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Effective Hospice Chaplain Ministry

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CERTIFICATE OF APPROVAL

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I am grateful to Mary Ann, Kim, and Laurie for how they have modeled effective leadership while managing staff members, including myself. Their example at St. Charles Healthcare System has taught me more than I am able to articulate.

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RESEARCH METHOD

This Project utilized a blended methodology that draws upon bibliographic resources, data derived from stakeholder collaboration, and human-centered design and iteration processes to create a heuristic-based, application-oriented Project.

ABSTRACT

This project is a book which examines how Christian hospice chaplains can maintain and utilize their Christian identity and minister effectively to non-Christian/non-religious patients and their families without evangelizing them. It was determined that narrative, or story, is an essential part of each person's life, especially as a person looks back on their life while approaching death. A person's life goals change as death becomes imminent, and with change comes grief. Hospice chaplains can companion the patient as they navigate this unfamiliar territory and help them recognize new goals. Chaplains can help patients look back on their lives to see value and meaning. The patient can then plan for the remainder of their life and how they want to be remembered, considering their life story or legacy.

Book development will address building the essential internal qualities of the hospice chaplain. This includes hospice chaplains being non-judgmental, able to listen attentively with genuine curiosity and respond with compassion. A chaplain also needs a good support system. Professionally, they need good communication with their team members as well as support from management. They also need time, money, and support for Continuing Education. Outside of their work environment, chaplains need good support from friends and family, and time to rest and rejuvenate their mind, body, and spirit.

This project will also provide various interventions to minister to patients more effectively, such as the use of tools like YouTube videos, music, books, poetry, art, and questions to encourage conversation.

INTRODUCTION

The focus of this project is how a Christian hospice chaplain can more effectively minister to non-Christian/non-religious patients. Hospice chaplains are a required team member for each hospice patient, but many patients and families assume chaplains are there to function as a pastor and talk to them about Jesus, so they do not want to talk to the chaplain. This project looks at how chaplains can minister to all people, but especially to those who are outside the circle of Christianity, while maintaining their own integrity as a Christian.

I currently serve as a hospice chaplain within a hospital system. Hospice teams are comprised of a physician, nurse, social worker, and chaplain, so each patient has a care team comprised of these individuals. Physicians manage medications, nurses manage and address physical discomfort, social workers provide emotional support and information about community resources and social service benefits, and chaplains provide spiritual and emotional support. Sometimes there is overlap in these services, and there is often communication among the various team members when a patient presents a need and a team member passes it along to the appropriate person who can address it. For example, if a patient tells a chaplain how much pain they are experiencing, the chaplain will communicate that to the nurse to be addressed. If the nurse hears that the patient is struggling with a spiritual need, the nurse will contact the chaplain. A patient recently relayed to his nurse that he didn't want to be in pain, and he wanted information about Death with Dignity,[1] but was also concerned that God might be mad at him

[1] Oregon Health Authority, "Frequently Asked Questions about the Death with Dignity Act," revised January 1, 2020, https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/faqs.pdf.

and send him to hell because he couldn't wait until God's appointed time for him to die. The nurse addressed his pain and discomfort issues and contacted this chaplain to address his spiritual and religious concerns.

As a chaplain, I am required to see each patient within the first five days the patient has been admitted to hospice. Many patients are resistant to chaplain visits, afraid that the chaplain's purpose is to evangelize the patient and share the Gospel with them, when the reality is that chaplains minister to patients regardless of their beliefs and chaplains are not allowed to evangelize patients. A Christian hospice chaplain maintains a delicate balance of holding their Christian beliefs, while making room for a person or family who does not share those beliefs and ministering to the other without judgment. The challenge for Christian chaplains can be recognizing how to minister to hospice patients and their families while maintaining their own faith and integrity.

The goal of my project is to learn how to more effectively minister to non-Christian and/or non-religious patients and their families. This project started out with a Design Workshop session, which included collaboration with hospice nurses, social workers, and physicians, as well as a social worker/therapist with no hospice experience. The religious backgrounds of these people were diverse, with Christian, Jewish, and no religious background all represented. This group of people helped identify the importance of listening to the patient's needs, but also the chaplain being a person who makes room for the patient, accepting them without judgment. This led to the section regarding the interior life of the chaplain and essential qualities.

As the project developed, feedback was obtained from fellow hospice chaplains who affirmed the importance of listening and narrative with the patient, as well as compassionate hospitality and meeting the patient where they are. This resulted in a number of themes being

interwoven into the book, such as grief and hope, stress and pain management, life review and legacy, and various tools or interventions which may be helpful to the chaplain in their ministry.

The importance of narrative (story) quickly became apparent. Each of us is a person within a larger story, whether the story of the family we were born into, the church family we may be part of, or the local community, cultural, state, and national stories we exist within. We often do not even think about these stories or contexts, but they influence and shape who we are and how we see ourselves. As patients approach the end of their lives, they often look back on the story of their lives and think about how they want to be remembered by families and friends after they are gone—this is one's legacy. Families will share stories and memories at the patient's bedside and talk about the legacy their family member will have for them in the years ahead. Fellow chaplains, patients, and family members all have affirmed the importance of narrative and legacy in hospice chaplain ministry.

For my project, I am writing a book which puts forth resources beneficial for hospice chaplains. It contains the following sections:

1. Introduction, history, and theology of hospice chaplaincy, including the importance of narrative.
2. Essentials for hospice chaplains (good self-care as well as professional tools and support).
3. Tools for hospice ministry, including a variety of approaches to draw from when working with patients, such as listening for themes that cause distress, tension, and anxiety, and the value of music, poetry, movies, hobbies, and interests, etc.

Benchmarks

The benchmarks to which I've written are the following:

1. Develop written content on the essentials of hospice chaplaincy as indicated by three sections with 11 chapter titles.
2. Responses to two questions addressing the helpfulness and resourcefulness of this book to hospice ministry will be obtained by direct communication (email, phone calls, Zoom meetings) from 3 to 5 hospice chaplains.
3. Affirmative responses from 3 to 5 hospice patients/family members regarding the value of the chaplain's interventions utilizing the information provided within the project. These responses are attained with the understanding of "hospice" meaning the patient has a terminal diagnosis and a life expectancy of six months or less with normal disease progression. This feedback is focused on the personal chaplain interaction with patients and families to assist with conveyance of pain, anxiety and grief as they approach the end of life. An affirmative response indicates the chaplain is able to acknowledge and give voice to feelings, resulting in the experience of comfort and peace, knowing that someone understands and they are not alone.
4. Grief is a particularly important emotion to address in chaplain ministry. This project provides a learning opportunity and resource to offer comfort and support at the end of life to families, as defined in Benchmark 3. Completion of the book will provide a chaplaincy tool published by May 2024.

The content of this book comes from the perspective of a Christian chaplain. The truth of the Gospel is the truth, whether using religious language or not. Personally, my Christian faith

provides a wealth of resources to draw from as I minister to people who are not interested in hearing about Jesus. I have also discovered that learning how to minister more effectively to non-Christians has enhanced my ability to minister to all people, Christian and non-Christian. And although this book is written with hospice chaplains in mind, there is much that speaks to relationships in general, as we relate to God and others. This book is really about how a person can live a life of faith following Jesus even if His name is never spoken.

In addition to being a resource for hospice chaplains, this book could also be used in chaplain training in Clinical Pastoral Education (CPE), as well as national and state hospice organizations, such as the National Hospice and Palliative Care Organization (NHPCO) and the Oregon Hospice and Palliative Care Association (OHPCA) and submitted for publication in hospice and medical journals such as *Journal of Health Care Chaplaincy* and *The Journal of Religion, Spirituality and Aging.*

The information from this project is presented below in three sections: 1) Examining the history and theology of hospice, including the importance of narrative; 2) The internal world of the hospice chaplain, items that are essential to the chaplain's well-being; 3) Tools for hospice ministry, looking at the larger themes of grief and hope, stress and pain management, life review and legacy, and a variety of interventions that may be used with patients and families.

Literature Review

Many resources are available regarding how to do chaplain ministry in a variety of contexts, including hospitals, schools, workplaces, and hospice. Chaplains are not allowed to

evangelize their patients, as stated in the Association of Professional Chaplains Code of Ethics.[2] It is similar to the separation of church and state. Chaplains support people regardless of the person's spiritual or religious beliefs. Because of this separation, most resources on chaplaincy refrain from addressing Christianity. The Christian beliefs of a hospice chaplain, however, can provide a firm foundation from which to minister to people regardless of the other person's beliefs. Many of the truths contained in scripture are universal truths, applicable to people whether Christian or not. Love, hope, grief, forgiveness, and reconciliation are important for all people, and they are pillars upon which Christianity is built.

This project draws on a number of perspectives which all provide valuable insight for hospice chaplains.

Regarding the history and background of hospice, Siebold[3] and Halabi[4] are important voices. Editors Bramadat and Stajduhar[5] provide history and speak to the importance of spirituality in hospice ministry, as does Ann Callahan,[6] although none of them address the unique perspective of a Christian hospice chaplain. One cannot look at hospice and not consider Ira

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[2] Association of Professional Chaplains, "Association of Professional Chaplains Code of Ethics," September 24, 2000, https://www.professionalchaplains.org/Files/professional_standards/professional_ethics/apc_code_of_ethics.pdf.

[3] Cathy Siebold, *The Hospice Movement: Easing Death's Pains*, Social Movements Past and Present (New York: Twayne, 1992).

[4] Sam Halabi, "Selling Hospice," *The Journal of Law, Medicine & Ethics* 42, no. 4 (2014): 442–54, https://doi.org/10.1111/jlme.12167.

[5] Paul Bramadat and Kelli I. Stajduhar, eds., *Spirituality in Hospice Palliative Care*, SUNY Series in Religious Studies (Albany: State University of New York Press, 2013).

[6] Ann M. Callahan, *Spirituality and Hospice Social Work*, End-of-Life Care (New York: Columbia University Press, 2017).

Byock, M.D.[7] He has written a number of books about hospice and palliative care, and addresses all aspects of care, including spiritual care provided by hospice chaplains, but he does not write from a Christian perspective. Instead, Byock's books contain some universal truths, such as loving others and extending hospitality.

Daniel Taylor[8] and Suzanne Coyle[9] beautifully convey how narrative is important to all people, writing from a Christian perspective. Coyle even addresses the use of narrative in pastoral care and ministry, although she does not discuss hospice.

Ronald Rolheiser[10] speaks about spirituality from a Christian perspective, although he doesn't address grieving and end of life issues. St. Benedict[11] writes from a Christian perspective on how to live our faith, extending hospitality to all people. Caperon, Todd, and Walters[12] beautifully explain the Christian theology of chaplain ministry in a variety of contexts, although they don't address the unique ministry of hospice chaplains.

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[7] Ira Byock, MD, *The Four Things That Matter Most - 10th Anniversary Edition: A Book About Living*, Reissue edition (New York: Atria Books, 2014); Ira Byock, MD, *Dying Well* (New York: Riverhead Books, 1997); Ira Byock, MD, *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life* (New York: Penguin Group, 2012).

[8] Daniel Taylor, *Tell Me a Story: The Life-Shaping Power of Our Stories* (St. Paul, MN: Bog Walk Press, 2001).

[9] Suzanne M. Coyle, *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry* (Minneapolis: Fortress Press, 2014).

[10] Ronald Rolheiser, *The Holy Longing: The Search for a Christian Spirituality* (New York: Doubleday, 1999).

[11] Saint Benedict and David W. Cotter, *The Rule Of Saint Benedict*, trans. Leonard J. Doyle (Collegeville: Liturgical Press, 2001).

[12] John Caperon, Andrew Todd, and James Walters, eds., *A Christian Theology of Chaplaincy* (London: Jessica Kingsley Publishers, 2018).

Alan Wolfelt, Ph.D.[13] has written many books and pamphlets on grief. His perspective on companioning people in grief has had a tremendous impact on how people see themselves ministering to people who are grieving. His books are written for all people regardless of their spiritual or religious beliefs, so they do not address Christianity. Greg Yoder[14] applies Wolfelt's ideas to what it means to companion the dying as their grief is unique from those who grieve someone who has already died.

Friedman[15] addresses the importance of understanding family systems and being a non-anxious presence in the midst of tension, stress, and anxiety, but he does not address spirituality or Christianity.

Hospice integrates so many different aspects, especially when the chaplain is a Christian, but I have not been able to find a book that considers hospice chaplain ministry from a Christian perspective while ministering to non-Christian or non-religious patients without evangelizing them. It is this author's researched opinion that there appears to be a gap in the hospice chaplain ministry literature. This book will address this gap. While it is intended for the hospice chaplain who comes from a Christian perspective, it will be of value to all people.

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[13] Alan D. Wolfelt, *Companioning the Bereaved: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2006); Alan D. Wolfelt, *Counseling Skills for Companioning the Mourner: The Fundamentals of Effective Grief Counseling* (Fort Collins: Companion Press, 2016); Alan D. Wolfelt, *Companioning You!: A Soulful Guide to Caring for Yourself While You Care for the Dying and the Bereaved* (Fort Collins: Companion Press, 2012).

[14] Greg Yoder, *Companioning the Dying: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2005).

[15] Edwin H. Friedman, *A Failure of Nerve: Leadership in the Age of the Quick Fix* (New York: SEABURY BOOKS, 2007).

JOURNEY OF DISCOVERY

My ministry context is serving as a hospice chaplain within St. Charles Health System in Central Oregon. The focus of this project developed after noting that some hospice patients did not want the hospice chaplain to visit them because they thought chaplains functioned as pastors, wanting to tell them about Jesus and help people get right with God before they die. Non-Christian and non-religious hospice patients often fall through the cracks, as Christian hospice chaplains sometimes do focus more on Christian faith than on spirituality in general. This is likely because Christian chaplains sometimes find it challenging to effectively minister to people outside the chaplain's own belief system.

While completing a yearlong Clinical Pastoral Education (CPE) residency at a hospital in Texas, I became aware of how important story, or narrative, is to most patients in the hospital. Story seemed to be even more important to hospice patients approaching the end of their lives.

The intent of this project was to focus on the importance of narrative for hospice patient's life. This would include looking back on life and also forward to the remainder of life and the legacy to be left to their loved ones.

Discovery Phase

The Discovery Session for this project took place on a Saturday morning with a hospice nurse, a hospice chaplain, a hospice transitions coordinator, and a budget coordinator for a public school system (who is also a licensed therapist). The religious backgrounds were primarily Christian, with one person who was raised Christian but is now Jewish.

We began by considering the NPO (Need, Problem or Opportunity), "How do I, as a hospice chaplain who identifies as a Christian, minister more effectively to hospice patients

and/or families who identify as non-Christian and/or non-religious?" We determined that the primary people impacted were those who felt rejected, whether by God, family, friends, church or even themselves. The group arrived at the following Discovery Statement:

Considering hospice patients/families (audience),

We've discovered alienation/separation/disconnect around spirituality (NPO),

Which is caused by rejection/judgment (root cause).

If solved, it would mean connection/understanding/empathy (outcome).

Surprisingly, during the Discovery Session, the group was adamantly divided regarding the most important factor to focus on. One theme was rejection and listening to the patient's narrative to determine their pain and angst. The other, equally compelling, theme was the importance of the chaplain's identity. The group agreed that the chaplain needed to be truly present, express genuine curiosity and interest about the other person, convey warmth, and be comfortable with strong emotion. An effective hospice chaplain would also be self-aware and deliberate about the use of the chaplain's life story, attentive to whose needs are being met, those of the patient or those of the chaplain. We agreed that a word which sums up these qualities and characteristics is hospitality. Hospitality is welcoming and making room for the other person. The group unwaveringly agreed that while listening to the patient's story is essential, so too are the qualities and characteristics of the chaplain. Without them, the chaplain will be ineffective in ministering to others.

The people involved in one-on-one interviews agreed with the Discovery Session participants. These interviews included an Episcopalian priest who serves as a hospice chaplain, a retired hospice medical director (physician), and a junior high school chemistry teacher with a broader understanding of spirituality than some of the participants. The Discovery Session

participants and the one-on-one participants didn't disagree on anything, though they expressed the concepts in different ways.

They all agreed that ministry begins with the chaplain before the patient or family is even seen. The chaplain needs to be comfortable with strong emotions and conscious of their use of their own story, paying attention to how it intersects with the patient's story. The chaplain needs to be aware that she's there as a companion, and remain open-minded, with a larger worldview than that of many people. Since ministry begins with service, the chaplain must see the person and acknowledge them as the one who knows themself better than anyone else. It means listening to determine the needs of the patient and responding to those needs. Simply by being present, expressing genuine compassion and care for the person will be a way of providing support to the person, as knowing someone cares often precedes anything else. In telling their story, a person is seen and acknowledged. There is healing that comes through the sharing of their story.

The first section in the book is an introduction to hospice, looking at the history, theology, and importance of narrative within the role of the hospice chaplain. The added second section is on the internal world of the hospice chaplain, including how the chaplain extends hospitality to the patient, and how the chaplain needs professional and personal support.

The Topic Expertise Essay allowed me to see how scripture supports my goal of ministering more effectively to non-Christian or non-religious patients. Hospitality is at the root of Christianity, and this is also the foundation of hospice chaplains as they minister to others.

The essay also allowed me to examine some key voices in the hospice and bereavement contexts. Ira Byock, M.D., is a prominent voice in the hospice arena and his books address chaplain support beautifully, even though he does not consider himself religious. His book *The*

Four Things that Matter Most[16] addresses spiritual issues in the topics he puts forth: 1) Please forgive me; 2) I forgive you; 3) Thank you; and 4) I love you.[17] Hospice chaplain and author Greg Yoder builds on author and grief therapist Alan Wolfelt's concept of companioning[18] in Yoder's book *Companioning the Dying.*[19] Yoder's first three chapters talk about companioning, the value of telling our stories, and active listening.[20] Companioning simply means coming alongside a person and recognizing that they are the expert regarding their life, and we come alongside to provide support.

Design Phase

The Design Workshop was held early on during the pandemic, which made it challenging. As it was not possible to meet in person as we did for the Discovery Workshop, we met via Zoom. The four participants included a hospice chaplain, a hospice social worker, and two hospice nurses.

We revisited the NPO, "How do I, as a hospice chaplain who identifies as a Christian, minister more effectively to hospice patients and/or families who identify as non-Christian and/or non-religious?" The participants agreed that respect for the patient is essential, and that emotional pain is not impacted by morphine and must be addressed differently. They also

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[16] Byock, MD, *The Four Things That Matter Most*.

[17] Byock, MD, *The Four Things That Matter Most,* 3.

[18] Alan D. Wolfelt, *Companioning the Bereaved: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2006).

[19] Greg Yoder, *Companioning the Dying: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2005).

[20] Yoder, *Companioning the Dying,* i.

pointed out that sometimes patients just aren't interested in support from a chaplain and it's not about the chaplain. They may have enough support from their family, friends, or various community groups. The participants also pointed out that some patients may simply have no interest in the spiritual or emotional aspects of their life and it's nothing negative, but simply dis-interest.

We also talked about how the chaplain will know she's successful, and we determined success would be noted by the patient inviting the chaplain back, or the patient expressing gratitude for the chaplain's visit. The chaplain will know she's "done" when the patient is at peace, the patient has died, or the patient doesn't allow the chaplain to return.

The group arrived at three Napkin Pitches. The first was "Reading or utilizing short stories with the patient and/or family." This would allow the chaplain to develop a rapport with the patient, providing support and connection. This could include reading a short story, book, or poem, or having the patient share a favorite story or memory from their life. Other pitches included the use of compassionate touch and music. The first pitch was deemed by the group to be of most value to pursue for this project.

Three people participated in one-on-one interviews: a military/hospice chaplain, a local parish pastor, and a hospice employee with a clergy background. They pointed out that life review is a new experience for most people. They haven't given much thought or done much reflection about their life, the choices they've made, and the themes that have been important throughout their lives.

They also recognized that each patient brings their own unknowns, including emotions and thoughts they aren't aware of or don't recognize, and chaplains also bring their own emotions and responses to what they hear from the other person.

