The Need for Standardized Training for Volunteer Healthcare Chaplains

Dominic Korzecki

THES 689: Thesis Proposal and Research

December 6, 2023

Abstract

For the past 50 years, many studies have examined the effects of Spiritual Care in medical environments. Though these studies have helped support the legitimacy and necessity for the presence of spiritual care in medicine, a lack of attention has been given to the level of professionalism of those who have been granted permission to administer care. The objective of my thesis is to determine the following: 1) if medical organizations that utilize volunteer-only spiritual care programs for their patients, and families, provide the same level of care as ones staffed by trained professionals, 2) if volunteer-only chaplaincy programs generate liability risks in areas of religious freedom, including practice and establishment and 3) if differences can be found in patient/staff satisfaction levels when volunteer chaplains are utilized instead of professional chaplains. Data for this study was drawn from previous academic-level research studies performed in areas of spiritual care, needs in medical environments, chaplain-clinician relations, professional chaplaincy educational standards, healthcare organizational expectations of spiritual care administration, and the legality of spiritual care administration in medical environments.

ACKNOWLEDGEMENTS

I thank God for his patience, his love, and his forgiveness. He fulfilled his promise and formed my identity in Christ Jesus through service to bring himself glory.

I want to thank my wife Candice and my son Anthony for their continued support. I am blessed with a patient, loving spouse who accepts the sacrifices accompanying a husband working through the challenges of continued education.

I also want to thank my father Chester Korzecki, my mother Denise Korzecki, and my grandmother Laura Korzecki for teaching me from an early age about the power of prayer and the faithfulness of God.

Keywords: Healthcare Chaplaincy, Volunteer Chaplain, Hospital Chaplain, Clinical Pastoral Education, Spiritual Care Provider, Spiritual Care Training

Contents

Abstract ... i

Acknowledgments ... ii

Keywords ... ii

Introduction ... 1

Statement of Problem ... 1

Statement of Purpose ... 1

Statement of the Importance of the Problem ... 2

Statement of the Position on the Problem ... 2

Limitations and Delimitations ... 3

Research Methods ... 3

Tests or Questionnaires ... 3

Data Collection ... 4

Data Analysis ... 4

Chapter 1: The Existence of Spiritual Care in Healthcare Facilities ... 5

JCAHO: Medical Organizations and Healthcare Accreditation ... 7

Criticism of the JCAHO Concerning Spiritual Care ... 11

Healthcare Administration Concerning Spiritual Care ... 13

Interdisciplinary Teams and Spiritual Care ... 13

Healthcare Administration and Board-Certified Chaplains ... 15

Clinician-Administration Disconnect ... 16

Clinicians and Spiritual Care ... 17

Chapter 2: Professional Spiritual Care Providers ... 22

Skillsets of Professional Healthcare Chaplains ... 22

Legality and Ethics 23
Role Identification 24
Spiritual Neutrality and Proselytizing....................24
Spiritual Reference....................25
Visitation Skills....................25
Understanding Demographics and Preferences 26
Boundaries 27
Non-Verbal Communication....................27
Active Listening and Responding 27
Crisis Identification 28
End-of-Life Services....................29
Counsel 30
Scheduling and Prioritization....................31
Documentation....................31
Self-Care 32
Types of Professional Chaplains in Healthcare 32
Board-Certified Healthcare Chaplains....................32
Professional Healthcare Chaplains (non-certified) 34
Contracted Chaplains 34
Professional Healthcare Chaplaincy Education 35
Clinical Pastoral Education....................35
Contents of Clinical Pastoral Education 37
Challenges Within Clinical Pastoral Education....................38
Chapter 3: Volunteer Spiritual Care Providers in Healthcare....................40
Forms of Volunteer Healthcare Chaplaincy 42

Community Clergy 42
Challenges for Community Clergy 44
Care Ministers 46
Limitations for Care Ministers 46
Volunteer Chaplain Training 47
Challenges with Volunteer Chaplaincy Programs 49
Chapter 4: Research Methods and Results 53

Conclusion 55

Appendix I 71
Appendix II 72

Introduction

Statement of the Problem

Medical organizations that are pursuing or maintaining healthcare accreditation are often required by agencies to demonstrate how they fulfill the obligation of providing spiritual care for admitted patients and their families. Because of patients utilizing their rights, policies set by accreditation agencies for medical facilities provide an open door for spiritual care to be practiced in a secular environment. Though such requirements aid patients and their families when seeking spiritual resources, vague guidelines set by facilities and accreditation agencies concerning volunteer spiritual care providers increase the chances of patients, families, and staff receiving inadequate care levels from untrained individuals. With no set requirements, medical facilities that seek more economical options will more likely utilize community clergy, lay ministers, and hospital volunteers to remain in compliance. Though these individuals provide presence, they lack the education and experience to properly care for staff, patients, and families in times of crisis. The absence of mandates from accrediting bodies has generated loopholes for facilities to operate unprofessionally regarding spiritual care. Due to the financial business model of a medical facility, any implementation of an educational standard for spiritual caregivers in medicine needs to originate from an accreditation organization, and not the facility itself.

Statement of Purpose

The purpose of my research is to provide medical professionals and accreditation agencies with accurate statistics that demonstrate the need for formal training of all untrained, non-paid spiritual care providers. Most research published concerning spiritual care focuses on the benefits the discipline provides but often overlooks topics such as proper training,

credentialing, and the risk of liability issues in their absence. Along with present oversight by accreditation bodies, statistics concerning the quality of care provided by untrained volunteer chaplains need to be presented in a comprehensive format to demonstrate to hospital administrators and executives of healthcare organizations the difference in care levels between properly trained, Board-Certified chaplains and those who are utilized who require no financial compensation. Research performed can garner the attention of medical directors who influence their direct administrators as to the benefits of hiring professional spiritual care providers.

Statement of the Importance of the Problem

Often hospital administrators consider spiritual care a companion service or form of continuum of care, void of any equivalency with physical medicine. With this sentiment, administrators reduce an imperative aspect of a patient's total care model to a service that can be handled by any untrained individual with a faith-centered background. Often spiritual care providers are called upon to care for individuals in highly sensitive situations including terminal diagnosis, end of life, stillborn pregnancy, and other various forms of medical and psychological trauma. Handled incorrectly, a spiritual care provider can cause additional anxiety and confusion when counseling individuals on religious matters or providing advisement to clinicians about religious, ritualistic protocols that may be needed while performing patient care.

Statement of Position on the Problem

The purpose of this research paper is to demonstrate the need for standardized education and training guidelines to be implemented by spiritual care directors, healthcare organizations, and healthcare accreditation agencies to ensure all spiritual caregivers have received proper training before being granted patient access. As medical professionals must be educated and

licensed before they are granted allowance to practice, these requirements should extend to spiritual care providers as well.

Limitations and Delimitations

Limitations present during research were according to the parameters of existing research utilized. As no additional surveys or studies were conducted to either implement or bridge information that was needed, some statistics found in concentrated areas of study contain dated, inaccurate statistics and information. Information lacking fidelity or stability was omitted from the study.

Research Methods

Research methods used in this thesis include existent academic journal submissions including research studies along with books that have been authored by leaders in the field of spiritual care and chaplaincy. Some dates of events that contribute to specific topics were obtained from reputable news sources. No personal interviews or polls were conducted (in person or by telephone). No attempt was made to obtain religious, ethnic, or gender demographics of either currently admitted or former medical patients while acquiring needed data. No attempt was made to obtain religious, ethnic, or gender demographics of spiritual caregivers or researchers that have taken part in any academic source utilized. No personal experiences, biases, or personal opinions influenced any research that has been conducted.

Tests or Questionnaires

No tests, polls, or questions were generated or used within the research process. Results from all tests, polls, and questions that were acquired originated from already existing studies that have been conducted by professionals.

Data Collection

Sources of data include academic online journal entries and articles, field resources, research and training material published by spiritual care departments in healthcare facilities, accreditation agencies, certification bodies, and advocate groups for the acquisition of information including statistics, protocols, and standards. Academic-level textbooks and legal documents were utilized for history and legal reference.

Data Analysis

The analysis performed is in a general literature review format, examining data from established resources and prior conducted studies. Both theoretical and empirical data for studies conducted with the same objective were gathered and organized to show common trends, increases, and decreases in areas of demographics, program statistics, and population surveys that provide feedback percentages.

In addition to statistical data used to determine specific outcomes, various forms of information including statements, protocols, standards, and history were utilized in conjunction with statistical data to produce the highest level of probability for information needed that has not yet been produced.

Chapter One

The Existence of Spiritual Care in Healthcare Facilities

The presence of spiritual care providers practicing in secular environments has always faced opposition from those who advocate for the separation of church and state. From hospice chaplains to those serving the United States Congress, those who represent spirituality in secular environments have experienced opposition for quite some time. Many professionals in the spiritual care field point to Everson vs. The Board of Education of the Township of Ewing, New Jersey as the gateway case for modern-day grievances.[1] In 1947, Ewing's Board of Education was accused of utilizing taxpayer revenue to fund transportation for students who travel to and from Catholic parochial schools by public school bus. The Supreme Court ruled in favor of the Ewing Township school board, finding no fault in the district violating the Establishment Clause of the First Amendment. In response to the Everson ruling, organizations such as *Americans United for Separation of Church and State* (AU)[2] and the *American Civil Liberties Union* (ACLU) were formed in opposition to the continued allowance of religion in secular society by the government. Even though multiple rulings by higher courts have been made in favor of their presence and practice,[3] such organizations continue to protest that the allowance of the discipline continues to violate one's constitutional rights.[4] More recently, healthcare chaplaincy came

[1] "The Separation of Church and State: Everson v. Board of Education," Findlaw, Supreme Cout Insights, accessed on November 17, 2023, https://supreme.findlaw.com/supreme-court-insights/the-separation-of-church-and-state--everson-v--board-of-educatio.html#:~:text=In%201947%2C%20the%20Supreme%20Court%20was%20asked%20to,Catholic%20schools%20did%20not%20violate%20the%20First%20Amendment.

[2] "About Us," Americans United for Separation of Church and State, n.d., https://www.au.org/about-au/history/.

[3] Robert W. Tuttle. "Accommodation: The Constitutional Ground of Chaplaincy," American Bar Association, July 5, 2022, https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/intersection-of-lgbtq-rights-and-religious-freedom/accommodation/.

[4] Rob Boston, "The Chaplain Controversy," Americans United for Separation of Church and State, May 31, 2018, https://www.au.org/the-latest/church-and-state/articles/the-chaplain-controversy/.

under scrutiny in 2006 when *Freedom From Religion, Inc*. (FFRI) took legal action against the administrators of the *United States Department of Veteran Affairs* (VA), claiming the federal agency generated "actual and apparent governmental endorsement and advancement of religion''[5] by allocating tax allowances to fund religious services.

In 2007, the United States Supreme Court restricted federal-level courts from imposing limitations on funds to entities that provide religious services due to an accusation of violation of the Establishment Clause. In *Hein v. Freedom From Religion Foundation* (2007), the United States Supreme Court ruled that unless a legislative body has sanctioned such funding, citizens are no longer permitted as taxpayers to file a suit in federal court, claiming that the release of federal funds breaches the Establishment Clause. The dismissal of the Heins suit became the foundation for other cases to solidify the government's allowance of funding towards entities that provide religious services including *Freedom From Religion Foundation, Inc. v. Nicholson (2008)*,[6] *Pedreira v. Kentucky Baptist Homes for Children (2008),* and *Hinrichs v. Speaker of the House of Representatives of the Indiana General Assembly (2007)*.[7] To date, legal actions filed by organizations opposing the allowance have come to no avail, maintaining the United States Federal Government's recognition of chaplaincy as an entity that does not perform the imposition of religion, but stands as a service that assists a citizen's right to acquire religious resources.

Even though a United States citizen's pursuit of religious services is supported by the federal government, within the healthcare industry, the existence of spiritual services in medical

[5] "Freedom From Religion Foundation Inc. v. R. James Nicholson, Secretary of the Department of Veterans Affairs," accessed on October 2, 2023, Freedom From Religion, Inc., Legal, https://ffrf.org/uploads/legal/veteransaffairs.html.

[6] Ibid.

[7] "HINRICHS v. SPEAKER OF HOUSE OF REPRESENTATIVES OF INDIANA GENERAL ASSEMBLY (2007)", FindLaw, US 7th Circuit Ct, https://caselaw.findlaw.com/court/us-7th-circuit/1467713.html.

facilities is reinforced through guidelines created by healthcare accreditation organizations. Within these guidelines, an admitted patient's access to religious resources is one of the many requirements that must be fulfilled for a medical facility or organization to receive needed endorsement. Leading healthcare accreditation organizations such as the *Joint Commission on Accreditation of Healthcare Organizations* (JCAHO), have supported the presence of spiritual care since the late 1960s. Though the medical industry heeds the recommendation of the commission allowing providers to be present amongst the patient population, there are struggles concerning the perception and professional regard of spiritual care as a discipline that the JCAHO feels it needs to regulate.

JCAHO: Medical Organizations and Healthcare Accreditation

The implementation and auditing of structural and process measures of healthcare services have become standard practice for healthcare organizations. Organizations that seek accreditation are subject to surveys every three years concerning building safety, infection control, staff protocols, quality improvement, and credentialing of providers.[8] About 95% of contracts made by managed care companies in the United States are with accredited hospitals. [9] This statistic indicates that managed care observes accreditation as a prerequisite before contracting with hospital facilities.[10] It is safe to say that medical organizations cannot survive financially without accreditation.

Founded in 1951, *The Joint Commission on Accreditation of Healthcare Organizations* (JCAHO) was formed to evaluate a healthcare facility's performance and provide innovative

[8] Study.com, "JCAHO | Definition, Regulations & Requirements." Published November 11, 2023, Video, 6:05. https://study.com/academy/lesson/what-is-jcaho-definition-accreditation-standards-requirements.html

[9] H.N Viswanathan. "Accrediting organizations and quality improvement." *The American Journal of Managed Care 6, no.* 10 (2000): 1117.

[10] Ibid., 1117.

solutions and resources to support continuous improvement.[11] Today, more than 22,000 healthcare programs and organizations including behavioral healthcare, ambulatory, long-term care, and clinical laboratory facilities work to receive JCAHO's *Gold Seal of Approval*.[12] Though accreditation is not needed for a medical facility to remain operational, the United States federal government looks to an organization's accreditation compliance with JCAHO, as their benchmark for the distribution allowance of federally funded sources such as Medicaid and Medicare.[13]

To receive accreditation, the JCAHO requires facilities to comply with over 250 standards[14] that are rooted in the commission's seven key principles within their codes of conduct.[15] The organization's principles reflect a patient's rights including respect for one's cultural and personal values. Medical staff are prohibited from practicing discrimination in any form whether it would be sexual orientation, age, race, religion, language, physical abilities, psychiatric conditions, or gender identification.[16] Within the area of religion, the organization calls for medical facilities to allow patients to have access to the form of spiritual care they prefer.[17] This includes visits from community faith leadership and internal spiritual services.

---

[11] "Our Mission and Vision", Who We Are, The Joint Commission, accessed on October 11, 2023, https://www.jointcommission.org/who-we-are/.

[12] "What We Offer." Certification, The Joint Commission, accessed on October 11, 2023, https://www.jointcommission.org/what-we-offer/certification/.

[13] "Benefits of Joint Commission Accreditation," Fact Sheets, The Joint Commission, accessed on October 11, 2023, https://www.jointcommission.org/resources/news-and-multimedia/fact-sheets/facts-about-benefits-of-joint-commission-accreditation/.

[14] "What Do Standards Focus On?," Joint Commission FAQ's, The Joint Commission, accessed on Oct 11, 2023, https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/"

[15] "The Joint Commission Code of Conduct," The Joint Commission, last modified August 2022. https://www.jointcommission.org/-/media/tjc/documents/about-us/code-of-conduct-manual.pdf

[16] "2023 Hospital Accreditation Standards," The Joint Commission (Oakbrook Terrace: The Joint Commission Resources), 17.

[17] "New & Revised Standards & EPs for Patient-Centered Communication The bold requirements indicate the new and/or revised Standards & EPs for patient-centered communication. Accreditation Program: Hospital," The Joint Commission (2010) "https://www.imiaweb.org/uploads/pages/275.pdf.

In 1967 the *American Hospital Association* in partnership with the JCAHO released a statement advising healthcare organizations that, "No healing institution's staff complement is complete, unless the spiritual needs of the patient are provided by staff and department," continuing that they, "endorse the principle that a chaplaincy position should be filled only by that clergyman endorsed, nominated and accredited by the proper respective faith organization."[18] Two years later in 1969, the JCAHO recognized spiritual care as a valid entity by releasing their first statement in their manual entitled, *Standards of Accreditation of Hospitals.* Within their first statement, the JCAHO declared, "The governing body, through the chief executive officer, shall provide appropriate physical resources and personnel required to meet the needs of patients and shall participate in planning to meet the health needs of the community," thus mandating religious/spiritual services to be made available to all patients by healthcare professionals.

