LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

Developing a Community Chaplaincy Ministry: Through a Need Satisfaction Care Model for a Native Language Church

A Thesis Project Report Submitted to

the Faculty of the Liberty University School of Divinity

in Candidacy for the Degree of

Doctor of Ministry

by

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December 2022

Liberty University John W. Rawlings School of Divinity

Thesis Project Approval Sheet

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT
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Believers in Jesus Christ are mandated to "go" into the world, and caring for people is part of the seeking. God has provided models and processes of His care in the scriptures. A chaplain holds spiritual care functions outside the church's four walls on the field. Unfortunately, many Asian Indian Americans in the booming immigrant population have not received care. Therefore, this action research thesis assumes need-based church training to build a culture-sensitive model of care to provide care. This research project explored the causes and impediments to care through participative sessions with the spiritual care provider volunteers of the church. Qualitative data was collected by observing participants. Using quality management improvement methods, the study participants examined their expectations of culture-based care and what they felt was lacking in them to provide care. The research results indicated increased awareness of the problem and the ability to uncover, identify, and select critical causes, such as the absence of listening presence, to build preventive solutions towards dispensing care as a systemic whole. Participants created the need satisfaction model by uncovering needs through probing and supporting uncovered needs with the benefits of the Word through listening and prayer. The church and participants are encouraged to continue to work on eliminating impediments to care and collaborate with other providers in the community. Following a continuous quality improvement initiative in community chaplaincy, they can adapt to a continuously changing and evolving culture of immigrant inter-faith life in an alien land.

Keywords: Chaplaincy, Need-Satisfaction, Customized, Spiritual-Care, Model, Immigrant, Quality-Improvement.

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Abbreviations

DMIN	*Doctor of Ministry*
FBC	*First Baptist Church*
IT	*Information Technology*
PRC	*Pew Research Center*

CHAPTER 1: INTRODUCTION

Introduction

The environment has two groups of people: some who can access spiritual care and others who cannot. Jesus's compassion extended to all and into whose context He came to minister. Chaplaincy care in the name of Christ takes His presence and ministry to all people. Systematic and structured provision for chaplaincy care is available to those sick in hospitals and hospices, and schools and institutions provide chaplaincy care. Churches provide community chaplain care. Spiritual care in the name of Christ is for all. But some from the 10/40 Window have not received community chaplaincy care. The 10/40 Window residents are those from the Indian Subcontinent who settled in Dallas Metroplex. The Asian Indian churches do not have the training to provide chaplaincy care in the community. Some have no access to chaplaincy care with ensuing unaddressed spiritual distress in the unreached community. The chaplain who walks alongside in this setting is like a public theologian. Kevin Vanhoozer and Owen Strachan argue that the work of public theology is still at the heart of the pastoral vocation.[1] Dallas's unreached 10/40 Window residents deserve this theological presence in the community. This DMIN project explored this gap in the context of the local native Asian Indian language church, the Dallas Tamil Church. The project studied the gap and equipped the chaplain volunteers in the church with specific tools and knowledge required to care for the unreached population from India. The study provided workshops for practical training that address the needs of the people

[1] Kevin Vanhoozer and Owen Strachan, *The Pastor as Public Theologian: Reclaiming a Lost Vision* (Grand Rapids: Baker Publishing Group, 2015), 17.

and skillsets of volunteers to care for the community, with up-to-date knowledge of the population while developing a customized model for spiritual care.

The term chaplain is associated with Christianity, and a chaplain is also associated with spirituality in a western context. There are very few chaplains of Indian American background. The changing profile of the field and demographics in the U.S. require diversity in the workforce. Most early studies show chaplains were mainly Caucasian/White and mainline protestants.[2] Contextualization is a need. This chapter describes the ministry context, problem, and purpose statement and presents the project's thesis statement. The ministry context gives the local context of the church and the social factors inside and outside the church besides describing the demographic details. The definitions further expand on some of the terms used in the project.

Ministry Context

The local ministry context for this DMIN thesis is the Dallas Tamil Church, located in Carrollton, Texas. The church is a community of Christians from South India. The church is an independent, non-denominational Bible church that started in October 2012 out of a small beginning gathering of a group of believers. The church has grown to a body of 30 active families and 120 members. The church has a pastor who had relocated from California to Dallas after planting a church there. He is gifted in leading and preaching the Word. His wife assists him in the pastoral team, serves as the administrative assistant and women's study leader, and oversees the prayer ministry and outreach. The church staff consists of the pastor and his executive board. The researcher has been the church's senior member and Sunday school teacher

[2] Kelsey B. White, Marilyn J. D. Barnes, "Wendy Cadge & George Fitchett Mapping the healthcare chaplaincy workforce: a baseline description," *Journal of Health Care Chaplaincy* 27:4, 238-258 (2021).

and continues to guide them through their growth as and when required. The church is also a platform for the interns the researcher trains to practice cross-cultural ministry. The church where they now gather has its constructed building on land purchased by the generous giving of the congregants. The church has expressed its desire to support and be part of this thesis. With time and facilities towards completing the project, the church leaders will meet their vision to serve the unreached. The church operated from leased spaces across the Dallas Metroplex and drew them into their own constructed church space. So, members are drawn from across the Metroplex, not just localized in Carrollton. Therefore, the church caters to the Dallas Metroplex, where the Asian Indian population is booming.[3]

Demographics

The Carrollton area has a total population of 109,919 with an area of 38.61 square miles and is in the central time zone.[4] The Indian American population is 4% of the total population, amounting to 4,398 residents.[5] All of them are immigrants from India and not descended from any race locally because the descendant numbers do not reflect anyone from India. The median household income is $66,113.67, less than the national median household income of Indian Americans, which is $88,000. Since the church is a native language church catering to those from India, as the name Dallas "Tamil" Church suggests, the demographic percentages of race prevalent in the area do not reflect the members and regular attendees. On the contrary, the church draws attendees from other parts of the Dallas Metroplex into this Carrollton location,

[3] Asian Indian population booming in Dallas-Fort Worth (dallasnews.com)

[4] Texas Zip Codes | Map & Detailed Profile | Zip Atlas, accessed March 1, 2022.

[5] DFW Metroplex Cities (c21bowman.com) Percentage of Indians (Asian) in Texas by City (zipatlas.com), 2014.

who travel long distances to network and fellowship with the community the church provides. This phenomenon supports the church's goal of reaching the unreached, particularly the Indian American unreached 10/40 Window, although it draws from a few other ethnic groups.

Overall, the Indian American diaspora is tightly knit through culture. This group's goal is to preserve an Indian lifestyle in an American context. The audience speaks Indian languages besides English and Spanish. Hindi is the most common of the 17 Indian languages used in the US., indicative of the diversity among Indians. According to Pew Research Center, Indians are among the best-educated and highest-earning immigrants. More than 70% of Indian Americans have a bachelor's degree or higher. The median household income of an Indian American household is $88,000, while the overall U.S. median household income is $49,800 (Appendix H). Internal migration grew from other states during the work-from-home option given to information technology workers during the pandemic. The climatic conditions resemble India, Texas has been the most preferred place, and the rise in Hindu Temples, communities, and homes tailor-made per the Hindu specifications of the house facing a specific direction have simulated a mini India. India has multiple religions. Migration and religious multiplicity often intersect, and each involves living in between communities without being entirely at home. [6] Care in this context is essential.

Church Engagements

The Dallas Tamil Church exists to minister and serves the Lord using the heart language. The mission is to reach Indians in the region and minister to the local community. The church

[6] Miller McLemore, *Pastoral and Spiritual Care Across Religions and Cultures II : Spiritual Care and Migration* (Vandenhoeck & Ruprecht, 2019), 50.

strives to glorify God based on the Bible in all its endeavors and practices. The church operates from 2450 Kellersprings Road, Carrollton, Texas. Services are on Saturday at 6 pm and Sunday at 10 am, besides Friday youth gatherings. The church actively serves in the following areas: worship and prayer, nurturing children, home group meetings, conference prayer meetings five times a day, women's Bible study, and various seminars from time to time. The workshops on marriage and managing finances are by professionals invited to speak. Besides gospel tract distribution, there are weekly Sunday school and children's language classes in Tamil. The pastor does hospital visits on requests and various rural ministries in India to support village evangelism in India. The church is a mission-oriented Bible-based church focused on evangelism.

Church Growth

The church remained open through all the pandemic challenges and welcomed those who wanted to come for in-service worship. Contrary to what was happening outside the church, attendance was well maintained. In addition to attending services, online broadcasts were made available for those who could not participate. Participants attend the service from out of state and from India online. The pastor and team are regularly in touch with members. Importance and focus given to the culture of the people initiate various gatherings that promote a sense of cultural identity where people can express themselves through traditional attire and Tamil language interactions.

Spiritual Setting

The church has focused on building the spiritual growth of members from its inception in 2012. The elders have focused on biblical teaching and memorization of scripture passages. The church has recognized those who have been diligent in their Bible reading, study, and memorization. Visiting pastors from India regularly visit to preach. The pastor and his wife are

from the information technology field. They work in their respective corporate vocations while having responded to the call. The congregation comprises information technology workers, and the pastor relates to their corporate work struggles.

The age group of the pastor and wife, in their forties, and their background draw similar flourishing families who find a role model in the pastor's life and leadership. These members have been very loyal. Visiting parents of families find their place through the older members' meeting, studying, and sharing. The pastor is also an able musician who accompanies the worship team on the keyboards. Singing spiritual songs in the native tongue is very meaningful to the members. Tamil is the closest language to Hebrew. Besides Tamil reading of the Bible, the English language helps cater to those from other cultures or language groups from India. Although the members are predominantly from the Tamil-speaking region of Southern India, there are other language speakers too. All Indian languages have commonalities, so languages do not deter attendance. The worship team has men and women who come together to practice songs of scripture written in Tamil.

Cultural Setting

Families from various parts of India are drawn to the church to enjoy a sense of community besides sound biblical teaching. The American-born children generations are multiplying, and the church guides in navigating between western culture and Indian cultural expectations to develop Christ-honoring individuals and future leaders in the area. The average family size is four, with parents and two children, often with a boy or girl or two sons or daughters. Some members also attend an American church and stay in touch with the local culture.

The church operates in the Dallas Metroplex, which comprises many cities where a handful of Indian believers exist. In India, 2.3% of the total population are Christians, a minority in a Hindu nation. Although no reliable statistics are available, the Dallas Metroplex reflects the same proportion or fewer Christians in the area. Rituals and customs of the culture bind the unreached together. Idol worship and residing in communities around temples enable a sense of belongingness. Life in the surrounding areas of the church revolves around cultural events organized in temples and social gatherings. Sacrifices in temples as offerings to deities for petitions made are typical. The spiritual needs are many. Deities imported from India to suit each need replicates India's temple and social culture. Street processions carrying the idols also help maintain the cultural practices in Dallas. Special rituals at home for a special fee give a sense of continuity of traditions. Rituals during housewarming ceremonies, name-giving ceremonies, and specific developmental milestones for babies require home visits by the temple pujaris (priests) is essential. All believers have been Hindus and share the same culture at some point in their ancestry.

Social and Religious Characteristics

In life around the church, social events such as birthday parties, baby showers, and bridal showers, and religious events such as Golu are most instrumental in shaping the lives of the people who participate. People provide a listening presence for each other, which is one of the chief characteristics of the people group. Regardless of faith, the people group participates in these events. The rise of Indian restaurants and the India Bazaar chain stores referred to as the Walmart of India, stock all the cultural items and indicate growing needs. In addition, Walmart imports all items required for this diaspora. Indian language university courses are free of charge to pass the Indian languages to the next generations. People are expected to read, write, and

speak in their native languages and learn Indian cultural history through the languages. The participants think their Indian values are of prime importance and do all it takes to preserve and practice them in their original form and carry it through the generations. Their sense of meaning and significance rests in participating in activities surrounding this preservation. Their sense of identity lives through the culture, and distancing from the same is akin to taking their lifeline away. They work to enjoy and sustain this meaning. Without the social element, where the culture can be practiced and preserved, participants lose their sense of identity, causing distress. Social and religious life is closely aligned. Although spirituality encompasses religion with its organized system of beliefs and doctrines, spirituality is a much broader concept that focuses on meaning and growth. Culture encompasses religion and spirituality, language, customs, shared values, and societal organization. [7]

Each Indian symbol is very critical to identity. Items such as amulets and sacred thread provided by temples are worn concealed on wrists and waists, considered sacred, and offer protection against evil demons. Each home has mini temples in them. Car dashboards carry miniature god idols. Women also wear the dot on the forehead as religious and social status symbols. Many organizations do not allow facial marks, so stick-on dots are available that are easy to wear once office hours are over. The sacred dot on the forehead also gives status in society for women. Traditional clothes and dots on the forehead, the mark of the culture, are used after office hours. In Indian culture, relationships, and caring are considered norms for social and communal vitality, gifts given to individuals from the creator through peers.[8] The belief in good

[7] Donesky, DorAnne, Emily Sprague, and Denah Joseph, "A New Perspective on Spiritual Care." *ANS, Advances in nursing science* 43.2 (2020): 147–158.

[8] Jacob Varughese, *Counseling Asian Indian Immigrant families: A Pastoral Psychotherapeutic Model* (Houston, Texas: Palgrave Macmillan, 2017), 2.

works or karma further reinforces the need to always be on the lookout for helping for good works. Abstaining from good works brings fear of punishment by their gods and a downward spiral in their next life. The ultimate goal is to do better each time, climb to the next life, and attain salvation. Much rigor is placed on following practices as deviance may bring them down the ladder instead of closer to God. Fear of non-conformance and punishment rules everyday life activities, from rising in the morning to the end of the day. Everything one does are per pre-ordered steps and disciplined to conformance.

Conformance plays a role in building security and relationships. Deviating from practices would also thus bring the wrath of their god. The norms are to raise a child in an Indian setting, even while residing outside India. The fear that the child would become "more like an American child than the Indian child" is common.[9] All Indian Americans have an English language-speaking background because India was under colonial rule, and English is the medium of education and the national language of India. Children born in the U.S., in the host country, and raised in the western culture have adopted that cultural lifestyle in their everyday life. When second-generation immigrants fail to follow the culture of their parent's home country, the community of first-generation immigrants starts questioning, gossiping, isolating such families in the community, and relaying the news to extended families in the home country.[10] Shame and guilt prevail, and families experience stress, emotional rifts, and fights. [11] Social characteristics are unique. A joint family is a norm; families stay together, and children remain with their

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[9] Varughese., 3.

[10] Ibid., 5.

[11] Ibid., 6.

parents until they are married, but not much as extended families live in India. Families experience painful differences between two or more generations living under the same roof. Varughese says, "I have seen families torn apart and persons subjected to alienation or loneliness due to therapists pushing them to be independent." [12]

Problem Presented

The church is not equipped and trained to meet the spiritual needs of the fastest growing and most impactful population of the Asian Indian people group. The unreached are distanced from the church as much as in India. Although Christianity is as old as Christianity in India, impediments to reach have made it hard to engage with people and provide care. Even after so many years, the 10/40 Window in Dallas reflects the same. Thus, although a prime slice of the 10/40 Window exists in Dallas, the Indian people do not have access to chaplaincy care because they lack trained providers and knowledge. The Dallas church does not have community chaplaincy care outreach. Chaplaincy calling is all about getting called to these unreached places. The goal is to apply culture-specific spiritual care for the unreached and their challenges through a chaplain. Landis says that, without the typical props of one's own culture, there is unpredictability, helplessness, a threat to self-esteem, and a general feeling of "walking on ice;" they are all stress-producing. He says a sojourn experience consists of overstimulation, anticipation, uncertainty, and a lack of situational control. Prolonged exposure and effort are required before the 'strange' is reprogrammed into the 'normal' so that the stress response will not occur. People have different effects, degrees of severity, and periods. Few escape it altogether,

[12] Varughese., 1.

but many people handicapped by its presence do not recognize what is bothering them or even that they are not acting like themselves. [13]

Hillman speaks about the complexity of culture. He says that no more than 3,000 change agents have defined culture since the beginning of life. That is why one must realize that making more conversions will not necessarily change the culture. Conversions often require people to drop their cultural practices. He says it is essential to have conversions, but it is more important to have those who get converted operate at the tops of the cultural mountains from a biblical worldview.[14] People cry out in temples built in Dallas to alleviate their spiritual distress. Lyons says America has changed, and it has. [15] Many sojourners do suffer from the effects of culture shock and suffer seriously.[16]

The causes of spiritual distress in the community are many. The most common causes are uncertainty, unpredictability, and confusion due to ambiguity. As Landis explains, a further search into relationships between stress syndrome and culture shock brings one to the question of the causes of each. Several studies have established general tendencies to respond to specific factors with stress reactions.[17] The problem is that Dallas Tamil Church is not equipped with a chaplaincy ministry to mitigate the spiritual distress of the Asian Indian people.

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[13] Dan Landis, and Brislin W, Richard, *Handbook of intercultural training: Issues in Training* (Pergamon General Psychology Series (116), 2013), 43.

[14] Hillman Os, *Change Agent: Engaging Your Passion to be the One Who Makes a Difference (*Lake Mary: Charisma House, 2011), 8.

[15] Gabe Lyons, *The Next Christians* (New York: Doubleday Religion, 2010), 165–166.

[16] Landis., 21.

[17] Ibid., 31.

Purpose Statement

The DMIN study aimed to develop a culture-sensitive need-satisfaction chaplaincy model for spiritual care for the Dallas Tamil Church. The development and training/workshop program with skill-based interventions and interactive self-paced applications can help meet objectives. The development and implementation of the study will serve Asian Indian Americans, culturally isolated from spiritual care. The model will be portable to train other churches and interns interested in providing spiritual care but who fear doing so. Geographies characterized by the knowledge divide can use the model.

The Indian Christian and Indian multifaith populations are here to stay. The study will be instrumental in training the church to provide this unaddressed segment with quality spiritual care through community chaplaincy. The training requires cultural knowledge, and the Dallas Tamil Church is well poised from the culture and speaks the same native languages. Believers and unbelievers share the same cultural background.

Basic Assumptions

The study assumption was that human beings would respond in some way when sought. The missionary God sought after the man and engaged with him at the point of his fallenness. The project assumed that the Dallas Tamil Church would be responsible for being trained likewise to go out, seek and engage, taking the presence of God, into the community, in a way modeled in the Bible. Biblical examples of seeking and engagement will elicit needs through narratives and create the required approach to administering chaplaincy care through inquiry, assessment, and mitigation. The assumption was that spiritual distress diminishes when biblical engagement by caring is applied appropriately, using interventions as modeled in the Bible. In

Genesis 3:9, God seeks after and contacts and inquires after the man with a probe to elicit his spiritual condition asking, "Where are you?" God ministers with His Word and listening presence into the ensuing response narrative from the man of his current state. The approach is contrary to where a church assumes what the unreached would need and dispenses the Word without assessing needs first. The study believed that the Dallas Tamil Church would be equipped in their community engagements to reach out, just as God reached out and sent His Son for the lost sheep.

The assumptions were that physical proximity to the people group would create opportunities for engagement. The unreached and church groups are from the same culture and reside in tight-knit communities, and the assumption was that there are no physical impediments to reach. Using heart languages in the culture creates bonding toward spiritual assessments and interventions. Although the population resides near many physical church buildings, the population is not engaged. The assumption was that the ministry of care would be intentional. Jesus modeled the calling in the Scriptures: Jesus took ministry outside the temple gates, and so must the church.[18] The assumption was that those interested in ministering to this population be equipped with the knowledge to do so.

The thesis assumed the Dallas Tamil Church's total commitment to making the facilities and team available for the training classes. The study required the attendance of church leaders, volunteers, and interns. The analysis also assumed responding to and applying content and

[18] Robert Crick, *Outside the Gates: Theology, History, and Practice of Chaplaincy Ministries* (Higher Life Publishing, 2012), 24.

interventions in self-paced sessions. The investigation believed that participants were diligent in the documentation and truthful and honest in the surveys.

Definitions

This project at the Dallas Tamil Church was concerned with the population from India who is unreached in terms of chaplaincy care. The characteristics of this population are particular to the culture. The terms used in the culture are defined to understand better the context and relationships with entities contributing to the problem. Fair and brief knowledge of these phrases also helps identify key issues toward the study's goal to solve problems. The list of terms is not exhaustive but is key to the study. The following terms are characteristic of the resident population in providing care in the name of Christ. The various terminologies used in a cross-cultural context are defined to clarify the project. The definitions give a way to distinguish from the ambiguity that may arise. The community context of the participants' belief that all roads lead to God and the ensuing syncretism is clarified. The one who is the true God is different from the one who the unreached worships as God and hence worthy of being defined.

10/40 Window. The rectangular area of North Africa, the Middle East, and Asia, approximately 10 degrees north and 40 degrees north latitude, is known as the 10/40 Window. The 10/40 Window is often called "The Resistant Belt" and includes most Muslims, Hindus, and Buddhists. The original 10/40 Window had only countries with at least 50% of their landmass within 10 and 40 degrees north latitude. The revised 10/40 Window includes several additional countries close to 10 or 40 degrees north latitude and has high concentrations of unreached people. [19]

[19] 10/40 Window | Joshua Project

American Indians. People from India who have come to America and settled down for work. They are bright, educated, and ambitious men and women, more likely to explore opportunities overseas. From the early 1970s through the mid-1980s, more than 15,000 engineers and more than 15,000 physicians came to America from India. [20]

Bazaar. A bazaar is a shopping area or marketplace; a bazaar usually emerges at a more significant crossroads where people gather.[21]

Culture. Culture is difficult to define because it is the essence of who people are and how they exist in the world. Culture's meaning comes from people's understanding through experience, observation, and speculation. Culture describes how people live together as a community, interact with the environment, and have knowledge or beliefs about relationships or positions within the universe.[22] Culture is the shared patterns of behaviors and interactions, cognitive constructs, and affective understanding learned through socialization. These shared patterns identify the members of a cultural group while distinguishing those of another group.[23] Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving. [24]

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[20] Varughese., 24

[21] Kirchheiner, O, *Culture and Christianity negotiated in Hindu society: a case study of a church in central and western Nepal (*2016).

[22] Etta R. Hollins, *Culture in school learning* (Routledge: New York, 2015), 20.

[23] The Center for Advanced Research on Language Acquisition (CARLA): Culture (umn.edu).

[24] Culture definition (tamu.edu).

God. The God of the Bible is different from the god that the unreached worship as a god. The distinctions are many, and these are a few in the study context. God makes himself known (1 John 5:20; John 17:3), is a Spirit (John 4:24), is personal (Mal 2:10: John 14:9), and is infinite in perfection (Exod 15:11). God is independent (John 5:26), immutable (Mal 3:6), eternal (Ps 90:2), omnipresent (Ps 139:7-10), and omniscient (John 21:17). God is wisdom (Ps 104:24), goodness (Ps 86:5), love (John 3:16), grace (Neh 9:17), mercy (Rom 9:18), long-suffering (Num 14:18), Holy (Exod 15:11), righteous and just (Ps 89:14), faithful (Num 23:19), sovereign (Eph 1:11) omnipotent (Job 42:2) and is the Trinity (Isa 61:1); (Matt 28:19) and (2 Cor 13:14). [25]

God. In the unreached world, God means different to different people. In the Hindu pantheon, there are 333 million gods. [26] Whether the gods are real or there is a life after death is a disagreement firmly within the boundaries of Hinduism: one can be an atheist and a Hindu, for instance. Hindus are ecumenical in believing that all paths lead to the same God. [27] According to the Hindu landscape, people come in all sorts of biological forms—humans by no means are the paradigm case of moral agents. The gods take on various animal forms, and the earth herself is a goddess. [28]

Hinduism. Hinduism is not one religion but a family of fluid and changing religions. Hinduism is a complex belief and institution from when the ancient scriptures, the Vedas, were

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[25] Louis Berkhof, *Summary of Christian Doctrine* (Grand Rapids, Michigan: Wm.B Eerdmans Publishing, 1938), 34-45.

