

# Important Role Models

## FOR COMPASSIONATE CARE: PROFESSIONAL CHAPLAINS

By Stephen G. Post, Ph.D.

Chaplains and Departments of Clinical Pastoral Care could take a more active role in teaching the skill sets of compassionate care to other healthcare professionals and trainees. The empathic skill sets of chaplaincy should be learned more widely, although there will always be a need for the pastoral specialist with insights into the dynamics of patient spirituality.

What is needed is more than detached empathy, which pretty much anyone can be taught.

Patients who are suffering want an affective (or emotional) empathy. Affective empathy describes the professional's ability to both understand what the patient is going through (cognitive empathy) and experience a nonverbal resonance with the patient emotionally. Where the practitioner of detached empathy accurately summarizes and reflects back the patient's illness experience, the practitioner of affective empathy will be able to synthesize this experience and respond to it with a true emotional presence. This too can be taught, but it is more a seasoning process and not everyone is equally cut out for it.



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### Defining Compassionate Care

Compassionate care is a deep response to suffering at the affective level and appropriate action to relieve it. It fits exclusively in the context of suffering, which is what distinguishes it from the more general empathy. Here are some items that a compassionate care scale might include.

1. I can't resist reaching out to help when one of my patients seems to be hurting or suffering.
2. I drop everything to care for my patients when they are feeling sad, in pain, or lonely.
3. When I believe my patients are having problems I do all I can to help them.
4. When faced with a patient who is suffering I want to avoid them.
5. My attitude toward those who are suffering is non-judgmental.
6. When I am in the presence of a suffering patient, I feel a strong desire to act.
7. I am willing to go out of my way to effectively relieve my patients' suffering.
8. I am more comfortable addressing the physical needs of the patient rather than the emotional needs.
9. When I encounter a suffering patient I fear becoming emotionally involved.
10. I feel the relief of suffering to be central to my professional identity.

## Chaplains with a Duty to Teach

Chaplains can serve as role models for other healthcare professionals who might benefit from chaplains as much as patients do. Empathy and compassionate care are mainly transmitted rather than taught didactically, and the venues for this transmission can be developed in clinical settings and in professional schools.

Why should Departments of Clinical Pastoral Care put high emphasis on education of other professionals?

Because when clinicians, nurses, residents and other staff stray far from empathy and compassionate care they all report erosion in enthusiasm for their professions. This erosion is strongly associated

with poorer quality of care, patient dissatisfaction, increased medical errors, and lawsuits.

Patients will also benefit. The drive for human connection increases greatly during times of major distress and serious illness, and this is intensified in the depersonalized environment of a hospital room. The presence of a compassionate clinician is a gift that can achieve as much for patients as a great many medicines.

Perhaps most persuasively of all, healthcare systems benefit. Aligned with the Institute of Medicine's six aims for quality health care, which include patient-centered care, the new HCAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems) questions ask patients if they have been treated with care and respect, were communicated

with well and had things explained to them, and felt responded to adequately by nurses, doctors, and other staff. These surveys are now required for any healthcare system receiving Medicaid or Medicare reimbursements, which are pro-rated based on HCAHPS scores.

Departments of chaplaincy and clinical pastoral care all can reach out to their surrounding institutions with renewed vigor now that empathy skills are a matter of bottom line compliance. There is an opportunity here for a new offensive in which these departments take on educational leadership in hospitals and professional schools, teaching techniques from verbatim analysis to attentive listening, and serving to elevate the institutional ethos.

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