

Called to Care, Trusted to Teach: The Role of Hospital Chaplain in Educating Patients, Families, and Medical Staff during a Pandemic

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ABSTRACT

The theory and practice of spiritual care has transformed over the years. Chaplains have broadened the definitions of their work, formalized spiritual assessments, and gained greater understanding of multi-faith and interfaith support. In 2020, the COVID-19 pandemic forced a new shift in thinking specifically causing many healthcare chaplains to add technology and phone support to their practice. Spiritual care was offered by telephone, video application, recorded religious services, and many other creative/socially distanced interventions. Chaplains are trained to adapt. They quickly formed support networks, shared their ideas and plans, and built a new foundation to withstand new issues that arose in 2020. In this article, we describe how chaplains were able to pivot quickly into new aspects of their role, teaching and learning from other spiritual care communities across the country, and how they have been called upon to educate their healthcare communities in a new landscape created by the pandemic.

Keywords: science and religion, chaplaincy, COVID, pandemic, spiritual care,

Editors' Comment

Rev. Casey Bien-Aimé (2019-2021 Fellow) is the Spiritual Care Coordinator and Endowed Chair of Pastoral Care at Lankenau Medical Center where she brings awareness to the importance of incorporating spirituality in healthcare. Rev. Kristel Clayville, Ph.D., (2019-2021 Fellow) holds a doctorate in Religious Ethics from the University of Chicago's Divinity School and is ordained in the Christian Church, Disciples of Christ. Throughout the COVID-19 pandemic, she served as a chaplain and ethicist at the University of Chicago Medical Center with a focus on the existential and spiritual issues facing organ transplant patients. In this contribution, they share how their challenges in bridging the communication gap between doctors, patients, families, hospital staff, and other healthcare advocates and how their methods of care and communication had to change due to the COVID-19 pandemic. While hospital chaplaincy looks quite different from traditional K-16 science education, we think the ways they adapted to the difficult times of the pandemic can resonate with reflects and may inform the changes required of science educators as well.

Introduction

The theory and practice of spiritual care has transformed over the years, especially as hospital chaplains integrated into interdisciplinary medical teams. Chaplains have broadened the definitions of their work, formalized spiritual assessments, and gained greater understanding of multi-faith and interfaith support. In 2020, the COVID-19 pandemic forced yet another shift in thinking about how

to support patients in isolation and how to connect families to their loved ones. Many healthcare chaplains added technology and phone support to their practice. Spiritual care was offered via telephone, video application, recorded religious services, and many other creative socially distanced interventions. Chaplains are trained to adapt. They quickly formed support networks, shared their ideas and plans, and built a new foundation to withstand the new challenges that arose in 2020. While many still associate the term *chaplain* and even *spiritual care* with Christianity; professional chaplains serve in an interfaith/multifaith capacity. We serve all members of our community, those who identify with a formal faith tradition and those who do not. We help patients, families, and staff connect to what gives them strength and hope and help them make meaning from uncertainty. As chaplains we visualize ourselves as standing in the gap between patients and their medical team, between family members in disagreement, and between our hospitals and the communities we serve. Many of us helped with communication when patients and doctors seemed to be speaking two different languages. This kind of communication work is foundational to the role of the chaplain and to the functioning of hospitals. The pandemic brought about changes in clinical practice that created opportunities to educate and to further be the bridges that connected different value systems. In this article, we outline how chaplains pivoted quickly into new aspects of their role and how they have been called upon to educate their healthcare communities in a new landscape created by the pandemic. We will focus on the chaplain's communication with four different groups: patients and families, medical teams, hospital operations, and the broader community.

Initial Impacts of the Pandemic on Spiritual Care

On March 13, 2020, hospitals all over the country learned that the virus we had heard about and feared, had officially caused a global pandemic. Hospital teams had been hearing murmurings of the novel virus and its impact in other countries, and even how it was affecting our Pacific coast colleagues, but with the CDC officially declaring this a pandemic, many of our hospitals changed their practices and shifted to new methods of giving care.