[26] *Basics of Hinduism* (himalayanacademy.com).

[27] Ranganathan, S, *Hinduism: A Contemporary Philosophical Investigation* (New York: Routledge, 2018). 2.

[28] Ibid., 27.

composed until now. Hindus have extensive beliefs and practices; they can be pantheists, polytheists, monotheists, agnostics, or atheists. [29]

Karma. The literal meaning in the language Sanskrit is action; it refers to a person's accumulated actions over a lifetime. Karma determines this individual's status at the next rebirth.[30] This Indian word karma connects with the belief in rebirth.[31] The present state of existence results from performance in previous lifetimes. As one performs righteous acts, he moves towards liberation from the cycle of successive births and deaths. Contrariwise, if one's deeds are evil, he will move further from liberation. The law of karma is that of moral consequence. Karma affects any action upon the person in the past, present, or future existence. The determining factor is karma. The cycle of births, deaths, and rebirths could be endless. The goal of the Hindu is to achieve enough good karma to remove himself from the cycle of rebirth and achieve eternal bliss, the equivalent of moksha or salvation. [32]

Joint Family. A joint family has two generations living under one roof and unmarried adult children. Likewise, families here in Dallas follow the same pattern, especially if they live in

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[29] John B Noss, *Man's Religions* (New York: McMillan, 1969), 88.

[30] David Burnett, *The Spirit of Hinduism: A Christian Perspective on Hindu Life and Thought (*Grand Rapids: Monarch Books, 2006), 9.

[31] Bronkhorst, Johannes, *Karma* (University of Hawaii Press, 2011), *7.*

[32] Josh McDowell and Don Stewart, *Handbook of Today's Religions* (Atlanta: Thomas Nelson Publishers, 1983), 289.

the same city. The family in India consists not only of husband, wife, and children but also of uncles, aunts, cousins, and grandsons. [33]

Resident nation. The calling is to care for all people groups. The study's premise is to reach out to foreigners from all nations, particularly the slice of the resident 10/40 Window people. Scripture points to a global God. Isaiah 56:1-7 declares that foreigners from nations "who bind themselves to the LORD" will share the rich reward of a covenant relationship with the Almighty. He even says in verse 7, "For my house will be called a house of prayer for all nations." Echoing this declaration is Psalm 67, in which the psalmist prays for God to grant salvation to all nations. [34]

Sin. In Hinduism, there is no sin against a Holy God. Acts of wrongdoing are not done against any God but are mainly a result of ignorance. These evils can be overcome by following the guidelines of one's cast and way of salvation. On the contrary, Christianity sees sin as a rebellion against a perfect and Holy God. All acts of transgression are ultimately acts of rebellion against the law of God (Psalm 51:4). [35]

Spiritual. The term spiritual in the unreached population differs from biblical spirituality. Here it is defined as the person's inner truth or blissful experience. A person tries to connect with a supreme divine or what most people call the almighty God through spiritual pursuit. Such people resort to techniques like silence, prayer, meditation, and yoga mainly as an individual or

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[33] *Joint Family System: It's Features, Functions and other Details* (yourarticlelibrary.com) accessed March 2022.

[34] Crick., Chapter 1.

[35] McDowell., 293.

collective practice, usually under the direction of a spiritual Guru. Others believe selfless service to humanity is a significant pathway to seeking God. They adore 'goodness' to see God. [36]

Limitations

Few DMIN study areas are beyond the researcher's control and are considered limitations. The sample size of participants, including the pastor, team, and interns, may fall short of attending all sessions due to personal factors such as sickness that impairs attendance. The duration of the proposed study was over eight weeks. Participants, including the pastor and his wife of the Dallas Tamil Church, are in full-time jobs, and to balance full-time employment in the IT sector, any ministry and attendance may be a challenge. The facilities were fully available, and any natural disasters, such as tornados, as prevalent in Texas, were natural limitations that could affect attendance. Any unforeseen illness of participants was a limitation. Stand-by Zoom options were built-in, but the goal was to have face-to-face training classes.

Participants were required to fill out the pre-course survey. Limitations in engagement, truthfulness in surveys, and incomplete documentation of learning could arise. Fear of participating in the study may also be a limitation. Participants have not had the experience of prior study learning and application, comprehension, and understanding, which may cause delays.

[36] Spirituality and Health | National Health Portal Of India (nhp.gov.in). accessed May 2022.

Delimitation

Culture brings a complicated web of issues, and the problems that arise are manifold. The study plans to work with a culture wherein spiritual care providers and receivers come from the same culture. Both believers of the Dallas Tamil Church and the community they serve are in the same culture, but the difference in faith and various other factors contribute to the gaps.

The study used only those members in the church above 20 years of age for engaging in active project interventions that involve the community. Children did not participate in this study. Both males and females were welcome, and participants had English as their first communication language and spoke an additional native South Indian language. Participants were required to have a bachelor's degree or more for this project. Almost all had a minimum master's degree, although a bachelor's degree was adequate. Participants were required to be residents of Dallas, have a fair amount of technical knowledge to handle documentation and progress notes, and be church members and regular attendees. Interns reaching the unreached participated in the study.

The project deals only with the community's skills and does not cover psychological counseling. The focus was limited to culture-sensitive need satisfaction chaplaincy care with particular attention to skills and know-how in approach, spiritual assessment, and care. All native language churches in the U.S. and Dallas may go through the same issues, but this project worked with only one church and narrowed it down to a committed team to participate in the study. Including the rest of the population would be huge. However, the model can be portable and transferable to others who may fit the same study descriptors. The pastor and his wife's

committed participation as an attendee and his leadership and encouragement in this initiative resulted in healthy attendance. However, all church members do not participate in this study.

Thesis Statement

Although many churches exist in Dallas, the neighboring Asian Indian community homes have not received spiritual care. Fear comes in the way of engagement, and skill-based training will overcome the fear of the unknown to provide community spiritual care. A perceived divide exists between the Indian believers and Indian unbelievers. Fear of engagement of believers due to fear of being misunderstood as those who convert. Fear also exists among unbelievers of being perceived as those in spiritual darkness. The care ministry must be intentional, professional, and taken out carefully and in love. "The heart that cannot dichotomize our present existence between Divine ownership and demonic ownership or anything else considered outside God's dominion." [37] The study project provided care for the defined resident nation.

The study gave importance to the chaplain's partnership with God. The fall has distorted man's relationships. The chaplain's character reflects God's restoring and caring. Milton presents the effects of the fall. He says that man exists to obey, and the reward was life and an Eden without end but seen the creation and fall, and now it is crucial what man does towards redemption. Milton wrote that people have a relationship with God and a purpose. Moses described the supernatural activity of Almighty God in the creation and gave an anchor. He clearly described our ministry to tend and care for the garden, the Eretz, and the land. Milton reiterated that the children of God had a garden to enjoy. Milton said that "Man and his environment are together in the fall, Yet man and his environment, ha Eretz, are also one in their

[37] Crick., 25.

hope for redemption," and this is a clear call to restore, and "creation is eagerly groaning for redemption" and "redemption is cosmic."[38] The biblical worldview requires nurture and spiritual care for our environment without being drawn into manufactured politics or any other lens. The character of the chaplain reflects this care for people regardless of who they are. A biblical Christian worldview is most concerned about caring for God's creation because of one's faith and conviction, not despite it.[39] Caring is part of God's direction. Caring is, therefore, a critical part of what the Dallas Tamil Church will do through the development of the study project that will provide the need-satisfying culture-specific chaplain care for the resident nation.

Therefore, if the Dallas Tamil Church receives training to build a process for need-satisfying culture-specific community chaplaincy care, there will be a reduction in spiritual distress among the Dallas Asian-Indian population.

[38] Michael A. Milton, *Silent No More: A Biblical Call for the Church to Speak to State and Culture (*Clinton: Tanglewood Publishing, 2013), 53.

[39] Milton., 60.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Literature Review

Spiritual care is critical and necessary for all people. The study reviewed two main themes—namely, the descriptors of the audience and the skills and approaches needed for chaplaincy care. The study drew from the established practice of chaplaincy care to various audiences, such as those in hospice, hospitals, and institutions, to build the culture-specific community need-satisfaction model into this context. The two themes interweave as a weft and warp to highlight the culture-specific training model's needs. The two themes' interplay also brought out the why, how, and what of care that the care model the study care aimed to build.

Jesus's reason for seeking to encounter man was to meet the man at his point of need in the work of redemption. Chaplains continue to take the presence of Christ to people. There is the remarkable healing power of "being present." When one enters the suffering of the other, a deep relationship is established. [40] Chaplains have had a role distinct from that of congregational clergy. The first chaplains in the Western church, the Cappellini, were those who had charge of the sacred relic of the cloak of Martin of Tours, fourth-century soldier-saint and patron saint of soldiers in war ever since. Martin of Tours is said to have divided his cloak with a poor person and later had a vision of Christ wearing his half cloak. [41] Chaplains have direct access and

[40] Chaplain Dick Millspaugh, "Assessment and response to Spiritual pain: Part 2," *Journal of Palliative medicine*, Volume 8, Number 6, (2008) 1113.

[41] Fallers Winnifred, *A Ministry of Presence Chaplaincy, Spiritual Care, and the Law* (Chicago, IL: University of Chicago Press, 2015), 60.

encounter on the field with those they minister. The future of chaplaincy will be shaped mainly by the ability to communicate effectively to a broad constituency. [42]

Spiritual Care Needs and Jesus

Chaplains' interactions are ministering outside the gates and are different from the usual, traditional methods. Maynard says the details of Jesus' ministry in the Synoptic Gospels anticipate pastoral counseling practices. Maynard quotes John McNeil in his work in 1977, in the *History of the Cure of Souls*; these writers emphasize Jesus' difference from other scribes, rabbis, teachers, and masters of wisdom. He draws upon the example of Jesus, who was sometimes called Rabbi, as the healer of souls who conversationally engaged male and female disciples, public leaders, and moral outcasts. [43] Maynard also describes Jesus' care to be unlike other religious leaders. He says his ministry focuses on human needs and God's care for those suffering. Instead of gathering large crowds intentionally, Jesus seemed to prefer transformational conversations with individuals or small groups. He says these were often structured to encourage lively dialogue that led others to discover essential truths or offer spiritual renewal and rest. The central place of encounters was on human needs to dispense His care. McNeill pointed to gospel stories such as the rich ruler (Mark 10:17– 22), Zacchaeus (Luke 19:1– 10), and his encounter with the Samaritan woman (John 4:7– 14) as characteristics of Jesus' personal, conversational approach. Jesus' example was carried into the early church by pastors who responded personally to human needs. [44] People in all cultures seek out meaning

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[42] Rabbi Stephen B. Roberts, Ed., *Professional Spiritual & Pastoral Care – A Practical Clergy and Chaplain's Handbook* (Vermont, USA: Skylight Paths Publishing, 2012), 2.

[43] Elizabeth A Maynard, and Snodgrass, Jill Lynnae, *Understanding Pastoral Counseling* (New York: Springer publishing company, 2015), 18.

[44] Maynard., 19.

beyond the material, usually within the context of religious practice. However, when long-standing religious traditions do not meet needs, marked changes in belief and practice may come about. [45] Care during transformational settings is critical.

Chaplain's Characteristics for Cross-cultural Spiritual Care

A chaplain should be open-minded, flexible, cross-culturally sensitive, and understanding. [46] A chaplain may be part-time or work between sites; their role might be geographically bounded (i.e., a city and its institutions) or institutional, for example, ministering to a set number of universities or hospitals. A lead chaplain may work independently or have a core staff and volunteers. [47] A guiding principle in the philosophy of soul care and chaplaincy is to do all things in love and compassion, as displayed in the parable of the Good Samaritan. Loving and treating another human being for simply being another human being is what Jesus modeled in the Scriptures (Matt 22:39).

The Golden Rule within the administration of good pastoral care is meeting them where they are, despite personal, political, sociological, theological, or religious differences. [48] Pastoral care is changing, and the 10/40 Window population's needs for pastoral care should recognize the change. The professional field of pastoral care is undergoing a seismic shift in its identity and practice. Thought leaders are now articulating transformative approaches to the human condition,

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[45] Marc Galanter M.D., *Spirituality and the Healthy Mind: Science, Therapy, and the Need for Personal Meaning* (Oxford: Oxford University Press, 2005), 3.

[46] Chaplain Keith Evans, *Essential Chaplain Skill Sets: Discovering Effective Ways to Provide Excellent Spiritual Care* (Bloomington, IN*:* West Bow Press, A Division of Thomas Nelson & Zondervan, 2017), Kindle 7.

[47] Sift Christopher Mark Cobb, and Andres Todd, *A handbook of Chaplaincy studies: Understanding Spiritual Care in Public Places* (London: Routledge, 2016), 129.

[48] Evans., 16-17.

drawing from globally diverse and emerging sources. Spiritual care is growing to be a field that seeks to transcend escalating social and religious complexities and barriers to the community while tending more effectively to the well-being and resilience of the individual. [49] Chaplaincy care is about helping. One of the ministries ordained by God is the ministry of help, but to be specific, it is a ministry of service. [50] Essential qualities for a chaplain include optimism, compassion, observance, and a good sense of humor, given the increasing workload. [51]

Foundation in Christ

The development of the ministry begins by acknowledging the gap and incompetencies, as demonstrated by Peter. A leader like Peter realizes his feckless, incompetent heart and soul (Luke 5:8); then, by a humble pursuit of divine wisdom and grace, he becomes effective despite his many besetting sins, weaknesses, and incompetencies. [52]

Awareness of the strengths and weaknesses of all participants concerned is the starting place while building a model of care. In the example of Peter, he was good at fishing but felt incomplete in his call. 2 Peter 1:3-8 points to qualities for service and promises that if these things are there and abound, it will keep one from being ineffective and unproductive in the knowledge of Jesus Christ. Peter reminds us: having been born again, not of corruptible seed but

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[49] Thorstenson TA., "The Emergence of the New Chaplaincy: Re-Defining Pastoral Care for the Postmodern Age." *Journal of Pastoral Care & Counseling*, (2012): 6.

[50] Asiru, Olanrewaju, *Ushering In His Presence : A Ministry Model for Serving in the Church* (Higher Life Publishing, 2021), 13.

[51] Carey, Lindsay B., and Bruce Rumbold. "Good Practice Chaplaincy: An Exploratory Study Identifying the Appropriate Skills, Attitudes and Practices for the Selection, Training and Utilization of Chaplains." *Journal of Religion and Health*, vol. 54, no. 4, (2015): 1416–37. *JSTOR*, http://www.jstor.org/stable/24485500. Accessed 24 May 2022.

[52] Lillback Peter A., *Saint Peter's Principles : Leadership for Those Who Already Know Their Incompetence*, (P & R Publishing, 2019).

incorruptible, through the Word of God, which lives and abides forever (1 Pet 1:23). In a community, the capacity for brotherly and sisterly love in the body of Christ is because God has changed hearts. He has caused be born anew, so what is not natural can be accomplished through the supernatural work God performs through hearts. [53]

Spiritual Care Need for the 10/40 Window

The group the project addresses is an emerging population residing in tightly-knit, insulated communities. The United States India-born population in 1870 was just 586; by 1900, it had nudged upward to 2,031. Only at the turn of the 20th century did the identifiable groups of Indians begin arriving.[54] The target audience has emerged as an American ethnic group. The process of becoming an American ethnic group has operated simultaneously. Being Indian with a heightened consciousness of Indian identities and the re-creation of diverse Indian traditions has become possible and strikingly evident. [55] The population is increasing. Shirsat stated that in 2010, the United States (U.S.) Census reported nearly 3.2 million Asian Indians living in America, a marked increase from 10 years prior when the Asian Indian population was just under 1.9 million. He said that Asian Americans are one of the most rapidly growing ethnic groups, with Asian Indians comprising a large proportion of this population. He reports that based on population estimates from the 2015 American Community Survey, among the almost 4 million Indian immigrants residing in the US, approximately 21% of them were age 50 or older. In the

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[53] Sproul, R. C., *1-2 Peter* (Crossway, 2011).

[54] Kapur Chakravorty, and Singh, N. *The Other One Percent: Indians in America* (Sheridan Books Inc., USA: Oxford University Press, 2017), 6.

[55] Madhulika S. Khandelwal, *Becoming American, Being Indian: An Immigrant Community in New York City (*Ithaca, New York: Cornell University Press, The Anthropology of Contemporary Issues, 2018), 2.

US, 51% of Indian Americans are Hindu, while most of the population (80%) is Hindu in India. Other prevalent religions among Indian Americans include Islam, Christianity, Sikhism, and Jainism, and approximately 10% of Indian Americans do not have any affiliation with any religion. [56] About half of Indian Americans are Hindu, according to a comprehensive, nationwide survey of Asian Americans conducted by the Pew Research Center. [57]

The Complexity of the Culture and Spiritual Distress

The people group is known as a model minority. That does not mean there is no distress but that people tolerate the above-mentioned stress-related factors. Landis explained that some people are conditioned to accept ambiguity as "normal," which would not trigger a stress response. Also, some people react with anticipation and pleasure to newness and strangeness instead of anxiety, which seems to aid coping and put less stress on the body. Landis stated that an additional bonus is that when one is willing to expose oneself to the new and different, conditioning will occur and more toleration of ambiguity. [58]

Sue quoted Srivastava that calling Asian Indians the new "model minority" is not a compliment. He says it attempts to fit them into a box for political purposes. The phrase "model minority" inherently pits one minority group against others. After all, if one community is the "model," then the others are problematic and less desirable.[59] Indian Americans are a minority

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[56] Nikita Shirsat, Hoe, Deborah and Enguidanos, Susan, "Understanding Asian Indian Americans' Knowledge and Attitudes Toward Hospice Care," *American Journal of Hospice & Palliative Medicine,* Volume *38,* Issue 6, (2020).

[57] Cary Funk, *Religion and Public life. Asian Americans: A mosaic of Faiths* (Washington, DC: Pew Research center, 2012). Accessed March 5, 2022.

[58] Landis., 41.

[59] Sue, Derald Wing, et al. *Counseling the Culturally Diverse: Theory and Practice* (Hoboken, NJ: John Wiley & Sons, Incorporated, 2019), 332.

with their own unique culture-specific spiritual distress. Dhingra says that Indian American motel owners appear like the American dream incarnate: self-employed, self-sufficient, boot-strapping immigrants who have become successful without government intervention. [60] Despite all of this, there is distress experienced in the community and crises that often are not visible. Attending to these needs by uncovering needs bring value. When chaplains listen to stories, they help people seek meaning and hope and connect with what matters, marking significant moments and events.[61]

Need for Culture-Specific Need-Satisfaction Training

Wendy says that in addition to teaching how to work in multi-faith contexts, educators frequently spoke about how theological education for chaplaincy teaches students to think and reflect theologically and use that perspective to address suffering. Broad agreement exists that one of the central functions of a chaplain is to provide care for those in crisis. Wendy presented the words of Jan McCormack, that chaplaincy is taking ministry to people and ensuring that it is a viable ministry to those who are particularly hurting and on the front lines of the crisis. [62] Varughese says that since many of the problems of the Asian Indians are culturally formed and connected with culture, therapists should be able to meet counselees at their culturally shaped needs. [63]

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[60] Pawan Dhingra, *Life Behind the Lobby Indian Motel Owners and the American Dream* (Stanford, California: Stanford University Press, 2012), 1-2.

[61] Mark Newitt, "The Role and Skills of a Hospital Chaplain: Reflections Based on a Case Study" Practical Theology (March 2010) DOI:10.1558/prth.v3i2.163.

[62] Stroud C. Wendy, I. E., Fitchett, G., et al. "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education" *Pastoral Psychology*, Vol 69 (3) 187-208 (2020): 203.

[63] Varughese, xi.

According to Winnifred, chaplains struggle to meet the demands of complex religious terrain. Some are trying to professionalize by defining their tasks more clearly, setting standards for certification, developing explicit ethical codes, and developing study-based metrics on what quality professional work entails. Others would resist the trend toward biomedical and behavioral models of human flourishing implied by this kind of routinization in favor of a more loosely defined spiritual field. [64] All the same, the approach has to be need-oriented and need-satisfying.

Sue said that Asian Americans underutilize mental health services. She says it is unclear if this is due to low socioemotional difficulties or cultural values inhibiting self-referral.[65] The changing scenario led to the CPE – Clinical Pastoral Education movement led by Anton Boisen in the 1920s.[66] As observed in Dallas, the needs continue to change, and the review addresses this change. Sue says that people in many Asian societies who suffer from major depression do not complain of sadness. The symptoms that stand out for those people may be changes in - appetite, headaches, backaches, stomachaches, insomnia, or fatigue. Such signs and complaints would take people suffering from depression to their primary care doctor, who may be less likely to be diagnosed with a mental disorder. [67] Chaplains have to uncover and assess needs as they are often unseen. Spiritual suffering can be relieved by identifying the components. Deconstruction

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[64] Winnifred., 93.

[65] Wing., 334.

[66] Wendy., 191.

[67] Wing., 332.

is needed as spiritual pain is the aggregate of events and choices, each dynamically related to the other. [68]

Training: To be Updated

Although there has been substantial growth in chaplaincy-focused programs in theological schools in the last 20 years, there is a lack of standardization across them that one might expect in a rapidly growing field. The programs are mainly developed independently of one another. Faculty at these programs have not agreed about the skills and competencies chaplains need to do their work. They have only engaged in that question across institutions in limited ways. Although there are broad similarities in the knowledge base, skills, and character traits theological educators seek to instill in students, the programs are diverse in their histories, curricula, strengths, and vulnerabilities.[69] Winnifred mentioned the need to reinvent when he said the chaplain fills the gap between the individual conscience or religious sensibility and the no-longer-stable possibility of a religious community. According to Fallers, the rise of the secular professions and the transfer of much work formerly done by the churches to other institutions, among different social shifts, has led to chaplains going where people are. He also supported this by saying that chaplains aspire to deliver spiritual care wherever needed and seek to reinvent

[68] Chaplain Dick Millspaugh, "Assessment and response to spiritual pain: Part 1." *Journal of palliative medicine,* Vol 8. No 5 (2005): 920.

[69] Wendy., 190.

themselves as a profession distinct from traditional clergy.[70] Community-based clergy was less proficient in handling field-related care.[71]

The pastoral response in the community needs to be intentional. A response is a critical phase that allows movement from an insight gained into action. Also, the goal of reflection is to reach a pastoral decision on pastoral challenges arising from the community context. Authors argue that theological reflection in ministry fails in this context when pastoral decisions ignore the communities in which it exists.[72] Varughese supported that reflection is reaching a pastoral decision on pastoral challenges from the community context.[73]

The cultural voice is a part of the implementation. Varughese said that pastoral caregivers need to carefully attend to the presence of cultural influences because, though often invisible, they are pervasive, compelling, and influential. "Culture speaks in many voices, and pastoral caregivers need to be able to recognize those cultural voices. Culture does not merely entail the given or the past. Culture also influences the present, current life context of the community."[74] He also said that any experience that evolved from tradition should be conversant with culture and reflection. [75] Chaplains respond to individuals of diverse cultures, ethnicities,

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[70] Winnifred., 53-54.

