Staffing for Quality Chaplaincy Care Services
A Position paper of the APC Commission on Quality in Pastoral Services

Frequently chaplains ask the question, how many chaplains are enough? How many patients or beds should a chaplain have? Is there an agreed-upon industry standard for the chaplain-to-patient ratio? The Association of Professional Chaplain's Commission on Quality in Pastoral Services commissioned this position paper to provide guidance to the industry on this important issue.

Wintz and Handzo, in their influential article, "Pastoral Care Staffing and Productivity: More Than Ratios,"[1] make the point, "while benchmarks such as ratios are helpful, they are not intended as 'one size fits all.'"[2] In other words, what works well in one department may not work well in another, even if it is in the same size organization. Quantity alone does not address quality; the issue is connecting quantity with quality.

Quality unfolds from an internal process, whether individually or systemic, and is not the result of conforming to externally grafted ideas or numbers. Quality involves transformation from within, which means organizations begin by looking within their own system to determine staffing levels that work best for them. Determining staffing needs involves multiple factors inherent within the system and in the relationships chaplains have with their system, department and profession.

Published ratios, which range significantly from a minimum of 1:30 to a maximum of 1:100,[3] may function for benchmarks as chaplains develop their individual plans, but they do not address the quality of chaplaincy practice nor do they provide a standard across the field of professional chaplaincy to which all chaplaincy services should conform. Because of this, APC's Commission on Quality for Pastoral Services no longer endorses any published ratio. Instead, it endorses a process that seeks to build a chaplaincy service based on quality.

The best article on the nuts and bolts of building a quality-based chaplaincy service is the Wintz and Handzo article mentioned above. According to these authors, the right level of staffing depends upon the particular organization, the role of the professional chaplain within the institution, and the goals for the chaplaincy service within the organization and the community. Discovering this information involves a thorough organizational assessment. This assessment should include
- the organization's mission and strategic goals,
- the nature of the organization, such as how the organization serves its community, including the variables involved in this service,
- the current level of chaplaincy staffing and expected activities,

- the integration of this information with internal and external strategic goals and trends.

For the professional chaplain, this process also includes educating oneself on broader business-related concepts and on trends within the profession of chaplaincy. Such business-related concepts may deal with productivity and leadership, the place of quality tools and data in professional chaplaincy, and how to influence corporate culture. Trends within the profession of chaplaincy include the development and utilization of Standards of Practice for chaplaincy care. Standards of Practice for Chaplains in Acute Care have now been published and are being affirmed/adopted by the various spiritual care organizations.[4] Incorporating these standards will significantly increase quality and will directly affect staffing concerns and productivity. From these Standards of Practice, best practices can be developed to guide one's activities and goals. A group of North Georgia chaplains focused on 12 practice areas in which a chaplaincy service, depending on its setting, can develop better practices based on quality.[5] The degree to which a chaplaincy service focuses on these practice areas will affect expected activities, which in turn affect staffing.

Finally, chaplains need to identify those activities required of them in order to meet their priorities to demonstrate effective processes, such as assessment, documentation and referral processes, which may be identified, measured and evaluated. These processes may be considered effective to the degree they are outcome-oriented, evidenced-based, and aligned with both the Joint Commission's standards and with the organization's system.

Once the data from this assessment is collected and analyzed, the final step is to develop a business plan along with a cost/benefit analysis. This plan can then be presented to administration.

Concerns about chaplaincy staffing cannot be addressed by applying a random ratio; a much more intentional approach is required. Quality chaplaincy care demands a systematic process of assessment, monitoring, and evaluation as outlined above. Rigorous quality improvement processes applied to chaplaincy will provide administrators with a greater appreciation for chaplaincy care and patients will reap the benefits.

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[1] Susan K. Wintz & George F. Handzo, "Pastoral Care Staffing and Productivity: More Than Ratios," *Chaplaincy Today* 21, no. 1 (Spring/Summer 2005), 2-10.

[2] Ibid., 4

[3] Ibid.

[4] APC Work Group, "Standards of Practice for Chaplains in Acute Care," second revision of the consensus document, Nov. 1, 2009," *Chaplaincy Today* 25, no. 2 (Autumn/Winter 2009), 2-20. APC's Commission on Quality for Pastoral Services is also developing Standards of Practice Chaplains in Long-Term Care. (www.professionalchaplains.org/index.aspx?id=1210#acute_care)

[5] Mark LaRocca-Pitts, Gary Batchelor, Larry Connelly, Robert Duvall, Brenda K. Green, Gene Locke, Joan Murray, Jeff Thompson and C. H. (Skip) Wisenbaker, "A Collegial Process for Developing Better Practice," *Chaplaincy Today* 24, no.1 (Spring/Summer 2008), 3-15.