

Spiritual Care of Staff

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Prior to my current position as director of staff support with the Emory Center for Pastoral Services, I served as director of chaplaincy and CPE at a level-1 trauma center. Looking back on it, my experience working in a trauma setting prepared me for the work I find myself doing today. Let me explain. I've always understood that creation brought order out of chaos. Working in trauma helped me develop more fully my theology of chaos, that is, I learned to create order in disorder, not necessarily eliminating the disorder, but more an ordering of the disorder. Sometimes the work I find myself doing as a staff support chaplain is helping staff create order (find their center) in the midst of their chaotic personal and vocational lives.

Health care is constantly in flux. Change is the order of the day. Learning how to live within this context that is constantly changing requires a particular sense of one's self. It requires an ability to center one's self and invite calm, and sometimes this can only be done in the context of a space that invites the presence of the sacred. As director of staff support, I help staff create a space of calm by inviting them to take a "pause," by inviting them to step inside that centering space within their own spiritual self to reflect on their vocational purpose and calling. Sometimes in a hectic context we can lose sight of that which is most important and lose our sense of balance in the process. Staff support is a way to offer staff a space to regain their sense of balance and meaning and purpose.

When I arrived at Emory in June 2006, I was both excited about this new venture and anxious. I came with ten years of experience working in a level-1 trauma center. My knowledge of staff support therapy was limited. I did staff support at my old job, but it was “off the cuff” using the knowledge I had of chaplaincy and spiritual care of patients and families. In many ways it was the same, yet different. So my first task when I arrived at Emory was to research the literature. I found only one article; it provided me with a frame with which to begin the work before me.

What I have learned in my role as director of staff support is that staff support chaplaincy has been in many ways an assumed role of the chaplain, with no formal training in methodology or theory of staff support. As a result, spiritual care of staff has become an informal or secondary role of the chaplain. This chapter will invite us to see staff support as a primary role of the chaplain.

Staff Support—What It Is and What It Looks Like

So, what is staff support, and what does it look like? For the purposes of this chapter, when I speak of staff support, it will refer to support of staff within health care contexts.

I have been in my current position as director of staff support for four and a half years. In many ways, I am still developing my role. I am still working to define what it is that I do. I am still finding ways to live out my role in ways that are distinct from as well as similar to the role of the chaplain whose primary role is to provide spiritual support for patients and families. The staff support chaplain focuses primarily on the needs of staff who work within the health care context who are responsible for the care of patients and families who come to us for healing. This includes staff across disciplines—nursing, physicians, support staff, and administrators.

I often introduce myself to staff as the “chaplain for staff.” This has come to mean I am solely theirs. I am the person who is there to help them find a way to live in the critical situations to which they are called on a daily basis. It means being a consistent and supportive presence, a constant companion who is willing to walk alongside staff during critical times in their vocational space as well in their personal lives. As the chaplain for staff, I have become the one nurses turn to for support

when a patient with whom they have worked for months and sometimes years finally dies. I am the one to whom nursing managers and directors turn when their staff is overwhelmed with the stress created by high acuity and staffing shortages. I am the one to whom hospital administrators turn when they want to take the “pulse” of the organization. What are staff feeling and thinking about working in this place? What are their primary issues, and how do we need to address their concerns? I am the one staff turn to when they receive the news of the death of a colleague as a result of a sudden, tragic accident or a protracted illness. I am the one staff turn to when they receive news of the death of a loved one. I am the one staff turn to with sensitive issues of cultural diversity such as injustice, unfairness, and managerial practices that are unfair and unsupportive. I am also the one staff turn to when there is a major accomplishment or celebration in their life.

Staff support is about creating a hospitable space. It is about creating a safe and vibrant work environment where staff can live out their vocations with a sense of affirmation and support and appropriate challenge. Staff support is about being a supportive presence for all who work within the organization, including administration. Staff support is about calling *all* who work within the organization to their highest purpose and meaning, to their spiritual vocation, to the divine intent for which the organization was originally formed or created.¹ In the health care context, we are called to “service,” serving those who have come to us for health and healing, and serving each other in a way that allows that service to others to be done with integrity, honesty, and respect.

Staff Needs

So what are the needs of staff? When I arrived at Emory, I was charged with providing spiritual and emotional support for all staff within the institution. What has become my reality is that the bulk of my time and energy has been consumed by the needs of nursing staff. This does not, however, mean that staff from all disciplines are not in need of staff support. It simply means that often nursing staff most consistently express their needs. For the purposes of this chapter, I will focus primary attention on nursing staff.

In a 1981 article, the most frequent causes of stress among nursing staff in hospice, surgery, oncology, cardiovascular surgery, and medicine

were “work load, death and dying, and inadequate preparation to meet the emotional needs of patients and their families.”² In a 2004 article, stressors specific to oncology nurses included the following:

The nature of cancer as a disease, complex treatments, caring for high acuity patients, dealing with death, communication issues, intense involvement with patients and families, interdisciplinary conflicts, ethical issues, terminal or palliative care issues, surrogate decision-making, workload, isolation outside the workplace, role overload, role conflict, lack of control, role strain, and work environment issues.³

Several weeks before I began writing this chapter, I sent out an e-mail survey to my colleagues in the Association for Clinical Pastoral Education (ACPE) inviting them to respond to seven questions related to staff support (see Figure 15.1).

