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Supporting Healthcare Staff Through Spiritual Resources:
Reflection and Realignment to Overcome Workplace Adversity and Difficulty

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Abstract

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By Gary Brndiar

The research focuses on the relevance of spirituality and spiritual resources for healthcare staff serving in hospital settings. Literature and evidence over the past two decades have demonstrated the importance of spiritual care for hospital patients. However, the information available for spiritual care for the wellbeing of healthcare staff is still a developing area of research and study. I argue that spirituality is a crucial part of caregiver identity and is an invaluable asset to nurses as they effectively and compassionately serve others and care for themselves. I observed caregiver—clinical exhaustion, moral distress, and secondary trauma among nurses serving increasing patient loads, including the increased and complicated needs of COVID-19 patients. In coordination with healthcare and hospital leadership, I facilitated spiritual reflection and realignment for staff through encounters, debriefs, and mentoring. The initiatives designed and implemented equipped staff to understand spirituality as critical for their wellbeing. The project supported critical care nurses facing complex and challenging situations by providing direct encounter care, including focused debriefs and reflection and reframing of the nurses' services.

Supporting Healthcare Staff Through Spiritual Resources:
Reflection and Realignment to Overcome Workplace Adversity and Difficulty

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PART ONE: MINISTRY CONTEXT

INTRODUCTION

I recall the large circle of different hospital service line members—social work, palliative care, shift manager, rehab, security, and respiratory surrounding me for my initial job interview. It was unusual to see so many different members gather to interview a chaplain. A conversation ensued regarding holistic care and the importance of spirituality. The expectation presented was that all staff, including employed medical, off-shift, and support, participate in experiences and access resources designed to help them connect to whole-person care concepts and better understand patient concerns, families, and colleagues. The implication was that Chaplains are integral in contributing to such multifaceted care, including supporting the staff with resources and practices. That day shaped my focus on spirituality for the sake of staff wellbeing. This doctor of ministry project intends to demonstrate how spirituality and spiritual resources help hospital and health system personnel develop practices to overcome adversity and exhaustion.

During 2018-2020, I researched the culture, health, and spirituality of Longmont United Hospital, a community hospital in Boulder County, Colorado. As a Chaplain in an institutional healthcare setting, I discovered that all staff, but especially nurses, face a complex care environment where sustaining one's wellbeing is an incredibly daunting task. This chaplain found that delivering excellent spiritual care meant embarking on an institution-wide initiative. Rather than restricting care and support primarily to patients, spiritual care would widen its arms to embrace the comprehensive demands that staff faced. The way forward would take shape according to frontline caregivers' context and needs, specifically the hospital's critical care staff.

Longmont United Hospital began in 1960 as a community impetus of partnership between community business leaders and physicians, who purposed establishing a community hospital for the sick's care and treatment. The hospital was a merger of the Longmont Community Hospital and the Longmont Osteopathic Hospital, becoming LUH.[1] It went through layers of renovation and reimagined practices and services. The hospital pioneered many community social and health resources focused on comprehensive senior care, accessibility to the indigent and honoring the human spirit. Before 2016, the hospital operated independently, managing its assets and resources admirably. Facing capital needs investments, costly access to new technology, and the support of a larger sponsor, LUH, navigated an affiliation with the faith-based system, Centura Health, Colorado's most extensive healthcare system. Financial and staff reevaluations and adjustments became standard practice in the merger. Due to budget constraints and restructuring, I often observed an evolving withdrawal of resources that could have benefited the staff's wellbeing. As the healthcare industry rapidly evolves and expands in delivering care, many frontline caregivers endure growing fatigue, stress, and the possibility of reductions in employment.[2] Drop a global pandemic on the North American healthcare delivery systems, and I observed overwhelming burdens at LUH. In response, this project examines the context of caregiving at LUH, reveals challenges nurses (and staff) face, offers innovative attempts to support nurses, draws conclusions, and offers recommendations for future ministry.

Before 2000, LUH adopted the *Planetree International*[3] philosophy of human-centered care. Planetree's aims of patient wellbeing and positive workplace culture complemented LUH's

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[1] Centura Health. "Longmont United Hospital Community Health Needs Assessment 2016." bwmgch.com. accessed November 30, 2018. http://www.bwmgch.com/sites/default/files/inline-files/Longmont-United-Hospital-CHNA-2016.pdf.

[2] This stressor alone can contribute to an adverse and emotionally demanding work environment.

[3] Planetree. "How We help." Planetree.org. Accessed December 3, 2020. https://planetree.org/how-we-help/

history of providing sensitive, compassionate whole-person care. According to staff, a persistent ethic of respect for the mind, body, and spirit existed at LUH before affiliation with Planetree. Still, the relationship between the two gave guidance, a new language, and strategies to grow further. Planetree is a human-centered care alliance and certifying agency formed over 40 years ago. The organization aims to ensure that all healthcare organizations meet individuals' human needs for respect, dignity, control, and warm support.[4] A nurse of five decades expressed that in the 1960's she was instructed that "the reason for healthcare was that you cared about human beings… that the soul was an important piece."[5] That nurse believed Planetree reiterated what she learned early in her career and offered a cohesive framework to LUH—compassion, wisdom, and respect for others in providing a high-quality person-centered care model that improves the quality of wellbeing and the human experience. The staff embraced a caring model that honored the mind, body, and spirit. That same caring model should also impact how staff understand themselves and support one another.

The Planetree model and our healthcare system promoted staff wellbeing, holistic health, and healthy workplace culture. Programs and deliverables such as staff in services, retreats, resiliency resources etc. were part of those ambitions. I discovered at LUH that staff expected a healthy and thriving workplace culture. According to nurses, a culture of compassion leads to better patient outcomes, impacting workplace culture and caregivers. It can be as simple as warm words of comfort, soothing music, reflective practices, or encouraging self-care between staff. The importance for staff was that the resources were available. Planetree elevated the importance of spirituality as a resource for LUH over the past two decades. LUH, Planetree, and healthcare

[4] Institute for Healthcare Improvement. "Humanizing the Hospital." ihi.org. Accessed November 7, 2020. http://www.ihi.org/resources/Pages/ImprovementStories/HumanizingtheHospital.aspx

[5] Sharon Rominger (prior Chief Nursing Officer LUH), interviewed by author Gary Brndiar, October 2018.

sponsor Centura Health all emphasize spirituality, wellbeing, and whole-person care. As I began my doctoral program and considering the promoted values of the healthcare system. I was inspired to imagine a vibrant incarnational ministry and spiritual support practices to bolster staff's wellbeing and improve workplace culture.

The healthcare industry's rapidly evolving conditions include broadening provider and caregiver roles, demanding workloads, and reduced resources. Smaller budgets mean that nurses take on expanded roles, including specialized training, increasing patient demands, and expanding professional descriptions. As you will find in this research and my efforts to improve hospital conditions and culture, nurses face significant patient challenges. Nurses are overwhelmed with work, but they still need to meet the patient's expectations and collaborate with other clinicians to maintain quality care. Aging populations with increased access needs, diversity of chronic diseases, mental health illnesses, substance abuse, and complex discharges all lead to nurses' burgeoning workloads. Most nurses enter nursing to help others and provide empathetic care for patients with critical physical, mental, emotional, and spiritual needs. Those same nurses face internal and external difficulties. Some professionals offer empathy and compassion so profoundly that they are left vulnerable to growing stressors and unaddressed personal needs. They also carry the cumulative load of adversity and losses in caregiving with them. For others, the healthcare environment requires them to multitask at levels foreign to their predecessors. The problem is this: nurses are facing adversity and workplace difficulty daily. Collaborating closely with critical care nurses, I theorize that proactive spiritual care and support to nurses (reflection and reframing) help them make sense of their experiences and service, contributing to their positive wellbeing and resilience in a challenging work environment. As a diverse group of caregivers, we enter the health system as interconnected parts to serve a

collective mission bringing various emotions, values, beliefs, and needs. Others feel our aspirations, attitudes, and concerns, and they impact our environment and those we serve. I believe holistic care includes spirituality[6] for all healthcare staff, leading to a healthier and resilient workplace.

My exploration of the hospital throughout this two-year project produced many insights, but one principal aspect of the facility's success stood out. LUH had an extensive history of generously supporting its staff—the same people profoundly serve the patients. There were many amenities offered year over year to enrich staff and workplace conditions: generosity through pay practices, guaranteed work hours, insurance benefits, continuing education, staff retreats, and wellness programs. As discretionary healthcare expenses contracted over the past decade, financial constraints (particularly since the Covid-19 pandemic began in early 2020) grew, and the system adapted through reducing amenities. Those burdens and challenges in healthcare trickled down to local staff resources for wellbeing. Hospitals are part of a fragmented and vast industrial healthcare complex where the people serving the most significant needs are often exposed and vulnerable.[7] My efforts have focused on addressing staff needs. The overarching question has been: "What can healthcare leaders do to engage the challenging conditions of the staff and culture?" I believe creatively integrating spirituality for staff wellbeing is key.

In my search for answers to this question I found that in many cases, chaplains' work extends beyond the patients to spiritual support for the institutional culture and staff. While the

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[6] Joan Marques, Satinder Dhiman and Richard King, eds. *The Workplace and Spirituality: New Perspectives on Research and Practice* (Nashville: SkyLight Paths Publishing, 2009), 24.

