The Impact of Professional Spiritual Care

A joint publication of the

ACPE: The Standard for Spiritual Care & Education | Association of Professional Chaplains | Canadian Association for Spiritual Care/Association canadienne de soins spirituels | National Association of Catholic Chaplains | Neshama: Association of Jewish Chaplains

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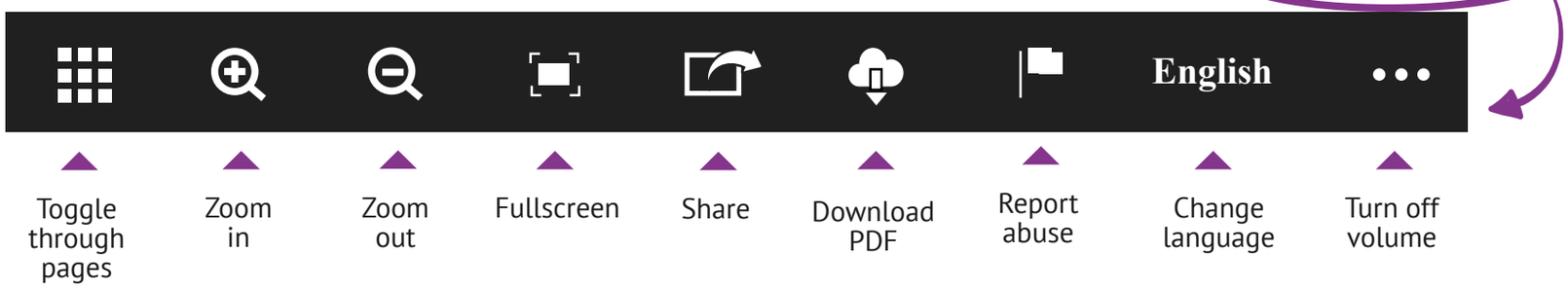

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Our spiritual health profoundly impacts our physical health, well-being, and quality of life. Just as medical professionals care for our bodies and minds, spiritual care practitioners care for our spirits.

The increasing need for spiritual care makes these practitioners even more crucial. However, many of us have limited access to quality, professional spiritual care. At times of struggle, this lack of spiritual care can have a negative impact on our health and well-being.

Investigators and researchers are creating a growing body of evidence for the innumerable benefits of professional spiritual care, yet many people still do not have a lot of accurate information about these practitioners.

To create this publication, the six largest healthcare chaplaincy organizations in North America collaborated to share the facts about spiritual care and practitioners' roles, training, and standards.

By providing evidence and dispelling myths, the thousands of spiritual care practitioners represented by these organizations hope to increase access to spiritual care for the benefit of all.

Notes on Terminology

Because the term *chaplain* is well known, this publication sometimes uses *chaplain* and *spiritual care practitioner* interchangeably to increase understanding. However, the terms are not truly synonymous, and the term *spiritual care practitioner* is preferred in Canada. Chaplains are spiritual care practitioners, but not all spiritual care practitioners are chaplains.

Similarly, the term *spirituality* is inclusive of religion, but religion is only one of many expressions of spirituality. Many spiritual care practitioners are employed by secular organizations, such as hospitals, schools, the military, police and fire departments, and correctional institutions.

Spiritual care also may be known as *pastoral care*. A type of spiritual care practitioner, pastoral counselors are clinical mental health professionals.

The Authors

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National Association of Catholic Chaplains | **www.nacc.org**

Neshama: Association of Jewish Chaplains | **www.jewishchaplain.net**

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1 Demystifying Spiritual Care

Spiritual care practitioners are uniquely qualified to fill a growing a need.

Holistic health care entails caring for the whole person, comprising three interrelated parts: body, mind, and spirit.

We experience spirit, just as we experience our minds and bodies, and this is called *spirituality.*

Although there are several dozen definitions of spirituality,[1] healthcare practitioners are forming a consensus regarding spirituality's central aspects: meaning, purpose, and connectedness. The following definition captures this well.

> **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."[2]**

Spirituality Versus Religion

Religion is "an organized system of beliefs, practices, rituals and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power or ultimate truth/reality) and (b) foster an understanding of one's relationship and responsibility to others in living together in a community."[3]

Spirituality and religion were once so intertwined that trying to separate the two seemed pointless.[1] This is no longer the case.

Today, the number of people with no religious affiliation is increasing. In 2017, more than a quarter of U.S. adults (27%) identified themselves as "spiritual" but not "religious," up from 19% in 2012.[4]

In short, all religions are expressions of spirituality, but not all expressions of spirituality may be tied to religious beliefs.

How does spirituality affect our well-being?

The World Health Organization defined the four dimensions of well-being as physical, social, mental, and spiritual health. The spiritual dimension "is not material in nature, but belongs to the realm of ideas, beliefs, values, and ethics that have arisen in the minds and conscience of human beings, particularly ennobling ideas."[5]

The spiritual dimension plays a significant role in our health, well-being, and quality of life.[6]

World Health Organization Four Dimensions of Well-Being

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What is spiritual struggle or distress?

Illness can cause *spiritual struggle* or *spiritual distress*, "a state of suffering related to the impaired ability to experience meaning in life through connections with self, others, the world, or a superior being."[7]

A health crisis—experienced first-hand or by a loved one—can challenge a person's entire belief system or view of life.

The negative emotions we experience and express during a health crisis are evidence of our spiritual distress:

- **Shock:** "I never thought this would happen to me!"
- **Disruption:** "Why did God let my child die?"
- **Anger:** "That drunk driver should get what he deserves for what he did to my son!"
- **Hopelessness:** "I was hoping the clinical trial would work. What's left?"
- **Resentment:** "My mom doesn't deserve this. She's the kindest person I know!"
- **Guilt:** "My children have been after me to stop smoking. I guess I got what I deserved."
- **Abandonment:** "Where is God now?"

Spiritual struggle also can be caused by a death or loss because these experiences can change our connections with ourselves and others, sometimes permanently.

- "I could always count on my dad's advice. Now that's gone."
- "How can I continue jogging now that I'm losing my leg?"
- "I can't have normal conversations with my wife anymore because of her dementia."

Serious illness may prompt us to think of our own mortality:

- "I had hoped to travel more before this hit me. Now, it may be too late."
- "I don't know how much time I have left, but I have to make it to my daughter's wedding."
- "I need to make amends with my sister. It's been too long, and I may not have much time left."
- "What happens when I die? Will I go to heaven?"

