

LIBERTY UNIVERSITY SCHOOL OF DIVINITY

HOW TO LIVE WHILE MINISTERING TO THE DYING:
A GUIDE FOR HOSPICE CHAPLAINS

A Thesis Project Submitted to
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in Candidacy for the Degree of

DOCTOR OF MINISTRY

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ABSTRACT

Burnout, turnover, and attrition are common among hospice chaplains. A guidebook to hospice chaplaincy, prepared by a veteran hospice chaplain, would articulate the specific characteristics, habits, ministry mindsets, lifestyle interests, spiritual development, and support systems that have proven effective in the lives and ministries of long-tenured hospice chaplains. Such a practical and biblical guidebook would be a welcomed tool for individuals considering hospice ministry, for novice chaplains, and for hospice organizations since it would foster chaplains' resiliency and quality of life by showing what it means to "live" while ministering to the dying.

This guidebook will review best practices in hospice ministry provided by a review of the literature, a qualitative survey of hospice chaplains on LinkedIn who have served five years or longer with an analysis of the results, and a review of thanatological and theological principles regarding death and dying.

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Although she is now with the Lord, I acknowledge the mentorship of Sister Christine Anne Looze, the very first hospice chaplain in Augusta, Georgia, who trained me and encouraged me as her ministry colleague during my hospice chaplaincy at St. Joseph Hospice in Augusta. She modeled the “Presence of God” and taught me the importance of authenticity in the hospice chaplaincy. Chapter Two of this thesis contains some of her teachings about grief.

The greatest lessons learned about hospice ministry which have greatly influenced the ideas promulgated within this thesis have come from my former hospice patients and their loving families. Their courage and honest expressions of faith mixed with fear and doubt have influenced my spiritual growth. These former patients have humbled me by allowing me to be a part of their lives and by sharing the most sacred moment of their last breath here in the physical realm. There are several hundred precious souls I shall meet again on those eternal shores. My gratitude extends to all who have died but have shown me how to *live* while ministering to them as they faced their own dying. *Living* while dying takes great faith and love.

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Abbreviations

DNR	<i>Do Not Resuscitate</i>
EOL	<i>End of Life</i>
ESV	<i>English Standard Version</i>
IDG	<i>Interdisciplinary Group</i>
IDT	<i>Interdisciplinary Team</i>
NASB	<i>New American Standard Bible</i>
NHPCO	<i>The National Hospice and Palliative Care Organization</i>
NIV	<i>New International Version</i>
NKJV	<i>New King James Version</i>

CHAPTER ONE: INTRODUCTION

“How do you do it?” This is a question most any hospice chaplain has heard from a bewildered person when queried about his or her occupation. Regardless of the answer given, the hospice chaplain usually hears, “I don’t know how you do it. I could never do that.” More often than not, the admiring fan quips, “It takes a special person to do hospice.” At this point, the hospice chaplain begins to feel an awkward sense of pride or embarrassment at the thought that this uninformed saint has bequeathed such a noble honor upon the hospice chaplain based entirely on a misguided conception of the ministry of hospice chaplaincy. Behind the bewildered question of “How do you do it?” is the implication that ministering to the dying is incongruous with being engaged in living a life that is meaningful, purposeful, and engaged in the common activities of life that society would deem to be customary and typical.

Statement of the Problem

Ministering to terminally ill patients for many years can predispose a hospice chaplain to become inordinately focused on aspects of death and dying, and thus begin to lose grasp on the opportunities, challenges, and joys that living this life offers. Being sensitive to the feelings and needs of the dying and being able to extend ministering presence to them are necessary attributes of the ministry of a hospice chaplain. Without this sensitivity and ability to empathize with those who are dying, a hospice chaplain will be ineffective. Dying patients can sense any insincerity and will withdraw and discount any ministerial attempts from a hospice chaplain who cannot, or will not, identify with their plight. Yet maintaining a balance in life can also become a difficult task for the hospice chaplain to master and remain sensitized to the emotional and spiritual needs of the dying. Many times, the hospice chaplain may feel that in the process of gaining balance between the chaplaincy and other aspects of healthy living, he or she will need to be involved

less in the ministry of hospice to be more involved in those activities of life that promote healthy living. This is the essence of balance – doing less of one activity to be able to do more of another; however, the hospice chaplain need not feel like he or she is compromising their ministry. It is not selfish to care for oneself. Jeff Dunn-Rankin’s review of *Achieving Balance in Ministry* by Anthony Headley expresses this sentiment superbly. Although his focus is youth ministry, the application for the hospice chaplaincy is clear. He states, “It’s counter-intuitive for most of us, but Jesus took the disciples away, even while people were asking for help, because he wanted the disciples to rest. We all have moments when we have to stretch, but the key, Headley writes, is finding a rhythm and pace that does not consistently overextend us.”¹ Therefore, the art of living can become compromised for the hospice chaplain who is deeply desirous to maintain sincerity and an emotional connection with the hospice patients to whom he or she ministers if the need for rest and involvement in other fulfilling activities of life is not only recognized but embraced as a fully viable aspect of maintaining resilience and balance in life. Dunn-Rankin quotes Headley who asserts, “Some may think these suggestions limit ministry. Not so. Actually, they expand effectiveness and add years to our service.”²

Terminology

A term that needs defining is *ministering presence*, which is “simply being there.”³ However, *ministering presence* encompasses much more – it also involves being absent from other concerns and thoughts that tend to crowd the chaplain’s mind. Being present requires that the chaplain momentarily “empty himself” by placing his personal agenda aside so that his focus

¹ Jeff Dunn-Rankin, review of *Achieving Balance in Ministry*, by Anthony Headley, *Group Magazine* 37, no. 4 (May-June 2011): 24.

² *Ibid.*

³ Matthew P. Binkewicz, *Peaceful Journey: A Hospice Chaplain’s Guide to End of Life* (Ithaca, NY: Paramount Market Publishing, 2005), 143.

is totally on the hospice patient and their family. The best example of this ministering presence is Christ Jesus who “emptied Himself, taking the form of a bond-servant, and being made in the likeness of men.”⁴ The hospice chaplain who accomplishes this embodies Christ as he or she ministers to the dying patient while fully engaged, focused, and aware of the present conditions and present behavior the patient is exhibiting. As the hospice chaplain gains experience and learns the signs and symptoms of approaching death, *ministering presence* involves being attuned to the symptomatic changes that occur as death nears and being able to interpret the changes to the family so they, too, can be engaged and “present” with their loved one. Chaplain Matthew Binkewicz speaks about the importance of being present as he speaks about the chaplain’s role in the lives of hospice patients. He states, “Our calling is to be present with our patients and their families in order that no opportunity is missed when it presents itself.”⁵

Another term that needs defining is the ubiquitous term *live* which is included in the title of this thesis project, where the word is used neither as anecdotal in nature, nor flippantly or casually. Rather, the term “*live*” specifies an array of diverse aspects of life from the latter part of the tenth verse of the tenth chapter of the Gospel of John in which Jesus declares, “I have come that they might have life, and that they may have it more abundantly.”⁶ Thus, the following definition of *live* serves as an outline for developing a methodological strategy for hospice chaplains who desire to strengthen, and thus lengthen, their hospice ministry by proactively engaging these principles of *living*:

⁴ Philippians 2:7 (NASB).

⁵ Binkewicz, 23.

⁶ John 10:10b (NKJV).

Table I. Definition of *Live* for Increasing and Strengthening a Hospice Chaplain's Resiliency

<ol style="list-style-type: none"> 1. Establishing and actively maintaining a growing relationship with God through a personal faith in Christ Jesus 2. Investing time and energy in personal relationships of family and friends 3. Learning healthy ways to deal with the stressors of ministry and everyday life 4. Maintaining a balance in life between ministry and family/personal time 5. Focusing on self-care: physical, emotional, spiritual, and mental 6. Developing a support system, both professional and personal
--

These principles will be examined and delineated in greater depth in Chapter Two.

Developing resiliency in the hospice chaplaincy so that one can remain and thrive in the ministry to which God has called and gifted the hospice chaplain requires the development of a lifestyle and mindset that is conducive to being able to *live* as defined above. This thesis project also offers guidelines that will aid the hospice chaplain in clarifying his or her role as a hospice chaplain and provide a foundational understanding of the dying process and the grief issues associated with dying that affect the hospice patient and the patient's family.

Limitations of This Project

This project is limited in scope to addressing the life and ministry of the professional hospice chaplain who is actively engaged in ministering to the terminally ill and their families. Other health care professionals, as well as other clergy, may benefit from this research and the guidelines for greater resiliency in living; however, the primary audience is hospice chaplains since they encounter a unique set of spiritual, emotional, and physical challenges in ministering to the terminally ill. Even though the intended audience is specifically the hospice chaplain, other members of the hospice interdisciplinary team (IDT) could experience a dual benefit from this project by increasing their understanding of the role, stressors, and unique ministry of the

hospice chaplain and by learning possible suggestions for reinforcing their own resiliency in their specific role within the interdisciplinary team.

Although there may be occasional references to the terminally ill in relationship to ministry implications, this project does not purport to address the specific circumstances of terminally ill patients. Because specific medical diagnoses and treatments of particular terminal diagnoses are beyond the scope of this project, anyone facing a terminal illness should seek advice and a treatment plan of care from their personal physician.

While information is provided to hospice chaplains for didactic purposes of introducing basic aspects of bereavement and possible ministerial interventions that can be applied to interactions with those who are experiencing grief and loss, this project offers no direct focus on therapeutic interventions for those who are bereaved or suffering from other emotional or mental maladies. Persons experiencing the emotional turmoil of a recent death of a loved one should contact a personal therapist, a local hospice chaplain, or a pastor who can offer more personal bereavement support and comfort.

The survey tool was sent to hospice chaplains who are members of the Hospice Chaplains group on LinkedIn, a social network for professionals. The survey tool used in this thesis project is also limited in its scope due to the inference that the hospice chaplains reported their actual system of faith, experiences, emotions, relationships, and extended support system without grandiose attempts to report their abilities and experiences in manners that exceed reality. One would hope that an anonymous survey to professional hospice chaplains would yield honest results characterized with integrity; however, that assumption is a limitation that obviously cannot be specified due to its nature of potential deceit. Therefore, the assumption here is that the results reported in the survey honestly convey the actual data purported to have been given.

Theoretical Basis for This Project

Stress is a factor of ministry, especially the hospice chaplaincy. Therefore, the ability to remain in the hospice chaplaincy for an extended period is contingent upon the chaplain's ability not only to deal with stress appropriately, but also to grow spiritually and professionally as a direct result of managing the characteristic stress effectively. Dr. Wayne Oates, one of the primary founders of the field of pastoral counseling, teaches about stress:

I am not suggesting that stress be managed by simply grinning and bearing it or by simply lifting yourself by your own bootstraps. To the contrary, I am saying that you can absorb more and more stress by using practice and discipline to learn new sets of habits. You can increase your resistance to the alarms that stress creates. You can become the *user* of stress rather than its victim through personal devotion and learning stress management skills.⁷

Another aspect of maintaining resiliency in the hospice chaplaincy is a theoretical framework and comfort level with grief. This knowledge base not only includes the ubiquitous stages of grief, but also includes myriad emotional, spiritual, mental, and physical symptoms that affect the hospice patient during his or her illness and the bereaved family and friends following the death of the hospice patient. There is no greater teacher of grief than a personal, soul-wrenching experience of the deep, deep pain that occurs from the loss of a cherished loved one such as a parent, child, or spouse. Some of the most ardent and resilient chaplains are those who have trudged through the murky mire of their personal grief journey and have arrived torn, shattered, and bruised on the other side of this dreaded foe. Although beaten and bruised, they have endured with a resiliency that comes from a personal faith that has been tried and strengthened in their own journey of grief. Such was the experience of this author less than three months after becoming a hospice chaplain in 1989. The untimely and sudden death of his mother catapulted this author into a painful journey of grief that was used by God as he not only

⁷ Wayne E. Oates, *Managing Your Stress* (Indianapolis, IN: Bierce Associates, Inc., 1983), 10 – 11.

sympathized with his bereaved families but also empathized with them in their emotional and spiritual soul pain.

Although it is not incumbent upon a hospice chaplain to be thrust into a personal journey of grief to be an effective and sympathetic chaplain, it is still necessary to become well aware of the nuances of grief and its devastating effects upon a person's entire being. Therefore, knowledge of the fluidity of grief, coupled with experience in ministering to various bereaved persons, will increase the hospice chaplain's confidence in his or her hospice ministry. This confidence that is derived from becoming an expert in the stages of the journey of grief will also help bolster the chaplain's resiliency in the hospice chaplaincy; however, this ministerial confidence is not solely derived from the chaplain's own abilities and acumen in thanatology and grief. Having confidence which is solidified in one's personal growing relationship with God is the foundation for ministerial confidence.

Having underscored this truth, this author reminds the reader that the chaplain's relationship with God is coupled with personal encounters with grief experiences to formulate a deep level of awareness of grief and its devastating effects upon the human soul and psyche. A lack of this awareness could seriously jeopardize the ability of the chaplain to relate to the bereaved, thus possibly causing greater anxiety and heightened insecurity about his or her ability to offer ministerial support to the dying and their families. This increased anxiety and insecurity could negatively affect the potential resiliency and ability to endure the inherent stress that is prevalent in the hospice chaplaincy.

Statement of Methodology

This thesis project seeks to provide the hospice chaplain guidelines for living a life that is fulfilling and purposeful, while also offering suggestions for being effective in the ministry of

hospice chaplaincy. This “Guide for Hospice Chaplains” will review best practices in hospice ministry provided by a review of the literature, a qualitative survey of U.S. hospice chaplains who have served five years or longer, and a review of thanatological and theological principles regarding death and dying and the resulting bereavement. It is the goal that hospice chaplains will utilize this information to become more effective in their respective hospice ministries, and thus experience greater resiliency and decreased stress that often prompts hospice chaplains to resign from the chaplaincy to seek other ministerial positions. The meaning of the word *live*, as mentioned in the subtitle, will be explored in depth to provide the guidelines which will promote the resiliency in the hospice chaplaincy that allows one not just to endure the rigors of the hospice chaplaincy, but actually to thrive amidst the struggles and perplexities that the hospice chaplain encounters professionally and personally.

Chapter One is the introductory chapter which states the problem that hospice chaplains have in maintaining balance between their unique ministry requirements and their ability to remain engaged in healthy principles of living. A theoretical basis for this thesis project is presented with the goal that hospice chaplains maintain resiliency for the duration of their hospice ministries. A comprehensive review of literature will be presented that provides scholarly references from which many ideas in this thesis are formulated or substantiated.

In Chapter Two, the following research question is presented: “What factors would future chaplains and novice chaplains need to foster to increase their resiliency and quality of life?” This question is answered by four methods which first review the accepted issues of grief and bereavement with which all hospice chaplains should be acquainted. Secondly, an exploration of the thanatological principles of death and dying is another area of expertise necessary for hospice chaplains. The third area important for hospice chaplains is comprised of Christian theological

principles associated with death and eternal life. Fourthly, a delineation of what it means to “*live*” while ministering to the dying will be presented using the six principles that define *live* for the purpose of strengthening and lengthening a hospice chaplain’s resiliency. This second chapter provides one of the major portions of this thesis project that will be useful as hospice chaplains evaluate their ministries and discover methods to enhance their resiliency and endurance.

Chapter Three will present the four principal tiers of the hospice chaplain’s life and ministry that help govern the hospice chaplain’s ability to *live* abundantly while ministering to the dying as revealed in the survey of veteran hospice chaplains conducted for this thesis project. Also included will be an interpretation of the survey results which articulates factors that have proven effective in increasing resiliency and stability in the hospice chaplaincy. The survey results will be available for present and future hospice chaplains to aid them in developing and maintaining a resiliency in hospice chaplaincy and a healthy balance in living life fully. The factors presented in this “Guide for Hospice Chaplains,” which comprise the entirety of this thesis project, have been gleaned from the national survey of seasoned hospice chaplains and coupled with the academic research. The following table specifies the factors on which the Hospice Chaplain Survey focused.

Table II. Factors of the Survey for Resiliency and Stability in the Hospice Chaplaincy

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|---|
| <ul style="list-style-type: none"> A. Specific characteristics of the life and ministry of a hospice chaplain. B. Habits that are developed that lead to resiliency. C. Ministry mindsets that provide the proper mental and emotional framework. D. Lifestyle interests that add to the quality of life for the hospice chaplain. E. Spiritual development that forms the foundational principles for the hospice ministry. F. Support systems that are necessary for resiliency and healthy living. |
|---|

It is the desire of this author that this “Guide for Hospice Chaplains” be a practical resource for novice hospice chaplains, as well as a review for seasoned hospice chaplains, as they balance aspects of their personal lives with their ministry to dying patients and the families who care for them. This author does not presume to have acquired all knowledge about the hospice chaplaincy; however, the goal of this thesis project is to illuminate some aspects of the hospice chaplaincy that will assist future hospice chaplains.

Chapter Four, the conclusion of this thesis project, summarizes the four primary tiers of the hospice chaplaincy which the Hospice Chaplain Survey revealed as critical entities which promote resiliency and stability in the hospice chaplaincy. Supporting this summary includes the methodology whereby a comparable solution has been reached through academic research and qualitative research from veteran hospice chaplains who are members of the Hospice Chaplain’s group in the social media site LinkedIn. Suggestions for the practical use of this “Guide for Hospice Chaplains” are presented to hospice chaplains and the hospice organizations for which they work. These suggestions are presented to increase awareness of the ministry of the hospice chaplaincy among others who work with hospice chaplains, namely members of the interdisciplinary team, as well as the families who live with the hospice chaplains and witness their struggles, stress, and strain.

Review of Literature

Books

Anderson, Megory. "Hospice and Spiritual Needs of the Dying." In *Religion, Death, and Dying: Perspectives on Dying and Death*, edited by Lucy Bregman.⁸

The hospice chaplaincy has changed considerably over the past couple of decades. The preeminence of the spiritual role in hospice has shifted with the ascendancy of the medical model. Adapting to this insurgency of the medical model will enable the hospice chaplain to experience increased contentment and less angst from a desire for the restoration of a spiritual emphasis within hospice ideology. Anderson gives a detailed history of the hospice movement from its etymological roots in the fourth-century matron, St. Fabiola, to the pioneer of the modern hospice movement, Dame Cicely Saunders, who founded St. Christopher's Hospice in South London in 1967.⁹ Anderson also gives the historical background for the Death with Dignity Movement and the focal individual, Dr. Elisabeth Kübler-Ross, who wrote *On Death and Dying*, the quintessential treatise that has shaped contemporary medical treatment of the terminally ill.¹⁰ In the original concept of hospice, spirituality was a central focus of the movement to treat the terminally ill with dignity. The modern introduction of the Medicare Hospice benefit and the resulting growth of the for-profit model of hospice have altered this emphasis to a more quantitative system that can be measured, documented, and regulated for governmental reimbursement purposes. This government-driven bureaucratic emphasis has shifted the primary focus of hospice care from its original spiritual component to the physical care that can be measured with greater precision. A lack of awareness of this structural change

⁸ Megory Anderson, "Hospice and Spiritual Needs of the Dying," in *Religion, Death, and Dying: Perspectives on Dying and Death*, ed. Lucy Bregman (Santa Barbara, CA: Praeger Perspectives, 2010), 47-71.

⁹ *Ibid.*, 50-53.

¹⁰ *Ibid.*, 55-56.

in the hospice paradigm could affect the hospice chaplain's ability to cope and accept the unspoken diminished status of the chaplain within the hospice interdisciplinary team (IDT). This paradigm shift has proven frustrating for this author as well as for other hospice chaplains.

Brody, Jane. *Jane Brody's Guide to the Great Beyond: A Practical Primer to Help You and Your Loved Ones Prepare Medically, Legally, and Emotionally for the End of Life*.¹¹

Ms. Brody is known for her books and magazine articles about nutrition and health, yet here she emphasizes the need to face the inevitable and prepare for the end of life in a no-nonsense, practical guide on what to do and what not to do. In her preface, she gives her primary reason for writing this guidebook: "Because once you've taken care of the end of life, you'll be in a far better position to fully enjoy the time you have left."¹² Brody draws in the astute hospice chaplain by daring to broach subjects that promote careful consideration and contemplation, such as realistic expectations, pain management, withdrawing life support, hospice and palliative care issues, distinction between religiosity and spirituality, children's deaths, communication of honest feelings, grief issues, organ and body donations, and leaving lasting legacies. Each one of these issues, in some way, can be an anticipated discussion issue for hospice chaplains; therefore, this book is a thoughtful introduction for novice hospice chaplains who seek to impact their patients and the families of those patients with care, encouragement, helpful activities, and hope.

Burns, Bob, Tasha D. Chapman, and Donald C. Guthrie. *Resilient Ministry: What Pastors Told Us About Surviving and Thriving*.¹³

The authors analyze major themes that affect a minister's ability to remain resilient within his or her ministry. Resiliency is an important aspect of remaining viable and productive

¹¹ Jane Brody, *Jane Brody's Guide to the Great Beyond: A Practical Primer to Help You and Your Loved Ones Prepare Medically, Legally, and Emotionally for the End of Life* (New York: Random House, 2009).

¹² *Ibid.*, x.

¹³ Bob Burns, Tasha D. Chapman, and Donald C. Guthrie, *Resilient Ministry: What Pastors Told Us about Surviving and Thriving* (Downers Grove, IL: IVPpress, 2013).

in the hospice chaplaincy, a ministry which is replete with many adversities and encumbrances that can drain the energy and resolve from the most dedicated and experienced hospice chaplains. Thus, the need for an increased awareness and plan of action for countering those inevitable hindrances and deterrents is implicit. Burns, Chapman, and Guthrie declare, “For pastors and ministry leaders to grow in resilience for a lifetime of fruitful ministry, they must pursue a vibrant relationship with God.”¹⁴ As important as it is, academia can never be a substitute for spiritual formation that is centered in a vibrant, growing relationship with God. This vibrancy is rooted in a deep desire for greater intimacy with our God who created each one of us in His image (Genesis 1:27). It is imperative that the hospice chaplain remember that a personal relationship with God is the foundation for resiliency in the chaplaincy.

