

Pastoral Care Staffing and Productivity: More than Ratios

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One of the leading areas of interest and concern for professional chaplains is staffing and productivity. Administrators increasingly are requiring pastoral care departments to justify their staffing levels. They, in turn, often look to their cognate group leadership for direction and assistance as they seek to advocate for their positions and determine more effective ways to do their work.

Standards of practice are those established principles and practices that represent the profession and include minimum levels of practice to which professionals are held accountable. They are articulated in observable and measurable terms and are the guiding principles by which professional chaplains conduct their day-to-day responsibilities within their scope of practice.

Since ratios often are used to justify staffing levels in other disciplines, administrators often ask for pastoral care positions to be justified in this manner:

- How many chaplains per bed should an organization employ?
- What figures will help directors convince their administrators to add to their current staff levels?
- How is a chaplain's work described and determined? What is considered 'productive', and how is it measured?
- How does one interpret the work of chaplaincy to administrators and other members of the interdisciplinary team?

With the adoption of the common standards by six professional pastoral care cognate groups in November 2004,

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One of the leading areas of interest and concern for professional chaplains is staffing and productivity. Administrators are increasingly requiring pastoral care departments to justify their staffing levels. How is a chaplain's work described and determined? How is the work of chaplaincy interpreted to administrators and other members of the interdisciplinary team? What practices are considered "productive," and how can they be measured? The authors provide an overview of the history of ratios within professional chaplaincy, identify important issues that impact staffing and productivity, and provide a process to assist chaplains in determining and articulating their department needs.

an opportunity has arisen to explore and identify processes that have potential to standardize the work of professional health care chaplains, and thus to give this work more credibility.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) defines staffing effectiveness as “the number, competency, and skill mix of staff related to the provision of needed care and treatment. Effective staffing has been linked to positive patient/resident outcomes and improved quality and safety of care.”¹ Common standards go a long way toward documenting the competency and skill but leave the question of number unresolved.

Ratios do have a history within the profession. In 1988, the Catholic Health Association set a ratio of one chaplain per fifty patient beds, amending this nine years later to one chaplain per sixty-four beds. In 1992, the College of Chaplains and the American Hospital Association identified a ratio of one chaplain per one hundred patients as the ideal. Larry VandeCreek proposed in a 2001 article that one chaplain per thirty beds represented best practice.²

During 2003, Tim VanDuiwendyk gathered benchmarking data from twelve hospital systems that included seventy-six hospitals.³ He found that the average chaplain to patient bed ratio in hospitals without CPE residents to be one chaplain per ninety beds. For hospitals with CPE programs and residents, the ratio was one chaplain per fifty-three beds. Responses to a question about what was considered “best practice to do the job” put the average ratio at one chaplain

per fifty-four beds. In a recent survey covering almost five hundred medical institutions in all fifty states, The HealthCare Chaplaincy found that ratios ranged between one and two chaplains per one hundred patients, depending on various factors, including total patient census, population density, religious affiliation, and region of the country.⁴

All these ratios are primarily for hospitals rather than for mental health facilities and for inpatient beds only. Further, they represent coverage during “traditional” daytime workweek hours. Paul Derrickson, in his benchmarking of ninety-three pediatric hospitals, found that the average number of beds per hospital was 171 with an average number of chaplains per hospital as 2.5.⁵ In order to meet this identified standard, the Commission on Quality in Pastoral Services of the Association of Professional Chaplains (APC) endorses a daytime ratio of one chaplain per fifty inpatient beds for high acuity patient populations who typically experience longer than three-day stays. Additionally, the Quality Commission endorses a daytime ratio of one chaplain per seventy-five general medical/surgical beds for a low-acuity patient population, which typically experiences one- to three-day stays, and one chaplain per one hundred outpatient procedure slots.

Process

When determining best practice and optimal staffing levels in any field, multiple factors must always be taken into account. While benchmarks such as ratios are helpful, they are not intended as a “one size fits all.” Each institu-

tion is unique; thus, while formulas may be useful and informative, they should not be used as the only criterion for determining staffing.

The Quality Commission emphasizes that in order for chaplaincy departments truly to identify and meet their staffing and productivity needs, it is essential to implement a process that includes much more information than ratios and culminates in a business plan and presentation. This paper focuses on such a process and offers the steps chaplaincy departments can follow to complete it successfully. A template worksheet has been created to assist departments in completing the steps. (See pages 9-10.)