Simply being in a hospital may complicate your ability to deal with an illness, regardless of the impact of the illness itself. Hospital patients are

- isolated from family and loved ones
- depersonalized in the hospital environment
- disconnected from their worshiping community
- not able to employ their traditional coping methods, such as using religious literature and artifacts, journaling, walking through nature, enjoying quiet time or privacy, or eating their favorite foods.

Patients and their families aren't likely to use the terms *spiritual struggle* and *spiritual distress*, but that doesn't mean they aren't experiencing it. The spiritual distress they feel may not be expressed in language traditionally associated with religion or faith; however, spiritual struggle or distress is always revealed as a change or loss of meaning and, sometimes, trying to reconstruct what is purposeful.

How does spiritual care benefit hospitals and patients?

A 2010 study found that 41% of patients wanted to discuss their religious/spiritual concerns with their healthcare team while hospitalized—but only half of those reported having done so.[8]

This need is met when patients are able to share religious and spiritual concerns with a professional member of the healthcare team who has specific competencies in spiritual assessment and can help them develop a spiritual plan of care.

Patients who discussed religious/spiritual concerns with a member of their healthcare team—such as a chaplain—were more likely to rate their care at the highest level on four measures of patient satisfaction (i.e., doctor's care, confidence/trust in doctors, collaboration/teamwork between doctors and nurses, and the overall rating of care), regardless of whether they had expressed a desire to discuss these issues.

This can benefit the bottom line, in addition to improving the hospital's reputation and marketability. The Hospital Value-Based Purchasing Program, an initiative of the Centers for Medicare & Medicaid Services (CMS), rewards hospitals that enhance patients' experiences of care during hospital stays. By leading to higher patient satisfaction scores, quality chaplain services could result in higher hospital reimbursement from CMS.

Who should provide spiritual care?

Board-certified chaplains and certified spiritual care practitioners have the skills and knowledge required to provide excellent spiritual care and engage care recipients in identifying and addressing their own spiritual needs, questions, and concerns. They are part of the interdisciplinary care team and are able to determine and document a spiritual care plan that can be integrated into the patient's comprehensive care plan.

Shouldn't community religious leaders supply spiritual care?

Although faith-group leaders are a welcome and crucial link in spiritual care, they cannot fill the role of professional chaplains and spiritual care practitioners in hospitals. Prepared by and focused on their religious bodies, faith-group leaders might visit their own congregants in the hospital but they lack the expertise of healthcare chaplains. Faith-group leaders are not part of the healthcare team and have no experience creating spiritual care plans. Certified chaplains must uphold a professional code of ethics common to all certifying organizations, but community faith-group leaders may not be bound by a professional code of ethics that mandates respect for diversity and prohibits proselytizing.

Can the existing healthcare team supply spiritual care without a spiritual care practitioner?

The interdisciplinary team cannot be held to the same high level of expectations as a certified spiritual care practitioner in completing a thorough spiritual assessment or addressing spiritual needs. Nurses, physicians, and other members of the healthcare team may address a person's spiritual needs, but spiritual care is outside their traditional scope of practice. Although they can bring a general understanding of spiritual needs, spiritual care practitioners are specially trained to provide the expert care recipients need and expect.

Spiritual care practitioners rely on these important members of the interdisciplinary care team every day to screen for spiritual needs and

Among 46 million adults with no religious affilation

68%
believe in God

58%
feel a connection with nature

37%
describe themselves as "spiritual" but not "religious"

21%
pray daily

distress among patients. It takes a team of professionals working together to provide patient-centered care, and chaplains are a necessary part of that team.

How does religion affect spiritual care needs?

In the past, hospitalized patients were expected to be visited by their local church's priest, pastor, or other spiritual leader—someone familiar with the patient and their family—not a member of the healthcare system. However, demographics show us that this is no longer a reality.

From 2007 to 2014, the number of Christians in the United States declined 7.8% while the number of people who identify with non-Christian faiths increased 1.2%. Over the same period, the number of Americans with no religious affiliation rose from 16.1% to almost 22.8%.[9]

No matter what their faith, many people who are affiliated with a religion are not active in their worshiping community and do not have a long-standing relationship with a rabbi, imam, clergy member, or other religious leader.

In the absence of a professional chaplain, these patients are unlikely to be visited by anyone to discuss spiritual matters.

Patients who do not have a religious affiliation may seem like unlikely candidates for spiritual care, but patients without religious affiliations are still likely to hold religious beliefs. A 2012 study of 46 million adults who reported no religious affiliation found that 68% believed in God, 58% felt a connection with nature, 37% described themselves as "spiritual" but not "religious," and 21% prayed daily.[10]

These individualized expressions of religion and spirituality require and deserve personalized spiritual care, something board-certified chaplains are uniquely able to provide. These chaplains design individual spiritual plans of care to meet the needs of each patient. Professional chaplains are educated to care for and help individuals from different faith traditions or no tradition at all. This nonthreatening approach welcomes care recipients to express their beliefs in a welcoming and safe environment.

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2 Professional Chaplains' Qualifications and Competencies

The rigorous certification process requires chaplains to master a comprehensive skillset.

Professional chaplaincy as it exists today is the result of chaplaincy groups from different religious backgrounds coming together to affirm and share common core qualifications and competencies.

Common standards for certification of chaplains were developed and affirmed in 2004 by six professional groups that certify and educate chaplains:

- Association of Professional Chaplains
- American Association of Pastoral Counselors
- National Association of Catholic Chaplains
- Neshama: Association of Jewish Chaplains
- Canadian Association for Spiritual Care/Association canadienne de soins spirituels
- ACPE: The Standard for Spiritual Care & Education

When professionals attain certification through the U.S.-based groups, they become board-certified chaplains; the Canadian organization's designation is "certified spiritual care practitioners."

In 2016, five of the six organizations updated and reaffirmed the common qualifications and competencies, as they are known today.

Chaplaincy is a dynamic field, and the competencies were expanded to include areas of research and business understanding that are essential today.

These qualifications and competencies set the baseline for professional practice for chaplains certified by each of these professional organizations. Each organization can add competencies in service to their mission, culture, and organizational understanding, but the common qualifications are shared by all.

The Canadian Association for Spiritual Care/Association canadienne de soins spirituels (www.spiritualcare.ca) has its own scope of practice, standards of practice, and competencies, viewable at **http://spiritualcare.ca/professional_practice_home/scope-of-practice/**.

The common qualifications and competencies detailed in this section describe who is qualified to provide spiritual care. What chaplains actually do when providing care is detailed in the standards of practice for professional chaplains, discussed in Section 3.