Clinton, Tim and Joshua Straub. *God Attachment: Why You Believe, Act, and Feel the Way You Do about God.*¹⁵

The authors cite a major study from Dartmouth Medical School that discovered “from the time a baby is born, a baby’s brain is biologically already formed to connect in relationships.”¹⁶ The study clarifies this need for “connectedness” as a dual connection of “close connections to other people and deep connections to moral and spiritual meaning.”¹⁷ Drs. Clinton and Straub surmise that the manner in which a person connects in relationships to other people influences the manner in which this person connects in relationship to God. It is during the difficulties of life, such as when a hospice patient is facing a terminal diagnosis or when a hospice chaplain faces his or her own mortality, that these connections become paramount. Spiritual and

¹⁴ Bob Burns, Tasha D. Chapman, and Donald C. Guthrie, *Resilient Ministry: What Pastors Told Us about Surviving and Thriving* (Downers Grove, IL: IVP Press, 2013), 37.

¹⁵ Tim Clinton and Joshua Straub, *God Attachment: Why You Believe, Act, and Feel the Way You Do about God* (New York, NY: Howard Books, 2010).

¹⁶ *Ibid.*, 51.

¹⁷ *Ibid.*, 52.

emotional resiliency of persons facing the onslaught of life's adversities is influenced by the degree to which healthy relationships have been formed and the manner in which these relationships have developed with other people and with the person's understanding of God.

Doka, Kenneth J. *Counseling Individuals with Life-Threatening Illness*.¹⁸

Dr. Ken Doka, renowned author, speaker, and counselor is no stranger to hospice literature and educational symposia on various subjects pertaining to end-of-life care. In this book, Dr. Doka focuses on teaching counselors about the various stages of diagnosis, communication of that diagnosis, and treatment of a life-threatening illness and the effects that each level of communication and treatment has upon the patient and the family; however, professionals from all disciplines who work with chronically ill and terminally ill patients can benefit from Dr. Doka's wisdom. Counseling clients prior to a diagnosis, through the crisis of the diagnosis, during the chronic phases of illness, while in recovery, or in the terminal phases is the focus of his counseling advice. He also ends with a chapter focused on counseling the families of patients with life-threatening illness. The primary point gained from Dr. Doka for the purpose of this thesis was his teaching on sensitivity to others and to oneself. Maintaining this balance between caring for the patient and caring for oneself as a caregiver is paramount to remaining emotionally solvent and effective in giving care. Hospice chaplains can also take this advice in ministering to others effectively. It is all too easy to become so busy and "needed" that chaplains forget to care for their families and themselves. Self-care is not selfishness. A self-caring hospice chaplain is modeling for the patients' caregivers the axiom that it is imperative to care for themselves to have the physical and emotional energy that is necessary to provide

¹⁸ Kenneth J. Doka, *Counseling Individuals with Life-Threatening Illness* (New York: Springer Publishing Company, 2009).

quality care effectively and lovingly to patients. Too often a spouse becomes so rundown physically as well as emotionally that the care given becomes less than loving. Everyone has limits. It is incumbent upon the readers to recognize their limitations.

Florio, Christine. *Burnout & Compassion Fatigue: A Guide for Mental Health Professionals and Care Givers*.¹⁹

Caring professionals are not immune to the effects of emotional stress that is inherent within their professions. "Burnout" is a term that has been casually tossed about to imply that one has become too physically exhausted to give 100% of his or her energy to fulfilling the requirements of the job. Florio clarifies the meaning of burnout and its four stages: enthusiasm, stagnation, frustration, and apathy.²⁰ Florio also distinguishes burnout from compassion fatigue by describing the latter as that which evolves from burnout if it is not addressed; she then devotes another chapter to defining compassion fatigue and its causes, adding admonitions for its prevention and treatment. Florio's tome is pertinent to this project since compassion fatigue is recognized as one of the primary stressors that affect hospice chaplains. Florio explains, "People that are highly sensitive and attuned to the feelings of others tend to be drawn to the mental health professions. For this reason, the likelihood for compassion fatigue increases, as this sensitivity exposes greater vulnerability to take on a client's suffering and emotional distress."²¹ Hospice chaplains need to learn boundaries as they develop professional caring relationships with their hospice patients. In this author's view, professional caring differs from personal caring which would describe care for a personal loved one; however, the professional boundaries

¹⁹ Christine Florio, *Burnout & Compassion Fatigue: A Guide for Mental Health Professionals and Care Givers* (2010).

²⁰ *Ibid.*, 2-5.

²¹ *Ibid.*, 9.

between hospice chaplain and patient are not always clearly defined due to the intensity of care and involvement that sometimes occurs when a patient's situation aligns closely with the chaplain's personal history or demographics. Florio advises, "In these cases, it is extremely important for the clinician to have an increased sense of self-awareness and to be alert to the signs and symptoms of compassion fatigue."²² Chaplains need to heed this warning and not jeopardize their ministries and careers for lack of discernment and the need for therapy.

Fowler, Gene. *The Ministry of Lament: Caring for the Bereaved*.²³

Dr. Fowler acknowledges that the painful journey of grief is not a methodical movement from one stage to another as is often depicted in some bereavement literature. It is never really that neat and precise. Grief is an individualistic journey that differs with each person. He explains, "Grief is more like taking the winding back roads than the dull, straight interstate when going somewhere."²⁴ Dr. Fowler introduces "the ministry of lament" as he observes the unrealistic expectation most churches have in providing proper pastoral care and bereavement support to the families of recently deceased parishioners. He explains this ministry: "In the ministry of lament, pastoral care and counseling conversation exists as a relatively modest part of a much larger caring ministry involving the entire communal life of the congregation."²⁵ Many hospice organizations experience an equally overwhelming caseload of bereavement care as more and more families are added to its bereavement rolls. Although most hospices have a structured bereavement program that follows the families of deceased hospice patients for thirteen months, it is well known that grief does not serendipitously end within that time span.

²² Florio, 10.

²³ Gene Fowler, *The Ministry of Lament: Caring for the Bereaved* (St. Louis, MO: Chalice Press, 2010).

²⁴ *Ibid.*, 4.

²⁵ *Ibid.*, 19.

The challenge for some hospice chaplains who have responsibilities in bereavement care concerns how to remain available for the bereaved while continuing to make chaplain visits to their present hospice patients. Dr. Fowler uses the Psalms to formulate a dialogue between particular Psalms and the six “R mourning processes” formulated by Therese Rando in her book *Treatment of Complicated Mourning*.²⁶ This dialogue is developed more fully in Dr. Fowler’s book and could be adapted for a hospice bereavement mail program and mailed to the families of the bereaved at scheduled intervals.

Halpern, James, and Mary Tramontin. *Disaster Mental Health: Theory & Practice*.²⁷

Although Halpern’s and Tramontin’s book is centered on mental health chaplaincy in the wake of traumatizing disasters, it proves relevant for the hospice chaplain who is dealing with patients and families who are grappling with their own mental health crises in the recent diagnosis of a terminal illness. Often, a terminal diagnosis catches a patient and family off guard and leaves them bewildered and asking theodicean questions about the goodness and love of God as they face uncertainty and doubt that are sometimes compounded by a crisis of faith. The perceptive chaplain will offer the reassurance and active listening that distinguish the ministry of “presence,” which has been previously defined. The authors' poignant section on the characteristics of bereavement serves as a reminder to hospice chaplains that “grief is very physical. Many people are surprised by this physical nature, but it is real and should be respected.”²⁸ This hospice chaplain has learned over the years that grief is different for different people at different times. As a person matures and accrues life experiences, including other

²⁶ Fowler, 32 – 43.

²⁷ James Halpern and Mary Tramontin, *Disaster Mental Health: Theory & Practice* (Belmont, CA: Thomson Brooks/Cole, 2007).

²⁸ *Ibid.*, 93.

events that incite grief responses, the reactions to grief can vary due to one's maturity and changing emotional perspectives. Also, varying relationships produce varying responses to grief when those relationships are lost due to death. Hospice chaplains who learn the traumatizing effects of grief will be more adept in their spiritual and emotional interactions and subsequent interventions with their hospice patients and the families who grieve the patients' decline and death.

Kübler-Ross, Elisabeth. *On Death and Dying*.²⁹

There is a plethora of synopses, articles, dissertations, and books written about this single literary tome which has forever ameliorated the landscape on which the foundation of the hospice movement was erected. Dr. Kübler-Ross became a pioneer and advocate for the "Death with Dignity Movement" which was the precursor to the modern hospice philosophy. *On Death and Dying* has become a primary resource on the fears and needs of the dying patient which makes it an absolutely essential book in the library of all hospice chaplains. Despite its antiquity, this thanatological classic will remain timeless for all who embark upon any serious study of grief and bereavement. It was this treatise that catapulted the conversation on death, dying, and grief at a time when this subject was taboo. Focused on the holistic needs of the terminally ill patient who was facing death, Dr. Kübler-Ross introduced the ubiquitous five stages of death that subsequently evolved into the five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance.³⁰ Although this is not the only paradigm for explaining grief, it is unique since this approach initially focused on the pain and grief of people who are actually facing death, rather than the bereavement stages of those mourning the loss of a loved one.

²⁹ Elisabeth Kübler-Ross, *On Death and Dying* (New York, NY: Macmillan Publishing Co., Inc., 1969)

³⁰ *Ibid.*, 38 - 137.

Thanatologists and grief counselors later began applying this model of the stages of grief to the experience of bereaved persons who had endured a significant loss. For this reason, an understanding of these stages is imperative since these five stages of grief have formulated the structure on which many grief modalities have been constructed. A thorough knowledge of these stages is essential for the hospice chaplain to be effective in dealing with the journey of grief and its impact upon the spiritual and emotional struggles of dying patients and the families who love them.

McCoy, Kathleen. *More Water Than Words*.³¹

Dr. McCoy's tome of poems provides an eloquent yet impassioned insight into the journey of grief and sorrow, doubt and spiritual growth which depicts the author's own personal grief and sorrows. Her in-depth responses to this vicious nemesis called death and her artistic and sagacious poems invite the reader to join her on her grief journey as she shares her experiences in words that challenge the reader to examine his or her own personal beliefs and feelings about grief. The ineffable expressions of grief truly are more than words. Just as water flows over the rocks in a stream, or tears flow down the cheeks of one emotionally overcome with the depths of despair or intense sorrow, so the bereaved person's thoughts and feelings often flow more rapidly and viciously than can be depicted by the constraints of mere words. *More Water Than Words* speaks with candor and openness in a style not usually adopted by those searching for words – words that often do not come to mind – as they struggle to depict their thoughts and feelings about their journey of grief. Dr. McCoy's "words" give the reader permission to express that which words cannot depict. Her insight into grief is not an ethereal

³¹ Kathleen McCoy, *More Water Than Words* (Georgetown, KY: Finishing Line Press, 2017).

journey devoid of her own grief, as is indicated by the poem, "Green and Burning Oak: *Dair Glas Agus a Dhó*," written in memory of her mother for whom she cared prior to her mother's death.

Mitchell, Margaret. *Gone with the Wind*.³²

No review is needed for this widely-known novel of defamation of an aristocratic southern family at the close of the Civil War, replete with details of dramatic relationships among the main characters, including the heroine, Scarlett O'Hara, who refused to accept reality of the South's demise and rebuffed the advances of an older gentleman, Rhett Butler. Scarlett could not accept the obvious changes occurring around her along with the responsibilities in her present circumstances. The novel's relevance for this thesis concerns the theme of Scarlett's *modus operandi*, her proclivity for delaying important decisions until "tomorrow" due to the travail of decision-making. Tomorrow is never promised since our lives are limited – another fact many refuse to accept or even ponder. Having "Scarlett fever" is an idiom this author uses to describe denial, an initial stage of grief; however, it is not healthy to remain in denial for an extended period of time since reality beckons one face the pain of grief and allow the Scarlett fever and its illusions to break.

Oates, Wayne E. *Managing Your Stress*.³³

Dr. Oates was a pioneer in the field of pastoral counseling. This author had the privilege to experience the tutelage of Dr. Oates while studying for the Master of Divinity degree at The Southern Baptist Theological Seminary in Louisville, Kentucky, in the mid-1980s. This treatise reinforces what he taught in his classes, namely the importance of accepting that stress is a

³² Margaret Mitchell, *Gone with the Wind* (New York: Macmillan, 1936).

³³ Wayne E. Oates, *Managing Your Stress* (Indianapolis, IN: Bierce Associates, Inc., 1983).

natural part of life from which one can learn and grow. He taught about spreading the stress load saying, “You do not have full control of *all* the stress events that occur in your life. You *do* have control over *some* of the stresses that happen to you. You can spread some of them out by putting more time between the stressful events.”³⁴ In hospice situations, the hospice chaplain obviously encounters situations of terminal diagnoses that are not events that can be “spread out”; however, there are other life events that occur along with a terminal diagnosis of a patient and the assignment of that patient to the hospice chaplain’s caseload that can be postponed or avoided. For example, one can choose to postpone moving, or a marriage, or even a promotion that adds responsibility if a family member has recently received a terminal diagnosis or if another traumatic life event has occurred. The hospice chaplain can gently guide the surviving family members to make clearer choices that diminish the stress load. Dr. Oates adds, “You can space controllable stress events. In this way, you become the manager and not the victim of your stress load.”³⁵ Because grief has indelible adverse effects upon a grieving person’s emotional, mental, psychological, physical, social, environmental, and spiritual experiences and attitudes, the hospice chaplain will need to carefully introduce this concept of delaying controllable stressors so that the person engulfed in the claws of a traumatic event will understand and accept the advice or suggestion.

Smalley, Greg. *The Marriage You've Always Dreamed Of*.³⁶

While those unfamiliar with ancient Israel’s history from Joseph to Joshua may find the writing of Dr. Smalley to be somewhat confusing, Smalley artfully describes the stages of

³⁴ Oates, 27.

³⁵ *Ibid.*, 35.

³⁶ Greg Smalley, *The Marriage You've Always Dreamed Of* (Wheaton, IL: Tyndale House Publishers, Inc., 2005).

marriage as similar to the progression of the Israelites. Smalley traces the journey of the Hebrews from entering the land of Goshen in Egypt in the early stages of Jacob and his eleven sons (the twelfth son, Joseph, was already the prince of Egypt) to the time of Moses when possibly a million people made the vast exodus from Egypt. Each stage presented its own unique challenges, including an unplanned forty-year trek through the wilderness due to disobedience. The Israelites finally reached the Promised Land, which Smalley uses as the analogy for having the dream marriage. This book pertains to the need that hospice chaplains have for a strong, loving, and supportive relationship, similar to that of a loving relationship with a spouse. It is not implied that a hospice chaplain must be married to experience the type of love and support needed to balance his or her personal life with the stressors inherent with the professional caring relationships that are developed in the hospice chaplaincy; however, the analogy conveys the need for healthy relationships for a balanced, healthy lifestyle. Without proper balance in life, a hospice chaplain is prone to living life out of balance. This is an unhealthy lifestyle that cannot be sustained.

Thomas, Gary. *Every Body Matters: Strengthening Your Body to Strengthen Your Soul*.³⁷

Because the health of one's physical body impacts one's resiliency in ministry, Thomas presents guidelines to facilitate resiliency and rejuvenation in hospice chaplains' respective ministries. *Every Body Matters* demonstrates the connection between one's physical condition and one's spiritual condition. Gary Thomas emphasizes the refinement process that God will allow people to experience so that they "will be instruments for special purposes, made holy, useful to the Master and prepared to do any good work."³⁸ An awareness of the influence that

³⁷ Gary Thomas, *Every Body Matters: Strengthening Your Body to Strengthen Your Soul* (Grand Rapids, MI: Zondervan, 2011).

³⁸ 2 Timothy 2:21 (NIV).

one's physical body has upon the chaplain's resilience is certainly salient. This mind-body connection is illustrated in 2 Corinthians 7:1 in which the Apostle Paul admonishes, "Dear friends, let us purify ourselves from everything that contaminates body and spirit, perfecting holiness out of reverence for God." From the beginning, Thomas emphasizes his understanding of the mind-body connection by declaring, "The last thing this book is about is obtaining some 'holy' body shape. It is about having a silver *soul*, not about fitting into a certain size of jeans."³⁹ This book has relevance to the goal for the hospice chaplain to *live* while ministering to the dying due to the connection between caring for one's body and having the physical resiliency with which to maintain the stamina necessary to perform the tasks of ministry to which God has called the hospice chaplain.

Worden, J. William. *Grief Counseling & Grief Therapy: A Handbook for the Mental Health Practitioner* (4th ed.).⁴⁰

The relevance of Dr. Worden's handbook for this thesis is his description of the four tasks of grief that are sequential in the normal grief journey. These are four difficult but necessary tasks that bereaved persons need to experience on their journeys of grief if they are going to heal and grow; however, he also tackles the aspects of complicated grief that interfere with the normal grief process. Dr. Worden's teachings and theories stem from cited scholarly studies of human behavior which were conducted with particular groups of people who had experienced various kinds of grief or trauma. His conclusions are drawn from his analysis of these scholarly studies. Dr. Worden's practical guide provides a foundational framework for the novice hospice chaplain in learning to provide bereavement counseling to hospice families.

³⁹ Thomas, 21.

⁴⁰ J. William Worden, *Grief Counseling & Grief Therapy: A Handbook for the Mental Health Practitioner* (4th ed.). New York, NY: Springer, 2009.

Scholarly Journal Articles

Campkin, Marie. "Treating Compassion Fatigue. Charles R. Figley (ed.). Brunner-Routledge, 2002."⁴¹

In her review of Charles Figley's book, Marie Campkin reports that Figley seeks to clarify the term *compassion fatigue* and distinguish it from burnout. Campkin questions the need for the overabundance of material for the treatment of stress-related disorders by pointing out that this book is "the 24th in the Brunner-Routledge Psychosocial Stress series, of which eight volumes have been edited or co-edited by Charles Figley, director of the Traumatology Institute at Florida State University;"⁴² yet she continues in her analysis using sarcasm and humor to denote particular aspects of the book that could be stated more clearly. She does, however, assert a positive attribute of Figley's book concerning the assessment of compassion fatigue when she states, "There are several scales and questionnaires to help in assessing the risk of compassion fatigue, and preventive measures worth consideration"⁴³ This article's relevance for this thesis is Campkin's conveyance of the definition of compassion fatigue, a subject which was stated as a concern in the survey for this thesis, based upon this seasoned hospice chaplain's experience with compassion fatigue in his own hospice ministry.

Dunn-Rankin, Jeff, review of *Achieving Balance in Ministry* by Anthony Headley.⁴⁴

Jeff Dunn-Rankin is a youth pastor and a youth ministry consultant whose approach to youth ministry also applies to the hospice ministry. In his review of an 84-page pamphlet by

⁴¹ Marie Campkin, "Treating Compassion Fatigue. Charles R Figley (ed.). Brunner-Routledge, 2002," *Family Practice* 20, no. 2 (Brunner-Routledge, April 1, 2003): 227-28. Accessed February 19, 2018. <https://doi.org/10.1093/oxfordjournals.fampra.a001504>.

⁴² *Ibid.*

⁴³ *Ibid.*

⁴⁴ Jeff Dunn-Rankin, review of *Achieving Balance in Ministry* by Anthony Headley, *Group Magazine* 37, no. 4 (May-June 2011).

Anthony Headley, Dunn-Rankin praises Headley for not producing “another time management book telling me that if I ‘work smarter,’ I can cram 10 pounds of life into my five-pound sack.”⁴⁵ He reviews several of Headley’s points that illustrate specific ways a minister can remain more resilient for the “long run” of ministry, and thus be more balanced and more productive by not seeking to overachieve and become exhausted and burned out. He encourages ministers to accept their limitations and be willing to take a break from ministry to enjoy some leisure time to counterbalance the overextension that ministers often experience.

Edmeads, Andrew. “Watch with Me: A Chaplain’s Perspective.”⁴⁶

Hospice chaplains face myriad situations that are not easily categorized into succinct, compartmentalized niches of human behavior or emotions. Chaplain Edmeads captures a slice of this ethereal yet substantive ministry as he reports the dichotomous nature of being a hospice chaplain. Serving as an intermediary between heaven and earth at times of physical vulnerability and spiritual doubt, the hospice chaplain can, indeed, encounter a conundrum in which the hospice patient expresses fear and anxiety as well as peacefulness and resoluteness. There are distinct moments that demand the hospice chaplain simply remain silent. In fact, silence can create an atmosphere that allows the hospice patient to experience the necessary tension which results in a resolution of the dichotomy. Chaplain Edmeads expresses this sentiment in the reverse adjuration: “Don’t just do something – sit there.”⁴⁷ This epigram evokes the art of listening. Learning when to speak and when to remain silent demands that the hospice chaplain

⁴⁵ Dunn-Rankin, 24.

⁴⁶ Andrew Edmeads, “Watch with Me: A Chaplain’s Perspective,” *International Journal of Palliative Nursing* 13, no. 11 (November 2007): 549-553, accessed July 29, 2015, <http://web.b.ebscohost.com.ezproxy.liberty.edu:2048/ehost/pdfviewer/pdfviewer?sid=689b38b3-5181-4bbb-9f5c-41e65d7a07be%40sessionmgr115&vid=1&hid=123>.

⁴⁷ *Ibid.*, 549.

be comfortable with both so that the focus is on the needs of the hospice patient rather than on the chaplain's compulsion either to self-aggrandize or to patronize others. This is not the time for the chaplain to wax eloquently to prove his or her education. Becoming comfortable with the silence until the hospice patient wishes to break the silence gives the patient the time to formulate thoughts and determine if the chaplain sincerely is interested in listening – really listening – to his or her heartfelt concerns. Sometimes, silence truly is golden.