The prototypes I utilized were surveys of hospice chaplains to determine what themes and topics resonated most with their ministry experience. Questions were designed to solicit what was most important in order for chaplains to take care of themselves, what they saw as the primary need in hospice chaplaincy, and how effective story/narrative is with hospice patients and families. Since I anticipated my project being a book, a survey seeking responses to various scenarios worked well to clarify the important themes that were common to most chaplains, such as grief and hope, stress and pain management, and life review and legacy. The responses also conveyed a variety of ways they receive professional support, including management, communication with team members, and continuing education. The responses also provided a variety of personal self-care resources such as rest, time away, meaningful relationships, and worship, prayer, and meditation.

The feedback I received from the prototype surveys confirmed that my project needed to address more than the use of narrative in ministering to hospice patients. In order to effectively minister to others, chaplains also needed to care for themselves. My prototypes confirmed a larger project, rather than ruling anything out, and helped clarify sections and chapter titles for the book.

Delivery Phase

This brings us to the scope of this project, examining how a Christian chaplain can more effectively minister to non-Christian and/or non-religious patients/families. The role of narrative is important—listening to their story and what is important to them. But equally important is the chaplain herself being a person of hospitality and making room for a person who may have very different beliefs and perspectives on a variety of issues. Chaplains need to be compassionate and nonjudgmental, respecting the person by listening carefully with genuine curiosity.

This project provides a history and theology of hospice and introduces the role of narrative in each of our lives, particularly for those who are approaching the end of their lives. It also looks at some of the overarching themes in hospice, such as grief and hope, stress and pain management, and life review and legacy. A final chapter provides a number of interventions that may help chaplains address these areas in their ministry.

The Benchmarks for this project include three designated sections and eleven chapter titles. Feedback was obtained from five hospice chaplains regarding the project content and their feedback was incorporated. As a current hospice chaplain, I was able to experience firsthand the response of patients and families during our visits, especially the responses regarding narrative and story. As patients and families conveyed their anxiety, fear and grief I was able to acknowledge and give voice to their feelings, and they were able to experience comfort and peace knowing that someone understands and they are not alone.

Long-term objectives include finishing the book, obtaining feedback from three hospice chaplains, and incorporating their feedback into the manuscript. At that point, publishers will be contacted in order to pursue publication. I also envision utilizing this material for training with hospice team members, helping them understand what chaplains do. This material could be adapted to be used in presentations at professional hospice gatherings, such as the National Hospice and Palliative Care Organization (NHPCO) and the Oregon Hospice and Palliative Care Association (OHPCA). It could also be utilized as a resource for students in Clinical Pastoral Education (CPE).

Evaluation of the Experience

The experience of working on this project has been challenging in a variety of ways and I have learned much about my project and myself.

The first obstacle was being one of the few chaplains in my cohort and always feeling that my ministry context wasn't as clear-cut as those of my peers serving in churches or parachurch organizations. I felt like I had a foot in two worlds, Christian and secular.

The second challenge was returning to the academic world after years in ministry. This project would have been easier to complete closer to college and seminary, when academia was more familiar. Working full time was also a challenge in adjusting to the increased demands on my time. This was not unexpected, but it was a challenge.

The pandemic has challenged the world. New methods of communicating have had to be learned, such as collaborating on Zoom meetings and meeting virtually instead of in person. This has impacted the D.Min. program communication.

Gaps that exist for completion of the project include additional research, writing, and soliciting feedback and perspectives from non-Christian hospice chaplains.

At this time, no viable alternative approaches to the NPO are evident. All information has been incorporated to make an effective and creative resource for hospice chaplains. Narrative remains the focus. In fact, narrative is even more important than initially anticipated. It is integral for both the patient as well as the chaplain. The internal world of the chaplain is essential to effective ministry; hence it became necessary to include a section addressing this topic alongside the narrative section.

Next Steps

The first section of this book has been written, but that still leaves the seven chapters in sections two and three to be finished. These will be researched and written after the completion of the DMin program.

My plans are to finish the project as a book manuscript, working with an editor who has been invaluable in polishing and challenging me to make changes resulting in a better product. I am grateful she is willing to work with me as I write the remainder of the chapters and prepare to submit the manuscript for publication.

I will also adapt some of the material for use with the hospice team I work with, as well as for national and state hospice organizations to provide continuing education opportunities for hospice staff in the larger hospice community.

Conclusion

This project was challenging, which I anticipated, but in unexpected ways. The challenge of facilitating a Discovery Group in person was an invigorating experience as I engaged in conversation with people who were also interested in the topic. The participants were also surprised by how much they enjoyed the experience. I also enjoyed working with and being challenged by my Project Faculty mentor, Holley Clough, as she provided encouragement and feedback throughout the process. She was a very welcome companion on this journey. The peers in our group were also a source of encouragement and delight; thank you Pat, Mathew, and Ron.

The biggest surprise was that a new section needed to be added to the book's original outline, acknowledging the importance of the foundational characteristics of hospice chaplains. The project would not have been complete without this addition.

Currently serving as a hospice chaplain has allowed me the opportunity to see how patients and families respond to the material presented in this project, as I see patients every day. As I see their stress, anxiety, concern and grief and am able to give words to their feelings, they experience comfort, peace and reassurance that they are not alone. This project has helped sharpen the focus of my visits and allow me to minister more effectively. It's rewarding that my

project has achieved its intended goal of helping me understand how to more effectively minister to all hospice patients and families, regardless of their beliefs.

My dream for this project is that the resulting book will be helpful to other chaplains, whether serving in hospice, a hospital, or any other setting. It is a good feeling to be at the end of the process, looking back on the journey and what has been learned. I'm relieved to be finished, and I'm happy at what I've learned and how the process has changed me for the better.

PRESENTATION OF PROJECT

Introduction, History, and Theology of Hospice Chaplaincy

Section I: Introduction, History, and Theology of Hospice Chaplaincy

Chapter 1: Introduction

"Will God send me to hell if I choose Death with Dignity and end my life, chaplain? I don't want to face God and have Him ask me, 'Why couldn't you tough it out a few more days? Because of that you aren't welcome in heaven.'" This hospice patient was struggling with physical pain, difficulty breathing, and the spiritual angst of what God expected of him as he approached the end of his life. His nurse addressed his physical discomfort, the social worker provided information about Death with Dignity, and the chaplain talked with him about his spiritual concerns. Hospice, chaplaincy, and narrative are interwoven in the role of a hospice chaplain who listens to the patient's story to learn what is important to the person in their current circumstances.

Hospice falls under the umbrella of palliative care, which simply means comfort care. While palliative care includes keeping people comfortable and managing the pain of chronic ailments such as back injuries, sickle cell anemia, and other recurrent pain issues, hospice specifically refers to keeping patients comfortable when they have a terminal diagnosis with six months or less to live with an average disease progression.

This book will look at the chaplain's role in ministering to hospice patients. The first section focuses on the history and theology of hospice chaplaincy, including the importance of narrative. The second section examines the internal world of a hospice chaplain, and the third

section looks at some of the most significant topics chaplains address, as well as various tools and interventions.

Hospice began in its modern form in the United States in the late 1960s, imported from a similar model that resurged in Britain. Health care professionals gathered in Connecticut to discuss how dying people were treated. This was "the beginning of a social movement that would result in a nationwide network of hospice programs."[1]

While hospice has resurged over the past 50 or 60 years within the United States, care for the sick and terminally ill has a long history, especially within religious organizations. For millennia, facilities that cared for the sick were often connected to religious entities. As doctors focused more on diagnosing and curing the medical problem, dying patients needed spiritual care. Churches stepped up in order to treat people who were dying with respect and dignity.

Although religion or faith has long been involved in the care of hospice patients, some people may find the role of chaplains in hospice confusing at first, especially in the United States, where there's a separation of church and state. But modern hospice organizations have intentionally been set up with people from four mandatory disciplines who are required to provide a care plan for each patient: physician, nurse, social worker, and chaplain. This interdisciplinary group must have each discipline represented at every meeting to review a patient's chart (which is done every 15 days).

Hospice provides holistic care to patients, recognizing that a person has emotional, spiritual, and social needs in addition to the physical needs which are often most prominent. A person's physical pain is often impacted by the emotional anguish of separation and disconnect

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[1] Cathy Siebold, *The Hospice Movement: Easing Death's Pains*, Social Movements Past and Present (New York: Twayne, 1992), 1.

from family and friends—their support community. The person's spiritual and emotional well-being is impacted by physical discomfort. We are all born with a spiritual component to our being, which means that which brings meaning, purpose, and passion to our lives. When people have received a hospice diagnosis, their spirit is impacted, whether or not they consider themselves religious or affiliated with a faith community.

The way this author explains it to patients is that the chaplain is there to hear what's important to the person or family, to hear what brings passion and meaning to their life and renews their spirit, and to help resolve tensions and disconnects in order to help the patient be as comfortable as possible. Chaplains are not there to evangelize patients or tell them what they need to believe, think, or do. Chaplains are comfortable exploring spiritual and religious issues with patients and walking alongside them as a supportive companion. A chaplain's role is to be a non-anxious presence, undeterred by a patient's tears, anguish, or fears.

The role of hospice chaplains is often misunderstood, by both Christians and non-Christians. They both assume that chaplains are there to share the gospel with people and encourage them to repent in preparation for death. However, Board-Certified Chaplains are bound to an ethical standard that prevents proselytization. Chaplains are there to listen to the patient and address their needs, not to impose a chaplain's religious agenda.

Narrative simply means story, and we all have stories to tell. We are all characters in a variety of stories: the family we were born into and raised in, our faith/church family, God's story, our cultural environment, our corporate workplace, and perhaps others. How do we, and our patients, see ourselves in these various stories?

Chaplains often facilitate life review, listening to the person's story. Most people are so busy living that they haven't had time to stop and reflect on their lives and be aware of what's

been important to them, and how they want to be remembered. By truly listening to the patient, we can recognize themes that have been important to the patient throughout their life. This also gives the chaplain the opportunity to ask questions to gain clarity and help the patient untangle the knots of frustration, anxiety, disappointment, and regret as they look back on their lives.

This book will explore the theology of how a Christian chaplain holds their faith alongside the responsibility of journeying with those who are not Christians without telling them about Jesus.

The second section of this book will consider the qualities and characteristics a hospice chaplain needs in order to minister to others, as well as provide the resources and support that are essential to prevent burnout. As chaplains address the spiritual needs of their patients, they also need to address their own spiritual needs. Hospitality provides a foundation of acceptance and openness from which hospice chaplains minister, welcoming the other person with whatever beliefs and challenges they bring. A chaplain begins with nonjudgmental compassion, accepting the person as they are and listening with genuine curiosity. The chaplain looks to the patient as the expert on their life and needs, and they meet the person where they're at.

Hospice has a team approach to the patient and family, and a good hospice team encourages and supports each other as well. A hospice chaplain has many strengths and skills they bring to their work, but they also need support from their colleagues and hospice agency. Continuing education will also be important to a chaplain's well-being.

As chaplains care for their patients and families, they also need to care for themselves. Hospice work has a high burnout rate if the care providers don't take the time to take good care of themselves. It is important to set healthy boundaries and practice things that renew our spirits, especially as chaplains encourage their patients to do the same.

The third and final section will consider some of the most significant topics chaplains address, including grief and hope, stress and pain management, life review and legacy, followed by various tools for interacting effectively with patients and families. The tools easiest to utilize are often the ones that we use ourselves and connect with—perhaps prayer, meditation, or time with family and good friends. But sometimes other tools and resources are more effective, such as movies, books, music, poetry, or even talking about things we're not familiar with, such as mechanics, fishing, hunting, or being a contractor or police officer. These are tools we can develop if we follow our genuine curiosity, and hopefully each reader will find some new resources which may be helpful.

The patient who was struggling with knowing what God expected of him as he considered Death with Dignity was more comfortable after the nurse adjusted his pain medication and oxygen concentrator level. His anxiety was decreased when the social worker provided information about Death with Dignity, and he realized he still had options to choose from. He relaxed while talking openly with this chaplain about how he understood God's love, mercy, and presence. He died peacefully a few weeks later without the need for Death with Dignity.

Chapter 2: History of Hospice

Hospice has become a more familiar word and concept to American people throughout the past 50 years, starting out as a grassroots movement which has been recognized, endorsed, and reimbursed by government programs since 1982. Despite the relatively recent introduction of modern hospice, places that care for the terminally ill have existed for centuries.

As early as 1134 BC, there are records of designated places for gravely ill people to stay.[2] The word hospice comes from the Latin word *hospe*, meaning hospitality, which was extended to travelers, such as those on a pilgrimage, as well as those who were sick and dying. "Historically the terms *hospice, hospital, hotel,* or *hostel* were used interchangeably."[3]

Most ancient places that provided care for the sick and dying were affiliated with religious groups. "Egyptians, Orientals, Greeks, and Romans all used their churches or temples as refuges for the sick or for pilgrims."[4] Caring for the sick, poor, and disadvantaged has been part of the Christian faith narrative since the time of the Hebrew Bible, or Old Testament. This mandate continues in the New Testament, as Jesus says in Matthew 25:36b, "I was sick and you took care of me" (NRSV). Taking Jesus' words to heart, the Council of Nicaea in AD 325 "decreed that each bishop should establish a hospice in every city with a cathedral."[5]

In fact, "Christianity (and later Islam) more than other religions saw the care of the sick and dying as a sacred duty."[6] It was not unusual for such care to be provided directly by churches and monasteries. "It was the preaching of Christianity, with its emphasis on love and piety, which led to the growth of hospices for the poor, sick, and homeless."[7]

During the time of the Crusades, which began at the end of the eleventh century and continued for several hundred years, hospices became popular. "Hospices were way stations for

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[2] Siebold, *The Hospice Movement*, 13.

[3] Siebold, *The Hospice Movement*, 14.

[4] Siebold, *The Hospice Movement*, 13.

[5] Siebold, *The Hospice Movement*, 14.

[6] Siebold, *The Hospice Movement*, 14.

[7] Siebold, *The Hospice Movement*, 14.

weary travelers and well known to crusaders."[8] Health care at hospices was generally provided by religious caregivers, who were often ruled by superstition rather than scientific research and facts.

However, the Reformation caused medical authority to be transferred to secular institutions and health care was then overseen by scientists. "As secular influences began to dominate medical thinking, university-trained physicians sought to improve their status and hospitals became their laboratory."[9] As knowledge of the human body increased, these doctors applied a scientific approach to treating disease and they saw their function as curing disease, not providing supportive services for the dying. Nor did the physicians want the dying to tarnish their reputation with failure, which is how they considered the patient's death. So the dying needed care from somewhere else.

Until the 1700s, a dying person presided over their end-of-life transition themselves among their community of friends and family, and then control was given to the family as the person was actively dying. "Today the initiative has shifted from the family to the doctor and hospital team, who have become the 'masters of death.'"[10] Patients and families often look to the doctors and medical professionals about their medical and end-of-life concerns, and doctors are generally focused on curing the disease rather than considering death as an acceptable option.

Hospice as we know it today was started by Dame Cicely Saunders in the 1950s in England. Born in 1918 north of London, Dame Saunders was trained as a nurse, medical social

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[8] Siebold, *The Hospice Movement*, 16.

[9] Siebold, *The Hospice Movement*, 18.

[10] V. W. Franco, "The Hospice: Humane Care for the Dying," *Journal of Religion and Health* 22, no. 3 (1983): 242, https://doi.org/10.1007/BF02280630.

worker, and a physician. She envisioned holistic care for terminal patients that addressed their physical, mental, spiritual, and emotional needs, treating the dying with dignity and respect. She realized that terminal patients often had different needs than other patients in hospitals. When Saunders started St. Christopher's hospice house, she considered establishing it as an explicitly Christian community, similar to convents or monasteries, but "she followed the example of Florence Nightingale who had 'secularized' the practice of nursing previously performed by religious orders."[11] Saunders and Elisabeth Kubler-Ross spoke out "against health care practices that dehumanized or ignored the dying person."[12] Saunders believed people should be able to choose their treatment (comfort vs. curative), and Kubler-Ross believed a patient should be surrounded by family and friends, rather than isolated. Today, patients can choose to stop receiving curative treatment and leave the hospital so they can be comfortable in their own home, surrounded by family and friends.

Hospice has existed in the United States since the late 1960s, although it has evolved and changed significantly over the last 50 years. In 1974, Florence Wald, former Dean of the Yale School of Nursing, founded Connecticut Hospice in Branford, Connecticut, the first hospice in the United States. It wasn't until the mid-1980s that hospice was approved by Congress as a Medicare benefit.

Hospice is defined by "(1) its patients' [terminal] diagnoses and (2) its interdisciplinary approach to holistic care."[13] It began as a grassroots movement with the purpose of allowing

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[11] Paul Bramadat and Kelli I. Stajduhar, eds., *Spirituality in Hospice Palliative Care*, SUNY Series in Religious Studies (Albany: State University of New York Press, 2013), 18.

[12] Siebold, *The Hospice Movement*, 26.

[13] Sam Halabi, "Selling Hospice," *The Journal of Law, Medicine & Ethics* 42, no. 4 (2014): 442–54, https://doi.org/10.1111/jlme.12167.

terminal patients to choose being comfortable rather than undergoing excruciating treatments for their physical diagnosis, which, for the first hospice patients, was often cancer. Each patient is assigned a team of people, including a physician, nurse, social worker, and chaplain. They treat the patient holistically, attending to physical, emotional, social, and spiritual concerns, letting the patient be the one to determine what services and support are needed. Patients may decline chaplain and social work visits, but at the very minimum, a hospice patient must have a nurse visit every 14 days to be in compliance with hospice guidelines, or else they will be discharged from hospice.

As healthcare costs increased dramatically, and hospitals were looking for ways to cut costs, hospice proved to be a timely option. Many hospice patients did not want to be in the hospital, and hospital resources could then be reallocated. Money was saved by the hospitals as well as by the hospice patients. Congress recognized this benefit and set up Medicare hospice benefits, paying less in hospice benefits than they would for ICU costs and high-level treatments that hospice patients didn't want anyway.

Hospice has continued to grow as a resource for patients approaching the end of life. The National Hospice and Palliative Care Organization (NHPCO) reports steady growth in both the number of hospice providers and patients over the last decade.[14] It is now "one of the fastest growing costs of Medicare,"[15] while at the same time decreasing the overall budget and expenses of Medicare previously spent on unwanted hospitalizations and treatments. The primary source of payment for hospice is Medicare, although some insurance companies also provide coverage

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[14] Ann M. Callahan, *Spirituality and Hospice Social Work*, End-of-Life Care (New York: Columbia University Press, 2017), 2.

[15] Halabi, "Selling Hospice," 442.

for hospice. Some hospices also provide charitable care when the patient has no means of coverage, so hospice is available to most people in the United States today. And while most people have access to hospice today, "it has been estimated that 75 to 95 per cent of all those who die need some sort of end-of-life and palliative care,"[16] and the need for hospice is anticipated to increase.

Hospice has changed over the centuries, through the times of the crusades in the Middle Ages, to being housed in monasteries and religious institutions, to being subsidized by the United States government. The story of hospice illustrates the importance of story or narrative in the lives of hospice patients, which we will look at in the next chapter.

Chapter 3: The Importance of Narrative

"Let me tell you a story ...." These words make up the oldest invitation in the human experience. They are an invitation to human relationship and meaning. Narrative simply means story, and we are our stories. Each of us is the product of all the stories we have heard and lived, and even many that we have never heard. They have shaped how we see ourselves, the world, and our place in it. Narrative is the thread that connects everything for hospice chaplains, and it is part of every interaction and intervention we have with a patient.

The importance of narrative is now recognized in a variety of fields, creating disciplines as narrative therapy, narrative counseling, narrative preaching, and narrative medicine, to name a few.

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[16] Karen Murphy, ed., *Chaplaincy in Hospice and Palliative Care* (London: Jessica Kingsley Publishers, 2017), 11.

Story is so ubiquitous in our lives that it's often invisible. We live in stories the way fish live in water, breathing them in and out, being buoyed up by them, and gaining strength and meaning from them. Stories are so integral to who we are that our subconscious is telling stories even while we sleep. Knowing and embracing healthy stories is essential to living rightly and well. If our present story is broken or diseased, it can be made well; it can be replaced by a story that has a plot worth living. For example, "many terminally ill patients see only a death sentence, but may be helped to realize that although they are in a palliative situation, there are still things they can do while still alive."[17] This is what the Bible calls redemption—bringing good from brokenness, and being given a new name and new identity, as is seen with Abraham (Abram), Sarah (Sarai), and Israel (Jacob).

