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The Chaplains' Role: Insights and Awareness through the Lens of Occupational Therapy

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Background

Chaplains

The impetus for this study began with the consideration of what various practitioners have to offer in the delivery of services that attend to the spiritual nature of patients within an interdisciplinary healthcare team. To better understand that perspective, the authors of this study decided to initially investigate the literature specifically related to the role of chaplains to better situate the constructs of spirituality and healthcare. From the reviewed literature, we ascertained the general role and tasks of the chaplain, and the value of interdisciplinary work, albeit primarily with nurses and physicians. Despite these insights, we (all from an occupational therapy perspective) still did not fully comprehend the meaning or essence of the chaplain's role. The research aim was to be able to elucidate the role of chaplains within a healthcare context by asking chaplains to share their own meaning of chaplaincy within healthcare.

What Chaplains Do

The role of chaplains in providing spiritual care services is unique within the healthcare arena. By virtue of their education, extensive training, and defined role, chaplains are the only healthcare discipline who first and foremost attend to the spiritual. Chaplains intentionally and deliberately address spiritual and religious concerns of not only patients, but also families, healthcare team members, and the community-at-large (Griffin, Adams, & Foster, 2019; Lewis, 2010; Ruth-Sahd, Hauck, Sahd-Brown, 2018). All other disciplines inclined to attend to the spiritual, do not do so as a primary role.

As professionals, chaplains are credentialed through a variety of professional organizations that determine certification standards. These standards generally include a master's degree in divinity, theology, religious studies or pastoral ministry, and four units of Clinical Pastoral Education, CPE, for a total of 1,625 hours with clinical supervision at an accredited CPE site (Koenig, 2007, Russell, 2014). Additionally, to be board certified, chaplains must pass both the oral and written board exam and must complete continuing education credits through a variety of educational experiences to retain credentials (Koenig, 2007). As certified professionals, chaplains are specifically trained to assess and address individuals' spiritual needs through education in a wide range of religious traditions, faiths and beliefs (Jankowski, Handzo, & Flannelly, 2011; Koenig, 2007, Russell, 2014). Chaplains may be tasked with addressing a broad spectrum of highly individualized belief systems and unique client histories during situations that may bring up concerns about illness, end-of-life possibilities, pain and suffering, disability, and loss of loved ones (Ai & McCormick, 2010; Koenig, 2007; Massey, 2015; Russell, 2014). They can address the spiritual needs of clients through a variety of interventions, including crisis intervention, ethical consultation, patient advocacy, spiritual counseling, bereavement counseling, and empathetic listening (Carey, et al., 2016; Handzo, et al., 2008; Timmins, et al., 2018). What is articulated in the literature regarding the role of the chaplain in healthcare tends to be general in nature, including referral patterns, patient issues addressed, and the types of intervention utilized (Ruth-Sahd, et al., 2018).

Research has supported the value and need in attending to spirituality within the context of healthcare including understanding patient and family perspectives, supporting applicable methods of coping, and promoting individual and collective responses to injury or illness and being a community liaison (Ai & McCormick, 2010; Donohue, et al., 2017; Flannelly, Galek, Bucchino, Handzo & Tannenbaum, 2005). There are, however, expressed challenges in providing such care within the healthcare system. First, there is often limited numbers of

chaplains on staff to effectively provide screening, assessment, and intervention with all patients. As a result, the healthcare team is integral in identifying and referring patients/ families/ staff for services, but education and awareness is still needed to increase levels of comfort in addressing and recognizing spiritual concerns and making applicable referrals (King, Dimmers, Langer & Murphy, 2013; Parameshwaran, 2015; Purvis, Crowe, Wright, & Teague, 2018). Secondly, despite the affirmations to consider spirituality within practice and addressing spirituality within a collaborative team approach (Cook, 2012), a lack of consistency exists among healthcare professionals in addressing spirituality and there is a lack of clarity in understanding how spirituality relates to each discipline's scope of practice (Cunningham, Panda, Lambert, Daniel, & DeMars, 2017). Recommendations in the literature to address these concerns entail utilizing an interdisciplinary team approach; however, the exact nature of the team members in supporting such, including the role of the chaplain, remains vague.

