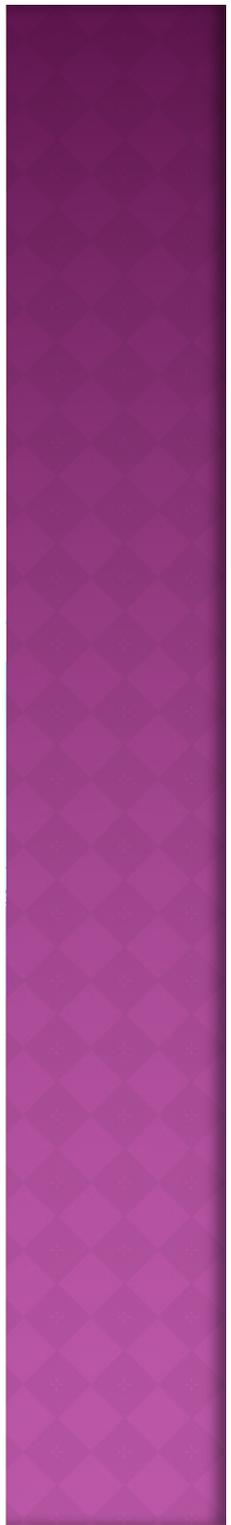


MOVING FORWARD WITH CHAPLAINCY RESEARCH LITERACY

Theresa Utschig, MAPS, BCC
September 15, 2017

BRANCHES OF CHAPLAINCY

- ◉ Front line chaplaincy
- ◉ Management/leadership/strategy
- ◉ Supervision/training of new chaplains
- ◉ Research chaplaincy
- ◉ In future?



RESEARCH: A NEW BRANCH OF CHAPLAINCY

- ◉ Chaplains have already been doing research
- ◉ We already read research by other chaplains in our field
- ◉ Question: Can you be both a chaplain and a researcher?

Why or why not?
Discuss in groups
of 2-3 people...



TRANSFORMING CHAPLAINCY

www.transformingchaplaincy.org



TRANSFORMING CHAPLAINCY

Promoting Research Literacy
for Improved Patient Outcomes

Chaplain Research Fellowships

CPE Curriculum Development Grants

Online Education: A free online 8-week course titled *Religion, Spirituality, and Health: An Introduction to Research*

Chaplaincy Research Summer Institute (CRSI)

CHAPLAINCY RESEARCH SUMMER INSTITUTE

JULY 24-28, 2017, RUSH UNIVERSITY MEDICAL CENTER, CHICAGO, ILLINOIS

“Through the Chaplain Research Fellowships, *Transforming Chaplaincy* is also helping to develop a cohort of chaplains with the training to contribute to chaplaincy research. What is missing is an opportunity for chaplains with more limited time to develop the knowledge and skills that will enable them to undertake simple but important research and quality improvement projects. The purpose of the Chaplaincy Research Summer Institute (CRSI) is to equip chaplains with that knowledge and skills in a short-term intensive format with follow up. An additional purpose is to develop a network among novice and experienced chaplains engaged in chaplaincy research.”
(underlining added)

- Froedtert Spiritual Services' goal: To become research literate
- Spiritual Services research committee established to investigate how to facilitate research literacy in the department
- Research literacy opportunities:
 - Departmental training in how to access articles through the Medical College resources
 - Chaplains finding, understanding and presenting journal articles at meetings
 - Additional training with statistician
 - Creation of quarterly Journal Meeting to present and discuss journal articles



OUR OWN RESEARCH?

One of my units handles a stressful patient load daily: long and short-term mental health patients, heart and lung patients, sheriff cases, etc. I wanted to find a way to help the nursing staff to use simple spiritual practices that could help to alleviate that stress throughout the day, and decrease stress on the unit over time. The CNS and unit manager supported and encouraged my idea, as did my own manager.

