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JOHN W. RAWLINGS SCHOOL OF DIVINITY

The Effect of Pastoral Care on The Direct Patient Care Staff of The Bethany Children's Health Center, Bethany, OK.

Submitted to Ron Hughes Ed. D., D.Min.

In fulfillment of the requirements for the completion of
the Doctor of Ministry Degree

Department of Christian Leadership and Church Ministries

by

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Dedication and Acknowledgement

I dedicate this degree to my late mother, Mary Ohunene Ozovehe, who helped me understand the value of education, and to my dad, Daniel Ozovehe. He is currently 95 years old for going the extra mile in providing as much as possible for me to pursue my earlier education. I still remember you taking me to the bookstore and purchasing almost all my required textbooks for my secondary education (Middle School), and to my amazing kids, Joshua, Esther, and Mary, for your immense understanding as a single parent with primary custody with little or no support system at our current location. You guys were my teammates. We made it happen.

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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This action project in the field of pastoral care and counseling is designed to determine the effect of pastoral care services of the Bethany Children's Health Center, Bethany, OK, on the direct patient care staff. The project utilized a video intervention approach to provide needed support to the care team of the Bethany Children's Health Center. Chapter one discusses the pastoral context of the pastoral care department. It presented the problem and the purpose statement. Chapter two examined the historical context of pastoral care and counseling. It explored the theological and theoretical foundations. Chapter three discusses the entire processes involved in carrying out the intervention beginning with intervention design and the implementation of the design. It also includes some of the demographic data from the survey participants. Chapter four discusses the intervention results by analyzing the participants' responses to the survey questions posed in the three video clips. Chapter five concludes the project by elaborating on the impact of the study, operational recommendations, and potential future studies of the intervention. The intervention showed that virtual/telechaplancy (video clips) is effective but should not be used as a replacement for in-person pastoral care. To effectively use video clips, spiritual care providers or chaplains need to identify a need and produce video clips that address those needs and make the clips accessible to those who need them.

Keywords: Chaplaincy, pastoral care and counseling, self-care, virtual care or telechaplancy, self-preparation, resilience, and decompression.

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CHAPTER 1: INTRODUCTION

Introduction

This action research focuses on addressing the impact of pastoral care services on the direct patients care staff of the Bethany Children's Health Center, Bethany, OK. This chapter will provide the ministry context in which this research is conducted by simply showing the day-to-day roles of the pastoral care department of the Bethany children's Health Center. It then ascertains the problem by clearly laying out the direct patient care team's challenges and how they impact patients' care. Next, the purpose statement provides the action steps that will be taken to address the focused group's self-care approach by looking at self-preparation before the shift, resilience during the shift, and decompressing after the shift. Lastly, the thesis statement will address the expectation of this action research. Hopefully the steps taken will solve or be beneficial in addressing the problem stated.

Ministry Context

History and Overview of The Bethany Children's Health Center

The Bethany Children's Health Center is a faith-based Christian health facility started as an orphanage in 1898 by Mattie Mallory.¹ Charles Edwin Jones, a then contributor at The Chronicles of Oklahoma, referred to Mattie Mallory as a Kansan, Methodist, and a teacher, who arrived in the Indian Territory in 1892 with a passionate concern for the reformation of homeless and sometimes unruly children. Mattie felt called by God to help the orphans in Oklahoma City.

¹ Our History - The Children's Center Rehabilitation Hospital (miracleshappenhere.org)

Since then, the Bethany Children's has evolved in its services and grown to become a leading healthcare facility in pediatrics that provides various health services to children. Some of the services currently offered include complex care, pediatric medical rehabilitation, pediatric clinic, outpatient services, and specialty services. Most recently, services are being provided to minors struggling with obesity by supporting them in establishing better health practices and building a great self-image.

Bethany, Oklahoma, is home to Bethany Children's Health Center, whose name was recently changed from The Children Center Rehabilitation Hospital (TCCRH). Bethany is one of the cities located in the Oklahoma City metro area, and it is often referred to as the heart of Route 66, which runs right in front of the hospital. Mattie Mallory, the founder of the now known Bethany Children's Health Center, was instrumental in establishing the new city of Bethany during the period. She helped name Bethany's streets and chose to name the street where she moved to the then orphanage as Mueller after George Mueller, who in the 1800s took care of orphans in England.

The current staff capacity of the Bethany Children's Health Center stands at about 712 employees and increasing who provide a different range of services. Many of these employees are nurses, CNAs, LPNs, social workers, etc., who provide the bulk of the direct services to patients and their families. Other employees play supporting roles just as expected in hospitals or medical facilities. With increasing demands and growth aspirations, Bethany Children's continues to hire and recruit the best medical personnel to help meet its increasing needs for services to its patients' population.

Pastoral Care Department

The pastoral care department plays a supporting role and provides spiritual, emotional, and mental support to patients, families, and staff. Initially, at the Bethany Children's Health Center, pastoral care services were contracted with Mercy Hospital, a more established hospital in the Oklahoma City metro area. As Bethany Children's grew, the need became necessary to have a full-time chaplain by 2014. The hospital had maintained and depended on a single chaplain to manage all the pastoral care services until October 2019, before an additional chaplain was brought onboard. This addition has strengthened the provision of pastoral care services and led to the establishment of the pastoral care department. The pastoral care department also now engages volunteer chaplains and practicum students in providing pastoral care services to the entire hospital community.

Understanding Chaplaincy

It is essential to lay the foundation for understanding chaplaincy and the unique roles chaplains play in their respective institutions. Alan T. Baker, a retired US Navy chaplain, described chaplaincy as one of the fastest-growing segments of specialized ministry. He differentiates chaplaincy from the mainstream pastoral model by aligning it to delivering a "ministry of presence" to people outside of a church.² While the mainstream pastor may be confined to the local church and focuses on its growth, chaplains are on the fields and marketplaces, being the hands and feet of Jesus by their incarnational presence. An influential public theologian, Samuel Wells, refers to this incarnational ministry as "being with" and considers the word "with" the most critical word in the Christian faith. The idea here is to accompany care recipients who might be hurting or celebrating while they find their methods or

² Alan T. Baker, *Foundation of Chaplaincy: A Practical Guide* (Chicago, IL: Wm. B. Eerdmans Publishing Co, 2021), 1.

answers and not the chaplain imposing one on them.³ Chaplains at the Bethany Children's live out this concept among their hospital community, providing presence to those who might be hurting and celebrating with those who have won some victories. Regardless of the situation, the Bethany Children's community has chaplains present to walk along.

Member of the Interdisciplinary Team

Chaplains at the Bethany Children's Health Center are part of the interdisciplinary team providing a range of therapeutic, supportive, and administrative services. According to Stacey A. Tovino, a law professor at the University of Oklahoma College of Law, these services resemble psychiatrists, psychologists, psychiatric nurses, social workers, and patient representation in a certain respect.⁴ As part of the interdisciplinary team, chaplains advocate recognizing patients' spiritual and religious beliefs and finding ways to incorporate those beliefs into caring for the patients. As a patient/family center care facility, the Bethany Children's chaplains educate the interdisciplinary team on cultural issues impacting patient care and are part of the training program for resident nurses and respiratory therapists. While the medical team cares for patients' physical health issues, the chaplains and pastoral care department care for patients' spiritual and emotional health, families, and staff. Hence providing holistic care for the hospital community.

Patient Care

Patients' care is chaplains' traditional and focal role in a hospital setting. Although chaplains care for patients' families and staff, their focus is often on the patients as they come first on the priority list. On average, chaplains provide care to 100 plus patients of different ages and medical conditions within the facility. Some of the services performed by chaplains to the patient

³ Samuel Wells, *Incarnational Ministry : Being with the Church*, (Grand Rapids: MI Wm. B. Eerdmans Publishing Co., 2017), 12, accessed April 11, 2022. ProQuest Ebook Central.

⁴ Stacey A. Tovino, "Hospital Chaplaincy Under HIPAA Privacy Rule: HealthCare or Just Visiting the Sick," *Scholarly Commons* (2005): 70, accessed January 10, 2022, <http://scholars.law.unlv.edu/facpub/392>.

include weekly chapel services in the units, individual visits to patients during rounds, praying over patients, reading the Bible and other spiritual books to patients, baptisms, and communion as requested by the family, abused and trauma recovery care for the patient who may have experienced some abuse or been through some traumatized events.

The chaplains also provide spiritual care for patients and families who identify as spiritual and not religious. Spirituality in this context means that aspect of humanity that refers to the way individuals seek and express meaning and purpose and how they experience their connectedness to the moment, self, others, nature, and the significant or sacred.⁵ Another way to look at spiritual care is to explore what makes meaning to patients and their families. Although the Bethany Children's Health Center is a faith-based organization, the patient population is from all walks of life. The chaplains are professionals who care for all people regardless of their faith affiliation or lack thereof.

Vacation Bible School (VBS) is another major event that chaplains hold annually at the Bethany Children's Health Center. The pastoral care department plans this event specifically for patients and their family members who can attend. Like a typical VBS, there are many music sessions, Bible stories based on the theme chosen, and patients' activities. Activities can include coloring, artwork, building a craft, etc. Patients come in groups based on their hospital classification to improve participation and engagement. Due to COVID-19 and the need to still hold a VBS, the pastoral care department created a COVID-friendly VBS for 2020. Rather than use the usual venue, the VBS was done in each hospital unit to avoid or limit the possibility of transmission of COVID. In 2021, with the completion of the Activities of Daily Living (ADL) building, the VBS was held safely in the gym with remarkable success, and it is hoped to become

⁵ Puchalski, C. et al., 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): 885-904, accessed April 3, 2022, doi:10.1089/jpm.2009.0142.

the new venue for activities that involve lots of patients and family members because of its enormous space to accommodate participants.

A significant aspect of the Vacation Bible School that cannot be missed is the use of sensory objects in communicating with our nonverbal patients, which is vital as most Bethany Children's Health Center patients are nonverbal. The pastoral care department invests yearly in sensory objects for the Vacation Bible School to enhance communication with the patients. This practice is considered expressive arts, according to Cathy A. Malchiodi, a psychologist and director of the Trauma-Informed Practices and Expressive Arts Therapy Institute and president of Art Therapy Without Borders, a global non-profit organization. Malchiodi defined expressive arts as the purposeful application of arts, music, dance/movement, creative writing, and imaginative play—which are primarily nonverbal ways of self-expressions of feelings and perceptions.⁶ Bethany Children's Health Center music therapists come in as intricately connected to the activities of the pastoral care department, as they are heavily involved in the planning and executions of the annual Vacation Bible School. The pastoral care department relies on and partners with music therapists to fulfill its objectives. This partnership has been helpful to the pastoral care department in its professional functioning.

Patients' Family Care

Working with patients' families is another responsibility of the chaplains at the Bethany Children's Health Center. Most of the patients' families at the facility are often exhausted and worn out when they arrive. Many others are anxious, while many are still in shock going through different stages of grief and working their way to embrace their new norms. The most common experience of families of patients in our critical care units of the Bethany Children's Health

⁶ Cathy A. Malchiodi, *Trauma and Expressive Arts Therapy : Brain, Body, and Imagination in the Healing Process* (New York: NY Guilford Publications, 2020), 1, accessed April 7, 2022. ProQuest Ebook Central

Center struggles with accepting their new reality as they grieve the loss of the life they had wished and envisioned for their children. Many others struggle with mistrust of the medical professionals and carry some of that anger over to the Bethany Children's Health Center.

With all these ranges of needs, pastoral care assesses individual families during intake or "Initial Visit," as it is called. During this visit, patient and their family needs are identified using different models of spiritual assessment tools. The pastoral care department currently utilizes the FICA model of spiritual assessment.⁷ This model also affords patients and family members to share their stories. Chaplains can then assess patients' and family members' needs and then develop a care plan that helps address the situation that a family might be dealing with. Care plans are drawn in partnership with patient/family members' inputs.

The Bethany Children's Health Center's philosophy of care is family centered. In general, some of the care provided to patients and family members includes assisting families in dealing with their anxieties and establishing trust in healthcare givers. However, chaplains' most crucial care for the family is supporting them in accepting their new reality, which can take a long time to achieve, but chaplains understand patients and meet families where they are at and work with them through their struggles.

General Staff Care

Staff care is also an essential responsibility of chaplains at Bethany Children's Health Center. The Bethany Children's staff are an ethnically diverse group with a heart for the services they render to patients and their families. As chaplains walk through the hospital facility, they encounter employees at their very best doing whatever they need to do for the overall goal of

⁷ Christina Puchalski, "The FICA Spiritual History Tool A Guide for Spiritual Assessment in Clinical Settings," *The GW Institute for Spirituality & Health Journal*, no 1 (2020): accessed March 1, 2022. <https://smhs.gwu.edu/spirituality-health/sites/spirituality-health/files/FICA-PDF-Final-Nov2020.pdf>

providing excellent services to those they serve. In addition, each employee embodies the hospital's mission and culture, making it more critical for chaplains to support these incredible staff. Recent studies are beginning to recognize the essential roles of chaplains in supporting healthcare staff and, by implication, their hospital community.⁸

Chaplains provide a well-being check with employees by simply checking in daily as they encounter them in different parts of the facility. Going beyond just the casual greetings but being sensitive and intuitive to the employees encountered, which depends on the Holy Spirit empowering the chaplains or “gut feelings,” as referred to in other settings, to discern what conversations will be beneficial to the employee. Supervisors and leaders also make referrals to chaplains in some cases. Since they have proximity to employees, they can perceive employees' emotional states, and recommendations are made. In other instances, peers make referrals or suggestions to each other to speak to a chaplain. A study conducted to investigate the impact of chaplains' interaction with medical staff concluded that chaplains in hospital settings have a unique opportunity to impact the nursing staff's well-being at work. These impacts decrease employees' stress, burnout, and turnover rate. The study also indicated that improving access to chaplaincy may be cost-effective means of satisfaction.⁹

For some other staff, chaplains support setting spiritual goals and achieving them. The conversation begins by acknowledging where an employee is in their faith journey. Next, it explores the past, present, and future. The discussion here centers on how employees' history has impacted who they are today and their functionality. Self-assessment guides allow employees to

⁸ Byrne, M. J., Nuzum, D. R., Pastoral closeness in physical distancing: The use of technology in pastoral ministry during COVID-19. *Health and Social Care Chaplaincy*, 8, no 2, (2020): 206–217, accessed April 2, 2022, doi:10.1558/hsc.41625

⁹ Liberman, Tara et al. “Knowledge, Attitudes, and Interactions with Chaplains and Nursing Staff Outcomes: A Survey Study.” *Journal of religion and health* 59, no. 5 (2020): 2308-2322, accessed April 2, 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7242609/>

self-evaluate and determine who they want to be. The goal here is to be self-aware and others aware.¹⁰ This aspect of chaplaincy responsibility has been one of the most rewarding. To be a part of another's journey and see the transformation that has taken place over time is incredible. This aspect's impact cannot be quantified, as a transformed or emotionally healed person will provide excellent services and be emotionally present as they deal with others.

Grief is a significant aspect of human life. Bethany Children's staff experience different forms of grief. Some are grieving the loss of a loved one, especially with Covid-19, while others may be grieving the loss of a relationship like a divorce. It might be grieving the loss of a dream or aspirations to some other. Whatever the griefs are, chaplains at Bethany Children's provide one-on-one support to staff members experiencing grief. Chaplains offer resources and make appropriate referrals that may benefit staff members.

Caring for Direct Patient Care Staff

It is important to note that chaplains and the direct patient care team are part of the interdisciplinary team and partner in caring for patients. While all the care above under general staff applies to the direct patient care staff, chaplains also offer other specific care to the direct patient care team. The care team, the frontline staff who daily care for the patients, can make referrals or call on a chaplain to visit patients and their families. This working relationship lays the foundation for chaplains to interact with them and be part of their journey.

The chaplain provides critical incident stress debriefing (CISD) sessions to help the care team, and other staff members debrief whenever operational distress happens. Debriefings are

¹⁰ Judith R. Ragsdale et al., "Mutually Engaged Supervisory Processes: A Proposed Theory for ACPE Supervisory Education," *Journal of Pastoral Care and Counseling* 2, no. 2 (2012): 7, accessed March 28, 2021, <https://doi-org.ezproxy.liberty.edu/10.1177/154230501206600303>

believed to provide relief from stressors caused by a critical incident.¹¹ At other times, chaplains support staff in managing their grief when a patient passes or loses a loved one or a centered relationship. These events can serve as life-altering for some direct patient care staff. Hence pastoral care services support staff in processing these sad events.

Secondary trauma is prevalent at the Bethany Children's Health Center, which happens especially when a new patient admits to the facility, and the care team becomes aware of the incidents leading to their current health conditions. Over some time, the occurrence of this scenario can lead to secondary trauma, especially in cases of abuse and mishaps. The chaplains provide support to the care team in these instances by guiding them in developing better responses and perspectives. The goals here are to support the care team in developing resilience and a clear sense of objectivity as they continue to provide care for patients and work with their families.

Administrative Functions, Training, and Religious Services

Chaplains at Bethany Children's also carry out some administrative responsibilities. One of such administrative function is the Initial Visit with patients and family members as part of new patients' intake or admission process. During this visit, chaplains conduct a spiritual assessment, a detailed process of listening to, interpreting, and evaluating patients' and families' spiritual needs and resources to identify spiritual and emotional needs and document them for interdisciplinary purposes.¹² Conducting spiritual assessment is one of the significant

¹¹ Paul R. Clark et al, Pediatric Emergency Department Staff Preferences for a Critical Incident Stress Debriefing," *Journal of Emergency Nursing* 45, no 2 (2019):403-410, accessed April 4, 2022, <https://doi.org/10.1016/j.jen.2018.11.009>

¹² Fitchett, George, and James L. Risk. "Screening for Spiritual Struggle." *Journal of Pastoral Care & Counseling* 63, no. 1-2 (2009): 1-12, accessed April 2, 2022, <https://doi.org/10.1177/154230500906300104>.

responsibilities of board-certified chaplains at the Bethany Children’s Health Center because of the extensive training required to carry out this process.

Chaplain documentation has been an ongoing conversation within the profession. The current trend in the chaplaincy profession is that chaplains will document their care. Chaplains also document their activities with patients and families in the electronic medical record (EMR) format. As earlier stated, chaplains at the Bethany Children’s utilize the FICA model of pastoral assessment.¹³ After each visit or interaction, the chaplains documents their care in ways that can be beneficial to the interdisciplinary team—most of the concerns about chaplaincy documentation center around bridging care recipients’ confidentiality. However, the board-certified chaplains of the Bethany Children’s are trained professionals who know the limit of what to document so as not to violate care recipients’ confidentiality. Chaplains’ documentation centers around spiritual, emotional, and relational issues. Chaplains document their care to show their professionalism and provide relevant information that might be needed by the interdisciplinary team and as evidence of holistic care for patients.¹⁴

Chaplains also work with the Human Resources department in hosting new employees' orientation (NEO). This monthly event welcomes new staff members and allows getting to know the role chaplains play within the interdisciplinary team. During NEO, the chaplain provides an overview of the pastoral care department, its mission, and operations. The chaplains are also part of the Bethany Children’s Mission and Culture Department and Medical Ethics Committee.

Additionally, chaplains within the pastoral care department of the Bethany Children’s Health Center help train volunteer chaplains who support providing care for patients, families,

¹³ Christina Puchalski, “The FICA Spiritual History Tool A Guide for Spiritual Assessment in Clinical Settings.”

¹⁴ Brent Peery, “*Chaplaincy Documentation in a Large US Health System*,” 27.

and staff. The use of volunteer chaplains, also referred to as “Associate chaplains,” in other settings is cost-effective.¹⁵ Though the pandemic has placed a hold on this volunteer chaplains for some time now, it is believed to resume soon to have more personnel providing spiritual and emotional care for the hospital community to combat the stress brought about by the pandemic. Patients, families, and staff need round-the-clock support because of the stress brought about by COVID-19.

Plans are on the way for the Bethany Children’s Health Center pastoral care department to start a clinical pastoral education program (CPE). This professional advancement program is designed for those who feel called to provide pastoral care within a hospital setting, institutions, and corporations. As a precursor, the Bethany Children’s Health Center pastoral care department partnered with Mid-America Christian University to supervise ten ministry students for curriculum-required practicum for the Fall semester of 2021 and beyond (More under “Practicum Supervision”). This experience has helped prepare the department for a potential CPE program.

Chaplains conduct some religious services occasionally. Before COVID-19, chaplains held a monthly program tagged "Thrive." Thrive is a worship, praise, and religious and spiritual activity for patients and their caregivers, which is open to the entire hospital community optionally. Whenever a patient passes, the Chaplain holds a memorial service in honor of that patient and helps bring closure to employees whose demise may have impacted. It is not surprising that employees can become attached to a patient they have cared for years. These patients have become part of their lives to most employees, and when they pass, the impact cannot be overstated. At the end of the year, especially in December, chaplains hold a memorial service for the entire hospital community for anyone who has lost a loved one. This service is an

¹⁵ Laurel A. Burton, *Making Chaplaincy Work: Practical Approaches* (New York, NY: Routledge Taylor & Francis Group, 2014), 91.

opportunity to deal with past and present grief. Chaplains also conduct prayer services during the lent season and a Christmas service.

The Bethany Children's Pastoral Care Department is intricately connected to and part of the hospital's day-to-day operational functioning. Chaplains are essential employees and are available 24/7. In addition, chaplains carry work phones for easy contact for referrals. Sometimes, chaplains are contacted during weekends to visit patients and families, and other times to reach out to an employee who might be having a difficult situation, ranging from grief to significant family issues.

Practicum/Internship Supervision

The Bethany Children's Health Center has great potential for growth and one that makes it a training center in pediatrics and rehabilitation. The pastoral care department will be part of this growth by providing practicum supervision to ministry students. As a faith-based hospital, the Bethany Children's Health Center has caught the attention of other Christian faith-based academic institutions, which found it a suitable environment for their students' practicum. So, as earlier stated, the pastoral care department has partnered with Mid-America Christian University to provide practicum supervision for ministry students. There are potential others that will also be considered for this opportunity. This opportunity will give the students hands-on ministry experiences. Students will be able to learn what it means to be the hands and feet of Jesus within a medical setting. This experience is vital as it will help guide the students in vocational choice or discerning future career.

Problem Presented

The problem is that the direct patient care staff of the Bethany Children's Health Center lacks coordinated pastoral care support to meet their spiritual, emotional, physical, and mental

needs. This care team faces enormous daily challenges in providing care to critical care patients and responding to patients' family requests for updates, especially with the COVID-19 pandemic. Strict restrictions have been placed, limiting the number of times families can visit and the number of people allowed per visit. These demands pull the healthcare workers in different directions, and a lack of a coordinated pastoral care program to meet these needs can worsen, impacting organizational health. By implication, the care team cannot give their very best in providing care to critical care patients.

Part of this problem is that the pastoral care department is short-staffed to fully meet the demand of care needed for her entire hospital community. As a result, the Bethany Children's Chaplains are often pulled in different directions daily as they provide care for the whole hospital community. There is no generally stated standard for chaplain ratios to medical facilities. However, Susan Wintz, staff chaplain at St. Joseph's Hospital and Medical Center, Phoenix, Arizona, and George Handzo, Associate vice president at The Healthcare Chaplaincy Network, have suggested a minimum ratio of 1:30 to a maximum of 1:100 patients' capacity.¹⁶ Unfortunately, looking at this suggestion, the pastoral care department at Bethany Children's does not yet measure up well. Besides, the current inability to recruit volunteer chaplains due to COVID-19 further complicates matters. However, the Bethany Children's chaplains continue to seek ways to maximize their current staffing capacity to meet the ever-increasing demand for pastoral care within its hospital community. It is hoped that with the practicum supervision partnership, the pastoral care department will be able to train students in providing care for the Bethany Children's community.

¹⁶ Susan K. Wintz, and George F. Handzo, Pastoral Care and Productivity: More Than Ratio," *Chaplaincy Today* 21, no 1 (2005): 2-10.

The impact of COVID-19 on the care team of Bethany Children's has been enormous. Many of the care team complained of not being able to engage in self-care activities due to such facilities' closure, especially among those who like visiting the gym. For some others, not meeting with their family members and friends has been an extra burden and has dramatically impacted their social lives. To some others, schools' closure meant that they become homeschool teachers, which is an added burden after a 12-hour shift. Unfortunately, COVID-19 appears to still be here for now, with different variants being discovered. Although, its impact has been limited with the discovery of vaccines. All of this makes for why providing pastoral care that supports the care team is essential. There has also been talks about post COVID-19 traumatic stress and chaplains are supporting team members in anticipation of the challenges that brings.

Purpose Statement

This DMIN action research project aims to produce weekly videos that address the self-care needs of the Bethany Children's Health Center's direct patients care team members. If this problem is researched, it will provide feedback to assess the problem's extent and evaluate the capacity to which the videos help meet their needs. Pastoral care can sometimes be subjective in determining needs and ways to provide support. Hence, the need to evaluate the care team's responses to assess this form of pastoral care support's effectiveness. If this action research project is successful, the pastoral care department will design a different employee-focused approach that offers the support needed with the outcome gathered.

Producing these videos is a creative way of meeting the enormous needs of the care team as it is almost unlikely for the pastoral care department to engage individually with the entire care team which some work the night shift, a period that chaplains are not in the facility except

called upon for emergencies. With COVID-19 still prevalent, the videos will help solve the anxieties of possibly contracting the virus by coming into proximity with others. Also, the ease of accessibility is critical as the direct patients care team members will be able to watch the videos on their cell phones through the Bethany Children's Health Center intra-communication platform known as "Buzzcom."

Chaplains at the Bethany Children's have been blessed not to work remotely during this pandemic, which has allowed them to maintain the relationship as much as possible with the care team. Although social distancing has been maintained, chaplains have observed themes of needs that will be addressed in the videos through minimal daily conversation. Topics to be discussed will focus on self-care when preparing for their shift, resilience, and decompression after the shift. In addition, these videos will be presented to allow the care team members to contact chaplains for further discussions and support if need be.