Additionally, the literature has detailed select aspects of the chaplain's role within ethics review committees (Carey & Cohen, 2010; King, Fitchett, & Berry, 2013), within teaching roles (Lennon-Dearing, Florence, Halvorson, & Pollard, 2012; Youngblood, Zinkan, Tofil, & White, 2012), within interdisciplinary research teams (Kestenbaum, et al., 2015; Powell et al., 2018; Wittenberg-Lyles, Oliver, Kruse, Demiris, Gage, & Wagner, 2013), and when providing services with seriously-ill patients (Cooper, 2018; Idler, Grant, Quest, Binney, Perkins, 2015; Jeuland, Fitchett, Schulman-Green, Kapo, 2017; Kearney, Fischer, Groninger, 2017), with patients who experienced trauma (Carey, et al., 2016; Currier, Drescher, Nieuwsma, & McCormick, 2017; Hodgson & Carey, 2017), and in the context of resuscitation (Timmins & Pujol, 2018). More in-depth studies have also highlighted the characteristics of the chaplain's interactions with patients (Cunningham, et al., 2017) and their role related to confidentiality (Carey, Willis, Krikheli, O'Brien, 2015). However, there remains limited research related to a more in-depth study of the role of the healthcare chaplain.

Purpose of the Study

In order to situate various roles of the healthcare team, to better address spirituality more comprehensively, and to recognize chaplaincy as being the central discipline in providing spiritual care, the role of chaplaincy needs to be better understood by the remaining team members. Review of the literature provided limited insight into the essence of the role of chaplains as they attend to the spiritual needs within a hospital context. The aim of the study was to move past tasks and general descriptive roles of the chaplain to better elucidate the meaning of the role of chaplains as understood and articulated by chaplains within a hospital context.

Methodology

This research was reviewed and approved by the institutional Internal Review Board (IRB) of Elizabethtown College. Prior to the completion of interviews, informed consent was completed with all participants.

Design

A qualitative research design incorporating a phenomenological approach was used to gain insight into chaplains' understanding of spirituality within healthcare through their lived experiences. In order to develop an understanding of chaplains' perspectives, in-depth semi-structured interviews were used as a means of recognizing chaplains as informants of the data during the interview process and to provide a context-based view of the lived experiences of chaplains regarding their role and understanding of spirituality (Carter, Lubinsky, & Domholdt,

2011). Within this framework, the authors anticipated that the chaplains would be able to provide rich descriptions and insight into their perspectives on their roles as healthcare providers in attending to spirituality within the context of hospital-based settings.

Six qualified chaplains working in hospital-based settings in central and eastern Pennsylvania were recruited through purposive, convenience sampling. Inclusion criteria for participating chaplains consisted of having applicable credentials in chaplaincy, holding a paid position as a chaplain within the hospital, and volunteering for the study. The participants represented a variety of religious affiliations, years of experience, genders, and employment settings. There were two Baptist, one Jewish, one Lutheran, and two Presbyterian chaplains. The years of experience ranged from three to thirty. Four of the participants were female and two were male. Most of the participants were employed at urban, level one trauma centers. Additionally, two of the chaplains self-disclosed their own experiences with disability.

Data Collection & Analysis

A semi-structured qualitative interview guide was developed for use during the interviews. The guide consisted of general questions related to the chaplain's perspective and meaning about his/her role and understanding of spirituality. The chaplains were asked to share stories and images to further illuminate these constructs. To ensure clarity and truth-value of the interview guide, the guide was initially piloted with two chaplains, known to the researchers but not included as participants in the study.

Individual, semi-structured interviews using the researcher-developed guide were completed with participants by phone or in a mutually agreed upon private and secure location and were audio recorded. To ensure credibility, the researchers used consistent interview techniques and conferred with each other as the interviews were completed.

The interviews were transcribed verbatim. The researchers engaged in constant comparative analysis of the data both within and between transcripts. Themes were derived from the data through three levels of coding and analysis to generate depth of meaning (Boeije, 2002; Carter, et al., 2011; Saldana, 2009).). Member checking was conducted with the participants to support the trustworthiness of the data. Additionally, all of the participants were given the opportunity to review the completed, developed themes and provide comments. Acknowledgements and feedback from participants did not lead to any significant changes in the derived themes and categories. Lastly, the final themes and supporting data was also reviewed and approved by the consulting chaplain.

