

Hospital Chaplaincy

For further information on Hospital Chaplaincy
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Today's Southern Baptist hospital chaplains are strong in the tradition of ministers of pastoral care. They also are strong in their professionalism.

At the beginning of the 1900s, denominational hospitals began employing chaplains. Usually, these were retired ministers without any special training in the institution. By the mid-1940s about 25 hospitals had full-time, clinically-trained chaplains. Since World War II, there has been a great increase in full-time, clinically-trained chaplains in this country.

Southern Baptists have been in the forefront of training for hospital chaplains. Pastoral care centers have been established in many Southern Baptist hospitals. In fact, surveys have revealed more ministers employed full-time in health and welfare institutions by Southern Baptists than by any other evangelical denomination.

I. Who Are Hospital Chaplains?

Hospital chaplains are ministers called by God and trained to serve in an environment of sickness, pain, birth, death and continuous learning experiences.

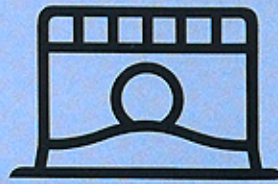
Functions

Pastor—The chaplain's previous experience in pastoral ministry helps in the healing institution. This experience is a means of growth in professional competency as the chaplain ministers to all people with the loving concern of a pastor.

Prophet—The chaplain's most effective work is performed in conversations with people. Preaching in the hospital chapel on closed-circuit television, over a radio station or public address system is expected. Regular worship is a fundamental need of people, and chaplains in larger hospitals conduct several religious services on a daily basis.

Teacher—Many chaplains accept the educational function as a primary task. Supervisors of clinical pastoral education (CPE) usually give the major portion of their time to instructing and supervising student chaplains. Some chaplains lead Bible classes for patients or hospital staff members. Occasionally, they teach student nurses, medical students and area ministers who want to up-date their hospital visiting skills.

Administrator—Administrative responsibilities are necessary for chaplains. Such things as participating in regular staff meetings, keeping accurate records and submitting reports, surveys of needs and recommendations, correspondence and general supervision of office personnel are important to an effective ministry. Records enable the chaplain to document the work and



maintain consistent and accurate relationships. In many cases the chaplain will regularly notify local churches of new admissions to the hospital. This is one of the most helpful services the chaplain renders.

Counselor—Religious needs of people are often revealed in the illnesses they experience. Through study and experience the chaplain should be equipped to minister to others as a Christian counselor with pastoral concern.

Missionary—George Cummins, long-time director of the Chaplaincy Division, was fond of saying, "The chaplain is a missionary!" The chaplain is also an evangelist. Sensitive and effective witnessing will gain the respect of the hospital staff. This eliminates a frequent cause of alienation from physicians who see the unpleasant results of actions by untrained clergy.

II: The Nature of Chaplains' Work

Hospitals are seen as places where people go to become well and made whole. The chaplain's mission is to bring a new and vital element of life into the experience of those to whom they minister.

A Ministry to People

Moving from bed to bed and from person to person, the chaplain is conscious that he is serving the Lord. Hospital patients bring with them, not only physical symptoms and broken bodies, but also emotional and relational difficulties.

In the uniqueness of their calling, chaplains do not attempt to duplicate the work of doctors, psychiatrists, social workers or other hospital staff; but, with the authority of their calling, they minister in the Spirit of Jesus Christ.

Patients need understanding support and reassurance as they come into a new and strange environment. They suffer loss of privacy, loneliness, fear, guilt, anger and disruption of their regular schedules.

A vital ministry of chaplains is contact with hospital staff. Their expertise as counselors is often a valuable asset. By helping shape and nurture the right attitudes and insights of employees, rehabilitation of patients is boosted.

The larger community, in which the health care facility is located, provides opportunities for chaplains. Supplying the pulpit for pastors, serving as interim pastors, participating in World Missions Conferences and teaching seminars and workshops—these all help people understand the chaplain's functions.

Some patients have no church relationship, others are far from their home and cannot have pastoral calls.

Chaplains may conduct classes to help pastors improve their skills in ministry to hospitalized persons. Working closely with the director of associational missions, seminars can be arranged. Out of these seminars can come referrals from pastors for counseling with persons who have special needs.

Often, when a patient is leaving the hospital, the chaplain has opportunity to refer the person to a local pastor and/or church for continuing ministry.

An important function for a chaplain is instruction and supervision of groups of volunteers from the community who offer personal and social care for patients.

Cooperation

As pastor of a local church, the minister has responsibility for the entire work of the church. The move into a hospital setting requires adjustments. Here, the primary responsibility for patient care is borne by physicians, nurses and administrators. The chaplain functions under their authority, even though, because of his training, he will be accepted as a member of the healing team.

It is vitally important for chaplains to discover and accept their role as health care team member and to maintain a cooperative relationship to others who are responsible for patients' care. The chaplain's success or failure rests heavily at this point.

Programs of Ministry

Volunteer Chaplaincy—Ministries are often conducted by ministers' conferences, councils of churches or other groups for hospitals that are not financially able to employ a chaplain. Even the smallest hospital can offer such ministries, but it is important that all involved agree on adequate supervision and direction. Spasmodic and ineffective efforts quickly kill such a ministry.

Part-time Chaplaincy—Some hospitals can provide only a part-time ministry. This is more desirable than a volunteer program because the lines of control and responsibility are clearer. Two or more hospitals may employ a chaplain jointly. This arrangement may make it possible to enlist a pastor who has completed clinical pastoral education and wants to give full time to chaplaincy.

