



**Catholic Health Association
National Association of Catholic Chaplains
Center for Applied Research in the Apostolate
Spiritual Care Survey**

The purpose of this study is to learn about various aspects of your work in health care ministry so that the Catholic Health Association and the National Association of Catholic Chaplains can better serve the needs of health care ministry. Therefore, **your responses are very important**. Please respond by marking an “X” in the appropriate boxes. If you do not know how to respond to a question, please leave it blank. If you have any questions or comments, contact Dr. Michal Kramarek of CARA at mjk302@georgetown.edu. **Your responses are confidential.**

A. Please enter the ID included in your email or letter:

B. Are you currently employed to oversee or deliver spiritual care in a health care setting?

- Yes
 No

C. Do you work in the United States?

- Yes
 No

If the answer to any of the questions above is “no,” please **stop** here and return the survey unfinished. If both answers are “yes” please **continue** on.

The first three pages of the survey apply to everyone. The final pages apply only to the supervisors.

EMPLOYMENT

1. Does your employer belong to a health care system?

- Yes
 No

2. What is the name of your health care system?

3. At what level of the health care system is your spiritual care work performed? (*select one*)

- National
 Regional
 State
 Local
 Other: _____

4. In what kind of care setting(s) do you serve? (*select all that apply*)

- Acute
 Assisted/independent living
 Behavioral health
 Cancer center
 Home health
 Hospice
 Long term care
 Outpatient
 Palliative care
 Physician/clinical office
 Other: _____

DEMOGRAPHICS

5. What is your role in health care ministry? (*select all that apply*)

- Mission leader
 Director of spiritual care
 Manager
 Staff chaplain
 Other: _____

6. Prior to your current work in health care ministry, did you work full-time in any of the following? (*select all that apply*)

- Parish ministry
 Ministry other than parish and health care
 Social work
 Education
 Clinical health care
 Other non-profit sector
 Other for-profit sector
 Government sector
 Other: _____

7. Have you completed the following professional training programs? *(select all that apply)*
- Board Certified Chaplain
 - 4 units of Clinical Pastoral Education
 - 3 units of Clinical Pastoral Education
 - 2 units of Clinical Pastoral Education
 - 1 unit of Clinical Pastoral Education
 - Master of Divinity
 - Other: _____
8. Are you affiliated with the following organizations? *(select all that apply)*
- Association for Clinical Pastoral Education (ACPE)
 - Association of Professional Chaplains
 - Canadian Association for Spiritual Care
 - Catholic Health Association
 - National Association of Catholic Chaplains
 - Neshama: Association of Jewish Chaplains
 - Other: _____
9. What is the basis of your current employment?
- Full-time
 - Part-time
 - On-call
 - Other: _____
10. How many years have you been serving in spiritual care in a health care setting? _____
11. How many years more do you plan to work in spiritual care in a health care setting? *If you have not made any plans yet, enter "n/a".* _____
12. What reasons might influence you to leave your current role? *(select all that apply)*
- Retirement
 - Career change
 - Better pay
 - Burnout
 - Work-life balance
 - Growth opportunities
 - Move to congregational ministry
 - Advance my education
 - Other: _____
13. What is your gender?
- Male
 - Female
 - Non-binary
14. In what year were you born? _____
15. What is your primary race or ethnicity? *(select one)*
- Caucasian/European American/white
 - African/African American/black
 - Hispanic/Latino
 - Asian/Pacific Islander/Native Hawaiian
 - Native American/Alaska Native
 - Other: _____
16. What language(s) do you personally use in your ministry? *(select all that apply)*
- English
 - Spanish
 - Other: _____
17. What is your religious affiliation? *(select one)*
- Buddhist
 - Catholic
 - Christian (nondenominational)
 - Hindu
 - Jewish
 - Muslim
 - Protestant
 - Unitarian
 - None
 - Other: _____
18. What is your highest completed level of education? *(select one)*
- High school or less
 - Trade or technical school
 - Some college or Associate degree
 - Bachelor's degree
 - Master's degree
 - Doctorate
19. What is your ecclesial (or equivalent) status? *(select all that apply)*
- Laity
 - Professed religious
 - Catholic priest
 - Catholic deacon
 - Other clergy (pastor, deacon, rabbi, imam, etc.)
 - Other: _____

(continued on the next page)

SACRAMENTAL / LITURGICAL DUTIES

20. *If you are a Catholic, how many times in the last four weeks did you lead the following in your facility? If you do not engage in a particular activity, enter "n/a." If you engage in a particular activity irregularly, enter "x".*

