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Pastoral Care in Public Settings: A Theoretical and Theological Premise with Effective Outcomes of Chaplaincy

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Introduction

Most people continue to believe that there is a God or universal spirit, but many are unchurched and have a rising skepticism of

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organized religion.² Effective, practical and relevant applications of theology and faith beliefs are needed in our growing pluralistic culture. Religious and cultural research reveals that twenty-five percent of unchurched adults are skeptical of God's existence, labeling themselves as either agnostics or atheists.³ This skepticism of God's existence is stated to be based upon rejection of the Bible, a lack of trust in the local church, and the cultural reinforcement of a secular worldview. This trend is more predominant in younger adults who are more educated and racially and ethnically diverse.

For ministers, this type of data is not a new revelation, but it validates the changing expressions of faith and spirituality in America as well as across the globe. If one holds to the premise that each person,

1. Is spiritual,
2. Possesses an inner spiritual nature or spirituality, and
3. Is consciously or unconsciously searching for meaning and purpose in their lives;

then unique public ministry approaches are of paramount importance. If so, then one approach falls within the realm of skilled chaplain ministers who work in pluralistic marketplaces and organizations. This purpose of this paper is to lay a theoretical and theological premise for workplace and clinical chaplaincy and review the research that reveals the effective outcomes of chaplaincy.

A. The Widening Faith Gap

When people do not attend organized religious groups, ministers should ask, "Is there a need for me to go out to them?" Spirituality is indeed diverse and is being defined and expressed in many ways.

With so many of the population not active in a local church or organized faith community, there is a great need for effective soul care to be brought to them in their respective places of work by their coworkers and friends.... Chaplains are uniquely qualified to bridge this growing gap in our society, which has pushed

² "Most Americans Still Believe in God," *Gallup*, June 29, 2016, accessed May 30, 2017, www.Gallup.com; "U.S. Public Becoming Less Religious," November 3, 2015, www.PewForum.org (accessed May 30, 2017).

³ Barna Group, "2015 State of Atheism in America," www.Barna.com/research/2015-state-of-atheism-in-america.

back against organized religion yet still strives to find meaning and relevancy in their spiritual selves.⁴

Michael Langston, a retired military chaplain and Columbia International University professor of chaplaincy, said,

However, in the midst of all this change, religion and spirituality continue to thrive and provide a sense of hopefulness for millions of people around the world. People are buoyed by their faith and continue to seek out avenues to practice that faith.⁵

Observing this trend and the need for practical and relevant ministry applications, Langston continues,

Today, there is a strong trend and desire to have that spiritual need addressed in the workplace, where people live 30–40 percent of their lives. In the workplace environment, life goes on and people experience all the joys, excitement, successes, heartaches, struggles, and failures that life brings. In an effort to maintain productivity, corporations and institutions search for ways to address workers' specific religious/spiritual needs so that productivity continues to meet expectations of the organization, board of directors, and shareholders. Many of these corporations, health-care systems, and institutions see the importance of providing for the comfort, care, and spiritual nurture of their workforce. If the workforce is healthy in body, mind, and spirit, then the workforce can wholeheartedly focus on the mission at hand and remain productive. This care that is provided by the workforce employer is done through the profession of chaplaincy.⁶

The above and more forms the essential premise and justification for a professional pastoral chaplain ministry.

While chaplaincy as a whole is not faith specific, it nevertheless reaches out to care for the religious and spiritual needs of the workforce built upon specific skill sets that are imperative in the direct hands-on care provided.⁷

B. Spirituality and Soul Care Defined

Christina Puchalski of the George Washington Institute of Spirituality and Health proposed a definition of spirituality that is widely accepted by most in health-care chaplaincy:

⁴ Keith A. Evans, *Essential Chaplain Skill Sets: Discovering Effective Ways to Provide Excellent Spiritual Care* (Bloomington: WestBow Press, 2017), 2.

⁵ Evans (2017), vii.

⁶ Evans (2017), vii-viii.