Results

Analysis of the data reveled select themes within the overarching paradigms of the description of spirituality, spiritual/theological constructs, spirituality and health, and the role of the chaplain.

Description of Spirituality

A definition of spirituality was not provided to the participants to avoid bias and to remain open to the definitions and descriptions provided by the participants. Throughout the interviews, the participants used many different words to describe spirituality, including meaning, purpose, connection, mystery, change, and growth. Two salient themes emerged that summarized the responses given to describe or define spirituality: *spirituality as an organizing force*, and *spirituality is dynamic and individual*.

The participants described spirituality as being involved in guiding individuals' perceptions of the world to make sense of their existence and also respond to that experience (Table 1). Finding meaning and purpose, exploring life's mysteries, and creating connections with others or higher powers are all ways in which individuals seek to establish this understanding.

The participants also discussed spirituality as multifaceted and deeply personal. It is unique to its possessor, regardless of his or her subscriptions to prominent denominations and widely held beliefs. Spirituality is not stagnant; it can evolve as an individual experiences life, including health care crises and medical care. Spirituality is both personal and affected by personal experiences.

Spiritual and Theological Constructs

This category represents the use of theological constructs and concepts mentioned by the chaplains, in either describing their own beliefs, principles of practice, or patient perspectives. Two subthemes include *theological constructs influence chaplain care,* and *theological concepts impact health* (Table 1). The participants consistently used theological constructs as both agents of change and points of reference as they described the care provided by chaplains. Although the researchers of this study are not theological experts and did not interpret any mention of theological constructs for validity or merit, theological references occurred consistently throughout all the interviews, warranting the recognition and inclusion of this category. Examples of these constructs and their use *to influence chaplain care* included mentions of developing and utilizing client's unique spiritual beliefs, resources, and practices to help with coping with change and obtaining a sense of peace.

Similarly, the theme *theological aspects impact health* describes how these constructs for individual clients can have varying impacts on an individual's health condition. Whether viewed positively or negatively, reflections on theological constructs can influence an individual's health and wellbeing through the promotion of feelings of comfort and hope or punishment and suffering (Table 1). Spiritual and theological constructs can have potential negative effects on an individual's health, including an experience with spiritual distress; however, other examples provided by the chaplains demonstrate the strength and resiliency that can be derived from spiritual and theological ideas and discourse.

Table 1. Descriptions of Spirituality and Theological Constructs as Presented by the Chaplains

Description of Spirituality: Spirituality as an organizing force	I think spirituality even helps in the mystery because it says, "Yes, there are a lot of unknowns in this world, we don't know why you got cancer, we don't know why somebody else had this horrible accident or developed this devastating illness, we don't know why." So at least spirituality tells the what, not the why. It says, "Alright, we don't know the why, but God gives us, and even the world religions, give us some pretty good ideas as to the what." So if we took at it from a Buddhist perspective, suffering gets us in touch of sort of the root of human experience and who we are, and it's our responsibility not to flee from that but to accept it. For Judaism it would be that we have to pick up the pieces that even though when we don't know why they broke, our job is to gather them together and to bond with others. For Christians, I think, it would be God told us to get together into communities to share each other's burdens. So we might not know why that burden was caused, but we are responsible to care for another in the midst of that burden and to show compassion for ourselves and for others. So, I see spirituality as being the 'what' in answer to the unanswerable whys.
Description of Spirituality: Spirituality is dynamic and individual	Spirituality is that which helps us to strive for connections and for a sense of belonging and inspires us to be more than the person we currently are and it can be

	wounded, that animating course, can be wounded and can be hurt. But it also has the possibility to change and to grow.
Theological constructs influencing chaplain care	One of the images that I draw from in my spiritual care is the concept of a disabled god, who chooses to become weak in order to identify with the weak, with the oppressed, with the disabled. And that's an integral part of how I approach my chaplaincy, is to seek to connect with the person on their level, and that's really what we all want, to have our humanity and our personhood and our dignity acknowledged.
Theological concepts impact health	A lot of times patients will say, "Well you know God must be punishing me. Why else would I have cancer, I've been healthy all my life? Why is God punishing me?" so they're finding meaning, and that can be a source of distress that you have to work with them, and unpack a little bit with them.
	I remember one young man who wanted to be an army pilot and defend his country and he had an illness where that would never be possible. And he was really grieving that, and he drew upon a biblical character as a role model. He drew on Moses, who wasn't able to go into the Promise Land, who wasn't able to have the fulfillment of his dream, but who did important things, and he drew on that as a real strength for him.