Basic Assumptions

Just like every other research, this action research holds some assumptions. First, it is assumed that the direct patients care team faces enormous daily challenges that impact the services they render. Pastoral care can offer some support in helping them manage some of these challenges. Second, this research assumes that the direct patients care team needs pastoral care support to be more effective in what they do daily. The survey questions will be structured to assess to what extent the direct patients care team needs pastoral care support to improve their efficiency.

Another assumption held by this study is video resources will support the direct patients care team. This assumption is made because the team members work different shift hours. While

some work during the day, others work the night shift. Meanwhile, chaplains are only present during the day shift except on rare occasions when they must work the night shift. Therefore, the direct patients care team can access video resources anytime.

Getting accurate responses that represent the population under study is critical to any research. It is crucial that responses received be honest, fair, accurate, and reflect individual perceptions. The outcome is outside the researcher's control as the researcher cannot control the number of respondents and how they choose to respond.¹⁷ This research assumes that the direct patients care team will answer the research questions correctly, reflecting on their current situation without bias or pressure. This research allows for the anonymity of respondents.

Definitions

This study focuses on providing pastoral care to the direct patients' care team of the Bethany Children's Health Center. Pastoral care involves counseling. Hence, some counseling terms used here are not some everyday words that most are accustomed to, and for ease of comprehension, some of those terms need to be defined. Examples of such terms are caregiving, centered relationship, and secondary trauma.

Caregiving. Caregiving may convey different meanings to different professions; for the counseling profession, Willis D. Wainwright, in his Doctor of Ministry thesis, defines caregiving as giving care and looking after another person who requires care.¹⁸ The care here focuses on spiritual, emotional, physical, and mental support. Chaplains at Bethany Children's concern

¹⁷ Ray Cooksey, and McDonald G, *Why Should I Think About Guiding Assumptions? In: Surviving and Thriving in Postgraduate Research*. Springer, Singapore, 2019), 252, https://doi-org.ezproxy.liberty.edu/10.1007/978-981-13-7747-1_9

¹⁸ Willis D. Wainwright, "A Model for Pastoral Care and Shepherding of a Mid-size Growing Church," (DMIN Thesis, Liberty University, 2020), 7, ProQuest Dissertations & Theses Global.

themselves with ensuring all patients, families, and staff are healthy in all the areas mentioned above.

Centered relationship. Charles V. Gerkins, professor of pastoral theology at Emory University, Atlanta, GA., defined a centered relationship as any relationship central to the meaning of who one is as a person, a relationship in which one's identity is centered.¹⁹ Losing any centered relationship can lead to altering oneself. At the Bethany Children's Health Center, staff members lose centered relationships and will need support from chaplains on their grief journey.

Secondary Trauma. Alicia Delgado-Agudio, in her dissertation, posits that secondary trauma refers to a negative emotional response resulting from exposure to individuals who have been traumatized.²⁰ Patients' families at the Bethany Children's Health Center share their stories with the care team. Most of the stories are sometimes traumatizing and raise existential questions. There is always the potential for the direct patient care team to become secondarily traumatized as they listen to these troubling stories over time. A common troubling question often asked by the care team from pastoral care providers has been, "Why did God allow this to happen to this child?" Chaplains provide support in instances of secondary trauma.

Spiritual Care: Care which recognises and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or

¹⁹ Charles V. Gerkins, *Crisis Experience in Modern Life: Theory and Theology for Pastoral Care* (Nashville, TN: Abingdon Press, 1979), 142.

²⁰ Alicia Delgado-Agudio, "Secondary Trauma Symptoms Following Exposure to Viewing Traumatic Event," (PhD diss., Hofstra University, 2018), 8, ProQuest Dissertation & Theses Global.

sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires.²¹

Interdisciplinary Team: A healthcare team composed of providers from separate disciplines who provide care during a single patient visit.²²

Limitations

This study has several limitations. First, this study is limited to the direct patient care team of the Bethany Children's Health Center, Bethany, OK. No other care team from other hospitals or healthcare facilities will be allowed to participate in this project. Second, participants are drawn from the direct patient care team, which involves nurses, respiratory therapists, nurse aids, and licensed practical nurses. No other department is allowed to participate in this study. Finally, it is hoped that many of the direct patient care teams will respond, but there is no guarantee of that happening. Therefore, this study will focus and be limited to the number of completed responses in the survey sites.

Delimitations

As expected in a hospital, the Bethany Children's Health Center has various specialized staff. However, this study has chosen to focus on the direct patients' care team and set the study's

²¹ Tormod Kleiven, Cusveller, B., Nygaard, M.R., Mikšić, Š., Boughey, A., McSherry, *What Do We Mean by 'Spirituality' and 'Spiritual Care'?* In: McSherry, W., Boughey, A., Attard, J. (eds) *Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care* (Springer: Cham, 2021), 21-38, https://doi-org.ezproxy.liberty.edu/10.1007/978-3-030-65888-5_2

²² Chike Nzegu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams and Its Impact on Chaplains' Well-Being" (PhD diss., Walden University, 2018), 12, <http://scholarsworks.walden.edu/dissertation>.

boundary for manageability.²³ The direct patients care team bears the bulk of the care for acute care patients, potentially being drained spiritually, emotionally, mentally, and physically. It is hoped that this project will reveal the veracity that the care team can use pastoral care support.

This study also delimits itself to the use of one intervention. The intervention chosen is video resources to support the direct patients care team. The use of video resources was made because the care team works different shift hours. While some work during the daytime, others work the night shift. Using video resources will allow the target group to access the resources anytime and anywhere. Whereas chaplains may not be available all around the clock, the video resources will be accessible anytime.

Several pastoral care topics would have been the focus of this study, but this topic chosen is vital. It will help assess the use of video resources to support the care team and determine if the direct patient care team sees this means of intervention as beneficial and effective. The goal of ministry is to impact others. Therefore, the pastoral care department will evaluate its impact on the care team and determine the effect of this intervention. If deemed ineffective, other measures or means of intervention will be explored.

Thesis Statement

If these videos are produced, the direct patients care team will have the resources that support them in preparing for their shift, maintaining resilience during the shift, and decompressing after their shifts, which will lead to achieving some form of the organization's mental and emotional health goal for this group. In addition, the care team will receive more targeted support that is measurable. Targeted in the sense that the topics chosen will be the ones

²³ Halyna M. Kornuta and Ron W. Germaine, *A Concise Guide to Writing a Thesis or Dissertation: Educational Research and Beyond (2nd ed.)*, (New York, NY, Routledge Taylor and Francis Group, 2019), 31, <https://doi-org.ezproxy.liberty.edu/10.4324/9780429056888>

that are relevant to the perceived needs of the care team. The pastoral care department will then evaluate based on the parameters studied in determining what effective pastoral care looks like to the participants. The outcome will also help develop a model applicable to similar facilities or other healthcare workers facing similar needs. The result will be evident in the excellent services the care team will continue to give to critical care patients and their families.

In working with care recipients, chaplains are skilled in exploring spiritual, emotional, and relational issues.²⁴ Chaplains also explore care recipients' hopes and resources related to their areas of need. As pastoral caregivers, chaplains always center on what resources are available and accessible to an individual. Having available resources is essential to journey through a difficult season. These videos will be an added tool available to the care team in coping with and managing the stress of this time. No doubt there are many resources out there. However, the difference between the videos provided and other similar resources is the trust between the chaplains and the direct patient care team. Also, the knowledge that these videos were made to reach out to the care team can be a motivation to watch them. It portrays a sense of love and care. Besides, chaplains work in the same environment with the care team and better understand their daily challenges and a sense of appreciation of their contribution

²⁴ Brent Peery, "Chaplaincy Documentation in a Large US Health System," 26

CHAPTER 2: CONCEPTIONAL FRAMEWORK

Introduction

Pastoral caregiving is an age-long discipline that has provided spiritual, emotional, physical, and mental support to individuals and communities. With the unprecedented challenges of the 21st-century and the rise in mental health illnesses, this review presents the basic understanding of 21st-century pastoral care with a specific focus on meeting the direct patients care team of the Bethany Children's Health Center, Bethany, OK.

Literature Review

Healthcare workers face enormous challenges as they provide care to patients. Beyond their professional responsibilities, their personal lives also present relational, emotional, financial, spiritual, and physical challenges. Pastoral care can help provide support for healthcare workers. This literature review focuses on the fundamental understanding of pastoral care, the challenges faced by the care team, and the skills required by pastoral care caregivers to meet the needs of the direct patient care team.

Understanding Pastoral Care and Counseling

The basic concept of pastoral care and counseling is the idea of caring for the human soul. According to Allan Cole, a professor at the University of Texas, being pastoral means caring for souls by fostering healing sustenance, guidance, and reconciliation, not merely for

individuals but communities of people.²⁵ Howard Clinebell, a professor in pastoral counseling who pioneered a counseling approach that combines psychotherapy and religion. He expanded on this thought when he noted that the communities in question refer to one of faith and that care is given with the sole purpose of enabling individuals to live life with the maximum possible wholeness in all their dark valleys, sunlit peaks, and everyday plateau.²⁶ Addressing the individual and community needs is critical to the pastoral care department of the Bethany Children's Health Center. Bethany Children's Health Center is a faith-based hospital community. For the most part, all employees express some affiliation to the Christian faith. It is on this premise that pastoral care and counseling are designed which is important for this study. This author is aware of the shift in terminologies within caregivers where spirituality is preferred to pastoral as pastoral is seen to be more Christianly directed. Spirituality is seen as a broad sense that covers other forms of faith and makes room for inclusion. Carrie Doehring, Professor at the Iliff School of Theology, captures this thought when she states, "One difficulty with the term *pastoral care* is that it refers to Christian and Jewish religious traditions and cannot be used to describe the care offered by Buddhist, Muslim, or Hindu caregivers."²⁷ Instead, institutional chaplain departments and organizations that certify chaplains have started to use the term spiritual care.²⁸

²⁵ Allan Hugh Cole. "What Makes Care Pastoral?" *Pastoral Psychology* 59, (2010): 711-723, accessed January 31, 2021.

²⁶ Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville, TN: Abingdon Press, 2011), 8.

²⁷ Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: Westminster John Knox Press, 2006), 6.

²⁸ *Ibid.*, 6.

Pastoral caregiving is a biblical concept where God is the Chief Shepherd (1Pet 5:4)²⁹ who leads His people through the individual called into such ministry. Jesus referred to Himself in John 10:11 as the "Good Shepherd," an indication that there are bad shepherds. Psalm 23 gives a clearer understanding of the biblical view of what pastoral caregiving entails. From his knowledge as a shepherd boy, King David shares how God being His shepherd makes all the difference in his life. The burden placed on pastoral caregivers is to support and guide the clients (flock) to live the abundant life promised by Jesus in John 10:10.

Pastoral caregiving is an all-encompassing concept that includes the discipline of pastoral care, pastoral counseling, and pastoral psychotherapy. According to Clinebell, "Competency in each requires different overlapping training."³⁰ These pastoral caregiving branches will be defined and addressed in subsequent pages and how they apply to meet clients' needs, which is important as each client presents unique needs or challenges, and it is crucial for caregivers and care referrers to know what kind of support is appropriate.

Historical Context of Pastoral Care and Counseling

Historically, pastoral care as it is practiced today dates back to the early twentieth century. Clinebell posits that the modern pastoral care movement had its early roots in applying the new science of psychology to ministry during the early decades of the twentieth century. Its pioneering contributors are Anton Boisen, Richard Cabot, Philip Guiles, and Russell Dicks, who began the Clinical Pastoral Education (CPE) movement.³¹

²⁹ Unless otherwise indicated, all Bible references in this paper are to be the *Thompson Chain Reference Study Bible (NKJV)* (Indianapolis, IN: B. B. Kirkbride, 1997).

³⁰ Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*, 8.

³¹ *Ibid.*, 44.

Pastoral caregiving as a counseling arm increased with a wave of interest in psychology and psychotherapy after World War II. Boisen and Dick are the first to start training seminary students and pastors in mental and general hospitals. The students and pastors provided pastoral care for persons in severe crises as trained chaplain supervisors mentored them, which was the foundation for applying psychology in caring for the sick. It transformed pastoral theology from a theoretical discipline to a more clinically informed profession.³²

Defining Pastoral Care and Counseling

Defining pastoral care and counseling helps to understand their scope and application. According to Loren Townsend, Professor at Presbyterian Theological Seminary in Louisville, KY, "Pastoral care in its broadest sense was seen as an attitude engendered in faith communities to nurture individuals, families, and the community as a whole in times of need or distress."³³ This definition by Townsend captures the basic functionality of pastoral care and its scope. The argument against this definition limits pastoral care to times of *need* and *distress*. Although *needs* can be all-encompassing, it refers to times of challenges and difficulties in this sense if pastoral care is only needed when there are needs or distresses. So, what will pastoral caregivers do when neither of these situations are present?

Rodney J. Hunter, Professor at Emory Chandler School of Theology Atlanta, GA, and Nancy J. Ramsay, Professor at the Presbyterian Theological Seminary in Louisville, KY, provide a more detailed and inclusive definition when they state that "pastoral care ...refers to all pastoral work concerned with the support and nurturance of persons and interpersonal relationships, including everyday expressions of care and concern that may occur amid various

³² Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*, 44.

³³ Loren Townsend, *Introduction to Pastoral Counseling* (Nashville, TN: Abingdon Press, 2009), 19.

pastoring activities and relationships."³⁴ This definition presents a more holistic view of pastoral care. Pastoral caregivers should not be viewed only as interveners in times of need. Instead, it should also be considered caregiving that nurtures individuals or communities to live their fullness of life in Christ—living out their divine purpose.

On the other hand, pastoral counseling is an arm of pastoral care in different contexts. Barbara J. McClure, Professor at Vanderbilt University, defines "Pastoral counseling as a subset of pastoral care or a specialized form of pastoral care. The term denotes a more narrowly defined relationship between a pastor and a person in need."³⁵ McClure distinguished pastoral care and counseling by stating, "Whereas pastoral care is typically provided within the confines of parish ministry, pastoral counseling is a discrete set of particular practices that are less bound to an ecclesia for its location than is pastoral care."³⁶ Pastoral counseling is more structured and focused on a specifically articulated need or concern than pastoral care in that pastoral care can be spontaneous and can happen at any location.

Regarding length, pastoral counseling often suggests long-term depth work, exploring psychodynamics and interpersonal relationships.³⁷ It is important to note here that the distinction made by McClure does not impact practice. Instead, it reveals the interrelatedness of pastoral care and counseling. While anyone can receive counseling without pastoral care, pastoral care, often than not, will require counseling.

³⁴ Rodney J. Hunter, and Nancy J Ramsay, *Dictionary of Pastoral Care and Counseling* (Nashville, TN: Abingdon Press, 1990) 845.

³⁵ Barbara J McClure, *Moving Beyond individualism in Pastoral Care and Counseling: Reflection on Theory, Theology, and Practice* (Eugene, OR: Cascade Books, 2010), 21.

³⁶ *Ibid.*, 21

³⁷ *Ibid.*, 21

Hunter and Ramsay provided more clarity as they refer to pastoral counseling as a caring ministry that is more structured and focused on specifically articulated needs or concerns, which will always involve some degree of "contract" in which a request for help is expressed, and specific arrangements are agreed upon regarding meeting time and location. Depending on the institutional setting and other considerations, a fee may also be agreed upon in some comprehensive counseling.³⁸ This definition concurs with McClure's structural nature and specific needs identified before pastoral counseling occurs. However, it also expanded on the need to agree on a time and location between the counselor and counselee.

Pastoral psychotherapy is another arm of pastoral caregiving, also known as *pastoral therapy*, which is a more extended form of pastoral counseling that involves exploring complex emotional and relational issues. It is suggested that this form of therapy be undertaken by caregivers who have undergone rigorous academic and clinical supervised training due to the complex nature and extended time required.³⁹ This form of therapy is not the focus of this study, but it must be noted as another aspect of pastoral care.

Direct Patients Care Team Challenges

The direct patient care team of the Bethany Children's Health Center consists of the nurses, which may be registered nurses (RN), charge nurses, licensed practical nurses (LPN), Nurse aid, or nursing assistant (NA). Nursing professionals in their different forms are charged with the responsibility of providing professional nursing services in the treatment and care of patients during their shifts. The respiratory therapists form the other part of the direct patients' care team of the Bethany Children's Health Center. According to the HR job description, their

³⁸ Hunter and Ramsay, *Dictionary of Pastoral Care and Counseling*, 847.

³⁹ *Ibid.*, 11.

responsibility includes but is not limited to administering a variety of therapeutic services and diagnostic tests to evaluate and care for patients with respiratory insufficiencies and complexities.

First, it is essential to remember that the direct patients care team members are not superhumans. For the most part, most of them are fathers, mothers, grandparents, uncles, etc. They are humans faced with the same challenges. Meredith Mealer, Professor of Physical Medicine and Rehabilitation at the University of Colorado, pointedly addressed some of these challenges when she noted that working as an acute care nurse is stressful. The reason for the stress is multifactorial. Identifying potential triggers or stressors include, but are not limited to, long 12-hours shifts, high patient acuity, high patient mortality, interacting with verbally abusive family members or coworkers, ethical or moral dilemmas, organizational policies, and staffing issues. Besides those mentioned above, critical care nurses are plagued with psychological distress like compassion fatigue, moral distress, burnout syndrome, and posttraumatic stress disorder (PTSD). Often, these stressors' combination and cumulative effects cause distress in nurses.⁴⁰

Direct patient care team staff often experience compassion fatigue, which results from a progressive and cumulative process caused by prolonged, continuous, and intense contact with patients, self, and stress exposure.⁴¹ The implication has led to some nurses leaving the profession entirely or changing to a different unit. Mealer noted the prevalence of compassion

⁴⁰ Meredith Mealer, *Coping With Caring: A Nurse Guide to Better Health and Job Satisfaction* (New York, NY: Routledge, 2020), 1-3.

⁴¹ Kathleen Ledoux, "Understanding Compassion Fatigue: Understanding Compassion," *Journal of Advanced Nursing* 71, no 9 (2015): 2010-2050, accessed February 28, <https://doi-org.ezproxy.liberty.edu/10.1111/jan.12686>

fatigue in emergency room nurses, critical care nurses, respiratory therapists, hospice settings, oncology, mental health, nephrology, medical and surgical units, and pediatrics.⁴²

Moral distress is another psychological challenge that impacts the direct patient care team of the Bethany Children's Health Center. Moral distress is believed to occur when a healthcare professional, as a moral agent, cannot or does not act on their moral judgment because of institutional or internal constraints.⁴³ Repeated violation or inability to exercise internalized moral beliefs significantly impacts the direct patients care staff. Mealer listed the consequences of moral distress to include but are not limited to burnout syndrome, depression, anxiety, and ultimately turnover of experienced bedside nurses.

Wilmar Schaufeli, Professor at the Utrecht University, The Netherlands, posits that burnout was first used informally by an American psychologist named Herbert Freudenberger, who borrowed the term from the illicit drug scene colloquially referred to the devastating effect of chronic drug abuse. He used that concept to describe burnout as the gradual emotional depletion, loss of motivation, and reduced commitment among St. Mark's Free Clinic volunteers in New York's East Village, whom he observed as a consulting psychologist.⁴⁴ While there are several definitions of burnout, the most appropriate for healthcare practitioners was Maslach. He characterized burnout as a combination of emotional exhaustion, depersonalization, and low

⁴² Mealer, *Coping With Caring: A Nurse Guide to Better Health and Job Satisfaction*, 3-4.

⁴³ Connie M. Ulrich, and Christine Grady, *Moral Distress in Health Profession* (New York, NY: Springer, 2018), 1-2.

⁴⁴ Wilmar B. Schaufeli, *Burnout: A Short Socio-Cultural History* (New York, NY: Palgrave Macmillan, 2017), 2.

personal accomplishment caused by chronic stress and medical practice.⁴⁵ Mealer identified three primary category triggers of burnout to be environmental, administrative, and psychological.

Under the environmental triggers, she identifies working with inexperienced nurses, coworker apathy, family needs, fast turnover of patients, staffing issues, and mandatory overtime. Administrative triggers involved inadequate training, an environment not conducive to learning, interdepartmental/intradepartmental arguments among coworkers, staff cohesiveness when trying to fill a full-time nursing position, and a disconnect administratively with the issues of bedside nurses. Finally, the psychological triggers involved anxiety from being the most experienced nurse on the unit, a startle reaction to minor alarms, and not having time to debrief or grieve after a patient's death.⁴⁶

Finally, the direct patients care team's psychological distress can also lead to post-traumatic stress disorder. They are often exposed to traumatic events in their work environment by direct exposure, witnessing events happening to a patient, or repeated exposure to aversive details of traumatic events.⁴⁷ The impact of being repeatedly exposed to trauma cannot be overemphasized. If this exposure continues unchecked and appropriate care is not given, the result will be emotional devastation. Christie *et al.* note the considerable negative impact of stress on health professionals' personal and professional functioning, their patients, and the system. Some of the effects reported include becoming detached and cynical towards patients, feeling emotionally exhausted, devalued, or unsupported by their organization, decreased

⁴⁵ Cynthia M. Stonington, and Julia A. Files, *Burnout in Women Physicians: Prevention, Treatment and Management* (New York, NY: Springer, 2020), 39.

⁴⁶ Mealer, *Coping With Caring: A Nurse Guide to Better Health and Job Satisfaction*, 8.

⁴⁷ *Ibid.*, 12.

effectiveness, increased errors, and leaving the healthcare work force altogether.⁴⁸ There currently exists a shortage of healthcare workers, especially nurses and respiratory therapists. The worst case will be losing those presently serving in these capacities. Providing targeted pastoral care and counseling can help retain the direct patient care team by providing pastoral care that supports them.

Skills for Caregivers Addressing the Direct Patients Care Team

The lived experience of the care team is unique and a completely different world altogether. Therefore, a care provider must strive to learn more to provide efficient support. Zachary Moon, Associate Professor, Chicago Theological Seminary, states this fact as it relates to the military, "Whether a care-provider serves in uniform or not, we are always outsiders to another's experience, and so it is essential that we learn about a person's experience from the person."⁴⁹ This skill is vital to develop when supporting direct patients care team members. Care providers must seek to know what their world entails. Another word that better expresses this thought of learning about another person's experience is "empathy." Aguilar defines this term as not merely imagining the experience of another's suffering but instead identifying the self with the other and the feeling they experience as if we are them.⁵⁰

Doehring asserts that empathy plays a central role in pastoral care. It is a means of imaginatively stepping into another person's shoes and seeing the world from their perspective. It

⁴⁸ Christie et al, "Self-Care of Canterbury General Practitioners, Nurse Practitioners, Practice Nurses and Community Pharmacists." *Journal of Primary Health Care* 9, no. 4 (December 2017): 286–91. doi:10.1071/HC17034.

⁴⁹ Moon, Zachary, "Pastoral Care and Counseling with Military Families." *Journal of Pastoral Care and Counseling* 70, no 2 (2016): 128-135, accessed February 2021. <https://journals-sagepub-com.oralroberts.idm.oclc.org/doi/pdf/10.1177/1542305016633663>.

⁵⁰ Ricardo G. Aguilar, *Empathy Emotional, Ethical, and Epistemological Narratives* (Boston, MA: Brill, 2019), 28.

involves two simultaneous and opposite relational skills: (1) connecting with another person experiencing what it is like to be that person, and (2) maintaining separation from the other person by being aware of one's feelings and thoughts. Empathy is a balancing act.⁵¹ This balanced view of empathy is not meant to be an emotional explosion without boundaries. Pastoral caregivers must be aware that while they are empathetic, it is equally pertinent to be mindful of their boundaries to avoid merging. Hunter and Ramsay summarize genuine empathy as comprehending the other person's experience, not merely in the explosive acknowledgment of emotions.⁵²

Another significant skill for the pastoral caregivers who provides care for the direct patients care team members is the ability to listen. Pembroke puts it right when he states, "It is evident that a primary task for the pastoral counselor is attentive listening. Attentive listening involves hearing the counselees' stories in their experiential richness and complexity. The capacity to give one's attention to a sufferer is a scarce and difficult thing; it is almost a miracle; it is a miracle."⁵³

Focused Pastoral Care

Pastoral care has evolved and continues to as it is challenged to meet the varying needs of humans. These demands have led to different studies finding ways to provide care for various disciplines and communities. It is not surprising to find research and studies about pastoral care to military families, Police officers, Truck drivers, school/academic communities, hospitals, or medical facilities focusing on patients and their families. Unfortunately, not much research or

⁵¹ Doebling, *The Practice of Pastoral Care: A Postmodern Approach*, 18.

⁵² Hunter and Ramsay, *Dictionary of Pastoral Care and Counseling*, 80-81.

⁵³ Pembroke, Neil. *Foundation of Pastoral Counseling: Integrating Philosophy, Theology, and Psychotherapy*. (Norfolk, UK: SCM Press, 2017), 70.

studies have been conducted regarding healthcare workers. This is the gap that this research is determined to pursue and contribute to the continued discourse of focused pastoral care.

Theological Foundations

Pastoral care is at the center of the Christian faith. The Bible is replete with pastoral themes. It would not be an overstatement to say the whole concept of the Bible or the Christian faith is God's care for the humans he created. His entire creation revolves around humans. God's nature is love, and out of His abundance of love, He expresses his care for all humanity. To love means to care, and to care means to love.

