

Liberty University John R. Rawlings School of Divinity

The Role and Function of a Hospital Chaplain in an Interdisciplinary Team

A Thesis Project Submitted to
the Faculty of Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by
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Lynchburg, Virginia

October 2020

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Liberty University John W. Rawlings School of Divinity

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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Healthcare workers provide quality of care to patients who enter the hospital. However, to provide the holistic care, patients need interdisciplinary teams who meet and collaborate on a plan of care. There are various skills sets required on an interdisciplinary team including chaplains. However, members of an interdisciplinary team do not necessarily understand how to utilize the chaplain's multifaceted training for the best holistic care of the patient. The purpose of this study is to review the interdisciplinary team in the hospital context and address the understanding of the chaplain's role and function.

The study will utilize a qualitative research method within the hospital context using interdisciplinary teams as the sample population and a sample size of 12 healthcare workers. The setting will be within the context of the hospital using questionnaires, one-on-one interviews, and observations as data collection methods. This study should help educate healthcare workers on interdisciplinary teams regarding the role and function of the hospital chaplain within the hospital. It should also draw attention to how members of those on the interdisciplinary teams are trained not only together, but also in their initial medical training, whether it be nursing, caseworker, pharmacist, or physician. If there is an expectation and consideration for members on the interdisciplinary team to work together then part of their education should be on not only team development, but the different roles and functions of those they will come in contact with during their career in order to provide quality care for patients.

Thesis project topic abstract length: 249 words

Key Words: Chaplain, interdisciplinary healthcare teams, holistic care

Acknowledgments

I would first like to thank my Lord and Savior Jesus Christ for allowing me the opportunity to pursue and complete this project. In Philippians 4:13 it says, “I can do all this through Him who gives me strength.” I would also like to thank my mom and dad Martha and Richard Jeffries who raised me in a wonderful and caring Christian environment. It was through them that I came to know Jesus as my Lord and Savior. They made certain church was a part of my life and always believed in me and told me I could do whatever I wanted. Words alone cannot express the love I have for the both of them. Also, I want to thank my older brother Edwin who is no longer with us but with Christ. I look forward to seeing him and my parents again. I also want to thank my colleagues at Methodist and the participants without whose help I would not have been able to complete this project. I want to thank my mentor Dr. James Fisher for all the hard work of reading and directing my project. Finally, I want to thank my best friend, my wife Wanda Jeffries. She has been my rock, my strength during this project always being patient and giving. Her love towards me has been second only to God. I am forever grateful to her for the support she has given me during this project. I am looking forward to growing older together with her and loving her even more. You will always be my sunshine.

Also, I want to note during the time of this research project a global pandemic was taking place flooding the hospitals with patients having COVID-19. The healthcare workers were expending long hours and struggling with few resources to help those who contracted the virus. However, the healthcare workers remained true professionals by risking their health to care for the city of San Antonio. They are truly the heroes of the fight.

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Chapter 1: Introduction

Chaplains are called by God to perform ministry, whether it be in the military, prison, fire departments, police departments, church, or hospitals. Henry Blackaby states that being called by God means being a “spiritual leader.”¹ The role and function of the hospital chaplain is often described as spiritual leadership within the context of the hospital. The hospital chaplain has many different challenges from working in an environment centered around medicine and costs to ministering with patients and staff of different beliefs.²

Since 1969, the Joint Commission on Accreditation of Healthcare Organizations required spirituality to be a part of a patient's treatment in the hospital.³ Accreditation from the Joint Commission is a requirement for hospitals to continue to participate in Medicare and Medicaid programs.⁴ Besides hospitals, the Joint Commission also evaluates and accredits hospices, home health agencies, nursing homes, rehabilitation centers, and independent laboratories.⁵ This requirement produced a more holistic approach to patients, and everyone in healthcare became included in spiritual care.⁶ However, it is the chaplain who is the primary provider of spiritual care to patients in the hospital context and is the expert healthcare workers contact on issues related to spiritual matters.

¹ Henry T. Blackaby, Kenny Skinner, and Kerry L. Skinner, *The Power of the Call* (Nashville: B&H Publishing, 1997), 17, accessed November 10, 2019, ProQuest Ebook Central.

² Winnifred F. Sullivan, *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago Press, 2014), 84, accessed October 21, 2019, ProQuest Ebook Central.

³ *Ibid.*, 85.

⁴ Howard P. Greenwald, *Health Care in the United States: Organization, Management, and Policy* (Hoboken: John Wiley and Sons, Inc., 2010), 21, accessed December 26, 2019, ProQuest Ebook Central.

⁵ *Ibid.*

⁶ Sullivan, *A Ministry of Presence*, 85.

Interdisciplinary teams provide an avenue for treatment utilizing diverse disciplines to provide the best quality of care for the patient. Fewster-Thuente and Velsor-Friedrich suggest daily interdisciplinary team rounds, which often occur in the hospital compared to usual care, are often associated with a shorter stay in the hospital.⁷ Even though the team strives towards the common goal of providing the best quality care to patients, there are still challenges to the delivery of care. For the hospital chaplain, it is educating other team members of their role and function within the team, providing spiritual care, which is required as part of holistic care, and fulfilling the calling of being a spiritual leader within the context of a hospital.

Ministry Context

There is a Code Blue, which is an emergency situation in the hospital where a patient is in cardiopulmonary arrest requiring a team of providers to rush to a location and start resuscitative efforts, in the Intensive Care Unit (ICU) from a patient experiencing a cardiac arrest; a family in the ICU is struggling with deciding whether to discontinue care for a loved one or let them continue on a ventilator; there is a fetal demise in Labor and Delivery, parents are in shock, and a patient needs prayer before surgery. These real-life requests by healthcare workers are but a small fraction of how the hospital chaplain can be utilized regarding both role and function in the hospital context.

These scenarios are samples taking place at Methodist Stone Oak Hospital (MSOH), which serves the greater northern part of the San Antonio area. San Antonio is known by residents as Military Town USA. The city has a population of approximately 1,532,233 with

⁷ Lori Fewster-Thuente, and Barbara Velsor-Friedrich, "Interdisciplinary Collaboration for Healthcare Professionals," *Nursing Administration Quarterly* 32, no. 1 (Jan/Mar, 2008): 46, accessed December 26, 2019, <https://doi:101097/01.NAQ0000305946.31193.61>.

103,935 being veterans.⁸ The ethnic diversity of San Antonio is twenty-five percent white, sixty-three percent Hispanic, seven percent black, and three percent Asian.⁹ San Antonio has a median household income of \$50,980, eighteen percent of people in poverty and sixteen percent of people living without health insurance.¹⁰

MSOH is part of the Methodist healthcare systems, which has provided high-quality care to patients from San Antonio and around the world. They are recognized as one of the most respected and preferred health care providers in South Texas, due to the professionalism of their teams of nurses, medical professionals, and physicians. The hospital system is comprised of nine hospitals and an additional twenty medical facilities located throughout the San Antonio and South Texas area.

The United Methodist Church Southwest Texas Conference in 1955, chartered the South Texas Methodist Hospital which opened in 1963. The charter and hospital formed the Methodist Healthcare Systems in 1995, which eventually partnered with HCA Healthcare. It is through this partnership that Methodist Health Systems is able to continue ensuring the needs of the community are met and served.¹¹

MSOH is a 242-bed Hospital Corporation of America (HCA) facility with nine operating suites and four recently added additional operating rooms in April 2019, located on the north-side of San Antonio. The hospital, which opened its doors in 2009, offers outpatient and inpatient services, including emergency care, obstetrics, newborn intensive care, cardiology, neurosurgery,

⁸ U.S. Census Bureau, accessed December 24, 2019, <https://www.census.gov>.

⁹ "Race and Ethnicity in San Antonio, Texas," Statistical Atlas, accessed December 24, 2019, <https://statisticalatlas.com/place/Texas/San-Antonio/Race-and-Ethnicity>.

¹⁰ U.S. Census Bureau, accessed December 24, 2019, <https://www.census.gov>.

¹¹ "MHS About," Methodist Healthcare Ministries of South Texas, Inc., accessed June 9, 2020, <http://www.mhm.org/about>.

general surgery, and orthopedics. Some of the key service lines are orthopedics, neurosciences, OB/GYN, oncology, and robotics. MSOH is accredited by the Joint Commission in Stroke Care and designated as an accredited Chest Pain Center. Modern Healthcare has also recognized it as a National Top Workplace for two consecutive years.¹² The hospital is still young and developing, with many challenges ahead. The researcher has been working at MSOH since its inception in 2009 and observed many changes in leadership throughout the years.

Currently, MSOH has two fully functional interdisciplinary teams. These two consistent interdisciplinary teams are the Intensive Care Unit (ICU) and the Neonatal Intensive Care Unit (NICU). Both teams meet regularly Monday through Friday in the morning. The other departments are not as consistent and might meet as often as twice a week. The interdisciplinary team consists of the Hospitalist/Internalist, Charge Nurse, Chaplain, Case Manager, Dietitian, RT/PT, Pharmacist, and Staff Nurse, who presents the report.

The style of the team is to huddle at the outside of each patient's room to hear the assigned nurse's report and doctor's plan of care with several steps taking place, however, are not inclusive as each hospital have their own routine. The group gathers together and 1) the nurse will present the patient or discuss the patient's record to the team, 2) each team member upon receiving the information from the nurse will give their input if needed or required based on the suggested plan of care from the group, 3) after the discussion, there is an agreement on a plan of action and the team moves from one patient to the next patient needing care. In all, the interdisciplinary team usually takes approximately one hour to go through all their patients and the plan of care required, providing the necessary quality of care expected from every hospital.

¹² "MHS MHOS Fast Facts," Methodist Healthcare, accessed December 24, 2019, <https://sahealth.com/about/mission-values/mhs-msoh-fast-facts.dot>.

Within the team, the nurse usually starts off the discussion and presents the patient to the rest of the team. At this particular point, if there are any issues with the patient which need addressing, each discipline will discuss them or ask specific questions. The collaboration among the team is centered around the care for the patient and the necessary actions which will help in recovery.

Hospitals

The role of the hospital chaplain is a modern story when it relates to their specific vocation.¹³ However, chaplains have been around as long as there have been hospitals. Swift remarks the difficulty of pinpointing the exact emergence or date of hospitals in Europe, which are similar to the current design experienced today but suggests a growth of hospitals between 1066 and 1540 AD.¹⁴ Swift also mentions the importance of the centrality of the chaplain in these establishments particularly regarding worship services and feeding those in need.¹⁵ Sullivan remarks chaplains have been in Christian societies for over fifteen hundred years and precise origins are uncertain. Sullivan also comments that the first Christian chaplains known of, worked for the Frankish kingdoms however, they eventually became employed by various secular institutions.¹⁶

¹³ Sullivan, *A Ministry of Presence*, 86.

¹⁴ Christopher Swift, *Hospital Chaplaincy in the Twenty-First Century: The Crisis of Spiritual Care on the NHS* (Farnham: Routledge, 2016), 9, accessed February 11, 2020, ProQuest Ebook Central.

¹⁵ *Ibid.*, 12.

¹⁶ Sullivan, *A Ministry of Presence*, 4.

The idea of taking care of those who are ill have Christian roots, which can be related to the teachings of Jesus to care for the poor and sick.¹⁷ The Romans introduced buildings that were like hospitals when treating their sick and wounded in the military as a means of continuing to maintain their strength in force and state.¹⁸ This then progressed to Christians who started seeing improving the health of the people as a goal of the church, and then finally, in 325 AD, the Council of Nicaea addressed the need for every town there should be somewhere to place the sick.¹⁹ The idea of Christian charitable work led to the establishment of a 300-bed hospital founded in 379 A.D. in St. Basil in Caesarea.²⁰ One of the first institutions which provided medical care started when Aetius, a sectarian Syrian, and others began treating those who were sick in Antioch in the 340s.²¹

In the United States, hospitals were started by religious institutions, which mainly served those considered inadequate and destitute while the middle class was often taken care of at home.²² The hospital from a religious standpoint has always served as a place of hope and care.²³ During the 1800s and 1900s, most people did not visit a hospital due to how rural the United States was along with the majority of medical care provided at home including childbirth and

¹⁷ Harold Koenig, and Malcolm McConnell, *Faith in the Future: Healthcare, Aging and the Role of Religion* (West Conshohocken: Templeton Press, 2009), 99, accessed January 4, 2020, ProQuest Ebook Central.

¹⁸ Cor Wagenaar, and Noor Mens, *Hospitals: A Design Manual* (Basel/Berlin/Boston: Walter de Gruyter GmbH, 2018), 42, accessed November 2, 2019, ProQuest Ebook Central.

¹⁹ Ibid.

²⁰ Koenig and McConnell, *Faith in the Future*, 99.

²¹ Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Cary: Oxford University Press, 1999), 83, accessed December 28, 2019, ProQuest Ebook Central.

²² Wagenaar and Mens, *Hospitals: A Design Manual*, 42.

²³ Risse, *Mending Bodies, Saving Souls*, 5.

some surgeries.²⁴ Bregman discusses how priests and ministers for centuries often visited those who were sick or dying at home often performing religious rituals, prayer and confession for forgiveness, all as ways to affirm the presence of God.²⁵ The modern hospital started advancing during the Civil War with advancement in medical and surgical procedures, along with physicians and nurses working in populating the hospital.²⁶ It was not until the 20th century when medicine became more scientific that hospitals changed, and the middle and upper classes started visiting the hospital instead of having care at home.²⁷

“Hospital is a 14-century loanword from Angelo-French that originally designated what we would now call a *hostel* – a place where weary travelers could rest before pressing on with their journey.”²⁸ Well into the 18th century, hospitals were charitable institutions and not necessarily the medical institutes we find in 2020. One of the first charity hospitals was the Pennsylvania Hospital established in Philadelphia, founded by Benjamin Franklin in 1751.²⁹ It was not until later into the 18th century did the hospital start taking on the primary task of healing the ill.³⁰ One of the first public institutions established for caring mainly towards the sick was the pest house built in Manhattan Island in 1794.³¹ A pest house was known to house those

²⁴ Bernard J. Healey, Tina M. Evans, *Introduction to Health Care Services: Foundations and Challenges* (Somerset: John Wiley and Sons, Inc., 2014), 82, accessed December 24, 2019, ProQuest Ebook Central.

²⁵ Lucy Bregman, *Religion, Death, and Dying* (Santa Barbara: ABC-CLIO, 2009), 5, accessed March 8, 2020, ProQuest Ebook Central.

²⁶ Healey and Evans, *Introduction to Health Care Services*, 82.

²⁷ Sullivan, *A Ministry of Presence*, 86.

²⁸ *Merriam-Webster*, s.v., accessed October 22, 2019, <http://www.merriam-webster.com/dictionary/hospital>.

²⁹ Steven Jonas, Raymond L. Goldsteen, and Karen Goldsteen, *Introduction to the U.S. Health Care System: Sixth Edition* (New York: Springer Publishing Company, 2007), 64, accessed December 23, 2019, ProQuest Ebook Central.

³⁰ Wagenaar and Mens, *Hospitals: A Design Manual*, 44.

³¹ Jonas, Goldsteen, and Goldsteen, *Introduction to the U.S. Health Care System*, 64.

individuals who had communicable diseases such as smallpox, tuberculosis, cholera and needed to be quarantined.

Brief History of Chaplains

Crick comments on how chaplaincy is about the ability to both give and receive. In the midst of the chaplain's ministry, the gift we might receive is the one not wanted. It could be fear from a patient, anger from a soldier, or hopelessness from a prisoner.³² Local ministers who care for the people in their church are limited to just working within the context of the church due to the demands put on them by the people in the church. However, the chaplain ministers within the community. They are employed by state, local, or federal government and private and secular institutions and not the church to which local ministers are often employed. The chaplain must hold both church and institution in context.³³

Bregman indicated the chaplain ministers to the whole of the institution whether it be through prayer, meditation, worship services or funerals and memorial services.³⁴ As ministers discuss a calling from God to the ministry in a church, the chaplain too feels called to minister to those outside the walls of the church and in the local community. For the chaplain, it is an opportunity to go into the community and minister to those who are not inside the church but to find the opportunity to share God with others and meet the person where they are in life. For Crick, a chaplain is capable of working in the context of any institution presenting a God who wants to see us whole.³⁵

³² Robert Crick, *Outside the Gates: Theology, History, and Practice of Chaplaincy Ministries* (HigherLife Publishing, 2012), 31, accessed February 22, 2020, ProQuest Ebook Central.

³³ *Ibid.*, 123.

³⁴ Bregman, *Religion, Death, and Dying*, 23.

³⁵ Crick, *Outside the Gates*, 179.

Sullivan sees the chaplain as the spiritual advisor who is capable of going where the people are and offering spiritual care, thereby changing the understanding of how ministers are thought of which typically is tied to a church.³⁶ Sullivan argues that part of the state's responsibility is ministering to people, which keeps the state stable and the local church is not able to absorb all the effort. Therefore, chaplains are finding themselves filling these gaps in the local community ministering and offering spiritual care.³⁷ In the Western churches, chaplains were mostly found in the military context. However, due to the struggles between the state and church, chaplains soon found ministry opportunities outside the church.³⁸

Sullivan states, "Chaplains serve the times and places in which participation in common local public worship is undesirable, impracticable, or even impossible."³⁹ The chaplain is willing to go into the world and take the love of God and minister to the needy in a secular world, which is made of different religions because of the calling of God to minister to those outside the church.

Brief History of Hospital Chaplaincy

There is within each individual the ability to try and find purpose and meaning to life. It is also within each of us to try and somehow find resources on how to deal with difficulty, pain and suffering when they are encountered.⁴⁰ Kelly states in his chaplain research, "Healthcare chaplains work on the premise that all who inhabit healthcare communities as patients, careers,

³⁶ Sullivan, *A Ministry of Presence*, 54.

³⁷ *Ibid.*, 54.

³⁸ *Ibid.*, 60.

³⁹ *Ibid.*, 63.

⁴⁰ Ewan Kelly, "The Development of Healthcare Chaplaincy," *The Expository Times* 123, no. 10 (July 2012): 470, accessed June 7, 2020, <https://10.1177/0014524612444531>.

staff and volunteers have a spiritual component to their makeup, as indeed does the organization which they are cared for or work in and are part of.”⁴¹

The origin of the word chaplaincy can be traced to Saint Martin of Tours.⁴² Martin lived an elementary life. He was noted giving a cloak to a beggar and later had a vision of seeing Jesus wearing the very cloak he had offered the man. Martin no longer chose to fight for the Emperor and Roman army and was imprisoned for declaring to be a soldier for God. However, Martin told the Emperor he would fight for him but would not carry anything with him except his faith in God. The next day the Barbarians surrendered, and the Emperor stated it was because of Martin’s faith and his robe came to symbolize care and compassion for those in need.⁴³ Even though this tradition holds to the military, chaplaincy has expanded to many different areas. Today, chaplaincy still holds this mission of service and compassion to those in need.⁴⁴

When hospital chaplaincy started, most chaplains came from local churches, and the patients in these hospitals were most often strangers to chaplains. For chaplains, it was not about religious affiliation, which was essential, but the patient who was provided spiritual care during their stay.

The same is true today where chaplains care for patients in the hospitals regardless of their ethnicity or religious affiliation, and all unknown at first to the chaplain, but considered part of their flock. Chaplains provide spiritual care to patients of all religious affiliations who may or may not have a church family or affiliation. Patients in the hospital and at home were visited by

⁴¹ Ibid.

⁴² Robert Crick, *Outside the Gates*, 179.

⁴³ Ibid.,180.

⁴⁴ Ibid.

ministers of the local community or their church. Robert Crick explains how chaplains express the care of God and his people through meaningful rituals, which are a challenge because of the pluralistic setting which demands advocating, caring, and providing for all families.⁴⁵

Chaplains before 1920 were often seen and thought of as bearers of religion and spirituality, in formally trained volunteers who visited patients.⁴⁶ The 1920s marked the beginning of Clinical Pastoral Education (CPE), which came about when seminaries, local churches, and agencies shifted towards social ministries.⁴⁷ CPE is an educational program designed and accredited through the Association of Clinical Pastoral Education (ACPE), which is nationally recognized. The educational program is divided into four units each consisting of 400 hours of the practice of ministry and reflection with both supervisors and peers. In order to become a board-certified chaplain, a total of four units must be completed.⁴⁸ Anton Boisen, who is credited for founding the CPE movement, had a goal of taking students and allowing them to study theology through the suffering of people.⁴⁹ Those chaplains who were part of this movement started to organize and formed the American Protestant Hospital Association (APHA) in 1939 and articulated their mandates.⁵⁰

⁴⁵ Crick, *Outside the Gates*, 130.

⁴⁶ Wendy Cadge, *Paging God: Religion in the Halls of Medicine* (Chicago: University of Chicago Press, 2012), 23, accessed October 21, 2019, ProQuest Ebook Central.

⁴⁷ Crick, *Outside the Gates*, 213.

⁴⁸ "About ACPE," Association of Clinical Pastoral Education, accessed June 8, 2020, https://www.acpe.edu/ACPE/About_ACPE/About_ACPE.aspx.

⁴⁹ *Ibid.*, 154.

⁵⁰ Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Health Care Chaplaincy* 25, no. 2 (2019): 47, accessed December 28, 2019, <https://doi.org/10.1080/08854726.2018.1463617>.

Chaplain Russell Dicks presented his standards for work for the chaplain at a Boston Convention, where he addressed Protestant clinicians and hospital administrators. Dicks gave eight points and on his last position, discussed how the chaplain should be allowed to be integrated within nursing education and afforded opportunities with staff to help them interpret the spiritual care of patients.⁵¹

In the late 1940's, Christopher Swift, a Church of England chaplain and author of a book on hospital chaplaincy in England, reported there were a small number of chaplains working in hospitals, and most would return to their parish after spending only a short time in the hospital.⁵² Currently, independent hospitals decide on the number of chaplains they will employ in order to meet their accreditation criteria.⁵³ And, most significant hospitals employ salaried chaplains, whereas smaller rural hospitals are dependent on local or volunteer chaplains.⁵⁴

The role and function of the chaplain in the hospital have been questioned and researched for decades.⁵⁵ The role and function of the chaplain in the hospital are not as fully understood in the hospital by staff and patients as it should in order to provide holistic care to patients. Holistic care requires all facets: the social, physical, mental and spiritual.⁵⁶ White also comments the

⁵¹ Russell L. Dicks, *Standards for the Work of the Chaplain in the General Hospital*, PDF file, November 1940, https://professionalchaplains.org/files/professional_standards_of_practice/standards_for_work_of_chaplain_russell_dicks.pdf.

⁵² Swift, *Hospital Chaplaincy in the Twenty-First Century*, 41.

⁵³ Margaret J. Orton, "Transforming Chaplaincy: The Emergence of a Healthcare Pastoral Care for a Post-Modern World," *Journal of Health Care Chaplaincy* 15, no. 2 (2008): 121, accessed October 21, 2019, <https://doi.org/10.1080/08854720903152513>.

⁵⁴ Ibid.

⁵⁵ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 106.

⁵⁶ Gillian White, *Talking about Spirituality in Health Care Practice: A Resource for the Multi-Professional Health Care Team* (London: Jessica Kingsley Publishing, 2006), 26, accessed January 4, 2020, ProQuest Ebook Central.

chaplain is considered a valuable asset to the hospital; however, the organization does not necessarily understand the role or integration of a chaplain.⁵⁷ Wilson remarks, "Hospital Chaplaincy is not simply something that one does; it is something that one is."⁵⁸

The chaplain can offer patient, staff, and organizational support.⁵⁹ The Psalmist writes in Psalm 23:4, "Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me."⁶⁰ The reality is that patients are in the deepest part of the valley, but the presence of the chaplain helps them understand they are not alone in the journey. The chaplain's "doing" is "being" present.

The hospital today is the center and focus of healthcare, modern technology and technical advances, and most importantly, the care of patients. Many are involved in the responsibility of the patient from clinical specialists, nurses, physicians, counselors, case management, pharmacist, nutrition, respiratory, physical and occupational therapist, and chaplains. The chaplain has been a part of the hospital for centuries and seen as the religious professional in most hospitals.

Education Requirements of Hospital Chaplains

For the most part regarding education and additional requirements for employment in a hospital as a professional board certified chaplain, the chaplain has had four years of college,

⁵⁷ Ibid., 51.

⁵⁸ Willard Wilson Will III, "Making Hospital Chaplains in an Age of Biomedicine" (PhD diss., McGill University, 2010), 151, accessed October 22, 2019, ProQuest Dissertations and Theses Global.

⁵⁹ Richelle C. Russell, "Professional Chaplains in Comprehensive Patient-Centered Care," *Rhode Island Medical Journal* 97, no. 3 (03, 2014): 40, accessed October 22, 2019, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1506146047>.

⁶⁰ Unless otherwise noted, all biblical passages referenced are in the New International Version Bible (Zondervan Bible Publishers, 1983).

endorsed by a recognized faith denomination, and received a Master of Divinity degree (MDIV) from an accredited theological school. The MDIV is one of the most recognized and required degree for the majority of ministers as well as chaplains for employment and is considered a professional degree rather than academic.⁶¹ After receiving an MDIV, the chaplain must undergo clinical pastoral education (CPE). CPE is divided into Level I and Level II units with 300 hours towards patients and 100 hours with peers and a supervisor taking approximately one year to complete.⁶² In order to become a board-certified chaplain, a total of four units comprised of 1600 hours must be completed. CPE gives the chaplain an opportunity to learn about strengths and weaknesses as well as working with other professions and how their unique of ministry fits into not just the team but organization as well.⁶³ Some of the essential elements of CPE include the following:

1. The actual practice of ministry to persons
2. Detailed reporting and evaluation of that practice
3. Pastoral supervision
4. A process conception of learning
5. A theoretical perspective on all elements of the program
6. A small group of peers in a common learning experience
7. A specific time period
8. An individual contract for learning consistent with the objectives of CPE

⁶¹ Sullivan, *A Ministry of Presence*, 109.

⁶² Russell, "Professional Chaplains," 40.

⁶³ Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon Press, 1984), 422.

9. The CPE program must be conducted under the auspices of an Association for Clinical Pastoral Education (ACPE) Certified Educator (faculty) attached to an ACPE accredited CPE center.⁶⁴

After finishing CPE, the chaplain needs to pass a written and oral board in order to become a board-certified chaplain. There are several organizations which set standards and certify chaplains. Some of these organizations are the Association of Professional Chaplains (APC), the Association of Clinical Pastoral Education (ACPE), the Canadian Association for Pastoral Practice and Education (CAPPE), the National Association of Catholic Chaplains (NACC), and the National Association of Jewish Chaplains (NAJC).⁶⁵ All of these organizations strive towards setting standards and providing an educational framework enabling them to minister to the spiritual, religious and cultural needs of patients, family and hospital staff. Additionally, chaplains must obtain 50 hours of continuing education per year as part of their certification with the certifying body. As Harold Koenig comments, chaplains are the professional experts in assessing patients concerning their spiritual needs and taking care of them in the context of the hospital.⁶⁶

Among many tasks, a chaplain charts, counsels, does referrals, and performs chapel services to only state a few of the tasks they are assigned. These are just some of the noted duties chaplains often perform in the hospital, but not an inclusive listing. Koenig notes along with these, there are also discussions on issues related around the social, psychological, and spiritual,

⁶⁴ "Information for Prospective Students," ACPE The Standard for Spiritual Care and Education, accessed February 12, 2020, http://www.acpe.edu/ACPE/_Students/FAQ_S.aspx.

⁶⁵ Bregman, *Religion, Death, and Dying*, 13.

⁶⁶ Harold G. Koenig, *Medicine, Religion and Health: Where Science and Spirituality Meet* (West Conshohocken: Templeton Press, 2008), 163, accessed January 5, 2020, ProQuest Ebook Central.

which most healthcare professions usually do not have time to address but are considered the chaplain's field of expertise.⁶⁷

However, as detailed in the literature review, numerous indicators pointed towards the notion that there is a lack of awareness of the role and function of a hospital chaplain, even more specifically of the chaplain's role working in an interdisciplinary team. The interdisciplinary team is a relatively new term established in hospitals and often recognized and observed. The team has a diversity of individuals based on the care of the patient. The team provides hope, counsel, guidance, and treatment as a means of addressing every aspect of the individual and providing proper care.⁶⁸ The team works together as a whole instead of individually, therefore, establishing a sense of connectedness with one another to develop a care plan for patients.⁶⁹

The Joint Commission on the Accreditation of Healthcare Organizations mandated a more holistic approach (mind, body, and spirit) to care for patients, which paved the way for the chaplain to become identified as the one being the most qualified provider of religious and spiritual care.⁷⁰

Bregman clarifies the chaplain as the specialist when it comes to holistic care, specifically for the dying since it allows them the opportunity to: a) advocate for and participate in their own treatment and decision making based on their values and beliefs, b) seek closure through relationships with friends and family, c) reflect on life, d) understand their hospitalization and feeling hopeful and peaceful, e) enjoy the remaining time and preparing for

⁶⁷ Koenig, *Medicine, Religion, Health*, 163.

⁶⁸ David G. Satin, *Health Management for Older Adults: Developing an Interdisciplinary Approach* (Cary: Oxford University Press, 2009), 247, accessed October 23, 2019, ProQuest Ebook Central.

⁶⁹ *Ibid.*, 248.

⁷⁰ Florence Gelo, "The Role of the Professional Hospital Chaplain," in *Religion, Death, and Dying*, ed. Lucy Bregman (January 2010), 11, accessed October 19, 2019, ProQuest Ebook Central.

death.⁷¹ However, before the establishment of JCAHO and holistic care, chaplains often struggled to become part of a team that provided care for the patient. The full integration of the chaplain as part of the interdisciplinary team is the expectation of hospitals concerning care, but there is still an indication of a lack of awareness relating to how the chaplain is to function as part of the team.

