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Final Opportunities for Healthcare Chaplains to Share the Gospel to Those Facing End of Life

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Thesis Research and Writing

by

Michal Lynn Lee

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Abstract

Spiritual care is a necessity for end-of-life care. Those with terminal illnesses and facing death are concerned about things of spiritual or existential nature. The National Consensus Project for Quality Palliative Care study indicated that most patients want to have their spiritual concerns addressed, and yet, spiritual concerns are not adequately addressed with the medical team and the current system of care. This paper builds on the role of the chaplain within a healthcare context for those facing end-of-life scenarios and reinforces the impact of the chaplain to fulfill his primary role of addressing eternal issues. Healthcare chaplains enter the world of the hurting, those in crisis, pain, and turmoil and offer impactful ministry that is not available through traditional church settings and reach those who may be isolated from further spiritual care. The chaplain's availability at someone's end of life offers a window into God's love and concern for their soul and eternity by offering the ministry of presence, listening, and probing into matters of the soul with pastoral and theological expertise.

Keywords: *end-of-life, spiritual care, chaplain, healthcare chaplaincy, missional chaplaincy*

Abstract length: 173 words

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I would first like to thank my Lord and Savior Jesus Christ for saving me and calling me into the ministry of serving others and proclaiming the Good News of the Kingdom of God. I am grateful for all the good gifts and acknowledge that without Him I could do nothing.

Furthermore, I am especially grateful for my mom and dad who pointed me to the cross in the first place, and to my dad who encouraged me to pursue further education, and as a pastor, he has always encouraged me in the work of ministry.

Moreover, I would like to extend my gratitude to Dr. Harold Bryant for his advisement and insight into working this project.

Lastly, I would like to express my gratitude to my children who listened to my ideas and encouraged me to spend time in study. They have given me the generous gift of study time. Although they were all gracious, the sacrifice was greatest for the youngest son, Benjamin, who astutely reminded me that this paper is not my life's work, and will not matter when I die. He has heard me speak of things of eternity many times, and has learned well.

CONTENTS

Chapter 1

Introduction

Chapter one contains the following thesis upon which the entirety of the paper revolves: The relationship between the chaplain with the dying is a vital link to offering the Gospel and comfort of the Lord, but also a ministry to the family who witnesses the spiritual care given and responds in some manner. Chapter one introduces the problem of defining the role of the chaplain within the healthcare, hospice, and palliative care system as an integral and valuable asset to end of life care as well as the primary resource for sharing the Gospel to the patient as well as their family. Chaplains who minister to those who are at the end of life carry distinct marks. They make themselves available to walk into situations in order to listen, provide support, provide spiritual guidance, provide counsel for end of life decisions, serve as confidante, and serve as a brief distraction from the pains and illness.

Virginia T. LeBaron, et al., in their research of community care and clergy, offer a detailed account of clergy who provide spiritual care in end of life situations. The write up for clergy applies nicely to chaplains. Their work explains that clergy (chaplains) serve as a ministry of presence. Being present and being available to the patient is a key to their role. Among other duties, chaplains help to facilitate religious activities. They share prayer, read and teach Scripture, share devotionals, offer and administer the sacraments, and engage in singing hymns. Chaplains provide emotional support, reminding patients that they are valuable, useful, and wanted. They provide moral support, reminding patients not to waste important moments with family and to make amends or seek reconciliation. Their relational skills involve aspects of "personal warmth, attentive, acceptance, genuine interest, open, non-judgmental, friendly

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disposition and connecting smile."[1] They relieve despair. They offer hope. They are conduits of

care for the patient's family and other caregivers, offering counsel, and encouraging legal,

emotional, and financial preparations for death.[2]

Chaplains often enter into end of life scenarios which carry many challenges. The

medical team and the dying individual's family must cope with the ever-changing needs of this

individual. Although it is a natural process of life, dying is often complicated by emotions,

missed expectations, spiritual distress, disappointment, regrets, complex and changing medical

treatments, experimental methods, pain control, and a host of questions that may never be

answered. A struggle for control and sense of powerlessness accompany modern dying.[3]

Additionally, end of life care is as diverse as the history, culture, tradition and ages of the

dying individuals. Care for dying children and their families at end of life poses a very different

agenda of emotions as care for the dying elderly. Spiritual care is not individualistic, but is

diverse within different cultures and even sub-cultures. Death is often accompanied with

culturally specific rituals which help to support the one dying as well as set the tone for

expressing grief.[4] Expectations and traditions may even change within families within those sub-

cultures. Religion plays a key role in the many challenges of end of life care as well. However,

Daalman, et al. explained that certain barriers exist to spiritual care including "social, religious,

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[1] Gary R. Collins, *Christian Counseling, A Comprehensive Guide,* 3rd ed. (Nashville: Thomas Nelson, 2007), 17.

[2] Virginia T. LeBaron, Patrick T. Smith, Rebecca Quiñones, Callie Nibecker, Justin J. Sanders, Richard Timms, Alexandra E. Shields, Tracy A. Balboni, and Michael J. Balboni. "How Community Clergy Provide Spiritual Care: Toward a Conceptual Framework for Clergy End-of-Life Education," *Journal of Pain and Symptom Management 51,* no. 4 (2016): 673-681.

[3] Nancy A. Hodgson, Sheila Segal, Maria Weidinger, Mary Beth Linde, "Being There: Contributions of a Nurse, Social Worker, and a Chaplain During and After a Death," *Generations* 28, no 2 (2004), 47-52.

[4] Hodgson, "Being There," in *Generations.*

or cultural discordances between caregiver and patients [which] sometimes created an atmosphere of mistrust and was another obstacle to care."[5]

These challenges, although daunting, are what make the role of the chaplain a flexible anchor of stability. Although *flexible anchor* may seem like an oxymoron, the metaphor is suitable for the chaplain's role. The chaplain must be flexible as he adjusts to the unique situations and personalities that present themselves from room to room and patient to patient throughout his day. Chaplains specialize in helping patients to "personally engage with the questions of life, giving [patients] permission to move outside the 'traditional box' of religion.[6]

The chaplain must also be an anchor of stability, in that, although the chaplain may morph in style and approach throughout the day, the chaplain's message never changes: the utmost goal of a chaplain should be to present the Gospel and care of the Lord Jesus in tangible and verbal ways regardless of the ever-changing scene of the end of life process.

In doing so, the relationship of the chaplain with the dying patient is a vital link to offering the Gospel and comfort of the Lord, but also a ministry to the family who witnesses the spiritual care given and responds in some manner. Spiritual care is a key factor in palliative care, and with that, chaplains serve as the experts in "theology and the language of faith" in an environment where developing and maintaining a 'critical theological tool box' is absolutely

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[5] Timothy P. Daaleman, Barbara M. Usher, Sharon W. Williams, Jim Rawlings, Laura C. Hanson, "An Exploratory Study of Spiritual Care at the End of Life, *Annals of Family Medicine 6*, no. 5 (2008): 406-411. doi: 10.1370/afm.883

[6] Carol S. Campbell, "A Hermeneutic Phenomenological Study of the Unique role of NHS Hospital Chaplaincy in Delivering Spiritual Care to People Bereaved by the Death of a Child" PHD thesis, University of Aberdeen, 2013. Accessed January 18, 2020

necessary for dying well.[7] The National Consensus Project Guidelines for Quality Palliative Care in the United States recognized the spiritual domain as a critical component of care.[8]

This paper will explore that vital link and share the current practice of the chaplain's presence in end of life care as a unique opportunity to impact the dying, the family, the medical staff, and the extended relationships towards the hearing of the Gospel, which is modeled to them in action and spoken in word. Using the model of Jesus at the time of Lazarus' death, this paper will connect the relationship and outcome of the method of Jesus to the dying, the family, and the community.

Statement of the Problem

The relationship between the chaplain and the dying patient is a vital link to offering the Gospel and comfort of the Lord, but also a ministry to the family who witnesses the spiritual care given and responds in some manner. The value of spiritual care at the end of life as given by the chaplaincy must be evaluated and held to a standard of significance to the medical profession. As vital as ordering of medications from the doctor is to the patient, as vital as the administering of medication and care services to the patient are to the nurse, so is the magnitude of spiritual care from the chaplain to the patient--perhaps even more so as the approach of end of life scenarios draw near.

The problem is that the chaplaincy is often viewed as secondary care, evidenced by the removal of chaplains upon budget cuts or concerns.[9] Research guides how the medical and

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[7] Carol S. Campbell, "A Hermeneutic Phenomenological Study."

[8] Christina M. Puchalski, "Spirituality and the Care of Patients at the End-of-Life: An Essential Component of Care," Journal of Death and Dying (2008)

[9] Harold G. Koenig, "Why Research is Important for Chaplains," *Journal of Health Care Chaplaincy 14, no 2 (2008),* Accessed September 21, 2019.

health care fields operate and the same is true for the chaplaincy role.[10] If the ultimate goal of a

chaplain is to offer the Gospel to those outside of the four walls of the church, then the findings

of how to keep chaplains within the hospital system becomes a major concern for the field of

chaplaincy. Health care chaplaincy is unique in that health chaplains are the only member of the

medical team not trained in medicine, and yet they are the only church leadership who is

certified to serve professionally in a healthcare institution.[11] The hospital, hospice, or palliative

care systems hold a major opportunity of spiritual-medical service offered by those trained in

theology and who have an active relationship with the Lord Jesus Christ.

Furthermore, a gap exists in the recognition by the patient and by our society as a whole

of the chaplain as a professional instrument of healing in connection with the medical team.

More gaps exist between which faith tradition of chaplain the health organization hires and the

faith tradition of the patient. It would not be feasible for a hospital, for instance, to hire or have

on stand-by one of every religion or faith tradition to offer their patients. A one size fits all

chaplain does not fit the need of someone who is transitioning from this life into eternity, if the

intention of the Christian chaplain is to comfort and bring the greatest comfort by sharing the

Gospel. It was the observation of this student recently in visiting the student's elderly, dying

grandmother of Christian evangelical faith that sending in chaplains of other religious

backgrounds to check on the spiritual concerns of the patient caused more anxiety than peace.

Just as a medical team would not send in an oncologist for a pulmonary patient, the spiritual

persuasion of the patient should be a factor in caring for the spiritual need. This problem,

however, also becomes an opportunity for the Christian chaplain to care for those of other

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[10] Ibid.

[11] History of Healthcare Chaplaincy and HCMA , 2019. Accessed January 18, 2020.
https://www.hcmachaplains.org/history-of-healthcare-chaplaincy-and-hcma/

religious traditions in a way that presents the truth of the Gospel, which is the hope for all sinners.