- ◉ I thought we could perhaps combine this with the goals that our research committee had already put forward, and use this as an opportunity to develop our research skills as a department
- ◉ If this were successful on this unit, perhaps we could bring this to other units at the hospital as well

PROQOL

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- 1. I am happy.
- 2. I am preoccupied with more than one person I *[help]*.
- 3. I get satisfaction from being able to *[help]* people.
- 4. I feel connected to others.
- 5. I jump or am startled by unexpected sounds.
- 6. I feel invigorated after working with those I *[help]*.
- 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- 10. I feel trapped by my job as a *[helper]*.
- 11. Because of my *[helping]*, I have felt "on edge" about various things.
- 12. I like my work as a *[helper]*.
- 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- 15. I have beliefs that sustain me.
- 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- 17. I am the person I always wanted to be.
- 18. My work makes me feel satisfied.
- 19. I feel worn out because of my work as a *[helper]*.
- 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- 21. I feel overwhelmed because my case [work] load seems endless.
- 22. I believe I can make a difference through my work.
- 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- 24. I am proud of what I can do to *[help]*



MY RESEARCH PROPOSAL

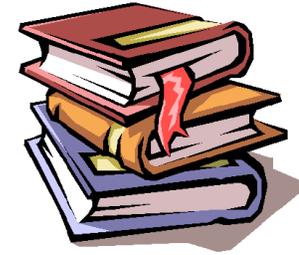
- Administer the ProQOL before doing a series of teaching sessions on stress reduction/mindfulness techniques.
- Teach awareness/mindfulness practices for a certain length of time (6 months).
- Administer the ProQOL after the teaching sessions.
- Determine if the use of the mindfulness/awareness/stress reduction techniques made any difference in relieving the daily stress on the unit.

WHAT THIS WOULD REQUIRE

- Specific research questions
- Literature search
- Refine proposal and question
- IRB approval
- Funding
- Time to do the research (time = \$)
- Hire statistician
- Determine where to publish (chaplainscy journal v. JAMA etc)
- Hospital structure supportive of research
- 2-3 years per project



CONSIDERATIONS



- ◉ Use of ProQOL might itself be beneficial as an education tool
- ◉ How to determine what actually decreased the stress on the unit? (awareness of the issue, actual practice of the mindfulness exercises, the regularity of practice, being part of a group, etc.)
- ◉ Has a similar study been done before and would our study bring any more information to the table?
- ◉ Part of our goal was to make this available in all units, after the initial run on one unit. Would this study help us to make this happen?
- ◉ How would we get IRB approval?
- ◉ How would we have time to do the foundation work for a best practice research project?

WHY DO RESEARCH?

1. Inform the medical community about what we do
2. Find allies/partners in the medical community
3. Articulate what we do
4. Share best practice with other chaplains
5. Pass on our skills to new chaplains

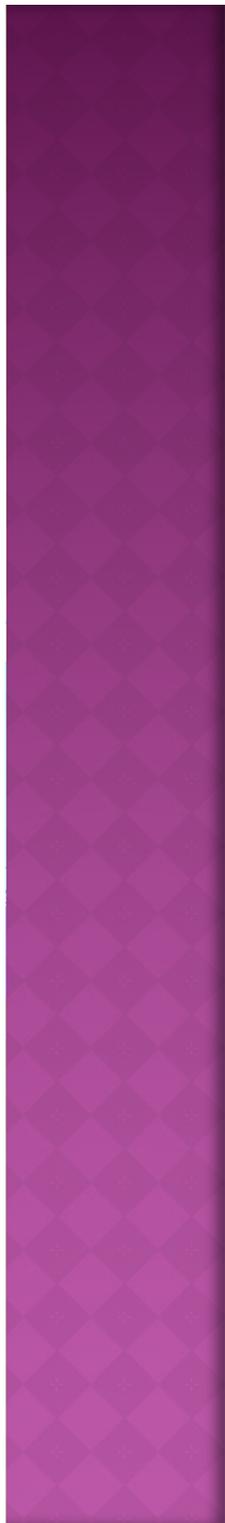


BARRIERS/CHALLENGES

- ◉ Steep learning curve
- ◉ We are still unclear whether doing research is a good thing for us as a field, or whether it is even possible for us to talk about our work in a way that does not lose the core mystery of Love, transformational aspect of our work
- ◉ How to strategize and prioritize research literacy in our department
- ◉ How to maintain the high quality of our interventions, while taking valuable time to reflect on our interventions
- ◉ How to support the medical model of interventions while remaining prophetic

