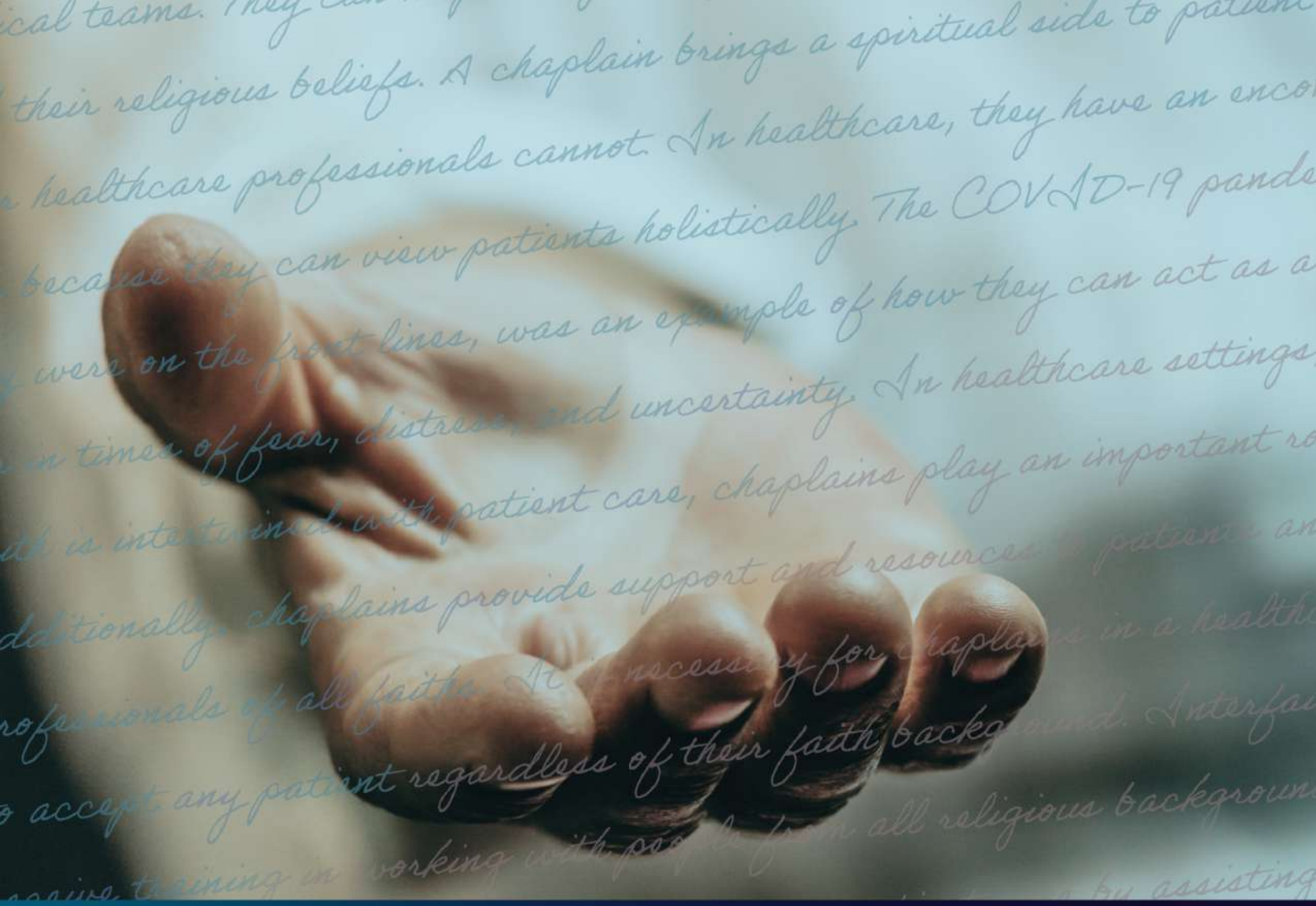

Chaplains in Healthcare Settings:

Exploring Their Roles and Resources

Jose Serna
Associate

Center for Faith Identity & Globalization

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rumiforum.org/cfig

The Center for Faith, Identity, and Globalization
1050 Connecticut Ave., NW, Suite 500, Washington, DC 20036
T (202) 429-1690
E cfig@rumiforum.org

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Chaplains in Healthcare Settings:

Exploring Their Roles and Resources

Jose Serna

Abstract

Chaplains are in healthcare facilities all across the country to help complete medical teams. They can help bridge the gap between patients' medical decisions and their religious beliefs. A chaplain brings a spiritual side to patient care that other healthcare professionals cannot. In healthcare, they have an encompassing role because they can view patients holistically. The COVID-19 pandemic, where they were on the front lines, was an example of how they can act as a listening ear in times of fear, distress, and uncertainty. In healthcare settings, where faith is intertwined with patient care, chaplains play an important role. Additionally, chaplains provide support and resources to patients and healthcare professionals of all faiths. It is necessary for chaplains in a healthcare setting to accept any patient regardless of their faith background. Interfaith chaplains receive training in working with people from all religious backgrounds and beliefs. Chaplains also play a vital role in patient care by assisting patients with suicide and substance abuse issues. Spiritual coaching is another aspect of chaplaincy, as chaplains help patients navigate faith, despair, and loss. This research includes interviews with five chaplains with various religious and spiritual beliefs working in different healthcare settings. The chaplains I spoke to shared their experiences with me in these healthcare settings on a variety of topics.

Keywords: *Chaplaincy, Healthcare, Faith, Spiritual Coaching, COVID-19*

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1. Introduction

In a healthcare setting, we have nurses and doctors to help patients with the medical issues at hand with a patient, but what about the spiritual beliefs that tie into medical care? This is where healthcare chaplains come in; they provide spiritual advice, comfort, support, and other resources for patients, families, and healthcare workers. While chaplains are a vital part of the healthcare system, "only 60 percent of hospitals in the United States have one on staff. The remaining 40 percent of hospitals rely on community and volunteer support, which can sometimes be insufficient in a healthcare setting" (Frank, 2017). Chaplains are an essential part of a healthcare system because they can help patients bridge the gap between the medical decisions they face and the belief systems that the patients align with.

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Chaplains are vital in various healthcare settings and are used in multiple capacities. In this research, I contacted five chaplains from a variety of faith-based and non-religious healthcare settings. The chaplains I spoke to came from different religious and faith backgrounds from various parts of the country, in States like Colorado, Maryland, New York, North Carolina, and Ohio. This research looked into the differences between faith-based and non-religious healthcare systems and chaplaincy and how differences in belief systems between chaplains and patients matter. This work also extends into how chaplains interact with nurses and doctors when it comes to the care of the patient. The COVID-19 pandemic impacted chaplains when it came to the

way they provided care to patients. Substance abuse, self-harm, suicide prevention, and how to navigate crises related to faith, despair, and loss of a loved one will also be explored, as these are essential topics regarding health and faith. The education requirements for a chaplain to be certified and trained will also be examined, as it is important to understand how people become chaplains. A final important note will be patient satisfaction regarding chaplaincy in hospital settings. Patient satisfaction is important because it will allow the chaplain to improve as a provider for the patient by receiving evaluation and feedback.

2. Chaplains' Roles in Healthcare Systems

2.1 Hospital Chaplaincy

Chaplains work in various settings, and their roles and services may slightly differ depending on their facility. One type of facility they may work in is the general hospital setting. In these settings, they usually work with people who will be in the hospital for an extended period for a procedure or illness. Services they may offer include general patient support, which may look different depending on the patient and their preferences. These services may help the patient understand what is going on and the next steps in their care. Another benefit may be the patient talking to the chaplain about the lack of support or care they may receive from their nurses, doctors, or even family members. Chaplains may also offer spiritual support to the patients by reading the Bible, or other Holy Books/Scriptures, or by praying with them. They may be asked questions by patients such as, *"Why is this happening to me?"* or *"Why is God putting me through this?"* As chaplains, they must be prepared to answer these difficult questions.