Statement of the Purpose

This thesis will examine the current literature of the role of hospital, hospice or palliative care chaplaincy in regards to equating spiritual care with current medical practice in order to link the chaplain to the end-of-life care of a patient and his family in order to bring the hope of the Gospel to the patient and his family. First, the essentiality of spiritual care must be established. Many people turn to spiritual resources to help with the stress of being sick or dying.[12] Spiritual care is understanding that a patient is more than their physical or medical situation, but that they must be cared for not just religiously, but spiritually during illness and that attention to this detail is an integral component of palliative care.[13] Secondly, the role of chaplaincy examined with the current research on the impact of chaplains to those who are facing their own mortality will serve as an additional component to promoting chaplaincy within the healthcare system.

In his research of the hospital chaplain's role, Wilson identified the hospital as a place of truth in which the chaplain serves as the church within the community.[14] Because the church is a body of believers worldwide who participate in worship, edification, and evangelism, the chaplain essentially enters the hospital as the church and a professional member of the medical team. He provides worship, edification, comfort, counsel and evangelism to those who may

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[12] K. I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*. New York, NY: Guilford Press (1997).

[13] Tracy Balboni, Michael Balboni, Elizabeth Paulk, and Andrea Phelps. "Support of Cancer Patients' Spiritual Needs and Associations with Medical Care Costs at the End of Life." *Cancer* (May 2011): 5383-5391. Accessed September 4, 2019.

[14] Michael Wilson, *The Hospital, a Place of Truth: A Study of the Role of the Hospital Chaplain*. Birmingham: University of Birmingham, 1971.

never enter the four walls of a steepled building. In doing so, he is well-situated to bring the Gospel to patients who are at the end of life.

Statement of Importance of the Problem

Currently, there is very little data available to quantify the value that the chaplain adds to a medical team in regards to patient outcome.[15] There is some research that suggests that chaplains have an influencing role in increased hospice care enrollment.[16] Studies have shown that cancer patients who report little or no support with spiritual care have higher end on life care expenses than those whose needs are reported as being supported. Chaplains within hospital systems help counsel families concerning end of life decisions, thus encouraging them to enter hospice services that align actual treatment plans with their values and wishes.[17] Harvard University aims to discover what spiritual care practices and training processes will enable the hospital chaplaincy to maximize its impact on the sick and dying.[18] Bringing the research of how chaplaincy and spiritual attention influences end-of-life outcomes to the to the front lines of hospice and palliative care will clarify and cement the valuable role of chaplaincy in caring for the sick and dying as an indispensable aspect of quality medicine and patient/family satisfaction. A chaplain has a call to deal with the spiritual nature of death and the biblical answer for the cause and end of death. A Christian chaplain also has the mandate of the Gospel to spread the

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[15] Harvard University Current Research Programs. "Chaplaincy and Medicine," *Initiative on Health, Religion, and Spirituality*, Harvard University. Accessed September 21, 2019.

[16] Kevin J. Flannelly, Linda L. Emanuel, George F. Handzo, Kathleen Galek, Nava R. Silton & Melissa Carlson, A National Study of Chaplaincy Services and End-of-Life Outcomes," *BMC Palliative Care 11*, no 10 (2012). Accessed October 5, 2019.

[17] Ibid.

[18] Harvard University Current Research Programs.

good news to the world, this would include the world of the dying and in greater urgency and consideration.

Statement of Position of the Problem

Chaplains have long been recognized by medicine to be an integral part of palliative care and an end of life team.[19] However, lack of knowledge among the health care team members of what exactly the hospital or hospice chaplain does with a patient and his family remains an issue.[20]   Studies have shown that chaplaincy care has reduced patient anxiety[21] and other studies have shown that chaplains have assisted in helping patients with their spiritual distress.[22] The introduction of the Spiritual AIM, a spiritual assessment model that articulates assessments, interventions, and outcomes, focusing on the patient's concerns, has helped to relieve some of the lack of knowledge. This assessment model helps to inform the other members of the health care team concerning the spiritual needs of the patient, if the establishment chooses to use such a model.[23]   The Spiritual AIM intervention informs the interdisciplinary team with spiritual data and focuses on relationships and "the idea that healing happens in relationships."[24]

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[19] D.E. Weissman and D.E. Meier, "Center to Advance Palliative Care Inpatient. Unit Operational Metrics: Consensus Recommendations" *Journal of Palliative Medicine 12*(2002): 21-25. Accessed October 6, 2019.

[20] Allison Kestenbaum, Michele Shields, Jennifer James, Will Hocker, Stefana Morgan, Shweta Karve, Michael Rabow, and Laura Dunn. "What Impact Do Chaplains Have? A Pilot Study for Spiritual AIM for Advanced Cancer Patients in Outpatient Palliative Care." *Journal of Pain and Symptom Management 54*, no 5 (2017): 707-714. Accessed October 6, 2019.

[21] William Iler, Don Obenshain & Mary Camac, "The Impact of Daily Visits from Chaplains with Chronic Obstructive Pulmonary Disease (COPD): A Pilot Study," *Journal of Chaplaincy Today 17*, no 1 (2001):5-11. Accessed October 6, 2019.

[22] Paul S. Bay, Daniel Beckman, James Trippi, Richard Gunderman, Colin Terry, "The Effect of Pastoral Care Service on Anxiety, Depression, Hope, Religious Coping, and Religious Problem Solving Styles: A randomized Controlled Study, *Journal of Religion and Health 47*, no. 1 (2008): 57-69. Accessed October 6, 2019.

[23] Allison Kestenbaum, et al., "What Impact," in *Journal of Pain*.

[24] Ibid.

This paper will describe the importance of these spiritual chaplain-driven relationships and describe the potential impact that chaplain-delivered spiritual care has on the dying individual and the individual's family. Research indicates that patients, nurses, and physicians all deem spiritual care as important dimensions of care and the patient's experience.[25] The difficulty remains, though, that nurses and physicians receive very little training in spiritual care concerns, and many refer patients to chaplaincy or clergy when spiritual needs arise.[26] It is the position of this thesis that the chaplain has a unique opportunity to provide spiritual care to patients at the end of their life within a hospital setting. Just as Jesus provided spiritual care to Mary and Martha upon the death of Lazarus, so the chaplain, working as an integral part of the medical team, must use the opportunity given to him to present the Gospel.

Limitations/Delimitations

This thesis is limited to spirituality as defined from a Christian worldview. It may briefly touch on other religious worldviews, but the angle comes from that of a born-again believer. Diversity in faith religions will be lacking and thus, the research will stream from the mandate that a chaplain has to fulfill the Great Commission that Jesus gave to His eleven disciples and consequently to every believer, to "Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all things that I have commanded you" (Matthew 28:19-20).[27]

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[25] Michael Balboni, Adam Sullivan, Adaugo Amobi, Andrea C. Phelps, Daniel P. Gorman, Angelika Zollfrank, John R. Peteet, Holly G. Prigerson, Tyler J. VanderWeele, and Tracy A. Balboni, "Why is Spiritual Care Infrequent at the End of Life? Spiritual Care Perceptions Among Patients, Nurses, and Physicians and the Role of Training." *Journal of Clinical Oncology 31*, no. 4 (February 2013): 461-67.

[26] Michael Balboni, et al. "Why is Spiritual Care Infrequent?" in *Journal of Clinical Oncology.*

[27] All Scripture cited is rendered in NKJV, unless otherwise noted.

Chapter 2

Method

The methods used for this thesis relied heavily on library research to compare and analyze the existing data in order to accentuate the thesis statement. American academic John W. Creswell, known for his mixed research methods, offered this summary of his position in his book *Research Design* that "the qualitative research is an exploration and understanding to the meaning individuals or groups ascribe to a social or human problem."[28] The researcher has chosen to design a study that is primarily qualitative and descriptive to determine that the relationship between the chaplain with the dying is a vital link to offering the Gospel and comfort of the Lord, but also a ministry to the family who witnesses the spiritual care given and responds in some manner. Because the nature of this study is strongly subjective, a descriptive approach seems to suit the research well. This descriptive research will describe the role of healthcare chaplains in hospital, hospice or in palliative care setting, giving a "concise depiction of reality."[29]

The quantitative approach would be helpful to provide empirical evidence of measuring specific outcomes, however this researcher is not in a position to acquire such evidence in a way that provides sufficient quantitative data with reasonable sample sizes. For this reason, the researcher has chosen to rely heavily on the qualitative approach citing the research of others to focus on the topic. Furthermore, Kaasa and Loge agree that the obtaining of information from the

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[28] John Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (Thousand Oaks: Sage Publishing, 2009) Kindle edition.

[29] Nancy Jean Vyhmeister. *Quality Research Papers: For Students of Religion and Theology*, 3rd ed. (2019).

dying or receiving permission to interview them can present many challenges.[30] Further

complicating the retrieval of information is that in the "actively dying" there is a range of those

who are cognitively lacking nothing and those who are cognitively impaired.[31]

Data Collection

The researcher has perused the patient satisfaction surveys of hospice, hospitals, and

other palliative care initiatives from other researchers who have evaluated the spiritual care

satisfaction aspect of hospice and palliative care. The purpose of this is to utilize the scholarly

resources and data to explain the measure the impact of chaplains to the multi-dimension of the

care team.

The questions this researcher is looking to have answered may not be questions that can

be asked to patients in end of life situations. For instance, a researcher would have difficulty

retrieving the impact of the ministry of presence and Gospel presentation upon the dying, but

also the impact upon the family. The information to be obtained includes the following:

What are the contributions of the chaplain upon the dying?

What are the limitations of the chaplain in hospice or palliative care?

What are the ethical conditions upon the chaplain in sharing the Gospel with the dying?

How does the chaplain's role fit into holistic health care?

The data has been collected through the Liberty University Jerry Falwell Library advance

search program. The Spiritual Needs Inventory by Hermann[32] and other assessments will be

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[30] Stein Kaasa and J. H. Loge, Quality of Life in Palliative Care: Principles and Practice. *Palliative Medicine 17,* no 1 (2003): 13. Accessed September 27, 2019.

[31] Ibid.

[32] Hermann, C. P., "Spiritual Needs of Dying Patients: A Qualitative Study," *Oncology Nursing Forum, 28*, no 1 (2001): 67-72. Accessed September 27, 2019.

evaluated to see which components might be beneficial to contribute to the patient's needs and concerns.

Data Analysis

The researcher has the intent to collect descriptive data to report the impact that a chaplain has in his ministry of presence and Gospel opportunity to the dying, family, and extended network of those present in end of life care.

