care to patients and families, SCCs were asked which of five other duties they provide.

As shown in Table 1, 72 percent said liaison activities and relationship building in the community, followed by bereavement counseling (67%) and in-service education for hospice staff (65%).

Approximately 27 percent of respondents noted responsibility for “other” duties, which included everything from spiritual support of staff to memorial/funeral services and support groups.



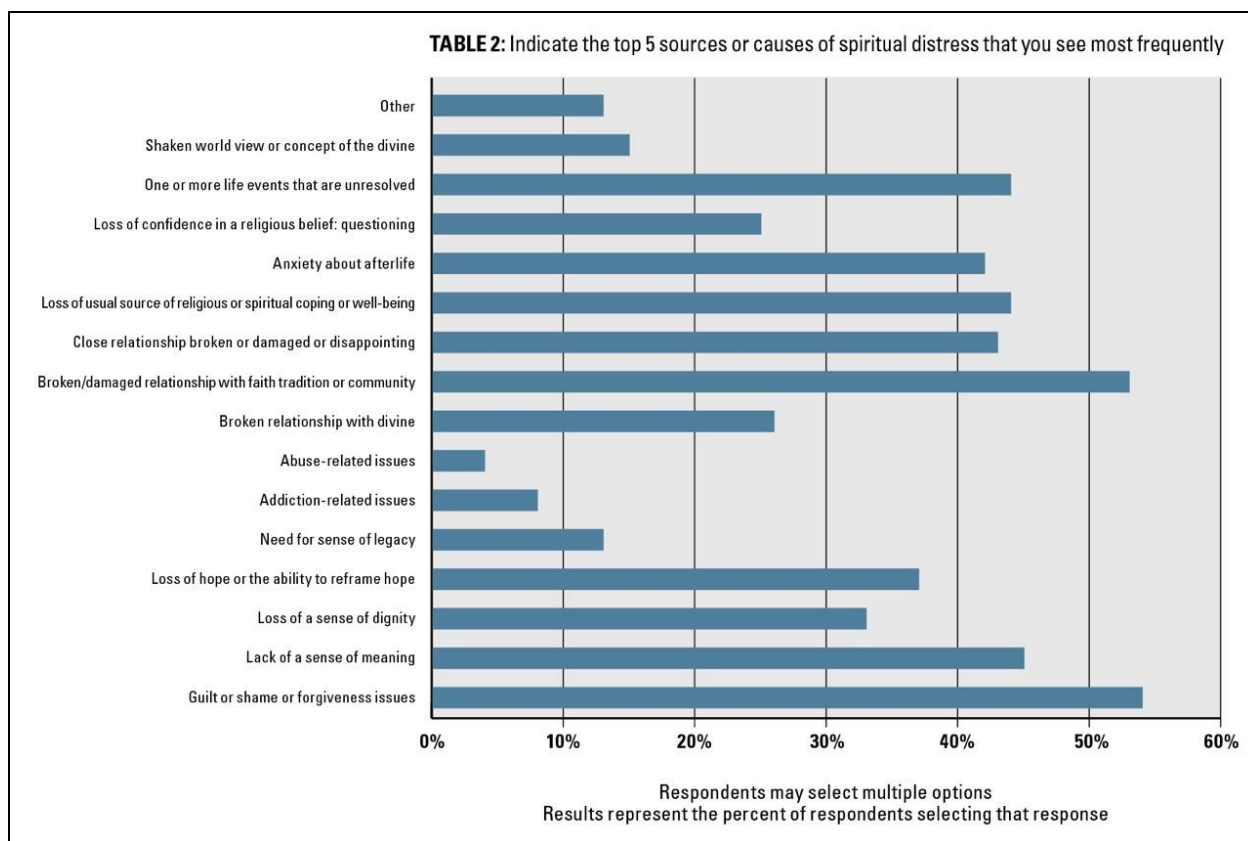
Sources of Spiritual Distress Varied

Perhaps some of the most interesting data regarded the SCCs actual practice.

We asked SCCs to check the top five sources or causes of spiritual distress seen most frequently, and provided 15 response options.

As shown in Table 2, the top five included guilt or shame or forgiveness issues (54%); broken or damaged relationship with faith tradition or community (53%); lack of a sense of meaning (45%); loss of usual source of religious or spiritual coping or well-being (44%); and one or more life events that are unresolved (44%).

Respondents who noted “other” (13%) specified a range of sources, from loneliness, loss of control/independence, fear of the dying process, and fear of the unknown to feeling like a burden and distress about leaving family behind.



Use of Specific Interventions

The survey also explored specific interventions, asking how often, or for how many patients/families, the SCCs provided certain activities in the past year.

Response options were: Never; Rarely (1 to 25 percent of visits); Sometimes (26 to 50 percent of visits); Frequently (51 to 75 percent of visits); and Usually (76 to 100 percent of visits).

