

A Profession in Process

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HEALTH CARE CHAPLAINCY TODAY is what sociologists Rue Bucher and Anselm Strauss called a “profession in process” or a professional group with many segments in transition.¹ Much like the 2001 document, “Professional Chaplaincy: Its Role and Importance in Healthcare,” the proposed standards of practice show leaders trying to articulate to each other, to other health care professionals and to the public who they are and what they do.² This articulation is an important step in the development of chaplaincy as a profession though the standards are best read as what leaders think chaplains in acute care *should* do, rather than what they actually do. I support the development of these standards, but I see several challenges to putting them into practice based on my research about what chaplains actually do (and may do) in the health care institutions where they work.

I spent the last several years conducting research about chaplaincy departments in large academic hospitals for my book in progress, *Paging God: Religion in the Halls of Medicine*. I interviewed the director of chaplaincy and a staff chaplain at seventeen large academic hospitals. In addition, I spent a year shadowing and interviewing all of the staff chaplains, residents, clinical pastoral education (CPE) students and volunteers at one of these institutions. I found significant variation in what chaplains do. What chaplains see as their work, how they divide their work, the extent to which they are a part of hospital protocols and the ways they spend their time are quite different at different hospitals. At three-quarters of the hospitals, for example, there are situations such as deaths and traumas in which a chaplain always is called. There is no *single* type of situation at all of these hospitals, e.g., death, trauma, possible organ donation, in which a chaplain always is called. This suggests that the history and development of chaplaincy at a given hospital, rather than broader ideas chaplains share about when they always should be called, strongly shapes the chaplain’s daily work.

The variations that I observed at different hospitals makes standards of practice even more important as visions of what chaplains should do. The extent to which chaplains meet these standards, however, depends not just on the chaplain but on accountability in the departmental context in which s/he works. For example, these standards are written for the board certified chaplain, but most of the hospitals I studied employ both certified and noncertified chaplains. Very few of these departments ask chaplains to use standard assessment measures and, despite their prevalence in the research literature, very few chaplains were knowledgeable about the standard spiritual assessment tools required to meet the basic level of Standard 1. Likewise, the chaplains I interviewed were generally unaware of the “chaplaincy care pathways” and “outcomes-oriented” plans of care described in Standard 2. Many relied more on intuition than research in their daily work. While most did document their visits, as described in Standard 3, many departments support double forms of documentation. In patient charts, chaplains write short notes indicating that they saw the patient. It is in chaplaincy department charting systems, which are not accessible to interdisciplinary teams, that they write longer notes, answering some of the questions described in Standard 3.

For these standards to influence how chaplains work and how patients/families/staff are served, directors of chaplaincy departments need to commit institutionally to bridging the gap between how chaplains *actually* work in their hospitals and how these standards suggest they *should* work. These administrators need to work with chaplaincy educators, thinking hard about where chaplains

in training are learning the skills and language necessary to meet these standards and revising and reimagining the curriculum accordingly where there are gaps. If the empirical gap between their vision and the current reality is the starting point, these standards of practice have the potential both to improve and to standardize the work of chaplains and chaplaincy departments, thus further developing the profession. 🌟

¹ Rue Bucher and Anselm Strauss. "Professions in Process." *American Journal of Sociology* 66, no. 4 (1961): 325-34.

² Larry VandeCreek and Lauel Burton, eds., "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (Spring 2001): 81-97.