Hospital chaplains continue to comfort patients and staff

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From the early days of the pandemic, hospital chaplains have gone where others can’t go, comforting the sick and the caregivers.

In an interview, Chris Baker, a chaplain at Rochester General Hospital for the last 20 years, talked about efforts to bring spiritual support to patients despite COVID-related restrictions. She reflected on the pressure on staff to give care despite their own fears, and she celebrated the miracles that occur, even in dark times.

Here, edited for space and continuity, are her thoughts:

Being there

People often ask me how I can do this work because a chaplain’s day is usually pretty full of crisis. But not always, and I meet incredible people along the way.

The hard part of my job is I didn’t get to meet patients when they had been well, before their illness. I hear the stories of what great people they were, the funny stories, the sad stories. I wish I'd known them when they were healthy.

But at the same time, I'm allowed to be with them. And one of the things that we learn as chaplains is you don’t always have to be talking; the most important thing that you can do is to be present.

It's humbling to know that in our role we are the representation of the holy, whatever that is for that particular patient and their family. It is an incredible honor and privilege to be able to sit with patients in times of incredible crisis.
Confusion and stress

Early on in the pandemic, there was so much conflicting information, because nobody knew how this virus worked and what it was going to be, what it was going to do.

There was all this confusion. There was anger. There was hurt. Nurses would need to take a short step away and allow themselves a moment to break down and then get back to their patients and continue to give them their all. This is when a 16-bed ICU would have 15 COVID patients in it. Fortunately, now we're down to one or two.

I don't know how these nurses do it. They are absolutely phenomenal human beings. I've been here 20 years, and I see it over and over and over again. Rochester General is a place devoted to compassionate care, and we take great pride in our commitment to our patients and their families.

Isolation

When the pandemic was really high, we had a really high number of patients who were COVID and in isolation, many of whom were elderly and could not be visited, even by some staff who were not in a position to give direct personal/medical care.

I've had some staff tell me that we've actually had some patients die of loneliness. This is heartbreaking.

It's hard enough to hear and understand someone when you're sick. But when you're elderly and sick and someone's talking behind a plastic face shield and a mask, you can't see their lips, you can't see what expression they're using; it only adds to patients' fears and anxieties. They see doctors and nurses behind all this, and it can be frightening and isolating.

Staff support

Chaplaincy, by its very nature, is holistic. We take care of patients, and we take care of the staff, and we take care of one another.

I spent a lot of time with staff supporting them in this time as they adjusted to exhaustion, as they faced the fear of taking the virus home to their families. Or they were stuck home because their child couldn't go to school, and they were learning how to handle having a child learn online.
And on top of the stress of COVID, our summer saw horrible racial strife. Then the election drama piled on top of it all. It has been an exceptionally stressful time, which is why I like to keep my focus especially on the staff since I've been here so long. Many of us know each other well, and they can feel comfortable sharing their feelings with me.

**Prayers**

As far as I'm concerned, this pandemic also has been harder because people's pastors, their priests, their religious leaders, can't visit. Even now they can't visit because, with the restrictions, each patient is only allowed two visitors.

That's very hard, especially for our Catholic patients who are requesting the sacrament of the Anointing of the Sick. The Anointing of the Sick is something only a Catholic priest can do.

I've said prayers over the phone at the doors of a COVID patient's room, with a family on the phone on the other end. You just find ways to make happen what needs to happen.

For the most part, families (given the situation) just want someone with their loved one to offer prayers, someone to be there, to bring in the presence of the Divine. They understand that we are doing the best we possibly can, and that God is bigger than all of this, and that God's going to give us what we need.

**Miracles**

We have seen miracles like you would not believe.

Several years ago, we had a young man who had tried to hurt himself. His mother was very adamant. She demanded that the doctors not take him off life support. She was adamant that God was going to save him.

Everybody with medical knowledge was positive that this young man was not going to survive. His brain had been deprived of oxygen for too long. Providers, including myself, tried to help her be realistic, but she would hear none of it. God was going to heal her son.

About six months later, this young man walked out of this hospital. A couple years ago, he came back to visit. He is a walking miracle. I still get chills thinking about this story.

'It's stories like this that enable us to continue to do the that work we do. And we are so very
From his home in Livingston County, retired senior editor Jim Memmott documents the relatively new normal of living in a socially distant world. He can be reached at jmemmott@gannett.com or write Box 274, Geneseo, NY 14454.
Hospital chaplains relieve patients’ isolation during pandemic

By Daniel J. Kushner   @danieljkushner

Despite signs that society and the economy are opening back up, hospital patients, particularly those who are chronically or terminally ill, remain largely isolated and vulnerable.

With hospitals still limiting visitations, hospital chaplains have become an indispensable lifeline to patients in need of spiritual comfort. They are at times advisers, spiritual therapists, friends, and liaisons between patients and family, whose services take the form of a song being sung, a poem being recited, and just silent presence.