⁷ Evans (2017), viii.

spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.⁸

Others perceive that spirituality stems from one's inner consciousness and is the source behind the outward form of defined religious practices.⁹ Religion is more strictly defined as how one's spirituality is practiced within a specific doctrinal or theological context.

In *Care of Souls*, David G. Benner said,

The soul is the meeting point of the psychological and spiritual. Its care must, by necessity, include both spiritual and psychological aspects.¹⁰

In the past century, there have been great strides in understanding the human psyche. But at the same time, the experts have tended to dissect the immaterial self of the individual and divide it up into distinct components (psychological, spiritual, and emotional), with each one standing separate and without connection to the other. However, there is a growing understanding that this may not be the case. In fact, a dichotomist view of humanity may have more merit in this context of soul care when you assess how individuals cope with crises in their lives. Benner stated that we should

understand *soul* as referring to the whole person, including the body, but with particular focus on the inner world of thinking, feeling, and willing. Care of souls can thus be understood as the care of persons in their totality.¹¹

Of the many persons not engaged in a local church or faith/spirituality community, then who assists people in their journeys? Most often, no one.

C. Theoretical Premise for Chaplaincy

The work of psychologist Kenneth I. Pargament has been especially well received within the medical field over the past several decades. Pargament has written extensively on the psychology of an individual's resiliency based upon religion and spirituality as positive

⁸ Christina M. Puchalski, et al., "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus," *Journal of Palliative Medicine* 17, no. 6 (2014): 642.

⁹ William A. Guillory, *Spirituality in the Workplace: A Guide for Adapting to the Chaotically Changing Workplace* (Salt Lake City: Innovations International Inc. Publishing, 1997), xi.

¹⁰ David B. Benner, *Care of Souls: Revisioning Christian Nurture and Counsel* (Grand Rapids: Baker Books, 1998), 22.

¹¹ Benner, 23.

coping skills.¹² Pargament's behavioral theories and literature reviews can easily be extrapolated to include individuals under any stress.

Attending to a person's spirituality has been shown to help a person's overall resiliency after crisis and stress. A 2011 study noted that individuals who have spiritual and religious resources available to them during a time of crisis, such as critical life situations and nearing death itself, incur lower overall medical costs.¹³ One can infer from this study that the individuals became less anxious and more emotionally and psychologically relaxed when they felt more supported. They felt less vulnerable. As this occurred, there was less need for anxiety or pain medications, which led to the patients' better comfort and rest and even increased healing rates because their immune systems improved. When this occurs, the patient will often have a shorter length of stay and better satisfaction with overall care. Other research supports this general premise, noting that results "may be attributable to chaplain's assistance to patients and families in making decisions about care at the end-of-life, perhaps by aligning their values and wishes with actual treatment plans."¹⁴

This and other data support the notion that spirituality is vastly important to the resiliency and maintenance of emotional well-being and wholeness for individuals. Even though organized religion is often opposed in the public square, and regardless, the professionally trained chaplain may be the most reasonable public clergy when fully respecting all beliefs in the effort to aid resiliency. For the multitude of people with spiritual needs who are also on quests for their own deeper meaning and purpose in life, the well-equipped and skilled chaplain may prove to be their best spiritual mentor and guide.

D. Theological Context for Chaplaincy

The Judeo-Christian theological basis for public ministry in hospitals or other settings for chaplains can be supported by the

¹² Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research Practice* (New York: Guilford Press, 1997).

¹³ Tracy Balboni, et al, "Support of Cancer Patient's Spiritual Needs and Associations with Medical Care Costs at the End of Life," *Cancer* 117 (2011): 5383–91. See www.ncbi.nlm.nih.gov/pmc/articles/PMC3177963.

¹⁴ Kevin J. Flannelly, et al, "A National Study of Chaplaincy Services and End of Life Outcomes," *BMC Palliative Care* 11, no. 10 (2012): 1, accessed September 1, 2013, <http://biomedcentral.com/1472-684x/11/10>.

scriptural premise of the two great commandments. The first, “You shall love the Lord your God with all your heart, and with all your soul, and with all your mind” (Matthew 22:37 NASB) sets the intention and motivation of one’s actions, and the second, “You shall love your neighbor as yourself” (Matthew 22:39 NASB) reveals the level of concern and care to be rendered to others.