The last question addresses the primary needs of staff within their institutions. Their answers are found in Figure 15.2.

It is clear that the issues found to create the most stress among nurses in 1981 and 2004 are similar to those currently being experienced by staff today. I believe the following issues have increased the stress I see among staff today:

1. **Our country's current economic crisis:** More and more staff are arriving at work each day with added stress related to meeting financial and family responsibilities; these stressors compound the stress inherent within the workplace.
2. **The high acuity of patients:** Patients are arriving at the hospital sicker, many with end-stage diseases, and staff are therefore seeing more and more difficult death and dying situations.
3. **The current nursing shortage:** The shortage has increased the workload of staff. Staff are finding it more and more difficult to take breaks and to tend to their own self-care needs.
4. **Cultural diversity:** Many of our health care contexts are becoming more diverse. Staff do not know how to engage the diversity, which results in conflict and tension among staff as well as dysfunctional team functioning and ineffective and inefficient care of patients.

E-MAIL SURVEY

1. Do you have a designated staff support program in your institution?
2. If so, is it located within your pastoral care department?
3. What are the components of your staff support program?
4. What kinds of programs / services do you offer to support staff?
5. How does your CPE curriculum address staff support needs?
6. Do you have chaplains whose primary role is staff support?
7. What would you say are the primary needs of staff in your institution?

Figure 15.1

PRIMARY NEEDS OF STAFF

Overworked	Diversity issues
Grief and loss	Underappreciated
Patient and family abuse	Stress management
Trauma	Workplace violence
Critical incident debriefing	Moral distress
Vicarious grief	High acuity of patients
Intrapersonal conflict	Interpersonal conflict
Nurse-to-patient ratio	Bereavement support
Loss of satisfaction in job	Staffing shortages
Lack of support from coworkers	Difficult patient and family situations
Communication issues between patients / families and staff	Communication issues between staff
Lack of trust in management / administration	Complexity / intensity of work
	Loss of meaning and investment in work
	Lack of team building

Figure 15.2

5. **Moral distress:** This occurs when staff find themselves going against their own ethics, morals, and integrity when providing care for patients who want aggressive treatment that is not medically indicated or futile.
6. **Compassion fatigue:** This is the experience of burnout; that which once gave them a sense of fulfillment now drains them and exhausts them.

- 7. **Organizational change:** Health care is in a constant state of flux. Staff often get caught in the changes and feel pulled in many different directions, with no clear understanding of their role or the system’s expectations of them. This lack of role clarity creates ambiguity and confusion and often leads to increased probability of mistakes, as well as interpersonal tensions and conflict.
- 8. **Lack of appreciation and affirmation:** One respondent to the survey wrote that staff want to be related to “as persons and not just cogs in the corporate wheel.”⁴
- 9. **Leadership:** Health care organizations tend to function using a hierarchical model. This style of leadership does not lend itself to mutual relationships. Staff often feel disempowered and that their opinions don’t count.

This list is by no means exhaustive; it does indicate that providing for the spiritual and emotional needs of staff is needed and important.

Staff Support—Current Practice

I received twenty-two responses from colleagues in ACPE to my e-mail survey. Figure 15.3 highlights responses to questions 1, 2, and 6. The data indicate that most institutions have employee assistance programs (EAP) designed to address counseling and financial needs of staff. Many of those EAP programs work closely with the pastoral care departments within their institutions. What I had hoped to find, but did not, was more staff support programs within pastoral care departments, with designated chaplains assigned primarily to do staff support. It seems that staff support continues to be a part of the chaplain’s role.

RESPONSES TO SURVEY QUESTIONS				
Question	Yes	No	Shared	Type
#1	18	3		EAP
#2	1		4	
#6	1	20		

Figure 15.3

The literature review was sparse, but I did find several articles that might be beneficial for chaplains who are working with staff within health care contexts (see further reading). One of those articles provides a model for staff support in an outpatient setting that could be easily transferable to other contexts. In that article, the authors describe four programs:

1. *Finding Soul at Work*: designed to help staff find meaning in their work; 2. *Existential Expedition*: designed to provide spiritual and emotional support for staff; 3. *After Book*: designed to help staff bring closure with patients; and 4. *Labyrinth Program*: designed to nurture the spirituality of staff.⁵

In an article referenced earlier, a one-day retreat called the “Circle of Care Retreat” is described. “This retreat program is intended to acknowledge the human side of caring for patients ... by nurturing the *spirit* of the interdisciplinary ... care team members.”⁶

Finally, I would like to conclude with the program of staff support in my health care system. Even though this program has a twenty-eight-year history, it is still evolving. My office is on the main thoroughfare, adjacent to the hospital’s chapel. The very first thing I did when I arrived was open the door. Staff saw this open door as an invitation to enter. I created a welcoming space with a sacred corner—a place for staff to come in and find peace and get away from the chaos and disorder of the hospital.