There have been studies that have looked at the role of the chaplain by both pediatric physicians in large hospitals and pediatric physicians in palliative care teams, nurses, and social workers. Physicians in palliative care teams have suggested the chaplain plays an essential role in the team from providing spiritual assessments, offering prayers leading in religious rituals and assisting in goals of care. However, there is a discussion by Damen where there is less understanding of the activities of the chaplain since most of the comments from teams were general in nature concerning the care of the chaplain and a need for more education from the chaplain to make the team aware of the role and function of the chaplain.⁷²

Physicians described how the chaplain was an essential part of the team, but depending on the severity of the patient, determined whether the chaplain was present.⁷³ Cramer, Tenzek, and Allen concluded in their research; the chaplain is a vital service needed for both patients and families in the hospital setting. However, chaplains have difficulty translating their role and

⁷¹ Bregman, *Religion, Death, and Dying*, 12.

⁷² Annelieke Damen, Dirk Labuschagne, Laura Fosler, Sean O'Mahony, Stacie Levine, and George Fitchett, "What Do Chaplains Do: The Views of Palliative Care Physicians, Nurses, and Social Workers," *American Journal of Hospice and Palliative Medicine* 36, no. 5 (2019): 399, accessed October 20, 2019, <https://doi-org.ezproxy.liberty.edu/10.1177%2F1049909118807123>.

⁷³ Wendy Cadge, Katherine Calle, and Jennifer Dillinger, "What Do Chaplains Contribute to Large Academic Hospitals? The Perspectives of Pediatric Physicians and Chaplains." *Journal of Religion and Health* 50, no. 2 (06, 2011): 306, accessed October 20, 2019, <https://doi:10.1007/s10943-011-9474-8>.

function to team members, patients and administration.⁷⁴ The authors suggest the reason for the translation disconnect is due to the inability of chaplains communicating their services offered in conventional terms to administrators and their lack of language used or fluency of language to the medical team, which is not translated in outcomes or quantitative measures.⁷⁵

In looking at how chaplains are used or often thought about being utilized in hospitals today, there is an association for requests of prayer for a patient before, immediately after surgery, or upon death. There might be a request from a patient for a Bible or for a patient to receive communion, but if teams, patients, or administration were asked, "What does the chaplain do on an interdisciplinary team?", it would bring up comments which would not describe necessarily just how essential and important a chaplain is to the hospital.

The hospital chaplain's role and function are numerous and need to be addressed and explained. Accordingly, with a more thorough understanding of the role and function of the chaplain along with received training, the interdisciplinary team could better utilize the chaplain in the holistic care of the patient. The literature review will look at the themes of the role of chaplain, spiritual, and relationships with staff to address this issue.

Problem Presented

Hospital staff and chaplains work closely together as team members to provide holistic care and treatment to the primary care patient in hospitals today. Teamwork is essential in delivering the expected care of the patient, and part of teamwork is the ability to collaborate and understand roles and functions to provide quality care. To provide holistic care (mind, body, and

⁷⁴ Emily M. Kramer, Kelly E. Tenzek, and Mike Allen, "Translating Spiritual Care in the Chaplain Profession," *The Journal of Pastoral Care and Counseling* 67, no.1 (2013): 13, accessed October 22, 2019, <https://doi-org.ezproxy.liberty.edu/10.1177%2F154230501306700106>.

⁷⁵ *Ibid.*, 3.

spirit), an interdisciplinary team becomes involved in the care of the patient. Healthcare teams are not a new concept for most hospitals; however, interdisciplinary teams might not always be used correctly or used at all depending on the leadership at the hospital.

The interdisciplinary approach is used for various reasons within the hospital. Some of the essential characteristics of an excellent interdisciplinary team are leadership and management, communication, quality and outcomes of care, and respecting and understanding roles.⁷⁶ However, some challenges for an interdisciplinary team are internal communication and relationships, joint-working, management, and leadership.⁷⁷ On these teams, there are health care workers from various disciplines working together with the patient and family members, working to come up with a care plan which will help address the necessary needs or concerns of the patient for quality care.

Interdisciplinary teams serve a function and added benefit for hospitals in general. Working together as a team helps ensure the patient will receive the best quality of care the hospital has to afford. In hospitals today, providers specialize in care and therefore rely on others who are also specialized to provide the best treatment for the patient.

No one provider can ensure the patient receives the quality of care necessary and therefore, relies on members of a team to deliver the quality of care needed. This collaboration among health care workers helps ensure optimal outcomes and avoid errors.⁷⁸ Since a patient

⁷⁶ Susan A. Nancarrow, Andrew Booth, Steven Ariss, Tony Smith, Pam Enderby, and Alison Roots, "Ten Principles of Good Interdisciplinary Team Work," *Human Resources for Health* 11, no. 19 (2013): 6, accessed November 1, 2019, <https://doi:10.1186/1478-4491-11-19>.

⁷⁷ *Ibid.*, 7.

⁷⁸ Michael A. Rosen, Deborah DiazGranados, Aaron S. Dietz, Lauren E. Benishek, David Thompson, Peter J. Pronovost, and Sallie J. Weaver, "Teamwork in Healthcare: Key Discoveries Enabling Safer, High-Quality Care," *American Psychologist* 73, no. 4 (2018): 443, accessed November 2, 2019, <http://dx.doi.org.ezproxy.liberty.edu/10.1037/amp0000298>.

often receives numerous visits from various healthcare providers, collaboration is essential. The author suggests that inappropriate coordination, as well as poor teamwork among healthcare workers, pose a public health issue.⁷⁹ Collaboration among team members is necessary.

However, a 2015 article discussed "for true collaboration to occur, all disciplines within the healthcare team must be considered equal partners but with different roles and knowledge."⁸⁰

Interdisciplinary teams will meet as often as five days a week or as frequently as two or three days a week, depending on schedules and leadership. As these individuals work together, they are learning about how the roles and functions of each other's disciplines operate, along with developing respect for one another even early in one's career.⁸¹ However, the problem is staff members placed on interdisciplinary teams with the chaplain do not fully understand the importance of the role and function of the hospital chaplain. This misunderstanding can cause less awareness by staff members on how to utilize the chaplain and adequately treat the patient holistically, with fewer referrals in the hospital, which could lead to patients not being given the appropriate spiritual care as required per JCAHO standards. The problem this project addressed is that healthcare workers on interdisciplinary teams do not fully understand the role and function of the hospital chaplain to maximize holistic care for patients.

⁷⁹ Rosen, DiazGranados, Dietz, Benishek, Thompson, Pronovost, and Weaver, "Teamwork in Healthcare," 443.

⁸⁰ Christiane S. Hartog, and Julie Benbenishty, "Understanding Nurse-Physician Conflicts in the ICU," *Intensive Care Medicine* 41, no. 2 (2, 2015): 333, accessed November 2, 2019, <https://doi:10.1007/s00134-014-3517-z>.

⁸¹ Satin, *Health Management for Older Adults*, 209.

Purpose Statement

This research project will look at interdisciplinary teams in a hospital, working together to provide the best holistic and quality care possible to patients. The purpose of this DMIN project is to examine and address how the interdisciplinary team understands the role and function of the chaplain in order to provide quality holistic care to patients.

Interdisciplinary teams' origins are noted as far back as World War II, with President Johnson's vision of the poor and underserved having access to healthcare at local health centers is noticed.⁸² Interdisciplinary teams were not always popular, and its training wavered even though the Veterans Administration make a push for it. Not until the 21st century was there a renewal of interest due to a lack of meeting primary care in the US.⁸³

The hospital is where people come to receive quality care, and for the health care workers, everyone needs to work together to provide quality care. The chaplain plays many essential roles in the hospital setting. By being on an interdisciplinary team, the chaplain can bridge the gap between families and healthcare workers by being familiar with the jargon of medicine and lay workers.⁸⁴ Being a part of the interdisciplinary team (IDT) meetings with families, chaplains can be advocates ensuring the patient and family's desires are met, such as

⁸² DeWitt C. Baldwin, "Some Historical Notes on Interdisciplinary and Interprofessional Education and Practice in Health Care in the USA," *Journal of Interprofessional Care* 21, sup1 (7, 2009): 27, accessed November 2, 2019, <https://doi.org/10.1080/13561820701594728>.

⁸³ Ellen A. Becker, and Karen S. Schell, "Understanding, Facilitating, and Researching Interprofessional Education," *Respiratory Care* 62, no. 7 (7, 2017): 999, accessed November 2, 2019, <http://dx.doi.org.ezproxy.liberty.edu/10.4187/respcare.05678>.

⁸⁴ M. Jeanne Wirpsa, Rebecca E. Johnson, Joan Bieler, Lara Boyken, Karen Pugliese, Emily Rosencrans, and Patricia Murphy, "Interprofessional Models for Shared Decision Making: The Role of the Health Care Chaplain," *Journal of Health Care Chaplaincy* 25, vo. 1 (10, 2018): 34, accessed November 2, 2019, <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2018.1501131>.

religious practices.⁸⁵ Therefore, it is crucial to understand “why” there is a misunderstanding by other discipline team members of the chaplain’s role and function on the interdisciplinary team and educate the members of the interdisciplinary team on how to better utilize the chaplain in the hospital. Understanding this will benefit not only the hospital but also the interdisciplinary team, patient, and chaplain.

Basic Assumptions

In this study, it is assumed that each staff member involved in the interdisciplinary team is familiar with the role of each other on the team to provide the necessary holistic care and referrals required from the hospital. There is the assumption each member of the team works in harmony with each other to provide holistic care to the patient. It is assumed that each member of the staff will be open and honest about their responses concerning the function and role of the chaplain in the interdisciplinary teams. It is assumed that each member of the team understands the role and function of the chaplain. It is also believed that each interdisciplinary team has a chaplain as part of the team.

Definitions

Within research, there are many terms which are not clearly understood; therefore, it is the researcher’s responsibility to clarify and define the meaning of those words to bring a more well-developed and fully understood term. Certain terms carry with them different meanings with a context. Carefully defining these words will result in a well-constructed research project.

⁸⁵ Janie J. Taylor, Jennifer L. Hodgson, Irina Kolobova, Angela L. Lamson, Natalia Sira, and David Musick, “Exploring the Phenomenon of Spiritual Care Between Hospital Chaplains and Hospital Based Healthcare Providers,” *Journal of Healthcare Chaplaincy* 21, no. 3 (7, 2015) :92, accessed November 2, 2019, <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2015.1015302>.

A few terms which need addressing for clarification in the project are Interdisciplinary Team, Spiritual Care, and Spirituality.

An Interdisciplinary Team is a healthcare team composed of healthcare providers from separate disciplines who provide care during a single patient visit.⁸⁶ These healthcare workers come together to provide the best quality of care for the patient as well as help in planning the next step forward for improvement in recovery. Each discipline comes together and discusses the best plan of action for the patient as they look at the concept of holistic care. The interdisciplinary team will generally consist of a nurse, physician, nutritionist, case manager, social worker, pharmacist, respiratory technician, and chaplain.

Spirituality, as described by Wendy Cadge, is, "an umbrella concept under which people of all religious and spiritual backgrounds can fit on their terms."⁸⁷ Spirituality is defined endlessly and in many ways by different religions. Spirituality is the belief in a higher power or a consideration that a person adheres to daily. However, it is spirituality which most patients will look to for healing specifically in the hospital context. The Association of Professional Chaplains determines the central aspects of spirituality include meaning, purpose, and connectedness.⁸⁸

Spiritual Care is defined as care provided to address nonreligious concerns involving existential and emotional experience.⁸⁹ However, it is care that is offered to those patients in the

⁸⁶ Chike Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams and its Impact on Chaplains' Well-being" (PhD., Walden University, 2018), 26, accessed September 27, 2019, ProQuest Dissertations and Theses Global.

⁸⁷ Cadge, *Paging God*, 208.

⁸⁸ "The Impact of Professional Spiritual Care," Association of Professional Chaplains, accessed February 2, 2020, www.professionalchaplains.org/content.asp?pl=86&sl=875&contentid=875.

⁸⁹ Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams," 27.

hospital context by a chaplain to address a need or concern about a spiritual nature. The term JCAHO is the Joint Commission on Accreditation of Healthcare Organizations. It is a nonprofit organization based in the United States that accredits healthcare organizations and programs in the country.⁹⁰

Limitations

Limitations can be looked at as something which hinders the researcher in a study of a particular subject.⁹¹ This project will only be a study done in the context of a healthcare hospital and involving the hospital chaplain's role on an interdisciplinary team. The researcher also realizes interdisciplinary teams are not standardized for every hospital and department within the hospital; therefore, the dynamics of the team and relationships are different. The study will only sample hospital staff assigned to an interdisciplinary team. The research study will be limited by time. To address this limitation, time management will be utilized along with the assistance of other chaplain managers in the hospitals who will help with recruitment. Another limitation will be the sample size. Data will be collected from 5 hospitals within the given San Antonio area. A small sample size can limit creditability and transferability. To increase creditability, data will be solely looked at from interdisciplinary teams. Finally, not all interdisciplinary teams have a chaplain assigned to it, therefore, the researcher will take note of this during direct observation and comment on how the team deals with issues which should be addressed by a chaplain.

⁹⁰ "About the Joint Commission," About Us, The Joint Commission, accessed October 25, 2019, https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx.

⁹¹ Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (La Vergne: Wipf and Stock Publishers, 2011), 33.

Delimitations

Setting delimitations allows the researcher to establish boundaries on a subject.⁹² This project will look only at those participants who are part of interdisciplinary teams in a hospital setting and include five hospitals located in San Antonio, Texas. The study will only look at how the participants understand the role and function of the chaplain on interdisciplinary teams and their utilization. During the educational training each participant will receive, the researcher will be the individual responsible for administrating the required training.

Thesis Statement

This study will address and bring awareness to those who are assigned and part of an interdisciplinary team that takes care of patients in a hospital context. If the healthcare workers of the interdisciplinary team fully understood the role and function more thoroughly, then the hospital chaplain would be utilized appropriately, receive additional referrals and be able to provide the necessary holistic care as required per JCAHO to patients.

⁹² Sensing, *Qualitative Research*, 33.

Chapter 2: Conceptual Framework

The second chapter of the research study provides both a theoretical and theological framework for the study as well as an extensive synthesis of the current literature regarding the topics relating to the chaplain on interdisciplinary teams in the hospital context. Current research discusses how the chaplain's role and function are often misunderstood and discusses the need for additional education or training. The literature discusses this gap of misunderstanding roles and functions but also addresses the need for further education and training to understand further how each other functions within interdisciplinary teams and to provide quality of care for patients.

Review of Precedent Literature

The role and function of the hospital chaplain have produced many research papers regarding a basic understanding of how chaplains operate within the hospital. There have been many research articles done that relate to relationships with different staff members within the hospital, specifically physicians and nurses. This literature review looked at the relationships between the chaplain and staff members and the roles and functions recognized as being specific to the chaplain's duties within the hospital.

Relationships with Staff

The role and function of the hospital chaplain has often been a debatable and misunderstood issue within the context of the hospital and, more specifically, an interdisciplinary team. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

acknowledges patients' "fundamental rights to considerate care that safeguards their dignity and respects their cultural, psychosocial, and spiritual values."⁹³

The statement of spiritual values being a part of patient care gives the understanding the medical team needs to work together to develop relationships with each other and better provide holistic care to the patient. A study done by Cunningham, Panda, Lambert, Daniel, and DeMars looked at integrating hospital chaplains into hospital care teams to incorporate spiritual care with the patient, thus providing holistic care.⁹⁴ The findings showed that chaplains add value to the teams as well as a meaningful contribution. Medical students in the study discussed the importance of how the chaplain brought value to the team and added a different perspective during rounds.

To understand how the care of the patient is to be accessed, the chaplain becomes an essential part of the team through relationships with one another and the care of the patient. Often, when dealing with a patient, there are many areas and issues which need addressing. Each member of the healthcare team has an area they address. However, by having a chaplain on a team, they were able to see the complexities of issues each patient's life has outside of just seeing them as identifiable symptoms.⁹⁵ The medical students pointed out a sense of willingness to learn and understand more of how chaplains function as part of the team in providing care to patients. Although the study discussed how the impact of chaplains in the healthcare system is critical, their role is misunderstood and often overlooked⁹⁶ as well as not utilized correctly and

⁹³ Cadge, *Paging God*, 301.

⁹⁴ Christopher J.L. Cunningham et al., "Perceptions of Chaplains' Value and Impact Within Hospital Care Teams," *Journal of Religion and Health* 56, no. 4 (08,2017): 1231, accessed September 19, 2019, <https://doi:10.1007/s10943-017-0418-9>.

⁹⁵ *Ibid.*, 1241.

⁹⁶ *Ibid.*, 1232

effectively.⁹⁷ Therefore, there is an importance on collaborating in a team as a means of understanding how each other's role and function fit into providing appropriate care to patients.

Some studies looked at the chaplain's relationships with another staff member and not necessarily the interdisciplinary team. Hemming, Teague, Crowe, and Levine looked at the importance of members in interdisciplinary teams working together, more specifically the physician and chaplain, to provide beneficial holistic care to the patient and improve collaboration between the chaplain and physician.⁹⁸ It mentions that chaplains and physicians generally have a limited understanding of each other's expertise.⁹⁹

Understanding each other's roles in an interdisciplinary team is key to treatment. In this particular study, Hemming et al., paired up medical interns with chaplain interns to learn and observe each other. Part of the expectation involved in having the chaplain interns teach the medical team their role and function, was to help the medical interns understand how to assist with providing a more holistic approach to care. Chaplains are known to be educators in their field and often explain how they interact with others. By placing chaplains on interdisciplinary teams, the staff members are not only able to interact with one another, but also learn from each another. Chaplains are often used to debrief staff members following a patient's death and help reflect on the experience, which is often beneficial to the team. In the concluding remarks, the importance was for all members of the team to work together and provide the necessary spiritual

⁹⁷ Cunningham et al., "Perceptions of Chaplains' Value and Impact Within Hospital Care Teams," *Journal of Religion and Health* 56, no. 4 (08,2017): 1231, accessed September 19, 2019, <https://doi:10.1007/s10943-017-0418-9>.

⁹⁸ Patrick Hemming et al., "Chaplains on the Medical Team: A Qualitative Analysis of an Interprofessional Curriculum for Internal Medicine Residents and Chaplain Interns," *Journal of Religion and Health* 55, no. 2 (04, 2016): 560, accessed September 23, 2019, <https://doi-org.ezproxy.liberty.edu/10.1007/s10943-015-0158-7>.

⁹⁹ *Ibid.*, 561.

care required as well as participating in team-based exercises to develop more interaction with each other.¹⁰⁰

In Cunningham, Panda, Lambert, Daniel, and DeMars' discussion, there was an 87.57% rate from medical students, and 93.10% of residents who agreed to work together with chaplains in a team when treating patients is beneficial and provides a valuable perspective during rounds.¹⁰¹ Chaplains do offer an invaluable resource, and contrary to other opinions, the study shows that members of the team did value the chaplain¹⁰² while concluding that both patients and physicians can benefit from the inclusion of chaplains as core members of the team.¹⁰³ Having a chaplain as part of the team only adds additional resources for each member to be able to utilize as it would for any position. It is only when recognizing the chaplain's value and worth in being part of the team as well as providing spiritual care for the patient, that the chaplain can become fully utilized.

Cadge, Calle, and Dillinger focused on the relationship between the pediatric physician and chaplain. The study looked at 13 academic medical centers with a 53% response rate for interviews from the physicians and one staff chaplain from nine of the hospitals; however, the other four hospitals did not have a chaplain representative to return the calls, or the chaplain was unwilling to be interviewed.¹⁰⁴ Of the few pediatricians interviewed, they did not know their chaplain since they worked with healthy patients. However, the pediatric oncologist did have

¹⁰⁰ Hemming et al., *Perceptions of Chaplains' Value*, 569.

¹⁰¹ Cunningham et al., "Perceptions of Chaplains' Value," 1240.

¹⁰² *Ibid.*, 1242.

¹⁰³ *Ibid.*, 1244.

¹⁰⁴ Cadge, Calle, and Dillinger, "What Do Chaplains Contribute to Large Academic Hospitals?" 303-304.

contact with their chaplain because of their illness and the seriousness of their patients.¹⁰⁵ This indication alludes to the fact that chaplains give preference to patients; however, there is no indication given of frequency of visits based on illness since chaplain visitations are a preference-based from the patient. Overall, the pediatric oncologist saw their interaction with their chaplains as both positive and encouraging. Finally, Cadge, Calle, and Dillinger discussed how most of the physicians saw the chaplain as part of a team. However, chaplains saw themselves as only being included when needed, and medical professionals needed to have more of a grasp of their role as a chaplain in the hospital.¹⁰⁶

The chaplain's view of work in the hospital looks through a different lens as opposed to how medical staff understands their profession. The medical staff looks at the patients from a diagnostic perspective, whereas the chaplain is watching from a broader picture and how the environment of the hospital can be changed.¹⁰⁷ For the chaplain, it is not the only concern for the patient but also the staff, families, administration, and leadership. There is a broader sense of care that takes place inside the hospital for the chaplain, and the concern is not only for the patient, but everyone involved in the process. Therefore, chaplains provide spiritual care to whom they might reach out to in the hospital.¹⁰⁸ Jacobs discusses how the chaplain often focuses on the emotional and spiritual needs of not just the patient but the patient's family, particularly in

¹⁰⁵ Cadge, Calle, and Dillinger, "What Do Chaplains Contribute to Large Academic Hospitals?" 303-304.

¹⁰⁶ Ibid., 309.

¹⁰⁷ Ibid., 307.

¹⁰⁸ Christina Puchalski, and Betty Ferrell, *Making Health Care Whole: Integrating Spirituality into Patient Care* (West Conshohocken: Templeton Press, 2010), 37, accessed October 29, 2019, ProQuest Ebook Central.

times of loss, grief or suffering.¹⁰⁹ Jacob also mentions chaplains support staff as well as senior administrators who need to keep the scope of the hospital and those inside in perspective as opposed to contemplating the reimbursement market.¹¹⁰

In regards to understanding the chaplain's role, Cadge states in her book, "There are still nurses, a chaplain resident once told me, who are surprised to learn that the hospital has chaplains, even though they are introduced to them at new employee orientation."¹¹¹ While there is a discussion on how chaplains are part of a team, there is still a need to understand their role and function on the interdisciplinary team to be able to provide holistic care to the patient. The chaplain's integration into an interdisciplinary team will help not only the hospital but the staff and patients. Therefore, the chaplain needs a place at the table.¹¹² Doolittle also discusses how there is little data on the chaplain on the health care team and suggests since religious involvement makes a difference in the healing of the patient, the chaplain has an important role.¹¹³

Russell discusses the importance of having a chaplain on an interdisciplinary team due to the support offered to staff, assessments given to patients, and relationships with local ministers who will visit members of their church.¹¹⁴ Hemming, Teague, Crowe, and Levine discussed how there was a limited understanding of roles, which was due to a possible lack of communication,

¹⁰⁹ Martha R. Jacobs, "What Are We Doing Here? Chaplains in Contemporary Health Care," *The Hastings Center Report* 38, no. 6 (Nov-Dec, 2008): 15, accessed December 23, 2019, <https://search-ebscohost-com.ezproxy.liberty.edu/login.aspx?direct=true&db=mnh&AN=19192710&site=ehost-live&scope=site>.

¹¹⁰ Ibid.

¹¹¹ Cadge, *Paging God*, 106.

¹¹² Benjamin R. Doolittle, *Religion and Spirituality for the Healthcare Provider* (Hauppauge: Nova Science Publishers, 2016), 108, accessed October 29, 2019, ProQuest Ebook Central.

¹¹³ Ibid., 107.

¹¹⁴ Russell, "Professional Chaplains," 41.

and only through some exposure, the interdisciplinary team was able to improve patient care.¹¹⁵ In her article, Harr discusses the importance of cooperation and teamwork among members of the interdisciplinary team. Each team member needs to become familiar with the other within the group and respect the knowledge and experience of each other.¹¹⁶ She continues by explaining how team members should understand the vital role each play in providing holistic care to the patient and the importance of building relationships starting during professional training.¹¹⁷

Overall, there is still an inability to understand how the role and function of the chaplain interact within the interdisciplinary teams. Even though communication seems to be a part of the solution, it is not addressed as though it might be part of the reason why there is a lack of knowledge concerning the chaplain's role and function in the interdisciplinary team.

Spirituality and Spiritual Care

Spirituality is an essential factor to consider today in healthcare because it is an integral part of each patient, which affects the whole individual. Bregman determines spirituality is a difficult term to define but yet essential in the chaplain's work since most people seek for understand of why they go through difficult times.¹¹⁸ Bregman exclaims spirituality is an individual relationship with or without God as traditional theology knows it.¹¹⁹ Young recognizes the importance of spirituality in healthcare since it "provides insight into the client's

¹¹⁵ Hemming et al., "Chaplains on the Medical Team," 569.

¹¹⁶ Cynthia Harr, Linda Openshaw, and Brenda Moore, "Interdisciplinary Relationships between Chaplains and Social Workers in Health Care Settings," *Journal of Health Care Chaplaincy* 16, no.1-2 (2, 2019): 14, accessed December 29, 2019, <https://doi.org/10.108008854720903451048>.

¹¹⁷ *Ibid.*, 21.

¹¹⁸ Bregman, *Religion, Death, and Dying*, 7.

¹¹⁹ *Ibid.*, 28.

experience, provides a context for making healthcare decisions, and allows healthcare professionals to help clients in a way that limits suffering.”¹²⁰ Young also addresses the primary

focus of spirituality is the development of relationships between self, others and God.¹²¹

VandeCreek and Burton describe spirituality as “an awareness of relationships with all creation, an appreciation of presence and purpose that includes a sense of meaning.”¹²² It is also through

this sense of spirituality that people can cope and heal with issues.¹²³ O’Brien who discusses how

spirituality fits into nursing describes spirituality as, “a personal concept, is generally understood in terms of an individual’s attitudes and beliefs related to transcendence (God) or to the

nonmaterial forces of life and of nature.”¹²⁴ The Joint Commission requires that spiritual care be available for each patient in a hospital setting, which addresses the concern of holistic care.

Chaplains are usually responsible for acquiring a spiritual assessment of patients of all religious backgrounds as well as the needs of those who have no religious affiliation at all.¹²⁵ However,

healthcare workers are also included in this process. In addition, there are four additional groups who may receive treatment in specialty facilities and require a spiritual assessment which are:

¹²⁰ Caroline Young, and Cyndie Koopsen, *Spirituality, Health, and Healing: an Integrative Approach* (Sudbury: Jones and Bartlett Learning, 2009), 11, accessed January 4, 2020, ProQuest Ebook Central.

¹²¹ *Ibid.*, 12.

¹²² Larry VandeCreek and Laurel Burton, “Professional Chaplaincy: Its Role and Importance in Healthcare,” *Journal of Pastoral Care* 55, no. 1 (March, 2001): 82, accessed January 5, 2020, <https://doi:10.1177/002234090105500109>.

¹²³ *Ibid.*

¹²⁴ Mary E. O’Brien, *Spirituality in Nursing* (Sudbury: Jones and Bartlett Learning, 2017), 34, accessed March 11, 2020, ProQuest Ebook Central.

¹²⁵ Harold G. Koenig, “Role of the Chaplain on the Medical-Surgical Team: The Official Voice of Perioperative Nursing,” *AORJ Journal* 96, no. 3 (09, 2012): 330, accessed October 29, 2019, <https://doi:10.1016/j.aorn.2012.06.007>.

1) terminally ill patients, 2) substance abuse, 3) patients needing pain management, 4) psychiatric patients.¹²⁶

Chaplains are the professionals when it comes to addressing spiritual issues within the hospital. They understand boundaries and respect religious differences.¹²⁷ Puchalski does identify that every spiritual care professional help assessing the patient and identifying a plan. However, chaplains are central to the spiritual plan being trained to working within the context of the hospital and fosters hope for the patient in order to undergo any medical issues needing addressed.¹²⁸ In a study done by Cunningham et al., they looked at addressing the issue of spirituality in dealing with the care of patients through the incorporation of chaplains into hospital care teams.¹²⁹ They looked at spirituality from the perspective of the patients as well as the physicians-in-training. The findings resulted in a more added value to the patient and physician experiences when including the chaplain as part of the team.

Spirituality is an essential factor for patients dealing with difficult issues or experiences in the hospital. For some, spirituality or a patient's religion is the only way most deal with the problems they have while in the hospital. Young brings up the fact of spirituality being an essential part for the patient to heal.¹³⁰ The chaplain helps facilitate the illness with the patient's spiritual understanding. Therefore, the hospital care team needs to ensure there is holistic care taking place with each patient to include the spiritual aspect of care. Bregman emphasizes the

¹²⁶ Verna B. Carson, *Spiritual Caregiving: Healthcare As a Ministry* (West Conshohocken: Templeton Press, 2008), 94, accessed March 12, 2020, ProQuest Ebook Central.

¹²⁷ Christian Puchalski, and Betty Ferrell, *Making Health Care Whole*, 61.

¹²⁸ Ibid.

¹²⁹ Cunningham et al., "Perceptions of Chaplains' Value," 1231.

¹³⁰ Young and Koopsen, *Spirituality, Health, and Healing*, 114.

importance of the how the chaplain supports the spiritual beliefs of the patients; the only ones who are theologically trained and culturally competent to help the patient understand how the pain and anguish they might undergo is not punishment from God who is more forgiving and compassionate.¹³¹

Cunningham et al. indicated spirituality played an essential part in the providing of holistic care to the patient through the chaplain's visit with the teams, even though the patient might not have requested a visit with a chaplain, or spirituality did not play a role in their lives.¹³² Too often, chaplains when visiting patients in rooms will run across patients who are not acquainted with a religious affiliation but are open and welcome either prayer or just a visit, which involves a conversation. The study also recognized the importance of spiritual care. which chaplains offered patients in providing holistic care.