[71] LeBaron, Virginia T., et al, "How Community Clergy Provide Spiritual Care: Toward a Conceptual Framework for Clergy End-of-Life Education." *Journal of pain and symptom management* Vol 51.(4) (2016): 673-681.

[72] Wendy., 218.

` [73] Varughese., 219.

[74] Ibid., 217.

[75] Ibid.

lifestyles, and needs. Care begins with an inner attitude of understanding who a neighbor is and what it means to be neighborly.[76]

Evans said chaplains are the foundational instrument of the ministry of care in this twenty-first century and beyond.[77] Chaplains care about what gives a person joy and support in the world.[78] Caring and uncovering needs are through attending. Varughese says that by attending, people seek out or gather information on a particular pastoral concern through personal experience, tradition, and cultural resources. Uncovering needs is a process of collecting facts. One of the significant conscious choices of the caregiver is, at this point, to suspend premature judgment. Active and empathic listening to the story's meaning, feeling, and content, not only for the dominant/elite group but also for the whole community, is required in this part. Uncovering needs also entails an honest exploration of the information available from tradition, experience, and cultural sources. [79] A chaplain should be open-minded, flexible, cross-culturally sensitive, and understanding.[80] Contemporary leadership writing reveals that most scholars believe leaders are both born and made. [81] Listening presence is a chaplain's model in

[76] Evans., 12.

[77] Ibid., 17.

[78] Raymond de Vries et al, "Lost in translation: Using Sociology to help define Chaplaincy's role in health care." www.thehastingscenter.org/publications/HCR. Accessed March 3, 2022.

[79] Varughese., 218.

[80] Evans., 7.

[81] Henry Blackaby, and Richard Blackaby, *Spiritual Leadership: Moving People on to God'sAgenda* (Revised ed. Nashville: B & H Publishing Group, 2011), 39

spiritual care. [82] Not to preach but to listen is how reporter Mike Taibbi of NBC News described the role of corporate chaplain Elise Bissel, a 52-year-old mother of three employed by several companies in Syracuse, New York. [83] Whether in the corporates or the community, listening becomes critical. Being available is essential. Marcel uses the word availability to suggest the reality of presence. Unavailability is rooted in alienation, and a person may hear of another's misfortune and want to feel sympathy; to one's humiliation and annoyance, one can feel nothing. To be incapable of presence is to be occupied and saddled with one's self on health, fortune, or even inward perfection.[84] Active listening involves building trust and intimacy, being present, having unconditional positive regard, listening, questioning, and giving feedback. All of these feed into and support each other. [85]

Need-Based Approach

Soriano emphasized that needs assessments involve a systematic approach to setting priorities for future action. An essential part of any needs assessment is using the information collected to undertake positive action to address community or population problems or concerns. Objectivity is key to conducting a valid needs assessment. The intent is to use the information for action, change, and facilitate or address needs, problems, and concerns that come to light from

[82] R. Parameshwaran, "Theory and practice of chaplain's spiritual care process: A psychiatrist's experiences of chaplaincy and conceptualizing trans-personal model of mindfulness." *Indian J Psychiatry* (January-March 2015).

[83] Seales, Chad E., "Corporate Chaplaincy and the American Workplace." *Religion compass.* 6.3 (2012): 195–203.

[84] Gabriel Marcel, *The Philosophy of Existence* (New York, NY: Philosophical Library, 1949), 26.

[85] Savage, D., *Non-Religious Pastoral Care: A Practical Guide* (Routledge:2018), 69.

collecting or gathering information. [86] Sleezer supported the need-based approach and said that assessing needs in such situations before jumping in with solutions increases the likelihood of success and avoids costly mistakes. [87] Sleezer continued that a need, when addressed, contributes to achieving the desired learning or performance goal by closing the gaps between the current condition and the desired condition. Thus, important questions for any proposed needs assessment are: Whose needs will the project address, and what kind of needs will the project address?

Sleezer elaborated that needs assessments aim to solve a current problem, avoid a past or present problem, create or take advantage of a future opportunity, and provide learning, development, or growth. [88] Culture-based probing is required in the training content to uncover spiritual needs. Chaplains need training in penetrating the culture. Sleezer said that need assessments rely on "insider" information about a situation. to diagnose the needs accurately and provide practical solutions to address the needs. He said that in some cases, however, one lacks the knowledge, skills, or tools to conduct an effective assessment, or there is confusion about which approach to use, given the vast array of choices.[89] Hays added that as researchers, teachers, supervisors, and practitioners in these professions become more diverse, they are experiencing and demonstrating the advantages of a diverse learning environment. The idea that it is possible to address diversity in one multicultural counseling course has existed. However,

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[86] F. I.Soriano, *Conducting needs assessments: A multidisciplinary approach* (Washington, DC: SAGE Publications, 2013), 5.

[87] Sleezer., 37.

[88] Ibid., 17.

[89] Ibid., 2.

the integration of cross-cultural information, experiences, and questions is vital throughout the training curriculum, including practice and internships. [90] The study examined developing training for interns as well. Caregivers who draw from various religious traditions in their own lives may be more open to and capable of providing spiritual care to a diverse population.[91] With exposure to diversity in India gives the providers a broader experiential knowledge. All Indian families exist with the ancestry of the Hindu faith, and some have become believers. Some are still Hindus, and families co-exist with part of them as Christians and part as Hindus, and this interfaith co-existence deserves attention while providing care. A diversity of spiritual needs characterizes the landscape, and identifying gaps in the literature gives a direction for future studies and investigations in interfaith spiritual care. [92] The available training programs are not well connected and are diverse in terms of their histories, curricula, strengths, and vulnerabilities.[93] Much customization is needed. The study is required just as physicians undertake many studies.[94] Measures of effectiveness regarding the degree to which chaplains

[90] Pamela A. Hays, *Addressing Cultural Complexities in Practice Assessment, Diagnosis, and Therapy* (Washington, DC: American Psychological Association, 2016). 1

[91] Anke I. Liefbroer & Joantine Berghuijs, "Spiritual Care for Everyone? An Analysis of Personal and Organizational Differences in Perceptions of Religious Diversity among Spiritual Caregivers," *Journal of Health Care Chaplaincy*, 25:3 (2019): 110-129.

[92] Liefbroer, A. I., Olsman, E., Ganzevoort, R. R., & van Etten-Jamaludin, F.,S. "Interfaith Spiritual Care: A Systematic Review." *Journal of Religion and Health 56*(5), (2017): 1776-1793.

[93] Wendy, C., Stroud, I. E., Palmer, P. K., Fitchett, G., Trace, H., & Clevenger, C., "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology*, 69(3) (2020): 187-208.

[94] Van, De Creek, Larry, *Professional Chaplaincy and Clinical Pastoral Education Should Become More Scientific : Yes and No* (Taylor & Francis Group, 2003), 17.

meet needs are essential.[95] Interprofessional literature informs health care chaplaincy.[96] In the same way, community care chaplaincy also should draw and integrate from various literature.

Theological Foundations

Scriptures in Ecclesiastes 1:9 say that there is no new thing under the sun; all that is needed is already there. Christians are God's chosen people in an ignorant and rebellious world. In God's grace, the Triune God (1 Pet 1:2) is accomplishing a plan of redemption (1 Pet 1:20). [97] Right theology leads to the right ministry. The word theology, "words about God," or "the study of God," is the source for the chaplaincy ministry. The chaplain takes the presence of Christ to the people. The theological foundation is essential because, as Rob O'Lynn says, there is an ever-changing culture, and at times, cultural ideas get mixed with the Bible, replacing theology with tradition.

Additionally, the study's pluralistic cultural context is characterized by syncretism. The Bible provides the why and how-to of this outreach regarding the various characteristics needed. In his work on quantitative study on peer-to-peer biblical care, Dickens quoted Frank Minirth, who directly addressed 1 Thessalonians 5:14 in his written work, *Christian Psychiatry*; Frank

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[95] Flannelly KJ, Oettinger M, Galek K, Braun-Storck A, Kreger R., "The Correlates of Chaplains Effectiveness in Meeting the Spiritual/Religious and Emotional Needs of Patients," *Journal of Pastoral Care & Counseling* 63 (1-2) (2009):1-16.

[96] Johnson E, Dodd-McCue D, Tartaglia A, McDaniel J. "Mapping the literature of health care chaplaincy." *J Med Lib Association* 101(3) (July 2013): 199-204. doi: 10.3163/1536-5050.101.3.009. PMID: 23930090; PMCID: PMC3738080.

[97] K.L. Barker and J. R. Kohlenberger, *Theological values*, *The expositor's bible commentary: New Testament* (Zondervan, 2017), 13.

stipulated scripture directives on how believers should care for others, indicating supporting evidence for peer-to-peer biblical soul care. [98]

Identity in Christ

Firstly knowing one's own identity and confession of one's own beliefs is the starting point when representing Christ's care to people in a pluralistic context. Peter regularly speaks of Jesus as "Jesus Christ," indicating his confession and that of the church (Matt 16:16). Jesus is also called "Lord" in Matthew 1:20; 2:13; Peter recognizes the exaltation of Jesus (Acts 2:36), and he declares that the Spirit of Christ inspired the prophets (1 Pet 1:11); as the Messiah. Jesus, foreknown before the world's creation (1 Pet 1:20), is the implied deity (1 Pet 2:3; 5:11). The following references describe Jesus. Jesus is called "lamb" (1 Pet 1:19), "living stone" (1 Pet 2:4), "shepherd and overseer of your souls" (1 Pet 2:25), and "chief shepherd" (1 Pet 5:4).[99] Peter's belief is consistent with Jesus' prayer in John 17:17: "Sanctify them in the truth; your word is truth." 1 Peter 1:25 declares that "the word of the Lord remains forever." The two texts together discover that God's Word gives eternal truth. Chaplaincy ministry built on human wisdom is akin to building lives on the shifting sands of human opinion rather than the bedrock of God's infinite knowledge (Matt 7:24– 27). Lillback echoed the same as Barker that as Creator, Sustainer, and Redeemer, He is the ultimate reality and universe leader, Jesus Christ, the God-man, is the King of kings and Lord of lords. For the ministry, He is, as Peter calls Him,

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[98] Dickens MD., *Quantitative research on peer-to-peer biblical soul care through the encourager program.* (Order No. 28490667). Liberty University; 2021. Accessed June 1, 2022.

[99] K.L. Barker and J. R. Kohlenberger, *Theological values, The expositor's bible commentary: New Testament* (Zondervan, 2017).

the Shepherd and Overseer of souls (1 Pet 2:25). As the Chief Shepherd (1 Pet 5:4), He is the ultimate guide. [100]

A Seeking God

God came in Grace, seeking fallen man. Adam and Eve heard "the sound" and not "the voice" of God. Taking on human characteristics, God seemed to push aside branches and undergrowth and to make the sound of footsteps as He came walking through the garden at the time of day when cool breezes of the evening began to blow. The joyful fellowship broke, and the prospect of meeting God brought terror. Adam and Eve hid. Yahweh Elohim, the covenant-redemptive God, sought them out. Adam confessed his plight: "I was afraid … I was naked … I hid." Estranged from God, he sought to avoid contact with Him, a natural result of spiritual death. God has always approached humanity to bridge the separation gap, reconciling people to Himself. Through a process of questioning, God tried to lead Adam to make a full confession of guilt. God the protevangelium or "first gospel" (Gen 3:15) to Satan. The woman's seed points to Christ and His coming to earth (Gal 4:4).[101] The seeking God engaged with the man with an open-ended probe to steer man to confess his spiritual coordinates by opening up with the words "where are you?" The missionary God sought after man, encountered him, conversed with him, listened to his narrative, and presented His Grace.

In the same way, God sent His Son to seek after man and engage with him. The chaplain likewise goes out taking the love and care of Christ. The chaplain recognizes the essential goodness of every person made in God's image.

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[100] Lillback, Peter A., *Saint Peter's Principles : Leadership for Those Who Already Know Their Incompetence* (P & R Publishing, 2019).

[101] Howard F., *Genesis- Everyday Bible Commentary* (Moody Publishers, 2019), 29.

A chaplain's ministry is outside the four walls to the ends of the earth, covering all people. Crick presented the importance of the authority and extent of the authority of Christ in the world He created. Isaiah 40:28 states, "Do you not know? Have you not heard," The Lord is the everlasting God, the creator of the ends of the earth." The Scriptures inform the Kingship of God is present in every context of existence and beyond. Jesus models a chaplain's calling in the Scriptures: Jesus took ministry outside the temple gates, and so must the church and every ministry. The present-day misses the original purpose of creation. Chaplains providing care can draw from the passage. Believers and ministers dwell in the separation of the "us," "them," "our" domain, and "theirs." "They" are those who reside outside of God's protective kingdom, and "we" are those hidden within its "protective gates." Just an offer of prayer for outsiders is not enough. [102] Acts 20:28 states, "Keep watch over yourselves and all the flock, the Holy Spirit, has made you overseers. Be shepherds of the church of God, which he bought with his own blood." God encourages chaplains to watch over. Scriptures encourage a chaplain to provide comfort as received. 2 Corinthians 1:4 states, "…who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we have received from God." The care to be provided compares to one of a shepherd. 1 Peter 5:2 says, "Be shepherds of God's flock under your care, serving as overseers--not because you must, but because you are willing, as God wants you to be; not greedy for money, but eager to serve." John 13:34-35 encourages attention to care in love. "A new command I give you: Love one another. As I have loved you, so you must love one another. By this, all men will know that you are my disciples if you love one another." The most telling scripture that informs how chaplains should seek to serve God is in Matthew 25:35-40.

[102] Crick., 24.

“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.' "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you as a stranger to invite you in or needing clothes to clothe you? [39] When did we see you sick or in prison and go to visit you?' "The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.'

Spiritual Practices and Requirements

Jesus emphasized in several interactions with Peter the importance of spiritual practices.[103] Peter's strength was physical, being a fisherman. Peter drew the massive haul of fish with his physical strength after casting the net per Jesus’ instruction. But Jesus modeled tapping a different power source.[104] Jesus modeled a basic pattern for Peter: private prayer precedes public preaching. Peter observed this pattern to pray first. "Peter observed this principle: spending time with God produces power for public ministry."[105] Just as Peter stayed with the Word in the flesh, Bible reading practice for the chaplaincy ministry is for "personal insight, correction, instruction, and encouragement." A personal relationship, observation, and pressing on are critical practices. Paul emphasized care. He said that it was only because of the ‘grace given by God that he was privileged to be a minister of Christ to the Gentiles. As the recipient of the ongoing grace, Paul received empowerment to carry out the commission of God (Col 1:28-

[103] Jeff Iorg, *Seasons of a Leader's Life: Learning, Leading, and Leaving a Legacy* (Nashville, TN: B&H Books, 2013), 42.

[104] Lorg., 42.

[105] Ibid.

29). [106] A chaplain is filled with God's Grace to serve. Although Jesus did not issue any specific teaching on care during the end of life, his words and actions as his death approached may aid in community engagement on related concerns. For example, he spoke openly about his end, despite the dismay of others. (Matt 16: 21-23, Mark 8:31-33). He also participated in a celebration of his life (Matt 21:1-11) and arranged an intimate last supper (Matt 26:17-29), asked for the presence of friends while he prayed (Matt 26:36-44), and planned his mother's care (John 19:26-27). [107]

Risk-Taking

The ability to take risks and boldly step out is critical, however dangerous it may seem for other people. Risk-taking involves the chaplain getting out of the boat. Iorg said God's Kingdom would not advance unless leaders take risks to obey God. He points to the Scriptures on risk-taking. Scripture also calls for focus by keeping the eyes stayed when called to ministry without hesitation or doubts. Peter recognized Jesus but wasn't entirely convinced. His words voiced his doubt, "Lord if it is you, command me to come to you on the water." Peter then lost focus, noticed the wind and waves, and started to sink.[108]

Rootedness and Fruit

Confessing and standing for Christ: In Mathew 16:15-16, Jesus asked, "Who, do you say that I am?" Peter answered boldly and succinctly, "You are the Messiah, the Son of the living God." Peter articulated the comprehensive truth about Jesus. He confessed him as the Messiah,

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[106] Brian S. Rosner., *Paul As Pastor* (Bloomsbury Publishing Plc, 2017)
Accessed from liberty on 2022-05-29 06:14:18

[107] "Jesus practiced advance care planning: Biblical basis and possible applications." *Palliative Medicine Reports*, 1(1), 242-245. (10/2020). Accessed March 10,2022.

[108] Lorg., 42.

the Christ, and the living Son of God. After many months of personal interaction, Peter announced this climactic conclusion: Jesus is Lord.[109] Jesus then made Peter several promises. First, he promised Peter would be integral in establishing and building the church. Second, he vowed to sustain the church against the forces of hell. Third, he gave Peter the keys to the Kingdom—which were helpful for binding and loosening spiritual forces. Peter received a reward with promises about his future usefulness in accomplishing God's purposes for confessing that Jesus is Lord. His confession resulted in new information about the longevity and durability of the church and its centrality to God's purposes.[110] The promises gave Peter unmatched authority and spiritual power. When a chaplain leader confesses that Jesus is Lord, he can access the power Jesus has as Lord.

Submitting to Training

In Matthew 16:21-28, Mark 8:31-9:1, and Luke 9:21-27, Jesus trains Peter on submission. Moses was instructed in the best possible way "to be an international change agent for the nation of Egypt." [111] God's training ground usually comprises life experiences contributing to the ultimate assignment. [112] The experiential practice provides chaplain training.

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[109] Lorg., Lesson 8.

[110] Ibid.

[111] Os Hillman, *Change Agent: Engaging Your Passion to Be the One Who Makes a Difference* (Lake Mary: Charisma House, 2018). 42.

[112] Ibid.

Shadowing and Responding to a Call

Opportunities to observe and learn: In Matthew 8:14-15, Jesus provides opportunities for Peter to watch while he ministered to his mother-in-law. Jesus also provided him opportunities and important personal moments to pray in Mark 14:32-33.

Requirements of Learning: Unlearning and Re-Learning

Fear impedes engagement. In Luke 5:10, Jesus encourages, "Do not fear; you will be catching men from now on." In Matthew 4:18-20, Jesus calls: "Follow Me, and I will make you fishers of men." The immediate response allowed space for training. In Luke 18:28, there is intentionality to learn, "Peter said, "Behold, we have left our own homes and followed You." Scripture exhorts obedience and stepping outside one's experience (Luke 5:4-8). In the context where fear is an impediment, Isaiah 41:10 encourages not to fear. Scripture provides the basis for reaching love in 1 John 4:19. Jesus emphasized the importance of spiritual practices in several interactions with Peter.[113] Gundry presents a very critical view of Peter as falling short.[114] But God calls people who do have shortfalls but trains them. A godly Christian character helps overcome limited experience's limitations (I Pet 3:13-16). [115]

Hillman refers to Moses' life events as a "Distant Memory" [116] after his experiential training with God. Peter's past is also a distant memory. So as in Peter, a chaplain is continuously

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[113] Iorg., 42.

[114] Robert H. Gundry, *Peter* (Oregon: Wm. B. Erdmans, 2015), 11.

[115] Lillback, Peter A.. *Saint Peter's Principles : Leadership for Those Who Already Know Their Incompetence* (P & R Publishing, 2019).

[116] Os. Hillman, *Change Agent: Engaging Your Passion to be the One Who Makes a Difference (*Lake Mary: Charisma House, 2011), 42.

being made. Contemporary leadership writing reveals that most scholars believe leaders are both born and made. [117]

Biblical Images of Care

The Bible uses various images of pastoral care to communicate the love and care of God in multiple contexts. The following are two images of care applicable in the context of the study with the population addressed in mind.

Chaplain as the Good Shepherd

Drawing from Jesus' parable in Luke 15 of the shepherd who left the 99 sheep to seek the lost sheep, Hiltner conveys fierce advocacy, what he calls a shepherding perspective, for individuals and small groups within Christian congregations.[118] Seward Hiltner was one of Anton Boisen's first clinical students, known as the early theorist of the newly emerging discipline of pastoral theology in seminary education.

Chaplain as the Good Samaritan

Hiltner also presents the parable of the good samaritan in Luke 10 to capture the essence of shepherding and care and points to Jesus' praise of the samaritan's actions that show that "anything standing the way of the best possible meeting of a need for healing is an offense against God." [119] He says that the wounded man on the side of the road did not need a "verbal testimony" to faith, but the sole "testimony called for was healing" the "testimony of oil, wine,

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[117] Blackaby., 39

[118] Robert C. Dykstra, *Images of Pastoral Care : Classic Reading* (Chalice Press, 2005), 18.

[119] Dykstra., 18.

bandages, and an inn: that he provided." He says that the samaritan shepherding is in no way "ancillary to something else" but itself became "the one indispensable way of communicating the gospel." He brings attention to a context as the theology of care. Hiltner argues that how one testifies to the gospel cannot be determined in advance by the preference of the testifier. The need and condition of any particular occasion give rise to a testimony. [120] In this study context, amongst the unreached, the chaplain becomes the intervention and the testimony. One has to take the command of Christ seriously "to proclaim the reign of God and heal the afflicted" (Luke 9:2). O'Brien encouraged and responded to the teaching of Jesus to love the neighbor, especially those whose humanity and inherent dignity are at risk and are vulnerable. [121]

Theology of Exile

The chaplain is engaged in ministry with and among those separated from their communities: hospital, jail, military, university, and other settings. The context of chaplaincy often involves meeting people at the margins of society. [122] "Naked and ye clothed me, I was sick, and ye visited me, I was in prison, and ye came unto me" (Matt 25:36).

In a way, the 10/40 Window resident nation audience in the purview of this care is in a different kind of exile from their homes, separated from their communities, separated from the living God, and needs spiritual care. In conclusion, the Bible contains teachings, instructions, examples, and images of ways to minister. God has already provided what is required. The

[120] Dykstra., 19.

[121] O'Brien D., "Palliative care: The Biblical Roots," *Health Progress* 95(1):42-9. (2014).

[122] Russell Myers, DMin BCC. Chaplain, *Allina Health Agency Medical Services*, (St Paul, Minnesota), 2.

foundation and basis of this provision are critical in developing the need-satisfaction culture-specific model of spiritual care.

Theoretical Foundations

The Bible role models teaching methodologies and processes akin to an instruction manual. The process models are visible and modeled by God in Genesis, and Jesus throughout His ministry, leading to the development of new practices. While the foundational knowledge is from the Scriptures, empirical studies and theories, and models developed for chaplaincy care in hospitals and hospices inform this project study. Saguil presents the tools such as FICA and HOPE. [123] FICA is an acronym used to remember the requirements for making a spiritual history. They are faith, importance or influence, community, and address. The HOPE model of spiritual assessment is another acronym that [124] is a model for spiritual assessment. H stands for exploring sources of hope, O stands for organized religion, P for personal spirituality and practice, and E for effects on issues. The SPIRIT mnemonic helps spiritual history taking on a spiritual belief system, personal spirituality, integration in a spiritual community, ritualized practices and restrictions, implications of medical care, and terminal events planning in a medical care setting.

Assessment Models

The four FACTs Spiritual Assessment Tool is a simple, straightforward tool that can be used by the beginning clinical pastoral education student and the seasoned board-certified

[123] Aaron Saguil, and Phelps, Karen, "The Spiritual Assessment" *American family physician*, Volume 86, Issue 6 (2012): 3.