Chapter 3

Definition of Terms

Chaplain

Chaplains are those ordained ministers who have been commissioned by their religious

faith group to provide pastoral care in a setting outside of an organized church. They minister in

various organizations, including the military, hospitals, hospice, palliative care, schools,

universities, sports, workplace, and first responders. Paget gives the definition of a chaplain as

one who will "provide for the free exercise of religion for everyone in the command, not just the

people who were of the same faith tradition as a chaplain."[33] Chaplains have additional training

based upon their specialized field of ministry.

End of Life

The time of life that is not defined by age, but defined by how near one is to death. It is

the time when the patient and his family know that hope of extending life is gone. End of life can

come suddenly, as in an accident or fast-moving disease, or may be long expected.

Existential Distress

In particular with this paper to include the perceived pointlessness and

meaninglessness as one faces end of life. In hospital settings, existential distress refers to the

struggle of making sense of life and its purpose, especially as one approaches death. Esther Mok,

et al., identified existential distress as the "despair and angst associated with a loss of purpose

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[33] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2006), 4.

and meaning to life, including relationships and identify." [34] Existential issues are a key

component of chaplaincy care to patients facing end of life and understanding them contributes

to the holistic care of the patient.

Gospel

The Good News which includes the essential elements that Jesus was crucified, buried,

and resurrected from the dead for the forgiveness of our sins to reconcile the world back to God,

and He is coming again soon. The apostle Paul explains the gospel to the Corinthian church:

> Moreover, brethren, I declare to you the gospel
> which I preached to you, which also you received and in which
> you stand, by which also you are saved, if you hold fast that word
> which I preached to you—unless you believed in vain. For I
> delivered to you first of all that which I also received: that Christ
> died for our sins according to the Scriptures, and that He was seen
> by Cephas, then by the twelve (1 Corinthians 15:1-5).

Hospice

This generally refers to the care given to patients who have reached the end of their life

that focuses on comfort care and not recovery. [35] Schuyler clarifies the definition by

writing, "The medical meaning is clear: hospice aids the patient in obtaining comfort, and

hospice supports the caregivers tending the patient."[36]

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[34] Esther Mok, Lau Kapo, Waiman Lam, Laingor Chan, Jeffrey S. C. Ng, Kinsang Chan, "Healthcare Professionals' Perceptions of Existential Distress in Patients with Advanced Cancer," *Journal of Advanced Nursing 66,* no 7 (June 2010).

[35] Dean Schuyler and Woodrow Coker, Hospice, *The Primary Care Companion for CNS Disorders 16*, no 4 (2014). Accessed January 29, 2020.

[36] Ibid.

Palliative Care

Often associated with end of life care, this is "an interdisciplinary specialty service that helps people manage the symptoms and stress associated with serious illness and its treatment.[37]

Religion

Religion includes the belief that the right set of system could lead a person to God or to a higher power. It associates with "a culturally shared system of values, beliefs, and rituals which include spiritual concerns"[38] Stark and Glock (1968) identified five primary elements of religiousness: belief, religious practice (ritual, devotional), religious experience, religious knowledge, and consequence of religious practice on day-to-day living.[39]

Spirituality

Similar to religion, spirituality concentrates on the spiritual side of life as opposed to temporal things and is defined as "the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."[40] Michele Shields, et al. define spirituality as "encompassing the dimension of life that reflects the need to seek meaning and direction, to find self-worth and to

[37] I. J. Higginson, I. G. Finlay, D. M. Goodwin. Is There Evidence That Palliative Care Teams Alter End-of-Life Experiences of Patients and Their Caregivers? *Journal of Pain Symptom Management 25*, no 2 (2003): 150-168. Accessed January 29, 2020.

[38] L. J. Praglin, "Spirituality, Religion, and Social work: An Effort Towards Interdisciplinary Conversation," *Journal of Religion & Spirituality in Social Work: Social Thought 23*, no 4 (2004): 67084> Accessed October 6, 2019.

[39] Rodney Stark and Charles Y. Glock, *American Piety: The Nature of Religious Commitment* (Berkeley and Los Angeles: University of California Press, 1968).

[40] C. M. Puchalski, B. Ferrell, R. Virai, S. Otis-Green, P. Baird, J. Bull, H. Chochinov,G. Handzo, H. Nelson-Becker, M. Prince-Paul, K. Pugliese, D. Sulmasy "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference," *Journal of Palliative Medicine 12* (2009): 85904. Accessed September 19, 2019.

belong to community, and to love, and be loved, often facilitated through seeking reconciliation when relationships are broken."[41] In the beginning of Creation was God's Spirit (רוּחַ, ruwach: wind, breath, mind, spirit)[42] moving upon the earth (Genesis 1:3). This breath (נְשָׁמָה, neshamah: breath, spirit)[43] was blown into the man's nostrils and life began. Puchalski observed "spirituality is the very essence of who we all are as human beings—it is the source of our life, our being."[44]

[41] Michele Shields, Allison Kestenbaum, Laura B. Dunn, "Spiritual AIM and the Work of the Chaplain: A Model for Assessing Spiritual Needs and Outcomes in Relationship," *Palliative & Supportive Care 13*, no. 1 (Feb. 2015): 75-89.

[42] רוּחַ, ruwach, Blue Letter Bible Website.

[43] נְשָׁמָה, neshamah, Blue Letter Bible Website.

[44] Christina M. Puchalski, "Spirituality and the Care of Patients at the End-of-Life: An Essential Component of Care, *Omega 56,* no. 1 (2007): 33-46.

Chapter 4

Role of the Chaplain

Historical Role

Modern day chaplaincy can trace its roots back to a fourth-century legend of Martin of Tours. Born into a pagan family around 316 A.D. in a Roman province of now modern-day Hungary, Martin was forced into the Roman army as many young men were in his time. It was a frigid winter day, Martin, around 21 years of age, was passing by the city gates. Seeing a man who was freezing on the side of the road and disturbed that the others before him passed by on their horses with little regard for the beggar, Martin decided to take it upon himself to help. He was moved with compassion after hearing the pleas of the beggar, so he, having very little of his own possessions, took his his cape and cut it in half with his sword. One half he kept for himself and the other half he gave to support the suffering beggar. That evening, Martin had a vision that the beggar was none other than Jesus Christ, and this vision shook him so much that he decided to follow Christ. He left the army when it was permissible for him to do so and devoted himself to the church.

After his death, his cape became a relic for the Catholic Church and was kept it a shrine for preservation. The Latin word for cloak is *cappellani* or *cappa* and that name became the name of the shrine for the cloak. The French absorbed that term into their language as *chapelle*, from which we get our English word *chapel*.

During the middle ages, kings going into battle would carry relics from the church as a sign that God was with them. Martin's cloak was also carried and guarded by a priest who served as its custodian. The guard of the cape became known as *capellani,* which became the old French word *chapelain*. This priest, guarding the cape, also tended to the king's religious needs.

From this we get our word *chaplain*: one who tended to the king's religious needs during times of war. From this time, chaplains have been members of the church who have served alongside the army,[45] and chaplaincy has evolved from serving in the military exclusively, to serving in sports, in prisons, in community, to first responders, in schools, in work places, and in healthcare. God calls the chaplain into the service of "loving care to the disenfranchised of society."[46] Their messages are preached, not from a pulpit necessarily, but from relationship building within a community. They help to bridge the gap between the secular and the sacred. Because they can minister to people who might not otherwise step inside the walls of a church building, chaplains have a unique opportunity to bring the hope of Jesus to those who would otherwise not be open to the Gospel.

As a Professional Body

Ministry to the sick has been a practice of the clergy since the New Testament times. Jesus went to Peter's house and healed his mother-in-law (Luke 4). Jesus said, "I was sick, and you visited me" (Matthew 25:36b). He told His disciples that "these signs will follow those who believe: In My name…they will lay hands on the sick, and they will recover" (Mark 16:17-18). The early church witnessed many bringing sick people for the purpose of Peter's shadow to pass over them as they hoped for miraculous healing (Acts 5:15). Paul healed many people and cared for their sick on the island of Malta (Acts 28:9). However, caring for the sick was secondary to the mission of Jesus and the apostles. Jesus came first to seek and to save the lost (Luke 19:10).

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[45] Michael McCormick, *The Sword of the Lord: Military Chaplains from the First to the Twenty-first Century*, ed. Doris L. Bergen (Notre Dame: University of Notre Dame Press, 2004), 45.

[46] Paget and McCormack, *The Work of the Chaplain.*

Throughout European and American tradition, clergy would visit the homes of the sick and pray over them, sometimes anointing them with oil as the Scripture indicates (James 5:14). At times, this would be the only source of medical care given to the sick at the hands of religious leaders, pastors, and priests. Saint Bartholomew's Hospital, the oldest hospital in London, serves as an example. It was founded in 1123 by Rahere, a monk who cared for the sick.[47] Calling some member of clergy to care for the sick was a normal part of centuries past for those areas without access to someone with medical training.

Hospital care in America was sparse before the beginning of the twentieth century. In 1910, there were just over 4,000 hospitals in the United States.[48] Hospitals balance life, health, sickness and death, but they are also places "where situational realities point to more ultimate realities."[49] These realities include relieving the spiritual sufferings of patients, which medications, therapies, strategies and diagnoses cannot reach.

After World War II, hospital construction increased and the clinical pastoral education movement began to take root and develop. To celebrate the twenty-fifth anniversary of the clinical pastoral education initiative, Anton Boisen, chaplain at Worcester State Hospital stated,

> "We are trying, rather, to call attention back to the central task of the Church, that of
> saving souls, and to the central problem of theology, that of sin and salvation. What is
> new is the attempt to begin with the study of the living human documents rather than with

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[47] Peter O'Driscoll, "The Quiet Servant: Healthcare Chaplain Peter O'Driscoll Reflects on His Experiences in A&E and How the Hospital Chaplaincy Role has Developed to Respond to Changes in Society at Large" *Emergency Nurse, vol. 14*, no 9 (Feb. 2007). Accessed 03/28/20. p. 12+. *Gale OneFile: Health and Medicine.*

[48] History of Healthcare Chaplaincy and HCMA, 2019.

[49] James L. and Sherry L. Miller, "An Image of Contemporary Hospital Chaplaincy," *The Journal of Pastoral Care 43,* no. 4 (Wint. 1989): 355-61.

books, and to focus attention upon those who are grappling desperately with the issues of spiritual life and death."[50]

To go to its roots, healthcare chaplaincy was an initiative of soul care and emphasized the importance of saving souls for eternity within the context of a medical setting. Caring for the sick, for these early hospital chaplains, centered on salvation and eternal life offered by Jesus Christ. In more recent years, however, chaplaincy has morphed from an emphasis on salvation to a commitment to avoid proselytizing, and balancing their own faith tradition with the spiritual and religious background of the patients and families.[51]

As an Individual

The requirements for healthcare chaplains within the United States varies by state. Hospitals require extensive education, including Clinical Pastoral Education (CPE); however, other areas of healthcare such as hospice or assisted living are not as structured in their requirements. In Texas, the state that this student resides, the educational requirements include having a bachelor's degree in an area of study such as religion or counseling, a master's degree in divinity or its equivalent. One must be ordained by their religious group and complete an internship or residency. This education and training give the individual the tools needed to minister as a professional in a healthcare setting with their unique sense of presence.