In The Beginning

Pastoral care has its foundation laid at the beginning of creation. The creation of the entire universe and all that inhabits it was God's idea. Genesis recorded that God created man in His image and placed him in a garden. Howard F. Vos, a noted professor of history at King's College, New York, posited that the creation of man was the crowning event of God's creation and that man, created in God's image, is notable as no other creature was spoken of as such. He added that Gen. 1: 27 uses the word *bara* three times, *indicating man's specialness*.⁵⁴ Andrew Steinmann, a distinguished professor of Theology and Hebrew at Concordia University, Chicago, IL, sees the sixth day of creation, when God created man, as a pivotal day of creation and as a day in which God made a distinction between man and his other creation. Man is the only creature endowed with God's image.⁵⁵ Vos explained God's image and likeness to mean both natural and moral. The created Man was like God by nature since he possessed self-

⁵⁴ Howard F. Vos, *Genesis: Everyday Bible Commentary* (Chicago, IL: Moody Publisher, 2019), 15.

⁵⁵ Andrew Steinmann, *Genesis: An Introduction and Commentary* (Downers Grove, IL: IVP Academic, 2019), 56.

consciousness, self-determination, and knowledge or intellect. His moral equivalence consisted of his sinlessness. With these two distinctive features, man could fellowship with God.⁵⁶ So, no question, the created man was indeed remarkable. David alluded to this when he stated,

When I consider Your heavens, the work of Your fingers, The moon, and the stars, which you have ordained, what is man that You are mindful of him? And the son of man that You visit him? For You have made him a little lower than angels, and You have crowned him with glory and honor. You have made him have dominion over the works of your, you have put all things under his feet (Psalm 8: 3-6).

No doubt, man was the center of God's creation as he was given dominion over all that God had created.

God loved the man he created in his image and placed him in a garden (Gen. 2:8). Adam, at this point, was whole and was in fellowship with God. Man's state at this point was in tangent with God's purpose for Him. He has been given dominion over all of God's creation. He has a garden to tend to and the responsibility to name (Gen. 2: 19-20) all other creatures. God's care for the man during this time was pastoral. So, it will be fair to say that man lived his best life as designed by God. God was present with him, and man enjoyed fellowship with God.

However, this joyous moment was short-lived as man transgressed, hence the first human crisis that calls for a pastoral visit or attention. A significant aspect of pastoral care is the "ministry of presence." Ministers and chaplains use this term or other pastoral caregiving professionals to express their professional role with those in crisis. Winnifred Fallers Sullivan, chair and professor in the Department of Religious Studies at Indiana University, Bloomington, IN, explained that the ministry of presence from a Christian perspective is grounded in the doctrine of the incarnation. It is an identification of the ministrant with the condition of those in need viewed as a continuation of the ministry of Christ who emptied himself, taking the form of

⁵⁶ Vos, *Genesis: Everyday Bible Commentary*, 19.

a servant.⁵⁷ So, God became the caregiver in intervening in man's crisis through the ministry of presence.

Genesis 3: 8 recorded that God came looking for Adam after he had eaten from the forbidden tree. This visit or intervention by God reflects some basic pastoral care terminologies. First, God was out looking for man whom He knew was already in crisis. Pastoral caregivers are specialists trained in crisis intervention. God laid the foundation for seeking to be present with the hurting. Baker posited that chaplains are aware that sin and suffering are equal opportunity destroyers and consistently seek those suffering to provide a healing presence.⁵⁸

Second, God began His visit with an open-ended question, "Then the Lord called out to Adam and said to him, where are you?" (Gen 3: 9). Chaplains or pastoral caregivers utilize open-ended questions to help initiate a deep conversation with those needing their services. The open-ended questions allow the person answering to give a more detailed response, and those responses help the professional chaplain assess the individual's spiritual state.

Thirdly, God confronted Adam when he stated, "who told you that you were naked? Have you eaten from the tree I said you should not eat?" (Ge. 3: 11). God is seen here respectfully confronting the man in what Brad W. Johnson, a professor of psychology at the Department of Leadership, Ethics, and Law at the United States Naval Academy and a Faculty Associate in the Graduate School of Education at Johns Hopkins University, referred to as "respectful confrontation."⁵⁹ In other words, God was not coming to Adam in a demeaning way

⁵⁷ Winnifred Fallers Sullivan, "A Ministry of Presence. Chaplaincy, Spiritual Care, and the Law," *Chicago Scholarship Online* (2015), accessed Oct. 3, 2021, <http://dx.doi.org.ezproxy.liberty.edu/10.7208/chicago/9780226145594.003.0006>.

⁵⁸ Alan T. Baker, "Foundation of Chaplaincy" 19.

⁵⁹ Brad W. Johnson, "Challenging Clinically Salient Religion: The Art of Respectful Confrontation," *Spirituality in Clinical Practice, Ethical Standards on Spiritual Awareness in Psychotherapy* 3 no 1 (2016): 10–13, accessed October 5, 2021, doi:10.1037/scp0000099.

or judgmental way. Rather He was confronting Adam and Eve in a Spirit of kindness and expressing restating the consequences for not abstaining from the tree of the knowledge of good and evil as they have been instructed.

Finally, God's purpose for confronting Adam and Eve in this incident is reconciliation and not judgment. However, most people's perception of this event was one of judgment. The reality of what was happening here is a display of God's righteousness and the consequences of sin. God was confronting and not just judging them in order to bring reconciliation. It is a combination of retribution with lovingkindness, goodness, and mercy, according to The Blind Didymus and Robert C. Hill,⁶⁰ to begin the journey towards reconciliation. Professional chaplains and spiritual care professionals know this concept of reconciliation and often support an individual in spiritual conflicts or spiritually conflicted cases. Adam and Eve were conflicted in their beliefs and relationship with God. However, God, present as the first spiritual caregiver, in this case, was charting a way to reconciliation. Although they were in crisis, He was bringing them to hope through reconciliation. Simon Lasair, a Certified Spiritual Care Practitioner (Professional Chaplain) with the Canadian Association for Spiritual Care (CASC), talked about spiritual care as being a specific kind of narrative practice that can prompt the work of reconciliation in chaplaincy clients themselves in the clients' lived experience, and in their experience of health care systems.⁶¹

This account also displayed the human dynamics that have continued to be experienced in human history of existence. It revealed the dysfunction that was brought about by sin. A

⁶⁰ The Blind Didymus and Robert C. Hill, *Commentary on Genesis*, Vol. 132 (Washington, DC: The Catholic University of America Press, 2019), 90.

⁶¹ Simon Lasair, "Reconciliation Through Narrative: Toward a Theology of Spiritual Care in Public Health Care," *Journal for the Study of Spirituality* 8, no. 1 (2016), 5-18, accessed October 5, 2021, <https://doi-org.ezproxy.liberty.edu/10.1080/1756073X.2016.1256713>

British Old Testament scholar, Derek Kidner, identifies three kinds of disorder reflective of human suffering, making their germinal appearances here. First is the mutual estrangement and the brutalizing of sexual love in a personal relationship. Here, he stated in embryo are the mistrust and passion which will later ravage society. Second is the spiritual realm where man has become, in his self-contradiction, simultaneously in flight and banishment from God and in battle with evil. Thirdly, on a physical plane, it will be a painful struggle to renew and sustain its essential processes, which are to some degree disturbed.⁶² These are the consequences of disobedience, which has become characteristic of human suffering. Hence the need for pastoral care. God set the precedence for pastoral care and later began to utilize priests, prophets, and leaders to offer moral counsel and care for the needs of his people.

God Caring for Israel (Deut. 1-29-31)

Moses, in recanting the Israelites' journey from Egypt to the Promise land, stated, "and in the wilderness where you saw how the Lord carried you, as a man carries his son, in all the way that you went until you came to this place (Deut. 1:31)." Michael Grisanti, Professor of Old Testament at The Master's Seminary, Sun Valley, California, highlights God's care for the Israelites as a father's compassionate treatment of his son. He noted that in various ancient Near Eastern treaties, the one who establishes a covenant would be the "father" while the recipient will be considered the son. This father-son relationship depicts a covenantal relationship between God and the Israelites.⁶³

In context, Moses was imploring the Israelites to have faith in God. Gerald Gerbrandt stated that Moses employed two different images of God. First, Moses speaks of God as the

⁶² Derek Kidner, *Genesis: Classic Commentaries* (Downers Grove, IL: InterVarsity Press, 2019), 77-78.

⁶³ Michael A. Grisanti, *Deuteronomy: The Expositor's Bible Commentary* (rev. ed.), ed. Temper Longman and David E. Garland (Grand Rapids, MI: Zondervan, 2012), 76.

divine warrior, fighting for Israel against superior enemies. The second image reflects the exodus experience where God is seen not as a warrior but as a loving parent (v. 31) by providing the cloud by day and the pillar of fire by night. Thus, these verses depict God as a caring parent. Gerbrandt stated that this image of God is a reminder of Mary Stevenson's "Footprint in the Sand" poem, which notices God walking with the person. However, when the situation became incredibly desperate, the second set of footsteps disappeared because God had carried the person.⁶⁴

The relevance of these verses points to the fact that God still cares for His children today, just as He did for the Israelites. It is important to note that we entered a covenant relationship with God as Christians. The relationship necessitates the father-son care where God becomes part of the individual's life by caring and nurturing that person into living the abundant life promised. Thus, pastoral caregivers are the conduit through which God offers care to His children.

God Promised Shepherds (Jer. 3: 14-15)

As demonstrated in pastoral care, God's love is also seen in the prophecy of Jeremiah. In prophesying to backslidden Israelites, Jeremiah stated, "Return, O backsliding children, says the Lord; for I am married to you. I will take you, one from a city and two from a family, and I will bring you to Zion. And I will give you shepherds according to my own heart, who will feed you with knowledge and understanding (Jer. 3:14-15)." God's idea of marriage to his people echoes the covenantal relationship earlier mentioned. However, for this relationship to be maintained and prevent backsliding, God promised good leaders (shepherds) after His heart, referring to David signifying God's approval of these leaders. Walter C. Kaser, an Evangelical Old

⁶⁴ Gerald E. Gerbrandt, *Deuteronomy: Believers Church Bible Commentary* (Harrisonburg, VA: Herald Press, 2015), 46.

Testament scholar and a distinguished professor of Old Testament, posits that "Shepherds" implies national, religious, and political leaders who are not self-willed to mislead God's people.⁶⁵ Chaplaincy as a vocation has to be pursued based on God's calling. God takes pastoral care very personally and calls upon men and women who will provide His incarnational presence to the wounded and hurting. In his commentary of Jeremiah 3:15, William McKane noted that when wise rulers carefully nurse God's people, the land will prosper and increase.⁶⁶

The Lord is My Shepherd (Ps 23)

Psalms 23 is undoubtedly the favorite Psalm because it is so relatable, and nothing makes that relatable other than its pastoral content. David, as a shepherd boy, understood the concept of shepherding. In Psalm 23, David reflects on his shepherding and the implication of having God as his shepherd. Robert Alden identifies two main characters—the shepherd who is the Lord and a satisfied sheep, the Psalmist. He likened the sheep to God's people and noted that sheep are among the most helpless and stupid animals as they desperately need guidance and assistance. Jesus also used the illustration of sheep and shepherd many times (Matt 7:15; 18:12; 25:32; John 10:2).⁶⁷

The Psalmist opened this Psalm with an exclamation to say that "The Lord" (Yahweh) is his shepherd. According to Willem VanGemeren, "The Lord" (Yahweh) here evokes rich images of provision and protection of the covenantal God, who promised to take care of His people and

⁶⁵ Walter C. Kaser, and Tiberius Rata, *A Commentary on Jeremiah: Walking the Ancient Paths* (Bellingham, WA: Lexham Press, 2019), 62.

⁶⁶ William McKane, *Jeremiah: A Critical and Exegetical Commentary* (London, London: Bloomsbury T & T, 1986), 73.

⁶⁷ Robert L Alden, *Psalms: Everyday Bible Commentary* (Chicago, IL: Moody Publishers, 2018), 24.

revealed Himself to be full of love, compassion, patience, fidelity, and forgiveness (Exod 34: 6-7).⁶⁸

This Psalm conveys so many pastoral themes that are worth noting. First, the themes of provision and protection as expressed in verse 1. It denotes an act of caring. God truly cares for His children. Second, leadership, quietness, and restoration are seen in verse 2. Verse 3 talks about restoration. God seeks to restore His children. Walking through the valley of the shadow of death is something everyone can identify with, a trying time that seems to test our resolve. The Psalmist declared in verse 4; that he would not fear for the only reason of the presence of his shepherd. Incarnational presence is something chaplains do each day. Providing presence can be comforting and ignite courage to move forward in daunting life challenges. Provision resurfaced in verse 5. The Psalmist concluded by stating goodness and love shall follow Him, which is an expression of God's constant love, according to VanGemeran.⁶⁹

The Samaritan Woman (John 4: 1-26)

Whereas the Old Testament lays the foundation for pastoral care, the New Testament shows its living and vital importance to God's people. Jesus referred to Himself as the Good Shepherd (John 10: 11), and He exemplified what pastoral caregiving entails in His encounter with the Samaritan woman (John 4: 1-26). Jesus demonstrated some basic tenets of pastoral caregiving. First, He was the first to strike a conversation with her by asking for a drink (vs. 7), knowing fully well that there was a barrier to the relationship between the Jews and Samaritans. Francis Martin and William Wright IV observed that Jesus was breaching conventional religious

⁶⁸ Willem A. VanGemeran, Tremper Longman III, AND David E. Garland, *Psalms: The Expositor's Bible Commentary* (Grand Rapids, MI: Zondervan, 2017), 307.

⁶⁹ Ibid., 310.

beliefs.⁷⁰ Jesus saw this woman in the image of God and placed priority on connecting with her rather than falling for the barriers that would have stopped Him from reaching out to her, which is a significant function of chaplains, connecting with anyone irrespective of their faith background.

Contrary to the Jewish tradition, Jesus also demonstrated a nonjudgmental presence to this Samaritan woman. Having confirmed that she has been married five times and the man she currently lives with is not her husband, Jesus made her comfortable and never belittled her personality. Her identity as a child of God was Jesus' focus. This woman became so interested that she started bringing up issues about faith. He began with the mundane everyday conversation and winded up connecting this woman to her creator. It is worth noting the exceptional pastoral care wisdom displayed here by Jesus.

Mary and Martha (John 11: 1-44)

Another of Jesus' examples of exceptional pastoral care was when He visited Mary and Martha after Lazarus's death (John 11: 1-44), something chaplains are called to on several occasions whenever a family loses a loved one. Jesus knew the pain associated with losing a loved one and was expressive of emotion that He wept (vs. 35). J.C. Ryle noted that this act of sorrowing by Jesus is instructive and that it shows us that it is not sinful to be sorrowful.⁷¹ This expression of emotion was so evident that John recorded the responses of those present thus, "Then the Jews said, 'See how He loved him (vs. 36)!'" Expressing emotion is something

⁷⁰ Francis Martin, and William Wright IV, *The Gospel of John: Catholic Commentary on Sacred Scriptures* (Grand Rapids, MI: Baker Academic, 2015), 83.

⁷¹ J. C. Ryle, *The Gospel of John: Expository Thoughts on the Gospel* (Balneário Rincão: Grupo Oxigênio Ltda-ME, 2015), 156.

chaplains understand very well. It allows for humanization, an understanding that emotions are God's gifts to be expressed and a part of being a human.

Jesus showed compassion setting the precedence for spiritual and religious caregivers. Eugene R. Anthony, in his doctoral dissertation, pointed out that compassion is more than just feeling and sharing the suffering of others, as it also involves an action extended in a caring way that seeks not only to comfort the other person but hopefully alleviate the other's sufferings.⁷² Charles V. Gerkins, a chaplain and clinical pastoral educator, and an author, capture the impact of compassion when he states,

Compassion begins in feeling...the compassionate person suffers with the other person to some extent...Compassion always involves the desire to do something about the situation, but it does not guarantee the opportunity to do so...Compassion, on the other hand, presupposes a certain kind of moral equality...If someone feels compassion toward you, they see you as an equal who happens to be suffering. Their emotive response joins with you rather than separates itself from you. You feel affirmed and supported rather than put down.⁷³

Jesus, in this visit, demonstrated compassion that was noticeable and impacted not just Mary and Martha but everyone present.

The Early Church (Acts 6: 1-7)

Pastoral care was essential to the early church. Luke recorded in Acts 6: 1-7 why it became necessary that the apostles appoint leaders filled with the Holy Spirit and wisdom to be responsible for the early church members' care (Acts 6: 3). With growth comes additional responsibility for the early diverse church, where a portion of its population seems to have been left out in the daily distribution of resources and care. The apostle saw that the ministry of care must go along with the ministry of the word and prayer, and one cannot take the place of the

⁷² Eugene R. Anthony, I., II. "A Christian Ethics of Care as a Spiritual Model: Its Pastoral Applications and Relevance" (PhD diss., Salve Regina University, 2019), 49, ProQuest Dissertations & Theses Global.

⁷³ Charles V. Gerkins, *An Introduction to Pastoral Care* (Nashville: Abingdon Press, 1997), 276-8.

other. They must be complementary. David E. Garland captures this thought when he states, "the church feeds the hungry and takes care of the needs of the poor, but it does not do this at the exclusion of preaching."⁷⁴ Congregational care is part of the ministry, and it is the role of pastoral caregivers to meet both the spiritual and physical needs of the congregation. Jesus set this precedence when he taught the people and fed them. It is vital that meeting the physical and spiritual needs always go together. We cannot afford to do one and ignore the other if we desire a healthy congregation.

Several other New Testament Scriptures support pastoral care. Paul's departing exhortation to the Ephesian elders was, "Pay careful attention to yourself and to all the flock, in which the Holy Spirit has made you overseers, to care for the church of God, which He obtained with His blood (Acts 20: 28 ESV)." In James 5: 14-20, believers are encouraged to call on the elders (pastoral caregivers) when they are sick, and the elders are to pray over the Sick, anointing them with oil. The whole purpose of spiritual gifts is for pastoral care. Peter made this clear when he states, "As each one has received a gift, minister it to one another, as good stewards of the manifold grace of God (1 Pet 4:10).

The Good and Bad Shepherd

It is crucial to distinguish what the Bible characterized as the good and bad shepherd, bearing in mind for this study that the shepherd represents the pastoral or spiritual caregiver. In most healthcare systems, the professional chaplains often occupy this office and are the point of contact for spiritual, religious, and sometimes emotional issues. So, in this case, the Bible sets a distinction between the good and the bad shepherd and the implications of the kinds of care they provide to their flock. Ezekiel prophesied against the bad shepherd thus,

⁷⁴ David E. Garland, *Acts: Teach the Text Commentary Series* (Grand Rapids, MI: Baker Books, 2017), 82.

And the word of the Lord came to me, saying, “Son of man, prophesy against the shepherds of Israel, prophesy and say to them, ‘Thus says the Lord God to the shepherds: “Woe to the shepherds of Israel who feed themselves! Should not the shepherds feed the flocks? You eat the fat and clothe yourselves with the wool; you slaughter the fatlings, *but* you do not feed the flock. The weak you have not strengthened, nor have you healed those who were sick, nor bound up the broken, nor brought back what was driven away, nor sought what was lost, but with force and cruelty, you have ruled them. So, they were scattered because *there was* no shepherd, and they became food for all the beasts of the field when they were scattered. My sheep wandered through all the mountains, and on every high hill; yes, my flock was scattered over the whole face of the earth, and no one was seeking or searching *for them*.” (Ezekiel 34: 1-6).

John B. Taylor, a British bishop, and theologian who served as Bishop of St Albans, pointed out that the word “shepherd” suggested leadership and caring⁷⁵. In Ezekiel’s context, this term referred to Israel’s kings⁷⁶ according to John A. Goldingay, a British Old Testament scholar and translator, and Anglican clergyman. Goldingay further stressed that shepherding is not a romantic image in a traditional society as it entails a familiar, every day, straightforward, tough, stressful occupation like engineering, farming, and mining.⁷⁷ Undoubtedly, the job of spiritual and religious caregivers in 21st-Century carries these struggles, and professional chaplains are more aware of the emotional and physical drain that is familiar with caregiving. It is the more reason why this vocation requires a sense and a conviction of calling, just as God appointed kings in the Old Testament days.

Taylor laid out the accusations leveled against the bad shepherd here to exploit God’s people under their care, fleecing them and fattening themselves at their expense. The shepherds demonstrated no pastoral qualities required of them. Their inability to keep the flock in safety

⁷⁵ John B. Taylor, *Ezekiel* (Illinois, IL: InterVarsity Press, 2016), 213, accessed October 7, 2021. ProQuest Ebook Central.

⁷⁶ John Goldingay, *Eerdmans Commentary on the Bible: Ezekiel* (Grand Rapids: Wm. B. Eerdmans Publishing Co., 2019), 32, Accessed October 10, 2021. ProQuest Ebook Central.

⁷⁷ John Goldingay, *Ezekiel*, 32.

and allow them to be scattered all over the place and, as a result, were exposed to the wild beasts and became prey.⁷⁸ The bad shepherds were accused of not caring for the weak, healing those sick, bound up the brokenhearted, or going after the lost. Ralph H. Alexander pointed out that lack of leadership, in this case, lack of spiritual care, always leads to the disintegration of God's people and personal and corporate heartache.⁷⁹

A curious phenomenon to address here before discussing the good shepherd is the fact that Ezekiel referred to the flock as God's, "My flock was scattered over the whole face of the earth, and no one was seeking or searching *for them*" *Eze. 34: 6*. Professional chaplaincy has grown to include the diversity of faith traditions. However, a distinction also needs to be made in addressing the professional Christian chaplain, whose faith tradition informs them that the people they serve are God's people who need help. This understanding is vital and critical to how a professional Christian chaplain or spiritual caregiver goes about their business—recognizing that the people they serve are God's people.

In the Gospel of John 10: 1-11, Jesus made a distinction between the good shepherd and the thief, and He identified Himself as the good shepherd,

Most assuredly, I say to you, he who does not enter the sheepfold by the door, but climbs up some other way, the same is a thief and a robber.² But he who enters by the door is the shepherd of the sheep.³ To him, the doorkeeper opens, and the sheep hear his voice, and he calls his own sheep by name and leads them out.⁴ And when he brings out his own sheep, he goes before them; and the sheep follow him, for they know his voice.⁵ Yet they will by no means follow a stranger, but will flee from him, for they do not know the voice of strangers."⁶ Jesus used this illustration, but they did not understand the things which He spoke to them.⁷ Then Jesus said to them again, "Most assuredly, I say to you, I am the door of the sheep.⁸ All who *ever* came before Me are thieves and robbers, but the sheep did not hear them.⁹ I am the door. If anyone enters by Me, he will be saved and go in and out and find pasture ... I am the good shepherd. The good shepherd gives His life for the sheep.

⁷⁸ John B. Taylor, "*Ezekiel*," 214.

⁷⁹ Ralph H. Alexander, *Ezekiel*. (Grand Rapids, MI: HarperCollins Christian Publishing, 2017), 243, accessed October 8, 2021. ProQuest eBook Central.

This passage is often seen as the antithesis of the shepherds in Jeremiah 23 and Ezekiel 34 and the fulfillment of the righteous branch (Jer. 23:5). Johannes Beutler, professor emeritus of New Testament exegesis at the Sankt Georgen Graduate School of Philosophy and Theology, Frankfurt am Main, and the Pontifical Biblical Institute, Rome, asserts that a detailed study of John 10: 11-18 shows a partial agreement of the Johannine text with the Old Testament texts in which God deposed the wicked shepherds, and He becomes the just shepherd. Jesus is the new David to safeguard the good of His flock in His name.⁸⁰

Margaret Daly-Denton, a biblical scholar who taught New Testament at Trinity College Dublin, Ireland, agrees with Beutler. She stated that the excellent shepherd passage of the gospel of John flags the entire Ezekiel 34 as an intertext. She listed the shepherd's tasks to include finding good grazing, ensuring sheep do not wander, milking, shearing them, protecting them from disease, and safeguarding them from predators and thieves.⁸¹ So, Jesus is seen as the good shepherd, depicting a good spiritual or religious caregiver. Whereas the thief comes to steal, kill, and destroy, the good shepherd brings life to the sheep. The good shepherd will fight off the wolf and not abandon the sheep. Chaplains and spiritual caregivers will always seek the sheep and not leave them in crisis. Professional Christian chaplains take precedence from Christ—the Good Shepherd, caring for the wounded and lost.

Conclusion

Pastoral care is God's plan and purpose for His children. God used priests, prophets, and other leaders to care for his people during the Old Testament. God used pastors, deacons, and

⁸⁰ Johannes Beutler, *A Commentary on the Gospel of John* (Chicago, IL: Wm. B. Eerdmans Publishing Co., 2017), 205 accessed October 9, 2021. ProQuest eBook Central.

⁸¹ Margaret Daly-Denton, *John: An Earth Bible Commentary: Supposing Him to Be the Gardener* (London: Bloomsbury Academic, 2017), 135-146, accessed October 9, 2021. <http://dx.doi.org.ezproxy.liberty.edu/10.5040/9780567674531.0016>.

those gifted in such ministries in the New Testament. The gospel is not just about birthing new believers. Instead, it goes further to planning how those who come to faith will be nurtured and cared for, especially in their times of pain, distress, or grief. Chaplaincy provides pastoral care, which bridges the support gap to humanity in the healthcare system and institutions. This study focuses on providing pastoral care to the direct patient care staff and helping them live the abundant life promised.

Theoretical Framework

The roles of most chaplains within a health care facility are focused primarily on the patients and their families. In other words, chaplains are expected to attend to patients' emotional and spiritual needs and their family members. In practice, healthcare chaplains spend a more significant percentage of their time supporting patients and families and less time or no time with the medical staff, in this case, the direct patient care staff. Whatever relationship or support that some chaplains provide to medical staff is unofficial for the most part, which has made it difficult to find academic resources addressing chaplain services or care to medical staff. However, a few of the examples available will be discussed.