[124] Todd A Maugans, MD., "The SPIRTual History." *Department of family medicine, University of Virginia, Charlotteesville Arch* Fam Med/ Vol 3 (Jan 1996).

chaplain. The tool can be adaptable for acute, long-term, and counseling settings.[125] Creating the training solution with spiritual assessments and responses is not very simple. The take-home message; is that spiritual assessment is not about ticking boxes but listening, reflecting, and recording. [126] Michael said the "spiritual" in spiritual assessment has a far broader meaning than the formal philosophy of life or religious belief and practice. [127] All aspects of one's spirituality have to be uncovered. Varughese presents the "Praxix- Reflection-Action (PRA) model, a five-stage model to help meet the pastoral care needs of Asian Indian immigrants through a culturally sensitive model. [128] After all, according to Koenig, spirituality is part of everyone's human nature. Everyone has an inborn capacity to develop fundamental values and beliefs around which that person center their life. As such, everyone shares a spiritual nature. [129] Uncovering where each person is spiritually by making spiritual assessments is essential.

Vandecreek says that the discipline of care always starts with the needs, hopes, and resources of those who are cared for, whether patients, residents, family, staff, students, or entire nursing units and departments. While care focuses continuously vary, engagement always starts with attending to their spiritual needs/hopes/resources. Janice found that finding meaning and mobilizing resources were common to a sense of hope and coherence.[130] Enabling people to

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[125] Mark LaRocca-Pitts, "Four FACTs Spiritual Assessment Tool" *Journal of Health Care Chaplaincy,* Volume 21, Issue 2 (2015).

[126] Bettson Paul, Chris Lucas and Verity Goodall, "Spiritual Assessment- Harassment by Questioning?" *BMJ supportive & palliative care*, 11/2016, Volume 6, Issue Suppl 1, BMJ Publishing Group Limited. (2016), 147.

[127] Father Michael Kendall, Spiritual Assessment . SDS Director, Chaplaincy Services.

[128] Varughese., xi.

[129] Harold G. Koenig, *Spirituality in Pastoral Counseling and the Community Helping Professions (*Binghamton, NY, Haworth Pastoral Press, 2012), 25.

[130] Janice Post- White et al., "Hope Spirituality, Sense of Cohenrence and Qualaity of life in patients with cancer." *Post-White* Vol 23. No10 (1996).

grasp and see that they are wonderful creations just the way they are, is when they begin to grasp the enormity of their spiritual authenticity.[131] Spiritual authenticity is vital in a multi-faith setting. How God influences a person depends on who God is for the person, and especially in an environment with multiple gods, it is imperative to understand theological positions too. This kind of soul-digging requires being spiritually vulnerable and having a sense of humor. [132] Listening to a person's needs, hopes, and resources provides the living material for developing a structurally consistent profile of the care needed. By assessing how a person's faith functions in life and what differences their spirituality can make in life-changing situations, a sketch of their sense of the Holy, meaning, hope, and community emerges. Exploring hope involves finding out what gives the sense of hope and what inner resources are available to draw upon hope, as well as the impact of faith and people on hope. After getting to know people and organizing the information collected and learned, the next stage is to get an idea of the desired contributing outcome and contribute to the person's healing and well-being. A care plan is developed and shared to reflect contributions towards meeting outcomes. The care plan provides specific, measurable interventions as well.[133]

The word *paradigm* comes from the Greek root paradeigma, meaning model or pattern.

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[131] Beverly A Hall, "Spirituality in Terminal Illness," University of Texas at Austin. *Journal of Holistic Nursing* Vol. 15 No.1 (March 1997): 82-96. 91.

[132] Lyn G Brakeman, "Theology as a disgnostic tool in the assessment of spiritual health," *Journal of Pastoral Care* Vol 49, No 4 (Spring 1995).

[133] VandeCreek, L., & Lucas, A.M., *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy* (Routledge, 2013), 7.

A paradigm is a set of assumptions, such as thoughts, perceptions, and values.[134] Models exist to understand handling loss, especially in a context where just a part of the nuclear family lives locally, and the rest of the family continues to live in India. Elisabeth Kubler Ross has used the model of the psychological adjustment process that individuals go through when faced with the loss of someone close. The model elaborates on the essential stages of ministry: denial and isolation, anger, bargaining, depression and acceptance, and hope. [135]

Anton Boisen's model refers to the person ministered to as a human document and the pastoral image of a shepherd. He said that the shepherding model's greater emphasis on the giver than the care receiver appears to have become more definitive. [136] Change is the only constant of the unreached people, and walking alongside them as they make meaning and purpose in life is essential. Waldfogel, in the context of primary care, said that spirituality provides a sense of coherence that offers meaning to one's existence as a human being. The experience of personal meaning, purpose, or truth brings integrity to the individual's sense of self and world.[137] He also provided sample questions in a spiritual assessment in the clinical illness setting and adapted to the community setting. Some of the questions are:

- Tell me of your belief in God or higher power.
- What does your belief in God mean to you? Has it changed during your illness?

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[134] http://www.implementer/implementer/web/assistant/change-personal.htm, page 2. Accessed April 1, 2022.

[135] Elisabeth Kübler-Ross, *On Death and Dying*. (Taylor & Francis [CAM]: American Psychological Assoc., 1973). 145.

[136] Dykstra., 21.

[137] Shimon Waldfogel, "Spirituality in medicine – complementary and alternate therapies in primary care." 964

- How important is your religious and spiritual identification?
- Tell me about your religious and spiritual practices, such as prayer or meditation.
- Do you belong to a religious or spiritual community?
- What aspects of your religion or spirituality would you like me to be aware of as your physician? [138]

He also says that visits provide an excellent opportunity to explore spiritual beliefs and practices in assessing lifestyle, risks, and resources. As much as it is important in a hospital context, visitations can provide a platform for community spiritual distress interventions.

In her work, Janice Post-White has found five recurring themes of hope in patients receiving cancer treatment. The themes can help inform any distress context. They are: finding meaning, affirming relationships using inner resources, living in the present, and anticipating survival with important subthemes such as faith, family, friends, and future.

Finding meaning and mobilizing resources were elements common to a sense of hope and coherence. Most participants felt that spiritual beliefs and relationships were essential to their hope. [139] Intercessory prayer significantly helped with fewer episodes of certain health conditions. [140] He states that people with strong spiritual beliefs may find comfort in them. [141]

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[138] Waldfogel., 974.

[139] Janice Post White and Sarah Gutknecht, "Hope, Spirituality, Sense of Coherence and Quality of life in Patients with Cancer," (ONF- VOL 23. NO 10, 1996).

[140] Waldfogel S Wolpe P., "Using awareness of religious factors to enhance interventions in consultation-liason psychiatry" *Hosp Comm Psychiatry* (1989): 972.

[141] Ibid., 473-477.

Faith and beliefs, meaning, and purpose emerged as merging themes amongst others in the work done by Melanie. [142]

Little time and effort are needed to elicit a patient's religious and spiritual beliefs in a conversation that is not necessarily lengthy, difficult, or awkward.[143] The search is for a listener who is an expert at interpretation, one who can make sense of what has threatened to become senseless, and one whose understanding of the story narrative can reduce the pain and make the powerful feelings more manageable. [144]

Narrative Theory

Narrative theory has grown from the work by Arthur Frank and Arthur Kleinman with persons who experienced chronic illness.[145] A person's understanding of why people tell stories and the value of facilitating the telling of those stories is that stories are the framework through which people understand themselves. The listener facilitates the storyteller's interpretation of its meaning, people live out their lives based on one or more problems, and their narratives contain examples of the problem. As in Genesis, man's narrative response included his blaming the woman. [146]

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[142] Melanie Vachon, Lise Fillion and Marie Achile, "A Conceptual Analysis of Spirituality at the End of Life."

[143] Cynthia B Cohen, Sondra E Wheeler, David A Scott, and the evannglical working group in Bioethics, "Walking a Fine Line. Physician inquiries into patient's religious and spiritual beliefs". *Hastings center* Report 31, no 5 (2001): 29-39.

[144] Dykstra., 31.

[145] A.W.Frank., "Just Listening: Narrative and Deep Illness, Families, Systems & Health." 16 (3); 197-216., and Kleinman A. *The illness Narratives* New York, NY: Basic Books, (1998): 197-216

[146] Daniel H. Grossoehmej, "Chaplaincy and Narrative Theory: A Response to Risk's Case Study," *HMEJ Health Care Chaplain. PMC J Health Care Chaplain*. (October 2015):18

The 7 x 7 Model

Spiritual assessment is a vital part of good spiritual care. [147] This model of spiritual assessment was developed in the mid-1980s by a group of chaplains and the nursing staff team, including George Fitchett. The model assumes that spiritual review is essential in care. The model differs from the spiritual screening conducted frequently and focuses on listening and responding vs. a survey-driven question-answer approach. The process comprises an open-ended conversation and is multi-dimensional and continuous. The model has two broad, holistic, and spiritual assessments. The areas of exploration include the psychological, biological/medical, family systems, psycho-social, ethnic, racial, cultural, social, and spiritual dimensions. The category of spiritual assessment further explores "beliefs and meaning, vocation and obligations, experience and emotions, courage and growth, rituals and practice, community and authority, and guidance." [148]

Since humanity fell, he has been incomplete, distanced, and broken without God, characterized by a bundle of unmet needs. Needs characteristic of the fallen nature can only be met by the Word that came down seeking man in the redemptive process. A need is a problem not yet solved and a lack of something useful to man's condition and context. For generations and from every tribe, tongue, and nation, people have been seeking to fulfill their needs by creating problem-solving solutions and crying out to various manufactured gods, to no avail. Every human need can be met and satiated by a benefit the Word brings into the situation. A

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[147] George Fitchett, "The 7 x 7 Model for spiritual assessment: A brief introduction and bibliography." *Department of Religion, Health and Human Values*. Rush University Medical Center, Chicago, Illinois.

[148] George Fitchett, *Assessing Spiritual Needs: A Guide for caregivers* (Lima Ohio: Academic Renewal Press, 2002).

“benefit” is what the characteristic of the Word can do in that particular situation and context of the need. Needs differ from person to person, even within the same culture, although some commonalities are characteristic of each culture.

The Bible contains examples of God meeting at the point of need, drawing people to Himself. The Bible says that the riches in the glory of Christ Jesus meet needs. Philippians 4:19 says that God shall supply all the needs according to his riches in glory by Christ Jesus. The study has focused on the community's culture-specific and on building a need-specific culture-sensitive chaplaincy care model. The psalmist says that the Lord is a giver of all benefits and that He is the one who satisfies. " Bless the LORD, O my soul, and forget not all His benefits: Who forgiveth all your iniquities; who healeth all thy diseases; Who redeemeth thy life from destruction; who crowneth thee with lovingkindness and tender mercies; Who satisfieth thy mouth with good things; so that thy youth is renewed like the eagle's" (Ps 103:2-5).

Chaplains represent and carry the Word and translate the spiritual benefits through various interventions modeled in the Scriptures, such that the needs be satisfied in the need satisfaction model. The study addressed a population with no chaplaincy programs through the native language church. Moreover, the community has been transplanted from India and is a growing set of cultural needs embedded in the western world. Change and increasing unmet spiritual needs have been the only constant. While structured chaplaincy care is available for those in the care of hospitals, hospices, and institutions, the spiritual distress needs of the community are unaddressed thus far, which defines the gap. Excellent work in the health care areas with practical spiritual assessment tools inform the thesis. The models' four areas of need assessment are hope, God, meaning, and support. Assessment results can range from spiritually

healthy to spiritual distress. Interventions used were not limited to listening, presence, and prayer—skills used in engagement range from open probes to closed probes and eliciting narratives. The deliverable was a transferable model that other churches could use with a similar context. The project assessed the before and after the implementation of the training.

The thesis thus developed the care model by constructing spiritual assessment tools, interventions, and training modules for implementation and measurement. The researcher and the participants recreated a customized model in a joint effort, workshop mode, and focus group setting. As a characteristic of the study, the thesis process involved a review of existing models, identifying and drawing specifications needed in a customized model, and importing from other models, building one that worked best. Each participant was as important as the researcher, and the study group thus formed celebrated each other, demonstrated mutual respect, and learned from each other. The following chapter on Methodology explains some of these approaches and plans of action. The content evolved during the project since it was a dynamic live project, with the intersection of the group discussion and the development of participants.

CHAPTER 3: METHODOLOGY

Introduction

The study methodology addressed the problem described in Chapter 1. The lack of chaplaincy care in the community was mitigated through the Dallas Tamil Church by participant members and interns consenting and coming together to build a need-based spiritual care model.

The methodology supports the need-specific culture-sensitive training for Dallas Tamil Church participants to develop the process model. The following design enumerates the steps taken and traces the study's direction and flow. The trajectory of process model development flowed through eight sessions, with a review in the last session before the report writing. All measurement tools were qualitative. However, the model presents possible metrics that produce quantitative measurements. The spiritual care provided by the church was not structured, and the study provided steps toward a model and listed the steps and interventions taken from inception to the building of the model.

Chapter 2 explained spiritual care's theological and theoretical foundations in a cultural context that informs the model development. Chapter 3 presents the study process using quality management tools. The application of quality parameters responds to the possibility of spiritual care joining other domains in defining what quality means in the chaplain's provision of spiritual care. [149]

Participants received inputs through training, which they used to develop a model best suited for spiritual care in their context. The training was in interactive workshop mode and

[149] The Spiritual Care Association has released a document on evidence based quality indicators in research at hrrp://www.spiritualcareassociaton.org/docs/research/evidence_base/quality_indicators.

examined spiritual care's theological and theoretical foundations. Further, the design encompassed the pre-training and post-training data collection and evaluation. The model aimed to be transferable and applicable to any emerging cultural need context. Methodology refers to the diverse principles, procedures, and practices that govern empirical studies. [150]

Intervention Design

The intervention used in this DMIN study was a training and spiritual care model construction workshop using quality management tools. The intervention design rests on the principle that any intervention that addresses a problem must be need-based to initiate, diagnose, and cause a change toward the problem addressed. Therefore, the intervention imperative for this study was for participants' voices to be visible and translated into action. All steps, thus, gathered participant inputs through interactive engagement in the workshop, and the researcher actively trained them in tandem.

Method

The study methodology was an action study. The purpose informs the method, including exploration, description, prediction, and determining cause and effect. The inquiry aimed to customize chaplaincy care in the context of the church community. The method reflected a collaborative, two-way joint effort between participant and researcher to create the change desired in participants to provide care. Preventive measures helped avoid influencing what the researcher wanted to achieve in the participants. Participants were free to open their need areas developed within the framework of theory and practice. Thus, the study did not

[150] Alan E. Kazdin, *Methodological Issues and Strategies in Clinical Research* (Washington, DC: American Psychological Association, 2016), 10.

merely influence participants but translated spiritual caregiving features to benefit study participants. Therefore, the methodology was driven by what the participants identified, living out as spiritual caregivers in a unique cultural context. Establishing measurable indicators for quality spiritual care is a dynamic document that will change as new evidence and metrics emerge. The study attempted to develop evidence-based quality indicators that may be possible and measurable in spiritual care. This document encouraged the development of more evidence for quality indicators in spiritual care. Testing the usability and applicability of metrics and measures and their publication was possible. The study aimed to create a few quality indicators so future investigators can take it as a challenge to test them. [151] Thus, participants' needs steered the construction of the model and the training modules.

Project Development: Permissions

The study objective commenced by first procuring permission from the pastor. Pastor and church leaders came together on the church premises at Keller Springs Road at the church location. The meeting convened after the church service. A presentation of the project helped to communicate the project, and a permission request letter was handed over (see Appendix A). Next, a copy of the permission letter was handed over (see Appendix B). The meeting served as a place to clarify any questions. At the end of the meeting, the church received a copy of the pulpit announcement (see Appendix C) and a recruitment flyer (see Appendix D). Permission was obtained by email communication. After receiving the consent, the project consent forms were given (see Appendix E). Two weeks before the project start date, the pulpit announcement and enlisting of participants through the consent form (see Appendix E) happened at the church.

[151] "Evidence Based Quality Indicators," https://www.spiritualcareassociation.org/docs/research/evidence_base/quality_indicators. accessed March 30,2022.

Completed consent forms enabled review and selection at the end of the service. A WhatsApp support group served to communicate, a safe meeting place to handle questions 24/7 that may arise, and for participants to interact between sessions. All sessions were held on Thursdays at the church hall (as Sundays have church programs). The designated venue for the training and study was a meeting room in the church with prefixed timings for the meeting. All sessions took place on consecutive Thursdays until the project completion and presentation week. The following chart reflects the project flow.

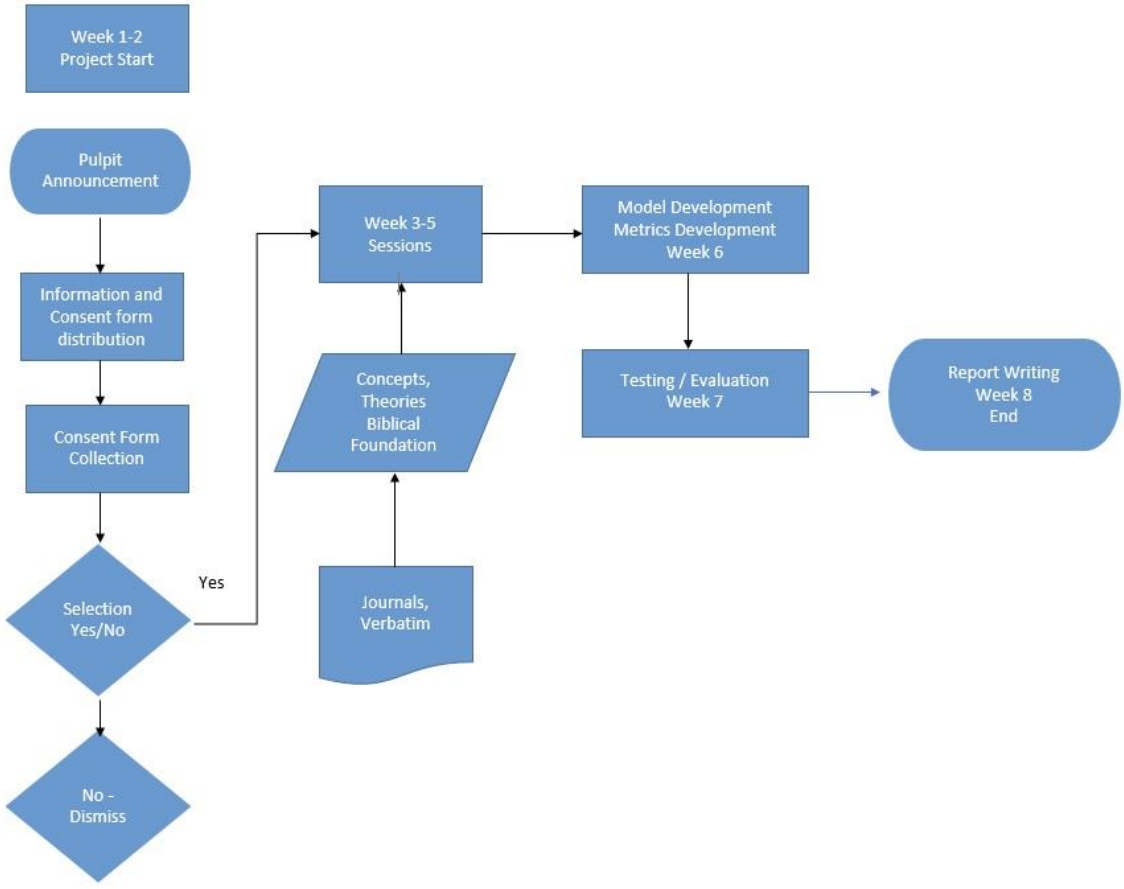

Figure 1

Project Flowchart

The Premise of Participant Selection

The individual was the unit of analysis. All samples were purposive. Those included comprised volunteer chaplains who signed up for the study. Participants played a key role in the study. The inclusion criteria were males or females above 20 years and proficient in English. Knowledge of an additional native language was not mandatory but helpful. Participants were Dallas residents and church members or interns in the ministry. A bachelor's degree or more was required. Participants also had to be believers. Those not interested in serving as volunteer chaplains and less than 20 years of age did not meet the eligibility criteria. Visiting members out of the church location was not eligible. Children did not qualify because they could not provide spiritual care for adults. Those from the culture and those ministering to the culture would relate and have a common purpose in providing spiritual care for this community.

Participant Recruitment

The participation and consent forms (see Appendix B) were distributed. The researcher greeted potential participants and was open to any clarifications for participants, post pulpit announcements (see Appendix E). The outcome was consent forms from participants (see Appendix B). The participants got ready for the training workshop.

Teaching Content

All teaching notes were from the literature review portion of the study on the conceptual models and biblical and theoretical basis. In addition to the researcher's notes, participants used a notebook to make notes throughout the study sessions. Scriptures mentioned in the theological framework formed the basis for discussions with participants. The workshop setting was

informal in the classroom, and participants were seated in a circle to promote active and open dialogue to and fro participants and the researcher. A writing desk for each was optional to retain the relaxed, informal setting and an option for participants' comfort. The researcher used a whiteboard and PowerPoint® slides to present the concepts. All sessions required attendance. Classroom inputs, verbatims, and journal entries processed through focus groups during workshop sessions informed the process model.

Study Instruments

Quality tools such as brainstorming helped uncover, gather, categorize, and prioritize participants' input data. Data categorization used the cause-and-effect [152] fishbone tool or the Ishikawa diagram to elicit themes in the factors contributing to the lack of need-based spiritual care to address them. The following is the model of the Ishikawa diagram. Participants formed a focus group to use this fishbone cause and effect tool. In the focus group, they brainstormed and used the rules of brainstorming. Participants went around the table to exhaustively think and draw out the possible causes of the lack/ need as an effect. They were akin to bones in a fish with sub-bones and sub-causes. The brainstorming started with an invitation to take turns, go around the table, and verbalize the cause or note it down.

Participants were seated in a U-shaped arrangement around tables. Once a participant spoke and noted their thoughts, the others followed suit and took their turn to say or write. The round continued until all the possible causes were listed. After the listing, the elicited theme was labeled. The desired effect was defined as something "not" happening. Grouping causes,

[152] Kim H. Pries, and Jon M. Quigley, *Total Quality Management for Project Management* (Boca Raton, Fla: CRC Press, 2013), 59.

eventually addressing these causal factors, and eliminating these causes by using preventive measures attempted to reduce the impact of the problem. Addressing issues on the topic of spirituality and the barriers are essential. [153] Opportunities for error and cost of error were elicited, and tracking measures ensured these points of error did not obstruct quality spiritual care. If any causal factor is complex, it could be taken into another separate diagram to dig deeper. The goal was to list as many causes as possible until all causes get exhausted. The time spent on this ensured that nothing got overlooked while uncovering the primary root causes. The following was an example of the fishbone or Ishikawa template.