Exline, Julie J., Maryjo Prince-Paul, Briana L. Root, and Karen S. Peereboom. "The Spiritual Struggle of Anger Toward God: A Study with Family Members of Hospice Patients."⁴⁸

Remaining resilient and viable in the hospice chaplaincy requires an awareness of anger issues that family members of hospice patients may experience as the terminal illness progresses in their loved one, as well as an acceptance that this anger is a normal response to a terminal diagnosis. Dr. Exline and her associates contend with this issue in a study that sought to reveal the validity of several hypotheses regarding anger and its deleterious effects on the families of hospice patients: "Anger toward God was associated with more depressive symptoms, lower religiosity, more difficulty finding meaning, and belief that the patient was experiencing greater pain."⁴⁹ Therefore, it is incumbent upon the hospice chaplain to be aware of the psychological and spiritual effects of anger upon a patient's comfort level and sense of meaning. If the hospice chaplain can accept the normal anger that is generated by a terminal diagnosis and give permission for its expression, then the chaplain is more likely to have a positive influence.

⁴⁸ Julie J. Exline, Maryjo Prince-Paul, Briana L. Root, and Karen S. Peereboom, "The Spiritual Struggle of Anger Toward God: A Study with Family Members of Hospice Patients," *Journal of Palliative Medicine* 16, no. 4 (2013): 369-375, accessed August 3, 2015, <http://web.b.ebscohost.com.ezproxy.liberty.edu:2048/ehost/pdfviewer/pdfviewer?sid=357f0491-ed96-4fdc-90f6-1c043b5f8037%40sessionmgr112&vid=11&hid=102>.

⁴⁹ *Ibid.*, 369.

Lloyd-Williams, Mari, Michael Wright, Mark Cobb, and Chris Shiels. "A Prospective Study of the Roles, Responsibilities and Stresses of Chaplains Working within a Hospice."⁵⁰

Professor Mari Lloyd-Williams from the University of Liverpool led this study on the hospice chaplaincy within the United Kingdom. Professor Lloyd-Williams clearly delineates the aim of the study: "to investigate the role of the chaplain within a hospice setting and to identify levels and sources of stress."⁵¹ Statistical analyses by Lloyd-Williams and her colleagues clearly reveal the source of some stressors hospice chaplains face as they accentuate the need for hospices to be aware of the unique role that hospice chaplains bring to the Hospice IDT (Interdisciplinary Team). Hospice chaplains can become more aware of better ways to alleviate stress to avoid some of its adverse effects and thus increase their resiliency within the hospice chaplaincy. Various aspects of the hospice chaplains' responsibilities and the degree to which the chaplains' roles contributed to or alleviated stress for the chaplain were clearly defined by Dr. Lloyd-Williams' study. Data tables offer comprehensive comparisons of the statistical variables in the study.

Lopez, Charles J., Jr. "Hospice Chaplains: Presence and Listening at the End of Life."⁵²

"Presence" is the essence of the hospice chaplaincy since hospice chaplains embody the quintessential elements of the Divine in the eyes of terminally ill and dying patients. Chaplain Lopez summarizes this idea of "Presence" when he says, "The hospice chaplain is 'the symbolic

⁵⁰ Mari Lloyd-Williams, Michael Wright, Mark Cobb, and Chris Shiels, "A Prospective Study of the Roles, Responsibilities and Stresses of Chaplains Working within a Hospice," *Palliative Medicine* 18 (2004): 638-645, accessed August 1, 2015, <http://web.a.ebscohost.com.ezproxy.liberty.edu:2048/ehost/pdfviewer/pdfviewer?sid=05be8b5f-b0f8-4db3-8b03-aa9b14ba0230%40sessionmgr4005&vid=2&hid=4214>.

⁵¹ *Ibid.*, 639.

⁵² Charles J. Lopez, Jr., "Hospice Chaplains: Presence and Listening at the End of Life," *Seminary Ridge Review* 18.1 (Autumn, 2015): 34-47, accessed September 18, 2017, <http://ezproxy.liberty.edu:2048/login?url=http://search.proquest.com/docview/1735610628?accountid=12085>.

presence of God' by providing listening and presence, in addition to building trust in order for patients to share their stories, dreams, and memories."⁵³ Listening is an important tool that allows our hospice patients and their families to open up and share their life stories. The ministry of the hospice chaplain does not include "fixing it" or providing solutions to the dilemmas that patients face. Rather, our jobs as hospice chaplains are to listen to their spiritual journey and be present with them to give them the courage to face their fears, anxieties, challenges, and doubts. If they know that they are not alone, they are more prone to reach their spiritual resolution. If guidance is needed and requested, of course, the hospice chaplain provides that resource through Scriptures, prayers, religious rituals, and theological teachings; however, it is the chaplain's presence in being attuned to the moment that provides the greatest spiritual aid. Chaplain Lopez further states, "The hospice chaplain is in the presence of the Holy as the individual slips from this world to the next."⁵⁴ That is truly a most sacred and honored position for any hospice chaplain.

Jane Brody describes the value of "presence" by declaring, "Your mere presence lets those who are dying know they are not alone."⁵⁵ She emphasizes the ministry of silence that accompanies the ministry of "presence" by describing the importance of sincerely listening to the concerns of the dying person. Brody shares that "people who are dying often face questions about the meaning of life. Your job is not necessarily to provide answers or solutions but to listen, to let them speak freely and openly without advice or contradiction."⁵⁶

⁵³ Lopez, 44.

⁵⁴ *Ibid.*

⁵⁵ Brody, 136.

⁵⁶ *Ibid.*

Louw, Daniël. “Compassion Fatigue: Spiritual Exhaustion and the Cost of Caring in the Pastoral Ministry. Towards a ‘Pastoral Diagnosis’ in Caregiving.”⁵⁷

Louw credits C.R. Figley “who came up with the central thesis that there is inevitably a cost to caring.”⁵⁸ Louw presents *compassion fatigue (CF)* in psychotherapeutic terminology and juxtaposes it to burnout in order to examine its commonality with and differentiation from burnout. Citing qualitative studies, Louw describes *compassion fatigue* in terms of liminality – being on the threshold between two paradigms (life and death) – and the corresponding preponderance of suffering, pain, and tragedy. He further describes *CF* as a spiritual pathology in which the clinician – the hospice chaplain – is no longer able to sustain spiritual resilience due to “the fear not to be able to deal furthermore with human suffering in a sustainable way.”⁵⁹ Louw adjudicates this paradoxical issue which involves levels of exhaustion by explaining, “The difference resides in the fact that burnout refers more to *over-performance* resulting from doing functions . . .” whereas “compassion fatigue refers more to *over-exposure* resulting from acute sensitivity” resulting in a depletion of “being functions.”⁶⁰

He continues his article philosophically *ad nauseum* using a graphic portrayal that includes the two aforementioned terms, along with another term, *vicarious traumatisation [sic]*, which is closely related to *CF*. Louw concludes his article with an emphasis not only upon the affective category of compassion, but also the spiritual, which differentiates pastoral counseling from secular counseling. The relevance of Louw’s article for hospice chaplains is a reminder of

⁵⁷ Daniël Louw, “Compassion Fatigue: Spiritual Exhaustion and the Cost of Caring in the Pastoral Ministry. Towards a ‘Pastoral Diagnosis’ in Caregiving,” *Hervormde Teologiese Studies* 71, no. 2 (2015): 1 - 10, accessed February 20, 2018. <https://search.proquest.com/docview/1737514616?pq-origsite=summon&accountid=12085>.

⁵⁸ *Ibid.*, 1.

⁵⁹ *Ibid.*, 4.

⁶⁰ *Ibid.*, 4-5.

the unique spiritual heritage that pastoral counseling has from other social and psychological helping professions. Louw identifies the two basic pastoral entities in which caregiving manifests as comfort and compassion. His description of “comfort” is quite applicable to the ministry and uniqueness of the hospice chaplaincy:

Comfort is deeply and primarily a spiritual category linked to the theological dimension of the Christian faith. Comfort and care emerge as a result of the comfort of God. Pastoral comfort is in essence an exemplification and embodiment of the passion and suffering of Christ.⁶¹

Moore, Angela R., Randi Ginger Bastian, and Bettye A. Apenteng. “Communication within Hospice Interdisciplinary Teams: A Narrative Review.”⁶²

In this research study, the hospice interdisciplinary team (IDT) is explained from the perspective of the impact of the IDT upon the quality of patient care. Collaborative interaction and effective communication were the primary emphases of this study, which was conducted by reviewing peer-reviewed literature. Three research questions were addressed which included the communicative processes of IDT interactions, the contribution of effective communication upon team functioning, and the extent to which effective communication among hospice team members impacts the quality of hospice care.⁶³ The study’s focus on communication during IDT meetings confirmed this author’s experiences as a chaplain during the hundreds of IDT meetings of which he has been an active participant. The predominant focus has been on the physical symptoms and medical interventions of the nurse and medical director. This study echoed this author’s experience by revealing that “communication during IDT meetings largely focuses on

⁶¹ Louw, 8.

⁶² Angela R. Moore, Randi Ginger Bastian, and Bettye A. Apenteng, “Communication within Hospice Interdisciplinary Teams: A Narrative Review,” *American Journal of Hospice & Palliative Medicine* 33, no. 10 (2016): 996-1012, accessed March 28, 2018, DOI: 10.1177/1049909115613315.

⁶³ *Ibid.*, 996-997.

the biomedical aspects of the patient's care."⁶⁴ This emphasis upon the medical aspects of patient care tends to minimize the importance of the psychosocial and spiritual disciplines that are mandatory for wholistic hospice care. Minimization of the roles of the social worker and the chaplain can result in staff issues that negatively impact the functioning of the IDT. The study continues to evaluate methodology that will enhance the communication and collaboration among the hospice team members. Interestingly, this study uncovered a scarcity of empirical inquiries in quantitative studies into the disparagement of communication within hospice interdisciplinary teams. This gap in quantitative research further reveals the lack of interest in this institutional disparagement of communication between the medical IDT staff and the hospice chaplains who emphasize spiritual and psychosocial aspects of patient care.

Reiner, Summer M. "Religious and Spiritual Beliefs: An Avenue to Explore End-of-Life Issues."⁶⁵

Dr. Summer M. Reiner reviews several types of spiritual counseling interventions that help terminally ill patients proceed through the dying process with increased peacefulness. She does not emphasize any particular faith viewpoint but cites scholastic studies which indicate the positive impact that belief systems have on the terminally ill. She also venerates the effects that religious and spiritual beliefs have upon end-of-life decisions, documenting a 2005 study corroborating her position. Reiner's exploration of the field of palliative care situates its acceptance as dependent upon a palliative care system that accommodates a continuum of beliefs from conservative to liberal. In Reiner's summary, she posits, "There are many therapies that counselors and clients can choose from when working together on end-of-life issues that can

⁶⁴ Moore, Bastian, and Apenteng, 997.

⁶⁵ Summer M. Reiner, "Religious and Spiritual Beliefs: An Avenue to Explore End-of-Life Issues," *Adultspan Journal* 6, no. 2 (Fall 2007): 111-118.

incorporate spiritual and/or religious concerns, including but not limited to dignity psychotherapy, meaning-centered psychotherapy, logotherapy,⁶⁶ and live review.”⁶⁷ So ignoring a patient’s spiritual beliefs is not conducive to the hospice team’s formulation of that patient’s complete treatment plan of care.

Struck, Jane. "Abundant Living."⁶⁸

As editor of *Today’s Christian Woman* magazine, Struck introduces a mission focus for her publication and ponders that which brings “abundant life” and counters materialism. In this short, one-page editorial, Ms. Struck explains to the reader the emphasis of *TCW* by emphasizing certain format changes designed to enhance their magazine, which will “now revolve around *heart, soul, strength, and mind.*”⁶⁹ The relevance of Struck's editorial for this thesis is her encouraging reminder that our journey through this life is not solo and that love for Christ and others brings greater abundance in living than anything this material world offers.

Other Media

Kennedy, Jennifer. "Documentation: Compliant and Complete."⁷⁰

Since seminary training does not prepare the novice hospice chaplain for proper clinical documentation, this author wanted to emphasize the necessity of documentation despite the stress that documentation invokes. Accommodation for clinical documentation must be found

⁶⁶ Logotherapy, developed by Viktor Frankl (1905-1997), is a school of psychology and a philosophy based on the idea that we are strongly motivated to live purposefully and meaningfully, and that we find meaning in life as a result of responding authentically and humanely (i.e. meaningfully) to life’s challenges.

⁶⁷ Reiner, 117.

⁶⁸ Struck, Jane. "Abundant Living," *Today’s Christian Woman*, (July/August 2007): 4, accessed January 29, 2018. <http://web.a.ebscohost.com.ezproxy.liberty.edu/ehost/pdfviewer/pdfviewer?vid=8&sid=9e60ddbe-c156-4932-8f15-2ebe1ea8ae0e%40sessionmgr4010>.

⁶⁹ *Ibid.*, 4.

⁷⁰ Jennifer Kennedy, "Documentation: Compliant and Complete," Webinar hosted by the National Hospice and Palliative Care Organization, January 24, 2017, accessed February 18, 2018. <https://www.nhpco.org/education/documentation-compliant-and-complete>.

within the hospice chaplain's busy schedule. This thesis addresses the documentation dilemma that every hospice chaplain encounters. This particular webinar was hosted by the National Hospice and Palliative Care Organization (NHPCO) and is relevant to this thesis since it advertised proper documentation as an important component of compliance "in today's risk focused [*sic*] environment."⁷¹ Although this webinar has already occurred, its relevance underscores the emphasis that NHPCO has placed upon the necessity of adequate documentation that is compliant to the hospice industry standards and complete to prevent unnecessary litigation. This author certainly knows the struggle with "clinical" documentation yet underscores its necessity in maintaining patient records for proper patient care.

McClanahan, Jamie. "Pastoral Self-Care: Developing a Burnout-Resistant Approach to Life and Ministry."⁷²

This doctoral thesis addresses the stress and burnout that are inherent in the pastorate and describes how practicing balanced living, developing intimate relationships, and implementing a "Theology of Self-Care" can alleviate some of this stress and tendency toward burnout. McClanahan not only expresses each of these three disciplines but also offers practical applications. McClanahan's idea of "Theology of Self-Care" is further developed as not only care of one's body but also "soul care." Most relevant to this thesis is McClanahan's section concerning the role of meditation in alleviating the stressors which are inherent within the purview of the hospice chaplaincy. This author addresses this concept further in Chapter Three of this thesis.

⁷¹ Kennedy.

⁷² Jamie McClanahan, "Pastoral Self-Care: Developing a Burnout-Resistant Approach to Life and Ministry" (Doctor of Ministry thesis, Liberty University, 2018), <http://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2751&context=doctoral>.

Scripture

Genesis 1:27: “So God created mankind in his own image, in the image of God he created them; male and female he created them” (NIV).

God created humanity in His own image, which is portrayed as being both masculine and feminine. Scripture is unwavering on this truth. The relevance of this passage of Scripture to the topic of “living” while ministering to the dying is the emphasis upon the foundational aspect of humanity. God has created humans to be in symbiotic relationships just as He Himself is in a symbiotic relationship within the Trinity. Because this thesis project is not a theological treatise on the nature of God, it is not within its purview to examine Trinitarian doctrine fully; however, it is important to understand that the resiliency and quality of life for all of humanity is based upon this principle of being created in the image of God, a principle which compels the hospice chaplain to yearn for a deeper, more intimate relationship with the Creator God. It is in this symbiotic relationship with God that the hospice chaplain discovers greater clarity in envisioning the terminally ill patient as a person of worth who is also created in the image of God. Masculine and feminine, weak and strong, healthy and ill – all are created in the image of God. Not only can the hospice chaplain remind the hospice patient of his or her divine worth and value, but the chaplain can also recognize the inherent worth of each individual to whom he or she ministers. It is incumbent upon the hospice chaplain to remember that every hospice patient to whom he or she ministers is of infinite value to our Creator God because all persons are made in His image. This truth compels each hospice chaplain to treat each patient with the dignity and worth with which they have been created, regardless of their present debilitating circumstances.

John 14: 1-6: “Let not your hearts be troubled. Believe in God; believe also in me. In my Father's house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also. And you know the way to where I am going.” Thomas said to him, “Lord, we do not know where you are going. How can we know the way?”⁶ Jesus

said to him, “I am the way, and the truth, and the life. No one comes to the Father except through me.”

This scripture passage is probably used more frequently by this hospice chaplain in his hospice ministry than any other scripture. The eternal promises enshrined herein embody the purpose of Christ’s incarnation and the promises of His eternal reign. Eternal security is offered in the exclusivity of the eternal path to God. No more searching is necessary – Christ is the way. The words of comfort provide great hope of eternal life, and the trustworthiness is due to the speaker, Christ Himself. Emphasis is made on the two central promises that Christ gives: He is preparing a place, and He will be there. That is all He promises. This chaplain explains to his hospice patients that Christ does not give a description of the place He is preparing, nor does He give any details about where this place is. As this chaplain elucidates this spiritual portrait to a hospice patient, a mental picture is painted in the patient’s mind that emphasizes these two essential details that trump the natural characteristics of human selfishness and narcissism. By emphasizing the eternal presence of Christ in this place He is preparing, the hospice chaplain can pivot the patient’s attention to the presence of Christ that is available now during the patient’s times of loneliness, despair, or fear. The patient is not alone now and will experience the fullness of the presence of Christ at the conclusion of his or her physical journey.

John 16: 7, 13: “But very truly I tell you, it is for your good that I am going away. Unless I go away, the Advocate will not come to you; but if I go, I will send him to you. But when he, the Spirit of truth, comes, he will guide you into all the truth. He will not speak on his own; he will speak only what he hears, and he will tell you what is yet to come.”

This chaplain’s earlier description of the importance of the ministry of “Presence” for the hospice chaplain is contrasted by the ministry of “absence” that Henri Nouwen proposes as he quotes this verse. He explains the obvious reality that the spiritual care provider, or chaplain, cannot be with a dying person at all times, and must therefore leave for the Spirit to be present. Christ’s instruction on the necessity of His leaving for the Advocate, or Holy Spirit, to come

underscores the value of what Nouwen calls the “ministry of absence.”⁷³ Nouwen advises the chaplain that “there is a ministry in which our leaving creates space for God’s spirit, and in which, by our absence, God can become present in a new way We have to learn to leave so that the Spirit can come.”⁷⁴ The more tenured hospice chaplain has discovered that the spiritual dynamics of the hospice ministry are accomplished by more than the direct spiritual interventions of the chaplain alone. There is the invisible work of the Holy Spirit, or hand of God, that occurs within the soul, or spirit, of the hospice patient following the pastoral visit of the hospice chaplain. The chaplain is the representative of God and can guide the patient into the Presence of God, but it is not the responsibility of the hospice chaplain to force any spiritual dynamics with the hospice patient. Chaplains merely point the patients to the place where they can discover the spiritual healing and peace they seek. Often it is in the chaplain’s absence where much of the spiritual work is accomplished by the Advocate, or Holy Spirit.

Philippians 2:7-8: Christ “emptied Himself, taking the form of a bond-servant, and being made in the likeness of men. Being found in appearance as a man, He humbled Himself by becoming obedient to the point of death, even death on a cross.” (NASB).

“Emptying oneself” is a necessary component of pastoral care to the dying and also succinctly defines the concept of *ministering presence* which has been previously reviewed. This Scripture passage references the example that Christ set for those who would follow Him in ministry. It is rare in this narcissistic age for persons to be so focused on the needs of others that personal interests are abandoned, but that is the calling of the hospice chaplain who desires to connect fully to the needs of the dying patient. It is a challenge, but the reward of developing a closer connection with “the least of these” compels the hospice chaplain to be “empty” of self in

⁷³ Henri J. M. Nouwen, *The Living Reminder: Service and Prayer in Memory of Jesus Christ* (New York: Seabury Press, 1981), 44-45.

⁷⁴*Ibid.*, 53.

order to be fully present and available to the needs of the dying who cannot always verbalize their needs. Closely associated with this concept of emptying is the assertion in the next verse that Christ “humbled” Himself to the lowest position possible – to death on the cross. This hospice chaplain must consistently remind himself of this challenge of total humility so that the nuances of non-verbal communication from the hospice patient are not trampled and negated. The ministry of “emptying oneself” can be best accomplished as one focuses on the example of Christ and opens oneself to the filling love of Christ. As the chaplain experiences satisfaction in Christ's love, the desire to empty oneself of “self,” or ego-centralism, increases so that more of Christ’s love can replace “self.” This emptying of “self” expands the chaplain's desire and ability to be more open and able to administer the love of Christ with sincere humility.

2 Corinthians 4: 16-18: “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal.”

This author has used this scripture passage numerous times in his hospice ministry to give a future hope to the dying patient as he or she is presently experiencing the “wasting away” of the physical body. This passage gives the hospice patient a vision of God’s eternal glory and focuses on the permanency of the spiritual realm. The emphasis here is on the transience of this physical life and the assurance of eternal life that is very real even though it cannot be seen from the physical perspective. This passage challenges those experiencing the difficulties of this life to remain vigilant – to not lose heart – but to remain steadfastly focused on eternity. Physical death does not end the lives of our hospice patients. Life is eternal; therefore, our hospice patients can turn their attention toward living – not dying – because it is only their physical bodies that presently enslave them that will die. Their souls will never die. That is promised; however, after having made such a declaration, the author readily recognizes the difficulty of

maintaining such a spiritual focus while experiencing the pain and physical challenges that accompany the final stages of a terminal illness. Working through physical pain to see the spiritual hope that transcends terminal illness is a process and a spiritual discipline that is constantly challenged. By no means is the author advocating that one can ignore the physical dimension. That would be impossible; however, the key is to refocus upon the spiritual dimension when one realizes that his or her primary focus has shifted from it.

