

Liberty University Rawlings School of Divinity

**The Role of Emotional Intelligence in Chaplaincy: An Analysis of
EI in the Delivery of Patient-Centered Care**

A Thesis Project Report Submitted to

the Faculty of the School of Divinity

in Candidacy for the Degree of

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by

Dean A. Darroux

Lynchburg, Virginia

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Thesis Project Approval Sheet

Dr. Rodney Phillips Ed.D.
Department of Community Care & Counseling

Dr. Kenneth Bush DMin.
School of Divinity

THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

Dean A. Darroux

Liberty University Rawlings School of Divinity, 2020

Mentor: Dr. Rodney Phillips, Ed.D.

Reader: Dr. Kenneth Bush, DMin.

This study addressed the role of emotional intelligence among healthcare chaplains and its place in delivering patient-centered care at Adventist healthcare, Maryland. The study assumed that since healthcare chaplains' journeys with their patients help them process their feelings as they understand the nature of their illness, they must identify their feelings and that of their patients to provide better care. It further examined the role of personality in determining its relationship with emotional intelligence and how it would influence patient-centered care. The literature surveyed indicated that emotional intelligence helps individuals understand their emotions as well as that of others. A gap remained in the literature regarding the role of emotional intelligence in delivering patient-centered care, as administered by chaplains, which this study sought to examine. By utilizing the results of a survey and two online assessments on emotional intelligence and the Enneagram, this study surveyed 15 chaplains at Adventist Healthcare, Maryland. The emotional intelligence appraisal revealed that in the category of self-awareness, for example, in the 90-100 range, 28.57% have a remarkable strength for self-awareness, 14.28% is above average, and 35.71% are doing well with self-awareness. Whereas, the Enneagram personality types indicate that 61.53% of the chaplains tested as Ones. Types Twos and Threes were second places with 30.76% each. Based on the nine Enneagram personality types, the three dominant types were the Reformer, the Helper, and the Achiever. This study revealed that emotional intelligence plays a crucial role in the delivery of patient-centered care at Adventist, Healthcare, Maryland.

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Chapter 1

Introduction

The role of the chaplain is to support their patients, and journey with them during their hospital stay. These chaplains are professionally trained clergy who provide emotional and spiritual support to these patients, their families, and staff, regardless of whether they are religious. To this extent, hospital chaplains must have a minimum of two units of Clinical Pastoral Education (CPE), which ensures that they are prepared to provide the type of patient-centered care these patients need. Whether a chaplain received his/her training from the Association of Clinical Pastoral Education (ACPE) or the College of Pastoral Supervision and Psychotherapy (CPSP), they are required to provide emotional and spiritual support that is patient-centered.

Patient-centered care is foundational in the healthcare system. Hospital administrators and their staff understand how critical it is for them to provide the best care to their patients who are paying customers. Connecting with patients by understanding their emotional and spiritual state is necessary if chaplains are going to be effective caregivers. Therefore, it is paramount that hospital chaplains are Emotionally Intelligent (EI) so that they are mindful and emotionally aware of their emotions as well as that of their patients.

Since there is increasing awareness for treating the whole person in many healthcare institutions, the concept of providing “holistic care” is front and center of many hospital systems. Providing holistic care includes taking care of the physical as well as the spiritual needs of patients. The role of chaplains, as members of the interdisciplinary team, necessitates that in providing spiritual assessments of their patients, they understand that providing care that caters to the well-being of the patient is essential to their profession. Therefore, it behooves hospital

chaplains to know how they feel so that they can relate to the emotional side of the patients they serve. It seems prudent that chaplains who are emotionally intelligent would help their patients by providing support at a time when they are most vulnerable.

Furthermore, since the nature of healthcare chaplaincy involves understanding the whole person, chaplains must connect with their patients so that they can understand how to best minister to their needs. The nature of the hospital setting can make it challenging for patients to feel comfortable about themselves. Many patients are overwhelmed because of their illness. Some wonder if their quality of life would ever be the same again. The chaplain who can connect with the patient to understand how their hospital stay affects them can better serve them. Since EI people have a high level of self-awareness and mindfulness, they can understand themselves and how they relate to others better than if they had low EI. To this end, it stands to reason that chaplains who are emotionally intelligent can connect with their patients so that they can provide them with the best care possible.

Ministry Context

Adventist healthcare in Rockville, Maryland, is a growing healthcare system that is owned and operated by the Seventh-day Adventist church. The system currently operates two major hospitals, one rehabilitation hospital, one behavioral health hospital, two community-based hospitals, and several urgent care facilities. Presently, there are nine staff chaplains, one resident, six part-time chaplains (PRN) who are on call, and ten CPE interns, which gives a total of twenty-six chaplains and interns. Providing above standard patient-centered care is

fundamental to Adventist healthcare, whose mission is “To extend God’s care through the ministry of physical, mental, and spiritual healing.”¹

The staff chaplains come from a variety of backgrounds, as well as religious affiliation. Of the nine staff chaplains, four are black, three are of Caribbean descent, and one is American. The remaining five comprise of one Filipino, one European, one Indian, one Latina, and one Caucasian. The chaplain resident is of African descent, and he works at the Behavioral Health Hospital. Their ages vary as well, with the youngest at 25 and the oldest at 63. The chaplains at Adventist Healthcare are all well-educated. All have master’s degrees in divinity or religion; two are completing their MDiv, another is completing his Ph.D. one has a DMIN, and one a Ph.D. The chaplains also bring to their practice diverse belief systems and religious practices. There are six Seventh-day Adventists, one Catholic, one Greek Orthodox Catholic, one Lutheran, and the other a Baptist. Additionally, all staff chaplains have four units of CPE, and five are board-certified clinical chaplains from the College of Pastoral Supervision and Psychotherapy.

Since Adventist Healthcare operates a certified CPE center accredited by CPSP, it continually trains CPE interns at its Shady Grove Medical Center Campus. The number of students attending varies by unit. This current unit has ten interns, and they, too, come from a variety of backgrounds, education, and denominational affiliation.² In the current class, there is one Muslim, one Priest, three Seventh-day Adventists, one Methodist, and three Baptists. Seven of the ten have a master’s degree, one a Ph.D. student, and the others hope to begin work on their

¹ Adventist Healthcare Website, "About Us," accessed October 23, 2019, <https://www.adventisthealthcare.com/about/>.

² While this current class has ten interns, that number can increase or decrease when the actual study begins.

master's degree. All CPE students must complete 400 clinical hours while in the program, and since the system has three hospitals, they chose one to complete their clinical hours.

As indicated above, Adventist Healthcare operates two major hospital systems and one community hospital, which it recently acquired. In August of 2019, it opened the newest hospital in the state of Maryland, White Oak Medical Center, located in Silver Spring. White Oak is a 180-bed hospital, and Shady Grove has about 266 beds. Since chaplains meet the spiritual needs of patients, the system currently employs six part-time chaplains or PRN's who are on call to attend to patients' needs and to support families when a staff chaplain is not available. All six chaplains have completed at least four units of CPE, and some are board certified as well. They are all educated with a master's degree and are clergy serving in various faith groups. Presently, of the nine staff chaplain, ten CPE interns, and six PRN's, there are twelve females and fourteen males, which makes a total of twenty-six chaplains.

In 1907 Adventist Healthcare emerged on the scene as the only health system headquartered in Montgomery County, Maryland. Today, the system has two nationally accredited acute-care hospitals, a nationally certified rehabilitation hospital, mental health services, home health agencies, urgent care centers, imaging centers, and physician networks. As an integrated healthcare network, the system delivers a continuum of care at White Oak Medical Center, Shady Grove Medical Center, Adventist Rehabilitation Rockville, Germantown Emergency Center, and Fort Washington Community Hospital.³

Shady Grove Medical Center is in Rockville, which is in Montgomery County (MC). MC is one of the most diverse counties in the state. Gaithersburg started as a small agricultural

³ Adventist Healthcare Website, "About Us," accessed October 31, 2019, <https://www.adventisthealthcare.com/about/>.

settlement in 1765 and has transitioned into an urban area, and is also a part of the suburbs of Washington, D. C. As a 21st-century city, Gaithersburg continues to grow, and many high-technology companies find this area conducive for business. The city is the most diverse in Maryland, with about 50% Caucasians, 16% African Americans/Blacks, 16% Asians, and about 24% Latino or Hispanics.⁴ Shady Grove Medical Center services this diverse group of people and provides spiritual care to them based on their faith or non-faith.

Silver Spring, Maryland, is where White Oak Medical Center resides. “In 1840, Francis Preston Blair, along with his daughter Elizabeth, discovered a ‘mica-flecked’⁵ spring near Washington D.C. He liked the location so much that he bought the surrounding land and created a summer home for his family, which he called Silver Spring.”⁶ Today, the city is a major metropolitan center a few miles from Washington, D. C. With a population of about 78,000, the city has about 41% Caucasians, 27% Blacks / African Americans, 7% Asians, and 28% Latino / Hispanic.⁷ White Oak Medical Center also services this diverse population at its medical complex. The different races and ethnic groups of these communities have Catholics, Protestants, Jews, Muslims, and other distinctive faith groups whom chaplains at these hospitals serve every day. It is, therefore, necessary that these chaplains are aware of the population they serve and how to best meet their spiritual and emotional needs.

⁴ Gaithersburg Website, accessed October 31, 2019, <https://www.gaithersburgmd.gov/about-us/demographics>.

⁵ Mica is a type of mineral that flakes easily and is known for its glittery silver color.

⁶ History of Silver Spring, accessed October 31, 2019, <https://www.montgomeryschoolsmd.org/uploadedFiles/schools/cannonroades/classroom/grade4/A%20Brief%20History%20of%20Silver%20Spring2.pdf>.

⁷ United States Census Bureau, accessed October 31, 2019, <https://www.census.gov/quickfacts/fact/table/silverspringcdpmaryland/PST045218>.

Ensuring that each chaplain receives the necessary training to equip them to provide the quality of care patients and their family members seek is crucial in helping the system realize its mission. To ensure that each chaplain and intern understands how their ministry to patients, their family members, and the staff impacts the mission, it is essential that they are emotionally intelligent so that they are mindful of how they can provide such care. This study, therefore, will focus on helping Adventist Healthcare chaplains and interns understand the role, if any, that emotional intelligence plays in providing quality patient-centered care.

Adventist healthcare places great value in training and equipping its chaplains and interns to ensure that they meet the emotional and spiritual needs of their patients. Chaplains often collaborate with the medical staff to ensure that patients are well supported so that they can manage or deal with their illness. To this end, Adventist healthcare has invested in running a CPE program that trains and equips chaplains to meet the spiritual and emotional needs of patients. This investment validates the need for chaplains and interns at Adventist healthcare to ensure that they have what it requires to deliver patient-centered care. Undertaking this thesis project is one way of analyzing how emotional intelligence can help the system accomplish its goal of caring for its patients.

As a staff chaplain at Adventist Healthcare, the researcher understands the culture and has a working relationship with each chaplain, intern, and PRN. The culture of chaplaincy at Adventist Healthcare at the Shady Grove and White Oak campuses places much emphasis on the quality of ministry to patients, family members, and staff. Adventist healthcare is an institution that is always seeking ways to provide the best possible care to its patients. Understanding the place of emotional intelligence among chaplains would serve all those who receive care or help others at these medical facilities.

Problem Presented

Health care institutions and Adventist Health Care place great emphasis on patient-centered care and the overall treatment of patients at their hospitals. Chaplains who serve in these facilities must deliver the highest level of care to these patients. It is incumbent upon them to ensure that they are in a state of mind that enables them to serve their patients to the best of their abilities. While many health care institutions emphasize patient-centered care and support, there could be greater emphasis on other components of EI like self-management and relationship-management strategies related to patient-centered care. Clinical Pastoral Education Training does emphasize self-awareness, for example, so chaplains should be a step ahead as it pertains to emotional intelligence in delivering patient-centered care. Health care chaplains, because of their training in Clinical Pastoral Education (CPE), understand how their knowledge of the self-impacts their ability to communicate and minister to others.

Moreover, certified and trained chaplains in the College of Pastoral Supervision and Psychotherapy (CPSP), understand the place of personality in spiritual care. The problem presented was that hospital chaplains and interns at Adventist Healthcare, Maryland, needed to understand how their emotional intelligence affected how they delivered patient-centered care and the impact it had on their clinical practice. Such an understanding would assist chaplains in ensuring that their emotional intelligence lends to their ability to provide the best quality care to their patients.

Purpose Statement

The purpose of this project was to understand how emotional intelligence affected the delivery of patient-centered care at Adventist Healthcare in Maryland. To ignore the value of emotional intelligence and its role in helping health care chaplains could severely affect how

Adventist Healthcare Chaplains internalize and practice spiritual ministry. Since human emotions are God-given, it makes sense to emphasize their role among chaplains who serve patients. Chaplains who serve at Adventist Health care should be self-aware of how their emotions affect their ministry. Underscoring the emotional and spiritual aspects of the individual might ultimately lead to genuine and authentic behavior among chaplains at Adventist Healthcare. Health care chaplains serve a population that often deals with life and death issues or serious and life-changing medical diagnosis.

It stands to reason that how chaplains' approach and minister to these patients is crucial to patient-centered care. Chaplains are humans whom themselves must confront their emotions and learn how to regulate their feeling as well. Being self-aware and mindful of their vulnerabilities and fears would help them avoid transferring their feelings onto their patients.

Basic Assumptions

This study makes several assumptions:

1. It assumed that emotional intelligence played some role in helping chaplains practice patient-centered care. The nature of emotional intelligence could help individuals cope with adaptative or maladaptive ways. It also inferred that it would benefit chaplains in the hospital setting to provide better patient-centered care. At the same time, there are currently no studies showing that correlation, the assumption was that emotional intelligence could improve the chaplain's level of awareness and ultimately helped them provide effective patient-centered care.
2. While emotional intelligence is a recognized way of assisting others to be mindful and self-aware of their emotions, it was an assumption that chaplains would understand how it would benefit their practice.

3. This study assumed that efficient patient-centered care was dependent on one's level of emotional intelligence. The idea that chaplains facilitate the needs of patients by focusing on skills like listening and assessing their emotional needs suggested that chaplains engage them to the extent where they understood their needs. However, it was an assumption to suggest that emotional intelligence is foundational to this undertaking without evidence to support this view.

4. This study further assumed that there was a relationship between hospital chaplaincy and emotional intelligence. While there are studies that examine job satisfaction and emotional intelligence,⁸ it was an assumption to state that such is the case for hospital chaplains. As Birks and Watts suggested, "it could be hypothesized that increasing emotional intelligence in individuals employed in health care may lead to more effective management and better functioning teams of professionals, in addition to direct benefits for patient care."⁹

5. This study intended to use instruments that can help identify one's level of emotional intelligence and personality type. This approach assumes that each participant will have some measure of bias in answering the questions due to the subjective nature of the items posted. Furthermore, there is the assumption that whatever preconceived ideas each participant may or may not have about emotional intelligence and patient-centered care, their bias may influence the outcome of their answers.

⁸ See Deepika Dabke, "Can Life Satisfaction be Predicted by Emotional Intelligence, Job satisfaction and Personality Type?" *aWEshkar* 17, no. 1 (2014).

⁹ Yvonne F Birks and Ian S Watt, "Emotional Intelligence and Patient-centered Care," *Journal of the Royal Society of Medicine* 100, (2007): 371.

Definitions

The definitions for the following terms will give the reader a better understanding of the words and how their usage in the thesis helps bring clarity. They also indicate how the researcher uses them in the context of this thesis project.

Chaplaincy: Chaplaincy, in this paper, refers to those who provide care, whether board-certified or interns in a medical setting with clinical pastoral education training from an accredited clinical pastoral education program.¹⁰

Emotional Intelligence: Bradberry and Greaves define Emotional intelligence as one's "ability to recognize and understand emotions in yourself and others, and your ability to use this awareness to manage your behavior and relationships."¹¹

Emotional regulation: Narges Jamali et al. agree that generally, emotional regulation deals with how individuals monitor, assess, and even improve their emotions, whether through internal and external means to understand their emotional response.¹²

Enneagram: "The word Enneagram comes from the Greek for 'nine' – *ennea* – and 'figure' – *grammos*. Thus, it is a nine-pointed figure. Therefore, the enneagram is a geometric figure that maps out the nine fundamental personality types of human nature and their complex relationships."¹³

¹⁰ Brent Peery, "What's in a Name?" *Plain Views* 6, no. 2 (2009): 24.

¹¹ Bradberry and Greaves, *Emotional Intelligence 2.0*, (San Diego: CA. Talent Smart, 2009), 17.

¹² Narges Jamali et al., "Role of Spiritual Health and Emotional Regulation in Mental Health of Nulliparous Women," *Health, Spirituality and Medical Ethics* 4, no. 3 (2017): 33.

¹³ Ron Richard Riso, and Russ Hudson. *The Wisdom of the Enneagram: The complete Guide to Psychological and Spiritual Growth for the Nine Personality Types* (New York: Bantam Books, 1999), 9.

Mindfulness: Jacobs observed that mindfulness is a level of awareness as it influences one's state of mind. It also addresses one's capacity as it deals with their level of thought in any given situation.¹⁴

Patient-centered care: Birks and Watt believe that patient-centered care is concerned about addressing patient's needs as it relates to understanding the whole person to ensure that the relationship is a professional in all aspects of care and concerns.¹⁵

Personality: According to Mehta, personality reflects the unique pattern of behavior that examines one's thoughts and emotions that are unique to the individual.¹⁶

Psychological well-being: According to Jose M. Augusto-Landa et al., "Psychological well-being represents a set of dimensions related to positive performance. Specifically, Ryff identifies six dimensions in his model, namely: self-acceptance or positive attitude toward oneself, personal growth or development, the purpose of life, control or mastery of the environment, positive relationships with others, and autonomy or ability to be independent."¹⁷

Self-awareness: Bradberry and Reaves state that self-awareness is one's ability to be in touch with their own emotions in real-time as they understand how they relate to others. It also a foundational skill that helps in identifying one's emotional intelligence.¹⁸

¹⁴ Ingo Jacobs, "Mindfulness Facets, Trait Emotional Intelligence, Emotional Distress, and Multiple Health Behaviors: A Serial Two-Mediator Model, *Scandinavian Journal of Psychology* 57 (2016): 207.

¹⁵ Birks and Watt, "Emotional Intelligence and Patient-centered Care," *Journal of the Royal Society of Medicine* 100, (2007): 368.

¹⁶ Sandhya Mehta, "Personality and Emotional Intelligence of Teachers," *Amity Business School* 16, no. 1 (2015): 63.

¹⁷ Jose M. Augusto-Landa et al. "Does Perceived Emotional Intelligence and Optimism/Pessimism Predict Psychological Well-being?" *Journal of Happiness Studies* 12 (2011): 464.

¹⁸ Bradberry and Greaves, 24, 26.

Self-reflection: Monique Crane et al. believes that self-reflection as a level of awareness that enables someone to analyze their own life experiences.¹⁹

Spirituality: Augsburg defines spirituality as some practice that leads to discipleship.²⁰

Spiritual care: Roberts defines spiritual care in the context of health care chaplaincy as interventions that facilitates one's ability to integrate mind, body, and spirit that shows connectedness to self and others by a clergy person.²¹

Limitations

This study was limited in scope since it addressed emotional intelligence in the context of the chaplain and interns at Adventist Healthcare in the state of Maryland. While other healthcare chaplains may benefit from this project, the primary audience, however, were the chaplains and interns at Adventist healthcare Maryland. Additionally, since chaplains are a part of the interdisciplinary team, this study may benefit the other members of the group as well. However, the primary focus was on chaplains and how emotional intelligence could help them in their practice of providing patient-centered care at Adventist healthcare, Maryland.

Another limitation of this study was that its collection of data in evaluating emotional intelligence and patient-centered care comes from a small number of chaplains. A more significant number could influence the outcome; however, this small number reflects the current staff chaplains, interns, and PRN's who presently practice chaplaincy at Adventist Healthcare. A further limitation was that although this study focused on EI and patient-centered care, its intent

¹⁹ Monique F. Crane, et al., Strengthening Resilience in Military Officer Cadets: A Group-Randomized Controlled Trial of Coping and Emotion Regulatory Self-Reflection Training, *Journal of Consulting and Clinical Psychology* 87 no. 2 (2019): 127.

²⁰ David W. Augsburg, *Dissident Discipleship: A Spirituality of Self- Surrender, Love of God, and Love of Neighbor*. Grand Rapids, Mich.: Brazos Press, 2006. 7.

²¹ Stephen B. Roberts, *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*, (Woodstock, VT: Skylight Paths Publishing, 2012): 24.

was not to showcase relationships outside of the parameters of hospital chaplaincy to other forms of chaplaincy such as a military or campus. Another limitation is that the study involves interns who are not as experienced as the staff or PRN chaplains. While the emotional intelligence and Enneagram assessments do not cater to a specific profession, the fact that responses come from the individuals' experience makes it possible for them to draw from their life's vocation. Therefore, their results can impact the overall outcome based on their level of experience in chaplaincy. A final limitation was that whatever preconceived ideas each participant may or may not have about emotional intelligence and patient-centered care, their bias may influence the outcome of their answers. Either way, the study was intended to examine how emotional intelligence may or may not benefit how chaplains provide patient-centered care.

Delimitation

Delimitations establish boundaries that the researcher utilized researching for this project. In this study, the overall goal was to help chaplains and interns at Adventist Healthcare understand the place of emotional intelligence in assisting them in providing the best quality patient-centered care. To accomplish this goal, the researcher used the Emotional Intelligence Appraisal to help chaplains understand their EI. The researcher also used the Enneagram to help chaplains better understand their personality type and how it may influence or impact their EI. Although there are many instruments used to measure emotional intelligence and personality, this research project did not utilize the models to avoid confusion. It focused mainly on these two instruments that helped hospital chaplains better understand their EI as it influences or affects patient-centered care.

Furthermore, the study limited the target population to chaplains and interns at Adventist Healthcare, MD. While the staff chaplains and PRNs are permanent employees of the system, the

interns are in training for about four months, and some of them continue while others either transition out or complete their four units. The study only focused on interns who enroll during the time of the data collection process. The rationale for delimiting the population group by including interns was that it allowed for a bigger pool to collect data from, and it added more merit to the data group. The timeline for the intern population was reasonable to accommodate the data collection. The time frame for the study should accommodate interns, and with delimited population, the researcher understood that this accommodation might introduce undesired effects on the study, such as the experiences of the interns compared with the staff chaplains who have completed their CPE training.

The thesis project addressed the emotional intelligence of chaplains and interns, which may have broader implications for other hospital systems beyond Adventist Healthcare. However, since the focus was on Adventist Healthcare and its stakeholders, the physical location was constrained to the Rockville and White Oak campuses, MD. All data collection for the assessment was only for these campuses. A fully comprehensive study that would include other healthcare systems was beyond the scope of this study. Therefore, the research limited the reach to the above campuses.

Thesis Statement

If chaplains and interns understand the place of emotional intelligence in delivering patient-centered care, then their clinical practice would reflect how they implement competencies for spiritual care.

Chapter 2

Foundations

This section provided a foundation for the development of this thesis project. It began by establishing the background for this study by a survey of the literature. The literature surveyed examined emotional intelligence as a concept that hospital chaplains can benefit from in their practice of administering patient-centered care. The other sections briefly examined the theological and theoretical framework for this study. In these sections, a biblical view examined the concept of care that chaplains provide, particularly as it ties in with emotional intelligence.

Literature Review

This literature review explored resources that addressed emotional intelligence, patient-centered care, and personality types to understand how these elements influence or affect how chaplains provide care to their patients. Concepts such as self-awareness and self-management were some of the critical concepts of emotional intelligence. The literature surveyed focused on the four skills of emotional intelligence, the place of patient-centered care among chaplains, and the role that personality plays in influencing EI. However, there is a gap in the literature because no one has presented research showing how emotional intelligence affects the way chaplains provide patient-centered care.

A Framework for Understanding Emotional Intelligence

Emotional intelligence does not exist in a vacuum. It is, therefore, critical for chaplains to know their level of EI and how they can improve their skill level. Chaplains who care for patients understand that each patient is different, not only in their medical condition but also in how they deal with their illness. The importance that EI plays in the chaplains' encounter with patients, family members, and staff plays a crucial role in the type of care they provide. The next

section examines the framework for understanding emotional intelligence and how it would impact patient-centered care.

The Nature of Emotional Intelligence

The emphasis placed on patient-centered care highlights the need for healthcare chaplains to be emotionally intelligent so that they can deliver the best care possible. The theoretical framework for understanding EI began with the work of Salovey and Mayer in 1990. They proposed the idea that while humans are emotional beings, not everyone can understand and use their emotional data the same way.²² They defined emotional intelligence as having a set of skills that enabled a person to appraise their emotions as well as that of others.²³ Other noteworthy researchers found that EI is about “one’s ability to recognize and understand emotions in themselves and others, and their ability to use this awareness to manage their behavior and relationships.”²⁴ Understanding their emotions and that of their patients is foundational to the work of the chaplain.

The literature surveyed gave the perspective that patient-centered care is a crucial part of the ministry that chaplains provide in the healthcare system.²⁵ So, the more emotionally intelligent the chaplain is, the better he can serve the patients. Emotional intelligence is one of those critical skills that can contribute to both personal and professional success. From this

²² Peter Salovey, and John D. Mayer, “Emotional Intelligence,” *Imagination, Cognition and Personality*, 9, (1990): 185.

²³ *Ibid.*, 186.

²⁴ Bradberry, Travis, and Jean Greaves. *Emotional Intelligence 2.0* (San Diego: CA. Talent Smart, 2009): 17. See also, J. D. Mayer, P. Salovey, et al., What is Emotional Intelligence? In P. Salovey and D. Sluyter (Eds.), *Emotional development and Emotional Intelligence: Implications for Educators* (New York: Basic Books, 1997). B. Palmer, C. Donaldson, et al., Emotional Intelligence and Life Satisfaction. *Personality and Individual Differences*, 33 (2002): 1091-1100.

²⁵ Nancy Berlinger, "The Nature of Chaplaincy and the Goals of QI: Patient-Centered Care as Professional Responsibility," *Hastings Center Report* 38, no. 6 (2008): 30-31.

perspective, EI is the backbone that enables people to identify their emotions and that of others. One can also argue that the biology of the brain is hardwired to ensure that a person's emotion kicks into gear even before their ability to reason.²⁶ It is apparent that emotional intelligence not only builds self-awareness so that one can manage their emotions,²⁷ but it also shows how it is a part of human biology. Studies show why the prefrontal cortex governs aspects of human emotions.²⁸ The above statements make the compelling argument that EI is about how the emotional and rational brain communicates²⁹ since every event in someone's life is always an emotional one.

The popularity of emotional intelligence in recent years has generated intense application in the clinical setting and even in other organizations.³⁰ It appears that one of the reasons why emotional intelligence is gaining such popularity is that it influences one of the core aspects of the human being, the emotions.³¹ The reality is that emotions are central to one's reactions based on their life experiences.³² It is hard to live life, not being mindful of how impacting and life-changing emotions are to human behavior. Whether one's emotional experience is stressful or

²⁶ Bradberry and Travis, *Emotional Intelligence 2.0*, 5-6.

²⁷ James J. Gross, "The Emerging Field of Emotion Regulation: An Integrative Review," *Review of General Psychology* 2 (1998): 271-299. Gross explores individuals influence which emotions they have and examines at least five points that shows how it can be regulated. In the following work, Gross examines the difference between regulation emotions and regulation of emotions. These articles provide a more in-depth perspective on how the chaplain can regulate their emotions. James J. Gross, "Emotion Regulation: Past, Present, and Future," *Cognition and Emotion* 13, (1999): 551-573.

²⁸ Daniel Goleman, *Emotional Intelligence: Why it can Matter More than IQ* (New York, NY: Bantam Dell, 2005), 26.

²⁹ Y. Wang, and F. Kong, "The Role of Emotional Intelligence in the Impact of Mindfulness on Life and Mental Distress," *Social Indicators Research* 116 (2014): 843.

³⁰ Feng Kong, Jingjing Zhao et al. "Trait Emotional Intelligence and Mental Distress: The Mediating Role of Positive and Negative Affect," *International Journal of Psychology* 47, no. 6 (2012): 461.

³¹ A. L. King, and R. A. Emmons, "Conflict Over Emotional Expression: Psychological and Physical Correlates," *Journal of Personality and Social Psychology*, 58, (1990): 865.

³² Jay Ingram, and Joseph Cangemi, "Emotions, Emotional Intelligence, and Leadership: A Brief, Pragmatic Perspective," *Education* 132, no. 4. (n. y.): 771.

positive, the reality is that emotions are integrated into how humans feel, think, and behave. To further explore the role that emotions play in human behavior, the next section addresses patients and their emotions.

Patients' Emotions

Patients are people too. Patients in the hospital often experience a high level of stress because of their medical condition. It follows that the decisions patients make about their medical situation is also linked to their emotions. Many health-related decisions are perceived to be complicated; they require taking action that is often involved in the choice options associated with emotional responses.³³ Such observation highlights why emotions play a vital role in life's experiences. While a positive emotional event can lead to growth, negative ones can cause distress that can severely affect someone's outlook and perception of their reality.

Furthermore, emotional distress can also lead to anxiety, depressive symptoms, and can diminish an individual's capacity for dealing with adverse conditions.³⁴ These negative, as well as positive emotions, influence behavior. A patient who has a terminal illness diagnosis or a life-changing illness may have all kinds of feelings that influence how they make sense of their reality. Chaplains, in real-time, must understand how to provide care beyond the prayer that can help that person make sense of their situation.

