Research shows more education needed to distinguish chaplains from other religious leaders

By Michael Skaggs

The Chaplaincy Innovation Lab has recently explored the "supply side" ("...institutions and organizations that have been training and hiring chaplains since the beginning of the modern profession") and the "demand side" of chaplaincy (those who receive the work of chaplains), and identified six significant gaps that negatively impact the profession of chaplaincy.

The six gaps include: (1) limited public understanding of who chaplains are and what they do, (2) a financial model predicated upon chaplains working in organizations with primary missions outside of spiritual care (e.g., hospitals or corrections), (3) opportunities to serve both those who suffer *and* their caregivers may be underdeveloped, (4) chaplaincy training and credentialing fails to function as a cohesive network, (5) those who train and those who hire chaplains remain disconnected, and (6) chaplaincy endorsers, the gatekeepers to employment, operate without transparency or mechanisms for reform.

Analysis of data collected during the research that revealed these gaps offers insights on addressing the first three. Through a survey commissioned with Gallup, Inc., the Lab found that well over half (68%) of reported interactions with chaplains took place in healthcare settings. Educational settings, corrections, and the military trailed behind healthcare, with municipal settings (like fire and police departments), disaster relief, and the Veterans Administration also contributing some interactions.

What survey respondents reported as happening during those encounters clarified what most chaplains do in their day-to-day work—and challenged how chaplains describe that work themselves. At least 70% of respondents categorized the type of support they received as one of the following: "gave spiritual or religious guidance"; "comforted you or others in a time of need"; "listened to you or others"; or "prayed with or for you or others." A significant gap appeared between these top categories and what many chaplains describe as their most overtly impactful work—only 27% of respondents said the chaplain "helped you or others navigate a conflict," 24% said the chaplain "advocated for or with you," and 17% said the chaplain "directed you or others to resources."

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In follow-up interviews with survey respondents, fewer than half of the interviewees "spoke exclusively about interacting with a chaplain or chaplains that met the [survey] definition." One-third of the respondents discussed chaplains, but also others who fell outside the definition proffered in the survey. Still others discussed clergy persons serving in congregational settings—in other words, not chaplains.

What accounts for this discrepancy? Why did so many interviewees, who had received an explicit and exclusive definition of "chaplain" as part of the survey process, range so far afield when discussing what they had reported as interactions with chaplains?

In the effort to raise awareness of the work of spiritual care providers among the public, these findings present a major challenge. As my colleagues Wendy Cadge and Amy Lawton wrote in a recent journal article: "Chaplains continue to be closely associated with organized religion, rather than the broader concepts of spiritual or existential care. As the American population continues to shift its religious and spiritual identity, the term chaplain and its religious connotations may prove more a barrier than an invitation to connect."

Sociologist Everett Hughes pioneered the term "master status" in the 1940s "to describe aspects of identity, including one's work, that are more socially dominant than other aspects." In other words, master status denotes how "lay" people perceive "specialists." And as both the Gallup survey and our follow-up interviews indicate, "Care recipients tend to view the functional or *religious* component of chaplains' work as the master status and as the main reason care recipients might want to engage with a chaplain again." [emphasis added]

This persistent understanding of chaplains as primarily religious actors—coupled with the fact that much of the work chaplains do touches on difficult moments of transition (including death and dying)—results in a general public that cannot distinguish between chaplains and other religious leaders.

This presents a significant problem to the profession because, as Cadge and Lawton note from the literature, in discussion among chaplains themselves, "religious specificity is downplayed...presence, contra religion, is considered the defining characteristic of chaplaincy work." Confusion by care recipients also presents a challenge to theological educators: how will classroom preparation help chaplains face this perception head-on?

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As we consider this mismatch between what chaplains purport to do and what the public perceives them as doing, the Chaplaincy Innovation Lab has published what we call a "strategic vision" for the future of spiritual care—for the future of the profession and those who receive this care. We see a few main reasons for reconsidering the future of chaplaincy:

- the public does not, in general, know who chaplains are and what they do and

- the public does not, in general, know how to access spiritual care.

Our strategic vision includes a theory of change that will address these deficiencies.

Among others, we aspire to pursue several initiatives that will drive significant outcomes both for chaplains themselves and for those they serve:

- By promoting one coherent and accessible definition of spiritual care, we will drive increased knowledge of who chaplains are and how care recipients can reach them.

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- By naming the practical limits of existing financial models of chaplaincy and proposing new models of care provision, we will lay the groundwork for sustainable spiritual care beyond legacy settings (e.g., healthcare, corrections, etc.).

- By building networks of innovative thinkers both inside and outside of spiritual/religious organizations, we will drive ongoing practical collaboration among chaplaincy educators, credentialing bodies, employers, and care recipients.

Many ATS member institutions train chaplains to provide high-quality spiritual care—but it remains unclear to the wider society that these chaplains even exist. The Chaplaincy Innovation Lab is eager to continue sharing its findings and collaborating with those invested in enhancing access to quality spiritual care. We look forward to continued dialogue with theological educators to help correct this misperception and raise the true value of spiritual care into public view.

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