2 Corinthians 7:1: “Therefore, since we have these promises, dear friends, let us purify ourselves from everything that contaminates body and spirit, perfecting holiness out of reverence for God.”

This Scripture passage emphasizes the powerful connection between one’s spirit and one’s body. To remain resilient for the hospice chaplaincy, or for any ministry, one must be free from the contaminants of the world through the purification work of the Holy Spirit in one’s life. Not only is it imperative that one’s spirit be pure, but the connection between caring for one’s body and having the physical resiliency to withstand the rigors of travel and other physical demands upon the hospice chaplain cannot be overemphasized. The body and the spirit together are to be pure to make a life of holiness possible. It is this holiness that secures the resiliency necessary for the hospice chaplaincy, and that serves as an act of reverence for God Who created us and called us into His ministry of chaplaincy. The act of purification is not a spiritual activity of the hospice chaplain. Rather, purification is made possible by the preparation of the chaplain’s heart and lifestyle that then enable the Holy Spirit to cause purification to begin within the heart and life of the chaplain. Submitting one’s body to the work of the Holy Spirit and heeding His guidance with decisions that result in proper nutrition, exercise, and rest allows the Holy Spirit to enact His purification within the life of the hospice chaplain. The Holy Spirit is then able to use the chaplain in holy matters that bring reverence to God, the Father.

2 Timothy 2:21: “If a man cleanses himself from the latter [ignoble purposes], he will be an instrument for noble purposes, made holy, useful to the Master and prepared to do any good work.”

The Apostle Paul is admonishing Timothy and all Christians to be focused on becoming a useful tool of ministry for the noble purposes to which God has called us. Spiritual cleansing is certainly essential for the hospice chaplaincy. This passage also accentuates the connection between the actions of the body and their impact upon the spirit. The behavior in which one engages physically affects one’s purity, and thus one’s spiritual usefulness and ability to be prepared for the “good work” of hospice chaplaincy. Since we are not compartmentalized, behavior that involves one aspect of our lives – whether it is physical, mental, emotional, or spiritual – also affects the other aspects of our lives. Purity is imperative to be useful, and thus relevant, in God’s “good work.” Again, this is the work of the Holy Spirit that is accomplished as the chaplain does the preparatory work necessary for purification.

Hebrews 10: 24 – 25 (NIV): “And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.”

This passage refers to the necessity of corporate worship and fellowship to grow spiritually and to be nurtured by the body of Christ, the Church. There are many who surmise that it is not necessary to gather in a specific building to worship God. They quip, “I can worship just as well at home.” The truth is that they probably do not worship as well at home, if they worship at all. It is really an excuse to stay away from church, probably due to a previous event or unpleasant experience in which the body of Christ did not act very Christlike in their eyes. This “hurt” has been allowed to fester and grow and has not received true healing from Christ because His Church was negligent in responding to that emotional or spiritual wound, but when Christ’s Church allows its members to nurture each other, they are in a position to “spur

each other on” in achieving the victorious lifestyle that Christ has intended for all who trust in Him and remain connected to Him through the fellowship of the Church. It is not true that people can grow spiritually just as well if they are not connected to the Body of Christ, the Church, which Christ instituted upon His ascension back to the Father in heaven. Spiritual growth occurs best when connected to the source of power, which is a personal relationship with Christ Jesus, Himself. Christ has chosen the Church to be His instrument of conveying his love and presence through the power of the Holy Spirit as His people gather to teach each other, as well as learn from each other. The Church has been instructed to continue meeting together in this manner – encouraging each other and worshipping the Lord – until the Day comes in which Christ returns triumphantly to reign over all.

CHAPTER TWO: HOSPICE CHAPLAINCY BASICS

The hospice chaplaincy is a challenging yet rewarding ministry. Hospice chaplains invariably will encounter circumstances in their interaction with the dying for which they may not have had sufficient preparation in their ministerial studies. The author will review the accepted grief and bereavement issues in hospice, along with the author's five thanatological principles of death and dying. The final thanatological principle will be a more focused probe into Christian theological principles associated with death and dying, which will include a focus on faith beliefs in eternal life. Finally, this chapter will conclude with an expansive delineation of what it means to *live* while ministering to the dying. Delving into these four areas purports to answer the pivotal question: "What factors would novice chaplains need to foster, or more seasoned chaplains need to reinforce to increase their resiliency and quality of life?"

Grief and Bereavement Issues in Hospice

A review of fundamental grief and bereavement issues is incumbent at this juncture for a concise overview for the novice hospice chaplain or a rudimentary review for the more seasoned hospice chaplain. Having been mentored by one of the eminently influential pioneering hospice chaplains, Sister Christine Looze, who was not widely known because she sought no such recognition, this author will share some of the grief and bereavement issues learned under the tutelage of this great lady who was a nun of the Order of Sisters of St. Joseph of Carondelet.¹ Sister Chris had been a hospice chaplain since 1982 when this author joined St. Joseph Hospice in Augusta, Georgia, in October 1989. She mentored this author as a novice chaplain and instilled not just the knowledge of the tenets of grief and bereavement, but she also conveyed the

¹ "Biography of Sister Anne Christine Looze," Sisters of St. Joseph of Carondelet – St. Louis Province, accessed November 17, 2017, <http://www.csjstl.org/about-us/our-heritage/in-remembrance/in-remembrance-archives/sister-anne-christine-looze.ph>.

essential components of compassion and active listening within the aura of “being present” with the patient. The ministry of *presence* was an essential component of Sister Chris’ hospice ministry. Her spiritually intense, yet demure pastoral interactions with patients, families, and hospice staff, as she communicated with kindness and authority can still be heard by this very grateful hospice chaplain who was privileged to have had such a spiritual mentor to speak grace and wisdom into his life and ministry. Sister Chris continues to have a sincere spiritual influence upon the ministry of this hospice chaplain even though she is now with her “Abba Father-Mother God”² and experiencing the fullness of God’s *presence*.

By beginning with the most prominent and often referenced issues of grief, the “Stages of Grief,” the author will review the foundational tenets of grief education. Later, the “Tasks of Grief” will be submitted as a practical guide to the hospice chaplain as he or she ministers to those who have experienced a traumatic loss.

Stages of Grief

The preponderance of books, journal articles, lectures, and symposia that have been composed on the “Stages of Grief” far exceeds the limitations of this thesis to adequately review. However, a reminder of these stages of grief is necessary for novice hospice chaplains, as well as for experienced hospice chaplains who may have become complacent in recognizing the strategic significance of incorporating knowledge about these stages into their bereavement counseling. Any dignified, scholastic review of the stages of grief must begin with the ubiquitous teachings of the pioneer in grief studies, Dr. Elisabeth Kübler-Ross, as delineated in her preeminent treatise, *On Death and Dying*.³

² This is Sister Chris’ own reference and concept of who God is. She began each prayer with this salutation.

³ Elisabeth Kübler-Ross, *On Death and Dying* (New York: Macmillan Publishing Co., 1969), 38-137.

Table III. Dr. Elisabeth Kübler-Ross' Stages of Grief

1. First Stage: Denial and Isolation
2. Second Stage: Anger
3. Third Stage: Bargaining
4. Fourth Stage: Depression
5. Fifth Stage: Acceptance

A succinct review of the descriptions of each of these five stages is appropriate at this juncture in this treatise on grief since it was Dr. Kübler-Ross' research with dying patients that has become the standard resource in any scholarly discussion on this subject. Most everyone has experienced sudden shock and dismay after having learned of the death of a close loved one. That shock leads to a sense of denial, the first stage of grief. Dr. Kübler-Ross states, "Denial functions as a buffer after unexpected shocking news, allows the patient to collect himself and, with time, mobilize other, less radical defenses."⁴ However, denial cannot be a permanently effective mechanism by which one deals with grief since reality has its way of creeping in and demolishing denial. Denial, as a defense mechanism, may occasionally be revisited by a terminally ill patient or a family member as a temporary tool to manage grief symptoms. However, the second stage of grief, anger, usually manifests itself as the reality of the grief condition becomes undeniable.

Anger is not pretty. Being around an angry person is uncomfortable and awkward. The anger displayed by a person who is grieving is "displaced in all directions and projected onto the environment at times almost at random."⁵ This stage of grief is never comfortable, and seldom

⁴ Kübler-Ross, 39.

⁵ *Ibid.*, 50.

sufferable, by the recipients of these unwarranted and sometimes sudden bouts of emotional vitriol. The hospice chaplain may also be the recipient of this anger as the patient grapples with his or her grief. It is incumbent upon the hospice chaplain to remain understanding and to be approachable and contrite. It is possible that the patient is displacing his or her anger upon God and those who are representatives of God. Family and friends also become entangled in the patient's vitriolic behavior and may avoid or respond with their own anger toward the patient for their own emotional pain and sense of being inconvenienced by the patient's illness. Dr. Kübler-Ross says, "The tragedy is perhaps that we do not think of the reasons for patients' anger and take it personally, when it has originally nothing or little to do with the people who become the target of the anger."⁶

When anger does not produce the desired relief, a terminally ill patient or a family member of a terminally ill patient may transition to the third stage of bargaining. In this stage, the patient attempts to elicit favors, usually from God, by praying for postponement of the inevitable if it cannot be avoided completely. There is some sense of acknowledgement of the reality of death; however, in the bargaining stage, a patient or family member is attempting to postpone the inevitable event of death with the promise of good deeds or changes in behavior. It is certainly not an original concept for one to bargain with the Almighty in the face of death. It was Christ Jesus himself who experienced this stage of grief as he bargained with Father God in the Garden of Gethsemane saying, "My Father, if it is possible, may this cup be taken from me."⁷ Christ himself desired to avoid unnecessary suffering. The hospice patient also wishes to avoid unnecessary suffering. If the patient and family could just understand the point or find some

⁶ Kübler-Ross, 52.

⁷ Matthew 26:39 (NIV).

meaning or altruistic purpose in suffering, it is possible that acceptance could be embraced, and peace could be experienced. “Ay, there’s the rub,” to quote a famous Shakespearean line from *Hamlet* whose character also contemplated death.⁸ It is difficult to find meaning and purpose in needless, almost unending suffering. Here is where the hospice chaplain has the opportunity to guide the hospice patient in finding meaning and purpose – not in their suffering – but despite their suffering. Dr. Summer M. Reiner has suggested, “Dignity psychotherapy helps clients achieve a sense of worth and self-esteem before death by meeting psychological, spiritual, and physical needs.”⁹

When anger and bargaining no longer are effective, and when terminally ill patients fail to discover sufficient meaning and purpose in their terminal diagnosis or in suffering, often the hospice patient will experience the fourth stage of grief – depression. Dr. Kübler-Ross instructs:

It would be contraindicated to tell him not to be sad, since all of us are tremendously sad when we lose one beloved person. The patient is in the process of losing everything and everybody he loves. If he is allowed to express his sorrow he will find a final acceptance much easier, and he will be grateful to those who can sit with him during this state of depression without constantly telling him not to be sad.¹⁰

The truth is that it is often the family and caregivers who are uncomfortable with the patient’s stage of depression. In this period of despondency and silence, the family and caregivers are confronted with their own mortality. This confrontation creates discomfort and anxiety that are often met by senseless attempts to cheer the patient up, rather than attempts to deal with the same limitations of life that are bombarding the terminally ill patient.

⁸ William Shakespeare, *Hamlet*, 3.1.66: 3.

⁹ Summer M. Reiner, “Religious and Spiritual Beliefs: An Avenue to Explore End-of-Life Issues” *Adultspan Journal* 6, no. 2 (Fall 2007): 116.

¹⁰ Kübler-Ross, 87.

Depression is undoubtedly the most difficult and arduous juncture in the journey of grief. It is here where one's faith beliefs are most challenged – even more so than when spiritual bargaining occurs, for in depression, the energy is gone that was so vehemently displayed and expressed in bargaining or even in anger. Now there is no energy – no desire to interact with God, family, or others. Withdrawal is often a major symptom, and thus attempts to elicit any interaction from the patient are often met with silence, or worse, apathy. The astute hospice chaplain will know to be present with the hospice patient and offer encouragement to continue focusing on living in the present and allow the patient to set the agenda.

Dr. Kübler-Ross declares, “This is the time when the patient may just ask for a prayer, when he begins to occupy himself with things ahead rather than behind.”¹¹ During this stage, the hospice chaplain may need to educate family and friends that their frail attempts to lift the hospice patient's spirits are not desired by the patient and only serve as a disguise that inhibits their ability to accept that the patient is dying. Sensitivity is needed by the chaplain in discerning the extent to which the family is ready to hear this challenge to face reality and suspend superficial posturing.

Acceptance is the fifth stage of grief that follows the arduous valley of depression. This is not a gleeful expression of acceptance, but rather an acquiescence into a solemn acceptance that is no longer angry, bargaining, or attempting to ignore reality. Dr. Kübler-Ross explains:

Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain had gone, the struggle is over, and there comes a time for ‘the final rest before the long journey’ as one patient phrased it. This is also the time during which the family needs usually more help, understanding, and support than the patient himself.¹²

¹¹ Kübler-Ross, 87.

¹² *Ibid.*, 113.

At this juncture, the dying patient desires only contact with those in his or her innermost circle of family and friends, if any contact is desired at all. Therefore, it would be most beneficial for the hospice chaplain to focus on ministering to the patient's family and close, close friends. As will be discovered with more years of hospice experience, certain friends are more like family than blood-kin. Focusing on those within the inner circle of influence will provide increased peace and acceptance from the patient's family. This hospice chaplain has had the awesome privilege of sitting with many hospice patients and their families as the hospice patients made their transition to actively dying. By describing each change to the family and allowing them to be aware of each decline, the astute hospice chaplain can provide a valuable and meaningful experience to the family by teaching and guiding them to say "Goodbye" to the patient in their own way. The hospice chaplain must guide the family and friends without condemnation of the manner in which expressions of grief are expressed to the patient in the final moments of the patient's life. Ministering to the family also provides tremendous peace to the patient.

Dr. Wayne Oates' Process of Grief

This author has had the distinct privilege of sitting under the tutelage of Dr. Wayne E. Oates, one of the pioneers of the pastoral counseling movement, an experience which definitely influenced his later development of hospice chaplaincy. It is normally not advised to include references that are older than ten to fifteen years in a scholarly thesis; however, there are some exceptions when it involves such prominence as Dr. Wayne Oates. The following list has been garnered from the author's own lecture notes taken while in Dr. Oates' class at The Southern Baptist Theological Seminary in Louisville, Kentucky, in the mid-1980s. In his own eloquent and soft-spoken manner, Dr. Oates proposed his own personal stages of grief that contrast with

the model of grief developed by Dr. Kübler-Ross. Dr. Oates' model of the process of grief was based on his counseling experiences with the bereaved.¹³ Grief is an aberrant entity that seizes the heart and mind of every person at some point in life. It knows no friend, except those who are thrust into God's grace due to the powerlessness felt from grief's grasp. As one deliberates upon the following process of grief, one can see the similarities with the four tasks of grief to be introduced next as well as the core tenets of the stages of grief presented by Dr. Kübler-Ross.

Table IV. Dr. Wayne Oates' Process of Grief

1. Shock – the less expected the grief situation, the greater the shock.
2. Numbness – our whole organism has its own anesthetics that numb us to the pain, so it does not overwhelm us.
3. A Struggle between Fantasy and Reality – the pain comes gradually as the numbness wears off and this struggle results.
4. Despair as an Act of Surrender – once reality sets in, one surrenders the fantasy and thus despairs, because he or she realizes they are no longer in control of the situation by his/her fantasy.
5. Selective Memory – things are fine until something happens to remind the person of the painful event.
6. Discovery of a New Purpose in Life – the person moves on and develops new relationships and becomes productive again.

Both Dr. Oates and Dr. Kübler-Ross' stages of grief are offered as juxtapositions that hopefully will challenge the reader to approach grief counseling in an individualistic manner that cannot be encapsulated within a definite, pre-determined paradigm. Each situation with each individual hospice patient is unique; therefore, one's approach in bereavement counseling needs to include individualistic axioms applicable to the patient or client.

¹³ Wayne E. Oates, "Pastoral Care in Human Crises" (Class Lecture at The Southern Baptist Theological Seminary, Louisville, KY, Spring, 1984).

Four Tasks of Grief

Sister Christine Looze, the author's chaplain mentor mentioned earlier, taught that there are four tasks of grief that the bereaved person needs to accomplish sequentially to restore healthy living. This dialogue about the four tasks of grief was also included in a PowerPoint presentation by this author in a Liberty University doctoral level class, "PACO 840: Crises and Current Issues in Pastoral Counseling."¹⁴ Inclusion here is due to its applicability. Other authors who have unknowingly succeeded Sister Chris have supported this teaching in their exposé of the four tasks of grief. Note that the term "get over" is never used in relation to grief work, for one never "gets over" the painful loss that precipitated the death of their loved one; however, one can learn to adjust to that loss. Yet the prospect of "adjusting" to such a great loss cannot even be fathomed during the initial aftermath of the death of a loved one or other tragedy. Before adjustment can be experienced, one must first travel a long and grueling journey that begins with "the first task of getting past the initial shock and denial and accepting the reality of the loss."¹⁵

Shock and denial are natural systemic responses to a tragedy. To help insulate a person from experiencing the full extent of the traumatic loss, a sense of numbness that correlates to the denial is usually experienced. In speaking to his hospice families, this hospice chaplain refers to this numbness as "God's anesthesia." For if one would be allowed to experience the full extent of the pain and grief of the loss all at once, his or her physical body and mind could be severely affected – even to the point of a mental breakdown, or at worse, physical death. Shock from grief penetrates one's soul deeply; therefore, denial serves as a temporary barrier to help insulate

¹⁴ Wayne R. Bruner, "The Trauma of Grief & Bereavement: Pastoral Care to the Dying and Their Families" (PowerPoint presentation for PACO 840: Crises and Current Issues in Pastoral Counseling, Liberty University, Lynchburg, VA, Spring 2016), slides 16-23.

¹⁵ Christine Looze, *Growth in Grief*, Unpublished manuscript as a Sister of St. Joseph of Carondelet serving as a Chaplain of St. Joseph Hospice (Augusta, GA, 1989).

a person from the initial thrust of pain resulting from the shock. Denial is only healthy if it is temporary. Soon after that initial denial, the first task of accepting and adjusting to the loss is a necessary component of incorporating the reality of the loss into one's life.

The second task of grief is to “accept yourself with the loss.”¹⁶ Dr. J. William Worden states that the second task is “to process the pain of grief.”¹⁷ This involves allowing oneself to wholly experience the full effect of a loss and completely feel the pain without running away emotionally or employing chemical diversions. Processing the pain of grief is not pleasant; however, it is necessary for one to move through the pain. This is where the locus of true “grief work” takes place. Accepting yourself with the loss is recognizing the changes that have occurred in your life as a result of the loss and incorporating those changes into your new life. It means treating yourself with the same care you would treat a friend who is experiencing a similar loss. It means pampering yourself and being kind to yourself by refusing new responsibilities that are overwhelming and by taking time to be alone to meditate, to cry, to journal, to pray, to just BE. A grieving person in this phase may feel that “doing nothing” is just wasted time; however, that is not the case. Allowing oneself to “do nothing” allows the mind and body to reconcile and heal from the trauma. It is a healing adjustment to the new way of living. What seems to others, on the surface, to be idle time is actually deep inner grief work that is emotionally, mentally, physically, and spiritually exhausting. It is imperative for persons who have experienced tremendous loss to allow sufficient time and give themselves permission to have this needed time to heal within.

¹⁶ Looze.

¹⁷ William J. Worden, *Grief Counseling & Grief Therapy: A Handbook for the Mental Health Practitioner*, 4th ed. (New York, NY: Springer, 2009), 43-46.

The third task of grief is “adjustment to the environment without your loved one,”¹⁸ or as Dr. Worden states, to “adjust to a world without the deceased.”¹⁹ Elisabeth Kübler-Ross would classify this as the depression stage. The reality of the loss – whether it is a loved person, a valued object, an important position, or anything other esteemed status – has taken root in life of the victim and an acceptance of himself or herself with that loss has also occurred. Now comes the task of adjusting and accepting one’s world, or environment, with the reality of that loss. This is the dark side of grief work. This is when a person feels most alone and vulnerable, and the importance of living through each “first” experience without your loved one becomes strategic for proper healing. Landmark post-loss firsts include your first birthday, the person’s first birthday, the first Christmas, other “first” holidays, the first wedding anniversary (if applicable), family gatherings, and finally, the first anniversary of the person’s death. That first year is filled with difficult memories during each “first” without one’s loved one. Adjusting to one’s environment without the lost loved one is painful yet necessary before moving on to the fourth task of grief.

The fourth, and final, task of grief is to “gradually disengage from your loved one in order to engage or re-engage in other relationships.”²⁰ This final stage, known as “acceptance” in Kübler-Ross’ model, occurs only after the arduous, painful grief work has transpired and one is ready, and willing, to move on with his or her life. Never does one “forget” the loss of the special person, but one chooses to formulate a new life’s journey by being open to experiencing new possibilities of satisfaction and fulfillment formerly thought impossible in the initial stages following the death of the special loved one. This fourth stage is never thought to be attainable

¹⁸ Looze.

¹⁹ Worden, 46.

²⁰ Looze.

during the early days and weeks following the loss; therefore, this stage cannot be emphasized in early discussions with the grieving.

