

Patient Needs, Chaplain Functions, and Outcomes for Study

Gordon J. Hilsman, DMin, CPE Supervisor — Research Conducted at the Franciscan Health System (Tacoma WA)

DOMAIN		PATIENT NEED	CHAPLAIN FUNCTION	SUGGESTED OUTCOMES FOR STUDY
Emotional Support	1	Stabilizing – Personal support when daily, familiar patterns are disrupted by a crisis event	Crisis Ministry – Supportive care when daily, familiar patterns are disrupted by a crisis event	<ul style="list-style-type: none"> • Observably increases relaxation, e.g., facial muscles, eye contact, tone of voice • Engages in conversation and/or life review • Participates realistically in immediate planning • Expresses immediate emotions and/or needs • Thanks the Chaplain for stabilizing assistance • Accepts/Requests prayer with chaplain or other spiritual leader • Contacts a support person for him/herself or has one contacted of her/his choice
	2	Expressing – Needs to talk and express feelings	Supportive Validating – Listening and validating expressions	<ul style="list-style-type: none"> • Talks openly for several minutes about a serious personal issue, <i>expressing</i> one or more of the named primary feelings, i.e., <i>anger, fear, sadness</i> and <i>regret</i> • Observably increases relaxation, e.g., facial muscles, eye contact and tone of voice • Shows tears • Requests further resources
	3	Information – Need for basic information	Informing – Facilitating needed information	<ul style="list-style-type: none"> • Accesses and receives sought information • Asks clarifying questions • Requests additional information • Shows facial indication of insight
	4	Waiting – Upset feelings from waiting too long in an important situation	Presence and Networking – Networking and supportive presence in response to upset feelings from waiting person	<ul style="list-style-type: none"> • Visually appears more calm, less vulnerable • Expresses trust in others' communication • Expresses gratitude • Expresses increased empowerment
	5	Empowerment – Need to identify and utilize normal patterns of coping	Empowerment – Educating and augmenting an anxious person's own self-care resources	<ul style="list-style-type: none"> • Discusses his/her coping, including way(s) s/he has previously coped with difficult situations • Mentions or explores options
Loss / Adjustment	6	Current Grief – Major loss within previous 48 hours	Grief Support – Facilitating acute grieving processes	<ul style="list-style-type: none"> • Receives assistance with one of the named coping mechanisms, i.e., <ul style="list-style-type: none"> - <i>visible emotional expression</i> - <i>quiet reminiscing</i> - <i>religious practice or ritual</i> - <i>communal supportiveness</i> - <i>love expressed</i> - <i>realistic decision-making or planning</i>

Loss / Adjustment (continued)	7	Prior Grief – Major past loss being currently grieved	Grief Counseling – Facilitating grieving of prior losses	<ul style="list-style-type: none"> • Shares reminiscences about a lost loved one • Cries while talking about a lost loved one • Acknowledges the serious life change that has resulted • Receives referral for further grief counseling
	8	Dying – Dealing with goodbyes of the dying process	End of Life Care – Assisting the dying process	<ul style="list-style-type: none"> • Openly discusses an “end of life” issue such as: <ul style="list-style-type: none"> - <i>afterlife</i> - <i>relationship with the Divine</i> - <i>reconciliation with estranged person(s)</i> - <i>forgiveness of sins/regrets</i> - <i>organ donation</i> - <i>pain control</i> - <i>life review</i> - <i>religious membership/practice</i> - <i>concern for survivors</i> - <i>bereavement of other family members</i> - <i>burial arrangements, etc.</i>
	9	Life Adjustment – Making peace with a major change in function or appearance	Adjustment Counseling – Assisting adjustment to major life change	<ul style="list-style-type: none"> • Discusses the implications of the life-changing situation • Verbalizes feelings about the life-changing situation • Verbalizes felt increased adjustment to the life-changing situation
Spiritual / Religious Care	10	Religious/Spiritual Instruction – Need to learn spiritual self-care modalities	Religious/Spiritual Instruction – Teaching a spiritual self-care modality	<ul style="list-style-type: none"> • Receives instruction in: medical ethics, advanced directives, chemical dependence, sacraments, devotions, the rosary, meditation, guided imagery, healing touch, or relaxation exercises. • Bodily relaxes observably or patient dozes • Verbally reports improved understanding and/or acceptance
	11	Religious Support – Need to feel the positive presence of Transcendence	Religious Support – Bringing awareness of presence of the Divine and activity to feel connected	<ul style="list-style-type: none"> • Prays with chaplain or support person • Receives a sacrament • Is contacted by a spiritual leader of his/her choice • Receives a spiritual ritual
	12	Spiritual support – Need to share unique ways one nurtures one’s human spirit	Spiritual support – Responding to sharing regarding a person’s unique way(s) of nurturing the human spirit	<ul style="list-style-type: none"> • Talks with animation about a spiritual self-care belief, practice, or experience • Acknowledges or facially appears validated and understood, through calming
	13	Spiritual Counseling – Need to discuss religious matters, questions, issues	Spiritual Counseling – Discussing religious matters, questions, issues	<ul style="list-style-type: none"> • Openly discusses spiritual questions or problems, such as <i>religious practice, a spiritually supportive modality, religious/spiritual concepts (e.g., heaven, hell, God, salvation, forgiveness, sin)</i> • Mentions, shows emotion about or begins to process disenchantment with a religious organization. • Asks deepening questions of apparent core life concern • Shows tears or otherwise expresses emotion of awe, anger, hurt or peaceful joy • Expresses interest in continuing to explore the issue raised