Spirituality and Health

The category of *Spirituality and Health* focuses on the relationship between the concepts of spirituality and health and their influences on one another. This includes spirituality as a part of holistic well-being and as a tool that an individual can use to cope and to heal.

The *mind, body, and spirit* connection should be treated as interconnected parts of a whole person. The participants identified this connection outright, while also sharing stories that exemplify the mind, body and spirit connection, such as when physical challenges to health and well-being illicit conflicts with personal and spiritual beliefs, and when psychological and spiritual distress were difficult to separate from one another (Table 2).

Spiritual distress can manifest as a part of the process of dealing with grief, loss, and changing identities, and can encourage an individual to call on his or her spirituality to cope. Spiritual beliefs can be challenged by difficult life experiences; however, during these situations, spirituality can also be a tool that an individual uses to work through the hard times (Table 2). In *moving beyond injury and illness*, healing is elevated as a state of finding peace and understanding in the wake of physical or psychological challenges and dysfunction. Finding or regaining one's purpose helps move the person from distress to hope.

Table 2. Spirituality and Health: Constructs Explored by the Chaplains

Mind, body, spirit connection	I think when one feels good about one's self, one is more likely to take care of one's self. Not only in the physical sense, but the mental sense. If one feeds oneself hatred and bitterness and malice and defeat, you know, the Word says, "As a man thinketh, so is he." So if that's all that you are feeding yourself than that's what you shall become…So one's mind, body, soul, and spirit has to be able to connect, it's not separate pieces. It's a part of the whole. If that is not healthy, if that can't figure out how to cope, it will take unhealthy defense mechanisms and cause oneself to be destructive to one's self. So I think the health and well-being part is very much connected to one's spirituality.
Coping with spiritual distress	Or if they feel…maybe they don't believe in a god like that, but they get meaning from their life by being a good person and helping other people and all of a sudden they're injured and dependent on others and they feel they can't help others anymore, then that's interrupted where they find meaning in their life in terms of helping other people, and so that's a challenge. And I think that part of spiritual care is helping people reestablish…work through the challenges to their spirituality. Or if there aren't challenges, draw on their spirituality to help with illness and hospitalization. We help people sort of re-calibrate and re-figure out "what do I believe and how do I find meaning now in these changed circumstances of my life?"
Moving beyond	So, I think we have to be careful in the medical and hospital environment to remember, yeah we're going to give it a full court press and do everything possible for this patient, but let's remember their humanity, let's remember their wishes, their autonomy, quality of life. Because even if a person

injury and illness	can't get better physically, we shouldn't see that as a failure. We should turn our energy to how can we best support them, how can we honor their values, how can we help them find peace, how can we help them find peace and meaning amidst this terrible crisis of health deficits.
	I had a conversation with a patient. She has COPD and she described it as grinding, yet when I read her chart, it's saying end-stage COPD and I didn't know that because she's, she's just kind of, "All will be well, I am in this place, I have great trust in my Lord." It's her expression, "I still have purpose," because she can do three way-calling friends and pray for others. So she's found a purpose for herself that has a very spiritual component, even if it's not going to heal her physical body, she's found a way to use this and still be helpful to others.

Roles and Responsibilities

The category of *Roles and Responsibilities* refers to the self-identified duties and obligations of the participants. Like other healthcare professionals, chaplains screen, assess, intervene, and document outcomes as part of their care provision. The participants were asked to specifically describe their roles as hospital chaplains and provide narratives that exemplify those roles. The following themes were identified as the most significant and consistent among the participants (Table 3).