Boston Medical Center (BMC)

Boston Medical Center is a private, not-for-profit, 514-bed academic medical center located in Boston's historic South End. BMC is the primary teaching affiliate for the Boston University of Medicine. It is the largest safety-net hospital and busiest trauma and emergency services center in New England.⁸² This portends an enormous task for the ICU nurses and medical staff. To provide support, chaplains at Boston Medical Center started a weekly program

⁸² About Us | Boston Medical Center (bmc.org)

tagged "Hour of Renewal." This event is facilitated by chaplains who provide soft, soothing music to help medical staff members relax. A light refreshment is also offered to meet physical needs and a massage equipment station to help staff relieve stressed muscles. This program was believed to help increase employee morale.⁸³

NYU Langone Hospital

NYU Langone Hospital, formally known as NYU Winthrop Hospital, is a 591-bed university-affiliated medical center and New York State-designated Regional Trauma Center. It is located on Long Island and provides the highest inpatient and outpatient medical care to adults and children in the Long Island area. It is the only Level 1 trauma center in the Nassau County area offers advanced care for adults and children with life-threatening injuries.⁸⁴ NYU Langone boasts of a pastoral care department that is intricately part of providing services to patients, families, and staff. Chaplains offer support at the Oncology Unit's weekly huddle meeting. Chaplains also lead a group activity called "What's Popping?" using popcorn as an edible prop to invite staff to share "what's going on" in their lives. This weekly meeting also provides a time for ICU staff to debrief, pause, and take time-outs for just a few minutes of the day after a "bad," not necessarily, a "sad" incident may lessen an inclination toward burnout, increase capacity for a better self-care, and in the long run improve work productivity.⁸⁵

UofL Health- Jewish Hospital

UofL Health Jewish Hospital, formally known as KentuckyOne Health Jewish Hospital, is 462-bed, internationally renowned, high-tech tertiary referral center located in downtown

⁸³ Karen Jones, "Establishing a Relationship of Trust and Care," *ICU Management & Practice* 18, no 1 (2018): 71, accessed May 7, 2021, Establishing a relationship of trust and care - HealthManagement.org

⁸⁴ NYU Langone Hospital—Long Island | NYU Langone Health – nyulangone.org

⁸⁵ Ibid, 71.

Louisville, KY. It is federally designated to perform all five solid organ transplants (heart, lung, liver, kidney, and pancreas) as a hospital. This hospital boasts of being the first four-hand transplant and the world's first and second successful AbioCor Implantable Replacement Heart transplant.⁸⁶

In 2018, the hospital proposed to study the effect chaplains might have in emergency departments. Before the study, chaplains were not integrated into daily operations. The purpose of the study was to measure chaplaincy's impact on both patients and staff.⁸⁷ The methodology applied in this research was to have a chaplain present in the emergency department, conducting rounds on patients and staff for four hours a day for three months. According to the research, chaplains primarily provided pastoral care to inpatient and intensive care units and had minimal interactions with the emergency department.

Participants in this research were full-time emergency department staff, including nurses and nurse aides. The participants completed a pre-test to measure their burnout and compassion fatigue levels and collaborated with chaplains for three months. Both patients and staff received pastoral care intervention and then participated in a post-test after the intervention. The research applied the Professional Quality of Life Scale, a reliable barometer of compassion satisfaction, burnout, and compassion fatigue in employees.⁸⁸

The research outcome revealed that compassion satisfaction went up among the medical staff, and levels of burnout went down. In addition, symptoms of secondary trauma went down after participants talked with chaplains. The study also recorded an increase in patient

⁸⁶ UofL Health - Jewish Hospital | UofL Health (uoflhealthnetwork.org)

⁸⁷ Nadia Siristsky, Cynthia L. Conley, and Ben Miller, "Measuring Pastoral Care Performance," *Journal of the Catholic Health Association of the United States*, (May-June, 2018): 17-21, assessed May 8, 2021, measuring-pastoral-care-performance.pdf (chausa.org)

⁸⁸ Nadia Siristsky, Cynthia L. Conley, and Ben Miller, "Measuring Pastoral Care Performance," 21

satisfaction. The positive outcome of this result attested to the importance of chaplaincy services to patients and their families and staff members. As a result of this study, the hospital created a new chaplaincy position for palliative care needs so that the rest of the chaplaincy team could focus on staff support and patient.⁸⁹

Chaplains provide an incarnational presence to patients, families, and staff. While other professionals' encounters focus on technology and expert advice, chaplains, on the other hand, come into encounters with an open mind. This idea was conveyed by Larry VandeCreek, a retired Assistant Director in the Department of Pastoral Care at The Ohio State University, Columbus, Ohio, and Arthur M. Lucas, Director of Spiritual Care Services, at Barnes-Jewish Hospital, Washington University Medical Center, St. Louis, MO., stating that pastoral caregiver comes into encounters either with patients, families, and staff with their personal, emotional availability and tried to be present. This act allows for an assured attentiveness to feelings, faith, personhood, etc.⁹⁰ Jesus demonstrated this when He visited Mary and Martha after the death of Lazarus, and his emotional availability enabled Him to weep and mourn alongside other mourners.

General Internal Medicine-John Hopkins Bayview Medical Center

John Hopkins Bayview Medical Center is a top-ranked hospital in Baltimore, MD. The Center boasts of having one of the best programs in internal medicine and draws many residents to its program. Recognizing the ripple impact of a patient's death on residents, the institution experimented with organizing a memorial service for patients who had died under the care of the internal medicine residents and provided a venue for reflection, discussion, growth, and healing.

⁸⁹ Nadia Siristsky, Cynthia L. Conley, and Ben Miller, "Measuring Pastoral Care Performance," 21

⁹⁰ Larry VandeCreek, and Arthur M. Lucas, *The Discipline of Pastoral Care Giving: Foundation for Outcome Oriented Chaplaincy* (New York, NY: Routledge, 2001), 4.

The memorial service lasted an hour and had the director of the pastoral care department as the speaker. The room was decorated with flowers and candles, and a list of patients who had died in the past year was projected. Twenty-two participated in the memorial comprising of students and faculty members. Of the 22 participants who responded to a survey, 21 (95%) thought reflecting on patients' death was essential. The same percentage believed that the memorial service helped provide an opportunity for reflection and bring closure.⁹¹ The survey concluded, "An annual memorial service helps trainees cope with the emotional impact of patient death. Other residency programs can easily adopt it. The long-term impact of this experience on trainees' well-being and professional development is unknown."⁹²

Tea For the Soul

Tea for the Soul is a chaplain or spiritual care provider tool primarily used in hospitals and other healthcare facilities. It is believed to have begun in southern California in the mid-1990s. According to Larry Stammer, it has become so successful that it has been used worldwide by the Los Angeles Times religion writer.⁹³ Annette Callis *et al.* identifies Tea for the Soul as an anecdotally documented and understudied care model that allows nurses and other healthcare providers to express their feelings related to death and other stressful and traumatic workplace experience.⁹⁴

⁹¹ Nancy L. Schoenborn, Cheng MJ, Christmas C. A memorial service to provide reflection on patient death during residency. *Journal of Graduate Medical Education* 5, no 4 (2013):686-8. doi: 10.4300/JGME-D-12-00322.1. PMID: 24455025; PMCID: PMC3886475.

⁹² Ibid., 688.

⁹³ Larry Stammer, Hospital's 'Tea for the Soul' Hits the Spot for Harried Healers, *Los Angeles Times, Religion Section* (Aug 26, 1995), accessed April 10, 2022, <https://www.latimes.com/archives/la-xpm-1995-08-26-me-39109-story.html>

⁹⁴ Annette Callis, Marysol Cacciata, Mary Wickman, and Joseph Choi, "An Effective in-Hospital Chaplaincy-Led Care Program for Nurses: Tea for the Soul a Qualitative Investigation," *Journal of Health Care Chaplaincy* (2021): 1-14, accessed April 10, 2022, <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2021.1932134>

Annette Callis *et al.* researched to evaluate the effectiveness of Tea for the Soul. They stated that no quantitative or qualitative research had been done to assess the impact of the Tea-For-the-Soul to the best of their knowledge. Seven nurses participated in the study. Two non-pastoral care department staff conducted the survey and identified four themes from respondents: compassionate service, ministry of presence, reflective practice, and sacred encounter. Some of the challenges faced by the nurses include moral distress, compassion fatigue, nurse bereavement needs, and burnout. The study concluded that Tea for the Soul might be vital in sustaining a healthy nursing workforce.⁹⁵

Conclusion

The direct patients care team of the Bethany Children's are challenged in several areas of life just like any other profession, if not even more. Pastoral caregivers who serve these care team members have what it takes to support them by providing pastoral care specifically focused on meeting their needs. This study has found a gap in the role of chaplains within the health care system. As earlier indicated, healthcare chaplains primarily focus on patients and their families. Providing support to medical staff is unofficial especially. Most healthcare chaplains only offer support to staff when there is a need for critical incidence stress debrief (CISM). Medical staff are left to take care of themselves in most cases and expected to give their best each time they are on the clock. The current practice will need to be reassessed, and the focus should be on organizational wellness.

⁹⁵ Annette Callis, Marysol Cacciata, Mary Wickman, and Joseph Choi, "An Effective in-Hospital Chaplaincy-Led Care Program for Nurses: Tea for the Soul a Qualitative Investigation, 1-14.

CHAPTER 3: METHODOLOGY

Intervention Design

Introduction

The pastoral care department of the Bethany Children's Health Center recognizes the need to provide care that meets the need of its hospital community which includes the patients, families, and staff. This project is focused on assessing the effectiveness of the services of the pastoral care department on the direct patients care team members of the Bethany Children's. The pastoral care department of the Bethany Children's Health Center has utilized different approaches in caring for its staff members and continues to use some of those approaches. However, none of the approaches have been measured to determine their effectiveness to know if they are obsolete or still to be deployed. The intervention plan chosen to measure the effectiveness of pastoral care to the direct patient care team is the use of video clips.

This section of the project describes a step-by-step process of executing this project and provides adequate information and a guide for future researchers. This chapter re-addresses the purpose of this project and the potential outcome. This chapter will discuss the intervention plan and the various topics on self-care to be produced in the video. The chapter will also cover the research location, the participants, or the focused group. In addition, how data was collected is discussed, and the appropriate approvals are needed to implement the intervention. This chapter also discusses the video intervention plan and how the videos were produced, the research period, the outlines for the video presentation, and how the video clips were made. This chapter also discusses the survey questions and their importance in achieving the project's purpose. The

role of the institutional review board and how approval was gained are also discussed. Finally, this chapter will summarize the intervention used and look at the results and analysis.

The Purpose of the Study

Covid-19 has had a devastating impact on the direct patients care team members and pastoral care whose responsibility is to provide spiritual and emotional care for the entire staff. It produced video clips as an intervention to test its effect. As stated in chapter one of this project, this action research project aims to make weekly videos that address the self-care needs of the Bethany Children's Health Center's direct patients care team members. These videos can be accessed on their phone anywhere and anytime through the intra-company communication platform known as "Buzzcom." the use of video clips provides the chaplain the ability to reach all the direct patients care team members potentially.

This study is conducted at the Bethany Children's Health Center, Bethany, OK. The researcher serves as a chaplain in the pastoral care department and a member of the interdisciplinary team. Bethany Children's provides exceptional services to critically ill patients in Oklahoma and most neighboring states, allowing families and loved ones to continue to live their lives while their children are in good hands, receiving excellent care.

Organizational and Institutional Approvals

This project was initiated by first gaining the director's approval of the pastoral care department. The researcher officially sent a request (see appendix A), and approval was given to carry out this project. The researcher reports to the director of the pastoral care department, and the director's approval was needed to advance the project. See approval (appendix J). Approval was also required to be able to contact the participants. The direct patients care team staff is under the leadership of the director of nursing. The researcher sent a request (see appendix B),

and approval was granted (see appendix K). This project will be impossible without the support of the internal communication department. The internal communication department is taxed with everything media within the organization and manages surveys and data collections. The researcher needed the director of corporate communications support and sent a request (see appendix C), and approval was given (see appendix L). This project was approved by the Liberty University Institutional Review Board (IRB) and the internal IRB of the Bethany Children's Health Center, Bethany, OK (see appendix I).

Participants

The direct patients care team members are the participants in this project. This team consists of nurses like registered nurses, licensed practical nurses, nursing assistants, nurse technicians, and charged nurses. Also, part of this team is the respiratory therapists, and together this group provides round-the-clock care for the patients at the Bethany Children's Health Center, Bethany, OK. The direct patients care team was chosen because of its accessibility and availability. Most importantly, this group was also considered appropriate, which is hard hit by the COVID-19 pandemic. Most of this group has been dealing with compassion fatigue and tiredness. This group also represents a sizeable number of employees. It is expected that their participation will help assess the effectiveness of this intervention in determining its continued application by the pastoral care department. The Bethany Children's Health Center is a 24/7 operational hospital, and the direct patients care team members work either day or night shifts. Both the day and night shifts crews participated in this evidence-based project.

As of the time of this study, the total number of the care team member obtained from the human resources department are as follows, certified nursing assistants 46, nursing assistants 20, nurse techs 35, LPNs 60, RNs 84, charge nurses 19, RN shift supervisors 9, certified respiratory

therapist 16, registered respiratory therapists 38. A total of 327 participants are expected to participate in this study. Genders are categorized into male and female with years of experience ranging from less than one to forty plus. This group is also categorized into full-time, part-time, and occasional. At the time of this research, information about the specific numbers of occasional staff is not available, but they are part of the team that makes up the care team. For the most part, they are called upon when needed and have no regular or consistent schedule.

Recruiting and Consent

Participants were emailed an invitation to participate in the research (see appendix D). This serves as an initial step in the recruiting process. This email establishes an official connection between the researcher and the participants. The researcher got email and verbal responses at the time from potential participants indicating their interest. A consent form (see appendix E) was emailed to participants stating the researcher's intent, the anonymity of participants, and the benefits of the research. It was made clear to participants that no financial gains were expected. Participants were required to watch the videos and take the surveys.

Ethical Issues

This study takes ethical issues seriously. Participants were free from any form of coercion to participate in the study. Participants' autonomy was respected, and they had the freedom to choose to participate or decline participation. The researcher serves as a clinical chaplain and part of the interdisciplinary team of the Bethany Children's Health Center. Participants' privacy was also respected. Communication with participants was done using work email addresses. All responses received from participants were treated confidentially as well as their identity. This study poses no harm to participants. Responses and identities of participants are protected. This study has no financial support. It is a purely academic work of the researcher as part of the

requirement for completing a Doctor of Ministry degree in pastoral counseling. All participants are treated with respect and their responses as valuable to achieving the purpose of the study.

Pre-Intervention plan

This project had a pre-intervention phase. This was the period before the intervention process. In this phase, the decision to use a video clip intervention was chosen, and the choice of topics to be discussed were determined. The researcher also consulted with appropriate leadership within nursing, respiratory therapists, and internal communications. This phase also saw the production of the video clips, consulting with the project mentor, and choosing the dates for the intervention to begin.

Video Clips Intervention

The concept of this project was conceived to provide support to the clinical staff who continue to provide care for patients during a devastating pandemic. The project utilized video intervention clips covering topics on self-care viz self-preparation before the shift, resilience during the shift, and decompression after the shift. The choice of video clips intervention became necessary considering the period of this project. The team members work different shift hours, and the pastoral care department wanted an intervention accessible to all the clinical staff regardless of their shift periods. As noted earlier, chaplains at the Bethany Children's Health center are available during the day shift and placed on-call for emergencies. Chaplaincy as a profession has been encouraging the use of telehealth or telechaplaincy due to COVID-19.

Telechaplaincy, according to Petra Sprick et al., refers to the use of telecommunications and virtual technology (which can include but is not limited to telephone, smartphone applications, live videoconferencing, and internet interventions) to deliver spiritual and religious

care by chaplains or other religious or spiritual leaders.⁹⁶ Telechaplancy is becoming a more acceptable way of providing pastoral care to care recipients.

John Betz et al. described telechaplancy by chaplains and other spiritual caregivers as feasible and acceptable.⁹⁷ The use of telechaplancy is gaining ground among healthcare providers. According to Fabian Winiger, the veteran health administration is one of the leading proponents for the use of telechaplancy through its office of connected care.⁹⁸ The Bethany Children's Pastoral Care department recognizes this creative use of telechaplancy, hence using this platform to conduct this research. Chaplains sometimes conduct initial visits by telephone, especially when patients' families cannot come to the hospital. The use of video clips as a platform of support for the care team is hoped to be impactful but not a replacement for in-person care.

Choice of Topics to Address

There were a variety of topics that were considered for this research. The researcher considered issues like soul care, meaning-making, moral injuries, etc. However, with COVID-19 taking its toll on the care team, the researcher sought random opinions from the staff. After a random sampling with the care team members, these topics were selected based on interest and immediate needs. The recurring theme was self-care, a desire to continue to be their best even with COVID-19, resilience, etc. The feedback from random selections of care team members led

⁹⁶ Petra J Sprik, Angela Janssen Keenan, Danielle Boselli, and Daniel H Grossoehme, "Chaplains and Telechaplancy: Best Practices, Strengths, Weaknesses—a National Study." *Journal of Health Care Chaplaincy*, (2022): 1–23, accessed April 18, 2022, <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2022.2026103chaplancy>.

⁹⁷ John Betz, Szczesniak, R., Lewis, K. et al. Feasibility and Acceptability of a Telephone-Based Chaplaincy Intervention to Decrease Parental Spiritual Struggle. *Journal of Religion and Health* 58, no. 6 (2019): 2065, accessed April 18, 2022, <https://doi-org.ezproxy.liberty.edu/10.1007/s10943-019-00921-8>

⁹⁸ Fabian Winiger, "The Changing Face of Spiritual Care: Current Developments in Telechaplancy," *Journal of Health Care Chaplaincy*, (2022): 1–18, accessed April 18, 2022, <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2022.2040895>

to the researcher settling on the chosen topics for this study: Self-Preparation Before the Shift, Resilience During the Shift, and Decompressing After Shift. After deciding on the topics, the researcher shared them with a random set of staff for their feedback, and it was determined that the topic chosen would be relevant and helpful to the care team members.

Consulting with Corporate Communications Director

The corporate communications director oversees the internal communications apparatus of the Bethany Children's Health Center. This department oversees the media production crew. This consultation was necessary to understand the requirement for producing the video clips. During the meeting, the director stated that scripts for the videos would be needed and survey questions as each video clip would be accompanied by the survey questions. A time range was also established during this consulting time. The time range provided the best suitable time for the media crew to help with the video clip productions. The researcher left this meeting knowing what needed to be done and the media crew's availability timeline.

Consulting With Nursing Leadership

The researcher set up a virtual appointment with the chief executive of nursing and the nursing director. This meeting aimed to explain the purpose of the research further and seek further support in encouraging the nursing crew participation. The nursing director had been in the loop of the project. Both the chief executive of nursing and the nursing director were grateful for the intent to assess the impact of pastoral care services on the care team and find ways to serve them better. They provided ideas of ways to get the videos out and encouraged participation. Some suggested ways were using a QR code, Buzzcom platform, nursing group email, and the best time to send an email out. All of these suggestions were helpful. However, particularly helpful of these suggestions was the timing for sending the emails out. The nursing

director suggested sending emails of the clips and survey links towards shift change. The researcher determined that emails of the video clips are best sent between 5:30-6 pm for the night shift change, and 5:30-6 am for the day shift change. In this way, the night crew shift members can watch the video before leaving, and the day crew will at least have it in their minds to do so before their shift is over.

Consulting Respiratory Therapists' Leadership

This meeting was in-person, and the purpose was not different from that of the nursing leadership. The researcher wanted to ensure that each leader was onboard and supportive of the study. In consulting with the respiratory therapists' leadership, the researcher was able to lay down the research purpose and its importance in helping the pastoral care department formulate pastoral care services that meet the needs of the RT team as COVID-19 and other life challenges are taking their tolls on the entire team. Pastoral care wants to engage with RT staff by providing support to help them navigate the challenging times faced due to the COVID-19 impact. The response was positive and having that sense of support from the RT leadership was helpful to the researcher.

Video Production

The video clips were produced and edited by the media crew of the internal communication department of the Bethany Children's Health Center. The location chosen was appropriate, and the setup was impeccable. The media crew uploaded the script into a teleprompter for the researcher. The clips were professionally edited and completed three days after the recording. The researcher got all three video clips and reviewed them to verify the content. Each clip was uploaded to YouTube and had a survey monkey link for the

questionnaires. The questionnaires were also confirmed to avoid any mixed up of contents. The researcher verified all contents.

Topics Covered

The videos covered three self-care topics: Self-Preparation Before the Shift, Resilience During the Shift, and Decompressing After the Shift. After random sampling, these topics were considered an area of need for the staff to determine what would interest the care team. The following pages will discuss the content of each topic and what the researcher hoped the video clip would produce for the participants who watch them.

Self-Preparation Before Shift

Self-Preparation Before Shift is the first video clip. In this clip, the researcher explained the video intervention and two other topics to be covered while stating the purpose of the intervention, which is to measure the effectiveness of video clips or virtual support. The researcher, in the video, reminded the participants that as humans, they have needs, and those needs need to be cared for to continue to be their best at what they do for others. The researcher continued by stating that self-awareness is the foundation of self-care as no one will prioritize caring for themselves until they become aware of their personal needs. The researcher also touched on the fact that the helping profession often tends to be more aware of the needs of others while putting their own needs on the backburner.

The video on Self-preparation Before Shift focused on a holistic view. It addresses spiritual, emotional, physical, and mental preparedness. Spiritually, the video discussed the importance of identifying or reaffirming a higher purpose for being in the helping profession and centering self on this foundational concept before stepping onto a twelve-hour shift. The other way to see this foundational concept is by evaluating their personal “why statement,” as knowing

the “why” can impact attitude and build resilience to challenges faced during the shift. It can also serve as the ultimate motivating factor in caring for the needs of the patients and their families.

The video addresses emotional well-being as part of the self-preparation before the shift. It emphasizes the importance of checking feelings experienced before shift change, which is to avoid any form of transference, as feelings, when not checked, can be easily transferred to others. So help professionals need to check their feelings before stepping into their professional roles, which is critical because what they feel when not acknowledged could affect how they function.

Physical ability is required to be a member of the direct patients care team at the Bethany Children’s Health Center. Hence, the care team must consider their physical preparation before shift change. The video addresses the critical need to have good rest before shift change. It encourages having a good sleep as much as possible while avoiding any activities that might detract from that. Having a structure and developing the discipline to keep it as much as possible was also emphasized.

Finally, the Self-preparation Before Shift video clip addressed mental state. The mental state of the direct patient care team is critical to what they do. The active presence or vital cognitive ability is essential for the entire shift period to avoid medical errors. The video clip emphasized the importance of paying close attention to mental status while mentioning how grief can affect mental or cognitive ability. It encourages writing things down to avoid forgetfulness. It promotes the need to schedule a mental check if or when experiencing a mental clog. It destigmatized mental issues and normalized them. The clip suggested brain exercises like meditation, listening to music, playing word games, etc. At the end of each video clip, the

researcher reminded the participants to contact the Bethany Children's Health Center pastoral care department for continued support.

Resilience During Shift

Resilience is critical for people in the helping profession, according to Louise Grant, Senior Lecturer in Social Work, University of Bedfordshire, and Gail Kinman, Professor of Occupational Health Psychology, University of Bedfordshire. In their study titled, "The Importance of Emotional Resilience for Staff and Students in the 'Helping' Professions: Developing an Emotional Curriculum," they noted that working in the 'helping' profession is rewarding and, at the same time, emotionally demanding.⁹⁹ Hence this video clip on resilience focuses on supporting the direct patients care team in developing the resilience skills needed to navigate challenging times.

The researcher in this video began by stating that no two shifts are the same as each shift is unique and different. Some shifts are more complicated than others as events and situations within the healthcare systems are unpredictable. This unpredictability is why resilience needs to be developed to handle unforeseen circumstances. The care team will need to develop emotional intelligence and emotional literacy. The clip focuses on maintaining excellence while adapting to unexpected changes.

Emotional intelligence has been defined by several experts in social and Behavioral science. The most outstanding and relevant to this topic is the definition given by Daniel Goleman, an author, psychologist, science journalist, and writer for the New York Times, reporting on brain and behavioral sciences, as the ability to motivate oneself and persist in the

⁹⁹ Louise Grant and Gail Kinman, The Importance of Emotional Resilience for Staff and Students in the 'helping' Professions: Developing an Emotional Curriculum, *The Higher Education Academy: Health and Social Care*, (2013): 1-5, accessed April 22, 2022, <https://doksi.net/en/get.php?lid=27499>

face of frustrations: to control impulse and delay gratification; to regulate one's moods and keep distressed from swamping the ability to think; to empathize and to hope.¹⁰⁰ It is essential to emphasize in this video clip the need for the direct patients care team to be able to motivate themselves, persist in the face of frustrating circumstances that happens daily within the healthcare system, and control potential raging impulses while regulating their moods to keep distressed from swamping their ability to think, empathize and hope.

Aleamar and Anılan cited Claude Steiner, a writer and American psychotherapist, who wrote extensively about transactional analysis (TA). According to Steiner, emotional literacy is the ability to understand your emotions, the ability to listen to others and empathize with their emotions, and the ability to express emotions productively. To be emotionally literate is to be able to handle emotions to improve your power and improve the quality of life around you. Emotional literacy improves relationships, creates loving possibilities between people, makes cooperative work possible, and facilitates the feeling of community.¹⁰¹

The resilience during shift video clip concluded by suggesting that the direct patients care team identify what makes their day challenging. Have the willingness to ask for help when they feel overwhelmed, take breaks as needed by following appropriate protocol for their departments, practicing mindfulness, and always remember to call a chaplain to debrief.