The chaplains at hospitals caring for COVID positive patients, in the early days of the pandemic, were navigating many changes, both in how we would practice and the rules the hospitals would follow. Due to limited PPE and overall uncertainty about how this novel virus spread, at first many chaplains were not permitted in the rooms of our COVID patients. We found new ways to support families over the phone, and to offer meaningful rituals from doorways and windows. Chaplains educated the medical teams on the go. There was limited time for didactics and presentations at nursing huddles. We explained our practices as we did them. We charted clearly. We updated policies posted online and in the nursing units. The question everyone in the hospital was asking was, "Am I considered essential staff?" For chaplains, the answer was not straightforward.

While a chaplain is not providing support for physical/medical needs of our patients, our role has remained crucial during the pandemic. A chaplain's work is often in person and physically close. We sit in rooms, offering listening, conversation, ritual, and prayer. Our practices can have extended periods of silence, and our rituals and prayers often involve touch and closeness. The way chaplains practice was completely upended with the guidelines we would need to follow during the pandemic. Touch was off the table. Long encounters increased risk of contracting or spreading the virus. When staff received communications about possible exposure, we were asked if we had worn our PPE, stood six feet away, and if we were in the room longer than 15 minutes. Chaplains and spiritual care professionals at the beginning of the pandemic had to continually update our roles and responsibilities to adapt their practice for the health and safety of the communities we served. Our first major change in our practice centered around communication, particularly communicating to patients and their families.

Communication with Patients and Families: Tele-Chaplaincy

The chaplain stands in a room, gowned, gloved, masked, and shielded. He is holding an iPad. He sometimes props the iPad on the tray table to give his arm a rest, as the family sings hymns, reads scripture, and prays for their mother lying in the bed. On the days that she is more alert, he holds the iPad for her, so she can mouth her responses to her family. He brings the iPad close to her so they can hear her better over the beeping machines and general noises in the hallway. Occasionally they ask the chaplain to pray, or help read her lips, when her voice is too weak. But mostly, they forget that someone else is in the room. In these precious moments it is just mother and children, looking into each other's eyes, listening to each other's voices, longing to be in the same room again.

Traditionally, chaplains provide support to families of hospitalized patients. Many hospitals stopped visitation altogether, and those who did not, severely restricted it to short visits, and often only at end of life. With many of our patients intubated or on breathing treatments, out of breath, tired, or even prone in bed, our time spent at bedside was now split with time calling families who longed to be present with their loved ones.

In a profession where eye contact, silence, and body language are major parts of our tool kit, offering presence and support over the phone became a challenge for many. Chaplains had to translate their usual skillset to phone and video calls with family. One of the first areas to adjust was our opening lines and scripting. Families receiving calls from hospital extensions were answering with fear and anxiety. In our typical conversations we would have time to explain our work and communicate our role – with phone calls, we were battling with the loved one's fear that a call was coming to report bad news. We began our calls with words like, *non-urgent* and *routine*. We centered ourselves before calls, making sure we were calling from a quiet place, where we were not out of breath, rushed, and where we could communicate calmly through the phone lines. We learned how to narrate the silence. Where we could usually communicate our comfort with silence through our bodies, we had to explain the silence with words, saying things like, *"I hear the silence in our conversation. I'm giving space in our pauses so you have time to process and think. I am not in any rush. But if the silence is uncomfortable or you are silent because you don't want to talk about this over the phone, we don't have to continue this conversation here."* Our closings also had to be clearer and more deliberate. Where we would normally say, *"Have your nurse page us."* We now had to encourage them to write down our contact information (and to have other departments' contact information available as they often asked us for assistance in navigating communication with so many departments serving remotely). While this has not been the way we like to practice our calling, chaplains have added these and many other tools to our presence tool kit, allowing us to better serve those who need to use the phone or video applications to connect to us.

For those chaplains who were given permission to get N95s and use additional PPE, our role as tech support increased greatly during pandemic. Many of us walked around with phones and tablets that used applications like Facetime, Zoom, and Doximity. We helped families celebrate birthdays, view or plan funerals and memorial services, and facilitated family meetings and interdisciplinary calls. Spiritual care departments partnered heavily with information technology and audio-visual departments. We trained on different operating systems so we could support the nurses and other staff who were also using the technology more than ever before. Even chaplains who identified as technology natives were stretched thin, trying to educate patients, families, and staff on the new technology that was not an everyday part of their lives.