These core principles are evident in the biblical parable of the Good Samaritan (Luke 10:30-37). This parable reveals the context of showing empathy and kindness to others of differing cultures, faiths, and status with an impartial and humble attitude.¹⁵ Forrest Kirk poses an interesting term that this love toward strangers and showing hospitality in serving the needs of guests is displayed in the definition of the Greek compound word *philoxenos*.¹⁶ Kirk states that philoxenology has been proposed to be the logic-based, operations-centered “Theology of Hospitality” which is at the root of the workplace chaplain’s identity and scope of practice.¹⁷ Professional chaplains administer soul care that is centered upon *philoxenos*.

A classic biblical example for this theological basis is observed in the Apostle Paul’s approach as he spoke to the Athenians at the Areopagus, or Mars Hill, as recorded in Acts 17:16-34. The narrative describes the once Christian persecutor turned missionary-evangelist before the great council by the same name, Areopagus, after a similar less auspicious encounter in the open-air market in Athens. Many of his listeners were not from Paul’s culture or Jewish theological understanding, but the Athenians were very interested in religious things. To this group, Paul states,

Men of Athens, I observe that you are very religious in all respects. For while I was passing through and examining the objects of your worship, I also found an altar with this inscription, “TO AN UNKNOWN GOD.” Therefore, what you worship in ignorance, this I proclaim to you (Acts 17:22b-23 NASB).

¹⁵ Forrest L. Kirk, 2001. “Chaplains as Doctors of the Soul: Navigating Between the Sacred and Secular While Negotiating a Functional and Ontological Ministry Identity” Ph.D. diss., New Orleans Baptist Theological Seminary, 2014. See <http://search.proquest.com>.

¹⁶ Kirk, 101. Forrest L. Kirk supports his premise by referencing the *The New Testament Greek-English Dictionary*, Sigma-Omega (1991) s.v. “philoxenos” a Greek compound of phil “love” and xenos “stranger,” “the love of strangers or hospitality shown to a guest, suggests both a fondness for and a natural desire to serve the needs of others, given to hospitality.”

¹⁷ Kirk, 103.

Paul understood the context and theological position and understanding of his listeners. Achieving this, Paul was able to construct his conversation and vocabulary in a practical way that his listeners would understand.

Paul's speech was before a pluralistic culture much different from his own. From this example, professional and contemporary chaplains can observe two generally observed principles. First, Paul begins with a respect towards his philosophical listeners by connecting his concerns to their inquisitive intellect (Acts 17:17-21). Second, Paul respectfully noted his observations of this pantheistic culture as being very religious as well as his perspective that the unfamiliar listeners desired to know more about themselves and other cultures and faiths (Acts 17:22).

First century Athens was the epitome of Greek hedonism and secular philosophy. Athens worshipped many gods such as Apollo, Jupiter, Venus, Mercury, Bacchus, Neptune, Diana and Aesculapius.¹⁸ Theologian John Stott describes Athens as possessing “innumerable temples, shrines, statues, and altars.”¹⁹ As Paul walked around the city observing its historical and spiritual diversity, it was Paul's own personal experience and faith in Christ and God which caused his heart was to be filled with compassion and have a desire to avail himself to the Athenians (Acts 17:16).

With this sincere consideration of the cultural context of Athens, Paul's unique approach intrigued his listeners as he established an intellectual rapport. From this starting point, Paul begin a very specific and intentional dialogue about what he knew about the “Agnosto Theos” or unknown god of the Greek culture.²⁰

Two groups were mentioned, the Epicureans and Stoics (Acts 17:18). The Epicureans were materialistic and atheistic. Founded by Epicurus, they believed that physical matter was the only reality, and the mind was purely material. They believed in chance and denied concepts of life after death. Theologian and religious counselor Jay E.

