Meg, an interfaith chaplain, agreed to let me shadow her to learn about her work in a large academic medical center. By 9:00 a.m. on a Friday morning, we were sitting in a conference room filled with dirty plates and cups. “It looks like there was a party and no one invited us,” Meg chuckled as she cleaned off the table.

Meg is assigned to the palliative care service, and as we waited for the weekly interdisciplinary meeting of physicians, nurses, the chaplain, and the social worker to begin, a nurse opened the door, stuck her head in, and asked Meg to see a patient who, in her words, “just won’t die.” He wants to die, the nurse explained, the family is ready for him to die, everyone who needs to be in has been in, but still he will not let go. Meg agreed, and after the meeting ended she went to see this patient. She spoke first with his wife learning about his life, their family, his Catholic background, and how the time in the hospital had been for her.
She then went to visit the patient and, at his wife's request, offer a prayer. Although he was unconscious, Meg introduced herself, spoke with him briefly, and then said a prayer like one I heard her repeat many times in subsequent weeks. "I lay my hands on you in the name of God the Father and his son Jesus." Meg talked to God in the prayer, saying that "in God's mansion there are many rooms, and we know that you have a room, God, with those who have come before. God we know you have things in store that are greater than our imagination, and we ask you to prepare us for them." She ended the prayer in the name of "God the Father, Son, and Holy Ghost" and crossed the gentleman on the forehead. She sat with him in silence for a few minutes before moving on with her work.

Scenes like this are repeated daily as chaplains and local religious leaders provide support for those who are ill or dying in hospitals, rehabilitation centers, nursing facilities and other healthcare organizations across the United States. I saw many local religious leaders during my research in hospitals visiting with families, praying with patients, and offering words of comfort and healing during difficult times. While some work with chaplains and learned about chaplaincy as part of their own Clinical Pastoral Education training, others do not. I offer some context here to help local clergy better understand how chaplaincy works in healthcare today and provide a few suggestions aimed at helping clergy and chaplains work together more effectively as teams.

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Broad Context

Chaplaincy is offered in different ways in various types of healthcare organizations. The Joint Commission, which sets policies for healthcare organizations, calls on hospitals to respect "the patient's cultural and personal values, beliefs, and preferences" and accommodate "the patient's right to religious and other spiritual services" but says little about how to do so. Some hospitals pay chaplains to do this work while others have nurses doing it or allow chaplaincy volunteers or chaplains who are paid by local dioceses or councils of churches to provide these services. Surveys conducted by the American Hospital Association suggest that two-thirds of American hospitals have chaplains but little is known about whether they are staff chaplains or volunteers or are paid by the hospitals or by outside religious organizations.

Chaplaincy began as a Protestant profession first in the 1920s with the emergence of Clinical Pastoral Education, and later in the 1940s with the emergence of professional chaplaincy organizations. The profession has since broadened to include Catholics, Jews, Muslims, and people from other religious and spiritual traditions. While chaplains have historically visited with patients and families in their own religious traditions, growing numbers are staffed as interfaith chaplains assigned to units like the emergency department or the medical intensive care unit where they are responsible for all of the patients there. While particular people, like Catholic priests, can be called to meet ritual needs, interfaith chaplains meet with families first to assess that need and provide support.

Among chaplains, the growing consensus is that hospitals should staff and pay chaplains directly and should hire only those that are board certified by one of the main professional chaplaincy organizations. Board certification requires chaplains to have the endorsement of a faith tradition, an undergraduate degree and graduate level theological degree, four units of Clinical Pastoral Education (1600 hours) or its equivalent, and have paid dues to one of the professional chaplaincy associations. Prospective chaplains must also demonstrate...
competence in a written application and certification interview in four areas focused on theories of pastoral care, identity and conduct, pastoral skills, and professional skills, and must participate in continuing education and peer review every five years.

Work with Patients and Families

In their work with patients and families, the chaplains I spoke with described trying to be present with patients, trying to help them conceive of healing beyond physical curare and working around hope—broadly understood—whenever possible. Like Meg, they increasingly work as part of interdisciplinary care teams with many also working around ethics and serving on hospital committees, if they are staffed and paid by the hospital. To signal their broad interfath orientation and efforts to serve all patients and family members, regardless of their religious or spiritual backgrounds, some departments have changed their names from Departments of Chaplaincy or Pastoral Care to Departments of Spiritual Care.

In the large academic hospitals I studied, there were rarely enough chaplains to visit all of the patients. Directors of chaplaincy tended to assign chaplains to units by prioritizing those who were severely ill in intensive care units, those who were hospitalized for extended time periods, and those who were dying. They were clear that chaplains provide secondary support to the support some patients get from their own religious communities. In deciding who to visit, most chaplains prioritized those who either did not have a religious community or were not receiving support from it. Many also focused on those who were far from home, especially for sophisticated or longer treatments available in many academic medical centers.

Working with Staff in Healthcare

In addition to their work with patients and families, many chaplains also work with staff, supporting them in a range of personal and professional ways. Nurses tend to be chaplain’s closest colleagues and some departments offer Blessing of the Hands ceremonies during Nurse’s Week or find other ways to recognize the work that they do.

They also support staff members when a patient dies. The hospital where Meg works recently created a viewing room where family members who are not able to be at the hospital when a loved one dies can see the person’s body before it is transferred to a funeral home. Later in the day, that I spent with her, I followed Meg to the viewing room where she helped train two social workers. With a more senior social worker, she showed them how to sign a body out of the morgue and be with family members as they visit. The two social workers being trained were obviously uncomfortable with this process and she did her best to put them at ease while making sure they understood the process and could be of support to families.

At many hospitals, chaplains organize annual bereavement ceremonies for the families of patients who die in the hospital as well as for staff members, particularly when they die unexpectedly. Some also preside at weddings and support staff members in other ways.

Tips for Working with Chaplains

While some local clergy know and work closely with chaplains, particularly if they are from the same religious tradition, others see them only when getting their discount parking validated as they leave the hospital. I encourage local clergy to think of chaplains as resources in making the following suggestions.

1. Make sure you know who the chaplains are at your local hospital and whether they are in the hospital full or part-time. Ask how their work is divided so you understand whether they only see patients in their own religious tradition or are working as interfath chaplains—as is increasingly the norm—seeing all of the patients on their assigned units.

2. If/when you are facing an ethically complex case with a patient or a medical situation you are uncomfortable with or do not understand, do not be afraid to reach out to the chaplain and ask for assistance. If a patient or family would like you to be present at a meeting with his or her physician or healthcare team, ask the chaplain to help.

3. While changes in privacy laws do not allow you to visit with patients who are not your congregants, consider referring roommates or others you meet in hospitals that you think could use support to the chaplain or chaplaincy department.

4. Consider partnering with local chaplains to offer educational programs about advanced directives, end of life decision-making, and other relevant topics in your congregations. Better education about these issues could significantly reduce some of the challenging cases chaplains face today.

Discussion Questions:

1. Do you know who the chaplains are at the hospitals you visit regularly and/or how to contact them?

2. How was your own professional life shaped by Clinical Pastoral Education, if at all?

3. How do you support healthcare professionals in your congregation around the difficult work they do with patients and families?

4. Have you ever considered partnering with a chaplain to offer educational programs, perhaps around end of life issues, for your congregation?

5. Have you provided guidance about how members of your congregations can best reach you if needed in a healthcare emergency?