Below is some of the feedback from this portion of the survey.

Praying With Patients and Families

Approximately 61 percent of SCCs said they “usually” prayed with patients and families, and 25 percent said they did so “frequently.”

Using Meditation/Guided Imagery

Approximately 44 percent said they “rarely” use meditation/guided meditation, and 30 percent said they “never” use it.

Reading Scriptures/Other Literature

Only 19 percent of SCCs stated they “usually” read scriptures or other literature during visits. Most answered “sometimes” (36%) and “frequently” (26%).

Performing Music

Singing or playing of music occurred less often. Approximately 36 percent said they “rarely” engage in this intervention and 25 percent said they “sometimes” do.

Providing Official Sacrament

The survey asked how often SCCs provided at least one formal or “official” sacrament or religious/spiritual ritual.

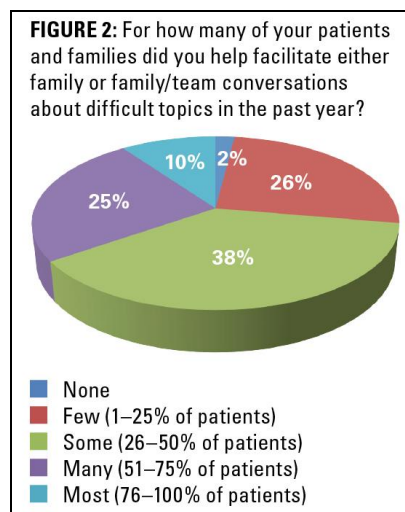
While some SCCs indicate providing this form of spiritual care, 53 percent “rarely” do and 22 percent “sometimes” do. Answers were similar for informal/improvised sacraments or rituals, with 47 percent stating they “rarely” do and 23 percent stating they “sometimes” do. The “why” behind these percentages is unclear and deserves further exploration. For example, is it because of few requests or that SCCs feel unequipped or unauthorized?

Facilitating Life Review

Approximately 40 percent of SCCs report “usually” facilitating a Life Review with patients who are able to converse, while 31 percent “frequently” do.

Facilitating Family/Team Conversations

As shown in Figure 2, 38 percent of SCCs reportedly help facilitate difficult family or family/team conversations “sometimes,” while 25 percent “frequently” do and 10 percent “usually” do. Approximately 26 percent reported they “rarely” do.



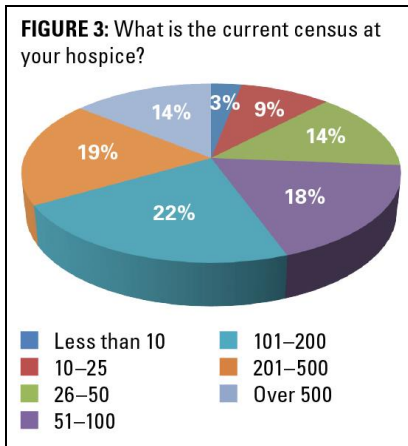
Contacting Family Clergy

Approximately 40 percent of SCCs “rarely” contacted the clergy or representative of the patient and family’s faith, while 37 percent did so “sometimes” and 37 percent did so “frequently.” Again, the deciding factors are currently unclear.

About Their Organizations

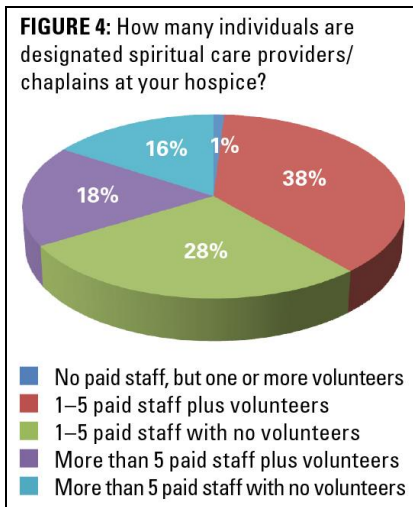
Patient Census and Geography

The size of the hospice organizations in which the respondents worked varied. As shown in Figure 3, 22 percent of respondents work for organizations with 101 to 200 patients, 19 percent work for organizations with 201 to 500 patients, and 18 percent work for organizations with 51 to 100 patients. Only 3 percent report working for an organization with fewer than 10 patients. Over half (54%) reported their hospice serves patients in both urban and rural settings, while 19 percent serve urban and/or suburban areas. An additional 18 percent serve in mostly rural settings and only 10 percent serve a large city.