There is a lot said about the ministry of presence that accompanies the role of the chaplain. The Christian chaplain ushers in the presence of the Holy Spirit and demonstrates the fruit of the Spirit. Love, joy, and peace evidenced by a Spirit-filled life provides a unique

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[50] Ibid.

[51] Wendy Cadge & Emily Sigalow, "Negotiating Religious Differences: The Strategies of Interfaith Chaplains in Healthcare, *Journal for the Scientific Study of Religion 52,* no 1 (Mar 2013).

comfort to the patient. This asset makes them unique to the healthcare team, because the chaplain's encounter with each patient and their family provides a soul care that other members of the healthcare team cannot provide on a consistent basis. Adams says that "in defining presence for other healthcare providers, chaplains often use concepts such as active listening, advocacy, communication, interactions free of personal and professional agendas, and spending time with patients and families."[52] Bohlman adds that "the concept of a ministry of presence is vital for those involved in ministering to grief stricken families."[53] These concepts add value to the healthcare team but may not be easily done by doctors, nurses, and other medical professionals because of the pressure of time and other patient's demands.

As a Member of the Healthcare Team

Richard Cabot, one of the founders of Clinical Pastoral Education, linked seminary students with practical training. He asserted,

> "When we urge a theological student to get clinical experience outside his lecture rooms and his chapel, to visit the sick, the insane, the prisons and the almshouses, it is not because we want him to get away from his theology, but because we want him to practice his theology where it is most needed, i.e., in personal contact with individuals in trouble."[54]

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[52] Kevin Adams, "Defining and Operationalizing Chaplain Presence: A Review," *Journal of Religion and Health 58*, no 4 (2019): 1246-1258. Accessed January 20, 2020.

[53] Brian L. Bohlman, *For God and Country: Considering the Call to Military Chaplaincy*, (West Columbia, SC: Chaplain Resource Center, 2005).

[54] Glenn Miller, *Piety and Profession: American Protestant Theological Education, 1870-1970* (Grand Rapids, MN: Wm. B. Eerdmans Publishing Co., 2007), 593.

His ideas brought and normalized the notion of having a social worker or healthcare chaplain as part of the staff of well-equipped hospitals.[55] Today, a century later, healthcare chaplains have gained the place they need to be a part of the medical team. Spiritual care is recognized as an essential asset in patient outcome and "an essential component of quality palliative care."[56] Strides are still needed, however, to equate their value to a multi-faceted healthcare team to the other members as a vital link to healing the whole person. Research is moving in that direction.

Research indicates that patients, staff, nurses, and physicians recognize spiritual care as a necessary part of the end of life care.[57] Spiritual care improves patients' experiences and improves quality of life.[58] Spiritual care also accounts for higher satisfaction with hospital care and increased hospice use.[59] However, lack of training for nurses and physicians, lack of time, and concerns about appropriateness of spiritual care were explanations posited for why spiritual care was infrequently provided in the patients at the end of life.[60] Michael Balboni, et al. reported that 12% to 14% of the medical professionals they sampled from a survey-based, multisite study conducted from March 2006 through January 2009 received spiritual care training.[61] This low

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[55] Reuel W. Beach, *A Comparative Study of Richard C. Cabot and Paul E. Johnson: A Pioneer and a Contemporary in the Clinical Training Movement* (master's thesis, University of Southern California, 1954), 5. Accessed January 25, 2020.

[56] Bei-Hung Chang, Nathan R. Stein, Kelly Trevino, Max Stewart, Ann Hendricks, et al. "End-of-life Spiritual Care at a VA Medical Center: Chaplains' Perspectives, *Palliative & Supportive Care; Cambridge 10*, no 4 (Dec. 2012): 273-8, Accessed April 1, 2020.

[57] Michael Balboni, et al. "Why is Spiritual Care Infrequent?" in *Journal of Clinical Oncology.*

[58] Ibid.

[59] Ibid.

[60] Ibid.

[61] Ibid.

percentage of doctors and nurses receiving sufficient training in matters of spiritual concern make it necessary for chaplains to step in to fill those roles.

Conclusion

Understanding the role of a chaplain from its roots stemming in the fourth century and the courage of Martin of Tours to the current chaplains trained with Clinical Pastoral Education, is the basis for appreciating the service that these men and women offer to the medical field and its patrons. This appreciation then requires the consideration of the chaplain to uphold the standards of chaplaincy in regards to the Gospel message. He must do so, understanding cultural diversity, and ministering in a multicultural, multidimensional setting without compromising the Gospel or betraying his own theological convictions. A chaplain not serving the Gospel is out of place with the historical emphasis of the ministry and not a service to those in end of life situations.

Chapter 5

Spiritual Care at the End of Life

Spirituality

Spirituality is a part of everyone's life even if that person is not religious. Those with a "strong sense of spirituality are able to maintain a strong sense of self confidence to address negative life issues."[62] Certainly, spirituality is explored in religion, but one does not have to be religious to recognize spirituality. Spirituality from a secular point of view highlights the need to be wanted, to belong, to have purpose, to feel peace and hope.[63] Other aspects include finding connectedness and inner peace and community.[64] Generally speaking, spirituality relates to issues of transcendence, purpose, meaning and life goals.[65] Ephesians 2:1-3 states the problem from a theological point of view, placing emphasis upon the belief that man is born spiritually dead and must be made alive.

> And you He made alive, who were dead in trespasses and sins, in which you once walked according to the course of this world, according to the prince of the power of the air, the spirit who now works in the sons of disobedience, [3] among whom also we all once conducted ourselves in the lusts of our flesh, fulfilling the desires of the flesh and of the mind, and were by nature children of wrath, just as the others (Ephesians 2:1-3).

Chaplains engage patients' spiritual needs and learn to assess the spiritual condition of the patient. This student asked her 56-year-old Christian husband, suffering from multiple myeloma his impressions of the chaplaincy care received. He was visited on several occasions

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[62] David R. Brown et al., "Assessing Spirituality: The Relationship Between Spirituality and Mental Health," *Journal of Spirituality in Mental Health 15*, (2013): 117, accessed March 29, 2020.

[63] *Providing Spiritual Care*, mariecurie.org.uk accessed 03/28/2020.

[64] J. Shea, *Spirituality and Health Care, Reaching Toward a Holistic Future,* (Chicago, IL: The Park Ridge Center, 2000).

[65] Mary Elizabeth O'Brien, *Spirituality in Nursing: Standing on Holy Ground*, 5th ed. (Burlington, Massachusetts: Jones & Bartlett, 2014), 136.

by three chaplains in a military hospital. These chaplains were on rotation in this unit and each one brought their one unique set of skills to the patient. When asked to evaluate the spiritual care received, the patient was quick to identify one chaplain who was amiable and easy to talk to. This chaplain navigated sensitive subjects such as health, family, fears, dying and eternity. This chaplain understood the concept of dwelling with a patient. "Dwelling," as Steve Nolan asserts "means accompanying the other, being with them in a way that allows the other to be the being they are and need to be rather than the being anyone else, including the chaplain, may wish or need them to be."[66] This particular chaplain talked about the Lord and prayed every time he was making a visit.

 One chaplain did not seem very spiritual, according to the patient, and did not even offer to pray. The quality of spiritual care, to this patient, was very much related to the depth of the conversation and the initiative to pray. All day long this patient is asked by doctors, nurses, or technicians about his pain level, his treatment plan, how much fluids he is taking in/expelling out. He has his vitals checked every few hours and yet nobody asks him if it is well with his soul. It was wonderful to have at least one chaplain who gave him the dignity of personhood—a person, a man, who has a biography, a story, a life lived other than the shell of a man seen clothed in an issued gown and lying on a hospital bed.

Even so, his interaction with the chaplains during his recent hospital stay were overall positive and he felt encouraged and edified in the visits. He said he would request for himself and recommend to friends or family the chaplaincy services.

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[66] Steve Nolan, *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'* (London and Philadelphia: Jessica Kingsley Publishers, 2012), 126.

A Christian chaplain who will not speak of spiritual things or at least offer to pray for his patients is nothing more than a social worker. Integrating spiritual care into the caring of patients is an essential element of holistic wellbeing;[67] It is an "integral part of multidimensional palliative care."[68] That is why spiritual care is a meaningful and integral piece of caring for the dying. Cheryl Lamport asserts that "spiritual care of the dying plays a vital role in helping a patient navigate this final passage of life. To ignore the patient's spirituality is to ignore the very essence of his or her personhood."[69] There is research that underscores the reality that end of life patient's existential concerns are not adequately addressed in the healthcare system.[70] Unlike other healthcare professionals, chaplains must probe into the soul and care for places that a surgeon's knife could never reach.

<center>Navigating Non-Christian Worldviews</center>

There is a plethora of worldviews not found in the Christian faith that chaplains have to navigate in end of life care. Even in the diversity, trained Christian chaplains contribute to the care of those of various spiritual and cultural beliefs and practices. Healthcare chaplains have a responsibility to be equipped to minister to the concerns of those who believe differently than themselves. Marsha Wiggins Frame, PhD asserts that it takes reading and research is required to acquire information about races, cultures, religions, and spirituality differing from one's own.[71] It

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[67] O'Brien, *Spirituality in Nursing.*

[68] Sung Chang, et al. "Identifying Perceptions" in *Journal of Hospice & Palliative Nursing.*

[69] Cheryl Lamport, *Spiritual Care at the End of Life* (dissertation, Anderson University, 2007), 78. Accessed January 25, 2020.

[70] S. Cohen, B. Mount and J. Thomas, L. Mount, "Existential Well-being is an Important Determinant of Quality of Life—Evidence from the McGill Quality of Life Questionnaire," *Cancer 77*, no 3 (1996): 576-586.

[71] Marsha Wiggins Frame, "Forging Spiritual and Cultural Competency in Spiritual Care-givers: A Response to Fukuyama and Sevig and Anderson," *Journal of Health Care Chaplaincy 13,* no 2 (2004): 54.

is imperative to note that a Christian chaplain does not have to compromise their presentation of the Gospel in order to minister to those of other cultures or religions. Their presence and emotional support opens a door for ministry that at least challenges their patient's opinions and religious worldview and opens a window into seeing Jesus Christ. Presence is essential to ministry. Through the presence of the Christian chaplain, patients experience the love of Jesus and the ministry of the Holy Spirit. The presence of the chaplain "makes Christ's redemptive love more real to the sufferer,"[72] the patient or the patient's family.