Chaplains who come alongside their patients in such situations need to understand how emotion affects themselves as well as others. When chaplains understand the mental processes involved in how their patients process information conceptually, they can better relate to them.

³³ Stephanie M. Carpenter, and Paula M. Niedenthal, "Emotional Processes in Risky and Multiattribute Health Decisions," *Psychology and Health* 33, no. 1 (2018): 59.

³⁴ Kathryn Van Eck, Pete Warren, et al. "A Variable-Centered and Person-Centered Evaluation of Emotions Regulation and Distress Tolerance: Links to Emotional and Behavioral Concerns," *Journal of Youth Adolescence* 46, (2017): 137-138.

Research indicates that there are factors to consider in the mental processes, such as ways to regulate emotions in self and using emotions in adaptive ways.”³⁵ There is no doubt that human beings are emotional beings. So, it is crucial to have the skills needed to manage and improve these emotions.³⁶ The more self-aware and mindful the chaplain, the more equipped he is to provide quality patient-centered care that helps the patient focus on the areas of healing that are most crucial to them.

An essential claim of EI is that managing emotions builds self-awareness, which in turn helps in how someone handles their feelings.³⁷ Therefore, EI showcases how one understands themselves and others. The ministry of the hospital chaplain hinges on his or her ability to connect with patients, family members, and staff. This thesis project argues that emotional intelligence plays a pivotal role in the process.

Understanding Emotional Processes

The fact that humans are emotional beings suggests that things can trigger how they respond to a crisis or bad news. When a patient receives a diagnosis that would forever alter their lifestyle, one can imagine the myriad of thoughts affecting how they feel. Furthermore, what happens to that chaplain who visits the patient after receiving the terrible diagnosis? Understanding how others process emotions would be helpful to the chaplains as they provide

³⁵ Salovey and Mayer, 90-91. See also Charles. S. Carver, and M. F. Scheier, *On the Self-Regulation of Behavior*. (New York: Cambridge University Press, 1998). These authors build on self-regulation ideas and further examine a wide range of ideas on the issue.

³⁶ Bradberry and Greaves, *Emotional Intelligence 2.0*, 97.

³⁷ *Ibid.*, 43. See also Richard S. Lazarus, *Emotion and Adaptation*, (New York: Oxford University Press, 1991). Lazarus offers a comprehensive treatment of the psychology of emotions and addresses issues like adaptation self-awareness.

care.³⁸ This next section briefly explores some of the emotional processes that could help chaplains understand emotional intelligence.

Thoughts and Feelings

It is hard to divorce a person's feelings from their thoughts. Feelings affect thinking. To avoid catastrophic thinking, people must learn to talk about their feelings so that they can manage their negative thoughts.³⁹ The point is that a person can talk about how they feel without it being a catastrophic event. Since cognitive-behavioral therapy helps connects thoughts and feelings, a person must manage their emotions so that they can better grasp their thoughts.⁴⁰ The chaplain, who is skillful, shows that he is aware of how thoughts influence emotions and can have a better grasp of what that patient feels.

Chaplains who are then emotionally aware should understand how their feelings affect their behavior as well so that they are cognizant of how it influences their care of patients. That is one reason why cognitive-behavioral therapy helps people understand their thought processes.⁴¹ The benefit of cognitive-behavioral therapy to patient-centered care is that it helps the chaplain understand the relationship between how one thinks and its role in helping them manage their emotions.

So far, it is apparent that managing one's emotions involves a level of awareness and self-control, which are essential fruits of the Spirit Paul spoke about in Galatians. Paul wrote,

³⁸ J. Barley. *Employment, Stress, and Family Functioning* (Toronto, ON: Wiley), 1990. N. Bolger, and A. Zuckerman, "A Framework for Studying Personality in the Stress Process," *Journal of Personality and Social Psychology* 69, (1995): 890-902.

³⁹ Daniel, Wallace. *Emotional Intelligence Cognitive Behavioral Therapy: Overcome Anxiety and Depression and Develop your Social, Communication and Leadership Skills to Influence People and Achieve the Success you Want* (Middle Town: DE, 2018), 72-73.

⁴⁰ M. A. Brackett, and J. D. Mayer et al. "Emotional Intelligence and its Relation to Everyday Behavior." *Personality and Individual Differences* 36, no. 6 (2004): 1387-1402.

⁴¹ Wallace, *Emotional Intelligence CBT*, 151.

“But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things, there is no law” (Gal: 5: 22-23, ESV). This biblical principle speaks to the need for chaplains to be emotionally intelligent. Bible passages like Mark 11: 12-14 shows his negative emotions because it speaks of his anger. Mark 6: 34; 8: 2, gives a great understanding of his compassion and mercy. Jesus demonstrated EI in his ministry.⁴² Care providers, like Jesus, are valued because others turn to them in their time of need.⁴³ Such is the work of the chaplain. When they can help others explore and manage their feelings, they do contribute significantly to providing patient-centered care.⁴⁴ Jesus’ life is an excellent example for chaplains to emulate in their work of ministering to their patients when they are vulnerable and afraid.

The relationship between how one thinks and feels is not something to gloss over since cognitive-behavioral therapy enables the individual to look deeper into their “thoughts, emotions, and behaviors.”⁴⁵ Chaplains who can help their patients process their feelings do serve them well since they can help them get in touch with their innermost thoughts. However, for chaplains to embrace their role as caregivers, they must explore their inner wounds as well. Robert Dykstra talks about the “Age of the Overwhelm”⁴⁶ to reference how people examine their pain and struggles and how to interpret them in whatever pastoral role befalls them. This concept adds

⁴² Roy, Oswald M., and Arland Jacobson. *The Emotional Intelligence of Jesus: Relational Smarts for Religious Leaders* (Lanham, MD: Rowman & Littlefield, 2015), 10.

⁴³ Goleman, *More than IQ*, 115.

⁴⁴ K. S. Masters, and S. A. Hooker. “Religiousness/Spirituality, Cardiovascular Disease, and Cancer: Cultural Integration for Health Research and Intervention.” *Journal of Counseling and Clinical Psychology* 81, (2012): 206-216. Boadi Agyekum, and Bruck K. Newbold. “Religion/Spirituality Therapeutic Landscape and Immigration Mental Well-Being Amongst African Immigrants to Canada.” *Mental Health, Religion and Culture* 19, no. 7 (2016): 674.

⁴⁵ Goleman, *More than IQ*, 141.

⁴⁶ Robert, Dykstra, C. *Finding Ourselves Lost: Ministry in the Age of Overwhelm* (Eugene, OR: Cascade Books, 2018), 120.

value to the development of this thesis project because it explores how the caregiver confronts their nakedness. Chaplains may struggle in providing patient-centered care if they have not confronted their inner wounds.

Chaplains' Emotional Processes

Chaplains who are incapable of understanding their struggles would find it hard to see someone else's. Hospital chaplains are aware that illness and injury can have traumatic effects on people's mental, physical, emotional, and spiritual health.⁴⁷ Understanding how these components interplay with the overall health and feelings of the patient allows the pastoral caregiver to be present. When the caregiver is not present with his/her struggles and pains, they can do more harm than good. That is one of the many reasons why chaplains receive training to understand the nature of the ministry they provide.

In a study conducted with CPE interns, one of the findings correlates EI to skills that pastors develop. These pastoral skills were evident after analyzing students at the beginning and end of a CPE unit.⁴⁸ One of these skills deals with how chaplains understand transference. In CPE, chaplains learn about the therapeutic process of transference and how to maneuver their authority concerning the patient's present life.⁴⁹ The link between emotional and spiritual health ultimately shows an increase in improved health and well-being.⁵⁰ Furthermore, there is evidence in the healthcare literature to show that connection.⁵¹ As spiritual caregivers, chaplains are the

⁴⁷ H. Koenig. "Religion, Spirituality, and Health: The Research and Clinical Implications." *International Scholarly Research Notices Psychiatry* (2012): accessed February 10, 2020, <http://1-33 doi:105402/2012/278730>.

⁴⁸ Katherine R. B Jankowski, Lauren C. Vanderwerker et al., "Change in Pastoral Skills, Emotional Intelligence, Self-Reflection, and Social Desirability Across a Unit of CPE." *Journal of Health Care Chaplaincy* 15, (2008): 138.

⁴⁹ Dykstra, *Finding Ourselves Lost*, 190.

⁵⁰ Bernice Mathisen et al., "Religion, Spirituality and Speech-Language Pathology: A Viewpoint for Ensuring Patient-Centered Holistic Care." *Journal of Religion and Health* 54, (2015): 2317.

⁵¹ Ibid., 2321.

ones to bridge that gap and prove why their ministry is so crucial in the health care system. Since emotional intelligence influences physical, spiritual, and mental health, chaplains who are aware and mindful would deliver better patient care than those who are not mindful.

One of the emotional processes that help chaplains understand the context of their ministry is mindfulness since it fosters clear thinking that enables an individual to have a greater sense of awareness.⁵² The connection between emotional intelligence and mindfulness speaks volumes to the importance of chaplains connecting the dots between how they view themselves and their impact on patient care. Studies show how mindfulness heightens one's capacity to regulate their emotional output, which can help them manage their distress level.⁵³ It seems clear that mindfulness ties into emotional intelligence in the sense that it brings perspective and awareness.⁵⁴ That is similar to the point that Goleman makes when he writes that self-awareness shows how a person's mood affects their thoughts, and more so, how it helps them understand their thoughts about their mood.⁵⁵ The fact that mindfulness brings a level of awareness highlights the need for why chaplains should not underestimate how their capacity to self-reflect contributes to their emotional intelligence.

⁵² Ingo Jacobs, Anna Wollny., et al., "Mindfulness Facets, Trait Emotional Intelligence, Emotional Distress, and Multiple Health Behaviors: A Serial Two-Mediator Model." *Scandinavian Journal of Psychology* 57, (2016): 207.

⁵³ Ibid., 208. N. S. Schutte, and J. M. Malouff. "Emotional Intelligence Mediates the Relationship between Mindfulness and Subjective Well-Being." *Personality and Individual Differences* 50, (2011): 1116-1119. H. J. Whitfield. "Towards Case-Specific Applications of Mindfulness-Based Cognitive-Behavioral Therapies: A Mindfulness-Based Rational Emotive Behavior Therapy." *Counseling Psychology Quarterly* 19, (2006): 205-217. P. Wupperman and C. S. Neumann et al. "Do Deficits in Mindfulness Underlie Personality Features and Core Difficulties?" *Journal of Personality Disorders* 22, (2008): 466-482.

⁵⁴ K. A. Coffey, and M. Hartman., et al. "Deconstructing Mindful and Constructing Mental Health Understanding Mindfulness and its Mechanism of Action." *Mindfulness* 1, (2010): 235.

⁵⁵ Goldman, *More than IQ*, 47.

Self-awareness in patient-centered care is a critical component of EI since it helps “generate inner peace and a healing presence for self and others.”⁵⁶ Accordingly, there is a cost for emotional illiteracy.⁵⁷ An emotionally deficient individual means that he lacks the level of self-awareness that enables him/her to be objective in how they perceive the world around them. It also means that the mindful person can practice compassion-oriented care in the clinical setting.⁵⁸ However, the level of mindfulness that the caregiver has would help them establish their limits.

As spiritual caregivers, chaplains should be among those who can identify their emotions in real-time.⁵⁹ Furthermore, the ability to regulate one’s emotions shows a level of self-awareness that is objective.⁶⁰ Individuals who can regulate their emotions are emotionally intelligent. Conversely, someone who has difficulty regulating their emotions can experience emotional distress. Emotional distress is about one’s inability to manage their emotions because stress is a multifactorial construct.⁶¹ Chaplains must learn to regulate their emotions since it is a strategy to employ when dealing with difficult and challenging situations.⁶² It is, therefore, crucial to understand that a part of the chaplains’ ability to process their emotions is to regulate

⁵⁶ Susan, B. Frampton, and Patrick A. Charmel, eds, *Putting Patients First: Best Practices in Patient-Centered Care*, 2nd ed. (San Francisco, CA: Josey-Bass, 2009), 10.

⁵⁷ Goldman, *More than IQ*, 196.

⁵⁸ Claudia, Orellana-Rios L. "Mindfulness and Compassion-Oriented Practices at Work Reduce Distress and Enhance Self-Care of Palliative Care Teams: A Mixed-Method Evaluation of an 'On the Job' Program," *BioMed Central Palliative Care* (2018): 13.

⁵⁹ *Ibid.*, 13.

⁶⁰ Paul J. Silvia, "Self-Awareness and the Regulation of Emotional Intensity." *Self and Identity* 1, (2002): 3.

⁶¹ Ingo Jacobs. "Mindfulness Facets, Trait Emotional Intelligence, Emotional Distress, and Multiple Health Behaviors: A Serial Two-Mediator Model." *Scandinavian Journal of Psychology* 57, (2016): 208.

⁶² Akbari and Hossaini, "The Relationship of Spiritual Health with Quality of Life, Mental Health, and Burnout." *Iran Journal of Psychiatry* 13, no. 1, (2018): 23.

how they feel. Since emotional health plays a significant part in one's emotional well-being, the next section briefly explores emotion and spiritual well-being.

Emotions and Spiritual Well-Being

Many healthcare systems are finding that spiritual well-being plays a vital role in a patient's health. It is, therefore, essential to understanding that spiritual health contributes to predicting mental health behavior. Furthermore, emotional regulation aligns with spiritual health as one of the influencing factors to improve humans' quality of life in different periods of life.⁶³ To underestimate the place of spiritual care in patient-centered care is to ignore an essential part of emotional intelligence. Therefore, it is vital to equate spiritual care with one's emotional well-being.

Spiritual Care and Healthcare

The nature of hospital chaplaincy ministry, by use of the spiritual, can be in and of itself an asset to chaplains since spiritual health contributes to emotional well-being. Research shows how one's spiritual perspective and beliefs are contributing factors to their biological makeup.⁶⁴ The term spiritual health is used throughout their paper to establish the point that spirituality plays a significant role in a person's overall well-being. Many allied health care professionals understand their role in providing care from a spiritual context that contributes to patient-centered care. For example, studies show how audiologists can help people of faith find resources that can help facilitate their need in the religious community.⁶⁵ Similarly, chaplains can

⁶³ Narges Jamali et al. "Spiritual Health and Emotional Regulation," 36.

⁶⁴ Akbari, and Hossaini, "Relationship of Spiritual Health," 23.

⁶⁵ Lindsay B. Carey, and Bernie A. Mathisen, eds., *Spiritual Care for Allied Health Practice: A Person-Centered Approach*. (Philadelphia, PA/London: Jessica Kingsley Publishers, 2018), 63.

collaborate with other clinicians to get a better understanding of how to care for patients to ensure that their support adds value to the spiritual and emotional state of the patient.

Anton T. Boisen⁶⁶ penned the term “Living Human Document” to reference an experience that is alive and beneficial. This concept provides an image of something that one can know. Such an image helps the chaplain to identify with their role in the healthcare setting. For example, the concept of the “Intimate Stranger” is about the chaplain who journeys with families during loss or crisis.⁶⁷ When the chaplain “enters into the situations of sudden traumatic loss, it entails for the chaplain a heightening and the reduction of psychosomatic tension.”⁶⁸ In such a context, the chaplain must be able to process their emotions in traumatic crises.

Self-Care and Well-Being a Biblical Principle

Self-care adds to wholeness, which is a part of one’s psychological well-being. There are enough empirical studies that show how emotional intelligence connects with one’s psychological well-being.⁶⁹ That is why one’s ability to keep one’s distressing emotions in check is essential to emotional well-being because unchecked emotions can undermine one’s stability.⁷⁰ Likewise, positive aspects of how well one feels determines whether they can coexist with conditions of chronic disability.⁷¹ From such a perspective where there is emotional balance, it

⁶⁶ Anton T. Boisen was a leading figure in hospital chaplaincy. His role in the clinical pastoral education movement is crucial. He coined the phrase, “The Living Human Document.” See Robert, Dykstra C. *Images of Pastoral Care: Classic Readings*, Ed. (St. Louis, MO: Chalice Press, 2005), 22.

⁶⁷ Dykstra, *Images of Pastoral Care*, 133.

⁶⁸ *Ibid.*, 134.

⁶⁹ Jose M. Augusto-Landa et al. “Does Perceived Emotional Intelligence and Optimism/Pessimism Predict Psychological Well-being?” *Journal of Happiness Studies* 12, (2011): 464. They use the work of Higgs and Dulewicz (2008), to show how psychological well-being, and emotional intelligence trait scale and the big five scale, to find positive relationships.

⁷⁰ Goleman, *More than IQ*, 56.

⁷¹ Roberts, *Clergy and Chaplain's Handbook*, 307.

seems possible that a patient can establish a new normal concerning their health.⁷² To argue that emotional intelligence can change one's perspective on life and open the door to a better understanding of one's situation is worth the benefits. That is the difference chaplains make in the lives of their patients when they are self-aware.

As a spiritual caregiver, the chaplain must find both a theological and biblical basis for the ministry he provides. Pastoral ministry sees the human being as the starting point in understanding pain and brokenness.⁷³ Other writers also believe that "creating a personal theology to do spiritual ministry is necessary."⁷⁴ The human awareness of 'the self,' mirrors the perspective of the Psalmist as found in passages such as Psalm 139:13-14. Psalm 32:3-5 also highlights the point that it is the individual, the self, that deals with the reality of iniquity, where it reflects the uniqueness of every created being. From this perspective, the understanding that God is mindful of human beings shows that they are a part of creation.⁷⁵ Also true is the idea that this level of mindfulness gives the chaplain perspective into the self that is fundamental to seeing the person as one who exists in the *Imago Dei* (the Image of God. When chaplains understand who they are, they can see themselves as they view their patients heading on the trajectory of wholeness.⁷⁶ Emotional intelligence helps creates awareness that leads to growth, self-reflection, and emotional management, which is a part of the human dynamic that embodies growth.

In the book of Proverbs, the writer says, "The beginning of wisdom is this: Get wisdom, and whatever you get, get insight. Prize her highly, and she will exalt you; she will honor you if

⁷² Ibid.

⁷³ Pamela, Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective* (Minneapolis: MN, Augsburg Fortress, 2011), 35.

⁷⁴ Roberts, *Clergy and Chaplain's Handbook*, 12.

⁷⁵ Cooper-White, *Many Voices*, 36.

⁷⁶ Ibid.

you embrace her” (Proverbs 4: 7-8). That concept of wisdom is also evident in the life of Jesus. The example of Jesus on the Sea of Galilee during a storm in Mark 4:38 highlights how he managed his emotions in the face of fear. According to Oswald, Jesus was self-aware and empathetic and lived a life that reflected an awareness of his emotional reactions to the extent that he possessed emotional intelligence.⁷⁷

While chaplains ought to be mindful of the type of ministry they provide, they must also be aware of how their conscious, as well as their unconscious thinking, can impact their ministry with patients. Countertransference and pastoral psychotherapy are concepts that show how one’s emotional reactions to one’s issues are a significant part of the ministry.⁷⁸ Understanding the place of the conscious and unconscious are essential elements in the chaplain’s CPE training. Cooper-White explains how countertransference is the relationship between the unconscious of the person helping and unconscious of the helper.⁷⁹ She explored how the unconscious relationship of the counselor, therapist, and pastoral caregiver can bring awareness of when countertransference takes place. The pastoral self, and by that, she means the focus the counselor places upon himself or herself since, in pastoral counseling, the focus is always on the counselee. Therefore, understanding the pastoral self is essential regarding how the pastor or chaplain understands his or herself in relationship to the patient because such a connection helps the chaplain identify and connect to provide patient-centered care.

⁷⁷ Roy, Oswald M., and Arland Jacobson. *The Emotional Intelligence of Jesus: Relational Smarts for Religious Leaders* (Lanham, MD: Rowman & Littlefield, 2015), 11.

⁷⁸ Pamela, Cooper-White. *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*, (Minneapolis, MN: Augsburg Fortress Press, 2004), 9.

⁷⁹ Cooper-White. *Shared Wisdom*, 11.

Patient-Centered Care, An Integrated Perspective

Patient-centered care is a critical component of healthcare services. Chaplains are integrated within the system because, in their professional capacity as spiritual caregivers, they provide patient-centered care. Hospital chaplains know that to meet their patients where they are, they too must be vulnerable and open to their pain and struggle. When they see their patients as frail human beings like themselves, they can integrate and journey with them during their most vulnerable state. This next section briefly looks at the humanity of the chaplain as a provider.

Emotional Awareness of the Self

An essential point in the development of this thesis project is the idea that human beings, as a part of God, are vulnerable. The fact is that humans are “fragile, easily wounded, confused, and tempted by the complexity of the world, and susceptible to straying away from their highest good.”⁸⁰ That is why EI with concepts like mindfulness gives the chaplain perspective into the self that is fundamental to seeing the person as one who exists in the *Imago Dei* (the Image of God). When chaplains understand who they are, they are in a better position to understand what their patients feel. Emotional intelligence helps create awareness that leads to growth, self-reflection, and emotional management, which is a part of the human dynamic that embodies growth.

The reality is that self-awareness is not about discovering deep, dark secrets or unconscious motivations, but, instead, it comes from developing a straightforward and honest understanding of what makes one tick.”⁸¹ Chaplains who are self-aware are more in touch with their emotional self and are in a better position to understand how they relate to others. That level

⁸⁰ Ibid., 39.

⁸¹ Bradberry and Greaves, *Emotional Intelligence 2.0*, 25.

of self-awareness adds value to patient-centered care because it is an integral part of the policies of most healthcare institutions.⁸² It is, therefore, important for chaplains to understand their role and the expectations placed on them to provide the best quality patient-centered care. However, patient-centered care does not exist in a vacuum; the chaplain's emotional intelligence and personality type impact or influence how he cares for patients. When chaplains become aware of how the 'self' affects their ability to care, they cannot ignore who they are and how their personality influences their role as caregivers. Mehta observes that "personality is the unique and relatively stable pattern of behavior, that affects a person's thoughts and behavior, unique to that individual alone."⁸³

In Jankowski's study on CPE interns, the results showed a correlation between EI scores and pastoral skills when interns began and ended their CPE unit.⁸⁴ The result of this study suggests that the correlation in developing pastoral skills intertwines with emotional intelligence. Since an aspect of EI is emotional regulation, research shows how it can help patients adjust to their illness even when it is chronic.⁸⁵ The nature of self-awareness and emotional regulation shows that EI brings a level of awareness that positions the chaplain to provide care focused on the patient's self-journey.

The Chaplain as Caregiver

An essential part of patient-centered care is the plan of care that the chaplain and members of the interdisciplinary team develop for the patient. The pastoral caregiver needs to

⁸² Yvonne F Birks, and Ian S Watt, "Emotional Intelligence and Patient-Centered Care." *Journal of the Royal Society of Medicine* 100, (2007): 368.

⁸³ Sandhya Mehta, "Personality and Emotional Intelligence of Teachers." *Amity Business School* 16, no. 1 (2015): 63.

⁸⁴ Jankowski, 138.

⁸⁵ Narges Jamali et al. "Role of Spiritual Health and Emotional Regulation in Mental Health of Nulliparous Women." *Health, Spirituality and Medical Ethics* 4, no. 3 (2017): 33.

function within his or her worldview and that of the patient. Chaplains who are effective at providing patient-centered care must understand the patient's worldview as well. When one considers the fact that patients differ in age and come from various cultural and socio-economic backgrounds, the chaplain must know how to communicate with them. Chaplains should use the pre-modern, modern, and postmodern approaches to knowledge that would give them a better view of how the care seeker's experiences connect with their faith or non-faith.⁸⁶ Since the patient's life's experiences and knowledge base span several years, it would be helpful for chaplains to have insight into how to provide pastoral care conversations. Having pastoral wisdom or emotional intelligence would equip the chaplain for such a task.

The ministry of chaplaincy encourages pastoral caregivers to use paradoxical images to frame how they see themselves journeying with their patients. The image perspective helps the chaplain understand his or her place alongside the patient. The image of a "wounded healer"⁸⁷ is about how the chaplain understands that he bears wounds that reveal their scars as a way of identifying with their patients. Many of these wounds take the form of words that carry images of detachment. Terms like "alienation, separation, isolation, and loneliness" reveal the wounded condition of many who provide pastoral or spiritual care.⁸⁸ It also reveals where most patients are as well.

Chaplains should understand that individuals with a challenging upbringing may not always know how to control their emotional thought processes.⁸⁹ Therefore, they understand that

⁸⁶ Carrie, Doebling. *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: Westminster John Knox Press, 2006), 2.

⁸⁷ Dykstra, *Finding Ourselves Lost*, 76.

⁸⁸ Ibid.

⁸⁹ Michael, Garron, *Emotional Intelligence: The Complete Guide to Improving thoughts, Behavior, Relationships, and Social Skills*. (Middletown, DE: 2018), 39.

a person's past experiences could very well influence their emotional intelligence aptitude. So, the pastoral caregiver needs to uncover their naked past as he uses the life of Christ to bear their soul open to honesty and self-revelation.⁹⁰ The better one's emotional aptitude is, the better they can divorce themselves from their past.⁹¹ The reality, however, is that emotional intelligence is not an unchangeable attribute; one can grow and develop by learning the necessary skills. The very nature of the emotional intelligence appraisal focuses on how one can improve and become more self-aware.

Mindfulness

Hospital chaplaincy requires additional training beyond that of a graduate degree. Chaplains must have at least two units of CPE. The unique role that chaplains have within the system suggests that they must understand their role as those who promote patient-centered care. However, patient-centered care is relationship-based, and it requires professionals who understand the quality of care necessary for their patients.⁹² As a part of CPE training, chaplains learn the need to be mindful. In this case, mindfulness raises their level of awareness so that they can regulate their emotional state and lower their distress level.⁹³ Since mindfulness is a byproduct of EI, it means that it positions the pastoral caregiver to notice and observe aspects of

⁹⁰ Dykstra, *Finding Ourselves Lost*, 116. The author in this section spends talking about the ancient "spiritual injunctions of monks dating from the earliest Christian centuries depicting what it means to follow the naked Christ. He further added that ancient Christian forebears urged the faithful to pay attention when Jesus strips down. He is naked in Bethlehem, naked in the Jordon, naked in the Upper Room, naked at Golgotha. The nakedness of Christ is a reminder to the pastoral caregiver that it is okay to find in the side of Christ's wounds the source of God's great triumph." 116-120.

⁹¹ Ibid., 39.

⁹² Norma, Visagie, *Healing Through Compassion: An Evidence-Based Approach to Patient-Centered Care* (Markham, Ontario: 10-10-10 Publishing, 2019), 1.

⁹³ Jacobs, "Mindfulness Facets," 208.

the patients' story to help them process their situations.⁹⁴ The nature of chaplaincy ministry dictates that pastoral caregivers should have a sense of human emotional behavior to understand how best to minister in that context.

Research indicates that emotionally intelligent clergy would benefit the life of congregants.⁹⁵ The difference in the case of hospital chaplains is that the patients would benefit instead. The state of awareness that mindfulness brings to the discussion on chaplaincy and patient-centered care is a reminder of how critical EI is in the formation of pastoral care. A key component of regulating and managing emotional distress is the level of mindfulness one has. Mindfulness leads to a better handle on emotional distress.⁹⁶

This literature review establishes that emotional intelligence is a necessary component which chaplains should have because it will enable them to provide quality patient-centered care that would benefit their patients and their family as well as their hospital. Components like self-awareness, mindfulness, emotional regulation, psychological well-being, and empathy are just a few of the things that speak to the chaplain's level of emotional intelligence. One final aspect of this review will briefly look at is the chaplain's personality type and how it may influence emotional intelligence.

⁹⁴ R. A. Baer, G. T. Smith et al., "Assessment of Mindfulness by Self-Report the Kentucky Inventory of Mindfulness Skills." *Assessment* 11, (2004): 191-206. See also D. Gilbert, and J. Waltz. "Mindfulness and Health Behaviors." *Mindfulness* 1, (2010): 227-234. They investigated links between health behaviors and mindfulness.

⁹⁵ Jill Anne Hendron, Pauline Irving, et al., *The Emotionally Intelligent Ministry: Why It Matters*, *Mental Health, Religion & Culture*, 17, No. 5, (2014):473, accessed November 6, 2019, <http://dx.doi.org/10.1080/13674676.2013.848424>.

⁹⁶ H. Sinclair, and J. Feigenbaum. "Trait Emotional Intelligence and Borderline Personality Disorder." *Personality and Individual Differences* 52, (2012): 674-679. See also Y. Wang, and F. Kong. "The Role of Emotional Intelligence in the Impact of Mindfulness on Life Satisfaction and Mental Distress." *Social Indicators Research* 116, (2014): 843-852. They focus on total mindfulness and aspects of trait Emotional Intelligence as it related to stress.

Personality and Emotional Intelligence

The skills of emotional intelligence make it hard to separate one's personality type from things like self-awareness or mindfulness. Does one type of personality affect one's emotional intelligence? Understanding the relationship between personality and emotional intelligence would give chaplains and interns a broader view of how they come across to their patients. This final section will briefly look at personality and aspects of emotional intelligence.

There is no doubt that a chaplain's personality can factor in how he interacts with patients and staff. In the end, it should play a crucial role in the efficacy of the care provided. Mehta, who studied personality and emotional intelligence among teachers in India, made an interesting observation that there is a close relationship between emotional intelligence and personality.⁹⁷ Since personality plays a huge factor in one's temperament, it would be significant to observe how it affects the chaplain's emotional intelligence to determine how it could influence patient-centered care. The value of this paper to this study is that it analyzes how personality affects emotional intelligence.