General Qualifications

The preparation for professional chaplaincy is rigorous and requires a solid foundation of academic accomplishment and personal spiritual development. To that end, the common qualifications require a bachelor's degree and a graduate-level theological degree from an institution accredited by the Council for Higher Education Accreditation (CHEA).

Medical students follow, "First, do no harm." Similarly, chaplains must have the basic education, self-awareness, and critical judgment skills to avoid causing harm—mentally, physically, emotionally, and spiritually.

The certifying organization does not prescribe the spiritual beliefs or practices of the chaplain or spiritual care provider. Chaplaincy recognizes endorsement as the process that helps determine the suitableness or appropriateness of a person serving as a spiritual leader or caregiver. A spiritual or faith group endorses a chaplain, providing accountability and support for the chaplains' work.[1]

The common qualifications recognize that cultures have different ways of developing spiritual practices and leaders. The certification process is dynamic, maintaining the standards and establishing new pathways that uphold the standards while accommodating new understandings of spirituality or religious practice.

For example, some non-Western traditions and religions, such as Islam or Buddhism, have a practice-based pathway of formation and development of the spiritual leader. In such cases, equivalencies can be written to demonstrate that certain practice-based experiences meet the qualifications.

Competency Section I | Integration of Theory and Practice | Six Competencies

The theories of spiritual care, psychology, social science, ethics, group dynamics, and basic research all apply to chaplaincy. Chaplains must be able to

- demonstrate a basic working knowledge of these theories
- apply these theories to spiritual care
- explain how they integrate these theories into their practice.

The sixth competency, which addresses research and research literacy, is an example of how the competencies continue to develop as the chaplaincy profession matures. The value and effectiveness of spiritual care must be demonstrated through research so chaplains can show how their practice contributes to the well-being of care recipients. The professional chaplain must be able to communicate with other care providers, and research literacy is an essential means for that communication.

Competency Section II | Professional Identity and Conduct | Nine Competencies

Some of this section's competencies address qualities needed by most professionals, such as communicating effectively, dressing and grooming appropriately, and respecting boundaries.

Others are specific to chaplaincy, such as the chaplain's ability to

- self-reflect, including on professional strengths and limits
- understand how practice is affected by feelings, attitudes, values, and assumptions
- attend to his or her own well-being and needs.

The chaplain is not simply a friendly visitor to the care recipient but has the knowledge, expertise, and experience needed to address the spiritual needs of the care recipient. Two competencies address these key abilities by requiring chaplains to demonstrate their professional authority and how they would advocate for the care recipient.

One competency requires chaplains to demonstrate that they operate within the framework of their profession's common code of ethics, which always respects the religious and cultural beliefs and values of the care recipient. This is a central distinguishing feature of professional chaplaincy,

separating a clinically trained chaplain from a clergy person. Operating within the framework of the code of ethics also is essential for the chaplain to be an advocate for the care recipient's needs. Without respect for what matters to the care recipient, the chaplain cannot provide care that is centered on the recipient's needs.

Competency Section III | Professional Practice Skills | Eleven Competencies

These competencies sketch out the broad functions a chaplain can be expected to provide through demonstration of the ability to do so.

Within the scope of practice for chaplains is the ability to engage in relationships, provide effective support, manage crises, and facilitate group process. In addition, the chaplain is expected to be able to provide spiritual care that respects diversity and differences and offers appropriate spiritual resources and public worship opportunities that fit the context of the organization.

Specific skills are addressed that align the chaplain's work with that of other clinicians on the care team. As an integrated member of the care team, the chaplain is responsible for assessing the spiritual needs of the care recipient and formulating a plan of care with interventions, goals, and anticipated outcomes. Although some of the chaplain's functions may overlap with other disciplines, the spiritual assessment and plan of care is the chaplain's area of expertise and must be articulated and coordinated into the recipient's plan of care.[2]

One competency addresses documentation, a skill the chaplain must master with an economy of words and great clarity. Documentation demonstrates accountability to the care recipient and to the organization. It also distinguishes the work of a professional chaplain as distinct from a community clergy person, who may provide a religious ritual for the care recipient.

Respect for diversity and difference is identified as a need in one competency in this section. This competency requires the chaplain to be open to and nonjudgmental of care recipients and to advocate that the interdisciplinary team respects the recipient's values and beliefs. For example, a chaplain may help teach staff about the beliefs of a Jehovah's Witness and how the plan of care can respect those beliefs.

The Joint Commission recognizes the chaplain's advocacy role, referring to chaplains as "culture brokers."[3] This competency reinforces the principle that it is never appropriate for chaplains to proselytize care recipients, further distinguishing professional chaplains from other spiritual providers.

Competency Section IV | Organizational Leadership | Five Competencies

The chaplain serves the wider organization—the healthcare system or hospital—through integration of spiritual care into the life and service of the institution.

The people within these organizations need care to navigate the changes and loss that accompany the life of any dynamic entity. The chaplain can contribute to staff support for those who experience moral distress.

To accomplish this, competencies address integration of spiritual care, maintaining interdisciplinary relationships, and functioning within the institutional culture, including using business practices to manage their department.

Additional competencies address facilitating ethical decision making—a function that benefits the organization, staff, and care recipients—and fostering collaborative relationships with community clergy and faith group leaders.

Maintenance of Certification

The skills acquired during clinical pastoral education training are foundational to the practice of spiritual care, but professional chaplains must continue to develop themselves and their practice as new knowledge becomes available and the environment in which they provide care continually changes. They must adhere to the code of ethics and maintain current membership in their professional organization.

Every 1–5 years, depending on their professional organization, certified chaplains must

- take part in 50 hours of ongoing education to ensure they remain effective in these complex and rapidly changing settings
- participate in peer reviews to reflect on their professional practice and receive feedback from colleagues
- demonstrate a good relationship with their faith community through endorsement or its equivalent.

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3 Professional Chaplains' Standards of Practice

Standards guide chaplains as they deliver quality spiritual care.

Professional chaplains provide care in their particular work setting, to their fellow employees, and within the organization itself, using standards of practice (SOPs) as their guides.

Chaplaincy SOPs matured slowly, primarily in healthcare settings, over decades of practice, reflection, and consensus-building among the major North American chaplaincy organizations. Now, they are applicable to all settings in which professional chaplains work, including correctional centers, schools, and workplaces.

ACPE: The Standard for Spiritual Care & Education trains and educates spiritual health providers and educators through internships, residency, and educator-in-training programs, includes additional standards within **its SOPs**.