In the four years that I have served as the director of staff support, I have implemented some new programs as well as maintained traditional programs from our history.

Traditional Programs

- **Annual holiday “Cookie Run”** (formerly known as the “Bagel Run”): This event is an opportunity to celebrate and honor our night and weekend staff who often feel the most neglected within our system.
- **Blessing of the hands**: Every year during nursing and health care workers’ weeks, we do a blessing of the hands of all staff.
- **Services of remembrance**: These services invite staff to remember and honor patients, coworkers, and family members who have died. Services are offered in the chapel and in clinical areas.

- **Special services in the chapel:** Services are offered during holy days and Martin Luther King Jr. Day. Memorial services are also offered throughout the year for deceased staff.
- **Critical incident debriefings:** We provide debriefings for staff following critical incidents.
- **Staff support and grief groups:** These groups are requested and offered by chaplaincy staff as needs arise.
- **Individual support for staff:** Spiritual and emotional support is offered to staff as needed. Staff are referred to our EAP program when appropriate.
- **Conflict mediation:** Managers and directors often consult with me when their staff is in conflict. I serve as a mediator and help staff reconcile their differences.

New Programs Implemented Since 2006

- **Spiritual care grand rounds:** These were implemented in December 2009. Topics include working with complicated patient and family situations; moral distress; patient- and family-centered care.
- **Educational in-services:** These focus on clinical areas of team building, conflict management, cultural diversity, communication, compassion fatigue, moral distress, self-care, grief, and loss.
- **Collaborative training:** We provide educational in-services with our EAP program.
- **Centering and meditation service:** This is midweek for staff.
- **Evening and weekend staff support chaplains:** The chaplain for our main campus was hired in January 2007; the chaplain for our midtown campus was hired in September 2010.
- **Ethics grand rounds:** The executive director of our Pastoral Services Program is the chair of ethics for our health care system. These grand rounds have been in place at our Geriatric Center since 1991. We implemented them for our other hospitals in 2009.

- **Creative arts program:** This program will be implemented in 2011. The aim is to offer opportunities for patients, family, and staff to find renewal through a variety of artistic modalities, including but not limited to music, visual art, literature, and movement.
- **Consultant to nursing leadership and hospital administration:** I meet with the chief nursing officer and chief operating officer quarterly to address staff issues and concerns.

Future Vision

Our center has had a designated chaplaincy staff support program for the past twenty-eight years. An article written by Fred L. Smoot and Donald E. Wells in 1985 discusses how the program got started.⁷ The literature review revealed two other designated staff support programs within pastoral care departments, one in Canada⁸ (implemented in 1996) and one in Indiana⁹ (implemented in 1980). It is clear, however, from the literature, collegial input, and personal experience that spiritual care of staff is important. It is my belief that staff support should be done by chaplains hired specifically for staff support. I further believe that staff support training should be included in every CPE curriculum. I invite directors of pastoral care and CPE training programs to advocate for staff support programs within their institutions and for funding for a designated chaplaincy position(s). The staff support program will be a visible reminder to health care administrators of the importance of caring for the soul and heart of staff who care for patients and families within their health care institutions. A lot of research is being done on creating healthy work environments. It is my belief that caring for staff is primary to creating this healthy work space.

Notes

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2. Pamela Gray-Toft and James G. Anderson, "Stress among Hospital Nursing Staff: Its Causes and Effects," *Social Science and Medicine* 15A (1981): 640–41.
3. Jacqueline Medland, Josie Howard-Ruben, and Elizabeth Whitaker, "Fostering Psychosocial Wellness in Oncology Nurses: Addressing Burnout and Social Support in the Workplace," *Oncology Nursing Forum* 31, no. 1 (2004): 4.

4. Dick Haines, e-mail message, November 10, 2010.
5. Stephen D. King, Debra Jarvis, and Marilyn Cornwell, "Programmatic Staff Care in an Outpatient Setting," *Journal of Pastoral Care and Counseling* 59, no. 3 (2005): 263-73.
6. Medland et al., "Fostering Psychosocial Wellness," 50-53.
7. Fred L. Smoot and Donald E. Wells, "Staff Support Services: Room by the Side of the Road," *Journal of Religion and Health* 24, no. 2 (1985): 167-73.
8. Deborah R. Damore, John A. O'Connor, and Debby Hammons, "Eternal Workplace Change: Chaplains' Response," *Work* 23 (2004): 19-22.
9. Pamela Gray-Toft and James G. Anderson, "A Hospital Staff Support Program: Design and Evaluation," *International Journal of Nursing Studies* 20, no. 3 (1983): 137-47.

Further Reading

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- Haines, Richard B., and Bobbye T. Cohen. "When the Caregiver Needs Care: A Review of an Interdisciplinary Team Response to Stressful Events in a Tertiary Care Setting." *Journal of Pastoral Care* 54, no. 2 (2000): 167-72.
- Pullman, Darryl, and Bill James-Abra. "Care for the Caregiver: Effective Pastoral Support for Nursing Home Staff." *Journal of Pastoral Care* 55, no. 1 (2001): 35-45.

About the Contributor

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