Formal research concerning the effects of spiritual care on medicine was first published in 1972 in the *American Journal of Nursing* [19] when it was discovered that prayer, presence, and counsel brought comfort to both patients and nurses when local clergy was present.[20] In the mid-1970s attention towards spirituality and medicine was increasing. The commission's statements concerning the "Rights and Responsibilities of Patients" found in the commission's *Accreditation Manual for Hospitals,* assimilated spiritual care into practice by stating "patient

[18] Wendy Cadge, *Paging God: religion in the halls of medicine* (Chicago: University of Chicago Press, 2012), 32.

[19] Karen Morris, "Team Work: Nurse and Chaplain." *The American Journal of Nursing* 72, no. 12 (1972): 2197.

[20] Kim Kyounghae, "Critical Care Nurses' Perceptions of and Experiences with Chaplains," *Journal of Hospice & Palliative Nursing* 19, no. 1 (2017): 41.

care should not depend upon an individual's race, gender, nationality, creed or financial status."[21]

As spiritual care evolved from religious-based to clinical-based, the early 1990s was a time of transition in terminology and inclusion when the word "religion" was replaced by the term "spiritual" within the commission's *Standards and Interpretations Manual*. The commission looked to broaden the horizon of practice by stating, "Spiritual orientation may relate to the dependence in terms of how the patient views themselves as an individual of value and worth. The patient's spiritual orientation should not be considered synonymous with his/her relationship with an organized religion."[22]

During this period, the JCAHO called for the incorporation of spiritual care beyond hospitals to other areas of healthcare including patient education, end-of-life care,[23] dietary, rehabilitation services,[24] and mental health.[25] In 2001 the JCAHO required all accredited facilities to perform a spiritual assessment to "determine how a patient's religion or spiritual outlook might affect the care he or she receives."[26] Though the JCAHO does not issue mandatory questions, the commission feels that "it is important that the spiritual needs, beliefs, values, and preferences for (but not limited to) patients receiving psychosocial services to treat alcoholism or

---

[21] Cadge, *Paging God,* 37.

[22] Cadge, *Paging God*, 38.

[23] The Joint Commission, "End-of-life care: A patient safety issue" (July 2015) Quick Safety issue 15, https://www.jointcommission.org/media/-/tjc/documents/newsletters/quick_safety_issue_fifteen_july_20151pdf.pdf, 1.

[24] The Joint Commission, "Specifications Manual for Joint Commission National Quality Measures (v2021A1)", (September 25, 2020) Assessed for Rehabilitation Services, https://manual.jointcommission.org/releases/TJC2021A1/DataElem0195.html.

[25] "Behavioral Health Care and Human Services Accreditation," Healthcare Settings, The Joint Commission, accessed October 11, 2023, https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/behavioral-health-care/.

[26] David R. Hodge. "A Template for Spiritual Assessments: A Review of the JCAHO Requirements and Guidelines for Implementation," *Social Work* 51, no. 4 (October 2006): 317. https://www.jstor.org/stable/23721216.

other substance use disorders and those receiving end-of-life care."[27] Pat Staten, former assistant director of the Department of Standards and Standards Interpretation Group for the JCAHO, feels that the purpose of the assessment "is to determine how a patient's religion or spiritual outlook might affect the care he or she receives."[28] Though required, research shows that a lack of education and preparation on the part of clinicians within medical fields makes the responsibility of properly assessing a patient challenging.

Criticism of the JCAHO Concerning Spiritual Care

To this day, The Joint Commission provides facilities with complete autonomy in how they choose to fulfill religious service requirements. Since its first statement on spiritual care recognition, the commission has never mandated chaplains to be the sole source of spiritual care for a medical organization.[29] In 2015, the *American Hospital Association* reported that 70% of hospitals provided undefined pastoral care services in the form of local clergy, lay ministers, hospital volunteers, volunteer chaplains, and staff nurses.[30] More recently in 2023, the JCAHO relieved hospitals of the financial responsibility of funding spiritual resources for their patients.[31] The Joint Commission is also void of requiring specific credentials for chaplains or particular guidelines concerning those who wish to perform spiritual services in medical environments.

[27] "Does the Joint Commission specify what needs to be included in a spiritual assessment?" Standards FAQ's, The Joint Commission, last modified July 19, 2022, https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000001669/.

[28] Pat Staten. "Reader Question: Spiritual assessment required in all settings," *Hospital Peer Review*, April 1, 2003, https://www.reliasmedia.com/articles/28660-reader-question-spiritual-assessment-required-in-all-settings.

[29] Cadge, *Paging God*, 86.

[30] Stacy Weiner. "Is There a Chaplain in the House? Hospitals Integrate Spiritual Care," Association of American Medical Colleges, November 20, 2017, https://www.aamc.org/news/there-chaplain-house-hospitals-integrate-spiritual-care.

[31] The Joint Commission on Accreditation of Healthcare Organizations, *2023 Hospital Accreditation Standards*, *PC.02.02.03, Elements of Performance 9* (Oakbrook Terrace: The Joint Commission Resources), 26.

As early as the 1980s, the JCAHO was lobbied by members of the *College of Chaplains* (now the *Association of Professional Chaplains*) to regulate and affirm spiritual care as a professional discipline. The College of Chaplains in conjunction with the *National Association of Catholic Chaplains* (NACC), the *Association of Clinical Pastoral Education* (ACPE) as well and the *National Association of Jewish Chaplains* (NAJC) advocated for regulation by petitioning the JCAHO to implement standards concerning mandatory credentials and proper training of considered spiritual care providers.[32] Being denied, in an attempt to regulate their industry and increase professional consideration while lobbying for state and federal legislative support, the four agencies created the *Joint Commission on Accreditation of Pastoral Services and Education* (JCAPS).[33] In 2013 and 2014, the APC once again lobbied the JCAHO, but this time to ask the organization to establish a requirement for Board-Certified Chaplains (BCC) to be staffed by healthcare organizations. Once again, the request was denied.[34]

In July 2016, the *Spiritual Care Association* (SCA) sought representation from the international law firm *Akin Gump Hauer & Feld* to construct and execute advocacy for professional consideration and to further integrate spiritual care into the United States healthcare system.[35] The SCA hired the firm in hopes that legislation could be formulated that would allow spiritual care providers in healthcare environments to receive reimbursement for their services.[36]

---

[32] Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Healthcare Chaplaincy* 25, no. 2 (2019): 52. https://doi.org/10.1080/08854726.2018.1463617.

[33] Ibid., 51.

[34] Ibid., 52.

[35] Carol Steinberg. "Spiritual Care Association Retains Leading Law Firm to Advance Advocacy Efforts for Quality Spiritual Support" *CISION PRWeb*, June 28, 2016. https://www.prweb.com/releases/spiritual_care_association_retains_leading_law_firm_to_advance_advocacy_efforts_for_quality_spiritual_support/prweb13518874.htm.

[36] Cadge. *Healthcare Chaplaincy as a Companion Profession: Historical Developments*, 46.

The JCAHO's repeated refusal to regulate and include spiritual care within its surveys has inhibited the discipline's effort to achieve equal status and form unification between all organizations for the cause of best practice. Today, even though advocacy and lobbying continue, spiritual care is considered a form of a continuum of care[37] or by many in the medical field as a "companion profession," one that assists another without fighting for authority.[38]

Healthcare Administration Concerning Spiritual Care

Healthcare's consideration of spiritual care's role in patient care has evolved, but total acceptance of the discipline as a partnering practice remains a contentious issue. Most medical organizations provide few objections to the presence of chaplains, yet the medical community refuses to elevate spiritual care to an integrated discipline status. Though research has found favorable outcomes when spiritual care is administered in healthcare environments such as long-term care, acute care, and intensive care, spiritual care is often missing from statistical reports composed by medical facilities when listing all professionals working in the field, at the time data is compiled.[39]

Interdisciplinary Teams and Spiritual Care Providers

Though not considered by healthcare as a field professional, the chaplain is often invited to the table at interdisciplinary meetings. In the interdisciplinary model, professionals from all areas of patient care collaborate over a common issue by using the expertise of each person yet

[37] Shane Sinclair. "The role of chaplains within oncology interdisciplinary teams," *Current Opinion in Supportive & Palliative Care* 6, no. 2 (June 2012): 262. https://doi.org/10.1097/SPC.0b013e3283521ec9.

[38] Cadge, *Healthcare Chaplaincy as a Companion Profession: Historical Developments*, 46.

[39] Ontario Association of Non-Profit Homes & Services for Seniors, "The professional care team in long term care: A discussion paper". Ontario, Canada: Ontario Association of Non-Profit Homes & Services for Seniors.

allowing them to remain the authority within their discipline.[40] At the core of the interdisciplinary care team is patient-centered care, defined by the *Institute of Medicine* as “care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring patient values guide all clinical decisions.”[41]

Throughout the past four decades, more attention has been given to spirituality and its role in interdisciplinary research. Though a chaplain’s contributions are unique, many spiritual caregivers find it a challenge to remain at the table while there are tensions with power dynamics.[42] Despite struggles with department leaders when determining role identification, all areas that provide direct patient care utilize spiritual care to varying degrees. A study conducted by the *Walter Cancer Research Program; Department of Psychology* found that 85% of 267 clinicians sampled would prefer a chaplain to handle spiritual matters versus doing it themselves.[43] Though each department of an interdisciplinary team embraces spiritual care, its acceptance and validity weigh in the balance of how it assists the process. For the chaplain, it is the skillsets of being relational and empathic that bring about the healing presence. This, in addition to the professionalism of the chaplain in each patient case, helps to promote the consideration that spiritual care as a discipline, partners and supports medical decision-making.[44]

---

[40] Jeffrey A. Alexander, “The effects of treatment team diversity and size on assessments of team functioning,” *Hospital & Health Services Administration*; *Chicago* 41, no. 1, (Spring 1996): 38. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/effects-treatment-team-diversity-size-on/docview/206723710/se-2?accountid=12085.

[41] A. Wolfe. “Crossing the Quality Chasm: A New Health System for the 21st Century” *Policy, Politics & Nursing Practice* 2, no.3 (2002): 234. http://doi.org/10.17226/10027.

[42] James A. Kestenbaum. "Taking your place at the table": an autoethnographic study of chaplains' participation on an interdisciplinary research team, *BMC Palliative Care* 4, no. 20 (May 2, 2015): 8. http://doi.org/10.1186/s12904-015-0006-2.

[43] Shane Sinclair. “The role of chaplains within oncology interdisciplinary teams,” *Current Opinion in Supportive and Palliative Care* 6, no. 2 (2012): 262-263. http://doi.org/10.1097/SPC.0B013E3283521EC9.

[44] Karen Pugliese. *Chaplains As Partners in Medical Decision-Making: Case Studies in Healthcare Chaplaincy* (London and Philadelphia: Jessica Kingsley Publishers, 2020) 27.

Healthcare Administration and Board-Certified Chaplains

Today, the best practice in the United States concerning spiritual care's involvement within interdisciplinary teams is to assign Board-Certified Chaplains, as they have undergone the proper education, training, and vetting.[45] Unfortunately, as population grows and bed counts in facilities increase, the ratio of Board-Certified Chaplains to patients has not improved. According to a study conducted by the *Healthcare Chaplaincy Network,* between 2004 and 2016, the number of large hospitals (over 400 patients) that employ BCCs has dropped dramatically from 70.9% in 2004 to 55.6% in 2016. Statistics drawn from the survey demonstrate a rise in the number of large hospitals over a 12-year period that are hiring professional (or paid) chaplains instead of those who are board-certified.[46] Unfortunately, the survey failed to obtain the educational credentials of those classified as professionals but only to say that they were non-clergy, non-volunteer, or non-student chaplains who are paid.[47] Given the level of autonomy hospitals possess, expectations of qualifications would be relative to the administration that is offering the paid position, but we can conclude that those who are classified as professionals do not possess board certification.

Without the presence of a professional to coordinate spiritual care services, organizations cannot account for either the actions or inactions of those who have been permitted patient access. Also, without professional regard, staff members are often void of initial or ongoing spiritual care training. Spiritual care departments working without administrative partnerships

[45] Mark Larocca-Pitts. "The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care," *Journal for the Study of Spirituality* 9, no. 2 (2019): 99. https://doi.org/10.1080/20440243.2019.1658262.

[46] George Hando. "Hospital Characteristics Affecting Healthcare Chaplaincy and the Provision of Chaplaincy Care in the United States: 2004 vs. 2006," *The Journal of Pastoral Care & Counseling* 71, no.3 (2017): 159. http://doi.org/10.1177/1542305017720122.

[47] Ibid., 158.

are challenged in acquiring mandatory status for spiritual care educational events. Lastly, a lack of regard for spiritual care generates inconsistent presence for patients, families, and staff, with no accountability. With the absence of a professional to coordinate, spiritual care becomes an unreliable resource.

Today, few clinicians would argue that a disconnect exists between clinical teams and medical administration concerning spiritual care resources. Autonomy provided to facilities to select their own form of spiritual care provider is not always beneficial for hospital clinicians, as executives assume that any individual's mere presence will satisfy a service request.

Clinician-Administration Disconnect

For the chaplain, the assistance provided to nurses and physicians creates evidence-based outcomes that fortify the benefits of spiritual presence. Unfortunately for many spiritual care departments in medical facilities, empirical data is often not the concern of those who coordinate annual budgets.[48] Rapidly shifting reimbursement policies for healthcare creates a situation where facilities are faced with spending reduction, dependent upon reimbursement status along with annual revenue.[49] Amidst annual reviews, pastoral care services are often considered expendable.[50] Pastor Charles Creech, Director of Spiritual Care at Sarasota Memorial Hospital in Sarasota, Florida, with nearly twenty years of experience in the field of spiritual care, states he is familiar with budgets and explains how the cycle of the hiring and firing of paid chaplains has

[48] Aja Antoine and George Fitchett, "What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis," *Journal of Healthcare* Chaplaincy 28, no. 2 (2022): 280. https://doi.org/10.1080/08854726.2020.1861535.

[49] "Is Hospital Keeping Spiritual Care Promises In Mission Statement?" *Medical Ethics Advisor; Atlanta* 32, no.9 (Sep 2016). https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/trade-journals/is-hospital-keeping-spiritual-care-promises/docview/1986449683/se-2?accountid=12085

[50] Antoine, *What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis,* 282.

been occurring for decades. Creech states, "The cycle is that hospitals cut pastoral care spending and revert to an all-volunteer staff, only to realize that the system is unreliable, thus rehiring a paid chaplain once again."[51]

This view of spiritual care, according to Dr. Mark Larocca-Pitts, is due to ignorant assumptions that classify spiritual care as one-dimensional and void of any depth. Lorocca-Pitts explains that low regard for spiritual care by administration reduces a chaplain's skillset to a simple faith exercise consisting of handholding and fulfilling prayer requests.[52] Since it is a simple task, untrained individuals are called to respond as it is believed that the spirit can be handled by those who represent religion on any level. Although administrators may look upon spiritual care as helpful, it is viewed as a non-medical, non-revenue-producing service that can be conducted by medical staff, including nurses, if needed.[53] Because of this assumption, administrators may minimize the need for a staffed professional and utilize the economic alternative of volunteer chaplains or anyone else who can provide the service of faith reinforcement and presence.[54]

Clinicians and Spiritual Care

Historically, nurses are viewed as one of the original providers of spiritual care in healthcare environments.[55] Naturally, patients will divulge fears and concerns about whom they were closest to while admitted. Today, population growth, higher bed counts, and staffing

[51] Interview, Charles Creech, August 2023.
[52] Larocca-Pitts, *The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care*, 100.
[53] Antoine, *What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis*, 282.
[54] LaRocca-Pitts, *The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care*, 100-101.
[55] Lisa Burkhart and Nancy Hogan. "An Experiential Theory of Spiritual Care in Nursing Practice," *Qualitative Health Research* 18, no.7 (2008): 928. http://10.1177/1049732308318027.

shortages[56] make it nearly impossible for nurses to take on additional responsibilities and remain effective. Expectations of a nurse to perform all areas of holistic care; mental, social, cultural, spiritual, and developmental are shown in studies to be a vast challenge in addition to meeting their patients' medical and physical needs.[57]

According to the *Association of Professional Chaplains* (APC), spiritual assessment is the fundamental process of how chaplains assess and reassess patients and modify care plans.[58] Often the spiritual assessment is looked upon as a questionnaire that can be administered by anyone with religious knowledge. Professionally, the assessment is the starting point for the spiritual care provider, leading to an ongoing process of listening and reassessing. The objective of the spiritual assessment is to gather the information needed to create an effective care plan that will generate positive results.[59]

Because of the complexity of spiritual assessments, (BC, professional) chaplains are best equipped to perform them if needed.[60] "Volunteers and nurses are competent to ask basic religious questions, but further information concerning spirituality and religion should be left to the chaplain." says La-Rocca Pitts.[61] Often when the administration of spiritual assessments is left open to anyone available, as there is no universal standardized approach to spiritual care, all who are involved in the care of the patient often use different care models. Today there are more

[56] Rick Mayes. "'Not What We Signed up for': Nurse Shortages, Physician Scarcity, and Time for Collective Bargaining?" *World Medical & Health Policy* (2023): 4. https://doi.org/10.1002/wmh3.581.