We often find meaning through our stories. What stories have defined us and given us meaning over the years? What themes do we see in our lives? The stories we tell about our lives reveal how we see ourselves. "We tell stories because we hope to find or create meaningful connections between things. Stories link past, present and future in a way that tells us where we've been (even before we were born), where we are, and where we could be going."[18]

Author Daniel Taylor talks about narrative being the foundation of our lives. "Our greatest desire, even greater than our desire for happiness, is that our lives mean something."[19]

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[17] Agnes Noble and Colin Jones, "Benefits of Narrative Therapy: Holistic Interventions at the End of Life," *British Journal of Nursing (Mark Allen Publishing)* 14, no. 6 (2005): 332, https://doi.org/10.12968/bjon.2005.14.6.17802.

[18] Taylor, *Tell Me a Story,* 1.

[19] Daniel Taylor, *Tell Me a Story: The Life-Shaping Power of Our Stories* (St. Paul, MN: Bog Walk Press, 2001), 1.

As hospice patients reflect on their lives, realizing that they're approaching the end of life, they often want to know that their life made a difference and they will be remembered.

Stories turn a list of chronological events into a plot and give meaning to those events. If nothing is connected, then nothing matters. "The narrative is simply how the patient chooses to organize, in her head and/or heart, what is happening to her and/or what has, in the past, happened in her life."[20] Stories help us see a connection between choices and events.

All of life is comprised of choices, and "choice is the essence of character."[21] When hospice patients (and families) realize they can still make choices about their care, their life, and their story, they experience peace and hope along with the freedom that comes from exercising autonomy, rather than being a passive subject of everyone else's expertise.

It's been said that character is a bundle of values in action, which speaks to the double meaning of character in the context of narrative. Each of us is a character in our own story, and we also demonstrate our character or values.

Stories teach us that character, in the ethical as well as the literary sense, is more important than personality. Because characters must choose (and refusing to choose is itself a choice), they are inherently valuing beings. Every choice implies an underlying value—a because, a should—and there are ethical reasons for choices. The more conscious we are about our stories, and our role as characters in them, the more clarity we have about who we are and why we are here and how we should act in the world. Characters in stories interest us because of

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[20] Andrew J. Miller, "The Spiral Staircase: A Narrative Approach to Pastoral Conversation," *The Journal of Pastoral Care & Counseling* 70, no. 1 (2016): 27, https://doi.org/10.1177/1542305015619884.

[21] Taylor, *Tell Me a Story*, 2.

their choices—the ones they make *and* the ones they don't. The suspense we feel in stories is more often a result of the element of choice than from the twists and turns of external events.

Everyone should have the opportunity to tell her or his story. Even God let Adam try to explain what had happened when Adam hid from God in the Garden of Eden. "The need to tell a story to a receptive listener is an important impulse for any person in distress, and the process of so doing can help to alleviate the burden of events described."[22] By expressing interest in and listening to a person's story, we treat the person with respect and develop trust as we hear what is important to the person.

Those stories should be valued, but stories can be broken. Sometimes stories are no longer true, as people change. But broken stories can be changed. People don't often think about the stories they've accepted as truth. Chaplains can help people think about their stories, and the patient can determine if their story still fits their reality. Perhaps there's a better way, a better narrative, to understand and make sense of the events that have happened in their life. "We are free to change the stories by which we live."[23]

Our stories tell us who we are and what our purpose is in life. "Stories engage each of us as entire persons—intellect, emotion, spirit and body."[24] Stories also bring people together. As we share stories with our patients, we build a rapport, a foundation of trust on which we can build, creating a safe place to have meaningful conversations.

We all have many concurrent storylines within our lives. Each of us is a child, perhaps with extended family relationships, and we have coworkers or friends. There are people who

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[22] Noble and Jones, "Benefits of Narrative Therapy," 332.

[23] Taylor, *Tell Me a Story*, 3.

[24] Taylor, *Tell Me a Story*, 3.

only know us through a single context, although we have multiple circles in which we live. We live with the people in our immediate family, work with those at our jobs, socialize with neighbors and people in the community, but many of those people do not know each other, and they certainly do not know us in all our contexts. Our patients have the story of their current illness and diagnosis, the story of their current family (spouse and children), the story of the family they grew up in, the story of the culture they grew up in, and the story of their work or career. These comprise the patient's world, and often the patient hasn't given any thought to their understanding of these stories; it's simply their reality.

For example, the story and meaning we find in our life is different when we consider the storyline of faith and God's presence in our narrative. As Paul says, "We celebrate in our tribulations, knowing that tribulation brings about perseverance; and perseverance, proven character; and proven character, hope; and hope does not disappoint, because the love of God has been poured out within our hearts through the Holy Spirit who was given to us" (Romans 5:3-5, NASB). We view our circumstances differently when we see them through the lens of God's love and promises.

Living our lives is like being in the middle of reading or listening to a story; we don't know how it's going to turn out, or what the ultimate "point" or purpose is. Our lives are often like quest narratives—stories in which characters must overcome great obstacles to find something of great value. It would seem one cannot have a quest without knowing what one is looking for, but often the person on the quest is confused or mistaken about the true goal of their journey. The process of the quest—taking purposeful action—is a necessary part of discovering what the character is searching for. So it is with us. We discover or create meaning in the

living—and telling—of our stories. Trusting that our story and life will eventually have meaning is an act of faith.

Many hospice patients find themselves at a crisis point in their life story, with many storylines entangled. They're experiencing a health crisis as the doctors have said there's nothing more they can do to treat their medical diagnosis. They're experiencing a work crisis, as they're often unable to work anymore. They're experiencing an economic crisis, wondering how they're going to pay their bills, or how their family is going to survive without them to provide for them. They often have an identity and value crisis, as they're no longer able to be as independent as they've been throughout life, now relying on the assistance of others. And sometimes they are experiencing a faith crisis, wondering how God could let this happen to them, feeling that God has betrayed or abandoned them, or that God has inflicted judgment on them. There are a lot of different narratives going through their minds.

Narrative allows the patient to tell their story, and in the telling they often make sense of it. Simply telling one's story can be healing, and there is also healing that is experienced by having someone listen to their story. As the person thinks of and tells their story, they become aware of connections and meaning within their story. "Telling a story can put issues into context, and may help the patient explore his/her current life situation from the perspective of his/her entire life."[25] Hospice chaplains often have the privilege of listening to people's stories, hearing joys, challenges, heartaches, and how they've coped over the years with life's unexpected events. Chaplains "listen with ears trained by theological study and the social and psychological

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[25] Noble and Jones, "Benefits of Narrative Therapy," 332.

sciences,"[26] often seeing and hearing things that the other hasn't been aware of, such as recurrent themes and the impact of choices made over the years. This is active listening—listening attentively—and facilitating life review, helping the person tell their story.

Another advantage of a narrative approach with patients is that the patient is the obvious expert of their own life. We don't know what's important to them until they tell us. Hospice patients are surrounded by a lot of experts—doctors, nurses, social workers—and the patients look to these people for answers while so much is changing in their world. Chaplains have the opportunity to recognize the patient as the expert about their lives. Alan Wolfelt uses the word "companion" to describe chaplains in this role—we come alongside, or companion, people on their journeys.[27] We listen to hear what is important to them and how we can help. What's important to the chaplain may not be important to the patient. Chaplains don't know what's important to the patient until they tell us. Perhaps they want to see the child they haven't seen in 20 years, volunteer at the wetlands once more, ride their ATV at the beach one last time, or write a letter to their grandchildren to share life lessons and advice. "At the end of life we all like to feel like we had meaning and purpose. It's easier to die then."[28]

Narrative encompasses all of life—beginning, middle, and end—and it's especially meaningful and important to help the patient tell their story and hear what's important as the person approaches the end of their life.

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[26] Mark Jensen, "Some Implications of Narrative Theology for Ministry to Cancer Patients," *The Journal of Pastoral Care* 38, no. 3 (September 1984): 216.

[27] Alan D. Wolfelt, *Companioning the Bereaved: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2006), 17.

[28] Lorrie Klosterman, "Want to Heal? Tell Your Story," *Utne (Minneapolis, Minn.)*, no. 155 (2009): 73.

Chapter 4: The Role and Theology of Hospice Chaplains

Chaplains are one of the mandatory disciplines within the hospice interdisciplinary care team (IDT) that reviews each patient every 15 days (along with the physician, nurse case manager, and social worker). Hospice has a holistic approach, recognizing that we are more than our physical body, with spiritual and emotional needs, and when one aspect is affected, generally the others are impacted as well. For example, if a person is experiencing physical pain, that has an impact on the person's emotional well-being. And if one is experiencing spiritual or emotional discomfort, that can increase physical pain. Our body's systems are interconnected, and the goal of hospice is to keep the patient and family as comfortable as possible, ministering to the needs of body, mind, and spirit. When Dame Cicely Saunders founded hospice, she felt so strongly about the importance of the spiritual aspect of a person, and in particular the Christian faith in connection with patients, that she almost mandated that chaplains be Christian.

The chaplain's role overlaps some with that of the social worker, as both provide emotional support, although they each have distinct responsibilities. Chaplains address the spiritual needs of people, while social workers know of community resources and can help people navigate the forms and systems in order to access those resources.

Often when people hear the word "chaplain," they immediately expect a Christian pastor—along with whatever images and preconceptions they project onto that title. A common response heard from patients and families is, "I don't need religion" or "I don't need Jesus." However, Board-Certified Chaplains abide by a code of ethics[29] that prohibits evangelizing or

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[29] Association of Professional Chaplains, "Association of Professional Chaplains Code of Ethics," September 24, 2000, https://www.professionalchaplains.org/Files/professional_standards/professional_ethics/apc_code_of_ethics.pdf.

proselytizing people when functioning in their chaplain role; a chaplain could be fired for such actions.

A hospice chaplain provides spiritual support to people, and while Christianity represents one aspect of spirituality, it is a much larger topic. One's spirituality is concerned with the human spirit or soul, as opposed to material or physical things. It's a quest for an ultimate or sacred meaning. "Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices."[30] When this chaplain explains her role with patients and families, she explains spirituality as that which brings meaning, purpose, and passion to their life. For some people this means being in nature, and for others it means being with children or grandchildren. For others it means being involved in civic activities and giving back to the community.

A Christian chaplain generally knows how to minister to a Christian or even to a religious patient of another faith. But how can a Christian chaplain minister to non-Christian or non-religious patients? How do Christian chaplains hold their beliefs in tension with respecting the other person and their beliefs? How can chaplains maintain their integrity regarding who they are, what they believe, and what they do while effectively ministering to people of diverse beliefs? Many hospice patients and families want to decline chaplain services because they don't recognize their own needs and don't know what the chaplain can offer.

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[30] 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): 646, https://doi.org/10.1089/jpm.2014.9427.

Scripture acknowledges that each person is comprised of a body, mind, and spirit in 1 Thessalonians 5:23 (NRSV): "May your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ." Hospice ministers to the needs of the entire person regardless of what religious affiliation a person has. It's becoming more common for people today to say they are spiritual but not religious, so a person's spirituality may or may not be connected to a set of religious beliefs. "It is arguably the case that one cannot effectively study contemporary religious life in North American and European societies without grappling with the increasingly well-defined cohort of 'spiritual but not religious' people."[31] Many people haven't given much thought to their spiritual beliefs, as they equate spiritual with religious. But spirituality can manifest in anything that brings a person passion and joy, such as nature, grandchildren, hobbies, travel, and learning. Ronald Rolheiser says, "Spirituality is, ultimately, about what we do with ... desire. What we do with our longings, both in terms of handling the pain and the hope they bring us, that is our spirituality."[32]In Genesis 1:27 (NRSV) we read, "So God created humankind in his image, in the image of God he created them; male and female he created them." John Calvin's understanding of humanity being created in the image of God "lies at the root of his view that humans have an inherent God-given dignity."[33] We see the image of God in others as they are God's creation, God's children, made in God's image, and we give glory to God when we recognize and acknowledge God's creation, caring for it and being good stewards of it. Reformed theology builds on this understanding that "Scripture teaches the

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[31] Bramadat and Stajduhar, *Spirituality in Hospice Palliative Care*, 1.

[32] Ronald Rolheiser, *The Holy Longing: The Search for a Christian Spirituality* (New York: Doubleday, 1999), 5.

[33] J.M. Vorster, "Calvin and Human Dignity," *In Die Skriflig* 44, no. 4 (2010): 189, https://doi.org/10.4102/ids.v44i0.189.

inherent human dignity of all people, which should be respected by fellow human beings and social institutions."[34]St. Benedict says in his Rule, "Let all guests who arrive be received like Christ, for He is going to say, 'I came as a guest, and you received Me.'"[35] This influences Benedict's belief of treating people with love, respect, and hospitality. The Bible has several passages that this author believes support Christian chaplains ministering to people of diverse backgrounds regardless of religious beliefs. They include the following: Matthew 25:34-40: The Sheep and the Goats Luke 10:25-37: The Parable of the Good Samaritan Romans 12:9-16: Love in Action Hebrews 13:1-3: Concluding Exhortations 1 Peter 4:8-9: Living for GodThe theme at the heart of each of these passages is gracious, radical love and hospitality. Hospitality is not simply entertaining and having friends over for dinner parties. People tend to think of hospitality as hosting dinner parties and entertaining, but hospitality at its root means welcoming the stranger. In the parable of the sheep and the goats, Jesus says, "I was a stranger and you welcomed me .... just as you did it to one of the least of these who are members of my family, you did it to me" (Matthew 25:34-40, NRSV). Without recognizing it at the time they were doing it, the righteous provided for the needs of the king.

When a lawyer comes to Jesus wanting to know who his neighbor is so he knows whom he has to love, and Jesus tells the parable of the Good Samaritan, the lawyer reluctantly acknowledges that the neighbor is the one who cared for the man left for dead on the side of the road (Luke 10:25-37, NRSV). The Good Samaritan (an oxymoron in that time and culture) was the one who cared for the stranger (who had been ignored and left by two religious people)

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[34] Vorster, "Calvin and Human Dignity," 198.

[35] Saint Benedict and David W. Cotter, *The Rule Of Saint Benedict*, trans. Leonard J. Doyle (Collegeville: Liturgical Press, 2001), 116.

regardless of their religious beliefs. He was the one who loved—with the agape love of God—the man left for dead. Such love that isn't always the easiest thing to do, but it is the deeply moral and right decision. As Paul says in Romans, "Love must be sincere .... Practice hospitality" (Romans 12:9-13, NIV).Love is at the heart of Christianity. It is both God's love for God's creation and our love for God and neighbor. In this Romans passage, Paul talks about love, describing what it is to look like for believers toward each other (v. 9-13) as well as to the world in general (v. 9-21).[36] The word for hospitality that Paul uses (philoxenia) literally means "kindness to strangers." "The Greek word for **practice** (*Gk. diokein*) actually means 'to press or pursue.' **Practice hospitality**, therefore, carries the sense of intentionally striving to embrace strangers and needy individuals."[37]Romans 12:15 (NIV) says, "rejoice with those who rejoice; mourn with those who mourn." This is literally what the hospice chaplain does with patients and families. Edwards says, "To rejoice with others (even when we are deprived of their joy) and to weep with others (even when we have not suffered their loss) requires a selflessness which only the power of *agape* can bestow."[38]When a chaplain is able to love the patient in front of them, to companion with the person and share their grief and joy and pain, they experience how love covers a multitude of sins as they both experience the gift of hospitality (1 Peter 4:8-9, NIV). The chaplain is able to provide support, and "it would follow ... that if pastoral care is redemptive (resulting in healing, reconciliation or other human transformation), then it may be discerned as a primary form of mission, a true participation by those involved in God's

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[36] James R. Edwards, *Romans: New International Biblical Commentary* (Peabody: Hendrickson Publishers, Inc., 1992), 291.

[37] Edwards, *Romans,* 296.

[38] Edwards, *Romans,* 297.

mission."[39] As chaplains minister to others, even if they are not Christians, God's creation is transformed by healing and reconciliation and therefore God's Kingdom work is being done and God's will is being accomplished.

Even though hospice chaplains work outside the walls of the church, and aren't even paid by the church for their work, they are living out their faith in obedience to the gospel by loving others as Christ has loved us (John 13:34, NRSV). As Andrew Todd says so eloquently:

> If engagement in mission is a criterion for effective ministry, then chaplaincy, on the basis of its record of pastoral care alone, is effective ministry. The implications of this for an understanding of the diversity of the ministry of the whole people of God are significant, placing those who listen and engage in dialogue alongside those who proclaim; those who care alongside those who interpret; and those who discover God in diverse social settings alongside those who gather people to celebrate the same God in the worshipping life of the Church.[40]

As chaplains love God and love their neighbors, they glorify God as they promote healing, wholeness, reconciliation, and hope in the midst of the challenges and joys of life, even when the people they are ministering to don't recognize God at work in the world around them. This can take place by the chaplain doing something as simple as listening attentively to the other's story, hearing what is important, and honoring the other's dignity by seeing and hearing them as a beloved child of God. "Every man, woman, and child bears to us the presence of God."[41]

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[39] John Caperon, Andrew Todd, and James Walters, eds., *A Christian Theology of Chaplaincy* (London: Jessica Kingsley Publishers, 2018), 39.

[40] Caperon, Todd, and Walters, *A Christian Theology of Chaplaincy,* 40.

[41] Father Daniel Homan OSB and Lonni Collins Pratt, *Radical Hospitality: Benedict's Way of Love* (Brewster, MA: Paraclete Press, 2002), xviii.

Section II: The Internal World of Hospice Chaplains

Chapter 5: Hospitality

To be included in the final book.

Chapter 6: Continuing Education

To be included in the final book.

Chapter 7: Self-care

To be included in the final book.

Section III: Christian Themes Common to All People

Many of the themes central to Christian theology are also integral to non-Christians as well. This shouldn't surprise us, as we are all human beings created in God's image. God's truths are universal, true for all people, not just Christians.

Love. "I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another" (John 13:34, NRSV). Humanity is created in God's image, and God is love. We were created to be in relationship, to love and be loved. Jesus says we are to love God and love our neighbor (Matthew 22:37-39), and when we love and care for our neighbor, we live in obedience to God's call on our life.

Value and identity as a person/dignity of all people. "God created humankind in his image, in the image of God he created them; male and female he created them" (Genesis 1:27, NRSV). All people, regardless of religious, ethnic, cultural, political, or any other designation, are created in God's image, worthy of being treated with dignity and respect. Hospice patients

suffer from wondering who they are and if they have value when they're unable to do the things they've done for so long, such as working at their job, doing the dishes, mowing the lawn, or even taking care of their own personal hygiene. Chaplains can help them recognize their inherent value and dignity apart from what they can do. Each person has their own story.

Universality of death. "There is a time for everything, and a season for every activity under the heavens: a time to be born and a time to die" (Ecclesiastes 3:1-2a, NIV). It's been said that life is a terminal condition, that each of us will die. But hospice is not so much about death, but life—how do our patients want to live the time they have left, however much time that is? We will all die, but as we live our final days it is about choosing how we want to live our lives. What constitutes a "good death?" The answer will differ from patient to patient, and it is the chaplain's responsibility to listen and help the patient live their life as they choose, enabling each person to experience what they determine to be a "good death."

Hope/Faith. "Where there is no vision, the people perish" (Proverbs 29:18, KVJ). "Faith is confidence in what we hope for and assurance about what we do not see" (Hebrews 11:1, NIV). Without hope or faith, there is despondency and death of spirit. This is true for all people, Christians and non-Christians alike, although Christians have a unique understanding of hope, having a "sure and certain hope of the resurrection to eternal life, through our Lord Jesus Christ."[42] Hospice patients need hope, believing that their pain will be managed, that their families will be okay, that they can still choose how they will live the life they have left. Without the assurance of what is hoped for, the spirit dies. Hope leads to peace. As chaplains, we have the opportunity to help our patients find hope.

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[42] Westminster John Knox Press, *Book of Common Worship* (Louisville, KY: Westminster John Knox Press, 1993), 226.

