

WHO PROVIDES SPIRITUAL CARE?



A variety of persons may provide patients with basic spiritual care, including family members, friends, members of their religious community, and institutional staff members. Their local clergyperson may also offer spiritual care from their specific tradition by providing supportive counsel and appropriate rites. The professional chaplain does not displace local religious leaders, but fills the special requirements involved in intense medical environments (Gibbons & Miller, 1989). They complement these leaders by joining their respective resources "to assure that faith continues to have a prominent place among the healing resources available to all persons" (Mason, 1990). Congregants highly value the spiritual care provided by their local clergypersons (VandeCreek & Gibson, 1997).

Many religiously active persons do not notify their local clergy of their hospitalization (Sivan, Fitchett & Burton, 1996; VandeCreek & Gibson; 1997). Additionally, many patients do not have a religious community to which they can look during healthcare crises. In one study, only 42 percent of hospital patients could identify a spiritual counselor to whom they could turn, and many of them had not talked to their local religious leader about their situation (Sivan, Fitchett & Burton, 1996). For others, attention from their spiritual counselor is limited by being in a hospital far from home (VandeCreek & Cooke, 1996), by patient concerns about privacy or confidentiality, or a fear that their own religious leader would not understand or be supportive.

Professional chaplains offer spiritual care to all who are in need and have specialized education to mobilize spiritual resources so that patients cope more effectively. They maintain confidentiality and provide a supportive context within which patients can discuss their concerns. They are professionally accountable to their religious faith group, their certifying chaplain-

cy organization, and the employing institution. Professional chaplains and their certifying organizations demonstrate a deep commitment and sensitivity to the diverse ethnic and religious cultures found in North America. An increasing number of professional chaplains are members of non-white, non-Christian communities and traditions.

Professional chaplains are theologically and clinically trained clergy or lay persons whose work reflects:

- 🌟 Sensitivity to multi-cultural and multi-faith realities
- 🌟 Respect for patients' spiritual or religious preferences
- 🌟 Understanding of the impact of illness on individuals and their caregivers
- 🌟 Knowledge of healthcare organizational structure and dynamics
- 🌟 Accountability as part of a professional patient care team
- 🌟 Accountability to their faith groups

In North America, chaplains are certified by at least one of the national organizations that sponsor this paper and are recognized by the Joint Commission for Accreditation of Pastoral Services.

- 🌟 Association for Clinical Pastoral Education (approximately 1000 members)
- 🌟 Association of Professional Chaplains (approximately 3,700 members)
- 🌟 The Canadian Association for Pastoral Practice and Education (approximately 1000 members)
- 🌟 National Association of Catholic Chaplains (approximately 4000 members)
- 🌟 National Association of Jewish Chaplains (approximately 400 members)

Whether in the United States or Canada, acquiring and maintaining certification as a professional chaplain requires:

- 🌟 Graduate theological education or its equivalency
- 🌟 Endorsement by a faith group or a demonstrated connection to a recognized religious community
- 🌟 Clinical pastoral education equivalent to one year of postgraduate training in an accredited program recognized by the constituent organizations
- 🌟 Demonstrated clinical competency
- 🌟 Completing annual continuing education requirements
- 🌟 Adherence to a code of professional ethics for healthcare chaplains
- 🌟 Professional growth in competencies demonstrated in peer review



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