Birks and Watts agree that there is a relationship, but conclude that "while emotional intelligence does appear to correlate with measures of personality, it seems to be a better predictor of personal performance than personality measures."⁹⁸ While each author focuses on a different aspect of personality, they agree that there is a relationship. According to Mehta, personality type is innate, while emotional intelligence is more of a skill that changes.

⁹⁷ Mehta, Sandhya. "Personality and Emotional Intelligence of Teachers." *Amity Business School* 16, no. 1 (2015): 63.

⁹⁸ Birks and Watt, "Patient-centered Care," 370.

Nevertheless, a significant relationship exists between them.⁹⁹ Since there is a correlation between emotional intelligence and personality, one wonders how the personality type of chaplains can influence their practice of providing patient-centered care. Does one's personality type influence their feeling about self and others? While the primary aim of this study is not on personality types, it is essential to note that there may be aspects of one's personality that may affect their emotions.

Based on the above discussion, it is prudent that this thesis project factor in personality types and how they may or may not influence emotional intelligence and affect patient-centered care. The more mindful the chaplain is as a provider, the better he or she will establish boundaries and practice self-care. Chaplains who are not emotionally intelligent, risk getting burdened and overwhelmed by caring for patients to the extent that they can compromise their emotional state.

Theological Foundations

The hospital chaplain is primarily involved in providing pastoral care to patients, their family members, and staff. In a sense, the patients are his flock since he ministers to their needs and provide support to help them journey through their medical situation. The Bible provides a foundational basis for the chaplain to care for those in his flock. In the book of Acts, the text reads, "Pay careful attention to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to come to the church of God, which he obtained with his own blood" Acts 20:

⁹⁹ Mehta, 64. Donald, Saklofske, Elizabeth, J. Austin et al. "Factor Structure and Validity of a Trait Emotional Intelligence Measure." *Personality and Individual Differences* 34, no. 4 (2003): 707-721. Saklofske et al., studied about 354 students to examine personality and emotional intelligence. Emotional intelligence positively correlated to certain personality types. Ali, Ghorbanshiroudi, Shohreh, Keikhayfarzaneh et al. The Relationship Between Emotional Intelligence and Personality Traits with the Thrill-Seeking and Self-Efficiency in Students of TAUTonekabon Branch in the Academic Year 2010-2011. *International Journal of Scientific and Engineering Research* 2, no. 10 (2011): 1-10. This study focused on the relationship that exists between emotional intelligence and personality traits. The results of the study showed that there is a positive relationship between the two.

28, ESV.¹⁰⁰ The idea that the minister needs to pay careful attention to himself or herself and others is foundational in the healthcare ministry.

The concept of pastoral care is about nurturing and providing quality care that helps others grow. In 1 Peter 5:2, the pastoral caregiver is exhorted to “Shepherd the flock of God that is among you, exercising oversight, not under compulsion, but willingly, as God would have you; not for shameful gain, but eagerly.” Walls and Anders note that while Peter may not have alluded to the image of the shepherd in Psalm 23, the business of shepherding is to provide guidance, comfort, and support.¹⁰¹ That was a similar command that Jesus gave to Peter in John 21:15-17 when he commanded him to “Feed my lambs.” Shepherds pastor the flock.

Shepherding, in 1 Peter 5:2 connotes the idea that the one who cares for the flock has their interest in mind. One commentator noted that the one who serves as overseer, the *episkopos* in the Greek, presides over a community he loves.¹⁰² The *episkopos* is similar to the *mebaqqer*, (shepherd) because he cares to the point he “carries them in all their distress like a shepherd his sheep.”¹⁰³ The passion an overseer has for his community leads him to show compassion in the way a chaplain is expected to do. The text further makes the point that the shepherd is “eager to serve.” That term in the Greek is *prothymos*. The concept means that there is emotion involved when pastoring or caring for those who are God’s children.¹⁰⁴ It seems clear from the text that such an overseer is someone empathetic since he extends compassion that is indicative of how

¹⁰⁰ Unless otherwise noted, all biblical passages referenced are in the English Standard Version (Crossway Bibles, 2016).

¹⁰¹ David Walls, and Max Anders, “I Peter” in *I & II Peter, I, II, & III John, Jude*, vol. 2, Holman New Testament Commentary, ed. Max Anders (Nashville, TN: Broadman & Holman Publishers, 1999), 89.

¹⁰² Norman Hillyer. “I Peter” in *I & II Peter, Jude*, vol. 16, New International Biblical Commentary, ed. W. Ward Gasque (Peabody, MA: Hendrickson Publishers, Inc, 1992), 142.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

their involvement in this ministry of service. Since empathy involves knowing someone else's feelings and responding in kind to their situation, it is hard to deny that such is the ministry of the pastoral caregiver who shepherds the folk, whether in a congregation or a hospital setting.

It is in this context that hospital chaplains understand their foundation for ministry. They minister to those within their care; they shepherd their patients. The ministry of Jesus shows where he cared for those who came to him for support or healing. In Mark 2: 9-12, Jesus had compassion for a person with paralysis because he sensed his need for wholeness. The compassion he extended to those who were sick spiritually, mentally, and physically resonates with hospital chaplains who provide comfort to those in need. As Oswald and Jacobson argue, Jesus was empathetic. They write:

Can we learn anything from Jesus about empathy and its role in his ministry? The word 'empathy' is used in the Gospels; in fact, it is a modern word. However, the term 'to have' compassion (*splagchnizomai*), which refers to a sensation in the innards, regarded as the seat of emotions, is used many times in the Gospels and, as an emotional response to the plight of another, can probably be equipped with what we now call empathy.¹⁰⁵

The foundation for chaplaincy ministry is not rooted in the Bible, but the very life and ministry of Jesus. Jesus was emotionally intelligent because he was empathetic, as Mark shows. He was also self-aware. The story of the feeding of the multitude in Mark 6: 30-44, Matthew 14: 13-21, Luke 9:12-17, John 6: 1-15 is a reminder that he was aware of the needs of those who followed him. As this thesis project proposes, the concept of emotional intelligence stresses the need for the individual to be self-aware and mindful of his or her emotions, which invariably affects attitude and behavior.

¹⁰⁵ Oswald and Jacobson, *Emotional Intelligence of Jesus*, 47.

Some of the emotional intelligence traits that Bradberry and Greaves emphasize include “self-awareness, self-management, and relationship management.”¹⁰⁶ Goleman likewise identifies five domains of emotional intelligence to include “self-awareness, managing emotions, motivating oneself, recognizing emotions in others, and handling relationships.”¹⁰⁷ When one considers how these authors define or highlight components of emotional intelligence, it appears that concepts like self-awareness and managing emotions fall into the category of what the Bible would classify as “wisdom.”

In Proverbs, the author observes that “The beginning of wisdom is this: Get wisdom, and whatever you get, get insight. Prize her highly, and she will exalt you; she will honor you if you embrace her” (Prov 4:7-8). It appears that the writer of Solomon personifies “wisdom” as something that one needs to embrace because of its value in bringing insight. To have wisdom would entail having insights that bring a level of awareness that is like having emotional intelligence. Attributes like self-awareness, managing emotions, recognizing emotions in others, and handling relationships require insights and introspection that one can classify as wisdom associated with emotional intelligence.

The personification of wisdom in the book of Proverbs is unique in its breadth. Murphy and Huwiler observe that no other biblical symbol has received the kind of attention that wisdom has.¹⁰⁸ Nevertheless, its scope does not end in the wisdom literature of the Old Testament. They note that “there is a definite *Sophia* or Wisdom background to the Johannine *Logos*, and the role of wisdom is prominent in the gnostic writings. Some writers note that Woman Wisdom is an

¹⁰⁶ Bradberry and Greaves, *Emotional Intelligence 2.0*, 61, 97, 177.

¹⁰⁷ Goleman, *More than IQ*, 43.

¹⁰⁸ Murphy R. and E. Huwiler, “Proverbs” in *Proverbs, Ecclesiastes, Song of Songs*, vol. 12, New International Biblical Commentary, eds. Robert L. Hubbard Jr., and Robert K. Johnson (Peabody, MA: Hendrickson, 1999), 11.

aspect of the Lord involved with creation.¹⁰⁹ The concept of wisdom embraces life fully, and it connotes a kind of language that brings to one's consciousness an in-depth perspective of life. Keil and Delitzsch were keen to observe that in Proverbs 4:7-8, that "the beginning of wisdom consists in the preposition the similar formula of Ecclesiastes 12:13; this preposition is truly the *lapie philosophorum*, it contains all that is necessary in order to become wise."¹¹⁰

Furthermore, getting wisdom suggests that there is a reaching for or striving after, which implies that such is a foundational aspect of what wisdom leads too. However, getting wisdom is more than having an awareness that one possesses it. In Proverbs, the beginning of wisdom is about getting it, but the imperative of the verse implies that getting it means that one also acquires understanding in the process.¹¹¹ The idea presented here suggests that one must value more than the wisdom that he attains; they should also realize what to do when one acquires it. Such a concept is implicit in getting emotional intelligence. The individual or pastoral caregiver who is EI should try to understand further how such awareness would benefit their person or ministry. The point here is that having EI is more than knowing or having awareness; one must understand how such awareness could impede or stifle growth. To get understanding and wisdom are about seeing EI as an agent for change. This concept was the original idea of Salovey and Mayer in exploring and analyzing EI. The four primary EI abilities are: "First, the capacity to accurately perceive emotions. Second, the capacity to use emotions to facilitate thinking. Third, the capacity to understand emotional meanings. Fourth, the capacity to

¹⁰⁹ Murphy, and Huwiler, 11.

¹¹⁰ Keil C. F. and F. Delitzsch, "Proverbs" in *Proverbs, Ecclesiastes, and Song of Solomon*, vol. 6, Commentary on the Old Testament (Peabody, MA: Hendrickson, 1989), 108.

¹¹¹ Ibid., 107.

manage emotions. Furthermore, they were arguing that emotional information must also be interpreted and processed.”¹¹²

These abilities seem to move EI from the realm of mere awareness to understanding, which then leads to interpretation. The EI chaplain in such a context can understand the perimeters of his or her self-awareness and interpret it to how it affects or influences patient care. This level of understanding EI means that the pastoral caregiver operates in the sphere where he accesses the role of their emotions in their practice of ministry. Their ability to see how their emotions influence their ministry helps them understand ways to make decisions and solve problems that are an asset to their ministry.¹¹³

A further look at Ecclesiastes 12:13 says, “The end of the matter; all has been heard. Fear God and keep his commandments, for this is the whole duty of man.” The point the author makes references this formula in Ecclesiastes to suggest that wisdom settles the matter. Its expanse is broad, and it understands prudence. To some extent, wisdom, like emotional intelligence, sees the bigger picture; it settles the matter. The emotionally intelligent chaplain positions himself or herself to see beyond the patient’s cry to something more profound. It helps the chaplain see beyond the patient’s fears and pain in assessing his or her needs for support.

The purpose of this project is to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland. Therefore, the biblical concept of wisdom supports this purpose statement because it is the emotionally intelligent chaplain whose wisdom intersects with the quality of care patients seek.

¹¹² David, B. King, Constance A. Mara et al. “Connecting the Spiritual and Emotional Intelligences: Confirming an Intelligence Criterion and Assessing the Role of Empathy.” *International Journal of Transpersonal Studies* 3, no. 1 (2012): 12.

¹¹³ Richard A. Hunt, Ralph A. Mortensen et al. "Emotional Competence (Intelligence) and Vocational Choice among Candidates for the Ordained Ministry." *Journal of Pastoral Care and Counseling* 67, no. 3 (2013): 1.

Additionally, in the New Testament book of Galatians, the traits of emotional intelligence seem to parallel what the writer termed “fruit of the Spirit.” The writer of the book of Galatians says, “But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things, there is no law” (Galatians 5:22-23). These fruits of the Spirit do require wisdom or emotional intelligence to practice. The nature of emotional intelligence and biblical concepts like “wisdom” and “fruit of the Spirit” seems to walk in the same direction since they require insight in executing. The writer contrasts the fruit of the Spirit with the works of the flesh. According to Longenecker, Paul contrasts works with spirit to emphasize the point that works are what men and women do, whereas the fruit of the Spirit is the result of what God does in humans through his Spirit.¹¹⁴

The nature of hospital chaplaincy and the administering of patient-centered care can incorporate traits of emotional intelligence, wisdom, and aspects of the fruit of the Spirit that would add value to how the chaplain ministers to patients and staff. When one contrasts the “works of the flesh in Galatians 5 with the fruits of the Spirit, it is evident that practicing these fruits requires a higher level of emotional intelligence. The level of self-awareness and the ability to manage emotions does parallel high levels of emotional intelligence. It is also crucial to note how Paul defines self-control parallels what this study says. Fung observes that the opposite of self-control is self-indulgence, the quality of being ‘without self-control’ in essence boils down to one’s inability to keep one’s passions under control.”¹¹⁵ Consider the works of the flesh, “sexual immorality, impurity, sensuality, idolatry, sorcery, enmity, strife, jealousy, fits of rage,

¹¹⁴ Richard N. Longenecker. “Galatians” in *Word Biblical Commentary*, vol. 41, eds. Bruce M. Metzger, David A. Hubbard, Glen W. Baker, and Ralph Martin (Columbia: Nelson Reference & Electronic, 1990), 259.

¹¹⁵ Ronald Y. K. Fung, “The Epistle to the Galatians” in *The New International Commentary on the New Testament*, ed. Gordon D. Fee (Grand Rapids: MI, William B. Eerdmans Publishing, 1988), 270.

rivalries, dissensions, divisions, envy, drunkenness, orgies, and things like these” (Gal 5:19-22), it is apparent that the one practices these do seem to have a low level of emotional intelligence.

Probably no other biblical character personifies emotional intelligence like Jesus. The gospel writings are replete with stories and situations which show the degree of Jesus’ EI. Jesus made a statement in Luke 6:39 NIV that is pertinent to this study. He asked the question, “Can the blind lead the person? Will they not, both fall into a pit?” The very nature of these questions suggests that the blind cannot lead the blind because he is not self-aware. In the text under consideration, the use of the term ‘blind’ refers to someone whose faith is deficient or who lacks insight or awareness.¹¹⁶ Blind is the pastoral caregiver or person who lacks insight or self-awareness because they are unable to perceive what is taking place in their presence. While the concept of the blind leading the blind is a proverbial saying, it underscores the value placed on being aware of how they lead others.

Oswald and Jacobson make the point that “the absence of self-awareness has a specific name in the Gospels: hypocrisy. Jesus is portrayed as especially critical of hypocrites; those who would tell others how to live while they themselves failed to do those very things.”¹¹⁷ Since the hypocrite is someone who plays the part, the deeper meaning is that they are not true to themselves since they pretend to be who they are not. The mindful or self-aware person understands his or her role. Chaplains who minister to their patients must understand their emotions as well as that of their patients.

In a study addressing EI among Anglican clergy, the hypothesis presented showed that the nature of pastoral ministry suggests that those who minister to others are emotionally aware.

¹¹⁶ Joel B. Green. “The Gospel of Luke” in *The International Commentary on the New Testament*, ed. Gordon D. Fee (Grand Rapids: MI, William B. Eerdmans Publishing Company, 1997), 278.

¹¹⁷ Oswald and Jacobson, *Emotional Intelligence of Jesus*, 36.

The hypothesis presented is that: “Religious leaders would have – both by choice of a career as a member of the clergy, and as a learned skill gained from the roles of pastor, visitor, and counselor – the ability to perceive and manage emotions in themselves and others. They would be expected to have higher scores for EI.”¹¹⁸

This study emphasizes the point that the nature of pastoral care warrants that those who minister to others should have a level of EI that allows them to access their emotions and that of others. According to Jesus’ parable in Luke 6, the emotionally deficient pastoral caregiver would be tantamount to the ‘blind leading the blind’ since they would lack the ability to understand how others feel.

Another place in the Gospels where Jesus brought out the concept of EI is in the so-called “Golden Rule.” In Matthew 7:12, the text reads, “Do to others what you would have them do to you.” The text implies that someone acts on behalf of others. The emphasis is on doing for others. One cannot satisfy the letter or principle of the text without doing it for others.¹¹⁹ What is even more telling from the text is that the ability to discern what someone needs to treat that with that level of respect is self-awareness. The reality is that to obey the mandate would require self-awareness, awareness of the feelings and reactions of others, humility and empathy- in short, emotional intelligence.”¹²⁰ While Jesus did not use the concept of EI and self-awareness, the emphasis placed on these principles is in harmony with these terms.

Furthermore, the nature of pastoral care implies that caring for others requires a level of sensitivity to their emotions. Since it is hard to divorce people’s lives from their emotions,

¹¹⁸ K. J. Randall. Emotional Intelligence: What is it, and do Anglican Clergy have it? *Mental Health, Religion & Culture* 17, no. 3 (2014): 266. 262-270.

¹¹⁹ Robert H. Mounce. “Matthew” in *New International Biblical Commentary* (Peabody: MA, Hendrickson Publishers, Inc, 1985), 66.

¹²⁰ Oswald and Jacobson, *Emotional Intelligence of Jesus*, 37.

pastoral caregivers must be in tune with the feelings of others to better serve them. In a study focused on linking emotional intelligence and religious beliefs, the results showed a positive correlation between religious beliefs and the perception of emotion.¹²¹ What this study examined empirically is that religious beliefs have a stable relationship with levels of emotional abilities. The inference is that pastoral caregivers like chaplains would have the advantage of being emotionally aware. Examining the life and ministry of Jesus reveals such a correlation. Some of the commands from Jesus, such as “do to others as you would have them do to you” (Luke 6:31; Matthew 7:3), show how much he was in touch with the emotions of those around him. Alternatively, according to Luke 6:39, “can a blind person lead a blind person?” These passages reveal that Jesus expected his followers to be mindful and self-aware of those with whom they interact if they were going to serve them.

That is what Jesus says in Matthew 7:3-4; Luke 6:41-42, when he said, “Why do you see the speck that is in your brother's eye, but do not notice the log that is in your own eye?” The text suggests that a person who is unaware of his or her flaws notices them in others without being mindful that they have the same defects. It is the self-aware person who looks within and notices their deficiency. One of the components of CPE training is that the chaplains are aware of their deficiencies so that they do not transfer their issues onto their patients.

This level of awareness helps the chaplain avoid what the text implies. It helps the pastoral caregiver see the “speck in his eyes” before seeing it in the patient’s eyes. The EI chaplain would have the level of awareness that he would answer the question that Jesus poses by stating that they see “the log in their own eyes before the neighbor’s speck.” Jesus’ question

¹²¹ Lewicki Pawel and Marcin Zajenkowski. Divine Emotions: On the Link Between Emotional Intelligence and Religious Belief. *Journal of Religious Health* 56, (2017): 2003. 1998-2009.

in the text should concern the chaplain who is unable to see the speck in his eyes before seeing it in his/her patient.

The author of the book of Ephesians also makes a critical observation that highlights the moral aptitude of those who are not emotionally intelligent. The author writes, “Now this I say and testify in the Lord, that you must no longer walk as the Gentiles do, in the futility of their minds. They are darkened in their understanding, alienated from the life of God because of the ignorance that is in them, due to their hardness of heart. They have become callous and have given themselves up to sensuality, greedy to practice every kind of impurity” (Eph 4:17-19). The writer of this passage suggests that the gentiles have a condition that made them morally insensitive. He spoke about the futility of their minds and their darkened thinking. Lincoln suggests that the author of the text uses the Greek verb *skotoo* rather than *skotizo* and is often interchangeable with the heart.¹²² The point of the text is that their thinking or ability to make a sound decision is impaired.

Furthermore, the phrase “because of the hardening of their hearts” suggests a level of ignorance that makes them deficient. This deficiency makes them incapable of thinking and feeling as they should because of the hardness of their hearts.¹²³ In essence, the text suggests that the Gentiles are morally bankrupt because the hardness of their hearts left them callous and insensitive. Verse 19 in the NIV reads, “having lost all sensitivity.” In the Greek text, the use of the perfect participle *apelgekotes* means having ceased to feel pain, and therefore in this context,

¹²² Andrew T. Lincoln. “Ephesians” in *Word Biblical Commentary*, eds. Bruce M. Metzger, David A. Hubbard, Glen W. Baker, Ralph Martin (Columbia: Nelson Reference & Electronic, 1990), 277.

¹²³ *Ibid.*, 278.

their moral sensitivity is dull.¹²⁴ The idea that they are callus and dull suggests that they are emotionally deficient or detached.

The text suggests that “the lack of moral feeling and discernment on the part of the gentiles means an inability to exercise any restraint in their plunge into degrading activities.”¹²⁵ Such a state leaves one without the ability to manage or control their emotions. If there ever were an emotionally deficient person, the text makes that clear that such a person is morally insensitive. It is apparent from this passage that a person who has lost control of his/her emotions is unaware and insensitive to his/her surroundings. Such a person cannot connect with others and to understand how they feel and what issues affect them.

Therefore, following these biblical principles, it appears that the Bible does present a framework from which the chaplain can understand the value of EI as he provides patient-centered care. As Mathisen et al. suggest, religion/spirituality plays a vital role in helping patients cope and does contribute to the overall well-being.¹²⁶ Since chaplains are concerned with providing the type of patient-centered care that meets their needs and contributes to their whole self, it matters that chaplains are emotionally intelligent. The chaplain who uses wisdom to practice the fruits of the Spirit would undoubtedly be emotionally intelligent. Without this theoretical and theological framework, the ministry of hospital chaplaincy would lack value and a spiritual sense of their calling to serve others.

¹²⁴ Ibid. See also F. F. Bruce. “Ephesians” in *The Epistles to the Colossians, to Philemon, and to the Ephesians*, The New International Commentary on the New Testament, ed. Gordon D. Fee (Grand Rapids: MI, William B. Eerdmans Publishing Company, 1997), 355.

¹²⁵ Ibid., 279.

¹²⁶ Bernice Mathisen et al., “Religion, Spirituality and Speech-Language Pathology: A Viewpoint for Ensuring Patient-Centered Holistic Care,” *Journal of Religion and Health* 54, (2015): 2321.

Additionally, while the biblical texts do not use phrases like emotional intelligence, they focus on aspects of human behavior that centers on the emotions. The concept of overseer or shepherd, for example, makes the point that the person who cares for others shows sympathy and understands how they feel. Understanding how others feel to the point where the pastoral caregiver is in touch with how they feel is how the Bible presents the role of the shepherd.

Theoretical Foundations

In reviewing the literature for this thesis project, the writer discovered that no one has specifically addressed the role of EI in patient-centered care among chaplains. However, several studies have examined the role of EI among doctors and nurses.

Jawed and Faisal, stated that:

Wagner et al., published the first study that focused on a state of a physician's emotional strength and the relationship between the physician and the patient. They found that only one sub-scale of emotional intelligence (i.e., happiness) was related to higher patient satisfaction; the other sub-scales (i.e., interpersonal skills, adaptability, stress, and mood) were unrelated. Stratton et al., conducted a study on medical students and found that attention to feelings, empathic concern, and perspective were positively correlated with communication skills, while emphatic concern did not have a positive correlation with physical examination skills.¹²⁷

Apart from these, several additional studies explored how emotional intelligence influences job satisfaction. Dabke examines performance-based EI, personality, and job satisfaction as a determining factor when addressing life satisfaction. Her study examined 200 middle level/senior executives who were functioning as group leaders. The results showed no correlation between EI

¹²⁷ Humeira Jawed, and Asima Faisal. "Emotional Intelligence in Doctors and Nurses of Emergency Medical Units in Tertiary Hospitals." *Pakistan Business Review* (2013): 733. Another study that examined the relationship between medical doctors EI and their relationship to patient trust is by Hui-Ching Weng and Hung-Chi Chen, et al. "Doctors Emotional Intelligence and the Patient Doctor Relationship." *Medical Education* 42, (2008): 703-711.

and life satisfaction.¹²⁸ The study had its limitations; however, the reality that it does not contribute to life's satisfaction does not suggest that the conclusion applies to every group. Furthermore, previous studies show that a low positive correlation exists between EI scores and measures of life satisfaction.¹²⁹ The author did note that a mixed model conceptual framework does go beyond one's cognitive abilities.¹³⁰ The point is that other factors play a role in how the researcher measures EI.

Another study by Donaldson-Fielder and Bond¹³¹ has a similar conclusion. Emotional Intelligence does not correlate to job satisfaction. Again, the focus of the study and the type of participants determined the results. While their study showed a “zero-order correlation; however, both acceptance and EI are correlated with mental health and physical well-being (although neither of these predictors is associated with job satisfaction).”¹³² It appears that emotional intelligence does not correlate with job performance but with mental health and physical well-being.

¹²⁸ Deepika Dabke. “Can Life Satisfaction be Predicted by Emotional Intelligence, Job Satisfaction, and Personality Type?” *aWEshkar* 17, no. 1, (2014): 30. See also L. Lu., and J. B. Shih. “Sources of Happiness: A Qualitative Approach.” *Journal of Social Psychology* 137, (1997): 181-187. These authors examined the Western and Chinese perception of happiness and looked at the intrapersonal and interpersonal conception of what brings satisfaction. M. Trait, M. Y. Padgett et al. “Job and Life Satisfaction: A Reevaluation of the Strength of the Relationship and Gender Effects as a Function of the Date of the Study.” *Journal of Applied Psychology* 74, (1989): 502-507.

¹²⁹ Some of the previous studies Dabke alluded to are (Ciarrochi, Chan, and Caputi, 2000; Martinez-Pons, 1997; Mayer et al., 2000). While their results showed a low correlation, the pool of people surveyed may determine the type of results. It would be interesting to see the results for hospital chaplains.

¹³⁰ *Ibid.*, 23. Dabke makes the point that (Mayer and Salovey, 2000) mixed model examines several non-cognitive/personality traits. Models given by Goleman (1995) and Bar-On (1997) represent the mixed models of emotional intelligence.

¹³¹ Emma J. Donaldson-Fielder and Frank W. Bond. “The Relative Importance of Psychological Acceptance and Emotional Intelligence to Workplace Well-being.” *British Journal of Guidance & Counseling* 32, no. 2 (2004): 187-203.

¹³² *Ibid.*, 195-96.

These studies were concerned with job satisfaction, whereas this current project examines EI and how chaplains provide patient-centered care. The difference of this study to prior studies is twofold; One, it examines the role of EI intelligence in hospital chaplaincy. Two, it analyzes that role as it relates or influences patient-centered care. The conceptual framework of this thesis is that the cognitive elements of EI, like self-awareness, mindfulness, self-reflection, and empathy, are more in line with the job of the chaplain as he supports patients.

Some of the current practices show that one of the primary responsibilities of the chaplain is providing patient-centered care. Generally, there are three modes that many health systems employ. One of the models practiced focuses on staffing hospitals with trained CPE chaplains who visit patients daily to ensure they meet their needs. To improve this model, many hospitals use PRN's to alleviate the load of the staff chaplains. A second model is the volunteer model that some hospitals use. They have no trained chaplains; they mainly use pastors from the local community to visit their patients. A third model uses staff chaplains, PRN's, and volunteers from distinctive faith groups like Catholics, Muslims, and Jews. Adventist healthcare employs the third model. Its volunteer force includes distinctive faith group clergy and CPE interns.

According to Roberts, health care chaplaincy looks at “interventions, individual or communal, that facilitate the ability to express the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and or a higher power. Spiritual care forms part of the care provided by a chaplain.”¹³³ As the spiritual care provider at the hospital, the chaplain already practices integrating the type of ministry that explores the patient's emotional state with their spiritual. Furthermore, the work of the chaplain, especially in the CPSP model embraces psychotherapy as part of the pastoral assessment and theological

¹³³ Roberts, *Clergy and Chaplain's Handbook*, 24.

reflection. The main objective of this model or approach is to help chaplains improve their self-awareness, self-reflection, and emotional regulation skills.

Clinical Pastoral Education trainees who have pastoral training realize how these skills align with concepts inherent in emotional intelligence. As Jankowski et al. observed, the relationship between EI and pastoral skills shows a positive correlation.¹³⁴ The importance of this point is that chaplains who have pastoral training already employ EI skills in their practice of ministry. What CPE training does is refine those skills to show how the integration of psychology and religion contributes to better quality patient-centered care. Since chaplains already practice patient-centered ministry, this project aims to determine how EI benefits or improve their practice.

The nature of hospital chaplaincy ministry already justifies this thesis project because at the core of the practice is the understanding that patient-centered care is one of the reasons chaplaincy ministries exist. Like chaplains, nurses, too, are engaged in the business of providing patient-centered care. One study examined end-of-life psychodrama to determine what influences nursing student's communication skills, attitudes, emotional intelligence, and self-reflection; this study aims to do something similar for chaplains. The result of the study showed the value of psychodrama as a strategy that enhances these skills.¹³⁵ The value of these studies is that they present ways to improve existing models of providing care.

The current models that chaplains utilize to provide care shows that finding ways to improve patient-centered care is part of the growing chaplaincy ministry. One of the main

¹³⁴ Katherine R. B and Jankowski, Lauren C. Vanderwerker., et al. "Change in Pastoral Skills, Emotional Intelligence, Self-Reflection, and Social Desirability Across a Unit of CPE." *Journal of Health Care Chaplaincy* 15, (2008): 138.