Peace. "If it is possible, as far as it depends on you, live at peace with everyone" (Romans 12:18, NIV). God desires that we be at peace, and being at peace is part of hospice's goal of helping people be as comfortable as possible. The more anxious people are, the more they are in pain and uncomfortable in general. People are more comfortable if they are at peace with themselves, their situation, their family, their friends, and God (if they believe in God or a Divine Being). Some patients want to reconnect with people they've been estranged from; they want to connect with others and have meaningful relationships. Each person may have a different understanding of what peace means to them.

Healing. "Come to me, all you who are weary and burdened, and I will give you rest" (Matthew 28:11, NIV). There are various types of healing—spiritual, emotional, and physical. The first type of healing most people think of is physical, and thinking of "curing" or recovering from an ailment. But healing means to become healthy, and that can look different from what we expect. People may experience spiritual health as they tend to the needs of their spirit. They may experience emotional health as they resolve emotional or relational conflicts. And the ultimate physical healing may be completed in death, where there is no more pain or suffering. Hospice attends to all aspects of healing, recognizing the interconnection of the spiritual, emotional, and physical, that if there is conflict or brokenness in one area, it often impacts the other areas as well.

Suffering. "We ... glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope" (Romans 5:3-4, NIV). All of us suffer in life; suffering is a shared experience, even though the circumstances that lead to suffering differ for each of us. Suffering is often thought of as a spiritual or emotional anguish, in addition to physical pain. If this is true, some suffering can be alleviated, and patients kept more

comfortable. It's important for hospice chaplains to listen for what may be causing suffering and anguish to determine if there is an underlying spiritual or emotional problem that can be addressed.

Regret and redemption. "I will put enmity between you and the woman, and between your offspring and hers; he will crush your head, and you will strike his heel" (Genesis 3:15, NIV). After Adam and Eve disobeyed God in the Garden of Eden, before God sent them out of the garden, he promised redemption. The Messiah was the offspring that would crush the serpent's head, even though the serpent would cause injury. Adam and Eve experienced brokenness and shame as a result of their choices, as do each of us. When we look back on our choices, we see things we would do differently, but we can also see good that has come from those bad choices or challenging experiences, such as receiving forgiveness extended in response to a transgression or a healthier relationship after the end of one that was broken. Chaplains can help facilitate life review, looking at the events that have happened and how they have shaped the patient, then addressing the regret and redemption the patient has experienced.

Confession. "If we confess our sins, he who is faithful and just will forgive us our sins and cleanse us from all unrighteousness" (1 John 1:9, NRSV). Confession relieves the burden being carried, whether that confession is made to God, self, or others. As Jesus said, "The truth will set you free" (John 8:32b, NIV).

Reconciliation. "God ... reconciled us to himself through Christ and gave us the ministry of reconciliation" (2 Corinthians 5:18). Brokenness exists in the world, and Christians are called to a ministry of reconciliation to help heal that brokenness. Hospice patients may experience brokenness within themselves, with guilt, shame, and regret, as well as with those they love and from whom they may be estranged, such as family, friends, or perhaps God.

Forgiveness/Grace. "One who forgives an affront fosters friendship, but one who dwells on disputes will alienate a friend" (Proverbs 17:9, NRSV). Forgiveness basically means deciding to let go of resentment and revenge. Holding on to resentments destroys a person from the inside. An age-old saying attributed to St. Augustine says, "Resentment is like drinking poison and waiting for the other person to die."[43] A person may need to let go of resentment toward oneself, others, or God. And it could be that the person needs to receive or accept forgiveness offered by others.

Gratitude. "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus" (Philippians 4:6-7, NIV). Although this passage speaks about prayer, it also points out that gratitude leads to peace. Peace also impacts pain, both physical and emotional.

Meaning/Legacy. "A good person leaves an inheritance for their children's children" (Proverbs 13:22a, NIV). How does a person want to be remembered after they are gone? What is their story? How will their life make an impact on their children, grandchildren, and other family and friends? People want to know that their life made a difference, that they will be remembered. It's said that everyone is a role model, whether a good one or bad one; what does our patient want their legacy to be? What gave their life meaning or significance?

Grief/Coping. "Rejoice with those who rejoice; mourn with those who mourn" (Romans 12:15, NIV). We all experience grief throughout life, whether it's the death of someone, the death of a relationship, the end of a season of life, a job change, or move—grief is adaptation to

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[43] "Saint Augustine Quotes," BrainyQuote, accessed December 24, 2021, https://www.brainyquote.com/quotes/saint_augustine_384531.

loss in various forms. This author knows someone who cried when she and her husband moved from their small trailer house into the new, spacious house they had designed and built, grieving the loss of the way things had been. Hospice patients experience grief in many aspects of life: limited mobility, perhaps limited cognition, limited friends who come to see them, limited ability to ambulate and leave the home, limited life expectancy, limited decisions as doctors and nurses make their recommendations, and a limited ability to be productive and have what they consider to be a "meaningful" life. They often feel isolated and that no one understands.

Beauty. "Consider the lilies, how they grow: they neither toil nor spin; yet I tell you, even Solomon in all his glory was not clothed like one of these" (Luke 12:27, NRSV). There is beauty throughout the world, and it can bring peace and tranquility to the heart. The hospice this author works for has a group of volunteers that put together bouquets of flowers to bring to our patients and families. Most receive them with such gratitude, with joy and delight written across their faces. Whether our patients experience such beauty in flowers, the landscape around them, in pictures and artwork, or the laughter and interaction with others, beauty is an integral part of life.

Chapter 8: Grief & Hope

To be included in the final book.

Chapter 9: Stress & Pain Management

To be included in the final book.

Chapter 10: Life Review & Legacy

To be included in the final book.

Appendix: Various Interventions for Ministry

To be included in the final book.

ASSESSMENT

This project has met each of the critical success indicators that were set forth at the beginning of this project.

This project is comprised of three distinct sections with 11 chapters, considering an overview of hospice, an overview of hospice chaplains, and then tools for hospice chaplain ministry. At times, the chapters have changed to more clearly reflect the needs of the material, such as allowing the Introduction to be its own chapter and also adding a chapter to discuss the meaning and value of narrative within chaplaincy. The chapter on grief had to make room for hope, as they need to be discussed together in light of hospice ministry.

Although this book is intended to be a resource for hospice chaplains, the information is beneficial for all hospice team members, patients, and families as this book speaks to the heart of what hospice is and does. The content will always be applicable, as we are all relational beings. Jesus' teachings and parables are about relationships, and most of what chaplains do is build and address relationships. The ways of connecting with team members and patients continues to change over time, such as utilizing Zoom, iPads, tablets, YouTube, etc., but chaplains will always address the relationships people have with themselves and others.

The information in this book can also help chaplains create opportunities to help patients and families document and preserve their legacy, such as making video recordings of the patient telling their story, or helping the patient write down some of their stories or thoughts in letters or books. One of my patients often writes a single-page reflection on events he has experienced or thoughts he has about various current events. This has provided the opportunity for him to process his thoughts and feelings and share them with anyone interested in reading them. He often prints them out for me to read and discuss during our visits, and I've encouraged him to

publish them for his family to read and appreciate for years to come. He writes with humor as well as gritty reality, so his personality comes through beautifully. At our most recent visit, he presented me with a copy of his book, *An Old Man Watching the Society Die that He Served & Contributed to Well Over Half a Century.* He has experienced a sense of peace and usefulness as he has been able to process his experiences and submit plans, designs, and suggestions for various changes for the problems he sees in the world around him. It has allowed him to connect with his family and friends, having conversations about his ideas. And now his family will be able to read his words after he is gone. This is the hope I have for visits with my patients: that our conversations will have a meaningful, positive impact as they approach the end of their lives.

Fellow hospice chaplains have been helpful throughout this project, providing feedback at various stages, affirming the value of this project, and helping direct focus on key areas. Chaplains have affirmed the importance of narrative in hospice ministry. As people look back on their lives as they approach death, they consider what has been important to them and how they want to be remembered. Legacy becomes one of the things they hope for as their life comes to an end, and legacy is woven throughout a hospice chaplain's ministry.

During the first Discovery Group session in fall of 2019, colleagues, which include chaplains, nurses, and social workers, were adamant that ministry to hospice patients is more than saying the right thing or providing the right information. Equally important are the internal qualities of the hospice chaplain. Hospitality provides a compassionate, nonjudgmental presence which allows a chaplain to effectively minister to another person. Hospitality is essential. The feedback and perspective of these colleagues resulted in the second section of this project, the internal world of the hospice chaplain, which is essential to chaplain ministry. Hospice chaplains

utilize the skills, abilities, information, and training they have received, as well as their personal experiences and stories, in order to listen carefully to each person and minister to them.

Hospice patients and families have also provided feedback about what has been helpful for them. Many have expressed their gratitude for the chaplain listening, including one person who said she hadn't realized how much it helped having someone to just listen to her. Personally, on several occasions as I have prepared to leave and I ask if there is anything else I can do, the person smiled and said, "You've already done it; thank you for listening to me today. I needed someone to listen to me who isn't my family." This project has noted the importance of listening as part of narrative ministry. There is value in the telling of one's story, and there is value in being heard. A chaplain has learned (often through Clinical Pastoral Education) to listen carefully for what is said, as well as what has not been said, being attentive to what is important to the other person, whether the other is aware or not. One of the things I find difficult to explain to patients and families when I introduce myself and explain my role within the hospice team is how I am able to listen attentively and respond to things they may not even be aware of.

Another important aspect of chaplain ministry is recognizing grief which the patient or family may not have been cognizant of before the chaplain puts it into words for them. "We had hoped" ... to recover from cancer or surgery, for more years, to go on more trips, to see a grandchild graduate or get married—the list is endless and unique to each person. This brings to mind the grief of the disciples on the road to Emmaus as they were grieving their hopes and dreams that ended in the death of Jesus on the cross. "We had hoped that he was the one who was going to redeem Israel" (Luke 24:21). Each person has their own hopes and dreams that have vanished. Grief means a loss, whether it's the physical death of a person or the loss of the future a person had planned for. This means that hope also changes. What is the new hope?

Being comfortable physically, emotionally, spiritually? Peace? Reconciliation? A legacy of who they are and what they've accomplished? These are how grief and hope change for hospice patients and their families, as the lives they had been living are suddenly turned upside down and they try to make sense of their new circumstances.

A person's story continues to change and develop even at the end of life, and an effective hospice chaplain will be attentive to the changes the patient and family are experiencing and help them navigate the often unfamiliar and unsettling terrain on this part of their journey.

PROJECT LAUNCH PLAN

As a hospice chaplain, I wanted to learn how to more effectively minister to my non-Christian or non-religious patients. I was not able to find any resources that addressed the tension of a Christian chaplain holding their own beliefs while also ministering to people who do not share that Christian faith. As a result, I embarked on this project.

NPO Statement

How to effectively minister spiritually to hospice patients, especially those who do not identify themselves as Christian and/or religious.

Project Description

Write a book that puts forth resources which are beneficial for hospice chaplains, including the history and theology of hospice, the role of narrative, essential characteristics of the chaplain, and a number of resources or approaches to patients and self-care which hospice chaplains may utilize.

Audience

This project, in the form of a book, is intended to be a resource for hospice chaplains, although the information is beneficial for all hospice team members, patients, and families, as this book speaks to the heart of what hospice is and does. The content will always be applicable to chaplains and the ministry they do as we are relational beings. Jesus' teachings and parables are about relationships, and most of what chaplains do is build and address relationships. The ways of connecting with team members and patients continues to change over time, such as

utilizing Zoom, iPads, tablets, YouTube, etc. but chaplains will always address the relationships people have with themselves and others.

This project has been written with the feedback of colleagues, including hospice chaplains, nurses, and social workers. Insight from fellow hospice chaplains and colleagues will be engaged. Additional audience engagement will include utilizing social media and hospice organizations.

Development Plan

April 30, 2022:	Complete all the requirements for this D.Min. program.
July 31, 2022:	Complete book manuscript comprised of three main sections and eleven chapter titles.
August 15, 2022:	Send manuscript to 3 hospice chaplains and utilize material with 3 hospice chaplains to obtain their feedback.
September 15, 2022:	Integrate feedback into manuscript.
October 15, 2022:	Contact publishers and be in conversation about having book published.
May 1, 2025:	Sign copies of first edition!

Development Process

This book could be used for training with the hospice team members, helping them understand what chaplains do, why chaplains are mandated to see each new patient within the first five days, and why chaplains are a required discipline within the Interdisciplinary Team. This book could also be used in chaplain training in Clinical Pastoral Education (CPE) as well as

by national and state hospice organizations, such as the National Hospice and Palliative Care Organization (NHPCO) and the Oregon Hospice and Palliative Care Association (OHPCA).

As chaplains consider the implication of their ministry, the information in this book can help chaplains find meaningful ways to help patients and families to document and preserve their legacy, such as making video recordings of the patient telling their story, or helping the patient write down some of their stories or thoughts in letters or books. One of my patients often writes a single page reflection on events he has experienced or thoughts he has about various current events. This has provided the opportunity for him to process his thoughts and feelings and share them with anyone interested in reading them. He often prints them out for me to read and discuss during our visits, and I've encouraged him to publish them for his family to read and appreciate for years to come. He writes with humor as well as gritty reality, so his personality comes through beautifully. At our last visit he presented me with a copy of his book "An old man watching the society die that he served & contributed to well over half a century." He has experienced a sense of peace and usefulness as he has been able to process his experiences and submit plans, designs and suggestions for various changes for the problems he sees in the world around him. It has allowed him to connect with his family and friends, having conversations about his ideas. And now he and his family will be able to read his words after he is gone. This is the hope I have for visits with my patients: that our conversations will have a meaningful, positive impact as they approach the end of their lives.

APPENDIX A—MILESTONE 1 THE NPO CHARTER

Personal Research Manifesto

I will engage with my stakeholders and collaboratively listen to them in order to discover how to more effectively minister to patients and/or families, especially those who do not identify as Christian or religious, to help them experience peace and healing.

NPO Statement

How to effectively minister spiritually to hospice patients, especially those who do not identify themselves as Christian and/or religious.

NPO Scope

The scope of my NPO is hospice patients and families who I will be ministering to as a hospice chaplain. My research will impact all hospice patients, but my focus is primarily on non-Christian and/or non-religious patients, as I try to find effective ways of ministering to people outside of the traditional religious resources that most people expect, and which non-religious people find offensive or irrelevant. I don't anticipate any significant costs for my project, other than books and publications which address my NPO.

NPO Context

The ministry setting for my NPO is the hospice I work for, and the hospice patients/families I minister to in central Oregon. People represented are generally adults, often in their 50 to 100 years old, of Caucasian and Native American ethnicity. Some people have religious affiliations, and some do not; some identify as spiritual but not religious, some identify as Christian but are not connected with any particular church or denomination. The people I work with generally live in rural or small-town communities, some off the grid (with no

electricity or connection to the larger community). My goal is to be able to minister to all people, of any ethnicity, regardless of their religious beliefs.

Root Causes

The discovery group and one-on-one interview participants agreed that rejection and judgment were the primary root causes of alienation and a sense of disconnect in regard to patient's spirituality. These may be perceived as coming from God, religion, others affiliated with their religious background, or even from within themselves. They may feel misunderstood, and experience pain, shame, guilt, and regret. They may have experienced prejudice and ignorance from others and, as a result, struggle with low self-esteem. Their personal theology (understanding of who God is) may not be developed sufficiently to support their current circumstances.

Discovery Session Stakeholders

Hospice chaplain

Finance/budget for large company in the community

Hospice nurse

Ordained clergy/hospice transitions employee

One-on-One Interviews

Ordained clergy/hospice chaplain

Junior high school chemistry teacher

Community/hospice physician

Academic Resources

Hospice research from various disciplines, especially with regard to suffering

Hospital chaplain research

Research into the value of narrative in regard to end of life and suffering

Suzanne Coyle (author)

Daniel Taylor (author)

Madeleine L'Engle (author)

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Appendix

Discovery Session Description

Four individuals were able to participate in the Discovery Session on a Saturday morning in early November 2019. Three were hospice employees (nurse, chaplain, and transitions coordinator, who is also an ordained clergy member) and one was employed as a budget coordinator for a local business. All four had backgrounds in the Christian church, although one is currently affiliated with the Jewish faith.

We began by considering the proposed Need/Problem/Opportunity (NPO): How do I, as a hospice chaplain who identifies as a Christian, minister more effectively to hospice patients and/or families who identify as non-Christian and/or non-religious?

We had a lively conversation, beginning with the question: Who are all of the audiences or stakeholders impacted? The primary response was people who feel rejected, either by God, family, or friends; churches; or even themselves.

We then asked: What is the need/problem/opportunity around this topic? and organized these responses into themes. We identified symptoms, or "pain points," associated with each of the themes. Finally, we identified root causes for each of the themes identified.

At this point, we were running short on time so we discussed which of the themes the group thought was most important, and completed the following Discovery Statement:

Discovery Statement

Considering <u>hospice patient/families</u> (audience),

We've discovered <u>alienation/separation/disconnect around spirituality</u> (NPO),

Which is caused by <u>rejection/judgment</u> (root cause).

If solved, it would mean <u>connection/understanding/empathy</u> (outcome).

Key Insights from Discovery Session

The group was evenly divided in regard to which theme was most important from those that were presented. One larger theme was that of rejection, whether that rejection was perceived as coming from God, families, friends, religion, or even the individual him/herself. The other equally compelling theme was the importance of the chaplain's identity. They agreed that the chaplain needed to be truly present, express genuine curiosity and interest about the other person, display warmth, be comfortable with strong emotion, and be self-aware and deliberate about use of the chaplain's life story, attentive to whose needs are being met—the patient's or the chaplain's. They also agreed that the chaplain needed to minister and connect on a relational/emotional/spiritual level (apart from religion). They agreed that these qualities and characteristics within the chaplain are essential, and without them the chaplain will be ineffective in ministering to the patient's needs. The group's recognition of the chaplain's identity surprised me, as I hadn't thought as much about my identity as I had about the needs of the patient, but I do agree that such qualities are integral to who I am and what I do.

One-on-One Interview Discoveries

My first one-on-one interview participant (an Episcopal priest and hospice chaplain) pointed out in regard to chaplain identity that chaplains function best as a companion, open-minded, having a larger worldview than many people function with. This individual said that Jewish hospice people do use the word chaplain (contrary to the understanding of one of my Discovery Session participants). She pointed out that Christian and medical language are dominant, and to be prepared to use words and explain them, to demystify the words and language which are common to hospice.

My second one-on-one interview participant (local physician who also works with hospice) pointed out that ministry begins with service, and if we look at how Jesus ministered to people, it was to address their immediate need, being open to opportunities but not forcing them. He also said that the value of presence is huge in ministering to people, and to not underestimate its importance. He also talked about the importance of community, whether in their family or community, and what their story or legacy is within their community.

My third one-on-one interview participant (junior high school chemistry teacher) said the most important thing is knowing a person cares, and to not underestimate the value of being seen and acknowledged.

Synthesis

The discovery session participants and one-on-one participants didn't really disagree on anything. They all agreed that ministry begins with the chaplain before the patient or family is even seen. The chaplain needs to be authentic, comfortable with who she is, and genuinely interested in the other. The chaplain needs to be comfortable with strong emotions and conscious of the use of the chaplain's own story and how it intersects with the patient's story. The chaplain needs to be aware that she is there as a companion, open-minded with a larger worldview than that of many people. Ministry begins with service, seeing the person and acknowledging them as the one who knows him/herself better than anyone else, listening to determine what the patient's needs are, and responding to that immediate need. Simply by being present, expressing genuine compassion and care for the person, the chaplain will provide support to the person, as knowing someone cares is often the most important thing to a person. In telling their story, a person is seen and acknowledged, and there is healing that comes through the sharing of their story.

Next Steps

I want to explore the role and value of narrative in connecting with and ministering to patients and their families. A patient is the expert in regard to their own life story, and in companioning with the person, the chaplain becomes the student, genuinely curious and interested in who the person is, comfortable with whatever emotions are shared. By listening, the chaplain allows the patient to be seen and valued, knowing that someone cares about them. The chaplain can actively listen, confirming patient's values and themes, and help the patient examine and resolve tensions and find meaning in their life experiences.

Appendices

One-on-One Interview 1

The participant mentioned the difference between feeling rejected versus being rejected and the experience of being rejected.