Institutional Survey

The first step is to complete an in-depth survey of the institution that includes the following:

Mission and strategic goals

- The institution's organizational mission and strategic plan.
- How pastoral care contributes to the fulfillment of the organizational mission and what contributions are unique to the chaplains.
- The organizational strategic goals for the current year and how pastoral care may assist in carrying them out.
- How the institution perceives its relationship to the community and how it wants to position itself looking forward.
- How institutional leadership sees the roles of religion and spirituality in the workplace.

- How and by whom the decisions are made with respect to new staff and programs.
- What is expected of chaplaincy from all shareholders. (See *The Discipline for Pastoral Care Giving*, edited by Larry VandeCreek and Art Lucas.⁶)
- Departmental resources needed to carry out the organizational mission and identified goals.
- Departmental strengths, weaknesses, opportunities, and threats (SWOTs).

Current activities

Institutional variables

- Acuity levels, i.e., how sick the patients are generally and what areas of medical service are provided.
- Patient catchment area, including how far away from home they are.
- Any discontinuities, how often and how revealed, between the dominant religion of the staff and the religious traditions of some of the patients.
- Number of deaths per week.
- Identification of the other mental health type services available and whether they are active, on site, and for which service lines.
- Other special religion specific needs of patients, loved ones, or staff.

Current pastoral care staffing

- Number of coverage hours being requested from the chaplains by the organization.
- Identified skills, training, and certification needed by the chaplaincy staff based on the type of facility, staff, patient population, mission, goals, and other identified variables.

- Collect data on direct patient/family care and other chaplain/departmental activities.
- Identify where time is being spent, e.g., ten deaths a week at three hours a death equals thirty hours of ministry at time of death; three inservices a week lasting one hour with twenty staff participating in each inservice equals three hours in staff education impacting sixty staff.
- Identify what the pastoral care scope of service requires.
- Collect data on the number of referrals as well as a breakdown on sources.
- Identify protocols that specify pastoral care involvement.

Integration of internal and external strategic goals and trends

- Internal organizational goals, including clinical, e.g., developing a particular service line, and focus, e.g., patient satisfaction or fiscal challenges.
- Trends in professional chaplaincy, e.g., emphasis on incorporating standards of practice or contributions made to JCAHO preparations and surveys.

In order to see the bigger picture, chaplains need to look outside themselves and their own views about what they think is important. We need to be aware of what our professional organizations view as important and to support those initiatives.

For example, our response to a big push for patient satisfaction may be to highlight how chaplains contribute to it. Our response to a clinical emphasis on developing the pediatric program may be to identify how our departmental focus on pediatrics, e.g., do we have enough staff coverage? Are our chaplains competent in pediatric care or do we need to provide additional training? What are the unique needs of pediatric staff and how do we meet them?

The same is true for how our department interacts with professional chaplaincy. If a highlighted issue of importance at the cognate level is developing standards of practice, or contributing to JCAHO surveys, how do we as a department glean the wisdom from that highlight and how do we put the same emphasis on looking at our own departmental practices?

Broader concepts

Chaplains need to educate themselves on some broader concepts and on how to apply them to the collected data in order to articulate a plan for staffing and productivity in a way that will be appreciated in their particular institutions. Such important issues include the following:

- Concepts of productivity.
- Concepts and practice of leadership.

- Relationship of pastoral care to the common standards of the professional chaplaincy cognate groups, current professional literature, accreditation criteria, performance reports, and outcome measures.⁷
- Place of quality tools and data in professional chaplaincy.
- How to communicate clearly as an advocate for professional chaplaincy.
- How to influence organizational culture.

Useful resources, especially with regard to advocacy and building a department may be found on the APC Web site. Other excellent resources are *The Corporate Culture Survival Guide* by Edgar Schein, *Influence: Science and Practice* by Robert Cialdini, and *The Successful Manager's Handbook*, 6th edition, edited by Susan Gebelein.⁸

Priorities

With the accumulation of information, the tension for chaplaincy departments will begin to appear, i.e., how to balance what is potentially productive with what is manageable. Department directors and teams will need to work with their administrators to set priorities based on the organization's goals and professional chaplaincy's best practices.