Decompressing After Shift

The Decompressing After Shift video clip acknowledged that the direct patients care team member may have weathered a challenging day or one that is normal. The care team

¹⁰⁰ Al Shehhi, Maryam, Khadeegha Alzouebi, and Ahmed Ankit. "An Examination of the Emotional Intelligence of School Principals and the Impact on School Climate in Public Schools in the United Arab Emirates." *Journal of Applied Research in Higher Education* 13, no. 5 (2021): 1269-1289, accessed April 25, 2022, <https://www-emerald-com.ezproxy.liberty.edu/insight/content/doi/10.1108/JARHE-09-2020-0287/full/html>

¹⁰¹ Melek Alemdar, and Anılan, H. Reflection of social capital in educational processes: emotional literacy and emotional labor context. *Asia Pacific Education*. 23, (2022): 27-43, accessed April 25, 2022 <https://doi-org.ezproxy.liberty.edu/10.1007/s12564-021-09701-0>

member may be returning for another shift the next day. The video emphasized decompressing after shift and offered a few suggestions. One of the suggestions was the need for the care team members to celebrate that they made it through their shift regardless of what may or may not have worked out well. It is essential that care team members self-appreciate. The fact that they made it to work during an ongoing pandemic needs to be celebrated.

The next suggestion centered on evaluating the entire day and reflecting on what was challenging, and evaluating response to see what could have been done differently and what a better response would be next. Follow up suggestion was to find a way to recharge or do something to refill. Finding something to replenish the care team member requires self-awareness. Getting a good rest was also emphasized, especially if they are returning the next day for another shift since some work three days in a row before getting some days off. The video clip concluded by always drawing attention to the availability of the pastoral care department for support when needed.

Survey Questions

For each video clip presented to participants, there were structured and tailored accompanying survey questions that sought to evaluate the videos' impact. The survey uses the Likert scaling method. According to Britannica Academic, the Likert scale is a rating system used in questionnaires designed to measure people's attitudes, opinions, or perceptions. The Likert scale is named for American social scientist Rensis Likert, who devised the approach in 1932. Subjects choose from a range of possible responses to a specific question or statement; responses typically include "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." Often, the categories of response are coded numerically, in which case the numerical

values must be defined for that specific study, such as 1 = strongly agree, 2 = agree, and so on.

¹⁰² The following are the survey questions that accompanied each video clip, respectively.

Self-Preparation Before Shift

Survey Questions:

1. Identify your position
(A) CNA (B) Nursing Assistance (C) Nurse Tech (D) LPN (E) RN (F) Charge Nurse
(G) RN Shift supervisor (H) CRT (I) RRT
2. Identify Gender (Male or Female)
3. Years of experience (i) 0-5 (ii) 6-10 (iii) 11-15 (iv) 16-20 (v) 20+
4. What shift do you work? Day or Night
5. I Learned something new from the clip
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
6. I believe the video was helpful in my self-preparation before my shift
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
7. I feel supported by pastoral care through this video clip
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
8. I will like more helpful videos from the pastoral care department
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
9. I would prefer other support means from the pastoral care department, such as
 - i. One on one care
 - ii. Nursing support group
 - iii. Training on spiritual generalist

¹⁰² Britannica Academic, s.v. "Likert scale," accessed April 30, 2022, <https://academic-eb-com.ezproxy.liberty.edu/levels/collegiate/article/Likert-scale/605393>.

- iv. Grief support
- v. Other:

Resilience During Shift

Survey Questions:

1. Identify your position
(B) CNA (B) Nursing Assistance (C) Nurse Tech (D) LPN (E) RN (F) Charge Nurse
(G) RN Shift supervisor (H) CRT (I) RRT
2. Identify Gender (Male or Female)
3. Years of experience (i) 0-5 (ii) 6-10 (iii) 11-15 (iv) 16-20 (v) 20+
4. What shift do you work? Day or Night
5. I Learned something new from the clip
(2) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
6. I believe the video was helpful in my resilience during my shift
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
7. I feel supported by pastoral care through this video clip
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
8. I will like more helpful videos from the pastoral care department
(2) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
9. I would prefer other support means from the pastoral care department, such as
 - i. One on one care
 - ii. Nursing support group
 - iii. Training on spiritual generalist

- iv. Grief support
- v. Other:

Decompressing After shift

Survey Questions:

1. Identify your position
(C) CNA (B) Nursing Assistance (C) Nurse Tech (D) LPN (E) RN (F) Charge Nurse
(G) RN Shift supervisor (H) CRT (I) RRT
2. Identify Gender (Male or Female)
3. Years of experience (i) 0-5 (ii) 6-10 (iii) 11-15 (iv) 16-20 (v) 20+
4. What shift do you work? Day or Night
5. I Learned something new from the clip
(3) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
6. I believe the video was helpful in my decompressing after my shift
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
7. I feel supported by pastoral care through this video clip
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
8. I will like more helpful videos from the pastoral care department
(3) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree
9. I would prefer other support means from the pastoral care department, such as
 - i. One on one care
 - ii. Nursing support group
 - iii. Training on spiritual generalist
 - iv. Grief support

v. Other:

Choosing Dates for Intervention

This study was proposed to begin by January of 2022. However, due to some significant organizational changes and the expectation and hopes of encouraging participation, it was moved further to allow recovery from the holiday season and some form of normalcy to regular work with little or no distraction. In consultation with the project mentor's guidance, the researcher determined that March 7th, 2022, would be the start of the intervention and will last three weeks if there are three video clips to be watched by the participants. This decision will encourage participation as it is spread out for the care team to make time to participate and give their responses to the survey questions.

Intervention Period

As mentioned earlier, the video clips intervention was designed for three weeks—the first video containing an overview of the study and the first video clip on self-preparation before the shift. The first video clip was emailed out on March 7th, 2022. The following week, the video on resilience was sent out. Week two email also contained the link from week one, providing an opportunity for participants who may not have participated in watching and responding to the survey questions. Week three email contained all the links for the video clips and survey links. The intervention lasted from March 7th, 2022, until March 27th, 2022.

Data Gathering and Effect Measurement

Data and intervention effects will be gathered through the Bethany Children's Health Center's corporate communications department. The corporate communications department coordinates all internal communication within the hospital community to offer new

communications solutions that unifies staff by connecting individuals, departments, and the entire hospital community as they listen, inform, and inspire each other to live out the core values of the Bethany Children's Health Center. To fulfill its purpose, the corporate communications department uses an internal platform called "Buzzcom." It is on this platform that most internal communications take place. Alongside Buzzcome, the department also uses Survey Monkey to gather information and conduct internal polling. This established system of communications and data gathering was used for this study.

Intervention On Process

The intervention in progress is the three weeks period in which the video clips and the survey links were deployed for the direct patient care team to participate in the study. During this time, the researcher was engaged in sending out emails containing the links to the video and survey, monitoring participation in partnership with the corporate communications department, and sending emails to boost participation.

Use of Email, Buzzcom, and Fliers

The researcher utilizes mostly email communications during the study. The email addresses were already in groups. There were group emails for all the care teams participating in the study. The researcher selected the appropriate email group addresses to avoid participation from other groups not being studied at this time. The links for the video clips and the survey were sent out using email, the Buzzcom platform, and fliers. The fliers contained QR codes that could be scanned to watch the video clips and take the survey. The researcher dropped the handfuls of printed fliers in all of the units where participants were located. The researcher ensured that the participants had easy accessibility to participate in the study through this approach.

Monitoring Participation and Follow up

Monitoring participants' involvement in the study was critical in sending out emails to encourage direct patient care team participation. The researcher partnered with corporate communications to get the midweek report of participation Wednesdays or Thursdays. For each week, the researcher has had to send out a follow-up email asking for the care team to consider participating in the study. This approach was practical, as revealed in the increased participation after each email. Also helpful were care team members encouraging each other to participate.

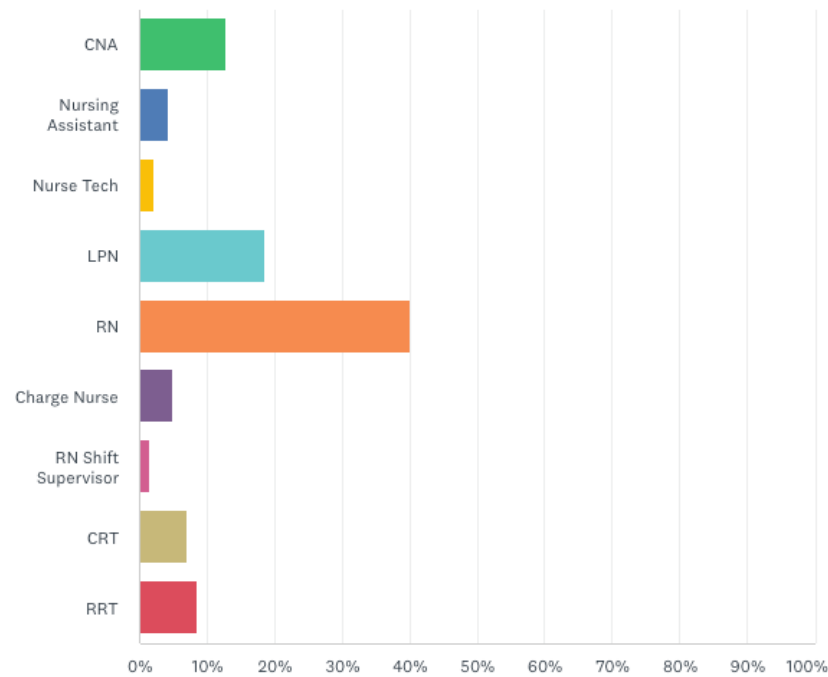
Demographic Data of Participants for all Three Video Clips

Self-preparation Before Shift Video

The figures below show the participants' demographic data for Self-preparation Before Shift video clip:

Identify your position

Answered: 140 Skipped: 0

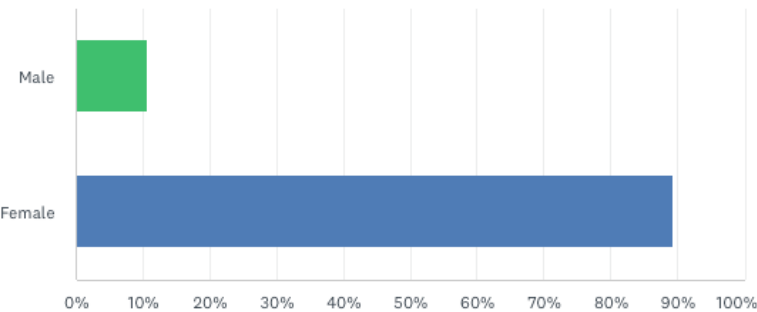


ANSWER CHOICES	RESPONSES	
▼ CNA	12.86%	18
▼ Nursing Assistant	4.29%	6
▼ Nurse Tech	2.14%	3
▼ LPN	18.57%	26
▼ RN	40.00%	56
▼ Charge Nurse	5.00%	7
▼ RN Shift Supervisor	1.43%	2
▼ CRT	7.14%	10
▼ RRT	8.57%	12
TOTAL		140

Figure 1. Showing the various profession that makes up the direct patients care team who watched the video clip on self-preparation before the shift and responded to the survey.

Identify Gender

Answered: 140 Skipped: 0



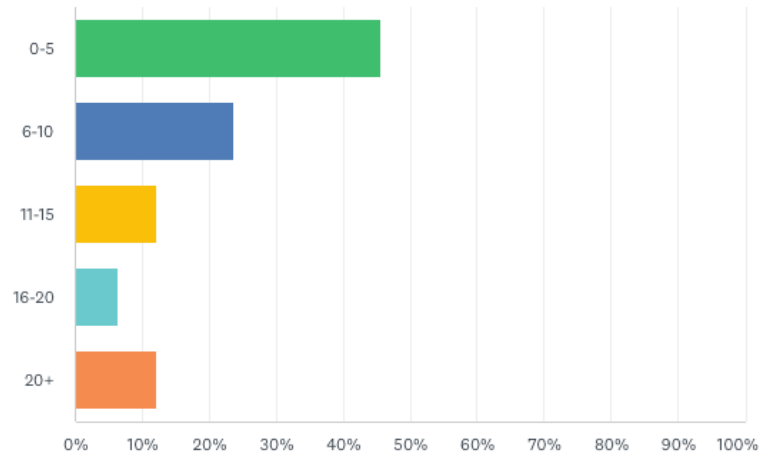
ANSWER CHOICES	RESPONSES	
Male	10.71%	15
Female	89.29%	125
TOTAL		140

Figure 2 Showing gender disparity

Figure

Years of experience:

Answered: 140 Skipped: 0

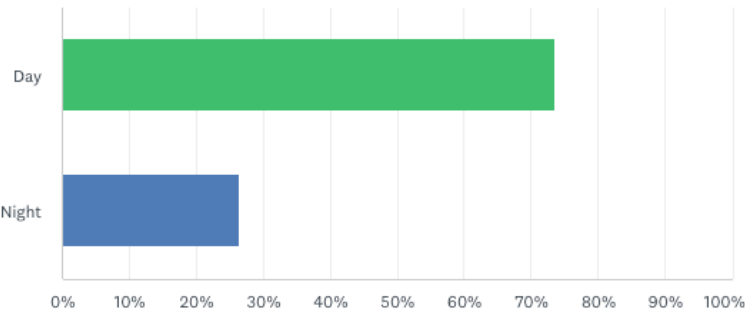


ANSWER CHOICES	RESPONSES	
▼ 0-5	45.71%	64
▼ 6-10	23.57%	33
▼ 11-15	12.14%	17
▼ 16-20	6.43%	9
▼ 20+	12.14%	17
TOTAL		140

Figure 3 shows the years of experience of the participants

What shift do you work?

Answered: 140 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Day	73.57%	103
▼ Night	26.43%	37
TOTAL		140

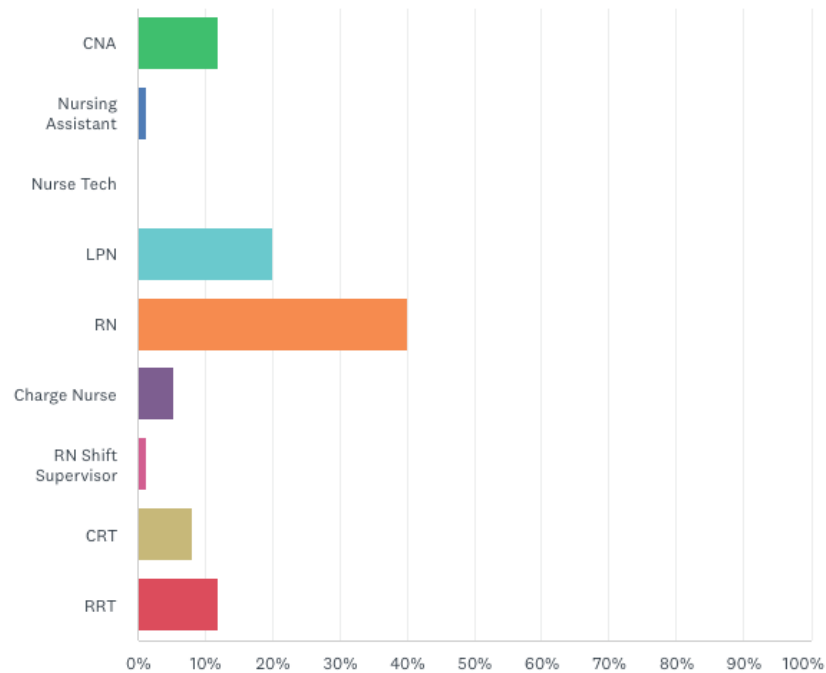
Figure 4 shows the shift period worked.

Resilience During Shift

The figures below show the demographic data of the participants for Resilience During Shift video clip:

Identify your position:

Answered: 75 Skipped: 0

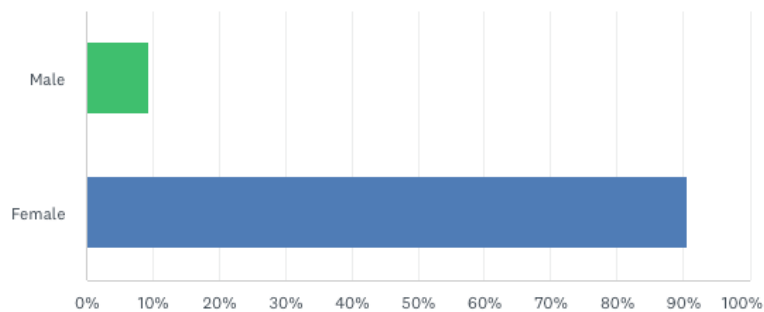


ANSWER CHOICES	RESPONSES	
▼ CNA	12.00%	9
▼ Nursing Assistant	1.33%	1
▼ Nurse Tech	0.00%	0
▼ LPN	20.00%	15
▼ RN	40.00%	30
▼ Charge Nurse	5.33%	4
▼ RN Shift Supervisor	1.33%	1
▼ CRT	8.00%	6
▼ RRT	12.00%	9
TOTAL		75

Figure 5 shows the various profession that makes up the direct patients' care team who watched the video clip on resilience during shift and responded to the survey

Identify Gender:

Answered: 75 Skipped: 0

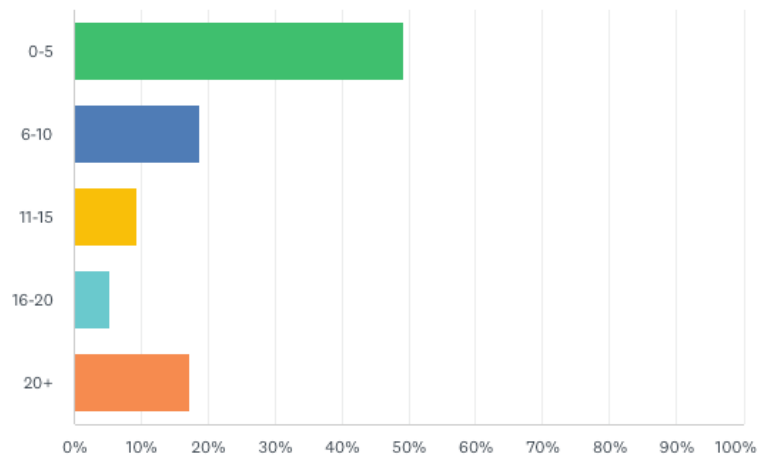


ANSWER CHOICES	RESPONSES	
Male	9.33%	7
Female	90.67%	68
TOTAL		75

Figure 6 showing gender disparity

Years of experience:

Answered: 75 Skipped: 0

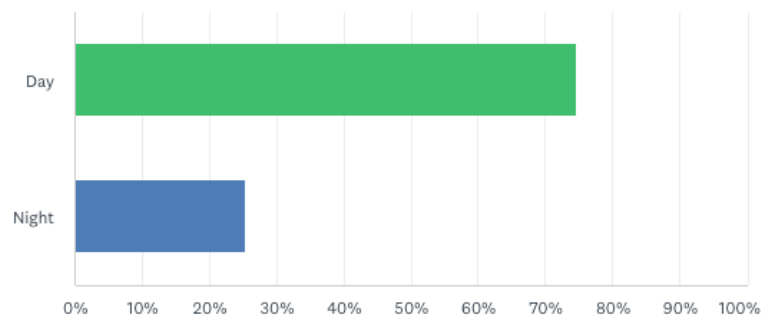


ANSWER CHOICES	RESPONSES	
▼ 0-5	49.33%	37
▼ 6-10	18.67%	14
▼ 11-15	9.33%	7
▼ 16-20	5.33%	4
▼ 20+	17.33%	13
TOTAL		75

Figure 7 showing the years of experience of participants

What shift do you work?

Answered: 75 Skipped: 0



ANSWER CHOICES	RESPONSES	
Day	74.67%	56
Night	25.33%	19
TOTAL		75

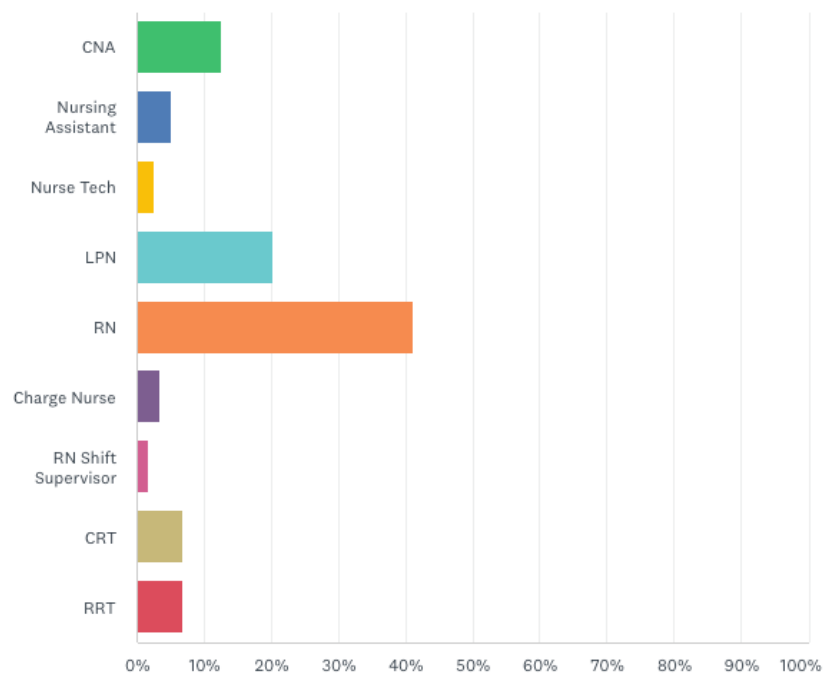
Figure 8 shows the shift period worked

Decompressing After Shift

The figures below show the demographic data of the participants for decompressing after shift video clip:

Identify your position:

Answered: 119 Skipped: 0

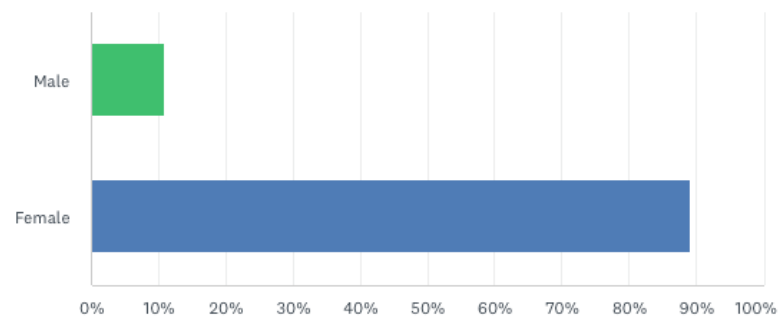


ANSWER CHOICES	RESPONSES
▼ CNA	12.61% 15
▼ Nursing Assistant	5.04% 6
▼ Nurse Tech	2.52% 3
▼ LPN	20.17% 24
▼ RN	41.18% 49
▼ Charge Nurse	3.36% 4
▼ RN Shift Supervisor	1.68% 2
▼ CRT	6.72% 8
▼ RRT	6.72% 8
TOTAL	119

Figure 9 shows the various professions that make up the direct patients' care team who watched the video clip on decompressing after shift and responded to the survey

Identify Gender:

Answered: 119 Skipped: 0

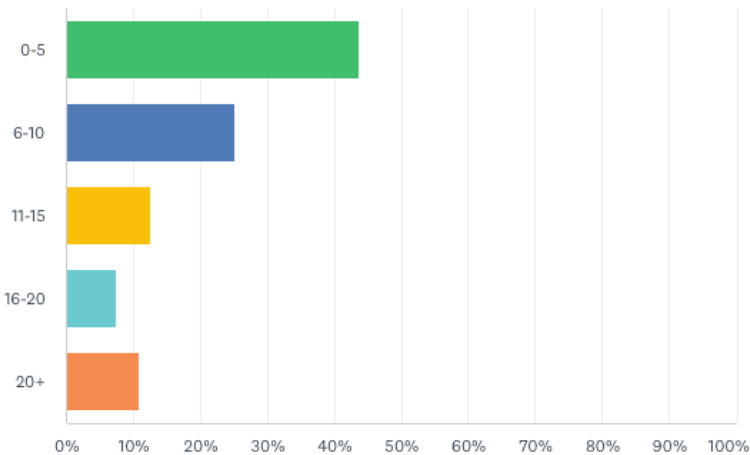


ANSWER CHOICES	RESPONSES	
Male	10.92%	13
Female	89.08%	106
TOTAL		119

Figure 10 showing gender disparity

Years of experience:

Answered: 119 Skipped: 0

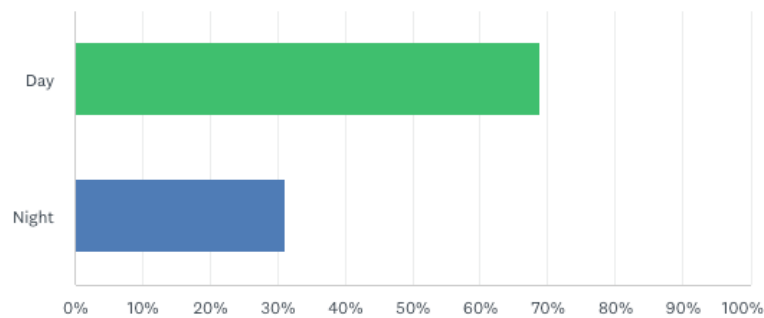


ANSWER CHOICES	RESPONSES	
▼ 0-5	43.70%	52
▼ 6-10	25.21%	30
▼ 11-15	12.61%	15
▼ 16-20	7.56%	9
▼ 20+	10.92%	13
TOTAL		119

Figure 11 showing years of experience

What shift do you work?

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Day	68.91%	82
▼ Night	31.09%	37
TOTAL		119

Figure 12 shows the shift period worked

CHAPTER 4: RESULTS

Demographic Data Discussed

Self-preparation Before Shift Video Clip

In total, 140 care team members participated in the self-preparation before shift video clip, as indicated in fig. 1 in chapter 3. Registered Nurses (RN) makes up 40%, with a total number of 56 participants. Licensed Practical Nurses (LPN) were next with 18% with 26 participants. Certified Nursing Assistants' (CNA) participation was 12.86%, with 18 participants. Registered Respiratory Therapists was 8.57% with 12 participants. The rest were Certified Respiratory Therapists (CRT) 7.14%, Charge nurses 5%, Nursing Assistants with 4.29%, nurse technicians with 2.14%, and RN Shift Supervisors with 1.43% respectively. This video clip garnered the most participation.

