Spiritual Diversity: A Challenge for Hospice Chaplains

Scott Hall, University of Dayton
Spiritual diversity: A challenge for hospice chaplains

Scott E. Hall, PhD, LPCC

Abstract

Spirituality is a critical component of the holistic mind-body-spirit model embraced by Hospice. Hospice chaplains, as part of the caregiving team, must understand their abilities and limitations in providing spiritual guidance to others who may differ in religious and spiritual beliefs.

Introduction

The idea of spirituality recently has experienced a resurgence among the American population; there has been much speculation regarding the reasons for this. The "graying of America" concept seems to suggest that a major portion of society is preparing for the afterlife; another theory is that the "baby boomers," who are experiencing some form of mid-life crisis and are coming to grips with their own mortality, feel a need to search for the Divine. Whatever the reasons, the media is promoting this spiritual interest among the populace. An interesting twist, however, is that many persons are searching in very secular ways that embrace philosophies ranging from Native American Shamanism to Zen Buddhism. The point to note is that many persons who might claim to be spiritual do not adhere to a specific dogmatic religion such as Catholicism, Judaism, or the Protestant faith. This diversity in religion and spiritual expression has a direct effect on hospice organizations and the care they provide.

The focus of hospice care is to provide assistance to persons and their families who are in the final stages of a terminal illness. As such, there are moments when patients may show concern or feel the need for assistance in preparing for the afterlife. Requesting spiritual guidance is an important need for many patients and their families. Hospice organizations realize this and typically have persons identified who can meet this diverse need.

Reasons for spiritual care

Patients and their families request spiritual guidance for a variety of reasons, which include:

- preparing for death and the afterlife;
- asking questions and venting anger about the illness and why it happened;
- resolving past wrongs and receiving forgiveness;
- adding a presence of security and peace in a world that seems to be crumbling down;
- helping family members cope.

The responsibility can be tremendous for members of the hospice team. However, hospice organizations are known to practice the holistic model of mind-body-spirit care. Although the caregiving team consists of therapists, nurses, physicians, and clergy—all tasked with providing a piece of the holistic model—their roles are not mutually exclusive. The mind-body-spirit components are all part of the unique individuality of the patient. Therefore, patients will vary slightly in the care they need and/or request, as well as in their views on the illness, the care being offered, and the caregivers. This complexity holds true for patients' families as well.

So how do hospice organizations adhere to their mission of assessing, offering, and providing holistic care to patients and families who may or may not embrace the Hospice philosophy? The first step is gaining awareness. This needs to occur for the patients, the families, and the caregivers.

Initial assessment

The use of assessments to determine patients' understanding of their illnesses and desired care seems to be standard protocol within hospice organizations. A hospice team member, usually a social worker, will make an initial visit with a patient to gather such information so care can be tailored to the patient's and family's needs. The social worker also may inquire if the patient has a spiritual caregiver or a church pastor to call on. Asking the patient and family if they would like...
the hospice chaplain to pay a visit is also appropriate. If the patient or family says "yes," then a visit by the chaplain is scheduled. It is also important for the social worker to be alert for patient statements expressing anger toward God, asking "Why me?" in regards to the illness, or questioning the afterlife. These statements, having spiritual overtones, are signals for the social worker to suggest to the patient and/or family that a chaplain is available for consultation and counseling.

Hospice chaplains

Hospice chaplains may be paid or volunteer and are viewed as an integral part of the hospice caregiving team. Determining who should be a hospice chaplain or spiritual caregiver should be given much consideration. As Ted Harvey noted in his article "Who is the chaplain anyway? Philosophy and integration of hospice chaplaincy," hospice chaplains play many roles in their effort to provide spiritual care.² And because spirituality is intertwined with the mind-body areas of wellness, it is critical for hospice organizations to select spiritual caregivers who will work as team players with the other staff. Because of the varieties of religious and spiritual views that exist, one should not assume that an individual would be a good spiritual caregiver simply because s/he is ordained clergy or a member of a specific religious order. Hospice organizations may seek out a specific clergy member from a local church or be approached by clergy who wish to volunteer their services as hospice chaplain. In either scenario, a hospice staff member, such as the volunteer coordinator, should first conduct interviews with the prospective chaplains desiring to be part of the hospice care team. The interview should include a range of questions and dialogue on the following issues:

- the reasons the chaplain would like to be a part of the hospice team;
- the chaplain's views on spirituality and religion;
- the chaplain's understanding and views of the mental and emotional issues confronted by hospice patients (i.e. grief/loss, death/dying, anger, confusion, etc.);
- the chaplain's view of the role s/he would play as part of a multi-disciplinary care-giving team;
- the chaplain's level of openness to diversity in beliefs, lifestyles, sexual orientation, race, etc.;
- the chaplain's desire to work with patients holding different or similar religious or spiritual beliefs than their own.

