Journal of Religion and Health, Vol. 35, No. 1, Spring 1996

Is There a Chaplain in Your Clinic?

PAUL A. MANDZIUK

ABSTRACT: As medical care continues to move outside the hospitals, clients with spiritual needs are more often to be found in clinics and doctors' offices than inpatient settings. Chaplains in partnership with physicians can contribute to healing in outpatient centers. A study of one group of clinic patients indicates that an outpatient setting may be a better place to address spiritual needs than a hospital setting. Pastoral interventions are acceptable to many clients, who according to statistics are already using alternative therapies to augment traditional medical care.

Sweeping changes in the health-care system have brought new challenges for chaplains. How can spiritual care be delivered to clients in a thorough and consistent manner when they have increasingly shorter inpatient hospital stays and more and more treatment occurs at other sites? How can the spiritual caregiver extend points of contact and increase the time for developing relationships with clients? One response is through the presence of chaplains in the outpatient setting.

Over a five-month period I experimented with visits to patients in a clinic setting and kept statistics on the numbers of visits and the types of spiritual issues raised. Interest is growing within the medical community in the positive contribution that chaplains can make in outpatient settings. In one Pennsylvania hospital with a large same-day surgery department, ". . . the administrators decided to hire a chaplain specifically to handle patients' emotional well-being. They believed that a chaplain is the best professional to deal with this aspect of patient care,"[1] according to one testimony. My purpose was to investigate the spiritual concerns of trauma-clinic clients and to assess their potential for being addressed in that setting.

Method

The Trauma Surgery Clinic was scheduled one afternoon a week for a few hours. The chaplain was frequently, but not always, present. Clients vis-

Paul A. Mandziuk, M. Div., a priest of the Missionaries of La Salette, is a chaplain at Saint Louis University Health Sciences Center in St. Louis, MO, and serves on the leadership council of the National Association of Catholic Chaplains.

ited in the outpatient setting were all former inpatients of the Trauma Surgery service of the medical center. They were selected for follow-up visits in the clinic, based on diagnosis and length of stay. All of the 53 clients in the study were either victims of violent crime or serious vehicle or industrial accidents.

During the outpatient visits, either before or after being seen by the Trauma Team, selected patients were interviewed by the chaplain in the examination and treatment rooms of the doctor's office. Notes and records were kept of significant spiritual issues that surfaced. The focus was on the client's concept of God, the possible meaning of the illness, approaches to hoping, and the support systems available in aftercare.

Results

It was clear from the issues which emerged that many clients had not been ready during their hospitalization to discuss spiritual concerns. Several new issues (see Table 1) were treated in the clinic setting which had no prominence during inpatient treatment. These included a return to prayer as a result of the traumatic event and hospitalization, a new appreciation for life and people, a need for change from a dangerous or self-destructive habit or way of life, and guilt about desires for revenge against others. Issues that had been previously discussed took on a deeper significance for the client in a home or rehabilitation setting.

An unexpected finding was the similarity of the issues in both types of clients. Victims of violent crime who were shot, stabbed, or otherwise as-

TABLE 1

Trauma Clinic 1/95–5/95
53 Clients Visited

Issues and Concerns	*Frequency*
Lifestyle Changes	27
Safety	10
Weariness, Frustration	16
Spiritual Issue not surfaced as inpatient	22
Gratitude	19
Anger	4
Prayer	9
Sense of Providence	11
Support at Home	9

saulted displayed many of the same concerns as the victims of vehicle and industrial accidents. These included the need for changes in the way of life, expression of gratitude for being alive and for the ongoing support of caregivers and family, and concerns about present and future safety. Also frequently mentioned were weariness with slow healing and progress, anger and frustration with lack of control over many decisions affecting the future, and the role of prayer and the image of God in recovery. Issues of family support were also similar in both groups of clients.

Reaction from the medical team was positive, although there was some initial hesitation about and resistance to the chaplain's involvement in the outpatient setting. Reaction from the clients and their families was initial surprise and overall appreciation of the chaplain's presence in the doctor's office.

Discussion

Ministry in the Trauma Clinic those five months was both fulfilling and challenging. Visits during the hospitalization focused on family members' needs, since the client was often unconscious or on a ventilator. Once out of intensive care, most clients remained only a day or two in the hospital, affording little time for pastoral intervention. The clinic visits, on the other hand, were client-focused. Having moved beyond the intensive-care setting and its almost exclusive concentration on the healing of bones or wounds, many of the clients were ready to discuss and deal with spiritual issues. It was gratifying to see the continuing progress of the majority who returned, something which also helped the chaplain to be hopeful.