A part-time chaplain may coordinate this ministry for a hospital by seeing that pastors are notified when their people are admitted to the hospital.

Full-time Chaplaincy—Ideally, a hospital will sponsor a full-time chaplain(s) who would have staff status, and could have supervision by and access to the hospital's Chief Executive Officer. Further, staff status frees the full-time chaplain to function on the level with other staff members, to be involved in decision-making and to have a full sense of belonging within an institution. If a hospital cannot sponsor a chaplain(s) on a full-time basis, a local Baptist association or a state convention may want to underwrite a portion of the support for a part-time chaplain.

Research has indicated that the presence of a full-time chaplain(s) makes for greater patient and staff morale, shorter patient stays, less need for medication, and fewer demands on the nursing staff. The chaplain is a valid member of the healing team.

Clinical Pastoral Education (CPE)—Increasingly, hospitals are providing supervisors of CPE to direct their chaplaincy program. Upon receiving certification from the Association for Clinical Pastoral Education, chaplains may be encouraged by their administrators to prepare programs of training that will qualify the hospital for accreditation as a CPE center.

Such programs require theological students and pastors enrolled to perform most of the direct ministry to patients and staff under the careful leadership and oversight of a supervisor. These programs must meet rigid national standards for credit. Those who take CPE more likely will be pastors who wish to learn how best to relate to persons and to discover their needs. They will return to their churches better equipped to serve with effectiveness.

III. Where Do Chaplains Serve?

Chaplains are employed by all types of hospitals: veterans administration medical centers, mental health centers, mental retardation centers, childrens' hospitals and health-care facilities for special illnesses. Some hospitals are denominationally related; others are private, public or governmental. Some chaplains serve state conventions, an association, a council of churches or some other group concerned with providing a religious ministry.

Applications and Appointments

Job opportunities are limited. Some advertise in professional journals or newsletters; some come about through the initiative of a chaplain seeking employment. Some come from the recommendation of a denominational endorsing agency, a pastor, or a friend. One of the best methods for entering hospital chaplaincy is to enroll in a CPE program that offers qualifications sought by administrators.

Those seeking employment as chaplains should contact their endorsing agency for information regarding qualifications.

Responsibilities of the Institution

When a hospital employs a chaplain, the hospital is responsible for full personal and professional support on the same basis as that offered to other employees. Salary and allowances should be the same as those received by other employees with comparable experience, education and specialized training and responsibility. Office facilities and equipment should be allocated after careful consideration of the program of study, counseling, seminars, conferences and worship services.

In addition to material requirements, hospitals should delegate the chaplain authority to operate effectively. This includes freedom to establish matters of policy that affect the chaplain's ministry. Any information needed to maintain an informed ministry to patients should be available. It is extremely important that the chaplain be granted the authority of "privileged communication" as a counselor.

Benefits to the Health-Care Center

A fundamental reason for supporting a chaplaincy ministry in a hospital results from an enlightened view of persons in their total being. "Holistic medicine" is the term used today, meaning that persons are treated as total beings—mind, body and spirit. A human being is an integrated organism. Distinguishable attributes do not exist in isolation from one another. Each facet of being is thoroughly integrated with every other facet. Total patient care provides for a person's spiritual as well as physical and mental needs.

As hospitals become larger and more numerous, it is important that provision be made to affirm concern for persons with inherent worth. Chaplaincy programs offer warm and personal care, and thus are key services in total patient care.

IV. Motivation for Chaplaincy

In a sense, the motivation for chaplaincy is the same as that for the pastorate, or mission service or any Christian vocation, namely—"For the love of Christ constrains us." There is commitment and there is value of the ministry, which is dedication to preparation. Men and women entering chaplaincy have become aware of the needs of hospital patients. They have a

sense of a divine call to this ministry. Without this, they fail.

1. **Patient Need**—Care for the sick and infirm has always been a part of Christian ministry. God has confirmed over and over the validity of this ministry. Countless numbers of people have become Christians because of the witness of a chaplain. Life-and-death issues have been confronted in the light of Christian faith, resulting in new commitments to Christ. Southern Baptist chaplains reach out hands of care and help to the sick and helpless.

2. **Sense of Divine Call**—Acting on motives of integrity and faith in the purpose of God, men and women have said, "Yes," to God's call to a particular place and type of ministry. The call, if it is genuine, is not influenced by the source or the amount of funds from which their salaries are paid. Beyond the walls of church buildings, chaplains remind the world of the healing mercies of a living God.

V. Preparation and Requirements.

Hospitals expect ministers, applying for chaplaincy positions, to meet the standards and to have approval as certified chaplains by a national body such as the College of Chaplains, a division of the Protestant Health and Human Services Assembly. While using agency requirements may vary, the following are recommended for people seeking employment and endorsement in chaplaincy ministries and pastoral counseling:

1. An earned degree from an accredited college or university.
2. An M.Div. degree from an accredited theological seminary.

3. Two years of full-time pastoral ministry experience in a Southern Baptist church or agency, or four units of CPE acquired under an accredited supervisor and an additional year in full-time ministry under the sponsorship of a Southern Baptist church, agency, minister or Southern Baptist chaplain.
4. Four units of CPE at an accredited CPE center.
5. A personal interview with a representative of the Chaplaincy Division.

Note: For pastoral counselors, member-level status in the American Association of Pastoral Counselors is required.

In some instances, using agencies may want to employ a person who does not meet all the requirements. In these instances, consideration will be given to applicants on a case-by-case basis.