A Christian chaplain knows that there is only one way to the Father and that way is narrow. However, they must remember that the patient did not come to the hospital for spiritual help, but came for physical healing, and so the chaplain is present to "help patients, family, and staff reevaluate values and beliefs that give meaning to life and relationships. As chaplains facilitate listening, they help all parties involved understand, integrate and respond to the transcendent—even (and especially) in times of uncertainty, suffering, and pain."[73] Sensitivity to the needs of the patient and their family as well as being in tune with the Holy Spirit and the unique way He is moving in this person's life will help the chaplain navigate the surge of pluralism. Listening to the patient tell their story without having a manipulative agenda may well be the most honoring thing a chaplain could do in this time. A chaplain must have an attitude to learn and appreciate those who are different than himself and offer the same care and concern that he would those of similar faith traditions. This is especially true today as chaplains find themselves interacting with people from a range of religious and spiritual backgrounds.

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[72] Lawrence E. Holst, "*Hospital Ministry: The Role of the Chaplain Today*," ed. (Eugene, Oregon: Wipf & Stock, 2006), 11.

[73] Paget and McCormack, *The Work of the Chaplain*, 54.

Those of differing backgrounds or non-religious backgrounds will be more inclined to listen to the chaplain speak of spiritual things, if the chaplain has cared enough to listen deeply first. Chester and Timmis emphasize the importance of "staying in the conversation" as it pertains to ministering to those unchurched, and not to get hasty in the expectations of quick conversions. Unlike generations past, where America was identified as a Christian nation, those who identify as Christians in America are declining.[74] Those who serve in evangelistic roles, such as chaplains, must realize that people today may be further away from stepping into a committed faith life than one might expect. Chester and Timmis suggest that much church outreach and expectation is that those they minister to outside of the church are at an eight, with the scale being one-to-ten, and ten is the full commitment to Christianity.[75] However, in reality, most unchurched people are likely at a one or two, many with a completely skewed understanding of who Jesus is or no knowledge of Him at all. Chaplains armed with this knowledge can see their mission work as ground-breaking in many patient's lives, planting seeds and plowing soil.

The chaplain's goal, then, is not to push or expect their patients or patient's families to get to a ten overnight, but rather to sow seeds and stir an interest in Christ, being sensitive to the work of the Holy Spirit, and where this person is in their faith journey. They move them along slowly a step or two at a time. Like Philip with the Ethiopian queen's eunuch who started where the eunuch was in his faith understanding and journey, so a chaplain must learn the skill of listening to the patient's story in order to identify a juncture where the Gospel can intersect with

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[74] Pew Research Center "America's Changing Religious Landscape" May 2015.   Accessed January 25, 2020.

[75] Tim Chester and Steve Timmis, *Everyday Church: Mission by Being Good Neighbors* (Nottingham: IVP, 2001), 129-33.

their story. Newitt described that "by attending to the stories of patient's lives, chaplains help them seek meaning and hope, connect with what really matters in their life, and mark important moments and events."[76]

Two strategies that hospital chaplains have used in ministering to those with different faith backgrounds than their own include neutralizing and code-switching.[77] Although these strategies do not focus on sharing the Gospel, they may keep the conversation alive to have a later opportunity to share faith.

Neutralizing occurs when the chaplain finds connection and emphasis what he and the patient have in common rather than focusing on their religious differences. They connect with patients on a human level and develop relationship apart from specifically religious topics. Cadge and ??? affirm that "many chaplains learned to neutralize or move beyond religious differences through training in clinical pastoral education that taught them to listen without judgement and to be present with people without an agenda"[78]

Code-switching occurs when chaplains interchange words, symbols, and rituals to accommodate or closely match the religious language of their patient or family. For example, a Catholic chaplain may refer to God as Jehovah when ministering to a Jehovah's witness, or a Protestant chaplain may refer to a service as a mass to a Catholic patient. Code-switching speaks the spiritual heart-language of the hearer to relieve the tension. Trained chaplains can code-switch in the manner in which they pray to make the patient feel more comfortable without compromising their own faith. For instance, a Protestant may pray the Lord's prayer confidently

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[76] Mark Newitt, "The Role and Skills of a Hospital Chaplain: Reflections Based on a Case Study" *Practical Theology 3.2,* (2010) 163-77.

[77] Wendy Cadge, "Negotiating Religious Differences" in *Journal for Scientific Study.*

[78] Ibid.

when ministering to a Catholic, and vice versa. When ministering to those outside the Christian faith, chaplains can code switch in prayer by asking permission to pray in the name of Jesus or to God. They are using religious language with which the patients and their families are familiar.

Whether neutralizing or code-switching, chaplains make themselves available to minimize religious differences through "broad language of commonality, spirituality, meaning making, and presence."[79] With practice, chaplains learn to code-switch and neutralize religious differences to quickly adjust to the language and spiritual situation at hand. With skill, these techniques can be used to win some to Christ. Paul said,

> "To the Jews I became like a Jew, to win the Jews. To those under the law I became like one under the law (though I myself am not under the law), so as to win those under the law. To those not having the law I became like one not having the law (though I am not free from God's law but am under Christ's law), so as to win those not having the law. To the weak I became weak to win the weak. I have become all things to all people so that by all possible means I might save some" (1 Corinthians 9:20-22, NIV).

Navigating Christian Worldviews

For the chaplain with a Christian worldview, ministering to those of like or similar faith traditions and backgrounds is still a lesson with tact and sensitivity. There are many phrases that Christians take for granted in comforting others that a chaplain must discern to have no value in end of life scenarios. A dying patient does not need a book-load of Scripture quoted to him or empty phrases tossed his way to make him feel better. The person in end-of-life status needs to be given support without trite confessions or euphemisms, but with clarity of the eternal life that is awaiting the believer and the love of God that is without measure. In addition, the chaplain must discern the spiritual climate of the individual. Chaplain E. Ann Hillestad observed that

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[79] Wendy Cadge, "Negotiating Religious Differences" in *Journal for Scientific Study.*

"evangelization means sharing with another the irrefutable fact that God loves that person, regardless of how 'bad' he or she has been."[80] Does the patient need a time of confession? restitution? Has this individual been a church-goer their whole life but never surrendered their life to Jesus? It is possible to evangelize even someone who has been churched.

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[80] E. Ann Hillestad "Offering the Good News,*" America 19,* no 6 (2006) 19-20. Accessed January 25, 2020.

Chapter Six

Support from Family, Caregivers, and the Community

Support from Family

End-of-life care carries its own measure of suffering for both the patient and his family members. Upcoming death and the process of dying can have an isolating effect for the patient and for his family, as each person experiences this in a personal way. Solomon agreed that there is a great distance between our personal experiences and the way that others can relate to us. He wrote, "The heart knows its own bitterness, and a stranger does not share its joy" (Proverbs 14:10).

Although the family members may be bearing emotional, financial, or relational burdens related to the patient's distress, they are also a primary means for support during this time. Chaplains have an opportunity to ask about family support for the patient as well as offer support to the family members themselves. Family portraits or cards on the hospital wall may serve as a springboard into a deeper conversation about the patient's family. By building a relationship with the patient, the chaplain can leverage the support of the family to bring comfort to the patient.

Studies in palliative care suggest that "patients' social well-being, including support within the family, is of importance, for example, as a significant contributor to the overall quality of life, and that lack of support from family and friends or conflictual social support may be a powerful risk factor for morbidity.[81] Psalm 68:6 declares that "God set the solitary in families"

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[81] Anna Milberg, Rakel Wåhlberg and Barbro Krevers, "Patients' Sense of Support Within the Family in the Palliative Care Context: What are the Influencing Factors?" *Psycho-Oncology, 23* (May, 2014), 1340-1349.

(NKJV) and the value of family support for the patient intensifies as the final days approach for their loved one.

Support from Caregivers

Those who interact with dying patients on a medically professional level bear another kind of burden. Those last few hours before death bears great significance to the patient and his family. They offer prognoses, relief from pain, and updates on the vital signs of the individual, but they are limited to the physical condition of the patient. When facing death, patients and their families need a level of care and support to recognize, affirm, and navigate the difficult emotions.[82] Chang, et al. explained that "adequate preparation for death can help reduce patients' fears."[83] Caregivers bear the burden of facing death and learning to cope with the frequency of painful encounters and conversations. Chaplains, on the other hand, offer hope that there is something beyond this physical life and can assist with the emotions associated with grief such as denial, isolation, anger, bargaining, depression and acceptance.

Support from Community

The community that an individual has at the end of life stage is not dependent upon the time and energy invested into that community before this stage. For sake of definition, the community involves those relationships that are not bound by family ties. Those who are active, out-going, and involved establish a community of peers which builds another level of support for this individua in times of crisis, however, aging changes the involvement in community events

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[82] Lianne Wynne, "Spiritual Care at the End of Life," *Nursing Standard 28*, no 2 (2013): 41-45.

[83] Sung Chang, Soo Ahn, Muyng Cho, et al. "Identifying Perceptions of Health Professionals Regarding Deathbed Visions and Spiritual Care in End-of-Life Care: A Delphi Consensus Study," *Journal of Hospice & Palliative Nursing 19,* no 2. (2017): 177-184.

significantly. Someone who had been a key figure in society and a part of clubs and events can find himself with the same social network as someone who was shy or "not sociable." Social networks and community engagement reduce during aging and especially during the end-of-life phase.[84] Even an out-going person could find little support from community during end of life stages due to their community friends aging and dying as well, limited transportation to continue activities, poor health, dementia, living in an assisted living facility, especially if that assisted living facility was away from the neighborhood and community that the person had previously lived, and other factors

The community one builds in his lifetime and the support and life-enrichment that one receives throughout life is not equal to the type and quantity of support that one receives in end-of-life scenarios. Even for those who are younger or middle-aged, end-of-life support is hard to predict. Unmet expectations lead to disappointment. A chaplain in conversation could ask about the relationships that the individual had outside of the family. Michele Shields, et al. notes that "relationships are the context for spiritual development."[85] Because of the importance of relationships and community, chaplains could ask about community involvement and ascertain the emotional connection to the community-based interest. This might spark a light as an individual remembers friendships and memories of certain clubs, churches, or social structures he was involved in.

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[84] Merryn Gott, Janine Wiles, Tess Moeke-Maxwell, Stella Black, Lisa Williams, Ngaire Kerse, and Gabriella Trussardi. "What Is the Role of Community at the End of Life for People Dying in Advanced Age? A Qualitative Study with Bereaved Family Carers." *Palliative Medicine 32*, no. 1 (January 2018): 268–75.