[57] Paul Alexander Clark. "Addressing Patients' Emotional and Spiritual Needs," *Complementary Therapies in Medicine* 40 (2018): 127. https://doi.org/10.1016/S1549-3741(03)29078-X.

[58] George Fitchett and Andrea Canada. "The Role of Religion/Spirituality in Coping with Cancer: Evidence, Assessment, and Intervention" *Psycho-oncology* (2010): 441.

[59] George Fitchett, *The Role of Religion/Spirituality in Coping with Cancer: Evidence, Assessment, and Intervention*, 443.

[60] Cadge, *Paging God*, 6.

[61] Wendy Cadge and Julia Baldini. "The Evolution of Spiritual Assessment Tools in Healthcare," *Society* 52, no. 5 (Oct 2015): 435. http://dx.doi.org/10.1007/s12115-015-9926-y.

than 40 different models available that can be found throughout medical literature.[62] Without a standard or an agreed-upon model, those who provide care to the queried patient may not have the information they need to work within their model of preference.

Another risk of utilizing non-professional spiritual care providers for administering spiritual assessments is the possibility of triggering emotions occurring upon learning considerations of other faiths in the areas of the treatment of animals, burial practices, family, diet, marital considerations, and medical care. Responses in such areas often clash with secular viewpoints and render spiritual assessments inaccurate.[63] Additionally, patients who are passionate about their faith may view assessment conductors who are secular as incapable of comprehending aspects of their faith.[64]

Today, nurses receive limited training in the field of spiritual care, mainly through classroom education. A 2017 study of 437 nurses surveyed, found that 88% agree that spiritual care is essential to healthcare while 85% feel healthcare organizations should make spiritual care training available for all clinicians.[65] A study conducted by the *American Nurses Association Code of Ethics for Nurses with Interpretative Statements*, in 2017 also, found that nurses who were asked to provide spiritual care to their patients felt inadequate for several reasons. First, either void or insufficient training resulted in a lack of confidence in their spiritual care skillset.[66] Second, a nurse or physician's inability to generate on-demand vulnerability could inhibit the

---

[62] Ibid., 435.

[63] David R. Hodge. "Why Conduct a Spiritual Assessment? A Theoretical Foundation for Assessment," *Advances in Social Work* 5, no. 2 (Dec 2004): 186-187. http://journals.iupui.edu/index.php/advancesinsocialwork.

[64] Ibid., 187.

[65] Philip Austin. et al., "Spiritual care training is needed for clinical and non-clinical staff to manage patients' spiritual needs," *Journal for the Study of Spirituality* 7, no. 1 (2017): 50. http://dx.doi.org/10.1080/20440243.2017.1290031.

[66] Chiara Cosentino, et al., "Nursing spiritual assessment instruments in adult patients: a narrative literature review," *Acta Biomed for Health Professions* 91, NO. 12 (2020): 2. http://doi.org/10.23750/abm.v91i12-S.10998.

process and generate an ingenuine attempt to establish rapport.[67] Third, their own admitted uncomfortableness conversing with patients and families about spiritual issues may prohibit extensive or deeper conversation. Fourth, nurses can become confused as to what their responsibility is within spiritual care and how to properly fulfill a patient's needs.[68] Finally, nurses today feel they cannot take on more responsibilities such as providing spiritual care.[69]

A 2023 study conducted in Nantong, China cited that nursing burnout is a global issue. With nearly 1/3 of all nurses feeling the effects since 2013,[70] the study found that an increase in nurse-to-patient ratio was the number one reason nurses were leaving the field. At the peak of the COVID-19 pandemic, between 2020 and 2021, the nursing field saw a decrease in staffed professionals by 100,000.[71] Further, in 2021, the *American Association of Colleges of Nursing* reported that one-quarter of the nursing workforce in America planned to retire from the profession in the next five years,[72] leaving organizations to face a detrimental staffing shortage. Nurses experiencing an inability to perform basic care functions due to a lack of support often succumb to caregiver burnout. Research conducted by the University Francbois-Rabelais de

---

[67] Azam Shirinabadi Farahani, et al., "Evaluation of Health-Care Providers' Perception of Spiritual Care and the Obstacles to Its Implementation," *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (Apr-Jun 2019): 123. http://doi.org/10.4103/apjon.apjon_69_18.

[68] Cosentino, *Nursing spiritual assessment instruments in adult patients: a narrative literature review*, 2.

[69] Ghodratollah Momeni and Maryam Sadat Hashemi, Zeinab Hemati. "Barriers to Providing Spiritual Care from a Nurses' Perspective: A Content Analysis Study," *Iranian Journal of Nursing and Midwifery Research* 27 no. 6 (Nov-Dec 2022): 577. http://doi.org/10.4103/ijnmr.ijnmr_422_21.

[70] Meng-Wei Ge, et al., "Global prevalence of nursing burnout syndrome and temporal trends for the last 10 years: A meta-analysis of 94 studies covering over 30 countries," *Journal of Clinical Nursing* 32 no. 17-18 (May 16, 2023): 5852. http://doi.org/10.1111/jocn.16708.

[71] Mayes, *Not what we signed up for": Nurse shortages, physician scarcity, and time for collective bargaining?* 2.

[72] "Nursing Fact Sheet," Fact Sheets, American Association of Colleges of Nursing, last modified July 2023, https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet.

Tours, in Tours, France found supervisor support as the leading cause of poor job satisfaction amongst nurses throughout eleven Oncology units.[73]

In response to these types of challenges, nurses have grown to rely heavily on chaplains to provide necessary services such as spiritual assessments, everyday counsel, end-of-life discussions, emotional support, and the issuance of rituals. Although some hospitals still look to nurses to be first responders for providing spiritual care, nurses look to chaplains as the ones who help alleviate the responsibility.[74] Research finds nurses generate more referrals to chaplains than any other clinical sect due to feeling qualified to recognize indicators and request spiritual care services when needed.[75]

Nursing and spiritual care departments often collaborate successfully within facilities that prioritize spiritual care as a needed service.[76] By measures, nurses are the strongest supporters and loudest advocates for the presence of spiritual care providers in healthcare settings.[77] As with all departments, resources made available to clinicians are determined by hospital administrations. To nursing directors, the reality of frequent executive turnover hinders them from establishing a long-term understanding with the administration concerning the need for the facility to support, provide, and implement (or continue) a professional spiritual care department.

[73] Nicolas Gillet. "The effects of work factors on nurses 'job satisfaction, quality of care and turnover intentions in oncology," *Journal of Advanced Nursing* 74, no. 5 (May 2018): 1214. https://doi.org/10.1111/jan.13524.

[74] Kyounghae Kim. "Critical Care Nurses' Perceptions of and Experiences with Chaplains Implications for Nurses' Role in Providing Spiritual Care," *Journal of Hospice & Palliative Nursing* 19, no. 1 (Feb 2017): 41. http://doi.org/10.1097/NJH.0000000000000303.

[75] Ibid., 42.

[76] Brian Hughes. "Spiritual Care and Nursing: A Nurse's Contribution and Practice" *Spiritual Care Network* (March 2017): 8. https://healthcarechaplaincy.org/wp content/uploads/2021/06/nurses_spiritual_care_white_paper_3_22_2017.pdf

[77] Kevin J. Flannelly. "A three-year study of chaplains' professional activities at Memorial Sloan-Kettering Cancer Center in New York City," *Psycho-Oncology* 12, no. 8 (Dec 2003): 763. https://doi.org/10.1002/pon.700.

Chapter 2

Professional Spiritual Care Providers in Healthcare

Healthcare Chaplaincy at its birth was not classified as a profession. Instead, local clergy who were paid by their congregations, donated their time by incorporating hospital visits for non-congregational patients into their weekly schedule. Eventually, clergy who felt called to serve within a healthcare environment either became bi-vocational or moved to full time healthcare ministry. Today, church clergy can serve in the same capacity but some modern seminary graduates who complete both theological and clinical training bypass the pulpit and focus on the medical industry as their mission field.

Various forms of professional chaplains exist from those who practice with no prior educational experience, to certified chaplains who have fulfilled requirements and completed extensive levels of education and training. Professional chaplains may find themselves employed by either the facility they serve within or by a private agency that places them by contract. Requirements to be employed as a professional chaplain vary depending on the industry and its hiring agent. Within healthcare, field-specific training called Clinical Pastoral Education (CPE) combines ministry and clinical education for the study of perspectives found through theology and behavioral sciences. CPE programs provide experiential learning, the goal of which is to develop and foster the art and practice of spiritual care.[78]

Skillsets of Professional Healthcare Chaplains

As spiritual care providers in healthcare are in constant motion to add legitimacy and professional consideration to their field, they battle against medical professionals who view the

---

[78] ACPE 2020 Accreditation Manual, "Introduction to the Accreditation Process." https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/introduction-new-process.

skillset of the chaplain as mere presence and prayer.[79] Often the skillsets of chaplains are not noticeable but only to those who collaborate with them or receive spiritual care services directly. Documentation of skillsets can be found throughout Clinical Pastoral Education and certification resources, Healthcare Chaplaincy organization websites, and various books and articles written by leading voices within the spiritual care field.

Documentation of skillsets for professional chaplains is subjective. Though there are leading organizations that have formed a large consensus concerning Clinical Pastoral Education amongst various certification organizations, there is no current authority governing the regulation, adoption, implementation, or solidification of educational or practice guidelines. Though documentation is subjective from entity to entity, there is a large consensus concerning specific skills that should be included within Clinical Pastoral Education along with competencies found within Board Certification curriculums.

Legality and Ethics

Hospital chaplains are governed by federal regulations that include severe penalties for breaching confidentiality. Volunteers in medical facilities, not just spiritual care volunteers, work within an environment that contains sensitive information; situational, verbal, and hardcopy. What is seen, spoken about, and heard falls in line with *The Health Insurance Portability and Accountability Act of 1996* (HIPAA); a federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.[80] When permitted by a medical organization, a chaplain's access to medical records and information rests on a patient's rights to religious services. Chaplains have no

---

[79] Larocca-Pitts, *The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care*, 100.

[80] "Summary of the HIPAA Privacy Rule," Office for Civil Rights, US Department of Health & Human Services, updated May 3, 2019, https://www.hhs.gov/sites /default/files/privacysummary.pdf.

mandatory rights to a patient's medical records. Often access is given to allow chaplains to communicate pertinent information that could aid the clinical care team.

Role Identification

Religion is one form of how people see spirituality. Spirituality for some is anything beyond the physical.[81] It is a concept that is multidimensional and defies clear-cut boundaries.[82] A survey performed by Pew Research in 2017 found that 27% of 5,002 people sampled across all 50 states identify themselves as spiritual but not religious.[83] Chaplains need to be aware that they are spiritual care providers and not religious partners. They also need to comprehend religion as just one form of how individuals define spirituality amongst a vast array of considerations.

From an administration perspective, the roles of the chaplain fall into several categories: grief and death emotional support, community liaison, directives and donations, religious services and worship along consultation and advocacy.[84] In addition to being a resource for patients, they care for staff by providing stress management skills and emotional support in addition to patient care.

Spiritual Neutrality and Proselytizing

The chaplain remains neutral, refraining from endorsing any faith group or faith establishment. Proselytizing through teaching or evangelism is prohibited as such actions violate an individual's right to Freedom of Religion, more particularly the imposition of religion upon a

---

[81] Robert A. Emmons, *The Psychology of Ultimate Concerns: Motivation and Spirituality in Personality* (New York: Guilford Press, 1999), 199.

[82] William R. Miller. "Spirituality, Religion, and Health: An Emerging Research Field." *American psychologist.* 58, no. 1 (2003): 27. DOI: 10.1037/0003-066X.58.1.24.

[83] Michael Lipka and Claire Gecewicz, "More Americans now say they're spiritual but not religious," Pew Research Center, September 6, 2007, https://www.pewresearch.org/short-reads/2017/09/06/more-americans-now-say-theyre-spiritual-but-not-religious/.

[84] Kevin Flannelly. "Department Directors' Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey," *Hospital Topics* 83, no. 4, (2005): 23. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/department-directors-perceptions-roles-functions/docview/214513816/se-2.

person when unrequested. Proselytizing violates the trust relationship a patient provides the medical facility as well as the relationship they form between the spiritual caregiver and clinicians who serve them.[85] The chaplain is not only neutral in a faith tradition but neutral with in-patient care as well.[86] During the conversation, the chaplain guides the patient or family member(s) by affirming their beliefs, meeting them where they are, and assuring them that spiritual care services are available to them while they or their loved ones are admitted.[87]

Spiritual Reference

As a spiritual care provider, the chaplain becomes a point of reference for patients, families, and staff concerning all aspects of religious knowledge and service. Though only qualified to perform rituals and sacraments of their faith, the clinical staff looks to spiritual care providers to possess information concerning faith traditions of major religions or the presence of faith leaders that could affect the form of care a patient receives while admitted. The chaplain also maintains relationships with area clergy and contacts them upon a patient's or family's request.

Visitation Skills

From an administration perspective, the role of the chaplain falls into several categories; grief and death emotional support, community liaison, directives and donations, religious services and worship along with consultation and advocacy.[88] In addition to being a resource for

---

[85] Christina Puchalski, et al., "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference," *Journal of Palliative Medicine* 12, no.10 (2009): 901. https://10.1089/jpm.2009.0142.

[86] Ingrid Egerod and Gudrun Kaldan. "Elements of chaplaincy in Danish intensive care units: key-informant interviews with hospital chaplains," *Journal of Religion and Health* 28, no. 4 (2022): 545.

[87] Cosentino, *Nursing spiritual assessment instruments in adult patients: a narrative literature review*, 91.

[88] Kevin Flannelly. "Department Directors' Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey," *Hospital Topics* 83, no. 4, (2005): 23. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/department-directors-perceptions-roles-functions/docview/214513816/se-2.

patients, they care for staff with stress management and emotional support in addition to being a reference for spiritual information concerning religious rituals and protocols during a patient's admission or at end of life.

The chaplain must show respect for the nurse with the understanding that they are the primary caretaker of the patient.[89] Though the chaplain may be granted access, administration of medical and physical care leaves the patient unavailable at certain times. To show proper respect for the nursing staff, a chaplain should check in with the charge nurse before making rounds to become informed of any information that would affect them administering care including patients that do not want to be seen, patients that are off limits and patients that have shown indications that spiritual care would be beneficial.

Understanding Patient Demographics

Chaplains are often provided with a patient census either by the nursing staff or by compiling and printing one from Electronic Medical Records. Census information often includes gender, room number, physician assigned, and possibly a patient's faith preference. This information within a census is sensitive and should never leave the possession of the chaplain until discarded properly in a shredding bin. Chaplains should be aware of special precautions that need to be taken such as Personal Protective Equipment (PPE) before entering a room (if permitted to do so).

Boundaries

---

[89] Janie J. Taylor et al., "Exploring the Phenomenon of Spiritual Care Between Hospital Chaplains and Hospital Based Healthcare Providers," *Journal of Health Care Chaplaincy* 21 (2015): 97. http://10.1080/08854726.2015.1015302.

As with all clergy, patients expect conversations to remain confidential when meeting with a chaplain.[90] Ethical standards for professional chaplains call for the strictest level of confidentiality when speaking with friends, and family with the exception when information is needed for proper medical care, personal or patient safety, or when required by law.[91] The chaplain recognizes the vulnerability of the patient and maintains a compassionate, friendly, yet professional demeanor to avoid transference[92] and remain a steadfast spiritual care provider.

Non-Verbal Communication

Non-verbal components communicate key information, including a patient's emotions, attitude toward their situation, and self-identity.[93] These silent signals can be both projected and received consciously or unconsciously through a person's body language and sound characteristics (pitch, tone, and pauses), concerning affect, mood, and perceptions of a situation. It is the job of the chaplain to translate these indicators.[94]

Listening Active and Responding

The chaplains need to set themselves and their ideas aside and practice actively listening and allowing others to initiate action. To do so, the spiritual caretaker must possess a high degree of self-awareness and forsake any agenda and ego.[95] Active listening requires concerted effort and attention, as it involves assuring the individual that a chaplain has not just heard but

---

[90] Tom L. Beauchamp and James F. Childress. "Lives Entrusted." In *Principles of Biomedical Ethics 6th ed,* by Barbara Blodgett. New York: Oxford University Press. 389.

[91] "Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students, Professional Ethics," Common Qualifications and Competencies, Association of Professional Chaplains, last modified 2016, https://www.apchaplains.org/wp-content/uploads/2022/05/Common-Code-of-Ethics.pdf.