Spiritual care is at the heart of how the patient is taken care of individually. Sorajjakool remarks, "The art of providing spiritual care is to go with patients wherever their journey takes them."¹³³ Providing spiritual care to patients requires the chaplain to be present with the patient and not physically healing them, but allowing them to go through the emotions of a new reality as they take the journey into discovering their being.¹³⁴ For the chaplain, it is addressing how the patient understands their worldview of reference. Everyone is not spiritual, and for those who are, they are not all the same. Therefore, for those who are, the chaplain addresses them from their sense of spirituality during a visit. Whether the patient requested a visit or not, there was a

¹³¹ Bregman, *Religion, Death, and Dying*, 8.

¹³² Cunningham et al., "Perceptions of Chaplains' Value," 1240.

¹³³ Siroj Sorajjakool, *When Sickness Heals: The Place of Religious Belief in Healthcare*, (West Conshohocken: Templeton Press, 2008), 89, accessed January 4, 2020, ProQuest Ebook Central.

¹³⁴ Sorajjakool, *When Sickness Heals*, 98.

positive indication from the patient relating to a visit from the chaplain. So, it is vital to allow every patient to speak with a chaplain even though one might not be requested. The chaplain has experience in interacting with people of all faiths and is capable of discerning whether individuals will be willing to talk about their stay in the hospital.

Peteet discusses how important the chaplain is for a resource when looking at spiritual care which is offered not only to patients, but through the organization and community as well.¹³⁵ Chaplains often take time to sit and talk with patients who will unfold their story allowing the chaplain to address concerns and develop a spiritual plan of care, especially if the patient's beliefs conflict with the needed treatment.¹³⁶

In a similar discussion, Nzegwu looked at how there is a lack of spiritual care in hospitals since there is a misunderstanding of the chaplain's role.¹³⁷ Cadge discusses how nurses had the material in their classes, which addresses the issue of spirituality; however, most felt confused about the term and its incorporation into care for the patient. Cadge also comments that the staff can offer spiritual support but suggests it belongs to the chaplain who has been trained correctly in the topic.¹³⁸ Kantor makes it clear discussing the importance of how chaplains are the main focus when it comes to spiritual care for patients, however, discusses how many people are unaware of the chaplain's role in the hospital and often unaware of when they might enter a

¹³⁵ John R. Peteet, and Michael N. D'Ambra, *The Soul of Medicine: Spiritual Perspectives and Clinical Practice* (Baltimore: John Hopkins University Press, 2011), 231, accessed March 13, 2020, ProQuest Ebook Central.

¹³⁶ *Ibid.*, 232.

¹³⁷ Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams," 45.

¹³⁸ Cadge, *Paging God*, 203.

room.¹³⁹ This affirms the fact that even though chaplains might be a part of a team or cooperation, they are often misunderstood regarding their role.

In being a part of the team, the chaplain is responsible for the spiritual health of the patient, which is assessed by a spiritual assessment tool used by the chaplain. The chaplain provides support to not only the patient and families but also the staff as well.¹⁴⁰ Nzegwu described the chaplain as being the best fit for delivering both spiritual and emotional care to patients.¹⁴¹ He then concludes that chaplains should be a part of the team to ensure spiritual care is offered to patients in providing holistic care.¹⁴² Nzegwu suggested the importance of having a chaplain to provide care when it dealt with spiritual issues. Bregman who discusses those patients who are sick and dying describes the chaplain as being the best qualified as the provider of spiritual care.¹⁴³

Akerele describes in his study how spirituality is an essential issue for patients dealing with health issues and how chaplains should become part of this healing process.¹⁴⁴ He looked at why spirituality did not play a significant role in holistic care since patients take spirituality seriously when it comes to healthcare.¹⁴⁵ He addresses the importance of spiritual care but notes it is often overlooked due to the education of the staff and suggests the chaplain should be a part

¹³⁹ Debra Kantor, *Issues of Cancer Survivorship: An Interdisciplinary Team Approach to Care* (Wolters Kluwer, 2015), 285, accessed March 11, 2020, ProQuest Ebook Central.

¹⁴⁰ Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams," 36.

¹⁴¹ *Ibid.*, 78.

¹⁴² *Ibid.*, 96.

¹⁴³ Bregman, *Religion, Death, and Dying*, 12.

¹⁴⁴ Olayinka Akerele, "Addressing Spiritual Care Needs in Primary Care," (DNP diss., Walden University, 2018), 4, accessed September 21, 2019, ProQuest Dissertations and Theses Global.

¹⁴⁵ *Ibid.*, 13.

of this care, which would allow the patient to receive a holistic care approach by addressing all aspects.¹⁴⁶

Swift mentions the need to address the role of chaplains in spiritual care by discussing how it is provided to patients¹⁴⁷ and suggests spiritual care should be offered as a means for holistic care, but notes the education to the staff on this issue is lacking.¹⁴⁸ Whereas Akerele looks for an opportunity to help provide spiritual care as a nurse, Nzegwu notices the importance of having a chaplain who would be considered the professional to address the topic of spiritual care.¹⁴⁹ This has continued to be a constant dynamic issue within the interdisciplinary teams concerning the question of who should be providing spiritual care to the patient, which is the standard per JCAHO as being part of holistic care. Akerele concluded for those patients seeking spiritual care, the chaplain who is experienced and knowledgeable in the topic should be included as part of care.¹⁵⁰

Doolittle discusses how physicians are more than willing to delegate the responsibility of spiritual care to the chaplain, especially when it came to the care of the terminally ill.¹⁵¹ The Association of Professional Chaplains website has a whitepaper defining the importance of the hospital chaplain and describes five reasons why the role of the hospital chaplain is essential in meeting the spiritual needs of the patient, family, staff, and organization holistically:

¹⁴⁶ Akerele, "Addressing Spiritual Care Needs," 23.

¹⁴⁷ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 1.

¹⁴⁸ *Ibid.*, 36.

¹⁴⁹ Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams," 96.

¹⁵⁰ Akerele, "Addressing Spiritual Care Needs," 43.

¹⁵¹ Doolittle, *Religion and Spirituality*, 79.

1. The organization has a responsibility to respond to spiritual needs of the organization.
2. During the patient's stay, fear and sometimes loneliness creates spiritual crises requiring spiritual interventions.
3. When cure is not an option, spiritual care plays an important role for those who question their state.
4. Spiritual care is vital to the context of the organization.
5. A lack of resources for the care of individuals creates a need for spiritual care.¹⁵²

Aiken describes the role of the chaplain as providing spiritual care to patients, families, and staff.¹⁵³ Barrows also notes the same in his study, as well.¹⁵⁴ Part of caring for the patient is paying attention to their spiritual needs, which are the center of the hospital chaplain.¹⁵⁵ Barrows also acknowledges this and discusses how the chaplain is the only one in the hospital who should be providing spiritual care.¹⁵⁶ Aiken discusses the importance of including the chaplain as part of the team and valuing the spiritual perspective brought in the context of the hospital.

In a study done by Lyndes, which looked at the pediatric palliative care team, chaplains describe their role as providers as spiritual care offering listening, hospitality and empathy, but most importantly being present with the patient. However, the medical directors describe the impact of the chaplain as relieving the spiritual suffering of patient and family, improving communication between family and the team, and the spiritual needs of the team.¹⁵⁷ The study

¹⁵² "The Meaning and Practice of Spiritual Care," Association of Professional Chaplains, accessed March 11, 2020, https://www.professionalchaplains.org/files/about_us/for_administrators/research_studies/professional_chaplaincy_role_in_healthcare_whitepaper/chaplaincy_role_importance_health_care_sec1_whitepaper.pdf.

¹⁵³ Christopher C. Aiken, "Chaplains' Support of Staff," (DMIN Thesis Project, Theological School of Drew University, 2016), 42, accessed November 10, 2019, ProQuest Dissertations and Thesis Global.

¹⁵⁴ David Corbin Barrows, "'A Whole Different Thing: The Hospital Chaplaincy, The Emergence of the Occupation and the Work of the Chaplain,'" (PhD diss., University of California, 1993), 127, accessed September 24, 2019, ProQuest Dissertations and Theses Global.

¹⁵⁵ Barrows, "'A Whole Different Thing: The Hospital Chaplaincy,'" 44.

¹⁵⁶ *Ibid.*, 100.

¹⁵⁷ Kathryn A. Lyndes, George Fitchett, Nancy Berlinger, Wendy Cadge, Jennifer Misasi, and Erin Flanagan, "A Survey of Chaplains' Roles in Pediatric Palliative Care: Integral Members of the Team," *Journal of*

also revealed the physicians suggested they have a good understanding of just what chaplains do even though the chaplains did not think other clinicians understood or misunderstood their role.¹⁵⁸ As Lyndes suggests, this misunderstanding could be due to how chaplains describe their work as being present instead of the familiar language mostly used by clinicians as outcomes.¹⁵⁹

Demars looked at the inclusion of chaplains as well as discussed how the collaboration of the chaplain with the team in providing care for the patient was beneficial.¹⁶⁰ Barrows also suggests that chaplains are a part of the health care team since they are the ones who are responsible for spiritual work.¹⁶¹ So, there is an importance of having a chaplain as part of an interdisciplinary team collaborating with not just the patient, but the staff as well, as discussed in the study by Cadge, Calle, and Dillinger who suggested providing spiritual care as a means of offering holistic care to the patient.¹⁶² They also addressed how staff would readily discuss spirituality but often related it as being a part of the chaplain's role. Spirituality was also addressed by Nzegwu, who outlines how the chaplain should be a part of the team since the chaplain is the one who is responsible for spirituality. VandeCreek and Burton also brought up the fact that a chaplain is the only staff who can cross disciplinary boundaries serving on

Health Care Chaplaincy 18, no. 1-2 (4, 2012): 87-88, accessed December 29, 2019, <https://doi.org/10.1080/08854726.2012.667332>.

¹⁵⁸ Lyndes et al., "A Survey of Chaplains' Roles," 89.

¹⁵⁹ Ibid.

¹⁶⁰ Cunningham, Panda, Lambert, Daniel, and DeMars, "Perceptions of Chaplains' Value," 1231.

¹⁶¹ Barrows, "'A Whole Different Thing:' The Hospital Chaplaincy," 120.

¹⁶² Cadge, Calle, and Dillinger, "What Do Chaplains Contribute to Large Academic Hospitals?" 309.

healthcare teams who can care for those members of the teams, helping them cope with their duties and give meaning and value to their work.¹⁶³

Role and Function of the Chaplain

In August of 2006, the National Health Service in England decided to release all of its chaplaincy staff. This, of course, started a debate and opened the discussion in England about religious issues, especially as it related to public life. For those in positions of leadership, primarily clergy, there was a sense of urgency to deal with the issue of trying to understand the release of chaplains from hospitals. The discussion regarding dismissing the chaplains from the hospital dealt with how the chaplains were not acknowledged for the work they did in hospitals.¹⁶⁴

The difficulty with most hospitals lies in their inability to address the role and function of the chaplain residing in the hospital. The chaplain's role and function in the hospital are both essential and valuable, not an entity to be removed if budget cuts are needed. The role of the chaplain is seen as complicated, especially working with not only medical staff but patients as well as families.¹⁶⁵

A typical day in the role of the chaplain can be anything from psychological, physical to spiritual, with challenges to adjust to the patient's spiritual and religious differences.¹⁶⁶ Since the

¹⁶³ VandeCreek and Burton, *Professional Chaplaincy*, 84.

¹⁶⁴ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 3.

¹⁶⁵ Robert Anderson, *Ministry in the Spiritual and Cultural Diversity of Health Care: Increasing the Competency of Chaplains* (Independence: Routledge, 2004), 26, accessed November 3, 2019, ProQuest Ebook Central.

¹⁶⁶ Cunningham et al., "Perceptions of Chaplains' Value," 1233.

chaplain deals with such a vast array of issues, it could account for many of the hospital staff not fully comprehending the chaplain's capabilities within the context of the hospital.

In the 16th century, hospitals underwent a significant change in becoming institutions of care. With this change, the role of the chaplain changed with the relationships of the government, patients, religion, and salvation.¹⁶⁷ There are discussions regarding the role of the chaplain specifically as it relates to the care of the patient in the hospital. For many, there seems to be a connection between what a minister does in a local parish and how the role of the chaplain should operate in the hospital to address this issue and authenticate distinctions.¹⁶⁸

There are some discussions regarding the matter of perception of the chaplain since the primary location for ministers, as seen by many individuals, is in churches and not hospitals.¹⁶⁹ This could be a relative point since most chaplains that people encounter inside the hospital are not necessarily attached to a church or claim a religious affiliation. So, to see a chaplain inside a hospital and to work with a chaplain could be awkward, considering there might not have been any interaction before being a patient, and often the chaplain will not be seen as an authority figure unless the patient has a similar religious background as the chaplain.¹⁷⁰ However, the role of the chaplain is different from the local minister and works directly for the institution of the state or other bodies.¹⁷¹

¹⁶⁷ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 16.

¹⁶⁸ *Ibid.*, 67.

¹⁶⁹ Sullivan, *A Ministry of Presence*, 55.

¹⁷⁰ Beverley M. Clarke, *On Suffering: Pathways to Healing and Health* (Lebanon: Dartmouth College Press, 2011), 189, accessed November 2, 2019, ProQuest Ebook Central.

¹⁷¹ Clarke, *On Suffering*, 60.

Ministers are not trained in the same manner as hospital chaplains who are usually required to go through a clinical, educational program. Koenig states, "The chaplain works in the health care setting, understanding the psychological and social consequences of illness."¹⁷² They are familiar with their environment and form relationships with the people whom they work with daily. They are on teams and understand the terminology used by the medical staff. They are familiar with the surroundings of the hospital regarding the different departments and able to access medical records regarding the history of the illness of a patient. Therefore, there is a vast difference between the church minister and hospital chaplain when it comes to specific training requirements.

Traditionally, chaplains are placed into a healthcare setting to address the religious and spiritual needs of patients, family members as well as staff. Coward and Stajduhar discuss how the healthcare chaplain's role is to assess and respond to the patient and educate the team on the issues of religion.¹⁷³ The chaplains who fulfill this role support the needs of not just the patients, but family members, regardless of their faith or possibly not faith affiliation at all.¹⁷⁴ Jacobs discusses how the professional chaplain often works in very intensive environments dealing with a dying patient or grieving family and also the only member of the staff who can be present with either, for as long as needed.¹⁷⁵ Kantor describes the work of the hospital chaplain as one who is in touch with the spiritual needs of the patients and through their pain and suffering helps them

¹⁷² Koenig, *Spirituality in Patient Care*, 128.

¹⁷³ Harold Coward, and Kelli Stajduhar, *Religious Understandings of a Good Death in Hospice Palliative Care* (Ithaca: State University of New York, 2012), 281, accessed January 4, 2020, ProQuest Ebook Central.

¹⁷⁴ Jayne James, Elita Cottle, and Debbie Hodge, "Registered Nurse and Health Care Chaplains Experiences of Providing the Family Support Person Role During Family Witnessed Resuscitation," *Intensive & Critical Care Nursing* 27, no. 1 (2, 2011): 24, accessed November 3, 2019, <https://doi:10.1016/j.iccn.2010.09.001>.

¹⁷⁵ Jacobs, "What Are We Doing Here?" 16.

draw out the spiritual resources available. Kantor also discusses the importance of how the chaplain acts as a connection between the hospital context and local clergy through visitation and necessary rituals.¹⁷⁶ According to Kantor, the main focus of the hospital chaplain is to help those suffering find meaning in the chaos.¹⁷⁷

Chaplains are called into a patient's room for various reasons ranging from traumas, cardio-pulmonary resuscitation, and transplants; however, the two which all chaplains are often called for are a Code Blue where the heart has stopped and a death.¹⁷⁸ They are also often paged for prayer or conversation with a patient. This displays a level of misunderstanding medical staff have when considering the role of the chaplain in the hospital.

When the chaplain comes into a patient's room, they see more than a person, they see the whole person and do not consider the patient as someone who came in for a particular medical issue but will consider the entire person as well as be inclusive of family members.¹⁷⁹ Visiting the patients is essential, and chaplains often tend to focus on those considered to be the sickest or those in either the emergency rooms or intensive care units.¹⁸⁰

The duties of a chaplain within the hospital are various from responding to codes, serving on bioethics review panels, conducting services in the chapel, offering workshops, meeting with interdisciplinary teams, holding remembrances, and various other activities.¹⁸¹ A chaplain is often not confined to just one particular section or department and might have duties that

¹⁷⁶ Kantor, *Issues of Cancer Survivorship*, 287.

¹⁷⁷ *Ibid.*, 288.

¹⁷⁸ Cadge, *Religion in the Halls of Medicine*, 93.

¹⁷⁹ *Ibid.*, 93.

¹⁸⁰ *Ibid.*, 111.

¹⁸¹ Will III, "Making Hospital Chaplains," 74.

encompass two or three departments or possibly floors. Therefore, it is difficult to thoroughly understand the entire work of a chaplain without seeing the whole area of responsibility.

VandeCreek and Burton describe the following ten functions and activities of a healthcare chaplain:

1. When religious beliefs and practices are tightly interwoven with cultural contexts, chaplains constitute a powerful reminder of the healing, sustaining, guiding, and reconciling the power of religious faith.
2. Professional chaplains reach across faith group boundaries and do not proselytize.
3. They provide supportive spiritual care.
4. Professional chaplains serve as members of patient care teams.
5. Professional chaplains design and lead religious ceremonies.
6. Professional chaplains lead or participate in healthcare ethics programs.
7. Professional chaplains educate the healthcare team and community regarding the relationship between religious and spiritual issues.
8. Professional chaplains act as a mediator and reconciler.
9. Professional chaplains may serve as contact persons to arrange complementary therapies.
10. Professional chaplains and their certifying organizations encourage and support research.¹⁸²

There are individuals within the hospital setting who comment on the clarity of the role regarding chaplains since chaplains are not limited geographically to any specific hospital location. They are also capable of moving around the hospital without being confined to a particular department; however, others see this freedom as a reason to clearly define the role of the chaplain and further, it as well.¹⁸³

There are not always enough chaplains to fully cover a hospital of patients. Often chaplains experience not being fully understood, underutilized, and have difficulty trying to educate the staff consistently to page the chaplain when there is an issue which needs to be

¹⁸² VandeCreek and Burton, *Professional Chaplaincy*, 86-88.

¹⁸³ Cunningham et al., "Perceptions of Chaplains' Value," 1233.

addressed.¹⁸⁴ Doolittle also emphasized the need for more chaplains in hospitals to help care for both staff and patients.¹⁸⁵ Goldhirsch noted that since the role of the chaplain has become important due to spirituality, there are not enough of them to meet the needs of the patients.¹⁸⁶ They also often have a difficult time discussing their role with staff members,¹⁸⁷ which can account for others not fully being aware or understanding how to utilize them within the context of the hospital. Another factor that often led staff to not fully understand the chaplain's functionality came when chaplains performed informal roles on teams. Therefore, the difficulty with a partial understanding regarding the misunderstanding or the role and functionality of chaplains can be the inability to how chaplains translate their professional in the medical field, which brings quantitative outcomes.¹⁸⁸

Language and how it is spoken can often become a barrier among each other. Cadge, however, describes how chaplains often use a different descriptive language when they describe their work. The chaplains tended to think of their work holistically, referring to both the hospital and the patient, whereas physicians often related to their work as tasks.¹⁸⁹ It is not surprising chaplains look at their approach to work in a holistic manner since chaplains look at everyone who enters the presence of the hospital as part of their congregation and part of their

¹⁸⁴ Will III, "Making Hospital Chaplains," 122.

¹⁸⁵ Doolittle, *Religion and Spirituality*, 107.

¹⁸⁶ Suzanne Goldhirsch, *Geriatric Palliative Care* (Oxford, Oxford University Press, 2014), 112, accessed March 10, 2020, ProQuest Ebook Central.

¹⁸⁷ Kramer, Tenzek, and Allen, "Translating Spiritual Care in the Chaplain Profession," 3.

¹⁸⁸ Ibid.

¹⁸⁹ Cadge, Calle, and Dillinger, "What Do Chaplains Contribute to Large Academic Hospitals?" 307.

responsibility to care for in the ministry. Doolittle describes the congregation for the chaplain comprised of both staff and patients.¹⁹⁰

In looking specifically at the interdisciplinary team, Wittenberg-Lyles discussed how the team sees the chaplain as one who offered self-care, day-to-day encouragement, and team conflict manager.¹⁹¹ Interestingly, there is no description of the role regarding the interaction with patients. The description of the chaplain in this study is similar and most often recognized on how ministers would interact with members of a congregation or church staff. It is also clear there needs to be more discussion regarding how chaplains should be more of an active contributor regarding team meetings and patient outcomes.¹⁹² It is still unclear from this study how staff see the role of chaplain specifically as it pertains to the interdisciplinary team and within the meetings.¹⁹³

Professional careers such as teachers, military, healthcare, first responders, or lawyers each have their method and way of communicating, which can be hard to understand. In the context of healthcare, communication among teams is vital, especially when considering the quality of care with patients.

¹⁹⁰ Doolittle, *Religious and Spirituality*, 107.

¹⁹¹ Elain Wittenberg-Lyles, Debra P. Oliver, George Demiris, Paula Baldwin, and Kelly Regehr, "Communication Dynamics in Hospice Teams: Understanding the Role of the Chaplain in Interdisciplinary Team Collaboration," *Journal of Palliative Medicine* 11, no. 10 (2008): 1335, accessed November 8, 2019, <https://doi:10.1089/jpm.2008.0165>.

¹⁹² Wittenberg-Lyles, Oliver, Demiris, Baldwin, and Regehr, "Communication Dynamics in Hospice Teams," 1335.

¹⁹³ *Ibid.*, 1330.

Training the Staff

In working together as a team, many factors need to be taken into consideration. In order for teams to be productive, effective, and beneficial, there must be a collaboration amongst the members of the team who engage in work together.¹⁹⁴ If members of a team have been together over a period of time, there is familiarity with roles and responsibilities; however, if the team is forming, then all the more reason for the importance of teamwork.¹⁹⁵ In the study done by Schmutz, which looked at teams in healthcare under a variety of conditions, concluded teams regardless of size, make-up, or levels of acuity of care all benefit from teamwork.¹⁹⁶ A lack of clarity concerning the identity of roles and responsibilities of healthcare workers can disrupt collaboration in teams.¹⁹⁷

Understanding roles within the interdisciplinary teams are essential for establishing quality care for patients. The more each member of the team can acquire knowledge of the other's role, the team becomes effective in caring for the patient. However, it was discovered in the literature review a lack of information showing chaplains training those in the interdisciplinary teams on role identity.

Cadge discusses chaplains and chaplain directors; explanations of their role and identity provides staff education for them to be noticed and identified in their hospital of employment.¹⁹⁸

¹⁹⁴ Jan B. Schmutz, Laurenz L. Meier, and Tanja Manser, "How Effective is Teamwork Really? The Relationship Between Teamwork and Performance in Healthcare Teams: A Systematic Review and Meta-Analysis," *BMJ Open* 9, no. 9 (2019):1, accessed November 10, 2019, <https://doi:10.1136/bmjopen-2018-028280>.

¹⁹⁵ *Ibid.*, 2.

¹⁹⁶ *Ibid.*, 13.

¹⁹⁷ Susan McInnes, Kath Peters, Andrew Booney, and Elizabeth Halcomb, "An Integrative Review of Facilitators and Barriers Influencing Collaboration and Teamwork Between General Practitioners and Nurses Working in General Practice," *Journal of Advanced Nursing* 71, 9 (2015): 1977, accessed November 10, 2019, <https://doi:10.1111/jan.12647>.

¹⁹⁸ Cadge, *Religion in the Halls of Medicine*, 122.

Chaplains, as other members of the interdisciplinary team and hospital staff, are eager to perform their calling as hospital chaplains; however, education is key to others understanding how to utilize them properly.

Examples of ways chaplains educate others of their role and identity in the hospital are through ongoing education of the staff, individual interactions daily with those in departments, new employee orientation, annual Pastor Care Week where the chaplain will set up events, all are reflective of spiritual care for both patients and staff.¹⁹⁹ Pastor Care Week can include such events as The Blessing of the Hands, guided rosary, memorial service honoring deceased loved ones, and a hospital-wide prayer walk.

Brown suggested in her paper regarding the authority of the chaplain in the hospital and understanding the role of the chaplain, there needs to be additional education and training between the chaplain and medical staff as a means of understanding the role of the chaplain, which would benefit holistic care for the patient.²⁰⁰ In Brown's concluding remarks, there is a suggestion for educational opportunities for the medical teams to understand the chaplain's role of authority in the hospital and vital role in providing spiritual care, which is primary to holistic care.²⁰¹ The suggestion offered by Brown is one that needs to be understood by hospital chaplains for them to move forward in becoming part of the interdisciplinary team. Chaplains need not just to make themselves visible, but to continue to educate those around them on how they are a vital link in the hospital and how their role is key to holistic care.

¹⁹⁹ Cadge, *Religion in the Halls of Medicine*, 123.

²⁰⁰ Lori A. Brown, "An Examination of the Contemporary Challenges to the Pastoral Authority of a Christian Chaplain Who Ministers in a Secular Medical Institution." (DMIN Thesis Project, Duke University, 2015), 76, accessed November 10, 2019, ProQuest Dissertations and Thesis Global.

²⁰¹ Brown, "An Examination of the Contemporary Challenges," 89.

Aiken described in his paper the contributions chaplains made by educating not only the staff in the medical facility but also participating in lectures and training in the nursing programs.²⁰² The key to education is developing relationships within the hospital where the chaplains are employed.²⁰³ The chaplain needs to understand the importance of visibility in the hospital to educate the medical staff. The chaplain's concern is not just to the patient but to the hospital as a whole, which included the medical staff. When they are included, then relationships are formed, and when relationships are formed, the chaplain has an opportunity to educate the medical staff concerning role and function.

An interesting study done by Cunningham looked at how medical professionals in training worked alongside chaplains. Cunningham concluded from the medical students there needs to be more communication between the physicians regarding the role of the chaplain. Even though the physicians deemed their role valuable, they were not fully aware of the chaplains' role in the hospital.²⁰⁴ Kramer also addressed the same issue and commented that educating staff helped medical staff understand spiritual care.²⁰⁵ Hemming also studied the relationships between chaplains and medical students. Chaplain interns trained the medical students on communication skills, active listening, and reflective skills; all taught to the chaplain in clinical pastoral education.²⁰⁶ Hemming concluded that by groups working together, a rich learning environment is produced as team-based care is improved.²⁰⁷

²⁰² Aiken, "Chaplains' Support of Staff," 33.

²⁰³ *Ibid.*, 121.

²⁰⁴ Cunningham et al., "Perceptions of Chaplains' Value," 1244.

²⁰⁵ Kramer, Tenzek, and Allen, "Translating Spiritual Care in the Chaplain Profession," 8.

²⁰⁶ Hemming et al., "Chaplains on the Medical Team," 567.

²⁰⁷ *Ibid.*, 569.

Education is a vital function in addressing the importance of the role and function of the chaplain inside the hospital. However, the literature review did not reveal the importance of addressing educating teams or staff since it was mentioned sparingly. The studies done, discussed the importance of educating those on the medical staff while they are students and learning role identification. By becoming visible, the chaplain not only builds relationships within the hospital but can educate those who are a part of a team.

Theological Foundations

Probably one of the most used passages of scripture relating to caring for or service to others comes from Matthew 25:35-36, which states, “For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” Ministry is surrounded by helping those who need help. Jesus’ ministry displayed a caring for those who were vulnerable and poor. Throughout His lifetime, Jesus ministered to those most in need as an example for Christians. Blomberg points out in his commentary on Matthew’s passage of scripture how God intended for His creation to have a loving relationship with Him from the very beginning. Because of the hospitality shown by those in a relationship with Christ, they are blessed since they provided the essentials such as food, shelter and companionship.²⁰⁸ Weber points out in his commentary on Matthew 25 regarding this passage of scripture that we will be doing kingdom work by helping and ministering to those

²⁰⁸ Craig L. Blomberg, *Matthew*, vol. 22, *The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture* (Nashville, TN: Broadman and Holman, 1992), 323, accessed February 15, 2020, ProQuest Ebook Central.

around us.²⁰⁹ Therefore, it is important for chaplains to minister not specifically to any particular group in the hospital, but to those who are in need and more specifically lack the essentials such as food, shelter, and companionship. For the chaplain, it is not about differentiating among patients, but ministry which was displayed throughout the life of Jesus.

Another vital consideration for ministering to those in need is the acceptance of being called into the ministry specifically in a hospital context. Iorg describes being called as “a profound impression from God that establishes parameters for your life and can only be changed by a subsequent superseding impression from God.”²¹⁰ Iorg also states, “Experiencing God’s call may be a process, but answering His call requires a definite decision.”²¹¹ Each chaplain processes their calling for ministry and the context where this ministry will take place. Each hospital chaplain has made the decision to serve in a unique context requiring complex decisions, relationships, and opportunities to serve outside the church. In Luke 5:11 it states, “So they pulled their boats up on shore, left everything and followed Him.” Jesus was calling Peter to ministry and Peter responded by leaving everything which was familiar. He stepped into something unfamiliar, but trusted Jesus. Hospital chaplaincy is different from the setting of being in the church. However, for those who have been called into hospital chaplaincy, it was a process and decision to follow Jesus and trust Him in following their calling. In Isaiah 8:6, God asked Isaiah who He should send to minister to His people and Isaiah spoke up and told God he would volunteer to be sent. Smith in his commentary on Isaiah, remarked Isaiah did not know the

²⁰⁹ Stu Weber, *Holman New Testament Commentary: Matthew* (Nashville: B&H Publishing, 2000), 33, accessed February 15, 2020, ProQuest Ebook Central.

