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## Extended Mass Casualty Experience

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 [providing spiritual and emotional support](#) 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

## 'You Are Not Alone': Chaplains Provide Emotional Support to COVID-19 Patients

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 [symptoms of burnout](#) and [moral injury](#). Our national spiritual care organizations quickly recognized this and began to offer long overdue education and training in [identifying and treating burnout and moral injury](#). 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 [culturally humble](#), beginning with acknowledgement of the [historical trauma](#), 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 [Trauma-Informed Care](#) 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.