

From Spirituality to Strategies: *A Chaplain's Guide to Improve Employee Satisfaction and Workplace Positivity*

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Nursing leaders often struggle to cultivate reliable methods for identifying and solving problems of staff morale, self-morale, and overall employee satisfaction. Pastoral care leadership and the services provided by a strong chaplain group have been overlooked as a viable integral discipline with value-laden strategies to assist nursing leadership in this

endeavor. The services provided by pastoral care are often isolated to the benefits related to patient and family spiritualism. This article explores the insights and contributions of one pastoral care chaplain and his methodologies for positively impacting employee morale, including his own teams at a major, level one trauma center in South Florida.

BACKGROUND

A search of the literature revealed a gap in knowledge related to the use of pastoral care services as an adjunct to effective nurse leadership and positive work culture development. The criticality of this relationship is overlooked and under-researched. The timeliness of this article and the wisdom it imparts is essential in this chaotic milieu of health care.

Caring has never been a more important dimension of nursing leadership. Roach identified a climate of caring as being therapeutic, “not only for patients and families but also for caregivers themselves.”^{1(p.95)} The Institute for Healthcare Improvement offers what is now the quadruple aim as a roadmap for nurse leaders to innovate new ideas and solutions to; improve population health, improve the patient experience, decrease health care costs, and improve employee satisfaction.^{2,3} This article offers techniques and methodologies developed from 12 years of practical experience, self-reflection, and formal education of the director of mission (DM) of a 460-plus-bed trauma center. His quest, to provide supportive effective guidance to nurse leaders as an adjunct to required standards and policies, is shared below.

UNDERSTANDING THE SPIRITUALITY OF WORK

Recognizing that we live in a pluralistic society with people of diverse faith or no faith traditions creates the need to examine how pastoral care could create a beneficial universal connection with staff. This connection is not a contrived or forced adoption of religious beliefs. It is not created instantaneously. It is the recognition that the DM, as catalyst, seamlessly creates a positive work environment, one individual at a time, from which caring cultures take root. The DM has identified and named several necessary tools as adjuncts to developing the universal caring connection. They are sacred space, loitering with intent, the inverse naughty spot, food that remembers, and golden forgiveness. These are offered for reflection and adoptability by nurse leaders when considering the beneficence of pastoral care’s contribution.

SACRED SPACE

The necessity of daily reminders of our life’s journey and how we come to be in this moment in time is essential. So often, leadership self-reflection is limited to the positives and negatives of communication. Although this may be a sign of emotional intelligence,⁴ it does not provide a deep enough dive into our personal history. This is necessary to gain a perspective of why I work, and how I work. The answers to these questions affect how we relate to others: the core foundation of positive work environments.

Nurse leaders build relationships one individual at a time. Interesting objects that are kept on person or in offices may be kindling for starting conversations. Examples may include sentimental objects such as photographs of friends and family. One may find a bowl of dog treats or special candies to remind them of loving pets or grandfathers that adored chocolates. Staff members are encouraged to individualize their sacred space. Some staff may wear a locket or affix a photo to their stethoscope. A joint effort may be in decorat-

ing the unit for the seasons. The objects should be changed to reflect the changing seasons of our lives. More exacting, changes can occur on important anniversaries. This individuality invites conversations from which understanding and acceptance flourish. The realization of our human connection, the “collective we.”

A SACRED SPACE STORY

A colleague tells the story of how a constantly ringing work phone helped create a sacred space. She placed a huge grin on her face with every intrusive ring. This purposeful expression reminded her of Clarence’s statement from the movie, *It’s a Wonderful Life*.⁵ Every time a bell (phone) rang, she imagined an angel getting its wings. That memory made her smile all day. She made a conscious decision to practice spirituality of work, creating a universal connection with the recipients of her friendly demeanor.

LOITER WITH INTENT

The DM is perceived as someone to call when a patient is in crisis, or a family has tough decisions to make. This narrow view limits the DM’s potential to positively impact patients and families and, even more importantly, employee morale. Instead of waiting to be called to care, the DM recognized that by being present, familiar, and available, families would begin to open up, and eventually the basis of a relationship formed. So too with the staff. Upon arrival to the unit, the DM would hear, “I was just about to call you.” Realizing that best intentions may not come to fruition within a busy day, but happy to help, the concept of “loiter with intent” was born. The DM with no formal agenda rounded on units and began to connect with staff. Slowly, the realization of DM dependability took hold and a “bridge of trust,” was formed. They would share the ups and downs of their days, be it personal or professional.

This is different than rounding with purpose described by Studer⁶ and further developed in the literature.⁷ This methodology teaches the utilization of a script from which to elicit important responses to daily work challenges. The problem with this methodology is the adeptness of staff to recognize the sameness of questions leading to a perception of a contrived sense of caring.

When the DM loitered with intent, staff would often offer really good solutions to the logistical nursing problems and challenges they were facing. This time together afforded all a deeper richer experience. Some staff quickly caught on to the purpose, and the term “loiter with intent” is attributed to their astuteness. Instead of a negative, contrived rounding experience, the staff responded with anticipation to a visit from the DM. This was evidenced repeatedly by comments such as, “we missed you yesterday,” “where have you been,” and “I need to tell you what happened.”

Loiter with intent is a few precious nonjudgmental moments in an otherwise busy day. It is in essence a sacred space where negativity could be released and positive solutions created. The DM would share the issues with the nurse executive or administrative director to create a transparent

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