

# The Experience of Chaplains During COVID-19

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While the COVID-19 pandemic confronted professional Chaplains with distressing realities that sometimes pushed us beyond the limits of our training and ability to cope, it also highlighted our unique contributions in providing end of life care, supporting staff, and enhancing an organization's capacity to mitigate the impact of trauma and health inequities. In my own experience as the leader of Spiritual Care at <u>Hennepin Healthcare</u>, a Level One Trauma Center, safety net hospital in downtown Minneapolis, the pandemic presented our Chaplain team with three distinct challenges and opportunities.

## **Extended Mass Casualty Experience**

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The sheer number of COVID-related deaths over a period of months catapulted Chaplains into a mass casualty event footing for which many of us had trained but never experienced. While providing spiritual care in hospitals that assumed war zone-like conditions, Chaplains witnessed (and underwent) unprecedented levels of physical, emotional, and spiritual distress. At my hospital, we saw a 22.5% increase in deaths in 2020 compared to 2019; even our seasoned Spiritual Care team struggled to remain emotionally regulated and spiritually grounded in the face of such devastation. We had to become much more intentional about self-care and the need to "tap in" and "tap out" of high-intensity scenarios. The disruption of grieving rituals put many survivors more at risk for complicated grief. In April 2020, one of our Hennepin Healthcare paramedics died by suicide; the inability to gather for a memorial service to grieve that death communally added additional layers of distress, anxiety, and grief on our EMS family.

## **Related Resources**

Coping With Grief During COVID-19: Saying Goodbye to Loved Ones

COVID-19 Crisis: Chaplains Care for Staff Through Surge

<u>Cultural Competence or Cultural</u> <u>Humility? Moving Beyond the Debate</u>

Moral Injury of Healthcare

Only Your Boss Can Cure Your Burnout

Trauma and Moral Injury

What is Historical Trauma?

What is Trauma-Informed Care?

<u>'You Are Not Alone': Chaplains</u> <u>Provide Emotional Support to</u> <u>COVID-19 Patients</u>

The pandemic compelled Chaplains to practice at the top of our training. Early in the pandemic, Hennepin's Hospital Incident Command leadership deemed Chaplains essential personnel because of our well-established role in <u>providing</u> <u>spiritual and emotional support</u> during end-of-life situations. While entering COVID-positive patient rooms was anxiety-provoking at first (especially as personal protective equipment [PPE] supplies and protocols fluctuated), we felt privileged



to stand with other disciplines in caring for patients who had been denied physical access to their loved ones because of visiting restrictions.

This also called for Chaplains to be innovative in the way we provided services. While some were able to provide care at the bedside, other Chaplains relied on virtual tools to provide spiritual care from outside patients' rooms. The Archdiocese of St. Paul-Minneapolis developed a "COVID Corps" of younger priests who received extensive training in infection prevention and personal protective equipment (PPE) use. They created a hot-line that care facilities and hospitals could call to request a priest to come and anoint COVID-positive patients.

### Burnout, Moral Injury, and Staff Support

When hospitals began to prohibit the presence of family members, Chaplains (along with other health care personnel) became the "surrogate family" for critically ill patients. Chaplains rapidly began to utilize video technology to help connect patients and families (my team facilitated over 1000 Zoom calls during a 3-month period) but felt distressed by the emotional and spiritual suffering we witnessed on both ends of the video calls. In being the sole source of spiritual support and one of the few connections to loved ones for these patients, some Chaplains experienced <u>symptoms of burnout</u> and <u>moral injury</u>. Our national spiritual care organizations quickly recognized this and began to offer long overdue education and training in <u>identifying and treating burnout and moral injury</u>. In turn, Chaplains have become key resources in helping their care systems address the suffering of healthcare workers.

Before the pandemic, Chaplains sometimes received mixed messages from their organizations about how much staff support (versus patient support) should occupy their time; staff support was considered a nice "add on" but not essential. COVID-19 reduced that ambiguity and placed Chaplains into the forefront of supporting frontline health care workers. At Hennepin Healthcare, Chaplains played a highly visible role in supporting staff through the provision of Psychological First Aid, the facilitation of grief rituals, participation in Critical Incident Stress support activities, and leadership in organization-wide efforts to promote staff resilience and well-being.

## Care through a Trauma-Informed, Culturally Humble, Equity Lens

In the first months of the pandemic, Hennepin Healthcare received the highest number of COVID-19 patients in Minnesota – with a disproportionate population coming from African American, East African and Latinx communities. As the pandemic highlighted the lamentable state of health disparities in our nation, Chaplains redoubled their efforts to provide spiritual care that is <u>culturally humble</u>, beginning with acknowledgement of the <u>historical trauma</u>, strengths, gifts, resources and realities of the diverse communities we serve. This became particularly acute for us following the death of George Floyd and the subsequent civil unrest in Minneapolis. Chaplains responded by co-leading efforts to implement <u>Trauma-Informed</u> <u>Care</u> initiatives, including coaching sessions for leaders and front-line staff who were seeking ways to metabolize their own trauma reactions during the most intense phases of the pandemic and civil unrest. The Spiritual Care Department also partnered with a local Muslim organization to onboard two Somali Muslim Spiritual Care providers who could provide culturally and religiously specific care to our growing East African population.

The pandemic has clearly fueled a growth in the demand for the services professional Chaplains provide to patients, families, and staff. This growth has been checked by the financial crunch being experienced by most healthcare systems in the wake of the pandemic. As Chaplains continue to prove their significance to healthcare, especially in crisis settings, organizations will be challenged to provide resources to support the contributions of Chaplains to patient/family care, staff well-being, and the mitigation of trauma and inequity.