The Canadian Association for Spiritual Care/Association canadienne de soins spirituels (CASC/ACSS)—an organization committed to the education, certification, and support of spiritual care practitioners and psychospiritual therapists in their practice of spiritual care, counseling, and education—has **its own SOPs**.

The SOPs were developed by an Association of Professional Chaplains task force, then adopted and affirmed by the National Association of Catholic Chaplains, Neshama: Association of Jewish Chaplains, and ACPE: The Standard for Spiritual Care & Education. They address the care chaplains provide to individual recipients and the organization as a whole, as well as quality, competency, and effectiveness of provided care.

Care Recipients

Seven SOPs guide the professional chaplain's practice as it relates to the care recipient.

1. Assessment

The chaplain conducts an assessment with the care recipient in which the chaplain gathers and evaluates relevant information regarding the care recipient's spiritual, religious, emotional, and relational or social needs and resources.

Assessment is a fundamental process of chaplaincy practice. To provide effective care, chaplains must assess and reassess care recipients' needs and resources, modify plans of care accordingly, and prioritize care for those whose needs appear to outweigh their resources.

For instance, if a care recipient needed continued spiritual support beyond the walls of the chaplain's organization, the chaplain would assess the care recipient's access to such spiritual support, determine how external spiritual support might be called upon to help, or decide if the care recipient needs help to find such support.

2. Delivery of Care

The chaplain delivers care by developing and implementing a plan of care to promote the well-being of the care recipient. The chaplain delivers this care in collaboration with the recipients and other care providers. The plan includes interventions to achieve desired outcomes that were identified during the chaplain's assessment of the recipient. For example, if the chaplain determines that the recipient's most pressing need is addressing a

feeling of isolation, the chaplain may formulate a care plan to help identify, cultivate, and use the recipient's psychosocial support system.

3. Documentation of Care
The chaplain documents the care provided in the appropriate recording structure, using information relevant to the care recipient's well-being. Documentation contributes to the collaborative delivery of the best possible holistic care.

The format, language, and content of a chaplain's documentation adhere to the organizational and regulatory guidelines of the chaplain's work setting.

Examples of what the chaplain might document include

- the care recipient's spiritual or religious preference
- desire for or refusal of ongoing chaplaincy care
- reason for the visit
- critical elements of the chaplaincy assessment
- the care recipient's desired outcomes regarding care
- the chaplain's plan of care relevant to the care recipient's goals
- relevant outcomes resulting from the chaplain's interventions.

4. Teamwork and Collaboration
Chaplains collaborate, within their scope of practice, with other care providers to promote the well-being of the care recipient. Spiritual care is a complex endeavor that necessitates the chaplain's effective integration within the wider organization, requiring the chaplain to be committed to clear, regular communication and collegial, collaborative interaction.

5. Ethical Practice
The chaplain ensures ethical practice. The chaplain adheres to the code of ethics required by the chaplain's professional association to guide decision making and professional behavior. Chaplains establish professional relationships with vulnerable care recipients who may have cultural, spiritual, and theological differences. Chaplains do not proselytize. They are trained to give empathic and compassionate spiritual care to people of all beliefs. The understanding and practice of professional boundaries and ethical relationships is of utmost importance.

6. Confidentiality
Chaplains respect the confidentiality of information from all sources, including the care recipient, legal or organizational records, and other care providers in accordance with federal and state laws, regulations, and rules. Accordingly, chaplains must determine the level of confidentiality, what information to keep to themselves, and what to share with other professionals, communicate to state or regulatory agencies, or publish as chaplaincy-care vignettes.

7. Respect for Diversity
The chaplain models and collaborates with other care providers by respecting and providing sensitive care to people of diverse abilities, beliefs, cultures, and identities. Chaplains include in their assessments the identification of care recipients' cultural and spiritual/religious issues, beliefs, and values, because these factors may impact the plan of care.

For example, a Jehovah's Witness may not want to accept blood products, an Orthodox Jew will not eat pork products, and a Muslim needs a place to pray with the direction of Mecca indicated. Through practice and education, the chaplain assists other members of the care team in incorporating respect for diversity into the care recipient's plan of care.

Organization SOPs

When it comes to providing chaplaincy care for the organization, the professional chaplain adheres to three SOPs.

1. Care for the Organization's Employees and Affiliates

The professional chaplain provides effective chaplaincy care to the organization's employees and affiliates through a wide range of chaplaincy services. On the basic level, this may include one-on-one supportive conversations and public worship opportunities, as desired. At a more complex level, this care can include critical incident stress management or psychological first aid interventions and formal counseling, all of which require specialized training.

2. Care for the Organization

The professional chaplain provides chaplaincy care to the organization in ways that are consistent with the organization's values and mission statement.

Chaplains are alert to potential means of expressing their organization's spiritual aspirations. While respecting their organization's diversity, chaplains are creative and proactive in implementing initiatives that honor and champion the cultural, spiritual, and religious aspects of their organization's mission. For example, the chaplain may

- plan and utilize appropriate public relations materials that highlight spiritual components of the organization's mission
- design and maintain mission-appropriate sacred spaces that meet the spiritual and religious needs of care recipients and employees
- set up and lead corporate spiritual or religious rituals that support transcendent aspects of the organization's mission, such as National Organ/Tissue Donor Awareness Day or National Day of Prayer.

3. Leadership

The chaplain provides leadership within his or her work setting and profession. Chaplains are leaders within their work setting on issues related to spiritual, religious, and cultural care and observance. Chaplains also are leaders in their profession, advancing chaplaincy by providing education, supporting colleagues, and participating in their certifying organization and local clergy community organizations.

Quality, Competent, and Effective Care SOPs

The final group of SOPs focuses on ensuring the professional chaplain provides quality, competent, and effective chaplaincy care. The Canadian Association of Spiritual Care/Association canadienne de soins spirituels (CASC/ACSS) further **focuses these SOPs** related to personal and professional growth in terms of self-awareness, spiritual and personal development, and multidimensional communication.

1. Continuous Quality Improvement

Professional chaplains seek and create opportunities to enhance their quality of care. Chaplains contribute to their organizations' quality initiatives and identify chaplaincy processes that can be reviewed for improvement, using current, established quality improvement methodologies and with the support of the organization's quality department.

Examples include finding ways to

- enhance overall care or chaplaincy care for a group of recipients
- strengthen the chaplain's care of staff, whether of a particular group or overall
- improve the process of transferring a recipient's spiritual care from the chaplain to community faith leaders.

2. Research
Professional chaplains know research is integral to professional functioning and in keeping with their area of expertise. Chaplains stay informed on relevant developments in evidence-based and best practices in chaplaincy care by reading and reflecting on current research and professional practice. When practical, chaplains can collaborate on and lead research studies.

