



THE IMPACT OF COVID-19 ON SPIRITUAL CARE DELIVERY ACROSS HEALTHCARE SETTINGS

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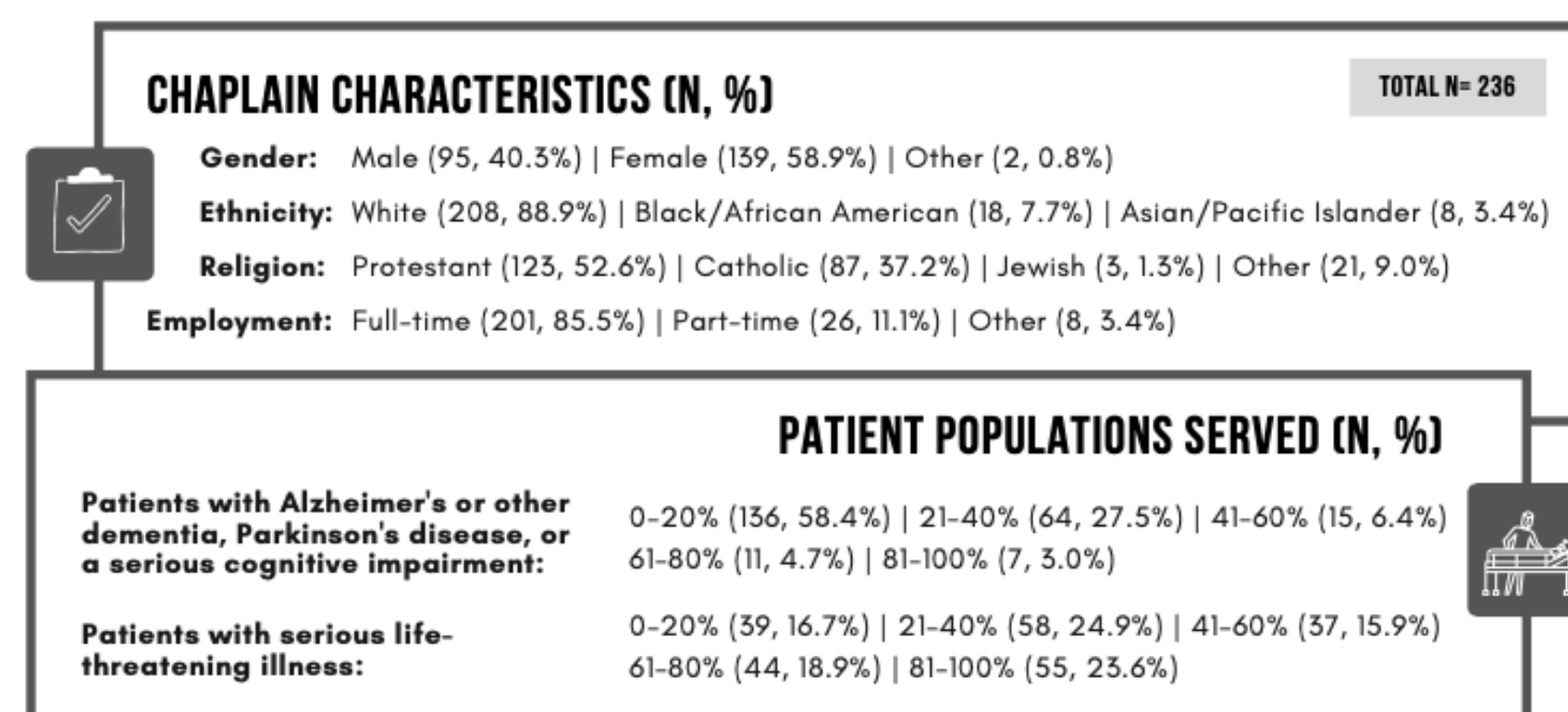
BACKGROUND

- COVID-19 has exacerbated strains on existing healthcare systems, contributing to spiritual and existential crises.
- This study surveyed healthcare chaplains to explore 1) the changes and difficulties that have arisen for patients, caregivers, and staff due to COVID-19; and 2) the impact of such challenges on chaplaincy practices and delivery of spiritual care.