Although chaplains have identified themselves with particular religions, there is no guarantee that a patient or family members have similar beliefs. Two questions arise:

- What should chaplains do if they realize there is a clash between beliefs and feel they would be ineffective in meeting a patient's and/or family's needs on spiritual issues?
- Do the chaplain, patient, and/or family members need to have similar beliefs for helpful spiritual guidance to occur?

The need to refer

If a chaplain is only comfortable working with patients and their families who have a similar faith, then that chaplain should let this be known to the volunteer coordinator or appropriate staff member. This reflects the characteristic of being genuine. In previous articles, I discussed in depth the need for hospice members to be genuine in their interactions with co-workers and the patients and families they serve.²³ The hospice coordinators strive to make the best possible match between patient/family needs and the caregivers who provide the services. It is, therefore, important to know any biases the chaplain may have prior to being placed.

If, however, the chaplain feels open to working with a diversity of religious and spiritual beliefs and lifestyles, the chaplain still should be aware of issues that arise, which may require a referral to another health care provider. For instance, if a patient or family member exhibited deep depressive episodes or obsessive thoughts, then a mental health therapist should be notified. Or if the chaplain realized, after being placed, that s/he was not as accepting of the patient's lifestyle or religious and spiritual convictions as first thought, then an appropriate hospice staff member should be notified so another chaplain can be assigned. Although caregivers seem compelled by nature to help others, they should acknowledge any limitations that would impede their ability to provide the best possible care.

Working with diversity

After gathering information from several hospice organizations concerning the role of the spiritual caregiver, I became aware of a common theme. Spiritual care guidelines stressed the importance of focusing on the patient's and family's needs while respecting their own ideas of the spiritual. Also stressed was the philosophy that the spiritual caregiver's own beliefs should not be imposed on the clients. This philosophy refutes previous claims made by Harvey that "it is the chaplain's responsibility to correct wrong assumptions regarding theology, image of God, death, dying, salvation, and moral orientation."¹

The challenge for hospice chaplains is to provide spiritual guidance when their basic belief system may be slightly different from, or in total opposition to, that of the patient and family. The first step is to be aware of the patient's belief system and spiritual identification. A spiritual assessment provides the chaplain with an overview of the patient's frame of reference regarding spirituality. For example,
does the patient identify with God, a higher power, or something other? Is the personal image one of creator, friend, judge, savior, etc.? Is the relationship to the image one of anger, trust, comfort, fear, question, or alienation? What is the patient’s view of the afterlife? These are just a few of the questions that help the chaplain establish trust and allow for spiritual care to focus on the patient’s needs.

Although the spiritual assessment is a valid method for gathering information about the patient’s spiritual needs, it does not necessarily instruct us on all the philosophies and rituals surrounding the various religions a chaplain may encounter.

So how does a chaplain work with such diversity? Jordan Wood’s article “This patient isn’t a Christian—Now what?” provided a nice overview of the various ideas and practices associated with different religious orientations. He also included suggestions for working with agnostics and atheists.

A knowledge of religious variety is helpful in chaplaincy work but should serve as only a guide in dialogue with the patient or family. Hospice chaplains must assess the degree or level a patient or family accepts and follows a certain religion or spiritual direction. Asking a patient what being Protestant, Buddhist, etc., means to them and how they practice their beliefs is a way to begin understanding.

It would be remiss to assume that simply because a patient or family states they are Catholic, for instance, that their interpretation of Catholicism parallels the chaplain’s interpretation of Catholicism. Clarification is needed. This can hold true for even simple words such as friend. For example, if I was told a patient’s image of God was that of a friend, I might assume s/he had a positive, comforting relationship with the Divine. However, upon further clarification of the term friend, the patient might reveal that, in fact, s/he holds much anger toward God for being terminally ill, yet considers God a friend for not inflicting family members with a similar illness.

Another way to view the chaplain/patient relationship is by process and content. The chaplain, in essence, allows the opportunity for open, non-judgmental conversation to occur and can be viewed as the expert of facilitating the process of dialogue. The patient is the expert of the content—the story of the journey. Approaching diversity in religion, spiritual beliefs, lifestyle, or culture in this manner sets the stage for respectful, genuine, empathic guidance.

Conclusion

Hospice organizations have long been aware of the importance of integrating the mind-body-spirit model in the care they provide to patients and families. Using the holistic model also requires a multidisciplinary team who embrace this philosophy. Hospice chaplains, as part of this team, are in a position to facilitate spiritual guidance to a population diverse in religious or spiritual beliefs and needs. Being aware, genuine, nonjudgmental, empathic, and flexible are characteristics that make the hospice chaplain an integral part of the hospice care team and a value to the persons they serve.

References