[85] Michele Shields, Allison Kestenbaum, Laura B. Dunn, "Spiritual AIM and the Work of the Chaplain: A Model for Assessing Spiritual Needs and Outcomes in Relationship," Palliative & Supportive Care 13, no. 1 (Feb. 2015): 75-89.

Chapter 7

Gospel Opportunities

There are studies that support that hospital chaplains benefit the psychological, social and religious needs of the patient by offering emotional support and helping the families of the sick or dying deal with the tangled ball of anxiety, guilt, despair, fear, and even death.[86] Supporting the religious needs of the patient can include listening for opportunities to share the Gospel. Although the acceptance of evangelism may vary from institution to institution, the degree to which a chaplain can influence one to think of matters of faith are endless possibilities. This may be the seed planted to be able to share the Gospel at a later time or spark the interest of faith in the patient or his family so that they begin their own search and faith journey.   Chaplains can be the backhoe that clears the land of brush and debris in order for the interest to develop for further conversation of the Gospel message seeds to be planted. McGrath states the difference between apologetics and evangelism in a way that helps to define how a chaplain might leverage evangelism in the healthcare setting. He writes:

> "Apologetics is about persuading people there is a door to another world—a door that they perhaps never realized existed. Evangelism is about helping people to open that door and enter into the new world that lies beyond."[87]

Chester and Timmis suggest that each person's life story intersects with the Gospel in one or more of four points.[88] By conversing with the patient or family, the chaplain's role of helping

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[86] K. J. Flannely, G. F. Handzo, A. J. Weaver, W. J. Smith "A National Survey of Health Care Administrators' Views on the Importance of Various Chaplain Roles," *The Journal of Pastoral Care & Counseling, 59* (2005), 87-96.

[87] Alister McGrath, *Mere Apologetics: How to Help Seekers and Skeptics Find Faith* (Grand Rapids: Baker Books, 2012), p. 22.

[88] Chester and Timmis, *Everyday Church*, p. 131-5.

the patient find meaning in the suffering can identify the points of intersection and merge their life story with the Gospel. These four points of intersection are the following:

Creation, which relates to my identity. Who am I? What is my purpose?

Fall, which relates to the problem of suffering, loss, and grief

Redemption, which relates to the solution to the problem of sin, suffering, loss, and grief

Consummation, which is the hope for every believe in Jesus Christ.

There is possibility for Gospel intersection in every encounter, sometimes more or less overt than at other times, but nonetheless the ministry of presence affords the chaplain these possibilities. Dr. Jim Wright asserts, "Whether we talk about illness, or surgery, or death, grief and loss, we chaplains help them find meaning by inviting them to their Creator."[89] Although the way a chaplain shares Jesus may differ from room to room, the windows of opportunities to share faith in difficult circumstances are in each hospital room with every encounter, even if only opened up a crack.

It takes creativity to present the Gospel in a pluralistic environment, but this is something the evangelical chaplain must seek to incorporate in order to stay true to the higher calling of the Great Commission without compromising their role in the institution. Asking a patient if they can pray for them, and then incorporating the Gospel message in the prayer is a creative example of sharing faith without imposition. A chaplain seeking to find common ground with the patient and then offering to speak from their heart of their faith to the patient opens the conversation. If the patient refuses, the chaplain has done his part. If he accepts, the chaplain has a divine encounter to share the Gospel with the patient and fulfill his higher calling.

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[89] Jim Wright, "Intervention and Affirmation," Liberty University Online video lecture, 2019.

Chapter 8

Biblical Foundation Contrasts

Story of Job

The story of Job and the spiritual care and counsel he receives from his wife and friends is a perfect contrast to the goal of the chaplain. His "miserable comforters" (Job 16:2) are the perfect examples of what not to do in caring for patient's suffering and sorrow. Job declared, "I have heard many such things: miserable comforters are ye all" (KJV). "Miserable" (àmal,עָמָל), indicates toil, mischief, and trouble, a worry of body or mind, wearisome."[90]

Chaplains must be sound in their theology. Their theology of suffering may be one of the most asked questions: Why is this happening to me? Why me? Why now? Where is God in this pain and misery? Patients may wonder if they did something wrong or if they are being punished in some way. A person's theology will affect how he copes with a crisis. Norman Wright explains that "those who believe in the sovereignty and caring nature of God have a better basis from which to approach life."[91]

The work of chaplains involves a great deal of listening to questions such as these. One of the most fundamental roles of chaplains is to listen and hear what the patient is saying (and not saying). Cooper emphasizes the listening role of chaplain as a "story catcher role"[92]—to deem each story sacred and a way to connect to the heart and soul of the patient. her chaplain friend Yet, however sound the chaplain's theology may be, their ability to relate to the patient in

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[90] àmal,עָמָל: *Blue Letter Bible* Online.

[91] H. Norman Wright, The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When It Matters Most (Ventura, CA: Regal from Gospel Light, 2011), p. 140.

[92] Rhonda S. Cooper,"The Palliative Care Chaplain as Story Catcher," *Journal of Pain and Symptom Management 55,* no 1 (2018): 155-58. Accessed January 29, 2020.

a compassionate way opens the door for further ministry and further explanation of the theology of suffering. Love and laugher plow the heart and a patient will more likely respond when he feels cared for and valued. The chaplain's ministry is often referred to as a ministry of presence.[93] Every time the chaplain walks into a room, that patient deserves his undivided attention with the intent of the chaplain to listen, be emotionally available, and seek to understand.

Job's friends shared none of these two attributes of sound theology or listening. They neither had respectable theology nor a warm heart. The LORD Himself rebuked his friends' theology in saying, "my wrath is aroused against you and your two friends, for you have not spoken of Me what is right, as My servant Job has" (Job 42:7, NKJV). The problem with Job's friends' counsel is that they relied upon the wisdom of their day, which was limited at best. They utilized the belief that the righteous are blessed and the unrighteous suffer the consequences of their unrighteousness. Although there is some truth to this understanding, Job's friends did not have the big picture and could not account for what was happening behind the scenes. Psalm one is an indication that the Lord blesses the righteous and that their "leaf also shall not wither; and whatever he does shall prosper" (Psalm 1:3). The same Psalm talks of the ungodly perishing. Indeed, Job even held to this perspective. He laments in Job 17:9, "Yet the righteous will hold to his way, and he who has clean hands will be stronger and stronger." Job's friends confront Job with the way they saw his problem: that Job's problems came upon him because of some great sin, and if he would just confess that sin, he could be restored. They will find out how wrong they are when God rebukes them (Job 42:7-8). Job's friends are indeed lousy and miserable comforters; they do not bring the full counsel of God's plan. They thought

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[93] N. Holm, "Practicing the Ministry of Presence in Chaplaincy," *International Journal of Christianity & Education 52*, no 3 (2009): 29-42. Accessed October 6, 2019.

they knew God and the reason for Job's suffering, but they knew nothing of the sort. Even with good intentions, chaplains can offer a lopsided representation of the Gospel. They may offer God as the God of mercy and love without speaking of repentance and forgiveness.

Healthcare chaplains encounter various stages of Job in their daily rounds. There are those who are asking the existential questions and searching for meaning with questions such as "Why is this happening?" "Why me, why now?" It would be too easy for a trained chaplain to slip into the role of Job's comforters with thoughtless advice, or worse still, ignoring the principle of the calling to share the Gospel, or like Paul, "to have become all things to all people so that by all possible means I might save some" (1 Corinthians 9:22).

The lesson for chaplains to consider is to not assume the experiences of the patient of the family and mis-assess the patient's spiritual climate, but to recognize that everyone's needs are different and to ask good questions in order to assess the spiritual condition or concerns of the patient. In order to bring spiritual comfort, chaplains must first understand and sympathize with the patients. Chaplains stand on solid research to that underscores the importance of addressing spiritual concerns. Gallup polls point to "91 percent of U.S. adults believe in God or a universal spirit, and that 81 percent consider religion important."[94]

The HOPE model is an approach that guides healthcare professionals in the spiritual assessment of their patients.[95]

H: Hope. What gives hope, meaning, comfort, and peace to the patient? What support system does the patient have access to? What sustains you?

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[94] Aaron Saguil and Karen Phelps, "The Spiritual Assessment," *American Family Physician 86,* no. 6 (Sept. 2012): 546-50.

[95] Ibid.

O: Organized Religion. Are you a part of an organized religion? Have you ever been a part of organized religion? If no, what changed? Does your spiritual community help you now? In what ways?

P: Personal Spirituality/practices. Do you believe in God? Describe your relationship with God. What aspects of spirituality help you most? Prayer, meditation, Scripture, services, etc.?

E: Effects on medical care and End-of-life issues. Has your current condition or situation affected your relationship with God? Has your current condition or situation challenged your sense of purpose or meaning? Does the medical care you are receiving conflict with spiritual concerns?

Another model for spiritual assessment is the Spiritual AIM model. This model is designed to identify one of the three primary spiritual needs that an individual has to help them to wholeness. The three core spiritual needs are identified as (1) meaning and direction, (2) self-worth/belonging to community, and (3) to love and be loved/reconciliation.[96] This model allows the chaplain to identify the unmet spiritual need and devise a plan to meet this need through relationship and explain the desired outcomes.[97]

Unlike Job's miserable friends, chaplains leverage their influence and relationship to support people about their spiritual concerns, even if the patient does not recognize their concerns as spiritual. They do this by listening without passing judgment and helping the patient explore their worries and fears as well as their strengths and faith. Furthermore, they do this with a ministry of presence. Bohlman says that ministry of presence "is about listening, waiting,

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[96] Michele Shields, Allison Kestenbaum, Laura B. Dunn, "Spiritual AIM" in *Palliative & Supportive Care.*

[97] Ibid.

respecting the silences, and as the family (or individual) moves with the minister in that journey, to do prayer, communion, confession, rituals, etc."[98] In contrast to the kind of comfort his friends gave to him, Job declared, "I would strengthen you with my mouth, and the comfort of my lips would relieve your grief" (Job 16:5). Chaplains serve their patients best by offering care and hope or at times offering nothing but silence and a shoulder to cry upon. It is a unique relationship and responsibility without which spiritual care nor spiritual development could grow in the patient.

<center>Story of Lazarus</center>

The contrast between the way Job's friends "comforted" him during his time of physical crisis (as well as during his emotional, financial, and marital trauma) sets up Jesus' interaction with the family of Lazarus before and upon his death at the exemplary model for caring for those who are facing end of life situations. Jesus' example sets up the impact that the ministry of the Gospel and the ministry of presence can have on a family and a community.

The implications of the ministry of Jesus with the family of Lazarus will focus on three aspects: the care of Jesus to the immediate family (Mary and Martha); the care of Jesus to Lazarus (what Jesus did and did not do); and the result of the care upon the community.