¹³⁵ Audrey Marie Beauvais, "End-of-Life Psychodrama: Influencing Nursing Students' Communication Skills, Attitudes, Emotional Intelligence and Self-Reflection." *Journal of Psychiatric Nursing* 10, no. 3 (2019): 103.

weaknesses in models that do not employ trained CPE chaplains is that they lack the training that integrates psychotherapy with patient-centered care. Volunteer chaplains who have no CPE training often visit patients to convert them or focus on prayer as their primary strategy to help patients. While prayer has its place, there are times when patients need to process their feelings, hurts, and pain. In times like these, chaplains who are emotionally intelligent with skills like self-awareness, self-reflection, and emotion regulation would prove helpful. Furthermore, chaplains who can use their emotions to deepen how they provide care and who understand concepts like transference and countertransference would provide the quality of patient-centered care that each patient deserves.

Chaplains receive specialized training because the nature of hospital ministry can be emotionally draining. Employing skills like psychology can assist pastoral caregivers in providing the type of care that would help patients understand and process their illness. Ultimately, the patient's well-being is at the core of what chaplains aim to provide. In the Donaldson-Fielder and Bond study that examined the place of psychological acceptance and EI to predict well-being, they discussed how psychological acceptance contributes to workplace well-being.¹³⁶ They indicated that when people accept their feelings and thoughts, they are in a better position to control what they experience effectively.¹³⁷ The point to consider here is that the acceptance of one's medical situation benefits the patients in the long run. Chaplains who can help their patients process their feelings and thoughts stand a better chance of providing the type of ministry that leads to change. Psychological acceptance is about helping someone realize and accept what it is they are going through at any given time.

¹³⁶ Donaldson-Fielder and Bond, "Workplace Well-being," 188.

¹³⁷ Ibid.

The literature surveyed did not address the role of EI and patient-centered care about chaplaincy ministry to debunk a theory; however, it does show a positive association between EI and work performance but not job satisfaction.¹³⁸ Furthermore, “emotional intelligence proposes the regulation of emotions as a mechanism for generating positive well-being and performance outcomes.”¹³⁹ The main point here is that EI has its limits. However, within its scope, it brings a greater sense of self-awareness and emotion regulations that adds value to the chaplaincy ministry. The value of EI in this statement is critical to this study:

If we can manage our emotions, that is, blend emotion and thought, we increase the chances that our decisions will be more effective and our lives more adaptive. This is the challenge of emotion management – neither to suppress feelings nor to vent them but to reflect on them, integrate them with our thinking, and use them as a source of information and an inspiration for intelligent decision making.¹⁴⁰

Reflecting on feelings and managing emotions is paramount to what chaplain do as they provide patient-centered care. The reality is the emotions can be a distraction or motivator and help solve even complex and complicated intellectual tasks.¹⁴¹ In the end, though, understanding how EI would aid pastoral caregivers in providing better patient-centered care would benefit not only Adventist Healthcare chaplain but all those who minister to patients and their families. The existing models of providing care, while beneficial, could always improve so that each generation of clinical pastoral educators would be more efficient and competent caregivers.

¹³⁸ A. M. Slaski. “An Investigation into Emotional Intelligence, Managerial Stress, and Performance in a United Kingdom Supermarket Chain.” PhD diss., UMIST, 2001.

¹³⁹ Donaldson-Fielder and Bond, “Workplace Well-being,” 198.

¹⁴⁰ Ingram, Jay Ingram and Joseph Cangemi. “Emotions, Emotional Intelligence, and Leadership: A Brief, Pragmatic Perspective.” *Education* 132, no. 4 (n.y): 774.

¹⁴¹ Salovey, Peter, and John D. Mayer, “Emotional Intelligence.” *Imagination, Cognition and Personality* 9, (1990): 185-211.

Chapter 3

Methodology

This thesis addressed the problem of why chaplains and interns at Adventist Healthcare, MD, need to understand the importance of emotional intelligence in their providing patient-centered care. This project asked the participants to take two assessments, and a short survey on their understanding of EI. The first assessment was the emotional intelligence test. The researcher used the instrument by Travis Bradberry and Jean Greaves, Emotional Intelligence 2.0, because of its familiarity to the researcher and the practical way they present their results. While there are other instruments, Bradberry and Greaves provide feedback that outlines an action plan that can benefit each participant. That level of feedback does contribute to the overall development of the chaplain's development. This assessment intended to determine the level of emotional intelligence among the chaplains and interns at Adventist Healthcare. Understanding the importance of emotional intelligence, these chaplains would have a better perspective on how they provide patient-centered care. The second assessment is the Enneagram, which measures personality type. The Enneagram intended to help determine how personality influences or affects emotional intelligence. While there are other personality type instrument like the Myers Briggs Type Indicator, the chaplains and interns at Adventist Healthcare, MD do use the Enneagram as part of their training. Therefore, using the Enneagram seemed more appropriate for this study. Finally, the short survey presented five questions that the researcher hoped would provide a broad view of how these chaplains understanding EI. The researcher anticipated that the results of this analysis would give chaplains and interns at Adventist Healthcare a greater understanding of whether their level of emotional intelligence and personality type determined how they provide patient-centered care.

Intervention Design

The applied research method for this project was assessments that measured one's emotional intelligence and personality type. The literature review for this project showed that the components of emotional intelligence, like self-awareness, mindfulness, self-management, and social awareness, are skills that help people understand their emotions and that of others. Furthermore, the personality type of chaplains can also affect their EI and influence how they provide patient-centered care. One of the primary responsibilities of healthcare chaplains is to provide care to their patients. How they provide care would seem to align with their ability to connect with their patients. Therefore, their ability to connect would hinge on their ability to be self-aware and mindful of their emotions and that of their patients. Providing patient-centered care means that chaplains understand how best to connect as they reflect on their feelings and ability to enter the world of their patients.

The theological and conceptual framework for this project established that from a biblical and theological perspective, those who care for others need to be mindful of the needs of the people they minister to. Additionally, they need to possess wisdom that enables them to be present with those they journey with as they minister to their needs. The results of the assessments in this study should provide a crucial perspective regarding how chaplains and interns at Adventist Healthcare understand their level of emotional intelligence and whether it contributes to providing patient-centered care. Furthermore, the intervention design and implementation in this study aimed to analyze and evaluate the results of the emotional intelligence appraisal and the Enneagram type personality test to provide an in-depth view of the role of EI in the delivery of patient-centered care. The chapter explores the approach and method of collecting, analyzing, and evaluating data.

Ministry Context

The mission of Adventist Healthcare is “To extend God’s care through the ministry of physical, mental, and spiritual healing.”¹⁴² Adventist Healthcare is a faith-based organization that seeks to model the Seventh-day Adventist church's beliefs and practices. The system advocates providing the best patient experience for every person who receives care at any of its campuses or other healthcare facilities. As part of the interdisciplinary team, chaplains play a crucial role in providing patient-centered care. The current problem was that if chaplains were not aware of how their emotional intelligence affects how they provided care, they could negatively impact the quality of care patients receive. Its management approach advocates for a value system where each employee functions based on five major principles. These value principles are respect, integrity, service, excellence, and stewardship (RISES). Leaders, employees, contractors, and volunteers believe that whatever their job or responsibility, it must embrace the mission at its core. Furthermore, the system has invested in training healthcare chaplains with the necessary skills to provide quality patient-centered care. To this end, Adventist Healthcare runs an accredited Clinical Pastoral Education center with the College of Pastoral Supervision and Psychotherapy to ensure that its chaplains receive proper training to practice its mission.

A crucial element of a chaplain’s development is the ability to be self-aware and mindful of the self when providing patient care. In the end, the organization seeks to ensure that it has systems to measure whether it is accomplishing its mission of extending God’s care to every patient and their family members. The impact on patient care quality would become noticeable in the long run when chaplains are not aware of how their emotional intelligence affects how they

¹⁴² Adventist Healthcare. "Mission, Vision, & Values." <https://www.adventisthealthcare.com/about/mission/> 2020.

minister to patients. Additionally, the system has developed five pillars called “the pillars of excellence” to help it accomplish the task of fulfilling its mission. The pillars are a reminder of what Adventist Healthcare believes is vital to accomplish its mission. The pillars are people, quality and safety, experience, finance, and population health. The top three focus points show the value the organization places on people and the quality of care and safety they experience. To measure how well the organization accomplishes each pillar's objectives and goals, it uses a system termed DMAIC (Define, Measure, Analyze, Improve, and Control). Every department uses it to evaluate its performance measures and improve its quality so that it is a gold standard.

The Spiritual Care Department at Adventist Healthcare uses DMAIC to ensure that it analyzes measurable areas to determine how best it can improve the quality of care it provides to patients. Within its ministry context, the chaplains use DMAIC to analyze things like patient referrals (how long does it take for chaplains to visit patients that the staff or system refers to them within twenty-four hours). It also addresses initial visits (within twenty-four hours of the patient's admittance) and follow-up visits (based on the length of patient admittance in the hospital). These are all measurable practices that go back to patient-centered care since documenting these visits gives an idea of the type of care the chaplain provided.

At a deeper level, chaplains and interns' primary mission at Adventist Healthcare boils down to more than reporting statistics regarding patient visitations. Visiting patients within a specific time frame shows an interest in ensuring that patients admitted at one of Adventist Healthcare campuses prioritize the spiritual care department. The Spiritual Care Department and Adventist Healthcare, overall, are also concerned with the quality of care these patients receive from their chaplains. Despite the secularization of society and postmodern view around the globe, the role of chaplains continues to increase. Carey and Mathisen observe that patients'

spiritual and religious beliefs are a part of the holistic approach to patient-centered care.¹⁴³ The chaplains at Adventist Healthcare are primarily concerned not with converting patients to their brand of faith but ensuring that their spiritual needs are met based on their religious practice. Patients who have no faith receive the same treatment as patients who subscribe to a religious belief. The goal is to ensure that patients receive support from staff and family members to heal from their ailment. Practicing the mission of “extending God’s care” is one way for chaplains to connect to their patients as they journey during their hospital stay. Therefore, it is essential to note that how the staff cares for their patients is a significant part of the healthcare system and Adventist Healthcare.

Nature and Purpose of Project

This thesis project presented the problem that hospital chaplains and interns at Adventist Healthcare, Maryland, needed to understand how their emotional intelligence affects their delivery of patient-centered care and its impact on their clinical practice. This intervention aimed to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland. Such an understanding would assist chaplains in ensuring that their emotional intelligence lends to their ability to provide the best quality care to their patients. Carey and Mathisen make a critical point that in a survey of peer-reviewed literature from 2000 to 2018, the role of chaplains in allied health practices brought out five essential themes. The themes they outline are:

- (1) The importance of integrating religiosity/spiritual care as part of person-centered care;
- (2) the positive effect of religiosity/spirituality on the quality of life for patients/clients;
- (3) religiosity/spirituality as a coping mechanism given considerable stress/pain; (4) the value of chaplains as part of a multidisciplinary team; and finally (5) the importance of including chaplaincy to provide for religious, cultural and linguistic diversity.¹⁴⁴

¹⁴³ Carey and Mathisen, *Person-Centered Approach*, 229.

¹⁴⁴ Carey and Mathisen, *Person-Centered Approach*, 232.

The above points highlight why chaplains in healthcare institutions should not minimize or underestimate their role. As members of an interdisciplinary team, chaplains must understand that their ability to connect with patients emotionally is crucial for their healing. Their visit should involve helping the patients process and reflect on their emotional and spiritual journey if they so desire. Furthermore, they should be mindful and self-aware of their issues so that they can journey with the patients without transferring their feeling to them. To help the chaplain understand the role of EI, participants will take two assessments, the Emotional Intelligence Appraisal, and the Enneagram test. The results of these assessments would provide Adventist Healthcare chaplains with the knowledge they need to understand their level of EI. These participants will also learn about their strengths and areas of growth so that they will be mindful of themselves and how self-aware they are in their ministry context. The researcher will analyze their EI and their personality type to determine how one influences or affects the other.

This project's primary objective was to evaluate the level of emotional intelligence and personality type of Adventist Healthcare chaplains and interns. The data collected helped the researcher understand the role of emotional intelligence when administering patient-centered care. It also helped the significant stakeholder, Adventist Healthcare, determine how best it can utilize EI in its chaplains and interns. Since the system invests in training chaplains to provide for their patients' needs, it would be beneficial in knowing how best to prepare chaplains for caring for patients by analyzing the components of emotional intelligence.

A secondary objective of this intervention plan was to analyze how chaplains' personality type influences their emotional intelligence. The Enneagram tests measure personalities into categories that would give the chaplain perspective on their strengths and areas of growth to show how it can affect their level of emotional intelligence. Considering that the purpose of this

thesis project was to make chaplains aware of how their emotional intelligence affect patient-centered care, understanding how their personality type influences their emotions was paramount. Chaplains who are unaware of how their personality type influences their emotional state would find it hard to understand how they can grow and develop based on deficient areas. The study would benefit chaplains by bringing that level of awareness regarding their emotional intelligence to benefit them and Adventist Healthcare.

The third objective of this study was to establish a training program that would help chaplains at Adventist Healthcare develop their emotional intelligence levels. The results of their emotional intelligence appraisal would highlight areas that the chaplain can improve. Since each of the four emotional intelligence skills has strategies that can help an individual become more aware so that they can grow, such training would benefit chaplains. This objective would help create a plan based on the intervention results that can help chaplains provide better quality patient-centered care. Accomplishing these objectives would then validate the thesis statement of this project, which states that if chaplains and interns understand the place of emotional intelligence in delivering patient-centered care, then their clinical practice would reflect how they implement competencies for spiritual care.

Participants

This thesis project's primary participants were staff chaplains, PRNs, and interns at Adventist Healthcare, MD. This demographic consisted of board-certified chaplains, chaplains who are preparing for certification, and interns in one of four units of their CPE training. Most of these chaplains have training that reflects how they understand themselves, based on the way they present and handle themselves professionally and how that can influence how they provide support to patients and staff. The participants came from diverse cultural contexts and are

educated clergy persons, counselors, and other professionals who have experience in caring for others. The study attempted to understand how their emotional intelligence influences or affects how they care for patients. It addressed the place of emotional intelligence in patient-centered care. There will be a greater understanding of the role chaplains play in extending that care in ways that reflect self-awareness, mindfulness, social awareness, and relationship management.

Most of these participants have at least a master's degree, and all the staff chaplains and PRNs have some level of understanding regarding how theology intersects with psychology. This foundational framework from the participants gives a more in-depth perspective of how they interact with patients in the clinical setting. Participants who have a minimum of four CPE units have over twelve hundred hours of clinical training in some medical facility that qualifies them to understand patient-centered care. Therefore, the participants for this study understand the nature of healthcare chaplaincy and requirements for providing quality care to patients.

Sample Size

This study's focus group comprises of chaplains and interns between the ages of 20 to 65 men and women totaling twenty-one individuals. They also came from a diverse faith background to include Protestants, Catholics, Muslims and Greek Orthodox. Eight chaplain interns are now in the CPE program, and six PRN's. Based on the gender of these chaplains and interns, there were fifteen males and six females.

Relationship of the Researcher to the Participants

The researcher is also a staff chaplain at Adventist Healthcare and works at the Shady Grove Campus. The researcher also has a working relationship with some of the participants; however, the data collection process will be fair and objective without his influence. Furthermore, the researcher has no authority over the participants, as the staff chaplains and

PRN's report to the managers, and the interns to the CPE supervisor. The treatment that participants receive would be based on their professionalism and in no way will be compromised based on the relationship of the researcher and these chaplains. The researcher recognized each chaplain and intern's role at Adventist Healthcare and appreciated their contribution to healthcare ministry.

Setting

The setting for this study outlined the location of the study and the resources the researcher will utilize. The setting established where and how the researcher funded the project and the materials he used. It also gave a better perspective on all aspects of the study that could influence the results.

Location of the Study

The emotional intelligence appraisal and Enneagram test occurred in either the participants' workspace or their homes. The researcher recommended that they take these tests at work since printing the results would require them to use their resources. The researcher visited the White Oak Campus to drop off the books (*Emotional Intelligence 2.0* by Travis Bradberry and Jean Greaves) to the chaplain manager that participants used and gave these books to the manager at Shady Grove as well.

Resource: Facilities

The intervention plan utilized computers at Shady Grove and White Oak Campuses to take the assessments. The nature of this study did not require other facilities other than offices at these campuses. While participants chose to complete and print the results of these assessments at their homes, the researcher did provide them with access and the use of Adventist Healthcare facilities to collect data.

Resource: Supply and Services

The Emotional Intelligence Appraisal 2.0 was an online appraisal from TalentSmart's website. The Enneagram was also an online assessment, and it was free for participants. Each participant received an emotional intelligence appraisal from the researcher with instructions on how to access both instruments. The researcher also coordinated with the Spiritual Care Department Administrative Assistant to ensure that printing supplies are available when participants took their assessments.

Resource: Communication

The researcher communicated with provided updates to the chaplain managers and CPE Supervisor throughout the assessments and data collection process. To maintain anonymity, the researcher did not communicate directly with participants regarding these appraisals through email, telephone, text messaging, or face to face. The researcher also provided the managers with the email address and telephone number to contact him if they had questions about the study.

Resource: Budget

The researcher funded the project. The main cost of this project was the purchasing of twenty-one copies of Bradberry and Greaves *Emotional Intelligence 2.0*. Each book contained a code that the participants needed to complete the appraisal on the TalentSmart website. Participants took the assessment by logging on to <https://www.talentsmart.com/test/>. The code in their books gave them access to the test. The Enneagram assessment was a free online resource for the participants by logging on to <https://www.truity.com/test/enneagram-personality-test>. There was no cost associated with the enneagram test. Printing the results of these assessments was free to the participants who printed their results on one of the computers in the workspace at either the White Oak or Shady Grove campuses.

Resource: Transportation

The primary means of transportation was by private vehicles. The participants used their privately-owned vehicles to work where they will access their work computers. If they chose to complete the assessments at home, they incurred the cost by using their paper or home computer to complete the assessments. It is crucial to note that these assessments were returned to the managers in sealed envelopes so that these supervisors did not know the results. Therefore, the assessments' results did not have a detrimental effect on the chaplains' relationship with their supervisors. No other form of transportation was necessary for this study.

Recruitment

The researcher recruited staff chaplains, PRNs, and interns on staff or training at Adventist Healthcare, MD. Since the ministry context for this thesis project was Adventist healthcare, MD, no other chaplains from other healthcare systems would be invited to participate. The researcher sought permission to use these chaplains and interns from Adventist Healthcare IRB. Once they granted permission, memorandums to the chaplain managers explained the problem, purpose, and objective of the study. The researcher asked all participants to volunteer their time for this study as chaplains at Adventist Healthcare.

Ethical Considerations

Each participant consented to participate in the study by completing the short survey and two assessments. There were no expectations from participants who chose not to complete these assessments. To ensure that the results of each participants' emotional intelligence appraisal and Enneagram remained confidential, the researcher used a coding system so that no names appeared on the results. Additionally, the researcher kept all the results of the assessments in a safe place outside of the workplace. Once the data collection process and analysis were

complete, the researcher plans on keeping the paperwork for three years and, after that, destroy them.

Permission

Adventist Healthcare has a system of management and therefore has an IRB. The researcher has received permission from the IRB to complete the study. Permission does not mean that participants are obligated to participate. Each participant must volunteer without expecting that it would affect or influence their employment or internship status. The researcher is a staff member of the institution who has read and understood the policies and guidelines for researching with the institution's name and employees and followed the protocol of Adventist Healthcare concerning studying human subjects. By completing and sending the results of their assessments, these individuals indicated that they consented to participate in the study. Participants' results remained confidential, and the codes they placed on their assessments did not identify them. The IRB, managers, directors, chaplains, and interns in the system who are directly involved in this study received the information required by the respective IRBs.

Design Approach

The first task was to get the participants to complete the short survey and then take these two assessments. The researcher also communicated with the chaplain managers from the respective campuses and the CPE supervisor at the Shady Grove. Each manager received a recruitment letter, consent form, short survey, and the websites for each assessment. The consent form outlined the process for collecting data. Once the managers and supervisor distributed the information to the chaplains and interns at both entities, the researcher supplied the *Emotional Intelligent 2.0* book with a hard copy of the recruitment letter, consent form, short survey, and the websites for each assessment to each campus. Once these chaplains and interns received the

materials, they had a time frame of two weeks for the assessments. One week to complete the short survey and the Emotional intelligence test and print the results, and the other week to take the enneagram assessment and print the result. The researcher provided each participant with instructions on how to sign-in and take both assessments.

The second task was to collect the results from each chaplain manager and CPE supervisor. To accomplish this task, the researcher visited each entity to collect the result on a date and time arranged with the managers. At the completion and collection of the results from both assessments, the researcher began the data analysis. Analysis of the data was dependent on the nature of the results of the assessment. For example, since the emotional intelligence assessments examine four emotional intelligence skills, the results reflected a summary of each skill and the participants' level based on a series of categories. Of the four skills, two skills measured personal competencies: self-awareness and self-management; and the other two measured social competencies like social awareness, and relationship management. The test results provided a better understanding of each chaplain's personal and social competence to determine their emotional intelligence level.

The Enneagram test results provided a better description of the chaplain's personality type to determine how or if it influenced emotional intelligence and to what extent it may or may not affect providing patient-centered care. Administering these two instruments was the plan to best address the issue of emotional intelligence and patient-centered care. The researcher looked for patterns among chaplains with high emotional intelligence and compared them with their personality type based on their Enneagram results. The short survey gave the researcher an idea of how each chaplain understands EI, and that also gave a more in-depth perspective of their overall understanding of emotional intelligence.

The third task was to evaluate the results from both tests by comparing patterns that emerge from analyzing how personality types influence or affect one's emotional intelligence. The results of the emotional intelligence tests, for example, showed the emotional intelligence level of the chaplain, which gave the researcher a better grasp of areas that the chaplain needed to improve on that would improve their level of EI. An analysis of the Enneagram results followed a similar approach that reflected the chaplain's personality type and how it compares with EI. The analysis phase of the project was the heart of this intervention design. The results gave the researcher and Adventist Healthcare chaplains and interns a better understanding of how their emotional intelligence levels directly affected or contributed to quality patient-centered care. For example, a chaplain who scored low on self-awareness saw how that deficiency could influence how he or she interacted with patients, and how it could affect patient-centered care. Furthermore, going through each strategy gave an in-depth view of how the chaplain could improve his or her self-awareness level. The purpose of this process should provide each chaplain with a better view of their level of emotional intelligence and how it would improve how he or she provides patient-centered care.

The fourth task was to report the results of the data collection and analysis. The report presented how these assessments influenced or affected the quality of patient-centered care. A framework for emotional intelligence and the Enneagram validated the use of these instruments and added merit to the process. For example, the report showed that the Enneagram is an "archetypal framework that offers in-depth insight to individuals, groups, and collectives. It also consists of three centers of intelligence, nine main Enneagram types, eighteen wings, three subtypes, and Triadic styles. The Enneagram offered a road map to personal development from an open systems perspective. It does not box in people, but rather opens a pathway to self-

discovery and greater awareness.”¹⁴⁵ The Enneagram results also gave the chaplain a better perspective on how their personality influences their emotional intelligence level.

The purpose of the above process gave the researcher an in-depth view of the emotional intelligence levels and personality types at Adventist Healthcare. Analyzing the EI tests and Enneagram results with the chaplains helped determine what changes need to take place to address the problem and realize the purpose of this study. This plan’s results would help create an intervention plan to help build awareness of how emotional intelligence can affect patient-centered care. For example, someone with low self-management skills would need to know how they “avoid giving mixed signals, take feedback well, do not avoid the inevitable, align your intention with your impact, and when you care to show it.”¹⁴⁶ However, if that chaplain is an Enneagram Type Two, a helper, one of the imbalances of Two’s, is that they “sacrifice to support and be there for others. This awareness is an opportunity to help the Twos address their self-care plan so that they do not compromise their ability to care for themselves and others.

The further problem is that “Twos will put their own needs and feelings on the backburner. They seek validation of their worth by obeying their superego’s demand to sacrifice themselves for others.”¹⁴⁷ Therefore, the chaplain who is a helper, on the one hand, cares for others. The strength of Twos is that they value relationships and are kind and generous, and they seek connection by making others feel good about themselves.¹⁴⁸ The problem is that they can lack self-management skills by sacrificing themselves for others. Such an assessment will give

¹⁴⁵ Don R. Riso and Russ Hudson, *The Wisdom of the Enneagram: The Complete Guide to Psychological and Spiritual Growth for the Nine Personality Types*, (New York: NY Bantam Books, 1999), 127.

¹⁴⁶ Bradberry and Greaves, *Emotional Intelligence 2.0*, 179.

¹⁴⁷ Riso and Hudson, “Wisdom of the Enneagram,” 128.

¹⁴⁸ *Ibid.*, 131.

chaplains a better perspective and understanding of how their personality type affects their emotional intelligence.

The use of this intervention plan gave give each chaplain a better perspective of how their personality type affected or influenced how they provide patient-centered care. Since this project aimed to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland, using this intervention plan brought that level of awareness and the role that emotional intelligence plays in the delivery of patient-centered care. The people involved in this study were chaplains and interns at Adventist Healthcare, MD. Three groups of chaplains were involved in this project. The first group comprised of the staff chaplains from the White Oak and Shady Grove campuses. There are seven staff chaplains, and the participants received a request inviting them to participate in the project from their respective managers. The researcher submitted, in writing, a request to the chaplain's managers seeking permission to ask these chaplains if they would participate in the project. The letter outlined the project's problem and purpose and the reason for the project. Then the researcher asked for volunteers to participate.

The second group was the part-time chaplains or (PRNs). Since the same managers govern them, the researcher used that same request format. Currently, there are six PRN chaplains. The third group was the CPE interns. The CPE Supervisor manages these interns, and the researcher extended a similar request as well. Currently, there are eight chaplain interns. After notifying these chaplains and interns, each one received a letter about their participation in the project. The content of the letter outlined the thesis project problem and purpose, and the request to each participant to take the Emotional Intelligence appraisal and the Enneagram test.

The outline below reflected the project's proposed timeline and duration of the data collection and analysis phase. To begin with, a reasonable timetable to administer, evaluate, and analyze the data might be about eight to ten weeks. The timetable below outlined the process:

Week one began once both Liberty University and Adventist Healthcare IRBs permitted the researcher to work with human subjects. During week one, the first undertaking was to send out memorandums to Adventist Healthcare campuses chaplain managers and the CPE supervisor. The memorandums outlined the thesis project proposed problem, purpose statement, the rationale for the study, and the project objectives. The researcher also provided a copy of the IRBs permission to collect data from Adventist Healthcare chaplains and interns asking permission to set up a meeting to discuss the process with each entity's participants. Once the managers and CPE Supervisor consented to the time and place for the initial meetings, preparation was made to inform the chaplains and interns in writing.

Week two commenced after the time and place for giving the books to the managers and supervisor was arranged. At that meeting, the researcher gave each leader a copy of the book *Emotional Intelligence 2.0*, and a hard copy of all documents like consent form and information for accessing the online appraisals. At that meeting, the final undertaking was to outline dates when the chaplains and interns would complete these assessments and return the results.

The third week of the process began when each participant took the Emotional Intelligence and Enneagram appraisals. Upon completion, they notified their manager and supervisor via email, that they completed taking the assessment and had printed the results. Once the managers and supervisors received notification from each participant stating that they had met the objective for the week, they gave them copies of the short survey, the emotional

assessment, and the enneagram test. Finally, they notified the researcher and arranged a time and place where he collected the results.

The evaluation and analysis of the results commenced during that week to better understand the chaplain and interns' emotional intelligence levels at Adventist Healthcare. During the analysis phase of the data, the researcher compared personality types with the results of the emotional intelligence tests to observe themes and patterns that emerge from understanding how self-aware or mindful these chaplains are in providing patient-centered care. This process took about four weeks to complete since the results were analyzed individually.

By the eight weeks, the researcher commenced writing the report for chapter four. To ensure that the collection and analysis of data were not corrupted from an ethical point-of-view, none of the participants wrote their names on their assessment results. Instead, they used codes that the researcher provided them. While the managers did have access to the results, they were not a part of the data analysis process. The results will remain in a locked file cabinet for three years, after which the researcher will destroy it.

As stated above, the data analyzed the four primary skills of emotional intelligence based on Bradberry and Greave's book, *Emotional Intelligence 2.0*. The four skills are self-awareness, self-management, social awareness, and relationship management. The results from the appraisal indicated on a spectrum, areas of strength, and areas of growth. The Enneagram focused on nine types. The researcher compared each participant's personality type to the four skills of their emotional intelligence results. For example, an Enneagram Type Four has the "motivational need to express their uniqueness and be authentic. They value individualism, and as a result, feelings, self-expression, and purpose will be necessary."¹⁴⁹

¹⁴⁹ Riso and Hudson, "Wisdom of the Enneagram," 180.

The researcher then examined the strengths of their Enneagram results and their growth areas to compare with their emotional intelligence. If a chaplain is an Enneagram type Four, two of the strengths of Fours are self-awareness and purpose-driven. Since Fours are “aware of their emotions and those of others, they do connect on a deeper level with others. They tend to be extremely creative, combining emotionality and introspection with perceptiveness and originality.”¹⁵⁰ Therefore, a Four should score high on self-awareness from their emotional intelligence appraisal. In the end, the Fours personality type analysis should reflect a high level of self-awareness on their emotional intelligence tests.