Thanatological Principles of Death and Dying

Most readers can readily identify with the many stressors associated with working with terminally ill patients and their families since they are not exclusively limited to the hospice chaplaincy. There is some identifiable stress in most any profession or particular type of ministry. However, certain stressors the novice hospice chaplain may initially experience can be mitigated by an awareness of the following principles of death and dying. These thanatological principles, when incorporated into the milieu of one's hospice ministry, will serve to diminish certain aspects of the stress encountered by the hospice chaplain. It is interesting to note that none of the primary stressors listed by seasoned hospice chaplains included dealing with the following thanatological principles. This may be as a result of their having been exposed to similar principles innumerable times and having developed an advanced understanding of these principles to the extent that responding to these factors is not the primary source of stress in their daily hospice ministry. The novice hospice chaplain will, however, need to develop a deeper comprehension of these principles and be able to incorporate them into his or her daily conversations in hospice to prevent them from becoming major sources of stress when they arise. During almost three decades of hospice ministry, this hospice chaplain has developed the following thanatological principles of death and dying:

Table V. Chaplain Wayne Bruner's Thanatological Principles of Death and Dying

1. Pain is not incumbent to the dying process – most of the time.
2. Fear of dying can be overcome – if honesty prevails in sharing one's feelings.
3. The certainty of death is beneficial – it emphasizes the importance of relationships.
4. We are all terminal – everybody dies.
5. Only the body dies – the person does not die.

An elaboration on each of these principles, with an expository subtitle, shall serve as a more perspicuous clarification to present and future hospice chaplains who seek to develop a deeper awareness of the multi-faceted spectrum of thoughts and feelings that persons who are dying sometimes experience. It is important to note that these principles are from the experience and perspective of this hospice chaplain and were inspired through the direction of the Holy Spirit and through the filter of the author's professional and personal experience. The reader may discover other thanatological principles within the construct of his or her hospice ministry and life experiences. This author advises that the reader approach these principles as a consideration in the process of developing a personal perspective and nomenclature of your own principles of ministering to the terminally ill and their families.

1. Pain Is Not Incumbent to the Dying Process – Most of the Time:
Physical Symptoms of the Dying

Hospice chaplains have the distinct privilege of working with specially trained nurses and medical directors who are experts in pain management. Prior to the hospice movement, pain was almost an inevitable component of dying. However, since hospice has become more prominent within the medical community, the severity of pain experienced by the terminally ill has vastly diminished; nevertheless, there are times in which pain surges out of control and increased

medical measures must be administered to get the patient's pain back under control. Although the role of the nurse is more prominent in pain management, it is not exclusive. The hospice chaplain is also important in addressing any spiritual issues or angst that could be affecting the patient's physical pain.

The hospice chaplain needs to remain sensitive to patients' affirmations of pain, be aware of the non-verbal signs of pain for noncommunicative patients, and be willing to adjust the focus of his or her visit and to inform the nurse about the patient's pain level. Hospice patients will be unable to attend to spiritual issues if they are experiencing any physical distress. So, chaplains need to set aside any predetermined agenda and address the present needs of their hospice patients. Even though it is the team of medical doctors and nurses that treat the physical symptoms of the dying, a highly seasoned hospice chaplain can become educated about certain physical symptoms that can occur as the person's body declines and death nears. Reinforcing the explanations of physical decline from the nurse will aid in clarification to the family members who may have forgotten them due to their heaviness of grief which inhibits hearing and comprehending medical explanations. After having heard similar explanations from various nurses over the years, the author has become fairly well educated on the physical symptoms of the dying.

Having said that, the following symptoms can be noted and can be an important asset for the hospice chaplain in discerning the degree of physical decline of a hospice patient. These changes that signal decline can inform the chaplain of the need for a nurse's evaluation and can help the family understand, and thus accept, the physical changes that occur as a patient declines.

1. Respiratory – as one nears death, breathing becomes more shallow and varying periods of apnea can occur. The hospice chaplain can help the family distinguish between the person

and the person's body. Recognizing that the body will gradually weaken and that the body will need less and less air will help the family accept the changes. Eventually, the time will come when the person's body will no longer need any air.

2. Circulatory – as a person's body nears death, the heart may speed up to make up for the deficiency in productive heart contractions. The heart becomes less and less efficient, so the heart speeds up temporarily to counter this deficiency. The person's extremities will become cool and will begin to show a bluing effect as less and less oxygenated blood is being circulated to the extremities. As the heart becomes even less efficient, it may begin to decrease its contractions and the contractions that continue will become weaker, making it more difficult to measure the person's pulse. This will continue until the heart is no longer strong enough to contract. The heart will stop in conjunction with the cessation of breathing.
3. Digestive – appetite decreases as a person nears death. This is undoubtedly the most difficult symptom for the family to understand and accept. Their thinking is, "If the person would just eat more, he/she would get better." Their reasoning is based upon their own experiences which states that a person cannot live without eating. The fallacy in this reasoning lies in this presupposition. However, what they do not understand is that if a person felt better, he/she would be able to eat. The hospice chaplain can explain the physical process the body experiences as death nears from a layman's perspective. The digestive system takes a lot of energy to operate and as a person nears death, the body reserves all its energy for the two systems that are vital to life: respiratory and circulatory. Even though one must eat to live, one does not have to eat to live right now. But the heart and lungs do have to continue to function for physical life to be sustained. Therefore, the body gradually shuts the digestive system down since it is not vital to life right now. The reason the appetite diminishes and

finally is extinguished is due to the body's inability to process any food introduced to the stomach. The food will just stay there and decay, causing nausea. But the person will be too weak to vomit it up, as would normally occur in an otherwise non-terminal person who experiences viral nausea. The kindest and most humane action is to decrease feeding a person as the appetite diminishes. This is not starving a person since the person is receiving all the nutrition he or she needs. Starvation is withholding food from someone who needs it. A dying person gradually becomes less dependent upon nutrition and, therefore, does not need it. Therefore, no starvation occurs by decreasing food to a dying person.

4. Pain – physical discomfort is a priority for all disciplines in hospice. The hospice chaplain can learn to recognize nonverbal signs of pain and report them to the nurse for further evaluation. Never should a hospice chaplain offer a medical diagnosis or suggest a particular medicine. However, the hospice chaplain can inquire when the last dose of prescribed medicine was given and suggest to the family that another dose can be given if the prescribed time has elapsed since the last dose. The hospice chaplain is not authorized to administer any kind of medication at any time. That would be illegal and result in prosecution and incarceration, plus fiduciary liability to the hospice agency. So, the hospice chaplain must not cross professional lines in this area. The hospice chaplain can, however, watch for certain conditions that could indicate a person is experiencing pain, such as frowning of the brow, fidgeting, wincing, rapid respirations, or tears. If these symptoms are noticed, the hospice chaplain can bring it to the attention of the family, and if necessary, call the nurse who is the case manager of every hospice patient.

Physical symptoms are not the only symptoms the dying person experiences. There are also emotional symptoms that a person feels, whether or not the dying person expresses his or

her feelings. Hospice chaplains need to increase their awareness of fears faced by hospice patients and their families by learning to discern the various emotional symptoms of grief.

2. Fear of Dying Can Be Overcome – If Honesty Prevails in Sharing One’s Feelings: Emotional Symptoms of the Dying

Emotions are tricky – especially the emotion of fear of dying. In his preface, Matthew Binkewicz enunciates, “End of life frightens most of us. We find so many ways to explain away death and the dying process.”²¹ Fear can stymie communication between a hospice patient and his or her family. Emotional walls of fear are usually constructed on the foundation of denial to protect people from experiencing pain. At least that is the intent. In reality, hospice patients and their families usually experience greater pain when the fragile walls of fear are pummeled as the forceful winds of reality blow and wreak emotional, mental, and spiritual havoc in their lives.

Honesty and openness are the healthiest options in confronting these fears before they are allowed to construct barriers that produce unintended consequences. Since it is primarily in healthy relationships that effective communication is allowed to blossom and grow, the hospice chaplain may need to foster the growth of healthy relationships between the hospice patient and the family by teaching effective communication skills. When the hospice family can begin to communicate more effectively, the “death barrier”²² can be overcome, or even torn down. When this “death barrier” is torn down, the fear dissipates, thus allowing the love to flow freely; however, if this “death barrier” is not torn down, tensions continue to rise and loving, effective communication is stifled. Sometimes the pretense of normalcy is maintained at all cost – even

²¹ Matthew P. Binkewicz, *Peaceful Journey: A Hospice Chaplain’s Guide to End of Life* (Ithaca, NY: Paramount Market Publishing, 2005), 9.

²² This is a term coined by this author/hospice chaplain many years ago to denote the silence and pretense exhibited by hospice patients and families who fear that an open and honest discussion of the terminal illness will cause despair and cause the patient to “lose hope” or the family to “break down” and cry. This is seen as negative.

the cost of duress and unresolved issues for the patient. The family usually has regrets following the death of the patient because they were unwilling to pay the price of honesty and openness.

This author's hospice mentor, Sister Chris, taught, "When one emotion is blocked – fear – all emotions are blocked, including love." When the "death barrier" is torn down, the love can overcome the fear and deeper communication and sharing of love can occur. The Scriptures say, "For God has not given us a spirit of fear, but of power and of love and of a sound mind."²³ So the reader can surmise where the fear comes from if it is not from God.

Unexpressed fears do not go away. They only fester and grow. The previous fears of the dying were discovered and taught by Sister Christine Looze in her hospice ministry.²⁴ This author/chaplain has added brief suggestions to counter these fears of the dying patient. The astute hospice chaplain needs to learn to recognize these eight fears of the dying.

Table VI. Eight Major Fears of the Dying

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| <ol style="list-style-type: none"> 1. Fear of pain and suffering – Offer assurances of pain management, giving details. 2. Fear that life will be meaningless and useless – Redirect the patient to love of family. 3. Fear of the loss of independence and control – Give the patient control to extent possible. 4. Fear of a changing body image – Remind the patient that she is much more than her body. 5. Fear of reflected fear – Counsel family to express their feelings openly, not hide them. 6. Fear of the loss of loved ones – The patient is losing all his family. Acknowledge this. 7. Fear of the Unknown – Offer spiritual assurances. The future is not unknown to God. 8. Fear of loneliness – the most dreadful fear. Sit with the patient, even in silence, offering love. |
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²³ 2 Timothy 1:7 (NKJV).

²⁴ Looze.

The hospice chaplain may need more boldness to confront these fears of the dying, but such boldness only reinforces the importance of addressing these fears. Naming them often gives the dying patient more control over them and thus, permission to feel these fears and deal with them.

3. The Certainty of Death is Beneficial – It Emphasizes the Importance of Relationships: Social Symptoms of the Dying

A cursory glance at this title may cause the reader to question its validity. How can the certainty of death be beneficial? The truth is that every thinking person knows he or she will die – someday, but one really does not think it will be today. One cannot be certain that death will not come today; however, those with terminal diagnoses are more keenly aware of their impending death. As their particular disease progresses, it becomes more and more certain that death could come today. So, how does this awareness benefit the terminal patient? Because the certainty of death helps establish priorities in life.

It is unarguable that relationships have the highest priority in the lives of most healthy, balanced persons. It can be true that at certain times in one’s life, higher priorities seem to be careers or hobbies; however, when queried at serious moments in one’s life and certainly as one nears the end of life, relationships occupy the position of the highest priority in life. Why? Because people are social creatures. God created humanity to be in relationship with Himself and with others. The need for relationships has been encoded from the time of creation into the DNA of humanity. Greg Smalley declares, “God created us as relational beings, first and foremost to be in relationship with himself.”²⁵ In continuing his declaration, Smalley teaches, “God also created us to be in relationship with others. He himself declared that it was ‘not good’

²⁵ Greg Smalley, *The Marriage You've Always Dreamed Of* (Wheaton, IL: Tyndale House Publishers, Inc., 2005), 197.

for the first man, Adam, to be ‘alone’ (even though God was with Adam from the beginning).”²⁶ Human beings are social beings created to be in relationships that are meaningful. Therefore, since people were not created to live alone, they certainly were not created to die alone!

One of the primary social symptoms of dying is withdrawal from social interactions. Initially this withdrawal is from contact and interaction with extended family, nominal friends, and acquaintances. The dying person begins to pull back from relationships because they begin the process of separating from this physical world to be joined to the spiritual world. The dying person will begin to lose interest in the outside world. Keeping up with current events will no longer interest the terminally ill patient. Engaging in conversation will become more and more laborious. There will be times in which the terminally ill patient simply wants to be alone. This behavior may be misunderstood as a symptom of depression, but it is not. The desire to be alone to sort various aspects of life – past, present, and future – is essential for a dying person. Allow the person to have this time to think, to rest, to just BE.

4. We Are All Terminal – Everybody Dies: Accepting the Reality of Physical Death Aids in Living Fully

Besides bolstering humanity into a keen recognition of the importance of relationships, one’s accepting the reality of physical death aids in living life fully and experiencing abundance in life. Again, one may ask “How?” By accepting the finality of physical existence, a person is compelled to prioritize aspects of life beyond the importance of his or her relationships. Educational goals, career aspirations, financial pursuits, engagement into meaningful hobbies, development of emotional and social maturity, spiritual growth, and the certainty of eternal security probably would not occur if there were no limits to one’s physical existence.

²⁶ Smalley, 197.

Procrastination would probably reign in a person's life and delays in pursuing these aspects of abundant living would inhibit the person from committing to achieve them. If people had eternity to pursue their educational or career interests or a spousal relationship, why not wait until tomorrow? "Scarlett"²⁷ fever would indubitably be contagious, and slothfulness and procrastination would be the norm. There can be no better motivation to excel, achieve life goals, and dream the impossible dream than a recognition and acceptance of the limitations of physical existence. When people do not have forever to achieve their goals and dreams, they maintain motivation sufficient to accomplish that which adds meaning and purpose to their physical lives. One should ignore Scarlett's advice and not wait until tomorrow. Also, when a person knows this physical life is limited, he or she is more open to receiving the gift of eternal life through faith in Christ, thus assuring eternal life with God.

5. Only the Body Dies – The Person Does Not Die:

Christian Theological Principles Associated with Death

Hospice chaplains know all too well the principal theological questions presented to them by hospice patients and family members who have difficulties reconciling the occurrence of their particular illness with their concept of a loving, caring deity. The ubiquitous theodicean question has been stated in various ways: How can a good and loving God exist given the prevalence of all this evil, suffering, and disease? Novice theological students are lambasted with this query by zealous theological professors who enjoy the discomfort and thus, spiritual growth, that is spawned by the juxtaposition of these two seemingly irreconcilable perplexities. However, this theodicean question remains a dilemma for the bewildered hospice patient who may be teetering

²⁷ Margaret Mitchell, *Gone with the Wind* (New York: Macmillan, 1936), 426. A pun in reference to the character, Scarlett O'Hara, when she states, "I can't think about that right now. If I do, I'll go crazy. I'll think about that tomorrow. . . . After all . . . tomorrow is another day."

on the brink of a crisis of faith. As a trained hospice chaplain, one must be ready to respond to this dilemma that will inevitably arise in the scope of one's hospice ministry.

Evangelizing is taught to be an abhorrent activity for hospice chaplains; however, this author and hospice chaplain has learned that certain patients who are seeking spiritual peace will query about their spiritual destiny. Teaching them the tenets of salvation as told in Scripture, as requested by them or their family, often provides them the spiritual peace necessary to make a peaceful transition into the eternal realm. Quoting Scriptures that describe the glorious facets of eternity can help paint a visual portrait of God's eternal promises. A dying patient can receive relief and comfort from the reassurance that even though his or her body is dying – that cannot be denied – the essence of who he or she is, the soul, will live on eternally in the home prepared by a loving and caring Heavenly Father. The hospice chaplain can repeat the promise that Christ himself offered in John 14 and can emphasize that even though Christ gives no particular description of “the place” He is preparing for those who put their faith in Him, He assures each person that He is preparing a place specifically for him or her, and that He will be there with His people eternally. It would have been impossible for Christ to describe the complexities of the spiritual domain in which He is preparing the eternal homes for each person who has placed his or her faith in Him. The first century disciples did not understand what is now understood about this physical world and the vast universe. How could they have comprehended the spiritual domain? All Jesus promised was that He is preparing a place, and that He would be there. These two promises are all-sufficient. No other promise is needed. This passage has brought great comfort to countless people who were facing death. Exploring this promise and incorporating it into the hospice chaplain's own theodicy will aid the hospice chaplain in giving clarity and hope to those who are dying.

For those patients who are searching for spiritual peace, who were raised in the Christian faith and either never embraced salvation or who are long-time Christians needing extra Scriptural assurances, the following passages of Scripture are suggested as a guide. This author/hospice chaplain has used these Scriptures countless times with hospice patients and has seen the peace and spiritual assurance instilled within numerous hospice patients due to the power and promises imbued within their holy script.

New Testament Scriptures for Hospice Chaplains

Matthew 11:28-30: “Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light” (NIV).

John 10:10b: “I came that they may have life and have it abundantly” (ESV).

John 14:1-6: “Let not your hearts be troubled. Believe in God; believe also in me. In my Father's house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also. And you know the way to where I am going.” Thomas said to him, “Lord, we do not know where you are going. How can we know the way?” Jesus said to him, “I am the way, and the truth, and the life. No one comes to the Father except through me” (ESV).

Romans 8:18: “¹I consider that our present sufferings are not worth comparing with the glory that will be revealed in us” (NIV).

Romans 8:35-39: “Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written: ‘For your sake we face death all day long; we are considered as sheep to be slaughtered.’ No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (NIV).

2 Corinthians 4:16-18: “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal” (NIV).

2 Corinthians 5:1-10: “For we know that if the earthly tent we live in is destroyed, we have a building from God, an eternal house in heaven, not built by human hands. ²Meanwhile we groan, longing to be clothed instead with our heavenly dwelling, ³because when we are clothed, we will not be found naked. ⁴For while we are in this tent, we groan and are burdened, because we do not wish to be unclothed but to be clothed instead with our heavenly dwelling, so that what is mortal may be swallowed up by life. ⁵Now the one who has fashioned us for this very purpose is God, who has given us the Spirit as a deposit, guaranteeing what is to come. ⁶Therefore we are always confident and know that as long as we are at home in the body we are away from the Lord. ⁷For we live by faith, not by sight. ⁸We are confident, I say, and would prefer to be away from the body and at home with the Lord. ⁹So we make it our goal to please him, whether we are at home in the body or away from it. ¹⁰For we must all appear before the judgment seat of Christ, so that each of us may receive what is due us for the things done while in the body, whether good or bad” (NIV).

2 Corinthians 12:9-10: “But he said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness.’ Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest on me. That is why, for Christ’s sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong” (NIV).

Ephesians 3:17b-18: “And I pray that you, being rooted and established in love, may have power, together with all the Lord’s holy people, to grasp how wide and long and high and deep is the love of Christ” (NIV).

Philippians 1:6: “And I am sure of this, that he who began a good work in you will bring it to completion at the day of Jesus Christ” (ESV).

Philippians 3:12-16: “Not that I have already obtained this or am already perfect, but I press on to make it my own, because Christ Jesus has made me his own. Brothers, I do not consider that I have made it my own. But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus. Let those of us who are mature think this way, and if in anything you think otherwise, God will reveal that also to you. Only let us hold true to what we have attained” (ESV).

Philippians 3:20-21: “But our citizenship is in heaven, and from it we await a Savior, the Lord Jesus Christ, ²¹ who will transform our lowly body to be like his glorious body, by the power that enables him even to subject all things to himself” (ESV).

Philippians 4:6-8: “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. Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things” (NIV).

Philippians 4:11-13: “I am not saying this because I am in need, for I have learned to be content whatever the circumstances. ¹²I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want. ¹³I can do all this through him (Christ) who gives me strength” (NIV).

1 Thessalonians 4:13-18: “Brothers and sisters, we do not want you to be uninformed about those who sleep in death, so that you do not grieve like the rest of mankind, who have no hope. For we believe that Jesus died and rose again, and so we believe that God will bring with Jesus those who have fallen asleep in him. According to the Lord’s word, we tell you that we who are still alive, who are left until the coming of the Lord, will certainly not precede those who have fallen asleep. For the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive and are left will be caught up together with them in the clouds to meet the Lord in the air. And so we will be with the Lord forever. Therefore encourage one another with these words” (NIV).

2 Timothy 4:6-8: “For I am already being poured out like a drink offering, and the time for my departure is near. I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day—and not only to me, but also to all who have longed for his appearing” (NIV).

Hebrews 13:5: “Keep your lives free from the love of money and be content with what you have, because God has said, ‘Never will I leave you; never will I forsake you’” (NIV).

1 John 3:1-2: “See what great love the Father has lavished on us, that we should be called children of God! And that is what we are! The reason the world does not know us is that it did not know him. ²Dear friends, now we are children of God, and what we will be has not yet been made known. But we know that when Christ appears, we shall be like him, for we shall see him as he is” (NIV).

Revelation 21:1-5: “Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and the sea was no more. And I saw the holy city, new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. And I heard a loud voice from the throne saying, ‘Behold, the dwelling place of God is with man. He will dwell with them, and they will be his people, and God himself will be with them as their God. He will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things have passed away.’ And he who was seated on the throne said, ‘Behold, I am making all things new.’ Also he said, ‘Write this down, for these words are trustworthy and true’” (ESV).

Old Testament Scriptures for Hospice Chaplains

Numbers 23:19a: “God is not a man that He should lie” (KJV).

Psalm 23: “The Lord is my shepherd; I shall not be in want. He makes me to lie down in green pastures: he leads me beside quiet waters. He restores my soul. He guides me in the paths of righteousness for his name's sake. Even though I walk through the valley of the shadow of death, I will fear no evil: for you are with me; your rod and your staff, they comfort me. You prepare a table before me in the presence of my enemies. You anoint my head with oil; my cup overflows. Surely goodness and love shall follow me all the days of my life: and I will dwell in the house of the Lord forever” (NIV).

Psalm 34:18: “The Lord is close to the brokenhearted and saves those who are crushed in spirit” (NIV).

Psalm 46:1-3: “God is our refuge and strength, an ever-present help in trouble. Therefore we will not fear, though the earth give way and the mountains fall into the heart of the sea, though its waters roar and foam and the mountains quake with their surging” (NIV).