[7] Between complex healthcare delivery systems, layers of healthcare policy and practices, persistent growing demand for excellent patient care, rapidly rising costs, reduced/restructured reimbursements (value-based programs) through Centers for Medicare and Medicaid Services, exclusive insurance contracts, declining hospitalization utilization rates, etc. all converge in a challenging environment for those who serve the greatest needs as frontline caregivers. The finances and for staff are tenuous.

organization's orientation is "The healing ministry of Christ" and I have made efforts to distill that meaning with staff, I am aware that not all people identify with the Christian faith. Some staff is grateful the hospital has a shaping connection to faith, and others are more accepting of spirituality as a wider dynamic of life. Our approach has been to honor and safeguard diversity and inclusion in the faith-inspired healthcare systems. All staff can ask, "How does our connection in a religious organization serve the needs of the broader community and public concern?" Chaplains occupy a particularly strenuous role of interpretive ministry in my research and experience. The chaplain is a transformational leader in educating and supporting staff in making sense of shared identity and purpose as teams in a larger organization. Simultaneously, most employees are trying to fulfill their respective roles within the organization regardless of the specific mission language or scripting. I provided broader spiritual guidance to the lifestyle and workplace needs of nurses. As nurses delivered care to those suffering, it was evident they needed holistic and spiritual resources too. Amidst unfortunate patient encounters, secondary trauma, service exhaustion, and staff reductions, our nurses' total wellbeing was at risk. They contributed extraordinary energy to support the outcomes of patients. To use a military analogy, they are the tip of the spear. They engage the greatest needs at the most demanding and opportune moments. I believe caregiving staff smpathically and generously supports patients when they receive comprehensive and personalized spiritual support. I belive that spiritual care and chaplaincy can offer support to clinical staff facing complex and challenging situations.[8] Therefore, I responded by providing specialized debriefs for nurses after difficult and complex deaths (often due to the Covid-19 pandemic) in the ICU.

[8] Fiona Timmins et al., "The Role of the Healthcare Chaplain: A Literature Review," *Journal of Health Care Chaplaincy* 24, no. 3 (2018): 100, DOI: 10.1080/08854726.2017.1338048

In this project, I will state unequivocally: our caregiving staff is the chief asset and resource that we must care for and steward well. Supporting staff wellbeing can be delivered through a capable chaplain facilitating spiritual reflection and realignment for staff through encounters, debriefs and mentoring. Overcoming adversity and difficulty is important in healthcare and it is applicable in any setting. I will argue in section 3 that vital spirituality and support matters in caregiving because:

1. Spirituality frames how we make meaning in our personal lives.
2. Spirituality integrates purpose and vocational calling with caregiving service.
3. Spirituality promotes a journey toward hope and wholeness in our work.

These concepts oriented my work and response to staff needs. Additionally, as a chaplain, I have a core commitment to incarnational ministry that informs my practice. I will return to this point in the theological foundations section.

Centura and LUH value spirituality as a critical component in delivering care to patients. A chaplain offers guidance on how we all bring our meaning to bear on the shared work. In our system that proposes to "extend the healing ministry of Christ," the organization has incorporated chaplains to guide conversation and training on how the healing ministry is inclusive of all patients. Spirituality is part of the hospital's cultural fabric, and the institution affirms the chaplain's duty to deliver spiritual support to all—including staff. The chaplain equips staff to better understand spirituality as critical for individual and corporate wellbeing. My project aimed to support clinical staff facing complex and challenging situations by providing direct encounters, debriefs, and reframing for ICU nurses. I engaged in what I refer to as spiritual narrative work and spirituality debriefs after traumatic situations. Through important terms, a guiding theology, spirituality perspectives that inform my project, and insights gleaned through these efforts, I will share what kind of care was delivered and the direct results.

Identifying Terms

In this project, I use several concepts with which the audience must be familiar at the forefront. As we discuss "spirituality," I mean that "aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."[9] Spirituality can also be defined as the pursuit of "meaning and purpose in life and the shared interconnections with the world, with a Higher Power, and with other persons who share this world."[10] The Western classical approach relates spirituality to religion, prayer, or the transcendent, but the domain has been evolving for several decades. Within healthcare (to say nothing of broader society), there are multi-ethnic, pluralistic, and agnostic orientations in addition to conventional religious offerings. Public environments, including healthcare, are multifaceted, and various spiritualities intermingle in collaborative environments. The meeting places between the different enculturated traditions and values of colleagues are boundaries that chaplain's traverse.

The "chaplain" is a spiritual broker—a minister whose ecumenical and public service is broader than religious authority or congregation life. In secular institutions such as hospitals, corrections, and the military, the chaplain's function is ambiguous and fluid as a broker between the sacred and the secular, bridging multiple interests and traditions. Chaplains must sensitively hold their ecclesial context and practices while engaging others' inherent spiritualities.[11] They

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[9] Betty Ferrell, Rose Virani, Shirley Otis-Green, Pamela Baird, Janet Bull, Harvey Chochinov, and Christina Puchalski, "Improving The Quality of Spiritual Care As a Dimension of Palliative Care: The Report of The Consensus Conference," *Journal of Palliative Medicine* 12, no. 10 (2009): 887.

[10] Mary Elaine Koren and Christina Papamiditriou, "Spirituality of Staff nurses: Application of Modeling and Role Modeling Theory," *Holistic Nursing Practice* 27, no. 1 (2013): 37.

[11]Frederic Craigie, *Positive Spirituality in Health Care: Nine Practical Approaches to Pursuing Wholeness For Clinicians, Patients, and Health Care Organizations* (Minneapolis: Mill City Press, 2010), 11.

may perform religious acts for members of their respective faith groups, yet must provide similar opportunities for other religions and the irreligious. Chaplains must respect others' meaning and seek to affirm the values that benefit those they serve.

Additionally, a chaplain integrates spirituality with cultural needs and the social sciences in caring for humans. Thus, a chaplain in healthcare environments serves as a spiritual care provider, a spiritual resource specialist, and a psycho-social support for collaborating professionals. I embrace my role of helping staff in the quest to understand and access spirituality for mutual wellbeing. I am convinced that God is present in the problems and perils that clinicians and caregivers face.

The supportive labor a chaplain provides in assisting staff in awareness of their spirituality is not merely restricted to reflection on experience; it also includes action. The chaplain helps staff develop the ability to respond to themselves (reflectively) and thoughtfully engage others in the workplace—another crucial aspect of spirituality.[12] That response to others includes how staff members professionally and authentically work together, share personal meaning and values, and care for one another. Attending to spirituality in others moves beyond concepts to incarnated practices that provide for the common good.

Within the project, when I say, "workplace spirituality," I mean those aspects of the inner life, the interconnectedness between coworkers, meaning in service, and transcendence present among the healthcare staff. This workplace spirituality component includes accepting others, empathy toward coworkers as genuine support, and entering into others' lived experiences. Workplace spirituality includes moving beyond personal concerns toward the needs of

[12] Robinson, Kendrick, and Alan Brown, *Spirituality and the Practice of Healthcare* (New York: Palgrave Macmillan, 2003), 23.

colleagues as well. In this work, I will assume the importance of loving relationships as compassionate, helping, and caring services among colleagues in the hospital. A sense of community, camaraderie, and meaningful work are crucial to healthy workplace spirituality.[13] While some aspects of generative and supportive interchange occur naturally, much of the quality of workplace spirituality between staff is possible because stakeholders, including chaplains, hold it as an outcome for a healthy spiritual environment.

One other aspect crucial in a healthcare environment is the commitment of serving "whole-person care." We must understand people functionally, emotionally, socially, and spiritually. Within healthcare, providers and caregivers work to understand their patients' values based on their makeup as a whole. People often describe themselves as a whole that includes their interests, views, beliefs, relationships, and vocations. Based on my research during the two years of my project, I discerned that whole person understanding is crucial in the wellbeing and resiliency of healthcare staff. During difficult and demanding encounters with death and trauma, intentional conversations with nurses concerning their coping resources revealed assets lined up with whole-person care. Nurses express managing stress through exercise, time with significant others, recreation in nature, music, and dinner with friends. One way of expressing whole person care is to say that people are biopsychosocial, or multidimensional: physical, spiritual, emotional, intellectual, and relational. We can express it as the various facets of life: values, family, interests, career, friends, health, and aspirations. People are a composite of many factors. However, healthcare tends toward rigidity in classifying individuals according to medical conditions, symptoms, and disease processes. At times, the hospital culture neglects the deeper

[13] Heidi Pirkola, Piia Rantakokko, and Marjo Suhonen, "Workplace Spirituality in Health Care: An Integrated Review of The Literature," *Journal of Nursing Management* 24, no. 7 (2016): 859, DOI:10.1111/jonm.12398.

needs and values of staff. A whole-person[14] understanding is crucial to seeing people in context(s). This project elevates the medical staff as people that deserve to be heard, embraced and valued for their meaning, values and hopes they bring to service.

The staff needs to bring their whole selves to the work they do and the people they serve. They must be able to integrate their adversity, challenges, and questions into the serving role. The healthcare team members' wellbeing is personal, intertwined with individual perceptions and worldviews, including the environment in which they live and work and the people they interact with. Exploring spirituality and delivering spiritual resources for caregivers demands seeing staff as the actual persons they are and providing the relevant resources that benefit their wellbeing. Beyond these explanations of spirituality, I will express the theology of incarnational ministry and presence that guides my work as a chaplain. Afterward, I will explain the spirituality perspectives which guided my project and the insights gleaned.