The participant also talked about the family's angst and crisis of faith when they can't understand or accept the patient's current circumstances (no further treatment, patient "giving up," and patient's impending death), as distinct and possibly different from the patient's own crisis experience.

It's important for the chaplain to function as a companion, being open-minded with a larger worldview.

The goal is for the patient to experience peace.

Jewish hospice people do use the word "chaplain."

Christian and medical language are dominant; be prepared to use words and explain them. "What we mean by this word is _____." Demystify the words/language.

Chaplain is a learner/student and needs to be flexible and adaptive.

One-on-One Interview 2

Religion equals community.

How did Jesus talk with people in Luke? He addresses the most immediate need.

There's a difference between cured and healed.

The importance of community, family and story, which leads to the legacy a person has and leaves.

Warning shot across the bow: We can talk about anything you want to talk about. Be open to opportunities, but don't force opportunities.

Ministry starts with service.

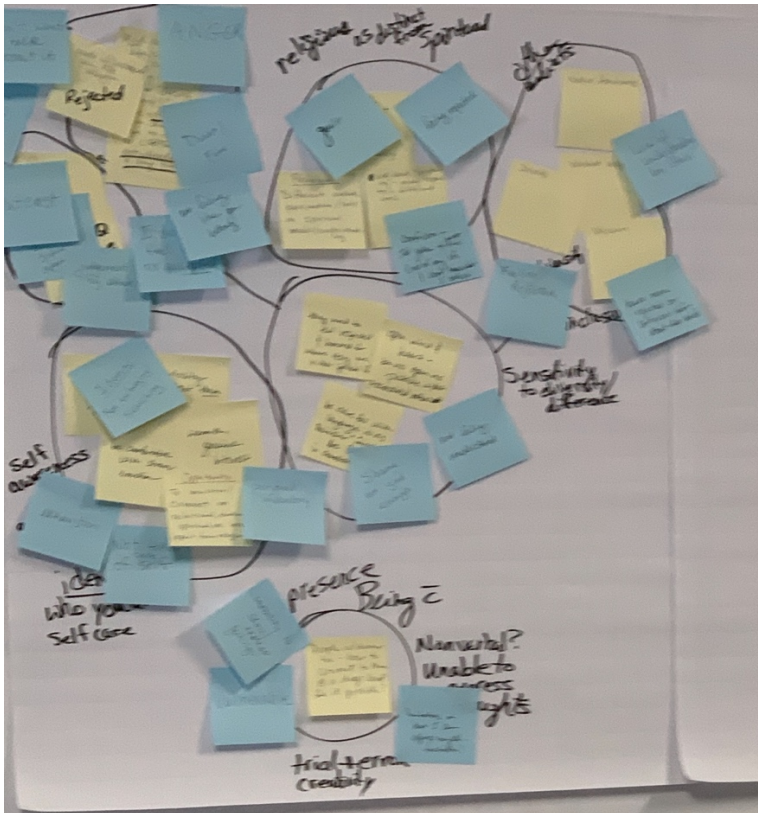
The chaplain is fluent in hospice language, which is distinct from the theological language of whatever church or spiritual community the patient is a part of. And even if they aren't part of a faith community, a chaplain is one member of the hospice team, who is able to see and respond differently from the other members.

Presence is huge.

One-on-One Interview 3

Knowing a person cares is the most important thing; to be seen and acknowledged.

The information looks complete. She appreciates the distinction between religious and spiritual, as there is often misunderstanding and confusion between them.


ANGER
religious as distinct from Spiritual
Rejected
Sensitivity to diversity
self awareness
presence
Being
Who your self care
Nonverbal?
Unable to express
trial+error
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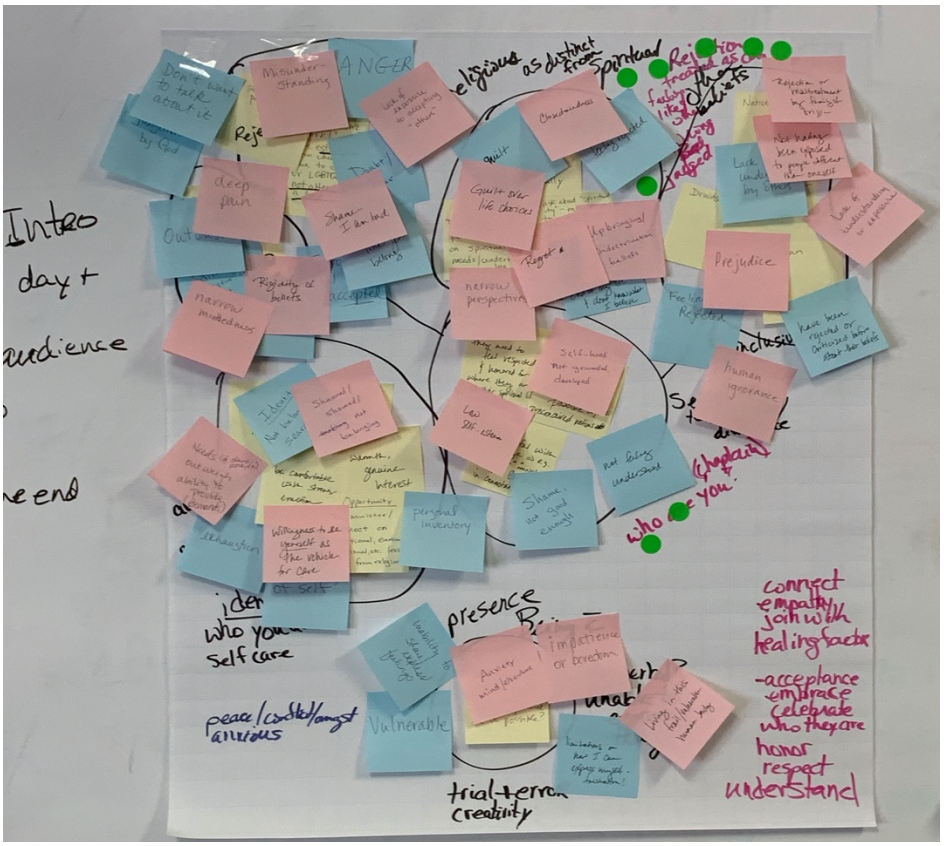
Intro
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religious as distinct from Spiritual
Misunderstanding
deep pain
Shame- I am bad
Guilt over life choices
Prejudice
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Human ignorance
Shame not good enough
personal inventory
Who your self care
presence
Impatience or boredom
Vulnerable
peace/ comfort/ anxious
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empathy join with
healing factor
-acceptance
embrace
celebrate
who they are
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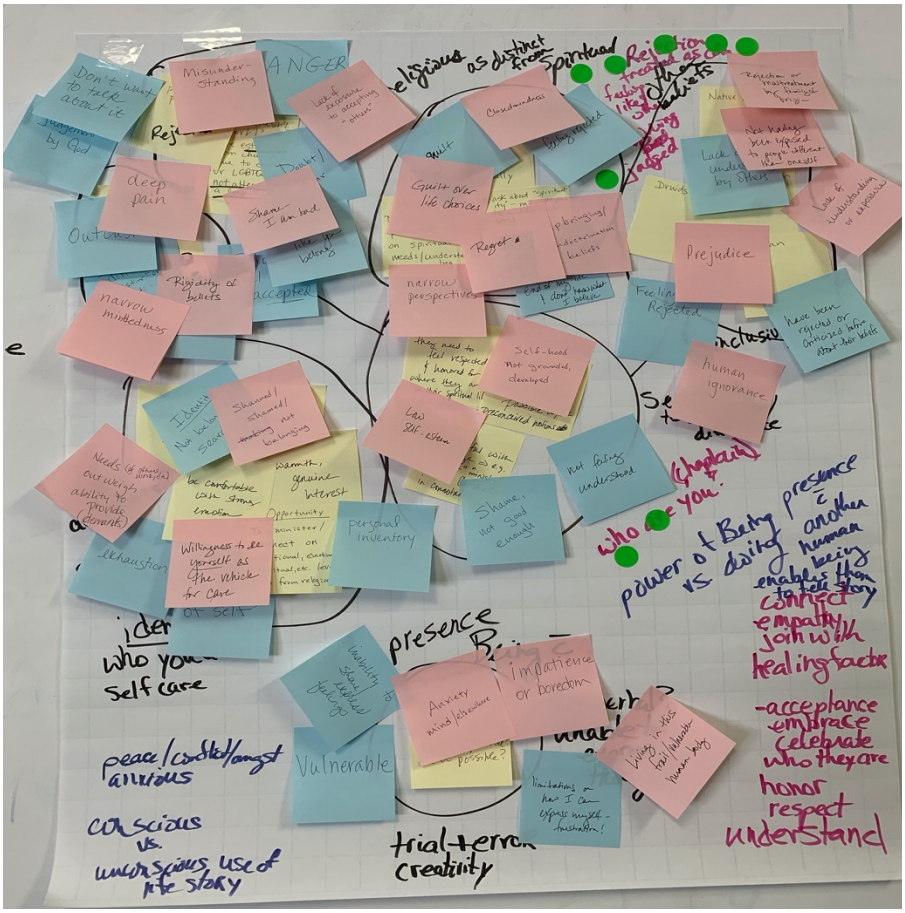
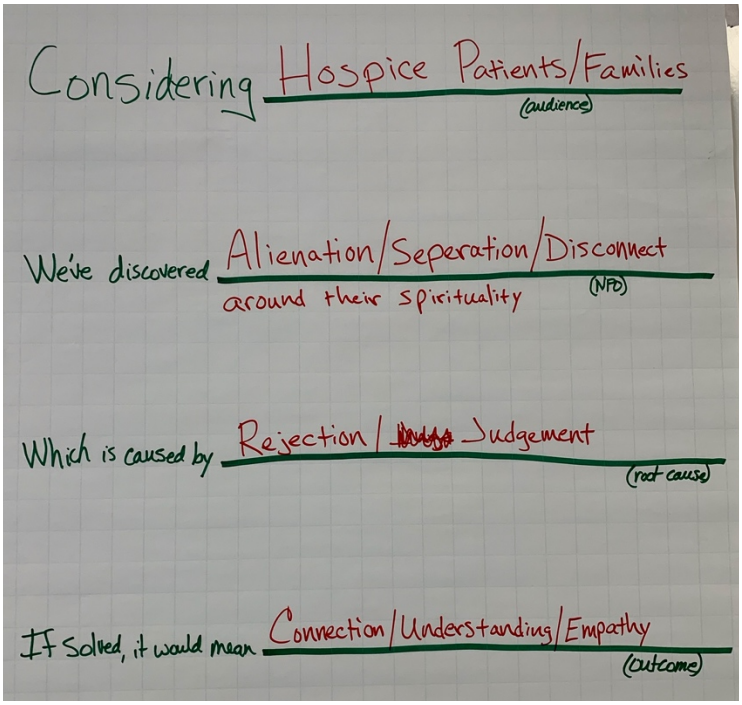

ANGER
Misunder-standing
Don't want to talk about it
Judgement by God
deep pain
Shame- I am bad
narrow mindedness
Rigidity of beliefs
Guilt over life choices
Regret
narrow perspectives
Prejudice
Human ignorance
Self-hood Not grounded, developed
Not fully understood
Shame Not good enough
Personal inventory
Willingness to see yourself as the vehicle for Care
Exhaustion
Anxiety
Impatience or boredom
Vulnerable
Who you are
self care
peace/comfort/ease
conscious vs. unconscious use of the story
trial+error creativity
power of being present with another human being
connect
empathy
join with
healing factor
-acceptance
-embrace
-celebrate who they are
honor
respect
understand


Considering Hospice Patients/Families
(audience)
We've discovered Alienation/Separation/Disconnect
around their spirituality
(NPD)
Which is caused by Rejection/Judgement
(root cause)
If solved, it would mean Connection/Understanding/Empathy
(outcome)

APPENDIX B—MILESTONE 2 NPO TOPIC EXPERTISE ESSAY

Introduction

A chaplain is a required discipline on every hospice team, but so often when people hear the word "chaplain" they immediately expect a Christian pastor—along with whatever images and preconceptions they project onto that title. Often a quick response is, "I don't need religion" or "I don't need Jesus." However, all of us are spiritual beings regardless of how we relate to any religion. And Board Certified Chaplains abide by a code of ethics[1] that prohibits evangelizing or proselytizing people when functioning in their chaplain role; to do so would be unethical and a chaplain could be fired for such actions.

A Christian chaplain generally knows how to minister to a Christian or even a religious patient of another faith. But how can a Christian chaplain minister to non-Christian or non-religious patients? How do Christian chaplains hold their beliefs in tension with respecting the other person and their beliefs? How can chaplains maintain their integrity regarding who they are, what they believe, and what they do while effectively ministering to people of diverse beliefs? Many hospice patients and families want to decline chaplain services because they don't recognize their own needs and don't know what the chaplain can offer.

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[1] Association of Professional Chaplains, "Association of Professional Chaplains Code of Ethics," September 24, 2000, https://www.professionalchaplains.org/Files/professional_standards/professional_ethics/apc_code_of_ethics.pdf.

Section 1: Biblical and Theological Foundations

How Chaplaincy Connects to the Biblical World

Each person is comprised of a body, mind, and spirit, and thus has a spiritual aspect to their being. Scripture affirms this in 1 Thessalonians 5:23 (NIV), "May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ." Hospice ministers to the needs of the entire person—body, mind, and spirit—regardless of what religious affiliation the person has. A person's spirituality may or may not be connected to a set of religious beliefs. It's becoming more common for people today to say they are spiritual but not religious. In fact, "it is arguably the case that one cannot effectively study contemporary religious life in North American and European societies without grappling with the increasingly well-defined cohort of 'spiritual but not religious' people."[2] Many people haven't given much thought to their spiritual beliefs, as they equate spiritual with religious. But spiritual can simply mean what brings a person passion and joy, such as nature, grandchildren, hobbies, travel, and learning. Ronald Rolheiser says, "Spirituality is, ultimately, about what we do with ... desire. What we do with our longings, both in terms of handling the pain and the hope they bring us, that is our spirituality."[3]

How do Christian chaplains connect their beliefs and role with such spiritual aspects that have no connection with Christianity or religion, especially when chaplains are prohibited from evangelizing? What do chaplains bring to the patient if they can't share their faith? Can they be true to their faith if they don't share the plan of salvation with patients? Tensions arise from these questions, and that is the focus of this paper.

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[2] Paul Bramadat and Kelli I. Stajduhar, eds., *Spirituality in Hospice Palliative Care*, SUNY Series in Religious Studies (Albany: State University of New York Press, 2013), 1.

[3] Ronald Rolheiser, *The Holy Longing: The Search for a Christian Spirituality* (New York: Doubleday, 1999), 5.

In Genesis 1:27 (NRSV) we read, "So God created humankind in his image, in the image of God he created them; male and female he created them." John Calvin's understanding of humanity being created in the image of God "lies at the root of his view that humans have an inherent God-given dignity."[4] He speaks of general and specific revelation, saying both give witness to God's goodness and love. General revelation includes God's created world, whereas specific revelation is found in the Word of God (Jesus and scripture). We see the image of God in others as they are God's creation, God's children, made in God's image, and we give glory to God when we recognize and acknowledge God's creation, caring for it and being good stewards of it. Reformed theology builds on this understanding that "Scripture teaches the inherent human dignity of all people, which should be respected by fellow human beings and social institutions."[5]

St. Benedict says in his Rule, "Let all guests who arrive be received like Christ, for He is going to say, 'I came as a guest, and you received Me.'"[6] St. Benedict sees each person as Christ, created in the image of God. This influences Benedict's belief of treating people with love, respect, and hospitality.

The Bible has a number of passages that this author believes support Christian chaplains ministering to people of diverse backgrounds regardless of religious beliefs. They include the following:

1. Matthew 25:34-40: The Sheep and the Goats

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[4] J.M. Vorster, "Calvin and Human Dignity," *In Die Skriflig* 44, no. 4 (2010): 199, https://doi.org/10.4102/ids.v44i0.189.

[5] Vorster, "Calvin and Human Dignity," 198.

[6] Saint Benedict and David W. Cotter, *The Rule Of Saint Benedict*, trans. Leonard J. Doyle (Collegeville, MN: Liturgical Press, 2001), 116.

2. Luke 10:25-37: The Parable of the Good Samaritan
3. Romans 12:9-16: Love in Action
4. Hebrews 13:1-3: Concluding Exhortations
5. 1 Peter 4:8-9: Living for God

The theme at the heart of each of these passages is gracious, radical love and hospitality. Hospitality is not simply entertaining and having friends over for dinner parties. Hospitality at its root means welcoming the stranger.

In the parable of the sheep and the goats, Jesus says, "I was a stranger and you welcomed me .... just as you did it to one of the least of these who are members of my family, you did it to me" (Matthew 25:34-40, NRSV). Without recognizing it at the time they were doing it, the righteous provided for the needs of the king. This has overtones of Hebrews 13, when the author speaks of some entertaining angels without realizing it (Hebrews 13:1-2, NRSV).

When a lawyer comes to Jesus wanting to know who's his neighbor so he knows who he has to love, and Jesus tells the parable of the Good Samaritan, the lawyer reluctantly acknowledges that the neighbor is the one who cared for the man left for dead on the side of the road (Luke 10:25-37, NRSV). The Good Samaritan (an oxymoron in that time and culture) was the one who cared for the stranger (who had been ignored and left by two religious people) regardless of religious beliefs. He was the one who loved the man left for dead with the agape love of God, love that isn't always the easiest thing to do, but is the deeply moral and right decision. As Paul says in Romans, "Love must be sincere. … Practice hospitality" (Romans 12:9-16, NIV).

Love is at the heart of Christianity—both God's love for God's creation, and our love for God and neighbor. In this Romans passage, Paul talks about love, describing what it is to look

like for believers toward each other (v. 9-13) as well as to the world in general (v. 9-21).[7] The word for hospitality that Paul uses (philoxenia) literally means "kindness to strangers." "The Greek word for **practice** *(Gk. diokein)* actually means 'to press or pursue.' **Practice hospitality**, therefore, carries the sense of intentionally striving to embrace stranger and needy individuals."[8]

Verse 15 (NIV) says, "rejoice with those who rejoice; mourn with those who mourn." This is literally what the hospice chaplain does with patients and families. Edwards says, "To rejoice with others (even when we are deprived of their joy) and to weep with others (even when we have not suffered their loss) requires a selflessness which only the power of *agape* can bestow."[9]

When a chaplain is able to love the patient in front of her or him, to companion with the person and share their grief and joy and pain, they experience how love covers a multitude of sins as they both experience the gift of hospitality (1 Peter 4:8-9, NIV). The chaplain is able to provide support, and "it would follow ... that if pastoral care is redemptive (resulting in healing, reconciliation or other human transformation), then it may be discerned as a primary form of mission, a true participation by those involved in God's mission."[10] As chaplains minister to others, even if they are not Christians, as God's creation is transformed by healing and reconciliation, God's Kingdom work is being done and God's will is being accomplished.

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[7] James R. Edwards, *Romans* (Peabody, MA: Hendrickson Publishers, Inc., 1992), 291.

[8] Edwards, *Romans*, 296.

[9] Edwards, *Romans*, 297.

[10] Andrew Todd, *A Christian Theology of Chaplaincy* (London: Jessica Kingsley Publishers, 2018), 39.

Synthesis of Themes, Values, and Commitments

Even though hospice chaplains work outside the walls of the church, and aren't even paid by a church for their work, they are living out their faith in obedience to the gospel by loving others as Christ has loved us (John 13:34, NRSV). As Andrew Todd says so eloquently:

> If engagement in mission is a criterion for effective ministry, then chaplaincy, on the basis of its record of pastoral care alone, is effective ministry. The implications of this for an understanding of the diversity of the ministry of the whole people of God are significant, placing those who listen and engage in dialogue alongside those who proclaim; those who care alongside those who interpret; and those who discover God in diverse social settings alongside those who gather people to celebrate the same God in the worshipping life of the Church.[11]

As chaplains love God and love their neighbors, they glorify God as they promote healing, wholeness, reconciliation, and hope in the midst of the challenges and joys of life, even when the people they are ministering to don't recognize God at work in the world around them. This can take place by the chaplain doing something as simple as listening attentively to the other's story, hearing what is important, and honoring the other's dignity by seeing and hearing them as a beloved child of God.