²¹⁰ Jeff Iorg, *Seasons of a Leader’s Life: Learning, Leading, and Leaving a Legacy* (Nashville: B&H Publishing, 2013), 14.

²¹¹ *Ibid.*, 21.

mission of God, the location, length of stay, or just how difficult God's mission was for him. Isaiah just sensed God's calling and went.²¹² The hospital chaplain senses the call just as Isaiah to go and minister to those in the hospital, both patients and staff, not knowing the difficulty or length of stay, only being faithful to God's calling in ministry. Just as important as it is for the chaplain to minister to patients in the hospital, it is also essential to be on a team that delivers quality care. Ministry and teamwork are two crucial aspects of quality care and concern for chaplains to give as a part of service to patients.

Ministry to Patients

In Acts 17:24-25, it states, "The God who made the world and everything in it is the Lord of heaven and earth and does not live in temples built by human hands. And He is not served by human hands, as if He needed anything. Rather, He Himself gives everyone life and breath and everything else." Crick makes it clear when referring to this passage of scripture and the work of the chaplain by suggesting no one is outside of God's reach and everyone is of value just because they are a creation of God.²¹³ The chaplain works inside a pluralistic environment and in doing so, gives value to each patient who comes in the hospital needing treatment. Crick points out, "Chaplaincy is a ministry of service to a diverse and pluralistic world. It is a ministry where preference, inequality, and self-glorification cannot exist."²¹⁴ Dykstra remarks on how Boisen describes patients as living human documents that need to be explored.²¹⁵ For the chaplain, the

²¹² Gary V. Smith, *Isaiah 1-39*, vol. 15A, *The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture* (Nashville, TN: Broadman and Holman, 2007), 183, accessed February 15, 2020, ProQuest Ebook Central.

²¹³ Crick, *Outside the Gates*, 26.

²¹⁴ *Ibid.*, 64.

²¹⁵ Robert C. Dykstra, *Images of Pastoral Care: Classic Reading* (Chalice Press, 2005), 14, accessed January 1, 2020, ProQuest Ebook Central.

patient is a creation of God who needs both compassion and care. Polhill discusses this particular passage stating, “God stands above His creation and to whom humanity as a creature is ultimately responsible.”²¹⁶

Psalm 34:18 says, “The Lord is close to the brokenhearted and saves those who are crushed in spirit.” Crick says the chaplains bring an awareness of God and His presence to those who need comforting.²¹⁷ Chaplains can help those who need to be comforted through their pain or going through a great crisis, guidance towards a given destiny.²¹⁸

Teamwork

In 1 Corinthians 12:12,14 it states, "Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ. Even so, the body is not made up of one part but of many." Paul's discussion of gifts is fitting for the hospital setting and the many people employed working together with the goal of patient satisfaction.

The main focus in 1 Corinthians 12:12, 14 conveys the concept of everyone working together as one group and the concept of unity and diversity among the group.²¹⁹ Everyone has a unique ability and should make a contribution of ministry as a whole to the body.²²⁰ This is a message which is preached quite frequently in the church. God has given each believer a

²¹⁶ John B. Polhill, *Acts*, vol. 26, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture (Nashville, TN: Broadman and Holman, 1992), 347, accessed January 1, 2020, ProQuest Ebook Central.

²¹⁷ Crick, *Outside the Gates*, 112.

²¹⁸ Ibid.

²¹⁹ Mark Taylor, *1 Corinthians*, vol. 28, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture (Nashville, TN: Broadman and Holman, 2014), 33, accessed November 4, 2019, ProQuest Ebook Central.

²²⁰ Craig Keener, *1-2 Corinthians* (Cambridge: Cambridge University Press, 2005), 106, accessed November 4, 2019, ProQuest Ebook Central.

different gift of ministry to utilize in the church for the church to function correctly. Blackaby comments leaders should recognize the skills and talents of others and use them to accomplish the goal of the organization.²²¹ Blackaby also states about how leaders who want effective teams should, “facilitate engaging, stimulating, comprehensive discussions that uncover a wide array of options and potential pitfalls in determining the best response to the challenge at hand.”²²²

This passage of scripture also draws on how the church is a living, breathing, and functioning unit. Every member of the church is alive and functioning as a part of the whole body. The other aspect concerning the church being a living body is all the various group dynamics that are involved for the church to function holistically. Some collective dynamics are communication, working together, leadership, and authority. Since the church is a living body, it needs to work together as a team to function correctly and how Jesus intended.

Paul states in 1 Corinthians 12:18-19, "But in fact, God has placed the parts in the body, every one of them, just as he wanted them to be. If they were all one part, where would the body be?" The body is a whole because all the functioning parts are working together as a team in unity. Everyone is not the same, and everyone has their own unique and distinct gift of ministry to utilize for the church to operate as God intends it to work. Furthermore, the only way the body will function properly is if everyone is doing their part as God intended for every Christian.

Each member of the church has a unique capability that is likened to an instrument in a band and

²²¹ Henry Blackaby, and Richard Blackaby, *Spiritual Leadership: Moving People on to God's Agenda* (Nashville: B&H Publishing, 2011), 301.

²²² *Ibid.*, 300.

is vital to function appropriately as a whole where God is the conductor guiding the gifts of each individual building up the body of Christ.²²³

Another part of the Bible that connects with 1 Corinthians 12, is Nehemiah 3, which is an account of how the wall of Jerusalem came about and how others had their specific role and part in the rebuilding. The rebuilding and construction were not given to any particular group or any one person, but everyone became involved in a common goal.

In Nehemiah 3:1-32, there is a listing of families who were responsible for a particular portion of the wall until finally, after 52 days, the wall became a fortress. The task became a collective effort where everyone became involved in a common goal. This chapter points out that work goes faster when everyone is engaged and doing their necessary tasks, and everyone is working together as a team instead of independently or separately.

Also, pointed out in 1 Corinthians 12, God gives each of us a specific talent we are to use to build His church, and the body can only function when everyone is working together in unity and as a whole. The body is a living and breathing body, which means it has unique group dynamics. We can see from the story of Nehemiah, when the wall was being built, Nehemiah experienced many difficulties and opposition not only from the local people who were there in the neighborhood, but also from among those who were helping to rebuild the wall. Working together with one another is a command from God, and when we are doing it correctly, it brings glory to Him.

Proverbs 27:17 states, "As iron sharpens iron, so one person sharpens another." The Scripture gives us an understanding of how important it is to work with one another to the point

²²³ Charles R. Swindoll, *Insights on 1 and 2 Corinthians*, vol 7, Swindoll's Living Insights New Testament Commentary (Carol Stream: Tyndale House Publishers, 2017),180, accessed November 4, 2019, ProQuest Ebook Central.

of helping to hone one's skill or craft. There is no backing away or working independently on a team since it affords the opportunity for education, and the sharpening aspect can occur for any area people are engaged.²²⁴ Group interaction challenges each individual within the team to produce excellent results for the benefit of the care of the patient. As each member of the team not only knows their role but understands each other's role, a more quality product is produced, resulting in better holistic care. As God requires us to help one another, it also extends out the corners of the church.

Ephesians 4:11-12 states, "So Christ Himself gave the apostles, the prophets, the evangelists, the pastors, and teachers, to equip His people for works of service, so that the body of Christ may be built up." In this passage, Paul discusses the gifts God gave to the people of the church to equip it to prepare them for the work God called each Christian for in ministry.

The first part of this text describes the gifts God had given the church, while the latter part of the text describes the purpose of the gifts. The leaders equip the people of the church for the works of service to build up the body of Christ. By following these passages of Scripture, the church develops a healthy lifestyle, functioning properly with everyone working in unity and harmony.²²⁵

God's plan for the church is to work in unity and harmony with each other with the gift God gave each member of the church, which allows the proper functioning of the church. This is God's intention; however, within each church, there are always problems, discontentment, and

²²⁴ Duane A. Garrett, *Proverbs, Ecclesiastes, Song of Songs*, vol. 14, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture (Nashville, TN: Broadman and Holman, 1993), 216, accessed November 4, 2019, ProQuest Ebook Central.

²²⁵ Charles R. Swindoll, *Insights on Galatians, Ephesians*, vol. 8, Swindoll's Living Insights New Testament Commentary (Carol Stream: Tyndale House Publishers, 2015), 249, accessed November 5, 2019, ProQuest Ebook Central.

disagreement. God allows us to see what the model of operation for the church should be for it to operate in unison to achieve God's intention.

1 Peter 4:10 states, "Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms." Peter is talking to the church and emphasizes the importance of using the gift to serve others. The significance of this passage considers the diversity of gifts, reflecting the grace of God.²²⁶

1 Peter 4:10 also looks at the importance of gifts given to serve and help others,²²⁷ allowing the church to build up in unity and function as one body. Service is an essential aspect of how people interact with one another. Peter described how Jesus displayed how He wanted the church to act towards others in the church, as well as outside the church after He was gone. Peter discussed how each member was fundamentally responsible for utilizing their gift to be used for edification. Working together in unity and allowing each member to use their gift or ability is important for each church for it to function correctly and continue to be healthy.

There are too many churches today malfunctioning since only a few of the members are using their gifts while others are keeping their gifts hidden. Jesus did not intend for our gifts to be hidden. In Matthew 25:14-28, Jesus talks about a master who gave three servants various amounts of gold and entrusted it to them while he was gone. Two of the servants decided to invest the money while the other chose to bury it and not invest it. The master came back and rewarded those who invested by placing them in charge while the one who did not invest had the

²²⁶ Thomas A. Schreiner, *1 and 2 Peter, Jude*, vol 37, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture (Nashville, TN: Broadman and Holman, 2003), 164, accessed November 5, 2019, ProQuest Ebook Central.

²²⁷ Ibid.

investment taken and given away. The gifts God has given the church need to be utilized accordingly.

In 1 Corinthians 1:10, it states, "I appeal to you, brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." In this passage of Scripture, Paul is urging the church at Corinth to work together and not against one another. For Paul, the people needed to live in peace and harmony, along with having the same goals working together.²²⁸

There is an urgency in Paul's statement for the people of the church to work together towards the common goal Christ set before them. The difficulty for the church is agreeing with God's Word even though Paul stated they come together in agreement on this very issue.

Theoretical Foundations

Group dynamics are an essential consideration when looking at interdisciplinary teams. A group can be defined and explained in many ways to include people interacting with each other for a specified period of time.²²⁹ Keyton's discussion on groups looked at how groups must consist of at least three individuals, interdependent where they are reliant on one another, and finally, the group must be working toward a common goal.²³⁰ Katzenbach and Smith describe a team as "a small number of people with complementary skills who are committed to a common

²²⁸ David E. Garland, *1 Corinthians: Baker Exegetical Commentary on the New Testament* (Grand Rapids: Baker Academic, 2003), 55, accessed November 5, 2019, ProQuest Ebook Central.

²²⁹ Uwe Bubmann, *Group Dynamics: The Nature of Groups as well as Dynamics of Informal Groups and Dysfunctions* (Hamburg: Diplomica Verlag, 2013), 12, accessed November 6, 2019, ProQuest Ebook Central.

²³⁰ Joann Keyton, and Dirk K.J. Heylen, "Pushing Interdisciplinary in the Study of Groups and Teams," *Small Group Research* 48, no. 5 (October, 2017): 623, accessed, November 7, 2019, <https://doi-org.ezproxy.liberty.edu/10.1177%2F1046496417732528>.

purpose, set of performance goals, and approach for which they hold themselves mutually accountable.”²³¹ Regardless of how a group or team is defined, it can be thought of as several people who depend on each other to accomplish a goal. For the interdisciplinary teams in a healthcare system, each professional depends on the other to reach the goal of quality care for the patient. Buchbinder, Shanks and Kite also describe the concept of the workings of a team as setting goals and then holding the team accountable for the achievement of those goals, which is why they are dependent on each other for the necessary work which needs to be accomplished.²³²

Team Development

The group development theory is considered a social theory developed by Dr. Bruce Tuckman in 1965. It is essential for consideration especially when looking at the interdisciplinary team and how each other relate to bringing quality healthcare to the patient.

Tuckman’s theory is an abstract conceptual representation in the group development theory.²³³ Types of group development theory or models include form, storm, norm, perform, adjourn, and the development of group norms.²³⁴ Tuckman considered five stages for his theory consisting of forming, storming, norming, performing, and adjourning. The first phase is essential for the group to do well, since it is where the group becomes acquainted with one another. The first phase also has the group still considering what their role, norms, and

²³¹ Jon R. Katzenback, and Douglas K. Smith, *The Discipline of Teams* (Harvard Business Review Press, 2009), 8, accessed January 26, 2020, ProQuest Ebook Central.

²³² Sharon B. Buchbinder, Nancy H. Shanks, and Bobbie J. Kite, *Introduction to Health Care Management*, (Burlington: Jones and Barlett Learning, 2019), 794, accessed June 28, 2020, ProQuest Ebook Central.

²³³ Bruce W. Tuckman, and Mary Ann C. Jensen, “Stages of Small-Group Development Revisited1.” *Group Facilitation*, no. 10 (2010): 43, accessed November 7, 2019, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/747969212?accountid=12085>.

²³⁴ *Ibid.*, 46.

expectations are with the group. Most of the pressing issues are often avoided at this phase since the team members are busy with their routines and schedules. This phase is a comfortable phase since there is an avoidance of conflict and avoidance of issues that need addressing.

The second phase is where role conflict can happen since individuals want to achieve their own desired goals. The leader needs to point out the outcome and get others to work towards it. Members of the team will start a pecking order, and it will become apparent who the leaders are on the team. After issues are discussed, some members might want to revert to the first stage to be comfortable, and others will want to discuss those issues which need to be addressed.

In the third phase, people come together and agree upon common standards of work and procedures. The team members become familiar with one another and look at the contribution each member brings to the team. There is a sense of trust, value, and support of each other. The team starts developing into a cohesive and effective team.

In the fourth phase, people work with each other to achieve their goals. Everyone is aware of each other's strengths and weaknesses, and the team almost works seamlessly together due to their trust of one another. The direction of the team is towards the goal it sets. Finally, in the last phase, after the goals are reached, the group comes together to bring closure and a sense of accomplishment.

The group development theory stresses the importance of individuals working together to achieve a common goal, which is the same consideration for interdisciplinary teams in caring for their patients. Teams are an essential concept for healthcare delivery; therefore, it is essential that interdisciplinary teams form bonds as well as trust and respect each other. However, the realization regarding teams is that all are not effective. There are leadership and collaboration

problems among the team. However, the group development theory is essential to consider since it looks at the team in phases and gives guidance for team development.

There are some disadvantages with the theory, such as the theory does not take into consideration individual roles, and the theory is not clear on the transition from one phase to the next as well as the length of time it might take for the transition to take place.

Team Approach to Healthcare

In healthcare, teams are essential when it comes to the care of the patient. Teams share a common trait such as few people on the team, similar skills but different expertise, sharing a common purpose for the team, and sharing a sense of accountability and responsibility.²³⁵ Healthcare teams can be large or small, centralized or dispersed, virtual or face-to-face, while their tasks can be focused and brief or broad and lengthy.²³⁶ In healthcare, the team is comprised of different disciplines and often dependent on the need of the patient. Team-based healthcare can be defined as “the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers.”²³⁷ Five common principles shared by health care teams are shared goals, clear roles, mutual trust, communication, and measurable processes and outcomes.²³⁸ Typical values include

²³⁵ Cynthia A. Persily, *Team Leadership and Partnering in Nursing and Health Care* (New York: Springer Publishing, 2013), 5, accessed January 18, 2020, ProQuest Ebook Central.

²³⁶ Pamela Mitchell, Matthew Wynia, Robyn Golden, Bob McNellis, Sally Okun, Edwin Webb, Valerie Rohrbach, and Isabella Von Kohorn, “Core Principles and Values of Effective Team-Based Health Care,” (Discussion Paper, National Academy of Medicine, 2012), <https://doi.org/10.31478/201210c>.

²³⁷ Ibid.

²³⁸ Bruce H. Vogt, and Jeremy J. Vogt, “Foundations, Core Principles, Values, and Necessary Competencies of Interprofessional Team-Based Health Care,” *South Dakota Medicine: The Journal of the South Dakota Medical Association* (2017): 26, accessed January 26, 2020, <http://ezproxy.liberty.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=28817858&site=ehost-live&scope=site>

honesty, discipline, enthusiasm, and humility.²³⁹ The Joint Commission has often emphasized the importance of teams in improving the quality of patient care, safety, and fewer errors when there are cooperation and standardization.²⁴⁰ The work of the interdisciplinary teams is beneficial for the quality of care the patient will receive, and the importance of how the team works together is essential for the achievement of holistic care. The teams often vary with the need of the client or the family and are involved in making healthcare decisions with the family.²⁴¹ Katz describes a functional healthcare team as “an intentional creation that involves management support, leadership, clear roles and responsibilities, structures, and processes to support teamwork.”²⁴² An essential aspect of teamwork when it comes to patient care is allowing each profession to interject its expertise into the plan for the patient, which helps to create a seamless experience for the patient and enables collaboration among the team.²⁴³ In healthcare, there are three most noted team-approaches in caring for the patient. Respectively, the chaplain’s involvement is essential in any of the chosen depending on the choice of the hospital. These approaches are multidisciplinary, interdisciplinary, and transdisciplinary.

²³⁹ Vogt and Vogt, “Foundations, Core Principles, Values, and Necessary Competencies, 27.

²⁴⁰ Persily, *Team Leadership*, 6.

²⁴¹ Peggy Stanfield, Y. H. Hui, and Nanna Cross, *Introduction to Health Professions* (Sudbury: Jones & Bartlett Learning, LLC, 2011), 19, accessed January 18, 2020, ProQuest Ebook Central.

²⁴² Barbara Katz, *Connecting Care for Patients*, (Burlington: Jones & Bartlett Learning, LLC, 2018), 797m, accessed January 18, 2020, ProQuest Ebook Central.

²⁴³ *Ibid.*, 428h.

Multidisciplinary Teams

The one requirement which is most noted about multidisciplinary teams is that the team is comprised of workers from different disciplines within the hospital.²⁴⁴ The team is composed of many members, each of which is often subject to the team itself. Each member of the team independently focuses on their specialty when treating the patient and only brought together as a team when determining a plan for treatment.²⁴⁵ Even though there are different and distinct healthcare providers on the multidisciplinary team, one of the key differences is the independence of their collaboration.²⁴⁶ Therefore, when considering care, multidisciplinary delivers parallel services with no association between providers.²⁴⁷ Multidisciplinary teams require each healthcare worker to be responsible for their role in the health of the patient with little awareness of the other disciplines; only when the team comes together for a meeting are discussions shared along with information to refine each team member's plan to benefit the patient. The team member, therefore, needs to understand how his or her behavior contributes to the dynamics and performance of the team as a whole. The multidisciplinary team members take their knowledge and expertise and apply it towards the issue.²⁴⁸

²⁴⁴ Eugenia L. Siegler, Saeid Mirafzali, and Janice Foust, *Introduction to Hospitals and Inpatient Care* (New York: Springer Publishing, 2003), 32, accessed January 25, 2020, ProQuest Ebook Central.

²⁴⁵ Dubravko Huljev, and Tatjana Pankak, "Holistic and Team Approach in Health Care," *Signa Vitae* 11, vol 2 (2016): 67, accessed January 25, 2020, <https://doi:10.22514/SV112.062016.14>.

²⁴⁶ Samuel Nodoro, "Effective Multidisciplinary Working: The Key to High-Quality Care," *British Journal of Nursing* 23, vol 13, (2014): 724, accessed January 25, 2020, <https://doi:10.12968/bjon.2014.23.13.724>.

²⁴⁷ James E. Galvin, Licet Valois, and Yael Zweig, "Collaborative Transdisciplinary Team Approach for Dementia Care," *Neurodegenerative Disease Management* 4, no. 6 (12, 2014): 458, accessed January 25, 2020, <https://doi:10.2217.nmt.14.47>.

²⁴⁸ Francios Chiochio, Paule Lebel, Pierre-Yves Therriault, Andree Boucher, Carolyn Hass, Francois-Xavier Rabbat, and Jean-Francois Bouchard, *Stress and Performance in Health Care Project Teams*, (Newton Square, PA: Project Management Institute, 2011), 10, accessed June 29, 2020, ProQuest Ebook Central.

Transdisciplinary Teams

Transdisciplinary teams are also comprised of different disciplines who share their knowledge, giving the other healthcare workers knowledge of each other's expertise.²⁴⁹

Transdisciplinary care is a team approach where various providers discuss the needs of the patient and family as a whole.²⁵⁰ This approach is where a healthcare worker can perform several functions under the supervision of the other disciplines. Therefore, this team approach has the roles of the team being blurred, having any professional taking on another's role, which gives flexibility in treatment but requires the trained workers in those particular skills or professions.²⁵¹

Interdisciplinary Teams

An interdisciplinary team consists of a group of people from relevant disciplines and inclusive to the patient guided by team functions and processes to achieve quality patient care and outcomes.²⁵² The group of healthcare workers comes together along with the patient to discuss the process of their care. It is a collaborative effort. The team works together frequently, communicating, analyzing issues, and care to provide a holistic plan for the patient involved in the discussion.²⁵³ The patient is empowered to form part of the decision-making process to include short-term and long-term goals. The healthcare workers, as well as the patient, are

²⁴⁹ Karen Greco, and Gwen Anderson, "Redressing Policy in Cancer Genetics: Moving Toward Transdisciplinary Teams," *Policy, Politics, and Nursing Practice* 3, no. 2 (May, 2002): 131, accessed January 25, 2020, <https://doi:10.1177/152715440200300206>.

²⁵⁰ Galvin, Valois, and Zweig, "Collaborative Transdisciplinary Team Approach," 458.

²⁵¹ Rajiv Singh, Ayse A. Kucukdeveci, Klemen Grabljevec, and Alan Gray, "The Role of Interdisciplinary Teams in Physical and Rehabilitation Medicine," *Journal of Rehabilitation Medicine* 50, no. 8 (2018): 674, accessed January 26, 2020, <https://doi:10.2340/16501977-2364>.

²⁵² Huljev, and Pankak, "Holistic and Team Approach," 67.

²⁵³ Pippa Hall, and Lynda Weaver, "Interdisciplinary Education and Teamwork: A Long and Winding Road," *Medical Education* 35, no. 9 (09, 2001): 875, accessed January 25, 2020, <https://doi:10.1046/j.1365-2923.200100919.x>.

encouraged to question each other regarding the care to come up with a more holistic plan of care for the patient.²⁵⁴ As Siegler suggests these teams, “collaborate-their members work together in ways that enhance one another’s contributions.”²⁵⁵

The vital aspect of the interdisciplinary team is its ability to work together when assessing and treating the patient and joint decision-making. Here communication is valuable to each member. Blacker and Deveau discuss the importance of each member within the interdisciplinary team, not only be driven by a common goal, but also understand the roles and scope of practice for each member within the team.²⁵⁶ Along with this understanding, Bronstein points out how critical it is for members of an interdisciplinary team to collaborate with each other maximizing each other’s expertise.²⁵⁷

As pointed out by Harris, the interdisciplinary team recognizes the interdependence of others who collectively cooperate with each other to produce helpful outcomes for patients utilizing the skills, knowledge, and abilities of one another, recognizing it is a team effort regarding holistic care.²⁵⁸ Interdisciplinary teams are beneficial and important to the care of the patient. Utilizing this team approach ensures each patient receives the necessary care from a

²⁵⁴ Rebecca L. Jessup, “Interdisciplinary Versus Multidisciplinary Care Teams: Do we Understand the Difference?” *Australian Health Review* 31, no. 3 (08, 2007): 330, accessed January 25, 2020, <https://doi.ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/231778493?accountid=12085>.

²⁵⁵ Siegler, Mirafzali, and Foust, *Introduction to Hospitals*, 32.

²⁵⁶ Susan Blacker and Colette Deveau, “Social Work and Interprofessional Collaboration in Palliative Care,” *Progress in Palliative Care* 18, no. 4 (8, 2010): 241, accessed March 17, 2020, <https://doi:10.1179/096992610X12624290277141>.

²⁵⁷ Laura R. Bronstein, “A Model for Interdisciplinary Collaboration,” *Social Work* 48, no. 3 (2003): 304, accessed March 17, 2020, https://link-gale-com.ezproxy.liberty.edu/apps/doc/A105934322/ITOF?u=vic_liberty&sid=ITOF&xid=0f973a0e.

²⁵⁸ James L. Harris, Linda A. Roussel, Catherine Dearman, and Tricia Thomas, *Project Planning and Management: A Guide for Nurses and Interprofessional Teams* (Burlington: Jones and Bartlett Learning, 2018), 150, accessed June 21, 2020, ProQuest Ebook Central.

subject matter expert in their field of expertise as they collaborate within the group determining the best quality of care for the patient. In essence, the interdisciplinary team looks at outcomes determining if they had been met. If not, those outcomes are addressed, and the team determines what treatment would be beneficial in treating the problem.²⁵⁹ Finally, in a study done by Walton, Hodgen, Long, Johnson, and Greenfield, they determined the benefits to having an interdisciplinary team are being on the same page, focusing on patients, and holistic care planning.²⁶⁰

²⁵⁹ Yosef D. Dlugacz, *Introduction to Health Care Quality: Theory, Methods, and Tools* (Somerset: John Wiley & Sons, 2017), 235, accessed June 29, 2020, ProQuest Ebook Central.

²⁶⁰ Victoria Walton, Anne Hodgen, Janet C. Long, Julie K. Johnson, and David Greenfield, "How do Interprofessional Healthcare Teams Perceive the Benefits and Challenges of Interdisciplinary Ward Rounds," *Journal of Multidisciplinary Healthcare* 12, (2019): 1029, accessed June 21, 2020, <https://doi.org/10.2147/JMDH.S226330>.

Chapter 3: Methodology

In this chapter, the intervention design is addressed, which looks at the ministry context problem as it aligns with the project's intervention while taking into consideration the thesis and problem statement presented. The intent of this study is to learn how interdisciplinary teams understand the placement of the hospital chaplain to maximize care for patients. The purpose of this study is to discuss and understand how the interdisciplinary teams within the hospitals understand the role and function of the hospital chaplain to provide holistic care for the patients. The significance of this study is to bring an awareness of how to fully utilize chaplains on healthcare teams or interdisciplinary teams producing more effective holistic care for patients.

The purpose of Chapter 3 is to present an in-depth description of the methods and design selected for this study through intervention design and implementation of the design. This will address the problem, which was presented in Chapter 1 as well as consideration of the sources presented in Chapter 2. The process used in this chapter will be detailed step-by-step, which will determine how the other disciplines within the interdisciplinary teams understand the role and function of the chaplain.

First, the chapter will look at the five hospital locations within the city of San Antonio, Texas, where the intervention design took place. Next, it will address the sampling of the participants, along with the rationale, inclusion, and recruitment. Also, the ethical procedures to include privacy, confidentiality, data security, and informed consent are presented. Finally, this chapter will discuss how the intervention design will be implemented to include data collection and data analysis.

Intervention Design

The purpose of this Doctor of Ministry thesis project is to address how the interdisciplinary teams located in local hospitals in San Antonio, Texas, understand the role and function of the hospital chaplain, which would lead to a more holistic quality of care with patients. The intervention design addresses the ministry context of the hospitals to determine a need for this understanding to care for patients in a holistic manner adequately. The hope for this study is to provide insights for other interdisciplinary teams within the Methodist Hospital system located in San Antonio, Texas, which is possibly facing the same issues and utilize the knowledge to provide the quality of care each patient is deserved.

Purpose and Objective

The purpose and objective of this project's intervention design were to bring an awareness of how other healthcare workers understand the hospital chaplain's role and function on the interdisciplinary team. Both quantitative and qualitative methods were considered for this project; however, this action research project is best understood through the guidelines of a qualitative approach. "Fundamentally, action research is grounded in a qualitative research paradigm whose purpose is to gain greater clarity and understanding of a question, problem, or issue."²⁶¹ Stringer also states, "Action research commences with a broadly defined question, problem, or issue."²⁶² The researcher decided on qualitative to utilize the voices of those on the interdisciplinary teams through questionnaires, interviews, and observations. A qualitative study was the appropriate choice due to the nature of its investigational nature, and the researcher was

²⁶¹ Ernest T. Stringer, *Action Research*, 4th ed. (Thousand Oaks, CA: SAGE, 2014), 36.

²⁶² Ibid.

concerned about understanding the meaning participants have attached to their experience, producing subjective data rather than statistical data. Qualitative research answers questions by looking at a social context and the people within the context.²⁶³ Sensing states, “Qualitative researchers, then, are most interested in how humans arrange themselves and their settings.”²⁶⁴ Therefore, qualitative research looks at people in their natural settings and tries to improve that setting. The research design describes how the project is guided and considered the blueprint or roadmap of the project.²⁶⁵

The data collected from the participants addressed how team members understood the role and function of the chaplain. The data will be used to understand how chaplains can further their ministry not only to patients, but also to the staff and leadership within the ministry context. In utilizing action research with a qualitative approach, Stringer states, “Action research is necessarily based on localized studies that focus on the need to understand how things are happening, rather than merely on what is happening, and to understand the ways that stakeholders – people concerned with the issue – perceive, interpret, and respond to events related to the issue investigated.”²⁶⁶

Step-by-Step Tasks

The five tasks involved in the intervention design supported the purpose and objective of this Doctor of Ministry project. The purpose of this project is to address how the interdisciplinary

²⁶³ Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (La Vergne: Wipf and Stock Publishers, 2011), 57.