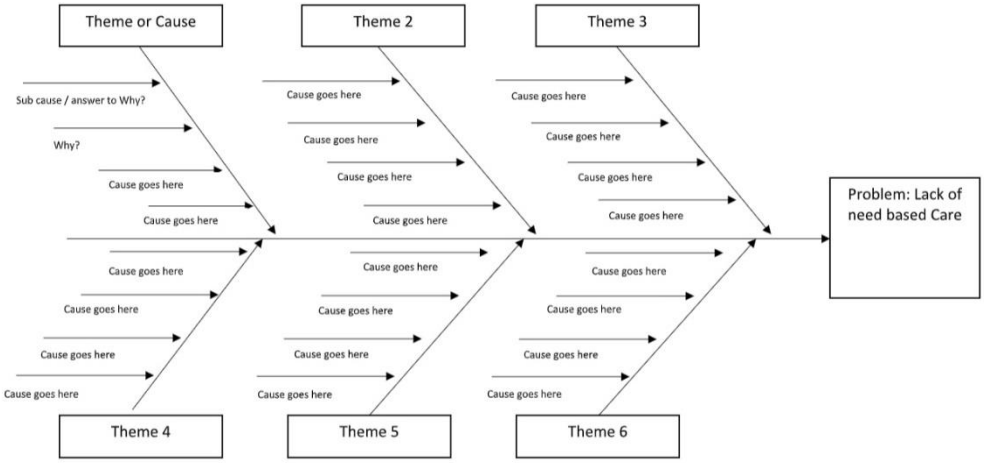

Figure 2: Model of a Cause and Effect Diagram

Not all causes were addressed; prioritizing fundamental causes that affect the outcome the most was critical. The reasons leading to a problem with the most impact were few. Prioritization by assigning a weight to each contributing factor or cause enabled focused attention on the few. If corrective action efforts are directed to the wrong cause, the results are

[153] Christina Puchalski et al., "Improving the quality of spiritual care as a dimension of Palliative care: The report of the consensus conference." *Journal of Palliative Medicine*. Volume 12, Number 10. Mary Ann Liebert.Inc.(2009).

wasteful. Themes and causes that emerge the most get marked the most and get a greater weight. The most weighted factors are selected using the Pareto chart in creating the model. The Pareto chart used for prioritizing the factors is the tool that plots the various themes or causes in a bar chart. The Pareto rule, also known as the 80-20 rule, says that 20% of the causes create 80% of the results. [154] Therefore, it helps address the 20% important few affecting a larger change rather than trying to work on all the causes uncovered. The process holders found data on causes for continuous improvement over time. This project processed the causes in one session over 1 hour. The following is a Pareto chart example of using the Pareto chart to inform the training inputs.

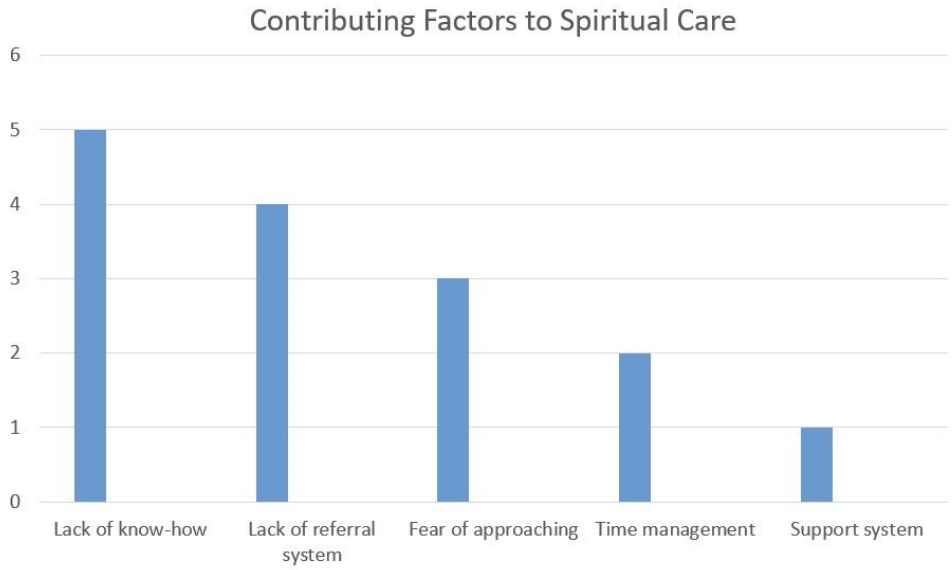

Figure 3: Example of Pareto Chart

The problem statement or effect and the causes were defined at this stage. The next step was to eliminate the causes through interventions such as training and measuring to decrease

[154] Richard Koch, *The 80/20 Principle the Secret of Achieving More with Less* (London: Nicholas Brealey Pub., 2000), 4

occurrences of causes that lead to the problem. Measuring charts enabled monitoring and measuring progress.

The pre-training evaluation was done initially during the uncovering stage of the participants' needs with a questionnaire and qualitative methods.[155] Participants interacted in the focus group, reflecting on verbatims, and narrative data were carefully collected and reviewed, identifying patterns and themes. Abraham Kaplan documented related work on the topic: an invitation to chaplaincy study on a qualitative study in the handbook: *An invitation to chaplaincy research: entering the process.* While approaching qualitative approaches, Kaplan distinguished between qualitative work, where little is known; there is much to be discovered, and quantitative work. The first is the context of discovery versus the content of justification. The raw data procured is typical "text," which is what people said and elicited through open-ended questions.[156]

The reason for using open-ended questions to participants is that the researcher does not know at the outset. Open probes give more power to the participants as they can say anything they want and do not have to be limited by the range of response options the researcher can provide.[157] During the study evaluation, the primary question is if there is a conceptual framework and not whether it is correct but might be correct. The study findings are linked to the conceptual framework and are done by either indicating how it supports or is not supported. The conceptual framework, in this context, has been developed for chaplaincy and visitations in a

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[155] Gary E. Myers, *Handbook An Invitation to chaplaincy research; entering the process* (John Templeton Foundation 2014), 91.

[156] Myers., 104.

[157] Ibid.

healthcare context. The concept is applied in a community context with visitations to the community. The application is taken care of in the evaluation phase of the study. [158]

After administering the training program and model developed, using the voice of the participants, the training intervention went through evaluation by post-training questionnaires (see Appendix G). The instructional design lists the creation of learning materials and experiences that meets the objective of knowledge acquisition and knowledge and skill application. The instructional design includes focus group discussions, classroom teaching, and self-paced study/reflection. Models and frameworks developed for chaplaincy study are open for use and testing and can contribute to intellectual progress.[159] In this study, the researcher developed a customized process model of spiritual care using quality parameters and metrics for measurement. The process model of spiritual care and productivity metrics were revisited just before evaluation.

The project's efficacy resulted from the participants' intersection with content. The growth trajectory was akin to the enlargement of the CARP fish that grows in proportion to inputs and the environment it resides. The project ensured Concept introduction, Application of concept through an activity, Recap of concepts, and Practice of concepts through reflection and journaling in the model. The following are possible quality tracking metrics that may be used. These are possible vital metrics that could emerge to measure the efficacy of the spiritual care model. These are only indicative; actual metrics come up as and when new parameters have to

[158] Myers., 105.

[159] Ibid., 107.

be measured and improved. Participants can develop key efficiency ratios for themselves as a church for their dashboard in providing care in the long run.

Spiritual Care Efficiency Ratios		
Possible Quality Metrics		**Measurement**
Visitations	V	Number (units) of visits
Visitations per spiritual care provider	V/P	Ratio
Time per visitation	T	Number units of minutes
Spiritual Needs uncovered per visit	N	Number uncovered
Spiritual Interventions used per visit	I	Units
Observed Spiritual Distress Relief Indicators	R	Number of indicators
Prayer- native language	PR	Prayer - Yes or no
Scripture Reading	SR	Read - yes or no
Listening Presence	LP	Time for listening
Number of needs supported	S	Units

Key	
V	Visitation
P	Spiritual Care Provider
T	Time per visit
R	Spiritual Distress Relief Indicators Observed
I	Interventions used
PR	Heart Language prayer
R	Can be various types that can be coded and documented during the workshop

Figure 4: Example of Possible Metrics

These are examples that can be adapted per the quality control decisions of the church team. The study involved celebration, praise, and encouragement for things done right and on time. The project kept track of things not done per requirements and plan. Measuring and tracking the causes and costs of non-conformance is known as the price of non-conformance in quality terms. Tracking allows continuous improvement. The study was a start of continuous activity.

Continuous quality improvement "comes in various shapes, colors, and sizes and has been referred to by many names." Quality improvement started in Japan with industrial applications that spread to other areas around the world and, besides economic sectors, has also impacted health care.[160] Quality improvement is a process of evolution that can benefit the community chaplaincy and provide spiritual care. Calculating the cost helps plan the funds and the proper utilization and serve optimally. Any issues that do not come under the framework of the training are scope for future training and study as well.

Training Phase

The following is the session plan and inputs for building the culture-specific need satisfaction model. The proportion of inputs and interactive discussions varied in each session, with participants adding value to each session. The inputs consisted of content drawn from theological and theoretical foundations, comprising biblical foundations, biblical examples, proven models, and skills used in spiritual care, using Genesis 3: God's engagement with man. The interactive part of the reflections stretched participants to examine the problem, apply the

[160] Johnson, Julie K., and William A. Sollecito. McLaughlin and Kaluzny, "Continuous Quality Improvement in Health Care," Jones & Bartlett Learning, LLC, *ProQuest Ebook Central*, 3(2018): 6.

learning, and construct a working process model. All examined models were from various settings and adapted for an Asian Indian community chaplaincy setting.

Workshop Training Session Plan

Session 1

The classroom session presented the project overview and set expectations. A participant pre-workshop questionnaire administered records where the participants were currently in their understanding of providing spiritual care and where they want to be. The questionnaire was open-ended and allowed participants to express various factors that inform and impact and hinder their providing spiritual care. Participants learned about quality tools. Through brainstorming, all impediments to a desired spiritual care model got listed. Each cause or impediment was weighted based on importance. A Pareto tool enabled interactive prioritizing. The theme and factor categorization was done using the cause-and-effect tool. At the end of the session, participants worked on a select critical few factors.

Session 2

1. Participants explored what a need is, with examples of needs in the Bible. Examples of spiritual needs in the community were explored, along with the biblical basis of need satisfaction in spiritual care. The session brought out examples of identifying a need in the biblical context and tools to uncover and identify needs, the impact of unmet needs, causes of spiritual distress, and understanding verbal and non-verbal communication in a culturally sensitive context.
2. The session continued with a biblical basis for uncovering needs and skills in probing, eliciting, and supporting uncovered needs with spiritual interventions.

3. Interventions found in scriptures were identified, such as probing, supporting, and satisfying needs, and skills, such as listening presence. Skills and processes used in the Bible in Genesis 3 were identified and applied.
4. Participants discussed quality management tools in building a quality spiritual care system and evolving process metrics. Participants also explored application in a biblical spiritual context.
5. Discussions took place in spiritual assessment and the process of spiritual assessment and evaluation of models.
6. The focus lastly was on developing a community referral system and metrics to measure the process.

Session 3

The classroom session was on understanding structure and models in providing spiritual care and examining the study process by various researchers in constructing a workable model through coordinated learning with spiritual care practitioners. Participants explored strategies as demonstrated in the Bible.

Session 4

Spiritual Care Assessment tools: Participants applied the FICA Assessment grid and framework and explored manifestations of spiritual distress in the Asian Indian context.

Interactive Exercise: Using reflections on verbatims and superimposing the biblical and current models, participants arrived at a process model that would fit their needs. Participants engaged in a focus group dynamic. A self-paced study involved reflecting on the model and metrics and journaling.

Session 5

Participants received skill development inputs on handling attitudes such as fear or any new impediments to spiritual care and worked towards building a user-friendly referral system. Primary data as verbatims and journal reflections were used to apply listening presence, prayer, and culturally relevant interventions. The session enabled the participant to understand the spiritual history, using the FICA model, applying it in a cultural context, and drawing out the differences in context and sources of spiritual distress. Participants explored understanding the audience through the use of metaphors and mapping.

Session 6

Participants learned to examine outcomes and track and report in the model. They learned how to map and use metaphors in a cultural context, understand the difference in geographies, contexts, approaches, and responses to spiritual care, and identify continuing patterns of change. The session ended with a finalized model and metrics for measurement. The classroom activity involved completing the referral system for the dashboard. Participants learned to write case reports, escalate, and close the case post-care.

Session 7

Participants evaluated the model in the study with relevant feedback on the skills and metrics. The focus group assessed the process and model and prepared it for report writing.

Week 8

The week was devoted to a presentation to the team with report writing, from problem identification to building a process. The report had easy-to-follow, user-friendly charts, dashboards, and procedures for replication. The last week was also a celebration week to share the joy of coming together in making the spiritual care working model in an unaddressed area and a ministry for the glory of God.

Implementation of the Intervention Design

The church is a community church that caters to people from India and unreached communities from South Asia. The church provides spiritual care through pastoral teams and volunteers. Based on submitting the project permission letter, consent forms, and pulpit announcement, the church leadership met (pulpit announcement provided in the Appendix). The pastor and team were excited about the opportunity to give participants the unique space to learn and examine outreach to the unreached, besides exploring models and skills for spiritual care. The leadership reviewed the need for the sessions and decided to hold them at the church premises in the church hall. The pastor made the announcements from the pulpit in all three services. Consent forms were made ready for volunteers for the study to be filled and returned. The milestones for the eight sessions were well laid out and understood by the church leadership. Volunteers enlisted for the training sessions based on the pulpit announcements in all three services. Fourteen participants went through the training and participated in the focus group.

Participants were employed in the IT industry in Dallas. All except one participant were female. The national origin was from the southern part of India. Participants had migrated to the

US deputed on work. Tamil was the spoken native language besides English. Spouses also worked in the IT industry. All participants were residents of Dallas.

A support group on WhatsApp created for support in-between all sessions served as a hold-all place, a safe space for participants accessible 24/7 to share a clarification or question they may have and any reflections that needed attention as and when. Sessions were recorded for quality purposes and stored in a secure area. WhatsApp support space was a closed and private space that was not accessible or open for anyone not in the participant group. Participants could post questions in this space that needed further attention between sessions. The WhatsApp group support goal was not to replace personal reflection writing and journaling but to add value, provide presence outside the session hours, and serve as an additional support space.

Steps to BUILD a blueprint

Be aware of the shortfall in care,

Understand the system providing care and include preventive measures,

Instruct and update training for the system,

Lead with commitment, and

Define and keep an eye on all measurable parameters.

Be aware of the shortfall: Every church and every human wants to be the best, do the best, and also meet expectations as quality spiritual care providers. But how does one start the journey, be aware that they are falling short, or propel themselves to move forward to improve or know when to start? When will they realize that it is time they do something different to improve? Some symptoms are seen, heard, or felt in any situation or context. These symptoms

gain recognition and attention over time. Awareness that something is lacking or a problem not yet solved is the awareness of a need. Firstly, is it a recurrent problem? What is the proof that it is indeed a true symptom? Are there any root causes? How impactful is this problem that some improvement initiative be taken? Has anyone quantified this problem? What is the evidence that can qualify for taking action? Some of these questions help create the awareness that the changing social structures and global adjustments present some changes that need action. People seek questions in their journey. [161] Hence awareness is most critical. The convergence of literature reviews and what participants expected for themselves with what they felt was lacking in what they provided resulted in triangulation: where these three data sets met on awareness.

Understand the system: Meeting emotional and spiritual needs involves a foundational infrastructure.[162] Identifying the system's structure and providing care is critical in working together. Hence, it was critical to identify materials and inputs in the system. Each component or member must understand what they are responsible for, to whom, by when, and how. Each member is a process holder, and a process requirement chart helps self-track their deliverables. Philip Crosby highlighted the importance of knowledge on quality to improve. [163]

Instruct and update training: The training in building the process considers the changing needs and environment.

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[161] Langdom Gilkey, Naming the whirlwind, the Renewal of God –Language. The Bib Meriill Company, Indianapois and New York. 308

[162] Paul Alexander Clark et al., "Addressing Patient's Emotional and Spiritual Needs." *Joint Commission Journal on Quality and Safety*. Volume 29, Number 12. (December 2003): 663.

[163] Phillip Crosby, Quality Education System for the Individual © 1988 PHILIP CROSBY Associates, Inc., W. Morse Boulevard, P.O. Box 2369, Winter Park, Florida, 32790-2369

Leading with commitment is the next step. In a quality improvement initiative, awareness by itself is not enough. Pastoral leadership and participants and trainer have to converge as well. This triad formation is akin to three cords that cannot be broken, and the oneness cannot be forced. This project had a seamless commitment from all three parties. All three were spontaneous in their commitment to continuous improvement.

Defining and keeping an eye on measurable parameters was important to know what it takes not to do things correctly. Knowing the cost of departure from conforming to what God has modeled for the system is vital. When quantified in money terms, the system requires sensitizing the magnitude of the problem. Commitment to keeping track of improvement is vital.

Committing to Improving

The training interventions are akin to a quality improvement process. Church volunteer teams were, by default, providing care. The focus group progressed to dig deeper into the individual's contribution to the spiritual care process and examine and find ways to improve by exploring biblical examples using quality management tools. The participants reiterated their commitment to improvement and recognized that progress does not happen alone. The first step in a quality improvement process was to acknowledge the commitment of the church pastoral leadership team. These participants had enlisted as volunteers committed to a long-term investment of time and effort. Participants recognized the involvement required by each to drive progress in improvement. The improvement process in need satisfaction spiritual care involves education in the quality processes. Participants were willing to set aside time for the sessions and attendance and fulfilled the participatory expectations. They were also keen to continue applying the process and procedures toward continuous quality improvement.

Full Systems Participation

The participants came together and acknowledged that any improvement is a systemic process and that they had to work together to make quality spiritual care available to those around them in the community and church. These commitments and understanding were the platforms on which the training interventions took place. Participants, therefore, responded to the church's call to provide improved spiritual care. The journey commenced on the assumption of full participation.

The training went on well and on time with the milestones. The group of participants gathered at the church for the first session, and the session opened with a prayer. The session was then followed by thanking the participants for their time with a welcome and greeting. Participants spent a couple of minutes formally introducing themselves. The researcher spent a few minutes setting expectations and enumerating participants' attendance and engagement expectations. All participants were working people, so it was essential to focus on the need for time management.

The sessions commenced on Thursday, the 15th of September, 2022. Since the participants were all working people and Sunday's schedule was full of church activities, volunteer participants agreed to gather every Thursday at the church hall after work. Participants answered the pre-training questionnaire. Participants expressed that they expected the spiritual caregiver to listen to their stories. In the prevalent context and south Indian culture, participants said they were told what to do and spoken to more than listened. They expected a non-judgemental presence. “Telling what to do” gave the feeling that the person was no longer walking in a safe space. Participants felt intimidated and unsafe and were not encouraged to

speak out. Very often, the participant was made to think that the person providing care knew better and more and that he did not know and felt looked down upon. Those who recently came from the Hindu faith as believers were looked at with suspicion for fear of conversion. Participants expected to be heard without judgment, to be able to speak without fear, and to be provided listening presence and prayer. Participants also appreciated the use of the heart language more than English and that they could express themselves better. The challenge of the absence of heart language was recognized as a hindrance to communications at a deeper level.

Participants experienced a discovery moment when they recognized the huge population of Indian Americans and unreached South Asians right at their doorstep and around. The discovery also brought expressions of responsibility for God's purpose, having moved them to an alien nation for a larger purpose than just for work. The discovery moment encompassed the awareness of the changing face of missions in the U.S.

Participants revisit the characteristics of the field and their call to provide spiritual care before embarking on the training intervention. The field data that reflects the unreached population's growth presented (Appendix H) confirmed the observation of a large population that participants experienced around them in their neighborhoods. Participants acknowledged that the 10/40 Window was right here to such a magnitude that supported a pressing need to address this problem of providing spiritual care to this cultural audience. Participants also became aware that they were from the same culture, and to reach the unreached within this context would be with the advantage of adequate knowledge of the culture. Participants were believers whose families had come to Christ and were aware of the cultural context in their transitions. Their expectations of spiritual care flowed from their experience and related to the community. Statistics and tables

from Appendix H on the profile of the unreached audience, including their educational background, average yearly income, and languages, create a sharpened awareness and interest with urgency to reach. The published statistical profile aligned with that of the participant group.

Participants were those with IT professional backgrounds in software engineering. Terms such as process flow, procedures, quality management tools, and re-engineering and re-strategizing were not alien to them. Participants felt that the old ministry strategy of reaching the unreached using the 3S approach of soup, soap, and save, providing food for the hungry, hygiene, medical help, and taking care of spiritual needs applied to the missionary approach to villagers in India. The current profile of people unreached here are neither hungry nor lack hygiene needs but still need spiritual care. Participants acknowledged that the audience profile and the unreached's geography have also changed, as a slice of a 10/40 Window exists around the church. Participants realized that there was a mini India just around them.

Participants examined the biblical engagement of God with man recorded in Genesis 3. Through exploration of key verses, the focus group arrived at a visible process and used this as a template and benchmark to examine their engagements while taking the presence of God to people. Participants recognized the method of care engagement practiced by God. Firstly, God role-modeled a seeking engagement by going out after man with a seeking question. Participants discovered the model of approach wherein God approached the man with an open-ended caring question in the spiritual need assessment process. Participants underscored that it was not because the all-knowing God was not aware of man’s spiritual condition, but it was to elicit a narrative from man to uncover needs. The spiritual assessment involved drawing out and listening to the stated needs of man. The approach was through an open probe, asking the man,

"where are you?" (Gen 3:9). Participants were able to draw out the importance of seeking through an open probe and the importance of listening presence.

The focus group observed that in the cultural context, they used closed probes more because they assumed they were more likely not to open up much on an open probe. Participants expressed that a closed probe was seen as an impediment or an interrogative approach invasive approach, especially when conversing with those of another faith who would see that as an approach towards conversion. Participants felt that the recipients of spiritual care sometimes felt looked down upon as idol worshippers, and the divide was felt even more. The way that they were looked at would be offensive and an absence of narrative empathy. [164] Empathy is key in spiritual care. Whether it is religious or non-religious chaplaincy, and most needed.[165] Fear of being seen as seeking to convert was the largest fear in engagements, and those providing care resorted to assuming needs and being on the safer side instead of being mistaken. The reflection on Genesis 3 gave participants a biblical base to rely on two skills open probing and listening skills.

Learning from Genesis 3 in the Need Satisfaction Process

The process encompasses probing to uncover needs and supporting uncovered needs with interventions such as prayer or speaking a Word and through benefits that the Word would satiate.

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[164] Haim Omer, "Narrative Empathy. Department of psychology." *Tel Aviv University. Ramat-Aiv*, 69978, Israel. Vol 34/no.1 (1997): 19.

[165] Jolanda van Dijke "We Need to Talk About Empathy: Dutch Humanist Chaplains' Perspectives on Empathy's Functions, Downsides, and Limitations in Chaplaincy Care" Volume 76, Issue 1 (January 2022) https://orcid.org/0000-0003-3101-7078 jvd@uvh.nl, https://doi.org/10.1177/15423050221074

Participants discussed engagement skills such as open and closed probes and providing a listening presence. The open probe was more critical than the closed probe to allow the person to speak freely of their condition and also be the one to steer the conversation. Open probes also allowed the person to discuss a topic of interest of their choice. An open probe also, as demonstrated, was a harmless approach without any assumptions embedded in it. The open probe in Genesis 3, enquiring after man about where he was, gave him the freedom and space to talk about anything of his choosing and map himself to where he was in his spiritual health.

The needs elicited were addressed in the support statement by God. Although it appeared only as a curse statement, it was the first support statement of Grace for man's stated needs and condition of being afraid and hiding and naked. Man's reply in Genesis 3:10 was his stated needs: he was afraid because he was naked and hid. "And he said, I heard thy voice in the garden, and I was afraid because I was naked, and I hid myself."

A supporting statement addressing the needs is found in Genesis 3:15. God promised the Seed to address the spiritual condition of the fallen man. "And I will put enmity between thee and the woman, and between thy seed and her seed; it shall bruise thy head, and thou shalt bruise his heel." (Gen 3:15). There is a Grace response spoken in the support statement Word of God and the first promise of God for redemption. The Word supports the uncovered needs directly.