[92] Robert Klitzman, et al., "Exiting Patients' Rooms and Ending Relationships: Questions and Challenges Faced by Hospital Chaplains," *Journal of Pastoral Care & Counseling* 77, no. 2 (2023): 98. https://doi.org/10.1177/15423050221146507.

[93] Judith A. Hall, Horgan, Terrance G., and Murphy, Nora A. "Nonverbal communication," *Annual Review of Psychology* 70 (Jan 2019): 273. http://doi.org/10.1146/annurev-psych-010418-103145.

[94] Ibid., 280.

[95] Anne M. Kelemen, Grace Kearney, and Hunter Groninger, "Reading the Room: Lessons on Holding Space and Presence," *Journal of Cancer Education* 33, no. 6 (Feb. 2018): 1363. http://doi.org/ 10.1007/s13187-017-1189-4.

understood as well. Repeating what a person says, and asking follow-up questions based on answers is a communication skill that involves hearing, evaluating, and responding to what is heard.[96]

Crisis Identification

The United States Department of State defines Human Trafficking as "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for commercial sex acts, involuntary servitude, peonage, debt bondage, or slavery"[97] Studies show that 88% of trafficking victims have used medical services at one time during their abduction. [98] The chaplain needs to converse but not make accusations or plan an intervention with the potential victim. Chaplains should be aware of key indicators and collaborate with department clinicians concerning reporting protocols.

In addition to trafficking, approximately 10% of all adult patients entering the Emergency Department (ED) for various reasons, have recent suicidal ideation or behaviors.[99] As chaplains often converse with ED patients while receiving care, indicators including hopelessness, threats of self-harm, and past attempts should cause notification to be made to the ED nursing staff.

---

[96] Owen Hargie. Skilled Interpersonal Communication: Research, Theory and Practice. 6th edition (London: Routledge, 2017), 234.

[97] The White House. "The National Combat Plan to Combat Human Trafficking" last modified, December 2021. https://www.whitehouse.gov/wp-content/uploads/2021/12/National-Action-Plan-to-Combat-Human-Trafficking.pdf. 389.

[98] Hanni Stoklosaa, et al., "A Framework for the Development of Healthcare Provider Education Programs on Human Trafficking Part One: Experts," *Journal of Human Trafficking* 6, no. 4 (2020): 389. https://doi.org/10.1080/23322705.2019.158472.

[99] Mark A. Ilgen, et al. "Recent Suicidal Ideation Among Patients in an Inner City Emergency Department," *Suicide and Life-Threatening Behavior 39*, no. 5 (October 2009): 463-568. https://doi.org/10.1521/suli.2009.39.5.508.

End-of-Life Services

Providing spiritual care at the end of life is fundamental to the delivery of quality care.[100] It has been found through research that unmet spiritual needs for families of patients during occurrences of end-of-life situations have resulted in poorer psychological outcomes, lower quality of life, lack of spiritual peace, and an increased risk of clinical depression.[101] Nursing staff frequently refer patients and families to chaplains during end-of-life situations knowing that consistent counsel and presence that they cannot provide is necessary for an undetermined amount of time.

Chaplains practice presence while patients and family explore their spirituality, sometimes asking questions concerning faith, religion, and suffering. Discussions of suffering often lead to exploring options involving hospice services with family members.[102] A chaplain can act as a liaison between family and hospice nurses as they make decisions concerning care. Chaplains also partner with hospice services if their hospice chaplains are not available.

Nurses utilize chaplains as religious authorities concerning sacraments, customary procedures about burial, contacting outside faith leaders, along with any questions family members may have. When available, chaplains may preside over the funeral services of the deceased if families do not have an area faith leader to contact. The role of healthcare chaplains in aftercare is often limited but referrals can be provided to area services for counseling and

---

[100] Debbie Selby, et al., "A Qualitative Analysis of a Healthcare Professional's Understanding and Approach to Management of Spiritual Distress in an Acute Care Setting," *Journal of Palliative Medicine* 19, no. 11 (2016):1197-1204. http://10.1089/jpm.2016.0135.

[101] Michelle J. Pearce, et al., "Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients," *Supportive Care in Cancer* 20, no. 10 (2012):2269. https://doi.org/10.1007/s00520-011-1335-1.

[102] Paul Teague, et al., "The Role of the Chaplain as a Patient Navigator and Advocate for Patients in the Intensive Care Unit: One Academic Medical Center's Experience," *Journal of Religion and Health* 58, no. 5 (October 2019): 1843. https://www.jstor.org/stable/45216951.

bereavement. Chaplains have also been known to make follow-up calls to families to show concern and compassion for their well-being.[103]

Counsel

In the lives of patients and families, the presence of spiritual care helps lift the pressure in highly emotional situations such as end-of-life and terminal diagnosis while providing valuable services to the most vulnerable. [104] Though not able to diagnose, chaplains assist families with end-of-life situations by providing information and understanding of certain medical procedures, advocating for nurses and families in decision-making processes, and providing clarity to end-of-life decisions through an ethical or religious context. [105]

Patient counsel for the chaplain is not limited to highly sensitive environments but also to patients throughout acute care units and facilities as well. Recent research has shown that chaplains engage in crisis intervention, emotional assistance, counseling, bereavement, and empathetic listening.[106] These services extend beyond patients and families, and into nursing staff and physicians as well. In highly stressful departments such as the ICU, interaction with chaplains is associated with decreased employee stress levels for nursing staff who provide care for patients with severe medical conditions. [107] Quite often medical staff are subject to compassion fatigue, caregiver stress, and burnout in addition to emotional exhaustion,

---

[103] Philip Darbyshire, et al., "Supporting bereaved parents: a phenomenological study of a telephone intervention program in a pediatric oncology unit," *Journal of Clinical Nursing* 22, no. 3-4 (Feb 2013): 540. https://doi.org/10.1111/j.1365-2702.2012.04266.x.

[104] Ian McCurry, et al., "Chaplain Care in the Intensive Care Unit at the End of Life: A Qualitative Analysis," *Palliative Medical Report* 2, no. 1 (Oct 18, 2021): 281. http://doi.org/10.1089/pmr.2021.0012.

[105] Ibid., 283.

[106] George F. Handzo, et al., "What Do Chaplains Really Do? II. Interventions in the New York Chaplaincy Study," *Journal of Health Care Chaplaincy* 14, no. 1 (Oct 2008): 43. https://doi.org/10.1080/08854720802053853.

[107] Tara Liberman, et al., "Knowledge, Attitudes, and Interactions with Chaplains and Nursing Staf Outcomes: A Survey Study," *Journal of Religion and Health* 55, no. 5 (2020): 2308–2322. http://doi.org/10.1007/s10943-020-01037-0.

depersonalization, and lack of personal and professional completion. [108] Chaplain makes themselves available in high-stress environments such as Emergency Departments and Trauma Units as well as responding to all code blue alerts when possible. [109]

Scheduling and Prioritization

Working within an environment that involves collaboration with clinicians, physicians, and other spiritual care providers, communication should remain at the center for all who are participating in whole-person care.[110] Scheduling visits with nursing staff, coordinating with other chaplains to guarantee facility coverage along with communicating updates and status, either in person or within electronic medical records, generates prioritization and efficiency on the part of the chaplain(s).

Documentation

When permitted by a medical agency, chaplains enter information about patient care into the facility's Electronic Medical Records system. EMRs demonstrate a more comprehensive view of a chaplain's work than in the past when access was restricted with little permission. [111] Documentation often includes an initial spiritual assessment, daily visitation notes, community clergy assigned, and information communicated to clinical staff that would affect medical care. Daily input generates statistics concerning visitations, services provided, and referrals that can be compiled into report form, breaking down statistics and outcomes into either daily, weekly, monthly, or annual increments.

---

[108] Sandra Martins, Antonio M Fonseca and Ana Sofia. "Burnout in palliative care: A systematic review," *Nursing* Ethics 18, no. 3 (2011): 318. https://doi.org/10.1177/0969733011398092.

[109] Carolina D. Tennyson, John P. Oliver, and Karen R. Jooste. "Descriptive Study of a Chaplains' Code Blue Responses," *Families in Critical Care* 30, no.6 (Nov 2021): 419-425. https://doi.org/10.4037/ajcc2021854.

[110] Elizabeth Johnston Taylor, "Healthcare Chaplains' Perspectives on Nurse-Chaplain Collaboration: An Online Survey," Journal of Religion and Health 59, no. 2 (2020): 626. https://doi.org/10.1007/s10943-019-00974-9.

[111] Cadge, *Paging God*, 156.

Self-Care

Compassion fatigue or compassion burnout occurs in chaplains when chaplains are overworked and do not practice any form of self-care. Those working within fast-paced, highly emotional, highly stressful environments experience Secondary Traumatic Stress (STS), a response to providing care for those who have experienced trauma in their lives. For those affected by STS, feelings are compared to those experiencing PTSD.[112] Compassion Satisfaction is also a generator of compassion fatigue. As chaplains seek emotional reward and encouragement for their service, a lack of reward in conjunction with an influx of traumatic stress depletes a chaplain emotionally, leaving them empty, unable to draw from any source to allow them to continue to provide care. [113]Chaplains need to model self-care to those they serve. In an environment where medical staff are highly susceptible to burnout, the chaplains in their care for the spirit, are looked upon as a source of knowledge and a living example of methodology concerning self-care for the individual.[114]

Types of Professional Chaplains in Healthcare

Board Certified Chaplain (BCC)

Organizations such as the *Board of Chaplaincy Certification Inc*. (BCCI) stand as the most prominent certification organization in the United States in relation to spiritual care professionalism. The BCCI was founded to "elevate professional standards, enhance individual

[112] C.R. Figley, & R. J. Kebler. "Beyond the "victim": Secondary traumatic stress." In Beyond trauma: Cultural and societal dynamics. The Plenum Series on Stress and Coping, by R. J. Kleber, C. R. Figley, & B. P. R. Gersons (Boston: Plenum Press, 1995), 77.

[113] Melissa Radey and Figley, Charles R. "The Social Psychology of Compassion," *Clinical Social Work Journal* 35, no. 3 (Sept 2007): 211-212. https://doi.org/10.1007/s10615-007-0087-3.

[114] Jane Mather. "Chaplains must model self-care for other staffers." National Association of Catholic Chaplains, accessed on November 11, 2023. https://www.nacc.org/vision/2015-nov-dec/chaplains-must-model-self-care-for-other-staffers-by-jane-mather/.

performance, and designate professional chaplains who demonstrate the knowledge essential to the practice of chaplaincy care." A chaplain who has received board certification has met all application requirements; a minimum of 72 hours of qualifying theological education, completed four units (1600 hours) of Clinical Pastoral Education along with ordainment and formal support of a recognized faith group.[115]

Board-Certified chaplains practicing within medium to large hospitals belong to one of the numerous certification organizations such as the *Association of Professional Chaplains* (APC), *National Association of Catholic Chaplains* (NACC), *Neshama: Association of Jewish Chaplains* (NAJC) and the *Canadian Association for Spiritual Care/Association* (CASCA), or smaller organizations such as the *Spiritual Care Association* (SCA), and the *Association of Certified Christian Chaplains* (ACCC).

Board Certified Chaplains (BCC) are often employed by a hospital administration to manage a facility's spiritual care department and oversee all spiritually related responsibilities. Hospitals often adopt the BCCI's requirements for board certification as their qualifications for hiring. The Board-Certified Chaplain is viewed as a theologically educated authority on all spiritual and religious matters within a healthcare environment. They are often invited to take part in interdisciplinary meetings and may advise on spiritual and ethical issues.[116]

Like Board Certification, *Associate Certified Chaplain* (ACC) is a professional certification awarded by the BCCI, but differs by requiring only 48 credit hours of education

---

[115] Board of Chaplaincy Certification, Inc. "Qualifications for Board Certified & Associate Certified Chaplains." Becoming Certified, last modified February 2021, https://www.apchaplains.org/bcci-site/becoming-certified/qualifications-for-board-certified-associate-certified-chaplains/#defbcc.

[116] Kestenbaum*, "Taking your place at the table.":* An autoethnographic study of chaplains' participation on an interdisciplinary research team, 8.

from a qualifying theological institution, 2 units (800 hours) of Clinical Pastoral Education, and the endorsement of a recognized faith group.

Professional Chaplains (non-certified)

Staff chaplains may or may not be in pursuit of higher education or credentials. At a minimum, medium to large-size hospitals normally require an applicant to have received an MDiv. from an accredited university, ordination, and endorsement from a legally recognized faith group, and completed at least one unit of Clinical Pastoral Education. This standard is common but not always present. As hospitals are provided autonomy, those who cannot afford the median salary a Board-Certified Chaplain requires[117] may resort to hiring a professional chaplain with credentials they feel are adequate in correlation to their responsibilities.

Contracted Chaplains

In contrast to professional chaplains staffed by medical organizations, some chaplains work as subcontracted care providers. Subcontracted chaplains are professional chaplains who work for an agency or organization that provides chaplain services on a contractual basis.[118] The utilization of sub-contracted chaplains may occur in healthcare but if so, they provide services in smaller hospitals versus larger markets.

Recently the use of contracted chaplains in healthcare is found in telechaplaincy services. Though remote, healthcare (Telehealth) was not heavily utilized until the onset of mandatory

[117] "Becoming a Chaplain: Costs and Compensation," Becoming a Chaplain: Costs and Compensation, Chaplaincy Innovation Lab, last modified June 2022. https://chaplaincyinnovation.org/wp-content/uploads/2022/06/Becoming-a-Chaplain-Costs-and-Compensation-Chaplaincy-Innovation-Lab-2022.pdf.

[118] Emily McClung, Daniel H. Grossoehme and Ann F. Jacobson, "Collaborating with Chaplains To Meet Spiritual Needs," *MedSurg Nursing* 15, no. 3 (2006): 149. https://www.proquest.com/scholarly-journals/collaborating-with-chaplains-meet-spiritual-needs/docview/230524645/se-2.

COVID-19 lockdowns.[119] Online capabilities provided an alternate form of patient communication for physicians and clinicians, the services assisted chaplains as well, providing them a means to make contact with those in need and utilize their skill sets to comfort those during the pandemic.

Outside of healthcare chaplaincy, subcontracted chaplains are utilized in corporate, prison, and first-response environments. Unlike healthcare, these fields encourage an understanding of the field they are serving in but often do not require extensive, additional training as the healthcare industry requires. Sub-contracted chaplains are often considered for employment with a bachelor's degree in theology, or psychology or a master's degree in divinity or religious studies.

Professional Healthcare Chaplaincy Education

Clinical Pastoral Education

The *Association for Clinical Pastoral Education* (ACPE) defines *Clinic Pastoral Education* (CPE) as "interfaith professional education for ministry that brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into a supervised encounter with persons in crisis"; [120] and focuses on developing students' integration into the medical environment.[121] Those who seek to become either a volunteer or professional chaplain are provided both educational (academic) and clinical (on-site) training under the supervision of a CPE instructor. Today, the *Association for Professional Chaplains* (APC) and the *National*

---

[119] Megan Best, Geila Rajaee, and Anne Vandenhoeck. "A Long Way to Go Understanding the Role of Chaplaincy? A Critical Reflection on the Findings of the Survey Examining Chaplaincy Responses to Covid-19," *Journal of Pastoral Care & Counseling* 75, no. 1 (March 17, 2021): 46. https://doi.org/10.1177/1542305021992002.

[120] "What is Clinical Pastoral Education?" FAQ's, Association of Clinical Pastoral Education, accessed on November 3, 2023, https://acpe.edu/education/cpe-students/faqs.

[121] Judith R. Ragsdale. "Transforming Chaplaincy Requires Transforming Clinical Pastoral Education," *The Journal of Pastoral Care & Counseling* 72, no. 1 (2018): 58. http://doi.org/10.1177/1542305018762133.

Association of Catholic Chaplains (NACC) are two of the largest organizations for the administration and certification of CPE students under the guidance of the *Board of Chaplaincy Certification Inc*. (BCCI). [122]

Around 1925, the first chaplains to participate in Clinical Pastoral Education did so by assisting Protestant hospital chaplains while they performed patient care. At the time, both professional and untrained chaplains worked side by side while visiting patients and offering conversation. [123] It was not until the mid-1930s that formal training was introduced by Chaplain Russell Dicks of Duke University. Dicks requested the *American Protestant Hospital Association* (APHA) form a committee to create healthcare chaplaincy's first set of standards. Once adopted by the APHA in 1940,[124] additional professional chaplaincy organizations formed in partnership and established the *APC Quality in Chaplaincy Care Committee*. [125]The objective of the committee was to standardize a knowledge base that includes best practices, skillsets, and professional values that exemplify the work of a professional chaplain regardless of the environment they are working within. In 2004, the diversity in various curriculums for various Clinical Pastoral Education programs motivated six organizations[126] to partner and create common standards for certified chaplains that would become standard regulations. Later in 2014, recognizing that all organizations were distinct yet contained the same required skill, the APC expanded its formalization across all areas of healthcare by creating the *site for Professional*

[122] Kelsey B. White, Ryan M. Combs & Hallie R. Decker. "Board certification of professional chaplains: a qualitative study of stakeholder perspectives," Journal of Healthcare Chaplaincy 28, no. 4 (2022): 443-466. https://doi.org/10.1080/08854726.2021.1916334.