The theme of *holistic institutional care* describes how chaplains concern themselves with the entire hospital system, not limiting their care to any one population. They provide holistic care in a variety of ways, addressing the needs of patients, families, staff members, and communities. Chaplains utilize a variety of mediums or *ways to care* to provide spiritual care including but not limited to, religious services, rites, and rituals. They may also offer groups on spirituality topics, such as faith and hope. As one chaplain expressed it, "I think probably of most value is the way, and the art, of listening and hearing their stories and sharing them".

Being a presence signifies that an important aspect of the chaplain role is to engage as a presence with patients (Table 3). They carry out the "Ministry of Presence," which involves intense listening and having no preconceived agenda. In this way, they also act to accompany patients on their spiritual journey, guiding and engaging with patients through potential spiritual distress or crisis, without actively attempting to fix, resolve, or minimize the situation. Being a presence to others provides both a way of being and a way to care. Chaplains attend to the needs of patients, families, staff, and communities to address the practical and personal aspects of healthcare and when attending to the unique concerns related to dying. A part of the role, chaplains are regularly *dealing with death* in anticipation of death, through the death process, and after death occurs.

Chaplains also aim to *connect and advocate* in the best interest of the patient by acting as a bridge, spanning the gap that can exist between the wants and needs of the patient, the family, and the treatment team (Table 3). Along with advocating within the best interest of patients, chaplains often serve as sounding boards for the healthcare team as represented in the theme *ethical guidance*. When moral, spiritual, and religious questions arise, chaplains can provide a voice of reason and insight to the various stakeholders (Table 3).

All of the participants in this study were CPE supervisors, which led to the development of the theme *being an educator*. Chaplains educate others about the role of spirituality in healthcare and prepare students to take on the role of chaplain in a hospital. As part of being an educator and as a way to provide individual and effective care, the participants highlighted the need for chaplains to attend to their own personal spiritual and emotional development, or *personal growth. C*haplains are called to explore individual beliefs and engage in ongoing reflection to remain aware of the implications of personal beliefs on professional development and interactions (Table 3).

Table 3. Roles and Responsibilities of the Chaplains as Expressed by the Chaplains

Holistic institutional care	To provide spiritual care, a holistic care, to the patients, family and staff. So overall, it's a very holistic way, so it's not just, "We deal with patients and family." Sometimes the doctors are overwhelmed and they need a listening ear, or a nurse that's taken care of a patient for two years and the chemotherapy is not working, that patient needs to be told, and nurses are impacted by that. So, that's how I see my role, in terms of, we never know who's going to come to the office, we never know who we are going to encounter on the floor.
Ways to care	Well, there's also a component to what we will do sometimes that is, life review. Particularly, patients who have gotten bad news or they realize that they are dying, then they do some reflecting, and looking back on their lives. I could tell you a million different stories that people have shared with me, but I think probably of most value, is the way and the art, of the listening and hearing their stories and sharing them.
Dealing with death	I remember another young woman, whose teenage sister died and staff called me up because she wouldn't leave the body. And we talked about how it was too soon for her sister to die and she wasn't ready. And we talked about how much she loved her sister and all that they had looked forward to and what her sister was like and what she would remember and carry with her as part of herself. From knowing her sister and knowing how those things were always with her, and this was just the body, not the personhood.
Being a presence	There was a young man who had some substance abuse issues and he was walking home from a bar, and he collapsed and he passed out in the street. And it was the coldest night of the year, and so, he ended up losing, I think, three of his fingers on each hand, and before that he had been a mechanic. So now, he lost part of himself, and so he was dealing with this change in his identity and also, just trying to make sense of it. So I would just visit with him, and I'd talk with him. And I think there's value in just being … first of all what we call the ministry of presence, which is being present and emotionally available to the patient, and then just inviting them to reflect on their experience and what spiritual meaning they make from it.
Connecting and advocating	Chaplains are also the people that are cultural brokers in a way. We can be called in when there's a significant difference between the patient or family and the treatment team. Because we tend to see things, just because religions and culture are so intertwined, we tend to have a lens where we can see where the family is coming from and help them articulate their needs and then also help the medical team verbalize their needs and their views in a way that can be heard by the family. So we tend to be called in as bridge function.
Ethical guidance	I remember talking with an intensive care unit nurse about having to take care of a patient who had done horrific things in his life and what a struggle that was for her. And helping support her values. You know, she felt kind of conflicted. All this care was going toward this person who'd done horrific things. So having her be able to talk about her ambivalence, and her struggle, and her pain over that, and knowing that she wasn't alone in that, and, what a difference that made for her. People, staff who, you know, family members want to keep the patient alive and keep doing things and keep coding them, and they felt like they're just brutalizing this patient by coding them again and again. Helping them living with that struggle that they're doing the best they can, given the circumstances.
Being an educator	I see that as an extension of my chaplaincy because I see myself as a chaplain to my students, as well as being a teacher to my students, and an administrator. So, I see myself "chaplaining" them, but also extending my chaplaincy through teaching. You know, my teaching and mentorship of the CPE students effects the patients. I'd say early on, I used a lot of my heart, my compassion, and intuition in chaplaincy. As a CPE supervisor, I still do all that, but I also use more of my thinking skills and, sort of merge my thinking with my emotions more with CPE supervision and get to use the lessons I've learned both for patient care and to teach others.
Personal growth	After a visit that was meaningful or a source of learning somehow, or growing, you just write down as much as you can about the conversation, what you saw, and do an analysis of what your assessment and your interpretation of it was, and also what you could have done better. What did I learn about myself from it as a chaplain? What did I learn about my colleagues? Did I hear the patient's need? So, that's something that's part of our training process.