While the above analysis showed that Enneagram type Fours would be self-aware, which is a strong skill for being emotionally intelligent, the researcher needed to consider their blind spots. Considering the participants’ blind spot enabled the researcher to see how they can balance their emotional intelligence level with their personality type. Therefore, while Fours are aware of their emotions and that of others, the chaplains at a patient’s bedside would need to understand their blind spots would affect how they provide care. For example, two blind spots of Enneagram type Fours are:

Fours tend to lose themselves in romantic fantasies and to withdraw from people both for attention and to protect their feelings. Reacting to stress, Four goes to Two. The shift to Two represents a Four’s effort to compensate for the problems that these behaviors inevitably create. Thus, after a period of withdrawal and self-absorption. Fours may go to Two and unconsciously try to solve their interpersonal problems with a slightly forced friendliness – they try a little too hard.”¹⁵¹

This type of analysis highlighted how emotional intelligence influences or impacts personality type. Chaplains need to balance their emotional intelligence with their personality to

¹⁵⁰ Riso and Hudson, “Wisdom of the Enneagram,” 180, 184.

¹⁵¹ Ibid., 198

determine how one impacts another. Chaplains who score high on their emotional intelligence appraisals need to understand how their personality affects them in providing patient-centered care. Likewise, chaplains, who score low on their emotional intelligence appraisal, need to understand how their personalities affect them. This type of result would enable chaplains to manage their emotions better when they visit their patients. Additionally, it would provide Adventist Healthcare with data to better train chaplains and interns to ensure that the quality of patient-centered care supports the organization's mission.

The intervention plan proposed above will undoubtedly address the proposed problem and accomplish the purpose of this thesis project. Furthermore, it laid the groundwork for collecting and analyzing data to ensure that this study was ethical, credible, and authentic. Participants knew and understood their rights and had the assurance that their information was protected. Based on the results of this study, the chaplains and interns at Adventist Healthcare, MD, should have a better grasp of their role in providing patient-centered care. The final section of this chapter will discuss the implementation of the intervention design.

Implementation of the Intervention Design

This project's data collection was through two primary assessments, the emotional intelligence appraisal, and the Enneagram test. The analysis of the data was through triangulation to ensure the credibility and authenticity of the collection and analysis process. The strategy to implement this plan is detailed below.

Reliability and Validity of the Project Design

All participants for this project will receive a short survey. The survey will include five questions:

1. What is your understanding of emotional intelligence?

2. What is your understanding of patient-centered care?
3. What role do you think emotional intelligence plays in providing patient-centered care?
4. How does your Enneagram type influence how you care for patients?
5. How does your level of awareness and mindfulness influence how you care for your patients?

The answers to the questions provide a good indication of their awareness levels and understanding of the problem presented in this study. Since the study took place over four to eight weeks, the summary of each week outlined above was the objective for implementing the data collection and analysis process. Each participant had two to three weeks to complete and return the results of these assessments.

Once the process started, the participants received instructions outlining the data collection process from the beginning to the end, and their role throughout the process. After receiving a starting date and instructions for these appraisals, each participant took the assessments at home or work. The recommendation was to do it at work since the printing of the results required a printer. They also received instructions that gave them an idea of what to expect when taking the emotional intelligence test. They were to answer to the best of their knowledge as they considered each question. Following the instructions for the emotional intelligence assessment, participants realized that there were no incorrect answers because the answers they provided only reflected how they viewed themselves emotionally. Since the answers to each question were subjective, they realized that they were not competing with anyone for the best results.

After answering the questions, the participant printed the results and submitted them to their managers, who passed them on to the researcher. The researcher created a coding system by which he identified each participant's results without knowing their names. For example, code 0011 was placed on the short survey, emotional intelligence assessment, and Enneagram, and each participant did accordingly. This process informed the researcher that participant 0011, completed these assessments, and survey. Every result collected had a different code from each participant. If participants had questions about the process, they submitted them to the managers who then informed the researcher that a participant had a question or two. The researcher provided answers to the managers to relay to the participants.

Data Collection

In week one of the data collection process, participants who took the test received an email from their managers, reminding them to take their assessment. Participants had two weeks to complete both assessments. The intervention design implemented required communication with the participants at least once per week, for at least two weeks until they had submitted all their results. The project continued even when participants dropped out. The researcher had a representation of fifteen out of twenty-one participants for the survey, fourteen out of twenty-one for the emotional intelligence appraisal, and thirteen out of twenty-one for the Enneagram test.

At the end of week two, most participants from both campuses submitted their results with a few pending. When week three began, the researcher had all campuses' results for the emotional intelligence and Enneagram assessments. The researcher assumed that participants who had not submitted their results did not intend to participate. No participant notified the manager or supervisor that they needed more time to complete the appraisals, data analysis commenced by the third week.

Week three commenced with all results submitted. The researcher began the analysis process during that week. The analysis process gave the researcher an in-depth view of how chaplains at Adventist Healthcare, Maryland, understood the role of emotional intelligence in delivering patient-centered care. Understating the four components of EI and the nine personality types of the enneagram test gave a precise analysis of how personality influences or affects one's emotional intelligence. Dissecting the areas of strength and the areas of growth from these two assessments helped Adventist Healthcare chaplains gain more awareness of their EI level and personality type. It also provided enough information to help them employ strategies that they can grow and develop so they can provide better patient-centered care.

Data Analysis

The researcher used the concept of triangulation to validate the results of the data. Two observers cross-checked the accuracy of the results from both the emotional intelligence and enneagram tests. They compared the emotional intelligence results with each participant's Enneagram to look for patterns and themes that were present. While the results did not show patterns and themes as such, it did present enough information to reveal their emotional intelligence levels, and Enneagram types. The information could be utilized to provide a better understanding of how to provide patient-centered care in the clinical setting. For example, the self-awareness category had scores ranging from 90-100, 80-89, 70-79, 60-69, and 59 and below. Based on the score for that participant's self-awareness, they received commendations on areas of strength and strategies on how to improve their self-awareness level. Each of the four components or categories had the same report and scoring system for the participants that provided an in-depth perspective of their EI level.

Emotional Intelligence Appraisal

As a part of the analysis phase, the researcher noted the scores and strengths of each skill to get a better picture of the participant's emotional intelligence level. The researcher also highlighted each skill to show areas of growth and areas of strength. Then the input for that skill was used to show how paying attention to specific strategies could help improve their ability to provide quality patient-centered care. Participants understood that the study's objective was not to tear down where chaplains are in their score, but how they can improve and get better at something they already have the knowledge to implement. As Bradberry and Greaves state:

Facing the truth about who you are can at times be unsettling. Getting in touch with your emotions and tendencies takes honesty and courage. Be patient and give yourself credit for even the smallest bits of forward momentum. As you start noticing things about yourself that you were not previously aware of (things one is not always going to like), you are progressing.¹⁵²

Participants became aware that the process was not about criticism but growth. When the researcher evaluated each skill, the analysis portion focused on the strategies to bring out the points relevant to the project. For example, some of the strategies for social-awareness include watching body language, make timing everything, living in the moment, practice the art of listening, step into their shoes, seek the whole person, and catch the mood in the room.¹⁵³ Participants with low self-management scores received a bigger picture of how improving these areas could increase their emotional intelligence levels. When a chaplain visits a patient, it is crucial to understand how their body language would help him connect or engage the patient. Alternatively, developing the skill of living in the moment contributes to providing ministry in the here and now. Each patient comes across differently, and when chaplains are unable to

¹⁵² Bradberry and Greaves, *Emotional Intelligence 2.0*, 62.

¹⁵³ Ibid., 138.

connect because of their emotional intelligence, they can significantly impact their visit, which results in poor quality patient care.

Enneagram Types

The Enneagram likewise presented the results identifying where the participant scores the highest on the nine personality types. The nine personality types include type One, the reformer; type Two, the helper; type Three, the achiever; type Four, the individualist; type Five, the investigator; type Six, the loyalist; type Seven, the enthusiasts; type Eight, the challenger; and type Nine, the peacemaker.¹⁵⁴ The results each participant submitted identified their Enneagram type. The Enneagram types will be compared to the emotional intelligence skills results to note how types correlate or differ to determine how it influences or affects the chaplain's ability to provide patient-centered care that is reflective and growth forming.

An Enneagram is a valuable tool that enables individuals to look within to understand who they are in total. It makes the case that human behaviors, to an extent, defines characteristics about them that can help them grow through self-awareness. The types give perspectives that do not intend to stifle or stagnate the personality. The Enneagram intends to invite the individual to look more in-depth so that they can discover their identity. The idea that the Enneagram provides context is vital for this study. An observation is that:

Presence (awareness, mindfulness), the practice of self-observation (gained from self-knowledge), and understanding what one's experiences mean (an accurate interpretation provided by a larger context such as a community or spiritual system) are the three basic elements needed for transformational work. Beings supplies the first, you supply the second, and the Enneagram supplies the third. When these three come together, things can happen quickly.¹⁵⁵

¹⁵⁴ Riso and Hudson, "Wisdom of the Enneagram," 11-12.

¹⁵⁵ Ibid., 10.

The results from the Enneagram provided another perspective into the life of the chaplain by helping the researcher understand how personality influences the EI level. The reality is that the Enneagram is not concerned about focusing on one's personality with the hope that they will change. On the contrary, one of the Enneagram objectives is to help the individual get in touch with the "self" or "essence" so that they can become more transparent. The Enneagram helps the person to identify with themselves so that they develop the capacity to be mindful and self-aware, which is what EI is all about at its core.

By understanding the chaplain's emotional intelligence and Enneagram type, and how it can help them see themselves as they relate and interact with others, the data analysis process helped provide a broader perspective on how best the chaplain can provide patient-centered care. The objective was that after the data analysis was complete, the first observer, who is the CPE Supervisor from the Shady Grove campus, reviewed the researcher's work to look for inconsistencies or mistakes that would affect the accuracy and validity of the results. Once the first observer finished, the second observer, a chaplain non-participant, went through the same process. The CPE Supervisor is an insider who is responsible for training all CPE interns and is familiar with the emotional intelligence and Enneagram tests. Each observer noted their findings, and the researcher discussed their results and made the necessary corrections.

The data analysis portion used the survey each participant filled out, the emotional intelligence appraisal, and the Enneagram assessment. The main assessment tools were emotional intelligence and Enneagram tests. The survey gave a better perspective of how the participants saw themselves before they took the assessments. From these assessments' tools, the researcher analyzed patterns and themes that emerged from the data. Patterns that could arise would, for example, identify how Enneagram type Twos score in any of the four emotional

intelligence skills. That type of analysis goes for all emotional intelligence skills and Enneagram types. The analysis also sought to determine if specific skills match certain types and how they relate to patient-centered care.

In addition to the Enneagram nine personality types, 27 subtypes give a deeper perspective on the individual's personality. For example, Enneagram type Two is a helper; however, each type divides into three subtypes or categories, self-preservation, one-on-one, and social. Self-preservation is about protecting self, an instinct that aims to protect one's physical, material, and general well-being.¹⁵⁶ One-on-one is the instinct that drives the individual to seek out opportunities that will ultimately benefit him or her with secure connections with others.¹⁵⁷ Social is the instinct that shows how people connect and the nature of their interactions with others, including communities and groups.¹⁵⁸ These categories show another side of the personality type that is crucial to understand since the emotionally intelligent individual is self-aware of how their actions or inaction impact others. In the analysis portion of the study, as the researcher evaluates each type, he will also look for hidden patterns that emerge.

For example, consider Twos. Type Two personality is “helper.” Twos subtype for self-preservation is privilege or entitlement, which is a counter type to a helper. Furthermore, each Enneagram type has a healthy, average, and unhealthy side. According to the Enneagram guide:

Twos tend to be very generous, but they also tend to fall prey to insecurities about others' affection for them. If they begin to fear that whatever good they have been doing for others is not enough, they can begin to get caught up in “people-pleasing” – looking for things to say and do that will make people like them. It is very difficult for Twos operating this way to resist approaching people or to let others have their own feelings and experiences. They tend to rush forward and virtually engulf the other person.¹⁵⁹

¹⁵⁶ Riso and Hudson, “Wisdom of the Enneagram, 131.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid., 132.

¹⁵⁹ Ibid., 135.

On the one hand, Twos are helpers; they are warm, giving, people-centered, and sacrificing. One of the wings of Twos is a servant. Twos who use their subtype “servant” trait healthily way “combine warmth with the seriousness of purpose, as they strive after personal goodness and selfless service. They are often Good Samaritans, willing to take on thankless and unglamorous tasks that others generally avoid. They are more serious-minded than the other subtype, more overt caretakers, often found in teaching, public service, healing professions, the ministry, and working with the disenfranchised or the physically or mentally challenged.”¹⁶⁰ The point to consider here is that when Two’s use this subtype in a healthy way, they can be mindful of other’s needs. They can be empathetic, caring, and self-aware of how they can serve others. Pastors, chaplains, and nurses often fit that role. However, when Two's use this subtype in an ordinary way, they tend to the needs of others. They tend to strain on their "emotional expressions and become extremely self-critical and neglectful of their health, denying their personal needs and tending to play the martyr.”¹⁶¹ When Two's are self-aware and mindful, that will imply that they are emotionally intelligent to the extent that they are more healthy as they confront life.

Being helpful is very important to Twos. When Two’s feelings and are in tune with their emotional energy, they lean towards others in empathetic and supportive ways. Enneagram Twos have well-developed empathy when they operate in a normal mode; however, in an unhealthy mode, they are self-justifying, manipulative, entitled, and coercive. From this description, Twos would be excellent chaplains who demonstrate emotional intelligence attributes because they are

¹⁶⁰ Riso and Hudson, “Wisdom of the Enneagram, 130.

¹⁶¹ Ibid.

empathetic and feel the need of others. Therefore, how Twos understand their subtype is an essential point to consider when analyzing their Enneagram and emotional intelligence.

This level of analysis brought awareness so that chaplains understand how they can impact patient-centered care. The analysis also sought to evaluate if there are Slippages according to Sensing.¹⁶² Based on the themes that may emerge from the data, a part of the evaluation process was to look for inconsistencies in the results that may look like desperate answers. That would mainly be helpful when analyzing the results of the assessment tools and the survey since it would give greater insight into how the participant saw himself or herself and how they answered specific questions. However, in the results submitted, there were no slippages found.

The implementation of the intervention design plan took about four steps based on the plan outlined above. Step one sent memorandums notifying the chaplain's managers and CPE Supervisor. Step two started when all participants received their books with the code for the Emotional Intelligence assessment. They received information from their managers, based on all the documents sent to them about the process. Those who desired to participate after reading the short survey, recruitment letter, and consent form submitted their results to the managers.

Step three commenced when participants began to take the assessments. The first part of this process was when they took the short survey followed by the emotional intelligence appraisal from Bradberry and Greaves and the Enneagram test. Both assessments were in an online format from the websites they received. The step was complete when all participants submitted all their results to their managers and supervisor. Step four was the analysis of all the data from the assessments. After the analysis portion from the researcher, the two observers

¹⁶² Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses*. Eugene, OR: Wipf & Stock, 2011, 197.

began their work. Step four finished when all the observes met to discuss the results and to share whatever issues or concerns they note. After this process, the intervention plan and implementation phase of the project was over.

A final part of the data analysis phase was the field notes the researcher had based on both his reflective process and first-hand recordings of the research with the managers. These notes reflected both a descriptive and inferential aspect of the process based on the feedback they received from the participants. The intervention phase of this project took about six weeks. The completion of this step in the writing process gave the researcher and chaplains at Adventist Healthcare a greater awareness of emotional intelligence and patient-centered care.

Based on the results from the data analysis, this thesis project made recommendations for emotional intelligence training among chaplains and interns at Adventist Healthcare. The training will address ways to improve their emotional intelligence to ensure better quality patient-centered care. One of the recommendations would be to have all interns in the CPE program have emotional intelligence training during their CPE training in unit one. For Staff Chaplains and interns who already have more than one unit when they begin the CPE journey at Adventist Healthcare, those would be trained within the first year of their hiring. These training sessions would focus on the strategies to develop their emotional intelligence. Periodically, during monthly staff meetings, the leadership can designate about twenty minutes of refreshers training on the significance of emotional intelligence in providing patient-centered care. The researcher can add other recommendations based on the results of the data analysis.

Summary

Chapter three outlined the methodology for collecting and analyzing the data for this research project. The intervention design section briefly explored areas such as the ministry

context, the nature and purpose of the study, the participants, and sample size. It also examined the design approach, which looked at the types of assessments that will provide the necessary data for analysis. It further provided a breakdown of how the researcher will analyze the results of the emotional intelligence and the enneagram tests to show how they may connect or interact in the chaplain's perspective when providing patient-centered care. Finally, the section examined the implementation of the intervention design. To validate that data analysis process, the researcher will use the concept of triangulation. According to Sensing, triangulation gives the researcher the leverage to cross-check the accuracy of the data presented. In this study, the researcher's observation, an outsider's observation, and an insider's observation validate the data results.

Chapter 4

Results

This chapter provides answers to the study's problem statement addressed in chapter one. The challenge that this project tackled was the need for hospital chaplains and interns at Adventist Healthcare, Maryland, to understand how their emotional intelligence affects their delivery of patient-centered care and its impact on their clinical practice. The study intended to show that when chaplains understand their emotional intelligence, they may then provide the best quality care to their patients. This level of self-knowledge would improve how they visit and interact with patients in a clinical setting. The data for this research came from a short survey and two online assessments. While interns participated in this study, it was hard to ascertain who or how many since their results were anonymous. Therefore, there is no way of knowing if their results skewed in any way the data. However, based on the short survey results, the data shows that all participants understood the place of emotional intelligence in delivering patient-centered care. The data also shows that most chaplains at Adventist Healthcare, MD, could benefit from improving their emotional intelligence level.

The survey consisted of five questions that provided the researcher with an informed understanding of the participant's emotional intelligence knowledge. Then the first assessment on emotional intelligence by Bradberry and Greaves came from the Talentsmart website, where each participant used the access code (from the supplied book, *Emotional Intelligence 2.0*) to access the appraisal. The second assessment was the online Enneagram test that gauged the personality type of each participant. While the study's focus was on EI, the researcher wanted to know if personality type influences one's Emotional Intelligence level. For example, does being a type One, a Reformer or type Nine, Peacemaker affects a chaplain's self-awareness or

relationship management? Or does it contribute in anyway to a chaplain's level of emotional intelligence? As the section on personality and emotional intelligence above suggests, there is a relationship, but how it influences the chaplains ability to provide patient-centered care would give insight to the chaplains at Adventist Healthcare, MD.

Assessments Results

The researcher distributed twenty-one packages to chaplains at Adventist Healthcare, Maryland. Each bag contained a copy of *Emotional Intelligence 2.0* by Bradberry and Greaves, a short survey consisting of five questions, and the websites for both the emotional intelligence and Enneagram assessments. When the data collection process began, the chaplain staff included seven staff chaplains, eight interns, and six part-time or PRN chaplains. Shady Grove Campus received nine packages, and eight chaplains completed the short survey and two online assessments. White Oak campus received twelve packages, and seven chaplains completed their assessments. The percentage of participants was 15/21 or 71.43%. Seven chaplains that did not participate in the process made up the balance of 6/21 or 28.57%. Since the evaluations were anonymous, and not all chaplains responded, it is difficult to know the respondents' specific age range and demographics. Suffice it to say that the current age range among the chaplain staff at both campuses is from 25 to 65. There are six females and fourteen males among the chaplain population at Adventist Healthcare, MD. The following is a breakdown of the results from the short survey presented.

Survey Results

The short survey comprised five questions that addressed the chaplain's understanding of emotional intelligence and patient-centered care. The breakdown is presented in Appendix A Question # 1. What is your understanding of emotional intelligence? Of the fifteen respondents,

eleven defined it as “understanding their own feelings and emotions and that of others.” The remaining four identified it in using phrases as “your gut feeling,” “Seeking to bring out an in-depth,” and “using one's instinct, ability, and maturity in challenging situations.” All the answers did capture the essence of emotional intelligence. They all focused on how a person understands his or her emotions primarily.

Question #2. What is your understanding of patient-centered care? All the respondents defined patient-centered care as “care directed at the individual and their well-being.” Their answers focused on the patients and meeting their needs, which is essential in patient-centered care. Two respondents added that patient-centered care involved “listening” to the patients' needs, which highlighted their awareness of how best to care.

Question # 3. What role do you think emotional intelligence plays in providing patient-centered care? All fifteen respondents believe that emotional intelligence is vital to the quality of care used. One chaplain wrote, “You need to be aware when your own emotions are getting in the way of patient care.” Another wrote, “if the caregiver understands their feelings, it helps to understand the patient's feelings and needs.” Another said it involves “differentiating one's own feelings from their patient's feelings.” The answers provided do define as well as capture the role that emotional intelligence plays in patient-centered care.

Question # 4. How does your Enneagram type influence how you care for patients? The answers to this question varied since not all chaplains have the same Enneagram type. Here are some of the answers presented. “I bring a positive enthusiasm in the life of the patients I care for.” It is interesting to note that the participant of this quote is a type Seven. Sevens are enthusiastic and high-spirited. Another, “I am a helper and peacemaker. I can empathize and show compassion.” The Enneagram type of this chaplain is a One and Two. Twos are helpers and are compassionate

and caring. However, this chaplain's primary type is One and not Nine, since Nines are peacemakers. This type of comparison indicates that what one hopes or thinks he or she does not necessarily reflect their actual type.

It is apparent that how these chaplains understand their Enneagram types to a large extent reflects what their survey results stated. One chaplain said that their Enneagram type, “reminds me to be cautious of not conflicting the patient with myself; they are unique individuals, and I should not try imposing my perspective on them.” This person is a primary type One and secondary type Three. Ones are principled, idealistic, and conscientious, which fits perfectly with the person who would avoid imposing their perspective. It is crucial to note of this type that in their unhealthy state, they have repressed anger and are workaholics. However, their healthy side brings balance, which makes them discerning and realistic. Someone else wrote, “it has helped me with my psychoanalysis with patients in the clinical setting, so I can better read their moods and thought processes in the here and now. However, it has sometimes clouded my emotional lenses to stay in the domain of rationality.” Says another, “I am a peacemaker by nature and completely enjoy supporting and helping patients, their families and well as the staff in need.” This chaplain was on target with his or her view on the Enneagram. As a Nine, the peacemaker is easygoing and supportive, and they are great at conflict resolutions, which can be beneficial to patients struggling with family issues.

The question seeks to delve into the chaplain's understanding of their Enneagram and if it influences how they care for their patients. Their answers, though different, gets to the heart of their knowledge. The chaplain who responded by saying, “my Enneagram type can be healthy or unhealthy in the way I minister and understand patient's needs spiritual, emotional, and mental,” shows an in-depth level of awareness regarding how he or she cares for their patient.

Question # 5. How does your level of awareness and mindfulness influence how you care for your patients? This question attempts to help the respondents determine whether they are consciously aware of their feelings when they visit their patients. The responses from the participants below indicate that they understand the significant role that emotional intelligence plays in their ability to provide patient-centered care. One respondent said, “Being aware of my emotions helps me separate myself from my patient's situation.” Another said, “I can perform better by seeing the needs of the patients.” The next response demonstrates that this chaplain is in touch with his/her feelings, “at times, I have a parallel experience with them and use it to be an empathetic listener.” Another said, “it reminds me not to get boxed into my own mind and my own ways of seeing and integrating with their world.”

There is clear evidence that the participants believe that their level of awareness and mindfulness is essential in the quality of care they provide. As this participant aptly said, “the level of awareness determines the quality of care and patient satisfaction. It affects performance, especially where compassion and empathy are concerned.” Another chaplain said, “the level of awareness enables me to be mindful of my emotions, blindsides, and situations that can catch me off guard.” The variety of answers shows that these chaplains are aware of their role at the patient's side and how knowing and being informed is vital for patient-centered care.

The short survey's objective was to get a deeper understanding of how the chaplains at Adventist Healthcare understand emotional intelligence and how their Enneagram types may influence how they provide care. It also attempted to get an in-depth look into how aware these chaplains are regarding their role at the patient's bedside. Hunt and Mortensen, et al. claim that

“ministers and leaders with fewer emotional skills degrade performance and limit the church's effectiveness.”¹⁶³

While some of these chaplains do serve as pastors in local churches, their role as healthcare chaplains does require a level of competency and professionalism that goes beyond congregational ministry. Having the capacity to understand their feelings and emotions is a skill taught during their CPE training. As Hunt and Mortensen et al. emphasized, “A more accurate designation for emotional intelligence is emotional competence (EC), emphasizing that one's emotional characteristics are rooted in both nature and life experiences and can be modified to some extent.”¹⁶⁴ As healthcare chaplains, it is apparent that these chaplains understand how their level of awareness can influence patient-centered care. The next section will address the results of the emotional intelligence appraisal.

Emotional Intelligence Appraisal Results

The emotional intelligence appraisal identifies a person's level of self-awareness, self-management, social awareness, and relationship management. The level of these categories determines whether someone demonstrates emotional intelligence or whether it is an area that needs improvement. How self-aware is a person who can understand their emotions and that of others? Based on the problem that this thesis project addresses, the point is that chaplains who are not emotionally aware would have a hard time understanding their emotions and that of their patients if they are deficient in self-awareness or relationship management, for example. The chaplain's emotional intelligence appraisal results determine whether their EI score is a strength

¹⁶³ Hunt and Mortensen, et al., “Emotional Competence,” 1.

¹⁶⁴ Ibid.

to capitalize on, an advantage to build on, improvements that are necessary to strengthen these skills, something that they need to work on, or a concern they must address.

The emotional intelligence appraisal categorizes the scoring according to the point system below.

Table 1. Emotional Intelligence Appraisal Point System¹⁶⁵

Score	Meaning
90-100	<p>A Strength To Capitalize On</p> <p>These scores are much higher than average and indicate a noteworthy strength. These strengths probably come naturally to you or exist because you have worked hard to develop them. Seize every opportunity to use these emotionally intelligent behaviors to maximize your success. You are highly competent in this skill, so work to capitalize on it and achieve your potential</p>
80-89	<p>A Strength To Build On</p> <p>This score is above average. However, there are a few situations where you do not demonstrate emotionally intelligent behavior. There are many things you have done well to receive this score and a few that could be better with some practice. Study the behaviors for which you received this score and consider how you can polish your skills.</p>
70-79	<p>With A Little Improvement, This Could Be A Strength</p> <p>You are aware of some behaviors for which you received this score, and you are doing well with them. Other emotionally intelligent behaviors in this group are holding you back. Lots of people start here and see a big improvement in their emotional intelligence once it is brought to their attention. Use this opportunity to discover the difference in the areas where you do not do as well.</p>
60-69	<p>Something You Should Work On</p> <p>This is an area where you sometimes demonstrate emotionally intelligent behavior, but not usually. You may be starting to let people down. Perhaps this is a skill area that does not always come</p>

¹⁶⁵ What the Scores Mean, taken from the results of participants whose primary personality type is one. Full report taken from <https://www.truity.com/upgrade-test-results>.

	naturally for you or that you do not make use of. With a little improvement in this skill, your credibility will go way up.
59 and below	<p style="text-align: center;">A Concern You Must Address</p> <p>This skill is either a problem for you, you do not value it, or you did not know it was important. The bad news is your skills in this area are limiting your effectiveness. The good news is this discovery, and choosing to do something about it will go a long way in improving your emotionally intelligent behavior.</p>

To further analyze the emotional intelligence appraisal results, Table 2. below reflects the four categories and the scores from each participant.

Table 2. Emotional Intelligence Appraisal Categories Score

Category of EI	Participants Scores
<p>1. Self-Awareness</p> <p>Your ability to accurately perceive your emotions and stay aware of them as they happen. This includes keeping on top of how you tend to respond to specific situations and certain people.¹⁶⁶</p>	<p>90-100: (4 participants) = 28.57%</p> <p>80-89: (2 participants) = 14.28%</p> <p>70-79: (5 participants) = 35.71%</p> <p>60-69: (2 participants) = 14.28%</p> <p>59 and below: (1 participant) = 7.14%</p> <p>1 participant did not submit their results for EI appraisal</p>
<p>2. Self-Management</p> <p>Your ability to use awareness of your emotional awareness to stay flexible and positively direct your behavior. This means managing your emotional reactions to all situations and people.¹⁶⁷</p>	<p>90-100: (0 participants) = 0%</p> <p>80-89: (5 participants) = 35.71%</p> <p>70-79: (6 participants) = 42.85%</p> <p>60-69: (3 participants) = 21.42%</p> <p>59 and below: (0 participant) = 0%</p>

¹⁶⁶ Your Overall Emotional Intelligence Score, taken from the results of participants whose primary personality type is one. Full report taken from <https://www.truity.com/upgrade-test-results>.

¹⁶⁷ Ibid,

	1 participant did not submit their results for EI appraisal
3. Social Awareness Your ability to accurately pick up on emotions in other people and get what is really going on. This often means understanding what other people are thinking and feeling, even if you don't feel the same way. ¹⁶⁸	90-100: (1 participants) = 7.14% 80-89: (4 participants) = 28.57% 70-79: (7 participants) = 50.00% 60-69: (2 participants) = 14.28% 59 and below: (0 participant) = 0% 1 participant did not submit their results for EI appraisal
4. Relationship Management Your ability to use awareness of your emotions and the emotions of others to manage interactions successfully. Letting emotional awareness guide clear communication and effective handling of conflict. ¹⁶⁹	90-100: (1 participant) = 7.14% 80-89: (5 participants) = 35.71% 70-79: (4 participants) = 28.57% 60-69: (4 participants) = 28.57% 59 and below: (0 participant) = 0% 1 participant did not submit their results for EI appraisal

¹⁶⁸ Ibid..

