Perinatal Loss Chaplain Utilization: What Nurses Request and What Patients Actually Need

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Disclosures

• None of the authors have any COI to disclose
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What is a chaplain?

- 1500’s
- Old French – chapeleìn "minister of a chapel"
- Old English - capellane "clergyman who conducts private religious services"
- Originally in great households, later in military regiments, prisons, etc.
What does a chaplain do?

“Chaplains lead nondenominational religious services and provide spiritual support to those who are unable to attend organized religious services.

A chaplain may work in a hospital, prison, or university, or serve as part of the military.

Although prison, military, school, and hospital chaplains work in very different environments, they all provide spiritual guidance to individuals who don't have access to formal religious services offered by their faith of choice.”

(http://learn.org/articles/What_Does_a_Chaplain_Do.html)
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Chaplains are an essential part of the health care team, providing ritual, prayer, and social or emotional support; while other members of the health care team do see chaplains as a source of emotional support, their contribution is often underestimated. (Hemming, Teague, Crowe, & Levine 2016; Duffon, 2013; Koenig, 2012)
Background

- Patients often describe religion/spirituality as being a significant part of how they cope with illness. (Piderman & Johnson, 2009)
- Spiritual well-being significantly contributes to patients’ quality of life.
- Patient satisfaction scores are higher if spiritual care has also been provided during their stay. (Blanchard, Dunlap, & Fitchett, 2012)
Faith, ritual, prayer, or spirituality is seen as part of how patients cope with illness. (Vlasblom, van der Steen, Walton, & Jochemsen, 2015)

A simple reminder that God is present and cares for them is valued. (Piderman & Johnson, 2009)

Health crises are opportunities to seek meaning, purpose, and connection with a higher power. (Delgado-Guay, 2014)

Effective health care professionals include the spiritual needs of the patient. (McEvoy, Schlair, Sidlo, Burton, & Milan, 2014)
Today's health care professionals may have insufficient education/training on how to address their patients' spiritual needs.

(McEvoy, Schlair, Sidlo, Burton, & Milan, 2014; Talley & Magie, 2014)
Perinatal loss is a significant personal and family crisis.

Patients and their families have intense spiritual needs during this crisis, seeking meaning in the midst of adversity.

Chaplains are experts in providing spiritual care for families experiencing perinatal loss. (Puchalski, Lunsford, Harris, & Miller, 2006)
Chaplains serve a unique role during grief, both supporting the family and promoting spiritual growth. (Delgado-Gray, et al., 2014)

Family outcomes after grief can be improved with appropriate interdisciplinary care. (Tyrie & Mosenthal, 2011). After the family has been told of a death, chaplains can facilitate as the family tries to express their emotions and begin to grieve.

Chaplains also render critical support during times of anger, perplexity, joy, and questioning. (Koenig, 2012)
Background

- Nurses may know that their patient and/or the family needs a chaplain, but not clearly understand what needs the chaplain meets, or what the chaplain actually does. (McEvoy, et al., 2014)

- Understanding what each discipline brings to the table enhances good end-of-life care. (Forrest & Derrick, 2010)
While many disciplines collaborate to provide patient/family-centered care, and can be committed to multidisciplinary collaborative care, yet each may not recognize what each brings to the bedside. (Sinclair et al. 2012)

Nurses need a more comprehensive understanding of chaplains’ contribution to care of these families (Benner, et al., 2007; Nieuwenhuizen, 2007), especially in assessing spiritual needs. (APC, 2001; Ford & Tartaglia, 2006)
Purpose

- To determine how accurately nurses assess of patient/family needs for a chaplain at the time of a perinatal loss.
- To determine what the chaplain’s assessment of the families’ actual need was at the time of a perinatal loss.
- Secondary objectives were to determine how much need nurses might have for pastoral care as assessed by the chaplain.
This was a survey study at an 1100-bed teaching community hospital over a 2 year period (2014-2016).

Institutional Review Board approval was obtained prior to beginning.

Chaplains who were called to care for families with a perinatal loss were asked to complete a survey after their visit.