²⁶⁴ Ibid.

²⁶⁵ Stephen D. Lapan, MaryLynn T. Quartaroli, and Frances J. Riemer, *Qualitative Research: An Introduction to Methods and Designs* (New York, NY: John Wiley & Sons Inc., 2011), 72, accessed November 24, 2019, ProQuest Ebook Central.

²⁶⁶ Stringer, *Action Research*, 36.

team within the local hospitals understands the role and function of the hospital chaplain regarding holistic care. By examining this understanding, the patient who comes to the hospital will be able to receive the quality of care expected by the Joint Commission.

The objective will be to collect the data from each participant working within the interdisciplinary team to determine how to improve awareness regarding how chaplains can be properly utilized within the team. The first task required the participant to answer two inclusion questions. The participant needed to be over the age of eighteen and required to work on an interdisciplinary team. If they met the requirements for the study, then the participant was sent a consent form. After reading the consent form, and signing it, the participant was sent a baseline questionnaire.

The second task required the participant to fill out a baseline questionnaire consisting of eighteen questions. The first four questions gathered background information such as employment, current role on the team, and the number of times the interdisciplinary team meets per week. The remainder of the questions gathered data that were exploratory and used to address and identify a baseline understanding from each participant on how the function and role of the chaplain were understood from their perspective, which could lead to possible solutions to the problem identified.

The researcher wanted to establish a general baseline understanding from each participant before the participant went through educational training, to explain in general, some essential roles and functions of the chaplain and how the chaplain can be utilized within the ministry context. The purpose of the baseline questionnaire was to assess how the chaplain was understood and utilized on the team before receiving the educational portion of the intervention

design. The data from this questionnaire will also determine if the educational training fostered a more thorough understanding of the hospital chaplain.

For the third task, after the questionnaire, each participant went through educational training, which will be part of the intervention piece. The participant could do the training face-to-face once a week for four weeks or twice a week for two weeks, with each session lasting ten minutes. The participant can also choose to have the training sent through the email and read the training at their convenience.

This training will focus on the role and function of the hospital chaplain, how to utilize the chaplain, and education requirements for hospital chaplains. The intervention for the research project will address the purpose and problem and help bring a more thorough understanding of the hospital chaplain and awareness by those on interdisciplinary teams as holistic care is provided to patients.

The fourth task will involve an interview with the participant. The participant will be asked ten questions regarding the educational training they received and how the training benefitted them by bringing a more thorough awareness regarding the hospital chaplain; also, how the training can be circulated or further developed for others on teams to provide holistic care to patients. The participants will be allowed to suggest further areas that might need to be developed or addressed to continue awareness regarding the hospital chaplain and the roles and functions on teams. The participant had four options on how to receive the interview. The participant could choose face-to-face, phone, video conference, or a questionnaire.

Finally, the fifth task will require direct observation. Sensing discusses how observations are an excellent tool to utilize for consistency since writing words on paper are different than

actions in a real-life setting.²⁶⁷ The researcher will observe the interaction of each interdisciplinary team and note how each team member works with the chaplain, or if a chaplain is not assigned to the team, then look at how those topics are covered. It will give the researcher a check of understanding to determine whether the participants recalled the educational material through words and actions during their team meetings.

Each task in the design addressed the problem and purpose presented in this project. Specifically, there is a need to better understand how hospital chaplains can be utilized within the context of the hospital, resulting in quality of care offered to every patient.

Setting

The project will take place at Methodist Stone Oak Hospital, Methodist Main Hospital, Methodist Metropolitan, Methodist Hospital Texsan, and Methodist Northeast Hospital, all located in San Antonio, Texas, and will focus specifically on participants who are on interdisciplinary teams within the different departments of each hospital across the city.

These hospitals are a part of the Methodist Healthcare Systems in the San Antonio area and are recognized as the second-largest private employer, having 11,000 individuals in its facilities with 2,700 physicians in all specialties. Methodist Healthcare began as a five-story acute care facility chartered in 1955 and opening its doors in 1963. It was built on the outskirts of northwest San Antonio what is now known as South Texas Medical Center.²⁶⁸

Methodist Healthcare was formed in 1995 when they partnered with HCA, the nation's leading provider of health care services. In the San Antonio area, Methodist Healthcare provides

²⁶⁷ Tim Sensing, *Qualitative Research*, 93.

²⁶⁸ "About Us," Methodist Healthcare, accessed December 3, 2019, <https://sahealth.com/about/>.

nine acute care facilities. Methodist Healthcare Systems values focus on improving the health and wellness of the community by “Serving Humanity to Honor God.” Its mission is to provide exceptional and cost-effective health care accessible to all.²⁶⁹ Methodist Stone Oak is in the north part of San Antonio, built in 2009, and has a 242-bed capacity.²⁷⁰ Methodist Northeast serves the very northeastern part of San Antonio, acquired in 1995, and has a 179-bed capacity.²⁷¹ Methodist Metropolitan is located in the downtown area of San Antonio, Texas, and serves the neighbors and businesses that border its location and has a 338-bed capacity.²⁷² Methodist Hospital Texsan is located in the heart of San Antonio, Texas, and serves areas in the South and Central Texas with a 120- bed facility.²⁷³ Finally, Methodist Main Hospital serves the central part of San Antonio, built in 1963, and has an 811-bed capacity.²⁷⁴ These hospitals were chosen due to the bed capacity and differences in when they were built or acquired in the city of San Antonio and the similarities and differences in their interdisciplinary teams.

Participants

The project will use purposive sampling. Utilizing this particular sampling gives the researcher the opportunity to select only those participants who meet the necessary attributes for

²⁶⁹ “Our Values, Mission and Roots,” Methodist Healthcare, accessed December 3, 2019, <https://sahealth.com/about/mission-values/>.

²⁷⁰ “MHS MSOH Fast Facts,” Methodist Healthcare, accessed December 3, 2019, <https://sahealth.com/about/mission-values/mhs-msoh-fast-facts.dot>.

²⁷¹ “MHS-Northeast Methodist Hospital Fast Facts,” Methodist Healthcare, accessed December 3, 2019, <https://sahealth.com/about/mhs-northeast-methodist-hospital-fast-facts.dot>.

²⁷² “MHS-Methodist Hospital Metropolitan Fast Facts,” Methodist Healthcare, accessed May 4, 2020, <https://sahealth.com/about/mission-values/mhs-metropolitan-methodist-hospital-fast-facts.dot>.

²⁷³ “MHS-Methodist Hospital Texsan Fast Facts,” Methodist Healthcare, accessed May 4, 2020, <https://sahealth.com/about/mission-values/mhs-texsan-fast-facts.dot>.

²⁷⁴ “MHS Methodist Hospital Fast Facts,” Methodist Healthcare, accessed December 3, 2019, <https://sahealth.com/about/mission-values/mhs-methodist-hospital.dot>.

the project.²⁷⁵ Due to the purposive sampling, the chosen participants will only be those healthcare workers in the selected hospitals and who are on an interdisciplinary team, as the intention of this project will be to explore the understanding of the role and function of the chaplain within these teams in the hospital context.

The make-up of the interdisciplinary teams varies depending on the hospital itself; however, it usually consists of healthcare professionals such as a nurse practitioner, physician, nutritionist, case manager, social worker, pharmacist, respiratory therapist, occupational therapist/physical therapist, and chaplain. The age of the teams ranges from 25 years of age and up. The teams are also comprised of both males and females.

The sample size of the intervention design will be between 12-15 participants. Before the study of human subjects, the Liberty University Institutional Review Board (IRB) requires Collaborative Institutional Training Initiative before field research is started²⁷⁶ along with the approval of the researcher's study. The IRB board approved the researcher's study on April 21, 2020. See Appendix A for IRB approval.

The researcher works as a part-time hospital chaplain in the Methodist Healthcare Systems in San Antonio, Texas.

Recruitment of Participants

The target population from where the participants will be recruited are from the five Methodist Hospitals located in San Antonio, Texas. The participants will be medical professionals who are part of an interdisciplinary team. Chaplains will also be considered for the

²⁷⁵ Tim Sensing, *Qualitative Research*, 83.

²⁷⁶ Liberty University, Institutional Review Board, Collaborative Institutional Training Institute (CITI), accessed December 2, 2019, <https://www.liberty.edu/academics/graduate/irb/index.cfm?PID=27730>.

study since they are a part of an interdisciplinary team. Once permission is given by both the Liberty IRB and Methodist Hospital IRB, the researcher will utilize one method for recruiting participants at the hospitals. The recruitment method will consist of the researcher meeting with the Chaplain Managers at each of the hospitals to explain the purpose of the research study, then have the Chaplain Managers solicit volunteers within each of the interdisciplinary teams. The researcher along with Chaplain Managers at each of the hospitals, will hand out the recruitment flyers (See Appendix B), which will have a brief overview of the research study along with the researcher's email and phone number. Those who decide to participate will contact the researcher by email or phone. The participants will also have the option of going directly to a survey with inclusion criteria through the use of a URL or QR code.

It will be made clear to the participants that they will not be compensated for participating in the research study. This will ensure there are no incentive influences within the study. The recruitment flyer will also indicate the purpose of the study, which will be to look at understanding the role and function of the hospital chaplain in interdisciplinary teams. The flyer will also let the participant know it will take approximately two hours and forty minutes and over three weeks to complete the study.

Finally, the participants would be told there will be minimal risks to the study, which would mean they are equal to the risks one would encounter in everyday life. If the healthcare worker chooses not to participate after reading the consent form, the participant will send back the consent form in an email informing the research of their decision not to participate. Also, after the inclusion survey is taken, and it is found out the participant is not part of an interdisciplinary team, an email will be sent to them. They will be thanked for their time and offering to participate in the study. However, if they chose to participate, they will be requested

to provide an email address for future correspondences and then sent a consent form. Once the consent form is signed, dated, and sent back to the researcher, the other materials which are part of the study will be sent through SurveyMonkey and email.

Inclusion Criteria

The inclusion criteria for the project looked specifically at two details. The participant first needed to be over the age of eighteen and then needed to be on an interdisciplinary team. The intervention was presented to five hospitals within the San Antonio area. The hospitals where the intervention design will be presented will be Methodist Stone Oak Hospital, Methodist Main Hospital, Methodist Metropolitan Hospital, Methodist Hospital Texsan, and Methodist Northeast Hospital. The inclusion criteria were based upon the problem statement, which looked at how interdisciplinary teams understood the chaplain's role and function.

Timeline and Duration of Sampling

The timeline for the data collection was two months. The researcher used purposive sampling for this project since the participants who would be included in the research and problem area were familiar with the issue and whose knowledge is essential for the research.²⁷⁷

Finally, an account was created in SurveyMonkey, allowing the researcher to upload an 18-question questionnaire and 10-question interview questionnaire approved by both the Methodist and Liberty IRB. Both questionnaires were placed on SurveyMonkey for the timeline of a three-month period.

²⁷⁷ Tim Sensing, *Qualitative Research*, 83.

Informed Consent

The participants were presented with an informed consent form approved by both the Methodist and Liberty's IRB (See Appendix C) to fill out and return before they participate in the project and before materials were sent. The participants were given a brief description of the project, which will look at how interdisciplinary teams understand the role and function of the hospital chaplain. It would be made clear that participants wanting to take part need to be on an interdisciplinary team and over the age of eighteen. The researcher also provided a phone number and email address for those participants who might have additional questions before volunteering to take part in the project.

Next, the participants were given a description of the steps expected to participate in the project, along with the amount of time it would take to complete. Additionally, it was explained to those who take part in the study, do so voluntarily and would be able to discontinue the study at any time. The participants also understood any records or recordings of the study would be kept private and stored securely, with the researcher being the only individual having access to the data from the study.

The participants will also understand there will be no data collected, which would be able to identify them. Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted. The participants will also understand any interviews will be transcribed and recorded. Recordings will be stored on a password-locked computer for three years and then erased. The identity of the participant will be protected during the interview by adding a pseudonym to each participant. They will have the option of choosing their own or having one assigned to them for the interview. Only the researcher will have access to the interview recordings of each participant.

The risks involved in this project were disclosed to be minimal, which means they were equal to the risks encountered in everyday life. Participants were also informed that the direct benefits they may incur from the study would be a more thorough understanding of how the chaplain works on an interdisciplinary team and better utilization of the chaplain for beneficial quality of care for the patient.

Ethical Procedures

Ethical considerations are issues that need to be addressed throughout the process of the research design.²⁷⁸ When the researcher goes into the field, there needs to be an awareness of the participants. Each of them has emotional ties to their roles, positions, and careers at the hospital and take their careers very seriously. There also needs to be an awareness of the data collected, which will be real-life and emotionally sensitive to that individual and not just words on paper or an audio recorder, as the researcher looks to understand how they comprehend the utilization of the chaplain on teams.

The first consideration regarding the research project is understanding the scheduling of professional healthcare workers who are extremely overwhelmed daily and deal with life and death issues. Therefore, understanding their time and conducting the research around their busy schedule, making it easier for them and not complicated, will be necessary. Each participant will also be thanked for taking time out of their busy schedule to fill out the questionnaire, doing one-on-one interviews, and setting up a date and time for direct observations.

²⁷⁸ Sensing, *Qualitative Research*, 43.

Implementation of Intervention Design

Data analysis is bringing the data, which was collected into an understandable form with meaning.²⁷⁹ Data analysis also involves taking data and finding meaning through themes and gaps in the information which were not mentioned.²⁸⁰

The study will use data triangulation, utilizing questionnaires, one-on-one interviews, and direct observations. The researcher will initially establish a baseline of understanding through an 18-question questionnaire with the participants, by asking questions related to their knowledge of the role and function of the chaplain that they currently experience in the hospital on the interdisciplinary team. After the questionnaire, the participants will undergo educational training, which will focus on the role, function, and utilization of the hospital chaplain. It will give the participant a general understanding of what a hospital chaplain does and can do within the context of the hospital. The educational training each participant will undergo comes from the information taken from the literature review. After the educational training, the participant will be interviewed regarding educational training, which was used for the project. The interview questions will determine if the participants are better able to understand the role and function of the chaplain after they received the educational training, as well as bring a sense of awareness. Finally, the researcher will observe the participant interacting with the interdisciplinary team through observation.

²⁷⁹ Sensing, *Qualitative Research*, 162.

²⁸⁰ Ibid., 173.

Data Collection

Quantitative research relies strictly on statistical analysis to validate the data collected for the research project. However, qualitative research depends upon multiple methods and often sources to confirm the data for the research project. For this qualitative study, data will be collected in a variety of methods, including (a) questionnaire, (b) interviews, (c) direct observation.

Baseline Questionnaire

Once consent is received from the participants, the questionnaire will be sent out through the SurveyMonkey platform. The 18-question baseline questionnaire (See Appendix D) will be created using SurveyMonkey to capture a baseline understanding from each participant of their understanding concerning the function and role of the chaplain. It will take approximately 15-20 minutes in length to fill out. The questionnaire was standardized, so the questions were the same for each participant who filled it out. After creating the questions for the survey, the researcher submitted them to his mentor for review. Based on feedback, minor adjustments were made for clarity. After adjustments were made, the questions were submitted to Liberty and Methodist Healthcare System's IRB for approval to conduct research. The IRB provided a few revisions to the questions to ensure clarity and that the right information would be obtained from the participant. The researcher adjusted the questions and received approval from each IRB. This assisted in minimizing any potential of not capturing the intended information from the participant.

Questions 1-4 will capture demographics and background information such as age, years of employment at the hospital, current role, and years on an interdisciplinary team. Questions 5 and 6 will specifically look at the role and function of the hospital chaplain. Cadge discussed

how healthcare workers needed to have more of an understanding of the chaplain within the context of the hospital.²⁸¹ Cunningham also looked at how the role of the chaplain needs more clarity within the hospital.²⁸² Questions 9, 11, and 13 will look at the utilization of the chaplain. Kramer discussed in his article not only the difficulty of the staff understanding the role of the chaplain, but also understanding how the chaplain is specifically utilized within teams.²⁸³ Cunningham also brings up the fact that chaplains are not just misunderstood but are not utilized correctly.²⁸⁴ Questions 7 and 8 looks at the value of the chaplain. Cunningham did mention in his study even though the chaplain might not be understood or correctly utilized, the chaplain is valued.²⁸⁵ Questions 10 and 14, how the chaplain supports not only the patient and families but staff. Nzegwu communicates the importance of the chaplain in the support given to both patient, family members, and staff.²⁸⁶ Questions 12, 17, and 18 looked at the importance of education for the chaplain to the patient and staff to understand the role and function. Coward and Stajduhar look at how the chaplain should educate not just the patient, but also staff on issues of religion.²⁸⁷ Damen discusses the importance of the chaplain to educate the team on their role and function within the hospital.²⁸⁸ Finally, questions 15 and 16 looked at the participant's familiarity and unfamiliarity with the roles and functions of others in general on the interdisciplinary teams. The

²⁸¹ Cadge, Calle, and Dillinger, "What Do Chaplains Contribute," 303-304.

²⁸² Cunningham et al., "Perceptions of Chaplains' Value," 1233.

²⁸³ Kramer, Tenzek, and Allen, "Translating Spiritual Care," 3.

²⁸⁴ Cunningham et al., "Perceptions of Chaplains' Value," 1232.

²⁸⁵ Cunningham et al., "Perceptions of Chaplains' Value," 1242.

²⁸⁶ Nzegwu, "Chaplaincy Inclusion in Hospital Interdisciplinary Teams," 36.

²⁸⁷ Harold Coward, and Kelli Stajduhar, *Religious Understandings of a Good Death*, 281.

²⁸⁸ Damen et al., "What Do Chaplains Do," 399.

project will use an anonymous online questionnaire data collection tool, which provides a uniform resource locator (URL) link for participants to complete the questionnaire.

The advantages of an anonymous online questionnaire are low cost, easy distribution, accessible data collection through email, straightforward analysis, and minimal risk. The safety of the stored data is encrypted as a security measure. The questionnaire will consist of open-ended questions that correspond to the purpose and problem statement of understanding the role and function of the hospital chaplain in the context of interdisciplinary teams. Sensing mentions how using open-ended questions allows the participant to pursue any direction regarding information.²⁸⁹ The researcher chose open-ended questions to allow for themes to develop in pursuit of understanding the problem statement.

The baseline questionnaire will not ask participants to provide personal, identifiable information to maintain the anonymity of an online questionnaire. The researcher will not know who sent in the information or provided responses to protect the privacy of the participants. The questionnaire will allow the participants to respond to their understanding of the role and function of the chaplain in the context of the interdisciplinary teams. The purpose of the initial questionnaire will be to establish a baseline understanding from each participant to access them on their knowledge of the role and function of the chaplain, as well as create themes before receiving the educational training.

Educational Training

The educational training plan consisting of information taken from the literature review transcribed unto PowerPoint slides (See Appendix E), which describe the role, function,

²⁸⁹ Tim Sensing, *Qualitative Research*, 85.

utilization, and educational requirements of the chaplain. The researcher, who will do the training, will set up one-on-one training based on the participant's schedule.

The training will be given once a week for a month or twice a week for two weeks and will be done for 10-15 minutes during each session. Each session will have a specific focus for the week. For the first week, the training will be on the role of the chaplain. Week two will reference the function of the chaplain, and week three and four will focus on the utilization of the chaplain and education requirements. The training will take place at a location, date, and time, which is chosen and convenient for the participant. For each session, a handout will be given to the participant and explained by the researcher by going over the major points on the roles, function, and utilization of the chaplain. The handout will also serve as a future reference for each participant.

After each session, the participant will have an opportunity to ask specific questions relating to the training or prior training. If the participant chooses to have the educational training sent through email, the PowerPoint presentation will be sent at the beginning of the week, giving the participant a week to go over the material before the next step being taken, which will involve an interview. Once the participant is done with the training, the participant will send an email to the researcher, notifying the researcher of completion. The participant will have an opportunity to communicate through email or phone if there are any questions regarding the training.

Interviews

After the educational training, the next phase will be one-on-one interviews comprised of ten open-ended questions (See Appendix F) related to the educational training the participants received. Obtaining each person's experience on the team was crucial to this project in

determining how a team member understands the chaplain, along with understanding what could be done better. The interview questions were standardized open-ended questions, which were predetermined before the interview. The use of semi-structured allowed the researcher to search for themes, issues, and possible questions as it related to problem and purpose statement.²⁹⁰ Sensing states, “Interviews allow people to describe their situations and put words to their interior lives, personal feelings, opinions, and experiences that otherwise are not available to the researcher by observation.”²⁹¹ Therefore, the interview allows one to understand the participant’s thoughts, which are not observed.²⁹² Each participant will be asked the same questions and done in the same order. The researcher will be the one conducting each interview. These one-on-one interviews will last approximately 15-30 minutes each and will be recorded with a handheld recording device and transcribed. After the audio file was transcribed, the participant was emailed a copy to check for accuracy.

The participant will be required to agree on the consent form for the recording, with the understanding the information collected will not be identifiable with name or location. If the participant does not consent to audio recording, then transcription will be done by hand for the interview to collect the data. To conceal the identity of each participant, the participant will be allowed to choose a pseudonym or have one assigned to them before the conversation.

The preference will be to do one-on-one interviews; however, participants will be accommodated through phone conversations, which will take approximately 15-30 minutes, written responses using a questionnaire template sent through email correspondence, which will

²⁹⁰ Sensing, *Qualitative Research*, 97.

²⁹¹ Ibid., 103.

²⁹² Ibid.

take around 15-30 minutes, or a video-conferencing, which will take 15-30 minutes. Participants will be allowed to select the time, date, and location for the interview to accommodate the participant's schedule.

Direct Observations

Finally, direct observations will be done as the team interacts with or without the chaplain on their daily rounds with the patients, determining if any improvement has taken place from the educational training received by the participants. Stringer states, "Observation in action research is more ethnographic, enabling an observer to build a picture of the lifeworld of those being observed and to develop an understanding of the way they ordinarily go about their everyday activities."²⁹³ The direct observations facilitated analysis of how the healthcare workers interact with the chaplain on the team and if the educational training had an impact on any change. Observations are an excellent way to check to see if what people state on questionnaires or interviews is consistent with their interaction in the work environment.²⁹⁴ Reflective and descriptive field notes were completed as an observational protocol. The field notes were made during and after the observation of the interdisciplinary rounds. The observations will take place on the department floor, where the interdisciplinary teams are located and should last approximately one hour in length. The researcher, who will be considered a non-participant, will set up a schedule to include the location, time, and date, with the participants for the observations. During the observation, extensive notes will be taken to collect the necessary information, which is seen and heard for coding and data analysis and related to the problem and

²⁹³ Stringer, *Action Research*, 113.

²⁹⁴ *Ibid.*, 88.

purpose statement. The researcher will be looking at the event and interaction patterns of the meeting as well as verbal content.²⁹⁵

Data Sequence

The researcher will start with the participants who volunteered by administering a questionnaire to collect a purposeful sample of qualitative data, which will be utilized for a baseline of understanding on how the participants fully understand the role and function of the chaplain for holistic care and their understanding of spiritual care. The questionnaire will also look at the interdisciplinary team and its connectedness with one another, working together to provide quality care to patients.

After the researcher has gathered the data and analyzed it for themes, the educational plan will be introduced to the participants. The educational plan will look at specific roles and functions of the chaplain, to give a more thorough understanding of how the chaplain plays a part in the interdisciplinary team and the hospital through the support of staff. The educational plan will also give a basic understanding of how to properly utilize a chaplain as well as the educational requirements for chaplains. For the participants, it will bring a more sense of awareness for care and help benefit their relationship with the chaplain as part of the team providing holistic care for patients.

After the educational training is done, one-on-one interviews will be set up with the participants to discuss the apparent themes in the data and their understanding of the educational training. The interview can be done through different formats such as a face-to-face discussion, communication over the phone, a questionnaire through email, or video conferencing. The

²⁹⁵ Stringer, *Action Research*, 93.

interviews will allow the researcher to discuss the themes offering the participants an opportunity to talk without any concerns. Interviews are a way of letting the participant discuss the context of their surroundings, which is not always understood by the researcher through observation.²⁹⁶ The researcher will collect the data while looking for themes and examining how the participants work with chaplains in the hospital.

Finally, direct observations will be done on the department floors of the hospitals where the participants are located, to determine if what was discussed in the interviews are displayed during the interdisciplinary rounds for the teams and if the educational training helped further their understanding of the chaplain. Observations are a method of understanding how people interact with one another, as well as collecting data about the participant's context.²⁹⁷ The researcher will collect and analyze data, looking for themes to understand if the study was successful.

Data Analysis

Data analysis was conducted on the participant's responses to the research question, interviews, and observations. Sensing describes data analysis as “bringing order, structure, and meaning to the complicated mass of qualitative data that the researcher generates during the research process.”²⁹⁸ Once all the data was collected and transcribed from the baseline questionnaire, interviews, and direct observation, it was organized and compared and contrasted to triangulate the data. The researcher utilized the Qualitative Data Analysis Software (NVivo) to organize and analyze the data. Through the usage of NVivo, the researcher could store and

²⁹⁶ Sensing, *Qualitative Research*, 103.

²⁹⁷ *Ibid.*, 93.

²⁹⁸ *Ibid.*, 194.

retrieve data from the same location. The software also allowed the researcher to upload the data collected from the baseline questionnaires, interviews, and direct observations and place the data all in the same location. Once themes were prepared, identified, and organized, the data which was transcribed was sent back to the participant to check for trustworthiness.

The project's data analysis considered the convergence and divergence of the data by looking at what data fit together and what data was not.²⁹⁹ For those areas which were deemed common responses from the data, the researcher categorized them as themes.³⁰⁰

The researcher will compare the baseline questionnaire given at the beginning of the study by organizing the questions with the responses of each participant underneath the question. Next, the researcher will use the themes gathered from the baseline questionnaire and compare it with the one-on-one interviews, to understand where gaps in the educational plan are and where there is a misunderstanding of the chaplain. Finally, the themes and data gathered from the interviews will be used to look at in comparison to the direct observations of the participants.

The interview questionnaire will give the researcher a baseline to establish themes that will be produced through coding, along with using the NVivo, which is the qualitative data analysis and research software. These themes will determine if the educational plan was beneficial for the participants compared to the participant's initial understanding.

The researcher will do one-on-one interviews or variations of the interview, as noted in the study, to determine if the educational intervention plan helped to understand further the role and function of the hospital chaplain in interdisciplinary teams. These interviews will help to determine further understanding of the participants on how to utilize the chaplain better.

²⁹⁹ Sensing, *Qualitative Research*, 164.

³⁰⁰ Ibid.

It should also determine where there might be further gaps of misunderstanding as well as affirmations of where there is understanding. Coding again will be used, looking for themes along with the NVivo software. Finally, direct observations will be conducted at the hospitals to determine what was put on paper by the participants will be backed up by the actions of the participants. The observations will help give insight into whether there needs to be more discussion surrounding the issues of spiritual care as opposed to just medical treatment, whether a chaplain is appropriately utilized, the relationships which are formed on teams, prior educational training from the chaplain regarding chaplain utilization, and if a chaplain is not on the team, then why not?

The patient needs to be treated holistically; therefore, observations would help indicate if the educational training in the research helped and if there needs to be more discussion surrounding spiritual care for the patient and the utilization of the chaplain involving holistic care.

Chapter 4: Results

This chapter will offer the results of the research, which was conducted from five local hospitals located within San Antonio, Texas, looking at interdisciplinary teams and how the members understand the role and function of the chaplain regarding holistic care. This study sought to investigate how healthcare workers on an interdisciplinary team understood the role and function of the chaplain for the importance of holistic care. The data was gathered from (a) questionnaires which gathered a general baseline of understanding from each participant of their perception of the chaplain, (b) interviews which focused on the educational training offered to increase each participant's understanding of the chaplain, and (c) direct observations of the interdisciplinary team and their interaction with the chaplain.

Questionnaire

The questionnaire was developed to gather information on necessary demographic information as well as basic information on how members of the interdisciplinary team currently understand the role and function of the chaplain. The researcher wanted to utilize the data captured on the questionnaire and compare it to the data obtained from the interviews, noting if the educational training brought more of an awareness.

Demographic Information

The researcher collected data related to the research from each participant at the beginning of the baseline questionnaire and the initial survey. The demographic information, which was collected by the researcher, included age, length of time on an interdisciplinary team, the participant's current role, length of employment at their existing hospital, and the frequency of the interdisciplinary meeting per week.

Age of Participants

The age requirement for each participant was over the age of eighteen years. The researcher set this as an age requirement based on the age requirements for adults in research. Also, the researcher knew everyone who would become participants would be over the age of eighteen but wanted to consider the age of the participants to consider if it factored in with the participant's responses.

Q2 What age bracket do you fall into?