[123] Cadge, *Paging God : Religion in the Halls of Medicine*, 24

[124] "History," Standards of Practice for Professional Chaplains, The Association for Professional Chaplains, last modified October 22, 2015, https://www.apchaplains.org/wp-content/uploads/2022/05/Standards-of-Practice-for-Professional-Chaplains-102215.pdf.

[125] Ibid.

[126] Organizations that partnered for the creation of standardized CPE education includes: APC, ACPE, American Association of Pastoral Counselors (AAPC), National Association of Catholic Chaplains (NACC), Neshawa: Association of Jewish Chaplains, and the Canadian Association for Spiritual Care (CASC).

Chaplains (SPPC*),* a dynamic, evolving document developed to establish a consensus between all organizations in all areas of healthcare; acute care, long-term care, and palliative / hospice.

Today, the APC is known for developing standards of professional practice. An evaluation of competence in skillsets for CPE is performed by the Association of Clinical Pastoral Education (ACPE) and Board of Chaplaincy Certification. Inc. (BCCI), two organizations with different approaches to how CPE should be administered.[127] Despite the diversity in philosophies, most large market hospitals will often permit only select organizations (ACPE-endorsed) to host educational programs in their facilities.

Contents of Clinical Pastoral Education

According to the BCCI's *Impact of Spiritual Care Report 2018*[128], students enrolled in CPE are guided through four competencies (one level per unit for 400 hours each level) as they work to achieve Board Certification (if desired).

(a) Integration of Theory and Practice – exploring theories and philosophies that exist concerning social sciences, psychology, ethics, group dynamics, and the application of foundational skills for research. Students learn to integrate all topics into the practice of spiritual care and continue to revisit these areas as spiritual care grows and evolves within healthcare.

(b) Personal Identity and Conduct – understanding the professional role of the chaplain and expectations to be fulfilled, such as professional appearance, effective communication, and

---

[127] George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordan, and Paul E. Derrickson. "Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?." *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 153. https://doi.org/10.1080/08854726.2015.1075343.

[128] Jennifer Block. "Chaplaincy: A Brief Introduction for the called or curious," last updated June 2012, The Chaplaincy Institute, https://www.chaplaincyinstitute.org/wp-content/uploads/2018/06/Chaplaincy-A_Brief_Intro.pdf.

respecting boundaries. In addition, the chaplain learns of themselves the need for self-respect, self-care, and the connection between their attitude and emotions concerning practice.

(c) Professional Practice Skills – acquiring an understanding that the chaplain is the central spiritual care provider and oversees performing spiritual assessments as well as creating the plan of care for the patient. Students become aware of their environments and begin to develop skillsets such as pastoral and trauma counseling. Educators both simulate and participate in the administration of care during actual highly stressful situations. The student also learns about the importance of documentation and accountability to the medical organization they are serving under.

(d) Organizational Leadership – understanding that it is the responsibility of the chaplain to integrate spiritual care into both staff and the facility's interdisciplinary team, including patients, families, clinicians, non-medical staff, and administration. Acquiring knowledge concerning ethics consultation and business practices as well as department management. Upon this fourth level of CPE, the chaplain is preparing to transition from spiritual care provider to spiritual care administrator, working in conjunction with administration and leadership.

Challenges Within Clinical Pastoral Education

Throughout the existence of Clinical Pastoral Education, great effort has been made to standardize and create an all-encompassing organization with full authority to oversee and regulate CPE programs for the betterment of practice. *The Lutheran Advisory Council*, the *Institute for Pastoral Care*, the *Council for Clinical Training*, and the *Association of Seminary Professors in the Practical Field* formed a twelve-person committee in 1969 to establish the *Association of Clinical Pastoral Education*. Today the ACPE stands as a leader within the field

of Clinical Pastoral Education and stands as the only accreditor recognized by the United States Department of Education.[129] [130]

Currently, the ACPE accredits over 300 CPE programs across the country, but it is not the only accreditation agency in existence. Newer organizations such as the *Spiritual Care Association* (SCA) partner with the *Institute for Clinical Pastoral Training* (ICPT) to offer CPE units accredited by the *Accrediting Commission of the Accrediting Council for Continuing Education & Training* (ACCET)[131]

For the past two decades, the emergence of small organizations offering distance-learning CPE training in an online learning platform has changed the landscape concerning the education portions of the program and how they are administered. Though distance learning alternatives remedy proximity issues when it comes to mainstream education, still much debate has occurred when online CPE options are categorically placed next to non-personal educational programs found in mainstream schools, reducing the program's value to one that can be completed anywhere at any time. Though vague research has been conducted concerning online CPE programs, the topic has garnered more attention since 2020 when COVID-19 restrictions in medical facilities caused instructors to either halt programs or move communication to a virtual format.[132] For programs that decided to move the educational portion of the training online, results were surprisingly favorable,[133] but also inconclusive as the clinical portion of the program

---

[129] Robert D. Leas and John R. Thomas. "APC: A Brief History," Association of Professional Chaplains, accessed on November 4, 2023. https://acpe.edu/docs/default-source/acpe-history/acpe-brief-history.pdf?sfvrsn=a9e02b71_2.

[130] "CPE Program Accreditation" Programs, Association of Clinical Pastoral Education, accessed on November 4, 2023, https://acpe.edu/programs/accreditation.

[131] "What is CPE?," Clinical Pastoral Education (CPE), Spiritual Care Association, accessed on November 4, 2023, https://www.spiritualcareassociation.org/clinical-pastoral-education-cpe/.

[132] David W. Fleenor. "Online clinical pastoral education needs more research," *Journal of Healthcare Chaplaincy* 28, no. 3 (2022): 342. https://doi.org/10.1080/08854726.2021.1894533.

[133] Ibid., 343.

cannot be completed in the same manner. As CPE requires both educational and clinical components over 400 hours per unit, those serving in rural communities find assistance through this available hybrid format.

Chapter 3

Volunteer Spiritual Care Providers in Healthcare

Volunteer chaplains are utilized by medical facilities for several reasons. Foremost, volunteer chaplains assist in fulfilling accreditation requirements concerning spiritual resource access. As holistic care elevates itself in clinical methodology, demands upon a spiritual care department rise. [134] To fulfill a facility's needs, spiritual care department leaders often correlate volunteer recruiting with a facility's bed count.

In addition to the fulfillment of requirements are the financial advantages of the use of volunteers. A June 2022 "Costs and Compensation" study conducted by the *Chaplaincy Innovation Lab* surveyed 443 full-time professional healthcare chaplains concerning their annual salary. Within the study, it was found that 46.2% of chaplains reported their salary to be in the range of $50,000 to $80,000, with 48.2% working 40-44 hours per week.[135]

Metropolitan facilities such as *Emory University Hospital* located in Atlanta, Georgia operate under a $7.3 billion budget, staffing over 15,000 employees. [136] The spiritual care department at Emory University Hospital staffs 55 full-time chaplains and 52 part-time chaplains

[134] Lucia Thornton. "A Brief History and Overview of Holistic Nursing," *Integrated Medicine* 18, no. 4 (Aug 2019): 32. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219452/.

[135] Chaplaincy Innovation Lab, *Becoming a Chaplain: Costs and Compensation*, 2017.

[136] "Operations," Impact Report 2019, Emory University, accessed on November 3, 2023, https://impactreport.emory.edu/economic.html#:~:text=The university's current budget is about %243.2 billion%2C,about %247.3 billion%2C with more than 24%2C400 employees.

who provide service for 11 facilities located throughout the state of Georgia. [137] Even with a robust staff, according to Emory's Director of Spiritual Care, volunteers are still needed to provide adequate service to all patients in need. As with all facilities, patient satisfaction levels reflect upon a hospital's reputation and can either generate or prevent a patient's return visit. In 2022, US News and World Report ranked Emory as the best hospital in Georgia for the eleventh consecutive year.[138]

The third advantage of volunteer chaplains in healthcare environments is increased patient engagement and overall statistical outcomes. As empirical data concerning spiritual care is often overlooked by hospital administration, justification for department funding is found in part with numbers concerning patient and employee contact.[139] According to Johns Hopkins 2022 Spiritual Care Annual Report, between 2020 and 2022, chaplains made 149,000 visits to patients and 61,000 contacts with staff members.[140] By the end of 2022, Johns Hopkins Hospital exceeded the national average by 10%.[141] Hospitals in larger markets such as Johns Hopkins located in the Washington D.C metropolitan area, and Emory University Hospitals located in Atlanta and throughout the state of Georgia, generate such statistics with proper funding for staffing and program resources. Medium to small hospitals remain at a disadvantage in finding

[137] "Lean on Us," How Can We Help, Emory University Spiritual Health, accessed on November 3, 2023, https://spiritualhealth.emory.edu/index.html.

[138] "U.S. News and World Report ranks three Emory hospitals as best in Georgia and Atlanta." Emory News Center, Emory University, July 26, 2022, https://news.emory.edu/stories/2022/07/hs_2022_23_us_news_best_hospitals_26-07-2022/story.html.

[139] Aja Antoine, *What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis,* 282.

[140] "2022 Annual Report" Johns Hopkins Department of Spiritual Care and Chaplaincy, John Hopkins Medicine, accessed on November 12, 2023, https://www.hopkinsmedicine.org/-/media/spiritualcare/docs/2022-annual-report.pdf, 10.

[141] "How Does Johns Hopkins Medicine Perform?," Hospital Inpatient Experience- the Johns Hopkins Hospital, Johns Hopkins Medicine, accessed November 9, 2023. https://www.hopkinsmedicine.org/patient-safety/patient-experience#performance.

patient contact statistics that justify employing a professional chaplain, forcing them to rely on other forms of spiritual care providers.

Forms of Volunteer Healthcare Chaplaincy

Community Clergy

As the origin of Healthcare Chaplaincy is rooted in volunteer community clergy, naturally, both active and retired faith leaders are utilized for their ministry backgrounds and theological knowledge. As early as the 1970 community clergy volunteered to provide non-denominational spiritual representation for patients, families, and staff who desired comfort during times of distress.[142]

A study by VandeCreek found that 31% of suburban hospitals and 58% of rural hospitals utilize area religious leaders to remain compliant with the JCAHO.[143] According to Heather Duerre, Spiritual Coordinator at *Pembina Memorial Hospital,* a rural area facility located in Cavalier, North Dakota, smaller communities have advantages over urban areas as "Rural communities are usually close-knit and tend to come together in support when someone is in need". Duerre states, "Local pastors are often willing to come in and fill the role of spiritual guide, even if the person isn't a part of their church or parish."[144] *Pembina County Memorial Hospital Association* (PCMHA), serving a population of 6,400 residents,[145] is just one example of a facility that relies heavily on volunteer support. For Duerre, those who assist the department

[142] Cadge, *Paging God: religion in the halls of medicine*, 18.
[143] Larry Vandecreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55 (2001): 83. https://api.semanticscholar.org/CorpusID:25751842.
[144] Jessica Rosencrans, "The Spiritual Side of Healthcare," University of North Dakota-Center for Rural Health, July 13, 2022, https://ruralhealth.und.edu/focus/spiritual-side-of-healthcare.
[145] "QuickFacts-Pembina County, North Dakota." Population Estimates July 1, 2022, United States Census Bureau, accessed on November 1, 2023. https://www.census.gov/quickfacts/fact/table/pembinacountynorthdakota/PST045222.

with referrals and rounds help provide coverage across all four of PCMHA's facilities including a level IV trauma center with 20 critical and 14 adult in-patient beds.[146] Clergy who serve PCMH patients have diverse backgrounds that may or may not include Clinical Pastoral Education. Unlike urban and suburban areas, the availability of CPE education for clergy who serve rural areas such as Cavalier, North Dakota is not easily accessible. From PCMH, the closest location for an individual to attend an accredited CPE program is in the city of Fargo at the *Sanford Medical Center*, located two hours away.[147]

As a result of rural facilities having limited access to clinical training, volunteers work solely from their philosophies, theologies, and practices.[148] Community clergy often bring a wealth of knowledge and experience concerning pastoral care, biblical counseling, and theology but less knowledge concerning the role of the chaplain in a healthcare environment. One can say that all chaplains are pastors, but not all pastors are chaplains. The pastor leads his flock in one or multiple locations. They have the freedom to proselytize as they provide counsel, planning, guidance, and lead worship within the confines of a facility that utilizes freedom of religion to represent their theology. For the pastor serving the church, sermon prep, meeting with staff, and visiting congregants remain the primary focus. For the chaplain, the flock is ever-changing and pluralistic. Community clergy who feel called to serve in healthcare environments often partake in Clinical Pastoral Education to focus on broadening their vocational ministry and vocational ministry options.

---

[146] "Pembina County Memorial Hospital (Cavalier, ND)," COVID-19 (Coronavirus) Hospitalizations, United States Department of Health and Human Services, accessed on November 8, 2023, https://data.lohud.com/hospital-capacity/facility/pembina-county-memorial-hospital/351319/.

[147] "Accredited CPE Programs Directory Search," Accredited CPE Programs, Association for Clinical Pastoral Education, https://profile.acpe.edu/accreditedcpedirectory.

[148] Katherine R. B. Jankowski, George F. Handzo and Kevin J. Flannelly, "Testing the Efficacy of Chaplaincy Care," *Journal of Health Care Chaplaincy* 17 (2011): 104. https://doi.org/10.1080/08854726.2011.616166.

Challenges for Community Clergy

Since its inception, spiritual care in healthcare facilities has evolved from foundationally religious to an all-encompassing inclusion of both dogmatic and ambiguous belief systems. Today, members of church clergy seeking to serve in a healthcare environment are required to comprehend the distinction between spiritual and religious care. Over the last 100 years, spiritual care has evolved from a Christian religious form of pastoral care to a discipline that is practiced by leaders of all faiths who may omit dogmatic beliefs from their theology.

For leaders of all faiths who have not received proper clinical training, serving within a pluralistic environment may present challenges. Spiritual care from a pastoral perspective works with practical theology, unlike academic theology. With practical theology, the focus of care for the spirit concentrates on critical reflection when theory and the practice of ministry intersect. The boundaries surrounding the spiritual landscape today are not as clear as they were in years prior. Each decade witnesses an increase in individuals departing from organized faith to either adopt a more unorthodox spiritual viewpoint or assume an atheistic or agnostic identity.[149]

Since the 1990s, the term "spirituality" has taken on an apparent counter-position to the term "pastoral care". Statistics show as of 2021, three out of ten individuals in the United States classify themselves as non-religious.[150] Where once the terms pastoral care and spiritual care were used interchangeably, many millennials and Gen-Zers now view religion as institutional, ritualistic, and ideologically structured.[151] In response, spiritual care providers must develop

---

[149] Susanna Cornwell. "Healthcare Chaplaincy and Spiritual Care for Trans People." *Health and Social Care Chaplaincy* 7, no. 1 (2019): 1. http://doi.org/10.1558/hscc.37227.

[150] Gregory A. Smith, "About Three-in-Ten U.S. Adults Are Now Religiously Unaffiliated," *Pew Research Center*, December 14, 2021, https://www.pewresearch.org/religion/2021/12/14/about-three-in-ten-u-s-adults-are-now-religiously-unaffiliated/.

[151] Kenneth I. Pargament. "The Psychology of Religion and Spirituality? Yes and No," *The International Journal for the Psychology of Religion* 9, no. 1 (1999): 5-6. https://doi.org/10.1207/s15327582ijpr0901_2.

greater versatility in order to care for individuals who do not affiliate with any form of organized faith, along with those who struggle with spirituality and its relationship to new social constructs such as transgender identification.

To acquire statistics of the "nones" and their relationship to a higher deity, a 2016 study performed by the Barna Group surveyed 1,281 people in America throughout all 50 states who identify as "spiritual--but not religious." Data showed that individuals who partook in the study could be broken down into the following groups: atheist (12%), agnostic (30%), and unaffiliated (58%). For those who have rejected faith altogether (atheist 12%), 65% state that they do not identify as spiritual in any form.[152] Similarly, a revisited study conducted by Pew Research found that out of 35,071 people polled throughout the United States, those who identify as atheist or agnostic has risen from 17% in 2009 to 19% in 2019. Declining statistics of religious affiliation is not isolated solely to western society. Research conducted by the *Council on Foreign Relations* in 2020 saw only five countries globally rising in religious affiliation between 2007 and 2019.[153]

Today, community clergy's ability to support those in spiritual need requires total abandonment of correction or rebuking of another's interpretation of the spiritual. This sometimes poses as an obstacle to faith leaders resulting in their decline or withdrawal from providing chaplain services in secular environments.

[152] "Meet the 'Spiritual but Not Religious," Culture and Faith, *The Barna Group*, April 6, 2017. https://www.barna.com/research/meet-spiritual-not-religious/.