Immediate Family

Identifying with existential distress

Mary and Martha, the sisters of Lazarus, sent for Jesus to come see about their brother when he was sick and dying. There may be several reasons that a patient will call for a chaplain.

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[98] Brian L. Bohlman, *For God and Country.*

Figure one expresses one of the reasons Mary and Martha sought for Jesus. They were facing

the death of a loved one.

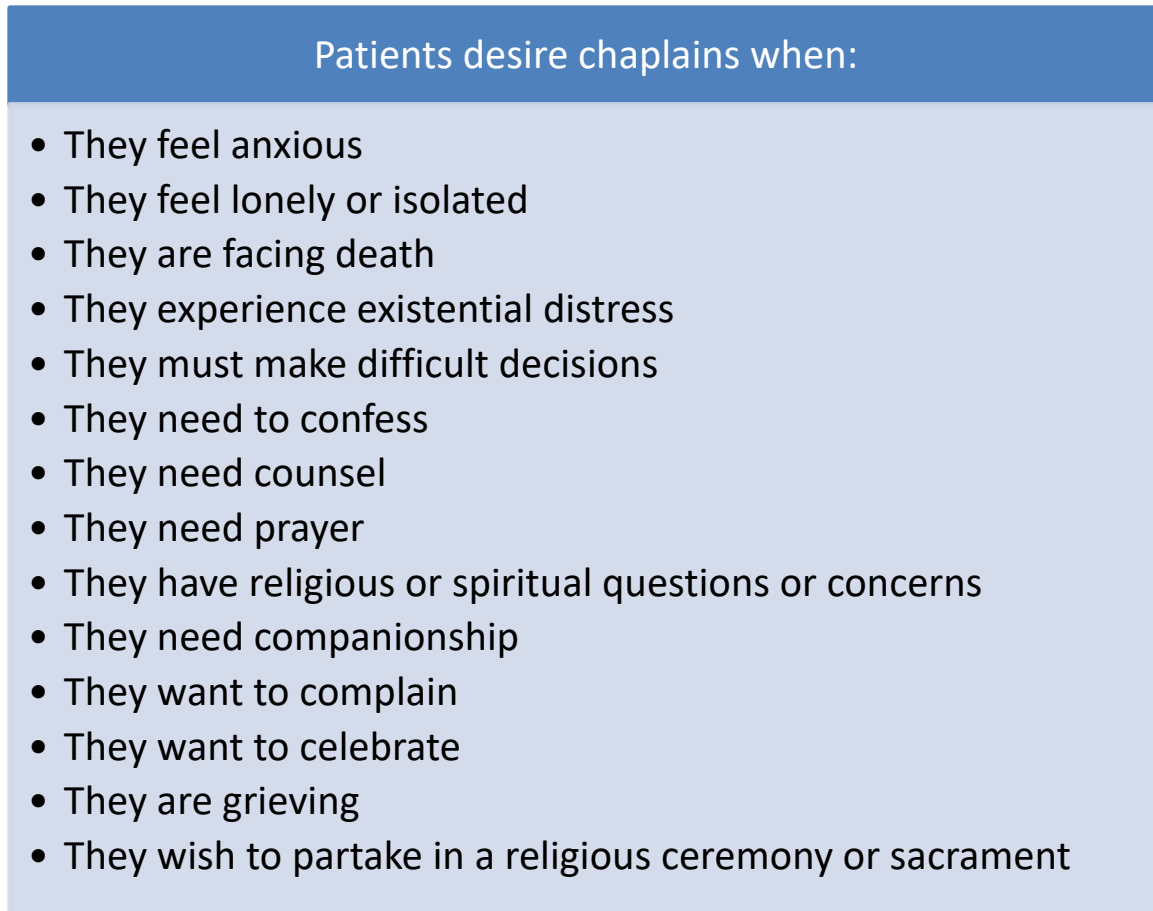| Patients desire chaplains when: |
|---|
| • They feel anxious
• They feel lonely or isolated
• They are facing death
• They experience existential distress
• They must make difficult decisions
• They need to confess
• They need counsel
• They need prayer
• They have religious or spiritual questions or concerns
• They need companionship
• They want to complain
• They want to celebrate
• They are grieving
• They wish to partake in a religious ceremony or sacrament |

Figure One

 Although Jesus did not come right away, the reader understands that there was purpose in the

delay, an understanding that neither of the sisters would have.

The first characteristic that we see in Jesus is that He loved the family (John 11:5).

Everything that a chaplain does must flow from his love for Jesus and his love for others. This

entails the first and greatest commandment which is to love God with all the heart, soul, mind

and strength, and to love our neighbors as ourselves. Without love, chaplains are nothing (1

Corinthians 13).

By the time Jesus arrived on the scene, Lazarus had already died, there would be no ministry to the "patient." Instead, Jesus focuses on the sisters' concerns.

Martha met Jesus first and expressed her hurt for Jesus' delay. Families experiencing the turmoil of pain and grief may use blame as a way to cope with the unthinkable. "If only…" becomes a way of wishing the present had a different outcome. Jesus does not address her doubts but instead offers her truth. Chaplains must deal in truth. They learn to look past what might be said by the patient's families and offer the loving truth that they need to hear in that moment. This listening to the patient's families concerns, pain, and grief and offering words of comfort is a way that connects hope to the face of adversity. Cooper notes that "as the chaplain is allowed to companion the sufferer, the care recipient can be drawn out enough through the skillful use of clarifying, at times challenging, questions, reframing and mirroring."[99] The same can be said of the interchange between chaplain and family members, as Jesus modeled.

Mary and Martha's concern over Jesus' delay mirrors the existential distress that patients experience when life takes turns that challenge immediate personal philosophical, religious, or theological views. Esther Mok identified three causal conditions for existential distress: anticipation of a negative future, failure to engage in meaningful relationships and activities, and having regrets.[100] Struggling to make sense in life. especially when facing issues of death, and demoralization "threaten the inactness of the person as a complex social and psychological entity."[101]

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[99] Rhonda S. Cooper, "The Palliative Care Chaplain" in *Journal of Pain.*

[100] Esther Mok, et al. "Healthcare Professionals" in *Journal of Advanced Nursing.*

[101] Ibid.

Mary and Martha wrestled with the realization that Jesus did the opposite of what they had requested and expected. They struggled to make sense of life and that the purpose of God included their pain and distress. Yet, Jesus identified with the sisters' pain and wept. He entered into their distress and helped reframe their sense of life and death. Jesus gave meaning to death when He said to Martha, "I am the resurrection and the life. He who believes in Me, though he may die, he shall live. And whoever lives and believes in Me shall never die" (John 11:25-26).

Identifying with sorrow

Jesus entered the sorrow of Lazarus' family. Perhaps one of the greatest measures of true calling is to identify with the sorrow of those you are ministering to. The word says to rejoice with those who rejoice and to mourn with those who mourn. Hospital chaplains are surrounded with reasons to mourn and to keep a tender heart and not become desensitized to the pain and suffering of the patient and family becomes a challenge. Furthermore, burn out syndrome becomes a real possibility considering that chaplains deal with the emotional distress of patients and families on a daily basis. Grief, bereavement, anxiety, depression, loneliness, and a plethora of emotional reactions face chaplains on a regular basis, which may contribute to burnout in chaplains.[102] Kathleen Galek, et al. offered that "two of the most commonly used time measures in research on burnout are years in the same position and years in the same profession.[103] This applies to chaplains.

Jesus, however, pushes past the familiarity of suffering and enters afresh into the scene of Mary and Martha and the pain that the death of Lazarus brought. Jesus wept (John 11:35).

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[102] K. J. Flannelly, K. Galek, J. Bucchino, G. F. Handzo, H. P. Tannenbaum, "Department Directors' Perceptions of Hospital Chaplains: a National Survey," *Hospital Topics*, *83*, no 4 (2005): 19-27.

[103] K. Galek, K. J. Flannelly, P. B. Greene, *et al,*. "Burnout, Secondary Traumatic Stress, and Social Support," *Pastoral Psychology 60,* (2011): 633–649.

Chaplains do not stand detached and undisturbed from the human experience happening in the hospital rooms. They do not stay separated from feelings. It is not necessarily a bad thing to weep with patients who are weeping and to help the patient understand that God weeps with them. Chaplains will not understand exactly the experience that the patient and his family is enduring, but chaplains can convey a God who is "touched with the feelings of our infirmities" and minister to them a God who weeps with them. They can cast their cares upon the One who cares for them.

Identifying with death

Martha had an incomplete understanding of death. Kubler-Ross had an incorrect understanding of death. She stated, "Death is but a transition from this life to another existence where there is no more pain and anguish. All the bitterness and disagreements will vanish, and the only thing that lives forever is LOVE."[104] A chaplain has the responsibility to enter the belief system of the patient and offer spiritual accompaniment without compromising his own belief system. Offering themselves in meaningful dialogue concerning death and connection to the patient and his family where they are now emotionally and spiritually is a part of the chaplain's role in assisting healthy grieving. Hodgson explains that "helping families during and after the death of a family member must include a range of sensitive and appropriate interventions to help families cope and adjust."[105]

Jesus helps Martha cope and adjust by asking an important question of Martha to engage her heart in understanding death and resurrection. He asked, "Do you believe this?" (John

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[104] Elizabeth Kubler-Ross, *On Life After Death* (Berkeley, CA: Celestial Arts, 1991): 82.

[105] Hodgson, "Being There," in *Generations.*

11:25). Understanding the core beliefs of the patient and his family concerning death and dying helps the chaplain to engage the heart and move the heart to an understanding of life, death, and the Gospel. The qualifying statement of Jesus is that He is the resurrection and the life. Only through Jesus can death be fully understood. Where does this leave the chaplain who is engaged with someone of a different faith background apart from the Gospel?

Identifying in Prayer

Jesus' prayer at the tomb of Lazarus provides a lesson for chaplains. Jesus takes advantage of prayer and He makes certain claims and lays theological foundations about Himself, the grave, and the Father through the use of prayer and because "of the people who are standing by" (John 11:42). With permission from the patient, chaplains have an opportunity to share the good news of Jesus with the patient and the dying through prayer. Puchalski and Ferrell explain that "chaplains and clergy have been praying with patients for centuries" as a part of spiritual care.[106]   Jesus prayed: Father, I thank You that You have heard Me. And I know that You always hear Me, but because of the people who are standing by I said this, that they may believe that You sent Me." Jesus emphasizes that the reason He prayed boldly was to evangelize the community. Prayer is meaningful communication both to the Father and to those who hear us.

