

HEALING THE --- HEALERS

Special Edition
Hospital Chaplains on Spiritual
Frontlines during COVID-19

Written Professional Resources - Part 3

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At Odyssey Impact, we believe in the power of personal story to change perspectives, change attitudes, and even to change the world. In responding to the needs of spiritual care providers and faith leaders in COVID-19, we were honored to collaborate with our chaplaincy partner organizations, the Chaplaincy Innovation Lab and the Association for Clinical Pastoral Education (ACPE), to convene conversations and provide resources to spiritual care providers (chaplains) in health care settings.

We are pleased to offer the following topics, reflections, and questions for anyone considering the aspects of providing spiritual care in health care settings during the COVID-19 pandemic. Those exploring the dimensions of pandemic pastoral care in other contexts will find it valuable as well. Uplifted here are spiritual care sub-topics that emerged in David and Shawn's conversation, as well as pandemic-related issues from ongoing national spiritual care dialogues.



For the convenience of chaplaincy educators, students, and residents, all sections are tagged with relevant ACPE Outcomes and APC Competencies. While each of the three filmed zoom conversations is accompanied by a standalone written resource, the content of the three resources do not overlap, and may be considered as a single rich engagement of pandemic chaplaincy topics.

For the creation of this resource, we are grateful to the Rev. Sarah Knoll Sweeney, an ACPE Certified Educator at the Memorial Hermann Health System in Houston, Texas. In terms of pedagogical development, Rev. Sweeney brought to this task her formidable experience as former Chair of the ACPE Curriculum Committee, Founding Convener on Community of Practice for Educators Utilizing Online Options, and Accreditation National Site Team Chair.

Part 3

COPING, SELF-CARE, AND HOLDING SACRED SPACE

Creating Space for Coping and Self-Care

David and Shawn continue their grieving process as they envision a future after the current crisis, imagining engaging in things they miss, like sharing a hug or a beer. They explore briefly how they are coping with the stress and uncertainty presented by the pandemic. These cover unconscious processes, including defense mechanisms like compartmentalization, as well as more conscious coping strategies like continuing to make time for important support networks and when they trade recent binge-watching favorites. Competencies for the professional chaplain include attending to our own well-being, and the pandemic limited former self-care practices for many of us who utilized gyms, gathered socially, and countless others. The chaplain's particular adaptive abilities, usually emphasized in the professional realm, are especially useful when personal self-care routines are constrained and must be revised.

Acknowledging The Primacy of Staff Care in the COVID-19 Crisis

As they shift from their own personal care to staff care, we again see the connection between the chaplain attending to their own needs and their ability to attend to others' needs as a result. Shawn shares how he attended to staff and leadership and asks David's input on how to most effectively continue this work. Chaplains who have stayed on the floors but are increasingly restricted in patient care due to lowered census and contact precautions shifted to primarily care for the staff who care for the patients. Rightly so, healthcare workers are the MVPs of COVID-19.

For most chaplains this is a substantial shift in day-to-day focus. We have always cared for staff alongside our patients, families, and visitors. Now, with our halls emptied of all but patients and staff, with contact precautions putting a virtual end to cold-call patient rounding, and with the pandemic stressing our systems to a lifetime high, our care of staff is more critical than ever.

The reality is that there isn't time or space for a lot of long heart-to-hearts. We have to be quick, clever, and creative.

After reviewing the literature from 1981 and 2004, Brown-Haithco wrote in 2012 that staff needs and struggles were much the same. In 2020, in the midst of this pandemic, her list is still right-on in caring for nurses, techs, physicians, administrators, and others still reporting in. In supporting staff during the pandemic, we are noticing :

Moral Distress: when their jobs take them against their own ethics, morals, and integrity.

Compassion Fatigue: when the overwhelm of the job burns them out of the original energy of their calling.

High Patient Volume and Acuity / Staff Shortage: speeding up licensure processes to get retired healthcare workers on the floor means we are gathering all the staff we can for the surge. This novel coronavirus has us catching up to an unfamiliar disease process at unprecedented rates, not to mention that folks are still falling ill and dying for all the usual reasons, just as they were before.

Lack of Appreciation and Affirmation: planned applause, bells ringing out, food delivery, and other gestures are all ways we see folks showing love to our IDTs.

Organizational Change: bringing on retired staff to formerly cohesive teams, redistributions of staff in a labor pool, new policies each day, rapidly adjusting care protocols, and the backdrop of unprecedented cultural and economic upheaval — I’ve said it before: we’re always ready for change in healthcare, but this has us at our limits. Trying to offer simple solidarity on the way constant change means never finding a routine, loss of sense of control and certainty, simple things being more challenging. We can definitely relate to them here.

Questions for Reflection:

- 1 How have your self-care needs and resources changed during the pandemic? What have you learned about what nourishes you that will serve you in the future?
- 2 What do you find your staff teams need more than ever? How might this inform our future relationships with healthcare staff?
- 3 When the acute phases of this crisis subside, what will your shifted priorities be with staff, when there is more time and space to reflect and process all that you and they are experiencing?

★ ACPE Outcomes

- 1.7: Initiate helping relationships within and across diverse populations.
- 2.7: Establish collaboration and dialogue with peers, authorities and other professionals.

★ APC Competencies

- PPS2: Provide effective spiritual support that contributes to well-being of the care recipients, their families, and staff.
- PPS4: Triage and manage crises in the practice of spiritual care.
- PPS7: Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs.
- PPS8: Facilitate theological/spiritual reflection for those in one’s care practice.