Interdisciplinary Collaboration

The category of *Interdisciplinary Collaboration* includes the following themes*: working together and working apart, communication, practicing spiritual awareness* and *professional advocacy*, which encompass ways in which chaplains and other professionals engage in practice that addresses spirituality. Likewise, these themes also include recommendations and insights from the participants for healthcare professionals concerning addressing spirituality in practice and for supporting the role of chaplains in healthcare (Table 4).

The first theme, *working together and working apart* represents ways in which the chaplains view the roles of various professionals within this setting with regards to addressing spirituality. Overall, the participants expressed that it is important for healthcare professionals to understand the boundaries and overlapping areas that exist between their scope of practice and that of their team members. This helps healthcare professionals best identify appropriate areas for interdisciplinary collaboration and determine the limitations of the services they can provide. The theme highlights the ways in which professionals can engage in collaborative practice while also recognizing both the limitations and opportunities, and similarities and differences between the scopes of practice of various healthcare professionals.

The theme of *communication* describes the interpersonal dialogues necessary between members of the healthcare team as essential aspects of engaging in holistic and effective care for patients. Many of the chaplains interviewed describe ways in which communication can be addressed in practice and the important role it plays in addressing client's spiritual needs.

Practicing spiritual awareness includes learning about, respecting, and working with spirituality beyond one's religion, denomination, and beliefs while developing personal spiritual awareness through the process of examining one's own spiritual beliefs. Outcomes of becoming more spiritually aware include referring individuals with spiritual needs to the appropriate professional or resources and avoiding proselytizing or evangelizing from one's own faith with disregard to beliefs of someone else. This theme also includes providing compassionate, client-centered care as a means of engaging in spiritually competent practice.

Lastly, within this category, the theme of *professional advocacy* includes recommendations and opportunities to expand the chaplain role, through acknowledging the ambiguity that may exist around the roles of chaplains in healthcare settings and offering opportunities to clarify and develop the interdisciplinary role. This encompasses ways in which the chaplains can advocate for their role within a healthcare setting, as well as, extending their role to the larger community. Additionally, chaplains can continue to dialogue with other professionals to increase the understanding of the chaplain role to facilitate a deeper understanding of their scope of practice and increase the visibility of chaplains on hospital-based teams. Professional advocacy between disciplines is further recommended to promote understanding of each discipline's scope of practice, particularly as it relates to attending to the spiritual. Additionally, chaplains are called to advocate and support the rigor of the profession through the encouragement of professional development and supporting the continued competency development and interdisciplinary collaboration.