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Chaplains may also be asked to help the patient's family at times, and they may try to help families understand hospital rules and regula-

tions regarding what may or may not be discussed when they talk to health professionals without the patient in the room. Patients and families can also receive spiritual guidance when making difficult decisions concerning medical care. If a hospital staff has to care for a dying patient, it may be hard for them to cope after this occurs. The chaplain is there to help with these difficult times. Hospital staff, such as nurses, may also be going through personal issues or professional matters, which makes it difficult to focus on their work. These situations can be navigated with guidance from chaplains by receiving spiritual support or counseling.

Chaplaincy also includes providing worship services in the hospital chapel for patients, families, and staff so they can practice their faith in a safe space. Worship services may be an essential resource for patients since they may not be able to be released from the hospital for an extended period. The conversation I had with a Muslim chaplain at a non-religious hospital in New York revealed that his job is to ensure the happiness of his patients by sharing with others regardless of their religious and spiritual background (Chaplain #1, 2022).

Sharing and listening to patients about their needs, concerns, hopes, and dreams is an important part of being a chaplain. A hospital chaplain in Wendy Cadge's book titled *Spiritual Care: The Everyday Work of Chaplains* said that one of the most important things to ask patients and families is, *"How can I support what matters most to you from a non-medical perspective?"* (2022, p. 99). By asking this question, it allows the patient to think about things that are not tied to medical care. This may be being able to attend a family wedding next month or attending a graduation ceremony. It also makes it easier for the patient care team to see the whole picture regarding the patient's goals.

"...one of the most important things to ask patients and families is, "How can I support what matters most to you from a non-medical perspective?"

2.1.1 Chaplaincy Services for Children

Chaplains may also work in a children's hospital. While they provide similar services to those in a traditional hospital setting, they may adapt to care for children and infants. Chaplains who connect with children possess a special gift; they can make the kids' time in the hospital more enjoyable. One example is Jeff Fleming, who works at Children's Health Hospital. He has a long beard and rides a Harley bike, which is an excellent conversation topic for children and kids. He does not look like someone that works in children's chaplaincy, but it is a job he is well equipped for (KSL News, 2016). Another example is Dick Maddox, who works at Anderson Children's Cancer Hospital. He provides spiritual care and talks to children battling cancer in the hospital. If a child dies from cancer, he gives the family a necklace with a remembering heart. The middle of the heart goes on the child's wrist, which is to stay with them forever, and the outer portion is given to the family to remember their child (MD Anderson Cancer Hospital, 2012). The chaplain also does a ceremony for families of children who do not survive their battle with cancer. These are special moments for families who are often grieving and at a loss for words when they lose their child to a horrible disease. Chaplains that work in hospitals caring for children and infants are special. It is one thing to connect with an adult but to be able to connect with any child in a place they are not used to is beautiful.

2.2 Hospice Chaplaincy

Chaplains also have different roles and resources they can provide in hospice settings that help patients and families during these difficult times. Hospice care can be hard for families, and patients may ask questions like *"Am I getting into heaven?"* or *"Will I get to see my family members in heaven?"* These are hard questions that hospice chaplains must prepare to answer anytime they step into a hospice care setting. One example of a hospice chaplain is Wilson Hood, who works at Hope Health Company which has numerous locations in Rhode Island and Massachusetts. He says his role as a chaplain "is to be a neutral third party... The chaplain is not someone who just shows up the moment someone is about to die and then disappears in a puff of smoke. I am there to honor and center the spirit of a person" (Weisman, 2021).

"What spirituality means to one person is different than what it means to their neighbor, so it is essential to recognize and adapt to those differences as a chaplain, especially in a hospice setting.

Hospice chaplains are often in hard situations that involve trying to bridge family divides at the end of one's life while also trying to connect with patients and their families before the patient passes. In response to being asked what some ways he uses to communicate with patients who are at the end of life and their families, Weisman responds by saying:

"Often in a medical context, patients are asked, '*What is wrong? Where does it hurt?*' They are not often asked, *'What is keeping you going? What gives you strength?'* It is how I help someone feel like a person, not a patient. It is important that we not let someone's diagnosis or final stage eclipse who they are. I try to summon the wholeness of that patient into our space. Often that involves telling stories about the good times and the hard times. If I talk to families, I will say, *'Tell me about your loved one. What is important to them? What makes them smile? What are some of your favorite memories with them? What is their favorite song?*'" (2021).

"...his role as a chaplain 'is to be a neutral third party. The chaplain is not someone who just shows up the moment someone is about to die and then disappears in a puff of smoke. I am there to honor and center the spirit of a person.'"

He mentions that people associate chaplains with religion; however, there is a spiritual aspect to everyone. Spirituality anchors one's beliefs, giving meaning to life and fulfillment to one's life. Asking questions about one's life and focusing on positive things rather than the end of a patient's life can provide happiness. Spirituality, according to Hood, is:

> "Whatever keeps you in connection with yourself, others, and the sacred. For some, the sacred looks like God, or gods, or nature or a general sense of love and connection with other people and the universe. For others, the sacred is being in touch with their deepest values—what means the most to them, whether compassion or honesty or responsibility" (Weisman, 2021).

What spirituality means to one person is different than what it means to their neighbor, so it is essential to recognize and adapt to those differences as a chaplain, especially in a hospice setting. Hospice chaplaincy is different because they only help individuals at the end of their lives. Hospice chaplaincy is a very focused trauma, whereas, in a hospital setting, they experience a wide range of medical trauma from urgent to preventative care.

"Often in a medical context, patients are asked, '*What is wrong? Where does it hurt?*' They are not often asked, '*What is keeping you going? What gives you strength?*' It is how I help someone feel like a person, not a patient."

2.3 Veterans Affairs (VA) Chaplaincy

VA Hospital is a healthcare setting run by the Department of Veterans Affairs. VA Hospitals provide services to people who have served in the military, and these hospitals also have chaplains. VA chaplaincy is a different type of hospital experience, and often these chaplains require additional training if they want to work in a hospital setting of this kind. In *Chaplaincy: Being God's Presence in Closed Communities*, Cook mentions that "most chaplains are certified by the Association of Professional Chaplains or the National Association of Veterans Affairs Chaplains"

(2010, pp. 86-87). Those certified by the National Association of Veterans Affairs Chaplains (NAVAC) are prepared to see the issues that veterans face and experience daily, such as Post Traumatic Stress Disorder (PTSD), paranoid schizophrenia, substance abuse, and suicide.

Within the NAVAC, chaplains can apply for certain certifications that show competency in certain health issues. Some certificates include health topics, such as substance abuse disorder, PTSD, mental health, moral injury, and suicide prevention. To get these certifications, chaplains must also be Board Certified and provide documentation showing that they have worked with individuals that experienced these forms of illness or trauma (National Association of Veteran Affairs Chaplains, n.d.). The Association of Professional Chaplains (APC) is a non-profit organization whose mission is to "promote quality chaplaincy care through advocacy, education, professional standards and service to our members" (Association of Professional Chaplains, n.d.). APC as an organization does not give out certifications. Chaplaincy certification is given out by the Board of Chaplaincy Certification Inc (BCCI) which is an affiliate of APC (Board of Chaplaincy Certification Inc., n.d.).

There is an issue with VA chaplains working in a government hospital because some believe that chaplains should not be allowed to be in a building as they may spread religion to others. According to Cook, "the Veterans Administration has been sued over mixing spiritual care with medical care at government expense" (2010, p. 82). Some opponents of VA chaplaincy feel that patients are vulnerable to deception and are vulnerable while they are ill. According to Cook, others who support VA chaplaincy believe that "spiritual ministry is a part of their healing process and civil rights" (2010, p. 82). In the VA hospital, chaplains provide support to veterans and their families and often listen to their stories. For the most part, if a VA chaplain used to be a military chaplain, there is already a bridge of trust because of some shared experiences. However, this can create an inter-service rivalry among armed forces if a patient formally from the Army does not want to accept services from a VA chaplain who used to be a chaplain in the Navy. These unique situations are critical and personal to veterans and their families.