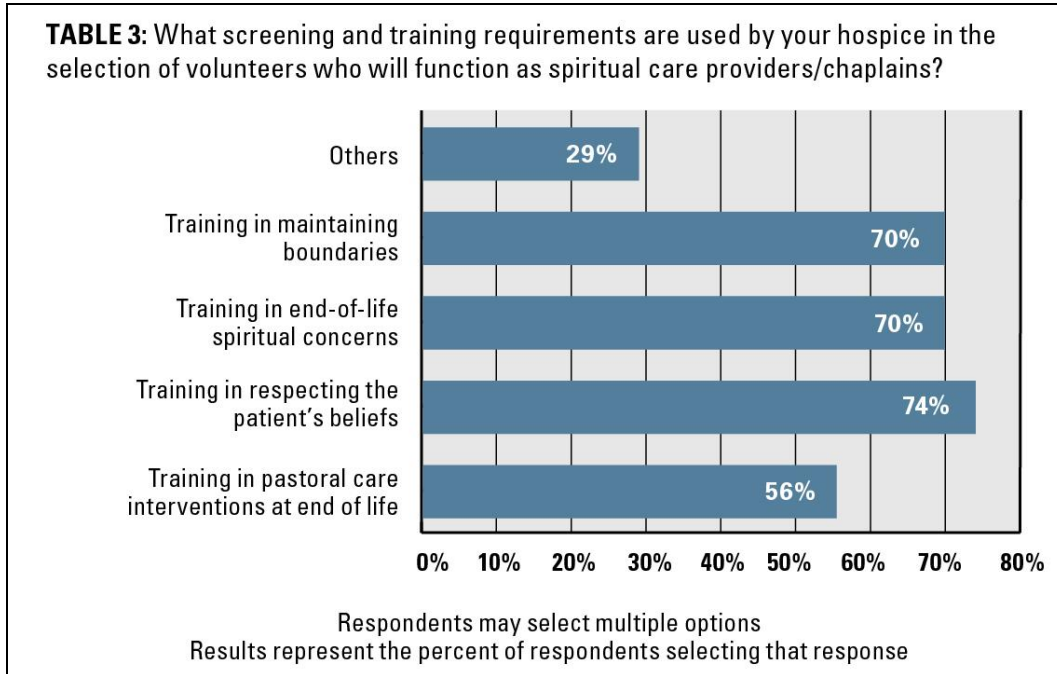
Percentage of Individuals Providing Spiritual Care

Figure 4 shows the percentage of staff and volunteers who are responsible for providing spiritual care at the respondents’ organizations.



Volunteer Support

Since over half of the respondents' organizations reportedly use at least some volunteers to assist with spiritual care services, it was promising that most use screening and training requirements to ensure volunteers are equipped to help do so, as shown in Table 3.



Note too that a majority of respondents stated that volunteers must have training in respecting the patient's beliefs (74%), end-of-life spiritual concerns (70%), maintaining boundaries (70%), and pastoral care interventions at the end of life (56%).

Hiring Requirements

The survey also explored hiring requirements for paid spiritual care staff.

These results were hopeful, with more than half of the respondents' organizations requiring ordination and/or endorsement from a faith group (62%), a graduate-level degree from an accredited seminary (57%), and at least one unit of CPE (53%). Nine percent (n=84) work for agencies that require board certification with a professional chaplain's organization.

Unfortunately, another 9 percent (n=85) reported "N/A — organization does not have specified hiring standards for spiritual care providers." However, qualitative responses indicated that numerous organizations require more than one unit of CPE, and many respondents also indicated that SCCs are asked to pursue board certification after their hire date. Again, further analysis is needed to yield more precise results.

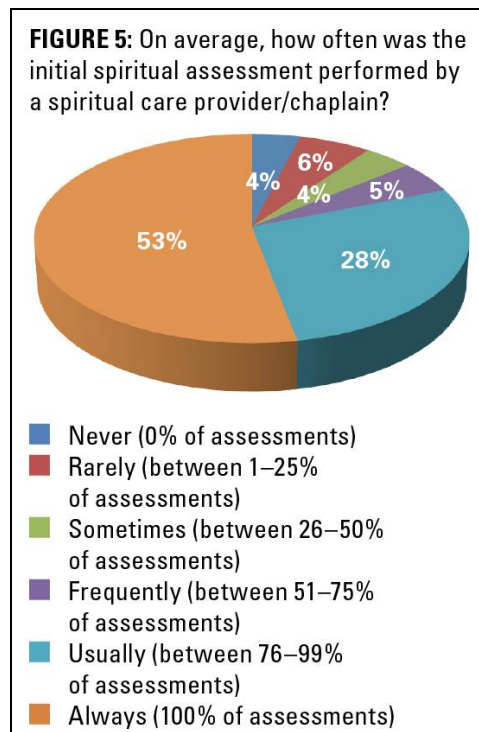
Spiritual Care Guidance

SCCs were also asked, "What guides spiritual care at your hospice?"