3. Continuing Education
Professional chaplains seek knowledge and participate in continuing education. They take responsibility for their continued professional development and demonstrate a working knowledge of current theory and practice appropriate to their professional setting.

Chaplains continue to grow and develop professionally, spiritually, and religiously to meet the changing needs of care recipients, the profession, their practices, and their organizations.

4. Technology
Professional chaplains appropriately use technology to enhance delivery of care and advance the work of the profession. Chaplains use a variety of technologies appropriate for their professional context, including smartphones, telehealth, software, and e-mail, to facilitate and provide chaplaincy care in today's world.

5. Business Acumen
Professional chaplains value and utilize business principles and practices and compliance with regulatory requirements appropriate to the chaplain's role in the organization.

This may be as simple as understanding and supporting the overall mission and values of the organization and contributing to their realization. For chaplains in leadership roles, their responsibilities may involve more complex knowledge and skills, including budgeting, compliance, talent acquisition and management, and strategic planning.

4 The Evidence for Spiritual Care

A growing body of research reveals how chaplains benefit patients and hospitals.

Chaplaincy-related research has seen recent important growth as researchers and chaplains seek to

- describe and improve practice
- assess the importance of spiritual care as determined by patient satisfaction and outcomes.

Types of studies being conducted include

- single- and multi-institutional analyses of chaplains' records[1-3]
- research projects using technology to help chaplains describe care throughout the day[4,5]
- studies analyzing electronic medical records (EMRs).

Data from recent studies give us a deeper understanding of spiritual care and chaplaincy and answer questions with evidence.

Describing Chaplains' Practice and Improving Spiritual Care

What prompts chaplain visits?

- The majority of chaplain visits are initiated by the chaplain, not other staff or patients.[6,7]
- Of visits initiated by staff referral, most are referred by nurses.[6]

What happens during chaplain visits?

A large, multi-institution study on this topic has not been conducted because comparing chaplain activities is difficult due to differing EMR templates. Several studies of chaplain visits found that

- 60% include religious or spiritual activities, such as prayer or rituals
- 30% include emotional support as well as religious or spiritual activities[2,3]
- 26% in the palliative care context "align care plan to patient values"[5]
- 72% include empathic listening[2,3]
- 92% include active listening.[4]

Is there a comprehensive description of what chaplains do?

In 2015, investigators created a rigorous, evidence-based taxonomy of 100 activities to describe chaplains' activities and outcomes, categorized as intended effects, methods, or interventions.[5]

Additional research has been done specifically on

Among chaplain visits

60%
include religious or spiritual activities, such as prayer or rituals

30%
include emotional support as well as religious or spiritual activities

26%
in the palliative care context "align care plan to patient values"

72%
include empathic listening

92%
include active listening

70%
of patients want at least one visit from a chaplain.

71%
of patients want chaplains to offer support to their family and friends.

62%
of patients want chaplains to pray or read scriptures or sacred text.

78%
of patients want chaplains to remind them of God's care and presence.

69%
of patients want chaplains to be with them during times of particular anxiety or uncertainty.

39%
of patients want chaplains to counsel them regarding moral or ethical concerns or decisions.

documentation. These studies revealed, among other things, an interest in improving and standardizing templates and determining what information clinical team members want to see in chaplain notes.[8-10]

What do patients want from chaplains?

In a 2010 survey

- 70% of patients wanted at least one visit from a chaplain.
- 78% of patients wanted chaplains to remind them of God's care and presence.
- 71% of patients wanted chaplains to offer support to their family and friends.
- 69% of patients wanted chaplains to be with them during times of particular anxiety or uncertainty.
- 62% of patients wanted chaplains to pray or read scriptures or sacred texts.
- 39% of patients wanted chaplains to counsel them regarding moral or ethical concerns or decisions.[11]

How can hospitals maximize chaplaincy benefits?

The patients who most need spiritual care may not ask for it, and this may lead chaplains to spend valuable time querying hospital staff in an attempt to identify those most in need.

The development of an accurate screening for spiritual distress would enable other staff members to conduct quick screenings and refer those in need, ensuring chaplains spend more of their time helping patients and focusing on patients in the most need.[12-14]

The development of screening tools has been the subject of multiple studies that have tested various models.[15-18]

A recent study found limitations to all five approaches investigators tested.[19] The study determined that "the best choice to briefly screen" for religious/spiritual distress among cancer survivors was "the simultaneous use of meaning/joy and self-described struggle items":

- Do you struggle with the loss of meaning and joy in your life?
- Do you currently have what you would describe as religious or spiritual struggles?

Another study examined the Spiritual Distress Assessment Tool, finding that 65% of elderly patients screened had unmet spiritual needs.[20] There is value in repeating the study in other clinical contexts to further validate this tool.

The Importance of Religion and Spiritual Care to Patients and Families

There is a growing and consistent body of evidence to support the importance of religion and spiritual care.

How do people with serious illnesses view religion and spirituality?

Religion and spirituality are among the most important resources for people facing serious illness. Studies on how people use religion and spirituality to cope with stressful events help chaplains improve assessments and deliver more effective care.

- Of 8,405 cancer survivors, 65%–88% (depending on race/ethnicity) agreed "quite a bit" or "very much" with the statement "My faith or spirituality has helped me through my cancer experience."[21]
- Of more than 700 newly diagnosed cancer patients undergoing chemotherapy or radiation, 77% reported using prayer and 19% reporting using spiritual healing.[22]
- Of 406 people with persistent mental illness, 80% reported that their religious beliefs and practices helped them cope with symptoms and frustrations, and 59% used prayer to cope with their illness.[23]
- Of 170 patients with advanced cancer, those using positive religious coping (such as seeking God's love and care) experienced better quality of life.[24]
- A study on how people use religion and spirituality to cope with stressful events helps chaplains improve assessments and deliver more effective care.[25]

Do people with serious illness experience spiritual distress?

Research on religion and spiritual coping reflects a religious struggle, with some people who have serious illnesses doubting their faith or fearing they have been abandoned or punished by God or alienated from their religious fellowship.[25]

- 50% of all patients may experience some religious or spiritual struggle.[26]
- For 10% of patients, that struggle may be moderate or severe.[27]
- Religious or spiritual struggle compromises patients' health and well-being.[27]

How does religious/spiritual struggle affect patients' health?