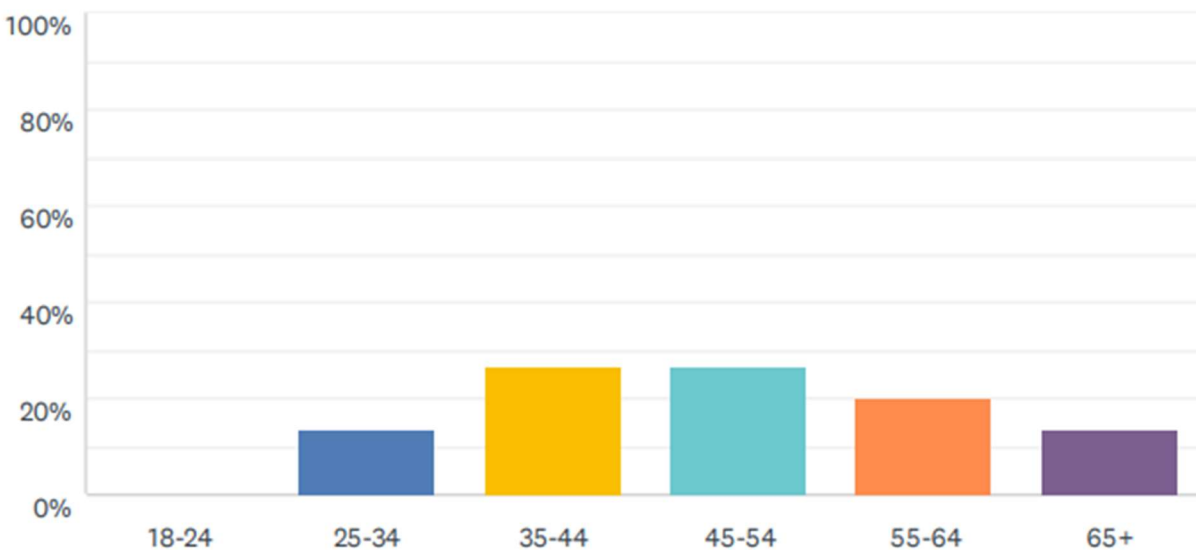


Figure 1. Age of Participants

The participants were asked to identify their ages within the ranges of 18-24, 25-34, 35-44, 45-54, 55-64, and 65 and over. Most of the participants were between the age ranges of 25-65 and over with no participants in the 18-24 range. The majority of the participants were in the 35-54 age range. The inclusion of the participants in the research was to be over the age of 18 to participate. No one was excluded from the research project due to age requirements. The researcher was able to receive a good age sampling of participants.

Length of Time on an Interdisciplinary Team

The participants were also asked how long they have been on an interdisciplinary team. This would provide an understanding of how much experience the participant had on a team, which would help in the development of a much deeper and richer response. The researcher did not factor in prior time on a team at other locations. The researcher only wanted to look at the necessary time the participant spend on a team at the current location since this suggested a possibility of how long the team had worked together.

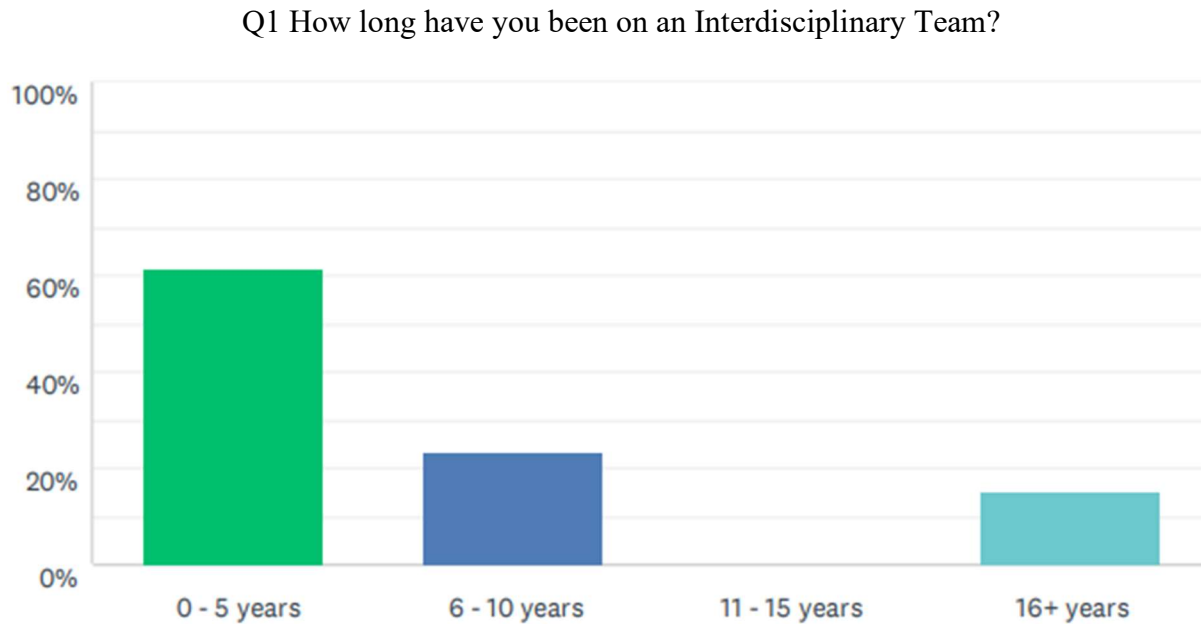


Figure 2. Length on Interdisciplinary Team

Each participant chose the length of time they have been on an interdisciplinary team with seven falling into the 0-5 category, three falling into the 6-10 year category, and two falling into the 16 and over category. Even though 60% of the participants only had five years or less experience of being on a team, the other 40% had six years or more. Even though the majority of

the participants would be considered relatively new to being on a team, their responses would be opened, fresh, and seen from a different perspective.

Role on Interdisciplinary Team

The sample of participants chosen for the study represented the normalcy of members on an interdisciplinary team. Usually, the team is represented by a dietician, pharmacist, nurse practitioner, physician, case manager, social worker, respiratory therapist, occupational therapist/physical therapist, and chaplain. The sample size represented one Art Therapist, one Palliative Care Coordinator, one Palliative Care Registered Nurse, two Chaplain Clinicians, two Registered Nurse Case Managers, two Social Worker/Case Management, one Chief Medical Officer, one Cardiovascular Coordinator, and one Occupational Therapist. The researcher tried to obtain a Respirator Therapist; however, due to the COVID-19 outbreak, which occurred and peaked during the time of the research study, their schedule did not permit the flexibility. The researcher was pleased with those who volunteered their time and the variety of different disciplines that participated.

Employment Length at Current Hospital

Each member of the team needed to choose how long they have been employed at the current hospital in which the research study took place. Of those who took part in the research, eight of them were employed for 0-5 years, two have been there for 6-10 years, and the other two from 11-15 years. There were 60% who fell into the first category of 0-5 years, which correlated with 60% who fell into the 0-5 years of experience on an interdisciplinary team. The researcher realizes turn-over at hospitals are frequent. The realization that the majority of the participants were relatively new at their current place of employment was not a surprise. This information would be considered when looking at the bonding of teams and relationships with chaplains.

Q3 How long have you been employed in the current hospital at which you are employed?

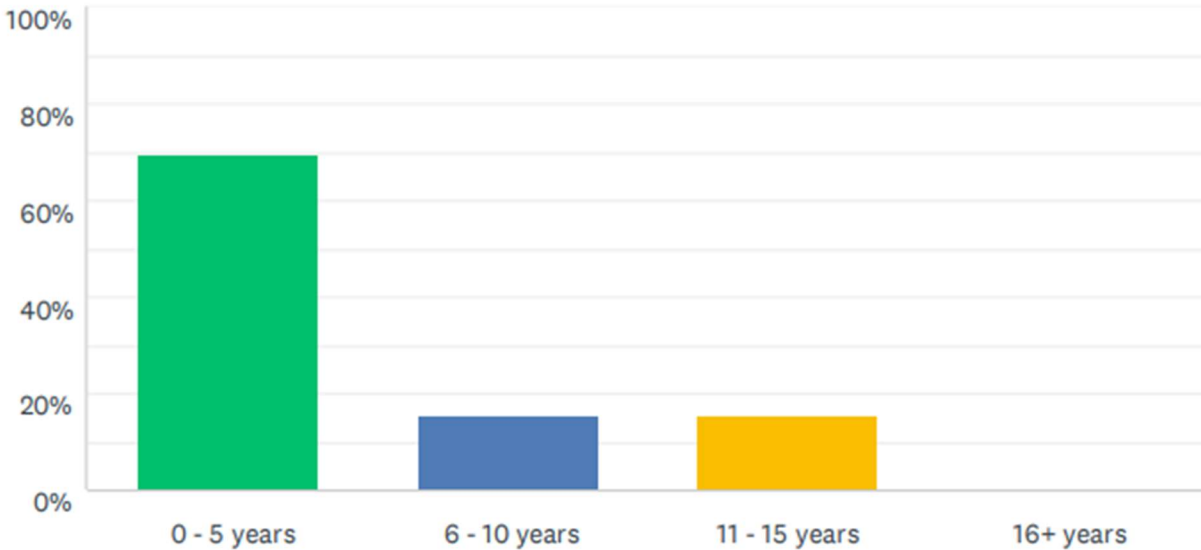


Figure 3. Length of Employment at Current Hospital

Frequency of Team Meetings

Finally, as part of the demographic data, the team members were asked how frequently per week their team met daily. The choices each participant was expected to select ranged from not at all to five times a week. Of the responses, two selected not at all, two selected once a week, one chose three times a week, two picked four times a week, and five selected five times a week. Most of the participants fell into five times a week category. The data suggested bonding within the team even though the researcher understands that not all team members are always present during each meeting. However, it is an indication of developed relationships based on frequency.

Q4 How often does your Interdisciplinary Team meet per week?

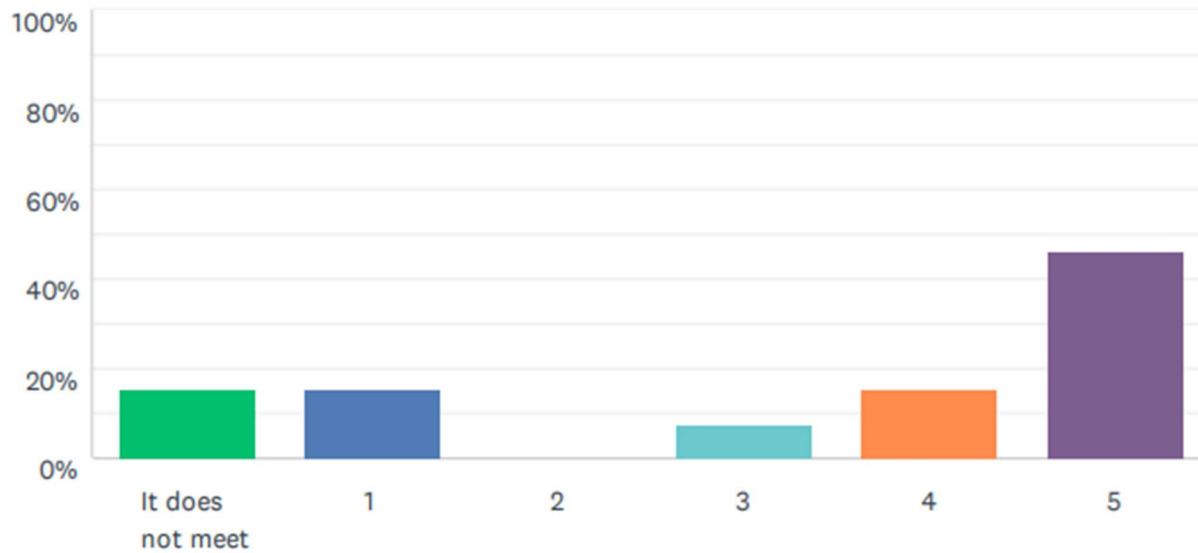


Figure 4. Frequency of Team Meeting per Week

Theme Development

The purpose of this project was to examine and address how the interdisciplinary team understands the role and function of the hospital chaplain to provide holistic care to the patient. Data analysis of the baseline questionnaire, interview questions, and observations were utilized to develop codes and themes. The data was placed into the data program NVivo to organize the data and then establish the themes. The researcher also took the data and grouped the participant's responses in a word document allowing the researcher to look at each individual question with all of the participant's responses for each of the different methods used to collect the data. This gave the researcher a more precise picture in understanding how healthcare workers understand the hospital chaplain. The emergent themes which developed from the data analysis involving the questionnaire were role perception, functional perception with subcategories of value and support, educational awareness, and formal training. For the interviews, the themes highlighted include beneficial knowledge, barriers, utilization, and

integration. Finally, for the observations, the themes were communication and patient care. These themes provided insight into addressing how the interdisciplinary team understands the hospital chaplain, especially when providing holistic care to the patients as well as providing care to the staff within the hospital.

Role Perception

The role of the chaplain, particularly in the hospital is one which is often confused and paralleled to a church minister; however, there are distinct differences. Among the responses from the participants, many supported the understanding of the chaplain fulfilling the title of a spiritual guide or counselor and supporter of both patients as well as staff. One participant describes the chaplain's role as "providing a grounding presence and a reminder to the team that there is a thinking, feeling human in the bed." Other responses from the participants included comments relating to how the chaplain comforts and prays for both staff and patients. At the same time, another describes the chaplain as having a "unique, empathetic perspective that no other member of the interdisciplinary team can provide." Even though most participants noted chaplains participating in some kind of active role, others did not see this participation or visibility. Comments such as the chaplain's voice were quiet, or there was no chaplain at all during the meeting, indicating the struggle from participants commenting on what they thought the role of the chaplain was on their team.

After the educational training (see Appendix E), most comments from the participants were not aware of the different roles which a hospital chaplain fulfills. One respondent stated, "The educational training provided a wider definition and scope I was not aware of regarding the chaplain." Many respondents discussed the helpfulness of specific examples of how the chaplain can be utilized within the context of the hospital. While most observed the chaplain as the one

who provided spiritual support, they benefitted from realizing other roles which are filled by hospital chaplains.

Functional Perception

The function of the hospital chaplain varies and is situational based on the needs of the patient as well as staff. Holistic care is the required care patients should receive when placed in the hospital. Each team member is required to provide input for the patient care plan for holistic care to take place. The participants were questioned and interviewed about how they perceive the chaplain functioning within the team. Most of the participants agreed the chaplain functioned more as spiritual support for the patients and addressed the care of the team (Figure 5).

However, a few were unsure. One participant stated, “The chaplain is present but does not contribute to the discussion.” Another participant described the chaplain as a leader, guide, listener, team player, and calming presence. At the same time, another stated, “The chaplain provides insight into the complex coping processes that the patient and family are experiencing during hospitalization.” The majority agreed that chaplains function in the arena of supporting the patients who are present in the hospital spiritually and help support the team by input. As a participant commented, “Chaplains add to the assessment of the whole patient and perhaps identify opportunity to support the care team.”



Figure 5. Frequency of Care and Support for Function of Chaplain

The participants also described as subthemes the value and support of the hospital chaplain in functioning within the context of the interdisciplinary team.

Value

The research project indicated how valuable, relevant, and beneficial the chaplain was as part of the interdisciplinary team. One participant discussed how the chaplain is an irreplaceable component of the team but underutilized. The majority of the participants indicated the chaplain is considered a voice for the patient in matters of ethical considerations and spiritual issues. One participant commented on the value of spiritual care being crucial for the vulnerable populations dealing with advanced illnesses.

Support

The participants noted how the chaplain supports both the staff and the patient within the hospital. The study showed the chaplain functioned in different ways, such as supporting the staff as one participant noted, through loss and unfortunate diagnoses. It is evident through difficult times the chaplain is a presence that is sought after by both patient and staff. One participant stated, “We are in unusual times where compassion fatigue and professional burnout are occupational hazards directly affecting patient care. The chaplain is uniquely suited to offer a window of hope and reason and support.” The participants recognized ministry to the staff is essential since it affected their ability to care for patients, which provided better clinical outcomes. For the patient, the participants agreed the chaplain supports them through prayer, active listening, and helping them find meaning in their situation.

Educational Awareness

Being on a team requires an understanding of how each other functions within the team for holistic care to take place and a quality care plan to be developed for each patient. This understanding comes in the form of educating each other on those roles and functions. The participants talked mostly about how their knowledge about chaplains came during new-hire orientation before starting their employment with the hospital. One commented during their short time of employment that there had not been any type of education on the topic of chaplains. Awareness of chaplains can also come through a sense of either presence and offering input during the care plan being developed for the patient or conversations with staff. The chaplain's presence with the interdisciplinary team then becomes essential for the team member's education on their role and function through input on the patient care plan as well as conversations. The participants noted for the majority of the meetings that the chaplain was present for participation during the discussion of patients in the development of a patient care plan (Figure 6).

Q14 How regular does the chaplain participate as part of the Interdisciplinary Team?

#	RESPONSES
1	routinely
2	On average, the Chaplain is present 3 out of 5 days depending on the census of the hospital.
3	N/A
4	On my units, not that I am aware of
5	everyday, five days a week.
6	As needed or requested
7	regularly
8	Depending on facility; on nights I have two facilities that do charge nurse huddles and I try to make one each night
9	3-5 times a week
10	Once a month maybe. I work Monday - Thursday.
11	PRETTY MUCH EVERY DAY
12	Notall

Figure 6. Frequency of IDT Meetings Attended by a Chaplain per Week

Formal Training

The theme of formal training on how interdisciplinary teams work and on awareness of chaplains came about during the questionnaire. Most of the participants described their training of teams as being on-the-job training with no formal education. One participant discusses the only time of training regarding teams has been at the end of rounds, which is considered hands-on-training. Another stated, “Nothing formal, just general observation and basic professional interaction. The participants discuss how their understanding of the other’s roles and functions come from direct conversations and experience on the job with no formal education. Therefore, there was no indication from the participants that any formal education was received on how the interdisciplinary team should interact with each other and their specific roles.

For the training on chaplains, the majority of the participants commented there had been no formal training regarding the role or function (See Figure 7). Since the majority of the participants did not receive any type of training on chaplains, their knowledge could only then come from conversations, experience, or possibly knowledge of their local clergy if the participants go to church.

Q18 What type of training have you received regarding how chaplains interact on an Interdisciplinary Team?

RESPONSES
Informal conversations with the Chaplain
I have not received any training pertaining to Chaplain interaction within the IDT.
NONE
No formal training
Nothing formal
In-services, one on one conversations, and electronic messaging.
no formal training
On site with chaplain managers
None
None directly.
IM NOT SURE THAT I DID GET ANY TRAINING ON THIS
Little However my mother is a chaplain so I feel I have more insight and expectations as a result

Figure 7. Formal Chaplain Training

Among the participants, any training which was received would then need to come from conversations or direct experience with the chaplain being a part of the team. Therefore, the presence of the chaplain giving input during meetings is essential.

Interviews

Most of the interviews were done by sending the questions to the participants through a suggested email of their choice. Since COVID-19 was still keeping a no visitor policy and the healthcare workers were extremely stretched to their limit because of the number of hours needed to be put in taking care of patients, it was convenient to do the interview questions through a survey which was a choice given to each participant. The themes that were developed from the interviews included beneficial knowledge, barriers, utilization, and integration.

Beneficial Knowledge

Each participant responded positively to the training they received from the educational slides (Appendix E) regarding awareness of the role, function, and utilization of the chaplain. One participant suggested how it helped reinforce the different aspects of what chaplains can assist with during certain events. Specific roles are not always clearly spelled out unless it is communicated or demonstrated. The participants discussed how the training gave a more precise definition of what chaplains do and how each can be utilized within the context of the hospital to provide holistic care to every patient. It was also essential to find out as one participant noted, that the chaplain could serve in the capacity of a patient advocate and help patients navigate tensions between their religious/spiritual beliefs regarding recovery.

Barriers

Respondents were asked to indicate what they considered to be possible barriers to lacking the necessary knowledge concerning the hospital chaplain. The majority of the respondents commented there is a lack of education as well as communication between the chaplain as well as the team members. One responded to how chaplains need to become more visible for the staff and family to fully understand their capabilities. Another participant

commented on how busy the staff is to think outside the box and not considering the different avenues for which to collect help and support. Each member on the team is essential for input regarding the care plan for each patient. For holistic care to take place, every discipline and team member needs to give their vital feedback on the team.

Utilization

The participants were asked to describe how they might better utilize their chaplain after becoming more aware after the training. Most of the comments surrounded the issues of being an advocate for the patients, asking for the chaplain's assessment directly regarding the patient, and bringing the chaplain in on discussions with the family and patient where there are difficult decisions to make. One participant commented on how they would encourage their participation with the staff to combat compassion fatigue. When treating the patient, all domains must be considered for holistic care as one participant stated, "The chaplain, which covers spiritual support, must be included as part of the patient's care plan to include all domains.

Integration

Participants described different opportunities which could be utilized to help understand the role and function of the chaplain. Education was an essential topic for all participants. One participant stated, "If we were able to understand where we are missing opportunities to help the patient and better utilize the chaplain, it would be beneficial." Another participant commented on the presence of the chaplain and helping to educate the staff is the foremost opportunity that needs to be addressed. Many suggestions by the participants included having sessions, online training, classes held by chaplains to help facilitate how they interact with patients and staff, also how they could be utilized more effectively in the hospital.

Observations

The researcher used observations to look at how the interdisciplinary team interacted with each other, especially when there was a chaplain as part of the meetings and to see if any of the educational training was beneficial. The themes observed include patient care and relationship.

Patient Care

Conversations during the interdisciplinary meetings explicitly centered around the care of the patient and how improvement could be enhanced based on the vitals from the previous day. The nurse presents the patient to the team, often discussing vital signs, medications, and health. Afterward, the physician discusses with the team the patient care plan and how it might need to change or be adjusted based on the information presented by the patient's nurse. Input is given from the team as it relates to the patient; after all the team comes to an agreement on the care plan, the team then moves to the next patient. The conversation observed within the teams during observations was strictly medical and physiological, centered toward the holistic care of the patient; however, without the presence of a chaplain for input, spiritual support was not being offered and holistic care did not necessarily take place. One participant commented during the meeting how some of the discussions now shift towards the spiritual/social dynamics of the patient since the pandemic, which is essential for the healing process and part of holistic care.

Relationships

The majority of the teams which were observed worked well together and mainly focused on the care of the patient. The conversations were pleasant as the team interacted with each other, offering suggestions, communicating alternatives to care, and helping train the new nurses as they presented patients. The discussions started with one person leading the team after the nurse presented; however, input from each discipline is offered, if needed, and the team works

together on the patient care plan. Each team observed was professional in carrying out their duties and responded well with one another in providing input to enhance the care of the patient. One participant noted how she would inform the chaplain of those patients who need to be visited if a chaplain was not available or present at the time of the meeting.

Data Comparison

The purpose of this project was to examine and address how the interdisciplinary team understands the role and function of the hospital chaplain to provide holistic care to the patient. The researcher set out to establish a baseline understanding from each participant to determine their level of knowledge on the role and function of the hospital chaplain before introducing educational slides, which explained in detail those issues. The researcher then did interviews to establish the benefits of the educational training. Afterward, the researcher observed the teams to see exactly how there were interactions and input from each team member.

Using the baseline questionnaire as a standard of knowledge before introducing the educational training, it was determined the majority of the participants had a limited understanding of the role and function of the hospital chaplain. The comments gleaned from the questionnaire suggested the chaplain was regarded as spiritual support for the team, offering prayer and comfort. Some participants did not know or understand the role of the chaplain before the educational slides. Looking at the data from the participants during the interviews and establishing a guideline of understanding was beneficial. For all of the participants, the training benefitted them by broadening their knowledge and furthering their understanding of the chaplain, to the point where one participant now has their chaplain fulfilling one of the particular roles as noted in training. However, observing the teams, most of the discussions were centered on the medical and physiological issues of the patient, leaving out the spiritual aspects which

patients often rely upon to help heal, cope with a serious diagnosis, or help make difficult decisions. Even though the educational training seemed beneficial, spiritual issues were not on the agenda during the meeting, particularly if a chaplain was not present.

The participant’s responses regarding possible barriers to a lack of knowledge, communication, and presence, rested on their not fully understanding how to utilize the chaplain within the context of the hospital. However, when asked which roles they were least familiar with, only one participant responded they were not familiar with the chaplain. In contrast, the others suggested their confidence in understanding chaplains.

Q16 Which team member(s) on the Interdisciplinary Team are you least familiar with in regard to their role and function?

RESPONSES
Social Work, Case Management, Child Life, Psychologist
I am comfortable in my knowledge for all of the roles thus far.
N/A
None
Respiratory Therapist
Child Life Specialists
none
None
Unknown
None
PROBABLY THE CHAPLAIN. I GUESS I ALWAYS ASSUMED THAT THEY ARE IN THE IDT TO PICK UP ON THOSE PT'S THAT ARE MOST VULNERABLE AND LIKELY IN NEED OF SOME SPIRITUAL SUPPORT
I know what a chaplain does but the participation is not always very obvious in rounds or other pt care

Figure 8. Responses to Least Known Team Members

The participants agree the chaplain is vital to the team and for patient care. However, they also recognize there needs to be more awareness of their duties within the hospital. The participants commented on there being a lack of educational training regarding the chaplain from their educational training in their discipline, or more specifically, from the chaplain. After the educational training was introduced to bring awareness, most of the participants responded by suggesting the information be presented on various platforms for others to learn. The participants commented that their experience concerning chaplains came from communication or direct observation. However, during the researcher's observations of the teams, it was noted most of the meetings did not have a chaplain attend the meetings, leaving a gap to fill for those on the team.

Chapter 5: Conclusion

The purpose of this project is to examine and address how the healthcare workers on the interdisciplinary team understand the role and function of the chaplain to provide quality holistic care to patients. The research study took place within five hospitals in the San Antonio, Texas, area. Those hospitals which took part in the research study were Methodist Stone Oak Hospital, Methodist Main Hospital, Methodist Hospital Texsan, Methodist Northeast Hospital, and Methodist Metropolitan Hospital. The research will present the results and findings, as well as recommendations.

Results

To address the purpose statement, the researcher collected data utilizing a baseline questionnaire and interview questions from educational training and observations. The researcher took the data and identified themes within each, then compared the data. The baseline questionnaire was used to determine the participant's understanding of the role and function of the chaplain before introducing the educational training. Educational training then took place consisting of slides that explained the role, function, and utilization of a hospital chaplain. Afterward, the participant was sent interview questions to answer based on the educational slides. Finally, the researcher went to observe the interdisciplinary teams in the hospitals. The researcher will address the results of the role and function of the chaplain, utilization, and barriers, to address the purpose of the research project.

Role and Function

The researcher wanted to initially establish a general understanding of the knowledge the interdisciplinary teams already had concerning the chaplain. Although White remarks on how the hospital values the chaplain, it does not necessarily understand the role or how to integrate the

chaplain within the context of the hospital.³⁰¹ The majority of the results which came from the participants resulted in the role of the chaplain being the spiritual support or guidance for the hospital. Peteet stresses the importance of the spiritual support offered by the chaplain to not only the patient but the staff and organization.³⁰² The participants recognized chaplains were considered the spiritual guidance and experts for the hospital, much like the Tribe of Levi were the priests for Israel. Cadge remarks on how healthcare workers often will offer spiritual support, but it belongs to the chaplains who have been trained correctly on the issues.³⁰³ Koenig comments spiritual support belongs to the chaplain who is considered the professional expert in this field of study.³⁰⁴ For the participants, the chaplain held and fulfilled the role as spiritual advisor offering spiritual support to both patients and staff, as noted in the data which was collected from the questionnaire.

The data presented from the participants showed the role of the chaplain described as the one who provided spiritual support. The issues came when the participants were asked to explain how the chaplain functions within the interdisciplinary team. The majority of the participants identified support and care as two functions offered by the chaplain to both patients and staff. However, when the educational training was introduced, it opened a window of opportunity to help the staff recognize how the chaplain functions within the hospital. One of the comments from a participant suggested most of the staff did not necessarily understand how the chaplain functions. Kramer suggests chaplains have a difficult time trying to translate their work or how

³⁰¹ White, *Talking about Spirituality*, 51.

³⁰² Peteet and D'Ambra, *The Soul of Medicine*, 231.

³⁰³ Cadge, *Paging God*, 203.

³⁰⁴ Koenig, *Medicine, Religion and Health*, 163.

they function in the medical field.³⁰⁵ While this might suggest there need to be more conversations among the team, some participants had basic knowledge concerning the function of the chaplain.

To understand the function of the chaplain, there need to be conversations, education, and presence. Some participants suggested their need for the chaplain's presence, which would explain why some team members do not know the role or function. If there is no chaplain, there is no one to bring up the issues which need to be addressed. The research data suggested the presence of a chaplain during the meetings; however, the participants commented on how quiet the chaplain was, providing little input or conversation during the meeting. The chaplain's presence on the team is essential as well as relevant. But, with presence comes providing spiritual support for the patient to help provide quality care. Providing input gives learning opportunities for the teams. Also, one participant commented on how the chaplain was underutilized. As part of not only the team but the hospital, the chaplain is the spiritual counselor, guide, and subject matter expert and understands how essential those services are within the hospital.

Utilization

Utilization looked at just precisely how healthcare workers on the interdisciplinary team typically use the chaplain. The results of how the chaplain was utilized were ambiguous. Some of the participants suggested they did not know how the chaplain is utilized, others thought the chaplain was underutilized, a few suggested there was no chaplain present, and the remaining commented the chaplain was a vital component to the team. The researcher did not find it

³⁰⁵ Kramer, Tenzek, and Allen, "Translating Spiritual Care in the Chaplain Profession," 3.

surprising that there was so much ambiguity regarding this issue on the team. Kramer discusses how chaplains often have difficulty translating their role to healthcare workers, which would suggest a challenge on utilization. For the team to correctly utilize chaplains, there must be communication among the members, which is essential for holistic care to occur with patients. Kramer also suggests the reason for the disconnect is due to a lack of language or fluency of language to the team.³⁰⁶ Even though chaplains are considered part of the team and are an essential component, the terminology and language used are not medical but spiritual. Unless the chaplain takes the appropriate steps to explain how utilization should occur, the team will still either underutilize or not know how to utilize the chaplain correctly. The researcher observed the interdisciplinary team as they accomplished their rounds on patients and discussed the patient care plan. The terminology was medical and physiological, which is normal when talking about a patient. However, if the chaplain is absent, the spiritual aspect is not discussed, which leaves a gap in the patient's care plan and an opportunity to provide holistic care.