Communication with Medical Teams: Notes as a Form of Education

A palliative care team is beginning their day by discussing their list of patients. The list is three times its normal length – small print on multiple pages. Symbols and highlighter marks on each page help organize their day, with bold letters noting which patients are COVID positive. The chaplain peaks her head in the door and apologizes that she

can't sit in on the team meeting, that she is running to the Emergency Department for a trauma. They lament together as they think about how devastating it is to watch so many die and be debilitated by the virus on top of the regular trauma, illness, and loss seen in the hospital. The chaplain reminds them to check her notes as she runs out the door. As the team runs the list and meets with family (in meetings or by phone) they check the chaplain's notes to assure them of the chaplain's presence. "Yes, ma'am, I see the chaplain's note. The priest gave your mother Last Rites last night." "I'll put in a request with the chaplain to read that poem to your husband." "I see a note here that the chaplain posted pictures of you and your son in the room, with quotes from his favorite movie to inspire him. Is there anything else you'd like from their team?"

With the use of the electronic medical record (EMR), reading interdisciplinary notes has never been easier. For Spiritual Care departments who use these charting systems, our notes have become more visible and a great way to educate staff about our role. At the height of the pandemic, the days often felt like a blur. With multiple deaths a day, countless family meetings, and a long list of phone calls to make, chaplains were not able to do the in-person conversations with our nursing teams. Where we would once round with the medical team, or chat after nursing huddles, many chaplains found ourselves having to trust that the note was being read and our work was being seen in black and white on the screen.

We have used Spiritual Assessments to clarify how we are supporting patients and families. Dr. Gowri Anandarajah (2005) defines Spiritual Assessment as "methods to identify a patient's spiritual suffering and spiritual needs related to medical care" (p. 372). It takes many forms, with a variety of acronyms used to delineate the questions and conversations between spiritual care professionals and the patient/family we are serving. We assess faith tradition, connection to community, rituals and practices that bring healing, and how the team can support those healing practices. These succinct, yet detailed notes were ways of educating the team on what spiritual care does in general and in light of the virus.

Communication with Hospital Operations: Collaboration with Infection Prevention about Rituals in the Hospital

On March 6, 2019, a chaplain is seen standing outside the hospital's prayer/meditation room. She is wearing a clerical collar and holding a small container of ashes. It is Ash Wednesday, a holiday on the Christian calendar that begins the season of Lent when many will attend services, start a form of fasting, and have an ash cross on their forehead. For hospital chaplains that serve large Christian populations, it can be one of their busiest days of the year. Wearing a glove on her right hand, she dips her thumb in the ash, marks the head of the person in front of her, and offers a prayer. Some of the staff and families make special prayer requests, some cry and hug the chaplain, many thank her, citing that their 12-hour shift always prevents them from attending their religious services.

Fast forward to February 26, 2020 – that same chaplain now looks very different. She now wears scrubs and sneakers. She has a bottle of hand sanitizer in her pocket and a bag of pre-ashed cotton swabs in a canvas bag. Cards with special Ash Wednesday prayers are laminated and placed in plastic baggies. Staff are not permitted to line up at the hospital's prayer room. Instead, the chaplain schedules times to visit each unit. Directs staff not to congregate at the nursing station and to keep distance. Those who want the chaplain to administer the ashes stay distanced for the prayer, they move together as the chaplain sanitizes her hands, removes a cotton swab from one of her many bags, dips it in the ash, marks the staff person's forehead, and discards the used swab in a bag marked for incineration. Some staff ask for the pre-bagged ash swabs to self-administer, others ask for the baggies in order to bring this blessing to isolated family members at home. Honoring this ritual always made for a long day, but now, the process needed to keep her community safe, makes her day even longer and more complicated. With months of preparation, countless emails with administration and leadership, meetings and discussions about emotional needs and physical risks, and finally a week of late-night bagging and preparing the materials. The chaplain completes this one-day ritual exhausted but honored to give some semblance of normalcy to an emotionally and physically exhausted community.

Hospitals are known for their celebration weeks: nurses week, spiritual care week, hospital week, and many more. These are opportunities to educate the hospital community about the services provided by these professionals, but also a time to thank and support the professionals in those fields. Nurses week 2020 was celebrated May 6th through the 12th. Hospitals were at a loss for how to acknowledge the week. The awards and dinners could not be in person. The meals and treats couldn't be eaten together. And for the chaplain collaboration, the blessing of the hands, had to be completely re-thought. In the past, chaplains would round the hospital with oil or holy water, sometimes with a ritual including small wooden hearts, ribbons or colored paper. Chaplains would greet the medical teams, hold their hands, and bless them. The ritual was always moving, and sacred. But how do you offer this intimate blessing from six feet apart?