- Among medical rehabilitation patients, those experiencing religious or spiritual struggle had poorer rehabilitation outcomes and experienced more functional limitations.[28]

- Among older medical patients, those experiencing religious or spiritual struggle had more depressive symptoms[29] and experienced poorer quality of life and increased mortality.[30]

Do patients want to talk about their religious and spiritual beliefs?

- At least 50% of patients want to discuss their religious or spiritual beliefs or concerns with their physicians or other health professionals.[31,32]
- A study of 921 patients seen in family practice clinics found that 83% reported wanting their physicians to ask about their spiritual beliefs in at least some circumstances, so that their physician would understand how their beliefs influence how they deal with being sick and would understand them better as a person.[33] Circumstances included
    - life-threatening conditions
    - serious medical illness
    - loss of loved ones.

Are doctors having these religious and spiritual discussions with their patients?

- The majority of patients report that their physician has never inquired about their religious and spiritual beliefs and concerns.[32]
- In 249 conversations about end-of-life care between physicians and family surrogate decision makers, religion or spirituality was mentioned in only 16% (40 conversations) with the family bringing up the topic more than half of the time (26 conversations).[34]

Chaplaincy at Hospitals

Do all patients have access to professional chaplains?

A small but growing body of evidence finds that the need is not being met due to hospitals either not employing chaplains or not having enough chaplains on staff.

- 35%–70% of patients welcome or expect a chaplain visit (with numbers varying depending on the study cited).[11,35,36]
- Just 54%–65% of U.S. hospitals employ chaplains.[37,38]

What types of hospitals employ chaplains?

Surveys from approximately 500 hospitals found that hospitals are more likely to have chaplaincy service if they are

- larger
- in an urban area
- not-for-profit and faith-based.[38]

Do hospitals have sufficient chaplain staffing?

- There are an average of 1.5–2.3 chaplains per 100 patients at hospitals with chaplain services.[38]
- About 10%–30% of hospitalized patients are visited by chaplains at hospitals with chaplain services.[39]
- About two-thirds of hospitals with a chaplain service employ a board-certified chaplain.[38]

The Impact of Spiritual Care on the Patient Experience

More research has examined the relationship between chaplain care and patient/family satisfaction than any other outcome related to chaplaincy.

Is there evidence that care from chaplains improves patient and family satisfaction?

- Findings consistently indicate that care from chaplains is associated with higher levels of overall patient/family satisfaction, not just satisfaction related to chaplaincy.
- In a 2004 study of 1,440 patients at 14 U.S. hospitals[40]:
  - Greater satisfaction with chaplain care was associated with greater satisfaction with the overall hospital stay.
  - Patients often reported that visits from the chaplain contributed to their
    - readiness to return home
    - faster recovery
    - easier hospitalization.
  - Many patients reported chaplains helped them
    - cope
    - feel more hopeful
    - find the strength to go on.
  - The survey item that the most patients agreed with was, "The chaplain helped me realize that God cares for me."
- In a 2009 study of 250 patients in an orthopedic hospital in New York[41], 80% of patients with spiritual or religious needs reported that the chaplain
    - met these needs very well
    - made their stay easier
    - helped them tap into inner strengths and resources.
- In a 2011 study of 3,000 general medical patients at the University of Chicago Medical Center in Chicago[36]:
  - 41% wished to discuss their religious or spiritual concerns during hospitalization, but just 51% of those reported having such a discussion, more than half of those discussions were with a chaplain
  - patients who had a discussion about religious or spiritual concerns were
    - 60% more likely to rate overall care as excellent
    - 40% more likely to say they were extremely satisfied with the care from their physicians
    - 70% more likely to report always having confidence and trust in their physicians
    - 120% more likely to report excellent teamwork among their physicians and nurses.

- In a 2015 study at one of the nation's leading hospitals, Mount Sinai in New York, 9,000 patients responded to a satisfaction survey[7]:
    - 5.6% of patients, whose EMR indicated they had at least one visit from a chaplain, gave higher ratings to all satisfaction items surveyed, including
        - overall care
        - likelihood of recommending the hospital to others
        - whether staff addressed patients' spiritual and emotional needs.
    - Authors suggest that "meeting patients' spiritual needs increases patient satisfaction and may have positive fiscal consequences" for hospitals.
- A 2016 study with a larger sample[42] found that for two components of chaplain care (specifically religious/spiritual care and general psychosocial care)
    - both components of chaplain care were associated with higher patient-satisfaction ratings
    - patient satisfaction rates were slightly higher for patients who received religious/spiritual care, rather than psychosocial care.

When the need for spiritual care isn't met, are patient and family satisfaction ratings affected?

- Several studies have shown that patient satisfaction suffers when spiritual needs are not met:
    - In a 2007 study of 369 oncology out-patients, 18% reported that their spiritual needs were not being met. They reported lower satisfaction with their quality of care.[31]
    - A 2012 study examined 150 patients with advanced cancer who were getting less spiritual care than they desired. They reported higher levels of depression and anxiety.[43]

The Impact of Chaplain Care on Patient Outcomes

Research on effects of chaplain care is in its early stages, with studies demonstrating the feasibility of studying the effects of chaplain care by itself or as a component of multidisciplinary intervention. Findings also point to the positive effects of chaplain care on psychological distress, quality of life, and spiritual well-being.

- The small body of research, including two randomized clinic trials (RCTs), indicates the positive effects of chaplain care on patient outcomes:
    - A 2001 RCT involving 49 patients with chronic obstructive pulmonary disease examined the effect of chaplain care on anxiety and satisfaction by randomly assigning the patients to the usual care or the usual care plus daily chaplain visits.[44]

    - The groups had similar elevated anxiety levels at admission.
    - At discharge, those who had received chaplain care saw a greater decrease in anxiety and higher ratings on two measures of overall satisfaction with care.
  - A 2008 RCT involved 170 patients who were undergoing coronary artery bypass graft (CABG) surgery. The patients were randomly assigned to a group not receiving chaplain care or a group receiving four visits from a chaplain (one preoperation and three postoperation, plus a visit with the family in the waiting room during surgery).[45]
    - After 6 months, patients who had received chaplain visits experienced higher levels of positive religious coping and lower levels of negative religious coping.
- Several relevant studies examined the effects of multidimensional interventions:
  - A 2014 study involved 131 patients undergoing radiation therapy for advanced cancer[46]:
    - Half of the patients participated in six 90-minute sessions that focused on various dimensions of quality of life, with a board-certified chaplain addressing spiritual themes in three sessions.
    - At the 4-week assessment, the patients who received the chaplain intervention scored better on various measures of quality of life, including spiritual well-being.
  - A 2004 study involved a 12-month intervention for 90 palliative-care outpatients, 50 of whom received comprehensive care team (CCT) intervention that included one chaplain visit. Of the CCT patients, 42% had additional consultations with the chaplain or religious advisors. The CCT group experienced
    - reduced healthcare utilization
    - reduced shortness of breath
    - improvements in anxiety relief and sleep
    - improved score on a measure of spiritual well-being.[47,48]
  - In a 2016 study, 475 patients with nonsmall cell lung cancer who had family care givers (FCGs) sequentially enrolled in either their usual care or multidisciplinary intervention, which involved assessment by a team that included a chaplain, chaplain recommendations for spiritual care, and four education sessions by advanced practice nurses, including one focused on spiritual well-being. In this study,
    - interventions for the FCG did not show significant benefit for spiritual well-being
    - at 3-month follow-up, patients in the interventional group had higher scores on the meaning/peace subscale of the FACIT-Sp, which measures spiritual well-being.[49]