Psalm 137:4: “How can we sing the songs of the Lord while in a foreign land?” (NIV).

This just a suggested list and is, by no means, an exhaustive list of Scriptures the hospice chaplain may find beneficial. As the hospice chaplain grows in his or her ministry, he or she will develop more personal verses that speak to their hearts, and thus will find vibrancy in their ministry to the terminally ill.

What It Means to Live While Ministering to the Dying

Living involves so much more than merely maintaining the continuance of the circulatory and respiratory systems of one’s biological and cellular organism, i.e., one’s *body*. This author is reminded of the proclamation recorded in the tenth chapter of the Gospel of John, verse ten, in which Christ Jesus enthusiastically declares, “I came that they may have life, and have it abundantly” (ESV). The King James Version adds, “more abundantly.” This is true living – abundant living – living life to the fullest extent possible. Living life fully engaged in spiritual growth by cultivating our faith in God, by developing personal relationships that promote

positive regard and sensitivity, and by pursuing meaningful activities that have lasting purpose. Jane Struck, editor of *Today's Christian Woman*, proposes, "No thrill of material goods, power, or position matches the excitement of a life tilled with a deepening love for Christ and those around us."²⁸ This is true abundant living that is beyond the mere continuance of cellular and biological activities of one's body, and this kind of full engagement in *living* is definitely not contingent upon one's socioeconomic status. In this materialistic society, status is often determined by monetary accumulation. Valuing a person by his or her financial assets or corporate position has skewed humanity's ability to embrace a deeper valuation of a person's entire being. Such an audacious valuation of one's entire being would seem enigmatic to those who have become accustomed to the mundane expectations of the conventional visages of life. However, to set oneself free from these secular paradigms of life and allow oneself to envision life from the Creator God's perspective is to allow God's creative processes to enliven him or her and re-create the person into one who is designed for superior purposes beyond those conceived by the carnal imagination. Fortunately, within the Scriptures is a reminder of God's exciting promise: "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."²⁹ God wants each person to become the best person possible in all the dimensions of life. Therefore, to settle for less than God's best for one's life means to live life without experiencing the fullness that God has intended. Due to the unique role that hospice chaplains have, the chaplain can challenge his or her patients to continue striving for, or even begin discovering, greater and deeper dimensions of life that may have been

²⁸ Jane Struck, "Abundant Living," *Today's Christian Woman* (July/August 2007): 4. accessed January 29, 2018, <http://web.a.ebscohost.com.ezproxy.liberty.edu/ehost/pdfviewer/pdfviewer?vid=9&sid=9cc492e0-7064-4be4-84fb-4a66714eb6cf%40sessionmgr4009>.

²⁹ Jeremiah 29:11 (NIV).

unexplored, or halted, due to a terminal diagnosis. One of this hospice chaplain's patients, who was 98 years old at the time, exclaimed, "Living is a quality you have to acquire."³⁰ At his age, he certainly knew how true *living* is acquired, and how greatly it differs from mere existence.

During a discussion with a hospice patient regarding the acquisition of quality of life, the hospice chaplain is compelled to include all aspects of living that combine to enhance and provide fulfillment and joy in living. Many times, the preeminent choices in obtaining fulfillment and abundant living are primarily physical in nature. Physical comfort and pleasures are desired and diligently sought by much of the world's peoples. Yet somehow, fulfillment and satisfaction do not always come because there is less of an emphasis, and thus less effort, in obtaining meaning and satisfaction emotionally, socially, mentally, and spiritually. This assertion does not negate the importance of the physical comforts and pleasures in life which are paramount, but not preeminent. In his book, *Every Body Matters*, Gary Thomas states that there is a mind-body connection in which one's physical health influences one's spiritual, mental, and emotional health. This mind-body connection is unequivocally illustrated in Second Corinthians 7:1 where the Apostle Paul admonishes, "Dear friends, let us purify ourselves from everything that contaminates *body and spirit*, perfecting holiness out of reverence for God."³¹ Obtaining a healthy balance in the minutiae of the physical dimension will have an indelible effect upon one's spiritual dimension. This is true not only for a hospice chaplain's patients, but also for oneself as a hospice chaplain. Hospice chaplains need to model a healthy balance in life for their patients and families. To do less is to miss out on the plans that God has in store for the lives of the hospice chaplains, as well.

³⁰ HIPAA regulations prevent the author from disclosing personal health information about his hospice patients, which includes any identifying information such as his name.

³¹ Gary Thomas, *Every Body Matters: Strengthening Your Body to Strengthen Your Soul* (Grand Rapids, MI: Zondervan, 2011), 35.

Moreover, this author/chaplain has learned over his almost three-decade hospice career that taking a break in the middle of the day for a relaxing lunch and learning to savor the unique qualities of various cuisines has added a dimension of quality to life amidst the hectic pace of the hospice chaplaincy. Many of the author's hospice colleagues preferred to skip lunch and get home early; however, if the hospice chaplain will routinely plan a relaxing lunch, he or she may discover increased resiliency in ministry that re-energizes him or her for the remaining daily challenges that he or she will invariably encounter. This advice is certainly worth considering. Due to the unpredictable nature of hospice, it will not always be possible; however, a mid-day "siesta" may provide an additional dimension of abundant living for the hospice chaplain who may be on the brink of burnout or becoming overly stressed.

In Chapter Three, further analysis will be presented from the survey designed by the author for this thesis that will explore the degree to which balance between the physical, mental, emotional, spiritual, and sexual aspects of life contribute to the resiliency of hospice chaplains who took the survey. Balance in life is necessary to experience the abundance of *living* and the resiliency necessary to remain vital and thus, effective, within the hospice chaplaincy. It is this author's desire to address the title of this thesis by examining the beliefs and practices of seasoned hospice chaplains who have achieved a modicum of balance in their lives and have learned how to *live* abundantly while ministering to the dying.

CHAPTER THREE: SURVEY REVIEW AND ANALYSIS

The survey of veteran hospice chaplains was conducted by this author for his thesis project via Survey Monkey. A recruitment script¹, endorsed and approved by the Internal Review Board (IRB) of Liberty University, was placed on LinkedIn under the Hospice Chaplains group. The author then invited individual hospice chaplains to take the survey. The Hospice Chaplain Survey was available on LinkedIn for over three months before being closed in January to complete the analysis. After analyzing the survey, the author determined four primary tiers of spiritual and psychological development within the hospice chaplaincy that are vital if hospice chaplains are genuinely able to *live* while ministering to the dying. Managing primary and secondary stressors, maintaining balance in life, developing resiliency and stability, and having a secure system of faith were intimated by the survey to be vital for hospice chaplains to be able to experience this fullness of life as they minister to the terminally ill and their families. Although more data could be extrapolated from the Survey for Resiliency and Stability in the Hospice Chaplaincy² (a.k.a. “the Hospice Chaplain Survey” for the remainder of this thesis), an emphasis upon data deduced from this survey concerning four primary tiers of the hospice chaplain’s life and ministry that help govern the hospice chaplain’s ability to *live* abundantly while ministering to the dying will comprise the discussion in Chapter Three.

Table VII. Four Principal Hospice Chaplain Tiers that Govern the Ability to Live Abundantly

<ol style="list-style-type: none">1. Managing Stressors Within the Hospice Chaplaincy2. Maintaining Balance in Life3. Development of Resiliency and Stability as a Hospice Chaplain4. Having a Secure Faith and a Growing Relationship with God
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¹ See Recruitment Script in Appendix A.

² See Survey for Resiliency and Stability in the Hospice Chaplaincy in Appendix B.

Some factors under these primary tiers overlap and are intertwined with each other which complicates their categorization and underscores the complexity of compartmentalizing the hospice chaplaincy.

Managing Stressors Within the Hospice Chaplaincy

Stress, everyone feels it. It is a part of life that cannot be avoided. The primary and secondary stressors of hospice chaplains that the survey indicated as major factors in determining the degree to which a hospice chaplain can truly *live* were gleaned from Questions 10, 11, & 12. Also, the manner in which stress is processed greatly affects one's quality of life. Although some stressors cannot be avoided since they are inevitable in the hospice chaplaincy, the manner in which these stressors are processed is very much controllable. The hospice chaplain's awareness and proper management of major stressors, which will doubtlessly be encountered, were determined by the Hospice Chaplain Survey to be the first tier in constructing the life of a hospice chaplain who has learned to *live* abundantly while ministering to the dying. Determining the primary and secondary stressors from the Hospice Chaplain Survey required a thorough analysis of the responses to each line item in Questions 10, 11, and 14. Appendix D connotes the primary and secondary stressors from the Hospice Chaplain Survey with the corresponding number of responses each received.

Primary Stressors of the Hospice Chaplaincy

Questions 10 and 12 of the Hospice Chaplain Survey denote particular stressors which the hospice chaplains who were surveyed identified as those with which they are more prone to struggle as they try to balance the demands of ministering to the dying with maintaining a semblance of family and personal responsibilities. Questions 10 and 12 are essentially the same

question but posed from differing perspectives. The following discussion reveals these primary stressors and adds further clarification.

Patient Caseload Management

Managing the patient caseload and establishing a weekly itinerary of patients by visiting according to the Plan of Care was discovered to be the primary stressor for hospice chaplains in Question 12 of the aforementioned Hospice Chaplain Survey. Patient caseload management received a remarkable 61% in Question 10 for the most pressing life stressor that was interfering with the establishment of resiliency in the hospice chaplain's life. This author can certainly corroborate the exorbitant stress of managing a chaplain's patient caseload. In hospice, chaplains are members of a clinical team focusing primarily on subjective and documentable physical changes in the terminally ill patient. Medical software programs are developed to document and track these changes, along with specific action plans to address each of these physical changes or problems. Because chaplains are an integral part of the interdisciplinary team (IDT), they, too, must be able to produce subjective documentation for the patients' spiritual problems and then elaborate on specific changes in these problems within the medical software program.

Subjectively describing aspects of a patient's faith or emotional trauma, which the hospice chaplain sees as objective, can create a dominative challenge. The verbiage of the script often used within the templates of patients' care plans can initially seem illusory until studied for clarification and diffusion, but that takes time, which is a rare commodity in the hectic schedule of the hospice chaplain. Besides, hospice organizations are set upon punctuality as a standard for documentation, and the quality of the chaplain's job performance is partially measured by the degree to which his or her documentation is completed in a timely manner, which is usually within 24 to 48 hours of the patient visit. If a hospice chaplain can conquer the battle of

documentation, he or she will experience decreased stress and receive increased positive annual evaluations from his or her supervisor, which will enhance the chaplain's paycheck. Diligence and discipline are the keys.

Compassion Fatigue

Compassion fatigue ranked third in the survey for major stressors for the hospice chaplain. Compassion fatigue is more than a weariness from caring for others. In her journal article, Marie Campkin summarizes the term *compassion fatigue* by saying it "refers principally to secondary traumatic stress disorder (STSD) in professionals who treat the traumatized."³ Also, Paul Valent quotes Charles Figley saying "Figley (1995c) gave a special name, *compassion fatigue*, to the specific STSD resulting from deep involvement with a primarily traumatized person."⁴ Helping hurting people can hurt you.

By the very nature of ministry, hospice chaplains are called to stand alongside those who are hurting and dying and to be willing to enter into a suffering companionship with them so that those who are hurting and dying might experience the presence of God that chaplains represent. So, in that personal exchange between this life and eternity, a patient's fear can be somewhat mitigated by a companion who has come alongside the patient and who represents God. This role of the hospice chaplain is a task that is awesome to realize yet humbling to implement. Therefore, it would stand to reason that the compassion fatigue experienced by hospice chaplains might be qualitatively different than compassion fatigue experienced by other helping professionals. Daniël Louw inquisitively poises this quandary as follows:

³ Marie Campkin, "Treating Compassion Fatigue. Charles R Figley (ed.). Brunner-Routledge, 2002," *Family Practice*, Brunner-Routledge, 20, no. 2 (April 1, 2003): 227-28, accessed February 19, 2018, <https://doi.org/10.1093/oxfordjournals.fampra.a001504>.

⁴ Paul Valent, "Diagnosis and Treatment of Helper Stresses, Traumas, and Illnesses," in *Treating Compassion Fatigue*, ed. C.R. Figley (New York, NY/London: Brunner-Routledge, 2003), 17-37.

Despite communalities, is there a qualitative difference between compassion fatigue in the pastoral ministry and the same experiences in other helping professions? If these are indeed the same, what is the unique emphasis in pastoral caregiving, and how does one cope with compassion fatigue within the liminality between life and death, healing and dying, meaning and non-sense? How does compassion fatigue influence existing theological models regarding the involvement of God in human suffering?⁵

Hospice patients attach a sundry of connotations, symbolism, and representations to the role of the hospice chaplain. Because hospice chaplains are viewed in various manners, this is more than a battle between becoming too enmeshed in the minutiae of hospice patients and family dynamics or becoming overly desensitized to their emotional pain and grief. This oscillating battle of the degree of involvement in the lives of patients, along with an emotional attachment within the hospice chaplain's heart and mind, can exasperate the hospice chaplain who honestly cares for his or her patients. Christine Florio addresses clinical professionals, which surely includes hospice chaplains, by advising that "it is imperative that clinical professions learn the proper tools of organization, self-care, and boundary setting in order to remain effective, while at the same time, promoting their own well-being, avoiding the inevitable emotional distress that can accompany compassion fatigue."⁶ Determining who is benefiting the most from the chaplain's involvement – the chaplain or the patient – may reveal excessive enmeshment from the chaplain. When the hospice chaplain is on the job, it is not proper to indulge his or her own need to be needed.

⁵ Daniël Louw, "Compassion Fatigue: Spiritual Exhaustion and the Cost of Caring in the Pastoral Ministry. Towards a 'Pastoral Diagnosis' in Caregiving," *Hervormde Teologiese Studies* 71, no. 2 (2015): 1-10, accessed February 20, 2018, <https://search.proquest.com/docview/1737514616?pq-origsite=summon&accountid=12085>.

⁶ Christine Florio, *Burnout & Compassion Fatigue: A Guide For Mental Health Professionals and Care Givers*, 2010, 15.

Staff Issues and Personality Clashes Within the IDT (or IDG)

For the Interdisciplinary Team (or Group) to function properly and with effectiveness, the individual members of the team need to be able to put personal differences aside so that each of them can remain focused on the needs and conditions of their patients. The extent to which a sense of “family” can be developed within the IDT is a determining factor in the cohesiveness and effectiveness of the IDT in meeting the patients’ needs and establishing rapport and comradery with each other as coworkers. From the responses to Question 25, the Hospice Chaplain Survey indicated that almost 84% of the respondents felt a sense of "family" within their hospice organization that allowed them greater satisfaction in their work. They actually looked forward to going to work and interacting with their teammates. This type of familial interaction within the IDT ameliorates many ambiguities about being a hospice chaplain since he or she is aware of the support offered by the IDT. Hospice is all about teamwork. It is not an individualistic endeavor.

However, not all hospice organizations are created equal. Sometimes friction and ill feelings occur among particular individuals within the IDT. Despite the high responses in Question 25 regarding the sense of “family” within their IDT, this issue received the second highest response in Question 10 with 42.59% respondents, or 23 out of 55, indicating that staff issues and personality clashes within the IDT were a major stressor. When this occurs, it is imperative that the involved hospice personnel resolve these differences so that the needs of the patients are not interrupted nor influenced by the decreased cohesiveness within the IDT. Interestingly, when comparing the responses from Question 10 with the responses from Question 12, only a little over 26%, or six out of these 23 respondents from Question 10, also indicated on Question 12 that another stressor was accepting the preeminent status of the hospice nurse at the

IDT meetings. Therefore, staff issues or personality clashes do not necessarily stem from the priority status that nurses seem to have in the IDT case conferences, but hospice chaplains do need to guard against the jealousy since it can destroy a sense of family and comradery.

A study focusing on communication within the IDT which was conducted by Moore, Bastian, and Apenteng stated the following concerning the varying perspectives within the IDT.

Given the complexity of needs, a coordinated response from an IDT is needed. Interdisciplinary teams offer varying perspectives on quality care. When these perspectives are equally considered, the result is the provision of quality hospice care that is holistic, patient-driven, and comforting. In order for hospice teams to function optimally, they must engage in communication strategies that facilitate interdependence, role flexibility, creation of collaborative professional activities, reflective thinking on processes, and collective ownership of goals.⁷

The emphasis upon the need for effective communication strategies is paramount in creating an environment within the IDT that minimizes staff issues that arise from personality clashes and misunderstandings. Effective communication strives to treat each member of the IDT with respect and equality regarding their input and value within the IDT. The Hospice Chaplain Survey conducted for this thesis revealed the correlation between having balance in life and the degree to which there was a sense of “family” within the IDT. Forty-six responded with “Strongly Agree” or “Agree” in Question 25 concerning a sense of “family” in IDT. Also, 35 of these 46, almost 70%, responded with an “8,” “9,” or “10” in Question 17 concerning their objective rating of a healthy, balanced lifestyle. Therefore, there seems to be some correlation between having a sense of “family” in the IDT and having a healthy, balanced life. It certainly stands to reason that a hospice chaplain would have less balance in life if he or she did not have a sense of “family” in the IDT.

⁷ Angela R. Moore, Randi Ginger Bastian, and Bettye A. Apenteng, “Communication Within Hospice Interdisciplinary Teams: A Narrative Review,” *American Journal of Hospice & Palliative Medicine*, 33, no. 10 (2016): 1011-1012, accessed March 28, 2018, DOI: 10.1177/1049909115613315.

Table VIII. Question 17 Statistics Compared with Responses from Question 25

	1	2	3	4	5	6	7	8	9	10	TOTAL
Q25: 4. Agree	0.00% 0	0.00% 0	0.00% 0	0.00% 0	8.70% 2	4.35% 1	17.39% 4	34.78% 8	30.43% 7	4.35% 1	50.00% 23
Q25: 5. Strongly Agree	0.00% 0	4.35% 1	4.35% 1	0.00% 0	0.00% 0	4.35% 1	17.39% 4	30.43% 7	26.09% 6	13.04% 3	50.00% 23
Total Respondents	0	1	1	0	2	2	8	15	13	4	46

During the hundreds of IDT meetings of which this author has been a member, the primary focus has been on the physical symptoms of the hospice patients and the appropriate medical interventions for the patients. When the medical aspects of patient care are emphasized above the psychosocial and spiritual disciplines that are mandatory for wholistic hospice care, thus minimizing the roles of the social worker and the chaplain, staff issues can emerge that negatively impact the cohesiveness and sense of family within the IDT. The hospice chaplain needs to be on guard against this tendency and work for cohesiveness and equality within the IDT without developing resentment or jealousy if those standards are not ultimately achieved.

Documentation has shown that this phenomenon is not limited to America. A study conducted by the University of Liverpool yielded a variance of analytical and scholarly results that are unique to Anglican chaplains due to the added responsibilities placed upon them by the Church of England. However, there was one similarity reported in the free text responses which mirrors the frustrations expressed by American hospice chaplains regarding their role within the IDT. Because this stressor appears to be experienced by hospice chaplains who do not share the American culture, it seems that this phenomenon is also characteristic of other cultures which fail to recognize the significance of spiritual issues and their impact upon the physical and mental health of hospice patients. This British report stated, "It is also interesting to note in the free text comments that a major source of stress was the lack of recognition of the chaplain's role

by other members of staff.”⁸ More education needs to be done with other members of the IDT to inform them of the impact that spiritual issues have on the overall health of hospice patients.

Hospice chaplains may need to take the lead in developing tutorials that increase insight into the importance of the role of the chaplain within hospice care; tutorials can begin by reminding the IDT that hospice was originally founded on a Christian purpose to provide spiritual care, with palliative care being a secondary emphasis.

Personal Health Issues

Personal health issues were tabulated from a combination of the Question 10, response (e) and Question 12, response (g). Personal health issues that distract and inhibit the chaplain’s ability to focus on ministry, response (e) from Question 10, could include various conditions and situations in which the chaplain’s health issues negatively impact his or her ability to focus on the patient’s issues and concerns during a chaplain visit. It is incumbent upon the hospice chaplain to deal with his or her health issues of pain, nausea, anxiety, etc. before embarking upon the patient visits scheduled for a particular day. With temporary issues, the chaplain can take a sick day; however, with chronic conditions, more extensive interventions will need to be explored personally with the chaplain’s physician. This hospice chaplain has had to learn to ignore chronic pain to the extent possible with the aid of prescription medication authorized by his personal physicians. The Hospice Chaplain Survey revealed that twelve hospice chaplains indicated that one of their primary stressors was dealing with personal health issues that distract and inhibit their ability to focus on ministry. This hospice chaplain has learned to relate to the

⁸ Mari Lloyd-Williams, Michael Wright, Mark Cobb, and Chris Shiels, “A Prospective Study of the Roles, Responsibilities and Stresses of Chaplains Working Within a Hospice,” *Palliative Medicine* 18 (2004): 644, accessed August 1, 2015, and March 31, 2018, <http://web.a.ebscohost.com.ezproxy.liberty.edu:2048/ehost/pdfviewer/pdfviewer?sid=05be8b5f-b0f8-4db3-8b03-aa9b14ba0230%40sessionmgr4005&vid=2&hid=4214>.

pain experienced by his hospice patients over the years without ever suggesting that he completely understood their level of pain. Having that point of connection of chronic pain has definitely increased his sympathy toward the suffering of his hospice patients. It has also given him an authority on how faith can be instrumental in meeting and overcoming the challenges of physical weaknesses and annoyances. Issues related to faith will be discussed later, but this author has often quipped, “Pain is certainly inconvenient.” Also of benefit to this author has been relegating pain to the sensation of “just another feeling.” Having a sense of humor also helps in dealing with physical issues that are distracting to one’s ability to focus.