While I could not speak to a chaplain in a VA hospital, I did speak to an Adventist chaplain who currently works at a faith-based hospital in Maryland but has previous chaplaincy experience in

> ***Being a military chaplain can be challenging emotionally, mentally, and physically, but it is also very rewarding. The difference between a chaplain in the Army versus the Air Force or the Navy is that the Army chaplain is where the troops are.***

the Army. When I asked him about the differences between working in the Army as a chaplain and his current position as a chaplain in a faith-based hospital, he said:

"Being a military chaplain can be challenging emotionally, mentally, and physically, but it is also very rewarding. The difference between a chaplain in the Army versus the Air Force or the Navy is that the Army chaplain is where the troops are. Whereas Air Force, or Navy, the chaplain is in a building, or you might be on the ship somewhere, which is a little different. However, I went where my soldiers went, like in a garrison, where we met as an Army chapter. If they went to the field to train, I was there. If they went to the range to qualify, I was there to provide support and be with them since we are soldiers. When they are deployed, I am deployed as well. Thus, that ministry is unique because when you deploy to a place like Iraq or Afghanistan, with a company or brigade, or whichever unit you were with when you are deployed, you are the chaplain for that unit. Thus, if there are four units of 6000 soldiers there, you are the chaplain. They get to know you, you get to know them, and they share their experiences, challenges, and respect with you (Chaplain #5, 2022).

Military chaplaincy is unique because chaplains have a strong bond with the people they are deployed with. A chaplain in the Army will be with the same group of people for 6 or 12 months at a time, which allows for a stronger bond, whereas patients come and go, so chaplains do not build that relationship with them. The VA cares for the deployed people once they come home when they become veterans. VA Chaplaincy is unique because they specifically care for only veterans and those in the military.

3. Faith-Based and Non-Religious Healthcare Systems and Chaplaincy

3.1 The Effect of Personal Beliefs on Patient-Chaplain Relationship

It can be hard to balance differences between patients' and chaplains' belief systems and faith. Chaplains in hospital settings have to navigate multiple challenges at once. Chaplains must first navigate the patient's medical side as they are often included in the care team. They must also handle the religious and spiritual needs of the patient, and sometimes the patient's beliefs do not align with their own. According to Alan T. Baker in his book *Foundations of Chaplaincy: A Practical Guide*, the unique thing about chaplaincy is that chaplains provide "religious support and assistance to others not sharing the same theology or faith expressions as the chaplain. This capability is called "facilitation" (2021, p.78). Chaplains should be experts in their faith to provide ministry and support to patients, but they should also be able to *facilitate* faith-based support for individuals and groups outside of their own (Baker, 2021, p.78). While in Clinical Pastoral Education (CPE), chaplains must develop strong competency in facilitating spiritual care, religious requirements, and faith expressions of others within their institutions or places of work.

Chaplains should be experts in their faith to provide ministry and support to patients, but they should also be able to facilitate faith-based support for individuals and groups outside of their own.

There may be doctrinal conflicts because of faith *orthodoxy* or *orthopraxy*, which the employees cannot embrace as they are non-religious. A chaplain's faith or religious group and conscience may conflict with other doctrines or religious practices that patients follow. According to Baker, "what appears as an impasse is an opportunity for the chaplain to champion the religious practices of others, despite the chaplain's inability to perform their religious functions due to doctrinal differences" (2021, p.79).

Chaplains increase their value as employees because they can set aside their differences and connect to others who are not like them. Some chaplains may provide assessment tools to other employees to see their workplace's religious diversity. This allows chaplains not only to recognize the diversity in their workplace but also to facilitate it. Chaplains coordinate with local religious leaders to develop a relationship and partnership with them so they can serve the staff and patients who have different beliefs and religious views than they do. Chaplains should also publicize religious events in which all people of various religious backgrounds and faiths can participate. It is not good policy or practice to restrict attendance of religious events to only people who align with specific faiths or beliefs. In addition, the organization/workplace needs to be impartial towards different religions, which allows for faith diversity, and impartiality ensures that some services are not promoted while others are not.

In terms of the diversity of chaplains in healthcare settings, a survey conducted by the Chaplaincy Innovation Lab asked patients, "Thinking again about your interaction with a chaplain, what was the chaplain's religion? 51% said Protestant, 21% said Roman Catholic, 22% did not know, and 0% said atheist" (2022). However, this does not align with the religious demographics of the United States. According to the Public Religion Research Institute, 23% of Americans identify as unaffiliated or atheist (2021). The diversity of chaplains in healthcare settings needs to be improved. All healthcare settings should have more unaffiliated chaplains or chaplains that identify as atheist religiously, so there is a better representation of chaplains and more diversity that accurately represents the patients they are caring for.

"What appears as an impasse is an opportunity for the chaplain to champion the religious practices of others, despite the chaplain's inability to perform their religious functions due to doctrinal differences."

"I am a Protestant chaplain. Let's say that I had a patient who was Buddhist. I am not a Buddhist and...it would not help them for me to become what they are, because that would not be authentic of me, and I would not be giving them an authentic version."

Another way for chaplains to promote religious diversity is by attending all religious services and events that their organization or workplace offers, which shows that the chaplain is accepting of multiple faith backgrounds. Chaplains who commit to faith diversity should also advocate for their organization to provide religious accommodations regarding food options so dietary observations and sensitivities are met for people of various religious faiths and beliefs. Some other examples of religious accommodations include accommodating prayer times and allowing religious dress and symbols. Chaplains are sometimes seen as the middleman when it comes to the religious issues of the patient and the healthcare setting that is providing care to them.

Some interfaith chaplains are taught to provide emotional and spiritual support for patients, no matter their faith, beliefs, or religion. Even as interfaith chaplains accept all people, they must balance the cultural and religious norms surrounding them and the services they provide to the patient. The first and most important thing to do as a chaplain is to respect the patient's faith, beliefs, traditions, and religion. Chaplains must also navigate all other conflicting social and cultural factors, including family, ethnicity, and community. According to Cadge and Sigalow in their research article titled *Negotiating Religious Differences: The Strategies of Interfaith Chaplains in Healthcare*, "as interfaith chaplains, their work is structured in a way that leads them to respond to religious differences daily, and they have developed various strategies for doing so" (2013). A challenge present is a tension when a religious organization endorses its status as a religious person. This conflicts with their responsibilities as interfaith chaplains, which require working with everyone. While chaplains do need to work with people of all religious backgrounds, faiths, spiritualities, and beliefs, the chaplain must also be authentic to their tradition. If chaplains cannot stay true to themselves, it is hard for them to do their jobs effectively and effi-

"The truth is, even though this is a faith-based setting, what distinguishes it in terms of its mission is that it sees the umbrella of faith. So, faith is fundamental, but most of the people I see are non-Christians, not Adventists."

ciently. Some chaplains work in non-religious settings and institutions such as hospitals, so they must ensure they do not push their religion onto the patients.

In terms of how interfaith chaplains deal with religious/spiritual differences, they usually use two different tactics: *neutralizing* or *code-switching*. Neutralizing is when chaplains "try to neutralize religious differences or overcome the ways they are religiously different from some of the people with whom they work by emphasizing what they have in common" (Cadge and Sigalow, 2013). Chaplains should tell their patients that they are supporters of their patient's particular religious traditions rather than representatives of their faith tradition. All faiths and traditions differ from person to person, and the chaplain is not there to judge the patient; they are there to support them. Patients and chaplains share that they are both humans and that shared connection is crucial because chaplains can talk about things unrelated to religion or spirituality.

Code-switching is interfaith chaplains' second tactic in bridging the divide between the patients and themselves. According to Cadge and Sigalow, code-switching is to "move between religious languages, symbols, and, sometimes, rituals in their work with patients and families" to serve the patient better (2013). An example of this may be switching a prayer that a chaplain would offer a Catholic patient to one that they thought was appropriate for either a Jewish or Russian Orthodox speaker. This is just one example of code-switching where chaplains try to ne-

"I was curious to learn more about his military experience as a chaplain and wondered if he would do anything differently if he did not have that military chaplaincy experience, and he responded by saying: '*No, actually, because I think that is why military training was helpful.*'"

gotiate the religious differences between themselves and the patient. Some chaplains may not use tactics such as code-switching; one example of this is the Protestant chaplain that I spoke to from a non-religious hospital in North Carolina, who said:

> "I am a Protestant chaplain. Let's say that I had a patient who was Buddhist. I am not a Buddhist and it would not help them for me to become what they are, because that would not be authentic of me, and I would not be giving them an authentic version. But there is something that I can give everyone, regardless of their religion, or lack of beliefs, and that is compassion. Anyone who is alive and breathing needs compassion" (Chaplain #3, 2022).