Participants found themselves challenged with their description that, unlike Adam, the South Asian community was not forthright in speaking out where they were spiritually and not vocal and truthful in stating where they were. These are hidden needs. Participants recognized the difficult task of uncovering hidden needs in a shame culture. In Genesis, the man speaks out his needs in an explicit statement. Participants expressed that community members hid their

spiritual state well behind closed doors, which contributed to them not being supported and addressed. In the focus group discussion, participants recognized that an open probe was more likely to draw them out. The discussion drew denial and shame as a cause of not speaking out. Man did express his nakedness and shame and recognition of his state as one hiding as a result of shame. But in the shame culture, speaking the truth about oneself was not observed as common, and people rationalized that all was well with them. The most important was the necessity to use the right approach and draw people out. There was collective participant recognition that all process requirements demonstrated had to be met to provide spiritual care as modeled in Genesis 3. Participants listed the various price of departure and non-conformity to any process in terms of wastage of time, materials, and effort. The price of non-conformance would be irreversible while handling human distress, especially in the provision of spiritual care. The price of non-conformity would mean the cost estimated in terms of various kinds of loss to the person in spiritual distress and others for their needs not being addressed: listened to and supported. Participants understood that all work is a process and were enthusiastic about identifying and applying the process as gleaned from the scriptures. As in any shop floor, factory, or production unit, a series of actions results in an outcome to produce something. Identifying this process is the starting point of providing spiritual care. Akin to a quality management system, identifying the components of the system providing spiritual care and the impediments to producing quality spiritual care enables each to conform to the requirements in producing the result.

The quality requirements are to identify what is needed to improve the situation in the system, manage them, and improve the processes. Thus, understanding requirements and ensuring adherence to the requirements in spiritual care is important. Moving towards preventive measures and tracking and ensuring all the system components work smoothly is vital to provide

need-based spiritual care. Prevention would involve good communication and proofing to ensure adherence by identifying where the defects occur. Participants learned these quality concepts at the beginning of the session and gleaned scriptures to support them. Participants understood prevention well, and it was one common motif that joined all in the community. Self-monitoring while providing care using preventive action will reduce points of error, such as making a judgment instead of listening presence without judgment. Merely sitting with a family and saying nothing is "presence" that makes them feel that they are neither alone nor forgotten at a difficult time. [166] Crosby referenced an experience in India when he was serving as the chairman of the India Quality Foundation. In a session that included diverse professionals from music, dance, health care, education, and sports, he introduced the theme of prevention that was in common. In no time, however, although they had nothing in common in their functional expertise, they realized after each shared that they had everything in common in this unifying theme of prevention. [167] They were all involved in taking preventive action in their own areas.

Participants learned the essential problem-solving tools: the Ishikawa cause and effect tool and the Pareto analysis tool. The focus group brainstormed the causes for the lack of need-based spiritual care. They came up with reasons they felt caused the problem and grouped the causes into themes and sub-causes using the fishbone or the Ishikawa cause and effect diagram. Participants maintained their reflections in their journals. The progress of the sessions encompassed the presentation of Biblical scriptures, using Genesis 3 as a template for

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[166] Martha R. Jacobs, "What are we doing here? Chaplains in contemporary health care." www.thehastingsecnter,org/publications/HCR

[167] Crosby, P. B., "The leadership and quality nexus." *The Journal for Quality and Participation 19*(3) (1996): 18.

examination, followed by application and reflection using the quality management tools. At the end of the interventions, participants jointly arrived at a process model that suited the current mission field. 20% of causes impact 80% of results, according to the Pareto rule, and therefore, the project focused on the critical 20% while developing the spiritual care model.

CHAPTER 4: RESULTS

Descriptive Data Evaluation

According to the thesis, an informed culture-specific need-based chaplaincy training and model equips the church. The training enabled culture-specific spiritual care to those out of reach in the community. Although chaplain care is freely available in hospitals, hospices, institutions, and American churches, covering their needs, the Dallas Tamil Church did not have trained culture need-based care. The study aimed to develop and provide the know-how and facilitate building a process model for dispensing this care. The study set out to describe this process.

The study demonstrated the value of equipping interested members in the church with the know-how and skill internalization for spiritual care process development. The need was to construct a process model wherein the model is developed, not top-down but from the grassroots users' voice, the participants themselves, who would best articulate what was not there. The study broke down all the factors that contributed to need-based spiritual care not being there and explored why. The result was a collation of all whys and the development of how-tos that addressed the important whys.

The study focused on training interventions towards a customized process model to address the need for chaplaincy care amongst the unreached population in the community. As hypothesized, it focused on know-how transfer and constructing a well-structured spiritual care delivery process and metrics, which resulted in robust process training and models. The process for arriving at these outcomes was an intervention by itself. This process renders itself a transferable blueprint for replication in any other context. Questionnaires, focus groups, and researchers' journals generated data. The trained and well-structured process-driven spiritual

care model equips participant chaplain volunteers to serve in the most productive way to fill the gap of the unaddressed population. The emerging observations show that the training and the ensuing process of model development through the workshop is need-based. The study results are presented firstly through a review of the data collected and evaluated, followed by the demographic description and profile of participants and the survey findings. The observations show that an intervention built by those serving the culture from the grassroots brings more dimension to existing models.

Data Gathering Protocols:

The study gathered qualitative data through pre-training, post-training surveys, and training session discussions. Two key interventions, namely training and spiritual model construction, enabled build a process model.

All participants were of Indian origin and, some generations earlier, had been in other faiths and shared the same cultural background as those not in the church. There were lacks that the participants expressed that hindered providing good spiritual care. The theme that occurred the most was the lack of training and listening presence and the lack of burden for the souls. The south Asian participants were from Hindu backgrounds at a certain time in their formation, some during their lifetime and some whose prior generations had come to Christ. The overall formation was still going on amid fear, high expectations, and negative influences, and their insufficiency came in the way of carrying the intensity of burden for another soul. Participants faced insecurities in their global adjustment journey and acknowledged a lack of knowledge, training, and mentors. Lack of skills to respond to a changing audience was a felt need.

In a caste-ridden social structure, participants' feeling of inferiority about specific higher-class audiences was stated as an impediment to reach. The South Asian culture in Dallas still practices casteism as practiced in India, wherein a lower caste person would not be welcome and looked upon as someone who could provide anything of spiritual value. In the upper class, where class classifications were observed, the shyness to connect in these circumstances was a stated impediment. Lack of knowledge on how to approach new situations was an impediment as settlers in other than their birth country.

In the changing circumstances, participants expressed no clarity in what they were supposed to do. Participants also mentioned that they could not break barriers in the social structure. What exists in India exists here in terms of social structures and walls built around each. One participant expressed that fear of approaching another was a significant lack. The other impediment that was described was their lack of power in the sense of "wisdom and holy boldness." In a social structure where each class was required to keep to themselves, the boldness required to cut across class structures was lacking, as expressed by the participant. A participant expressed that in the context, frustration came up as an impediment to providing good spiritual care. In a context where families moved frequently, failure to follow up was another expressed hindrance. Impatience and being ill-equipped to traverse the population were a lack. In a prevalent Hindu population, the number of believers was insignificant, and crossing barriers to reach was an impediment. In the expressed context, participants felt they were drawn to be selfish towards focusing only on their self of well-being and blessings. A reason stated was also that churches in the South Asian context were not mission-oriented and more inward-looking and busy with their commitments. The busyness of American life, lack of time, and lack of prioritization in the quest for the American dream have been reported to give less time for caring

for spiritual needs, almost to the point of a closed eye to the needs of others. Participants were very candid in their discussions in the focus group. As first-generation immigrants, participants were drawn towards survival amid global adjustment challenges.

One of the impediments discussed was that immigrant believers in a comfortable zone were hesitant to cross over to care as much as needed and found it hard to step out of their comfort areas. Believers were not at times seen as leading a life worthy of an example and often got into the prosperity mindset. The most prevalent obstacle participants felt was the fear that people would see them as converting them. Absentee family situations posed a lack wherein they did not have the influence and wisdom of grandparents' presence. Estranged from the fellowship of the family brings guilt. [168] Participants explored ways of doing alternate things or things alternately. Participants developed a chart to list the items that needed improvement and identify the inputs needed for implementation, in terms of materials, training, and information, with the estimated start of their improvement activity and end time. Participants continued exploring causes.

Name of the process:

Identify the inputs needed: Materials: Training: Information:

List the activities that the process involves with timelines and desired outcomes

Activity: Start of Activity: Final Activity: Define the desired output.

Figure 5: Process Model Chart

[168] Anton T.Boisen, "Theology in the light of psychiatric experience*." Journal of Pastoral Care publications Inc*.51.

Through brainstorming, participants continued sharing the causes of a lack of need-based spiritual care. Self-introspection at their shortfalls was a breakthrough in collating causes towards improvement. In an era of instant solutions, lack of patience and seeking instant gratification was one stated cause. A quick-fix nature of wanting to gratify and rush towards a solution instantly was an impediment. The participant team consisted of volunteers with full-time jobs. Their job gave them the required visas to stay in the country, and they considered job priorities very important. In this context, conflicts with the job taking importance and nuclear family responsibilities gave participants the challenge of balancing tasks. Participants were full-time employees in the IT field. Participants expressed the lack of boldness as an impediment in the given context. Indians perceived Christians as actively converting, and this vulnerability caused "shyness." Participants reported that in India, Christians are looked upon and even, at times, often charged as trying to convert, although these may have been baseless accusations. This fear has also been felt here, preventing providers from engaging thoroughly. Failure to follow up was a stated cause. Lack of skills in chaplaincy was one of the impediments. Chaplaincy is an almost unknown field in India, and very few Indian chaplains cater to the population here. Also, there is no culturally based community chaplaincy care training and skill enhancement for this section of people. Participants also felt they could not "break barriers" to communication in the community. The community is closely knit, subdivided, and grouped per caste preferences, and participants expressed that "penetrating" into closed communities was challenging. With the overarching umbrella of challenges, participants expressed that the enthusiasm for providing care was also waning. Participants described that they had to resort to generic prayer support for want of knowledge on specific needs and lack of knowledge about what hurts them most or what problems were that were yet to be solved. They expressed that

identifying and uncovering where the specific need lay was a challenge, and they often kept to themselves.

Cause and Effect

The following is a preliminary broad-level categorization of the themes that came out as impediments to providing spiritual care. A cause-and-effect diagram is a work-in-process tool. All the causes cannot be worked within this project's scope and will offer scope for future studies. As and when improvement takes place, newer causes will come up as well as old causes may change in terms of priority. Therefore, as quality is a continuous improvement, the process prototype is recommended for repetition at periodic intervals as resources will allow. The themes elicited during group discussions contributing to the lack of need-based spiritual care and central motifs that emerged in the group discussions out of 43 responses were mapped on a fishbone template and a Pareto chart. The study addressed these issues in the order of their importance.

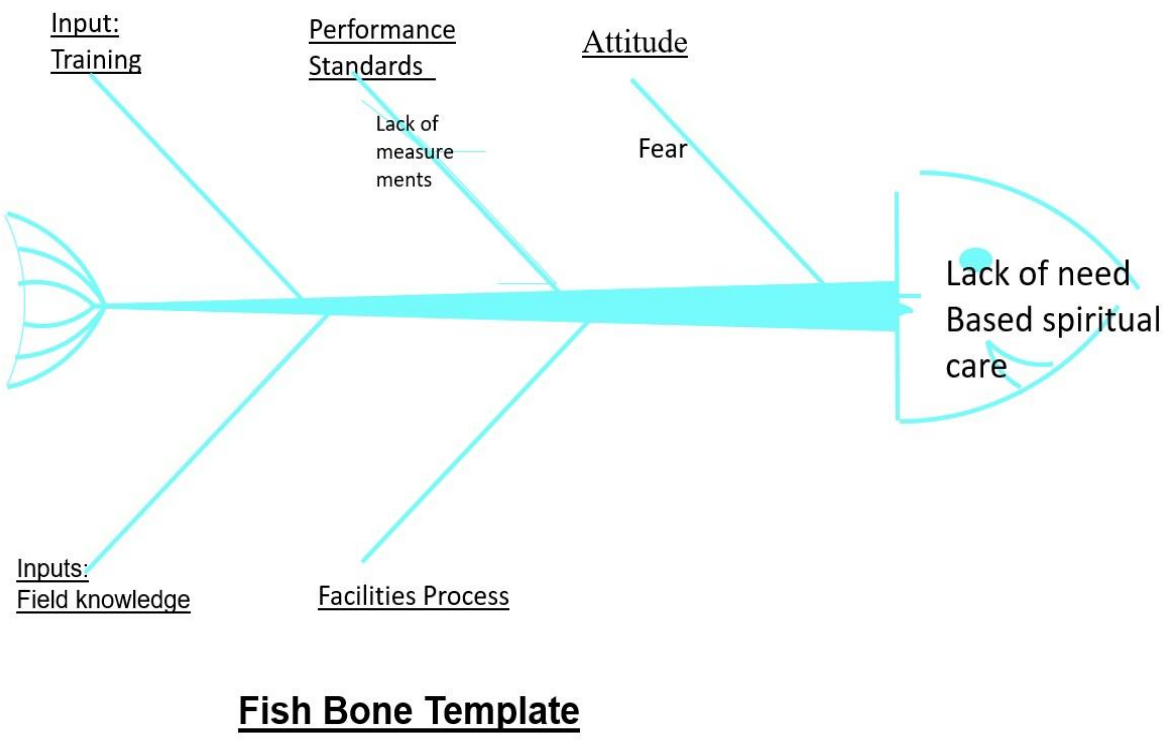

Figure 6: Fish Bone Cause and Effect Categorization

Lack of Training

The causes mentioned were lack of training required on new engagement skills relevant to present-day needs. Participants also said that lack of training on self-development topics and webinars was a cause. Organizations usually have self-development tracks, whereas there was a lack of upgrading spiritual caregiving skills. Training on overcoming frustration in a changing culture was a stated cause and lack. One participant expressed that Christians were not equipped with the nuances of engagement in a multifaith field that was changing in its characteristics in the American environment.

Systems and Lack of Measurements

Participants expressed that measurement systems and accountability within the church's context should serve as follow-up and ensure quality spiritual care. Care should follow standards with prompt follow-ups.

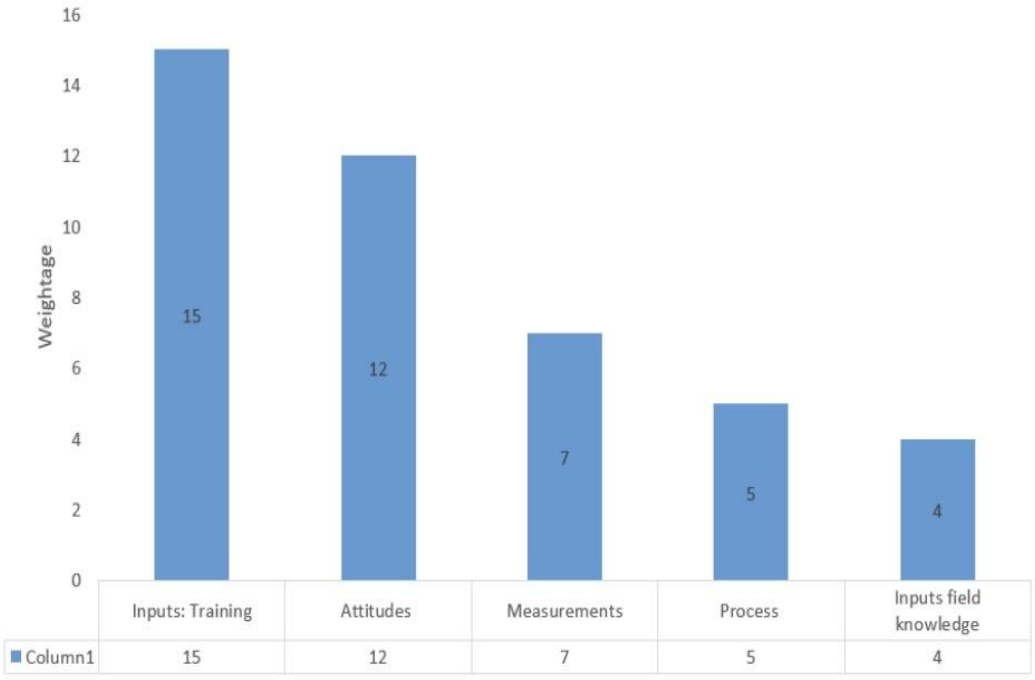

Figure 7: Pareto Chart

Participants felt that, most often, there was less follow-up possible and pointed to the lack of tracking systems and proper metrics for care and closure within the community context. Participants felt that lack of systems-driven care left them operating in an ad-hoc manner, often making assumptions and causing misunderstandings. Information flow within the team was impossible without a system for spiritual assessments, follow-up, and interventions. When taking

care of the lack or the root cause, building a customized spiritual care model can provide some know-how and the systems and measurements for community care.

Lack of Knowledge

The cause mentioned was the prevailing myth that mission fields exist outside across the seas, with no local awareness programs or initiatives, with the belief that people residing in poverty-stricken areas and somewhere distant in villages were needy and needed care. The local audience is not seen as an emerging group needing spiritual care. On the surface, all appears well based on financial status and that everyone is spiritually healthy, no one needs care, and beneath are uncovered issues. Overall, this addressed the "why" of spiritual care.

Attitude and Skills

Participants said they did not know how to reach a learned audience. Participants felt spiritual care skills development occurs through study, practice, and community shadowing. Redundancy: Participants also felt that what is applicable in an Indian context in India is redundant in an American context; hence, the need for knowledge relevant to the local structure here is critical. Therefore, the non-availability of Indian American content was a stated cause. Participants expected the spiritual care provider to be biblically sound, use biblical principles, and be a good advisor. A spiritual care provider should possess availability, listening presence, and support with prayer. Fear was the most expressed in a new environment.

Process

With the change in the mission field and audience profile, there is a lack of a new engagement process (or strategy). Nothing has been developed or customized yet, per the

audience's current needs. The lack addresses the "how to" for spiritual care. Participants mentioned that spiritual care providers assume and position a solution even before discovering what is happening and that listening presence is almost absent in this south Asian culture. There is more “telling” what to do than listening to needs. Participants mentioned that there is more feeling of "I know it all and know what is good for you." People want to put down those who worship idols and label them. Some South Asian churches come down heavily on those they perceive as sinners. Participants felt that they should thus work systematically to provide care based on scriptures and move beyond cultural fetters, judgment, and stereotype myths.

Biblical Reflections

The participant group reflected on the sequence of ministry engagement by God as found and recorded in Genesis Chapter 3. Participants reflected on God as a missionary coming down from one setting to another. Participants reflected on the cross-cultural differences with the unreached and how the example of God connecting and engaging with humanity from different settings made meaning, as a model example from the scriptures. The overarching goal is to become spiritually mature vital image-bearers (Imago Dei) to be united in love with God and others.[169] Providing care is sharing fellowship in the community.

Participants discovered a process role modeled in Genesis 3 in the engagement of God with humanity. Using this as a benchmark, participants examined the impediments to engaging

[169] Larsen, Julie Ann, “Community Relational Soul Care a Transformational Paradigm for Restoring God’s People to Spiritual Vitality.” *Lynchburg, Va: Liberty University* (2017): 17.

with the unreached. Participants gleaned the following biblical principles in quality improvement from the Bible in the focus group.

1 Corinthians 11:1 encourages conformance to Christ, and anything that is not so aligned is non-conformance. The following effect of non-adherence is the price of non-conformance, "Be imitators of me, just as I also am of Christ." Romans 12:2 speaks about conformance. "And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." Colossians 3:23 points to accountability, "And whatsoever ye do, do it heartily, as to the Lord, and not unto men." God points to Himself as the benchmark for quality by entreating to be Holy as He is Holy in 1 Peter 1:16. "….Be ye holy for I am holy". The measure of old and new is important. The metrics are a yes or a no to the old. 2 Corinthians 5:17 says, "..if anyone is in Christ, the new creation has come: The old has gone, the new is here."

Participants acknowledged that the power source comes from God. Acts 1:8 says, 'But ye shall receive power, after that the Holy Ghost is come upon you: and ye shall be witnesses unto me both in Jerusalem, and in all Judaea, and Samaria, and unto the uttermost part of the earth." Participants gleaned from Psalm 119:98-100 that brings out the need to keep the precepts and meditate as preventive measures. **"**Thou hast made me wiser through thy commandments than mine enemies, for they are ever with me. I have more understanding than all my teachers: For thy testimonies *are* my meditation. I understand more than the ancients Because I keep thy precepts." On proofing (not yielding to temptation), James 3**:**13 entreats to show meekness of wisdom. "Who is a wise man and endued with knowledge among you? Let him shew out of a good conversation his works with meekness of wisdom."

Participants mapped the following biblical concepts in need satisfaction and spiritual care. The following is from Genesis 3, of the Missionary God's first seeking engagement with humanity to save.

Need – Satisfaction From Genesis 3

Biblical Process	**Skills Used**		**Scriptures**
Seeking	Probing –Open		Genesis 3:9 ‘Where are you?”
Uncovering needs	Listening Presence	Needs elicited: Afraid, Naked Hiding	Genesis 3:10
Satisfying uncovered needs with a Benefit the Word can satisfy.	Supporting	Supporting with Grace (matching needs with the benefits of the word)	Genesis 3:15 Promise of Seed.

Figure 8. A Process from Genesis 3

Systems Chart

Participants identified three elements and a funneling system wherein volunteers streamline referrals from the field. Pastor and volunteer teams will meet weekly on care issues, ensure quality care, and document care issues as needed until the problem impact decreases. The

systems chart developed by participants represents volunteers drawing referrals together in providing care. Assigning responsibilities in a changing culture helps smooth functioning and enables funnel referrals for pastoral care from the unseen pockets in the community. Just as the traditional chaplains initiate rounds to visit all new admissions or rounds at nursing stations to inquire about people in need, the pastor can send out the spiritual care providers to routinely visit those in the community or follow up on any needs as part of case-finding. [170]

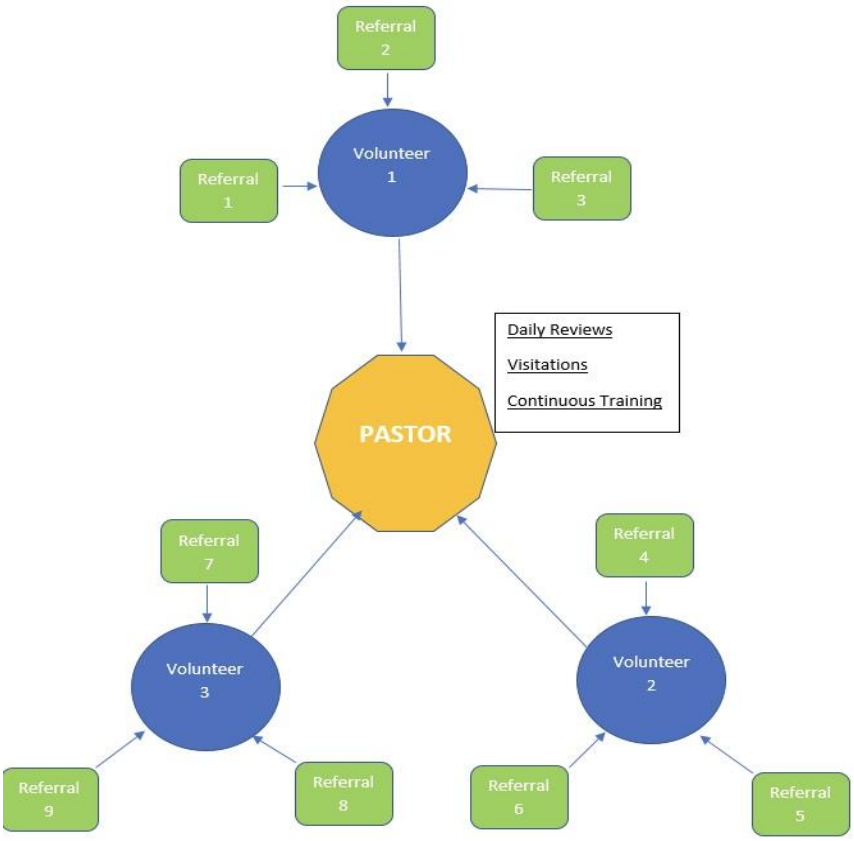

Figure 9: Systems Chart

[170] Gregory A. Stoddard. "Chaplaincy by Referral an Effective Model for Evaluating Staffing Needs." *The Caregiver Journal* 10:1, 37-52. (1993):37.