¹⁸ John R. W. Stott, *The Message of Acts in The Bible Speaks Today series* ed. John R. W. Stott, (Downers Grove: InterVarsity Press, 1990), 277.

¹⁹ Stott.

²⁰ Pausanias, *Pausanias's Description of Greece: Volume 1* Translated with a Commentary by J. G. Frazer (London: MacMillan and Co. Limited, 1898), Kindle e-book edition. Location: 1816, 6607. Pausanias conducted very thorough histories and descriptions of the Athenian topography of the mid-second century.

Adams states, “To put their beliefs in the form of a slogan, they said, ‘pleasure is good, pain is evil.’”²¹ On the other hand, the Stoics were founded by Zeno and taught that “whatever happens is good and right and [one] must go with the flow.”²² The Stoics did not place much merit in whether or not life after death existed and generally strived for apathy, that is, trying to be not too happy nor too sad. Adams sums up the Stoics as “pleasure is no good, pain is no evil.”²³ Adams states these same attitudes are still prevalent today. He asserts,

All of these beliefs, in one form or another, are abroad in our culture today. Your counselees are influenced by them. You must know how to deal with them. Paul’s address deals with the lot. It is a very valuable source from which to glean answers and responses to such beliefs whenever they surface in counseling.²⁴

The contemporary relevancy of ancient biblical writings is refreshing in today’s culture and can be very effectively used by chaplains and ministers in public situations.

Theologically (and theoretically), the Apostle Paul demonstrated in ancient Athens what workplace chaplains do daily. Stott assesses that as a fellow clergy,

If we do not speak like Paul because we do not feel like Paul, this is because we do not see like Paul. That was the order: he saw, he felt, he spoke.²⁵

Ministers of all types must strive to respectfully yet dutifully observe different and difficult situations, learn about the specific context, and build rapport with others through intentional spiritual conversations.

E. Challenge for Conservative Christian Chaplains²⁶

Today’s society clearly calls for tolerance in a pluralistic setting for chaplains of all religious traditions. For the conservative Christian Chaplain, and specifically chaplains of evangelical faith, there is a great challenge in balancing the biblical mandate to share the message

²¹ Jay E. Adams, *The Christian Counselor’s Commentary: Acts* (Woodruff, SC: Timeless Texts, 1999), 114.

²² *Ibid.*, 113.

²³ *Ibid.*

²⁴ *Ibid.*, 114.

²⁵ Stott, 290.

²⁶ Portions of this section have been adapted from Keith A. Evans, “Using Chaplains as Key Leadership in Evaluating and Enhancing Workplace Spirituality for a Rural Hospital Setting,” D.Min. diss., (Winston-Salem: Temple Baptist Seminary, 2015), www.Academia.edu.

of Jesus Christ (Matt 18-20; Acts 1:8b; 2 Timothy 4:2; 1 Peter 5:15) paired with the need to demonstrate love, respect, and compassionate caring to others of any faith or spirituality (Ephesians 4:25, 29).

In the same context that the Apostle Paul approached people groups differently based upon their settings and culture, so do chaplains. Spiritual soul care by chaplains often is administered in differing modes than a parish or congregational clergy might consider. Chaplains assist individuals in meaning-making, emotional processing during crisis events, and assist in relational dynamics for workers personally or between peers. In parallel to Howard Clinebell's theory of pastoral care, chaplains use "methods that stabilize, undergird, nurture, motivate, or guide troubled persons – enabling them to handle their problems and relationships more constructively."²⁷ For evangelical Chaplains, Clinebell's theory is undergirded and enabled by the power of the Holy Spirit working in and upon the lives of hurting souls.