As this example shows, not all chaplains are willing to do code-switching, but they can show compassion, love, and empathy to patients no matter their religious or spiritual background. One recommendation I have for improving the field of chaplaincy is for more interfaith chaplains to be hired, so patients that identify as atheists or non-religious are better represented in hospitals. Of all the chaplains I interviewed, only one chaplain team had someone that did not identify with a particular religion. In my opinion, interfaith chaplains should be more widely accepted and represented in chaplaincy teams as they align more closely with patients that do not identify with a particular religion.

Chaplains often have an introductory meeting with the patients to introduce themselves to the patient. This allows the patient to ask questions to the chaplain about their religion and beliefs. If the patient is spiritual they may ask the chaplain to bring religious materials in for them in future meetings. This is a common practice for chaplains in both faith-based and non-religious healthcare settings.

"As a Christian, I believe that we are needed more in non-religious places. Thus, I would say I do not come to the hospital to become grounded in my faith. That is something that takes place long before I show up and is kind of settled for me."

3.2 Chaplains Working in Faith-Based Healthcare Systems

Although many healthcare settings are faith-based, not all patients align with the hospital's religious beliefs. According to Maryam Guiahi et al. in *Patient Views on Religious Institutional Health Care*:

> "Only 6.4% reported that they considered religious affiliation when selecting a healthcare facility; most participants (71.3%) reported when selecting a healthcare facility that they did not care whether it is religiously affiliated, 13.4% preferred a religious affiliation, and 15.3% preferred no religious affiliation. There were no gender differences. Most participants (71.4%) believed that their health choices should take priority over an institution's religious affiliation in services offered, and this was more common for women than for men (74.9% vs 68.1%; difference) who more commonly endorsed concerns for personal choice and autonomy over one's own body" (2019).

This means that in terms of the types of patients that hospitals receive, they will often come from various faith and religious backgrounds as they do not prefer the type of hospital they go to. The biggest thing to realize is that chaplains cannot proselytize even in a faith-based hospital setting. It is not seen as morally or ethically acceptable in the chaplaincy community and is frowned upon because chaplains are not there to convert the patient; they are there to support and help the patient. According to the Association of Clinical Pastoral Education (ACPE) Code of Ethics, chaplains are to "approach the religious convictions of a person, group, and/or CPE student with respect and sensitivity; avoid the imposition of their theology or cultural values on those served or supervised" (2020). So how is working in a faith-based hospital setting as a chaplain different from working in a non-religious setting? When I asked this to an Adventist chaplain who currently works in a faith-based hospital setting in Maryland with military chaplaincy experience, he responded by saying:

> "The truth is, even though this is a faith-based setting, what distinguishes it in terms of its mission is that it sees the umbrella of faith. So, faith is fundamental, but most of the people I see are non-Christians, not Adventists. A lot of our staff are Adventists but the

vast majority of them are non-Adventists. I think the faith-based component for me as a chaplain is not critical in terms of the care we provide. Because at the end of the day, the truth is we cannot proselytize. We do not go to patients' rooms telling them to convert or ask them if they do accept the Bible, none of that takes place in fact. When I go see patients, I introduce myself and tell them who I am. I say, *"I am here to see how you are feeling."* And some of them say, *"Well, I am not religious."* and that is fine. I tell them, *"I am here to see how you are doing and to make sure you have the support you need."* So, from that perspective, whether it is a faith-based or not, it does not differ for the chaplain, because the chaplain is still going to provide that support" (Chaplain #5, 2022).

"Maybe the answer to someone struggling is not relief, but it is 'let me walk with you through this and listen to you and provide companionship and act of empathy and listening.'"

Even Adventists who have a different religious background because they believe that the sabbath falls on Saturday instead of Sunday can still connect with all patients from various backgrounds. Telling patients that he is not there to force his religion onto them, but instead, he is there to support them goes a long way in developing trust with patients. I was curious to learn more about his military experience as a chaplain and wondered if he would do anything differently if he did not have that military chaplaincy experience, and he responded by saying:

"No, actually, because I think that is why military training was helpful. A hospital healthcare chaplain does not just become a chaplain without training. You have to go through each unit and then be certified at the end. That training kind of sets you up to be a chaplain in a pluralistic environment, such as the military. For me, it was no issue transitioning from the military to here. I remember that some of my best discussions were with patients who have no faith. When I meet them, we get to talk more about life, who God is, and questions and interests that they have. I find that it is easy to connect with them because they

> are not trying to find out but they just are inquisitive. I can also connect with a religious person because they come from a particular faith background. I tell that I can *journey with them* based upon what they believe or whatever that person's faith is. So, for me, I can function in a hospital where there are people of faith or no faith at all" (Chaplain #5, 2022).

This debunks the idea that chaplains who work in religious settings may do so only because they cannot be open-minded or work with people of other faiths or belief systems. In the case of this chaplain, he had worked in non-religious settings before, like in the U.S. Army as a chaplain, and was able to communicate with hundreds of people daily from various backgrounds.

3.3 Chaplains Working in Non-Religious Healthcare Systems

When it comes to chaplains in non-religious healthcare settings, there are many ways a religious chaplain can work while also caring for patients with different beliefs. When I talked to a Protestant chaplain who works at a non-religious hospital in North Carolina, I asked how he navigates this difference, and he responded by saying:

> "I think it has everything to do with being *centered* before I step on our campus. As a Christian, I believe that we are needed more in non-religious places. Thus, I would say I do not come to the hospital to become grounded in my faith. That is something that takes place long before I show up and is kind of settled for me. I would say my spiritual practices, getting up in the morning with prayer and the Scriptures, and other things that I do to get my mind ready helps me. That is when I come on campus to bring about *balance*, even when many different factors surround me. For instance in our ER, one of our units is for people who are involuntarily committed. So, you not only have people who may not come

"When I went to the hospital [in Brooklyn], I saw huge trucks in front of the hospital morgues because of the number of people dying in the hospital. While I was visiting 30 to 50 patients a day, two-thirds of them were passing away. It was heartbreaking."

> from a faith background, but also people who can be, or at least have a history of being, violent, mentally ill, or many other things. Thus, I feel like my preparation starts before I pull up in the parking lot to be *grounded* in my faith for sure. I have people who come to our hospital and not identify as a person of faith. I have had people say, *"I am an atheist"* and I would say, *"Well, I respect who you are and where you are. How would you feel about a visit?"* If they are comfortable with a visit, I love visiting with people. Moreover, I feel like those are some of my best visits because whether or not we talk about God, we can connect as human beings" (Chaplain #3, 2022).

Even chaplains who align with a particular religion may still see people who do not believe in a God and identify as atheists or non-religious. For some chaplains, these visits are some of their most memorable and helpful.

This begs the question, though, what about patients who want to visit a chaplain who is not religious? Just like some hospitals are beginning to include interfaith chaplains welcome to all faith and religious backgrounds, some are also beginning to hire non-religious chaplains, called *humanist chaplains*. According to the Humanist Chaplaincy Network:

> "Humanism is the belief that you can lead a good life without God. It is the belief that we only have one life and that we should make the most of it, for ourselves and for our fellow human beings. Humanists make sense of the world by means of reason and evidence while rejecting superstition. Humanists have a positive outlook on life, guided by rational thought, and focus on the importance of human cooperation and compassion for solving problems. A Humanist chaplain provides pastoral care based on Humanist principles. The Humanist chaplain gives information, advice, and consultation about existential questions" (2022).

Having humanist chaplains in healthcare settings is vital because they provide a different perspective that is not religious but rather guided by the philosophical principles of being a human. The connection of humanity that chaplains and patients share is vital. All healthcare settings should have a humanist chaplain on staff so patients who want a chaplain but do not want one

tied to a particular religion can have one. Chaplains can still connect with people on a personal level as human beings. They can have patients talk about their life stories, what they enjoy, and what their family lives are like back home. A hospital should be where patients feel cared for and not feel less just because of their faith.