¹⁶⁹ Your Overall Emotional Intelligence Score, taken from the results of participants whose primary personality type is one. Full report taken from <https://www.truity.com/upgrade-test-results..>

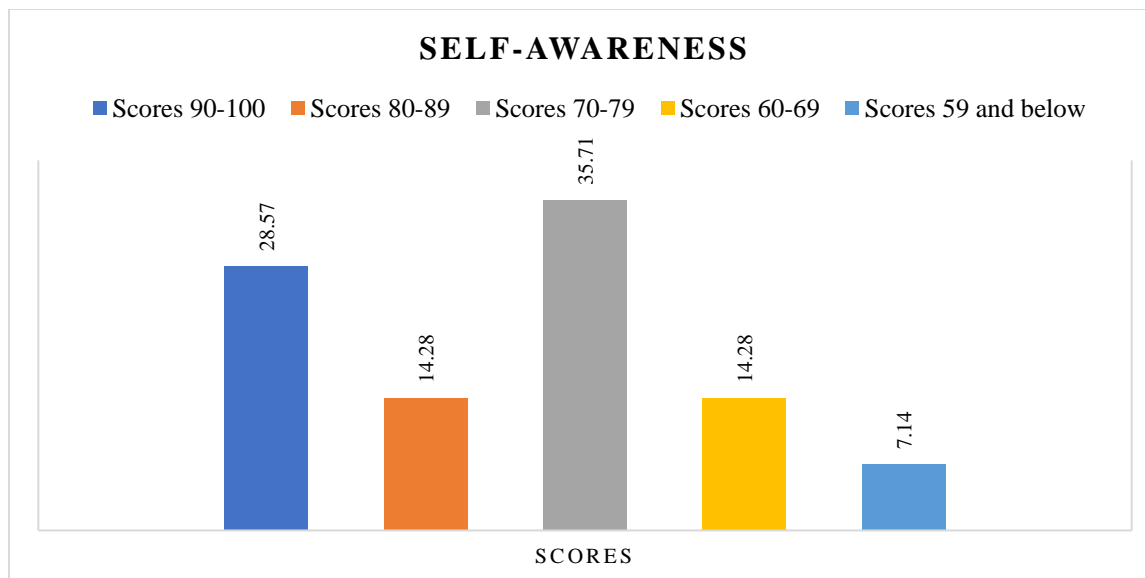


Figure 1. EI Category Score - Self Awareness

The category of self-awareness addresses a person's ability to perceive their emotions accurately and are aware of them as they happen in real-time. The scores in this category are shown in Figure 1. Of the sample size of 21 with 14 respondents, 4/14 or 28.57% scored between 90-100; 2/14 or 14.28% scored between 80-89; 4/14 or 28.57% scored between 70-79; 2/14 or 14.28% scored between 60-69, and 1/14 or 7.14% scored 59 and below. In the area of self-awareness, 28.57% of the chaplains scored between 90-100. The results show that their scores are much higher than average, and that strength exists because it came naturally or through effort. Another 14.28% scored between 80-89, which is above average. However, in the area of self-awareness, most chaplains show that some areas need improvement.

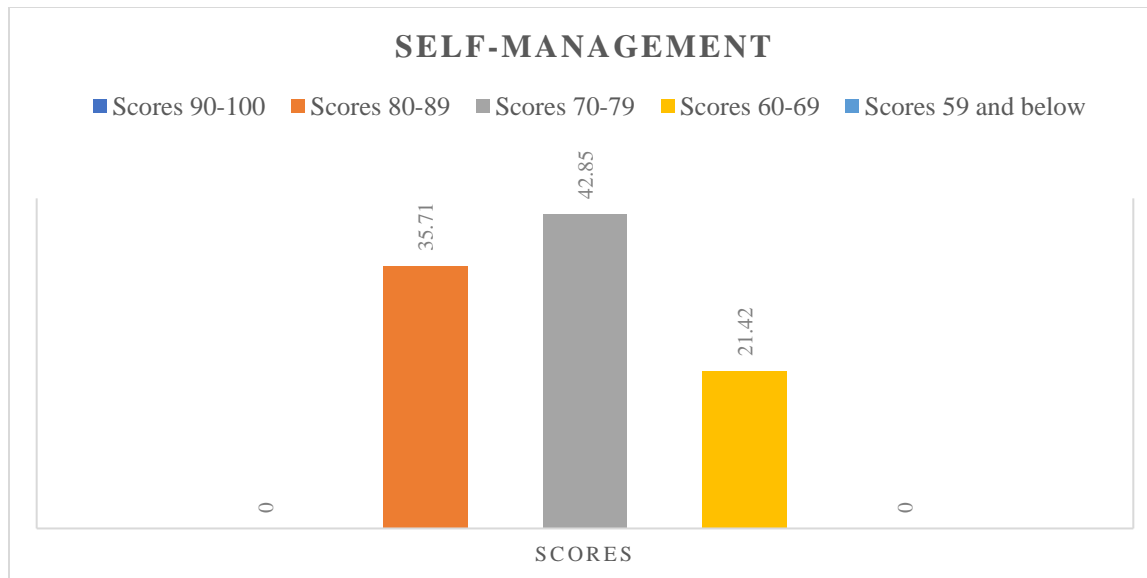


Figure 2, EI Category Score - Self Management

The category of self-management addresses a person's ability to use awareness of their emotions to stay flexible and positively direct their behavior. Figure 2 shows the scores of the participants. Of the sample size of 21 with 14 respondents, 0/14 or 0% scored between 90-100; 5/14 or 35.71% scored between 80-89; 6/14 or 42.85% scored between 70-79; 3/14 or 21.42% scored between 60-69, and 0/14 or 0% scored 59 and below. In the area of self-management, 0% of the chaplains scored between 90-100. The highest percentage in this category was 6 participants scoring between 70-79 or 42.85%. These results indicate that they are aware of some of the behaviors and are doing well with them.

The good news is that most people with that score range see significant improvements in their emotional intelligence once they are aware. The other uptake here is that 5 out of 14 participants scored between 80-89 or 35.71%, which indicates that they scored above average, even though there are a few situations where they do not demonstrate emotionally intelligent behavior. The emotional intelligence appraisal groups self-awareness and self-management as

personal competencies and combine both scores to determine an average. The average rating for all the chaplains who completed the appraisal is 77.07 for this competency.

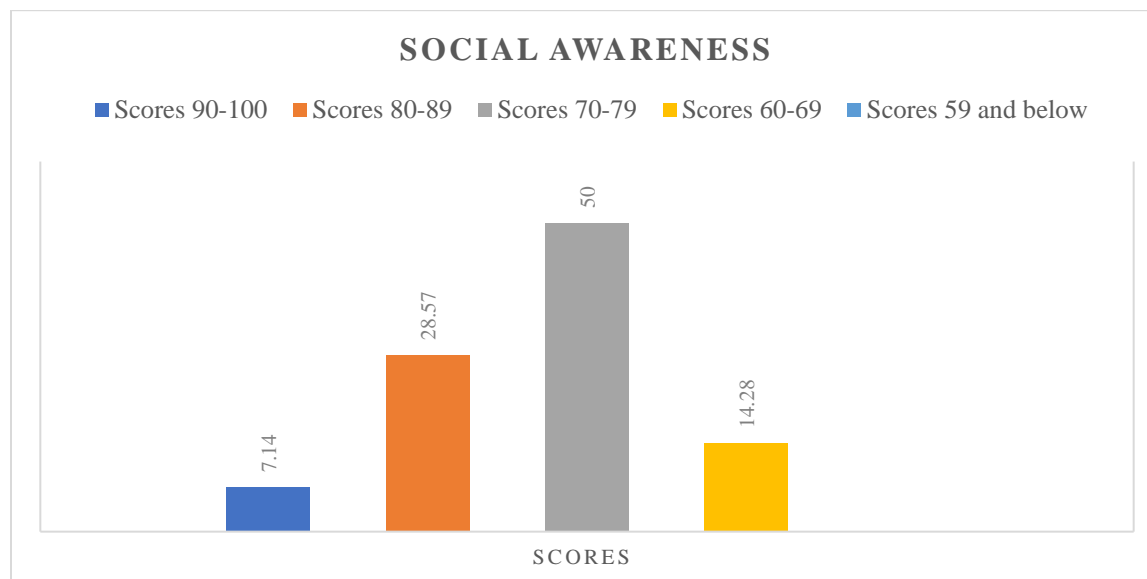


Figure 3. EI Category Score - Social Awareness

The category of social awareness addresses a person's ability to accurately pick up on emotions in other people and get what is going on. It also an indicator of the need to understand what other people are thinking and feeling, even if they do not feel the same way. Figure 3 shows the scores of the participants. Of the sample size of 21 with 14 respondents, 1/14 or 7.14% scored between 90-100; 4/14 or 28.57% scored between 80-89; 7/14 or 50.00% scored between 70-79; 2/14 or 14.28% scored between 60-69, and 0/14 or 0 scored 59 and below. In the area of social awareness, 7.14% of the chaplains scored between 90-100. The highest percentage in this category was 7 participants scoring between 70-79 or 50.00%. The point here is that they are aware of some of the behaviors and are doing well with them. The good news is that with average scores like these, most people see big improvements in their emotional intelligence once they have that knowledge. Social awareness is a critical skill for chaplains since they need to

pick up on the patients' emotions they visit because they are going to provide the type of patient-centered care that will make a difference.

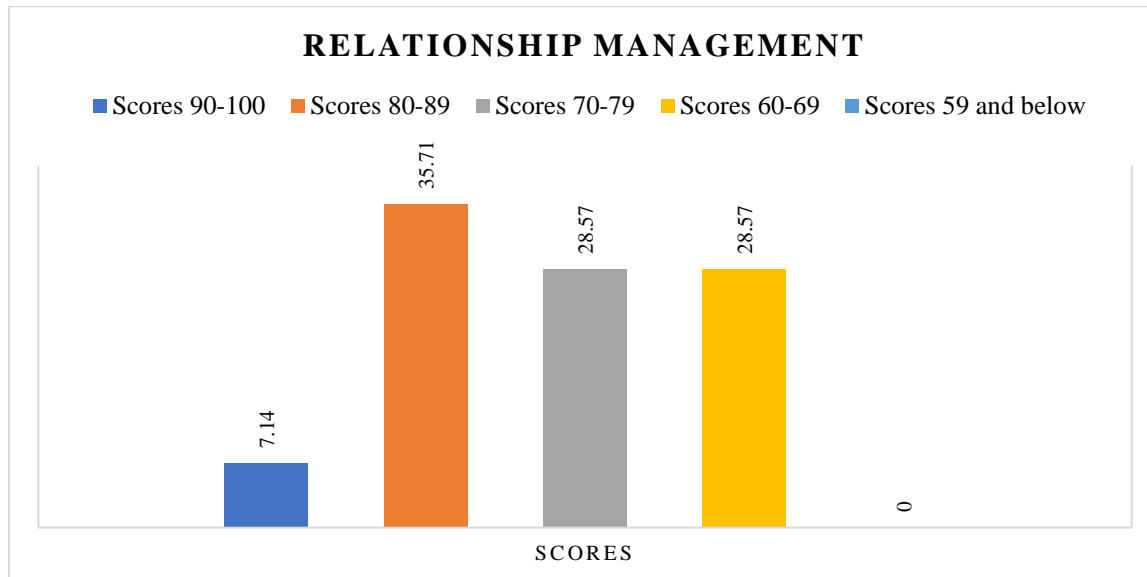


Figure 4. EI Category Score - Relationship Management

The category of Relationship Management addresses a person's ability to use awareness of others' emotions to manage interactions successfully. Figure 4 shows the scores of the participants. Of the sample size of 14 respondents, 1/14 or 7.14% scored between 90-100; 5/14 or 35.71% scored between 80-89; 4/14 or 28.57% scored between 70-79; 4/14 or 28.57% scored between 60-69, and 0/14 or 0% scored 59 and below. In the area of relationship management, 7.14% of the chaplains scored between 90-100. The highest percentage in this category was 5 participants scoring between 80-89 or 35.71%, which indicates that they are above average.

Social awareness and relationship management form a person's social competence. The average score of chaplains at Adventist Healthcare for social awareness is 78.28, and relationship management is 76.86. These numbers indicate that their social competence, which is a combination of social awareness and relationship management, is 77. The combination of all

scores in each category indicates that chaplains at Adventist Healthcare, Maryland, have an overall emotional intelligence score of 77.

The above section provided the emotional intelligence appraisal results, which gives perspective on how the chaplain's at Adventist Healthcare, Maryland, scored. It shows that in the 90-100 range, 28.57% have a remarkable strength for self-awareness, 14.28% is above average, and 35.71% are doing well with self-awareness. For self-management, 42.85% are doing well, and 35.71% is above average. For social awareness, 50.00% are doing well, but seem to be holding back. However, this group can grow and improve since, in this score category, most people start here and see a significant improvement in the EI. The area of social awareness, 50.00%, the most considerable number score in the range of 70-79 with 28.57% who are above average and 7.14% is higher than average.

Regarding relationship management, 35.71% is above average, with 7.14% in the 90-100 score range. In the area of personal competence, it appears that the average score is 77.07, and for social competence, it is 77. The data reveals that for chaplains at Adventist Healthcare, Maryland, the chaplains who participated in this survey score within the 70-79 range. The difference between the personal and social competencies of these chaplains is .07 and is not significant. What is apparent from the data is that most of the chaplain's emotional intelligence is in the 70-79 range. The next section will provide an analysis of their Enneagram results.

Enneagram Data Results

The Enneagram results “maps out nine fundamental personality types of human nature and their complex interrelationships.”¹⁷⁰ The test's object was to determine which types the chaplains at Adventist Healthcare, Maryland have, and if and how it may influence their

¹⁷⁰ Riso and Hudson, “Wisdom of the Enneagram,” 9.

emotional intelligence. Fifteen participants completed the short survey, and thirteen submitted the results of their Enneagram test. The results below will identify each type and the scores that the respondents submitted. In some situations, some results will show a tie with certain types. In the end, the results will present the two highest scores of each participant, and a percentage will explain which type or types that score the highest among the chaplains.

Table 3. Enneagram Types

Enneagram Type	Explanation
Type 1, Reformer	Type 1 can be thought of as The Perfectionist. Ones place a lot of emphasis on following the rules and doing things correctly.
Type 2, The Helper	Type 2 can be described as The Giver. Twos want to be liked and find ways that they can be helpful to others so that they can be loved and belong.
Type 3, The Achiever	Type 3 is also known as The Achiever. Threes want to be successful and admired by other people and are very conscious of their public image.
Type 4, The Individualist	Type 4 is known as The Individualist. Fours want to be unique and to live life authentically and are highly attuned to their emotional experience.
Type 5, The Investigator	Type 5 is described as The Investigator. Fives seek understanding and knowledge and are more comfortable with data than people.
Type 6, The Loyalist	Type 6 is also known as The Sceptic. Sixes are preoccupied with security, seek safety, and like to be prepared for problems.
Type 7, The Enthusiast	Type 7 is described as The Enthusiast. Sevens want to have as much fun, and adventure as possible and are easily bored.
Type 8, The Challenger	Type 8 is also known as The Challenger. Eights see themselves as strong and powerful and seek to stand for what they believe in.
Type 9, The Peacemaker	Type 9 is also called The Peacemaker. Nines like to keep a low profile and let the people around them set the agenda.

The results below show the fourteen participants and their top two matches with their personality type.

Table 4. Participant Enneagram Types

Participant	Personality type and score match
Participant 1.	Type 7: The Enthusiast - 98% Type 9: The Peacemaker - 97%
Participant 2.	Type 9: The Peacemaker - 98% Type 1: The Reformer - 93%
Participant 3.	Type 1: The Reformer - 99% Type 2: The Helper - 79%
Participant 4.	Type 2: The Helper - 98% Type 3: The Achiever - 98%
Participant 5.	Type 1: The Reformer - 99% Type 8: The Challenger - 79%
Participant 6.	Type 2: The Helper - 98% Type 7: The Enthusiast - 91%
Participant 7.	Type 8: The Challenger Type 7: The Enthusiast Did not provide results with a match percentage. Their score result was 22 for The Challenger and 21 for The Enthusiast.
Participant 8.	Type 1: The Reformer - 99% Type 3: The Achiever -83%
Participant 9.	Type 8: The Challenger - 98% Type 5: The Investigator -79%
Participant 10.	Type 1: The Reformer Type 6: The Loyalist Did not provide results with a match percentage. Their score result was 24 for The Reformer and 20 for The Loyalist.

Participant 11.	Type 2: The Helper - 98% Type 1: The Reformer - 98% Type 3: The Achiever - 98%
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Participant 12.	Type 1: The Reformer Type 6: The Loyalist Did not provide results with a match percentage or number score, their chart indicated their two highest scores.
Participant 13.	Type 1: The Reformer - 98% Type 3: The Achiever - 95%

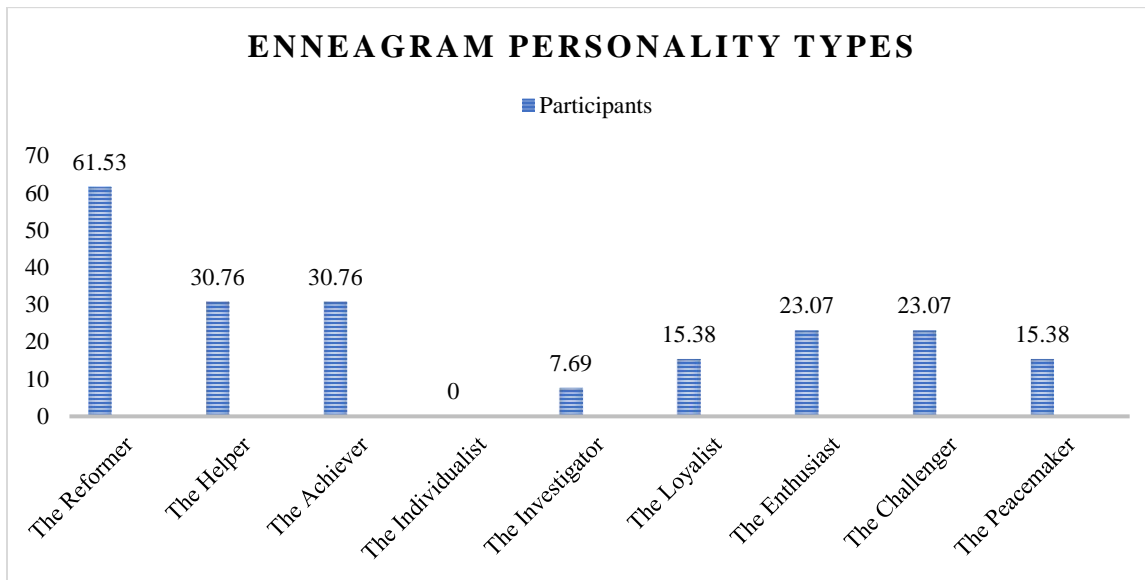


Figure 5. Enneagram Personality Types of Participants

The results revealed that 61.53% of the chaplains who completed the Enneagram test are Type One, The Reformer. As noted above, this personality type is the Perfectionist, who emphasizes following the rules and doing things correctly. The Helper and Achiever tied for second with 30.76%, and third place is a tie for types Seven and Eight. The characteristic traits of the Helper or type Two are that they want to be liked and find ways to be helpful to others so that they can be loved and belong, whereas, the Achiever, type Three wants to be successful and admired by other people. Type Twos and Threes are different from types Seven and Eight. Sevens are versatile and optimistic, and Eights see themselves as strong and powerful, so they seek to stand for what they believe. It is interesting to note that none of the chaplains who

participated in the study has a type Four since of all the personality types. Fours are the only type who live life authentically and highly attuned to their emotional experience.

The enneagram results give a nutshell summary of the primary type of each participant.

For Ones, the findings state that:

What defines them is their belief that everything must be in order, and by their feeling that they must always be 'right.' They show significant commitment and determination to improve conditions that they find need improvement, and they are forward in encouraging others to improve their performance, too. At their core, ones are the 'model children' of the Enneagram world – dutiful, responsible, and perfection-seeking. At the same time, they are idealists, in the sense that they know exactly how to perfect the world and wonder why others do not see it. Many Ones proselytize about the one true set of rules; the one true course of action; or how things 'ought' to.¹⁷¹

Twos, according to the results, seek to love and help the people around them.

Twos, according to the results, seek to love and help the people around them. They intuitively perceive when others need their support, and they offer it unconditionally. Twos are good at seeing the best in people, Twos will praise others warmly, always ready with a kind word and a listening ear. They have a knack for making others feel like the most crucial person in the world. To the outside world, it seems that the Two's caregiving is selfless. However, deep down, the Two would like their efforts to be recognized and appreciated. Twos are capable of manipulating others to get the recognition they think they deserve, and they can quickly flip into anger if they feel undervalued. They are well-meaning and driven to be close to others but can easily succumb to feelings of rejection if there's no reciprocation of their tender care and affection.¹⁷²

For Threes, the nutshell summary states that:

What defines Threes is their desire to achieve. They want to advance in the world and sacrifice almost anything for success, vigorously pursuing tasks, and are utterly absorbed in the pursuit of attainment. But they will only choose a job in the first place if it promises rewards and brings prestige. Threes like to stand out. They have a burning need to be admired and see life as a game where they emphasize winning. On the flip side, their interest in authenticity is low. Putting on the right public face and maintaining a successful image is more important to Threes than developing good relationships and

¹⁷¹ The nutshell summary of Ones taken from the results of participants whose primary personality type is one. Full report taken from <https://www.truity.com/upgrade-test-results>.

¹⁷² Ibid.

listening to genuine feelings. What Threes are selling, the rest of us are buying, and they certainly know how to wear a mask and make a good impression.¹⁷³

These personality types do not determine one's vocation or career choice. They merely provide self-knowledge from which the individual can get a better understanding of who they are and their natural tendencies. As Riso and Hudson state, there is a spiritual component to the Enneagram in that it reveals the spiritual heights that a person can attain. Still, it also sheds light nonjudgmentally on aspects of life that may be in spiritual darkness and bondage.¹⁷⁴ As a personality type instrument, it does not avoid the place of emotions in its application. The individual does not live in isolation from the 'self' or from the community that he or she is a part of; therefore, it is essential to note that self-knowledge can lead to transformation. Being present and mindful are critical skills for the emotionally intelligent person to possess, and the Enneagram aids in that process by providing a broader context for growth and transformation.

Summary

The Enneagram personality types indicate that the chaplains at Adventist Healthcare, Maryland, have different personality types as expected. While 61.53% of the chaplains tested as Ones, Twos and Threes were second places with 30.76% each. The results show that the chaplains possess different personality types, and the three dominant ones are the Reformer, the Helper, and the Achiever. There is no evidence that these various personality types hinder the quality of ministry that chaplains at Adventist Healthcare, Maryland, perform. However, it does show that their different personality types can be used in the pastoral care department to deliver patient-centered care to those in need of spiritual care. It does show, however, that their differing

¹⁷³ The nutshell summary of Threes taken from the results of participants whose primary personality type is Two. Full report taken from <https://www.truity.com/upgrade-test-results>.

¹⁷⁴ RiSo and Hudson, "Wisdom of the Enneagram," 10.

personality types can be used in the pastoral care department to deliver patient-centered care to those who are in need of spiritual care. Whether that impacts their levels of emotional intelligence may be dependent on the individual chaplain. For a further understanding of how these personality types interface with their emotional intelligence, the next section will provide a detailed analysis of the results from these assessments.

Analysis of the Survey, Emotional Intelligence Appraisal, and the Enneagram Test

The intent of the survey, appraisal, and test was to give a more in-depth perspective into how chaplains at Adventist Healthcare, Maryland, understand the place of emotional intelligence in delivering patient-centered care. The problem presented in this study, as stated in chapter one, is that hospital chaplains and interns at Adventist Healthcare, Maryland, need to understand how their emotional intelligence affects their delivering patient-centered care and the impact it has on their clinical practice. Such an understanding would assist chaplains in ensuring that their emotional intelligence lends to their ability to provide the best quality care to their patients. In analyzing the short survey, it is apparent from their results that these chaplains understand the importance of emotional intelligence in delivering patient-centered care. All fifteen participants in the study stated that emotional intelligence is paramount if chaplains provide patient-centered care. Furthermore, they defined patient-centered care as care focused on the patient and their well-being.

The survey results gave a concise picture of how these chaplains define and understand EI and patient-centered care. However, based on their emotional intelligence assessment scores, the results indicate that their scores were just average, around the 70-79 percentile, for their personal and social competences. The EI appraisal describes self-awareness and social awareness

as “what the individual sees.”¹⁷⁵ Self-Management and relationship management is about “what the individual does.”¹⁷⁶ Therefore, how the chaplain sees reflects how aware they are of their environment and the people they encounter. What they do provides insight gives a different picture on how they manage their interactions. The chaplain's self-awareness shows their ability to accurately perceive their emotions as well as show how in touch they are with their feelings and emotions in real-time. Social awareness is about their ability to understand the feelings in other people so that they can get a better understanding of how they feel.

The chaplain who is self-aware can perceive their emotions as they visit their patient and manage these emotions successfully. If, for example, a chaplain receives a call to visit a patient who just received a diagnosis with a Boost Principle Multiple Myeloma and has not achieved remission, he or she must be self-aware of his or her emotions before seeing that patient. Such a diagnosis can be daunting to a person and can seriously affect their feelings. The chaplain who is emotionally intelligent can process and recognize their feelings to determine how they may be affected by that news before seeing the patient.

The possibility exists that some chaplains could have prior experience with such a diagnosis, whether with a family member or friend. Not understanding their feelings can lead them to an insecure place in their minds, and the results would be catastrophic to the patient. Therefore, it would be incumbent upon chaplains to be self-aware of their emotions and that of their patients if they are going to provide patient-centered care. Chaplains who are self-aware are in a better position to manage their countertransference experiences, which results in better

¹⁷⁵ Emotional Intelligence Appraisal Report.

¹⁷⁶ Ibid.

patient-centered care. Why burden the patient with their unresolved emotions? A high level of self-awareness and relationship management brings out the chaplain's emotional intelligence.

In their book, *Emotional Intelligence 2.0*, Bradberry and Greaves give examples of people with high EI for each category. They share what it is like for someone with high self-awareness. Dave T. is a regional manager with a self-awareness score of 95. “In short, Dave manages his emotions; they don't manage him. I've seen him accept difficult business news with a brief frown, and then he quickly moves beyond that and partners with his team to find solutions to improve the situation.”¹⁷⁷

Compare Dave with Tina J., a marketing manager with a self-awareness score of 69. “When things are going well for Tina, her emotional intelligence skills are stronger. She needs to learn to read herself and recognize her triggers so that she can respond more effectively when triggered. She needs to become aware of how she is perceived. She can come across as being very demanding, but I don't believe she means to.” In their book, *Emotional Intelligence 2.0*, Bradberry and Greaves give examples of people with high EI for each category.

The examples above show the difference between someone who is self-aware and someone who is not. The chaplains in the study understand the place of emotional intelligence in patient-centered care; however, their scores revealed something different. There are times when they are self-aware and have excellent relationship management skills; however, like Tina, when triggered, it is easy to lose that high level of awareness. In that regard, it seems like their personality type can be something to rely on to provide balance. As a personality type instrument, the Enneagram also focuses on cultivating awareness. In addition to identifying personalities, the Enneagram gets people in touch with their inner selves to better understand

¹⁷⁷ Bradberry and Greaves, *Emotional Intelligence 2.0*, 28.

their feelings. Riso and Hudson observe that the Enneagram brings perspective since it can change and save one's life based on how aware they are of their surroundings.¹⁷⁸

Ultimately, the Enneagram reveals more than personality type; it can help the individual better understand who and what defines them. It intends to bring out or maintain the individual to see their true self without masks. An important point about the Enneagram is that “those who stay with the process, paying attention to what is real – to what is happening right now – can experience a subtle Presence pervading their inner space and surroundings.”¹⁷⁹

Contrasting a person's emotional intelligence with their Enneagram validates how emotions define the person. Bradberry and Greaves’ concept of personal competence and social competence goes to the heart of how emotions work. The results portion for each participant makes the point that “personal competence is the collective power of your self-awareness and self-management skills. This process includes staying on top of how you tend to respond to specific situations and certain people. Whereas, social competence is the combination of your social awareness and relationship management skills. It is more about how you are with other people.”¹⁸⁰ Therefore, a person’s emotional intelligence is about how they experience their emotions in the here and now. Riso and Hudson, in the same vein, state that cultivating awareness is a lifelong work and staying awake or aware they identify three characteristics:

- 1). We fully experience our Presence as a living being, here and now. (For them, that means) ...being grounded in the moment and having no feeling of resistance to the reality of the moment.
- 2). We take in the impressions of our internal and external environments completely and without judgment or emotional reaction. We can observe the many thoughts and feelings that pass through our awareness without being attached to them and interact with life

¹⁷⁸ Riso and Hudson, “Wisdom of the Enneagram,” 37.

¹⁷⁹ Ibid., 46.

¹⁸⁰ Results of the Enneagram Appraisal for each participant. Full report taken from <https://www.truity.com/upgrade-test-results>.

from a position of stillness rather than anxiety.