The educational training provided the benefits of explaining how the chaplain could be utilized and therefore opened a new level of understanding among the participants. The team can only describe utilization based on past experiences or through communication with other team members if there is no chaplain to explain the details. Conversations can become an excellent tool for the chaplain to use as a method in helping to clarify misunderstandings among team members on how chaplains are utilized.

³⁰⁶ Kramer, Tenzek, and Allen, "Translating Spiritual Care in the Chaplain Profession," 3.

Barriers

It was necessary to understand what could be standing in the way of understanding why this issue was taking place within the team. The researcher noticed most of the responses coming from the participants centered around the problems of communication, education, and presence within the team. Damen offers that chaplains need to take the time to educate their team on their role and function.³⁰⁷ By having the chaplain present with the team as they go over the patient care plan, the chaplain can offer input, which would help in the education process and communicate its importance. Swift notes that often the lack of education from the chaplain to the staff brings about awareness is lacking.³⁰⁸ Only through presence and communication is the team able to experience and learn the importance and necessity for a chaplain to be a part of the team. One participant suggested a need to start asking the chaplain for their assessment directly, to understand what needs to be included in the patient's care plan. As a participant commented, "The chaplain needs to be visible for the staff and family to understand their full capabilities fully." The educational slides which the researcher used as part of the educational training were beneficial to each participant and would be a way forward in taking down the barriers and opening up more opportunities for holistic care to patients.

Lessons Learned

The researcher learned the real dedication and the value of the interdisciplinary team and its members after the implementation of the project. Throughout the research process, the city of San Antonio, as well as the rest of the country and world were going through a pandemic.

³⁰⁷ Damen et al., "What Do Chaplains Do, 399.

³⁰⁸ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 1.

Shortages of personal protection equipment and extended hours plagued our teams, which at times caused stress and uncertainty. However, the healthcare workers pulled together and continued doing what they do best, which is to save lives. The researcher was uncertain whether participants would volunteer for the study knowing the hours each member was working, but enough finally stepped up and helped out. Even though it took longer than anticipated, the researcher appreciated and thanked every participant for valuing the project enough to help out. The lesson learned was the real dedication and the value of the interdisciplinary team and members as they worked through some difficult times and continued to participate in the project.

The researcher also learned the importance and necessity of the chaplain being involved as part of the team when they discuss the patients before the start of the workday. By participating, the chaplain not only helps to develop relationships with the team but becomes an educational example for each team member to learn from, by listening and through example. These issues were brought continuously up by participants and should be a part of what is addressed in the pastoral care department. The healthcare workers value the work of the chaplain and understand their importance. However, there is a need for more presence from the chaplain in the daily routine of the team to comprehend utilization fully. During the recent pandemic, it became apparent there needed to be a chaplain present not just for the patients, but for the team members due to being overworked and stressed.

How Results Might Apply in Other Settings

Understanding the roles and functions of the hospital chaplain is specific data that can be applied to other clinical settings. These settings would include palliative and hospice care. The data could also be used to further research educational training involving different disciplines within the hospital setting.

The results could also be applied in an academic setting of Clinical Pastoral Education (CPE) programs. It would be a resourceful tool for studying the data and discovering where the chaplain can create steps for educational purposes to share with the interdisciplinary team.

Recommendations and Future Research

Cunningham studied how medical professionals in training worked alongside chaplains during their internship. The study concluded the need for better communication between the physician and chaplain in helping to understand their role and function.³⁰⁹ Hemming also studied the interaction between medical students and chaplains. The chaplains were training medical students on various skills. The study concluded groups working together by training together makes a rich and productive environment producing improved healthcare.³¹⁰ There needs to be more research on the benefits of working alongside each other to help develop a more broadened view and understanding of interaction with one another within the context of the hospital. Each participant had to respond to a question regarding training on teams or how other members of the interdisciplinary teams work collaboratively. Most of the participants replied they did not receive any formal training, and the training they did receive was through experience working on a team or communicating with other disciplines on the team.

Further research should be done on the chaplain to patient ratio and helping to increase the number of chaplains to help care for patients and staff. Will addresses the issue of manning being the reason why chaplains are not fully understood, underutilized, and lack of staff being educated.³¹¹ Doolittle also recognized the need for more chaplains to help care and support both

³⁰⁹ Cunningham et al., "Perceptions of Chaplains' Value," 1244.

³¹⁰ Hemming et al., "Chaplains on the Medical Team," 567.

³¹¹ Will III, "Making Hospital Chaplains," 122.

patients and staff.³¹² Goldhirsch suggested since spirituality has become an essential issue in the hospital, there are not enough chaplains to meet the needs of the patient.³¹³ Part of the problem regarding misunderstanding, education, or underutilization could come from the number of patients covered by one chaplain. Daily, the chaplain will prioritize duties based on the severity of the patients and balance it with the requirements of the staff and necessary meetings that need to be met. By doing so, this might be the reason why some chaplains are not present as frequent or daily as expected. Therefore, it would benefit future research on precisely what might be a working ratio for chaplains to patients to help increase the number of chaplains working in the hospital and possibly resolve some misconceptions.

How Results Related to the Theological Framework

The theological framework which undergirds this research project concerning the ministry to patients comes from the Book of Acts. In Acts 17:24-25, it states, “The God who made the world and everything in it is the Lord of heaven and earth and does not live in temples built by human hands. And He is not served by human hands, as if He needed anything. Rather, He Himself gives everyone life and breath and everything else.” Crick points out that no one is outside of God’s reach, and everyone is of value.³¹⁴ Every patient coming into the hospital deserves quality care. However, this is only received when the team fully comprehends how the chaplain functions within the hospital producing holistic care. This burden is both the responsibility of the team and the responsibility of the chaplain. The study suggested more transparency and presence from the chaplain on the team.

³¹² Doolittle, *Religion and Spirituality*, 107.

³¹³ Goldhirsch, *Geriatric Palliative Care*, 112.

³¹⁴ Crick, *Outside the Gates*, 26.

In 1 Corinthians 12:12,14 it states, "Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ. Even so, the body is not made up of one part but of many." Paul describes how each member of the body should serve the church for it to function correctly. For holistic care to take place within the hospital, each member of the interdisciplinary team must provide their input and expertise, ensuring the patients receive the best outcome. The results show there was no formal education training received before working in the hospital, nor formal educational training while employed. The results discussed educational training was acquired through experience on the team and communication, but there was no formal education received, which was a suggestion from the participants.

How Results Related to the Theoretical Framework

The theoretical basis that undergirded the research project was based on Dr. Bruce Tuckman's group development theory. Primarily, the group development theory stresses the importance of individuals working together as a whole or team to achieve a set common goal.

Tuckman considered five stages for his theory consisting of forming, storming, norming, performing, and adjourning. Teams are such an essential aspect of healthcare; therefore, each team needs to be able to work together for quality outcomes. The results of the study indicated a need for further education and awareness among team members. The Joint Commission recognized the importance of teams in improving the health and outcomes of the patient.³¹⁵ For teams to work together, Tuckman suggests they should be working in the performing stage by achieving the goals of the team, which for the healthcare team would be the care of the patient. Jessup encouraged patients and team members to question the care plan to come up with the best

³¹⁵ Persily, *Team Leadership*, 6.

possible outcome for the patient.³¹⁶ The results indicated the need for more of a presence from the chaplain. When the chaplain is present, those spiritual issues, which need to be addressed can be included in the patient care plan.

Recommendations for Chaplains

Psalms 46:1 states, “God is our refuge and strength, an ever-present help in trouble.” Being present with a patient, family member, or staff is one of the most comforting acts a chaplain can bring to those who are suffering, anxious, or unsure about a decision. When others think about ministry, it is usually surrounded by doing. However, sometimes it comes from just being present. Crick defines a ministry of presence as “the intentional act of being fully attentive to the recipient of care in thought, emotion, body, and spirit; removes the focus from speaking and doing.”³¹⁷ Jesus loved people and had compassion for them, which is precisely how chaplains respond to those in need. In Luke 5:12-16, Jesus heals a man who had leprosy. When the man saw Jesus, he fell to the ground and says, “Lord, if you are willing, you can make me clean.” Jesus touches the man and heals him. The researcher carries the statement the man makes about Jesus’ willingness to heal. The man knew Jesus could, but the question for the man was, would Jesus heal him. There are two truths from this statement, which are crucial for the chaplain as it pertains to the research project. First, Jesus gave the man His time, and it was an issue brought up by the teams. They wanted and needed to see the chaplain, who is a reminder for them of comfort, compassion, and the sacred. The time offered to others is essential and necessary. The man knew Jesus could heal him but did not know if Jesus was willing. Chaplains

³¹⁶ Rebecca L. Jessup, “Interdisciplinary Versus Multidisciplinary Care,” 330.

³¹⁷ Crick, *Outside the Gates*, 60.

are relationship builders, and in those relationships, trust is nurtured. The chaplain's willingness to be a part of the team should not be an issue. The team needs to see the chaplain as much as the patients and family members. The chaplain brings to the table the last piece to the puzzle, the most essential for completing holistic care to the patient, and it is spiritual care.

Romans 10:14b states, "And how can they hear without someone preaching to them?" Paul placed importance for Christians to preach the Word of God to others, and the only way others would hear would be through them. Chaplains are put in the same role to build relationships and be present with others. For the interdisciplinary team, they will not understand the role and function of the chaplain unless there is someone there to explain it.

Summary

The purpose of this action research project was to examine and address how healthcare workers understand the role and function of the hospital chaplain to provide holistic care to patients. The data was collected from baseline questionnaires, interviews, and observations done by each participant, which facilitated triangulation. This project has taught the researcher extensive information regarding chaplains working on teams. The researcher was able to see from the data that the participants identified and recognized the chaplain as being the one who was responsible for offering spiritual support in the hospital. This was a positive response indicating the participants were aware of the primary role of the chaplain. The confusion seemed to come from first how the chaplain functions in the role and how the chaplain is utilized. The researcher noted the two main discussion points of care and support, which came from the theme of function. These two terms are often displayed or experienced through observing the direct works of the chaplain and not a deeper level of understanding from communication or education. The educational training offered to each participant opened a majority of participant's knowledge

regarding the chaplain. The researcher recognized most of the participants had spent five or fewer years on an interdisciplinary team, which could justify why there was a lack of knowledge regarding the function of a chaplain. However, the interdisciplinary teams work together as a unit and are familiar with one another, which was observed by the researcher during observations. Also noted by the researcher was a lack of presence from chaplains on the team meetings. The researcher brought up the point suggesting a possible shortage of chaplains in hospitals. There is also the need for presence from the chaplain as a way to express education to those team members.

A central point drawn from the research regarded the lack of how chaplains are utilized within the hospital. The researcher expected most of the participants to respond that chaplains are used for prayer and end-of-life, which occurred. However, the researcher thought other comments would have come up, but the majority of the responses from the participants were prayer and end-of-life. This suggests a possible lack of communication as well as education. The chaplain, whose responsibility it is to communicate with both patient and staff, might not be promoting how they function and how they can be utilized. Most chaplains go behind the scenes and take care of patients and staff without being noticed. But for the chaplain to be fully utilized, the team needs to understand the potential each chaplain can offer to the team. When this potential is realized and the team understands how the chaplain does fit on the team, then holistic care can take place in the setting of the hospital.

Bibliography

- Aiken, Christopher Carl. "Chaplains' Support of Staff." DMIN Thesis Project, Theological School of Drew University, 2016. Accessed September 20, 2019. ProQuest Dissertations and Thesis Global.
- Anderson, Robert. *Ministry in the Spiritual and Cultural Diversity of Health Care: Increasing the Competency of Chaplains*. Independence: Routledge, 2004. Accessed November 3, 2019. ProQuest Ebook Central.
- Akerele, Olayinka. "Addressing Spiritual Care Needs in Primary Care." DNP diss., Walden University, 2018. Accessed September 21, 2019. ProQuest Dissertations and Theses Global.
- Baldwin, DeWitt C. "Some Historical Note on Interdisciplinary and Interprofessional Education and Practice in Health Care in the USA." *Journal of Interprofessional Care* 21, sup1 (7, 2007): 23-37. Accessed November 2, 2019. <https://doi.org/10.1080/13561820701594728>.
- Barrows, David Corbin. "A Whole Different Thing: The Hospital Chaplaincy, The Emergence of the Occupation and the Work of the Chaplain." PhD diss., University of California, 1993. Accessed September 24, 2019. ProQuest Dissertations and Theses Global.
- Becker, Ellen, A, and Karen S. Schell. "Understand, Facilitation, and Researching Interprofessional Education." *Respiratory Care* 62, no. 7 (7, 2017): 999-1000. Accessed November 2, 2019. <http://dx.doi.org.ezproxy.liberty.edu/10.4187/respcare.05678>.
- Blackaby, Henry T., Kenny Skinner, and Kerry L. Skinner. *The Power of the Call*. Nashville: B&H Publishing, 1997. Accessed November 10, 2019. ProQuest Ebook Central.
- Blackaby, Henry, and Richard Blackaby. *Spiritual Leadership: Moving People on to God's Agenda*. Nashville: B&H Publishing, 2011.
- Blacker, Susan and Colette Deveau. "Social Work and Interprofessional Collaboration in Palliative Care." *Progress in Palliative Care* 18, no. 4 (8, 2010): 237-43. Accessed March 17, 2020. <https://doi:10.1179/096992610X12624290277141>.
- Blomberg, Craig L. *Matthew*. Vol. 23, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 1992. Accessed February 15, 2020. ProQuest Ebook Central.
- Bregman, Lucy. *Religion, Death, and Dying*. Santa Barbara: ABC-CLIO, 2009. Accessed March 8, 2020. ProQuest Ebook Central.
- Bronstein, Laura R. "A Model for Interdisciplinary Collaboration." *Social Work* 48, no. 3 (2003): 297-306. https://link-gale-com.ezproxy.liberty.edu/apps/doc/A105934322/ITOF?u=vic_liberty&sid=ITOF&xid=0f973a0e.

- Brown, Lori A. "An Examination of the Contemporary Challenges to the Pastoral Authority of a Christian Chaplain Who Ministers in a Secular Medical Institution." DMIN, Thesis Project, Duke University, 2015. Accessed November 10, 2019. ProQuest Dissertations and Thesis Global.
- Bubmann, Uwe. *The Nature of Groups as well as Dynamics of Informal Groups and Dysfunctions*. Hamburg: Diplomica Verlag, 2013. Accessed November 6, 2019. ProQuest Ebook Central.
- Buchbinder, Sharon B., Nancy H. Shanks, and Bobbie J. Kite. *Introduction to Health Care Management* Burlington: Jones and Barlett Learning, 2019. Accessed June 28, 2020. ProQuest Ebook Central.
- Cadge, Wendy, Katherine Calle, and Jennifer Dillinger. "What Do Chaplains Contribute to Large Academic Hospitals? The Perspectives of Pediatric Physicians and Chaplains." *Journal of Religion and Health* 50, no. 2 (06, 2011): 300-312. Accessed October 20, 2019. <https://doi:10.1007/s10943-011-9474-8>.
- Cadge, Wendy. "Healthcare Chaplaincy as a Companion Profession: Historical Developments." *Journal of Health Care Chaplaincy* 25, no.2 (2019): 45-60. Accessed December 28, 2019. <https://doi.org/10.1080/08854726.2018.1463617>.
- Cadge, Wendy. *Paging God: Religion in the Halls of Medicine*. Chicago: University of Chicago Press, 2012. Accessed September 22, 2019. ProQuest Ebook Central.
- Carson, Verna B. *Spiritual Caregiving: Healthcare As a Ministry*. West Conshohocken: Templeton Press, 2008. Accessed March 12, 2020. ProQuest Ebook Central.
- Chiocchio, Francois, Paule Lebel, Pierre-Yves Therriault, Andree Boucher, Carolyn Hass, Francois-Xavier Rabbat, and Jean-Francois Bouchard. *Stress and Performance in Health Care Project Teams*. Newton Square, PA: Project Management Institute, 2011. Accessed June 29, 2020. ProQuest Ebook Central.
- Clarke, Beverly M., *On Suffering: Pathways to Healing and Health*. Lebanon: Dartmouth College Press, 2011. Accessed November 3, 2019. ProQuest Ebook Central.
- Clinebell, Howard. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*. Nashville, Abingdon Press, 1984.
- Coward, Harold, and Kelli Stajduhar. *Religious Understandings of a Good Death in Hospice Palliative Care*. Ithaca: State University of New York, 2012. Accessed January 4, 2020. ProQuest Ebook Central.
- Crick, Robert. *Outside the Gates: Theology, History and Practice of Chaplaincy Ministries*. HigherLife Publishing, 2012. Accessed December 28, 2019. ProQuest Ebook Central.
- Cunningham, Christopher J.L., Mutka Panda, Jeremy Lambert, Greg Daniel, and Kathleen DeMars. "Perceptions of Chaplains' Value and Impact Within Hospital Care Teams."

- Journal of Religion and Health* 56, no. 4(08, 2017): 1231-47. Accessed September 19, 2019. <https://doi:10.1007/s10943-017-0418-9>.
- Damen, Annelieke, Dirk Labuschagne, Laura Fosler, Sean O'Mahony, Stacie Levine, and George Fitchett. "What Do Chaplains Do: The Views of Palliative Care Physicians, Nurses, and Social Workers." *American Journal of Hospice and Palliative Medicine* 36, no. 5 (2019): 396-401. Accessed October 20, 2019. <https://doi-org.ezproxy.liberty.edu/10.1177%2F1049909118807123>.
- Dicks, Russell L. *Standards for the Work of the Chaplain in the General Hospital*. PDF file. November 1940. https://professionalchaplains.org/files/professional_standards/standards_of-practice/standards_for_work_of_chaplain_russell_dicks.pdf.
- Dlugacz, Yosef D. *Introduction to Health Care Quality: Theory, Methods, and Tools*. Somerset: John Wiley & Sons, 2017. Accessed June 29, 2020. ProQuest Ebook Central.
- Doolittle, Benjamin R. *Religion and Spirituality for the Healthcare Provider*. Hauppauge: Nova Science Publishers, 2016. Accessed October 29, 2019. ProQuest Ebook Central.
- Dykstra, Robert C. *Images of Pastoral Care: Classic Reading*. Chalice Press, 2005. Accessed January 1, 2020. ProQuest Ebook Central.
- Ewan, Kelly, "The Development of Healthcare Chaplaincy." *The Expository Times* 123, no. 10 (July 2012): 469-478. <https://10.1177/1104524612444531>.
- Fewster-Thuente, Lori, and Barbara Velsor-Friedrich. "Interdisciplinary Collaboration for Healthcare Professionals." *Nursing Administration Quarterly* 32, no. 1 (Jan/Mar, 2008): 40-48. Accessed December 26, 2019. <https://doi:101097/01.NAQ.0000305946.31193.61>.
- Galvin, James E., Licet Valois, and Yael Zweig. "Collaborative Transdisciplinary Team Approach for Dementia Care." *Neurodegenerative Disease Management* 4, no. 6 (12, 2014): 455-469. Accessed January 25, 2020. <https://doi.10.2217/nmt.14.47>.
- Garland, David E. *1 Corinthians: Baker Exegetical Commentary on the New Testament*. Grand Rapids: Baker Academic, 2003. Accessed November 5, 2019. ProQuest Ebook Central.
- Garrett Duane A. *Proverbs, Ecclesiastes, Song of Songs*. Vol 14, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 1993. Accessed November 4, 2019. ProQuest Ebook Central.
- Gelo, Florence. "The Role of the Professional Hospital Chaplain." In *Religion, Death, and Dying*, 3-26. Edited by Lucy Bregman. Santa Barbara: ABC-CLIO, LLC., 2010. Accessed October 19, 2019. ProQuest Ebook Central.
- Goldhirsch, Suzanne. *Geriatric Palliative Care*. Oxford: Oxford University Press, 2014. Accessed March 10, 2020. ProQuest Ebook Central.

- Greco, Karen, and Gwen Anderson. "Redressing Policy in Cancer Genetics: Moving Toward Transdisciplinary Teams." *Policy, Politics, and Nursing Practice* 3, no. 2 (May 2002): 129-139. Accessed January 25, 2020. <https://doi:10.1177/152715440200300206>.
- Greenwald, Harold P. *Health Care in the United States: Organization, Management, and Policy*. Hoboken: John Wiley and Sons, Inc., 2010. Accessed December 26, 2010. ProQuest Ebook Central.
- Hall, Pippa, and Lynda Weaver. "Interdisciplinary Education and Teamwork: A Long and Winding Road." *Medical Education* 35, no. 9 (9, 2001): 867-875. Accessed January 25, 2020. <https://doi:10.1046/j.1365-2923.2001.00919.x>.
- Harr, Cynthia, Linda Openshaw, and Brenda Moore. "Interdisciplinary Relationships between Chaplains and Social Workers in Health Care Settings." *Journal of Health Care Chaplaincy* 16, no.1-2 (2, 2010):13-23. Accessed December 29, 2019. <https://doi.org/10.1080/08854720903451048>.
- Harris, James L., Linda A. Roussel, Catherine Dearman, and Tricia Thomas. *Project Planning and Management: A Guide for Nurses and Interprofessional Teams*. Burlington: Jones and Bartlett Learning, 2018. Accessed June 21, 2020. ProQuest Ebook Central.
- Hartog, Christiane S., and Julie Benbenishty. "Understanding Nurse-Physician Conflicts in the ICU." *Intensive Care Medicine* 41, no. 2 (2, 2015): 331-3. Accessed November 2, 2019. <https://DOI:10.1007/s00134-014-3517-z>.
- Healey, Bernard J., and Tina M. Evans. *Introduction to Health Care Services: Foundations and Challenges*. Somerset: John Wiley and Sons Inc., 2014. Accessed December 24, 2019. ProQuest Ebook Central.
- Hemming, Patrick, Paula J. Teague, Thomas Crowe, and Rachael Levine. "Chaplains on the Medical Team: A Qualitative Analysis of an Interprofessional Curriculum for Internal Medicine Residents and Chaplain Interns." *Journal of Religion and Health* 55, no. 2 (04, 2016): 560-71. Accessed September 23, 2019. <https://doi-org.ezproxy.liberty.edu/10.1007/s10943-015-0158-7>.
- Hoffer Jody G. *Transforming Relationships for High Performance: The Power of Relational Coordination*. Palo Alto: Stanford University Press, 2016. Accessed November 6, 2019. ProQuest Ebook Central.
- Huljev, Dubravko, and Tatjana Pankak. "Holistic and Team Approach in Health Care." *Signa Vitae* 11, no. 2 (2016): 66-69. Accessed January 25, 2020. <https://doi:10.22514/SV112.062016.14>.
- Iorg, Jeff. *Seasons of a Leader's Life: Learning, Leading, Leaving a Legacy*. Nashville: B&H Publishing, 2013.
- Jacobs, Martha R. "What Are We Doing Here? Chaplains in Contemporary Health Care." *The Hastings Center Report* 38 (6) (Nov-Dec, 2008): 15-18. <https://search-ebsohost->

com.ezproxy.liberty.edu/login.aspx?direct=true&db=mnh&AN=19192710&site=ehost-live&scope=site.

- James, Jayne, Elita Cottle, and Debbie Hodge. "Registered Nurse and Health Care Chaplains Experiences of Providing the Family Support Person Role During Family Witnessed Resuscitation." *Intensive & Critical Care Nursing* 27, no.1 (2, 2011): 19-26. Accessed November 3, 2019. <https://doi:10.1016/j.iccn.2010.09.001>.
- Jessup, Rebecca L. "Interdisciplinary Versus Multidisciplinary Care Teams: Do We Understand the Difference?" *Australian Health Review* 31, no. 3 (08, 2007): 330-331. Accessed January 25, 2020. <https://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/231778493?accountid=12085>.
- Jonas, Steven, Raymond L. Goldsteen, and Karen Goldsteen. *Introduction to the U.S. Health Care System: Sixth Edition*. New York: Springer Publishing Company, 2007. Accessed December 23, 2019. ProQuest Ebook Central.
- Kantor, Debra. *Issues of Cancer Survivorship: An Interdisciplinary Team Approach to Care*. Wolters Kluwer, 2015. Accessed March 11, 2020. ProQuest Ebook Central.
- Katz, Barbara. *Connecting Care for Patients*. Burlington: Jones & Bartlett Learning, LLC, 2018. Accessed January 18, 2020. ProQuest Ebook Central.
- Katzenbach, Jon R., and Douglas K. Smith. *The Discipline of Teams*. Harvard Business Review Press, 2009. Accessed January 26, 2020. ProQuest Ebook Central.
- Keener, Craig. *1-2 Corinthians*. Cambridge: Cambridge University Press, 2005. Accessed November 4, 2019. ProQuest Ebook Central.
- Keyton, Joann, and Dirk K.J. Keylen. "Pushing Interdisciplinary in the Study of Groups and Teams." *Small Group Research* 48, no. 5 (October 2017): 621-30. <https://doi-org.ezproxy.liberty.edu/10.1177%2F1046496417732528>
- Koenig, Harold G. "Role of the Chaplain on the Medical-Surgical Team: The Official Voice of Perioperative Nursing." *AORN Journal* 96, no.3 (09, 2012): 330-2, <https://doi:10.1016/j.aorn.2012.06.007>.
- Koenig, Harold G. *Spirituality in Patient Care: Why, How, When, and What*. West Conshohocken: Templeton Press, 2007. Accessed November 3, 2019. ProQuest Ebook Central.
- Koenig, Harold G., and Malcom McConnell. *Faith in the Future: Healthcare, Aging and the Role of Religion*. West Conshohocken: Templeton Press, 2009. Accessed January 4, 2020. ProQuest Ebook Central.
- Koenig, Harold G. *Medicine, Religion and Health: Where Science and Spirituality Meet*. West Conshohocken: Templeton Press, 2008. Accessed January 5, 2020. ProQuest Ebook Central.

- Kramer, Emily M., Kelly E. Tenzek, and Mike Allen. "Translating Spiritual Care in the Chaplain Profession." *The Journal of Pastoral Care and Counseling* 67, no. 1 (2013): 1-16. Accessed October 22, 2019. <https://doi-org.ezproxy.liberty.edu/10.1177%2F154230501306700106>
- Lapan Stephen D., MaryLynn T. Quartaroli, and Frances J. Riemer. *Qualitative Research: An Introduction to Methods and Designs*. New York, NY: John Wiley & Sons Inc., 2011. Accessed November 24, 2019. ProQuest Ebook Central.
- Lyndes, Kathryn A., George Fitchett, Nancy Berlinger, Wendy Cadge, Jennifer Misasi, and Erin Flanagan. "A Survey of Chaplains' Roles in Pediatric Palliative Care: Integral Members of the Team." *Journal of Health Care Chaplaincy* 18, no.1-2 (4, 2012): 74-93. Accessed December 29, 2019. <https://doi.org/10.1080/08854726.2012.667332>.
- McInnes, Susan, Kath Peters, Andrew Booney, and Elizabeth Halcomb. "An Integrative Review of Facilitators and Barriers Influencing Collaboration and Teamwork Between General Practitioners and Nurses Working in General Practice." *Journal of Advanced Nursing* 71, no. 9 (2015): 1973-1985. Accessed November 10, 2019. <https://doi:10.1111/jan.12647>.
- Mitchell, Pamela, Matthew Wynia, Robyn Golden, Bob McNellis, Sally Okun, Edwin Webb, Valerie Rohrbach, and Isabelle Von Kohorn. "Core Principles and Values of Effective Team-Based Health Care." Discussion Paper, National Academy of Medicine, 2012. <https://doi.org/10.31478/201210c>.
- Nancarrow, Susan A., Andrew Booth, Steven Ariss, Tony Smith, Pam Enderby, and Alison Roots. "Ten Principles of Good Interdisciplinary Team Work." *Human Resources for Health* 11, no.19 (2013): 1-11. Accessed November 1, 2019. <https://doi:10.1186/1478-4491-11-19>.
- Ndoro, Samuel. "Effective Multidisciplinary Working: The Key to High-Quality Care." *British Journal of Nursing* 23, vol 13 (2014): 724-727. Accessed January 25, 2020. <https://doi.10.12968/bjon.2014.23.13.724>.
- Nzegwu, Chike. "Chaplaincy Inclusion in Hospital Interdisciplinary Teams and its Impact on Chaplains' Well-being." PhD diss., Walden University, 2018. Accessed September 27, 2019. ProQuest Dissertations and Theses Global.
- O'Brien, Mary E. *Spirituality in Nursing*. Sudbury: Jones and Barlett Learning, 2017. Accessed March 11, 2020. ProQuest Ebook Central.
- Orton, Margaret J. "Transforming Chaplaincy: The Emergence of a Healthcare Pastoral Care for a Post-Modern World." *Journal of Health Care Chaplaincy* 15, no. 2 (2008): 114-131. Accessed October 21, 2019. <https://doi.org/10.1080/08854720903152513>.
- Persily, Cynthia A. *Team Leadership and Partnering in Nursing and Health Care*. New York: Springer Publishing, 2013. Accessed January 18, 2020. ProQuest Ebook Central.