Theological Foundations

A ministry of incarnated service and a ministry of presence serve as a theological baseline for the researching Chaplain. From a biblical perspective, Incarnation means "literally 'en-fleshment' or, slightly more fully, 'embodiment in flesh.'"[15] God became enfleshed as human being among people and served them. The Incarnation itself is a singular, unique event that is not repeatable. The incarnation means God relates to humanity in an embodied form. Jesus Christ was a servant, ministering to others. Furthermore, Jesus made himself available and accessible for human needs. He engaged others, including the Samaritan woman, to alleviate difficult

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[14] Christina Puchalski et al., "Improving The Spiritual Dimension of Whole Person Care: Reaching National and International Consensus. *Journal of Palliative Medicine*, 17 no.6 (2014): 646

[15] J. D. G., Dunn, "Incarnation," In *The Anchor Yale Bible Dictionary*, ed. N. Freedman (New York: Doubleday, 1992), Vol. 3: p. 397.

circumstances and offer hope with genuine and personal care.[16] His ministry—and instruction to followers—was pronouncing blessing, welcoming others, healing the sick, and announcing another manner of living and ethics —the kingdom of heaven. I embrace the narratives of Christ's living ministry as worthy of being incorporated into my ministry. While I cannot duplicate the specific actions of Christ wholly, they become grounds for servant and transformational leadership. In other words, my Incarnational ministry embraces generosity, humility, compassion, and service as values and practices to shape ministry in a pluralistic setting. I believe this Incarnational approach leads to positive influence and transforming change. Naturally, my work as a chaplain exists within a diverse and inclusive setting alongside coworkers and patients who may not embrace my same theological persuasions. Still, as chaplains distinguish their own spiritual identity, they carry theological core narratives and motifs as crucial in personal call, meaning, and service. In spiritually supporting and coming alongside healthcare staff, this I embody Christ's virtues: compassion, hospitality, generosity, and mercy toward and with those that the chaplain serves alongside, and to those who are receiving comprehensive care.

The "ministry of presence" is a repeated phrase among some chaplains to describe how they work — with or without words — to be a mechanism of God's love toward others. When I enter the room of a newly diagnosed cancer patient, the emergency holding bay for someone enduring suicidal ideation, the nurses' station, or the executive leadership office, I am a faithful companion and servant of love. Francis of Assisi expressed it well when he said, "Preach the Gospel at all times and when necessary use words." The work of supporting nurses' spirituality and caring for the human soul in healthcare is often a ministry of incarnated service and

[16] See Jn. 4:1-26 and for a historical perspective on this language, see Darrell L. Guder, "Incarnation and the Church's Evangelistic Mission," *International Review of Mission* 83 (1994): 417–28.

presence. And such service is not a cover for proselytizing or self-serving congratulations. Ministry of presence is awareness of human vulnerability and the limitations of theological presupposition. Ministry of presence acknowledges a refusal "to do anything other than be with those Jesus taught us to be loved by—that is, those we 'help' by simply being present."[17] My conviction is ministry is transformative as I am a reassuring and revitalizing symbol of life in the precarious moments of adversity and suffering. Throughout this project, I frame spiritual support within a wider ministry of presence philosophy.

In supporting staff, I focus on striving for meaning and self-identity in understanding caregiver's stories. Narrative reflection and theology shape my spiritual interventions. Readers will notice in my interventions that my I integrates personal experiences in supporting staff. Reflecting on our experiences allows us to consider what "story" we participate in and if there is something "more" happening in us. We are not called simply to live in the story; we are called to continue to make the most of our story. We may develop awareness for the Divine, or God, inhabiting our cultural, structural, and psychosocial contexts. Chaplains can operate as spiritual companions that embrace "living the story" in their community of faith, shaped by the stories unfolding within such relationships. They take this learning into the ministry they provide to others. Consequently, I am a person for whom the story animates and colors the world. I believe this to be so powerful that I routinely access narrative as a crucial tool to help others attuning to their more profound nature and God's presence in their world.

In my research, I gathered information about the challenges colleagues faced and then worked with them to facilitate a spiritual support program of support. Theologically inspired, my

[17] Stanley Hauerwas and Jean Vanier, *Living Gently in a Violent World: The Prophetic Witness of Weakness* (Downers Grove, IL: Intervarsity Press, 2008), 56.

support efforts of spiritual reflection and reframing offered staff assistance in overcoming adversity at work.

PART TWO: MINISTRY IMPLICATIONS

Aspirations

Field research among nurses[18] and the local interviews and focus groups I conducted at LUH demonstrated that nurses desired more significant spiritual support of their work. I conducted fifteen interviews and two focus groups among nurses and nursing leaders. The interviews posed specific questions on the value of spirituality in the work environment and for staff. The questions also focused on "how" spirituality is understood and practiced. Finally, I also explored barriers that nurses face in attending to spirituality in their work. I learned several things. First, many nurses were able to identify spirituality as necessary to their resiliency, wellbeing, and work. Second, barriers at work inhibit opportunities to incorporate or reflect on spirituality. The barriers are frenetic, demanding patient encounters, addressing call lights, documenting vitals, turning patients, administering medications, planning for numerous discharges, and the list goes on. In other words, there is limited opportunity to explore spirituality with the staff. Third, all nurses indicate that they are open to accessing spirituality at work should it be made more easily accessible to them in the context. Finally, most of the responders indicated that spirituality is personal. Spirituality is not something to be openly and casually shared with any colleague.

Chaplains cannot approach institutional ministry in the same way that pastors approach traditional congregational forms. The people we serve are generally unable to leave their departmental areas or patient care zones. Each day's "story" is often comprised of the encounters and challenges faced on-site. To adequately support staff demands full attention to traveling to different departments, sections, and units. On the job, scenarios assume that chaplains can be

[18] Wilfred McSherry and Steve Jamieson, "An Online Survey of Nurses' Perceptions of Spirituality and Spiritual Care." *Journal of Clinical Nursing*, no. 20 Issue 11-12 (2011): 1758, DOI: 10.1111/j.1365-2702.2010.03547

mindful of boundaries and job duties. Getting to know colleagues – their aspirations, hopes, joys, and values is dictated by availability and presence. I intended to be with my colleagues because this is ministry as I understand it.

Early in my career, a nursing leader expressed the unit's need for chaplains who would be visible. "The best way you can help us here is by being on the unit, showing up, especially when a crisis unfolds," was the instruction I received from a manager. The work that unfolded would be a matter of "making rounds," being present for interdisciplinary staff meetings, and showing up in crises. However, that would not be enough. I hoped to engage in low-level workflow and social engagement on the unit(s). This meant I would come early at times for shift change and be present on the floor, show up with coffee and pastries, or swing by if there was a lunch celebration for a new birth. I believed that this work would develop a trusting foundation for ministry. Of course, my primary role of patient care would continue unabated; I would make sure that instead of completing documentation in my office, I would do as much as possible to keep that work on the unit. Early on, this process made sense in theory, but it took over two years of sustained behavior and practice. Effective ministry in an institutional setting such as a hospital means going where the people are and bringing resources and support to bear.

I intended to set a baseline and bolster understanding of spirituality and spiritual resources for staff. This was accomplished by offering formal in-service explanations concerning "what" spirituality is—and "how" it is observed and experienced individually and relationally.[19] Amidst an ongoing merger, diminishing educational attention to holistic care, the body-mind-spirit language of LUH often seemed neglected. The chaplain understood that there would be no more cushioned budget dollars to direct to comprehensive education. All future education would be

[19] Simon Robinson, Kevin Kendrick, and Alan Brown, *Spirituality and the Practice of Healthcare* (London: Palgrave Macmillan, 2003), 34.

dynamic, on-site, and more organic. In keeping with our new corporate sponsor, Centura Health, we would articulate values,[20] which included spirituality in new ways. As I began the doctoral ministry program and considered quality improvement ideas, I imagined the possibility of increasing spiritual resources and understanding among and resources for staff.

Interventions

During the course of this project, I reflected on prior institutional analysis, staff interviews and responses, and partnered with executive leadership to address staff needs and culture care (workplace conditions and relationships) through spirituality. Through senior advisement, partnership with nurse educators, and collaboration with the critical care manager, I identified needs and developed possible interventions to benefit nurses—my initial efforts aimed at spiritual education for nurses and feedback. Attention was given to clarifying the particular support chaplains could offer nurses, and this was followed by meeting with nurses to guide them in reflecting on patient encounters and reframing situations to discover meaning and value. Furthermore, as traumatic situations and complicated deaths increased during the COVID-19 pandemic; I was available to nurses to debrief these situations.

Developing spiritual support for frontline responders

Up to this point, the broad understanding of healthcare has often been that spiritual care is an asset chiefly for patients. The research and data for the value, efficacy, and outcomes of spiritual care and spirituality for staff are still underdeveloped and a continuing opportunity for research. However, it was fascinating for the chaplain to note that many frontline responders naturally assumed chaplains should be available to support them through complicated processes. A

[20] The organization's guiding values include spirituality which presumes adding meaning and purpose to the lives of associates and celebrating spirituality, https://www.centura.org/sites/default/files/inline-files/CenturaValues.pdf

consistent theme in formal interviews and the informal dialogue was that spiritual care could help staff during traumatic encounters and difficult deaths. I was convinced that literature and experience supported the idea that healthcare staff would benefit from a chaplain's supportive care, improving staff morale, wellbeing, and workplace quality.[21] Initial work included identifying materials and methods to directly support staff in their work.