Triangulation in the study was from data received through focus groups, individual interviews, and literature review. Individual accounts and data acquired during the focus group enriched the information on the themes and helped meet at points in the findings that seemed to converge. The different voices of people seemed to align with the literature review preceding the focus group findings during the training interventions. Focus groups generated data through opinions expressed by the participants. The participant profile was a culturally and linguistically diverse population who spoke a native language besides English. Their language competency in English provided succinct responses in English. The medium of their communication was English, and there was no discrepancy in the oneness of the language. The language for discussion was not a barrier, considering participants also knew another language. All discussions were in English. The sample size was 14, and in this explorative study, their voices converged with that from the literature review and individual interviews. Keywords used in the literature review were cultural and spiritual care with a range of convergence and dissonance. [171] Data of what participants expected to see in spiritual care for themselves as receivers (data from preliminary questionnaire before the study) and what they saw as a lack of care offered (data from participants during the study) aligned. What they expected for themselves and what they provided also aligned with the literature review. The three points converged in the triangulation. Overall, the study found that all data supported the literature review that the community is not necessarily a model community without problems but with problems related to global adjustments characterized by fear and lack of skills to care and listening presence in their journey.

[171] Farmer, T., Robinson, K., Elliott, S. J., & Eyles, J., "Developing and Implementing a Triangulation Protocol for Qualitative Health Research." *Qualitative Health Research* (2016) https://doi.org/10.1177/1049732305285708

Need identification is the focal point for supporting the need with suitable interventions such as listening and prayer support to satisfy needs. Based on discussions with participants, the Four F template was developed as a ready reckoner to explore the critical themes people engaged in conversations in an Asian Indian community context. Taking a spiritual history to uncover needs and make an assessment is facilitated by this tool using simple terms. Exploring through probing and listening presence in these four areas enables uncovering explicit and hidden needs. The more exhaustive the needs, the more support given through interventions such as prayer, and the more they can be satiated. Prayer support has a more likely favorable outcome. [172] The template emerged in conjunction with the FICA spiritual history tool and the Mount Carmel assessment model. The Mount Carmel model presents four interrelated themes around problems encountered in visitations, namely the concept of the Holy, approach to hoping, subjective meaning of illness, and support system. [173] Community visitations are not around illness specifically as in a hospital setting, and the ensuing distress problems are from issues that may not be the physical ailment. Assessment of the spiritual realm is difficult because it is elusive and has an evasive dimension.[174] Open and closed probes in the four areas help in uncovering needs.

The FICA tool is a qualitative method in the form of an open questionnaire, allowing individuals to answer questions about their beliefs, spirituality, and the importance of spiritual

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[172] Dale A Mathews. MD. "Prayer and Spirituality." *Division of General Internal Medicine, Georgetown University School of Medicine*, Washington, DC. Rheumatic Disease clinics of North America. Vol 26. Number 1. (February 2000).

[173] Greg Stoddard & Jean Burns-Haney, "Developing an Integrated Approach to Spiritual Assessment: One Department's Experience." *The Caregiver Journal* 7:1, (1990) 63-86.

[174] Karen A Boutell et al. "Nurses' assessment of patient's spirituality: Continuing Education implications." *The journal of continuing Education in Nursing* Vol 21. No 4.

beliefs in dealing with situations.[175] Many studies suggest a positive correlation between religious beliefs and well-being; hence it is important to explore their faith.[176]

The Four Fs is a similar application that customizes the areas for open probing in taking a spiritual history. The Four Fs is user-friendly and non-threatening for an interfaith Hindu context. Based on the work at Mount Carmel, for a hospital setting, four building blocks in developing spiritual assessment have been enumerated as adapting a model, establishing the assessment methodology, developing tools for implementation, and providing for ongoing review and evaluation. [177] The spiritual assessment model has been developed and adapted to a community setting using these guiding blocks. Because of the abstract nature of the spiritual dimension, expert inquiry skills are needed for assessing and carefully evaluating behavioral responses that are symptomatic of needs.[178] Spiritual people tend to have a more positive outlook and better quality of life. Exploring spirituality is important to be able to support it.[179]

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[175] Krakowiak, P., & Fopka-Kowalczyk, M. "Faith and Belief, Importance, Community, Address in Care spiritual history tool by C. M. Puchalski as an instrument for an interdisciplinary team in patient care." *Journal for Perspectives of Economic, Political, and Social Integration 21*(1-2), (2015):117-133.

[176] Zhang, Qian et al., "Effect of Chaplaincy Visits in an Elder Care Setting" *Journal of health care chaplaincy* Volume 26, Issue 3 (2020).

[177] Greg Stoddard & Jean Burns-Haney, " Developing an Integrated Approach to Spiritual Assessment: One Department's Experience." *The Caregiver Journal* 7:1, (1990): 63-86.

[178] Julia D Emblen, "Spiritual Needs and Interventions: comparing the views of patients, nurses and chaplains." *Clinical Nurse Specialist* William and Williams Vol. 7. No 4. (1993): 175

[179] Christina M, Puchalski, "The role of spirituality in health care*." Baylor University Medical Center Proceedings* Vol 14. No . 354.

The Four Fs in Exploring Spiritual History

Family

What does family mean to you? How big is your family here? And how do you spend family time? What do you miss most from your family in India?

Faith

What faith do you belong to? What role does your faith play in your life? What are your beliefs?

How does your faith help you cope?

Fear

What do you fear most? How do you cope with your fears?

Following

What gives you meaning? What or who do you follow most?

Figure 10: The Four Fs

The CARP process model of spiritual care has been developed to guide the need-based spiritual care process. The CARP and the Four Fs help remember cues on directions to engage. The CARP acronym aligns with the overarching theme that spiritual care is provided in an environment that is changing and calls for adaptability and enlargement, which are the features of a carp fish.

The CARP Process Model of Spiritual Caregiving

C: CARE, make Contact, Attend and Regard.

A: Assess spiritual well-being and uncover needs.

R: Reflect on the uncovered needs.

P: Prayer: Support uncovered needs with prayer.

Figure 11: The CARP Model

Based on the focus group discussions, the above process model was developed for spiritual care. The premise of the acronym on which the model is based is the fish carp, known for its adaptability. The culture is evolving, the dynamics are growing, and so are the needs brought out in the study. Hence, the model for spiritual care should also have scope for enlargement in times to come.

Contact: A referral form provides information about the person receiving care. Attending uses open and closed probes seeking to know, as role modeled by God in Genesis 3. The attending phase involves the biggest skill of listening presence. A mapping, as discussed, is added to the case file. The pictorial and note mapping plugs in all their influencers, cultural constructs, and sense of becoming: where they were to where they are now and where they are hoping to reach. Mapping records their movement as they evolve and merge into their new geographies and stimuli. Attending involves taking account of their spiritual history, particularly exploring the following four themes: global adjustments, fear factor, what gives them meaning, and a sense of family. Respect for the person is shown through listening without judgment and respecting the other person's views. The following is a measurement task sheet to track the cost

incurred when a conversation is not listened to without judgments. As taught by Crosby, doing it right the first time and with zero defects are two critical ingredients for improvement. [180]

Prevention

Defining a task	**Defining requirements**	**Prevention method**	**Zero defects**	**Price of Non-adherence**
Listening to needs	**Listening to needs**	**Not interrupting the conversation with judgmental statements**	**Enter yes or no as implemented**	

Figure 12: Prevention

The following is some helpful information about the receiver of spiritual care. The information suggested includes name, age, address, referred by: name of the person who referred, date of referral, language spoken, family details, and a brief note on the care required. Assigned to: name of the volunteer and assigned by: name of pastor or team leader. Date of first visitation, second visitation, notes for each, escalation needed, and closure date.

Using metaphors and mapping [181] were skills gleaned to be useful while engaging with people. Participants could draw out metaphors such as blood sacrifice, used in India with animals

[180] Nielsen, D. M., "What Crosby Says." *Quality Progress, 37*, 26-27.(2004): 8.

[181] Schall, J. M., "Cultural exploration through mapping." Social Studies (*Philadelphia, Pa : 1934*, 101(4) (2010): 166-173.

to appease, presenting the once for all blood sacrificed by the Lamb of God. The culture is a visual and ritual-oriented group where color design and physical form give meaning. Participants expressed that they visually processed things and hence formed mind pictures. Mapping helped participants to visualize in their minds, form pictures, and map the person and context to understand their needs better. Hence, using mapping by making pictorial narratives enabled participants to convey better. They felt it showed the context more vividly and imported their cultural contexts miles away into another shore. Disruption from the original habitat is something to be explored to see how the spiritual or religious practices have been affected by illness. [182]

Quality improvement for the process designed will not happen in a blink of an eye. Quality is a continuous process. The following chart helps in tracking weekly. Intentionally tracking listening is key. Everyday observations will contribute to the overall process improvement initiatives. Of course, this starts with the quality improvement interventions commencing with determining the root cause of these common observations and then identifying a solution that will correct or prevent any future occurrence.[183] Participants observed that in their original habitat in India, where they lived with their entire extended families and lived in communities, listening presence was provided by community members themselves by default. Participants drew a contrast that this intuitive listening presence that existed around them and for them was missing in the American landscape, where one had to be intentional about providing listening presence. Also, the standardization of spiritual care for intuitively oriented chaplains is

[182] Mary Martha Theil and Mary Redner Robinson, "Physicians' collaboration with Chaplains: Difficulties and Benefits." *Journal of Clinical Ethics* (1997): 96.

[183] Howes, Leslie M., Sarah A. White, and Barbara E. Bierer, "Quality Assurance and Quality Improvement Handbook for Human Research.Ed" *Baltimore: Johns Hopkins University Press* (2019): 3.

"foreign" to them.[184] The community faces a similar challenge to give a culture-based customized structure and form to what is practiced back home in India in their communities. In this context, continuing a balanced integration of what the community has found missing would be beneficial.

The following is a pictorial depiction of one of the homes visited on community visitations in Dallas. The mapping helped the participant to see the various components of the culture and beliefs present in the spirituality of the recipient pictorially through observation. The picture maps cultural elements like a mango leaf bunting on the porch of the house, a traditional south Indian drawing on the floor in front of the entrance drawn with rice flour, with the outline of a lamp beckoning the light to come into their homes. This pictorial view gives a glimpse of what traditions and following of rituals give them meaning and helps them understand where they come from and listen effectively. The map represents living an Indian life on yonder shores but in a western nation that brings with it the challenges of global adjustments.

[184] Greg Stoddard & Jean Burns-Haney, "Developing an Integrated Approach to Spiritual Assessment: One Department's Experience." *The Caregiver Journal*, 7:1, 63-86.

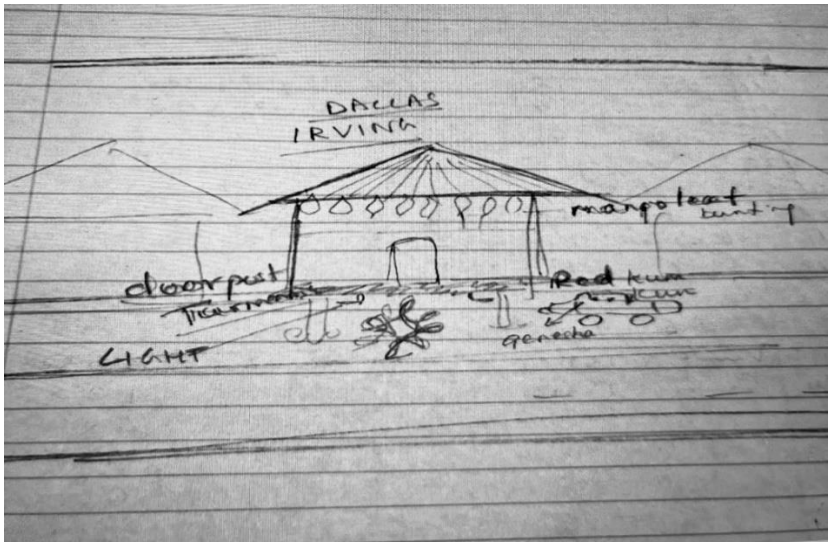

Figure 13: Pictorial Mapping

This is an example of a tracking sheet on listening. Participants developed this to track if they were adhering to all the listening requirements, which they determined to be important. The tracking was for them to set small doable goals and stay focused.

Tracking Listening: A Weekly Checklist (mark done or not done)

Process requirements	Date	Date	Date	Date	Date	Date	Date
Show care							
Listen fully							
Uncover all needs							
Assess and reflect							
Support uncovered needs with prayer support							

Figure 14: Listening Tracking Sheet

CHAPTER 5: CONCLUSION

The following chapter reveals the salient features that trace the study's differentiation by comparing and contrasting the before and after, as described in chapters one and two versus chapters three and four. The impact of the study was a well-constructed portable model comprising the methodology in construction and the delivery model and accompanying training workshop materials.

The Problem Revisited

The problem addressed was a lack of community chaplaincy care at the Dallas Tamil Church. The nuances of the close-knit culture and the hidden nature of needs have long existed with a lack of visibility and care. Emerging and growing visible symptoms of spiritual distress and observation of lack of training to handle this encouraged the study.

The Purpose Revisited

The purpose was to develop a spiritual care process model built on knowledge transfer and customization to adapt to existing proven models. The construction and training workshop itself was an intervention.

The Thesis Revisited

The DMIN thesis examined the gap in the context of the local native Asian Indian language church, the Dallas Tamil Church. The project studied the gap and equipped the chaplain volunteers in the church with specific tools and knowledge required to care for the unreached population from India. The thesis has provided a template and format applicable to any other culture or context as well.

The study left participants with a wake-up call to be aware of themselves and those they cared for and step into constructing a model that started their continuous improvement process. The main component was that participants were working with a changing need environment and were also part of the change. Hence the tools of continuous improvement helped construct effectively. Participants learned through brainstorming and discussions. The learnings related to the literature review were that they were not a model minority without any problems but had care issues that needed to be uncovered and addressed. The findings related to the environmental data that although they were economically affluent and a growing population, they had not grown in culture-based spiritual care. Since the problem is an evolving problem and quality is a continuous process, quality management tools suited the study to start the participants on a continuous movement. The study also revealed that the population has unique differentiators, such as fear, following, faith transitions, and family dynamics. Hence, customization resulted in a need-based spiritual history-taking framework and a process for uncovering needs that is more meaningful to this framework.

The study elicited a biblical template from Genesis 3 for uncovering needs and supporting uncovered needs with interventions speaking the Word and prayer support. The skills elicited from Genesis 3 formed the basis for the construction of the template for the process of providing spiritual care. The study suggested various measures and metrics, and listening skills was the only one selected for standards to begin the improvement process. The church will adopt more skills to measure and track along the way using the formats the study has generated. The church has decided to not only collaborate but also take various critical pieces for practice into continuous improvement. For the future, the study encouraged the church to stand up and become a hub for collaborative training and learning to benefit all similar native churches from

India in the U.S. The church learned that this landmark study launched them into taking the lead in spiritual care provision for the population by inviting similar native churches to collaborate in the practice and studies in the future. The first of its kind is the desire to take the lead and collaborate. There is a blessing in the collaboration.[185] Future activities and training will result in more documentation, research, and movement because the frame of quality management tools is designed for continuous improvement on the principle that quality is continuous. So, this study has only been the start. The church is committed to working with other providers and standards of practice. [186] The process generated by the study can be self-driven and customized for any problem area.

Recommendations

For culturally respectful care, one needs not only the assessment of spiritual needs but an interdisciplinary approach to spiritual care.[187] The Asian Indian community must work together concertedly with spiritual care providers from other areas, such as health care and institutions, such as education. The study findings point to the community living in isolation and being close-knit with themselves—the recommendation is for providers to be intentional in networking effectively. Pioneer thinking and leadership in breaking through with new learning are needed more than being just managers of what is already there. Philip Crosby, one of the world's learning experts on quality management, says that tomorrow's managers must lead a quality

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[185] Greg F Burke. Linacre Quarterly. Geisinger Medical Center. Danville, PA. November 2005. 279

[186] Mary Kendrick Moore. "Quality spiritual care spans the globe." *The Association of professional Chaplains.*

[187] Christina Puchalski, et al., "Implementing quality improvement efforts in spiritual care: outcomes from the interprofessional spiritual care education curriculum," *Journal of Health Care Chaplaincy* 28:3, (2022): 431-442,5.

revolution.[188] Quality is not limited to the corporate world but to spiritual care. Therefore, the recommendation is to think outside the box and not just follow what pertains to existing paradigms and contexts. There is little research on chaplaincy practice and methods for conducting interventions and spiritual assessments.[189] Learning how to go about is more helpful than just being managers of what has been developed and does not suit the growing needs and culture-specific.

The study had focused on processes and procedures, but improvement is more than mere procedures. Future studies on attitudes and working to overcome fear are essential, especially where participants have stated this as a limiting cause. The recommendation is for churches that cater to Asian Indians to also focus on breaking barriers such as caste and fear and timidity in reaching out for spiritual care in their process of global adjustments. Crosby uses a metaphor of procuring a driver's license test and the content learned and tested to bring home the importance of attitude and behavior over procedures and content. Crosby says, "after all is said and done, it isn't a procedure that merges onto a highway with oncoming traffic -- it is the driver." [190] All measurements, procedures, and tracking cost of non-conformance has nothing to do with the

[188] Crosby, P. "Crosby talks quality", *The TQM Magazine* Vol. 1 No. 4. (1989):6.

[189] Katherine R. B. Jankowski, George F. Handzo & Kevin J. Flannelly, "Testing the Efficacy of Chaplaincy Care." *Journal of Health Care Chaplaincy* 17:3-4, (2011): 100-125
DOI: 10.1080/08854726.2011.616166

[190] Crosby, P. B., "A license to do quality?*" The Journal for Quality and Participation 17*(1), (1994): 96.

provider's attitudes and behavior. Future studies have to focus on holistic well-being. Although there are many studies done, it is recommended that the church continue to integrate.[191]

Integrating into practice is needed for growth. The study used a few quality principles by Philip B. Crosby. The strategic requirements, however, are management commitment, quality awareness, supervisor training, goal setting, and cost of quality evaluation. Corrective action, zero defects, and error cause removal are tactical requirements, and recognition, quality measurement, and quality council and doing it over again are operational requirements. [192]

Applications and testing of this model are encouraged for areas with a felt need and absence of spiritual care through a chaplaincy ministry. The model does not replace any regular formal clinical pastoral education programs. All participants should go through clinical pastoral education. A network of pastoral providers and cohorts will help to continue studying and growing in community care as robust as the established care for hospital chaplaincy. The study's resultant model and training content is a practical chaplaincy ministry outreach application that will enhance the optimum use of existing resources in the church to provide spiritual care in unaddressed geographies and cultural contexts. A Pareto analysis will help to prioritize and take up improvement initiatives in providing spiritual care as a quality improvement project in the future. The use of metrics is recommended to measure and track per needs of the church and the

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[191] Weaver, Andrew J et al. "A Review of Research on Chaplains and Community-Based Clergy" *Journal of the American Medical Association, Lancet, and the New England Journal of Medicine: 1998–2000*" *The journal of pastoral care & counseling* Volume 58, Issue 4 (12/2004).

[192] Agrawal, N., "A framework for Crosby's quality principles using ISM and MICMAC approaches," *TQM Journal 32*(2), (2020):305-330.

community they serve. The use of quality management interventions to provide spiritual care is helpful. Quality can be seen as a "subjective measurement" in a project, but enabling put metrics in place will help quantify these measurements. This thesis has provided suggested metrics that can be customized. [193] Using the Bible as a base for quality improvement is a recommendation that gives a biblical basis and foundation to any improvement process. Diaz has used the example of Daniel as a quality improvement prototype. He enables the development of a hypothesis tested if pure food is healthier than the king's meat through evidence of an experimental group receiving pure food and an unchanged control group. [194] Future researchers can enable participants to glean more such quality improvement examples from the scriptures to see what God has for them through these examples.

The study centered around a church with first generation immigrant population born and raised in India but settled here. Their children are all American-born and raised; as they grow, their needs will be different, and the audience's priorities may also change. As of now, their goal is to survive and flourish in a new land, and they often neglect their spiritual well-being. The recommendation is, therefore, not a solution but the process model itself as a solution that can be executed, at any time frame, as and when the immigrant population transforms. The role of the church is critical in this transformation. Because, in the Bible, immigrants participate in God's mission to the nations. The alien or the immigrant is to be God's mission. Caring is loving, and

[193] Dow, William, and Bruce Taylor, "Project Management Communications Bible," John Wiley & Sons, Incorporated *ProQuest Ebook Central*. (2008): 9

[194] Neuhauser D, Diaz M. "Daniel: using the bible to teach quality improvement methods." *Qual Saf Health Care* 13(2) (2004):153-5. doi: 10.1136/qshc.2003.009480. PMID: 15069225; PMCID: PMC1743807. 2

the church's role can be considered a Christian community of immigrants who share the good news of God's love with people. [195]

God's love and spiritual care have to be reached intentionally to the Hindus who are left out. The recommendation is voiced in Dr. Patel's work through his oncology department experience. He advocates inclusive chaplaincy, having witnessed Hindus not accessing spiritual care through chaplains and when his family members had no access. Dr. Patel stated that of one billion Hindus worldwide, about 1.8 million Hindus lived in the U.S. in 2010. He quoted Pew Research Center for Religion, and Public Life estimates in 2015 that projected an increase of 4.8 million in the U.S. by 2050, making the U.S. home to the largest Hindu population outside of South Asia. [196] The study indicates that care is also well-held within the family. Patel quoted Sherma from his work on Hindu approaches to spiritual care: Chaplaincy in theory and practice, the necessity of a Hindu-American chaplaincy, that immigration into western countries resulted in shifts from extended family structure, nuclear family, employment obligations, and separation of communities. Typically the family takes care of the members. Only 7.4% are cared for outside the family in care facilities in the U.S. [197] But times are changing. The longer life expectancy and changing dynamics of nuclear families are causing the need for more studies. [198] The word chaplain is linked with Christianity, and as participants concurred with the author, the fear of

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[195] Williams, B., "*Community and Spiritual Care of Young Adults of the Caribbean Diaspora,"* (Order No. 27671260) *ProQuest Central; ProQuest Dissertations & Theses* Global (2366636318) (2019):16.

[196] Patel, R. V., "The missing voice: Incorporating the hindu community in developing inclusive chaplaincy." *The Journal of Pastoral Care & Counseling 76*(3) (2022):160-161.