- Peteet, John R., and Michael N. D'Ambra. *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*. Baltimore: John Hopkins University Press, 2011. Accessed March 13, 2020. ProQuest Ebook Central.
- Polhill, John B. *Acts*. Vol. 26, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 1992. Accessed January 1, 2020. ProQuest Ebook Central.
- Puchalski, Christina, and Betty Ferrell. *Making Health Care Whole: Integrating Spirituality into Patient Care*. West Conshohocken: Templeton Press, 2010. Accessed October 29, 2019. ProQuest Ebook Central.
- Risse, Guenter B. *Mending Bodies, Saving Souls: A History of Hospitals*. Cary: Oxford University Press, 1999. Accessed December 28, 2019. ProQuest Ebook Central.
- Rosen, Michael A., Deborah DiazGranados, Aaron S. Dietz, Lauren E. Benishek, David Thompson, Peter J. Pronovost, and Sallie J. Weaver. "Teamwork in Healthcare: Key Discoveries Enabling Safer, High-Quality Care." *American Psychologist* 73, no. 4 (2018):433-450. Accessed November 2, 2019. <http://dx.doi.org.ezproxy.liberty.edu/10.1037/amp0000298>.
- Russell, Richelle C. "Professional Chaplains in Comprehensive Patient-Centered Care." *Rhode Island Medical Journal* 97, no. 3 (03, 2014): 39-42. Accessed October 22, 2019. <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1506146047>.
- Satin, David. *Health Management for Older Adults: Developing an Interdisciplinary Approach*. Cary: Oxford University Press, 2009. Accessed October 23, 2019. ProQuest Ebook Central.
- Schmutz, Jan B., Laurenz L. Meier, and Tanja Manser. "How Effective is Teamwork Really? The Relationship Between Teamwork and Performance in Healthcare Teams: A Systematic Review and Meta-Analysis." *BMJ Open* 9, no. 9 (2019): 1-17. Accessed November 10, 2019. <https://DOI:10.1136/bmjopen-2018-028280>.
- Schreiner, Thomas A. *1 and 11 Peter, Jude*. Vol. 37. The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 2003. Accessed November 4, 2019. ProQuest Ebook Central.
- Sensing, Tim. *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses*. La Vergne: Wipf and Stock Publishers, 2011.
- Siegler, Eugenia L., Saeid Mirafzali, and Janice Foust. *Introduction to Hospitals and Inpatient Care*. New York: Springer Publishing, 2003. Accessed January 25, 2020. ProQuest Ebook Central.
- Singh, Rajiv, Ayse A. Kucukdeveci, Klemen Grabljevec, and Alan Gray. "The Role of Interdisciplinary Teams in Physical and Rehabilitation Medicine." *Journal of*

- Rehabilitation Medicine* 50, no. 8 (2018): 673-678. Accessed January 26, 2020. <https://doi:10.2340/16501977-2364>.
- Smith, Gary V. *Isaiah 1-39*. Vol. 15A, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 2007. Accessed February 15, 2020. ProQuest Ebook Central.
- Sorajjakool, Siroj. *When Sickness Heals: The Place of Religious Belief in Healthcare*. West Conshohocken: Templeton Press, 2008. Accessed January 4, 2020. ProQuest Ebook Central.
- Stanfield, Peggy, Y. H. Hui, and Nanna Cross. *Introduction to the Health Professions*. Sudbury: Jones & Bartlett Learning, LLC, 2011. Accessed January 18, 2020. ProQuest Ebook Central.
- Stringer, Ernest T. *Action Research*. 4th ed. Thousand Oaks, CA: SAGE, 2014.
- Sullivan, Winnifred F. *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law*. Chicago: University of Chicago Press, 2014. Accessed October 21, 2019. ProQuest Ebook Central.
- Swift, Christopher. *Hospital Chaplaincy in the Twenty-First Century: The Crisis of Spiritual Care on the NHS*. Farnham: Routledge, 2016. Accessed September 23, 2019. ProQuest Ebook Central.
- Swindoll, Charles R. *Insights on 1 and 2 Corinthians*. Vol. 7, Swindoll's Living Insights New Testament Commentary. Carol Stream: Tyndale House Publishers, 2017. Accessed November 3, 2019. ProQuest Ebook Central.
- Swindoll, Charles R. *Insights on Galatians, Ephesians*, Vol. 8, Swindoll's Living Insights New Testament Commentary. Carol Stream: Tyndale House Publishers, 2015. Accessed November 5, 2019. ProQuest Ebook Central.
- Taylor, Janie J., Jennifer L. Hodgson, Irina Kolobova, Angela L. Lamson, Natalia Sira, and Davis Musick. "Exploring the Phenomenon of Spiritual Care Between Hospital Chaplains and Hospital Based Healthcare Providers." *Journal of Health Care Chaplaincy* 21, no. 3 (7, 2015):91-107. Accessed November 2, 2019. <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2015.1015302>.
- Taylor, Mark. *1 Corinthians*. Vol. 28, The New American Commentary: An Exegetical and Theological Exposition of Holy Scripture. Nashville, TN: Broadman and Holman, 2014. Accessed November 4, 2019. ProQuest Ebook Central.
- The Joint Commission. "About the Joint Commission." About Us. Accessed October 25, 2019. https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx.
- Tuckman, Bruce W., and Mary Ann C. Jensen. "Stages of Small-Group Development Revisited 1." *Group Facilitation*, no. 10 (2010): 43-8. Accessed November 7, 2019.

<http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/747969212?accountid=12085>.

- VandeCreek, Larry, and Laurel Burton. "Professional Chaplaincy: Its Role and Importance in Healthcare." *Journal of Pastoral Care* 55, no. 1 (March, 2001): 81-97. Accessed January 5, 2020. <https://doi.org/10.1177/002234090105500109>.
- Vogt, Bruce H., and Jeremy J. Vogt. "Foundations, Core Principles, Values, and Necessary Competencies of Interprofessional Team-Based Health Care." *South Dakota Medicine: The Journal of the South Dakota State Medical Association* (2017): 25-28. Accessed January 26, 2020. <http://ezproxy.liberty.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=28817858&site=ehost-live&scope=site>
- Wagenaar, Cor, and Noor Mens. *Hospitals: A Design Manual*. Basel/Berlin/Boston: Walter de Gruyter GmbH, 2018. Accessed November 2, 2019. ProQuest Ebook Central.
- Walton, Victoria, Anne Hodgen, Janet C. Long, Julie K. Johnson, and David Greenfield. "How Do Interprofessional Healthcare Teams Perceive the Benefits and Challenges of Interdisciplinary Ward Rounds." 12 (2019): 1023-1032. Accessed June 21, 2020. <https://doi.org/10.2147/JMDH.S226330>.
- Weber, Stu. *Holman New Testament Commentary: Matthew*. Nashville: B&H Publishing, 2000. Accessed February 15, 2020. ProQuest Ebook Central.
- White, Gillian, *Talking about Spirituality in Health Care Practice: A Resource for the Multi-Professional Health Care Team*. London: Jessica Kingsley Publishing, 2006. Accessed January 4, 2020. ProQuest Ebook Central.
- Will III, Willard Wilson. "Making Hospital Chaplains in an Age of Biomedicine." PhD diss., McGill University, 2010. Accessed October 22, 2019. ProQuest Dissertations and Theses Global.
- Wirpsa, M. Jeanne. "Interprofessional Models for Shared Decision Making: The Role of the Health Care Chaplain." *Journal of Health Care Chaplaincy* 25, no. 1 (10, 2018): 20-44. Accessed November 2, 2019. <https://doi-org.ezproxy.liberty.edu/10.1080/08854726.2018.1501131>.
- Wittenberg-Lyles, Elaine, Debra P. Oliver, George Demiris, Paula Baldwin, and Kelly Regehr. "Communication Dynamics in Hospice Teams: Understanding the Role of the Chaplain in Interdisciplinary Team Collaboration." *Journal of Palliative Medicine* 11, no. 10 (2008): 1330-5. Accessed November 8, 2019. <https://doi.org/10.1089/jpm.2008.0165>.
- Young, Caroline, and Cyndie Koopsen. *Spirituality, Health, and Healing: An Integrative Approach*. Sudbury: Jones and Bartlett Learning, 2009. Accessed January 4, 2019. ProQuest Ebook Central.

Appendix A: IRB Approval Letter

April 21, 2020

Joseph Jeffries

James Fisher

Re: IRB Exemption - IRB-FY19-20-66 The Role and Function of a Hospital Chaplain in an Interdisciplinary Team

Dear Joseph Jeffries, James Fisher:

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. (ii). 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).

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

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

**Methodist Healthcare System
INSTITUTIONAL REVIEW BOARD
FWA00000435**

**8109 Fredericksburg Rd. 3rd Floor, San Antonio, TX 78229
Telephone: (210) 575-4918
Fax: (210) 575-0587**

Liberty University IRB
1971 University Blvd.
Green Hall, Ste. 2845
Lynchburg, VA 24515

March 20, 2020

RE: Ceding of IRB Oversight to Liberty University IRB

Protocol: The Role and Function of a Hospital Chaplain in an Interdisciplinary Team

Investigator: Joseph Jeffries

Sponsor: None Listed

To Whom It May Concern:

The designated reviewer of the Methodist Healthcare System IRB, per the guidelines set forth in our IRB Authorization Agreement with Liberty University IRB, hereby cedes oversight of the above referenced protocol to Liberty University IRB. Methodist Healthcare System, through its IRB department, remains responsible for providing institutional oversight.

The local study staff will be responsible for copying MHS IRB on pertinent IRB correspondence from Liberty University IRB, including but not limited to study approvals, continuing review approvals (if applicable), approved consent forms, amendment approvals, and other correspondence related to the conduct of this study at MHS facilities.

Please contact me at (210) 575-6910, or at philip.oilepo@mhshealth.com if there are any questions.

Respectfully,

Philip Oilepo

Digitally signed by Philip Oilepo

Date 2020.03.20 09:30:31 -05'00"

Director, MHS IRB

Appendix B: Recruitment Flyer

RESEARCH PARTICIPANTS NEEDED

The Role and Function of the Hospital Chaplain in an Interdisciplinary Team

- Are you part of an Interdisciplinary Team?
- Do you want to better understand the role and function of the chaplain in order to provide holistic care to patients?

If you answered **yes** to these questions, you are eligible to participate in a research study.

The purpose of this Doctor of Ministry (DMin) project is to address how the interdisciplinary team understands the role and function of the chaplain regarding holistic care. Participants will be asked to complete an online questionnaire, take part in educational training (online or one-on-one), and participate in an interview (one-on-one or via online questionnaire), as well as a direct site observation. The study procedures should take approximately 2 hours and 40 minutes total over three weeks.

Benefits include a more thorough understanding of how the chaplain works not just on the interdisciplinary team but in the hospital and how to better utilize the chaplain for the holistic care of patients. Scheduling for the study procedures will be done around each participant's work schedule.

The study is being conducted at Methodist Hospital Centers in San Antonio, Texas

Chaplain Joseph Jeffries, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study.

Please contact Chaplain Jeffries at (210) 410-5873 or jjeffries2@liberty.edu for more information or you can use the following link or QR Code if you are willing to volunteer for the study by taking the preliminary survey questionnaire:

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg VA, 24515

Appendix C: Consent Form

METHODIST HEALTHCARE SYSTEM

CONSENT FORM TO TAKE PART IN RESEARCH

Study Title: The Role and Function of a Hospital Chaplain in an Interdisciplinary Team

Principal Investigator (PI): Joseph Richard Jeffries, a doctoral candidate in the School of Divinity at Liberty University

Co-Investigator (Co-PI):

PI Address/Contact: Phone: 210-410-5873
Email: chapjeffries06@hotmail.com

Sponsor: Liberty University/School of Divinity

You are invited to participate in a research study regarding your understanding of the role and function of a hospital chaplain in an interdisciplinary team. You were selected as a possible participant because you are a part of an interdisciplinary team in a hospital. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

Purpose of the Study: This research project will look at an interdisciplinary team within a hospital, who work together to provide the best, holistic and quality care to patients. The purpose of this Doctor of Ministry (DMIN) project is to address how the interdisciplinary team understands the role and function of the hospital chaplain regarding holistic care.

Procedures: If you agree to be in this study, I will ask you to do the following things: 1. Answer a survey which will be sent through an email having two questions qualifying you for the study.

2. After qualifying, you will participate in an online questionnaire. A link will be sent to your email asking you to fill out the questionnaire. The questionnaire will not ask for identifiable information and will only ask questions related to the role and function of the hospital chaplain and demographic information such as how long you have been on an interdisciplinary team, your role in the hospital, and how long you have been employed at the hospital. The questionnaire should take approximately 20

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25 minutes to fill out. This questionnaire will serve as a benchmark on how much the participant understands the role and function of the hospital chaplain.

3. Participate in a four-week educational program where you will only need to meet one day a week for training. The training will consist of educational information relating to the role and function of the hospital chaplain, and each session will last approximately 10 minutes in length and will be done onsite for flexibility and scheduling. If the participant is unable to meet for the duration due to scheduling conflicts, a PowerPoint slide will be sent to the participant through the email, which will cover the training for that week and the participant can read the required information at his/her convenience. The participant will also have the convenience to have all the education training information sent at the same time if needed based on scheduling. Please ask the PI for further information about where the training will be located.

4. Participate in a one-on-one interview. The interview can be conducted face to face, over the phone, through videoconferencing, or via written response through email in the form of a questionnaire. If face to face or phone based, I will ask permission for your responses to be audio recorded to help with the accurate transcription of your answers. Depending on the format you select for the interview, the one-on-one interview should last approximately 20-30 minutes. If written response, a link will be sent to your email asking you to fill out the questionnaire. The purpose of the questionnaire is to determine whether the educational information was beneficial for understanding the role and function of the chaplain.

5. I will also be conducting a site observation at the hospital, which will include observing the interdisciplinary team you are presently associated with in the hospital. This procedure will last approximately 1 hour in length and will not take time away from your work.

Benefits: The direct benefits you should expect to receive from taking part in this study include:
1. A more thorough understanding of how the chaplain works (not just on the interdisciplinary team, but in the hospital as well), and 2. Be able to better utilize the chaplain for holistic care of patients.

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

Confidentiality: The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. The online questionnaire by the participants will be anonymous. The safety of the stored data will be encrypted as a security measure. The questionnaire will not ask you to provide personal, identifiable information. This is to maintain anonymity of the online questionnaire. The data will be stored on a password-locked

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computer and may be used in future presentations. After three years, all electronic records will be deleted. The one-on-one interviews will be audio-recorded and transcribed and will be conducted in a location where others will not easily overhear the conversation. To protect the confidentiality of participants, pseudonyms will be assigned. Participant will either choose a pseudonym or have one assigned by the researcher. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings. The data obtained from the observations will also be stored on a password-locked computer located in the researcher's office and may be used in future presentations. After three years, all electronic records will be deleted.

Compensation: You will not be compensated for taking part in this study.

No funds have been set aside by The Methodist Healthcare System to provide to you for costs that result from taking part in this study.

Participation: Participation in this study is voluntary. Your decision on whether to participate or not will not affect your current or future relations with Liberty University or Methodist

Healthcare. If you decide to participate, you are free to not answer any question(s) or withdraw from the study at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation during the one-on-one interview or exit the questionnaire and close your internet browser and do not submit your study materials. Your responses will not be recorded or included in the study.

Contacts and Questions: The researcher conducting this study is Joseph Richard Jeffries. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at phone number 210-410-5873 or email chapjeffries06@hotmail.com. You may also contact the researcher's faculty chair, Dr. Jim Fisher (School of Divinity Instruction) at jffisherjr@liberty.edu.

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.

Signature Section Located on The Next Page.

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Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

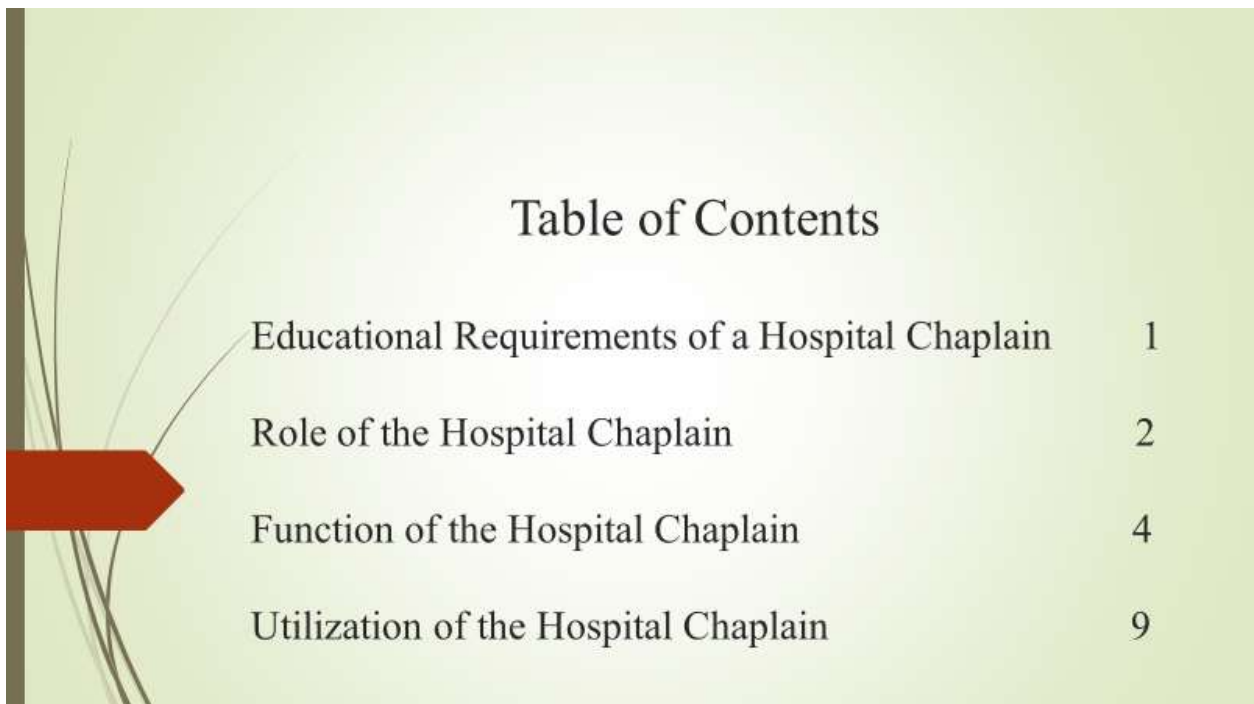
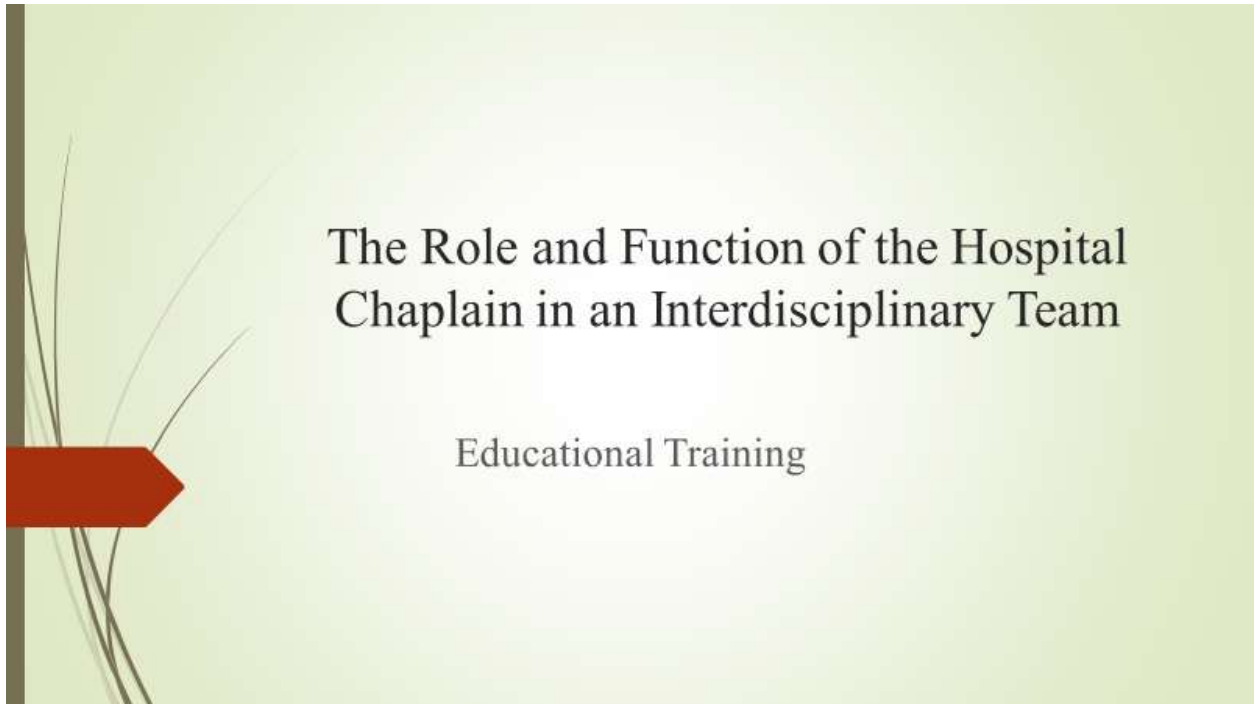
Printed Subject Name

Signature & Date

Appendix D: Baseline Questionnaire

1. How long have you been on an Interdisciplinary Team?
2. What is your current role in the hospital?
3. How long have you been employed in the current hospital at which you are employed?
4. How often does your Interdisciplinary Team meet per week?
5. How would you describe the chaplain's role on the Interdisciplinary Team?
6. How would you describe the chaplain's function on the Interdisciplinary Team?
7. What value does the chaplain add to the Interdisciplinary Team?
8. What does the chaplain do to enhance patient care?
9. Describe how you see the chaplain being used on the Interdisciplinary Team?
10. How do you see the chaplain supporting both patient and staff?
11. In what issues are you likely to include the chaplain in discussion?
12. How has the chaplain helped educate the Interdisciplinary Team on their role and function?
13. In what situations have you found chaplains most helpful in the Interdisciplinary Team?
14. How regular does the chaplain participate as part of the Interdisciplinary Team?
15. What team member(s) on the Interdisciplinary Team are you most familiar with in regard to their role and function?
16. What team member(s) on the Interdisciplinary Team are you least familiar with in regard to their role and function?
17. What type of training have you received concerning how other members of the Interdisciplinary Team should interact with one another?
18. What type of training have you received regarding how chaplains interact on an Interdisciplinary Team?

Appendix E: Educational Training PowerPoint Slides



Educational Requirements of the Chaplain

1. Ordained and Endorsed by their religious body and in good standings¹
2. Complete a MDIV (Master of Divinity) by an institution accredited with the ATS (Association of Theological Schools)²
3. At least one unit of CPE (Clinical Pastoral Education)³

1. Winnifred F. Sullivan, *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago Press, 2014), 109, accessed May 13, 2020, ProQuest Ebook Central.
2. *Ibid.*, 127.
3. *Ibid.*, 123.

Role of the Chaplain

1. Patient Advocate⁴
2. Safeguarding the dignity of suffering patients⁵
3. Help support patients whose spiritual and religious beliefs help them cope⁶
4. Professional chaplains act as mediator and reconciler, functioning in the following ways for those who need a voice in the healthcare system:
 - As advocates or "cultural brokers" between institutions and patients, family members, and staff
 - Clarifying and interpreting institutional policies to patients, community clergy, and religious organizations
 - Offering patients, family members and staff an emotionally and spiritually "safe" professional from whom they can seek counsel or guidance
 - Representing community issues and concerns to the organizations⁷

4. Lucy Bregman, *Religion, Death and Dying* (Santa Barbara: ABC-CLIO, 2009), 18, accessed May 13, 2020, ProQuest Ebook Central.
5. *Ibid.*, 7.
6. *Ibid.*, 5.
7. Larry VanDeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 87, accessed May 13, 2020, <https://doi.org/10.1177/002234090105500109>.

Role of the Chaplain

5. Professional chaplains may serve as contact persons to arrange assessment for the appropriateness and coordination of complementary therapies such as:

- Guided imagery/relaxation training
- Meditation
- Music therapy
- Healing touch⁸

6. Professional chaplains and their certifying organizations encourage and support research activities to assess the effectiveness of providing spiritual care by:

- Developing spiritual assessment and spiritual risk screening tools
- Developing tools for benchmarking productivity and staffing patterns that seek to increase patient and family satisfaction
- Conducting interdisciplinary research with investigators in allied fields, publishing results in medical, psychological, and chaplaincy journals
- Promoting research in spiritual care at national conventions⁹

8. Larry Vandecreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 87, accessed May 13, 2020, <https://doi.org/10.1177/002234090105500102>

9. *Ibid.*, 88.

The Function of the Chaplain

1. When religious beliefs and practices are tightly interwoven with cultural contexts, chaplains constitute a powerful reminder of the healing, sustaining, guiding, and reconciling power of religious faith.¹⁰
2. Professional chaplains reach across faith group boundaries and do not proselytize. Acting on behalf of their institution, they also seek to protect patients from being confronted by other, unwelcome, forms of spiritual intrusion.¹¹

10. Larry Vandecreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 86, accessed May 13, 2020, <https://doi.org/10.1177/002234090105500102>

11. *Ibid.*

The Function of the Chaplain

3. Spiritual Care typical activities are:
 - a. Grief and loss care (taken from the function and activities of professional healthcare chaplains)
 - b. Risk screening – patients whose religious/spiritual conflicts may compromise recovery
 - c. Facilitate spiritual issues related to organ/tissue donation
 - d. Crisis Intervention/Critical Incident Stress Debriefing
 - e. Spiritual Assessment
 - f. Communication with caregivers
 - g. Facilitation of staff communication
 - h. Conflict Resolution among staff members, patients and family members
 - i. Referral and linkage to internal and external resources
 - j. Assistance with decision making and communication regarding decedent affairs
 - k. Staff support relative to personal crisis or work stress
 - l. Institutional support during organizational change or crisis¹²

12. Larry VandeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 86, accessed May 13, 2020, <https://doi.10.1177/002234090105500109>.

5

The Function of the Chaplain

4. Professional chaplains serve as members of patient care teams by:
 - Participation in medical rounds and patient care conferences, offering perspectives on the spiritual status of patients
 - Participating in interdisciplinary education
 - Charting spiritual care interventions in medical charts¹³
5. Professional chaplains design and lead religious ceremonies of worship and ritual such as:
 - Prayer, meditation, and reading of holy texts
 - Worship and observance of holy days
 - Blessings and sacraments
 - Memorial services and funerals
 - Rituals at the time of birth or other significant times of life cycle transition
 - Holiday observances¹⁴

13. Larry VandeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 86, accessed May 13, 2020, <https://doi.10.1177/002234090105500109>.

14. *Ibid.*, 87.

6

The Function of the Chaplain

6. Professional chaplains lead or participate in healthcare ethics programs by:

- Assisting patients and families in completing advance directives
- Clarifying value issues with patients, family members, staff and the organization
- Participating in Ethics Committees and Institutional Review Boards
- Consulting with staff and patients about ethical concerns
- Pointing to human value aspects of institutional policies and behaviors
- Conducting in-service education¹⁵

15. Larry VanDeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 87, accessed May 13, 2020, <https://doi.10.1177/002234090105500109>.

7

The Function of the Chaplain

7. Professional chaplains educate the healthcare team and community regarding the relationship of religious and spiritual issues to institutional services in the following ways:

- Interpreting and analyzing multi-faith and multi-cultural traditions as they impact clinical services
- Making presentations concerning spirituality and health issues
- Training of community religious representatives regarding the institutional procedures for effective visitation
- Training and supervising volunteers from religious communities who can provide spiritual care to the sick
- Conducting professional clinical education programs for seminarians, clergy, and religious leaders
- Developing congregational health ministries
- Educating students in the healthcare professions regarding the interface of religion and spirituality with medical care¹⁶

16. Larry VanDeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (March, 2001): 87, accessed May 13, 2020, <https://doi.10.1177/002234090105500109>.

8

Utilizing a Chaplain

1. Provide counseling and pastoral support to relatives of patients in difficult and trying situations¹⁷
2. Provide guidance to patients and personnel regarding religious literature¹⁸
3. Responds to emergencies or crisis when pastoral care is appropriate¹⁹
4. Assure the patient's free exercise of religion is upheld²⁰
5. Addresses religions, spiritual, ethical, moral problems of patients²¹
6. Ministry of presence
7. Prayer/Religious rituals/Blessings/Baptisms/Funerals
8. End-of-life issues/Grief/Loss
9. Ethics consults
10. Facilitate family-staff communication
11. Support for the IDT
12. Education

17. Winnifred F. Sullivan, *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago Press, 2014), 103, accessed May 13, 2020, ProQuest Ebook Central.

18. *Ibid.*

19. *Ibid.*

20. *Ibid.*

21. *Ibid.*

9

Utilizing a Chaplain

13. Spiritual Assessment
14. Emotional support to patient/family members
15. Patient advocacy
16. Empathetic listening
17. After reading through the material and getting a grasp on some of the aspects regarding the role and function of a hospital chaplain, make sure to UTILIZE the Hospital Chaplain who is considered the Subject Matter Expert in the area of religion and spiritual issues and is clinically trained to help navigate the healthcare experience.

10

Appendix F: Interview Questions

1. Did you benefit from the educational training you received? If so, how?

2. What area(s) of training do you think helped present a better understanding regarding the role of the chaplain?

3. What area(s) of training do you think helped you to better understand the function of the chaplain?

4. How might you better utilize the chaplain on the interdisciplinary team after the educational training you received?

5. What do you see as a possible barrier(s), if any, for not knowing the role and function of the chaplain?

6. After receiving the educational training, will you be placing a chaplain on your team if there is no chaplain involvement?

7. How would you suggest the educational training you received be circulated to other team members for better understanding?

8. What methods would you suggest for continuing to understand the role and function of the chaplain in the future?

9. In what ways will the training help the team provide better holistic care to patients?

10. What area(s) do you think need to be further developed regarding the chaplain on the interdisciplinary team?