Jesus Christ demonstrated a model of evangelism which conservative evangelical Chaplains may be wise to consider. Jesus often used a form of permission evangelism that would intrigue his listeners to ask more about God, of spiritual matters, and for physical healing. Former atheist Michael L. Simpson speaks to this special form of spiritual conversation and evangelism.²⁸ Simpson noted that many of the recorded physical and spiritual healings by Christ were initiated and accomplished as a direct response from a direct request by those in need.²⁹

Using permission-based spiritual and religious conversations with individuals in need (or crisis) is both a theoretical and theological-based skill for chaplains to consider. Simpson discusses the philosophical differences between the old concepts of evangelism and the new post-modern concepts of being a witness for Christ. Simpson states that the former mindset for individuals seeking salvation was a definitive "How do I get to God?" versus the current post-modern

²⁷ Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon Press, 1984), 170.

²⁸ Michael L. Simpson, *Permission Evangelism: When to Talk, When to Walk* (Colorado Springs: Cook Communications Ministries, 2003), 43-63. Simpson references physical and spiritual healings of Jesus Christ in Matthew 8:5-13; 9:27-28; Mark 1:32-34; 5:22-23; 7:31-37; 8:22-26; 10: 50-51; Luke 5:12-16; 17:11-19; John 4:46-54.

²⁹ Simpson, 56.

abstract question of “How do I become a better person?”³⁰ Many post-moderns possess a negative view of religion and the organized Church but still seek purpose, value, and meaning in their lives. Simpson states that for the post-modern, the path or journey to becoming a better person is now the goal based upon relative trust versus the former quest which resulted in a definitive eternal salvation based upon absolute truth.³¹

The concept of permission evangelism also loosely parallels the general pastoral counseling model in which the counselee is asked open-ended questions to elicit verbalization and expression of their own needs or struggles. This model can produce questions by the counselee in which the counselor is permitted to answer without being perceived as judgmental, hypocritical, prescriptive or presumptuous. In order to do this well, there is a challenge for conservative Christian chaplains to use more neutral theological and religious language in conversations in hopes to not confuse or mislead.

The above correlates with and is indirectly supported by George Everly’s work regarding spiritual distress of individuals who experience intense critical incidents. Avoiding overly religious language in these situations is highly recommended. Everly’s work in pastoral crisis intervention observes that any crises may manifest in “concerns regarding self-identity, affiliative crises, existential, spiritual, or even theological or theodilic crises (a crisis of faith).”³²

The chaplain always attempts to enter a critical situation with a comforting “ministry of presence” offering the availability of scriptural education, intercessory prayer, unifying and explanatory worldviews, and ventilative confession. Other functions which the chaplain brings to the crisis situation are:

- the ability to provide ritual and religious practices,
- belief in life after death,
- viewpoints regarding evil and suffering,
- privileged communications, and

³⁰ Simpson, 38.

³¹ Simpson, 38.

³² George S. Everly Jr., *Pastoral Crisis Intervention* (Ellicott City: Chevron Publishing, 2007), 13.

- the art of helping to instill hope grounded upon scriptural and religious beliefs.³³

All of these extra functions of the pastoral interventionist help to further stabilize and mitigate “signs and symptoms of distress and dysfunction” and help to “facilitate a return of adaptive functioning” of the one involved in the traumatic event.³⁴ For Everly, the assistance of properly trained chaplains during crisis is an “added-value” for emergency first responders and healthcare providers.

F. Quality Clinical and Workplace Outcomes

Research findings in healthcare and clinical settings have discovered many parallels for the congregational pastor and minister to consider. Harold G. Koenig is the Director of Duke University’s Center for Spirituality, Theology and Health. As a psychiatrist, Koenig has conducted extensive research on the effects of faith and spirituality upon specific health issues as well as well-being in general. A few outcome findings are that individuals with religious beliefs possess a more optimistic worldview,³⁵ are more hopeful,³⁶ and have a greater meaning and purpose in life.³⁷ Koenig brings to light that even Sigmund Freud (1930) had to admit that

³³ Everly, 32.

³⁴ Everly, 32.

³⁵ S. Sethi and M. E. P. Seligman, 1993, “Optimism and fundamentalism” *Psychological Science* 4:256-259; and S. Sethi and M. E. P. Seligman, 1994, “The hope of fundamentalists” *Psychological Science* 5:58.

³⁶ Sethi and Seligman.