I used feedback from the nurses, nurse leaders, and a critical care manager to focus on brief spirituality education talks in a handful of unit-based and charge nurse meetings. The unit-based sessions were designed primarily to address safety, environmental needs, evolving workflows, documentation procedures, staffing strategies, and education. I framed spirituality as "The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and the significant or sacred."[22] The aim was to demonstrate how broad spirituality is, how nuanced patients are, and how caregivers are spiritually multifaceted. I shared with caregivers how they might identify with facets of spirituality: creativity, purpose, self-expression, hope, gratitude, and loving relationships. While there were fewer in-person meetings, I also digitally sent a brief on the content to supervisory leaders to pass along, and I handed out fliers in workspaces as well.

Additionally, I made a concerted effort to show meaning, purpose, and satisfaction as three critical concepts that anchor spirituality.[23] I made the case that spirituality is present in our patients' lives as much as our caregivers, and the more engaged we are with it, the more whole

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[21] Steven Busby. "Engaging Faith for Spiritual Fitness: Helping New Nurses Avoid Burnout." *Journal of Christian Nursing* 36, no. 4 (2019): E54-E58.

[22] Christine Puchalski et al. "Improving The Spiritual Dimension of Whole Person Care: Reaching National and International Consensus." *Journal of Palliative Medicine* 17, no.6 (2014): 643, DOI: 10.1089/jpm.2014.9427

[23] Amal Sltaf and Mohammad Atif Awan, "Moderating Affect of Workplace Spirituality on The Relationship of Job Overload and Job Satisfactio,." *Journal of Business Ethics* 104, no. 1 (2011): 96, DOI: 10.1007/s10551-011-0891-0

we are. This benefits patients and is a direct asset to the staff in caring for themselves. While these staff meeting encounters were didactic, team members carried the dialogue and were interested in a more thorough understanding of how it could help them and the unit. I used concepts[24], inquired how staff experienced spirituality when working, and the potential benefits they felt they might gain from spirituality offerings in their area. The consensus in meetings was:

1. Spirituality is vital to patients, and if their needs are met, staff feel a greater peace to discuss their meaning and values with a chaplain.
2. Spirituality is a state of being in which we are in touch with ourselves, our values, our purpose, our meanings, and these are relevant at work.
3. Spirituality helps staff when offered as a coping and strengthening resource, offered during challenging workplace experiences and embraced as a resilience tool.

I recognized the need to "play" with these concepts more and unpack what spirituality might look like for nurses in their group setting and their concerns in the clinical environment. It quickly became apparent that there was a need for staff support and "safe" spaces to discuss and explore nurses' concerns. Concerns were diverse: troubling patient encounters, workflow disruptions, reduced staffing, frequent leadership changes, etc. As a driver for staff support, I offered a trusting, confidential, and companion-like presence for nurses in the ICU. The manager signed off on a personalized delivery approach of spiritual support. This method could be offered during shifts, between shifts, during reprieves at work, and through remote support options.

As chaplain, I envisioned a companion-style ministry that might guide staff in better understanding their own spiritual life and resources. I thought of this companion ministry as a hybrid of spiritual reflection and spiritual direction in the workplace setting. The words of Henri Nouwen inspired me, "But you can be with people in their problems and questions with your simple presence, trusting that joy will be found there."[25] Although this was not a uniquely crafted

[24] Terms identified earlier in this paper such as "spirituality," "whole-person care," and "resilience."

[25] Henri Nouwen, *Spiritual Direction: Wisdom For The Long Walk of Faith* (New York: Harper Collins, 2006), 136.

Christian spiritual intervention, it was sustained by the Spirit who encourages me to be "freer to be with others in their pain and to discover with them the presence of the healing God in our midst."[26] This compassionate effort consisted of personal care to frontline caregivers, assisting in debriefing, and making sense of transforming encounters with adversity.

These chaplaincy models do have a background in other sectors. They are at times referred to as "corporate chaplaincy," whereby chaplains offer care for workers, and at times their families in direct connection to their careers and workplaces. Large corporate environments such as Coca-Cola or Tyson Food utilize these corporate chaplain services. A specialized staff support role for chaplains is believed to help the "bottom line,"[27] assist in productivity and contribute to better workplace conditions. These services attempt to enrich or improve workplaces by holistically assisting workers. In this manner, chaplains serve as spiritual companions, akin to social workers, guiding staff on financial stress, work-life balance, relationship, and health woes.[28] They might conduct life rites such as weddings or funerals or refer employees to community resources, churches, or behavioral care.

COVID-19 Pandemic Response at LUH

A workplace spirituality process has been an evolving process at Longmont United Hospital since 2015. There was a traumatic and triggering local child abduction that made national news.[29] This problematic experience affected many staff members, and there was a request for

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[26] Henri Nouwen, *The Selfless Way of Christ* (New York: Orbis Books, 2007), 90.

[27] C. Korstanje, "Finding Religion on The Road: Allied Trucking Says Hiring Chaplains Is Good For Business," *The Hamilton Spectator*, February 28, 1998, A13

[28] Emma Green, "Finding Jesus At Work," *The Atlantic*, January 15, 2009, https://www.theatlantic.com/business/archive/2016/02/work-secularization-chaplaincies/462987/

[29] A seven months pregnant woman was stabbed in the stomach and her fetus was cut from the womb in Longmont, CO see https://kdvr.com/news/stranger-stabs-pregnant-woman-in-longmont-removes-her-baby-police-say/

greater emotional and spiritual staff support. Social workers and chaplains were brought in to debrief and care for staff. Further expansion occurred during localized natural disasters such as floods and fires as staff members were displaced and evacuated. HR began seeking partners to address staff concerns, employee morale, and support during disruptions. HR understood it had many formal processes to handle safe work situations, equal opportunity employment, benefits support, but it lacked the people resources to care for tumultuous change. Although the healthcare system contracts with an EAP emotional-support service, it is not easily accessed or relevant to all employees. Specific challenges demand a trusted contact on the local team. These scenarios involve forms of spiritual support, care, and counseling.

The preliminary discussions about possible interventions and programming for critical care staff occurred between executive leadership, spiritual care, HR, and essential care services. I suggested that spiritual care was well-positioned to help address culture and staff care. Additionally, leaders felt that since social work was stretched thin in their growing patient loads, the best-equipped personnel to engage staff were chaplains. This conversation on staff and culture care accelerated sharply when the COVID-19 pandemic emerged. In March 2020, chaplains were already involved in supporting patients dealing with illness, but corporate and mission leadership developed extensive spiritual care assets for critical care staff in the spring.

Caring for patients who are suffering physically and spiritually is inevitably stressful and challenging. Long shifts, tight staffing schedules, and employee turnover can lead to physical and mental fatigue—and that is during normal operating conditions. The COVID-19 pandemic has caused significant disruption in the healthcare structural apparatus and called us all to be radically attentive, alert, and available. Leadership at LUH recognized the overwhelming burden placed on caregivers and reached out to the Spiritual Care Department for extra support. They

agreed that it was wise stewardship of staff resources to use professionally trained chaplains who were knowledgeable in crisis and loss. They considered the Spiritual Care team (chaplains) part of the interdisciplinary team to coordinate care for staff on a routine basis. I suggested several possible mechanisms for support and intervention:

- 1:1 Spiritual reflection and companionship with ICU nurses utilizing a reflective model to understand meaning, purpose, and value in their service
- 1:1 Debriefing traumatic patient encounters, including deaths, with ICU nurses
- Support to departments through hospitable enrichment programming during COVID-19

The ICU manager and the Director of Acute Care Services embraced and encouraged the suggestions and promoted chaplain services at all safety huddles, staff meetings, and in conversation with their direct reports. They agreed that the hospital could quickly benefit from the pre-existing trust developed between chaplains and frontline caregivers. They believed that reducing staff barriers to having personalized, compassionate care through a chaplain coming to the nursing staff was ideal. Additionally, chaplains were less expensive than outside consultants or other designated specialists. The chaplains were already deeply engaged in networking with internal employee resources as well as external community resources.

Recruitment and supportive encounter sessions took place as follows. I posted fliers that listed spirituality resources for healthcare staff and 1:1 sessions in several critical care areas. Emails communicated similar scripting and went to all nursing staff and their direct leader. These were discussed at morning huddles and staff meetings. Those interested in participating used a specific link to sign up for a 30-minute time slot. The encounters' aim was for individualized care and support; they were not treated as interviews. However, the I did keep notes of the meetings to better address and offer further resources for concerns, inquiries, and hopes the nurses discussed in the encounters.

The process of engagement for debriefing traumatic encounters was quite different. As COVID-19 needs surfaced, I discussed my interventions with unit leadership. I broadened my sweep of the area by considering chronically debilitating system events (or morally distressing patient encounters involving many staff). The COVID-19 pandemic is a premier example of a chronically debilitating system event because there are surges of heavy caseloads, strained resources, staff shortages, and long shifts. Furthermore, the pandemic has increased the number of deaths we encounter. In other words, our ICU staff, nurses in particular, dealt with complicated deaths, which often included COVID-19 patients who did not have a family member or personal caregiver at the bedside due to restrictions. These encounters were disheartening, distressing, and demoralizing for nurses caring for very sick patients. When these events occurred, the chaplain would discover such from daily interdisciplinary rounds, communication with unit leadership, and checking the electronic medical record. The chaplain would use such information to connect with leadership to schedule team debriefs (occasionally a 1:1 check-in) within 48 hours of such harrowing events. While the intervention provided was a Critical Incident Stress Debriefing (CISD), the chaplain could also modify and offer short supportive check-ins with distressed staff. Ultimately, the effort would call for the chaplain to teach on the stress response, healthy coping after disruptive events (including caring for COVID-19 patients), and self-care resources with specific attention to spirituality. Again, as mentioned earlier, this approach was modified and shortened for 1:1 interactions with nurses.