The design, survey, and request for participation was presented to the staff and resident chaplains at a staff meeting.
Methods

- The survey asked the visiting chaplain to describe:
  - Why they were requested to see the patient/family (by the nurse/HCP)
  - What the chaplain assessed that the patient/family actually needed
  - If the chaplain believed the health care professional also had needs the chaplain could address.
Other demographics were collected:
- Faith tradition (chaplain, patient, & HCP)
- Loss gestation (in weeks, viable vs. nonviable)
- Loss circumstances (live vs. still born)

Simple descriptive statistics were used to evaluate the results of the surveys.
Survey

- Emotional support
- Prayer
- Clarity/spiritual distress (i.e. Why did God allow this?)
- Blessing
- Anointing
- Naming
- Baptism
- Funeral planning
- Other ________________

*Other included information about Loving Arms Support Group, annual memorial service, advocating for patient, contacting another religious leader*
A total of 87 surveys were collected; only 69 had complete data available for analysis.

82% of pastoral service referrals were from a nurse

Others made by MD, SW, clerk, or family member
Nurses correctly identify a need to incorporate the chaplain into patient/family care at the time of perinatal loss for rituals, such as baptism, blessing, or naming ceremonies (100%).

Nurses underestimated or do not clearly recognize/identify the family’s need for prayer (33%) and emotional support (50%).
Nurses vs. Chaplains
Assessment of Family Needs

- Ritual: Nurse Assessment (70) vs. Chaplain Assessment (60)
- Prayer: Nurse Assessment (40) vs. Chaplain Assessment (45)
- Support: Nurse Assessment (30) vs. Chaplain Assessment (55)
- Other: Nurse Assessment (10) vs. Chaplain Assessment (15)
- Funeral: Nurse Assessment (5) vs. Chaplain Assessment (5)
Most of the patient’s/family’s needs were for prayer, emotional support, or a birth/welcoming ritual (baptism, blessing, naming).

Congruence was determined if the nurse’s request matched the chaplain’s assessment.
Congruence

- Request for prayer & baptism/
  chaplain determined need for prayer & baptism – congruent
- Request for baptism/
  chaplain determined need for blessing/naming – partially congruent
- Request for emotional support/
  chaplain determined need for emotional support & prayer – partially congruent
- Request for baptism/
  chaplain determined need for emotional support – not congruent
The nurses’ assessment was congruent with the chaplain’s assessment of the family’s spiritual/religious needs completely 63% of the time and partially 23% of the time.
Nurses Assessment Congruent with Chaplain Assessment
Results

- Approximately 1/3 of the time the chaplain also provided support for the nurses/health care professionals caring for the family.
- Most often for?
  - Emotional support
Chaplain Support Provided for HCP
Results

- Nurses stayed and were present or actively participated in spiritual/religious care with the chaplain ~50% of the time.
Results

Of those who remained present, more than half also actively participated somehow:
- Gathered materials
- Joined prayers
- Reading
- Facilitated holding the baby
- Supported family
Results

- There were similar family needs for rituals, prayer, and emotional support
- No difference if the infant was live or still born
- No difference if the infant was viable or not (Johnson & Langford, 2010).
Discussion

- Chaplains should be an integral part of the multidisciplinary health care team.
- Care from chaplains has evidence-based support.
- Literature supports how chaplains essential to enhancing patients' physical, spiritual, and emotional outcomes. (Koenig, 2012)
Implications

- Other members of the health care team (nurses and physicians) could provide better holistic care to patients/families if they had a better understanding of the impact of the chaplain’s care, particularly in moments of grief and loss, but also throughout the hospital stay.
- There is a need for nurses and physicians to recognize the “relevance, importance and complementary role of the spiritual care provider” as part of quality care. (Luft, 2016)
Discussion

Perhaps nurses may not have time, education, or comfort to adequately assess patient’s and family’s spiritual needs. (Vlasblom, van der Steen, Walton, & Jochemsen, 2015)

Do nurses need a more comprehensive understanding of spiritual needs assessment and of chaplains’ role in the care of these families?