[153] "The Religious Landscape Study," Religion, *Pew Research Center*, accessed on November 16, 2023, https://www.pewresearch.org/religion/religious-landscape-study/.

Care Ministers

Lay ministers and Lay people are often commissioned by churches to visit admitted patients in various medical facilities. Ministries such as Stephen Ministries look to provide "high-quality, one-to-one, Christ-centered care to people in the congregation and the community experiencing life difficulties." [154] Stephen Ministries is the largest lay ministry in Protestant Christianity existing in 13,000 congregations in more than 190 Christian denominations.[155] Those who desire to become a Stephen Minister attend an in-person training consisting of 20 one-hour weekly sessions or 10 Bridge Leader online training sessions lasting 2 ½ hours per session. Stephen Ministry leaders train individuals to be care providers, acquiring skills in listening, processing grief, and recognizing mental illness as well as extended education into end-of-life, long-term care, and family counsel.[156]

Limitations for Care Ministers

The Stephen Ministry is not exclusive to serving the medical field, ministers will work with individuals throughout the community including those who are home-bound, incarcerated, or homeless. With permission from a spiritual care director, volunteer coordinator, or hospital administrator, Stephen Ministers will often sit with patients, families, or staff to help provide comfort Proper vetting, recruiting, on-boarding, and monitoring becomes the responsibility of the designated individual or department. When overseen by a Board-Certified chaplain, volunteers are monitored and mentored by a professional who is qualified to coordinate

---

[154] "What Is Stephen Ministry?," Stephen Ministries of Saint Louis, accessed on November 6, 2023, https://www.stephenministries.org/stephenministry/default.cfm/917.

[155] "Stephen Ministry Facts and Stats," Stephen Ministries of Saint Louis, accessed on November 6, 2023, "What Is Stephen Ministry?," Stephen Ministries of Saint Louis, accessed on November 6, 2023, https://www.stephenministries.org/stephenministry/default.cfm/931.

[156] "Stephen Ministry Training," Stephen Ministries of Saint Louis, accessed on November 6, 2023, https://www.stephenministries.org/stephenministry/default.cfm/1520.

all aspects of a spiritual care department. Issues occur when medical facilities leave volunteer recruiting to those who have no experience with spiritual care and do not the possess the knowledge or experience to ensure applicants have necessary experience or implement proper training for volunteer applicants who will be provided patient access. Though Stephen Ministry training is extensive, it does not include clinical training, or any philosophies found in Clinical Pastoral Education. The Stephen Ministry is strictly a Christian-centered ministry that looks to emulate the love and compassion of Jesus Christ throughout their community.

Volunteer Chaplain Training

As the spiritual care professional oversees all spiritual services within the facility, it is unlikely facility administration interfere with what has been established by the professional concerning the recruiting, vetting, and training volunteers who look to assist the department. Within spiritual care departments overseen by a certified chaplain, variances in methods of assimilation for volunteer chaplains include multi-week in-person training sessions, shadowing, and independent coursework. In facilities where a professional chaplain is not present, supervision of volunteer chaplain training is often delegated to volunteer services. For those who oversee volunteer chaplains in this capacity, coordinating chaplain services and providing spiritual care training in addition to coordinating and conducting basic volunteer is a challenge. Often those who prioritize spiritual care services, organizations often provide multi-session training programs from third-party services that can be administered in a group setting or viewed from home.[157]

---

[157] "Chaplaincy Care Volunteer Training," Education, "Chaplaincy Care Volunteer Training," Accessed on November 11, 2023, https://www.spiritualcareassociation.org/volunteer-training/.

A spiritual care program that is deficient in proper training for volunteers sees an increase in incidents that violate fundamental guidelines and increase risks of inflicted emotional damage upon staff, patients, and families. Along with the medical industry's appreciation of spiritual care, ignorance of the complexity of the discipline generates issues when a multitude of skillsets needed to provide adequate care are dismissed. An absence in formal chaplaincy training or variances in volunteer healthcare chaplaincy training programs create visible inconsistencies, ill preparing volunteer chaplains for what medical environments demand of them.

Wendy Cadge, professor at Brandeis University brings attention to an issue that is rarely addressed by the medical stating: "Few hospitals would allow volunteer nurses, and they should think carefully about using volunteer chaplains" adding, "those [volunteers] who spent long periods of time [with patients] were not clear about their roles and limits". Cadge, amongst other advocates, have made repeated attempts to educate medical organizations about the risks of utilizing untrained volunteer chaplains. Cadge cites research outcomes that demonstrate an increased level of quality care that is present when professional chaplains over merely fulfilling demands for presence through volunteer-only spiritual care programs.[158] For some nurses, a volunteer-only spiritual care department is unreliable. It is found that nurses perceive chaplains who have received Board Certification as more competent than those who volunteer. [159]For the untrained chaplain, the complexity of spiritual care can be overwhelming, especially in highly emotional, highly stressful environments[160] that may cause them to generate responses or actions

[158] Cadge, *Paging God*, 202-203

[159] Taylor, *Healthcare Chaplains' Perspectives on Nurse–Chaplain Collaboration: An Online Survey, 626.*

[160] Robin Pater, Anja Visser & Wim Smeets. "A beacon in the storm: competencies of healthcare chaplains in the accident and emergency department," *Journal of Health Care Chaplaincy* 273, no. 3 (2021): 172-189, http://doi.org/10.1080/08854726.2020.1723188.

that are unethical, emotionally harmful or cause confusion amongst patients, families, and staff. Unaware of how patient care operates in, volunteers may violate guidelines established to prevent infractions on legal standards and patient rights.

Within today's medical setting, when demands upon chaplains are greater than ever, the role of the volunteer chaplain crosses into areas of interdisciplinary teamwork once reserved solely for professional chaplains.[161] Proper training of volunteers rests on the shoulders of professional chaplains. Unfortunately, formal training systems for volunteer healthcare chaplains are few in comparison to first-responder, corporate, and corrections. As a solution, professional chaplains often devise training sessions that are tailored to meet the needs of their environment. [162]

When a professional chaplain is not on staff, facility or organizational administration will determine if formal training is necessary for volunteers. With a lack of experience and knowledge of the intricacies involved, the choice to forgo instruction by administrators, discards the abundance of legal, procedural, clinical and pastoral knowledge as necessary to operate and leaves quality of service to be determined by the level of experience and education the volunteer possesses.

Challenges with Volunteer Chaplaincy Programs

Though viewed as a more economical choice to fulfill spiritual care requirements, volunteer healthcare chaplaincy programs utilize resources and require greater attention than other volunteer programs found in medical facilities. When overseen by a Board-Certified

---

[161] Austine Duru. "CPE Lite: Forming pastoral chaplaincy volunteers," National Association of Catholic Chaplains, accessed on November 1, 2023, https://www.nacc.org/vision/2014-sep-oct/cpe-lite-forming-pastoral-chaplaincy-volunteers/. 172.

[162] Ibid, 173.

chaplain, volunteers are recruited, monitored, and mentored by a professional who is qualified to coordinate all aspects of a spiritual care department. Issues occur when medical facilities leave volunteer recruiting to those who have no experience with spiritual care and do not the possess the knowledge or experience to ensure those who volunteer have the necessary experience or implement proper training for volunteer applicants who will be provided patient access.

Without a spiritual care professional to conduct interviews or professional standards set by administration for hiring agents to abide by, the level of stringency or flexibility concerning needed qualifications are left to hospital administration. Any reduction in basic requirements (BCCI standards) decreases the chances of appointing individuals who understand spiritual care in a clinical context.

To remain effective as a resource for clinicians, chaplaincy calls for the recording of specialized information into electronic medical record systems (EMR) for purposes of communication and analysis across all medical disciplines that are providing patient care. The ACPE endorses medical record access for chaplains to promote collaboration between professionals.[163] Though strong opponents of chaplain EMR access exist due to the discipline not being considered a medical service,[164] many top-ranked hospitals, according to research, provide chaplains access to enter data and retrieve patient information through EMRs.[165]

Advocates for professional chaplaincy often point towards a volunteer's lack of knowledge and skillset.[166] Though chaplains are immune from malpractice suits (unless

---

[163] ACPE, "Chaplain Documentation: Best Practices and Emerging Research," January 31, 2020, Youtube video, 48:21, https://www.youtube.com/watch?v=QJu7O2ZmMxI.

[164] Roberta Springer Loewy and Erich H. Loewy. "Healthcare and the Hospital Chaplain," *MedGenMed* 9, no. 1 (2007): 23. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924976/.

[165] H. Rafael Goldstein, Deborah Marin, and Marie Umpierre. "Chaplains and Access to Medical Records," *Journal of Health Care Chaplaincy* 17, no. 3-4 (2011): 165. http://10.1080/08854726.2011.616172162.

[166] Larocca-Pitts, *The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care,* 100.

criminal), [167] civil suits by patients and families, and fines issued by the *American Medical Association* may be brought against the medical organization of whom the chaplain is serving.[168]

Hospitals, in review of ethical issues, normally address matters through the meeting of interdisciplinary teams often with the inclusion of spiritual care representation. In a 2022 study, a survey of 40 CPE programs were examined to see if an extensive ethics module was included in Board Certification programs. Those who answered yes (73%) state that modules are required and must be completed successfully. Of 73% of programs, 87.18 % stated they instruct to the function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students. Nearly 82% provided instruction on how to incorporate a working knowledge of different ethical theories appropriate to one's professional context. Finally, 79.49% address the promotion, facilitation, and the support of ethical decision making in one's workplace. [169] The inclusion of ethical competencies into Clinical Pastoral Education and Board Certification assists the endeavor of professionalizing chaplaincy in the medical industry.

According to White (2022), "The process of credentialling assures the public of an individual practitioner's commitment and ability to provide quality service. It communicates the profession's area of expertise, creates a common body of knowledge, and differentiates the vocation from others." Dr. Jerry S. Flier, of Harvard Medical highlights certification as "a mode

[167] "Clergy Malpractice," Pastor. Church & Law, Church Law & Tax, accessed on November 10, 2023. https://www.churchlawandtax.com/pastor-church-law/liabilities-limitations-and-restrictions/clergy-malpractice/.

[168] "HIPAA violations & enforcement," American Medical Association, accessed on November 12, 2023. https://www.ama-assn.org/practice-management/hipaa/hipaa-violations-enforcement.

[169] David W. Fleenora, Paul Cummins, Jo Hirschmanna, and Vansh Sharma. "Ethics education in clinical pastoral education: prevalence and types," *Journal of Healthcare Chaplaincy* 28, no. 2 (2022): 288. https://doi.org/10.1080/08854726.2021.1916335.

of in-depth peer assessment of the competence and skills demonstrated by clinicians such as physicians, nurse practitioners, and other allied health professionals”[170]

Chapter 4

Research Methods and Results

Between the years of 2004 and 2016 the number of chaplains who are employed with a large hospital (over 400 beds) has decreased from 70.9% to 55.6% as statistics show a rise in non-Board-Certified chaplain being hired at large facilities. The absence of paid chaplains from 40% of hospitals can be linked to administration priority, hospital size and hospital budgets. Research shows that 31% of suburban hospitals and 58% of rural hospitals solely utilize volunteer chaplains for spiritual care services. Urban facilities with higher revenue contrast greatly to midsize to rural area facilities regarding financial resources.

Costs of staffing professional chaplains are found to be in the range of $50,000 to $80,000 a year as reported by nearly half of chaplains polled in 2022, which may affect rural hospitals. Urban hospitals such as Emory University Hospital in Atlanta operate with a $7.3 billion annual budget, staffing 55 full-time, Board-Certified Chaplains and 52 part-time chaplains. Correlation can be seen between annual revenue and patient satisfaction as Emory has been ranked the top hospital in Georgia for the eleventh year in a row.

Demand for spiritual care services within nursing has increased while the number of professionals in the nursing field decreased by 100,000 professionals between 2020 and 2021 with 25% of the existing workforce stating they will retire in the next five years.

---

[170] David W. Fleenor, *Board certification of professional chaplains: a qualitative study of stakeholder perspectives*, 443.

While nurses state their responsibilities have increased due to understaffing, nurses have relied on chaplains to a greater extent to fulfill spiritual care duties. It was found that many nurses currently serving feel inadequate to perform a spiritual assessment or provide spiritual care due to inadequate education, time restrictions and personal preference. A recent study shows that 85% of 267 nurses polled at the Walther Cancer Institute prefer a chaplain to handle all spiritual care duties. A 2017 study shows 88% of 237 nurses feel that spiritual care services are essential within medical facilities, with 85% stating that healthcare organizations should make spiritual care education available to their nursing staff. Nurses in a 2021 study listed skillsets required for a chaplain to possess to provide professional level care; include communication, understanding proximity, knowledge of mourning processed, dynamics of comfort, reflexivity, fast response, and availability.

Though medical facilities overall favor the presence of chaplains, it remains a companion service. The Joint Commission on Accreditation of Healthcare Organizations has been lobbied several times by the Association of Professional Chaplains to implement standards and guidelines. As recent as 2013 and 2014, the APC lobbied for the JCAHO to require all accredited hospitals to staff Board Certified Chaplains. All attempts by the APC to date have failed.

Conclusion

The necessity of standardized volunteer healthcare chaplain becomes conclusive based upon several factors. Upon reviewing curriculum of existent Clinical Pastoral Education programs and reviewing skills acquired, those who have acquired units through hours attended possess more skills than those untrained. In addition to Clinical Pastoral Education, additional requirements for Board Certification including the acquisition of a master's degree in divinity

prepares a chaplain to working within the medical and ethical boundaries of a healthcare environment.

With the absence of these skills, liability is present on the part of the medical facility by allowing an untrained individual to have access to vulnerable individuals in sometimes high-stress situations. The chaplain who is providing spiritual care must be able to provide counsel without proselytization, encourage grief processing, and converse with patients and families using language free of language that may generate emotional stress.

Research surveying nurse feedback concerning needed skillsets for chaplains showed overall satisfaction with volunteer chaplain presence and service in slower environments. For those working in high-stress, highly emotional environments such as emergency departments and trauma units, nurses feel that spiritual care providers should acquire additional training and experience to properly assist clinicians and families.[171]

The struggle for professional consideration of spiritual care in the field of healthcare remains a continuous effort. While advocates work to prove its legitimacy, nowhere is the industry's low regard for the discipline as with a facility's allowance of untrained chaplains to be permitted complete patient access. Many studies over the past fifty years concerning spiritual care and medicine primarily focus on the benefits of the relationship between spiritual caregivers and clinicians but provide little attention to the credentials of the caregiver who is providing the service. Reflecting the sentiment of Dr. Mark Larocca-Pitts, spiritual care as a professional

[171] Robin Pater, Anja Visser & Wim Smeets. "A beacon in the storm: competencies of healthcare chaplains in the accident and emergency department," *Journal of Healthcare Chaplaincy* 27, no.3 (2020), 174. https://doi.org/10.1080/08854726.2020.1723188.

discipline is often reduced by administration to a simple religious service that anyone who is able to hold a hand and say a prayer can perform.

Organizations such as the ACPE and BCCI, amongst all professional advocates, have continuously petitioned for support from the only organization that can provide standardization mandates, The Joint Commission. The JCAHO's repeated refusal to regulate spiritual care has left these organizations no choice but to unite and regulate themselves. No resources were obtained within this research project, explained as to the reason for The Joint Commission's repeated refusal.

The autonomy bestowed by the JCAHO upon medical facilities to choose their own spiritual care resources affects multiple levels of patient care. Facilities that choose volunteer services to satisfy requirements supply their nursing staff with unreliable resources that may or may not possess the needed skills to provide proper spiritual care for their patients. As listed, the skillsets of the professional chaplain equip an individual to serve in a diverse, pluralistic environment that demands consistency and continuous presence. Without this knowledge, the chaplain becomes a limited resource for the nursing staff that can only offer little beyond presence.

Volunteer chaplains without proper training can only draw from their own experiences and intellect when approached with highly sensitive situations of trauma in the forms of sudden death or terminal diagnosis. More harm than good can occur from conversations in times of stress where projections of personal beliefs during counsel generate emotional triggers. At this point, the chaplain is no longer a resource but a liability to the nursing staff.

Upon reviewing competencies of Clinical Pastoral Education along with requirements for Board-Certification, it's evident there is a pressing need for standardized volunteer training. Unfortunately, this can only be mandated through government standards or guidelines established and implemented by an organization that possesses the authority to enforce requirements and regulations.

Without such oversight, patients experience different levels of spiritual care, dependent upon the availability of the individual serving at that time. As large market hospitals in urban and metropolitan areas are financially able to staff their facilities with professional spiritual care providers, those who lack revenue often base their need for a professional chaplain upon their current budget. Often during budget constraints, spiritual care is an expendable option as those who look upon spiritual care as a simple resource, move to a volunteer staff.