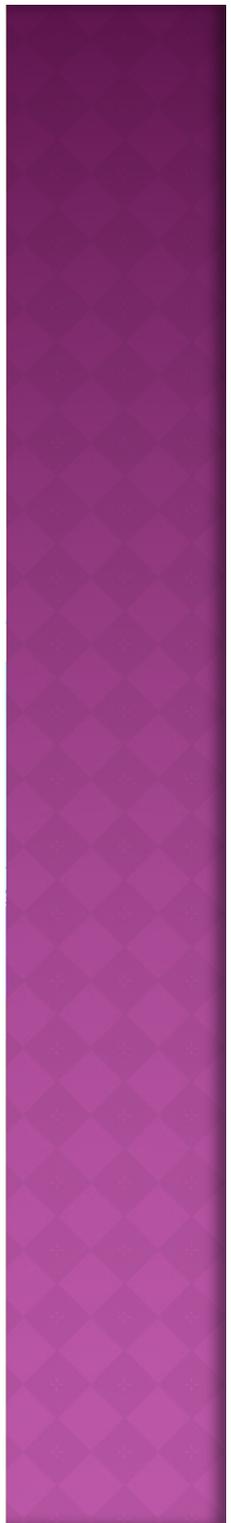
1. INFORM MEDICAL COMMUNITY ABOUT WHAT WE DO AS CHAPLAINS

Challenges	Opportunities
Not everyone in the medical community is clear on what we offer as spiritual care providers.	Are we are articulating clearly the benefits of our work? How can we describe the emotional, spiritual and religious care we provide to patients and families?
We may need to prove that we contribute to the bottom line.	Do we have the research to back this up, and to communicate it?
Our milieu is currently more secular, and has constant social, political, and economic changes.	Do we have enough time to do the reflection necessary to navigate changing times?



2. FINDING ALLIES/PARTNERS IN THE MEDICAL COMMUNITY

- How do we address the communication gap that can exist between the medical team and the patient/family?
- How can we help to create a stronger team by partnering with the medical providers?
- How can we help the others on the team help us to provide good emotional and spiritual care?
- The IDT team functions better when we are on the same page.



3. ARTICULATING WHAT WE DO

- We have years of accumulated wisdom:
 - What to say, and when
 - Interventions we use on a daily basis
 - How and when to use the interventions
 - How we choose which intervention to use at any given time
- Can we add our wisdom to the knowledge base that is out there in the medical community?
- How do we distinguish our spiritual care from the care for the spirit that nurses provide, for example?
- In light of the current medical focus on “evidence-based care,” how can we articulate our skills and their impact on the people we serve?
- What are the challenges involved in articulating what we do? (discuss)



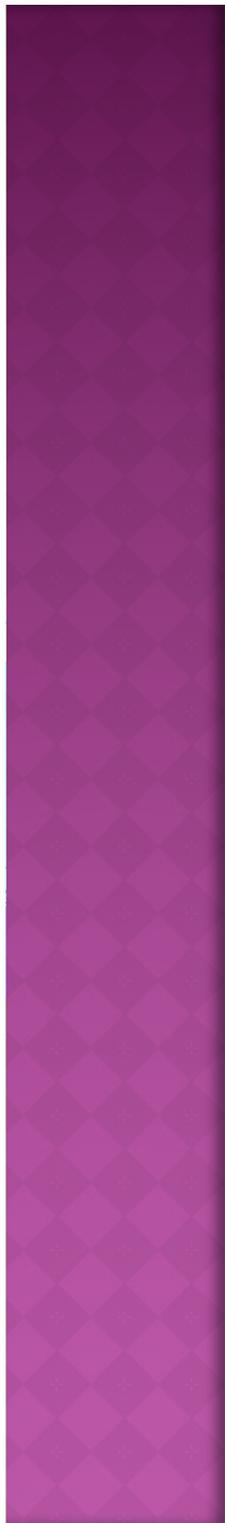
4. SHARING BEST PRACTICE WITH OTHER CHAPLAINS