3.4 The Collaboration Between Chaplains and Healthcare Workers

The collaboration between chaplains and healthcare workers is complex and different in each healthcare setting. For example, some chaplains have to be asked to join the patient care team, while others are already included. Sometimes, chaplains feel like healthcare workers need to understand what chaplains do and what their roles are. When I spoke to a chaplain who identifies as Baptist and works at a children's hospital in Ohio, he said:

> "I think they think we are counselors and we have to remind people that we are not counselors. I do not know where that impression comes from but we do not have a counseling degree or certified to be counselors. Maybe the answer to someone struggling is not *relief*, but it is *"let me walk with you through this and listen to you"* and *"provide companionship and act of empathy"*. There are times when they want more than that but it goes beyond my abilities. That is one thing that pushes me to be a better chaplain, to expand my capabilities. I think sometimes that is really hard but there are those situations where I am pretty sure I could develop the understanding, knowledge and abilities to support somebody, so I push myself to do that" (Chaplain #4, 2022).

"When hospitals began to prohibit the presence of family members, chaplains (along with other health care personnel) became the 'surrogate family' for critically ill patients. Chaplains rapidly began to utilize video technology to help connect patients and families..."

"...majority of our staff [chaplains] are still in the fight, we never stopped and always continued ministry. We were required to be here and our schedule did not change because of the pandemic."

In healthcare settings, there needs to be more education so other healthcare professionals understand that chaplains are not qualified to provide mental health advice but are there to provide support, encouragement, compassion, and empathy. In terms of the patient care team, it is composed of physicians, physician assistants, doctors, nurses, specialists, clinical pharmacists, social workers, and other non-clinical health professionals like chaplains. The chaplain provides a spiritual aspect to the patient care team. They help patients navigate things such as their faith and feelings of despair and loss. Chaplains are an essential part of the patient care team because they can see a different side of the patient.

4. Chaplains and the Impact of COVID-19

4.1 Chaplains` Relationship with Patients

The pandemic has been a challenge for people worldwide and in the U.S., over 1 million people have died because of COVID-19 (Centers for Disease Control, 2020). The effect that this illness had on patients and families was complex. Patients could not have visitors and were isolated from the outside world. A Muslim chaplain at a non-religious hospital in New York I spoke with told me the effects that the pandemic had on him and the hospital he works in. He said:

"I feel deeply that part of my job is to support my colleagues. I get the luxury of being able to go home and come back a week later but they were doing this day after day. I feel like if I can make them laugh and bring them joy every time I am here..., that is part of my job as a chaplain."

> "I was in Brooklyn at that time. When I went to the hospital, I saw huge trucks in front of the hospital morgues because of the number of people dying in the hospital. While I was visiting 30 to 50 patients a day, two-thirds of them were passing away. It was heartbreaking. We also lost one of the chaplains on our team because of COVID-19. It really touched my heart. That was a very difficult time for healthcare professionals (Chaplain #1, 2022).

This was the effect that the pandemic had on patients in a hospital setting, which allowed chaplains to come into the room to see patients to help with having a personal connection. Oftentimes, chaplains would pray with patients and their families through an Ipad while patients are in pain, struggling to breathe, and are often hooked up to many machines like a ventilator to help them breathe. This was the only way for patients to see their family members and it was hard. These chaplains had to navigate their patients who were not able to see a sibling, parent, or grandparent when they pass away because there was a chance that they could get the virus as a result and go through the same struggles themselves.

"Hospice is also not typically a place where we get an infectious disease. So if you are going to die of an infectious disease, typically you would die in the hospital, not in a hospice. We are just not set up for it.

In a hospice setting, the challenge of the pandemic was different. I spoke to a hospice chaplain in Colorado who works part-time and identifies herself as pan-spiritual. She said:

"Hospice is also not typically a place where we get an infectious disease. If you are going to die of an infectious disease, typically you would die in the hospital, not in a hospice. We are just not set up for it. The pandemic switched that to where we had lots of patients dying of COVID-19 in the hospice. The Intensive Care Unit would say, this person is terminal, they are going to die if they have some other condition. Then they would come to receive hospice services, which is not typically

how we are set up. So it was stressful for every aspect of healthcare, but certainly, we had many, many patients die of COVID-19 on our watch" (Chaplain #2, 2022).

This change of care was very challenging for people who work in hospice care and chaplains, especially in hospice services, had to adapt to this change. The pandemic caused doctors and nurses to burn out because the facilities were at their capacity and had too many patients to care for at one time. Chaplains not only comforted the patients and families but also were there for the healthcare workers, who were exhausted because of the weight that was put on their shoulders as a result of the pandemic.

This was a common theme all across the country. At Hennepin Healthcare, a Level One Trauma Center located in Minnesota, Rev. David Hottinger spoke about the extended mass casualties during the pandemic by saying:

"Chaplains witnessed and underwent unprecedented levels of physical, emotional, and spiritual distress. At my hospital, we saw a 22.5% increase in deaths in 2020 compared to 2019...

"Chaplains witnessed and underwent unprecedented levels of physical, emotional, and spiritual distress. At my hospital, we saw a 22.5% increase in deaths in 2020 compared to 2019; even our seasoned Spiritual Care team struggled to remain emotionally regulated and spiritually grounded in the face of such devastation. We had to become much more intentional about self-care and the need to "tap in" and "tap out" of high-intensity scenarios. The disruption of grieving rituals put many survivors more at risk for complicated grief" (Hottinger, 2021).

It must be challenging to come to work each day experiencing burnout, stress, and grief, not only for yourself but also for your coworkers and the people chaplains are caring for. The chaplain's mission is to support the patient in the hospital in whatever way possible, but that can be difficult in a pandemic. According to Hottinger:

> "When hospitals began to prohibit the presence of family members, chaplains (along with other health care personnel) became the 'surrogate family' for critically ill patients. Chaplains rapidly began to utilize video technology to help connect patients and families (my team facilitated over 1000 Zoom calls during a 3-month period) but felt distressed by the emotional and spiritual suffering we witnessed on both ends of the video calls. In being the sole source of spiritual support and one of the few connections to loved ones for these patients, some chaplains experienced symptoms of burnout and moral injury" (2021).

For chaplains, caring for many patients during such a short period was complicated and stressful. Changing from in-person to video visits was problematic because human connection is much easier in-person than through an iPad or iPhone. Still, chaplains comforted the patients and families and were there for the exhausted healthcare workers because of the weight that was put on healthcare workers' shoulders due to the pandemic.

4.2 Chaplains` Relationship with other Healthcare Professionals

During the pandemic, chaplains had to care for patients and staff because they were burnt out, stressed, and overwhelmed. An Adventist chaplain who works in a faith-based hospital in Maryland told me:

> "The staff was struggling at that time, I remember a doctor telling me. He said the problem is we do not know what to do or how to treat it. There were no protocols at first and nobody knew exactly how to treat this, what kind of medicine worked or did not work. So, the doctors and nurses were frustrated. The medical staff felt like they did not want to be there because they did not want get COVID-19 and bring it to their families. Since nurses need to be in the hospital and cannot work from home, we saw a transition of some nurses

"A lot of times it is the family left behind that asks the questions about how they are going to go on... It is this trickle down of all the stuff that we do not get right as a society, then just gets magnified in times of death."

> to other fields but many of them left the profession. As a result, unfortunately, we lost a lot of nurses. Many of the medical staff were affected by that because they were also working with COVID-19 patients for the last two years. However, majority of our staff are still in the fight, we never stopped and always continued ministry. We were required to be here and our schedule did not change because of the pandemic" (Chaplain #5, 2022).

Nurses leaving the profession made managing the pandemic harder for everyone else that worked in the hospital. The fear of catching COVID-19 was impactful across the U.S.; it did not take much exposure to get it, and it could be deadly. Nurses often feared catching and spreading it to their family members at home. Some nurses even slept in a separate room or bed from their partner during the pandemic because of the risk of bringing COVID-19 home. There was also a change in the relationship between the chaplain and other healthcare professionals. During the pandemic, this relationship included chaplains supporting staff emotionally and spiritually as they were burnt out. A Coloradan hospice chaplain I spoke to said:

> "I feel deeply that part of my job is to support my colleagues. I get the luxury of being able to go home and come back a week later but they were doing this day after day. I feel like if I can make them laugh and bring them joy every time I am here. If I can sit in the cafeteria and eat french fries with someone who is crying because they can not carry the load anymore, that is part of my job as a chaplain. I think not enough healthcare turns towards each other for care. The nurses and the doctors are burned out across healthcare, but hospice is no different. So, I feel like my job is generally just to make them all laugh if I can. I try to support and care and take the time to connect with them. When I am at the unit, I sit at the nurse's table with them, which not everybody does. If there is a chaplain in the back and I just sit with them because if they need help turning a patient, I want to stand in there with them and help them. So, I just try to be present for them in little ways. But sometimes it is different. I might get a call or a text or a message that is like, *"I need to talk and I need to put this somewhere"*. I set a meditation room up here in one of our empty rooms and I just try to be there for them" (Chaplain #2, 2022).