This lack of oversight only strengthens the need for mandating standardized volunteer training, especially in facilities that experience lower revenue. Evidence of low regard for the professionalism of the discipline and turnover in administration causes uncertainty in leaving local facilities to design their own volunteer chaplain training curriculum. Upon consideration of the results of this study, those advocating for professional acceptance into medical environments must update needed statistics concerning volunteer chaplain utilization throughout the United States. Greater detail is needed within studies that measure patient satisfaction levels of those who were provided spiritual care services while admitted. It has been well-documented since the 1960s that spiritual care is beneficial to healthcare and no longer needs to remain the focus concerning the discipline. Moving forward, surveys concerning patient satisfaction need to sample both emergency and non-emergency environments while polling patients, families, and clinicians for areas of satisfaction and dissatisfaction levels concerning chaplain behavior and

skillsets. In addition, further research needs to be performed concerning correlations between the financial revenue of medical facilities and its relationship to spiritual care resources provided.

Bibliography

ACPE. "2020 Accreditation Manual: Introduction to the Accreditation Process" https://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/introduction-new-process.

ACPE. "Chaplain Documentation: Best Practices and Emerging Research." January 31, 2020. YouTube video. 48:21. https://www.youtube.com/watch?v=QJu7O2ZmMxI.

Aja, Antoine and George Fitchett, "What organizational and business models underlie the provision of spiritual care in healthcare organizations? An initial description and analysis." *Journal of Healthcare Chaplaincy* 28, no. 2 (2022): 272-284. https://doi.org/10.1080/08854726.2020.1861535.

Alexander, Jeffrey A, Richard Lichtenstein, et al., "The effects of treatment team diversity and size on assessments of team functioning," *Hospital & Health Services Administration*; *Chicago* 41, no. 1, (Spring 1996): 37-53. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/effects-treatment-team-diversity-size-on/docview/206723710/se-2?accountid=1208

American Association of Colleges of Nursing. "Nursing Fact Sheet," Fact Sheets. Last modified July 2023. https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet.

American Medical Association. "HIPAA violations & enforcement." Accessed on November 12, 2023. https://www.ama-assn.org/practice-management/hipaa/hipaa-violations-enforcement.

Americans United for Separation of Church and State. "About Us." Accessed on November 1, 2023. https://www.au.org/about-au/history/.

Association for Clinical Pastoral Education. "Accredited CPE Programs Directory Search." Accredited CPE Programs. https://profile.acpe.edu/accreditedcpedirectory.

Association of Clinical Pastoral Education, "What is Clinical Pastoral Education?" FAQ's. Accessed on November 1, 2023. https://acpe.edu/education/cpe-students/faqs.

Association of Clinical Pastoral Education. "CPE Program Accreditation." Programs. Accessed on November 4, 2023. https://acpe.edu/programs/accreditation.

Association of Professional Chaplains. "Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students, Professional Ethics." Common Qualifications and Competencies. Last modified 2016. https://www.apchaplains.org/wp-content/uploads/2022/05/Common-Code-of-Ethics.pdf.

Austina, Philip, Roderick Macleod, Philip Siddall, Wilf McSherry and Richard Egan. "Spiritual care training is needed for clinical and non-clinical staff to manage patients' spiritual needs," *Journal for the Study of Spirituality* 7, no. 1 (2017): 50-63. http://dx.doi.org/10.1080/20440243.2017.1290031.

Barbosa, William, Kina Zhou, Emma Waddell, Taylor Myers, and E. Ray Dorsey, "Improving Access to Care: Telemedicine Across Medical Domains," *Annual Review of Medical Health* 42 (2021): 463-481. https://doi.org/10.1146/annurev-publhealth-090519-093711.

Beauchamp, Tom L., and James F. Childress. "Lives Entrusted." In *Principles of Biomedical Ethics 6th ed*, by Barbara Blodgett. New York: Oxford University Press, 2009. 389.

Best, Megan, Geila Rajaee, and Anne Vandenhoeck. "A Long Way to Go Understanding the Role of Chaplaincy? A Critical Reflection on the Findings of the Survey Examining

Chaplaincy Responses to Covid-19." *Journal of Pastoral Care & Counseling* 75, no. 1 (March 17, 2021): 46-48. https://doi.org/10.1177/1542305021992002.

Block, Jennifer. "Chaplaincy: A Brief Introduction for the called or curious," last updated June 2012, The Chaplaincy Institute, https://www.chaplaincyinstitute.org/wpcontent/uploads/2018/06/ChaplaincyA_Brief_.pdf

Board of Chaplaincy Certification Inc. "Qualifications for Board Certified & Associate Certified Chaplains" Becoming Certified, last modified February 2021, https://www.apchaplains.org/bcci-site/becoming-certified/qualifications-for-board-certified-associate-certified-chaplains/#defbcc.

Boston, Rob. "The Chaplain Controversy," Americans United for Separation of Church and State, May 31, 2018, https://www.au.org/the-latest/church-and-state/articles/the-chaplain-controversy/.

Burkhart, Lisa and Nancy Burkhart. "An Experiential Theory of Spiritual Care in Nursing Practice." Qualitative Health Research 18, no.7 (2008): 928-938. http://doi.org/10.1177/1049732308318027.

Cadge, Wendy and Emily Sigalow. "Negotiating Religious Differences: The Strategies of Interfaith Chaplains in Healthcare," *Journal for the Scientific Study of Religion* 52, no. 1 (March 2013): 146-158. https://www.jstor.org/stable/23353895.

Cadge, Wendy and Julia Bandini. "The Evolution of Spiritual Assessment Tools in Healthcare," *Society* 52, no. 5 (Oct 2015): 430-437. http://dx.doi.org/10.1007/s12115-015-9926-y.

Cadge, Wendy. "Healthcare Chaplaincy as a Companion Profession: Historical Developments" *Journal of Healthcare Chaplaincy* 25, no. 2 (2019): 45-60. https://doi.org/10.1080/08854726.2018.1463617.

Cadge, Wendy. Paging God: religion in the halls of medicine. Chicago, IL: University of Chicago Press, 2012.

Chaplaincy Innovation Lab, "Becoming a Chaplain: Costs and Compensation." Last modified June 2022. https://chaplaincyinnovation.org/wp-content/uploads/2022/06/Becoming-a-Chaplain-Costs-and-Compensation-Chaplaincy-Innovation-Lab-2022.pdf.

Church Law & Tax. "Clergy Malpractice," Pastor, Church & Law, accessed on November 10, 2023. https://www.churchlawandtax.com/pastor-church-law/liabilities-limitations-and-restrictions/clergy-malpractice/.

Clark, Paul Alexander, and Maxwell Drain. "Addressing Patients' Emotional and Spiritual Needs." *Complementary Therapies in Medicine* 40 (2018): 126-132. https://doi.org/10.1016/S1549-3741(03)29078-X.

Cornwall, Susanna. "Healthcare Chaplaincy and Spiritual Care for Trans People." *Health and Social Care Chaplaincy* 7, no. 1 (2019): 8-27. http://doi.org/10.1558/hscc.37227.

Cosentino, Chiara, Rachel A. Harrad, Francesco Sulla, Maria Bertuol, Leopoldo Sarli, Giovanna Artioli. "Nursing spiritual assessment instruments in adult patients: a narrative literature review." *Acta Biomed for Health Professions* 91, no. 12 (2020): 1-15. http://doi.org/10.23750/abm.v91i12-S.10998: 1-15.

Darbyshire, Philip, Alexandra Cleghorn, Maeve Downes, Joanna Elford, Anne Gannoni, Cheryl McCullagh, and Rosalyn Shute. "Supporting bereaved parents: a phenomenological study of a telephone intervention program in a pediatric oncology unit." *Journal of Clinical Nursing* 22, no. 3-4 (Feb 2013): 540-549. https://doi.org/10.1111/j.1365-2702.2012.04266.x.

Duru, Austine. “CPE Lite: Forming pastoral chaplaincy volunteers.” *National Association of Catholic Chaplains*. accessed on November 1, 2023. https://www.nacc.org/vision/2014-sep-oct/cpe-lite-forming-pastoral-chaplaincy-volunteers/.

Egerod, Ingrid and Gudrun Kaldan. “Elements of chaplaincy in Danish intensive care units: key-informant interviews with hospital chaplains,” *Journal of Religion and Health* 28, no.4 (2022): 540-554.

Emmons, Robert A. *The Psychology of Ultimate Concerns: Motivation and Spirituality in Personality.* New York: Guilford Press, 1999.

Emory University. “Operations.” Impact 2019 Report. Accessed on November 2, 2023. https://impactreport.emory.edu/economic.html#:~:text=The university’s current budget is about %243.2 billion%2C,about %247.3 billion%2C with more than 24%2C400 employees.

Emory University. “U.S. News and World Report ranks three Emory hospitals as best in Georgia and Atlanta.” Emory News Center. July 26, 2022. https://news.emory.edu/stories/2022/07/hs_2022_23_us_news_best_hospitals_26-07-2022/story.html.

Figley, C. R., & R. J. Kebler. “Beyond the "victim": Secondary traumatic stress”. In *Beyond trauma: Cultural and societal dynamics*. The Plenum Series on Stress and Coping, by R. J. Kleber, C. R. Figley, & B. P. R. Gersons, 75-96. Boston: Plenum Press, 1995.

Fitchett, George and Andrea Canada, “The Role of Religion/Spirituality in Coping with Cancer: Evidence, Assessment, and Intervention” *Psycho-oncology.* (2010): 440-446.

Fitchett, George, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordan, and Paul E. Derrickson. “Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?” *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 151–164. https://doi.org/10.1080/08854726.2015.1075343.

Flannelly, Kevin J., Kathleen Galek, John Bucchino, George F. Handzo. “Department Directors' Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey,” *Hospital Topics* 83, no. 4, (2005): 19-27. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/department-directors-perceptions-roles-functions/docview/214513816/se-2.

Flannelly, Kevin, Andrew J. Weaver, George F. Handzo. “A three-year study of chaplains' professional activities at Memorial Sloan-Kettering Cancer Center in New York City,” *Psycho-Oncology* 12, no. 8 (Dec 2003): 760-768. https://doi.org/10.1002/pon.700.

Fleenor, David W. “Online clinical pastoral education needs more research,” *Journal of Healthcare Chaplaincy* 28, no. 3 (2022): 342. https://doi.org/10.1080/08854726.2021.1894533.

Fleenor, David W., Paul Cummins, Jo Hirschmanna, and Vansh Sharma. “Ethics education in clinical pastoral education: prevalence and types,” *Journal of Healthcare Chaplaincy* 28, no. 2 (2022): 285-294. https://doi.org/10.1080/08854726.2021.1916335.

Freedom From Religion Foundation Inc. v. R. James Nicholson, Secretary of the Department of Veterans Affairs, https://ffrf.org/uploads/legal/veteransaffairs.html (accessed October 2, 2023).

Freedom From Religion Foundation Incorporated v. Nicholson, https://caselaw.findlaw.com/court/us-7th-circuit/1209983.html (accessed October 2, 2023).

Ge, Meng-Wei, Fei-Hong Hu, Yi-Jie Jia, Wen Tang, Wan-Qing Zhang, Hong-Lin Chen. "Global prevalence of nursing burnout syndrome and temporal trends for the last 10 years: A meta-analysis of 94 studies covering over 30 countries." *Journal of Clinical Nursing* 32 no. 17-18 (May 16, 2023): 5852. http://doi.org/10.1111/jocn.16708.

Gillet, Nicolas, Evelyne Fouquereau, Helene Coillot, Baptiste Cougot, Lecıla Moret, Sophie Dupon, Franck Bonnetain, Philippe Colombat. "The effects of work factors on nurses 'job satisfaction, quality of care and turnover intentions in oncology." *Journal of Advanced Nursing* 74, no. 5 (May 2018): 1208-1219. https://doi.org/10.1111/jan.13524.

Goldstein, H. Rafael, Deborah Marin and Marie Umpierre. "Chaplains and Access to Medical Records." *Journal of Health Care Chaplaincy* 17, no. 3-4 (2011): 162–168. http://10.1080/08854726.2011.616172162.

Hall, Judith A., Terrance G. Horgan, and Nora A. Murphy. "Nonverbal communication", *Annual Review of Psychology* 70, (Jan 2019): 271–294. http://doi.org/10.1146/annurev-psych-010418-103145.

Handzo George F., Kevin J. Flannelly, Taryn Kudler, Sarah L. Fogg, Stephen R. Harding, Imam Yusuf H., A. Meigs Ross, Bonita E. Taylor, George F. Handzo and Kevin J. Flannelly. "What Do Chaplains Really Do? II. Interventions in the New York Chaplaincy Study." *Journal of Health Care Chaplaincy* 14, no. 1 (Oct 2008): 39-56. https://doi.org/10.1080/08854720802053853.

Handzo, George, Kevin J. Flannelly, and Brian P. Hughes. "Hospital Characteristics Affecting Healthcare Chaplaincy and the Provision of Chaplaincy Care in the United States: 2004 vs. 2006." *The Journal of Pastoral Care & Counseling* 71, no.3 (2017): 156-162.

Hargie, Owen. *Skilled Interpersonal Communication: Research, Theory and Practice*. 6th edition. London: Routledge, 2017.

Healthcare Chaplain. "Role of the Chaplain-Figure 1," accessed on November 5, 2023. https://healthcarechaplaincy.org/wp-content/uploads/2023/03/Role-of-the-Chaplain-Figure-1.pdf

Hodge, David R. "Why Conduct a Spiritual Assessment? A Theoretical Foundation for Assessment." *Advances in Social Work* 5, no. 2 (Dec 2004): 183-196. http://journals.iupui.edu/index.php/advancesinsocialwork.

Hodge, David. R. "A Template for Spiritual Assessments: A Review of the JCAHO Requirements and Guidelines for Implementation." *Social Work* 51, no. 4 (October 2006): 317-326. http://doi.org/10.1177/1542305017720122.

Hughes, Brian P., Cristy Degregory, Ronit Elk, Dennis Graham and Eric Hall. "Spiritual Care and Nursing: A Nurse's Contribution and Practice." *Spiritual Care Network* (March 2017): 1-24. https://healthcarechaplaincy.org/wp-content/uploads/2021/06/nurses_spiritual_care_white_paper_3_22_2017.pdf

Ilgen, Mark A., Maureen A. Walton, Rebecca M. Cunninghan, Kristen L. Barry, Steve T. Chermack, Peter De Chavez and Frederic C. Blow. "Recent Suicidal Ideation Among Patients in an Inner City Emergency Department." *Suicide and Life-Threatening Behavior* 39, no. 5 (October 2009): 463-568. https://doi.org/10.1521/suli.2009.39.5.508.

Jankowski, Katherine R. B., George F. Handzo and Kevin J. Flannelly, "Testing the Efficacy of Chaplaincy Care." *Journal of Health Care Chaplaincy* 17 (2011): 100-125. https://doi.org/10.1080/08854726.2011.616166.

John Hopkins Medicine. “2022 Annual Report.” Johns Hopkins Department of Spiritual Care and Chaplaincy. Accessed on November 12, 2023. https://www.hopkinsmedicine.org/-/media/spiritualcare/docs/2022-annual-report.pdf.

Johns Hopkins Medicine. “How Does Johns Hopkins Medicine Perform?” Hospital Inpatient Experience- the Johns Hopkins Hospital. Accessed November 9, 2023. https://www.hopkinsmedicine.org/patient-safety/patient-experience#performance.

Kelemen, Anne M., Grace Kearney, and Hunter Groninger. "Reading the Room: Lessons on Holding Space and Presence." *Journal of Cancer Education* 33, no. 6 (Feb. 2018): 1362-3. http://doi.org/ 10.1007/s13187-017-1189-4.

Kestenbaum, James A., Jennifer James, et al., "Taking your place at the table: an autoethnographic study of chaplains' participation on an interdisciplinary research team.” *BMC Palliative Care* 4, no. 20 (May 2, 2015): 1-10. http://doi.org/10.1186/s12904-015-0006-2.

Kim, Kyounghae, Aubrey Bauck, April Monroe, Mava Mallory, Rebecca Aslakson. “Critical Care Nurses’ Perceptions of and Experiences with Chaplains Implications for Nurses’ Role in Providing Spiritual Care.” *Journal of Hospice & Palliative Nursing* 19, no. 1 (Feb 2017): 41-48. http://doi.org/10.1097/NJH.0000000000000303.

Klitzman, Robert, Di Sapia Natarelli, G., Sinnappan, S., Garbuzova, E., & Al-Hashimi, J. “Exiting Patients’ Rooms and Ending Relationships: Questions and Challenges Faced by Hospital Chaplains.” *Journal of Pastoral Care & Counseling* 77, no. 2 (2023): 92-100. https://doi.org/10.1177/15423050221146507.

Kyounghae, Kim. “Critical Care Nurses’ Perceptions of and Experiences with Chaplains.” *Journal of Hospice & Palliative Nursing* 19, no. 1 (2017): 41-48. https://doi.org/10.1097/NJH.0000000000000303.