Are health care professionals aware of the support that chaplains can offer to them? (Koenig, 2012)
Despite the evidence substantiating use of spiritual care as part of how nurses can support patients and families, spiritual care is not well integrated into nursing practice. (Vlasblom, van der Steen, Walton, & Jochemsen, 2015)

Increasing workloads and technological demands can prevent nurses from addressing patient’s spiritual needs, something which has been traditionally part of nursing care. (Blanchard, Dunlap, & Fitchett, 2012)
Discussion

- Nurses do not have the time to do the valuable work that chaplains provide.
- Nurses may not always make good use of this resource. (Duffin, 2013)
Training to offer emotional support to peers in the hospital setting is uncommon.

Chaplains are also often underutilized in the critical role of addressing the emotional needs of nurses, social workers, RT, clerks, residents, or any other member of the health care team.

Chaplains also can provide support when a patient dies or there is a poor outcome. This care can be vital for staff members' mental & emotional wellbeing, and their outlook on work. (Koenig, 2012)
Discussion

In a study by Blanchard, Dunlap, & Fitchett (2012), a survey of nurses did show that they had some comprehension for the role of the chaplain in patient care, for listening, support, comfort, prayer, or guidance, but ....

Few were aware that a chaplain can work with patients of any faith background, or those with no identified tradition; that a chaplain does not need to be of the same belief system as the patient.

(Blanchard, Dunlap, & Fitchett, 2012; Koenig, 2012)
Nurses can recognize spiritual needs in their patients, and value having the resources to address this, giving them the ability to make appropriate chaplain referrals.

Nurses are the health care professional most likely to place a chaplain consult.

Increasing workloads and insufficient training may impair their ability to recognize patients’ spiritual needs, and limit chaplain referrals.

(Blanchard, Dunlap, & Fitchett, 2012)
Discussion

- Nurses should be aware of the need for meaning and purpose during health crises and how to integrate the chaplain into the health care team to support families during spiritual distress and promote spiritual growth.

- Need to:
  - Recognize patients' spiritual needs and their own spiritual needs
  - Make timely use of chaplain services (Talley & Magie, 2014)
Discussion

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Need to:

- Recognize patients' spiritual needs and their own spiritual needs
- Make timely use of chaplain services (Talley & Magie, 2014)
While many disciplines collaborate to provide patient/family-centered care, and can be committed to multidisciplinary collaborative care, yet each may not recognize what each brings to the bedside. (Sinclair, & Chochinov, 2012)
Nurses need to improve their understanding of the role the chaplains in patient care. (Baruth, et al., 2013)

Nurses need a more comprehensive understanding of chaplains’ contribution to care of families at times of grief and loss, (Benner, et al., 2007; Nieuwenhuizen, 2007) especially in assessing spiritual needs. (APC, 2001; Ford & Tartaglia, 2006)
Conclusions

- Nurses correctly identify a need for chaplain utilization as part of interdisciplinary health care for families experiencing perinatal loss, most commonly a rite of life passage/ritual.

- However, nurses less frequently identify or recognize a family’s need for prayer and/or emotional support, and possibly their own.
Nurses may need a more comprehensive understanding of chaplains’ role in the care of patients & these families, as well as appreciating that chaplains are available for support for health care professionals as well (Koenig, 2012).
Limitations

- Simple survey study - not previously validated.
- Study performed in one hospital, in the United States.
- Almost 20% were only partially completed, reducing the amount of data which was usable.
- Homogeneity of faith background, of both patients/families and chaplains.
- Nurses were not also surveyed as to why they called the chaplain.
It is also possible that chaplains should take more opportunities to educate nurses about patient/family’s spiritual needs, their own needs, and the chaplain’s role surrounding perinatal loss.
Conclusions

More research is needed!
Implications for research

- Should nurses/health care professionals be specifically invited to participate in pastoral care with families? If so, how?

- Replicate the study in other areas (ED, ICU, surgical floor) as the patient/family populations and needs may differ.
References


References

- Delgado-Guay, M. O. (2014). Spirituality and religiosity in supportive and palliative care. Current Opinion in Supportive and Palliative Care, 8, 308-313. DOI: 10.1097/SPC.0000000000000079
References


References


References


References


Acknowledgements

Dedicated to all the families who have lost a baby
Questions?

Comments?

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