- ___ Mass
- ___ Communion Service
- ___ Holy Communion to individual patients/residents
- ___ Anointing of the Sick
- ___ Weddings
- ___ Baptisms
- ___ Funerals
- ___ Bereavement services
- ___ Blessing of hands
- ___ Other life cycle events: _____

21. *If you are a Catholic, who administers the Anointing of the Sick in your facility? (select all that apply)*

- Me
- In-house priests
- Clergy in the area

22. *What type of liturgical space is available in your facility? (select all that apply)*

- Catholic chapel
- Non-denominational chapel
- Meditation room
- Multi-purpose room
- Other: _____

ALLOCATION OF TIME

23. *Last week, how many hours did you spend on the following activities (continued in next column):*

- ___ Administrative activities
- ___ Palliative care/hospice
- ___ End of life/bereavement care
- ___ Staff support, education, orientation
- ___ Spiritual care assessment, intervention of patient/resident, prayer/ritual


Question #23 continued:

- ___ Clinical ethics and consultations
- ___ Family conferences and support
- ___ Collaboration with local clergy and community organizations
- ___ Emergency department and trauma center services
- ___ Virtual care
- ___ Care conference huddles
- ___ Other: _____

24. *What percentage of your time is spent on the following? Please ensure all three total to 100%.*

- ___ Administrative work
- ___ Patient and family care services
- ___ Staff support

25. *How much of a role did each of the following play in your decision to enter health care ministry?*

				1 = Not at all		3 = Somewhat	
				2 = Only a little		4 = Very Much	

1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I felt called to this ministry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I always wanted to help others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I did not want to work in other types of ministry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Without looking for one, I found out that a position was open
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I was a volunteer chaplain and I wanted to make a full time commitment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. My superior/supervisor asked me
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I felt it would fit my personality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I felt it was a good next step in my career
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I wanted to develop a particular skill set
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I liked the work environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I felt it offered good work-life balance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. I wanted to try something new
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. I wanted to earn a better/good salary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Other: _____

26. *What do you consider to be the biggest challenge facing the provision of spiritual care in your organization?*

27. *What area of competency or skills do you personally feel the need to develop in the next three years?*

If you are **not** a mission leader or director of spiritual care, please **stop** here and return the survey as directed in the email or letter. If you do **not** oversee the spiritual care department at your facility, please **stop** here and return the survey as directed in the email or letter. If you hold one of the two supervisory positions and you oversee the spiritual care department at your facility, please **continue** on. All the following questions focus on the situation in your spiritual care department.

DEPARTMENT

28. Who manages your spiritual care department?

(select one)

- System VP or Director, Spiritual Care
- Regional VP or Director, Spiritual Care
- Director, Spiritual Care
- Manager, Spiritual Care
- Coordinator, Spiritual Care
- Other: _____

29. To whom does your spiritual care department head report? (select all that apply)

- CEO/President
- Administrator
- VP/Director, Mission Services
- VP, other service
- Other: _____

30. What is the average daily census in each care setting served by your spiritual care department, so far this year?

- ___ Acute
- ___ Long term care
- ___ Outpatient
- ___ Hospice and home health
- ___ Palliative care
- ___ Cancer center
- ___ Behavioral health

31. What staffing model best describes your spiritual care department? (select all that apply)

- A board certified leader (director/manager) of spiritual care with all board-certified chaplain staff; trained volunteers only for sacramental needs.
- A board certified leader (director/manager) with one or a few board certified staff, supplemented with non-certified staff and trained volunteers.
- A board-certified leader (director/manager) with non-certified chaplains and trained volunteers, supplemented by on call local clergy.
- A non-certified leader (director/manager) with non-certified chaplains, and trained volunteers/local clergy.
- A non-certified leader (director/manager) with certified chaplains, and trained volunteers/local clergy.

32. What was the number of all employed fulltime equivalents (FTEs) filled in your spiritual care department five years ago? (if none, enter "0"; if unknown, enter "x")

33. What is the number of people and full-time equivalents currently filled in your spiritual care department? (if none, enter "0"; if unknown, enter "x")

	FTEs	People
1. All employed	___	___
2. Director(s)/manager(s)	___	___
3. Board certified chaplains	___	___
4. Non-board certified chaplains	___	___
5. CPE Students	___	___
6. CPE Residents	___	___
7. CPE Certified Educator	___	___
8. Administrative support	___	___
9. Spiritual care volunteers	___	___

34. If you have spiritual care volunteers, who trains them? (select all that apply)

- Department head
- Volunteer coordinator
- Chaplain(s)
- Administrative staff
- Other: _____