3). We are fully participating in the moment, allowing ourselves to be touched by the impressions around us and to fully taste and experience the richness and subtlety of our life.¹⁸¹

These three characteristics are about being emotionally present to the point where their participation now comes from awareness so that they can manage and direct their emotions rather than being managed by them. Both assessments call for the chaplain to move beyond where they are to a higher place or purpose. The results do not control the chaplain's destiny; they bring a level of self-understanding that can lead to growth. In analyzing the chaplain's results, the analysis below will compare the emotional intelligence scores with the Enneagram types to determine if any patterns emerge.

The three Enneagram types that emerged from the data are Reformer at 61.53%, Helper at 30.76%, and Achiever at 30.76%. In comparing the emotional intelligence results with these three categories, the average EI score for the Reformers is 77.64, Helper 77, and Achiever, 76.7.

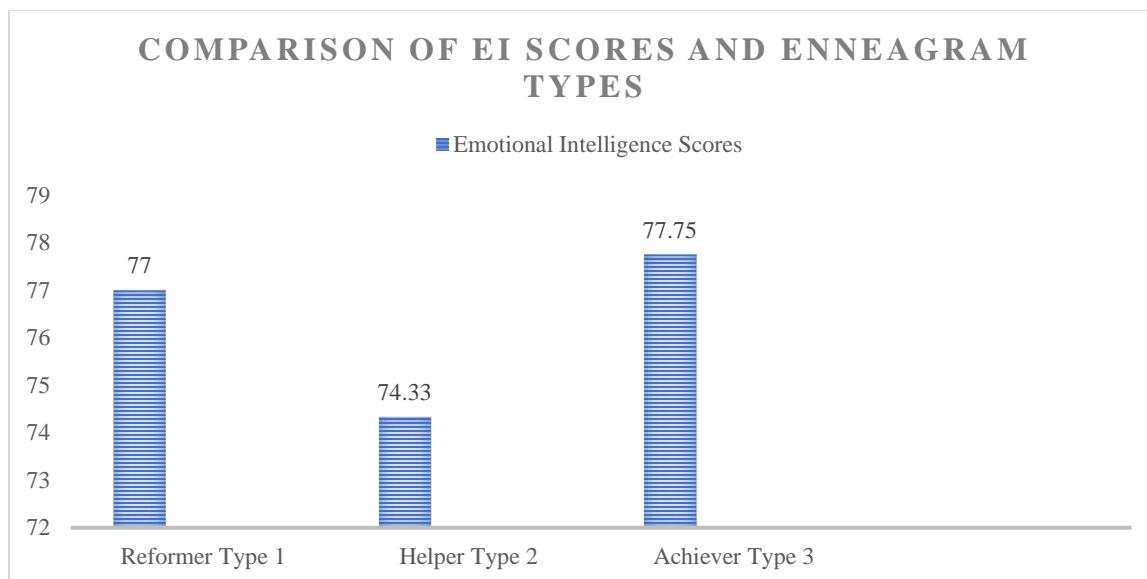


Figure 6 Comparison of EI Scores and Enneagram types

¹⁸¹ Riso and Hudson, "Wisdom of the Enneagram," 47.

The graph above shows the top three types among the chaplains. The numbers reflect only the primary and not secondary types. This research must address whether emotional intelligence and personality contribute to patient-centered care based on the results of the three assessments. The results of the emotional intelligence appraisal are intended to raise and expand the participants' awareness rather than to constrain them. Based on the printed results, each participant received comments on the things that most likely brought down their scores. Here are some of the examples. The results of a participant with a low EI says that they were "not fully grasping the role they played in creating the difficulties they encounter. Also, they were not spotting when others influence their emotional state and that they did not fully appreciate the impact their behavior has on others. Additionally, there were strategies to improve their self-awareness strategies and understand the ripple effect of their emotions."¹⁸²

Another participant with above-average scores found out that "they were blaming themselves too much for the difficulties they encountered. They, too, were given self-awareness strategies to improve."¹⁸³ A participant with very high scores also found out that they were "acting out when upset, they had trouble handling frustration, and resisting change. They received self-management strategies to improve."¹⁸⁴ It is crucial to note here that the participants in the assessments will discover ways to improve themselves in the areas that would better serve them in their interactions with others. It will also help them as they understand themselves and learn how to manage or regulate their emotions.

Like the emotional intelligence appraisal, the Enneagram gave the participants an inside look into their personality to better understand how they see and interact in the world. Riso and

¹⁸² Full report from the emotional intelligence taken from <https://www.truity.com/upgrade-test-results>.

¹⁸³ Ibid.

¹⁸⁴ Ibid.

Hudson breakdown each type, and a look at the three main types from the results will give some in-depth perspective of how the participants understand themselves concerning others. Type One: The Reformer is a “principled, idealistic person. Ones are ethical and conscientious, with a strong sense of right and wrong. They are teachers and crusaders, always striving to improve things but afraid of making a mistake. They go on to say that type Ones have problems with repressed anger and impatience. At their best, healthy Ones are wise, discerning, realistic, and noble, as well as morally heroic.”¹⁸⁵ Like all types, the healthy side always has an unhealthy side, and when Ones react to a stressful situation, they want to get away to unburden, and in that state, they resort to the world of fantasy. Therefore, when reacting to stress, Ones goes to Four. It is noteworthy to observe that “The move to Four is an indication of Ones' growing disenchantment and alienation. They feel that no one understands them or how hard they are working, and they can suddenly become moody, melancholy, and withdrawn.”¹⁸⁶

The chaplain, who is a One, has a high standard and very organized. Such assets would make them efficient team players; however, when they encounter stress, their desire to get away makes them a liability. The very nature of healthcare chaplaincy means that some situations are stressful, especially when dealing with terminal illnesses or death. The quality of Ones does show that if they have good self-management and relationship skills, they would be able to manage their emotions rather than be managed by them.

Since Reformers scored an average in the 70th percentile, it shows that their emotional intelligence could become a strength with little improvement. It is also crucial to note that the practices that can help Reformers develop mainly focus on how they understand their inner self.

¹⁸⁵ Riso and Hudson, “Wisdom of the Enneagram,” 11.

¹⁸⁶ Ibid., 116.

The point that Ones need to consider if they are to develop shows that they must be aware of their sense of well-being as well as their limits of endurance. Ones must also take time to notice how they are in the area of their emotional needs.¹⁸⁷ While the chaplains' scores were average regarding emotional intelligence, there is a consciousness among them that it is imperative to be self-aware to the extent that they can manage their emotions and are mindful of how it affects them and their patients.

According to Riso and Hudson, Twos are “the caring interpersonal type. Twos are empathetic, sincere, and warm-hearted. They are friendly, generous, and self-sacrificing, but they can also be sentimental, flattering, and people-pleasing. They desire to be close to others, and they often do things for others to be needed. They typically have problems taking care of themselves and acknowledging their own needs. At their best, healthy Twos are unselfish and generous and have unconditional love for themselves and others.”¹⁸⁸ From that analysis, Twos would be great chaplains who can care for others. However, Twos need to learn to balance and manage their lives to take care of themselves.

Realistically, Twos, who are chaplains, need to understand that the people-pleasing disposition has its limits at the patient's bedside. Since they want everyone to like them, they must learn to maintain boundaries with their patients. The emotional side of Twos indicates that they must confront their emotions before seeking a relationship with others. The point that Twos are trying to compensate for their positive feelings from someone else may likely indicate that they depend on others to feel complete.¹⁸⁹ There were Twos whose emotional intelligence appraisal were above average in their self-awareness and relationship management, but their self-

¹⁸⁷ Riso and Hudson, “Wisdom of the Enneagram,” 118.

¹⁸⁸ Ibid., 11.

¹⁸⁹ Ibid., 135.

management and relationship management skills were average. Some of the comments Twos received on their EI is that they have “trouble handling frustration, or they were acting out when they get upset. Another found out that they did not fully grasp their role in creating the difficulties they encountered or that they were not spotting when others influence their emotional state.”¹⁹⁰ In one case, the strategy for improvement was to be self-aware and know who and what pushes their buttons. The other found out that self-management strategies would help them improve their EI.

Chaplains who are Twos where their EI is a strength or above average would be healthy enough to be self-aware so that they can manage their emotions. Those chaplains who are not can improve by being mindful of their feelings and how they see others' emotions. The chaplain who visits a patient must keep that in mind. If, for example, if a nurse asks a chaplain to visit patient x, who is crying and having a hard time coping, the chaplain's approach must be to understand where those emotions are coming from before he or she can assess how to provide patient-centered care. Some of the questions that need attention are: Is the chaplain able to read others' emotions? Is the chaplain good at acknowledging other people's feelings when communicating with them? Is the chaplain an empathetic listener? The chaplain who can answer these questions in the affirmative would demonstrate a high level of emotional intelligence that would confirm that they can provide excellent patient-centered care.

Type Threes according to Riso and Hudson, are “adaptable, and the success-oriented type. Three are self-assured, attractive, and charming. Ambitious, competent, and energetic; they can also be status-conscious and highly driven for personal advancement. Threes are often

¹⁹⁰ Full report from the emotional intelligence taken from <https://www.truity.com/upgrade-test-results>.

concerned about their image and what others think of them. They typically have problems with workaholism and competitiveness. At their best, healthy threes are self-accepting, authentic, and everything they seem to be – role models who inspire others.”¹⁹¹ The fact that healthy Threes are self-accepting is to their credit since it shows that they can understand things that need changing. The reality that every personality type has strengths and weaknesses suggests that Three’s must learn to balance their workaholism and competitiveness with their desire to be authentic and self-accepting.

Regarding their emotional intelligence results, one of the Threes found out that what brought down their score was that they did not “fully grasp the role they play in creating the difficulties they encounter. They also learned that not fully appreciating the impact of their behavior on others works against them. They also face trouble understanding their emotions.”¹⁹² Three could face a challenge if they are unaware of their level of EI. Since “Threes are more concerned with putting on the right public face and maintaining a successful image than developing good relationships and listening to their genuine feelings,”¹⁹³ they must pay attention to how they can improve their emotional intelligence level.

When a chaplain, a type Three, is not in touch with his or her emotions, it seems like it would be a challenge for them to journey with patients dealing with an emotional crisis. There are patients whose medical situation overwhelms them emotionally. In instances like these, they need chaplains who are in touch with their emotions to help them process theirs. How can a chaplain whose emotional intelligence level are low become self-aware or mindful of others’

¹⁹¹ Full report from the emotional intelligence taken from <https://www.truity.com/upgrade-test-results>.

¹⁹² Ibid.

¹⁹³ Ibid.

emotions? Over 70% of the chaplains who participated in this study received strategies to improve their emotional intelligence levels. Some of the strategies for self-awareness include:

Time to check in with themselves and write down their core beliefs and values. They should also ask themselves, what are the values that they wish to live their life by? They could list their core values and beliefs in the left column of a sheet of paper. Things that they have done or said that they are not proud of in the right column. Then ask the question, is what you value in alignment with how you conduct yourself? If not consider alternatives to what you said and did that would have made them proud of themselves, or at least more comfortable.¹⁹⁴

Another vital strategy for self-awareness is their need to observe the ripple effects of their emotions and to see how it impacts others. That means that they must learn to reflect on their emotional behaviors and receive feedback from their peers. Chaplains learn in the CPE process that reflecting upon their emotions is paramount for them to get in touch with their feelings and that of their patients. Regardless of the chaplain's emotional intelligence level or Enneagram type, quality patient-centered care demands that chaplains are self-aware, manage themselves, have social awareness, and manage their relationships. Chaplains who are incapable of that level of emotional intelligence would have a difficult time providing patient-centered care.

Synthesis of Data Results

The data results and analysis portion of this thesis provided fifteen chaplains who completed the short survey, and thirteen chaplains who completed both the emotional intelligence assessment and the enneagram test. The majority of the thirteen chaplains had an average in the 70th percentile for their appraisal. Of all the emotional intelligence categories, the lowest scores were for self-awareness at 30.76%, and the highest ratings were in the social awareness category of 53.84%. Self-management had the second-highest score at 46.15%, and the third was with relationship management at 34.46%. The analysis of these results indicates

¹⁹⁴ Bradberry and Greaves, *Emotional Intelligence 2.0*, 87.

that while the chaplains were able to articulate the importance of emotional intelligence on their short survey in real-time, there is definite room for improvement. The good news is that because the majority were between 70-79 range, they can make their emotional intelligence a strength with little more growth. The Enneagram results show that most chaplains are Ones, Reformers at 61.53%, and Helpers and Achievers were at 30.76%. By comparing the chaplain's emotional intelligence results with their Enneagram type, the data indicated that the Reformers were at 77% in the EI levels, Helpers at 74.33%, and Achievers at 77.75%, which gives us an average 76%. The purpose of this study was to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland. The results indicate that chaplains deficient in EI categories like self-awareness, self-management, social awareness, and the relationship would have a challenging time connecting with patients on an emotional level.

Furthermore, the personal and social competencies needed to connect with patients on that deeper level would be deficient. Since all the chaplains at Adventist Healthcare recognized the importance of emotional intelligence in delivering patient-centered care, it would be hard to conclude that emotional intelligence does not play a role in the delivery of patient-centered care. Additionally, the problem of this study stated that hospital chaplains and interns at Adventist Healthcare, Maryland, need to understand how their emotional intelligence affects their delivering patient-centered care and the impact it has on their clinical practice. It now shows that such an understanding would assist chaplains in ensuring that their emotional intelligence lends to their ability to provide the best quality care to their patients.

Chapter 5

Conclusion

This thesis project addressed the topic: The role of emotional intelligence in chaplaincy: an analysis of EI in the delivery of patient-centered care. The study's thesis indicated that if chaplains and interns understand the place of emotional intelligence in delivering patient-centered care, then their clinical practice would reflect how they implement spiritual core competencies. The data analysis chapter of this project validates that while most of the chaplains' emotional intelligence scores are within the 70-79 range, their survey results indicate that they do understand the place of EI in the delivery of patient-centered care. It is crucial to note that none of these participants underestimated nor undermined the value of emotional intelligence. It is relevant to observe that their level of self-awareness and mindfulness is an indication that they have reflected on the place of emotional intelligence as they delivered patient-centered care.

Since this was an action research project, the use of a survey and two online assessments provided the type of data that gave an in-depth view of how these participants understood emotional intelligence. In contrast, the appraisals gave perspective regarding their personality type and actual EI levels. Fifteen participants submitted results for the survey but turned in the incorrect personality type profile. Fourteen participants submitted their results out of the twenty-one who received packages. The results of the appraisals did show that most of their participants are in an ideal place to grow and improve their emotional intelligence levels. It was also interesting to note that their personality type, according to the Enneagram, was also concerned about EI issues like self-awareness and mindfulness. The results would benefit these chaplains at Adventist Healthcare, Maryland, as they continue to deliver patient-centered care.

The purpose of this study was not to study the results of a group of perfect chaplains whom all would score within the 90-100 range on the four emotional intelligence categories, self-awareness, self-management, social awareness, and relationship management. It was to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland. The data results indicated that these participants understood the place of emotional intelligence as they provide the best quality ministry to their patients. The results indicated that regardless of their emotional intelligence levels or personality type, personal, emotional, and spiritual growth would enable them to continue to build on where they are as chaplains.

Correlation of Study to Literature Review

The literature surveyed for this study focused on the framework for understanding emotional intelligence. Salovey and Mayer's work provided a working definition of EI that was used in this study to show that an emotionally intelligent person has the skills to understand their emotions as well as others. So, emotionally intelligent persons are aware of their feelings and emotions and are perceptive enough to discern the same in others. This study highlighted that the chaplain who is self-aware of how they feel during a visit could then ascertain how their patient feels. Such awareness would classify the chaplain in the category of an emotionally intelligent person. The framework for such an understanding stems from the observation that "EI is in our biology."¹⁹⁵ One can argue that that EI is hardwired within humans since, by nature, they are emotional beings. Therefore, emotional intelligence is more than cognitive abilities; it is getting in touch with one's inner self. As one participant described it, EI is "the ability to understand, control, and express one's emotions regarding self and interpersonal relationships." Such is the

¹⁹⁵ This study cited the work of Daniel Coleman who made the point that EI is a part of human biology. He referred to studies showing why the prefrontal cortex governs aspects of human emotions. Coleman, 26.

point that Omid and Haghani et al. made when they observed that there is an emphasis on “the intra and inter-personal intelligences which gives humans the ability to understand his/her own and others.”¹⁹⁶ The interplay between self-awareness and self-regulation shows the capacity of the EI person to understand who he or she is and how to relate to others.

The emotional intelligence appraisal and the Enneagram personality types highlighted how these participants understand their emotions as it relates to their personality. The results of these instruments did point to, based on the literature reviewed, that emotional competence is necessary for a profession like a hospital chaplaincy. The degree with which a person is emotionally intelligent would be favorable to their profession, especially if they are always interacting with other humans. As Omid and Haghani et al. noted, individuals who have a degree of social and emotional competence would be successful since they can maintain a healthy and productive.”¹⁹⁷ The emotional intelligence of chaplains is necessary since it brings specific competencies that would be an added value to patient-centered care.

While the literature surveyed did not specifically address emotional intelligence among healthcare chaplains, it offered insight into emotional intelligence and job satisfaction. Furthermore, the fact that there is no overwhelming amount of research on chaplains and emotional intelligence suggests that there is room for future research in this area. Future research can focus on emotional intelligence in palliative or hospice care, considering that the nature of that type of ministry is very emotional. The study can focus on the emotional intelligence levels of hospice and palliative care chaplains. One of the intents of this study assumed that there is a relationship between healthcare chaplaincy and emotional intelligence. The results of the data do

¹⁹⁶ Athar Omid and Fariba Haghani et al. “Emotional Intelligence: An Old Issue and a New Look in Clinical Teaching.” *Advance Biomedical Research*, 2018. 1.

¹⁹⁷ Ibid., 4.

indicate that chaplains at Adventist Healthcare, Maryland, see and understand that relationship. The reality is that successful chaplains must be able to provide quality patient-centered care that will help the patient cope and understand how their illness affects them. It is also addressing the need for a chaplain to help their patients manage the emotional toll of their illness without having it add unnecessary burdens upon them. To accomplish that, however, the chaplain must be emotionally intelligent. As West suggested, “a conceptual framework can be constructed in which the four domains of EI (self-awareness, self-management, social awareness, and relationship management) are shown to be key influences in the job satisfaction of pastors.”¹⁹⁸ This statement's essence brings clarity to the thesis of this research since it echoes the point that if chaplains and interns understand the place of emotional intelligence in delivering patient-centered care, then their clinical practice would reflect how they implement competencies for spiritual care.

Another area of the literature surveyed suggests that a chaplain who is emotionally deficient lacks self-awareness. The self-awareness levels for the participants of this study were average at 77 out of 100. This score does not suggest that their self-awareness is a deficiency. Instead, it points to the fact that it positions them to grow because there are times when they are self-aware. As one respondent wrote, in answer to question 5 on the survey, (how does your level of awareness and mindfulness influence how you care for your patients?), “being aware of yourself and being mindful always brings closeness to a relationship.” Another said, “It is a journey, and I am a work in progress. I have noticed that accepting patients for who they are culturally, spiritually, and socially has impacted my practice. It has helped me to let them set the agenda, and I am there as a living human document facilitating the process at the same time

¹⁹⁸ John L. West, “An Analysis of Emotional Intelligence Training and Pastoral Job Satisfaction,” *Journal of Pastoral Care & Counseling*, 70 (4), 2016, 230.

mirroring myself in the journeying. Patient care has been effective and efficient.” The depth of this statement enforces the point that self-awareness enhances the quality of care chaplains provide.

Silvia also stresses self-awareness when he said, “self-awareness and emotional intensity as a critical component of someone who can regulate their emotions.”¹⁹⁹ As highlighted before, self-awareness is also a critical component of one's Enneagram type. Riso and Hudson made a poignant observation referencing self-awareness; they state that people must learn to observe and let go.²⁰⁰ They further made the point that people must learn to observe themselves, “seeing what arises in them from moment to moment, and seeing what calls them away from the here and now.”²⁰¹ It is crucial to note that, in essence, that is mastering self-awareness in real-time. Chaplains who learn to observe at the patient's bedside without judging or becoming enmeshed with the patient's situation is practicing self-awareness that reflects patient care that is effective and efficient.

Another significant correlation between the literature review and the study is that chaplains understand patient-centered care's meaning. Most of the participants observed that patient-centered care is about the patient's well-being, including their emotional, spiritual, and physical self. From their perspective, the chaplain who focuses on what the patients need can better cater to their needs. The literature surveyed also raised the point that patient-centered care is an integrated perspective where the professional, the chaplain, serves as a spiritual caretaker and ministers to the patients' needs. Doehring observed that the approach used by the chaplain,

¹⁹⁹ Paul J. Silvia, “Emotional Intensity,” 3.

²⁰⁰ Riso and Hudson, “Wisdom of the Enneagram,” 40.

²⁰¹ Ibid.

whether premodern, modern, or postmodern should be a tool that can help them connect regardless of the patient's faith or none faith.²⁰² The point he makes is that the chaplain cannot connect unless he or she can relate to where the patient is in his or her state of mind. Dykstra takes it to another level, where he used images to show how the chaplain understands his or her role and relationship to the patients. Images such as "wounded healer" keep the chaplain in touch with his or her brokenness and helps them identify with the patient to meet their needs better.²⁰³ As one respondent remarked, "focusing on patient-centered care allows the caregiver to be compassionate so that they can meet the patients where they are."

The very nature of providing spiritual care requires that the caregiver must be able to connect with the patients. While emotional intelligence gives awareness and provides strategies for relationship management, personality type also aids in that endeavor. For example, Nines can bring people together and help them manage and conflicts, while Threes can inspire others. As the literature review suggests, the Enneagram gives context that helps the chaplain understand how his or her personality contributes to how they provide care. The Enneagram type does not give the chaplain the answer to all questions, nor does it help determine a person's character. The Enneagram, according to Riso and Hudson, provides an in-depth look at how people view the world, the kinds of choices they make, and where their values are, how they respond to stress and many other things they consider important.²⁰⁴ In other words, it provides chaplains with the skills to gain perspective on how to understand the world of his or her patients so that they can better provide care.

²⁰² See Doebling, *Practice of Pastoral Care*, 2.

²⁰³ Dykstra, *Images of Pastoral Care*, 76.

²⁰⁴ Riso and Hudson, "Wisdom of the Enneagram," 17.

Furthermore, the data concurs with the literature review that the Enneagram does provide guidance and helps the participants to understand that they are spiritual beings. Understandably, chaplains provide spiritual care in the healthcare setting because of the nature of their ministry. Emotional intelligence highlights the need to be emotionally in tune, and the Enneagram shows how personality further guides the process. As spiritual care providers, the Enneagram offers specific insights into both the psychological and spiritual aspects of the chaplain. As Narges Jamali et al. in the literature review summed up, “emotional regulation aligns with spiritual health.”²⁰⁵ The Enneagram is an instrument that can help the spiritual care provider get in touch with their inner spiritual self. The chaplain's personality type, whether it is a One, Two, or Nine, gives the chaplain a better glimpse into the self so that he or she can understand why the connection with that patient was on point or lacking.

The literature review for this study briefly examined the framework for understanding emotional intelligence, understanding the emotional process to include thoughts and feelings, emotional and spiritual well-being, and personality and emotional intelligence to highlight a few areas. The data shows that understanding the emotional processes gives perspective into where the chaplain is regarding the four components of an emotionally intelligent person. The chaplain who has self-awareness, self-management, social awareness, and relationship management skills are more self-conscious of who they are in others' presence. The few chaplains who scored in the 90-100 range displayed a level of emotional awareness that gave them a better grasp of themselves concerning others. As Omid and Haghani et al. suggested, “researchers believe that if

²⁰⁵ Narges Jamali et al., “Spiritual Health and Emotional Regulation.” 36.

we decide to improve individuals' performance, then we should raise the emotional intelligence."²⁰⁶

One of the reasons this study included the Enneagram personality type with emotional intelligence is the relationship between them. As the literature surveyed suggested, it is hard to ignore the close relationship between personality and emotional.²⁰⁷ What the Enneagram data revealed about personality is that the more in touch the participant was with their feelings, the higher their emotional intelligence score. One of the participants who scored 98 for their self-awareness had a 92 for their competence and 93 for social competence. That is one of the reasons why Riso and Hudson argue that people who get in touch with their being do not lose their personality.²⁰⁸ On the contrary, they note that it becomes more transparent because the less identified someone is with their personality; it will become smaller.²⁰⁹ The value of this position is that emotional intelligence and personality work hand in hand. Maybe that is why Birks and Watt emphasized that "while emotional intelligence does appear to correlate with measures of personality, it seems to be a better predictor of personal performance than personality measures."²¹⁰ It is not hard to conclude that the literature surveyed correlates with the study's data that shows how emotional intelligence and personality type contribute to better patient-centered care because of the level of awareness and mindfulness that it gives the chaplain.

²⁰⁶ Omid and Haghani et al., "New Look in Clinical Teaching," 1.

²⁰⁷ Mehta, Sandhya, "Emotional Intelligence of Teachers," 63.

²⁰⁸ Riso and Hudson, "Wisdom of the Enneagram," 29.

²⁰⁹ Ibid., 30.

²¹⁰ Birks and Watt, "Patient-centered Care," 370.

How Results Related to the Theological Framework

The theological framework for this study was that the Bible provided a foundational basis for understanding the chaplain's call to minister. As stated in chapter 2, the book of Acts gives a mandate to the pastor to, "Pay careful attention to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to come to the church of God, which he obtained with his own blood" (Acts 20: 28, ESV). What this text emphasizes is that the minister must pay careful attention to himself or herself and others. That is the very definition of emotional intelligence.

Furthermore, the image of the shepherd in Psalm 23 connotes one who goes after and cares for the sheep. Within this context, hospital chaplains assume the role of the shepherd who cares for the patient. As exemplified in the New Testament, the ministry of Jesus was about nurturing, showing empathy, and providing emotional support to those in need. Mark 2: 9-12, depicted Jesus who showed compassion for a person with paralysis because he sensed his need for wholeness. His ministry's compassionate side involved the support he gave to those who were sick spiritually, mentally, and physically resonated with hospital chaplains who provide similar ministry.

The wisdom motif in the book of Proverbs embraces attributes that bring insight or self-awareness like what emotional intelligence presents. The results validate that attributes like self-awareness, managing emotions, recognizing emotions in others, and handling relationships require insights and introspection that one can classify as wisdom associated with emotional intelligence. The fact that each participant recognized the value and benefit of emotional intelligence in providing patient-centered care is foundational to the biblical principles for caring for the sick, where the shepherd is in touch with those who need healing.

Therefore, the foundation for chaplaincy ministry is rooted in the Bible and exemplified in Jesus's life and ministry. There is no doubt that the New Testament presents an emotionally intelligent Jesus who was self-aware, mindful, and could regulate his emotions. The story of the feeding of the multitude in Mark 6: 30-44/Matthew 14: 13-21/Luke 9:12-17/John 6: 1-15 reminds the reader that he was self-aware. This point has been the thesis of this project. The emotionally intelligent chaplain is self-aware and mindful of his or her emotions, which invariably influences how he or she provides care. Jesus understood the feeling of those who followed him, and that is one of the reasons they were disciples. As one participant said, “If the caregiver understands their feelings, it helps to understand the patient’s feelings and needs.” There is no doubt that the shepherd fits into that category. Another participant wrote, “pastoral care involves providing mental, emotional, physical, and spiritual support. The chaplain’s ability to ‘minister to’ the patients’ needs in a way that may help the patient feel whole is what patient-centered care means.” The fruits of the Spirit, as presented in Galatians 5, require the wisdom of an emotionally intelligent chaplain. The results of the study mirror the theological framework presented earlier.

How Results Related to the Theoretical Framework

In chapter 2 of this study, the researcher stated that “the theoretical framework of this thesis is that the cognitive elements of EI like self-awareness, mindfulness, self-reflection, and empathy are more in line with the job of the chaplain as he supports patients.” Considering that these components are the core categories of emotional intelligence, this study has presented evidence in the data that shows why chaplains at Adventist Healthcare, Maryland, need to be aware of how emotionally intelligent they are in providing patient-centered care. As noted before, healthcare chaplains received specialized training that teaches them how to reflect and

process their emotions. Their training teaches them about transference, countertransference, active listening, parallel process, and spiritual bypass, to name a few, to teach them to understand their emotions so that they can identify that of others. The data results are in sync with what the participants shared about emotional intelligence and how they understand their personality type to influence their practice.

As some of the chaplaincy's current practices show, one of the chaplain's primary responsibilities is providing patient-centered care. A key mode of patient-center care practice employed by Adventist Healthcare and other healthcare institutions is for CPE trained chaplains to visit patients daily to ensure that they understand the needs of the patients before they can provide support. While the literature surveyed did not address the interrelationships between emotional intelligence, the Enneagram, and patient-centered care, prior studies emphasized emotional intelligence in pastoral care. While 100% of the chaplains who participated in the study indicate that emotional intelligence is a crucial skill to have when providing patient-centered care, the Enneagram results confirmed that the different personality types did not stifle their need to be emotionally intelligent when providing care. As one participant said, “my Enneagram type helps me know myself better, know my feelings better, and know the healthy and unhealthy sides of myself.” This statement reflects how this chaplain understands how the Enneagram type still focuses on the emotional side. Another wrote, “the Enneagram shows my strength in caregiving and concern for others.”