Spiritual Needs and Chaplain Care in Palliative and End-of-Life Care

Palliative care has been developing an important body of research about patient and family religious/spiritual concerns and the spiritual care provided to them.

Several chaplains have been among those creating comprehensive overviews of the existing research about spiritual care in palliative care.[50,51]

What does chaplaincy look like in palliative care?

The importance of attending to religious and spiritual concerns in palliative care is widely recognized in practice guidelines[52,53] and in national and international consensus statements.[54,55] Chaplains are recognized as the spiritual care experts on the palliative care team.[54]

- A 2016 study of 410 U.S. palliative care programs found that only 38% had funded chaplain positions.[56]
- A 2017 study of 382 chaplains working in palliative care[57] found that chaplains had high levels of
    - integration on the interdisciplinary team
    - involvement in addressing treatment decision making and existential and spiritual distress.

Are palliative care patients' spiritual needs being addressed?

- A 2007 study of 230 cancer patients found that
    - 88% reported that religion or spirituality plays an important role in coping with their illness
    - 72% reported their spiritual needs were met minimally or not at all by their medical team
    - 47% reported their spiritual needs were met minimally or not at all by their faith community.[58]
- Several other studies examined levels of spiritual pain or spiritual concern in patients receiving palliative care, showing notable levels of spiritual distress and unmet spiritual needs among these patients:
    - 61% of 57 hospice inpatients reported some spiritual pain in a 2006 study in New York.[13]
    - 44% of 91 palliative-care outpatients reported some spiritual pain in a 2011 study in Texas.[16]
    - 86% of 69 palliative-care radiation outpatients endorsed at least one spiritual concern in 2011 study in Boston. The median number of spiritual concerns in the sample was four.[59]
    - In a 2011 study of 113 patients in an inpatient palliative care unit examining seven dimensions of spiritual need (such as hope versus despair, wholeness versus brokenness, and guilt versus forgiveness):
        - 42% of the patients had no spiritual distress
        - 44% of the patients had distress in two or more dimensions
        - 23% of the patients had distress in three or more of the dimensions.[60]

How do chaplains benefit palliative care patients and programs?

- Several studies have shown benefits associated with spiritual care:
    - In a 2012 analysis of 3,585 U.S. hospitals, the hospitals with chaplaincy services had higher levels of enrollment in hospice care and deaths occurring at home instead of the hospital.[61] (Other studies have demonstrated that patients prefer to die at home.)
    - In a 2007 study of 230 patients with cancer:
        - Patients who received spiritual care from the healthcare team, including chaplains, experienced a higher quality of life at the end of life than patients who did not receive spiritual care, were more likely to receive comfort-focused care (such as hospice), and were less likely to receive futile aggressive care (such as intensive care unit [ICU] admission or ventilation) in the final week of life.[62]
        - Patients who reported their spiritual needs were inadequately supported by the healthcare team were less likely to receive comfort-focused care in the final week of life and had a higher cost of care in the final week of life ($2,100 higher, on average, than those who reported their spiritual needs were met).[63]

What happens when palliative care patients and their families don't have access to chaplain care?

- In 2008 and 2010 studies of families whose loved ones died in an ICU, it was found that a high proportion of family members experienced serious emotional distress in the subsequent months, with poor communication about treatment decisions with the healthcare team being described as a factor that may contribute to this distress.
    - Up to 20% suffered from depression.
    - 14%–35% suffered from PTSD.
    - 46% had complicated grief.[64,65]

Does chaplain care affect how family members view the care a patient received in palliative care?

- A 2007 study of 356 family members whose loved ones had died in one of 10 ICUs in the Seattle area found that
    - 40% rated the chaplain care as excellent
    - 25% rated the chaplain care as very good
    - higher satisfaction with spiritual care was strongly associated with higher satisfaction with ICU care overall.[66]
- A 2014 study of 275 family members whose loved ones died in an ICU at Harborview Medical Center in Seattle collected data from hospital chaplains about the care they provided to patients and families in the ICU.[67]
    - Analysis revealed greater levels of spiritual care were associated with higher ratings of overall satisfaction with ICU care.
    - Greater levels of spiritual care were associated with higher levels of satisfaction with treatment decision making in the ICU.

Chaplain Care for Staff Colleagues

Many chaplains see care for staff as an important part of their role, but a few, small-scale studies have examined this aspect of chaplains' work. These studies describe a number of ways chaplains provide care for colleagues.

Additional research is needed to understand the feasibility and potential benefits of these efforts.

Do staff members appreciate chaplains' care?

- A 2015 qualitative study interviewed five chaplains and seven staff members who had received care from a chaplain.[68] Key themes were
    - the importance of chaplains building relationships with the staff and letting them know about their availability to provide support and care
    - appreciation for the chaplains' care, including support for care of difficult patients, support in times of family crisis, and assistance with personal, religious, or spiritual questions and struggles.

How can spiritual care benefit staff members and their work?

- For a 2010 study, six experienced pediatric intensive care unit (PICU) nurses were offered an intervention of five sessions (four 4-hour groups and one 8-hour retreat) over a 3-month period.[69] Postintervention interviews found the nurses were experiencing
    - improved ability to reframe work and personal issues, resulting in better work-life balance
    - improved ability to cope with workplace stress
    - greater collegiality, optimism, and initiative in problem solving.
- A 2015 study examined the feasibility and effects of offering 5-minute mindfulness sessions to PICU nurses. Sessions were offered at the start of the day and evening shifts for a month.[70]
    - Forty-five of 104 staff signed up for the study. Forty attended at least one session, and 19 nurses came to at least eight sessions (two per week).
    - As a result, scores on a measure of job stress decreased from baseline through the 1-month follow-up.
- A 2004 report (not a formal research project) examined staff support activities for colleagues in an oncology outpatient setting.[71]
    - Activities included discussion groups, providing follow-up information to staff about the deaths of patients for whom they had provided care, and the use of a labyrinth.
    - Narrative reports discussed the positive reception of these activities by staff who participated.