Spiritual companionship to and reframing for ICU nurses

In keeping with the value of spirituality and the concept of meaning, purpose, and calling in a professional caregiver's service, I worked on an effort to engage nurses. Through scheduled debriefs and routine check-ins, discussions with nurses used reflection and spiritual direction.

Emotionally and spiritually, regardless of one's professional discipline or tasks, we serve in areas of most profound meaning. There are existential stakes in encounters with those we serve. Additionally, as caregivers, we carry concerns and values, and we must remain aware that we being ourselves into patient encounters. The more engaged we are with our own stories and experiences, the more grounded we become—fulfilled and able to serve others. A deeper work of soul for caregivers includes self-awareness and being at peace with bringing our whole selves to our service. It is also important that we begin to embrace the experience of how those we serve also imprint on us. It has been my effort and honor to help nurses see the importance their spirituality can bring to those they serve. World-famous philosopher and physicist Albert Schweitzer commented:

> I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who have sought and found how to serve. Life becomes harder for us when we live for others but it also becomes richer and happier. Man can no longer live for himself alone.[30]

I approached the reflective discussion with nurses as 1:1 staff support check-ins that included time for conversation on personal wellbeing and value in their work. This meant as chaplain, I would send them some sample questions ahead of time by email to consider before connecting. My questions were inspired by the work Chaplain Neil McKenna did at Cape Breton Regional Hospital and included:

- What gives meaning to my life?
- What beliefs and values are most important in guiding my life?
- What does religion mean to me?
- What does spirituality mean to me?
- How would a serious, life-threatening illness change the way I find meaning, values or beliefs in life?

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[30] Albert Schweitzer, "Visit of Dr. Albert Schweitzer." *The Silcoatian*, New Series, no. 25 (1935): 784-785
For information about the work of Albert Schweitzer visit "The Albert Schweitzer Fellowship" at www.schweitzerfellowship.org

- What spiritual resources do I bring to my work as a nurse or counselor?[31]

The impetus behind such reflective questions is driving appropriate attention to the caregiver's soul by empowering them to do personal reflection and reframing. I believed this was a deeply spiritual endeavor and introduced it as such to critical care staff. The hope was to enable caregivers to know what they value and embrace, that they might carry it with confidence. Jean Watson's approach to care providers in her *Model of Human Care*[32], highlighted the need to know ourselves, our purpose, and practice an intentional way of being with patients and their families. Self-awareness, recognizing our backdrops, our view of self, others, and God can ground us in our service. This awareness helps us know what we are, what we have, and what we seek. We are then far more compassionate with ourselves and with our patients.

The efforts spent to promote self-awareness with nurses gently were met with a degree of bemusement, curiosity, and reluctance. Indeed, the institutional healthcare environment does not naturally offer the structure to facilitate this more in-depth spiritual work. The setting exists to serve the healing efforts provided for patients. Health care staff do not generally expect to reflect on deeper life or meaning in their workplace. There is also the reality that many frontline responders, nurses included, maintain an emotional buffer in challenging workspaces. Nurses have expressed that it is challenging to allow feelings to surface for fear of losing control of situations. Many nurses have developed a vocational and professional persona to cope with pain, while others marshal dark humor to deal with trauma. They do so to manage the occupational

[31] Kenneth A. Bryson, "Spirituality, Meaning, and Transcendence." *Palliative & Supportive Care* 2, no. 3 (2004): 324.

[32] Jean Watson, "Caring Science and Human Caring Theory: Transforming Personal and Professional Practices of Nursing and Health Care," *Journal of Health Human Services Administration* 3, no. 14 (2009): 466.

hazards of work. However, being a healthy caregiver includes greater confidence in engaging emotions, considering core values, and reflecting on work experiences.

I used a reflective model of care to support nurses by inquiring around how they might employ spirituality, meaning-making, values, and connection to others and the transcendent as resources in their work. According to the nurses ' preference, these interactions occurred as 30-minute dialogues in the hospital chapel and through digital remote offerings. I scheduled with nurses through an online tool. Participants were generally grateful for the opportunity to discuss meaning, purpose, and value in their work. I expressed that the goal of the interactions was not to acquire data about the caregiver. Instead, the effort was available for the spiritual and holistic wellbeing of the caregiver. The insights some caregivers shared were quite powerful:

- "I watched my father live with a chronic disease and my mother helped others… I think I was born to be a caregiver and to nurture life in others."
- "For me understanding my own spirituality is really connected to the person I am caring for. I do not think of just understanding myself, I want to 'get' the person receiving care."
- "One of my values is treating each person with dignity so they experience compassion when going through their hardship."
- "I guess the thing that keeps me going when I feel exhausted and even numb is—the idea that I came to make a difference and to do that means getting outside my own head and helping someone else."

Small cards with simple phrases such as "anchoring exercise" or "knowing the deeper me" were offered to nurses as a way for them to scribble down thoughts before, during, or after our meeting as reminders for continued growth. This approach was inspired by self-awareness exercises in *The Relationship-Based Care* models[33] and the *Re-Igniting the Spirit of Caring* workshops.[34] These resources, combined with thoughtful questions, became building blocks for

[33] Koloroutis et al., *Relationship-Based Care Field Guide* (Minneapolis, MN: Creative Health Care Management, 2007), 138.

[34] Koloroutis, M., *Relationship-Based Care* (Minneapolis, MN: Creative Health Care Management 2004).

dialogue and reflection, assisting critical care nurses in understanding meaning and value in service and collaborative relationships.

Debriefing traumatic patient encounters with ICU nurses

During the COVID-19 pandemic, I obtained a daily and weekly report of disruptive events among critical care staff and nurses through safety huddles and information exchange with unit leadership. With this information in hand, I would triage the nature of the encounter with adversity, difficulty, and loss by discussing the cases with the ICU manager. Based on a broader understanding of the ICU nurses' condition, I would create a contact list to meet with any interested nurses individually or as a team. These debriefing and supportive encounters occurred on-site or through a follow-up phone call. The debriefing and reflective material that the chaplain used to support the staff members was a modified *CISD* (Mitchell Model)[35] aimed at support and recovery for affected staff.

The Mitchell Model, named after Jeffrey T. Mitchell, works through a sequence of discussion of facts of an event, sharing of thoughts and feelings of those affected, discussion of symptoms, teaching on various reactions, healthy coping (and self-care), and how to reorient and renter the clinical environment. These support sessions are broadly designed for small group format and modified for individual support.

I engaged in unit debriefs on four occasions and delivered individual care to 8 critical care nurses between summer and fall 2020. The group debriefs were open to anyone affected by specific incidents. The unit leader and I would communicate to arrange occasions for debriefs

[35] CISD is a crisis intervention technique organized under Critical Incident Stress Management. It is a supportive, crisis-focused discussion of disrupting and traumatic events. It aims to stabilize disruption, reduce distress, and restore group cohesion and wellbeing. For information about CISD see http://www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf

and then meet in a designated room with impacted groups. Events were related to complicated deaths, deaths where no family was present, and mentally ill and combative patients. 4-6 team members generally attended these sessions in addition to the chaplain. Staff reported that the sessions helped them process difficulty and find support. One-on-one sessions were frequent and routine after a CISD ended.

An example of a CISD would be a female nurse supporting a COVID patient suffering multi-organ failure and dying after many days on a vent. In the debrief session, the nurse reported that she felt discouraged and angry that a woman in her late 60's should be completely alone in a bed without anyone to touch or hold her. Furthermore, the nurse found it painful to see someone who resembled her mother cut off from others because of a highly transmissible disease. The nurse experienced fear and worry in the hours and days after the patient's death and had anxiety for her mother's wellbeing, who lived in the next county. The nurse explained that her faith had taught her that God has a plan for all people, but she found it unbelievable that God's plan could be a distanced and rather unceremonious death for this woman in the hospital. The chaplain was able to listen, normalize the reactions, and process what kind of spirituality might better aid the nurse in making sense of the circumstances. She was able to identify that her proximity and words to the patient, plus the support of another nurse, were likely the loving acts of God to comfort this person in a time of need. The supportive session assisted the nurse in embracing that she was part of good work. However, as she suffered from its difficulty, she could find hope through proper self-care, including awareness of her faith. Later, that nurse returned to pre-incident functioning and stability.

The chaplain utilized similar session sequencing and interventions for 1:1 care to nurses after demanding and emotionally draining patient events. Processing tough encounters and

inviting a nurse to unpack feelings and concerns is a practice that leads to a greater awareness of wholeness, meaning, values, all aspects of spirituality. Nurses have noted that they were grateful for the spiritual guidance provided. One explained, for example:

> "You need to decompress and dump the negativity of the different events. When someone else reminds you that it is ok to be angry or confused about what just happened, it is freeing. We want to be all there for the patient, but sometimes we need someone to be there for us spiritually and to bring us some peace or hope."