Fig. 2 shows a gender disparity of 89.29% of females totaling 125 participants, compared to 10.71% for the male gender with 15 participants, which is not a surprise, as females make up the majority of healthcare professionals. Nursing especially has a higher percentage of females. Participants' years of experience range from 0 to 20+ years, as shown in fig. 3. Participants with 0-5years make up 45.71% of the participants, followed by those with 6-10years with 23.57%. The other categories were those with 11-15years with 12.14%, which is the same as those with 20+years. The 16-20 years of experience were the least number of participants for this video clip. The day shift team participated more in this survey than the night crew. Of the 140 participants in this video, the day shift had 73.57% compared to the night shift with 26.43%, as revealed in fig. 4.

Resilience During Shift

The Resilience During Shift video clip had the least participants of 75, as indicated by fig. 5. As it was in the Self-Preparation Before Shift Video Clip, the registered nurse had the most participation of 40% with 30 participants. The licensed practical nurses had the second participation of 20%, with 15 participants. Next were the CNA and RRT with the same number of participants. The CRT and CNA also had the same number of 9 participants. Nursing assistants came in last with just one participant and no representation for the nurse technician.

Gender disparity is almost the same as self-preparation before shift video clip responses. Fig. 6 shows that the female respondents were 68 as against 7 for the males. A continuing theme is that the female gender represented the direct patient care team members more than the males. This information can help plan gender-related pastoral care services. Fig. 7 shows the number of years of experience of the participants for this video clip. Those with 0-5 years of experience also made up the highest number of respondents, with 49.33%, almost half of the entire responses to this video clip. The 6-10 years came next with 18.67%, followed by the 20+ years. The other groups are 11-15 years with 9.33% and 16-20 years with 5.33% respectively. As for the shift period, fig. 8 showed that the day shift team member participated more with 74.67% as against 25.33% for the night shift team. There are quite a lot of similarities in the demographic data of the two responses discussed so far.

Decompressing After Shift

The Decompressing After Shift video is the following most-watched clip based on the responses from 119 respondents. As seen in the two previous video clips, the trend of participants from the different disciplines continued as the registered nurse (RN) maintained their lead with 41.18%, totaling 49 participants, as revealed in fig. 9. The licensed practical nurse came next to the registered nurse, with 20.17% indicating 24 participants. The certified nursing

assistants (CNA) garnered 12.61% with 15 participants. The certified respiratory therapist and the registered respiratory therapist both came next at 6.72%, with 8 participants each. The nursing assistant (NA) had 5.04%, charge nurse 3.36%, nurse tech, and registered shift supervisors. What is interesting in all of these data is the participation of the leadership of the nursing profession. As indicated in all three responses, the RN shift supervisor and charge nurses have maintained their involvement.

The trend of gender participation also continued for the decompressing after shift video, with the females garnering 89.08% and males with 10.92%, as indicated in fig. 10. The years of experience also continued the trend seeing the 0-5 years participants having the most participation with 43.70%, as shown in fig. 11. The 6-10 years of experience had 25.21%. The 11-15 years of experience had 12.61%, 20+ years, while the 16-20 years of experience had minor participation. Fig. 12 showed that the day shift crew had more participation than the night shift. This trend is visible across all three video clip responses.

New Knowledge Gained

This action research project is designed to study the effectiveness of the pastoral care department in providing pastoral care to the direct patients care team of the Bethany Children's Health Center. The video intervention utilized three video clips viz Self-Preparation Before the Shift, Resilience During the Shift, and Decompressing After the Shift.

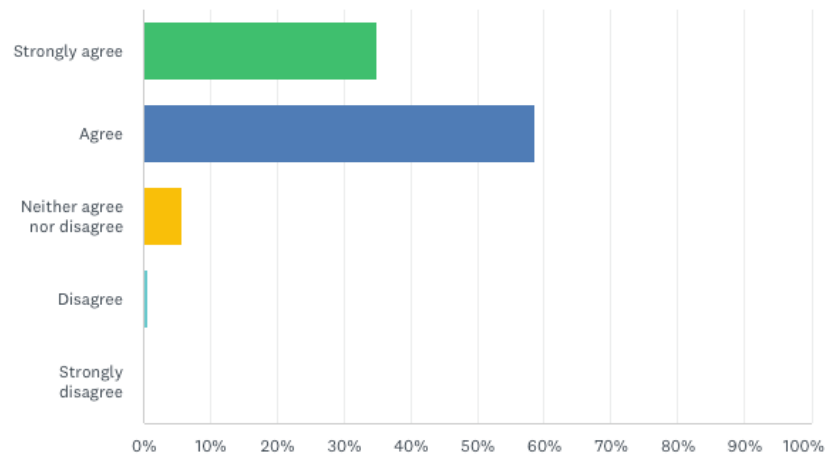
Self-Preparation Before Shift

Using the Likert scale, the participants were asked to respond to the statement, "I learned something new from this clip." In figure 13, of the 140 participants in the Self-Preparation Before Shift Video Clip, 35% (49 respondents) indicated that they "strongly agree" that they learned something new from the video clip. A total of 58.57 (82 respondents) "agree" to have

learned something new from the clip. Meanwhile, 5.71% (8 respondents) “neither agree nor disagree” that the video clip was helpful. Only one participant “disagreed” with learning something new from the video clip.

I learned something new from this clip:

Answered: 140 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	35.00%	49
Agree	58.57%	82
Neither agree nor disagree	5.71%	8
Disagree	0.71%	1
Strongly disagree	0.00%	0
TOTAL		140

Fig. 13. Self-preparation Before Shift Video Clip

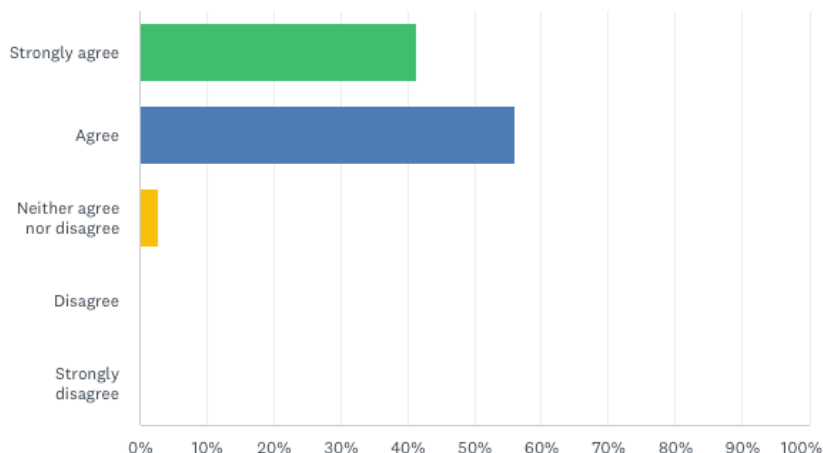
Resilience During Shift

Fig. 14 shows the responses to the Resilience During Shift Video Clip. This video clip garnered 75 participants, with 41.33% (31 respondents) indicating they “strongly agree” that they learned something new from the video clip. The responses from this clip mirror the previous video clip, with the most respondent (56%) indicating that they “agree” learning something new from the clip. Only 2.67% (2 respondents) “neither or disagree” learned something new from the

video clip on resilience. There were no “disagree or strongly disagree” responses to learning something new from the clip.

I learned something new from this clip.

Answered: 75 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	41.33%	31
Agree	56.00%	42
Neither agree nor disagree	2.67%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		75

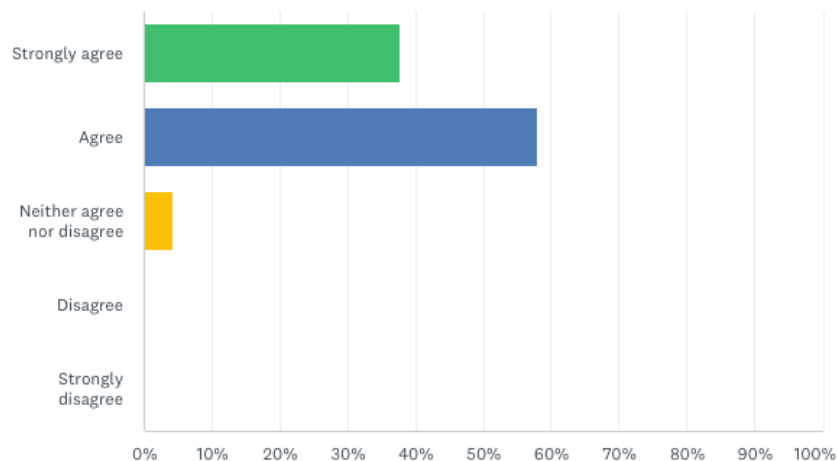
Fig. 14 Resilience During Shift

Decompressing After Shift

The trend of participants’ responses continued for the video clip on Decompressing After Shift, with 38.82% (45 respondents) indicating “strongly agree” to learning something new from the video clip, as revealed in fig. 15 below. Whereas 57.98% (69 respondents) “agree” learning something new from the video clip. The response for “neither agree nor disagree” was 4.20% (5 respondents). As noted in the previous video responses, there were no responses for “disagree or strongly disagree” of learning something new from the clip.

I learned something new from this clip.

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	37.82%	45
Agree	57.98%	69
Neither agree nor disagree	4.20%	5
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		119

Fig. 15 Decompressing After the shift

Helpfulness of the Video Intervention

The survey questions about the helpfulness of the video clips are crucial and central to this study. Other vital questions will also play significant consideration in the decision-making of the pastoral care department of the Bethany Children’s Health Center in the future. However, the responses to the helpfulness of the video clips are incredibly critical. These responses will affirm or disaffirm the future use of this intervention.

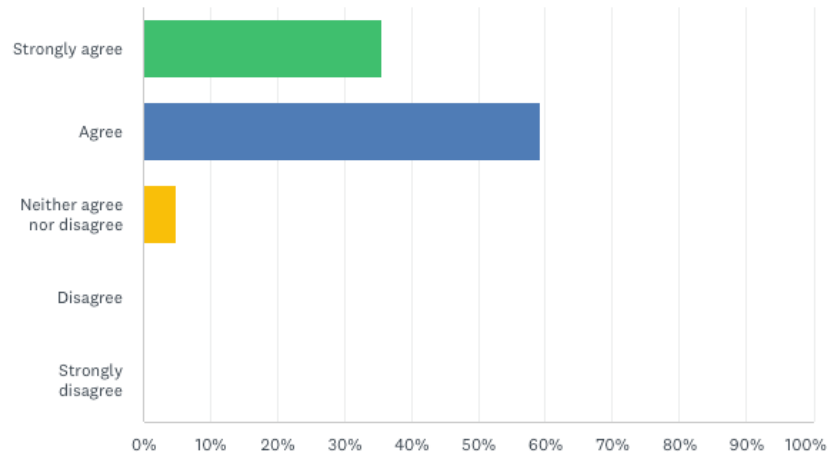
Self-preparation Before Shift Video Clip

Fig. 16 below shows the responses to the survey question posed on the helpfulness of the video clip on self-preparation before the shift. As earlier indicated, this video clip garnered the

most view and responses with 140 participants. Of the 140 participants, 35.71% totaling 50 respondents, indicated that they “strongly agree” that the video was helpful to them.

I believe the video was helpful in my self-preparation before my shift.

Answered: 140 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	35.71%	50
Agree	59.29%	83
Neither agree nor disagree	5.00%	7
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		140

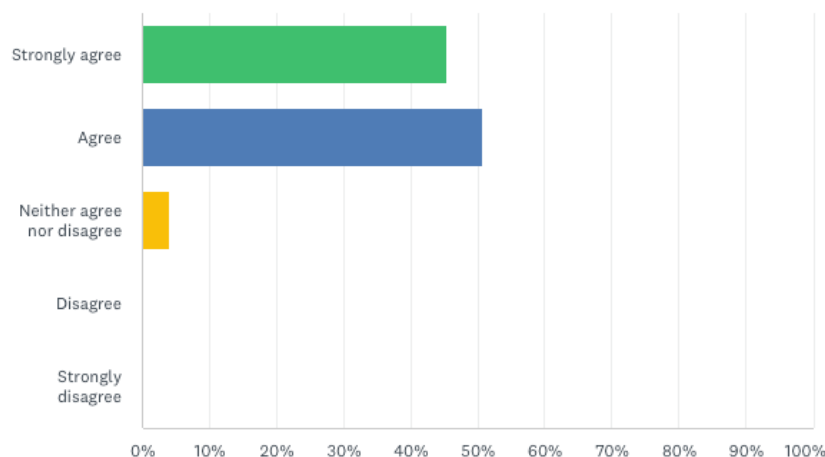
Fig. 16 Showing helpfulness of the self-preparation before the shift video clip

A total of 59.29% “agree” that the video clip was helpful to them. Meanwhile, only 5% of the total respondents of the 140 participants “neither agree nor disagree” that this video clip was helpful, and no responses to “disagree or strongly disagree” were recorded. The significance of these responses will be discussed in the next chapter of this study. However, it suffices to say that these responses are remarkable and will impact how the pastoral care department provides care for the direct patient care team in the future.

The Resilience During the Shift video clip focuses on addressing difficulties that arise during a shift. It discusses emotional intelligence and literacy as critical elements in dealing with a problematic shift. It offers suggestions to the direct patient care team on responding to the difficulties they may encounter during their shift.

I believe the video was helpful in my resilience during my shift.

Answered: 75 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	45.33%	34
Agree	50.67%	38
Neither agree nor disagree	4.00%	3
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		75

Fig. 17 showing the helpfulness of the Resilience During the Shift Video Clip

This video clip garnered 75 respondents, as seen in fig. 17 above. Using the Likert scale, 45.33% responded that they “strongly agree” that the video clip was helpful to them. That is up against 35.71% of the video clip on self-preparation before the shift. Although that video garnered more responses, it is worth noting. About 50.67% “agree” that the video clip on resilience during the

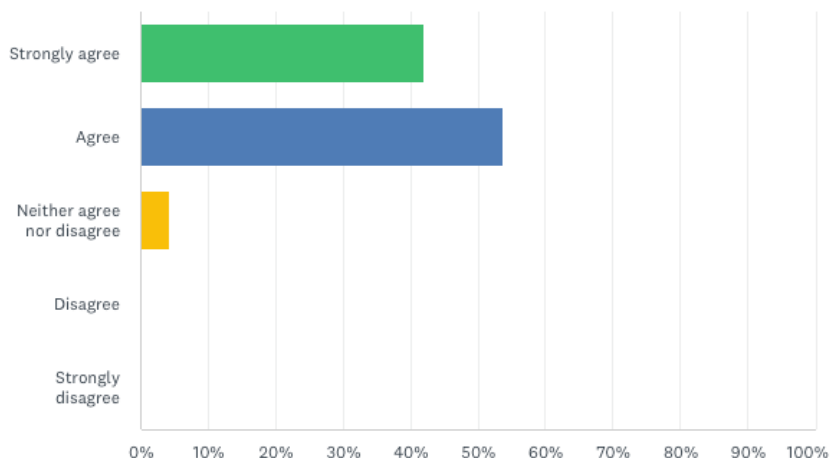
shift was helpful. Whereas only 4% (3 respondents) “neither agree nor disagree” with the helpfulness of the video. The trend continues for zero responses to “disagree and strongly agree” with the helpfulness of the video.

Decompressing After Shift

The Decompressing After Shift video is the second most responded to the video clip with 119 respondents, as shown in figure 18 below. This video clip, as a reminder, addresses the importance of decompressing as a way of self-care after each shift period. It emphasized finding activities that can help refill or recharge the direct patients care team members.

I believe the video was helpful in my decompressing during my shift.

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	42.02%	50
Agree	53.78%	64
Neither agree nor disagree	4.20%	5
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL	119	

Fig. 18 showing the helpfulness of the Decompressing After Shift video clip

A total of 42.02% respondents claimed they “strongly agree” that the clip was helpful to them. While 53.78% totaling 64 respondents, “agree” the video clip was helpful. Only 4.20% (5 respondents) indicated “neither agree nor disagree” with the helpfulness of the video clip on decompressing after shift. As for “disagree and strongly disagree,” no responses were recorded.

Feel Supported By the Pastoral Care Department

One of the core roles of the chaplains within the pastoral care department of the Bethany Children’s Health Center is to provide support to staff. Providing pastoral care goes beyond religious affiliation for board-certified chaplains. Although Bethany Children’s chaplains are Christians requiring denominational endorsement to practice, they also care for the non-religious staff with commitment, compassion, and sincerity.¹⁰³ Whenever the care needed is outside of chaplains’ denominational traditions, chaplains make referrals or provide appropriate support to the staff. So the purpose of this video clip was to determine if the care team members feel supported. The video clip was produced with the intent for them not to be religiously inclined but more professional, addressing key issues that can benefit all staff regardless of their faith or beliefs.

Self-preparation Before Shift Video Clip

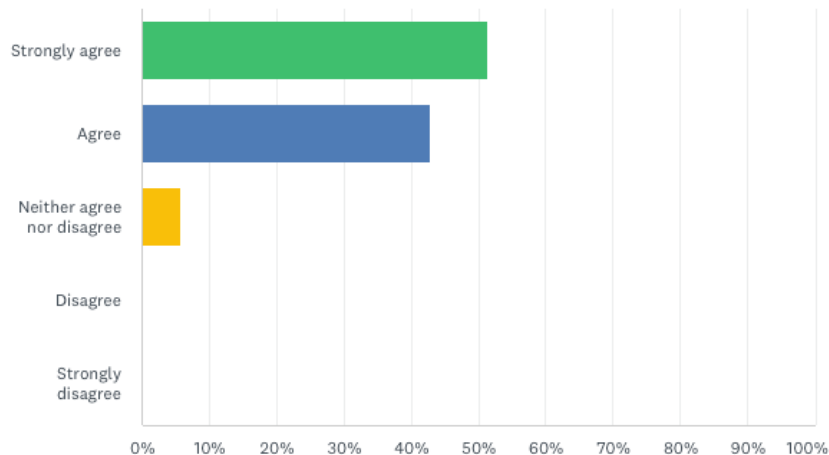
Responding to the feelings of being supported by the pastoral care department, 51.43% (72 respondents) of the 140 participants in the self-preparation before shift video in fig. 19 below indicated that they “strongly agree” that the Bethany Children’s pastoral care department supports them. Of the remaining participants, 42.86% (60 respondents) “agree” to feel supported by the pastoral care department. Whereas only 5.71% (8 respondents) “neither agree nor

¹⁰³ David Savage, *Non-Religious Pastoral Care: A Practical Guide* (New York, NY: Routledge, 2018), 27, <https://doi-org.ezproxy.liberty.edu/10.4324/9781351264488>

disagree.” It is a favorable outcome as the department seeks to improve its services to the care team members.

I feel supported by pastoral care through this video clip.

Answered: 140 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	51.43%	72
Agree	42.86%	60
Neither agree nor disagree	5.71%	8
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		140

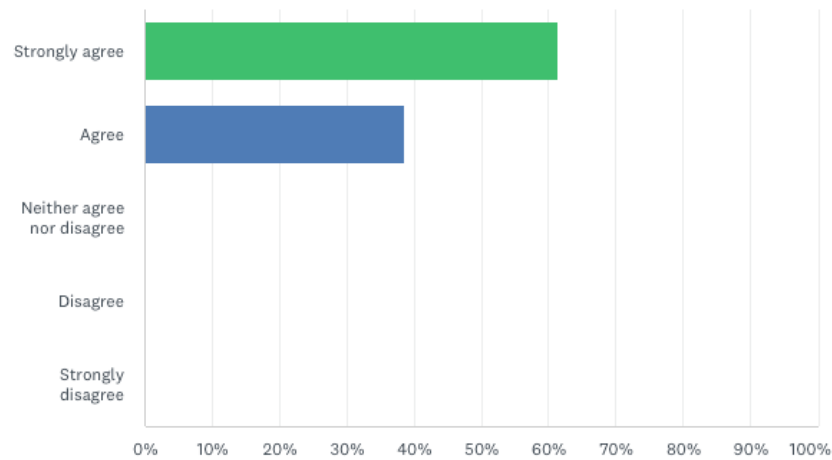
Fig. 19 showing feelings of being supported by the pastoral care department with self-preparation before the shift video clip

Resilience During Shift

As already indicated, the Resilience During Shift video clip garnered 75 respondents. Interestingly, the participants' responses were only in two categories using the Likert scale. Of the 75 responses, 61.33% indicated, as shown in fig. 20 that they “strongly agree” they feel supported by the pastoral care department watching the video clip on resilience. That percentage represents 48 respondents. The remaining 38.67% representing 29 participants “agree” to feeling

I feel supported by pastoral care through this video clip.

Answered: 75 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly agree	61.33% 46
Agree	38.67% 29
Neither agree nor disagree	0.00% 0
Disagree	0.00% 0
Strongly disagree	0.00% 0
TOTAL	75

Fig. 20 showing feelings of being supported by the pastoral care department with the Resilience During the Shift video clip

they were supported by the pastoral care department watching the video. There were responses recorded for the other categories of the Likert scale.

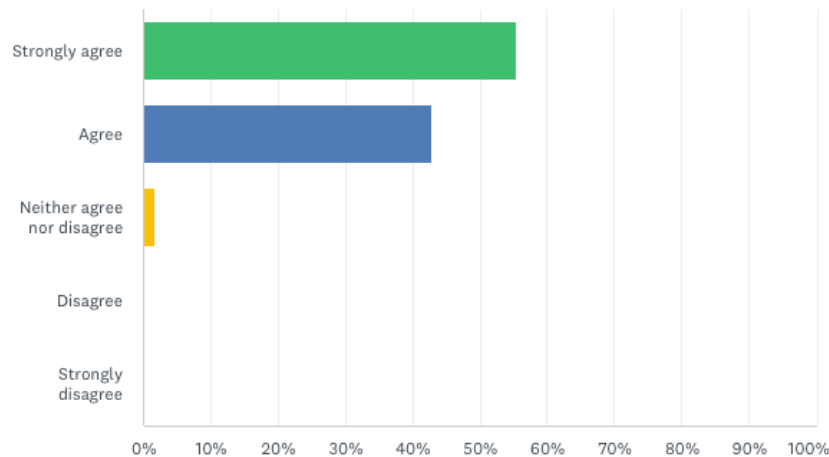
Decompressing After Shift

The decompressing after shift video garnered 119 responses, with 54.46% responses representing 66 respondents indicating in fig. 21 below that they “strongly agree” to feel supported by the pastoral care department watching the clip on decompressing after shift, which is a similar trend of responses to the self-preparation before shift video clip, where most respondents indicated that they “strongly agree” to feeling supported. On the other hand, 42.86%

representing 51 respondents, “agree” to feel supported by the pastoral care department. Whereas only 1.68% neither “agree nor disagree” with feeling supported by watching the Decompressing After Shift Video Clip.

I feel supported by pastoral care through this video clip.

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	55.46%	66
Agree	42.86%	51
Neither agree nor disagree	1.68%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL	119	

Fig. 21 showing feelings of being supported by the pastoral care department with Decompressing After Shift video clip

None of the participants “disagree” or strongly “disagree” with the feelings of being supported by the pastoral care department.

Need for Similar Video Resources

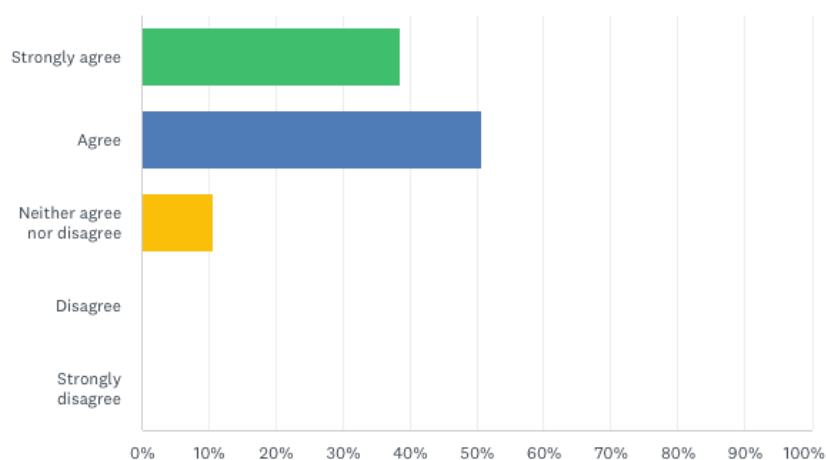
As indicated earlier, telechaplancy is becoming a new and growing phenomenon within the field of chaplaincy, especially with the impact of Covid-19 and the inability of chaplains to

maintain a round-the-clock presence at the Bethany Children’s Health Center at the time of this study. The need for similar video resources was to determine the effectiveness of virtual/telechaplancy. Providing virtual support has its advantages, and this survey question seeks to find out if there is a need to continue to provide virtual support.

Self-preparation Before Shift Video Clip

I will like more helpful videos from pastoral care department.