Section 2: Topic History and Key Voices

Topic History

Hospice falls under the umbrella of palliative care, which means comfort care. While palliative care includes keeping patients comfortable and managing the pain of chronic ailments such as back injuries, sickle cell anemia, and other recurrent pain issues, hospice means keeping patients comfortable who have a terminal diagnosis of 6 months or less with an average disease progression.

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[11] John Caperon, Andrew Todd, and James Walters, eds., *A Christian Theology of Chaplaincy* (Philadelphia: Jessica Kingsley Publishers, 2018), 40.

Hospice is a service that began in its modern form in the United States in the late 1960s. Health care professionals gathered in Connecticut to discuss how dying people were treated. This was "the beginning of a social movement that would result in a nationwide network of hospice programs."[12] However, the concept of hospice has existed for centuries and can be loosely categorized within two time periods: the ancient and Middle Ages, and the modern period (19th and 20th centuries).

Ancient and Middle Ages

Most facilities where the sick were treated were affiliated with religious institutions. "Care of the sick was the responsibility of those believed to have special talents as healers, those who felt it was their religious duty, or diploma physicians who learned their craft based on the scientific knowledge of the time."[13] During this time period "the terms *hospice, hospital, hotel,* or *hostel* were used interchangeably."[14] These words come from the same Latin root—*hospe*—which means hospitality.[15]

Christianity considered the care of those sick and dying as a sacred responsibility and "it was the preaching of Christianity, with its emphasis on love and piety, which led to the growth of hospices for the poor, sick, and homeless."[16] In fact, the Council of Nicea in 325 A.D. admonished each bishop to establish a hospice in every city with a cathedral.

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[12] Cathy Siebold, *The Hospice Movement: Easing Death's Pains*, Social Movements Past and Present (New York: Twayne, 1992), 1.

[13] Siebold, *The Hospice Movement,* 13.

[14] Siebold, *The Hospice Movement,* 14.

[15] Kevin D. O'Gorman, "Modern Hospitality: Lessons from the Past," *Journal of Hospitality and Tourism Management* 12, no. 2 (2005): 142.

[16] Siebold, *The Hospice Movement*, 14.

During the time of the Crusades, which began at the end of the eleventh century and continued several hundred years, hospices became popular. “Hospices were way stations for weary travelers and well known to crusaders.”[17] “Crusading knights helped the religious to build hospices.”[18] As a result, health care at hospices was generally provided by religious caregivers, who were generally ruled by superstition. The Reformation caused medical authority to be transferred to secular institutions and health care was then overseen by scientists. “As secular influences began to dominate medical thinking, university-trained physicians sought to improve their status and hospitals became their laboratory.”[19] As knowledge of the human body increased, these doctors applied a scientific approach to treating disease and they saw their function as curing disease, not providing supportive services for the dying, nor did the physicians want the dying to tarnish their reputation with failure.

Modern Times

Hospice as we know it today was started by Dame Cicely Saunders in the 1950s in England and, like hospice of previous centuries, it was founded with religious roots. When Saunders started St. Christopher’s hospice house, she considered establishing it as a Christian community, similar to convents or monasteries, but “she followed the example of Florence Nightingale who had ‘secularized’ the practice of nursing previously performed by religious orders.”[20] Saunders and Elizabeth Kubler Ross spoke out “against health care practices that

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[17] Siebold, *The Hospice Movement*, 16.

[18] Siebold, *The Hospice Movement*, 16.

[19] Siebold, *The Hospice Movement*, 18.

[20] Bramadat and Stajduhar, *Spirituality in Hospice Palliative Care*, 18.

dehumanized or ignored the dying person."[21] Saunders believed people should be able to choose their treatment (comfort vs curative), and Kubler Ross believed a patient should be surrounded by family and friends rather than isolated.

Hospice has existed in the United States since the late 1960s, although it has evolved and changed significantly over the last 50 years. It began as a grassroots movement with the purpose of allowing terminal patients to choose being comfortable rather than undergoing excruciating treatments for their physical diagnosis, which was often cancer for the first hospice patients. It is defined by "(1) its patients' [terminal] diagnoses and (2) its interdisciplinary approach to holistic care."[22] Each patient is assigned a team of people, including a physician, nurse, social worker, and chaplain. They treat the patient holistically, attending to physical, emotional, social, and spiritual concerns, letting the patient be the one to determine what services and support are needed.

Hospice changed significantly when Medicare began covering hospice in 1983. It is now "one of the fastest growing costs of Medicare."[23] Although cancer is still the primary hospice diagnosis, patients are now on hospice services with various types of dementia as well as heart and lung diseases and many other terminal illnesses.

Hospice has continued to grow as a resource for patients approaching the end of life. The National Hospice and Palliative Care Organization (NHPCO) reports steady growth in both the

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[21] Siebold, *The Hospice Movement*, 26.

[22] Sam Halabi, "Selling Hospice," *The Journal of Law, Medicine & Ethics* 42, no. 4 (2014): 446, https://doi.org/10.1111/jlme.12167.

[23] Halabi, "Selling Hospice," 442.

number of hospice providers and patients over the last decade.[24] The primary source of payment for hospice is Medicare, although some insurance companies also provide coverage for hospice. Some hospices provide charitable hospice care when the patient has no means of coverage, so hospice is available to most people in the United States today. "It has been estimated that 75 to 95 per cent of all those who die need some sort of end-of-life and palliative care."[25] The need for hospice is anticipated to increase.

It's not uncommon to hear of hospice in connection with the idea of a "good death." What is a good death? Is there such a thing? To most of us (at least in American culture), those two words together form an oxymoron, as death is to be avoided at all costs. If there is such a thing as a good death, who makes the evaluation? Sometimes patients and their families have strong differing ideas of what the end-of-life journey should entail.

Just as there are countless understandings of what a well-lived life looks like, so there are many perspectives on what a good death looks like. For some it means having no pain, for some it means not dying alone. Some want to know their loved ones will be okay after they're gone, for others it means leaving a legacy and knowing their life made a difference in the world. For some it means being at peace with God and others. For some it means the opportunity to experience redemptive suffering, sharing in the suffering of Christ. Each person has their own understanding of what determines a good death, and it is important to listen to the patient and hear what it means for them. This is a way hospice can be instrumental in helping someone

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[24] Ann M. Callahan, *Spirituality and Hospice Social Work*, End-of-Life Care (New York: Columbia University Press, 2017), 2.

[25] Karen Murphy, ed., *Chaplaincy in Hospice and Palliative Care* (Philadelphia: Jessica Kingsley Publishers, 2017), 11.

experience a good death, as hospice functions as a team, with the patient directing and guiding the team in what their priorities and needs are.

Key Voices

Ira Byock, M.D.

Ira Byock has been a prominent voice in the palliative care and hospice world for a number of years. A physician and hospice medical director, Byock is a sought-after speaker and lecturer as well as the best-selling author of several books. He speaks in very understandable terms about end-of-life concerns for his hospice patients, such as finding meaning and purpose as well as managing pain and disease symptoms.

Byock distinguishes between treating a disease and providing care for the person. He talks about providing the best care possible and how that can only be determined by the patient and family in consultation with the medical teams. "In many ways, America's health care system is actually a disease treatment system."[26]

For many people, the worst thing they can imagine is that they will die. But there are worse things, such as a person suffering needlessly while dying.[27] The continual focus on curative treatment can leave the patient physically uncomfortable, feeling lost and confused, not knowing how to get through each day or how to plan for the future. "In general, our health care system doesn't do a good job of helping people deal with the burden of illness."[28]

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[26] Ira Byock, MD, *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life* (New York: Penguin Group, 2012), 26.

[27] Byock, MD, *The Best Care Possible,* 1.

[28] Byock, MD, *The Best Care Possible,* 3.

The patient who receives the best care possible will be able to talk about what's most important to them with their family, doctor, and medical care providers throughout their end-of-life journey. Each end-of-life experience is unique and each patient has the autonomy and free will to decide what is best for themself. Byock tells of a conversation he had with a patient, saying, "I want to find out what the best care possible means for you, in this particular situation, as you and your family look ahead."[29] Later in the same chapter he talks about the importance of tending to the patient's unique experience, "how the illness affects their self-image, their work, relationships, plans, priorities, hopes, and sense of the future."[30]

Although Byock talks about dying and end-of-life concerns, really, he talks about how the patient chooses to live their life until the time comes when the patient dies. "How can I live most fully in whatever time is left?"[31]

In his book *The Four Things that Matter Most*, Byock talks about statements relative to each of us: "Please forgive me. I forgive you. Thank you. I love you."[32] Byock recognizes that the patient is more than their physical diagnosis, and believes in treating the whole person—physically, emotionally, socially, and spiritually. Byock also acknowledges that the Four Things are not just considerations for end-of-life conversations. "They are a simple, straightforward means of maintaining the health of our inner lives and relationships. … Saying the Four Things may be the most important thing you can do for your emotional well-being and that of your

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[29] Byock, MD, *The Best Care Possible,* 21.

[30] Byock, MD, *The Best Care Possible,* 25.

[31] Ira Byock, MD, *Dying Well* (New York: Riverhead Books, 1997), 34.

[32] Ira Byock, MD, *The Four Things That Matter Most—10th Anniversary Edition: A Book About Living*, Reissue ed. (New York: Atria Books, 2014), xi.

family."[33] Byock continues, "Comprised of just eleven words, these four short sentences carry the core wisdom of what people who are dying have taught me about what matters most in life."[34]

In his book *Dying Well,* Byock talks about the importance of getting one's affairs in order, to resolve and complete their relationships.

> *Dying well* ... expresses the sense of living, and a sense of process. To my ears it also carries a connotation of courage. Furthermore, dying well expresses what I have witnessed most consistently: that in the very shadow of death one's living experience can yet give rise to accomplishment, within one's own and one's family's system of values.[35]

Byock continues, "My experience in hospice confirms that this is true. Even as they are dying, most people can accomplish meaningful tasks and grow in ways that are important to them and to their families."[36] He encourages patients to consider, "What would be left undone if I died today? How can I live most fully in whatever time is left?"[37]

Throughout his writing Byock addresses topics such as reconciliation, forgiveness, love, gratitude, hope, and purpose, which are key components in the Christian faith. But they are integral in the lives of every living person, regardless of their religious beliefs (or lack thereof). Byock does a beautiful job of addressing not just the physical or medical needs of a person; he also addresses the spiritual, emotional, and social needs of the person, and sees the importance of

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[33] Byock, MD, *Dying Well,* xxvi.

[34] Byock, MD, *Dying Well,* 3.

[35] Byock, MD, *Dying Well*, 32.

[36] Byock, MD, *Dying Well,* 32.

[37] Byock, MD, *Dying Well.* 34.

asking the patient what his or her goals are, and what is their highest priority, such as quantity or quality of life. Byock addresses the person holistically.

Alan Wolfelt, Ph.D./Greg Yoder

Wolfelt is a respected grief counselor, educator, and author. He founded the Center for Loss in 1984 to offer education and support to those who grieve as well as bereavement caregivers. Wolfelt coined the phrase "companioning" in relation to providing support to those who grieve, as distinct from an expert who instructs the one grieving. Wolfelt understands the one grieving to be the expert on their own grief, and the one who companions is one who listens and accompanies, learning about the other person's grief and providing support through the journey. "Companioning the bereaved is not about assessing, analyzing, fixing or resolving another's grief. Instead, it is about being totally present to the mourner, even being a temporary guardian of her soul. The companioning model is anchored in the 'teach me' perspective. It is about learning and observing."[38]

"As a bereavement caregiver, I am a companion, not a 'guide'—which assumes a knowledge of another's soul I cannot claim. To companion our fellow humans means to watch and learn."[39] Wolfelt goes on to talk about the central role of the companion being related to the art of honoring stories and really listening as people acknowledge their loss and search for meaning.

The practice of companioning also connects with hospitality. Henri Nouwen observed that hospitality is not about trying to change people, but offering them space where change can

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[38] Alan D. Wolfelt, *Companioning the Bereaved: A Soulful Guide for Caregivers* (Fort Collins: Companion Press, 2006), 17.

[39] Wolfelt, *Companioning the Bereaved,* 18.

take place. “Companioning is the art of bringing comfort to another by becoming familiar with her story (experiences and needs). To companion the grieving person, therefore, is to break bread literally or figuratively, as well as listen to the story of the other.”[40]

Wolfelt approaches grief differently than the popular “medical” model. “This popular short-term orientation to mental health care implies a rational and mechanistic understanding of what is actually a spiritual journey involving the heart and soul.”[41] He goes on to say, “to heal in grief one must turn inward, slow down, embrace pain, and seek and accept support.”[42]

Greg Yoder is a hospice chaplain who has adapted Wolfelt’s work on companioning people in bereavement and applied it to working with hospice patients and families. His book *Companioning the Dying* is published by Wolfelt’s publishing company with a forward written by Wolfelt himself. Yoder introduces 8 Tenets of Companioning, saying, “companioning the dying is far more about *a way of being in the presence of* than ‘how to’ techniques, methods or clinical expertise.”[43]

Tenets of Companioning[44]

1. Companioning is about honoring all parts of the spirit; it is not about focusing only on intellect.
2. Companioning is more about curiosity; it is less about our expertise.
3. Companioning is about walking alongside; it is less about leading or being led.

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[40] Wolfelt, *Companioning the Bereaved,* 19.

[41] Wolfelt, *Companioning the Bereaved,* 14.

[42] Wolfelt, *Companioning the Bereaved,* 14.

[43] Greg Yoder, *Companioning the Dying: A Soulful Guide for Caregivers* (Fort Collins, CO: Companion Press, 2005), 12.

[44] Yoder, *Companioning the Dying,* 12.

4. Companioning is more about being still; it is not always about urgent movement forward.
5. Companioning means discovering the gifts of sacred silence; it is not about filling every moment with talk.
6. Companioning is about being present to another person's emotional and spiritual pain; it is not about taking away or fixing the pain.
7. Companioning is about respecting disorder and confusion; it is not imposing order and logic.
8. Companioning is about going into the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.

Yoder addresses the importance of meaning and significance in our lives, especially for those who are nearing the end of their lives. "Those dying tend to review their lives for meaning."[45] Through the process of remembering and sharing their stories, the person is able "to reflect on past and present times with the possibility for new wisdom or at least validation that their lives were meaningful."[46]

Both Wolfelt and Yoder address the importance of self-care in the life of the one who is companioning someone. Wolfelt says, "being present to others starts with being present to yourself."[47] It's essential that chaplains take care of themselves so they are able to provide care for others. Caregiver burnout is a real challenge for all hospice caregivers, not just chaplains. "Each person functioning in a hospice organization needs to be aware of the visible and

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[45] Yoder, *Companioning the Dying,* 16.

[46] Yoder, *Companioning the Dying,* 17.

[47] Yoder, *Companioning the Dying,* 1.

nonvisible signs of burnout."[48] Later in the same article, the author goes on to provide some common coping strategies such as self-monitoring to avoid over-involvement, nurturing one's spiritual side, learning to say no and ask for what is needed, adapting the job instead of accepting it as given, cultivating a supportive social network, discussing concerns with supportive hospice staff members, eating healthy, getting enough sleep and exercise, and striving for balance in one's personal and professional life.

Yoder offers similar advice: "develop or remain dedicated to hobbies, creative interests, travel, play or anything that doesn't look like the companioning work you do."[49] He also addresses the importance of taking time to "smell the roses"[50] during the workday, practicing good self-care.

Wolfelt also addresses the need for self-care in his book *Counseling Skills for Companioning the Mourner,*[51] providing helpful information for those who are companioning others through challenging times. Of particular interest is his emphasis on how one companions out of who one companioning is. His writing is affirming and emphasizes the empathic qualities that many caregivers exhibit, and from which they provide care to others.

Yoder also talks about the importance of reconciliation. "Reconciliation is more about making peace with or finding a sense of forgiveness and belonging (mercy) for what is painful versus believing the goal is to make it go away."[52]

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[48] Gladys Catkins Keidel, "Burnout and Compassion Fatigue among Hospice Caregivers," *American Journal of Hospice and Palliative Medicine* 19, no. 3 (2002): 202, https://doi.org/10.1177/104990910201900312.

[49] Yoder, *Companioning the Dying*, 145.

[50] Yoder, *Companioning the Dying,* 145.

[51] Yoder, *Companioning the Dying,* 5.

[52] Yoder, *Companioning the Dying,* 83.

Reconciliation Needs of Dying[53]

1. To acknowledge the *reality* of impending death
2. To tolerate emotional and spiritual pain
3. To acknowledge changing *relationships* to self and others
4. To acknowledge changing *self-identity*
5. To search for *meaning*
6. To create an understanding *support* system

Yoder recognizes these needs as universal to all humanity, things that anyone who experiences loss will go through, and points out that they are not stages to be progressed through, but things that will surface at various times.

Life Coaching

Life coaching is a relatively new field of study, beginning in the 1980s. The International Coach Federation defines coaching as, "Partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential."[54] Creswell says, "A coach helps you look inside yourself for the answers."[55] This overlaps with the role of hospice chaplains and their patients, as chaplains don't have the answers for the patient, but the chaplain is in the role of companion, guide, or coach, asking questions and listening to what needs exist and helping the patient arrive at their own realizations. Clough refers to the

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[53] Yoder, *Companioning the Dying,* 83.

[54] International Coach Federation, "International Coach Federation," International Coach Federation: ICF Core Competencies, December 2017, https://coachfederation.org/app/uploads/2017/12/CoreCompetencies.pdf.

[55] Jane Creswell, *Christ-Centered Coaching: 7 Benefits for Ministry Leaders* (St. Louis, MO: Lake Hickory Resources, 2006), 79.

coach as a "thinking partner"[56] to help the other person contemplate their experiences and make sense of them. Like an effective hospice chaplain, "A coach will use powerful questions and even silence. . . . establish[ing] trust, creating approachability for anything that might come up later."[57]

Tony Stotzfus says, "At its heart, leadership coaching is about helping people solve their own problems, not telling them what to do."[58] This is what hospice chaplains do every day: listening to people share what their concerns are, and then helping them figure out what they need as they continue on their end-of-life journey. "It is a powerful thing to be heard, to be believed in, to be accepted and to be loved."[59] There is value simply in listening to someone, in providing ministry of presence, as is often said within chaplain ministry. Just knowing someone is sharing time with them, with no judgment and no demands, can be freeing.

"A coach listens because to listen is to believe in you. It's a conscious imitation of the way Christ treats others."[60] This acknowledges the importance of listening as also following in Christ's example and honoring the dignity of the person in front of the chaplain. Jesus didn't walk in and give orders; he asked questions, listened, and engaged in a dialogue, demonstrating respect and dignity for the other person.

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[56] Holley S. Clough, *The Power of Life Coaching: A Model for Academic Recruitment and Retention* (Eugene, OR: Wipf & Stock, 2016), 73.

[57] Clough, *The Power of Life Coaching,* 74.

[58] Tony Stoltzfus, *Leadership Coaching: The Disciplines, Skills and Heart of a Christian Coach* (N.p.: Coach22 Bookstore LLC, 2005), 1.

[59] Stoltzfus, *Leadership Coaching,* 29.

[60] Stoltzfus, *Leadership Coaching,* 3.

Section 3: Synthesis and Conclusion

While considering hospice chaplaincy to non-Christians, there is much overlap in the topics addressed previously, even if the different genres use different vocabulary. There is much agreement between sources, regardless of whether it is from a Christian, religious, or spiritual perspective.

For example, all people are to be treated with respect and offered spiritual care. This overlaps with the idea of each person being created in the image of God, worthy of dignity and respect. St. Benedict sees Christ in each person, and as a result encourages Christians to extend hospitality to the Christ we see in the person in front of us.

Hospice was founded on hospitality, accepting people as they are and ministering to their needs. Radical hospitality means making space in our hearts, minds, and lives for someone who is different from ourselves, welcoming them without judgment regardless of their beliefs and circumstances. This is what Christian love looks like.

Narrative is another theme that is seen throughout all areas of research in this paper. In scripture, we see God's story with God's creation and we experience God's message to us. As our patients recount their life experiences they (and we) hear the stories and themes of their lives, what is important to them, how they understand themselves, and how they understand God. How they understand their own stories helps them make sense of their lives and provides meaning. Often, by telling their story, people come to an awareness of their thoughts and feelings they hadn't realized until that point. There is healing from both telling their story as well as having someone listen to it.