Lazarus

The ministry of Jesus to Lazarus was specific and individual. He called him by name and gave one simple instruction that brought life. Two lessons are here for chaplains. The first is to pay attention to the names of the patients. Studies have shown that patients prefer to be

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[106] Christina M. Puchalski and Betty Ferrell, *Making Health Care Whole: Integrating Spirituality into Health Care* (West Conshohocken, Pennsylvania: Templeton Press, 2010), 46.

addressed by their first name, if there is prior relationship with the healthcare provider.[107] The

way in which a healthcare provider, which would include a chaplain, "greets their patient is an

influential aspect in establishing an effective and supportive rapport and provides the foundation

of a satisfying patient experience."[108] In a double-blind trial for calling patients' names to arouse

from general anesthesia, studies indicated that "repeatedly calling the patient's own name,

followed by the verbal command (open your eyes!), elicited eye opening more rapidly than using

a general term. It is likely that the patients are alerted to their own name better than a general

term."[109] Jesus called him by name and a command: Lazarus, come forth! (John 11:43).

The second lesson for chaplains is to simplify communication. There is nothing

simplistic about death and dying and end-of-life. Chaplains engage in increasing trust and

understanding between the patients and other healthcare providers. Chaplains are at a "strategic

place with patients to give them an understanding of what the whole healthcare picture is all

about."[110] When chaplains, patients, and other healthcare providers communicate well, listen to

each other, and support each other, relationships stabilize. Healthcare chaplain Sue Wintz

explained, "[chaplains] are the experts in communication and assisting in identifying patient

beliefs and values so that they can be communicated to and integrated into their medical plan of

care. We work with distressed families to improve communication both within the family and

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[107] Shaun Parsons, Andrew J. Hughes, and N. D. Friedman. "'Please Don't Call Me Mister': Patient Preferences of How They are Addressed and Their Knowledge of Their Treating Medical Team in an Australian Hospital," *BMJ Open* 6, no. 1 (2016).

[108] Ibid.

[109] Y. S. Jung, H. Paik, S. H. Min, H. Choo, M. Seo, J. Bahk, J. Seo, "Calling the Patient's Own Name Facilitates Recovery from General Anesthesia: a Randomized Double-Blind Trial," *Anaesthesia, vol 72*, no. 2 (October 2016).

[110] Jim Wright, *Intervention and Affirmation*.

the care team."[111] Jesus' command to Lazarus clearly identified the need and the next steps.

Jesus then connected with the community to provide additional care for Lazarus. Jesus said to

them, "Loose him, and let him go" (John 11:44). Jesus identified the barrier between Lazarus

and the community. Chaplains identify issues both physical and spiritual or religious that serve

as barriers to understanding each other. Patient's wishes, end-of-life concerns, values, beliefs

must be identified, and can be done so effectively with chaplaincy care and shared with the

community of healthcare providers in order to develop the best plan of care.

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[111] Sue Wintz,"Chaplains: Communication Experts" *H&HN Hospitals & Health Networks* (September 2013): 18. *Gale Academic OneFile* (accessed March 29, 2020).

Chapter 9

Results of Research

Valuable Role to Healthcare Team

The finding of this study is significant to explain how the chaplain has a unique opportunity to provide spiritual care to patients at the end of their life within a hospital setting. Just as Jesus provided spiritual care to Mary and Martha upon the death of Lazarus, so the chaplain, working as an integral part of the medical team, must use the opportunity given to him to present the Gospel. This student has perused the archived sources and reviewed current literature regarding chaplain's care and role to those in various healthcare, hospice, or palliative care settings. The results of the archival study and current literature review suggest that chaplains have a unique role in the healthcare profession serving as spiritual and emotional connectors to the patient. The current literature demonstrates the multifaceted services offered to patients through intimate, personal, and intense relationships.[112] The chaplain's role to healthcare team is valuable for the whole well-being of the patient and the care of his family. He serves as part of the treatment team as an accountable member of the staff.[113] He is "fully present in relation to the emotional and spiritual realities of life's crises and passages,"[114] and he can call for intervention from the other medical staff when necessary. In turn, the medical staff call upon the chaplain as a professional to fulfill duties of ministry in a medical environment. This is especially essential during a patient's end of life stage because of the complexity this stage

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[112] K. Flannelly, A. Weaver, G. Handzo, "A Three-Year Study of Chaplains' Professional Activities at Memorial Sloan-Kettering Cancer Center in New York City, *Psycho-Oncology 12,* no 8 (2003): 760-768.

[113] James L. Gibbons and Sherry L. Miller, "An Image of Contemporary Hospital Chaplaincy," *Journal of Pastoral Care, 43,* no. 4 (1989): 355-361.

[114] Hodgson, "Being There," in *Generations.*

entails. It is in hospice or hospital where patients confront their human existence distinctly. They cannot avoid it in these situations.

Valuable and Unique Opportunity

Hospice and hospital become places where "patients, and their loved ones, come face-to-face with their vulnerability, their finitude, and ultimately their mortality.[115] It is the unique opportunity of the chaplain to comfort the patient but to also wrestle with the thoughts of eternity on behalf of the dying individual and then decide how to process conversations that urge salvation without violating his conscience, theological convictions, or his contract with the institution through which he operates. Chaplains are the professionals hired to deal with "the transcendent nature of life and the integrative role that spirituality plays in care for the dying."[116] Spirituality, faith, religion, and theology may help the patients in their search for meaning, but they fade in light of eternity. Eternity cannot be ignored, and the valuable and unique role and relationship of the chaplain to the patient and his family may be the open door and final opportunity to share the Gospel with the dying and to the family.

Adrian Muller explains chaplaincy as flowing from the message of the cross.[117] Every issue facing a patient and proposed to a healthcare chaplain can be taken to the message of the cross. Resolution of guilt, reconciliation, fear of dying, distorted view of self—all can be examined by the chaplain in light of the message of the cross. This message is that "God so loved the world that He gave His only begotten Son, that whoever believes in Him should not

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[115] James L. Gibbons, "Image of Contemporary," in *Journal of Pastoral Care.*

[116] S. Burns, "The Spirituality of Dying. Pastoral Care's Holistic Approach is Crucial in Hospice," *Health Progress, 72,* no. 7 (Sept. 1991): 48-52.

[117] Adrian Muller, "On Doing Chaplaincy Under the Cross of Christ," *Lutheran Theological Journal 53*, no. 2 (Aug. 2019): 62-72.

perish but have everlasting life" (John 3:16). Muller warns that the chaplain's task is not to give empty platitudes or share promises from God only, but to minister under the cross of Christ.[118] Bohlman explains that "without a shepherd's heart that is full of compassion for the lost, chaplains can begin to stray away from their divine call to ministry and dig themselves into a pit of selfish careerism and alienation from their flock,"[119] for the healthcare chaplain, this would include the patients and their families. He continues, "as they minister, chaplains need to guard themselves against apathy and disillusionment so that they can remain true to their calling, convictions, and covenant with God in a pluralistic setting."[120]

Chaplaincy must never be reduced to outcomes and results. The current literature emphasizes that chaplains "can have the powerful effect of fostering or reviving the spiritual connections that provide comfort and support to the dying person and her loved ones."[121] This influence is unique to the chaplain and offers the chaplain the opportunity to share the Gospel one last time to those facing the end of life. the chaplain has a valuable role to play in end of life care. They have a last opportunity to present the Gospel and to provide care, comfort, and counsel to the dying and to his family which may increase patient-family satisfaction and be a benefit to the hospice institution.

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[118] Adrian Muller, "On Doing Chaplaincy" in *Lutheran Theological.*

[119] Brian L. Bohlman, *For God and Country*.

[120] Ibid., 48.

[121] Hodgson, "Being There," in *Generations.*

Recommendations for Further Research

As a result of this research, the main topic of a chaplain's primary responsibility and unique opportunity at a patient's end-of-life was investigated. Other areas of interest included the chaplain's role, community's role, and family's role in caring for the individual and how their contribution to care impacts the patient. Other questions that arise from the research include the following:

- Do the limitations upon sharing the Gospel to those with pluralistic worldviews contribute to ministry burnout or compassion fatigue?

- Is there a correlation between patient's satisfaction with hospital care and the distinct ministry of purposefully sharing the Gospel, as opposed to other ministerial duties, such as praying, reading, listening? That is, will patients feel more satisfied if chaplains showed poignant concern for their eternal salvation?

It is the hope of this author for a program to be developed which targets salvation. Is it too far-fetched to think that hospitals who bear the name Christian (Baptist, Methodist, Catholic) to have as part of their admission process a question which asks for patients' consent to speak of things of eternity with a chaplain if they so desire, so that the chaplain does not have to tread lightly when walking into a patient's room—they would know from the admission reports if a person wanted to hear the Gospel or if they just wanted a general ministry presence.

Conclusion

Patients facing end of life scenarios and their families deal with a wide arrangement of feelings: powerlessness, emotions, frustrations, despair, excitement, regret, etc. The emotional, spiritual and mental complexities added to the medical concerns with the dying patients make it necessary for an interdisciplinary team approach in order to relieve suffering and help the patient

transition well from this life to the next.[122] This researcher has presented the research and biblical foundation in order to draw the attention back to a biblical worldview of caring for those who are dying and caring for their families. Healthcare chaplains serving in a hospital, hospice, or palliative care setting help the patients and their families cope and adjust to the sensitive issue of end-of-life care and issues of eternity.

The role of a chaplain starts with calling and should align with the Great Commission of Matthew chapter twenty-eight to make disciples. As a member of the healthcare team, chaplains serve to fulfill the Great Commission by ministering to the spiritual needs of patients, staff, and patient's families. However, meeting spiritual and emotional needs through relationship pales in significance to things of eternal value. This is especially true for those facing imminent death, who do not need "miserable comforters" (Job) to give them empty platitudes or erroneous views of God and His dealings with mankind. Job declared, "Will your long-winded speeches never end? (Job 16:3, NIV). Compassion tells the truth. To be a true comforter to those facing imminent death and the complexity of end of life emotions, true comforters require sympathizing with the patient and the possession of character and spirit to present the God of the Bible and the message of the Gospel in a creative, permissible way—one final time.

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122 Ibid.

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LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

March 30, 2020

Michal Lee
Harold Bryant

Re: IRB Application - IRB-FY19-20-87 Last Opportunities for Healthcare Chaplains to Share the Gospel to Those Facing End of Life

Dear Michal Lee, Harold Bryant:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Decision: Exempt

Explanation: Your study does not classify as human subjects research because:

(1) it will not involve the collection of identifiable, private information.

Please note that this decision only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B:

LIBERTY UNIVERSITY SCHOOL OF DIVINITY

THESIS APPROVAL SHEET

GRADE

THESIS MENTOR

Dr. Harold D. Bryant

READER