Answered: 140 Skipped: 0

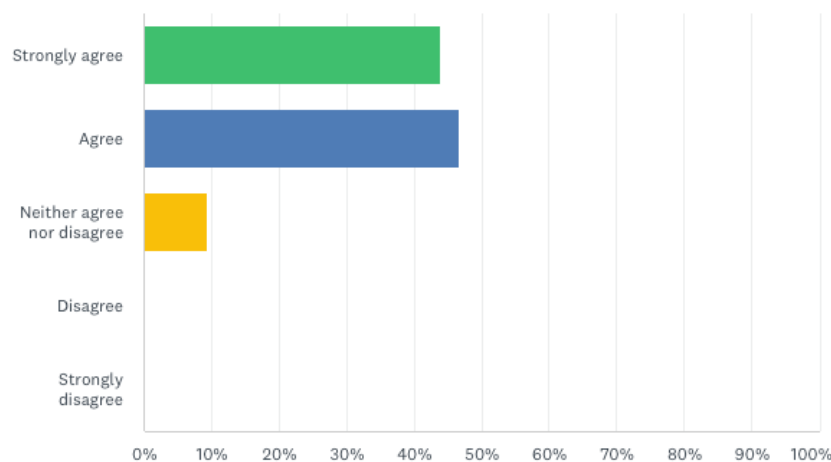
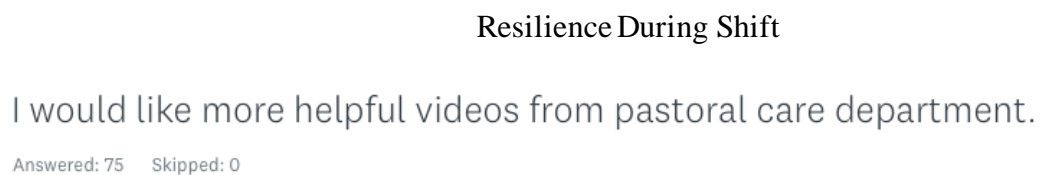


ANSWER CHOICES	RESPONSES	
Strongly agree	38.57%	54
Agree	50.71%	71
Neither agree nor disagree	10.71%	15
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL	140	

Fig. 22 showing responses to receiving more helpful video from the Self-preparation Before Shift Video clip

As a reminder, the self-preparation video was intended to provide support for the direct patient care team on the need to prepare for their shift and suggestions on ways to prepare. This video clip garnered 140 responses, with 38.57% representing 54 participants indicating, as shown in

fig. 22, they “strongly agree” to receiving more helpful videos from the pastoral care department. Those who “agree” to receiving more helpful video clips after watching the self-preparation before shift video clip accounted for 50.71%, a little more than half of the total respondents representing 71 participants. Meanwhile, 10.71% of respondents represent 15 participants “neither agree nor disagree” to liking more helpful videos from the pastoral care department. As a continuing trend, there were no responses from any participants “disagreeing.”



ANSWER CHOICES	RESPONSES
Strongly agree	44.00% 33
Agree	46.67% 35
Neither agree nor disagree	9.33% 7
Disagree	0.00% 0
Strongly disagree	0.00% 0
TOTAL	75

Fig. 23 showing responses to receiving more helpful video from the Resilience During Shift Video clip

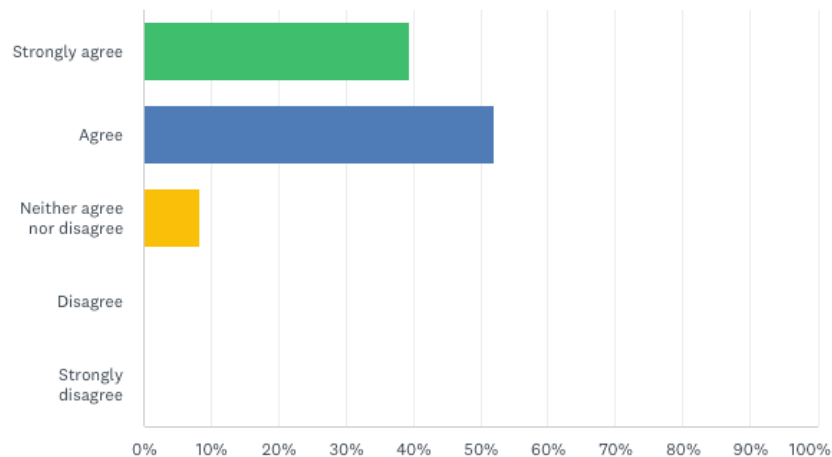
Asking the question about receiving helpful video clips from the pastoral care department is a way of accessing the helpfulness of the resilience during the shift video clip. It helps weigh if there is a need to provide the support that addresses resilience issues. The resilience video clip was the least-watched or with the least responses garnering 75 responses. Fig. 23 above reveals that of the 75 participants, 44% of the respondents representing 33 indicated they “strongly agree” that they would like more helpful videos from the pastoral care department. Whereas a couple more participants, 46.67% representing 35 respondents, “agree” to liking more helpful videos from the pastoral care department, and a total of 9.33% (7 respondents) indicated they “neither agree nor disagree” with the question posed. None of the respondents “disagree” or “strongly disagree.”

Decompressing After Shift

The Decompressing After Shift video clip discusses the importance of the direct patient care team members making and finding creative ways to decompress and recharge should they return to work the following day. The survey question under this video clip seeks to assess if the direct patient care team members have challenges decompressing after their shift and if the video that addresses those areas will likely be needed. The Decompressing After Shift video clip shares the same responses as the two other video clips. Fig. 24 shows that 119 responses were recorded, with 39.50% representing 47 respondents stating that they “strongly agree” to liking more helpful videos while 52.10% representing 62 respondents “agree” to the same question. None of the participants “disagree” or “strongly disagree” with liking more helpful videos. Only 8.40% of the entire participants, representing 10 “neither agree nor disagree,” said they would want a more helpful video from the pastoral care department.

I would like more helpful videos from pastoral care department.

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	39.50%	47
Agree	52.10%	62
Neither agree nor disagree	8.40%	10
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		119

Fig. 24 showing responses to receiving more helpful video from the Decompressing During Shift video clip

Other Means of Support from the Pastoral Care Department

This survey question was posed to avoid any perception of the pastoral care department being subjective in its approach to what kinds of care it provides to the direct patient care team members. Inasmuch as chaplains are trained specialists in assessing patients, families, and staff needs and coming up with appropriate care plans, this question seeks to provide feedback on what other areas of care might be needed or appreciated, which provides the care team members with participants in devising plans, ideas, and strategies that inform the care they receive from the pastoral care department.

The survey presented a variation of support that the pastoral department can provide or facilitate. The participants were offered five options: One-on-one care, nursing support group, training on spiritual care generalist, grief support, and others. Those who indicated “other” had a free text option to clarify their intent. Their responses will be discussed later. Figures 25, 26, and 27 show the different reactions under each video clip for preferring other means of support.

Before discussing the responses to preferring other means of support from the pastoral care department, it is essential to present or give an idea of what these other means of providing support entail:

A one-on-one approach to pastoral care within the context of the Bethany Children’s Health Center will typically involve a professional, collegial relationship between the pastoral care team members and the direct patient care team members, where the pastoral care team members or the chaplain intentionally plans to be on the floor checking in with the care team member one after the other and purposefully engaging in conversations that might lead to a need for care. This approach, over time, fosters friendship and trust that might lead to the care team members' willingness to contact pastoral caregivers whenever there is a need. It also allows the care team members to stop by the chaplains' office without notice during their most challenging time during their shift.

A nursing support group is a different approach. It is one that the chaplains can help facilitate or organize but do not play any significant roles unless when there are specific pastoral issues or need that chaplains might be required to address, which is more of a professional relationship among the team members where various ideas are shared. This approach can reduce professional anxiety and enhance retention as the older and more experienced professionals mentor the younger. It could also be a reverse mentoring where younger professionals who are

more versed in the latest form or practice can support the older professional who might be struggling with coping with more recent technologies that were not in use in their early years of practice.

The spiritual care generalist entails equipping the care team members on potential spiritual or pastoral issues they may encounter as they engage their patients and families, and even peers, and how to respond. This training empowers how to respond to existential problems and know when a referral must be made. It enables the care team members to make basic spiritual assessments as they care for patients.

The grief support approach can take a group form or individuals. The impact of grief can be devastating, and providing grief support can help the care team members be their best as much as possible. A grief support group is currently scheduled to support the care team who may have lost a loved one or experienced a significant change that might be causing grief. The researcher is a certified grief support specialist who will facilitate this group and can also provide one-on-one support as needed.

The "other," as indicated in the survey question, invites the participants to share their ideas of other areas they think the Bethany Children's Health Center pastoral care department can provide services that may benefit the care team or even personally. Figures 28, 29, and 30 show the responses from the participants. These responses will help inform the pastoral care team on care that might be considered for the future.

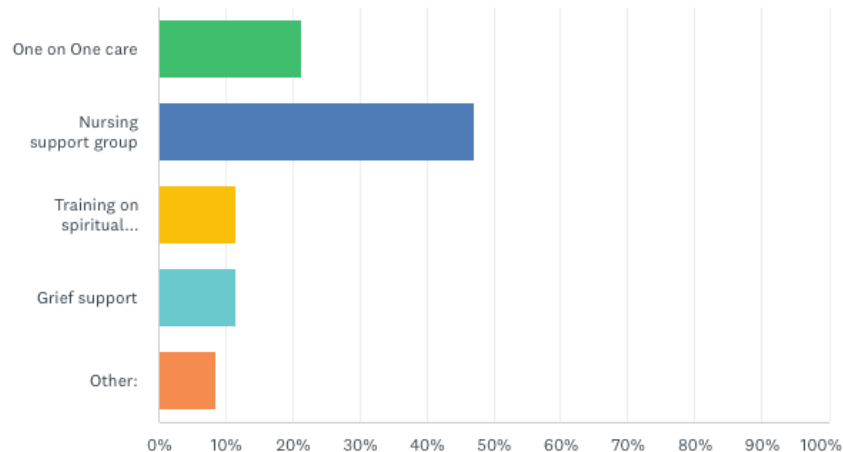
Self-preparation Before Shift

Figure 28 shows the responses to preferring other support means from the pastoral care department. Of the 140 participants who watched the self-preparation before shift video, 21.43% of the respondents, representing 30 participants, indicated that they preferred other support

means like “one-on-one care.” Whereas “nursing support group” had the majority of the participants preferred it as other means of support, with 47.14% representing 66 participants

I would prefer other means of support from pastoral care department such as:

Answered: 140 Skipped: 0



ANSWER CHOICES	RESPONSES	
One on One care	21.43%	30
Nursing support group	47.14%	66
Training on spiritual generalist	11.43%	16
Grief support	11.43%	16
Other:	8.57%	12
TOTAL		140

Fig. 25 showing responses to preferring other means of support from the pastoral care department from the Self-preparation Before Shift Video clip

Training on spiritual generalists and grief support garnered 11.43%, representing 16 participants, while “others” garnered 8.57%, representing 12 participants.

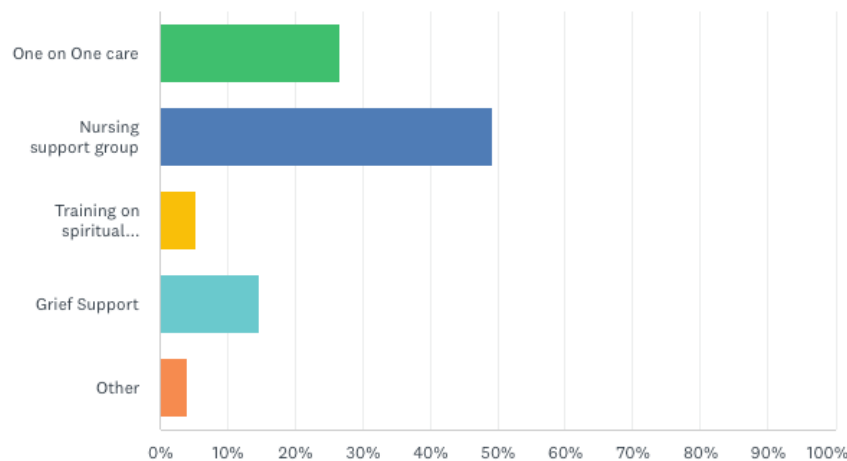
Resilience During Shift

The Resilience During Shift video with 75 participants, as seen in fig. 26 below, shows a slightly different trend but is still similar to the self-preparation before shift video respondents. A

majority of the respondent preferred “nursing support group,” garnering 49.33%, almost half of the total responses. That number represents 37 participants. The “one-on-one care” came next, with 26.67% representing 20 participants. Grief support had a total of 14.67% representing 11 participants. Training on spiritual care generalist had 5.33% and “others” with 4% representing 4 and 3 participants respectively.

I would prefer other means of support from pastoral care department such as:

Answered: 75 Skipped: 0



ANSWER CHOICES	RESPONSES	
One on One care	26.67%	20
Nursing support group	49.33%	37
Training on spiritual generalist	5.33%	4
Grief Support	14.67%	11
Other	4.00%	3
TOTAL		75

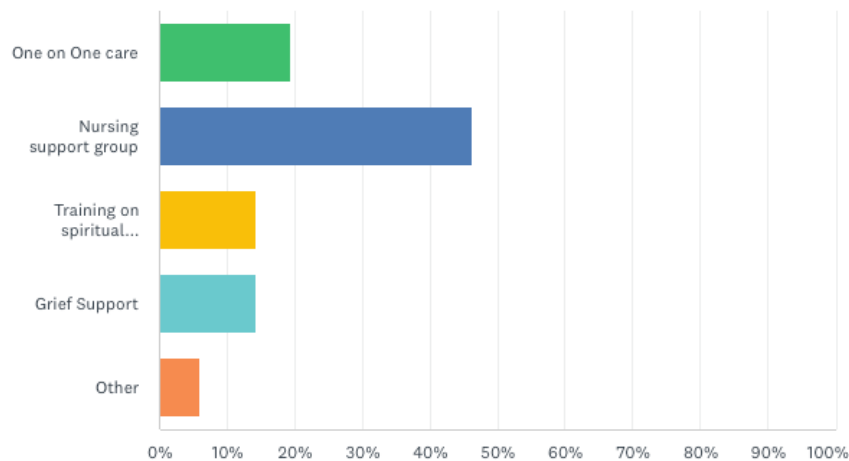
Fig. 26 showing responses to preferring other means of support from the pastoral care department from the Resilience During Shift video clip

Decompressing After Shift

The 119 participants who responded to the question of preferring other means of support from the pastoral care department after watching the decompressing after shift video clip gave similar responses to Self-preparation Before Shift video clip. As seen in figure 27 below, their responses show that most participants favor the nursing support group, with 46.22% of the respondents representing 55 participants supporting that initiative.

I would prefer other means of support from pastoral care department such as:

Answered: 119 Skipped: 0



ANSWER CHOICES	RESPONSES	
One on One care	19.33%	23
Nursing support group	46.22%	55
Training on spiritual generalist	14.29%	17
Grief Support	14.29%	17
Other	5.88%	7
TOTAL	119	

Fig. 27 showing responses to preferring other means of support from the pastoral care department from the Decompressing After Shift Video clip

One-on-one care was next in favorability, garnering 19.33%, representing 23 participants who would prefer other means of pastoral care support. At the same time, training on spiritual care

and grief support care had 14.29%, representing 17 participants who would prefer either as other means of support.

Responses to “other” Means of Pastoral Care

Twelve responses were recorded for the Self-preparation Before Shift Video in response to the survey question, “I would prefer other support means from the pastoral care department.” Figure 28, discussed under recommendations, shows these responses. Five of the respondents indicated that no further support is needed. One of these four respondents stated that the video was good information, noting that care team members often forget about themselves and their impact on others. One respondent suggested grief support for families grieving the loss of the life they may have wished for their children. Two respondents want to see pastoral care services extended to the night shift.

Meanwhile, one respondent indicates that all the “other” options are great and will not prefer one over another. One other respondent did not state clearly any preference, instead commented on the usefulness of the video and being able to watch them in her own free time. The last respondent under this video clip states, “This video can help remember to set your mind right before patient care. Nurses can be bad at remembering to care for themselves. You can’t pour from an empty cup” This statement summarizes the intent of this particular video clip. The researcher wants the participants to realize how caring for themselves impacts their care for others.

Four participants responded to “other,” with one suggesting that the pastoral care department send out articles or helpful resources to assess their emotional intelligence/emotional literacy or other self-care resources. One would prefer studies about the different books of the

Bible. Of the remaining two, one says, “Thank you for the videos!” While the other indicated no other support is needed at this time.

Five participants responded to “other,” with three indicating no other support needed. One suggested family support. However, there is no clarity if this reference is made toward the families of patients or care team members as this study focuses on the staff. The last respondent suggested more videos with challenges on information about self-care and spiritually and emotionally healthy ways.

CHAPTER 5: CONCLUSION

Relevance of the Study

It is an understatement to say that COVID-19 has forever changed the daily lives of human existence. The impact is yet to be entirely determined and will take years, if not decades, for researchers to comprehend its overwhelming impact. No doubt, COVID-19 played a significant role in the decision of the researcher to pursue this study. A study by Que et al. posits that the spread of COVID-19 is a public health crisis that has placed healthcare professionals under tremendous pressure and places them at increased risk of developing psychological problems.¹⁰⁴ Within the Bethany Children's Health Center, the care team members expressed variations of anxieties.

This study became relevant as the researcher seeks to know what means of pastoral care will effectively reach as many direct patient care team members as possible and determine what works and what does not. It suffices to say that the relevance of this study also addresses the gap stated as there are few or no studies that address the use of virtual/telechaplancy to meet the pastoral care needs of medical staff. This study also allows the participants to express their feelings regarding the care they receive from the pastoral care department of the Bethany Children's Health Center. A couple of the ideas from the study is already being implemented. This study provides the pastoral care department with the demographic of the direct patient care team members. It will impact the formulation of gender-related programs that can benefit the immediate patient care team members in the future.

¹⁰⁴ Que, J., Shi, L., Deng, J., Liu, J., Zhang, L., Wu, S., Gong, Y., Huang, W., Yuan, K., Yan, W., Sun, Y., Ran, M., Bao, Y., & Lu, L. "Psychological impact of the COVID-19 pandemic on healthcare workers: a cross-sectional study in China," *General Psychiatry* 33, no 3 (2020): 100259, accessed May 23, 2022 <https://gpsych.bmj.com/content/gpsych/33/3/e100259.full.pdf>

Effectiveness of Pastoral Care from the Study

The pastoral care department of the Bethany Children's Health Center does not want to work in a vacuum. Its focus is to engage in pastoral care approaches to serve the needs of its entire hospital community. Hence determining the effectiveness of the virtual pastoral care was necessary for planning. The responses from the participants in the study reveal some facts about the impact of the pastoral care department.

It is important to note that the level of participation has been hailed as one of the most responded to surveys in recent times at the Bethany Children's Health Center. This participation is a testament to the mutual relationship between the pastoral care department and the direct patient care team members. It is also worth noting that the care team members wanted an opportunity to share their thoughts on the role of pastoral care in the interdisciplinary operation. The care team members often have their hands full daily. However, the considerable number who participated in this study is commendable.

The effectiveness of the video intervention was determined using the following survey questions (a) I learned something new from this clip, (b) I believe the video was helpful, (c) I feel supported by the pastoral care through this video clip, and (d) I will like more helpful videos from pastoral care department. These questions were repeatedly asked for each of the three video clips, and the responses helped shine the light on the effectiveness of the video clips.

The Self-Preparation Before Shift video garnered 140 responses, as indicated in fig. 13 in the previous chapter. A total of 35% (49 respondents) show they "strongly agreed" to learning something new from the video clip, while 58.57% (82 respondents) "agree." There are no significant differences between the "strongly agree" and "agree" scales. The difference, if any, is subtle and determined by the respondent's interpretation. So, by combining the "strongly agree

and agree” responses, looking at the outcome at face value will show a significant 93.57% (131 respondents) indicating they agree to learn something new from the video clip. When it comes to the helpfulness of the video in their Self-preparation Before Shift, the responses were not different from learning something new. In fig. 16, 35.71% “strongly agree” and 59.29% “agree.” Again adding these two responses shows that 95% (133 respondents) viewed the video clips as helpful. The feelings of being supported by the Pastoral Care Department show higher responses of “strongly agree” with 51.43% and 42.86% for those who “agree.” That puts the total of those who feel supported at 94.29% (132 respondents). The last survey question indicator for the determination of the effectiveness of this approach for the Self-preparation Before Shifting video is “I will like more helpful videos from the Pastoral Care Department.” The responses here help confirm the potential of sending video clips in the future. The answer here will be “yes” as 38.57% (54 respondents) “strongly agree” receiving more helpful video and 50.71% (71 respondents) “agree” bringing to the total to 89.28% (125 respondents). The responses are pretty favorable to video intervention, and the Pastoral Care Department will be looking forward to utilizing this approach is the most effective way.

Applying the four survey questions to determine the effectiveness of the video intervention approach to the Resilience During Shift video, fig. 14 revealed that 41.33% (31 respondents) “strongly agree” to have learned something new about being resilient during their shift. While 56% (42 respondents) “agree” with the same question. Adding these values makes for 97.33% representing 73 of the 75 participants who agreed that they learned something new from the video clip and only 2.67% (2 respondents) “neither agree nor disagree.” The trend continues with the question about the helpfulness of the video clip to the participant's ability to be resilient during their shift. In fig. 17, a total of 45.33% (34 respondents) “strongly agree” and

50.67% (38 respondents) “agree.” This brings the total of those who “strongly agree” and “agree” to 96% (72 respondents). Whereas only 4% (3 respondents) “neither agree nor disagree.” This is most definitely a favorable outcome on the issue of resilience. The idea is that video clips helped build resilience capability. Fig. 20 shows the response to the feelings of being supported by pastoral care through the video clip. A turn of events is witnessed here, where a majority of the respondent, 61.33%, “strongly agree” and 38.67% “agree.” 100% of the participants agree with the feeling that the pastoral care department supports them through the resilience video clip. Again, this is a favorable outcome confirming that the video clip intervention was helpful to the direct patient care team. The fourth survey question for determining the effectiveness of the video intervention approach was if the participants would like more helpful video clips from the pastoral care department. Fig. 23 shows the responses where 44% (33 respondents) “strongly agree” and 46.67% (35 respondents) “agree,” bringing it to a total of 96.67% (68 respondents) agreeing that they would like more helpful video clips from the pastoral care department. Whereas only 9.33% “neither agree nor disagree.”

The Decompressing After the Shift video had 119 participants. The same survey questions were applied to all three videos. Figure 15 shows the responses to the question, “I learned something new from this clip.” The trend of responses continued from the two previous video clip results discussed as 37.82% (45 respondents) “strongly agree” that they learned something new from the clip. In contrast, 57.98% “agree,” bringing the total of those who “strongly agree and agree” to 95.80% representing 114 participants, with only 4.20% “neither agree nor disagree.” A total of 42.02% (50 respondents) “strongly agreed” that the video was helpful in their decompressing after their shift, whereas 53.78% (64 respondents) “agree” to same question, bringing the total of those who “strongly agree” and “agree” to 95.80%, with

only 4.20% “neither agree nor disagree” to same question. A majority of the respondents (55.46%) “strongly agree” that they feel supported by the pastoral care department by watching this video clip, while 42.86% “agree” to the same question, which brings the total of those who “strongly agree and agree” to 98.32% representing 117 participants, with just 2 participants “neither agree nor disagree” to feel supported by the pastoral care department by watching the video. “I would like more helpful videos from pastoral care department” was the last survey question aimed at determining the effectiveness of the Decompressing After the Shift video clip. A total of 39.50% (47 respondents) “strongly agree” to that question while 52.10% (62 respondents) “agree” to the same question, bringing the total of those who “strongly agree” and “agree” to 91.6% with only 8.40% (10 respondents) “neither agree nor disagree.”

The results from the survey show that the pastoral care department of the Bethany Children’s Health Center, through the use of the video clips intervention is making an impact on the direct patient care team members, as an overwhelming number of the participants indicated the helpfulness of the video clips and the likelihood that they would like more similar videos from the pastoral care department. Also worth noting is that the majority of the participants also revealed that they learned something new from each video clip, as each of the topics discussed was relevant to their needs. This outcome is helpful for future planning as the department will be building on this knowledge in producing other videos that will be suitable or meet the prevailing needs of the direct patient care team members.

Theological and Theoretical Implications

COVID-19 has completely changed the way life, in general, has is experienced, and the field of chaplaincy is not left out of these changes. Chaplains at Bethany Children’s Health Center and direct patient care team members have journeyed through the challenges brought by

the pandemic and continue to do so as the pandemic is still present. The Bethany Children's Health Center is a faith-based organization. The founder, Mattie Mallory, is a woman of great faith in God, and this faith foundation continues to permeate every aspect of the Bethany Children's Health Center. Faith never gives up on what God says in the face of obstacles. Chaplains or spiritual caregivers need to find creative ways to provide the necessary care to those they serve. The Bethany Children Health Center Chaplains take responsibility for caring for and nurturing the patients, families, and staff as divine instruction. In the face of the pandemic, they found a creative way by using video clips to continue the nurturing and support for the direct patient care team members. Regardless of the circumstances or obstacles, this video clip has proven that providing pastoral care and support is possible.

Professionally, this approach can be replicated in other settings where care and support are needed for staff. Our world is gone virtual, and chaplains cannot afford to lag. The 21st-century vocabulary is changing to reflect this reality as we now have words like virtual or telechaplancy. This study has proven that this approach works and effectively provides support and care in different settings. What will be critical in identifying the general needs and providing a video resource that will help address those issues. The video resource should be attention-grabbing and not overly lengthy; that way, it does not lose the interest of those watching. A typical verbal response from the participants that the researcher interacted with during the study was that the video clips were short and direct and served as a motivating factor for them to watch. The 21st-century adult attention span is increasingly decreasing and should be a vital consideration in the production of video clips meant to support or care for any group of people.

Operational Recommendation

As encouraging as the outcome of this intervention, the researcher recommends that virtual support should never, at this point, replace in-person or one-on-one interaction with those that need the chaplains' help. This intervention became necessary due to the operational changes caused by COVID-19. Although effective in meeting the challenges faced by the direct patient care team, virtual chaplaincy support should be used when needed and not a replacement for person-to-person care. Replacing in-person chaplaincy care with virtual/telechaplaincy takes away the chaplain presence, which Kevin Adams, the manager at the Chaplain Services and Pastoral Education at UVA Health, defined as "establishing an environment of care based on empathy, curiosity, and respect in which the chaplain is attentive to the verbal and non-verbal two-way communication and assessing questions of the spiritual, the sacred, and of meaning providing concrete and appropriate psychosocial-spiritual interventions."¹⁰⁵ It will be almost impossible to put this definition into practice if all the chaplains do is virtual support, which will take away the empathy, affection, gentle touch, hugs, etc., that chaplains offer during in-person care or visit.