The "Four Things" discussed by Byock connect with scripture, hospitality, narrative, and respect of people—universal truths which are a part of each person's life experience. Thank you,

I love you, I forgive you, and please forgive me are concepts basic to each of our lives, but especially when approaching the end of life and seeking reconciliation, resolution, and peace.

The concept of companioning, rather than being a counselor, therapist, or guide, also connects with the themes of hospitality and narrative, as the person themself is the authority on their life and experiences. Coaching also recognizes this, with an emphasis on listening to a person's narrative and inspiring the person to accomplish whatever their goals are.

There's an inherent tension between a Christian chaplain ministering to non-Christian patients, which is the subject of this study. An awareness of this tension is essential to managing it in order to effectively minister to the other person.

Sometimes there is tension between religion and spirituality, although this writer does not see them in conflict with each other. People sometimes have different understandings or definition of these terms, so it's important to listen to the person to hear how they define the words and use them in their story. This writer believes not enough consideration has been given to how a chaplain can faithfully maintain their beliefs while ministering to a person of no faith, and there is room for reflection and examination of how this can be done.

There is also room for research regarding the application of biblical/Christian themes in general ways to all of humanity, such as the need for hope, reconciliation, healing, and peace. It will be exciting to see how this topic develops while addressing the above topics as well as others which will likely arise.

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APPENDIX C—MILESTONE 3 DESIGN WORKSHOP REPORT

NPO Statement

How, as a Christian hospice chaplain, to more effectively minister to hospice patients and/or families who identify as non-Christian and/or non-religious.

NPO Scope and Constraints

I don't foresee any constraints, financial or otherwise, that impact this NPO, other than the obvious. As a hospice chaplain, I operate within the boundary or constraint of maintaining my Christian faith while ministering to all of my hospice patients and their families, regardless of their beliefs.

NPO Context

My ministry setting is in central Oregon, which is more rural than many areas in Oregon. My region, in the high desert, has strong Caucasian ranching/farming roots, and historically has been more conservative than progressive, with traditional family and religious values. There's a blend of longtime community members as well as people moving into the area for work with such companies as Apple and Facebook. This causes some tension among people who have grown up in the area, as they feel like all the changes are going to negatively impact their community as the new people bring their "liberal ideas and values." A number of churches are represented, most of which tend to be more conservative, although there are a couple mainline denominations represented (PC(USA) and ELCA).

Root Causes

The potential root causes for my NPO seem to be alienation, separation, and disconnect around the person's spirituality, caused by rejection and judgment from the church or Christians in their past. As a result, these patients or family members don't want anything to do with a

chaplain, as they are afraid the chaplain is going to try to evangelize or judge them. As they're facing the stress of end-of-life concerns, they don't want the added stress of experiencing judgment from another "pastor" telling them what they need to believe in order to go to heaven.

Three Big Ideas

1. Reading/utilizing short stories with the patient and/or family.
2. The use of compassionate/therapeutic touch with patient and/or family.
3. Utilize music (songs, singing, YouTube, Spotify) with patient and/or family.

Definition of 'Done'

The goal is for the patient to be at peace, with no anxiety or fear.

3 Napkin Pitches

1. Reading/utilizing short stories with the patient and/or family.

NPO: The problem to be addressed is helping the person recognize meaning and significance in their lives.

Benefit: User benefits by recognizing connections and meaning in his/her life; chaplain benefits by getting to know the person better, and thus being better able to provide support.

Approach: Read a short story or poem with the person, and allow for the other's response and thoughts. It's a creative approach that doesn't come up often in daily life.

Risks: Person may not like the short story or poem and find it boring or irrelevant.

Assumptions: The goal is to see if this intervention brings peace, meaning, or integration to the person.

Benchmarks of success: Feedback from the patient that they found the experience beneficial.

Other Approaches: I'm not aware of others utilizing short stories or poems as a means of helping patients gain awareness of meaning and purpose in their lives.

2. The use of compassionate/therapeutic touch with the patient and/or family.

NPO: The problem to be addressed is helping the person experience connection and compassion.

Benefit: User benefits by experiencing connection and compassion from another person.

Approach: Connect with patient/family by holding their hand or placing a hand on the person's shoulder, or giving patient a hug, as either initiated by or with permission from the person. Sometimes patients and families feel isolated and alone, and welcome the connection of physical touch.

Risks: Person may not like being touched.

Assumptions: The goal is to see if this intervention brings connection and peace to the person.

Benchmarks of success: Verbal feedback from the patient that they found the experience beneficial. Physical response of the person is feedback (if they smile, relax, and appreciate touch as connection, or if they pull away).

Other Approaches: There have been studies demonstrating the importance of touch and physical connection for people.

3. Utilize music (songs, singing, YouTube, Spotify) with patient and/or family.

NPO: The problem to be addressed is helping the person recognize meaning and significance in their lives, and remember significant memories and events.

Benefit: User benefits by recalling memories and connections in his/her life; chaplain benefits by getting to know the person better, and thus be better able to provide support.

Approach: Listen to a song and allow for the other's response and thoughts. It's a creative approach to help the person recall significant memories.

Risks: Person may not like the song and find it boring or irrelevant. Person may also recall painful memories associated with the music.

Assumptions: The goal is to see if this intervention brings peace, meaning or integration to the person.

Benchmarks of success: Verbal feedback from the patient that they found the experience beneficial. Physical response can also be observed (if they smile, relax, and enjoy the music, or if they become withdrawn and shut down).

Other Approaches: Music therapists are a proven discipline with beneficial results to hospice patients (as well as others).

Design Workshop Stakeholders

Hospice nurse (2)

Hospice social worker (1)

Hospital chaplain/clergy (1)

One-on-One Interviews

Military/hospice chaplain

Local parish pastor, also former youth/young adult Christian ministry camp director

Hospice employee/clergy

3–5 Key Biblical Texts

How Chaplaincy Connects to the Biblical World

Each person is comprised of a body, mind, and spirit, and thus has a spiritual aspect to their being. Scripture affirms this in 1 Thessalonians 5:23 (NIV), “May your whole spirit, soul

and body be kept blameless at the coming of our Lord Jesus Christ." Hospice ministers to the needs of the entire person—body, mind, and spirit—regardless of what religious affiliation the person has. A person's spirituality may or may not be connected to a set of religious beliefs. It's becoming more common for people today to say they are spiritual but not religious. In fact, "it is arguably the case that one cannot effectively study contemporary religious life in North American and European societies without grappling with the increasingly well-defined cohort of 'spiritual but not religious' people."[1] Many people haven't given much thought to their spiritual beliefs, as they equate spiritual with religious. But spiritual can simply mean what brings a person passion and joy, such as nature, grandchildren, hobbies, travel, and learning. Ronald Rolheiser says, "Spirituality is, ultimately, about what we do with ... desire. What we do with our longings, both in terms of handling the pain and the hope they bring us, that is our spirituality."[2]

How do Christian chaplains connect their beliefs and role with such spiritual aspects that have no connection with Christianity or religion, especially when chaplains are prohibited from evangelizing? What do chaplains bring to the patient if they can't share their faith? Can they be true to their faith if they don't share the plan of salvation with patients? Tensions arise from these questions, and that is the focus of this paper.

In Genesis 1:27 (NRSV) we read, "So God created humankind in his image, in the image of God he created them; male and female he created them." John Calvin's understanding of humanity being created in the image of God "lies at the root of his view that humans have an

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[1] Paul Bramadat and Kelli I. Stajduhar, eds., *Spirituality in Hospice Palliative Care*, SUNY Series in Religious Studies (Albany: State University of New York Press, 2013), 1.

[2] Ronald Rolheiser, *The Holy Longing: The Search for a Christian Spirituality* (New York: Doubleday, 1999), 5.

inherent God-given dignity."[3] He speaks of general and specific revelation, saying both give witness to God's goodness and love. General revelation includes God's created world, whereas specific revelation is found in the Word of God (Jesus and scripture). We see the image of God in others as they are God's creation, God's children, made in God's image, and we give glory to God when we recognize and acknowledge God's creation, caring for it and being good stewards of it. Reformed theology builds on this understanding that "Scripture teaches the inherent human dignity of all people, which should be respected by fellow human beings and social institutions."[4]

St. Benedict says in his Rule, "Let all guests who arrive be received like Christ, for He is going to say, 'I came as a guest, and you received Me.'"[5] St. Benedict sees each person as Christ, created in the image of God. This influences Benedict's belief of treating people with love, respect, and hospitality.

The Bible has a number of passages that this author believes support Christian chaplains ministering to people of diverse backgrounds regardless of religious beliefs. They include the following:

1. Matthew 25:34-40: The Sheep and the Goats
2. Luke 10:25-37: The Parable of the Good Samaritan
3. Romans 12:9-16: Love in Action
4. Hebrews 13:1-3: Concluding Exhortations
5. 1 Peter 4:8-9: Living for God

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[3] J.M. Vorster, "Calvin and Human Dignity," *In Die Skriflig* 44, no. 4 (2010): 199, https://doi.org/10.4102/ids.v44i0.189.

[4] Vorster, "Calvin and Human Dignity," 198.

[5] Saint Benedict and David W. Cotter, *The Rule Of Saint Benedict*, trans. Leonard J. Doyle (Collegeville, MN: Liturgical Press, 2001), 116.

The theme at the heart of each of these passages is gracious, radical love and hospitality. Hospitality is not simply entertaining and having friends over for dinner parties. Hospitality at its root means welcoming the stranger.

In the parable of the sheep and the goats, Jesus says, "I was a stranger and you welcomed me .... just as you did it to one of the least of these who are members of my family, you did it to me" (Matthew 25:34-40, NRSV). Without recognizing it at the time they were doing it, the righteous provided for the needs of the king. This has overtones of Hebrews 13, when the author speaks of some entertaining angels without realizing it (Hebrews 13:1-2, NRSV).

When a lawyer comes to Jesus wanting to know who's his neighbor so he knows who he has to love, and Jesus tells the parable of the Good Samaritan, the lawyer reluctantly acknowledges that the neighbor is the one who cared for the man left for dead on the side of the road (Luke 10:25-37, NRSV). The Good Samaritan (an oxymoron in that time and culture) was the one who cared for the stranger (who had been ignored and left by two religious people) regardless of religious beliefs. He was the one who loved the man left for dead with the agape love of God, love that isn't always the easiest thing to do, but is the deeply moral and right decision. As Paul says in Romans, "Love must be sincere. … Practice hospitality" (Romans 12:9-16, NIV).

Love is at the heart of Christianity—both God's love for God's creation, and our love for God and neighbor. In this Romans passage, Paul talks about love, describing what it is to look like for believers toward each other (v. 9-13) as well as to the world in general (v. 9-21).[6] The word for hospitality that Paul uses (philoxenia) literally means "kindness to strangers." "The

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[6] James R. Edwards, *Romans* (Peabody, MA: Hendrickson Publishers, Inc., 1992), 291.

Greek word for **practice** *(Gk. diokein)* actually means 'to press or pursue.' **Practice hospitality**, therefore, carries the sense of intentionally striving to embrace stranger and needy individuals."[7]

Verse 15 (NIV) says, "rejoice with those who rejoice; mourn with those who mourn." This is literally what the hospice chaplain does with patients and families. Edwards says, "To rejoice with others (even when we are deprived of their joy) and to weep with others (even when we have not suffered their loss) requires a selflessness which only the power of *agape* can bestow."[8]

When a chaplain is able to love the patient in front of her or him, to companion with the person and share their grief and joy and pain, they experience how love covers a multitude of sins as they both experience the gift of hospitality (1 Peter 4:8-9, NIV). The chaplain is able to provide support, and "it would follow ... that if pastoral care is redemptive (resulting in healing, reconciliation or other human transformation), then it may be discerned as a primary form of mission, a true participation by those involved in God's mission."[9] As chaplains minister to others, even if they are not Christians, as God's creation is transformed by healing and reconciliation, God's Kingdom work is being done and God's will is being accomplished.

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[7] Edwards, *Romans*, 296.

[8] Edwards, *Romans*, 297.

[9] Andrew Todd, *A Christian Theology of Chaplaincy* (London: Jessica Kingsley Publishers, 2018), 39.

APPENDIX A:

DESIGN WORKSHOP DESCRIPTION

The Design Workshop was held on Zoom due to COVID-19 restrictions and precautions. We met on a Saturday morning (October 17th) from 9-12 pm. Three coworkers (two nurses and one social worker) participated, as well as a colleague from out of state who was a fellow chaplain resident with me at a hospital in Texas. He is a clergy member, as well as having worked as a hospital chaplain and hospice bereavement coordinator.

Our agenda was as follows:

9-9:30 Welcome, Introductions, and Ground Rules

9:30 – 9:40 Revisit NPO: "How do I, as a hospice chaplain who identifies as a Christian, minister more effectively to hospice patients and/or families who identify as non-Christian and/or non-religious?"

9:40-11:45 (Break from 10:20-10:30) Discuss the following questions:

1. Why is it necessary to solve the NPO?
2. What is the key issue that we're trying to address and why is it important?
3. Who is the NPO for?
4. What benefits will be gained by solving the NPO?
5. What social/cultural factors shape this NPO?
6. What is the unknown? What is it that I don't yet understand?
7. What information do I have? Is it sufficient? Insufficient? Redundant? Contradictory?
8. How might we think of this NPO in a different way? How might we reframe it?

9. Can we separate the various parts of the NPO? What are the relationships among the parts of the NPO?
10. What milestones can best mark progress toward a solution?
11. How will we know when we're successful?

11:45 – 12:15 Napkin Pitches

12:15 Thank you for sharing your thoughts and perspectives today!

Design Workshop Documentation

I didn't take any photos of our Zoom group, but I have written up the information presented in the group.

One-Page Post-Workshop Message to Stakeholders

"Thank you so much for your time and participation yesterday. I enjoyed the conversation as well as the ideas and perspectives each of you shared. I'm copying a brief summary of our conversation below, and will also try attaching the 3 Napkin Pitches I typed up separately.

"If you have any changes, additions, or corrections to what I'm sending, please let me know.

"And I'm starting to gather short stories to utilize with patients/families, so please send me any you think would be useful. I did include the titles/authors that were mentioned yesterday.

"Y'all are awesome. I'm so blessed to have such great people in my life."

(Design Workshop Notes were also attached)

One-On-One Interviews Documentation

Observations and comments:

1. Life review is a new experience for most people. Most people haven't given much thought or reflection about their life, the choices they've made, and the themes that have been important throughout their lives.

2. Each patient brings their own unknowns, including emotions and thoughts they aren't aware of or don't recognize. And chaplains bring their own emotions and responses to what they hear from the other person.

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APPENDIX D—MILESTONE 4 PROTOTYPE ITERATION REPORT

Prototype #1 (200-300 Words)

- Description: Survey of various hospice chaplains.
- Goldilocks quality strategy: Questions will provide topics helpful for chaplain ministry situations.
- Research question: What essential characteristics do chaplains need in order to minister to others?
- Assessment benchmark: Hearing from participants what they find most useful in hospice chaplaincy ministry, resulting in possible chapter titles/subtitles for book.
- Prototype participant demographic description: hospice chaplains.
- Summary of what was learned: There are a variety of characteristics that are important for a chaplain to have in order to minister to others, which includes: developing a non-anxious presence; and being compassionate, nonjudgmental, and able to listen well. Chaplains need a willingness to stay in the difficult places with the patient and be comfortable with silence. A chaplain needs to be authentic, genuine in their compassion, and have all the above listed qualities. It's also important that chaplains have the support of their manager, trusting the chaplain to make the right decisions and manage their own time and priorities. Many chaplains draw on their own faith and relationship with God in order to minister to their patients.

  A number of themes integral to the Christian faith are also applicable to non-Christian patients, such as love, hope, forgiveness, reconciliation, redemption, peace, meaning/purpose, mercy, grace and gratitude.

- Important discovery: 1) Most chaplains agree that a non-anxious presence is essential to a chaplain's ability to minister to others. 2) There are a number of themes essential to the Christian faith that are applicable to ministering to non-Christian patients.

Prototype #2 (200-300 Words)

- Description: Survey of various hospice chaplains.
- Goldilocks quality strategy: Questions will provide topics helpful for chaplain ministry situations.
- Research question: What topics are of concern to all hospice patients, regardless of religious beliefs?

- Assessment Benchmark: Hearing from participants the issues/concerns that are applicable to all patients in hospice chaplaincy ministry, resulting in possible chapter titles/subtitles for book.
- Prototype participant demographic description: hospice chaplains.
- Summary of what was learned: The two main goals of the hospice chaplains surveyed were to help the patient experience meaning as well as help the patient experience peace/shalom, and the reality is that these two goals are often interconnected. Many people want to be known, to tell their story, and to make sense of their lives, both for themselves as well as for their family (their legacy). There are any number of issues that may be important to each patient, and it's important to let the patient tell the chaplain what is important to them. The chaplain facilitates the conversation, letting the patient provide direction.
- Important Discovery: Most chaplains surveyed (50%) agreed that the use of narrative and story is one of the most important ways they minister to hospice patients.

Prototype #3 (200-300 Words)

- Description: Survey of various hospice chaplains.
- Goldilocks quality strategy: Questions will provide realistic scenarios of hospice chaplain ministry situations.
- Research question: What is essential to hospice chaplains as they care for themselves?
- Assessment benchmark: Hearing from participants what they find most helpful in providing self-care and managing the stress of hospice ministry.
- Prototype participant demographic description: hospice chaplains.
- Summary of what was learned: A wide variety of self-care options were presented, including being intentional about taking time for it, exercising, prayer/meditation, practicing some type of creativity (music, art, sewing, knitting, spinning, and journaling/writing), massage, reading, solid relationships/conversations, adequate sleep, being known as part of a community, and observing healthy boundaries. Whether practiced as a day of sabbath or incorporated in each day, the important thing is to find something that brings renewal and rejuvenation to each person on a regular basis.
- Important discovery: Hospice has a high burnout rate for its practitioners, so self-care is important. It needs to be practiced regularly (daily) in a way that's meaningful for each chaplain. The important thing is for chaplains to make time to care for themselves in a way that works for them.

Most Viable Prototype (MVP) (250-300 words)

The most important idea that arose from the hospice chaplains who participated in the survey is that of narrative, or story. But there were a variety of other ideas that were also put forward by the participants, such as the importance of being non-judgmental, the ability to be comfortable in the midst of grief, pain, and discomforting emotions. The participants demonstrated the importance of both ministering to the needs of the patient, but also the importance of self-care, from which the chaplain draws the strength and insight to minister well to the other. In reality, I anticipate utilizing all three prototypes in my final project.

I envision a book of four main sections: 1) Introduction: Christian basis or theological foundation for hospice ministry to all people; 2) Essential characteristics or qualities of a hospice chaplain; 3) Topics of importance to all patients (non-Christian or Christian); 4) The importance of self-care for chaplains.

As a Christian chaplain, I am rooted in the Christian faith, which often practices evangelism, proclaiming the good news of the gospel (God's love for all people, desiring that all would repent of their sin and accept Jesus as their Savior and Lord). Chaplains are not allowed to evangelize their patients, so Christian chaplains have to understand their ministry differently than a pastor of a congregation.