³⁷ J. S. Mattis 2002, “Religion and spirituality in the meaning-making and coping experiences of African American women: A qualitative analysis” *Psychology of Women Quarterly* 26 (4): 309-321; S. K. Fletcher, 2004, “Religion and life meaning: Differentiating between religious beliefs and religious community in constructing life meaning” *Journal of Aging Studies* 18(2): 171-185; S. Mohr, P.-Y. Brandt, L. Borrás, C. Gillieron, and P. Huguelet, 2006, “Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia” *American Journal of Psychiatry* 163 (11): 1952-1959; A. Skrabski, M. Koop, S. Rozsa, J. Rethelyi, and R. H. Rahe, 2005, “Life meaning: An important correlate of health in the Hungarian population” *International Journal of Behavioral Medicine* 12(2): 78-85; and K. Sothill, S. M. Morris, J. C. Harman, C. Thomas, B. Francis, and M. B. McIlmurray, 2002, “Cancer and faith. Having faith-does it make a difference among patients and their informal carers?” *Scandinavian Journal of Caring Sciences* 16(3): 256-263.

Only religion can answer the question of the purpose of life. One can hardly be wrong in concluding that the idea of life having a purpose stands and falls with the religious system.³⁸

In Koenig's text, *Handbook of Religion and Health*, he gives supportive outcome evidence that forty-two of forty-five studies reveal, "Significant positive relationships between religiousness and purpose or meaning in life."³⁹ In a review of relevant studies, Koenig reports, "Prior to the year 2000, 81 of 102 quantitative studies (79 percent) reported greater well-being among those who were more religious. Since the year 2000, at least 175 of 224 additional studies (78 percent) found positive associations between greater religiousness and greater well-being."⁴⁰

Clinically, science and spirituality research reveals that individuals want to be asked about their spiritual and faith beliefs. First, patients prefer that their physicians inquire about their religious and spiritual beliefs as part of routine history taking.⁴¹ Secondly, research has noted that two-thirds of surveyed patients say trust in their physician would increase if they were asked about religious and spiritual beliefs.⁴² Thirdly, patients reveal their desire for spiritual interaction with their physician increases with severity of illness.⁴³ And lastly, surveys reveal that physicians should inquire about beliefs in a thoughtful, rational and ethical manner, while respecting differing perspectives and worldviews.⁴⁴ If these are the desires of individuals

³⁸ Sigmund Freud, 1930, "Civilization and its Discontents." In *Standard Edition of the Complete Psychological Works of Sigmund Freud*, edited and trans. by J. Strachey (London: Hogarth Press (1962), 25, 36.

³⁹ Harold G. Koenig, Dana King, and Verna Benner Carson, *Handbook of Religion and Health*, 2nd ed. (New York: Oxford University Press, 2012), 131.

⁴⁰ Koenig, 144.

⁴¹ Christiana M. Puchalski, et al., "Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference" *J Palliat Med* 2009; 12 (10):885-904; D. E. King, and B. Dushwick, "Beliefs and attitudes of hospital inpatients about faith healing and prayer" *J Fam Pract.* 1994;39 (4): 349-352; and Gary McCord et al. "Discussing spirituality with patients: a rational and ethical approach" *Ann Fam Med.* 2004; 2(4): 356-361.

⁴² J. W. Ehman, et al., "Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill?" *Arch Intern Med.* 1999; 159 (15): 1803-1806.

⁴³ D. C. MacLean, et al., "Patient preference for physician discussion and practice of spirituality" *J Gen Intern Med.* 2003; 18 (1):38-43.

⁴⁴ S. G. Post, et al., "Physicians and patient spirituality: professional boundaries, competency, and ethics" *Ann Intern Med.* 2000; 132 (7):578-583; A. B. Astrow, et al., "Religion, spiritual, and health care: social, ethical, and practical considerations" *Am J Med.* 2001; 110 (4):283-287; and Harold G. Koenig, [Footnote continued on next page ...]

under medical care, would not it be reasonable that these same desires hold for individuals in any life crisis and situation of stress?