The chaplain's presence in the clinic setting gave witness to the importance of wholeness in healing. While much attention was given by other professionals to the physical and medical needs, it was the chaplain who focused on clients' emotional and spiritual concerns. As noted by Janke in Perlberg's article, ". . . a number of studies show that patients recover faster and stay well longer if their psychological and spiritual needs are met."[2] Once the needs of clients surface, many interventions are utilized, including prayer, family consultations, and referral to social workers, counselors, support groups, and clients' own local religious leaders.

Wholeness in healing is a commitment described in the mission statement of my institution, giving both justification and support to the efforts of a chaplain in this new setting. At times the chaplain is the only advocate for some of these urgent client needs. Spiritual caregivers occupy a unique place in the outpatient setting; as Anderson wrote: "It is a paradox of pastoral ministry in the medical context that pastors and chaplains belong precisely because they are outsiders. It is their 'outsiderness' that gives them the perspective they need to be prophetic."[3] Chaplains bring special skills and attention to the influence of faith in interacting with clients. They can gently

challenge the systems and procedures of the medical milieu, speaking for the sick and suffering person as a whole spiritual being.

Interventions by chaplains are a link to alternative treatments that many clients are already using. Research indicates a major increase in the use of alternative medicine by persons seeking health care in traditional settings. Along with spiritual aids, many use over-the-counter products and also visit alternative practitioners, according to Boisset and Fitzcharles: "Our patients' use of spiritual modalities such as prayer, meditation, and self-relaxation (39%) is similar to 33% for relaxation and 44% for prayer, in patients with self-described arthritis in San Diego. Eisenberg, et al reported a 25% use of prayer as a form of alternative medicine in the American population."[4] Many clients expect a pastor who visits to pray with them, and often share deep concerns in a spontaneous prayer which might not have emerged in conversation. Some long-term clients have been receptive to learning new styles of prayer and meditation proposed by the chaplain to promote relaxation, pain control, and inner peace.

In a medical environment which is becoming increasingly impersonal, a chaplain's insertion into the outpatient clinic helps to give a human face and a spiritual perspective to the treatment of illness. Standing outside the feverish pace of medical care, the technological dictates of lab tests, and the complex jargon of procedures and medications, the spiritual caregiver is free to ask questions about what an illness means and how a client's faith influences his or her response to it. Simply by being present to the client and giving time to concerns beyond physical complaints, a chaplain opens a window to another vital aspect of healing. A doctor's office can unexpectedly become a place for prayer and consolation.

Conclusion

Spiritual care has much to contribute to the total health of clients in any medical setting. With the movement to shorter hospital stays and the growing amount of procedures, surgery, and follow-up care in the outpatient setting, chaplains are following clients to the doctors' offices. In an article a few years ago, Hey remarked, "It is estimated that 40 percent of healthcare services are now outpatient based. An appropriate question for pastoral care department managers may be, Are 40 percent of my department's activities outpatient based?"[5] The spiritual needs of the sick have not decreased as the number of hospital inpatients decreased; they have simply moved with the clients to other sites.

Responding to these clients and their needs for pastoral care means literally meeting them where they are. Contact with clients of the Trauma Surgery clinic over a five-month period demonstrated the possibilities and the need for spiritual care in a doctor's office building. It was rewarding for the

chaplain to have the opportunity to follow up on clients previously seen as inpatients; the benefit of an established relationship promoted openness to intervention and assured a consistency of spiritual care.

References

1. Bryce, B., "Using a chaplain in the OR," *AORN Journal*, 1988, 6, p. 1178.
2. Perlberg, M., "There's more to patient care than medicine," *Hospitals*, August 16, 1978, p. 65.
3. Anderson, H., et. al., *Ministry to Outpatients*. Minneapolis: Augsburg Fortress, 1991, p. 30.
4. Boisset, M., and Fitzcharles, M., "Alternative Medicine Use by Rheumatology Patients in a Universal Health Care Setting," *The Journal of Rheumatology*, 1994, 21:1, p. 151.
5. Hey, M., "Chaplains check in with outpatients," *Health Progress*, May 1991, p. 18.