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)

“Visitor restrictions have made family-resident medical team discussions more difficult.” (ID: R_202)

RESTRICTIONS FOR PATIENT ROUTINES (N=44)

“COVID has made most patient visits 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_101)

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_271)

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

LACK OF PERSONAL APPROACH (N=20)

“There is something that is wrong. There is a truth when you see less of the patient’s face, their expression, their body movements, etc…Sometimes, a feel of distance and no comforting measures were contractual.” (ID: R_282)

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

INCREASE IN TELE-CHAPLAINCY (N=89)

“Increased usage of phone, zoom, and video teleconference as a bridge for families who are unable to visit or coordinating a family/ physician consultation or palliative consult.” (ID: R_282)

COMMUNICATION DIFFICULTIES WITH PATIENTS & FAMILIES (N=6)

“During these times of visitor restrictions, family conferences and decision-making were challenging because of holding more conversations on paper…family members couldn’t see and visit patients.” (ID: R_107)

MENTAL HEALTH CONCERNS OF PATIENTS & FAMILIES (N=37)

“Limited (oral) visits in the hospital and the feeling of no religious services or chaplaincy. The family stress is amplified by many of these things.” (ID: R_284)

LIMITED ADVANCE CARE PLANNING (N=20)

“With stay-at-home orders the hospital and the their social workers have not written the ACP document, we are unable to complete the documentation in person.” (ID: R_247)

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.