

Head Nurses' Perceptions of the Roles and Functions of Hospital Chaplains: A Survey in the German Part of Switzerland

Urs Winter-Pfändler, Schweizerisches Pastoralsoziologisches Institut, St. Gallen, Switzerland
Christoph Morgenthaler, Lehrstuhl für Seelsorge und Pastoralpsychologie an der Universität Bern, Schweiz

Background: The roles of healthcare chaplains have expanded over the years, but no published study has been conducted to determine how nurses view the roles of the chaplain in the European context. **Method:** A random sample of 231 head nurses from 120 healthcare institutions in the German part of Switzerland was surveyed about their views on the importance of eighteen chaplain roles and functions on a Likert-scale from 1 = 'not at all important' to 6 = 'very important'. **Results:** A principal component factor analysis of participants' ratings found that the eighteen activities or roles fell into four distinct categories. The four categories were as follows: (a) grief and death attendance, (b) psychosocial and emotional support, (c) spiritual-religious support, and (d) institutional tasks (e. g. education and training of staff). On average, head nurses rated grief and death attendance as very important ($M = 5.54$, $SD = 0.71$), although the other three categories were evaluated as important (spiritual-religious support: $M = 4.63$, $SD = 0.98$; psychosocial and emotional support: $M = 4.91$, $SD = 1.01$; institutional tasks: $M = 3.39$, $SD = 1.25$). Several significant differences were found between the type of hospital (acute hospital vs. psychiatric clinic vs. nursing home), the type of chaplain (professional healthcare chaplain vs. parochial clergy), and head nurses' religiosity. **Conclusion:** Many healthcare professionals may be uninformed about the comprehensive training and the education most chaplains have completed. This training prepares chaplains not only to perform spiritual rituals and religious service but also to provide emotional support, grief counselling and education as well as training in spiritual care for professional staff. Thus, chaplaincy has to inform the other healthcare professions proactively about its competences.

Head Nurses' Referral to Healthcare Chaplaincy: Situations and Significant Influential Factors

Urs Winter-Pfändler, Schweizerisches Pastoralsoziologisches Institut, St. Gallen, Switzerland
Christoph Morgenthaler, Lehrstuhl für Seelsorge und Pastoralpsychologie an der Universität Bern, Schweiz

Aim: To determine in which situations head nurses refer patients to healthcare chaplains and to detect significant influential factors. **Method:** A random sample of 217 head nurses from 120 healthcare institutions in the German part of Switzerland was surveyed about situations in which they refer to a chaplain. **Results:** A principal component factor analysis of participants' ratings found that the eighteen presented situations fell into two distinct categories. The two categories were as follows: (a) situations concerning death or a religious-spiritual task, and (b) situations concerning emotional or psychosocial needs of patients or their families. On average, head nurses refer 'often' to a chaplain in their daily work in situations where patients are dying or need religious-spiritual service or support, but they refer only 'rarely' to a chaplain in situations where patients or their families express negative feelings or where other psychosocial needs are present. In particular, religiosity of head nurses, the position of the healthcare chaplain in the care team (integrated or not), a positive evaluation of healthcare chaplaincy in general, and a positive nurse-chaplain relationship determine significantly whether a head nurse calls for a chaplain in a particular situation or not. **Conclusion:** For quality improvement of chaplains' work, healthcare chaplains have to

integrate themselves into the care team. On the other hand, standardised referee processes between chaplains and nurses as well as physicians have to be elaborated to exclude subjective factors (e. g. religiosity of the nurse) from the referee process.

Are Surveys on Quality Improvement of Healthcare Chaplaincy Emotionally Distressing for Patients? A Pilot Study

Urs Winter-Pfändler, Schweizerisches Pastoralsoziologisches Institut, St. Gallen, Switzerland
Christoph Morgenthaler, Lehrstuhl für Seelsorge und Pastoralpsychologie an der Universität Bern, Schweiz

Background: In recent years a lot of research work has been done in the field of religion/spirituality and health care, particularly palliative research. Healthcare chaplaincy is the odd one out in this development. Many chaplains are wary of doing research because they assume it is cumbersome or potentially deleterious to ill patients. **Aim:** To find out if research on quality improvement of healthcare chaplaincy is emotionally distressing for patients. **Method:** In connection with a quality improvement proceeding, patients in a pilot study were issued with a questionnaire about an experienced chaplain's visit, their satisfaction with chaplain's work and their current psychosocial well-being. Subsequently the patients were asked to assess whether the questionnaire was emotionally distressing on a Likert-scale from 1 ('not at all distressing') to 10 ('very distressing'). **Results:** Thirty-seven patients (average age: $M = 61.97$ years, $SD = 11.05$ years; sex: 52.78% female) filled out the questionnaire on quality improvement of healthcare chaplaincy. A total of 91.89% of the respondents ($N = 34$) said that the filling-out of the questionnaire was not emotionally distressing for them. Only three patients said that answering the questionnaire was somewhat ($N = 2$, i.e. 5.41%) or very emotionally distressing ($N = 1$, i.e. 2.70%), saying that the survey reminded them of their hospital stay or illness. **Conclusion:** There are no objective reasons not to do research in healthcare chaplaincy from a patient's point of view. Therefore chaplains have to be proactive in order to ensure the quality improvement of their work as well as to ensure that their perspective is noticed in research on spiritual care.