Chaplains are not only at the healthcare facility to support patients but also to support staff. In times like the pandemic, where doctors and nurses are burnt out, the support that chaplains provide to nurses and staff is vital for the mental health of these healthcare professionals.

4.3 Chaplain's Personal Well-Being

While the reason for a chaplain is to provide support and care to all patients and staff within the healthcare setting, they must also remember to care about themselves. Self-care is challenging because it makes people reflect on themselves internally. It makes people ask themselves, *"How am I doing right now?"* and *"What emotion am I currently experiencing?"* These questions may be hard for chaplains to answer, especially when their job focuses on supporting others. According to Desjardins et al.:

> **"[Self-care] makes people ask themselves, "How am I doing right now?" and "What emotion am I currently experiencing?"**

"The two emotional spheres most experienced by chaplains were *'scared but powerful'*, both of which profoundly influenced self-care. Chaplains felt optimistic about being *flexible*, thinking of *options* instead of *difficulties*, and being *creative* in their emotional support even without physical contact. They wanted to enhance their skills to face trauma, anxiety, and uncertainty. Walking through the pandemic challenge was like a powerful symbol of hope and friendship to deepen relationships and trust. A chaplain wrote: 'we are trouble-shooters who try to keep a clear line to give perspective and meaning in the long run.' Moving to the negative sphere of emotions, helpless insecurity has been an intense and collective emotional state for many: 'I lost for two weeks the ability to care spiritually [...] I was confused and had to re-orient myself". Other negative emotions were expressed as a "profound feeling of moral guilt [sic],' loneliness, and tiredness. Some were dealing with fear and uncertainty: 'we have become afraid of touching one another, or even standing'; 'I have never felt this lonely before'" (2021).

There is also a level of anger due to the *frustration* and *powerlessness* in engaging with hospitals and the feeling of being peripheral and unessential. Chaplains' emotions during the pandemic were a mix of feeling powerful and as if they were heroes and scared because a virus was spreading worldwide that they were not directly able to combat. This was not a normal time, and it was not an easy time, but chaplains persisted. As one chaplain said, "my role is to be present, but because of the pandemic, my role is to be absent to be present" (Desjardins et al., 2021).

"The two emotional spheres most experienced by chaplains were *"scared but powerful"*, both of which profoundly influenced self-care.

This paradox statement describes the pandemic for chaplains; while they have to be present, they were also absent as they did not feel like they were physically there themselves emotionally. It makes it hard for chaplains to care for others if they are not adequately caring for themselves or their physical and mental health. Some inner resources in engagement that chaplains often partake in are often "in-line with the spirituality inherent in the chaplains' profession: prayer, meditation, walking, silence, and speaking to friends and family" (Desjardins et al., 2021). Chaplains are tied to religion and caring for others, so doing things that align with them religiously while communicating with family and friends is expected as it is a part of their identity. An Adventist chaplain who works in a faith-based hospital in Maryland told me:

"Chaplains need to practice self-care because they cannot care for others if they do not take care of themselves first.

"I took time every weekend to drive out to someplace to relax. My wife was with me and it was a way of being away from the house to unwind. Another thing I did was walk every morning. That helped me focus on my physical health. Additionally, I changed how I ate to ensure that I was building my immune system. Doing these things was not hard because it helped me stay focused on maintaining a positive attitude. Walk-

> ing and cooking always relaxes me, so since I had a goal in mind, it was fun doing them during the pandemic" (Chaplain #5, 2022).

Still spending time with family and doing things he enjoyed allowed him to stay grounded and take care of himself so he could still provide for patients and staff. Chaplains need to practice self-care because they cannot care for others if they do not take care of themselves first. These feelings may signify spiritual distress "when a person's way of making meaning in the world begins to shatter and break down" (Fernandez, 2022). Sometimes a mixture of despair accompanies grief and loss, which makes things much more challenging for patients.

5. Chaplains as Spiritual Coaches

5.1 Navigating Faith, Despair, and Loss

Chaplains also help patients and families by helping them navigate their faith and are there for those experiencing despair and the loss of a loved one. Faith looks different for different people; some may have faith in God or another spiritual being, while others may identify with being spiritual rather than having faith. A pan-spiritual hospice chaplain who works in Colorado told me that:

> "A lot of times it is the family left behind that asks the questions about how they are going to go on. Again, what makes it hard is more of these kinds of situational things. Oftentimes what you will see is when someone dies there is a person left behind. Afterwards, sometimes we see that person get evicted or do not have any income, or they are then alone without any family member. It is more, again, of these societal issues where we see elderly people after they have lost someone and left alone saying, *"How do I go on?"* We had a patient whose mother died and the daughter did not have any income and was going to be evicted, and, again, she said, *"How do I go on?"* It is this trickle down of all the stuff that we do not get right as a society, then just gets magnified in times of death. So, it is not about the existential questions of *"What happens after death?"* or *"I am afraid. What is going to happen to me?"* Those are great conversations to have, let's talk about that and let me tell

> you more. But how do we work through this? People will start asking questions about all the muck of what we fail at as a society. We had a homeless patient whom we could not keep in our unit, so we gave him a sandwich and a bus pass. His question was the same, *"How do I go on?"* I do not know. It is more about how do we live in this kind of failing and broken world that we are stuck in than the hard questions" (Chaplain #2, 2022).

These situations can often be existential crises because chaplains may not know to answer these questions as they are complex. The work of chaplains is sometimes as severe as life and death; homelessness, eviction, separation, and loss are all issues that may be a result of a loved one passing away. People may also experience helplessness which may accompany the grief and loss. A chaplain named Samuel Blair, who goes by the username Scblair and posts blogs, spoke about an experience of a patient experiencing helplessness:

> "One day I made a call the other day to the wife of a past patient, and she expressed her feelings this way: '*You can't help me*.' She went on to talk about how she and her husband did absolutely everything together and how they planned on growing old together. Life without him was unimaginable. Now, two years after his death, every day feels worse than the day before. She has no picture of a future without him, feels unmoored and purposeless, and lacks a sense of her own identity. She has panic attacks and is very depressed most of the time. Worst of all though is her feeling that there is nothing I or anyone else could do to help her" (Blair, 2018).

"One day I made a call the other day to the wife of a past patient, and she expressed her feelings this way: '*You can't help me*.'...Life without him was unimaginable. Now, two years after his death, every day feels worse than the day before."

People may attach themselves to their sick relatives to cope and deal with a sense of impending hopelessness because it feels safe, but once that person leaves, that *center* is wholly lost. Without their support person, they fall into a deep hole of depression, and the helplessness only worsens. The words *"you can't help me"* are hard to hear as a chaplain because it makes them feel the same way. It makes them feel helpless regarding the patient's helplessness. So what does one do in this situation? Chaplains may refer the surviving relative to a counselor so they can see someone certified and trained in these cases. Chaplains may also have to go beyond active listening, which can be challenging. They may have to try actively problem-solving in a *collaborative* context, not a *prescriptive* one. Blair also provides some other ways to help patients in these situations:

> "We can empower people to make choices and follow up on those choices. We can share our own stories of helplessness and show how change is possible even when all seems lost. Perhaps the most helpful thing we can do is to challenge their own perception of why they are helpless. I often am told that because the deceased loved one cannot be brought back that nothing can help them. They cannot see a future beyond the death of that person. We can lend our energy to them to help them see and plan a future. This can be extremely mundane, down to going out and getting groceries alone. But being able to be effective at doing mundane things will help them see that they are not as helpless as they think they are. That is a high hurdle to jump though. We as chaplains need to be patient with those who feel helpless. It is not something that changes with a few kind words or even really good insights into loss and recovery. But above all, we cannot fall into the same trap of believing that someone is helpless when they truly are not" (2018).