[197] Brinnath, B. "Why does institutionalised care not appeal to Indian families? Legislative and social answers from urban India." *Ageing and Society 32*(4), (2012): 697-717.

[198] "Demographic Shifts, Family Structure, and Elder Care in India: How are Indian families Navigating New Terrain?" *The Gerontologist.* 55.Suppl_2 (2015): 845–845.

different faith connections was confusing and, at times, threatening. Patel recommends tailoring chaplaincy for Hindus by collaborating with members of the local Hindu community, family, and friends. Participants' origins were from Hindu families, having come to the Christian faith recently or many generations earlier. Some participants were still part of extended Hindu families. Hence, an overall collaboration is required as the sense of community is strong. Fifty-one percent of the Asian Indians in the U.S. are Hindus, so collaborating for spiritual care is vital.

Listening presence is the most important takeaway and a point of convergence and triangulation. The recommendation is to focus on listening presence as the key to spiritual care. Biblical scriptures support listening presence; participants have weighed listening presence as the largest contributing cause toward the lack of need-based spiritual care, and much literature points to the need for listening presence. For future researchers, a study on listening presence will benefit the community. Parameswaran says that listening presence, the chaplain's model of mindfulness, and its trans-personal application in spiritual care are the least understood and studied. [199]

Participants chose to track and measure the two main interventions: listening support and prayer support. Other interventions to track are building trust, unconditional love, forgiveness: of God, self, and others, sacraments, etc. [200] Since participants observed poetry as a form of self-

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[199] Parameshwaran, R., "Theory and practice of chaplain's spiritual care process: A psychiatrist's experiences of chaplaincy and conceptualizing trans-personal model of mindfulness." *Indian Journal of Psychiatry 57*(1), (2015):21-29.

[200] Rev. Michael Kendall, *Spiritual Assessment and Healing process.*

expression, followed poets and their ideas and expressed narratives in poetry, it is recommended to explore poetry as a non-threatening intervention. [201]

Overall, the results have started a momentum that the tools provided. The end questionnaire revealed a lot of learning. Participants felt that the inputs helped them traverse interfaith engagement better and care for others who were not Christians. They expressed less fear of stepping out of their comfort zone and reported intentionally using open and closed probes. They expressed that they learned to think methodically. They understood in deeper detail the manifestations of spiritual distress. The model has provided them with deep insights, and the learning on measures and tracking enabled them to work in a focused manner. The measurement part was most welcome. Participants enjoyed possibilities for measurement the most by setting their own goals and looking back to see if they met the goals to improve how they served. They related to 1 Corinthians 3:13 and 1 Peter 1:7 that their work will be tested. The church will jointly decide on what measurements to focus on each month. Participants expressed that they were encouraged to keep within a framework. In terms of goals for visitation, the Asian Indian community members expected long hours of engagement, and participants felt motivated to stay focused and to the point and on track and within time limits for themselves per visitation. Participants were also able to be more focused in their engagement. They recognized their need to tell who they were and what they were there for in providing spiritual care. [202] Participants shared how the process enables engaging in a structured and meaningful way to uncover needs.

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[201] Beresin, N., "A Chaplain's notebook: Poetry as spiritual nourishment." *The Journal of Pastoral Care & Counseling 74*(1), (2020):61-67.

[202] Granger E Westberg, "The cucial first three minutes in the sick room" *The Institute of Religion, Texas Medical Center*.

Participants felt that their thinking in terms of reducing the price of non-conformance was a breakthrough. Participants felt they were more purposeful in their steps in engagement while providing care using the steps they had learned. Participants also expressed that the study helped them to listen better. Participants felt confident that God would continue to work with them and reveal more biblical examples, and the Holy Spirit will guide them through providing God's love. As with the psalmist in Psalms 103, participants and researcher conclude and end with praise that He will continue to satisfy all needs with the benefits of His compassionate love and Grace.

Keywords: Benefits and Satisfies

As spiritual care providers in the community, the belief is that God will supply every need in the need-satisfaction of spiritual care. Philippians 4:19 says, "….God will supply every NEED of yours according to his riches in glory in Christ."

Psalm 103: 1-5
Praise the LORD, my soul; All my inmost being, praise his holy name. Praise the LORD, my soul, And forget not all his BENEFITS Who forgives all your sins, and heals all your diseases, Who redeems your life from the pit and crowns you with love and compassion, Who SATISFIES your desires with good things so that your youth is renewed like the eagle.

Figure 15: Keywords: Benefits and Satisfies

In providing spiritual care to the unreached, every need will be satisfied by the benefits of the Word. Seeking those not reached, lovingly probing and uncovering needs, and supporting

them with God's Word and prayer through listening presence draws the unreached into the portals of God's love and Grace. The provision of various quality management principles and methods enables God's workers, particularly chaplains, to continue His redemptive work.

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APPENDIX A

PERMISSION TO CONDUCT THE STUDY AT THE CHURCH

The permission process, initiated with the researcher's letter of request for permission to conduct the study at the Dallas Tamil Church, is included. The permission letter from the Dallas Tamil Church in response to the request in writing to conduct the study at the church building and permission to recruit participants from the church membership is also included.

August 26, 2022

To,
[redacted]
Senior Pastor
Dallas Tamil Church
2450 Kellersprings Road,
Carrollton, TX

Dear Pastor [redacted]

Greetings in Jesus' Name.

I am happy to share that I am conducting a study as part of my graduate requirements for a Doctor of Ministry degree in Chaplaincy at the John W. Rawlings School of Divinity at Liberty University.

The title of my study is "Developing a Community Chaplaincy Ministry:
Through a Need Satisfaction Care Model, for a Native Language Church." My study aims to conduct a focused study on developing a culture-sensitive spiritual care model at the Dallas Tamil Church for administering culture-sensitive community chaplaincy care.

In this context, I am glad to be writing to you to request your kind permission to conduct the study at the church and engage with and invite interested participants in this study. Those interested in participating will be requested to complete a pre-course and post-course spiritual care survey through a questionnaire before and after the study. Participants give a consent form before participating in the study. This participation is fully voluntary, and participants can discontinue the study and participation if desired at any time.

Thank you very much for your kind consideration. Please use the enclosed model of the permission grant letter to provide me the permission to let me know of your approval on your church letterhead. Please do let me know if you would need any additional information.

Sincerely.

Shanti Samuel
Graduate Student
John W. Rawlings School of Divinity
Liberty University

APPENDIX B

PERMISSION LETTER FROM CHURCH

High Elevation Church (Dallas)

(To live is Christ and to die is gain)

John Henry Mathias

Date: Aug/28/2022

President & CEO

Dear Shanti Samuel,

After carefully reviewing your proposal entitled "Development of a culture-sensitive, Need-satisfaction Spiritual Care Chaplaincy model," we have decided to permit you to train select members for the training. You may conduct the study for our participants and church to benefit from this knowledge and study. You may complete the study and training at the church and use the investigation for the DMIN study.

We will participate in the training and invite confirmed participants to participate in the study at the church.

We are requesting a copy of the results upon study completion.

Sincerely,

Pr. Dr. John Henry Mathias
Address – 2450 Keller Springs Rd, Carrollton, TX, 75006
Contact# +1-408-660-7782
Email address - johnhenry.mathias@highelevation.org

APPENDIX C

PULPIT ANNOUNCEMENT

The announcement is scheduled for two weeks before tche commenement of the study. A pulpit announcement is made in all three services of the Dallas Tamil Church, namely on Friday, Saturday, and Sunday. The flyer is given to interested participants after the announcement.

Pulpit Announcement Content

A workshop will be conducted for those who would like to be part of a chaplaincy ministry in the church. The training workshop commences two weeks from today. After church service, it will be held in the classroom. This workshop is part of Shanti Samuel's study as a doctoral candidate at Liberty University. Our church is growing, and the population we serve is also growing. The church is called to provide spiritual care for the church and community members. The church has been doing this without any structured training and study. By participating, the church can better its skills and better understand those the church serves, and most of all, the participants will be able to serve as efficient chaplain volunteers and be a forerunner for other churches to follow.

So while this workshop will be useful for all participants, the interactive exercises that involve the development of a community-based chaplaincy model for the church will be interesting to those who would want to help establish the chaplaincy ministry for the church.

APPENDIX D

RECRUITMENT FLYER

Study Participants Needed

Development of a Culture Sensitive, Need-Satisfaction Spiritual Care Chaplaincy Model

Are you 20 years of age or older?

- Fluent in English with knowledge of any native language?
- Are you interested in providing spiritual care for people?

If you answered **yes** to each of the questions listed above, you might be eligible to participate in a study.

This study aims to get trained in culture-specific chaplaincy skills to provide spiritual care and participate in developing a need satisfaction care model.

Participants will be asked to attend the training sessions and participate in group discussions. A total of eight sessions provides the required training.

Participants will benefit from the comprehensive learning to serve better and be of great value to the church and community.

If you would like to participate, please fill out the consent form provided in the first session of the training program.

Please get in touch with [redacted] at [redacted] for further clarifications.

APPENDIX E

PARTICIPANT CONSENT FORM

Title of the Project: Developing **a Community Chaplaincy Ministry through a Need Satisfaction Care Model for (A native language church) the Dallas Tamil Church.**

Principal Investigator: Shanti Samuel, Doctoral Candidate, Liberty University, Member: Dallas Tamil Church

Invitation to be part of a Study

You are invited to participate in a study. To participate, you must be more than 20 years of age, be able to read and understand English, know an additional native spoken language, be a resident of Dallas, male or female, an intern in training, or a member of the Dallas Tamil Church, occupation. Taking part in this study is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this study.

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

The study aims to develop a culture-sensitive need-satisfaction chaplaincy model for providing spiritual care in the community.

What will happen if you take part in this study?

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

1. Participate in the pre-course and post-course questionnaires before the first class and after the last class. The five sets of descriptive questions should take no longer than 30 minutes to complete each.

2. Participate in the group discussions in the training sessions. Each session will be 45 minutes and will be held across eight sessions every Sunday from the program's start.

3. Journal your learnings as we go along in a notebook about what you learned and any additional thoughts and reflections

4. The whole study phase will run for eight weeks, and we will meet every Sunday or Saturday as convenient. Each training session every week will not exceed two hours.

How could you or others benefit from this study?

1. You will learn how to provide spiritual care and the skills associated with care for the community
2. Those you care for will benefit from this training and study.

What risks might you experience from being in this study?

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

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Study records will be stored securely, and only the researcher will have access to the documents.

- Participant responses will be anonymous. Participant responses will be kept confidential through the use of pseudonyms. Sessions will be conducted in the church, where the public or other than participants will not hear the sessions.
- 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.
- Training sessions are for educational purposes only, not for outsiders or the public. Focus group responses will be documented and these will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these documents.
- Confidentiality cannot be guaranteed in focus group settings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any questions or withdraw at any time.

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

If you choose to withdraw from the study, please contact the researcher at the email included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group discussion data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

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

The researcher conducting this study is [redacted] You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted].

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

Suppose you have any questions or concerns regarding this study and could like to talk to someone other than the researcher. In that case, 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

Disclaimer: The Institutional Review Board is tasked with ensuring that human subject study will be conducted in ethical ways, as defined and required by deferral regulations. The topics covered and viewpoints expressed or alluded to by the student and faculty researcher are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent:

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign the document, you can contact the study researcher using the information provided above.

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

Print Participant Name.

_____

Signature and Date.

_____

APPENDIX F

PRE-WORKSHOP TRAINING INTERVIEW ONE ON ONE QUESTIONNAIRE

Total Time Limit: 30 minutes.

1. What are your expectations from someone who provides you spiritual care? Elaborate with examples of what you would like it to be.
2. How would you describe a visitation from someone you can recall that was most helpful for you. And why?
3. How would you describe a visitation from someone you have experienced that was not helpful for you. And why?
4. What are the five things you would do if you were visiting someone to provide spiritual care?
5. What are the obstacles to providing spiritual care? How can it be overcome?

APPENDIX G

POST-WORKSHOP QUESTIONNAIRE

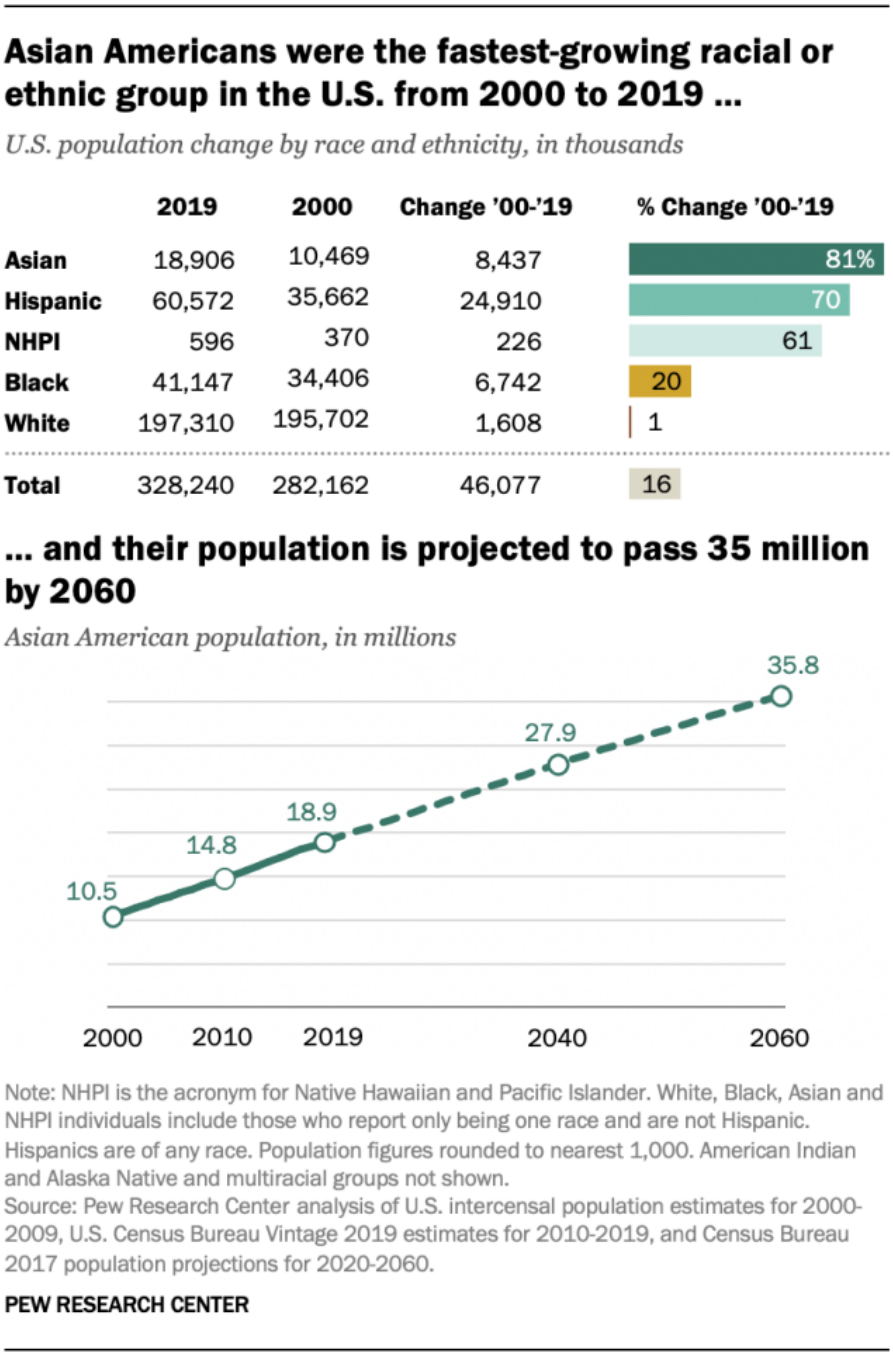
Total Time Limit: 30 minutes

1. How has the training impacted your learning in providing spiritual care?
2. How has the model helped in providing spiritual care?
3. How have the process measurements helped you in providing care?
4. How have the tools in scheduling and conducting a visitation helped you? Explain.
5. How would you describe your confidence in providing care?

APPENDIX H

CHARTS ON INDIAN AMERICANS

Asian Americans were the fastest-growing racial or ethnic group in the US from 2000 to 2019, and their population is projected to pass 35 million by 2060 | Pew Research Center



Asian Americans were the fastest-growing racial or ethnic group in the U.S. from 2000 to 2019 ...

U.S. population change by race and ethnicity, in thousands

	2019	2000	Change '00-'19	% Change '00-'19
Asian	18,906	10,469	8,437	81%
Hispanic	60,572	35,662	24,910	70
NHPI	596	370	226	61
Black	41,147	34,406	6,742	20
White	197,310	195,702	1,608	1
Total	328,240	282,162	46,077	16

... and their population is projected to pass 35 million by 2060

Asian American population, in millions

Note: NHPI is the acronym for Native Hawaiian and Pacific Islander. White, Black, Asian and NHPI individuals include those who report only being one race and are not Hispanic. Hispanics are of any race. Population figures rounded to nearest 1,000. American Indian and Alaska Native and multiracial groups not shown.
Source: Pew Research Center analysis of U.S. intercensal population estimates for 2000-2009, U.S. Census Bureau Vintage 2019 estimates for 2010-2019, and Census Bureau 2017 population projections for 2020-2060.

PEW RESEARCH CENTER

Figure A

APPENDIX I

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

June 13, 2022

Shanti Samuel
Page Brooks

Re: IRB Application - IRB-FY21-22-1170 Developing a Community Chaplaincy Ministry: Through a Need Satisfaction Care Model for a Native Language Church.

Dear Shanti Samuel and Page Brooks,

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

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

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

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

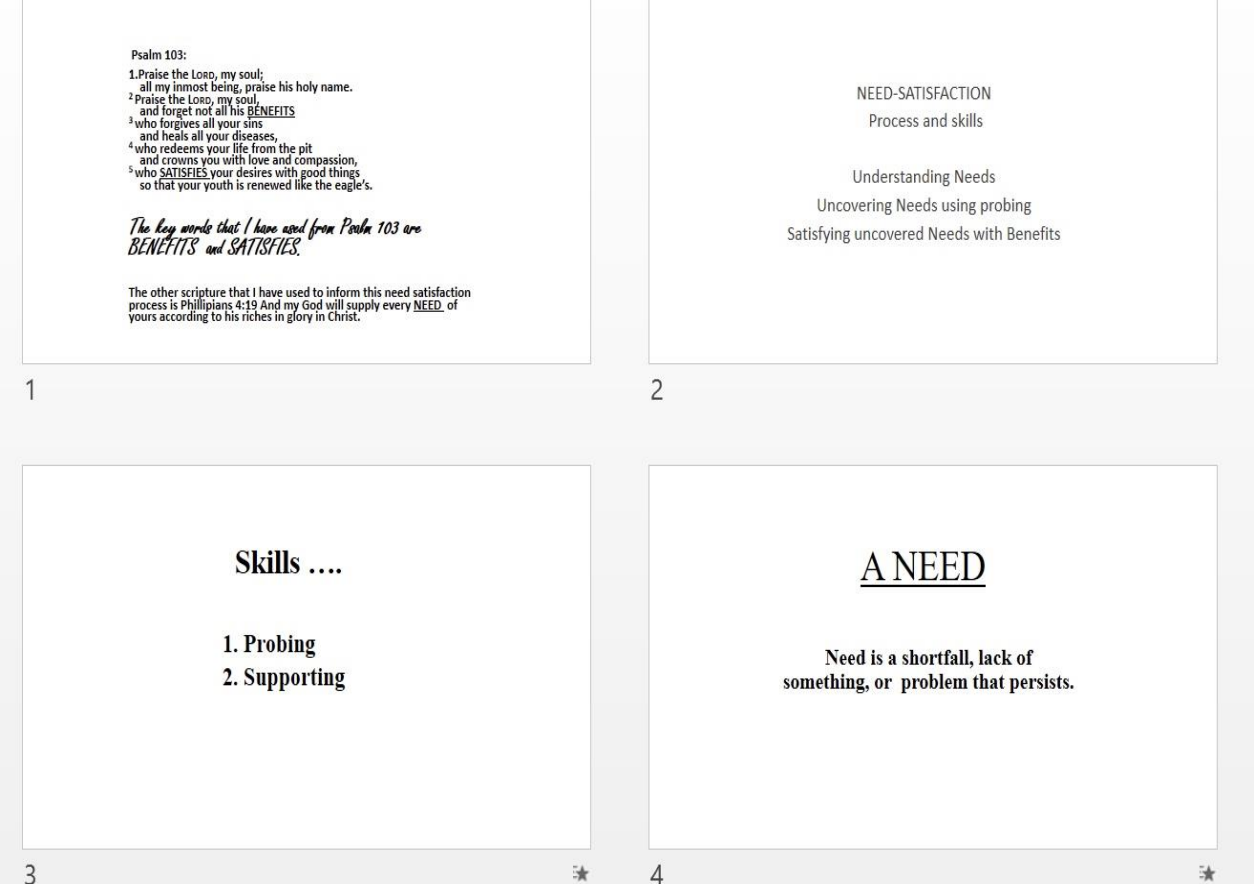
If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

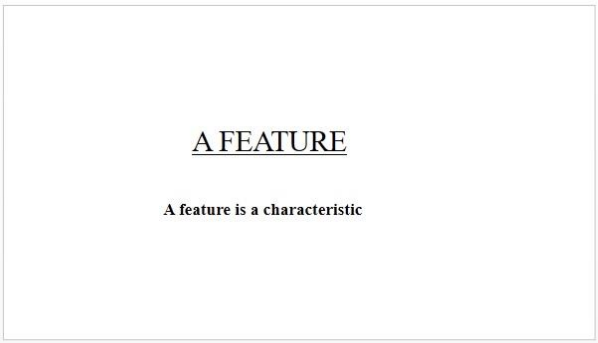
Sincerely,

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

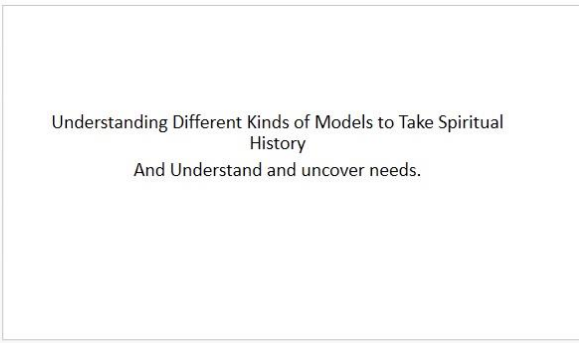
APPENDIX J

Content slides for Focus Group Discussion

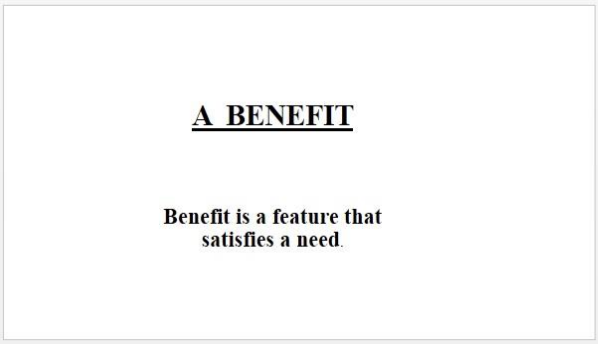



A FEATURE
A feature is a characteristic

5


Understanding Different Kinds of Models to Take Spiritual History
And Understand and uncover needs.

6


A BENEFIT
Benefit is a feature that satisfies a need.

7