Personal health issues related to the amount of required driving and its physical and mental impact, response (g) from Question 12, also resonate with seasoned hospice chaplains. Of the twelve chaplains who indicated they had personal health issues, six of them (50%) reported that the amount of driving was a primary concern. The magnitude of driving required of a hospice chaplain has certainly impacted the life of this hospice chaplain; therefore, there is an ambiance of understanding between the author and those other six hospice chaplains. But driving is an intricate part of the hospice chaplain position. A witticism often uttered by this hospice chaplain when training new hospice employees is that “half of the job is just getting there.” The constant driving can cause its toll upon the chaplain’s physical body; however, sedentary work environments are characteristic for hospice chaplains. Hospice chaplains are consistently sitting – sitting at their desks while documenting – sitting in meetings – sitting in their vehicles while driving – and sitting in the patients' homes while visiting. All this sitting needs to be countered by proper physical exercise, advice this hospice chaplain needs to heed, as well.

The Mayo Clinic echoes the adverse effects of too much sitting:

Research has linked sitting for long periods of time with a number of health concerns, including obesity and metabolic syndrome — a cluster of conditions that includes increased blood pressure, high blood sugar, excess body fat around the waist and abnormal cholesterol levels. Too much sitting also seems to increase the risk of death from cardiovascular disease and cancer.⁹

Due to this ominous warning, it is necessary for hospice chaplains to develop a lifestyle that counters this sedentary lifestyle to remain viable and resilient for the duration of his or her ministry. So, hospice chaplains need to get out from behind that desk and walk around, to park further away and take that extended walk to the patient's door or the office door. Every little bit helps, so hospice chaplains need to decry sedentariness to aid in resiliency and stability.

Secondary Stressors of Hospice Chaplains

Besides the previous primary stressors identified by the Hospice Chaplain Survey, secondary stressors were tabulated from the primary stressors that received fewer responses from the hospice chaplains surveyed. It is interesting to note that when the question about stressors in life was presented in Question 10, the top two responses were explicitly related to the hospice chaplaincy; however, 31.48% of these respondents indicated that financial concerns were one of their stressors, ranking them as the third greatest stressor of the responses from Question 10. Question 12 presented stressors from an alternate viewpoint and garnered a variation of other responses that prioritized other stressors. The following stressors were ranked as secondary due to the overall responses when comparisons were made between Questions 10 and 12, as well as the "Other" responses cited freehand. The final tabulation of secondary stressors included issues

⁹ James A. Levine, Mayo Clinic, "What Are the Risks of Sitting Too Much?" *Healthy Lifestyle: Adult Health*, accessed March 31, 2018, <https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/sitting/faq-20058005>.

with completing documentation, struggles with finances, relationships issues, and administrative and time issues.

Completing Documentation

According to Question 12, choice (e), “Documentation requirements as required by my hospice organization,” was ranked second in stressors of hospice chaplains; however, when compared with all other responses from Question 10 and those listed under “Other,” it ranked as the foremost stressor among the secondary stressors. Clinical documentation has always been an anathema to most hospice staff, including this hospice chaplain because most of the software used by hospice chaplains has been designed mainly for home health care nurses. The hospice nurse must adapt to the home health modality, and in the opinion of this author and hospice chaplain, the spiritual component seems to be designed by nurses or administration rather than chaplains or other spiritual leaders. One of the respondents replied on Question 12, “We need computer programs for charting on Chaplain [*sic*]visits written by chaplains!” This author has expressed this same sentiment during his quarter of a century in the hospice chaplaincy.

Due to possible litigation, an emphasis upon numerous factors that are an essential requirement for documentation in this litigious society cannot be overemphasized. Clinical documentation emphasizes accuracy and details, as well as efficiency and timeliness. Clinical documentation is different than just writing everything that happened during a visit. Furthermore, prose writing is too cumbersome to process in the hectic medical environment. All information needs to be entered, but in the correct category so that it can be easily and quickly deciphered by medical personnel. The medical world in which hospice chaplains work describes this kind of clinical documentation as compliance, which is as important as the visit itself. Compliance must be met for the billing department to be able to process payment requests from the patients’

insurance source. Without compliance and proper documentation, there cannot be adequate billing, and without adequate billing, the hospice organization cannot be fiscally sustained. Thus, there would be no chaplains, or nurses, or social workers, or nursing assistants. Patients would not be served adequately. A webinar hosted by the National Hospice and Palliative Care Organization (NHPCO) was advertised by the following description:

Compliance is measured by the completeness and quality of a hospice provider's documentation in today's risk focused environment. Does your patient documentation include enough detail to withstand scrutiny of any reviewer? Are you at risk for reimbursement payback for non-compliance?¹⁰

Seminary training does not prepare the novice hospice chaplain for proper clinical documentation. In a scholarly study supported by the National Cancer Institute, Kimberly M. Bergen-Jackson, along with her associates, concluded, "In hospice, which uses an interdisciplinary model, detailed documentation facilitates communication and collaboration among team members who provide care to patients and families."¹¹ After over a quarter of a century in the hospice chaplaincy, this author concurs with the necessity of accurate and timely documentation but continues to struggle with "clinical" documentation because verbosity can tend to rule within a chaplain's task of documentation without intentionality and practice. The hospice chaplain must sit down and do it – there is no choice.

Struggling with Financial Issues

Hospice chaplains do not enter this specific ministry for financial gain; that is for certain. However, it is no surprise that if particular needs are not met, one's stress level rises. Abraham

¹⁰ Jennifer Kennedy, "Documentation: Compliant and Complete," Webinar hosted by the National Hospice and Palliative Care Organization, January 24, 2017, accessed February 18, 2018, <https://www.nhpc.org/education/documentation-compliant-and-complete>.

¹¹ Kimberly M. Bergen-Jackson, et.al., "Determining Community Provider Practices in Hospices: The Challenges of Documentation," *Journal of Hospice and Palliative Nursing* 11, no. 7 (November/December 2009): 337, accessed March 31, 2018, <http://dx.doi:10.1097/NJH.0b013e3181bd03cd>.

Maslow was able to establish the necessity of meeting one's basic needs before attempting to fulfill the higher needs. Maslow's Hierarchy of Needs is a well-established psychological theory of human behavior.¹² Financial issues affect one's psychological basic needs and safety needs; therefore, if the hospice chaplain is experiencing financial difficulties, this will add to the primary stressors inherent in the hospice chaplaincy. Although the hospice chaplaincy is usually compensated properly, financial stress is still a common issue for many hospice chaplains. In fact, seventeen hospice chaplains (31.48%) indicated that financial concerns were one of their primary stressors. How can a hospice chaplain complain, or even raise the issue, since it is the common mindset that chaplains minister for a higher purpose and should not be concerned about remuneration for ministry? Salary.com reports, "The median annual Chaplain - Healthcare salary is \$56,286, as of March 01, 2018, with a range usually between \$50,706-\$61,793, however this can vary widely depending on a variety of factors;"¹³ It is certain that not all chaplains make that much since the salary figure is "usually" within the range stated earlier.

There seems to be little research on the actual salaries of hospice chaplains and the impact that wages have upon the performance of hospice chaplains in general. Personal factors and obligations also affect the degree to which a chaplain's salary meets his or her financial obligations. But it is certain that, to some degree, financial constraints can negatively affect the hospice chaplain's effectiveness in ministering to his or her terminally ill patients. It does take extra effort and prayer to remain focused on the patients' issues when the hospice chaplain has financial issues weighing heavily on his or her mind. Therefore, hospice administrations that are privy to this thesis should note that proper financial remuneration ought to be given to hospice

¹² Abraham Maslow, "A Theory of Human Motivation," *Psychological Review*, 50, no. 4 (1943): 370-396, accessed March 31, 2018, <http://psycnet.apa.org/doi/10.1037/h0054346>.

¹³ Salary.com, accessed March 6, 2018, <https://www1.salary.com/Chaplain-Healthcare-Salaries.html>.

chaplains to aid in the full effectiveness of their ministry. An honest disclosure of this hospice chaplain would reveal that on some occasions when the phone rang in the early morning hours between midnight and dawn, a motivating factor of regaining consciousness and making personal preparations for the journey in the dark to the death of a hospice patient was not just the opportunity to exemplify God's presence and love, but also the assurance of proper overtime pay to assuage the temptation to remain in bed. Financial gain cannot be the overriding incentive for the genuine hospice chaplain since the spiritual acuity and divine awareness are prerequisites; however, financial affirmation of the gifts and servitude of the hospice chaplain will provide a haven that will allow the hospice chaplain to maintain his or her focus on spiritual matters related to the concerns of the hospice patients. Financial discussions with administration can be tricky for the hospice chaplain who is balancing real life issues with a desire to minister to the dying.

Relationship Issues

Although relationship issues were less common than other stressors, their impact on the efficacy of the hospice chaplain's ministerial effectiveness should not be underestimated. Survey Question 10 asks the hospice chaplain, "What are the most pressing stressors or stressful circumstances in your life right now?" The two relationship issues identified were the horizontal relationships between one's spouse and other family members, followed by the vertical relationship with God as expressed through spiritual doubt.

Marital issues or family relationship issues

Eight of the participants, or nearly 15%, indicated that "marital issues or family relationship issues" were a primary stressor. Secondary status of this stressor is due to the diminutive number of participants who indicated this as a stressor, not due to its importance or impact upon the chaplain's ability to maintain resilience and truly *live* life as God intended. It

certainly is a primary stressor for those eight hospice chaplains who chose this, and for many other hospice chaplains who struggle with marital issues as they also provide comfort and hope to those who are struggling with end of life (EOL) issues. This author attempted unsuccessfully to find an article detailing marital distress of the hospice chaplain. There are many articles about the stressors of hospice chaplains, but only from the perspective of the specific role and responsibilities within the hospice chaplaincy. Little research has been performed about marital stress the hospice chaplain experiences personally even though some research has occurred for the stressors of pastors and their families. Internet searches for “marital stress and hospice chaplains” yields several results related to chaplains offering extended ministerial services of marital counseling for hospice patients and families experiencing marital distress, but nothing for the hospice chaplain who is experiencing marital distress. But it must be noted that the all-hours-of-the-night responsibilities of hospice chaplains can, over time, produce some marital distress that is not inherent in other ministerial occupations. This topic itself is a noteworthy thesis topic that could benefit from further exploration and research.

Spiritual doubt and questions about chaplain’s own relationship with God

Being in the ministry certainly does not mean that one has this present life and eternal life all figured out. And the specialized ministry of the hospice chaplaincy most assuredly gives both fledgling and seasoned hospice chaplains the opportunity to examine life’s eschatological, existential, and esoteric questions of meaning, purpose, and being in the altruistic laboratory of humanity. Thus, it comes as no great surprise that some of the hospice chaplains surveyed were honest enough to admit having some spiritual doubt about their own relationship with God. The five chaplains who indicated experiencing some amount of spiritual doubt ranked only 9.26% of the 55 hospice chaplains who completed the survey. Doubt is not to be equated with disbelief,

which is confirmed by the chaplains' responses to Question 13. When asked about their view of eternal life in Question 13, the five chaplains who had indicated having some spiritual doubt all affirmed their faith belief by responding to choices "c" or "d," both of which affirm faith in Jesus Christ. It is possibly a season in their lives in which spiritual investigation or reexamination of their core faith beliefs is in progress.

It has been said that references over ten to fifteen years have no place in a scholarly thesis as this purports to be; however, the iconic theological classic work of Paul Tillich qualifies as an exception to this rule. In *Dynamics of Faith* Tillich addresses this subject of faith and doubt in his usual erudite style which forces the reader to slow down and ponder his theologically esoteric musings. A portion of his extensive exploration of faith and doubt is as follows:

The doubt which is implicit in faith is not a doubt about facts or conclusions. It is not the same doubt which is the lifeblood of scientific research. Even the most orthodox theologian does not deny the right of methodological doubt in matters of empirical inquiry or logical deduction. . . . There is another kind of doubt, which we could call skeptical in contrast to the scientific doubt which we could call methodological. The skeptical doubt is an attitude toward all the beliefs of man, from sense experiences to religious creeds. It is more an attitude than an assertion. For as an assertion it would conflict with itself. Genuine skeptical doubt does not use the form of an assertion. It is an attitude of actually rejecting any certainty. . . . The doubt which is implicit in every act of faith is neither the methodological nor the skeptical doubt. It is the doubt which accompanies every risk. It is not the permanent doubt of the scientist, and it is not the transitory doubt of the skeptic, but it is the doubt of him who is ultimately concerned about a concrete content. One could call it the existential doubt, in contrast to the methodological and the skeptical doubt. It does not reject every concrete truth, but it is aware of the element of insecurity in every existential truth.¹⁴

And Tillich eventually concludes with a poignant application:

Many Christians . . . feel anxiety, guilt and despair about what they call "loss of faith." But serious doubt is confirmation of faith. It indicates the seriousness of the concern, its unconditional character. This also refers to those who as future or present ministers of a church experience not only scientific doubt about doctrinal statements – this is as necessary and perpetual

¹⁴ Paul Tillich, *Dynamics of Faith* (New York: Harper & Row, 1957), 19-20.

as theology is a perpetual need – but also existential doubt about the message of their church, e.g., that Jesus can be called the Christ. The criterion according to which they should judge themselves is the seriousness and the ultimacy of their concern about the content of both their faith and their doubt.¹⁵

Tillich explains the efficacy of doubt in relation to the building and strengthening of one's faith. Therefore, the hospice chaplains who experience doubt in their faith journey are investigating the seriousness of the claims of their faith in respect to the various existential quandaries exhibited by their terminally ill hospice patients. This author has also encountered hospice patients who express spiritual doubt about their faith. The advice given to them is herein conveyed to all hospice chaplains perusing these pages: "An unexamined faith is a weak faith."¹⁶ On the journey of doubt, one's faith is often strengthened due to the arduousness of the quest that forces one to investigate his or her faith and sift out the facade that is frequently portrayed and paraded as authentic faith. Before a chaplain is in a position to counsel and guide hospice patients and their families through this perilous journey of doubt that produces a stronger, tested faith, it is important for chaplains to resolve their own spiritual doubt through Clinical Pastoral Education¹⁷ and pastoral mentorship so that ministry to their hospice patients can be authentic and purposeful.

Administrative and Time Issues

Administrative and time issues ranked as the final category of stressors and were tabulated by a compilation of the freehand remarks under the choices of "Other" for Questions 10 and 12. These include one selection for each of the following: corporate office issues and unrealistic expectations; management duties; committee responsibilities which distract from

¹⁵ Tillich, 22.

¹⁶ This is the author's personal statement to his hospice patients and others struggling with faith issues.

¹⁷ Clinical Pastoral Education information, objectives, and standards can be found at www.acpe.edu.

visiting patients; extended commuting time to work; and juggling other hospital chaplaincy responsibilities along with hospice responsibilities. These administrative issues are not foreign to the hospice chaplaincy, nor are they unfamiliar with other professional positions. However, the frustration produced from these added administrative duties is commensurate with an amalgamation of right brain activities of administration with the left-brain activities of providing spiritual and emotional support to hospice patients. The effort taken to shift between these diametrical mental activities, added to the time constraints of hospice chaplains, is certainly familiar to this hospice chaplain. Rising to this challenge is just another stressor which, when added to other, more salient chaplaincy stressors, often produces a “straw-that-broke-the-camel’s-back” effect. Turning to methods of processing these stressors so they can become more manageable is absolutely necessary if the hospice chaplain is to survive in the corporate environment that so many hospice agencies have become. The ideal for hospice as established by Dame Cicely Saunders is hardly recognizable with the influx of insurance and government mandates that have transformed the hospice concept into an institution that can be sustained and implemented in our present society. Therefore, it is incumbent upon hospice chaplains to understand the necessary ministerial and counseling skills described in this thesis and other relevant sources, but also to accept the importance of the administrative duties that allow hospices to remain viable and operational within the capitalistic corporate world that defines our society.

It is obvious that the stressors of hospice chaplains need to be addressed so that chaplains can maintain effectiveness and resiliency for many years of ministry. The hospice chaplain who fails to recognize these stressors in his or her life is more likely than one who does recognize them to experience compassion fatigue or even burnout, thus negatively affecting the efficacy of

his or her hospice ministry. The consummate modality is achieving a certain amount of balance in life, which is not always easy to accomplish.

Maintaining Balance in Life

Maintaining balance in life is the second area of the four major tiers of strength that are vital for hospice chaplains who are truly able to *live* while ministering to the dying. It was a close second, with 44 respondents choosing “f” on Question 2 which states, “Finding balance in your personal life and hospice chaplain responsibilities” as a contribution to his or her ministry as a hospice chaplain. Having balance in life requires that the hospice chaplain prioritize life’s events according to the importance and needs of the moment. This balance through prioritizing provides a sense of peace to the chaplain and aids in the chaplain’s ability to stand firm and endure the challenges and adversities of the hospice chaplaincy, or to exhibit stability. In Question 16 from the Hospice Chaplain Survey, 85.45% of the respondents, or 47 out of 55, stated that they felt like they had a healthy balance between their ministry and their personal or family time. Their corresponding responses in Question 15 supported that with almost 71%, or 39, choosing quality time with family and friends as their primary hobby. The second most indicated hobby activity, with 28 respondents, or almost 51%, was reading books or magazines unrelated to their ministry. Balancing one’s life between their chaplaincy duties and a favorite hobby is mentally, emotionally and even spiritually healthy – and sometimes physically healthy – for hospice chaplains who spend a great deal of energy ministering to the dying. Hobbies and relaxation can breathe newly energized life back into the lives of chaplains who deal with issues of death and dying on a regular basis.

From the statistics of the Hospice Chaplains Survey, one can argue that increased years of serving as a hospice chaplain can have a positive effect upon the balance a chaplain achieves

in life, but longevity in the hospice chaplaincy does not guarantee increased balance in life. Of the 28 hospice chaplains who indicated they have 10 or more years of ministry as a hospice chaplain, 78.57%, or 22 indicated on Question 17 that they have a healthy, balanced lifestyle. The breakdown of responses is as follows: 11 (39%) indicated a score of “8” on the Likert scale, 8 (28.5%) scored “9”, and 3 (10.7%) scored “10” on the Likert scale of living a healthy, balanced lifestyle. Complete conclusions cannot be drawn based upon the diminutive number of chaplain respondents; however, it stands to reason that as one becomes more familiar and comfortable with the hospice chaplaincy role, one can potentially achieve added balance between one’s hospice responsibilities and one’s personal life.

Maintaining balance in life has a crossover effect in contributing to a hospice chaplain’s stability; stability also has an equal crossover effect upon the other three major tiers of strength, since stability in the processing stressors is an indicator of the positive outcome of that function. In like manner, the security of one’s faith beliefs also affects the degree to which a hospice chaplain experiences balance in life. Although these four major tiers of strength are discussed separately, along with the various contributing factors, it is necessary to understand their intricately interwoven characteristics and the impact they have upon each other. The resulting strengths flourish within the hospice chaplain who remains open to an inner change that occurs amidst the synthesis of these four primary facets, or tiers, of the hospice chaplaincy.

When one thinks about the subject of “balance in life,” one normally thinks about maintaining a healthy amount of physical exercise, rest, nutrition and mental activity. In speaking about the need for caregivers to manage their lifestyles, Dr. Kenneth Doka recommends, “Proper rest, good nutrition, exercise, and opportunities for respite, relaxation,

diversion and renewal are all important aspects of lifestyle management.”¹⁸ However, a unique perspective determines “balance in life” for a hospice chaplain. The above activities mentioned by Dr. Doka are part of the self-care of the hospice chaplain that will be discussed later; however, there is more to maintaining balance in life than self-care.

As a hospice chaplain, maintaining balance in life is a quandary and a challenge to which this hospice chaplain can attest. According to the Hospice Chaplain Survey, three primary factors contributed toward more balance in the lives of hospice chaplains surveyed. These key factors include a secure faith system; a loving, supportive family; and self-care of the hospice chaplain. Since stress was a primary concern, as has been previously discussed as the first tier in learning to *live* while ministering to the dying, managing these stressors can be classified as a fourth factor in maintaining balance in life. Once again, the interconnectedness between one primary tier of *living* abundantly and subfactors in another tier is demonstrated.

A Secure System of Faith

For the hospice chaplains surveyed, equality in the IDT and balance in life both exceeded their having a secure system of faith and healthy family relationships as factors contributing to their ability to stand and endure the challenges of the hospice chaplaincy, with the latter two receiving 41 and 36 responses respectively. This factor was a surprising revelation for this author who has relied strongly upon his system of faith beliefs to provide the greatest stability in his hospice chaplaincy. Faith is the one element with which the hospice chaplaincy is uniquely and irrevocably endowed. The conveyance of faith is the essence of the hospice chaplaincy, and faith is that which our hospice patients either affirm, examine, or question in their spiritual journey.

¹⁸ Kenneth J. Doka, *Counseling Individuals with Life-Threatening Illness* (New York: Springer Publishing Company, 2009), 78.

A secure system of faith for the hospice chaplain is a foundation on which the hospice chaplain stands to support the hospice patients' systems of faith. During the times in which patients may struggle with their terminality, and during perplexing times prior to dying, hospice patients may need guidance from the chaplain to help them discover their own purpose and foundational meaning for their lives. Faith is that which sustains people when hope is bleak, when the usual anchors no longer hold them securely in the storms of life. Scripture informs us that "Faith is the substance of things hoped for, the evidence of things not seen."¹⁹ Faith does not lend itself to a scientific explanation, but neither is it relegated to merely an esoteric feeling. Faith is a spiritual anchor during the storms of life and a peaceful haven when doubt surfaces or when the cacophony of one's life's adventures becomes oppressive or insufferable.

Because a secure system of faith within a growing relationship with God is the fourth major tier of learning to *live* abundantly as a hospice chaplain, a more expansive discussion is forthcoming. Albeit to say, this aspect of maintaining balance in life is another example of the complexity and the interwoven characteristics of the life of a hospice chaplain who has mastered the art of *living* while continuing to minister to patients who are dying. The importance of a secure system of faith is not negated due to its third ranking in the Hospice Chaplain Survey.