Chaplains had to collaborate with Infection Prevention (IP) at our hospitals to ensure any practice they offered was safe. To facilitate these conversations, chaplains would provide a range of options to the IP team. Often having to explain the history and background of the rituals. Each spiritual care department has their own philosophy of spiritual care. For departments that utilize a multi-faith approach, many holidays are honored - often depending upon the patient population served by the hospital. Chaplains find creative ways to help patient's honor their holiday while being mindful of the restrictions and limitations of being in the hospital. For Ash Wednesday, a holiday honored by many Christian denominations, chaplains will often collaborate with the community to distribute ashes to staff and patients who are unable to make it to their respective faith community. For Passover, the chaplains have assembled and distributed bags of *Kosher for Passover* treats, and a *Kosher for Passover* menu for the Jewish patients. During the month of Ramadan, some chaplains would deliver date bars and blessings for Muslim staff and patients to break their fast at the end of the day. These are just the tip of the iceberg when it comes to honoring local faith traditions, especially in hospitals that serve diverse communities. For chaplains who practiced this multi-faith approach, each holiday practice had to be re-evaluated by the department and approved by the IP team and the command center. With each holiday and ritual, the administrators making the decision needed to be educated about the significance and importance for patients. Often decisions were changed, edited, and debated many times before approval.

Communication with the Broader Community: Educating Community Clergy

On March 10, 2021, a hospital system honored the one-year mark of their first COVID + patient and the hundreds of patients who had died that year. On that same day a local church was offering second doses of the Pfizer vaccine to their community. As socially distanced patients sat in folding chairs in their parish hall, the local hospital chaplain dropped off prayers for the vaccine and knitted hearts for the medical professionals. The pastor of that church offered a prayer, as the vaccine distribution team played a streamed service over their laptops. With tears in their eyes, and hope in their hearts, the congregation and community were able to hold both their hopes and fears at the same time. With pastors, chaplains, and medical professionals working together, the community was given space to process the complexity of emotions that came with a year of quarantine and immense grief.

The education provided by chaplains was multi-directional. While chaplains often are used to train medical professionals and hospital administrators about religious and cultural needs, they also help connect with the community, particularly local faith communities, to educate local clergy and faith leaders. Chaplains serve on interfaith councils, ministeriums, and town councils. Many religious leaders have routines of reaching out to sick and hospitalized congregants and community members. With the pandemic, many hospitals limited or even completely restricted these visitations. Such restrictions forced chaplains to be even more mindful of the broad approach and understanding of diverse religious practices and rituals. While some clergy were able to use zoom and facetime to connect with their congregants, many relied on chaplains to offer the rituals expected by their parishioners.

As vaccines began to roll out, chaplains served on vaccine confidence committees and helped support community vaccination sites. They offered written and extemporaneous prayers for those receiving the vaccine. They bridged the gap between the medical/scientific community and the religious/spiritual. As healthcare chaplains look ahead, we hope to continue to care for our local communities to offer grace and guidance to navigate the complexity of spiritual and physical health.

Conclusion

One of the foundations of spiritual care education is communication; specifically, our ability to understand what is going on with ourselves, and to help share those understandings with and between others. Because of this internal work, spiritual care professionals have anticipated and weathered change well. Whether supporting the changes in a patient's life or bearing witness to the changes in the healthcare landscape, a chaplain acknowledges the many transformative moments faced in the hospital. Because of the training and skills of chaplains, this profession created new ways to support their sites, in a time of uncertainty. They created and re-created in the face of changing rules and roles.

Communication is key to the practice of spiritual care. We communicate about difficult topics; one's deep feelings, existential thoughts, conversations around death and dying, and much more. When the pandemic hit, chaplains used that foundation of communication to build, grow, and reform their own practices to better serve their communities. There was no one way to be a chaplain in a pandemic, but what united spiritual care professionals across the world in 2020, was the ability to adapt and educate as we went. We hope to never face a pandemic or disaster of this magnitude ever again, but if we do, the chaplains are ready to tend, transform, and teach through whatever comes our way.

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