Individuals have noted that they are more pleased with overall care when their spiritual or faith-based needs are recognized. Health care satisfaction surveys show that patients who had a chaplain visit are significantly more likely to endorse positive responses.⁴⁵ A specific survey of 1.7 million patients asked those patients if the “staff addressed my emotional and spiritual needs.” The results noted that this need is one of the three main drivers of patient satisfaction with hospital experiences.⁴⁶ When spiritual needs are unmet, satisfaction is notably lower; unmet spiritual needs affects end-of-life experiences in quality of life, costs of health care, and whether one dies either in an intensive care unit or with hospice care.⁴⁷

One study noted that seventy-eight percent of decision-making surrogates of patients consider religion important, but only sixteen percent of family medical care conferences ever discuss the topic with surrogates. For the family medical care conferences that did offer a spiritual discussion, it was the surrogates who initiated it sixty-five percent of time and providers only six percent of time.⁴⁸ While physicians see the value of spirituality and religious discussions in medical decision-making and offering social support to patients, they recognize that deleterious effects of religious positions may occur when beliefs conflict with their medical recommendations.⁴⁹

“MSJAMA: religion, spirituality, and medicine: application to clinical practice” *JAMA*. 2000; 284 (13): 1708.

⁴⁵ D. B. Marin, et al., “Relationship between chaplain visits and patient satisfaction” *J Health Care Chaplain*. 2015; 21 (1): 14-24.

⁴⁶ P. A. Clark, et al., “Addressing patients’ emotional and spiritual needs” *The Joint Commission Journal on Quality and Patient Safety* 29.12 (2003): 659-670.

⁴⁷ A. B. Astrow, et al., “Is Failure to Meet Spiritual Needs Associated With Cancer Patients’ Perceptions of Quality of Care and Their Satisfaction With Care?” *J Clin Oncol*. 2007; 25 (36): 5753-5757; Tracy A. Balboni, et al., “Provision of spiritual support to patients with advanced cancer by religious communities and associations with medical care at the end of life” *JAMA Intern Med*. 2013; 173 (12):1109-1117; Tracy A. Balboni, et al., “Support of cancer patients’ spiritual needs and associations with medical care costs at the end of life” *Cancer*. 2011; 117 (23):5383-5391; and Tracy A. Balboni, et al., “Provision of Spiritual Care to Patients with Advanced Cancer: Associations with Medical Care and Quality of Life Near Death” *J Clin Oncol*. 2010; 28 (3):445-452.

⁴⁸ N. C. Ernecoff, et al., “Health Care Professionals’ Responses to Religious or Spiritual Statements by Surrogate Decision Makers During Goals-of-Care Discussions” *JAMA Intern Med*. 2015; 175 (10): 1662-1669.

⁴⁹ F. A. Curlin, et al., “How are religion and spirituality related to health? A study of physicians’ perspectives” *South Med J*. 2005; 98 (8): 761-766; B. R. Doolittle, et al., “Religion, Spirituality, and HIV Clinical Outcomes: A Systematic Review of the Literature” *AIDS Behav*. 2016; N. Reynolds, et al., [Footnote continued on next page ...]

Research has also revealed several barriers. Physicians do not believe they,

1. Have the time to discuss spiritual and religious beliefs with patients;
2. Have the adequate training to provide competent spiritual care;
3. Possess the education to address diverse faith beliefs and spiritual systems; but,
4. Physicians do feel more comfortable when the patient begins spiritual conversations.⁵⁰

Data gathered from workplace chaplain ministries noted in one survey by Cornell University's Roper Center for Public Opinion Bryan Feller observed that eighty-seven percent of employees said they would work harder for a company willing to help them with their personal problems.⁵¹ For organizations, the inclusion of a workplace minister can offer a huge savings to the bottom-line as a worker's emotional-spiritual issues can dramatically affect performance, job satisfaction and job continuity/turn-over rates. One group cited that in general, "Estimates vary, but most agree that the costs associated with employee turnover are at least 50% to 150% of an employee's annual salary."⁵² Organizations that utilize chaplains in their workforce have cited substantial cost savings to employee turnover. Home Banc reduced turnover from a banking industry average of twenty percent down to fourteen percent.⁵³ A Taco Bell franchise reduced turnover (from the fast food industry average of three hundred percent) to one hundred twenty-five percent.⁵⁴ Allied Holdings reduced turnover (from the trucking industry average of one hundred percent turnover) to below ten percent.⁵⁵ And one American LubeFast owner described

