In the Face of Death:
Best Practice for Chaplains Serving in Hospice Houses

Mission of Cornerstone Hospice

The Mission of Cornerstone Hospice and Palliative Care is to make quality Hospice care available to all persons, their families, and those affected by serious illness, death and dying in our community; to advocate effectively for patients’ comfort, dignity and choice; and to be recognized as the leading resource in clinical, ethical, and spiritual issues of dying and grief.

Basic Hospice Philosophy

• Always remember patient care comes first.
• This work is not about us as Chaplains, but about our patients and families.

Before the Chaplain Enters a Facility

Serving in a Hospice House will challenge you spiritually, emotionally, and physically. The stress of the position requires the Chaplain to address his or her inner person. Being spiritually centered before you enter the facility is an absolute necessity. You need to not only be there, you need to be ALL there.

Christy Matta, M.A., writes with clarity about stress reduction and stress management. Her insights on the 5 Signs of Emotional Exhaustion at Work caught my eye. The work of the hospice Chaplain is heavily emotional. A Chaplain that does not practice self-care is a sitting duck for emotional exhaustion. Chaplains MUST engage in self-care or fall prey to a potentially career ending crash. See her article in full at http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=48310&cn=117.

o Negative Feelings: Frustration and irritation at work are common when you're emotionally exhausted. Your frustration might be focused on parts of the job, a coworker's behavior, or job politics and bureaucracy.

o Feeling Pressured and Out of Time: When we're emotionally exhausted we don't have the resources to handle the pressures of the job. You might find yourself feeling pressure to succeed, without time to finish your work or do a good job or without time to plan for your day and proactively deal with work demands.

o Negative Thoughts: Our thoughts are closely linked to our feelings. When we're feeling bad, we're also often thinking negative thoughts. Thinking "I'm alone," having overly judgmental thoughts towards your co-workers or the organization or thinking
harsh thoughts about yourself are all common signs of emotional exhaustion. Thoughts that "I shouldn't have to deal with this" "this is unfair" or "my coworkers/supervisors/management are incompetent" are judgmental thoughts that might be a sign of emotional exhaustion.

- Strained Relationships: Feelings of isolation and negative thoughts about coworkers...or leaving home having had an argument with a spouse/loved one/significant other can leave you with strained relationships at work, adding to feeling isolated and leaving you emotionally depleted.

- Counterproductive Work Behaviors: When you're emotionally exhausted, you may feel drained or depleted and find that you are more emotional at work. As a result, you may end up acting in ways you otherwise wouldn't.

Steps to healthy self-care:

1. Recognize you are in the throes of emotional exhaustion.
2. Talk to someone you trust about it.
3. Make any adjustments you can.
4. Take a few days off.
5. Evaluate how you spend your off hours.
6. Do something that gets your mind off of work.
7. Feed your spirit.
8. Talk to someone you trust. (not a repetition, just an emphasis)
10. Learn to relax. Most Chaplains don't know how to do this well at all.

A healthy model for ministry is Jesus Christ. He said to his weary disciples in Mark 6:31, “Then, because so many people were coming and going that they did not even have a chance to eat, he said to them, “Come with me by yourselves to a quiet place and get some rest.”

Before you enter the facility, if you are feeling seriously stressed, write down your stressors, your emotional pain, or whatever might be a distraction and purpose to deal with it later. You must be clear in your thinking, your sensing, your speaking, and your
spirit. The needs of the patients are priority needs. Again, they need you there and ALL there.

**Basic Practice in Chaplaincy**

Because both patient and family members are going through extreme emotional and spiritual pain, I am asking that you follow this action plan to ensure high quality spiritual care in the Houses:

1. **Check on each patient daily.** Complete all Initial Assessments the day the patient arrives at the Hospice House. Complete a Routine Assessment for patients that are lucid or have family members present for whom you opened a Care Plan (Spiritual Care [Family]). Document a Clinical Note when no one is present and the patient is either sleeping or is actively dying.

2. **If family members are NOT present at the time you are at the House, contact them by phone and write a Clinical Note.**

3. Should the family members or patient request a Priest or other religious leader make every effort to contact that faith leader and document your efforts. This is the Chaplain’s responsibility, not the Nurse’s.

4. Respond as soon as possible to any request by the Nurse(s) for spiritual concerns. Be supportive of all staff at the House.