METHODS

- Data were collected from a 2020 online survey of board-certified chaplains recruited through three major professional chaplains' organizations in the U.S.
- One of six open-ended questions included in the survey asked how COVID-19 impacted chaplaincy practice, which yielded responses from 236 healthcare chaplains.
- An inductive line by line approach was used to analyze the qualitative data, develop codes, and determine key conceptual themes.

SAMPLE CHARACTERISTICS



- Most common work setting for surveyed chaplains was a community hospital (n=101), followed by an academic medical center (n=41).
- About 48% were designated to palliative care, ICUs, and/or oncology.

FINDINGS

THEME 1: RISK MITIGATION & OPERATIONAL CHALLENGES (N=156)

VISITOR RESTRICTIONS (N=47)

"The visitor restrictions have made family-resident-medical team discussions more difficult." (ID: R_2OZ)

1

RESTRICTIONS FOR PATIENT ROUNDS (N=44)

"COVID has made most patient visitation impossible, so a lot of our conversations are now with the patient alone...Currently, I would say our ACP is sub-optimal as a result." (ID: R_10T)

2

PPE REQUIREMENTS (N=19)

"PPE and infection protocols make having difficult conversations challenging. It's hard for people to hear my voice and see my expressions." (ID: R_2Yt)

3

IMPACTED CHAPLAIN WORKFORCE (N=22)

"My ministry work was shifted to Zoom teleministry only with the clients and my hours shortened, and now my contract was ended due to budget cuts." (ID: R_3CW)

4

INCREASE IN TELE-CHAPLAINCY (N=89)

"Increased usage of iPads, Zoom, and video conferencing. this is a bridge for families who cannot visit or [for] coordinating a family/physician conversation or palliative consult." (ID: R_UAW)

5

THEME 2: IMPACT OF SOCIAL DISTANCING GUIDELINES (N=79)

LACK OF PERSONAL APPROACH (N=20)

"There is something that is missing. There is a truth when you can see the patient's face, their expression, their body movements, etc...Somehow, 6 feet of distance and no comforting measures seem so antithetical to chaplaincy." (ID: R_28Z)

1

PATIENT ISOLATION (N=16)

"The inability to have families present to patients in the hospital setting. The profound loneliness for patients and distress for staff that this isolation causes." (ID: R_2AH)

2

COMMUNICATION DIFFICULTIES WITH PATIENTS & FAMILIES (N=6)

"During time of visitor restrictions, family conferences and decision-making [were] challenged because of holding more conversations on phones...family members couldn't see and visit patients." (ID: R_1IT)

3

MENTAL HEALTH CONCERNS OF PATIENTS & FAMILIES (N=17)

"Limited (or no) visitors in the hospital, followed by death and no religious services or gatherings. The families' grief is compounded by so many of these things." (ID: R_2Ec)

4

LIMITED ADVANCE CARE PLANNING (N=21)

"With no visitors in the hospital and with the legal restriction that hospital employees may not witness the ACP document, we are unable to complete the documentation in house." (ID: R_2eP)

5

THEME 3: INCREASED NEED FOR AND PROVISION OF PSYCHOSOCIAL & SPIRITUAL SUPPORT (N=52)

PROVIDING SUPPORT FOR PATIENTS & FAMILIES (N=26)

"Very few family members are coming to the hospital, even for deaths. We are doing more bereavement care by phone or in very brief moments in the hospital or outside the hospital." (ID: R_26e)

1

PROMOTING STAFF EMOTIONAL HEALTH (N=29)

"Much more staff support including debriefings, and webpages for mindfulness, prayer, services, meditation, etc." (ID: R_1mO)

2

DISCUSSION

- In light of the pandemic, chaplains have adopted innovative and flexible methods to continue facilitating healing and spiritual support.
- As feelings of uncertainty and loss persist, there will be an increased need for spiritual care to address unmet concerns of patients and families.
- Policies to mitigate chaplain burnout and foster healthy coping should be considered for future implementation.