- ◉ As we move to a more secular environment (more “nones”), are we taking the time to ask other chaplains how they are grappling with this?
- ◉ How are they addressing staff stress levels?
- ◉ What about the move to outpatient?
- ◉ What models of community care are they using as they cover the needs at their institutions?
- ◉ What tools are they using, or have they developed?
- ◉ What tools have you developed that you can put out there for other chaplains to use?
- ◉ Can we put our skills together and begin to think more collaboratively about our work?
- ◉ What if we were to publish our work?

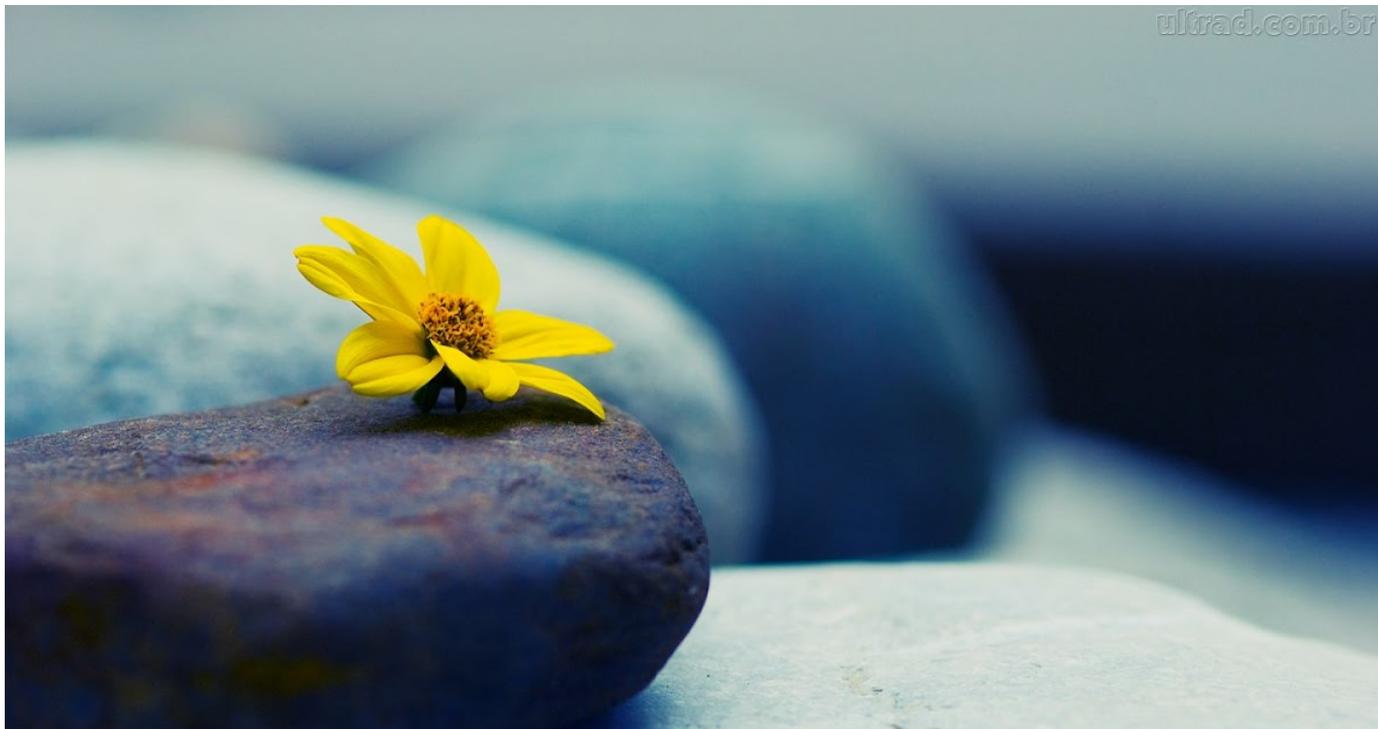
5. PASSING ON OUR SKILLS TO NEW CHAPLAINS