Chaplaincy Care in Outpatient Settings

In the United States, healthcare policy is attempting to focus care on preventing illness and hospitalization. Chaplain care has traditionally occurred in the inpatient setting, so the profession is interested in learning more about spiritual care initiatives in outpatient contexts and their effects.

Two studies of chaplaincy care in community contexts from the United Kingdom provide models for such efforts. More research is needed on these initiatives, their benefits, and wider application, but initial evidence shows mental health benefits of chaplain outpatient services.

- A 2012 study analyzed the Community Chaplain Listening service in the Scottish National Health Service.[72,73]
    - Many patients described themselves as nonreligious but had no issue talking with a chaplain.
    - Concerns patients talked to the chaplains about included
        - stress, depression, anxiety, ill health by the patient or another, and issues with self-esteem or purpose in life.
    - 33% had bereavement as a primary concern.
    - 16% had a relationship issue as a primary concern.
    - Benefits of the chaplain visits were
        - high levels of satisfaction with the service
        - better ability to cope
        - new perspectives on life issues
        - increased adherence to recommended medical regimens for some patients who had been seen by a chaplain.
- A 2015 study analyzed records related to chaplain visits for a 2-year period from the Chaplain for Well-Being program.[74]
    - Key functions of the service include
        - listening
        - compassionate presence
        - facilitating the search for meaning
        - offering appropriate ritual and prayer
        - providing support in death and dying
        - pastoral care of staff.
    - The study had pre- and postchaplain visit Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) scores for 107 patients, with an average initial WEMWBS score of 35.7 (SD=11.2). The average final score represented clinical significant improvement: 44.8 (SD 10.6).

The Future of Research

Studies of chaplains' attitudes about research and evidence-based care offer hope that this research will continue and expand.

Do chaplains feel that research and evidence-based approaches are important?

- A 2014 study of 773 U.S. healthcare chaplains in the military, the Department of Veterans Affairs (VA), and civilian settings strongly endorsed an evidence-based approach to chaplaincy.[75]
    - 75% of the healthcare chaplains from the VA and military considered their current chaplaincy practice to be evidence-based.
    - 42% of the healthcare chaplains from civilian settings considered their current chaplaincy practice to be evidence-based.
    - 50% of the healthcare chaplains from the VA and military would like their chaplaincy care to be more evidence-based.
    - 94% of the healthcare chaplains from civilian settings would like their chaplaincy care to be more evidence-based.
- A 2017 study of 2,000 chaplains in 23 countries found that
    - 80% of chaplains thought research was definitely important
    - nearly 70% thought chaplains should definitely be research literate.[76]

Are chaplains and other investigators likely to continue researching spiritual care?

- Various efforts are underway to contribute to growth in chaplaincy research in the years ahead, including
    - advancing chaplain research literacy (such as through the Transforming Chaplaincy project at www.transformchaplaincy.org)
    - encouraging chaplain participation in research[77] (such as through a helpful series of articles about research methods in the *Journal of Health Care Chaplaincy*[78,79]).
- Recently published reports of pilot studies of chaplain interventions are another important indicator about the future of research on chaplaincy.
    - A 2015 study of 32 brain cancer patients and their support person examined a spiritual life review intervention called Hear My Voice[80] and found that the intervention was feasible and resulted in beneficial effects for the patient and the support person.[81] The intervention and study were designed and executed by a chaplain and her colleagues.
    - A 2017 study of 19 patients who participated in the chaplain-created Hear My Voice intervention found key themes of continued vitality, growth, and generativity.[82]
    - A 2013 study examined the Life in Sight Application (LISA) Intervention, which was designed to improve the quality of life of patients with advanced cancer by reviewing life goals to assist with the integration of events such as cancer into one's life story.[83] The intervention, which used chaplain

care, included a discussion of life events and life goals, assisted by an electronic application. A randomized clinical trial of the intervention has been planned.

- A 2016 pilot study examined Caregiver Outlook, a chaplain-led intervention for caregivers of patients with serious illness.[84] It aimed to support meaning-making among the 31 caregivers in the pilot group through three phone interviews with the caregiver that focused on a review of their relationship with the patient, forgiveness, and building a legacy.
  - The study found the intervention was feasible and acceptable.
  - The intervention helped the caregivers step back from caregiving and process emotions and changing roles.
- A 2016 chaplain-led study of 50 mechanically ventilated ICU patients focused on improving spiritual care through the use of illustrated communication cards that help assess the patient's spiritual affiliation, emotions, and needs.[85]
  - 81% of the 26 survivors interviewed reported the intervention.
  - They said the intervention helped them feel more capable of dealing with their hospitalization and helped lower their anxiety and stress.
- Chaplain-led studies in 2013[86] and 2015[87] examined the role of religion and spirituality in the lives of adolescents with cystic fibrosis (CF). Those experiencing religious/spiritual struggle had poorer adherence to their CF treatment. Now, researchers are studying whether chaplain care can resolve the struggle and improve adherence to treatment.

What are some priorities in chaplaincy research?

- An important task for chaplaincy is to develop a research agenda that will help the profession evaluate the care provided by chaplains and advocate for its benefits to patients, their loved ones, and healthcare systems.[88]
- An international survey of 807 palliative care professionals, including chaplains, has described research priorities for spiritual care in palliative care.[89] Evaluating screening tools that can be used to identify patients with spiritual needs was ranked as the top priority in this survey.
- An international panel of chaplaincy leaders has described the importance of an outcome-oriented approach for the future of chaplaincy.[90]
- An additional key to success will be collaboration with nonchaplain research colleagues who can provide expertise to carry out this work.

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Chaplaincy dates back centuries, but with the significant shifts in American and Canadian religious practices, the role of professional spiritual care is more important than ever before. This spiritual care is not something people do simply because they are clergy or someone of strong faith. Specialized training spiritual care is vital to equip professionals to meet the spiritual needs of others while remaining grounded in their own traditions. Chaplains bring a high value of multifaith engagement that is rooted in a commitment to spiritual health. This work is not an add-on to a context; it speaks to the very core of health care, education, criminal justice reform, emergency services, military service, and increasingly corporate, industrial, and business settings.

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