35. If you have spiritual care volunteers, who supervises them? (select all that apply)

- Department head
- Volunteer coordinator
- Chaplain(s)
- Administrative staff
- Other: _____

36. Among the board certified chaplains, how many are certified by the following organizations:

- ___ Association of Professional Chaplains
- ___ Canadian Association for Spiritual Care
- ___ National Association of Catholic Chaplains
- ___ Neshama: Association of Jewish Chaplains
- ___ Other: _____

37. How many chaplains in your spiritual care department fit each category? (please include each person only once; if a person fits in more than one category, please include them in a category that is lower on the list)

- Christian laymen and women
- Christian ordained ministers
- Catholic laymen and women
- Catholic religious sisters
- Catholic religious brothers
- Catholic religious priests
- Catholic permanent deacons
- Catholic diocesan priests
- Rabbis
- Other laymen and women
- Other ministers

38. Does your system have a set of standards for spiritual care? (select one)

- Yes
- No

39. Do you use the Association of Professional Chaplains' Standards of Practice for Professional Chaplains in your spiritual care department? (select one)

- Yes
- No

40. Does your spiritual care department offer self-care support to spiritual care staff at least once a year? (select all that apply)

- Compassion fatigue training
- Complementary therapies
- Retreat days
- Diverse reflective/meditative practices
- Other: _____

41. Does your spiritual care department offer self-care support to clinical staff at least once a year? (select all that apply)

- Compassion fatigue training
- Complementary therapies
- Retreat days
- Diverse reflective/meditative practices
- Other: _____

42. Do you have an accredited CPE program in your spiritual care department? (select one)

- Yes
- No

43. If yes to question #42, who accredits your CPE program in your spiritual care department? (select all that apply)

- Association for Clinical Pastoral Education (ACPE)
- College of Pastoral Supervision and Psychotherapy
- CPE.org
- Other: _____

44. If yes to question #42, by whom is your CPE Certified Educator certified? (select all that apply)

- Association for Clinical Pastoral Education (ACPE)
- College of Pastoral Supervision and Psychotherapy
- CPE.org
- Other: _____

45. Once it is posted, how many months does it take on average to fill a ...

- 1. chaplaincy position _____
- 2. director of pastoral care position _____

46. In your experience, how much are each of these a barrier to finding qualified chaplains (certified and non-certified)?

	1	2	3	4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Education required
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Certification(s) required
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Experience required
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Religious affiliation needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Salary offered
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Benefits package offered
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Competition from other employers in the area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Limited support from religious institutions in the area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Other characteristics of your geographical location
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other: _____

1 = Not at all 3 = Somewhat
2 = Only a little 4 = Very Much

47. Is spiritual care coverage provided by your spiritual care department 24/7? (select one)

- Yes
- No

48. If "yes" to question #47, how is spiritual care coverage provided by your spiritual care department? (select all that apply)

- On-site
- On-call

49. If you selected "on-call" in question #48, who provides this coverage? (select all that apply)

- Staff chaplains
- Per diem chaplain
- CPE students
- CPE residents
- Local clergy
- Spiritual care volunteers

50. If you selected "on-call" in question #48, how is the on-call personnel compensated? (select all that apply)

- Hourly rate
- Per call rate
- Daily stipend

51. If you selected "on-call" in question #48, how is this coverage provided? (select all that apply)

- In-person
- By telephone
- Via e-chaplaincy
- By video-conferencing
- Other: _____

52. How does your spiritual care department carry out spiritual care charting? (select all that apply)

- Paper
- Electronic

53. How do you rate the effectiveness of ...



1 2 3 4

1 = Not at all	3 = Somewhat
2 = Only a little	4 = Very Effective

- 1. the electronic medical records use by spiritual care ministers in your spiritual care department?
- 2. the electronic medical records used to communicate patients spiritual needs?
- 3. chaplains' documentation use by the clinical medical team?
- 4. the relationship between your spiritual care department/team and the medical team?

54. Are spiritual care notes accessible to other members of the care team? (select one)

- Yes
- No

55. How are spiritual care referrals made to your spiritual care department? (check all that apply)

- Electronic request
- Phone/pager
- Rounding, care team huddles
- Voicemail
- Other: _____

56. What is the expected number of hours for completing a spiritual care referral? (if none specified, enter "none")

57. Does your spiritual care department use patient satisfaction tools to assess the quality of spiritual care provided?

- Yes
- No

58. If you selected "yes" in question #57, please describe how your spiritual care department uses patient satisfaction tools to assess the quality of spiritual care provided.

Thank you for taking the time to complete this survey.

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