Larocca-Pitts, Mark. “The board-certified chaplain as member of the transdisciplinary team: An epistemological approach to spiritual care.” *Journal for the Study of Spirituality* 9, no. 2 (2019): 99-109. https://doi.org/10.1080/20440243.2019.1658262.

Leas, Robert D. and John R. Thomas. “APC: A Brief History,” Association of Professional Chaplains, accessed on November 4, 2023. https://acpe.edu/docs/default-source/acpe-history/acpe-brief-history.pdf?sfvrsn=a9e02b71_2.

Liberman, Tara, Andrzej Kozikowski, Maria Carney, Myriam Kline, Abraham Axelrud, Alexandra Ofer, Michelle Rossetti and Renee Pekmezaris. “Knowledge, Attitudes, and Interactions with Chaplains and Nursing Staff Outcomes: A Survey Study.” *Journal of Religion and Health* 55, no. 5 (2020): 2308. http://doi.org/ 10.1007/s10943-020-01037-0.

Lipka, Michael and Claire Gecewicz, “More Americans now say they’re spiritual but not religious” *Pew Research Center*, September 6, 2007.

Loewy, Roberta Springer and Erich H. Loewy. “Healthcare and the Hospital Chaplain.” *MedGenMed* 9, no. 1 (2007): 1-35. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924976/.

Martins, Sandra, Antonio M Fonseca and Ana Sofia. “Burnout in palliative care: A systematic review.” *Nursing Ethics* 18, no. 3 (2011): 317-326. https://doi.org/10.1177/0969733011398092.

Mather, Jane. “Chaplains must model self-care for other staffers.” *National Association of Catholic Chaplains*. Accessed on October 10, 2023. https://www.nacc.org/vision/2015-nov-dec/chaplains-must-model-self-care-for-other-staffers-by-jane-mather/.

Mayes, Rick and K. Jane Muir. "'Not What We Signed up for': Nurse Shortages, Physician Scarcity, and Time for Collective Bargaining?" *World Medical & Health Policy* (2023): 1-17. https://doi.org/10.1002/wmh3.581.

McClung, Emily, Daniel H. Grossoehme and Ann F. Jacobson, "Collaborating with Chaplains To Meet Spiritual Needs." *MedSurg Nursing* 15, no. 3 (2006): 147-156. https://www.proquest.com/scholarly-journals/collaborating-with-chaplains-meet-spiritual-needs/docview/230524645/se-2.

McCurry, Ian, Pauline Jennett, Jimin Oh, Betty White, Horace M. DeLisser. "Chaplain Care in the Intensive Care Unit at the End of Life: A Qualitative Analysis," *Palliative Medical Report* 2, no. 1 (Oct 18, 2021): 280-286. http://doi.org/10.1089/pmr.2021.0012.

Medical Ethics Advisor; Atlanta. "Is Hospital Keeping Spiritual Care Promises In Mission Statement?" *Medical Ethics Advisor; Atlanta* 32, no.9 (Sep 2016). https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/trade-journals/is-hospital-keeping-spiritual-care-promises/docview/1986449683/se-2?accountid=12085

Miller, William R, and Carl E Thoresen. "Spirituality, Religion, and Health: An Emerging Research Field." American Psychologist. 58, no. 1 (2003): 24–35. DOI: 10.1037/0003-066X.58.1.24.

Momeni, Ghodratollah and Maryam Sadat Hashemi, Zeinab Hemati. "Barriers to Providing Spiritual Care from a Nurses' Perspective: A Content Analysis Study." *Iranian Journal of Nursing and Midwifery Research* 27 no. 6 (Nov-Dec 2022): 575-580. http://doi.org/10.4103/ijnmr.ijnmr_422_21.

Morris, Karen I., and John D. Foerster. "Teamwork: Nurse and Chaplain." *The American Journal of Nursing* 72, no. 12 (1972): 2197–99. https://doi.org/10.2307/3422494.

National Association of Catholic Chaplains. "Preparation and Use of Volunteers in Pastoral Care Settings." Summary of Responses from Members Regarding Preparation and Use of Volunteers in Pastoral Care Settings, https://www.nacc.org/docs/resources/Preparation%20and%20Use%20of%20Volunteers%20in%20Pastoral%20Care%20Settings.doc

Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). "The Professional Care Team In Long Term Care: A Discussion Paper." (2010).

Pargament, Kenneth I. "The Psychology of Religion and Spirituality? Yes and No." The *International Journal for the Psychology of Religion* 9, no. 1 (1999): 3-16. http:// 10.1207/s15327582ijpr0901_2.

Pater, Robin, Anja Visser & Wim Smeets. "A beacon in the storm: competencies of healthcare chaplains in the accident and emergency department." *Journal of Health Care Chaplaincy* 273, no. 3 (2021): 172-189. http://doi.org/10.1080/08854726.2020.1723188.

Pearce, Michelle J; April D. Coan, James E. Herndon, Harold G. Koenig, Amy R. Abernethy. "Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients." *Supportive Care in Cancer* 20, no. 10 (2012):2269-2276. https://doi.org/10.1007/s00520-011-1335-1.

Pembina County Memorial Hospital. "Who We Are." Accessed on November 3, 2023. https://www.cavalierhospital.com/who-we-are/overview.html.

Pew Research Center. "The Religious Landscape Study." Religion. Accessed on November 16, 2023. https://www.pewresearch.org/religion/religious-landscape-study/.

Puchalski, Christina, Betty Ferrell, Rose Virani, Shirley Otis-Green, Pamela Baird, Harvey Chochinov, George Handzo, Holly Nelson-Becker, Maryjo Prince-Paul, Karen Pugliese, and Daniel Sulmasy. "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference." *Journal of Palliative Medicine* 12, no.10 (2009): 885-904.

Pugliese, Karen. Chaplains As Partners in Medical Decision-Making: Case Studies in Healthcare Chaplaincy. London and Philadelphia: Jessica Kingsley Publishers, 2020.

Radey, Melissa and Figley, Charles R. "The Social Psychology of Compassion." *Clinical Social Work Journal* 35, no. 3 (Sept 2007): 207-214. https://doi.org/10.1007/s10615-007-0087-3.

Ragsdale, Judith R. "Transforming Chaplaincy Requires Transforming Clinical Pastoral Education," *Journal of Pastoral Care & Counseling* 72, no. 1 (2018): 58-62. http://doi.org/10.1177/1542305018762133.

Rosencrans, Jessica. "The Spiritual Side of Healthcare." University of North Dakota-Center for Rural Health. July 13, 2022. https://ruralhealth.und.edu/focus/spiritual-side-of-healthcare.

Sinclair, Shane and Harvey M. Chochinov, et al., "The role of chaplains within oncology interdisciplinary teams." *Current Opinion in Supportive and Palliative Care* 6, no. 2 (2012): 262-263. http://doi.org/10.1097/SPC.0B013E3283521EC9.

Sinclair, Shane. "The role of chaplains within oncology interdisciplinary teams." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (June 2012): 259-268. https://doi.org/10.1097/SPC.0b013e3283521ec9.

Selby, Debbie, Dori Seccaraccia, Jim Huth, Kristin Kurrpa, Debbie Selby and Margaret Fitch. "A Qualitative Analysis of a Healthcare Professional's Understanding and Approach to Management of Spiritual Distress in an Acute Care Setting," *Journal of Palliative Medine* 19, no. 11 (2016):1197-1204. http://10.1089/jpm.2016.0135.

Smith, Gregory A. "About Three-in-Ten U.S. Adults Are Now Religiously Unaffiliated." *Pew Research Center*. December 14, 2021. https://www.pewresearch.org/religion/2021/12/14/about-three-in-ten-u-s-adults-are-now-religiously-unaffiliated/.

Spiritual Care Association. "Chaplaincy Care Volunteer Training." Education. Accessed on November 11, 2023. https://www.spiritualcareassociation.org/volunteer-training/

Spiritual Care Association. "What is CPE?" Clinical Pastoral Education (CPE). Accessed on November 4, 2023. https://www.spiritualcareassociation.org/clinical-pastoral-education cpe/.

St. James O'Connor, Thomas. *Clinical pastoral supervision and the theology of Charles Gerkin*. Waterloo: Wilfrid Laurier University Press, 1998.

Staten, Pat. "Reader Question: Spiritual assessment required in all settings." *Hospital Peer Review*. April 1, 2003. https://www.reliasmedia.com/articles/28660-reader-question-spiritual-assessment-required-in-all-settings.

Steinberg, Carol. "Spiritual Care Association Retains Leading Law Firm to Advance Advocacy Efforts for Quality Spiritual Support." *CISION PRWeb*, June 28, 2016, https://www.prweb.com/releases/spiritual_care_association_retains_leading_law_firm_to_advance_advocacy_efforts_for_quality_spiritual_support/prweb13518874.htm.

Stephen Ministries of Saint Louis. "Stephen Ministry Training." accessed on November 6, 2023, https://www.stephenministries.org/stephenministry/default.cfm/1520.

Stephen Ministries of Saint Louis. "What Is Stephen Ministry?." accessed on November 6, 2023. https://www.stephenministries.org/stephenministry/default.cfm/917.

Stoklosaa, Hanni, Cathy L. Miller, Gloria Duked, and Makini Chisolm-Straker. "A Framework for the Development of Healthcare Provider Education Programs on Human Trafficking Part One: Experts." *Journal of Human Trafficking* 6, no. 4 (2020): 388-409. https://doi.org/10.1080/23322705.2019.158472.

Study.com, "JCAHO | Definition, Regulations & Requirements." Published November 11, 2023, Video, 6:05. https://study.com/academy/lesson/what-is-jcaho-definition-accreditation-standards-requirements.html.

Swift, Christopher. *Hospital chaplaincy in the twenty-first century: the crisis of spiritual care on the NHS*. Burlington: Ashgate Publishers, 2014.

Taylor, Elizabeth Johnston and Angela H. Li. "Healthcare Chaplains' Perspectives on Nurse-Chaplain Collaboration: An Online Survey," *Journal of Religion and Health* 59, no. 2 (2020): 625-638. https://doi.org/10.1007/s10943-019-00974-9.

Taylor, Janie J, Jennifer L. Hodgson, Irinia Kolobova, Angela L. Lamson. "Exploring the Phenomenon of Spiritual Care Between Hospital Chaplains and Hospital Based Healthcare Providers," *Journal of Health Care Chaplaincy* 21 (2015): 91-107. http://10.1080/08854726.2015.1015302.

Teague Paul, Susan Kraeuter, Sarah York, Wayman Scott, Muhammad M. Furqan and Sammy Zakaria. "The Role of the Chaplain as a Patient Navigator and Advocate for Patients in the Intensive Care Unit: One Academic Medical Center's Experience," *Journal of Religion and Health* 58, no. 5 (October 2019): 1833-1846. https://www.jstor.org/stable/45216951.

Tennyson, Caroline D., John P. Oliver, and Karen R. Jooste. "Descriptive Study of a Chaplains' Code Blue Responses," *Families in Critical Care* 30, no.6 (Nov 2021): 419-425. https://doi.org/10.4037/ajcc2021854.

The Association for Professional Chaplains. "History." Standards of Practice for Professional Chaplains. Last modified October 22, 2015. https://www.apchaplains.org/wp-content/uploads/2022/05/Standards-of-Practice-for-Professional-Chaplains-102215.pdf.

The Barna Group. "Meet the 'Spiritual but Not Religious." Culture and Faith. April 6, 2017. https://www.barna.com/research/meet-spiritual-not-religious/.

The International Journal for the Psychology of Religion 9, no. 1 (1999): 3-16. https://doi.org/10.1207/s15327582ijpr0901_2.

The Joint Commission on Accreditation of Healthcare Organizations, 2023 Hospital Accreditation Standards, PC.02.02.03, Elements of Performance 9 (Oakbrook Terrace: The Joint Commission Resources), 26.

The Joint Commission, "Benefits of Joint Commission Accreditation", Fact Sheets, The Joint Commission, last modified n.d., https://www.jointcommission.org/resources/news-and-multimedia/fact-sheets/facts-about-benefits-of-joint-commission-accreditation/.

The Joint Commission, "End-of-life care: A patient safety issue" (July 2015) Quick Safety issue 15, https://www.jointcommission.org/media/-/tjc/documents/newsletters/quick_safety_issue_fifteen_july_20151.pdf

The Joint Commission, "New & Revised Standards & EPs for Patient-Centered Communication The bold requirements indicate the new and/or revised Standards & EPs for patient-centered communication. Accreditation Program: Hospital" (2010) "https://www.imiaweb.org/uploads/pages/275.pdf, 5.

The Joint Commission, "Our Mission and Vision." Accessed on October 4, 2023. https://www.jointcommission.org/who-we-are/.

The Joint Commission, "The Joint Commission Code of Conduct." last modified August 2022, https://www.jointcommission.org/-/media/tjc/documents/about-us/code-of-conduct-manual.pdf

The Joint Commission, "What We Offer." Accessed October 4, 2023. https://www.jointcommission.org/what-we-offer/certification/.

The Joint Commission. "Behavioral Health Care and Human Services Accreditation." Healthcare Settings. Accessed on October 30, 2023. https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/behavioral-health-care/.

The Joint Commission. "Does the Joint Commission specify what needs to be included in a spiritual assessment?" Standards FAQ's. Last modified July 19, 2022. https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000001669/.

The Joint Commission. "What Do Standards Focus On?" Joint Commission FAQ's. Accessed October 4, 2023. https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/.

The Joint Commission. *2023 Hospital Accreditation Standards.* Oakbrook: The Joint Commission Resources.

The White House. "The National Combat Plan to Combat Human Trafficking" Last modified, December 2021. 389. https://www.whitehouse.gov/wp-content/uploads/2021/12/National-Action-Plan-to-Combat-Human-Trafficking.pdf.

Thornton, Lucia. "A Brief History and Overview of Holistic Nursing." *Integrated Medicine* 18, no. 4 (Aug 2019): 32-33. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219452/.

Tuttle, Robert W. "Accommodation: The Constitutional Ground of Chaplaincy." American Bar Association. July 5, 2022, https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/intersection-of-lgbtq-rights-and-religious-freedom/accommodation/.

United States Census Bureau. "QuickFacts-Pembina County, North Dakota." Population Estimates July 1, 2022. Accessed on November 1, 2023. https://www.census.gov/quickfacts/fact/table/pembinacountynorthdakota/PST045222.

United States Department of Health and Human Services. "Pembina County Memorial Hospital (Cavalier, ND)." COVID-19 (Coronavirus) Hospitalizations. Accessed on November 8, 2023. https://data.lohud.com/hospital-capacity/facility/pembina-county-memorial-hospital/351319/.

US Department of Health & Human Services, "Summary of the HIPAA Privacy Rule." Office for Civil Rights. Last updated May 3, 2019, https://www.hhs.gov/sites/default/files/privacysummary.pdf.

Viswanathan, H.N. "Accrediting organizations and quality improvement." *The American Journal of Managed Care 6, no.* 10 (2000): 1117-1130.

Wang, Jue. "Communication processes in intercultural transdisciplinary research: framework from a group perspective." *Sustainability Science* 14, no. 6 (Nov 2019) 1673-1684. https://doi.org/10.1007/s11625-019-00661-4.

Weiner, Stacy. "Is There a Chaplain in the House? Hospitals Integrate Spiritual Care." *Association of American Medical Colleges*, November 20, 2017, https://www.aamc.org/news/there-chaplain-house-hospitals-integrate-spiritual-care.

White, Kelsey B., Ryan M. Combs & Hallie R. Decker. "Board certification of professional chaplains: a qualitative study of stakeholder perspectives." *Journal of Healthcare* Chaplaincy 28, no. 4 (2022): 446-451. https://doi.org/10.1080/08854726.2021.1916334.

Wintz, Susan K. "APC discontinues SCC participation, remains committed to collaboration." *APC E-News*. November 2010. http://archive.constantcontact.com/fs075/1101810986071/archive/1103841786940.html.

Wolfe, A. "Crossing the Quality Chasm: A New Health System for the 21st Century." *Policy. Politics & Nursing Practice* 2, no.3 (2002): 233-235. http://doi.org/10.17226/10027.

Institutional Review Board Letter of Certification

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

April 18, 2023

sample
Harold Bryant

Re: IRB Application - IRB-FY22-23-1262
Dear SAMPLE and 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 that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research because it will not involve the collection of identifiable, private information from or about living individuals (45 CFR 46.102).

Please note that this decision only applies to your current application. 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, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix 1

Appendix II

LIBERTY UNIVERSITY RAWLINGS SCHOOL OF DIVINITY

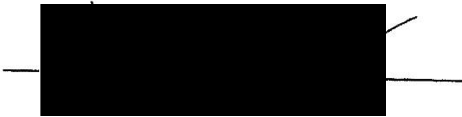
THESIS APPROVAL SHEET

GRADE

A

THESIS MENTOR

Dr. Harold D. Bryant



READER

Dr. Steven Kohnert

69