A Physician’s Perspective

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If there is a setting in which chaplains are needed today, it is long-term care. While research indicates that only 54-64 percent of acute care hospitals in the United States have paid chaplain services, no research at all exists, to my knowledge, on the proportion of US nursing homes that have paid chaplain staff. I’m pretty sure the figure is less than 50 percent, and maybe less than 25 percent. (I’m hoping that religiously affiliated homes aren’t the only ones with chaplains on staff.)

Many people with chronic disabling illnesses end up living the remainder of their lives in some type of long-term care setting. Statistics show that 25 percent of all deaths in the US occur in nursing homes, and the average time to death after nursing home admission is 2.4 years. In 2007, there were 1,368,230 individuals living in 16,995 nursing homes; two-thirds of these were for-profit facilities. If one lives to age 65, there is a 43 percent chance of spending time in a nursing home. The sad thing is that 50 percent of nursing home residents have no close relatives, and 60 percent receive no visitors.

Who is available to meet the spiritual needs of these people during this final stage of life? Community clergy? I doubt it. Who meets the needs of families struggling with issues of guilt and other emotional and spiritual conflicts over having to place a loved one in long-term care? What about the emotional and spiritual needs of the staff, who often are both overworked and underpaid? In North Carolina, the average pay for a certified nursing home aide is $24,000; the poverty level in 2009 was $23,803. No wonder that abuse and theft are rampant in such facilities. Talk about a mission field!

By its mere existence, this standards of practice document acknowledges the importance of chaplains within long-term care and sets standards for the type of care that they should deliver. Not only does it include screening and assessment, it encompasses working with staff to help them recognize the spiritual needs of residents and their families. Further, it calls chaplains to move beyond the institution and collaborate with community clergy to increase their involvement as well as the involvement of members of their congregations. What is really exciting is that these standards describe more than merely holding religious services or providing sacraments. Rather they emphasize one-on-one contact between chaplain and resident for spiritual assessment, spiritual care planning and implementation of a spiritual care plan. Furthermore, they stress one-on-one support for staff as well. In a word, BRAVO!

One major strength is that these standards also describe the benefits for chaplains working in long-term care, including the opportunity to develop long-term relationships with patients, family and staff, which allows for greater depth and understanding of spiritual needs. How different this is from acute care, where short lengths of stay seldom allow such meaningful relationships to develop. The standards also emphasize the role of the chaplain as a spiritual care leader who is an integral part of the health care team and not simply “added on” because it looks good.

Of course, I could not help but be impressed by Standard 12 – Research. This is a significant strength as it roots chaplain activities in evidence-based care, the standard to which all health care professionals are now being held accountable. This standard emphasizes the need for chaplains to learn about and to critically evaluate the research as well as actually contributing to the research base by collaborating with other researchers, serving as either principal or co-investigator on
research that will be published in peer-reviewed publications and/or presented at conferences. In one word, AWESOME!

I actually don’t see a lot of limitations in the standards of practice with the possible exception of the section on documentation. Documentation is a necessary—albeit evil—part of the work that chaplains do. I hope that this will not result in the same problem that nursing has encountered in which documentation has come to take up a very large part of the nurse’s time, which usually means less one-on-one time with patients. I hope that priority will be given to meeting the needs—both spiritual and emotional—of patients, families and staff, rather than writing about it.

Overall, I’m thrilled to see APC take the stance of emphasizing the importance of chaplains in long-term care and describing the standards they are expected to meet. Now, all that’s needed is to persuade nursing homes to hire chaplains so that these standards may be utilized.