"We can empower people to make choices and follow up on those choices. We can share our own stories of helplessness and show how change is possible even when all seems lost. Perhaps the most helpful thing we can do is to challenge their own perception of why they are helpless."

It is important to challenge the patient's and surviving relatives' perception of feeling helpless. These may be difficult things for a chaplain to do, but not challenging the patient's and surviving family member's feelings of despair does not do the patient, surviving relative, or the chaplain any good. Life continues, and there are still ways for people to find hope and joy while recognizing that things are different than they used to be.

5.2 Dealing with Substance Abuse, Self-Harm, and Suicide Prevention

Substance abuse, self-harm, and suicide prevention are all things that chaplains, at one time or another, will face while working. According to the National Action Alliance for Suicide Prevention, "suicide is the 10th leading cause of death in the United States, claiming more than 47,000 lives in 2017 alone" (2019). The issue of suicide is widespread across the United States, and everyone knows someone whose life has been touched by it. Many factors may contribute to suicidal thoughts, but "religion plays a protective role against suicide in a majority of settings where suicide research is conducted" (Baker, 2021, p. 128).

Chaplains help others discover their greater purpose and are frequently first responders when someone comes into a healthcare facility. They help with spiritual and emotional mishaps not only that staff deal with but that patients deal with as well. Chaplains offer confidentiality and compassion and understand human behavior better than most. Chaplains may be the first person to hear of one's suicidal thoughts. They also develop a network referral list of providers like social workers, counselors, and other chaplains that can help patients when they leave the hospital.

> ***"...suicide is the 10th leading cause of death in the United States, claiming more than 47,000 lives in 2017 alone.***

In 2021, there were 519 suicide deaths of service members in the military in the United States (U.S. Department of Defense, 2022). Chaplains can provide a key role in preventing suicide for military members and the general population. While many factors may contribute to a veteran having suicidal thoughts,

there are things like religion that can help provide a protective measure against it (Baker, 2021). Chaplains help patients discover their greater purpose in life and are often the first responders when someone comes into a healthcare facility. All VA Medical Centers (VAMCs) clinical chaplains provide spiritual and pastoral care services when the veteran requests. The health benefits package offered to veterans must include spiritual and pastoral care when requested by the patient (Kopacz et al., 2014). Chaplains in VAMCs often work with veterans who are considered *"at-risk"*, which makes up about 10% of their patient population (Kopacz et al., 2014). VA chaplains' services are meant to uncover the meaning of a person's relationships with self, others, ideas, nature, and, when relevant for the veteran, with a higher power.

...the Department of Veterans Affairs health clinics now ask[s] as part of the regular veteran physical. '*Are you have any suicidal thoughts right now?*'

Trying to find those bits of self-awareness, self-acceptance, self-care, and love shows that the veteran still sees some reason to live, which is important to recognize. According to Baker, "the Department of Veterans Affairs health clinics now ask[s] as part of the regular veteran physical: *'Are you have any suicidal thoughts right now?'*" (2021, p. 128). The idea behind asking this question is to allow the veteran to feel supported in an environment where the type of care is personal, and it makes the veteran process how they are doing internally. Another way chaplains in the VA Healthcare System help veterans during suicidal times is by doing "*life reviews*" with them. Life review is the process of reviewing one's own life to take control of the story (Kopacz et al., 2014). It allows the veteran to narrate their own life like an autobiography and have a sense of *hope*, *meaning*, and *healing*. Chaplains are part of a medical team of doctors, nurses, and counselors. In collaboration with other healthcare providers, clinical chaplains can offer an added degree of support to at-risk veterans in times of *crisis*, *distress*, and despair.

Chaplains play a more spiritual role in suicide deterrence than the rest of the care teams. According to Baker, "one-quarter of those who ever sought treatment for mental disorders did so

from a clergy member... and not by a physician or mental health professional" (2021, p. 131). This shows the immense value that chaplains have in healthcare settings. Chaplains can offer *help*, *hope*, and *worth* and break the suicidal triangle of *helplessness, hopelessness*, and *worthlessness*.

> ***"...one-quarter of those who ever sought treatment for mental disorders did so from a clergy member... and not by a physician or mental health professional.***

Chaplains also provide their organization with three levels of suicide deterrence: *Prevention*, *Intervention*, and *Postvention*. Prevention is the act of stopping something before it occurs. For chaplains, suicide prevention is often done through educational presentations for the entire community. Then there is gatekeeper training for current and new staff to attend so they can recognize the warning signs of suicide and help people who are suicidal (Baker, 2021). Emphasizing the quality of life for the people they serve is vital to preventing suicide. Chaplains are in a unique position where they can talk about the *quality* of life and the *value* of life. They may use pieces of the Scripture when people feel hopeless but did not choose death. Many religious stories there affirm the value of life for all people in which humans are not burdens; they are *important*, *valuable*, and *unique*.

The second level of suicidal deterrence is intervention, a treatment that occurs when the problem arises. Chaplains hear from hundreds of patients daily, but if they hear a strong sense of *helplessness, hopelessness*, and *worthlessness*, they may shift their approach from prevention to intervention. They may probe each of these feelings to see if there are more concerns in one area than others. If all three things are strongly expressed, that creates a *"suicidal triangle"*, meaning someone is more likely to be suicidal. Chaplains can ask the patient directly if they are having suicidal thoughts, and doing so is helpful, but the patient may have difficulty determining which thoughts are or are not suicidal. Baker gives an analogy that helps with understanding this: "Planning a vacation: You can dream about where you want to go for a while. If you do research online, it becomes a little more real. Once you buy plane tickets, you are committed to the vaca-

tion" (2021, p. 130). Chaplains may ask the question directly because they want to know whether the patient has bought the ticket yet. Chaplains should listen to any reasons that the patient gives for living. If the patient describes hope for the future, they likely see some reason for living.

"Suicide in the active force was, and still is, very high, especially during the wars in Iraq and Afghanistan.

The last level of suicidal deterrence is postvention, which often includes pastoral care to families following a suicide. There is often a strong sense of grief, mourning, loss, and incomprehensibility that it happened. Some common responses that may be present in the family are shock, disbelief, numbness, guilt, shame, and a sense of failure. There are often things said to chaplains like, *"I should have seen this coming"* or *"What could I have done differently?"* These responses and questions are often tricky for chaplains to answer, but they are there to listen to the family about what they are going through.

An Adventist chaplain I spoke to, who works at a faith-based hospital in Maryland, had some experience as a military chaplain. I asked him about his time in the military and if suicide was prevalent among people who are actively deployed, and he said:

> "Suicide in the active force was, and still is, very high, especially during the wars in Iraq and Afghanistan. We had a lot of soldiers, some of them did not want to deploy and some were genuinely urging and struggling with their emotional health. Suicide was a huge thing in the Army. I would say that in the active duty, suicide is probably the biggest thing. When soldiers become veterans, that turns into be a additional problem. You would find both suicide as well as substance abuse" (Chaplain #5, 2022).

Suicide in the active duty is surprising, as I would not expect veterans' emotional and mental health to get to that level during active deployment. Military chaplaincy differs from hospital-based chaplaincy because military chaplains have a closer relationship with the people they care for. Substance abuse is also something that chaplains often witness from patients when they work in a healthcare setting. One Protestant chaplain I spoke to who works in a non-religious

hospital in North Carolina gave me an example of what he told a couple dealing with substance abuse by saying:

> "I dealt with two 20-year-olds earlier this morning who had been brought in with an overdose. The first thing that I work really hard at is building trust and in some way communicating, whether it comes out of my mouth or whether it is just my body language, that I am not there to judge but really just there to listen and to support. Definitely, I am always looking to show an incredible compassion to affirm them, their worth and value. I am always looking for *meaning* because they may be self-harming themselves, but there might be one area of their life that is meaningful to them. The best metaphor is: rather than trying to pull someone out of a pit just to fasten your grappling hook to something solid, that will not move, sometimes it means more to them climbing down into the pit for a little while and sitting with them and just being with them. When it is time, you can always climb right back out and go back to work" (Chaplain #3, 2022).

"The first thing that I work really hard at is building trust and in some way communicating, whether it comes out of my mouth or whether it is just my body language, that I am not there to judge but really just there to listen and to support."