Chaplains are front-line soldiers in the fight against loneliness.

"Hospital chaplains, they are providing multipurpose care and they are not focusing on religion," says Zeynab Abdullayeva, a chaplain on a per diem basis at Rochester General Hospital. "It is not clergy — it is more spiritual, emotional support in the crisis."

At RGH, full-time and per diem chaplains alike are trained to provide interfaith care, as well as support to those who do not subscribe to any religion. The process involves determining the spiritual crisis, developing an acute care plan, and only then are
specific religious considerations made in conjunction with outside clergy members. With this religious guidance, Abdullayeva says, the patient can establish a deeper relationship with the divine.

But the job of a chaplain is different. “Chaplains are helping them to connect with themselves, inner self first, and find the strength inside of them and their own background,” she says.

At Rochester General, family members and outside clergy members are still not allowed to visit, except when the patient is at the end of his or her life. Even then, only one person can visit at a time. Beginning on May 15, the professional spiritual care team began an initiative to meet with patients scheduled for elective surgeries prior to their operations. Before this, many of the patients might have gone without a visit from someone outside of the medical team.

The pandemic has also changed how patients interact with the staff chaplains who are readily permitted on the hospital floors. Face masks are required throughout the facility, of course, but when visiting patients who have tested positive for COVID-19, chaplains must wear additional PPE, or personal protective equipment: a gown, gloves, and a face shield that allows the mask to be reused.

Although the need to connect with patients and provide support during the pandemic is arguably stronger than ever, the role of the chaplain is, in many ways, unchanged.

“Most of the time, I would say it’s just meeting the patients where they’re at, discovering ‘Hey, what’s meaningful for you?’ RGH’s Spiritual Care Supervisor Levi Gangi says. “How can we help you implement that into your recovery?”

Gangi says that patients are struggling with similar kinds of the emotional stress and fear of the unknown that they experienced prior to COVID-19. In fact, there hasn’t been an increase in chaplain visits to RGH patients during the crisis, he says.

But that doesn’t mean the chaplains have not had to adjust their approach to providing spiritual care. “We’re doing a lot more staff support than we normally would,”
Gangi says. In addition to talking with staff members about their worries and current struggles, the chaplains at RGH hold mindfulness meetings, providing guided meditation on different floors of the hospital.

For the hospital’s Palliative Care Chaplain Clif Genge, the pandemic has hit especially close to home. At the end of April, Genge had contracted the novel coronavirus, but was able to self-quarantine at home and manage his symptoms without having to be hospitalized. For him, the illness was comparable to having a severe case of the flu. But the experience has enabled him to have more empathy for the COVID-19 patients with whom he visits.

“You can’t really know how they feel, but having a sense of the unknowns and the fears and the wonderings that they might be going through allows you to just be more present with them in that moment, and be more receptive to allowing them to talk about how they feel,” Genge says. “A lot of times, if we understand more about what’s in ourselves, then we can learn to come alongside people in different moments.”

When visiting with patients, Genge’s focus is on shared human connection. “I happen to be a Christian, but the person that I’m ministering to might believe in God but not really know what form that takes, they might be Muslim, they might be Hindu, he says. “But really, what I find is that it’s a terrible thing to go through, being in the hospital — whether having COVID or having had a stroke or a heart attack or whatever. It’s pretty scary. The most important thing is that we’re two humans going through a horrible thing.”

Genge, who sees more patients than any other chaplain on staff, schedules 12 to 15 visits per day — face-to-face visits with patients, phone or video calls with family members, and sometimes both. Due to the visiting restrictions, the dynamic between patients and family members has taken a hit, he says, making follow-ups with family all the more vital.

There’s also the pressing need to help those in the hospital reach their spiritual support system, outside of RGH. Because of decreased visitors, it can be challenging to
administer the specific rites and rituals of a patient’s particular religion, Genge says. In such cases, chaplains can again initiate a video call or other digital communication between the patient and his or her spiritual leader.

“That’s what we’re here for, is to help get people through these difficult times in whatever way that we possibly can,” Genge says. “It’s not necessarily about what I can or can’t do, it’s how can I connect them with the best possible thing that can be done for them that meets their needs.”

The pandemic has forced chaplains to be more ingenious about how they connect patients with their loved ones via phone and video conferencing tools such as FaceTime, Skype, and Zoom. But it’s also brought greater awareness about alternative options for communication after the pandemic subsides, Genge says.

For Genge, the mask has become a powerful symbol during the COVID-19 pandemic, a tangible reminder of our common human experience. “It never ceases to amaze how much more we are alike than we are different,” he says. “And physically, it’s a little obvious because we’re all wearing masks now, so you can’t tell who’s who anymore.”

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