Awareness of national trends and standards in health care and in professional chaplaincy will be necessary. For example, if departments consider staffing by service line, the task will be to balance staffing to beds with every staff chaplain carrying an appropriate load.

Activities to Meet the Priorities

Benchmarking looks outward to find best practice and high performance and then measures one's own department against those criteria. It is a process of identifying and understanding practices that have been proven effective and incorporating them in ways that help the department to achieve the best possible results.

It is essential that the tracking provide useful information. Keeping data merely for data's sake is a waste of time for an already stretched chaplaincy staff. Three issues are key contributors:

1. An effective assessment and documentation process that may be identified, measured, and evaluated.
2. An effective referral system that may be identified, measured and documented.
3. Tracking what the department is doing in meaningful ways that are tied with the organization's mission and goals as well as the department scope, national trends, and professional requirements.

Two important concepts are *outcomes* and *evidence*. Outcomes refer to measurable changes in a patient or family experience, healing, or well-being that can be attributed to a specific intervention.⁹ Evidence is data that is obtained which validates the attainment of hoped-for outcomes. Evidence involves identifying and framing a question, developing a strategy, producing and evaluating data, implementing change based on the data, and finally determin-

ing whether the incorporated change ties back to the hoped-for outcome. Art Lucas identified an example in which patient satisfaction surveys found that presurgical patients expressed significant anxiety. His departmental pastoral model was used to assess anxiety before and after surgery and noted a significant decrease with pastoral interventions.

An assessment and documentation process that is considered effective is one that is outcome oriented, evidence based, and aligned both with JCAHO standards and with the organization's system. Two helpful resources in this regard are the "Chaplains, Assessment, and Documentation" template and a February 2005 JCAHO *Source* article, which included input from the APC. Both are available on the Professional Resources page of the APC Web site.

The *Source* article points out several important issues surrounding assessment and documentation.¹⁰ The first assessment—what chaplains more commonly call a spiritual screening—should determine if a more in-depth assessment is needed. The organization needs to have a policy regarding the content and scope of spiritual assessments as well as who is qualified to administer them. Additionally, a mechanism needs to be developed for collecting in-depth information on assessment when it is needed. Staff must be trained, and their competence must be assessed and documented. Finally, any spiritual assessment process must be linked to cultural competence.

Several research projects have benchmarked the activities of professional chaplains. Tim

VanDuiwendyk, CPE Supervisor at Memorial Hermann Hospital in Houston, Texas, identified four top priority activities in his 2003 benchmarking:

1. Patient, family, and staff spiritual care, including traditional religious/spiritual care; death and trauma ministry; ethics and complementary care and education of those who deliver this specialized work.
2. Spiritual values, environment, workplace.
3. Joint ministry with community religious leaders, laypersons, and spiritual care volunteers.
4. Research in spiritual care.¹¹

Kevin Flannelly, Andrew Weaver, and George Handzo of The HealthCare Chaplaincy shared the results of "A Three Year Study of Chaplains' Professional Activities at Memorial-Sloan Kettering Cancer Center in New York City" in an article published by *Chaplaincy Today*.¹² The following activities were included:

- Who was visited, e.g., patient, family, staff.
- How many contacts were made.
- If referral, by whom.
- Religious affiliation.
- Status when seen, e.g., pre-op, post-op.
- Pastoral activity/intervention (twelve types identified).
- Number of referrals chaplains made to other staff.

Several lessons can be learned from the data collected through these benchmarking efforts.

Chaplaincy departments seem most effective when they base their productivity on identified priorities and follow service line assignments. The most useful data are numbers that show types of contacts made rather than number of patients seen. It is clear that chaplains are involved in a large variety of areas beyond direct patient care that bring great benefits to the organization.

Chaplaincy departments may make best use of their resources by the intentional use of volunteers for some activities not requiring the competencies of professionally trained and certified chaplains. Finally, the chaplains' contributions to the meeting of accreditation, best practice, quality, and satisfaction criteria can be clearly articulated to administration and assist the organization in meeting its mission and goals.

Business plan

Once the data have been collected and analyzed, it is most helpful to write a business plan. Such a plan serves as a foundational document for the chaplaincy department by defining the department's scope and identifying goals. While there are many ways a business plan is developed, it typically includes the following:

- A description of the department and its goals.
- An analysis of strengths, weaknesses, opportunities, and threats.
- A listing of services currently offered and proposed services, including timelines.
- An implementation plan, including targeted shareholders and how they will be reached.