While nurses have standard operating procedures for providing critical care, the acuity of COVID patients has made matters more complicated. The workload has grown wearying to such a degree that these caregivers need someone to check in on them after challenging encounters. At one level, these check-ins are for the quality of life at work and survival in the trenches, but the chaplain also employs spiritual practices to reframe adversity and to ground nurses.

Hospitable enrichment programming during COVID-19

Direct requests to address weary and distressed departments came from hospital leaders during the COVID-19 pandemic. Reflecting on the needs, unit designs, and paying attention to the workflow, I developed a leadership strategy to support departments through the spiritual practice of hospitality in the ICU and walk-in Chapel restoration sessions.

Unit leadership identified the need for refreshment and food at certain hours of the day when it would be otherwise difficult to have even a brief moment of sincere reprieve. The chaplain agreed that nurses need someone to come to them and bring some "soul" to the unit during exhausting shifts. The vision became a practice a couple of times a week of getting a "sustaining the soul" cart that would carry procured refreshments individually packaged with personal notes from community members and organizations. The little care packages available to staff would include snacks and something encouraging to read. Additionally, replenishing beverages were made available. During the height of COVID hospitalizations in November 2020, spiritual

support took the form of a refreshment cart and meal signup for staff meal requests from nearby businesses. In partnership with the Hospital Foundation, I would purchase meals, and with other chaplains, would deliver them to staff who could not leave their work stations.

Simple snacks and meals were received with deep gratitude by nurses because they came paired with personal notes and encouraging words. Chaplains would remain at the nurse's station and initiate conversations with nurses to let them know how valuable they were and how life-giving their service was. LUH nurses appreciated the acts of kindness through refreshment and dialogue during long shifts. One nurse commented, "It means a lot to me to have the presence of spiritual care even when someone isn't dying and that they bring something to help me, and that makes me feel like I am not alone in this."

While some nurses might slip back to a break room to have their lunch quickly, others would wait on eating their food and might just need a moment to interact with someone other than another nurse. They would mention that having a chaplain at the station to discuss the day's challenges was a sort of short respite. Some nurses would request the chaplain to confer on patient matters near their workstation while enjoying a brief rest, opening up further conversation. A nurse might discuss how he was having trouble dealing with family needs because he carried cumulative losses in the unit on his shoulders. What might be thought of as benign snacking turned into an informal counseling session. The chaplain would do some low-level assessment and recommend some resources or referrals as applicable. This situation repeated itself on many occasions, and each served as an essential opportunity to listen to, encourage, and resource staff.

Hospitable enrichment was extended to the Hospital chapel because there were times when staff nurses needed a reprieve from their unit's demands. There might be a prayer or meditation

room available to staff in some facilities, but this resource was unavailable at LUH. I created two slots a week available at the lunch hour for quiet solitude in the chapel. The design for privacy in the chapel used hospitality and rest as a framework for spiritual care. I arranged a table with reflective reading materials such as poems and prayers, chairs set in a distanced, private manner, and soft music would play on the audio system. The staff could use the space for a bit of a reset during work. A box was available for staff to leave concerns and requests for chaplains, and contact info was available on a card that people could use for digital communication. The Chapel slots were half-hour sessions. The numbers of staff engaging the resource were lower (1-2 on the average per slot). Space and solitude were available resources to be used as the staff needed them. Staff remarked that having a calming and quiet space for reflection and rest was a great benefit. The chapel's opportunity for reflection also promoted the spirituality of the place and how caregivers can reframe and realign by entering a safe space different from their workstations.

Results of the spiritual interventions

The hope behind my interventions was to address the desire for relevant spiritual support, reinforce spirituality as critical to wellbeing, and overcome workplace barriers to accessing spirituality. In my advisement and collaboration with leaders, needs and opportunities were identified. The response efforts were education and guidance-oriented approaches. I clarified the unique support chaplains offer nurses, met with nurses to guide them in reflecting on workplace situations, and debriefed complicated experiences during the COVID-19 pandemic.

Benefits and barriers emerged from the support to the departments and nurses. According to the nurses, benefits included: access to chaplains after hard situations was valuable, safe spaces to express feelings were appreciated, and awareness that it is acceptable to incorporate personal values in serving others was encouraging. Nurses also indicated that they felt having a chaplain

check in frequently raised department morale and reminded people of purpose and mission during wearying times. From my perspective, spiritual care became normalized for staff relevant to their experiences and self-care needs. Additionally, spiritual interventions, like reframing, were crucial aids to helping nurses stay in the fight and continue their service to others. Meeting with nurses and teams also provided relational reinforcement and unit cohesion during the COVID-19 pandemic. Finally, nurses expressed that a spiritual caregiver (chaplain) was part of their health and wellbeing.

Barriers emerged during the spiritual interventions to staff and departments as well. While nurses do want more spiritual support for their work, the timing is not always right. As hard as workplace situations can be, some staff may want to wait for better timing to process experiences. Truthfully, there are not enough hours in the day to get to some of the reflective work of spirituality. To be fair, sometimes a more appropriate situation to do the work may not present immediately. There will still be occasions where events are left unattended. Additionally, nurse staffing schedules fluctuate, and the COVID-19 pandemic intensified this. At times it was hard to connect with a nurse who needed help. Many disruptive events change whatever scheduled consultations you may have with nurses. I also learned that attending to nurses' concerns sometimes requires frequent callbacks to catch them at a time that works best for them. Perhaps the greatest barrier was manpower. A singular chaplain cannot provide spirituality and spiritual support for all staff members. An individual spiritual caregiver risks exhaustion themselves. It will require a team and comprehensive education to equip staff effectively. In other words, more resources are necessary to effectively attend to the spiritual needs of hospital frontline responders.

PART THREE: SPIRITUALITY MATTERS

Spirituality is necessary for nurses to care well for others. To care for others well demands spiritual integrity of taking care of one's own heart and soul. Each day's challenges, especially those of work, will require attention to spiritual awareness. Supporting staff wellbeing can be delivered through a capable chaplain facilitating spiritual reflection and reframing for staff. Overcoming adversity and difficulty is important in healthcare. Spirituality matters in caregiving because it can frame how we make meaning in our lives; it integrates purpose and calling with service; it promotes wholeness and hope. These claims primarily emerged from observation and encounter with frontline responders. The claims were also inspired and corroborated through background research and literature. I share them here to make sense of my own experiences of spiritually supporting nurses at LUH.

Claim 1: Spirituality matters because it frames the quest for meaning

The caregiver must discover and understand meaning in their work for their wellbeing and others' good. In discovering meaning, nurses' develop the strength to carry on through demanding encounters and environments. In an international study of nurses in 6 countries published in 2015, researchers discovered that nurses reflected on identity as caregivers facing challenges inherent in their service and their need to find meaning. They identified that personal growth developed through reflection was essential in service.[36] Xiu-Ying Mao, posits that nurses must first be mindful of their spirituality before they can deliver spiritual and holistic care to

[36] David Malloy et al., "Finding Meaning in The Work of Nursing: An International Study," *OJIN: The Online Journal of Issues in Nursing* 20, no. 3 (2015): 7.

their patients.[37] There has been growing evidence that integrating patients' spiritual needs and appropriate spiritual resources into caregiving can improve patients' quality of life.[38] It seems that when caregivers attend to their multidimensional selves, ala spirituality, they are more capable of making sense of their encounters with adversity and in discovering deeper meaning in service to others. It is worth mentioning that exploring their sense of self-worth, value, and deeper meaning situates them to build stronger connections with their patients. I believe empowering medical caregivers to welcome and imagine new insights and values when serving others is transformative. Because the encounter shapes us, we will struggle and grow through caregiving and healing services. Thus, we must know ourselves and how we find meaning and purpose in the work we do. As we engage in this individual and collaborative work, we can better understand the meaning in the lives of those we serve alongside, and we develop and grow in our self-awareness.[39]

Spirituality and meaning-making are closely connected. Spirituality is a hermeneutical state. How we interpret our lived experiences leads us to conclusions. These conclusions shape our world as much as we are shaped by them. Our self-awareness comes through understanding our relation to the world and our lives with others. The way people make sense of their lives is deeply connected to pondering their experiences. Is it possible to help healthcare staff reflect on their personal experiences? I believe it is because I experienced staff nurses participating in spiritual reflection during this project.

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[37] Xiu-Ying Mao et al., "A Study of Nurses' Spiritual Intelligence: A Cross-sectional Questionnaire Survey." *International Journal of Nursing Studies* 44, no. 6 (2007): 1003.

[38] Na Najmeh Jafari et al., "The Effect of Spiritual Therapy For Improving The Quality of Life of Women With Breast Cancer: A Randomized Controlled Trial," *Psychology, Health & Medicine* 18, no. 1 (2013): 59.

[39] Mary, Koloroutis, *Relationship-Based Care: A Model For Transforming Practice* (Minneapolis: Creative Health Care Management, 2012), 57.

One way to approach spirituality then is to explore it as imagery. An image used among various cultures and religions is to express spirituality as a journey or quest. Quests may be discovering transcendence, acquiring wisdom from the spiritual world, or uncovering purpose in chaos. Spirituality, as a quest, often reveals a growing need for passion and depth in our lives. For many, the ordinary routines, tasks, and roles may leave them feeling something is missing. In the professional healthcare environment, people yearn for their service and work to have meaning, even through difficult encounters. The chaplain is in a unique position to meet the needs of staff at the most adverse and challenging moments to spiritually reflect on and support nursing experiences.[40] Furthermore, spiritual care to staff includes reframing the workplace encounters as integral moments of spiritual growth.