Table 4. Interdisciplinary Collaboration as Described by the Chaplains

Working together and working apart	I think as long as everybody has a basic understanding of what our scopes of practice are. So that, as far as the in depth of spiritual care, response to crisis, and that kind of thing is pretty unique to the role of the chaplain. Just offering basic coping support is a basic intervention that pretty much anybody can do if they have the time and the access within their role to do it. Just so that everybody knows, "Here's my scope of practice." It's like a Venn diagram. Here's my scope of practice, here's everybody else's, and here's the shared scope of practice. So what I'm interested in, is that shared scope of practice with those spiritual needs. So how can we equip everybody on that team to just be aware of that and say, "Ok, yeah, we can listen too." If you have time, listen to them share a little bit, and try and get a sense of what their needs are, and then refer to chaplains if there is a need.
Communication	We don't want the patient to have to tell the same story a thousand times unless that actually helps them to tell the story many, many, times, and in that case, we'll all hear the story. Of course we're human, we're human professionals, so we'll butt up against each other and disagree, and I might see something from one perspective and somebody else might see it from a completely different one. We talk about that, hopefully we talk about it, sometimes we fume about, it's not all rainbows and gumdrops. We're people and we have our own biases and areas of advocacy, but for the most part, were really communicating quite a bit.
Practicing spiritual awareness	I think chaplains come with a lot of experience in the field and are able to separate between their own spirituality and spirituality of the other person. And we know how to avoid judgment or prejudicial treatment or bias in offering care. I find that when people are not trained clinically that those things inevitably will happen at some point or another.
	I think the same way that one learns cultural diversity by looking at one's own culture, one learns to look at the spirit of their patients by looking at your own spirituality. Some of that is sort of, "Where have I found meaning and purpose and connection in my own life? What do I think the ultimate goal of being is? What do I think that the purpose of human life is?" And if we can't answer those question or if not answer them, sort of speak to them in our own lives, we're not going to be seriously very useful for patients, because we're going to filter so much through our own biases. And the other thing is sort of taking a long hard look at ourselves and saying, "What do I believe? Do I believe in miracles? Do I believe that there is a being that's greater than us, do I believe in a higher power?" And it's not that there are right or wrong answers to those questions and certainly our patients will answer them differently than we will in most cases. The goal there is not assuming that just because somebody is on a different road that they're on the wrong road.
Professional advocacy	I sometimes say this, the chaplain is [part of] the healthy system. The chaplain is the equivalent of a symptom, a positive symptom, of a health community that is already functioning well spiritually. So, from my sense, to have a chaplain shows that [administrators are] already thinking spiritually about their patients. They're already attuned to these issues. They're willing to actually sacrifice, if you think about it, they're paying a salary for somebody to work with these people. They're saying that this is a value in the community and just for the fact that they would employ a chaplain shows that people are already addressing spiritual needs because they're calling on us.
	I think for a time there were a lot of chaplains who resisted that, "I don't want to do all this documentation and all this, and use all this big language and outcomes oriented care and all that stuff. I just want to care for the patient." It's a "yes," "and". Yes, we have that ministry of presence, that prophetic role that's part of who we are as chaplains, but we are serving as healthcare professionals, as part of a team. Which is why I want to see us embrace the inter-professional competencies of teaching teamwork, communication, having an awareness of scope of practice, and not just our scope of practice as chaplains, but just having a basic, "Ok, this is a basic elevator speech for an occupational therapists. This is the basic elevator speech for a social worker. These are the types of things that they look at and do, this is their basic scope of practice, so if I identify a need that, then I can know who to refer to on the team..." We are clinically trained and certified, and board certification is increasingly a credential that is being looked at and expected by healthcare administrators for professional chaplains.

Summary- Ways of Being

In conjunction to the wealth of information that the participants shared with the authors, they also utilized storytelling and narrative to illustrate the human element of their responses and as a result provided rich descriptions applicable for further analysis. Their words and their stories best exemplified what they felt was their calling, their understanding of spirituality, the religious and theological elements involved in their practice, the relationship between health and spirituality, and the roles of other professionals in providing spiritual care. Their stories not only clarified the meaning behind the participants' words, but also provided additional insight into the chaplains' perspective of care.