Top of the list of other means of care that the participants would prefer was the "Nursing Support Group." The participants with 0-5 years of experience make up the majority of the respondents, with 45.71% (64 respondents) of the 140 participants in the Self-Preparation Before Shift Video clip, 49.33% (37 respondents) of the participants in the Resilience During the Shift Video clip, and 43.70 (52 respondents) of the participants in the Decompressing After the Shift

¹⁰⁵ Kevin Adams, "Defining and Operationalizing Chaplain Presence: A Review," *Journal of Religion and Health* 58, no. 4 (2019): 1246-58, accessed May 31, 2022, <https://www.proquest.com/docview/2158061058?parentSessionId=JQ6W69LDooZgruzqD2U8wggMVGwyzTDnOwImFSyhZY%3D&pq-origsite=summon&accountid=12085>

Video Clip. With these results showing a majority of 0-5 years respondents, it could indicate why the responses favored having a support group. The researcher's interaction with some of the younger staff shows that they have some struggling, and having a support group can be helpful. The benefits can be both, as the more youthful team members can be more technologically savvy than older staff, who have indicated this to the researcher during interactions. Providing this means of support can help alleviate some anxiety issues.

In fig. 28 below, two respondents indicated a desire to see that chaplaincy services are

If you chose Other, please expand:

Answered: 12 Skipped: 128

RESPONSES (12)
WORD CLOUD
TAGS (0)

NEW!
Introducing Sentiment Analysis
Detect the feeling and sentiment behind written responses.

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Upgrade

☐
☐
☐
Filter: by tag

Showing 12 responses

☐

I'm fine with the support offered

3/22/2022 12:53 AM

[View respondent's answers](#) [Add tags](#)

☐

I think this is great, unless I am having a crisis. Then one on one would be better, or nursing support groups.

3/22/2022 12:01 AM

[View respondent's answers](#) [Add tags](#)

☐

none needed at this time, the videos were good information though. I think we forget about ourselves often and how it may affect others.

3/21/2022 7:53 PM

[View respondent's answers](#) [Add tags](#)

☐

mainly grief support for families grieving loss of children (this includes loss of their pre-accident normal- especially kids after brain injuries, parents need to grieve the life their kid had previously)

3/20/2022 7:10 AM

[View respondent's answers](#) [Add tags](#)

<input type="checkbox"/>	Personally, I would not seek out another means of support from pastoral care than what it already offers.	3/14/2022 10:56 PM	View respondent's answers	Add tags▼
<input type="checkbox"/>	I think it would be helpful for pastoral care to make rounds on nights occasionally to ensure they fully recognize that this resource is not just a Monday-Friday 8 to 5 proposition.	3/14/2022 9:46 AM	View respondent's answers	Add tags▼
<input type="checkbox"/>	I would love to see connections made with the Night Shift staff.	3/8/2022 10:39 AM	View respondent's answers	Add tags▼
<input type="checkbox"/>	Nothing now	3/3/2022 2:43 PM	View respondent's answers	Add tags▼
<input type="checkbox"/>	I feel all of the above options would be great areas for support! I don't think I would prefer one over the other, but I believe all would be great options to offer everyone! :)	3/1/2022 6:30 PM	View respondent's answers	Add tags▼
<input type="checkbox"/>	I think elaborating on giving yourself grace is so important. In this hospital it's all about "give grace to others" but then we are so hard on ourselves. I think this is important to hit on and thank you for doing that! I enjoy the videos because I can watch it when I have time.	3/1/2022 9:02 AM	View respondent's answers	Add tags▼
<input type="checkbox"/>	no other	2/28/2022 2:43 PM	View respondent's answers	Add tags▼
<input type="checkbox"/>	This video can help remember to set your mind right before patient care. Nurses can be bad at remembering to care for themselves. You can't pour from an empty cup	2/28/2022 8:36 AM	View respondent's answers	Add tags▼

Fig. 28 Showing “other” means of support indicated by the respondents in the Self-Preparation Before the Shift Video Clip.

extended to the night crew shift. As a result of previous suggestions and outcomes from this study, limited pastoral care services are now being offered to the night crew direct patients care team members, and plans are on the way to expand pastoral care services for the night shift. There is a potential to increase the pastoral care staff members to about 3 to 4, with one or two chaplains focusing on providing coverage for the night shift. Whenever this statistic becomes a

reality, the night shift crew will have a pastoral presence and a board-certified chaplain who can address needs and issues during their shift.

In fig. 29 below, there is a suggestion for the pastoral care department to send out helpful resources for emotional intelligence and literacy. This suggestion will be considered in the pastoral care department's planning.

If you chose "Other", please expand:

Answered: 4 Skipped: 71

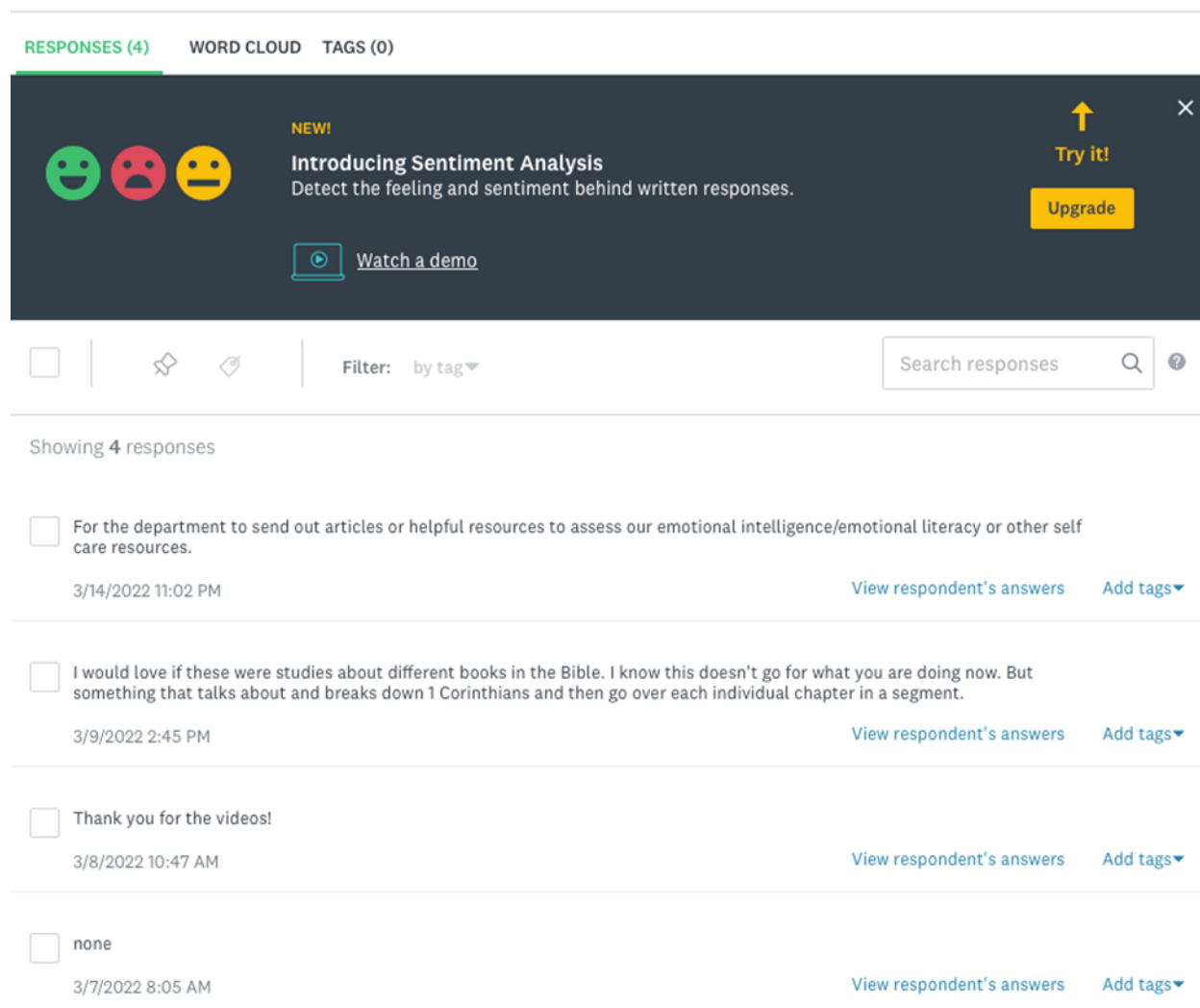


Fig. 29 Showing "other" means of support indicated by respondents in the Resilience During the Shift Video Clip

Resources that are considered beneficial to emotional growth will be made available to care team members. The pastoral care department will continue to look for current trends of issues and make research findings within the pastoral and spiritual care fields available to staff. Bible study groups are also being considered.

Fig. 30 below shows a suggestion for family support. There seems to be no clarity on what this may mean.

If you chose "Other", please expand:

Answered: 5 Skipped: 114

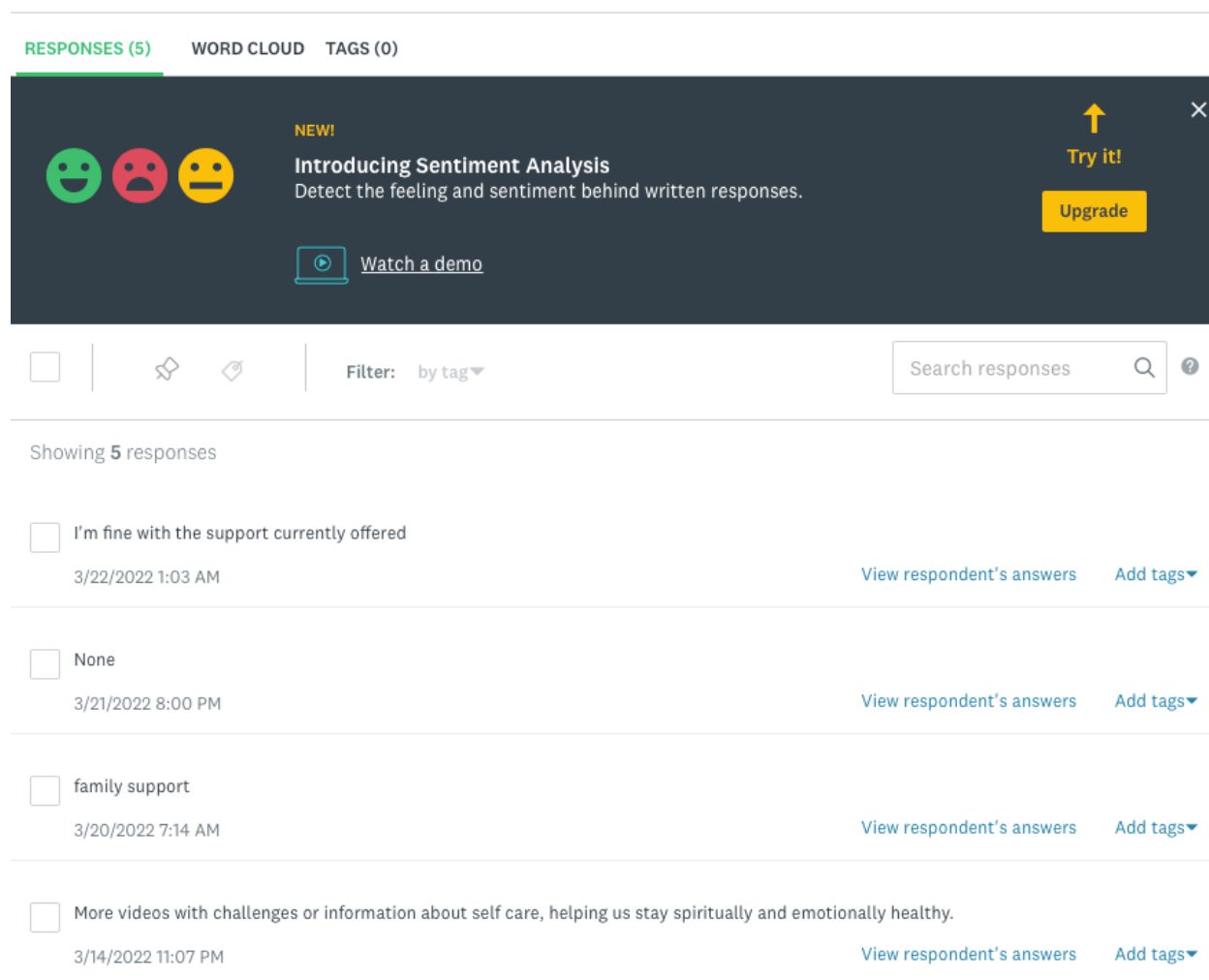


Fig. 30 Showing “other” means of support indicated by respondents in the Decompressing After the Shift Video Clip.

The researcher is implying this to mean either support for patients' family or care team members' families. The researcher was recently asked if a family member of a care team could be part of the grief support group that the pastoral care department was organizing. At the time of this study, this is currently not available. However, this stance might change, but it remains uncertain.

Future Study Recommendations

It will be helpful in the future to have a comparison by way of controlled research or study where a group of participants received pastoral care support, and the other did not. Such a study will help elevate the need for pastoral care services within the health care system. There is the argument that pastoral care services or chaplaincy services cannot be measured. However, studies of this nature will put the impact of chaplaincy in measurable terms for policymakers in making decisions.

Summary

Chaplaincy as a profession has continued to grow as an intricate part of the hospital community or healthcare system. However, measuring the impact of the roles that professional chaplains play has not been consistent. This research is an indication that chaplain can carry out studies to help validate their roles or find better ways to serve their community. Providing pastoral care services that can be measured can play significant role in healthcare policies and management decisions. It is hoped that this study will motivate other spiritual caregivers to conduct studies that reveals the impact of their roles or the lack thereof in order to find better ways to serve their community

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Appendices

Appendix A

Permission Request (Director, Pastoral Care Department)

March 1, 2022.

The Director
Pastoral Care Department
Bethany Children's Health Center
6800 NW 39TH Expressway
Bethany, OK 73008

Dear Ma'am,

As a graduate student in the department of Christian Leadership and Church Ministry/John Rawlings School of Divinity at Liberty University, I am researching as part of the requirements for a doctoral degree. The title of my research project is "The Effect of Pastoral Care to the Direct Patient Care Staff of the Bethany Children's Health Center," and the purpose of my action research project is to produce weekly videos that address self-preparation Before Shift, Resilience During Shift, and Decompressing after your shift.

I am writing to request your permission to conduct my research here at BCHC under the umbrella of the Pastoral Care Department.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval.

Sincerely,
Job Ozovehe
Chaplain, Pastoral Care Dept

Appendix B

Permission Request (Director of Nursing)

Oct. 14, 2021.

The Director
Nursing and Patient Care
Bethany Children's Health Center
6800 NW 39TH Expressway
Bethany, OK 73008

Dear Ma'am,

As a graduate student in the department of Christian Leadership and Church Ministry/John Rawlings School of Divinity at Liberty University, I am researching as part of the requirements for a doctoral degree. The title of my research project is "The Effect of Pastoral Care to the Direct Patient Care Staff of the Bethany Children's Health Center," and the purpose of my action research project is to produce weekly videos that address self-preparation Before Shift, Resilience During Shift, and Decompressing after your shift.

I am writing to request your permission to contact the nursing staff of BCHC to invite them to participate in my research study.

Participants will be asked to watch five video clips within four weeks and respond to questionnaires through Buzzcom. Participants will be presented with informed consent information before participating. Taking part in this study is entirely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval—OR—respond by email to my work email address.

Sincerely,
Job Ozovehe
Chaplain, Pastoral Care Dept

Appendix C

Permission and Authorization (Director of Internal Communications)

March 01, 2022.

The Director
Corporate Communications
Bethany Children's Health Center
6800 NW 39TH Expressway
Bethany, OK 73008

Dear Sir,

As a graduate student in the department of Christian Leadership and Church Ministry/John Rawlings School of Divinity at Liberty University, I am researching as part of the requirements for a doctoral degree. The title of my research project is "The Effect of Pastoral Care to the Direct Patient Care Staff of the Bethany Children's Health Center," and the purpose of my action research project is to produce weekly videos that address self-preparation Before Shift, Resilience During Shift, and Decompressing after your shift.

I am writing to request your permission to have the media crew of BCHC work with me to produce video clips used as the intervention for my research and help gather the data via Buzzcom.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval—OR—respond by email to my work email address.

Sincerely,
Job Ozovehe
Chaplain, Pastoral Care Dept

Appendix D

Recruitment

Dear

As a graduate student in the department of Christian Leadership and Church Ministry/John Rawlings School of Divinity at Liberty University, I am researching as part of the requirements for a doctoral degree. The title of my research project is "The Effect of Pastoral Care to the Direct Patient Care Staff of the Bethany Children's Health Center." and the purpose of my action research project is to produce weekly videos that address self-preparation Before Shift, Resilience During Shift, and Decompressing after your shift. I am writing to invite you to participate in this study.

This research exclusively targets direct patient care staff. Participation will be completely anonymous, and no personal, identifying information will be collected. This study will be for three weeks, and you will be required to watch a video clip per week and respond to the questionnaires provided. Participation will be done through Buzzcom and other online platforms.

A consent document will be emailed to you before the start of the study. The consent document contains additional information about my research. You do not need to sign and return the consent document.

Your participation is highly coveted as this will help the Pastoral Care Department of the Bethany Children's Health Center design its operation to provide pastoral care to you effectively.

Sincerely,
Job Ozovehe
Chaplain, Pastoral Care Dept

Appendix E

Video Intervention Scripts

First Video: Self-Preparation Before Shift

Introduction: This video intervention is a three-part series on self-care—Viz: Self-Preparation Before the Shift, Resilience During Shift, and Decompressing After Shift. The purpose of this is to measure the impact of the use of video intervention in providing pastoral care to the direct care staff of Bethany Children’s Health Center. Each video will be accompanied with some survey questions for you to respond to.

Self-awareness is the foundation of self-care.

We can only care for ourselves to the degree that we are aware of our needs.

Those in the helping professions tend to be more aware of the people they serve but pay little attention to their own needs.

It’s important to be reminded that we are humans, and as humans, we have needs, and those needs must be cared for to be our best.

Here are a few tips to get you prepared wholistically for your shift:

- Spiritually: There is a higher purpose to what you do, and it’s a calling. It’s essential to center or reaffirm yourself before stepping onto your shift. Evaluating your “Why Statement” is critical. Beyond that, ask for grace and strength to be your best despite the personal struggles that you might be facing.
- Emotionally: It’s important to check what feelings you’re experiencing before stepping on to your shift. This is to help you avoid any transference to those you might be working with. Address your feeling before heading to your shift.
- Physically: Having a good rest is vital before shift. It’s important to have a structure that helps you rest before your shift. Eat the right food also.
- Mentally: Pay close attention to your cognitive ability. There’s a tendency to be forgetful when dealing with grief. In that sense, you might need to write things down, so you don’t forget. If you feel like your brain is clogged, feel free to schedule a mental check.

Do brain exercises: Meditation, listening to music, playing word games, etc.

Remember, you can always call pastoral care to get support.

Appendix F

Second video: Resilience During Your Shift

No two shifts are the same. Each shift has its uniqueness. Some shifts are harder than others, especially when you are in a unit, you're not conversant with. With staff shortages, lots of changes had to be made. But how do you maintain your excellence with all the changes we have going on? How do you adapt to a challenging day? Here are a few suggestions:

Emotional Intelligence/Emotional Literacy: **Emotional intelligence** has been defined broadly by Goleman (1996) as the ability to “motivate oneself and persist in the face of frustrations: to control impulse and delay gratification; to regulate one's moods and keep distressed from swamping the ability to think; to empathize and to hope.

Emotional Literacy: This is the ability to understand your emotions, listen to others and empathize with their emotions, and express emotions productively. To be emotionally literate is to be able to handle emotions in a way that improves your power and improves the Quality of life around you. Emotional literacy improves relationships, creates loving possibilities Between people, makes co-operative work possible, and facilitates the feeling of community. (Steiner and Perry, 1997).

- Know what exactly is making your day challenging
- Be willing to ask for help when you feel overwhelmed
- Take breaks as needed, following appropriate protocols for your department
- Practice mindfulness (5Mins)
- Call a chaplain to debrief as needed

Appendix G

Third Video: Decompressing After Your Shift

You have weathered a challenging day at work or a typical day. What's next for you? You may be back to work tomorrow, or this might be your last shift before your days off. Either way, it is vital that you decompress from work. Here are a few thoughts to support that:

- Celebrate the fact that you made it through your shift regardless of what happened during the shift. You made a difference just for showing up. I hope you have someone to celebrate with. However, if not, celebrate yourself. Give yourself and path on the back, and know that we celebrate you.
- Evaluate your day. Find out what was challenging and how to be mindful of that the next time.

- Find out what fills you up (Recharge). Do something that refills you.
- If you're returning the next day, it's important to get good rest.
- And if you need support, remember to call pastoral care.

Appendix H

Consent

Title of the Project: Effective Pastoral Care to the Direct Patients Care Staff of Bethany Children's Health Center (BHCH).

Principal Investigator: Job Ozovehe, Doctoral Student at Liberty University

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must be a of the direct care staff at BHCH. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research project.

What is the study about, and why is it being done?

The study aims to produce weekly videos on self-care addressing preparation before your shift, resilience during your shift, and decompressing after your shift.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Watch the video clips that will be sent out for three weeks. It will be one video clip per week.
2. Respond to the questionnaires for each week.

How could you or others benefit from this study?

Participants should not expect to receive a direct financial benefit from this study.

This research will benefit Bethany Children's Health Center and specifically the pastoral care department in planning and executing effective pastoral care that supports the direct patient care staff

What risks might you experience from being in this study?

There is no risk associated with this study.

How will personal information be protected?

No personal information will be stored. This is anonymous participation.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study

Does the researcher have any conflicts of interest?

To limit potential or perceived conflicts, the study will be anonymous. The researcher will not know who participated. The researcher serves as a chaplain at the Bethany Children's Health Center, Bethany, OK.

Is study participation voluntary?

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with BCHC. If you decide to participate, you are free not to answer any questions or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher is conducting this study, Job Ozovehe. You may ask any questions you have now. If you have questions, please contact me on my cell phone

Whom do you contact if you have questions about your rights as a research participant?

Suppose you have any questions or concerns regarding this study and would like to talk to someone other than the researcher. In that case, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu or Dr. Anna Nguyen, Director of Clinical Research, Bethany Children's Health Center, Email: anguyen@tccokc.org ext. 1023.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. Then, if you have any questions about this study, you can contact the researcher using the information provided.

I have read and understood the above information. Furthermore, I have asked questions and have received answers. Therefore, I consent to participate in the study.

☐ The researcher has my permission to add me as part of my participation in this study.

If your study involves audio recording, video recording, or photographing participants, retain the above checkbox and permission statement, leave the appropriate recording list, and remove the method(s) you will not utilize. **If you are NOT recording your participant(s), please release the checkbox and permission statement.**

Printed Subject Name

Signature & Date

Appendix I

IRB Approval

IRB #: IRB-FY21-22-273 (Liberty University)

Title: Effective Pastoral Care to the Direct Patients Care Team of the Bethany Children's Health Center, Bethany, OK.

Creation Date: 9-21-2021

End Date:

Status: Approved

Principal Investigator: Job Ozovehe

Review Board: Research Ethics Office

Sponsor:

Study History

Submission Type: Initial

Review Type: Exempt

Decision No Human Subjects Research

Key Study Contacts

Member Ron Hughes Role Co-Principal Investigator Contact rehughes@liberty.edu

Member Job Ozovehe Role Principal Investigator Contact jozovehe@liberty.edu

Member Job Ozovehe Role Primary Contact jozovehe@liberty.edu

Institutional Review Board for the Protection of Human Subjects Human Research Determination (Bethany Children's Health Center, Bethany, OK.)

Date: November 3, 2021

To: Job Ozovehe, Chaplain

Project Title: Effective Pastoral Care to the Direct Patients Care Team of the Bethany Children's Health Center, Bethany, OK

IRB #: 090920210008

The Children's Center Rehabilitation Institutional Review Board (IRB) have reviewed the Determination of Human Research Worksheet for the above-referenced project.

Based on the information provided, we have determined this does not meet the criteria for human subjects research. No additional action is required by the IRB.

Please note that your project is still subject to HIPAA if you are creating, using, or maintaining protected health information. If you have questions about this notification, contact the IRB office at 405.789.6711 extension 1023.

Sincerely,

Anna Nguyen

Anna Nguyen, Ph.D., RN, CPN,

Appendix J

Director of Pastoral Care Approval

Permission Request

Job Ozovehe,

You have my permission to conduct research at BCHC under the umbrella of the Pastoral Care Department for your doctoral degree in the department of Christian Leadership and Church Ministry/John Rawlings School of Divinity at Liberty University. I understand and agree to the research project on "The Effect of Pastoral Care to the Direct Patient Care Staff of the Bethany Children's Health Center".



Dorothy Bayles

Director of Pastoral Care, Chaplain - BC

t: 405.789.6711 ext 1008

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Appendix K

Director of Nursing Approval

Good afternoon Job!

Yes, you have Nursing Leaderships approval to interact with the nursing staff to conduct the proposed research.

Thank you!



Kyle Leemaster, MBA, BSN, RN, CPN

Director of Nursing

t: 405.470.2271

Email: kleemaster@bethanychildrens.org

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Appendix L

Director of Internal Communications Approval

Hello Job,

This note is an approval for you to engage the media team at Bethany Children's Health Center to assist you in the production of videos and other media needs. We wish you well in your research project.

Richard Mills



Richard Mills

Director of Corporate Communications

t: 405.470.2273 | c: 405.922.8655 | ext. 1108

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