In response, 85 percent said the Medicare guidelines and compliance requirements; 67 percent said training and education; 59 percent said the [NHPCO Guidelines for Spiritual Care in Hospice](#); 46 percent said their spiritual care supervisor; and 34 percent said networking with other hospices and spiritual caregivers. Only 11 percent

stated “Other,” with many noting “patient needs.” [[See the NHPCO Regulatory Center for several helpful resources.](#)]

Fortunately, as shown in Figure 5, 81 percent of respondents reported the SCC “always” or “usually” performs the spiritual assessment. When the spiritual assessment was reported as not being performed by the SCC, respondents said it was most often done by a social worker or nurse.



In terms of a screening or assessment tool, most respondents use a formal tool: 53 percent use the tool provided by their agency’s EMR software vendor and 35 percent use the tool developed by their organization.

Feedback From Managers and Supervisors

Finally, the survey asked six unique questions of those who identified themselves as a spiritual care manager/supervisor (even if they also serve as an SCC).

First we asked, “How often do you hold spiritual care staff meetings and/or trainings?” In response, 39 percent said meetings are held monthly, while 26 percent said they are held every two or three months, and 7 percent said they are held weekly or every other week. Approximately 29 percent said they are rarely or never held.

Second, we asked “Do you require continuing education for spiritual care staff?” Approximately 68 percent responded yes, with 43 percent indicating that some of the education must be specific to spiritual care competencies. Approximately 32 percent stated they do not require continuing education for SCCs.

Additionally, the survey asked questions pertaining to:

- Their beliefs about the aim of spiritual care and the role of spiritual care professionals in hospice
- The spiritual care training and experience they bring to their management responsibilities
- The type of resources that would help them manage spiritual care staff.

We are eager to continue analysis of this data to better understand the beliefs, background, and needs of the supervisors who often hire, train, support, and manage SCCs.

Education and Resources

We also wanted to know about the respondents' access to NHPCO resources.

Approximately 68 percent of all respondents were familiar with the [NHPCO Guidelines for Spiritual Care in Hospice](#) (64% of SCCs, 78% of managers), but only a small percentage of respondents were familiar with the many opportunities available through the [NCHPP Spiritual Caregiver Section](#):

- Only 27 percent were aware of or participated in the Section's eGroup (25% SCCs, 33% managers)
- Another 85 percent had never participated in the Section's monthly chats (with only 11 percent of SCCs and 4 percent of managers participating once or twice).

A higher percentage did report listening to the NHPCO Webinar on "Inclusive Spiritual Care," and even more reported reading the [article about spiritual suffering scales](#) in the February 2012 issue of NewsLine.

The survey also asked respondents what topics they would find helpful as Webinars, articles or conference workshops. Of 23 topics provided, the most requested (by more than 40 percent of respondents) involved caring for the spiritual needs of those from various faiths, those of no professed faith, and patients with dementia, as well as preventing and responding to compassion fatigue in hospice staff. This information will be invaluable as NHPCO plans future content for these venues.

Conclusions

The Steering Committee for the NCHPP Spiritual Caregiver Section will be "unpacking" this data for some time. The hope is to provide a greater understanding of the spiritual care counselors working in hospice, what they bring to the interdisciplinary team table, and what support and requirements they do (or do not) currently have.

The picture beginning to form is of well-educated professionals with six-plus years of experience in hospice palliative care settings, who serve as paid staff, with some volunteers assisting them. They are endorsed by their respective religious institutions, with a growing number being either board certified or having at least some level of clinical pastoral education. These SCCs also appear to perform many functions, going beyond patient care and into support for staff as well as engagement in the community.

They also appear to be caring for many patients and families who are experiencing tremendous spiritual distress. This, in turn, begs the need for ongoing clinical education, access to professional development opportunities, and both culturally and religiously competent training.

They often pray with patients and families and sometimes read meaningful texts and provide comforting music. At times they provide appropriate sacraments or rituals, and assist with Life Review. They also facilitate those conversations on difficult topics between family members or families and staff, often involving the patients' clergy or spiritual representative.

Most often, their role as the "professional most highly trained to assess spiritual distress" is utilized and they are called upon to perform this portion of the clinical assessment. They receive access to supportive clinical training, but not nearly often enough.

Of particular concern was the lack of awareness (and use) of low-cost and even free offerings available through their organization's membership in NHPCO. We will continue to seek ways to remove barriers and improve accessibility to information, training, and resources for SCCs and managers.

On behalf the Steering Committee, many thanks to the spiritual care counselors who participated in this survey. These incredibly valuable professionals will continue to flourish and perform admirably on behalf of their patients and agencies, especially as they are recognized and supported in doing so.

Rev. Dr. Carla Cheatham is a spiritual care coordinator in Austin, Texas, and a member of the NCHPP Spiritual Caregiver Section Steering Committee. She is also the co-founder of the Texas New Mexico Hospice Organization's Chaplain Development Committee (CDC) which provides training for spiritual caregivers.