This quote is one powerful example of how a chaplain can help people who are suffering and dealing with substance abuse. Chaplains can provide hope to those who are hurting and brokenhearted. Chaplains learn throughout their time how to best navigate these situations, and it is vital to listen to patients and their struggles rather than judging. Chaplains not only provide this support in the postvention stage to suicidal patients but also to friends and family members who are impacted by suicide.

6. Training and Certification Requirements for Chaplains

6.1 Clinical Pastoral Education (CPE)

Chaplains have to go through Clinical Pastoral Education (CPE) training which "is a unique interfaith experience, open to people of all faiths" (The Institute for Clinical Pastoral Training, n.d.). CPE provides an interfaith perspective in a professional educational capacity in ministry. It allows students to develop skills and new awareness for themselves and others in need through supervised encounters with persons in crisis. By helping these people in times of need and crisis in various settings, student chaplains develop skills in inter-personal and inter-professional relationships, which are essential qualities to have as a chaplain. In terms of the length of a CPE program:

> "The Institute for Clinical Pastoral Training (ICPT) offers four (4) units of CPE ... A full-time unit is 12 weeks long and includes at least 300 hours of direct clinical contact hours with designated clientele or patients and 100 hours of lecture and peer review with a group of not less than two peers. The student must be engaged in a clinical ministry setting no less than 25 hours per week" (The Institute for Clinical Pastoral Training, n.d.).

Having four units of CPE completed is a requirement for becoming a Board Certified Chaplain (BCC), especially if chaplains plan on working in a healthcare setting.

6.2 Board-Certified Chaplain (BCC)

Board Certified Chaplain (BCC) is the process by which candidates demonstrate their competence, qualifications, and ability to function as professional chaplains. Being a BCC serves several functions, including ensuring that the chaplain maintains a professional image. Another purpose is to ensure that the chaplain meets national qualifications, standards, and competencies. (Board of Chaplaincy Certification Inc., n.d.). The final purpose of BCC is to promote the continuing education and development of certified spiritual care providers. In addition to having the four units of CPE, chaplains must also have a:

“Chaplain visits increased the willingness of patients to recommend the hospital... Patients visited by chaplains stated staff was more likely to meet their spiritual needs, and chaplains' integration into the healthcare team improves patients’ satisfaction with their hospital stay.”

> “Bachelor's degree plus theological education at the graduate level, which involves a minimum of three years (amounting to 72 semester hours or 108 quarter hours of credit), taken at an accredited school... Documentation of 1 year (2,000 hours) of full-time chaplaincy experience after completing four (4) units of CPE... Demonstrated competency in chaplaincy care, as outlined by *Certification for Professional Spiritual Care: Common Qualifications and Competencies*..., and the endorsement/support by a recognized spiritual/faith group” (Board of Chaplaincy Certification Inc., 2019).

Board Certified Chaplaincy is a beneficial certification for healthcare chaplains, as they can put it on their resume to stand out from other chaplains when they apply for jobs. In addition, BCC is nationally recognized, so chaplains can switch healthcare settings if they decide to do so. BCC also requires chaplains to continue gaining knowledge by completing 50 hours of education each year to remain knowledgeable and stay up to date with the best practices within the profession.

7. Patient Satisfaction of Chaplaincy

In hospital settings, ensuring patients feel satisfied with their care is crucial. The patient should not feel less than or not cared for in a hospital setting. According to Cotton et al., who have a research presentation titled *“Demonstrating the Value of Integrating Spiritual Care in Healthcare Through Increased Patient Satisfaction”*:

> “Chaplain visits increased the willingness of patients to recommend the hospital... Patients visited by chaplains stated staff was more likely to meet their spiritual needs, and chaplains' integration into the healthcare team improves patients’ satisfaction with their hospital stay” (2015).

A patient's spiritual needs are often not discussed because people usually come into a hospital for a physical need or injury, but that does not mean a spiritual need does not exist. When I spoke to an Adventist chaplain, who works in a faith-based hospital in Maryland, about how he receives patient satisfaction, he said,

> "When patients are discharged, patients can get a call from the hospital after their visit. If something did not go well, the patient would say, but oftentimes, patients may send us a letter. I got a letter this week from a patient`s family member. After being discharged, family members may also write to any of us thanking us for being there and taking care of them or they may say something like how much they appreciate the support from everybody. That is how we usually get feedback" (Chaplain #5, 2022).

"The most significant gift about being a chaplain is to be present and listen to the patient...

Writing letters to a chaplain to express a patient's gratitude for the service they are providing to the patient is rare. Of the five chaplains I spoke to, only one ever received feedback in the form of a letter or a survey. The other chaplains I talked to said the feedback they received was general comments such as "Thank you," and often that was directed at all of the staff, not the chaplain specifically. In light of this, a recommendation can be made for all hospitals that have chaplains is to provide patients with short feedback forms that include all healthcare professionals, including chaplains, so quality feedback can be provided to chaplains, and they can improve themselves and the work and services that they provide to patients.

Conclusion

Chaplains in healthcare settings provide services and resources for patients, families, and staff. These healthcare workers help patients bridge the gap between the medical decisions they face and the belief system that the patient aligns with. They are an essential part of the healthcare system. Chaplains may use varying techniques to connect with the patient according to their age or religious beliefs. No matter what type of healthcare setting the chaplain works in, they all have the same goal: to care for the patient's spiritual and physical needs, no matter their religious background or affiliation.

While some chaplains may identify with a particular religion, not all do. Chaplains work on an interdisciplinary team that is a collective of multiple faith and non-faith backgrounds. While they may not have the same beliefs as the patient, that does not mean they cannot care for them. Chaplains are taught throughout their education to accept and care for all patients, regardless of their religion. The chaplains who work in faith-based hospitals may identify with the same religion as the hospital but do not have to; chaplains working in non-religious hospitals can still identify with a religion. The similarity between faith-based and non-religious hospitals is that both put patients first, and neither can proselytize their beliefs or push them onto other people. Patient care teams usually include chaplains, and this spiritual element allows other health professionals to see things differently.

> ***"The best chaplains are ones that, bring perspective. Not their own, but the perspective that 'we believe people have intrinsic value.***

No matter what type of healthcare facility chaplains work in, COVID affected them heavily. While some chaplains still visited patients in person, almost all transitioned to virtual meetings in some capacity, and human interaction with patients was limited. During this time, chaplains often focused on the staff, who were overwhelmed and burned out. Chaplains listened to the staff and gave them the hope and strength to push through the pandemic. During the pandemic, chaplains also had to focus on their health, as it was also draining them.

Chaplains also often help people navigate faith, despair, and the loss of a loved one. They help patients dealing with substance abuse, suicide, and self-harm. Chaplains also have to go through education to prepare them for caring for people from all walks of life. Patient satisfaction is the way chaplains receive feedback about their service to patients and families. Chaplains are the peacemakers in the hospital because they are not always there to deliver bad news; they are there to ensure patients are as comfortable as possible. According to Cadge, the best chaplains are ones that,

> "bring perspective. Not their own, but the perspective that 'we believe people have intrinsic value... And I think people feel empowered when they're listened to without being judged and when they are being listened to by someone who genuinely has their best interests in mind and not necessarily the institution's or anybody else's'" (2022, p. 98)

They are there to brighten patients' moods in times of uncertainty, not to push themselves or their religion on people. The most significant gift about being a chaplain is to be present and listen to the patient; that is what the world needs, more people who are present and listening.

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About CFIG

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About the Author

Jose Serna is a senior attending Augustana University located in Sioux Falls, SD. He is double majoring in Government/International Affairs and Sociology (with Medicine and Health emphasis) and minoring in Medical Humanities and Society. He is also a member of the Civitas Honors Program. Jose was one of the interns who was selected to Lutheran College Washington Semester`s (LCWS) Fall 2022 program. For Summer 2023, he was a Policy Intern at South Dakota Department of Social Services within the Medicaid Office. Jose is involved in many clubs on campus, such as Kidney Disease Screening and Awareness Chapter, Augie Worship Night, Embrace Young Adults and Classics Society. He recently worked at the campus as a library assistant and an IT staff. Jose has also volunteered with non-partisan organizations such as Illinois People's Action and One People's Campaign to help elect local candidates in his hometown.

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