"Spiritual coping predicts 5-year health outcomes in adolescents with cystic fibrosis" *J Cyst Fibros.* 2014; (13 (5):593-600; A. C. Sherman, et al., "A meta-analytic review of religious or spiritual involvement and social health among cancer patients" *Cancer.* 2015; 121 (21): 3779-3788; and C. L. Park, et al., "Spiritual Peace Predicts 5-Year Morality in Congestive Heart Failure Patients" *Health Psychol.* 2015.

⁵⁰ Balboni (2013, 2014), Astrow (2001), and, Post (2000).

⁵¹ Bryan Feller, "A Business Case for Corporate Chaplaincy" (Los Angeles: Chaplains Inc., 2011), 2. See www.yumpu.com/en/document/view/4730933/a-business-case-for-corporate-chaplaincy-chaplains-inc.

⁵² "Driving the bottom line: improving retention" Saratoga, PricewaterhouseCoopers LLP, 2006. See www.shrm.org/hr-today/news/hr-magazine/Documents/saratoga-improving-retention.pdf.

⁵³ Tracy McGinnis, "Business Has a Prayer." (Forbes, June: 2006).

⁵⁴ Ibid.

⁵⁵ Harriet Hankin, *The New Workforce: Five Sweeping Trends That Will Shape your Company's Future* (New York: American Management Association (AMACOM), 2004).

their chaplain employee assistance provider as “*an employee assistance plan on steroids*” citing dramatic decline in turnover and product loss.⁵⁶

In general, Department of Health and Human Services data reveal that employees who utilize employee assistance providers (EAP) file less health claims due to less sickness and accident benefits, mental healthcare costs, less absenteeism, reduced lost wages, reduced medical costs, less turn-over, less worker’s compensation costs (up to forty-one percent savings), and less disability costs (up to forty-nine percent savings).⁵⁷ Feller also noted several intangible benefits for companies who utilize a workplace chaplain:

- Saving employee marriages and relationships,
- Improved customer service,
- Reduced employee conflicts,
- Increased management effectiveness,
- Decreased risk of litigation, and
- Decreased risk of workplace violence.⁵⁸

Conclusion

Theoretically and theologically, research regarding spirituality and health reveals strong anecdotal and empirical evidence for the practical need of spiritual care services to workers and patients. The evidence also reveals that chaplains bring an ‘added-value’ (holistically and economically) to organizational systems. For chaplains, the mode of caring and counseling may appear vastly different from parish ministry. The many functional roles which a chaplain might fill in an organization may range from advocate-liaison, counselor, bioethicist, professional educator, comforter, priest, to even liturgist.⁵⁹ The effective Christian chaplain will search for areas where they are embedded within pluralism and inject their

⁵⁶ Garrett McKinnon and Tim Embrey; “2007 Fast Lube Operator of the Year,” *National Oil & Lube News* (December: 2007).

⁵⁷ T. C. Blum, and P. M. Roman, *Cost-effectiveness and Preventive Implications of Employee Assistance Programs*, U.S. Department of Health and Human Services (Rockville, MD: SAMSA, 1995). See www.ncjrs.gov/App/Publications/abstract.aspx?ID=160889.

⁵⁸ Feller, 6-7.

⁵⁹ Larry VandeCreek, and Laurel Burton, eds. “Professional Chaplaincy: Its Role and Importance in Healthcare” *The Journal of Pastoral Care* 55, no. 1 (Spring 2001): 86-88.

Christian influence without undue judgement while not compromising their own faith tradition.

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