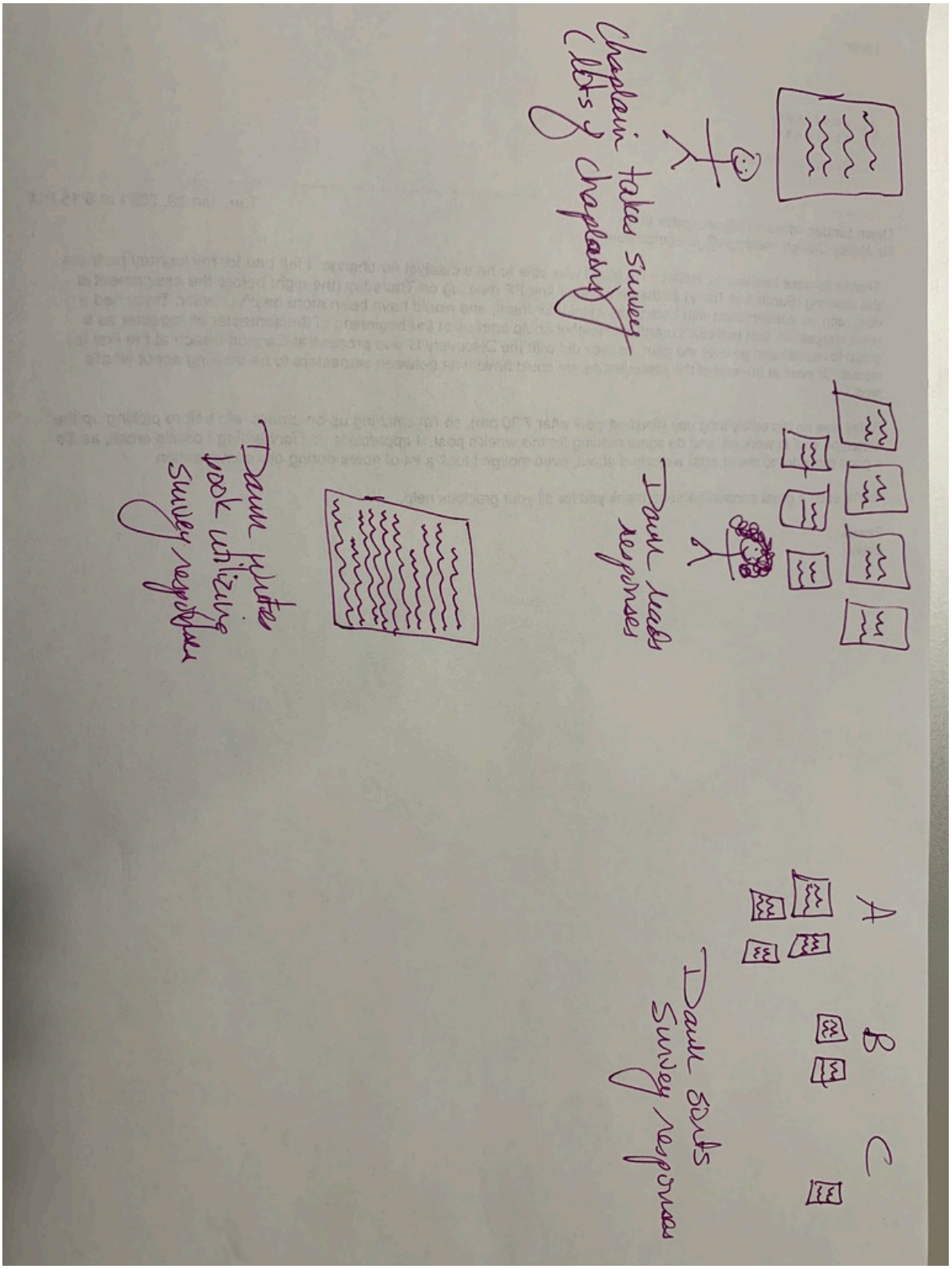
An effective hospice chaplain needs to be a person of integrity, respecting the other person, being a non-anxious, non-judgmental presence, and one who listens well with compassion to hear what's most important to the patient.

There are a number of themes central to the Christian faith that are also important to many non-Christian people, who may not realize the overlap. Jesus said, "The truth shall set you free" (John 8:32), and the truth is that while the following themes are important to Christians,

they are often important to everyone: love, hope, peace, forgiveness, reconciliation, redemption, mercy, grace, gratitude, meaning/purpose, and respect. While hospice chaplains cannot encourage people to accept the good news of the Bible in the person of Jesus, chaplains can address the above issues from a place of Christian understanding and compassion and help patients through their challenges.

We come full circle as we look at the importance of self-care for chaplains, which enables them to rest, be renewed, and be prepared to minister to their patients.

Appendix


A
B
C
Dawn sends survey responses
Dawn reads responses
Chaplain takes survey
Dawn puts
book utilizing
survey responses

Interview Script/Survey
Research Study Questions for Participants Spring 2021
George Fox University

Demographic Information

Name_____ Date_____

Mailing Address_____

_____

Phone Number_____

Email Address_____

How long have you been a hospice chaplain?_____

Is it okay to contact you with follow-up questions or conversation?_____

Your demographic information will only be used for me to contact you as needed, to send you a thank you note, and to provide a broad demographic about the research. You will not be identified unless you give permission.

The objective of this survey is to hear your thoughts, feelings and opinions regarding ministry as a hospice chaplain.

Please be as detailed as possible in your answers. You may leave any question that you are uncomfortable answering blank. Please write in NA (not applicable).

Please return this survey to me at revdawn.linder@yahoo.com by 3/31/2021.

****

1. Which workshop would you be most interested in signing up for?
    A. How to address grief as a hospice chaplain.
    B. The importance of active listening as a hospice chaplain.
    C. How to practice compassionate presence.
    D. The use of music in ministry to hospice patients.
    E. Narrative and the role of story with hospice patients/families.
    F. The internal world of a hospice chaplain.

2. What is the primary goal of the hospice chaplain?
   A. Helping the patient experience peace.
   B. Helping the patient experience shalom.
   C. Helping the patient experience hope.
   D. Helping the patient experience meaning.

3. What book title would you be most interested in?
   A. Hospitality in Hospice: How the Chaplain Embodies Welcome.
   B. Helping Hospice Patients Find Hope.
   C. Life Review: Helping Hospice Patients Make Sense of Their Stories.
   D. Hospice Chaplains: Who Are They and What Do They Do?

4. What themes essential to the Christian faith are also evidenced as important in hospice from a secular point of view (applicable to all people)?

5. What is the most important characteristic of an effective hospice chaplain?
   A. Nonjudgmental.
   B. Listens well.
   C. Compassionate.
   D. Non-anxious presence.
   E. Other: _____

6. What are 3 essentials for your self-care?

7. What's the most important resource that empowers you to be an effective hospice chaplain?

8. What other comments do you feel are important which were not addressed in this questionnaire?

9. What product would offer the biggest value for you as a hospice chaplain?

10. Would you be willing to have a one-on-one conversation to further discuss this research?

Thank you for participating in my research study. If you want any identifying information used in my Dissertation Paper, please indicate your preference below.

Yes, you have permission to use my identifying information. _____ (initial)
No, you do not have permission to use my identifying information. _____ (initial)
Signature (typed name will be considered your signature) _____

Date_____

Documentation Example

Research Study Questions for Participants Spring 2021
George Fox University

Demographic Information

March 13, 2021

Name_____ Date_____

Mailing Address

Phone Number

Email Address

How long have you been a hospice chaplain? 15 plus years

Is it okay to contact you with follow up questions or conversation? Yes
Your demographic information will only be used for me to contact you as needed, to send you a thank you note, and to provide a broad demographic about the research. You will not be identified unless you give permission.

The objective of this survey is to hear your thoughts, feelings and opinions regarding ministry as a hospice chaplain.

Please be as detailed as possible in your answers. You may leave any question that you are uncomfortable answering blank. Please write in NA (not applicable).

Please return this survey to me at revdawn.linder@yahoo.com by 3/31/2021.

****

1. Which workshop would you be most interested in signing up for?
   - A. How to address grief as a hospice chaplain.
   - B. The importance of active listening as a hospice chaplain.
   - C. How to practice compassionate presence.
   - D. The use of music in ministry to hospice patients.
   - E. Narrative and the role of story with hospice patients/families.
   - F. The internal world of a hospice chaplain.

2. What is the primary goal of the hospice chaplain?
   A. Helping the patient experience peace.
   B. Helping the patient experience shalom.
   C. Helping the patient experience hope.
   D. Helping the patient experience meaning.

3. What book title would you be most interested in?
   A. Hospitality in Hospice: How the Chaplain Embodies Welcome.
   B. Helping Hospice Patients Find Hope.
   C. Life Review: Helping Hospice Patients Make Sense of Their Stories.
   D. Hospice Chaplains: Who are They and What Do They Do?

4. What themes essential to the Christian faith are also evidenced as important in hospice from a secular point of view (applicable to all people)? Faith, hope, love

5. What is the most important characteristic of an effective hospice chaplain?
   A. Nonjudgmental.
   B. Listens well.
   C. Compassionate.
   D. Non-anxious presence.
   E. Other: _____

6. What are 3 essentials for your self care?
   space, time, walking the Beach

7. What's the most important resource that empowers you to be an effective hospice chaplain?
   prayer and meditation, reading

8. What other comments do you feel are important which were not addressed in this questionnaire? Most important issue: addressing needs of SBNR - by far the majority at this point

9. What product would offer the biggest value for you as a hospice chaplain? ?????

10. Would you be willing to have a one-on-one conversation to further discuss this research? Yes

Thank you for participating in my research study. If you want any identifying information used in my Dissertation Paper, please indicate your preference below.

Yes, you have permission to use my identifying information. _____ (initial)

No, you do not have permission to use my identifying information. _____X_____ (initial)

Signature (typed name will be considered your signature) [signature of participant]

Date. March 13, 2021

Research Study Raw Data from Participants Spring 2021
George Fox University

****

1. Which workshop would you be most interested in signing up for?
   - A. How to address grief as a hospice chaplain. 1
   - B. The importance of active listening as a hospice chaplain. 3
   - C. How to practice compassionate presence. 1
   - D. The use of music in ministry to hospice patients. 1
   - E. Narrative and the role of story with hospice patients/families. 15
   - F. The internal world of a hospice chaplain. 8
   - * They all sound equally interesting.

2. What is the primary goal of the hospice chaplain?
   - A. Helping the patient experience peace. 9
   - B. Helping the patient experience shalom. 5
   - C. Helping the patient experience hope. 1
   - D. Helping the patient experience meaning. 10
   - * The primary goal is to be present with the patient to help them identify **their** goals. It's not about my goals. 1
   - * Meeting the client where he or she is. 1
   - * Create space for the patient to be loved. 1

3. What book title would you be most interested in?
   - A. Hospitality in Hospice: How the Chaplain Embodies Welcome. 4
   - B. Helping Hospice Patients Find Hope. 6
   - C. Life Review: Helping Hospice Patients Make Sense of Their Stories. 13
   - D. Hospice Chaplains: Who Are They and What Do They Do? 1
   - * How I want to be remembered

4. What themes essential to the Christian faith are also evidenced as important in hospice from a secular point of view (applicable to all people)?

   - * Suffering 3
   - * Forgiveness 9 (of self and others) (giving and receiving)
   - * Finding meaning in suffering
   - * Forgiveness and healing of relationships 2
   - * Making peace with the situation and/or God
   - * Faith
   - * Hope 8 (in the face of suffering/loss)
   - * Love 8
   - * Coping
   - * Grief
   - * Value as a person

* Peace 3
* Universality of death
* Extending and receiving grace
* I don't think religious orientation matters that much. Most people want to feel that their lives have mattered in some way. I don't think in terms of sacred/secular. It seems to me that it is all sacred.
* The theme of love your neighbor as yourself (the Golden Rule) is evident in all the world's great religions. [added to Love category above]
* Hospitality - you shall treat the foreigner as a guest as you were once a foreigner too.
* Love - an overarching theme throughout scriptures.
* Connection to others (meaningful relationships) 2
* Purpose and meaning 2
* Beauty
* Gratitude
* "I'm not sure I understand exactly what you are asking here. The first thing that came to mind is life after death People want assurance that this is not the end, either of their own or their loved one's life. They want to believe that they will see one another again and be reunited with their loved ones who have gone before them. They need to believe that any pain or suffering which has occurred will cease. It is often more important to many family members/friends to demonstrate their love and care, sometimes even sacrificially, for the one who is dying.

"For hospice chaplains, it is essential that we assure the dying of God's love and forgiveness and that they are each a beloved child of God. Both the dying and their loved ones need to know they are not being punished, that God has not abandoned them, but will be with them, 'even to the end of the age.'"

* The love of God for all.
* Sacred value of life, but that life is a terminal condition (all who live eventually die)
* Peaceful presence
* Inherent dignity of human beings
* The value of each human life and each person's story
* Questions of identity - "Who am I?" and "Who/what defines my worth?"
* What constitutes a "good" death?
* What does care mean?
* Meaning 3
* Family
* Normalization
* Life review 2
* Healthy connections
* Acceptance of reality
* Death/grief
* Legacy (future story)
* Reconciliation/forgiveness 2

* Hospitality
* Honor
* Respect 2
* Dignity
* Kindness
* Mercy
* Regret and redemption
* Transcendence

5. What is the most important characteristic of an effective hospice chaplain?
   A. Nonjudgmental. 3
   B. Listens well. 3
   C. Compassionate. 3
   D. Non-anxious presence. 13
   E. Other:
   * Willingness to stay in "dark" places with patient, to hold that space as sacred, to be comfortable with silence. Equally important is authenticity.
   * All of the above. 2

6. What are 3 essentials for your self care?
   * Being intentional about scheduling time for self care 2
   * Being in nature 5
   * Journaling
   * Private time/space for processing emotions and stories 3
   * Confidants who will listen when I need to process aloud
   * Music 2
   * Prayer/meditation 4
   * Exercise 7
   * Space
   * Time
   * Walking on the beach
   * Walking 2
   * Debrief (talking with others - the hospice team or being part of a chaplain support group when possible)
   * Massage
   * Accepting reality
   * Honesty
   * Life-affirming moments
   * Solid relationships
   * Adequate sleep 4
   * Time to pursue interests apart from work
   * Read
   * Knit

* Boundaries 4 (the phone goes off at 5 pm (unless I'm on call) and back on again at 8:30 am.
* My "I" time - I'm an introvert and I need time by myself to just goof off and do stuff non work related every day - read, surf the web, knit, moments of solitude in my car.
* Social/family connections
* Spiritual grounding
* Intentional and regular part of life
* Spiritual self-care
* Time with family and friends 4
* Sabbath
* Relating and sharing with others
* Taking time off 2
* Bible study/prayer
* Community - a place where I can be real and be known 2
* Rest/unplugging
* Hydration
* Creativity (art/sewing, etc.)
* Connection with God 2
* Time off each day
* Active hobby
* Emotional boundary keeping
* Therapy/spiritual director 2
* Personal and private spiritual disciplines such as prayer, centering, scripture meditation
* Baths
* Girls night
* Family time
* Consultation (with a helping professional, colleague or manager)

7. What's the most important resource that empowers you to be an effective hospice chaplain?

* Spiritual direction
* A supportive team manager who allows me to use the time in a way that is most effective for me (not attempting to set my schedule of visits and calls to fit her own perception of effective time use) 2
* Prayer 3
* Contemplative dialogue
* Meditation
* Reading
* My faith 4
* Being secure in my own spirituality
* Attending to my own inner life and growth as a human being

* I find some emails from outside organizations to be empowering and assist me in my work.
* Webinars from ADEC (Association of Death Education and Counseling) and the Hospice Foundation of America have been helpful and empowering.
* My hospice company.
* A heart to serve God and all people.
* Talk with hospice team members and other chaplains
* Read books on grief and spirituality
* Quiet contemplation
* On-going education
* Experienced great loss and sadness
* Empathy
* Empathy/compassion for fellow humans, powered by God's love
* God
* My team - hospice work really is strengthened by the team approach.
* Knowing with clarity where I stand on most issues facing patients and families so I may hold a space for them.
* Belief in the basic worth of all life
* Groundedness in my own sense of God/Mystery
* My faith and spiritual disciplines
* Affirming and knowledgeable (of effective spiritual care) leadership team/management.
* My spiritual Director who is a retired hospice chaplain.
* Scripture - it provides my framework

8. What other comments do you feel are important which were not addressed in this questionnaire?

* Boundaries - hospice personnel in general don't always have a great understanding of the importance of boundaries in this work.
* Self differentiation. These are things we learn as clergy and in CPE, but can be easily forgotten in the moments that are emotional or hit close to home.
* The relationship between manager, chaplain and other team members is important to the effectiveness of the chaplain. The team members provide insight into the family dynamics and patient's own well-being. A strong relationship with their chaplain helps may enable them to provide pastoral care in their own work and to enhance effective referrals to the chaplain.
* How does the IDT team view chaplaincy?
* Most important issue: addressing needs of SBNR - by far the majority at this point.
* There were a couple of questions where I had an equal answer: Hospice chaplain should also be nonjudgmental. I also think that a primary goal is to bring peace.
* Support of hospice team members.

* Educating other team members, patients and families on the role and value of the hospice chaplain.
* How we meet people who are atheist, Buddhist, Wiccan
* The importance of knowing yourself/being comfortable in your own skin.
* "I was somewhat interested in your framing of the purpose of the survey as feeling that non-religious or non-Christian patients often get overlooked in hospice spiritual care. The main question about non-Christian patients started by asking or Christian themes you could apply outwardly rather than perhaps asking for themes generally or even are there themes more common to non-Christian patients."
* The team aspect in hospice work is very important.
* Finding something to enjoy about each patient, family or staff is critical.
* How can chaplains address the societal tendency to "reject" the spiritual/refuse chaplain support?
* What are some of the greatest stressors for a hospice chaplain?
* What do hospice chaplains find helpful/beneficial in fulfilling their roles effectively?
* How are chaplains perceived in their context of ministry?
* Is there another name or title that could be better suited for a "chaplain"?
* Integrity; without integrity as a hospice chaplain we lose credibility, which essentially forfeits any relationship we have been trying to build with patients, families, and staff.
* This is a high burnout field
* "The "what workshop/book would you be interested in" questions worry me a little bit, as many of them involve topics hospice chaplains likely ALREADY have read/attended. It makes me wonder if your audience is working hospice chaplains, prospective hospice chaplains, students considering hospice chaplaincy, non-CPE-trained hospice chaplains, etc. Those are very different audiences, and you may need to narrow your work to one or the other."

9. What product would offer the biggest value for you as a hospice chaplain?

* Not sure how to answer this question. 2
* Nothing comes to mind. 5
* Some of the Jesus Calling books, many entries can be changed quickly to be effective for anyone.
* I found my iPad to be the best resource for my work. I can play music, look up religious texts, and just do everything I need. I don't currently have a company issued iPad.
* Medicare advocacy.
* Anything to cut down charting time.
* Something that would help to educate patients and their loved ones about what we as hospice chaplains do. So often people decline chaplain support until death is imminent when it would have been so much more helpful if they would

have allowed us in early on and we could have gotten to know each other and developed a rapport.

* A book or pamphlet that addresses the need identified above (educating other team members, patients and families on the role and value of the hospice chaplain).
* Chaplain supervision by another chaplain as opposed to by a MSW, RN, etc.
* A video training/hospice podcast.
* Books of spiritual readings/poems, etc. from multiple traditions to use for team openings.
* Something to help families record life memories.
* Snacks
* "I'm not sure what is meant by 'product'; however, I would value greater training in guided meditation, yoga breathing, and 'non-religious' approaches to anxiety/pain relief."
* Ongoing education, resources and guidance on what other options are available for a chaplain to grow in their ministry.
* "For me, the one product that could offer value is a support group for chaplains to encourage one another, to gain wisdom and insight in order to help me continue to grow in my role as a chaplain. I am on FB sites supporting chaplains, but something more intimate, more personal would offer the biggest values for me as a hospice chaplain."
* Self-care help
* Boundaries with work class
* "Again, you may need to narrow your focus. A lot of the workshops/books you proposed are things board-certified chaplains should have covered during their training, whether during CPE or in the certification process. The kinds of things I am drawn to at this point in my career have to do with specific populations I need to know more about (Vietnamese or Buddhist or LGBTQ, which make up a certain percentage of my caseload), special issues in hospice care (e.g. staff burnout), facilities vs. private homes, chaplaincy with patients who have no family, etc. Also, you have said you want to learn more about chaplaincy with people who are not religious - and yet 'chaplaincy with people who are not religious' is not one of your proposed workshops or books. You will learn the most about this topic by preparing to teach on this topic, or by writing on this topic."

Interview notes

Conversations with participants went well, elaborating on the survey questions, expressing appreciation for looking into the subject of how Christian chaplains can provide better ministry to non-Christians. One person mentioned a chaplaincy program at Berkeley that provides an overview of various religions. This may be a helpful resource.

Observation notes

Chaplain didn't observe participants completing the survey, but it was interesting to see that some participants chose more than one answer, or said that they couldn't choose from among all the important choices listed.

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