- A staffing plan, policies, and milestones.
- A management outline, including additional resources needed for implementation.
- A financial plan for the proposed programs.

Cost/benefit analysis

A cost/benefit analysis is the process of estimating and totaling up the financial value of the benefits and costs of an activity in order to determine its worth. Program benefits are not always monetary. However, for administrators seeking bottom line justification in how organizational resource dollars are spent, some cost savings may be considered just as important as the potential program to be funded.

The impact of a program is the difference between what the situation in the study area would be with and without the program. Thus, when a program is being evaluated the analysis must estimate not only what the situation would be with the program but also what it would be without the program. This offers an excellent opportunity for chaplaincy departments to articulate the benefits they provide to the organization.

Conclusion

One should not look at benchmarking data or utilize a staffing and productivity process without paying attention to future trends within professional chaplaincy. When looking at issues of staffing and productivity, chaplains will need to develop and utilize numerous skills, including the

ability to envision and conceptualize a future for their departments. They must understand how to write a business plan, which includes a cost/benefit analysis. They must be capable of articulating a concept of productivity, practicing leadership skills, and advocating clearly for professional chaplaincy.

Finally, chaplains need to consider carefully how to present their plans to management, taking into account the particular organizational culture and the particular process by which decisions are made. This is so important that chaplains who don't know how to go about it need to seek help or coaching before attempting to do it.

Issues of staffing and productivity will always challenge chaplaincy departments. Relying solely upon a ratio of chaplains to patients misses the mark of articulating the value of chaplaincy to the organization. While the process described in this article demands an investment of time, energy, and resources, the benefits are worthwhile. Not only will chaplains discover the true value of what they do, they will find ways to work smarter and more effectively. ♣

References

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- ¹² Kevin J. Flannelly, Andrew J. Weaver, George F. Handzo, "A three-year study of chaplains' professional activities at Memorial-Sloan Kettering Cancer Center in New York City," *Chaplaincy Today* 20, no 2 (Autumn/Winter 2004), 3-12.

Professional chaplaincy department staffing and productivity checklist

(developed by S. Wintz/G. Handzo)

Institutional survey

Mission and strategic goals

The institution's organizational mission and strategic plan.

How pastoral care contributes to the fulfillment of the organizational mission and what contributions are unique to the chaplains.

The organizational strategic goals for the current year and how pastoral care can assist in carrying them out.

How the institution perceives its relationship to the community and how it wants to position itself in the future.

How institutional leadership sees the roles of religion and spirituality in the workplace.

How and by whom decisions are made with respect to new staff and programs.

What is expected of chaplaincy from all shareholders.

Institutional variables

Acuity levels, i.e., how sick the patients are generally, and what areas of medical service are provided.

Patient catchment area, including how far away from home they are.

Any discontinuities, how often and how revealed, between the dominant religion of the staff and patients' religious traditions.

Number of deaths per week.

Identification of the other mental health type services available and whether they are active, on site, and for which service lines.

Current pastoral care staffing

Number of coverage hours being requested from the chaplains by the organization.

Identified skills, training, and certification needed by the chaplaincy staff based on the type of facility, staff, patient population, mission, goals, and other identified variables.

Departmental resources needed to carry out the organizational mission and identified goals.

Departmental strengths, weaknesses, opportunities, and threats (SWOTs).

Current activities

Collect data on direct patient/family care and other chaplain/departmental activities.

Identify where time is being spent.

Identify what the pastoral care scope of service requires.

Collect data on the number of referrals as well as a breakdown on sources.

Identify any protocols that specify pastoral care involvement.

Integration of internal and external strategic goals and trends

Internal organizational goals, including clinical aspects and focus.

Trends in professional chaplaincy.

Education on broader concepts

Productivity.

Practice of leadership.

Relationship of pastoral care to the professional chaplaincy cognate group common standards, current professional literature, accreditation criteria, performance reports, and outcome measures.

Quality tools and data.

Communicating clearly as an advocate for professional chaplaincy.

Influencing organizational culture.

Identify activities to meet priorities

Effective assessment and documentation process.

Effective referral system.

Tracking activities in meaningful ways tied to organizational mission and goals, department scope, national trends, and professional requirements.

Business plan.

Cost/benefit analysis.