Spiritual / Religious Care (continued)	14	Self-Forgiveness – Need for relief from guilt or shame	Facilitating Forgiveness – Facilitating forgiveness of oneself for regrets of the past	<ul style="list-style-type: none"> • Mentions need for forgiveness in dialogue • Confesses regrets/“sins” • Receives words and/or signs of reconciliation • Is observably more relaxed or hopeful
	15	Estrangement – Need to re-connect with estranged loved-ones	Estrangement – Assisting a person’s efforts to re-connect with an estranged friend or family member	<ul style="list-style-type: none"> • Mentions an estranged relationship • Talks openly about the estranged relationship • Agrees to receiving or initiating contact with an estranged person of importance to him/her. • Acknowledges having “done enough” to reconcile though it is felt unlikely to be accomplished
Advocacy / Referral / Ethics	16	Ethics Questions – Need to understand or discuss treatment outcome concerns	Ethics Consultation – Assisting patients and families in making gnarly medical decisions	<ul style="list-style-type: none"> • Openly identifies and discusses an Ethics dilemma • Participates with family member in an Ethics consultation • Communicates having clearly made a Medical Ethics decision • Family members’ resignation to limitations of health care
	17	Family Conflict – Need for facilitation of conflict among family members	Family System Facilitation – Facilitating and moderating conflict among family members	<ul style="list-style-type: none"> • Conflict observed • Conflict explored • New perspective observed • New willingness observed • Family assessed for referral
	18	Advocacy – Need for support in finding needed care	Advocacy – Supporting and informing people in finding needed care	<ul style="list-style-type: none"> • Concerns about care expressed • Increased appreciation for the limitations of healthcare • Alternate care identified and received • Staff apology received if indicated • Increased satisfaction expressed • Increased self-responsibility acknowledged
	19	Mental Health/ Addictions – Concerns about mental health or alcohol/mood altering chemical use	Mental Health/Addictions Consultation – Facilitating focus on patient concerns re: mental health or drug use	<ul style="list-style-type: none"> • Participates in a calm conversation about the patient’s concerns of mental health symptoms • Patient’s own concerns about the consequences of his/her addictive behavior • Acceptance of assessment re: addiction or mental health.
	20	Family Mental Health / Addictions Concerns – Concerns about the behavior or mood altering chemical use of a family member	Family Mental Health / Addictions Consultation – Facilitating concerns regarding the behavior or mood altering chemical use of a family member	<ul style="list-style-type: none"> • Shows concerns about the drinking or drug use of a loved person • Accepts referral for assessment or Twelve Step consultation
	21	Love Life Pain – Need for listening, advice, or referral about one’s love life	Love Life Consultation – Listening, advising, or referral regarding pain in a person’s love life	<ul style="list-style-type: none"> • Expresses negative feelings about love life situation • Speaks openly about the situation • Considers referral for counseling assistance

This material was part of a research poster presentation at the national conference of the Association for Clinical Pastoral Education, Honolulu HI, October 25-29, 2005. For more information, contact Gordon J. Hilsman, St. Joseph Medical Center, PO Box 2197, Tacoma WA 98401 *or* gordonhilsman@fhshealth.org.