Spirituality in nurses' experience may be an unrealized opportunity—or even a quest to find meaning. We can frame the work of discovering meaning as spirituality where one "incorporates spiritual experience and finds spiritual transformation."[41] Could spirituality be present within the adversity and challenges we face as a persistent aspect of our very existence and diverse experiences? What if we believed ourselves to be spiritual and that God, or the Divine, was an unfolding quest within our service and work? Would we see our daily vocations and work any differently if they were filled with meaning? What if God was a participant in all human progress, through challenges or conquest, to include the compassion and the chaos of medical and healing services? This project's purpose is not philosophical, yet I feel constrained to consider wholeness and spirituality as ever present in human service. In other words, the spiritual quest is present in our struggles of service—highs and lows in our careers, crafts, and calling, if

[40] HealthCare Chaplaincy Network. "SPIRITUAL CARE: What It Means, Why It Matters in Health Care." New York, 2016.

[41] Stephen Kliewer and John Saultz, *Healthcare and Spirituality*. (Abingdon: Radcliffe Publishing Ltd, 2006), 54.

we are willing to consider and integrate it.[42] Joseph Campbell conceived spirituality as a quest in *The Hero with a Thousand Faces,* where heroes long to answer divine summoning, cross thresholds, and fully experience life.[43] Growth occurs when one faces strife and is not at peace with immediate circumstances. Searching for more, especially in the quest of work, can uncover meaning for growth and wellbeing. I would suggest that caregivers face existential crises and painful encounters worthy of reflection. We do not need to go away to find a quest because the quest for meaning emerges within each day's challenges and tasks.

Meaning-making is central to our experience as humans, and it is a spiritual facet of our being. We can use the journey motif and overlay it with the specific shape(s) and demands of the healthcare environment. Nurses are on a daily journey that includes the difficult demands of patient encounters and workplace culture. They are more likely to find meaning when they have resources—partners—available to them. Should the caregiving staff have a "reflection companion" available to them, I believe they are more likely to consider their experiences and find new meaning. In this research and project, the chaplain has embraced the role of reflection companion to staff as they engage their standard operating procedures and bring personal challenges to the professional environment. The hope is to enable staff to move beyond their immediate circumstances and encounters to more powerful and significant explanations of their role(s), values, losses, and aspirations.

Spiritual support to staff includes what some refer to as "valued directions."[44] This concept has provided the chaplain a path to explore meaning-making with staff members as they

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[42] Charles Hartshorne, *Reality As Social Process: Studies in Metaphysics and Religion* (Boston: Beacon Press, 1953) 66.

[43] Joseph Campbell, *The Hero with a Thousand Faces* (Novato, Calif.: New World Library, 2008)

[44] Frederic Craigie, *Positive Spirituality in Health Care: Nine Practical Approaches to Pursuing Wholeness For Clinicians, Patients, and Health Care Organizations* (Minneapolis: Mill City Press, 2010), 267.

encounter adversity and achievement in their work. This process elevates reframing our experiences to make meaningful choices and find significant paths (realignment) according to our values in service to others. I can help a nurse reflect on the direction he may want to move in healing service to others based on his values. This work implies embracing pain and suffering to lead to self-discovery. This perspective framing has been at the heart of the chaplain's interventions to critical care nurses during the COVID-19 pandemic. It has been necessary to discuss and reflect on hardships daily and reflect on how personal values inform the next steps toward meaning. Reflecting on challenges in the workplace has been approached with compassion and courage to consider how it changes and shapes medical caregivers.

Another meaning-making resource for nurses is the chaplain observing their efforts and experiences and respectfully offering insight. I can rely on the staff's self-reporting to account for their sense of purpose, meaning, and value in their personal experiences. However, it is possible to discover relevant information in understanding staff by sharing my observation as a companion with them. For example, I can offer back to a critical care nurse what I have seen in them as they serve others. The profound experiences they go through are personal, but I may be a caring companion on their journey. Or I could invite a nurse's reflections on why they serve as caregiver, actively listen to their insights, and repeat back what I hear as well as what I see in their service and work. A foundation of intentional listening to nurses' narratives and sacred insights inspired my responses—that spiritual care encourages meaning-making.

Claim 2: Spirituality integrates purpose and vocational calling in caregiving service

Healthcare began as a work of mercy and calling to serve by caring for those who were ill. This remains a central focus for caregiving today, as many healthcare workers speak about shaping and impactful experiences that inspired them to serve in the comforting and healing

domain. Discussing healthcare service aspirations with staff can provide a reorienting and revitalizing practice in difficult times. Chaplains employ educational and reflective resources to assist caregiving staff in considering "why" they engage in these role(s) and the mission to which they feel called.[45]

Elevating vocation, purpose, and calling in the caregiving context, can restore honor and imbue the art and ministry of compassion with spiritual richness. If health care is a business, then profits guide our care to humans. If healthcare is merely an industry, then it chiefly exists for the benefit of the state or the markets. If it is predominantly a product to be demanded and delivered, rather than generous service to lift the distressed, then it succumbs to the spirit of consumerism. Patients experience negative care and caregivers are demoralized when healthcare prioritizes efficiency and productivity over human empathy and connection. In response, integrating positive spirituality into a nurse's career and awareness of purpose can profoundly transform they way they offer care, developing a resilient vocational foundation.[46]

Viewing healthcare as a vocation and purposeful work and mission can transform systems and those serving. As staff recognizes what connects them to and grounds them in their service, it impacts the broader healthcare culture. Chaplains bear the privilege and duty of gently reminding frontline caregivers that they are a blessing to those whom they serve. It is a profoundly spiritual act to assist staff in reflecting on why and how they are led or "called" to service. In fact, for the one who works in health care, it can be a path of spiritual discovery and growth. Every day, healthcare workers practice spiritual works of mercy and compassion for the common good. Patients who suffer physical ailments share their spiritual and emotional burdens

[45] Koloroutis, *Relationship-based Care*, 24.

[46] Steven Busby, "Engaging Faith For Spiritual Fitness: Helping New Nurses Avoid Burnout," *Journal of Christian Nursing* 36, no. 4 (2019): E57.

with the nurses who care for them. Relevant spirituality as a resource for nursing staff includes an active awareness of their sense of calling and purpose toward the people entrusted to them. Nurses benefit from regular reminders of their purpose in service. To be reminded of purpose is like nourishment for the soul—connecting nurses to their calling is vital for wellbeing.[47] In particularly traumatic and exhausting encounters, a nurse committed to their purpose and calling embraces a narrative that can carry them through difficult days and weeks.

Through interviews with healthcare staff of various disciplines, both professional and support staff, I have discovered that they engage in their specialized service roles because of a sense of purpose and calling. The more people recognize their purpose in their service, and the more alive and purposeful they are in the healing work. I even speculate that the more staff comprehend their calling and purpose—and connect that to the sacred nature of serving others—the healthier and more whole they are. While anecdotal, my evidence for a correlation between sense of calling and wellbeing is personal and observational. Understanding my importance of calling to serve others in need has been an anchoring practice in traumatic encounters. Additionally, I have spoken with several nurses who state clearly that aspects of their origin and formation shaped them to pursue caregiving and healing work. Those shaping moments indelibly mark and constrain those nurses.

A chaplain can be a valuable asset in assisting staff in aligning professional practices with their intrinsic sense of purpose and calling. As chaplains support staff, they guide them in integrating purpose and calling with their active service. One of the questions I posed in the interviews was, "What brought you to this field of caregiving and healthcare?" A majority of staff identified relational anchors, encounters, or influencers in their lives that gave shape to a

[47] Mary Koren and Christina Papamiditriou, "Spirituality of Staff Nurses: Application of Modeling and Role Modeling Theory," *Holistic Nursing Practice* 27, no. 1 (2013): 40.

purpose in comforting, mending, treating, and healing. The tie that bound many of them together was an aspirational movement to improve the lives of others. Many nurses speak of a sense of duty, honor, or urgency to help others. These formation experiences were often watershed and transformational moments for these people.

The aspect of spirituality as a connection to shared moments and collaboration is another measure of purpose. Another question in interview protocol with leaders was, “Why do you continue serving and working here?” Among senior leaders and nursing managers, I heard, “We are delivering comprehensive care to anyone that enters through those doors,” or “Our work directly contributes to the flourishing of those who are struggling.” At LUH, the staff has spent five years integrating their prior commitment to exceptional community health with the mission of Centura Health, “to extend the healing ministry of Christ.” The staff articulated how caring for all in need made a tremendous difference to those receiving care and the collaborating team. I heard this from the physicians, nurses, and community members. In this way, it became clear that a shared external purpose was a tie that could bind, and it served as an anchoring tether for many of the critical care nurses.

A practical challenge in sustaining spirituality at work among the hospital staff is maintaining awareness of the larger purpose we have. Other staff demands can disrupt and dismantle an understanding of purpose: productivity requirements, benchmark scores, financial constraints, and endless paperwork and digital documentation trails. Staff can lose the sense of purpose amidst burdens and demands. Our connection to purpose shapes our identity and our understanding of why and what we are doing. A clear understanding of purpose contributes to satisfaction and hope in the work that caregivers offer. In this project, I have discovered the

importance of cultivating a present sense of purpose and how critical it is to individuals and the organization's spiritual vitality.

