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

Melanie L. Chichester, BSN
Labor & Delivery, Christiana Care Health System, Newark, DE, USA
Sheryl Allston, MDiv, BS
Christiana Care Health Services, Newark, DE, USA

Session Title:
Coping Strategies for Infant Loss
Slot:
D 18: Sunday, 29 October 2017: 2:45 PM-4:00 PM
Scheduled Time:
3:05 PM

Keywords:
Chaplain, Nursing assessment and Spirituality

References:


**Abstract Summary:**
The purpose of this study was to determine how accurately the nurse assessed what the patient/family’s need for the chaplain was and what the chaplain’s assessment of the families’ actual need was at the time of a perinatal loss.

**Learning Activity:**

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the gap between the nurses’ assessment and the chaplains’ assessment of patient/family ritual needs at the time of perinatal loss</td>
<td>I. Survey study at a teaching community hospital over a 2 year period a. Chaplain survey pre/post patient/family visit b. Chaplain described why they were requested to see the patient/family (by the nurse) c. Chaplain described what the chaplain assessed that the patient/family actually needed II. Demographics, such as faith tradition (chaplain, patient, &amp; health care professional) and loss gestation/circumstances (viable vs. nonviable, live vs. still born) were also collected IV. Results: a. 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%)</td>
</tr>
<tr>
<td>Describe the gap between the nurses’ assessment and the chaplains’ assessment of other patient/family pastoral needs at the time of perinatal loss</td>
<td>I. Survey study at a teaching community hospital over a 2 year period a. Chaplain survey pre/post patient/family visit b. Chaplain described why they were requested to see the patient/family (by the nurse) c. Chaplain described what the chaplain assessed that the patient/family actually needed II. Results: Nurses underestimated or do not clearly recognize the family’s need for prayer (33%) and emotional support (50%)</td>
</tr>
<tr>
<td>Describe how much need nurses might have for pastoral care as assessed by the chaplain.</td>
<td>I. Survey study at a teaching community hospital over a 2 year period a. Chaplain survey pre/post patient/family visit b. Chaplain assessment of nurses’ pastoral needs III. Results: a. Approximately 33% of the time the chaplain identified a need for supporting the nurses caring for the family as well.</td>
</tr>
</tbody>
</table>
Abstract Text:

Background: Chaplains are an essential part of the health care team, providing ritual, prayer, and social or emotional support (Duffon, 2013; Hultman et al, 2014; Koenig, 2012), and serve a unique role during grief, both supporting the family and promoting spiritual growth (Delgado-Gray, et al., 2014). 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 (Talley, et al., 2014). Nurses may know that their patient and/or the family needs a Pastoral Care referral, but not clearly understand what the patient needs, or what the chaplain actually does (McEvoy, et al., 2014). Nurses need to improve their understanding of the role the chaplains in patient care (Baruth, et al., 2013).

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, et al., 2006). While many disciplines collaborate to provide patient/family-centered care, and each 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, 2006).

The purpose of this study was to determine how accurately nurses assess of patient/family needs for a chaplain and what the families’ 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.

Methods: This was a survey study at an 1100-bed teaching community hospital over a 2 year period (2014-2016). Chaplains who were called to care for families with a perinatal loss were asked to complete a survey after their visit. The design and request for participation was presented to the staff and resident chaplains at a staff meeting. The survey asked the visiting chaplain to describe why they were requested to see the patient/family (by the nurse), what the chaplain assessed that the patient/family actually needed, and if the chaplain believed the health care professional also had needs the chaplain could address. Other demographics, such as faith tradition (chaplain, patient, & health care professional) and loss gestation/circumstances (viable vs. nonviable, live vs. still born) were also collected. Simple descriptive statistics were used to evaluate the results of the surveys.

Results: 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 the family’s need for prayer (33%) and emotional support (50%). Overall, nurses completely identified family’s pastoral needs 61% of the time and partially 22% of the time. Approximately 33% of the time the chaplain identified a need for supporting the nurses caring for the family as well.

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, nor . 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), and need a more comprehensive understanding of spiritual needs assessment and of chaplains’ role in the care of these families, as well as appreciating that chaplains are available for support for health care professionals as well (Koenig, 2012). It is 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.