The study makes the case that the theoretical framework for this study harmonizes with the results presented. While previous studies focused on emotional intelligence and job satisfaction and even pastoral job satisfaction, this study was concerned about EI and the Enneagram of chaplains in the hospital setting. As a member of an interdisciplinary team, the

chaplain's work is critical to the overall care of patients. Since total patient care embodies wholeness, the more competent the chaplain is, the more the patient will benefit from spiritual care from trained healthcare chaplains.

Implications of the Study

This section addresses the implications of the study. It will cover what the researcher learned, where future research in this area can focus, and how the results might apply in other settings. Further work on some of the relationships seen in this study between personality types and emotional intelligence would be crucial for healthcare chaplains as a whole since the issue of emotional intelligence is critical to the ministry they provide. While emotional intelligence can be considered an umbrella concept that addresses the four components, the study highlighted its utility in other areas that would significantly contribute to the world of research.

What the Researcher Learned.

Undertaking this study was a passion for the researcher because the nature of healthcare ministry goes beyond members of the clergy visiting their members in the hospital. Generally, clergy members who receive CPE training visit their members to provide support, encouragement, and prayer. However, trained CPE clergy have a different understanding of what it means to journey with the patient during their hospital stay. One of the lessons that the researcher learned is that chaplains at Adventist Healthcare, Maryland, understand how crucial emotional intelligence is in their clinical practice. None of the chaplains in the survey downplayed the place of EI in their clinical practice. While the chaplains who participated in the study learn about the Enneagram type personality in their training, emotional intelligence is not a part of their curriculum. The nature of the CPSP program indeed invites its trainees and

practitioners to get in touch with their feelings and emotional side, but there is not an emphasis on EI.

The other lesson the researcher learned is that not knowing the names behind the results made the data analysis process more objective. The results were collected, not knowing who scored within the 90-100 range or the 60-69 range. Thus, the results were without bias, and there was a more objective view of the analysis. It is easy to be biased when the participants are co-workers. The researcher could not determine what their viewpoints were and, therefore, could not judge them unintentionally. That aspect of the data results left the researcher feeling confident that the data analysis process was not slanted to fit a narrative but reflected what the results were regardless of what they said. As a result of what the researcher learned through the data results sections, he will recommend to Adventist Healthcare, Maryland, the following:

1. The CPE Supervisor could include emotional intelligence as a part of the training programs for interns at Adventist Healthcare, Maryland. The students can take the EI appraisal to know their level to focus on some of the strategies suggested.
2. Staff chaplains who have not taken the EI appraisal should also do so to bring awareness and how it impacts how they deliver patient-centered care.
3. During one of its monthly staff meetings, there can be a presentation about the importance of emotional intelligence in patient-centered care.

Implementing these emotional intelligence sessions would help chaplains at Adventist Healthcare, Maryland, understand the role of EI in their ministry. These sessions could also address the Enneagram to show how they connect and what lessons they can draw from their experiences as they compare their emotional intelligence levels and their Enneagram type. Such

a program would greatly benefit the spiritual care department as it trains and grows chaplains to serve and minister to their patients.

Recommendations for Future Research

The limitations of this thesis project from the onset indicated that it was focused on the chaplains and interns at Adventist Healthcare, Maryland. Although there are many other healthcare institutions in the state of Maryland, this study could not examine the emotional intelligence and Enneagram of the other chaplains in the area. Furthermore, the population of this study is small. Out of the twenty-one chaplains who received packages, only fourteen responded to all the data instruments. Therefore, in both scope and size, this study is limited. It would add more refinement and insight into the field of study if future research combining emotional intelligence and the Enneagram has a larger population size across several healthcare institutions in more than one state. Such an undertaking would have more chaplains participating, and the results would also encompass and reflect a more diverse group.

Additionally, research comparing the results among a diverse and larger pool of chaplains would add value to chaplaincy as a discipline. The fact that chaplains who serve hospitals, both civilian and military, as well as prisons, have CPE training in common, the ability to study and compare results from these different institutions would help develop better training manuals that address a wider range of chaplain ministries.

How the Results Might Apply in Other Settings.

Utilizing the emotional intelligence appraisal and Enneagram personality profile in the CPE setting focuses on how chaplains provide patient-centered care. In other settings, however, the results may be different. Since the participants from this project were chaplains who work in palliative care, behavioral health units, rehabilitation hospitals, and other healthcare, the results

reflect how their clinical setting experience would influence their understanding of patient-centered care.

In military settings, the use of the results from this study in training programs would help bring more awareness, especially in counseling service members who are suicidal or have experienced trauma like Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). Trained chaplains can improve their emotional intelligence skills using the data to develop training centered in these specific areas. Military chaplains who serve in hospitals and units could incorporate training at both the entry-level for chaplains in the Basic Officer Leader Course and during one of their monthly training when stationed in garrison.

The prison ministry is a setting that might apply the results differently. Chaplains in that environment could conduct training sessions that would help them as they counsel inmates. The prison setting can take an emotional toll on care providers, and understanding their personality type and emotional intelligence levels can be a tremendous asset to prison chaplains.

Campus ministry is another setting where the results could be applied. In this academic setting, chaplains and staff can use these tests to understand and serve students who are generally young and seeking ways to grow. These different settings could apply these results in ways that would make their care providers more efficient and effective.

Final Summary

This thesis project examined the topic of *The Role of Emotional Intelligence in Chaplaincy: An Analysis of EI in the Delivery of Patient-Centered Care*. The problem presented was that hospital chaplains and interns at Adventist Healthcare, Maryland, need to understand how their emotional intelligence affects their delivering patient-centered care and the impact it has on their clinical practice. The purpose of the study was to understand how emotional

intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland.

Based on the analysis from the results of a short survey, an online emotional intelligence appraisal, and an online Enneagram test, the data shows that the chaplains at Adventist Healthcare, Maryland, understand how their emotional intelligence affects their delivery of patient-centered care.

The survey results presented enough evidence to argue that these participants understood the place of emotional intelligence and how it impacts how they deliver patient-centered care. While the emotional intelligence appraisal reflected the real-time EI level of these participants, it did show that the majority who participated in the study have an emotional intelligence level in the 70-79 range. The chaplains' average EI score was 77%, which means that there is much room for growth. Since the study was concerned about their understanding, it shows that they are cognizant of where they need to be and understand the role of their emotions when they provide care to their patients.

The results from the Enneagram gave a more in-depth perspective on how their personality informs their EI. The Enneagram results revealed that 61.53% of the chaplains who submitted results were Type One, The Reformer. The reformer is the Perfectionist, who emphasizes following the rules and doing things correctly. The Helper and Achiever tied for second with 30.76%, and third place types Seven and Eight. As the data analysis portion revealed, none of the chaplains who participated in the study had a type Four. Fours are the only type who live life authentically and highly attuned to their emotional experience.

Understanding the results from the emotional intelligence appraisal and the Enneagram test gave a better view of how these chaplains see themselves in the clinical setting. The EI appraisal results revealed that for most of these chaplains to grow and improve the levels, they

must practice the strategies that were a part of their results portion. Since the purpose of this study was not to determine the emotional intelligence levels of these chaplains, their results provide enough information by which they can self-reflect and grow. The fact the emotional intelligence plays such a crucial role in the ministry of the healthcare chaplain, this study brought awareness that patients do need spiritual care providers who can help them journey through a very challenging time in their lives. Chaplains, as spiritual caretakers, have a responsibility to help their patients process the hospitalization experience both spiritually and emotionally. Since the intent of CPE training is to prepare professional chaplains to serve as healthcare caretakers, it behooves them to ensure that they are skilled enough to serve that population they are so honored to minister to daily. Whether the chaplain specializes in palliative care, hospice, behavioral health, rehabilitation, or in any of the other fields, emotional intelligence is necessary to help them as they minister in the here and now to men and women who are dealing with the emotional upheavals of disruptive life events..

Bibliography

- Adventist Healthcare Website, "Mission, Vision, & Values," 2020. Accessed October 31, 2019. <https://www.adventisthealthcare.com/about/>.
- Agyekum, Boadi and Bruck K. Newbold. "Religion/Spirituality Therapeutic Landscape and Immigration Mental Well-Being Amongst African Immigrants to Canada." *Mental Health, Religion and Culture* 19, no. 7 (2016): 674-685.
- Akbari, Mehdi., and Sayed Morteza Hossaini. "The Relationship of Spiritual Health with Quality of Life, Mental Health, and Burnout: The Mediating Role of Emotional Regulation." *Iran Journal of Psychiatry* 13, no.1 (2018): 22-31.
- Augsburger, David W. *Dissident Discipleship: A Spirituality of Self- Surrender, Love of God, and Love of Neighbor*. Grand Rapids, MI: Brazos Press, 2006.
- Augusto-Landa, Jose M., et al. "Does Perceived Emotional Intelligence and Optimism/Pessimism Predict Psychological Well-being?" *Journal of Happiness Studies* 12, (2011): 463-474.
- Baer, R. A., G. T. Smith., et al. "Assessment of Mindfulness by Self-Report the Kentucky Inventory of Mindfulness Skills." *Assessment* 11, (2004): 191-206.
- Barley, J. *Employment, Stress, and Family Functioning*. Toronto, ON: Wiley, 1990.
- Beauvais, Audrey Marie. "End-of-Life Psychodrama: Influencing Nursing Students' Communication Skills, Attitudes, Emotional Intelligence and Self-Reflection." *Journal of Psychiatric Nursing* 10, no. 3 (2019): 103.
- Berlinger, Nancy. "The Nature of Chaplaincy and the Goals of QI: Patient-Centered Care as Professional Responsibility." *Hastings Center Report* 38, no. 6 (2008): 30-33.
- Birks, Yvonne F., and Ian S Watt, "Emotional Intelligence and Patient-Centered Care," *Journal of the Royal Society of Medicine* 100, (2007): 368.
- Bolger, N. and A. Zuckerman, "A Framework for Studying Personality in the Stress Process." *Journal of Personality and Social Psychology* 69, (1995), 890-902.
- Brackett, M. A. and J. D. Mayer., et al. "Emotional Intelligence and its Relation to Everyday Behavior." *Personality and Individual Differences* 36, no. 6 (2004): 1387-1402.
- Bradberry, Travis, and Jean Greaves. *Emotional Intelligence 2.0*. San Diego: CA. Talent Smart, 2009.
- Brent Peery, "What's in a Name?" *Plain Views*, 6, no. 2 (2009).

- Bruce, F. F. "Ephesians," In *The Epistles to the Colossians, to Philemon, and to the Ephesians: The New International Commentary on the New Testament*, 355-356. Grand Rapids: MI, William B. Eerdmans Publishing Company, 1997.
- Carey, Lindsay B. and Bernice A. Mathisen, eds., *Spiritual Care for Allied Health practice: A Person-Centered Approach*. Philadelphia, PA/London: Jessica Kingsley Publishers, 2018.
- Carpenter, Stephanie M. and Paula M. Niedenthal. "Emotional Processes in Risky and Multiattribute Health Decisions." *Psychology and Health* 33, no. 1 (2018). 58-76. Accessed September 2, 2019. <http://doi.org/10.1080/08870446.2017.1314478>.
- Carver, C. S. and M. F. Scheier. *On the Self-Regulation of Behavior*. New York: Cambridge University Press, 1998.
- Coffey, K. A., M. Hartman., et al. "Deconstructing Mindful and Constructing Mental Health Understanding Mindfulness and its Mechanism of Action." *Mindfulness* 1, (2010): 235-253.
- Cooper-White, Pamela. *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective*. Minneapolis, MN: Augsburg Fortress Press, 2011.
- Cooper-White, Pamela. *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*. Minneapolis, MN: Augsburg Fortress Press, 2004.
- Crane, Monique F., et al., Strengthening Resilience in Military Officer Cadets: A Group-Randomized Controlled Trial of Coping and Emotion Regulatory Self-Reflection Training, *Journal of Consulting and Clinical Psychology*, 87, no. 2, (2019):
- Dabke, Deepika. "Can Life Satisfaction be Predicted by Emotional Intelligence, Job Satisfaction, and Personality Type?" *aWEshkar* 17, no. 1 (2014): 22-32.
- Deepika Dabke, "Can Life Satisfaction be Predicted by Emotional Intelligence, Job satisfaction and Personality Type?" *aWEshkar*, 17, no. 1 (2014).
- Donaldson-Fielder, Emma J., and Frank W. Bond, "The Relative Importance of Psychological Acceptance and Emotional Intelligence to Workplace Well-being." *British Journal of Guidance & Counseling* 32, no. 2 (2004): 187-203.
- Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville, KY: Westminster John Knox Press, 2006.
- Dykstra, Robert C. *Finding Ourselves Lost: Ministry in the Age of Overwhelm*. Eugene, OR: Cascade Books, 2018.

- Dykstra, Robert C. *Images of Pastoral Care: Classic Readings*, ed. St. Louis, MO: Chalic Press, 2005.
- Frampton, Susan, B. and Patrick A. Charmel, eds, *Putting Patients First: Best Practices in Patient-Centered Care*, 2nd ed. San Francisco, CA: Josey-Bass, 2009.
- Fung, Ronald Y. K. “*The Epistle to the Galatians*.” In *The New International Commentary on the New Testament*. General Editor, Gordon D. Fee, Grand Rapids: MI, William B. Eerdmans Publishing, 1988.
- Gaithersburg Website, Accessed October 31, 2019. <https://www.gaithersburgmd.gov/about-us/demographics>.
- Garron, Michael. *Emotional Intelligence: The Complete Guide to Improving Thoughts, Behavior, Relationships and Social Skills*. E-Book, Middletown, DE: 2018.
- Gilbert, D. and J. Waltz. Mindfulness and Health Behaviors. *Mindfulness* 1, (2010): 227-234.
- Ghorbanshiroudi, Ali, Shohreh, Keikhayfarzaneh et al. The Relationship Between Emotional Intelligence and Personality Traits with the Thrill-Seeking and Self-Efficiency in Students of TAU Tonekabon Branch in the Academic Year 2010-2011. *International Journal of Scientific and Engineering Research* 2, no. 10 (2011): 1-10.
- Green, Joel B. “*The Gospel of Luke*.” In *The International Commentary of the New Testament*. General Editor, Gordon D. Fee. Grand Rapids: MI, William B. Eerdmans Publishing Company, 1997.
- Gross, J. J. “The Emerging Field of Emotion Regulation: An Integrative Review. Review of General Psychology.” 2, (1998): 271-299.
- _____. “Emotion Regulation: Past, Present, and Future.” *Cognition and Emotion* 13, (1999). 551-573.
- Goleman, Daniel. *Emotional Intelligence: Why it can Matter More than IQ*. New York, NY: Bantam Dell, 2005.
- Hendron, Jill Anne, Pauline Irving., et al. “The Emotionally Intelligent Ministry: Why It Matters.” *Mental Health, Religion & Culture* 17, no. 5 (2014):473. Accessed November 6, 2019. <http://dx.doi.org/10.1080/13674676.2013.848424>.
- Hillyer, Norman. “I Peter.” In *I & II Peter, Jude*. Vol. 16, New International Biblical Commentary. Edited by W. Ward Gasque Peabody MA: Hendrickson Publishers, Inc, 1992.

History of Silver Spring. Accessed October 31, 2019.

<https://www.montgomeryschoolsmd.org/uploadedFiles/schools/cannonroades/classroom/grade4/A%20Brief%20History%20of%20Silver%20Spring2.pdf>.

Hunt, Richard A., Ralph A. Mortensen, et al. "Emotional Competence (Intelligence) and Vocational Choice among Candidates for the Ordained Ministry." *Journal of Pastoral Care and Counseling* 67, no. 3 (2013): 1-9.

Ingram, Jay Ingram and Joseph Cangemi, Emotions, Emotional Intelligence, and Leadership: A Brief, Pragmatic Perspective, Education, 132, no. 4. (n.y): 771-778.

Jacobs, Ingo, Anna Woolny., et al. "Mindfulness Facets, Trait Emotional Intelligence, Emotional Distress, and Multiple Health Behaviors: A Serial Two-Mediator Model." *Scandinavian Journal of Psychology* 57, (2016): 20-2014. Accessed August 27, 2019.
<http://doi.1111/sjop.12285>.

Jamali, Narges, Iraj Shakerinia., et al. "Role of Spiritual Health and Emotional Regulation in Mental Health of Nulliparous Women." *Health, Spirituality and Medical Ethics* 4, no. 3 (2017): 32-37.

Jankowski, Katherine R. B, Lauren C. Vanderwerker et al., "Change in Pastoral Skills, Emotional Intelligence, Self-Reflection, and Social Desirability Across a Unit of CPE," *Journal of Health Care Chaplaincy*, 15, (2008).

Jawed, Humeira, and Asima Faisal. "Emotional Intelligence in Doctors and Nurses of Emergency Medical Units in Tertiary Hospitals." *Pakistan Business Review* (2013): 732-743.

Katherine R. B and Jankowski, Lauren C. Vanderwerker., et al. "Change in Pastoral Skills, Emotional Intelligence, Self-Reflection, and Social Desirability Across a Unit of CPE." *Journal of Health Care Chaplaincy* 15, (2008): 132-148.

Keil C. F. and F. Delitzsch. "Proverbs." In *Proverbs, Ecclesiastes, and Song of Solomon*. Vol. 6, Commentary of the Old Testament. Peabody, MA: Hendrickson, 1989.

Kong, Feng and Jingjing Zhao., et al. "Trait Emotional Intelligence and Mental Distress: The Mediating Role of Positive and Negative Affect." *International Journal of Psychology* 47, no. 6 (2012): 460-466.

King, A. L. and R. A. Emmons. "Conflict Over Emotional Expression: Psychological and Physical Correlates." *Journal of Personality and Social Psychology* 58, (1990): 864-877.

King, David B., Constance A. Mara et al. "Connecting the Spiritual and Emotional Intelligences: Confirming an Intelligence Criterion and Assessing the Role of Empathy." *International Journal of Transpersonal Studies* 3, n. 1 (2012): 11-20.

- Koenig, H. Religion. "Spirituality, and Health: The Research and Clinical Implications." *International Scholarly Research Notices Psychiatry*. (2012): 1-33. Accessed February 10, 2020. [http:// doi:105402/2012/278730](http://doi:105402/2012/278730).
- Lazarus, R. S. *Emotion and Adaptation*. New York: Oxford University Press, 1991.
- Lincoln, Andrew T. "Ephesians." In Word Biblical Commentary. General Editors, Bruce M. Metzger, David A. Hubbard, Glen W. Baker, Ralph Martin Columbia: Nelson Reference & Electronic, 1990.
- Longencker, Richard N. "Galatians." In Word Biblical Commentary. General Editors, Bruce M. Metzger, David A. Hubbard, Glen W. Baker, Ralph Martin Columbia: Nelson Reference & Electronic, 1990.
- Lu, L., and J. B. Shih. "Sources of Happiness: A Qualitative Approach." *Journal of Social Psychology* 137, (1997): 181-187.
- Masters, K. S. and S. A. Hooker. "Religiousness/Spirituality, Cardiovascular Disease, and Cancer: Cultural Integration for Health Research and Intervention." *Journal of Counseling and Clinical Psychology* 81, (2012): 206-216.
- Mathisen, Bernice., et al. "Religion, Spirituality and Speech-language Pathology: A Viewpoint for Ensuring Patient-Centered Holistic Care." *Journal of Religion and Health* 54, (2015): 2309-2323.
- Mehta, Sandhya, "Personality and Emotional Intelligence of Teachers." *Amity Business School* 16, no. 1 (2015): 62-73.
- Mounce, Robert H. "Matthew." In New International Biblical Commentary. Peabody: MA, Hendrickson Publishers, Inc, 1985.
- Murphy R., and E. Huwiler. "Proverbs." In *Proverbs, Ecclesiastes, Song of Songs*. Vol. 12, General Editors, Robert L. Hubbard Jr. and Robert K. Johnson Peabody, MA: Hendrickson, 1999.
- Omid, Athar, Fariba Haghani et al. "Emotional Intelligence: An Old Issue and a New Look in Clinical Teaching." *Advance Biomedical Research*, 7, (2018): 1-9.
- Orellana-Rios, Claudia L. "Mindfulness and Compassion-Oriented Practices at Work Reduce Distress and Enhance Self-Care of Palliative Care Teams: A Mixed-Method Evaluation of an 'On the Job' Program." *BioMed Central Palliative Care* (2018): 1-15.
- Oswald, Roy, and Arland Jacobson, *The Emotional Intelligence of Jesus: Relational Smarts for Religious Leaders*. Lanham, MD: Rowman & Littlefield, 2015.

- Palmer, B. C. Donaldson., et al. "Emotional Intelligence and Life Satisfaction." *Personality and Individual Differences* 33, (2002): 1091-1100.
- Patton, John, *Pastoral Care: An Essential Guide*, Nashville: Abingdon Press, 2005.
- Pawel, Lewicki, and Marcin Zajenkowski. "Divine Emotions: On the Link Between Emotional Intelligence and Religious Belief." *Journal of Religious Health* 56, (2017): 1998-2009.
- Roberts, Stephen B. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Woodstock, VT: Skylight Paths Publishing, 2012.
- Randall, K. J. "Emotional Intelligence: What is it, and do Anglican Clergy have it?" *Mental Health, Religion & Culture* 17, no. 3 (2014): 262-270.
- Don R. Riso and Russ Hudson, *The Wisdom of the Enneagram: The Complete Guide to Psychological and Spiritual Growth for the Nine Personality Types*. New York: NY Bantam Books, 1999.
- Saklofske, Donald, Elizabeth, J. Austin et al. "Factor Structure and Validity of a Trait Emotional Intelligence Measure." *Personality and Individual Differences* 34, no. 4 (2003): 707-721.
- Salovey, Peter, and John D. Mayer, "Emotional Intelligence." *Imagination, Cognition and Personality* 9, (1990): 185-211.
- Schutte, N. S. and J. M. Malouff. "Emotional Intelligence Mediates the Relationship Between Mindfulness and Subjective Well-Being." *Personality and Individual Differences* 50, (2011): 1116-1119.
- Sensing, Tim. *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses*. Eugene, OR: Wipf & Stock, 2011.
- Silvia, Paul J., "Self-Awareness and the Regulation of Emotional Intensity." *Self and Identity* 1, (2002): 3-10.
- Sinclair, H. and J. Feigenbaum, "Trait Emotional Intelligence and Borderline Personality Disorder." *Personality and Individual Differences* 52, (2012): 674-679.
- Slaski, A. M. "An Investigation into Emotional Intelligence, Managerial Stress, and Performance in a United Kingdom Supermarket Chain." PhD diss., UMIST, 2001.
- Trait, M., M. Y. Padgett et al. "Job and Life Satisfaction: A Reevaluation of the Strength of the Relationship and Gender Effects as a Function of the Date of the Study." *Journal of Applied Psychology* 74, (1989): 502-507.
- United States Census Bureau, Accessed October 31, 2019.
<https://www.census.gov/quickfacts/fact/table/silverspringcdpmaryland/PST045218>.

- Van Eck, Kathryn and Pete Warren., et al. "A Variable-Centered and Person-Centered Evaluation of Emotions Regulation and Distress Tolerance: Links to Emotional and Behavioral Concerns." *Journal of Youth Adolescence* 46, (2017), 137-138.
- Visagie, Norma, *Healing Through Compassion: An Evidence-Based Approach to Patient-Centered Care*. Markham, Ontario: 10-10-10 Publishing, 2019.
- Wallaces, Daniel, *Emotional Intelligence Cognitive Behavioral Therapy: Overcome Anxiety and Depression and Develop your Social, Communication and Leadership Skills to Influence people and Achieve the Success you Want*. Middle Town: DE, 2018.
- Walls, David, and Max Anders. "I & II Peter, I, II, & III John, Jude: Holman New Testament Commentary Nashville," TN: Broadman & Holman Publishers, 1999.
- Wang, Y. and F. Kong. "The Role of Emotional Intelligence in the Impact of Mindfulness on Life and Mental Distress." *Social Indicators Research* 116, (2014): 843-852.
- Weng, Hui-Ching, and Hung-Chi Chen, et al. "Doctors Emotional Intelligence and the Patient Doctor Relationship." *Medical Education* 42, (2008): 703-711.
- West, John L. "An Analysis of Emotional Intelligence Training and Pastoral Job Satisfaction." *Journal of Pastoral Care & Counseling* 70, no. 4 (2016): 228-242.
- Whitfield, H. J. "Towards Case-Specific Applications of Mindfulness Based Cognitive-Behavioral Therapies: A Mindfulness-Based Rational Emotive Behavior Therapy." *Counseling Psychology Quarterly* 19, (2006): 205-217.
- Wupperman, P. and C. S. Neumann., et al. "Do Deficits in Mindfulness Underlie personality Features and Core Difficulties?" *Journal of Personality Disorders* 22, (2008): 466-482.

Appendix A

Participant's Survey

Thesis Title: The Role of Emotional Intelligence in Chaplaincy: An Analysis of EI In the Delivery of Patient-Centered Care

Principle Investigator: Dean Darroux

Participants Survey:

1. What is your understanding of emotional intelligence?

2. What is your understanding of patient-centered care?

3. What role do you think emotional intelligence plays in providing patient-centered care?

4. How does your Enneagram type influence how you care for patients?

5. How does your level of awareness and mindfulness influence how you care for your patients?

Appendix B

Request to Participate in Research

Study Title: The Role of Emotional Intelligence in Chaplaincy: An Analysis of EI in the Delivery of Patient-Centered Care

Principal Investigator: Dean Darroux, Liberty University School of Divinity Office Number: 240-826-2228

Invitation to be Part of a Research Study

You are being asked to take part in a research study at Shady Grove and White Oak Medical Centers because you are serving as a staff chaplain, PRN, or Clinical Pastoral Education (CPE) Intern.

What is the study about and why is it being done?

The purpose of this study is to understand how emotional intelligence affects the delivery of patient-centered care at Adventist Healthcare in Maryland. Chaplains are humans who themselves must confront their emotions so that they can regulate how they come across. Being self-aware and mindful of their vulnerabilities and fears would help them avoid transferring their feelings onto their patients. This study has been approved by the Adventist HealthCare and Liberty University IRB.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Take an online Emotional Intelligence Appraisal by Travis Bradberry and Jean Greaves. The online site will be provided, and it can take about 30 minutes, and there is no cost to take the test. You will be required to submit a copy of your results for analysis, and your information will be protected.

2. Take an online Enneagram test. The site will be provided, and there is no cost to take this test. The test should take about 30 minutes to complete. You will be required to provide a copy of the results for analysis, and your information will be protected.
3. Take a short survey consisting of five questions. The survey should take about 2 to 3 minutes to complete. You will be required to provide a copy of the results for analysis, and your information will be protected.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are a better understanding of their levels of emotional intelligence. This knowledge would give you an idea of how your emotional intelligence assists you in providing patient-centered care. In addition to the level of awareness participating in this study would give you, it will also help you understand how your personality may influence your emotional intelligence.

While the study is primarily focused on chaplains at Adventist Healthcare, MD, it should benefit the wider body of healthcare chaplains in bringing awareness to how emotional intelligence may affect how they provide patient-centered care. This level of awareness would prove beneficial to chaplains whose responsibility is to provide the best quality care to the patients and institutions they serve.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

Your responses will remain anonymous, and any reports or publications based on this research will not identify you as being a part of this study. The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the files.

- The results of the appraisals will be coded to ensure the protection of each participant's personal information, and only participants will know their own codes, once assigned. Additionally, the researcher will not know whose survey results are submitted since he will not know the codes of the participants. Each participant will place their code on the results of the short survey, emotional intelligence appraisal, and Enneagram test. The codes will be given to the chaplain managers who will distribute them to those who

return the results of their online assessments. The researcher will not know which codes belong to which chaplain. Furthermore, no private information will be shared with anyone to include chaplain managers, supervisor, or the CPE supervisor.

- As noted above, the researcher will not know which survey results belong to which chaplain since the coding method will be utilized. When the researcher receives the survey results, the code on the results would indicate that the survey was completed. The paper copy of the results will be stored in a locked file cabinet. After three years, all data will be shredded.

How will you be compensated for being part of the study?

Participants will be entered in a raffle to receive one of the following prizes:

1. \$75 gift certificate
2. \$50 gift certificate

Does the researcher have any conflicts of interest?

The researcher serves as a staff chaplain at Adventist Healthcare, Shady Grove. The results of the appraisals will be coded, and only participants will know their own code, to limit potential or perceived conflicts, so the researcher will not know whose survey results are submitted. Each participant will be given a code that they will place on the results of the short survey, emotional intelligence and Enneagram appraisals. The researcher will not know which codes belong to which chaplain. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision about whether to participate will not affect your current or future relations with Adventist Healthcare or Liberty University. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please do not complete or return any of the surveys.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Dean Darroux. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact me at 270-304-5104 or ddarroux@hotmail.com. You may also contact the researcher's faculty sponsor, Dr. Rodney Phillips, at rphillips67@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

You may also contact the Adventist HealthCare IRB Office at 301-315-3400 during regular business hours.

Your Consent

By completing the study procedures, you agree to be in this study. Make sure you understand what the study is about before you decide to participate. You will be given a copy of this document for your records. If you have any questions, you can contact the study team using the information provided above.

Appendix C

IRB Approval



April 3, 2020

Dean Darroux
Rodney Phillips

Re: IRB Exemption - IRB-FY19-20-30 The Role of Emotional Intelligence in Chaplaincy: An Analysis of EI in the Delivery of Patient-Centered Care

Dear Dean Darroux, Rodney Phillips:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

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

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

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office