When staff experience cumulative losses and patient deaths on a floor, being reminded of purpose and calling is a stabilizing force. After the ICU went through several deaths, I met with a handful of nurses individually and as a larger debrief group. The aim was to hear the nurses' experiences and feelings, and these were occasions to gently guide them to try and locate their anchoring origins or core narratives that brought them to work. Incidentally, the process was even more helpful when done in a group because colleagues gained some comfort and strength in hearing each other's reflections and stories.

Claim 3: Spirituality promotes spaces for wholeness and hope in service

Healthcare providers and nurses desire spiritual support for their challenging work and stressors in caring for others.[48] Often, the evidence cited by caregivers is that when their patients openly discuss mortality, it causes the caregiver to reflect on their concerns and experiences. However, caregivers, such as nurses, do not always have marginal space to explore what they are learning in their work. The load is strenuous, and the opportunity to consider how the occupational hazards and interactions might impact them can be fleeting. Discussions about healing, forgiveness, or brighter are tough to unpack at the moment. However, clinicians still carry the pressing and impactful moments in spirit and thought beyond those encounters. What could assist the provider or nurse in discovering hope in such a challenging environment? An accessible chaplain who orients the caregiver and clinician to hope encourages nurses.

[48] Janie Taylor et al., "Exploring The Phenomenon of Spiritual Care Between Hospital Chaplains and Hospital Based Healthcare Providers." *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 97.

I was curious about the spiritual climate of our hospital environment. In querying multiple nurses and specialists, I found a consensus that spirituality is essential for the caregiver's life. While an emergency nurse said there is no easy manner or convenient moment to wonder about the 81-year-old male resuscitated twice en route to the ICU, she hopes to find time later to think about the encounter further. And what about the young male nurse who has taken his first shift as a critical care charge nurse, and his unit experienced a first COVID-19 death while he served as the charge on his first shift? He expressed that he was unsure what the future held and if he could be the kind of nurse leader that his coworkers needed. Or consider the trauma nurse who has witnessed a handful of deaths in less than two weeks and is physically, emotionally, and spiritually exhausted. When the chaplain meets with her to check-in, she unloads that immense weight she shoulders. She finally musters a smile, mentioning that going home to see her supportive partner brings her hope for another day. Such situations demonstrate the opportunity and need for moments in reflecting on hope. Staff must grasp their mortality and hope as they encounter complicated and traumatic scenarios. The scope and sequence of a nurse's service and work, including the challenges and hope they carry with them, can be explored with a chaplain's intervening spiritual support.

Henri Nouwen spoke of the ministry of presence; being with others is a significant ministry that moves toward wholeness and hope even in difficulty. Hospital staff, nurses included, benefit from spiritual support, such as a chaplain, that attends to the soul. It is part of a chaplain's vocation and expertise to lend an ear and illuminate nurses' spiritual weariness. A way to effectively accomplish this is through a ministry of presence,[49] being with people, and reflection. Hope comes close and meets us in the streets, in the breakroom, behind the curtain, and with a

[49] Henri J.M. Nouwen, *The Inner Voice of Love: A Journey Through Anguish to Freedom* (New York: Doubleday, 1996), 68.

comforting arm. Wholeness and hope are explored with a companion—the presence of a chaplain. The chaplain recognizes they cannot companion well from a distance, they do not merely guide by wisdom, and they are not present to dispense solutions. They are available to embody the hope wrought through a deeper and more aware spiritual life alongside others. Presence becomes a vehicle to contain and carry hope to those who serve significant needs, for those enduring hardship.

SUMMARY AND CONCLUSION

There were several immediate beneficial takeaways from this project that impacted the hospital environment. First, the LUH leaders who collaborated with me on staff needs experienced relevant spiritual support for staff. The simple truth is that intentional conversation and planning with other leaders elevated the importance of spirituality. Second, through education, briefs, and practice, spirituality was linked to self-care and wellbeing. Third, focusing on spirituality to support staff developed resilient, cross-disciplinary relationships in the hospital. Finally, nurses were grateful for dedicated efforts to reach out to them and attend to their wellbeing. I have come to think of that wellbeing as the soul of the matter.

Challenges emerged in the ambition to serve the staff and the delivery of spiritual support. It remains evident that spirituality is a growing field of research and demands continued clarification. The enculturated healthcare industry thinks of spirituality as synonymous with religion, so ongoing education is necessary. It is also evident that spirituality is difficult to express in concrete terms and, at times, difficult to relate to staff's immediate challenges. Staff struggle to slow down enough to reflect on their experiences at work. The work of spiritual support for nurses must grow beyond the limits of the institutional schedule and framework.

Capturing hospital staff's experiences, encounters, and needs in this doctoral project have been a work of heart and endurance. Furthermore, the labor demanded authenticity, flexibility, humility, patience, and personal growth. In the process of developing this doctoral project and supporting staff, several vital insights surfaced. First, spiritual care—indeed soul care—among health care staff is called for and needed. Hospital and medical caregivers bring their entire selves to their work, and the more natural we make spirituality, the more comfortable they are with exploring. These initiatives are neither intrusive nor unprofessional.

Second, there were many occasions where spiritual care had to simultaneously and gracefully move between patient care and staff support. The beauty of this is that staff can begin to observe and note the integration of spirituality within themselves and while working for others. There were no smooth roads to compartmentalizing the work. In one moment, I was counseling a nurse on a career change and pulled to a family's request for emergency sacramental resources during imminent death. A Chaplain does not determine how the needs emerge but must be prepared to engage them appropriately. I believe this modeled the multifaceted nature we agree to honor in our support of body, mind, and soul.

A third outcome is the persistent attention to providing professional spiritual check-ins with nurses regarding their wellness continues under other chaplains' leadership. People expect the chaplain to offer support to staff as much as their direct care for patients. Debriefs, short reflection sessions, and hospitality engagements are normalized and treated as natural to workplace culture. Consistent and normalized spiritual resources reduce staff anxiety or uncertainty in seeking additional external care because care comes to them in their space. Vision, creativity, and human resources create a confluence of vibrant spiritual aids to lift staff. All the while, the chaplain elevates the visibility of wellness. Admittedly, this work is not exclusive to the chaplain, and indeed, it is crucial to consider other partners in the healthcare and clinical setting that also can shape holistic care. It is vital that we not build silos or unilaterally own spiritual work as our domain only. There is far more work to be done in elevating spirituality amidst holistic and whole-person care with partners.

A fourth outcome is learning that sincerity and trustworthiness in a Chaplain's institutional ministry are complicated. It takes time to build relationships, and it requires honesty to sustain them. We must be authentic with ourselves as we account for our spirituality's impact and

transformation personally. At the same time, a risky endeavor, publicly acknowledging and attending to my spirituality, moves the "spiritual needle" of growth and practice. Religious formation taught me that doubts and struggles should remain quietly tucked away, and theological certainty is a necessity. However, spiritual integrity honors introspection or reflection on faith and meaning. Professional boundaries and impact of relational dynamics aside, I discovered that the people I serve could only move and grow as much as I am willing to risk honesty and model healthy spirituality. In other words, I have accepted that people are more inclined to embrace their spiritual selves to the degree the companioning chaplain does so.

Recommendations

This project has revealed three recommendations for future ministry in institutional healthcare: respect for diversity, developing robust partnerships, and expanding services. The first recommendation of respect for diversity is the nature of always honoring those we serve. Diversity of culture, religion, values, lifestyle, and love permeate those we serve. Pluralism is the environment in which institutional chaplains minister. There are many genuine, diverse communities of faith, interest, and values represented among healthcare staff. Leadership does not always know how to assist them, and pluralistic spiritual care is a conduit to attend to the deeper meaning, purpose, and hope our people embrace. Chaplains are be poised to be workplace culture pioneers and leaders honoring and respecting diversity and inclusion.

The second recommendation, developing robust partnerships, means chaplain should lead in seeking and sustaining thriving connections to other institutional leaders. It includes maintaining a regular presence on units, at meetings, and workplace events. These are the situations and "soil" where we nurture partnerships. Spirituality within the institution is made visible, and staff is more engaged with it when the chaplain carries that value into alliances. Historically, religious

professionals can be guilty of isolation, distance, and doing things autonomously. While a degree of initiative and responsibility is necessary, we do well to develop and maintain robust partnerships. Being present and having a seat at the table ensures broader interactions and representation. It is essential for our healthcare staff, especially nurses, to know their concerns, values, and meaning safely to be held and integrated at work. As we sustain strategic relationships and daily engagements with the staff, we elevate spirituality.

My third recommendation is to expand services. The medical field requires many caregivers. To best care for patients, we must also attend to the staff. Broadening spiritual resource offerings based on team and nurses' needs across several service lines will be an ongoing challenge. This doctoral project permitted a narrow lane of resources and highlighted a great deal of direct care to staff. LUH has gone through a seismic cultural transition in their merge and experienced a significant staff turnover during COVID-19 events. Time will tell what the implications will be, but it is safe to say that spiritual care and spirituality must continue to expand its offerings to staff. Hospital leadership and chaplains should carry out a spiritual needs assessment of staff every two years. New data will help drive better evaluations, reflections, and interventions. Furthermore, the spiritual care staff, chaplains are a local budget service and a limited resource. Expanding services must include managing system-level relationships with network hospitals within 20 square miles and leveraging lateral colleagues at other facilities.

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