The participants in the study presented four distinct *ways of being* as a chaplain. The first image is a professional who is *attending to the spiritual*, who can clearly describe spirituality in such a way that recognizes inclusive aspects of spirituality for all, including those with no identified religious affiliation. The chaplains did, however, tend to use theological images and constructs to frame their understanding of health/ wellness and care. Attending to the spiritual included the previously identified themes of *mind, body, and spirit, spiritual distress, attending to death, connecting and advocating,* and *providing ethical guidance*.

The second image is of a professional who not only recognizes the importance and value of spirituality as it impacts and supports health, well-being and dealing with the major life/health event but also includes *embodying spirituality*. Spirituality is not just a component or aspect of a person that needs to be acknowledged, and sometimes addressed, within the healthcare process. Instead, spirituality is the essence of the individual and understood collectively within and between all people and communities they engage. Chaplains honor spirituality in the whole of their practice. This was emphasized most predominantly through the themes of *being a presence, practicing spiritual awareness, ways to care, and personal growth.*

The third image entails *integrating spiritualty*. The chaplain's role is not just about attending to the patient/family's crisis, dilemma or challenge, even though this was acknowledged by the participants as important with spiritual distress; it is about integrating spirituality in all things, in all aspects of care. This came through in the themes *holistic institutional care, working together, communicating,* and *moving beyond injury and illness.* The focus with spirituality and integration is the health of the individual and the community and attending to the whole of spirituality in the day-in and day-out aspects of the healthcare arena.

The fourth and last image of the chaplain encompasses *upholding professional standards* in which chaplains provide education about and advocacy for their roles, delineating their scope of practice within the team while also promoting interdisciplinary collaboration. Continued education and competency are held in esteem.

Discussion

The ability to have some comprehension of the roles of others in a healthcare team provides opportunity to see the unique aspects within those roles and an appreciation for understanding the distinctions behind those differences. The aim of this study was to elucidate the role of chaplains through one particular disciplinary lens. Three distinct differences noted between the discipline of occupational therapy and spiritual became apparent.

The ideas of "Doing and Being" are represented in both literature from occupational therapy (Humbert, 2016) and from chaplaincy (Idler, et al., 2015). However, literature from the occupational therapy literature has an emphasis on active engagement in the therapeutic process by engaging in life occupations (doing) as a way to develop, affirm, and honor one's essence or

spirituality or being (Humbert, 2016). The construct of doing and being that emerged from this study emphasizes the active role of the chaplain in engaging a relationship where "being" seemed to come first and then the doing. The starting point or the focus of the chaplains appeared to be first honoring the client and/ or family where they were at in their own understanding of spirituality (being), thus enabling the client/ family the opportunity to again engage in the acts of doing what they needed in their daily life.

Secondly, while there is abundant literature recognizing the distress experienced by those needing healthcare and rehabilitation services, the results of this study emphasize the spiritual distress that is also often present in such circumstances. In the field of occupational therapy, the focus of spirituality, when implicitly or explicitly addressed, focuses on the strength that one's spirituality aids in the healing and recovery process or recognizes the strength that spirituality has within the therapeutic process (McColl, 2011). However, in this study, the narratives of the chaplains point to a need to attend to the distress that may accompany one's understanding and expression of spirituality after and during a significant life event.

Lastly, the idea of "embodying spirituality" and "integrating spirituality" poses a new perspective about the role of the chaplain. In the field of occupational therapy, the number of practitioners who have acknowledged the importance of spirituality in the rehabilitation process has steadily increased over the past decade; however, the role that is most described in the occupational therapy literature focuses on respect and cultural sensitivity that should be embedded in the therapeutic relationship (Humbert, 2016). The role of the chaplain, as envisioned in this study, highlights an understanding of presence and the personal and professional commitment to a way of thinking and living within the healthcare team and bringing wholeness within their daily roles.

Conclusion

The challenges and limitations of phenomenological research are acknowledged in the intense and focused methodology that does not lend itself to generalizations. Multiple approaches to establish credibility and trustworthiness were employed. The strength of this methodology is to provide in-depth insights into a particular topic. The results of this study point to a complex role of the chaplain in attending to the spiritual needs of clients, families, the healthcare team and to the larger community and the institution. The participants in the study presented four distinct *ways of being* as a chaplain including attending to the spiritual, embodying spirituality, integrating spirituality, and upholding professional standards.

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