5. Make yourself available to provide support to the staff when you are not in direct patient care.

6. Serve as a Hospice Ambassador to ALL who are visiting in your House. Seek out ways to provide care for families that are new to the Hospice House, i.e. getting them coffee, or other beverage; providing information about the House; introducing them to key leaders in the House that they might interact with. Remember, this may be routine for us as we are familiar with all the systems in the House, but this is their first journey into a Hospice House. Please help make this stressful journey one they will remember in a positive manner. Always be alert to a family member who is seated alone and looks distressed. Be a friend and confidant. Be Chaplain of the entire facility.

**Best Practice Providing Spiritual Care and Interacting with Patients/Families**

1. Remember that the patient’s room and bed are their personal space while they are in the hospice house.
a. Knock before entering the room or, even, on the wall near the bed before crossing the line of a curtain that defines that patient's particular area.

b. If the curtain is completely drawn around the bed, speak outside the curtain and be sure you have the patient's/family's permission before stepping inside the curtained-off area.

c. Announce yourself by name, with Cornerstone Hospice, and role and ask if it is OK to come in. For example, “Hello, my name is Chaplain Rich. May I come in for a moment?”

d. Respect for the humanity, privacy, and religious beliefs of each patient and the patient’s family are essential to what we do.

**Positioning Yourself in the Patient’s Room**

1. Position yourself in a sensitive manner.
   
a. Examples, depending upon patient and situation:

   - If the patient is at all physically exposed because of gown, equipment, etc., seek a staff member to cover patient. Do NOT do this yourself.

   - If the patient is hard of hearing; position yourself and speak clearly to maximize the patient’s ability to hear you and/or read your lips.

   - If the patient has a sight deficiency; position yourself accordingly and use your voice and/or touch to ensure the patient knows you are there and that you have identified yourself, as the patient may not otherwise be able to recognize you from a previous visit.

   - Sit in a chair, if possible, so that you are eye-level with the patient; (Do not sit on the bed.)

**If the Patient Indicates He/She Does Not Wish a Visit**

1. Do not stay if the patient does not desire a visit. **We do take “no” for an answer!**

2. Leave a Spiritual Care Services brochure with them for further information and later contact.

**Touch**

1. Be cautious with physical touching.
a. It is often natural for us to want to touch a patient: To hold hands or place a hand on the head, for example, while praying;

b. To lay a hand on an arm or shoulder as an expression of comfort or reassurance.

2. However, touch can be a “touchy subject”.

a. The patient may be in physical pain that even a little pressure might exacerbate.

b. The patient’s personal history and/or personal temperament may make touch unwelcome or threatening.

c. The patient may misunderstand the intent of the touch, especially if their condition in any way decreases their understanding and perception.

d. Whenever possible, if you wish to touch a patient, ask the patient’s permission first.

**What We Do and Don’t Do**

1. Remember, we emphasize listening. Our first concern, always, is simply TO BE WITH patients/families.

   - To listen.
   - To let them lead any conversation where they want/need it to go.
   - To be a quiet presence, if that is what is needed and possible.

2. We seldom or never:

   - Give advice.
   - Try to convince anyone of anything.

   - **Proselytize (try to win converts to our religious beliefs and communities) – this one is a NEVER.** Communicate with the patient’s faith community to provide a pastor, priest, Imam, Rabbi, or other religious leader to assist with your work with the patient.

3. We may pray with patients/families.

   a. We will pray:
- If they request it.
- If they agree to our suggestion/offer to pray.
- After clarifying if they want us to pray with them, then and there, or for them, in our own time, perhaps back in the sanctuary.
- After clarifying what prayer means to them and what style of prayer is appropriate for them. (We do not assume prayer using a particular religious form or language, unless it is clear from the patient/family that is what they want and expect and if we ourselves are comfortable with that kind of prayer.)

b. A prayer/blessing example:

“The light of God surrounds you.
The love of God enfolds you.
The power of God protects you.
The presence of God watches over you.
Wherever you are, God is.
And God is love.”

Infection Control Concerns

- Be aware of infection control signs and procedures.
- Wash your hands frequently – whenever arriving and leaving a patient room and before and after each patient visit. If hands are soiled, use soap and water, not the alcohol-based sanitizer.

In summary, hospice house chaplaincy takes place in a high-energy, intense environment. Your best is required from the moment you enter the hospice house. What you have just read is only the beginning of a professional journey that will stretch your skills and abilities. By following the guidelines in this piece, you will provide excellent spiritual and emotional care. This will fulfill the Mission of Cornerstone Hospice.