- ◉ Experienced chaplain have a wealth of knowledge and skills
- ◉ How are we passing on this wealth to new chaplains?
- ◉ How can we support those who are supervising new chaplains, including creating and providing materials that can be used in training?
- ◉ Examples:
 - Reflections on the work we do
 - Tools we have created and reasons why
 - Interventions
 - What has influenced our ministerial decisions
 - How spiritual development can happen in hospital environments
 - How our work helps promote spiritual transformation in patients/families as they navigate illness and wellness



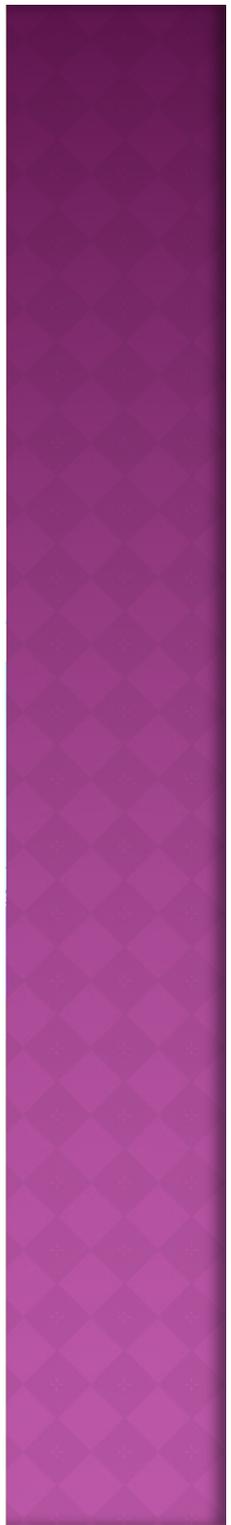
THE VALUE OF CHAPLAINCY AND HOW TO COMMUNICATE THIS

- ◉ We have a unique and often un-measurable presence in the organizations we serve

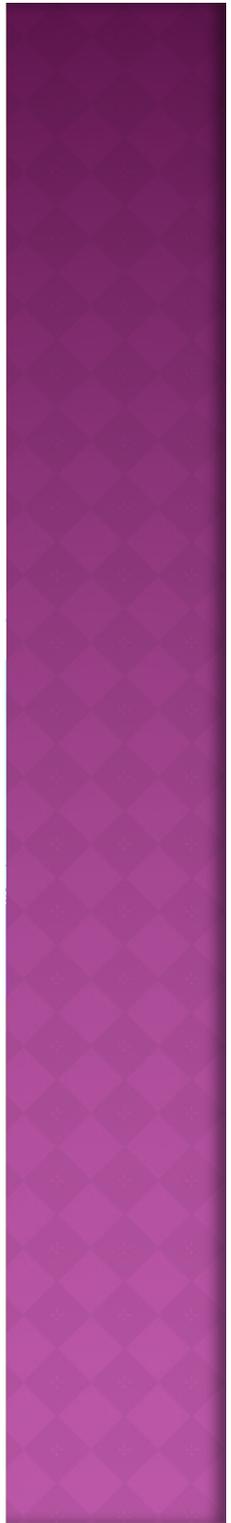


- ◉ What kind of research would be authentic?

BRAINSTORM: WHAT IS POSSIBLE
FOR YOU/YOUR DEPARTMENT OR
FOR CHAPLAINCY IN WISCONSIN?



QUESTIONS? REFLECTIONS?



Make of us a wondering, far-sighted,
questioning, restless people
and give us the feet of pilgrims on this
journey unfinished.

Macrina

Wiederkehr