A Loving, Supportive Family

"Family" – the term elicits all sorts of images, feelings, and thoughts. For some, these are warm and loving images, feelings, and thoughts; but for others, it is cold and harsh. Also, the meaning and construct of "family" have changed over the years to be more inclusive and pluralistic. The construct of a family as a husband and wife who remain married and monogamous and have biological children has decreasingly been construed to be the norm –

¹⁹ Hebrews 11:1 (KJV).

although it remains the norm for God according to Scripture. (That could be the subject for another thesis.) The terminology in the Hospice Chaplain Survey did not denote the exact construct of “family.” The participant was free to qualify that term within his or her own pluralistic framework. The survey question regarding the presence of a spouse or significant other also allowed the survey participant to define the spousal union within his or her own pluralistic framework. Within these parameters, the survey indicated that over 78% (43/55) indicated that their support system included a loving relationship with a spouse or significant other that contributed to their resiliency in ministry and personal growth. In addition, 91% (50/55) of the survey participants have other supportive relationships which provide them an additional sense of belonging and worth. Hospice chaplains need the support and love of others to thrive and experience abundant *living* in both their personal and professional life.

Scriptures espouse the intrinsic needs we all have for supportive, loving relationships in our lives. God gave Eve to Adam and declared, “It is not good for man to be alone. I will make him a helper that is right for him .”²⁰ Humanity was created to be in relationship; we are not meant to be alone. Jane Struck, editor of *Today’s Christian Woman*, encourages women in her article, “Abundant Living,” saying, “Our desire is that *Today’s Christian Woman* equips you to love Christ and your neighbor more deeply as you navigate life’s messy complexities. But remember, you’re not alone on the journey.”²¹ The idea that not one person is designed to “go it alone” on the journey mirrors God’s creative purpose. Each hospice chaplain needs a loving and committed relationship with someone significant to be a helper during their times of distress and

²⁰ Genesis 2:18 (NLV).

²¹ Jane Struck, "Abundant Living." *Today’s Christian Woman* (July/August 2007): 4, accessed January 29, 2018. <http://web.a.ebscohost.com.ezproxy.liberty.edu/ehost/pdfviewer/pdfviewer?vid=8&sid=9e60ddb-e-c156-4932-8f15-2ebe1ea8ae0e%40sessionmgr4010>.

sorrow that inevitably occurs in ministry to the dying. Having someone with whom life can be celebrated and enjoyed helps balance the hospice ministry. And the novice hospice chaplain may discover that his or her ministry to the dying will increase the joy of living since there will be constant reminders from the patients who have learned to live life in the present and enjoy every moment possible. Since hospice is about *living* by adding more life to hospice patients' days when no more days can be added to life, it is good for the hospice chaplain to model that same approach to life in his or her trek toward *living* abundantly.

Dr. Greg Smalley speaks of the ideal marriage that God has planned as a "Promised Land marriage" and queries, "Is married life perfect in the Promised Land? No. But if you and your spouse intentionally partner with God to make your marriage all it can be on this earth, you'll have all the resources you need to quiet the din and get back to the business of delightful living."²² Having a special someone with whom to live life, and live it exuberantly, will also provide increased balance, and thus resiliency, to the hospice chaplaincy. This author and hospice chaplain gives credit to his wife who has been a reminder that life indeed can be a balance of joyfulness and disconcertedness, arguments and reconciliation, while it affords opportunities to sing praises to God and to remain silent in quiet meditation before Him. This is life *lived* with balance. It really works!

Self-Care of the Hospice Chaplain

Caring for oneself may seem like a no-brainer; however, it is common for those in ministry to provide greater care to their parishioners, or patients in the case of hospice chaplains, than they provide for themselves. It seems that the idea of self-sacrifice has become a stalwart

²² Greg Smalley, *The Marriage You've Always Dreamed Of* (Wheaton, IL: Tyndale House Publishers, Inc., 2005), 218.

indication of the minister's, or chaplain's, devotion to God. Μὴ γένοιτο (Mē genoito)!²³ Mental health practitioners James Halpern and Mary Tramontin give sound advice concerning self-care to counselors who provide disaster relief to victims. This same admonition is also applicable for hospice chaplains as they daily minister to the dying: "Remember that self-care cannot be overemphasized. It benefits not only you but also the clients you work with and the loved ones you will return to after the event."²⁴ Questions four through eight on the Hospice Chaplain Survey were designed to reflect the degree to which the surveyed hospice chaplains were involved in self-care in five major categories as illustrated in the following chart. The ensuing percentages are a combination of the "strongly agree" and "agree" responses and are arranged in descending order.

Table IX. Self-Care of the Hospice Chaplain

Self-Care Category	Percentage in Agreement	Responses out of 55
Sufficient Sleep	78.18%	43
Educational Pursuits	68.52%	37
Healthy Eating	65.46%	36
Healthy Sex Life	61.82%	34
Regular Exercise	54.55%	30

The respondents to the Hospice Chaplain Survey indicate a rather high percentage who participate in activities that contribute to their self-care as a chaplain. This awareness of the need for self-care and implementation of activities that promote self-care contribute toward the

²³ Strong Greek phrase meaning "By no means!" or "Absolutely not!" In today's vernacular, it would be translated as "Hell, no!" See Galatians 3:21 for Biblical contextual reference.

²⁴ James Halpern and Mary Tramontin, *Disaster Mental Health: Theory & Practice* (Belmont, CA: Thomson Brooks/Cole, 2007), 195.

improbability of burnout becoming a serious factor in the lives of these hospice chaplains.

Burns, Chapman, and Guthrie declare, “Self-care is not *selfish*. It is a necessary part of staying involved in fruitful ministry for a lifetime.”²⁵ Although these authors were addressing self-care in the pastorate, this principle is definitely applicable for the hospice chaplaincy.

The attribute of maintaining balance in life is not an easy one to attain as a hospice chaplain. After having reviewed three avenues which have shown to produce greater balance in life – a secure faith, a supportive family, and self-care – the readers now have greater counsel and advice from seasoned hospice chaplains as they develop their personal lifestyle habits. As with any ministry, the hospice chaplaincy presents the challenges of time, energy, stress management, personal relationships, and spiritual growth and maturation to maintain a healthy balance in all the minutiae of living life in an imperfect society. Decisions made by the chaplain or others and situations will arise that will produce temporarily increased stress and thus less balance; however, careful attention upon establishing healthy, supportive relationships during the temporary time is crucial. For example, it is interesting to note that of the eight respondents in Question 6 who felt they did not have balance in life, all eight were involved in educational pursuits. Deciding to pursue a higher degree will produce increased stress and less balance in life, to which this author can attest. In such a case, if it is for a temporary time and has the approval and support of one’s family and employer, it can reap future benefits. However, decisions that produce permanent stress and less balance in life are strongly discouraged since the result could compromise one’s physical and emotional health, ministry, and relationships.

An exploration of all these factors can contribute to more balance in life; however, it is not guaranteed, since many variables can produce an imbalance in the life of a hospice chaplain.

²⁵ Bob Burns, Tasha D. Chapman, and Donald C. Guthrie. *Resilient Ministry: What Pastors Told Us About Surviving and Thriving* (Downers Grove, IL: IVP Press, 2013), 100.

If the reader is experiencing a lack of balance in life, regardless of the cause, it is strongly advised that he or she seek professional counseling. All too often, hospice chaplains, as well as other helping professionals, somehow adopt the notion that if they admit they are having problems, they will no longer qualify to counsel others. It is in learning to deal with one's problems and navigate his or her mural of feelings that one becomes qualified to provide counseling advice to others. Knowing the soul pain of grief increases the hospice chaplain's credibility to offer grief counseling. It does not mean one must experience a significant loss before providing grief counseling to others, but if the hospice chaplain has suffered through a significant loss, there is a greater understanding of the loss hospice families experience. If he or she has experienced a trauma, a hospice chaplain need never be afraid to admit the need for counseling.

Developing Stability and Resiliency as a Hospice Chaplain

Upon initial reflection on this third tier of learning to *live* abundantly while ministering to the dying, one may think that “stability” is similar to “resiliency” since both conjure up images of “strength.” One can, however, discern the difference upon further cogitation, since “stability” is the strength to stand firm *during* the storms of life, and “resiliency” is the ability to bounce back *after* having experienced a stressful or traumatic incident that may have appeared to be a period of instability. *The Merriam-Webster Dictionary* defines “stability” as “the strength to stand or endure.”²⁶ Nan Henderson defines “resiliency” as “the ability to overcome challenges of all kinds—trauma, tragedy, personal crises, plain ‘ole’ life problems—and bounce back stronger,

²⁶ *Merriam-Webster Dictionary*, accessed March 12, 2018, <https://www.merriam-webster.com/dictionary/stability>.

wiser, and more personally powerful.”²⁷ Stability and resiliency in the hospice chaplaincy have not always been constants for this author since various vacillations have transpired in his personal and professional life over the quarter of a century of his ministry.

According to the Hospice Chaplain Survey, conscientious attention to three areas can help contribute to increased stability and resiliency as a hospice chaplain. The first area in this third tier that helps increase stability and resiliency is the coequality of the chaplain and the sense of “family” felt within the IDT, indicated by Questions 2 and 25. The second area in this third tier of stability and resiliency is maintaining balance in life and having healthy family relationships, which has been previously discussed under the second tier. These findings show the overlap of areas in the hospice chaplaincy. The third area of this third tier of increasing stability and resiliency is rebounding from hospice patients’ deaths through healthy processing, which was indicated by Question 14. Each of these three areas will be discussed separately for clarity.

Equality of the Chaplain and a Sense of “Family” Felt Within the IDT

The surprise to this author was the preeminent position that the hospice chaplains who were surveyed gave to being accepted and affirmed as an equal member of the interdisciplinary team, with 45 respondents indicating this was a primary characteristic that contributed to their hospice chaplaincy. Being accepted as an equal and integral part of the interdisciplinary team, sometimes referred to as the interdisciplinary group (IDG), scored as the primary source of resiliency, or the characteristic that contributed most to the ministry of the hospice chaplains surveyed. This author and hospice chaplain has personally experienced the frustration of feeling

²⁷ Nan Henderson, “What is Resiliency and Why is it So Important?” *Resiliency In Action* (November 2, 2012), accessed March 8, 2018, <https://www.resiliency.com/what-is-resiliency>.

“second class” to the nurses during the patient discussions in the bi-weekly case conferences of the IDT. Therefore, the boost or resilient feeling a chaplain yearns for is to be considered as an equal to the other disciplines since all disciplines are supposed to be unified in their assessments and care of each hospice patient. Being recognized as coequal to the nurse and social worker not only gives credibility to the hospice chaplaincy, but it also empowers the hospice chaplain to be more bold and willing to give patient input to the other IDT members.

The study by Lloyd-Williams, Wright, Cobb, and Shiels revealed that the blurred roles of the hospice chaplain within the IDT increased the degree of stress perceived by the hospice chaplain. Additionally, the study cited, “It is also interesting to note in the free text comments that a major source of stress was the lack of recognition of the chaplain’s role by other members of staff.”²⁸ The Hospice Chaplain Survey conducted for this thesis substantiates the findings in the study by Lloyd-Williams, Wright, Cobb, and Shiels. Hospice chaplains need to be affirmed for their equal role within the IDT to experience greater stability in their role as a hospice chaplain. If one’s patient assessments are not taken seriously, stability in the role of hospice chaplain will certainly not be anticipated.

Acknowledgment of the chaplain’s equality within the IDT is more than a cry to “look at me.” Recognition and affirmation of the equality of the chaplain’s role in the IDT affirm the significant role of spirituality in the wholistic plan of care for the hospice patients. Emphasizing primarily the nurse’s role and functions only accentuates the primary focus upon the patients’

²⁸ Mari Lloyd-Williams, Michael Wright, Mark Cobb, and Chris Shiels, “A Prospective Study of the Roles, Responsibilities and Stresses of Chaplains Working Within a Hospice,” *Palliative Medicine* 18 (2004): 644, accessed March 16, 2018, <http://web.a.ebscohost.com.ezproxy.liberty.edu:2048/ehost/pdfviewer/pdfviewer?sid=05be8b5f-b0f8-4db3-8b03-aa9b14ba0230%40sessionmgr4005&vid=2&hid=4214>.

physical needs. Hospice is more than meeting the physical needs. The National Hospice and Palliative Care Organization (NHPCO) defines the interdisciplinary team as follows:

The hospice interdisciplinary group includes physicians, nurses, home health aides, social workers, counselors, chaplains, therapists and trained volunteers. The Medicare Hospice regulations use the term “interdisciplinary group” in the regulatory text, but the term “interdisciplinary team” can be substituted.²⁹

Therefore, it is evident that the NHPCO affirms the equality of the chaplain within the interdisciplinary team by stating it as a Medicare hospice regulation that all hospices are required to follow. But all seasoned hospice chaplains are aware of the preeminence that the nurses have within the IDT, especially when the time is short, and the physician expresses his or her limited time. For the hospice chaplain to maintain stability, he or she may need to rely upon the other three characteristics noted below if recognition of equality within the IDT is lacking.

Maintaining Balance in Life and Having Healthy Family Relationships

Maintaining balance in life has been discussed previously as the second tier of learning to *live* abundantly while ministering to the dying, and having healthy family relationships was discussed as a factor in constructing the second tier. The duplicity of these characteristics which contribute to stability and resiliency again exemplifies the complexity of the hospice chaplaincy. These two areas of development and strength are vital if hospice chaplains are truly able to *live* while ministering to the dying. This issue indicates the crossover effect, where one major aspect of life impacts another that is important in learning to truly *live*. Learning to *live* abundantly while ministering to the dying has inherent complicated factors which demand that these life impacts cross over from one major tier into another tier, thus reinforcing and stabilizing the primary tiers through interdependence. Maintaining healthy balance in life undergirds the

²⁹ The National Hospice and Palliative Care Organization, “Interdisciplinary Team,” accessed March 16, 2018, <https://www.nhpc.org/interdisciplinary-team.i>.

development of stability and resiliency as it forms a primary tier that comprises the life of a chaplain who has learned to *live* abundantly while ministering to the dying. The complication of this thesis reinforces the complexity of the life of a hospice chaplain who daily relies upon all four tiers of strength – stress management, balance, stability and resilience, and faith in God – to grow and mature in each area. The interdependence of each of these primary tiers strengthens each of the others to increase stability and resiliency. The four major pillars that support a building or other architectural structure are comparable to the four tiers of the hospice chaplaincy.

Ability To Rebound from Hospice Patients' Deaths

When confronted with the emotional turbulence inherent in the hospice chaplaincy, such as the stresses of preparing a family for the death of their loved one or being called out to the death of a hospice patient in the middle of the night, much resilience is needed. Rebounding from the death of a hospice patient is not always an easy task and produces grief for the hospice chaplain, especially when endearing ministerial bonds have been formed during the visits with that patient. Two responses to Question 14 far exceeded the other choices in the Hospice Chaplain Survey with the first receiving 38.18% or 21 of the 55 responses, and the second receiving 36.36% or 20 of the 55 responses. The third largest response received only 12.73%, or 12 of the 55 responses; therefore, the focus will be on the two principal responses that together garnered almost 75% of all the responses.

The primary response to Question 14 from the survey was: “Eternal life is not my focus in my hospice ministry. My focus is helping the hospice patient find his or her own peace in their dying and for the family to process their own grief as they say ‘Goodbye’ to the hospice

patient. This allows me to continue ministering to others in their grief.”³⁰ Maintaining the primary focus of guiding the hospice patient toward a peaceful death helps prevent undue duress for the hospice chaplain who otherwise has constructed his or her own goals for the hospice patient. The goals that are important to the hospice chaplain are not the issue. It is the goals of the hospice patient that must remain paramount. The hospice chaplain must keep the focus on the patient and the grieving family and their relationships with each other so that all are at peace without regrets. If that occurs, that is a good death.

The secondary response to Question 14 from the Hospice Chaplain Survey was: “My faith in God and my support system allow me to remain resilient by providing an avenue to process my thoughts and feelings about a patient’s death. Some patients' deaths are more devastating to me than others due to the relationship established with that patient.”³¹ This survey response is not in opposition to the primary survey response; rather it views the situation from a different perspective. The hospice chaplains who chose this response probably find their primary support and confidence in their own relationship with God – not in whether or not the hospice patient made the spiritual choices congruent with the chaplain’s faith beliefs. This response acknowledges and affirms the grief the hospice chaplain may be experiencing due to the relationship formed with the hospice patient. Further, this response recognizes that just as in the personal life of the hospice chaplain, he or she develops stronger bonds with some patients than with others. No guilt should be expressed for this as long as the hospice chaplain gives the same quality care to all other hospice patients. If the hospice chaplain maintains a growing relationship with God through his or her personal faith practices and is honest about the patients

³⁰ “Survey for Resiliency and Stability in the Hospice Chaplaincy,” Question 14, choice “g.”

³¹ “Survey for Resiliency and Stability in the Hospice Chaplaincy,” Question 14, choice, “e.”

for whom grief may not be felt upon their death, then the hospice chaplain will promote greater resiliency and healthier ability to rebound following the deaths of hospice patients. Honesty with one's feelings is the key component in one's ability to rebound from the death of one hospice patient and move on to minister to other hospice patients.

This hospice chaplain has discovered that if the appropriate mindset is established in the initial assessment visit with each patient, and he or she accepts that each patient was referred to hospice due to a physical terminal illness, then the physical decline of the patient is seldom a surprise or a shock. Also, learning to recognize the signs of approaching death, as discussed in the previous chapter, and communicating that awareness to the hospice IDT and also to the family, if appropriate, reinforces in one's mind that this patient's physical body is dying.

The hope of eternal life and the anticipation of being set free from pain and the encumbrances of a worn-out body give cause for celebration and joyful praise to God, the Father, who made it all possible through the sacrificial atonement death and resurrection of His Son, Jesus Christ. Reinforcing the good news of the gospel message – that is what “gospel” means, “good news” – then the hospice chaplain is more likely to experience increased resiliency by seeing life through a spiritual lens. Modelling the affirmation of eternal life mentally, emotionally, and spiritually prepares the hospice chaplain to move on the next hospice patient and to meet that patient where he or she is, so the hospice chaplain can continue offering the comfort and hope with which the high office of being a hospice chaplain is endowed. Here the reader may wish to refer to the Scripture passages at the end of Chapter Two.

Maintaining a healthy balance between one's personal life and the responsibilities of being a hospice chaplain; relying upon the security found within the chaplain's personal system of faith; exercising self-care, and depending upon healthy family relationships which provide

love, meaningfulness, and security will give hospice chaplains the greatest source of strength and resiliency as they perform the physically humble yet spiritually audacious functions of the hospice chaplaincy. If the hospice chaplain can realize that unrecognized earthly activities may yield eternal rewards, there may be a greater sense of resiliency in the daily challenges and activities of fully inhabiting the role of a hospice chaplain.

Having a Secure Faith and a Growing Relationship with God

Having a secure faith, along with a growing, healthy relationship with God, is the fourth tier of strength that constitutes the life of the hospice chaplain who has discovered what it means to truly *live*, and *live* abundantly while ministering to those who are dying. Faith is the language of the hospice chaplain, but it must also be an integral dimension of the chaplain's personal spiritual pilgrimage. Differentiation between a relationship with God and a secure faith system is valuable in understanding the characteristics and impact of each in the life of a hospice chaplain and how the impact of these two components influences the hospice chaplain's ministry.

Impact of a Growing Relationship with God

A secure and growing faith in God is vital for hospice chaplains and also forms the foundation for processing stressors and all other of life's difficulties encountered by chaplains. This is evidenced by the 60% majority of respondents (33 out of 55) on the Hospice Chaplain Survey who indicated on Question 11 that having a relationship with God was a primary attribute that helped them process their stressors. How can godly, pastoral counseling be offered to hospice patients without the hospice chaplain's first having a well-established faith in God as determined by Holy Scripture? At this point, divergence may occur for some readers whose faith system has not embraced the tenets described herein. Having been raised in the Christian faith

and having examined the tenets of that faith, this author boldly proposes that a faith relationship with God can only be established through personal faith in His Son, Christ Jesus, who is the fulfillment of His covenant with the Jewish nation of Israel. This author urges all readers who may be prone to reject the author's premise and cease further reading to pause for a moment and consider further erudition on this subject with an openness toward scholarly enhancement of the reader's understanding of the Christian faith that is embraced by many of his or her hospice patients. When this author was asked to officiate the funeral of a Jewish patient, an open mind toward learning aspects of a Jewish funeral was necessary. That same openness toward learning core components of the Christian faith is requested here.

With that underlying premise, the foundation of a growing relationship with God through faith in Christ serves as the catapult for all pastoral counseling, sources of emotional comfort, and motivation to continue visiting terminally ill patients even while dealing with one's own personal duress. This author has learned that authenticity in living out and sharing, if queried, the tenets of one's own faith system offers strength, comfort, hope, and assurance to hospice patients who are searching for answers to their dilemmas and existential questions. It is the relationship with God that this author has developed through personal struggles which has been the foundation from which all counsel and comfort have been given to his hospice patients over the years as they faced various adversities associated with their terminal illness and other crises inherent in life. Exemplifying an authenticity of faith has diminished this hospice chaplain's personal stress through claiming the promises of eternal hope and assurances of God's constant, abiding presence in all situations of life. If the hospice chaplain develops and nurtures an authentic faith, then the conveyance of that faith to hospice patients who are facing physical death will become natural and authentic also.

Impact of a Secure System of Faith

Although having a secure system of faith has been discussed as a contributing factor in maintaining a healthy balance, it also has a crossover effect in all areas of life. Therefore, this author acknowledges this elevated status that a well-developed system of faith has in the plight of learning to *live* abundantly while ministering to the dying. Establishing a secure faith is paramount for the hospice chaplain to manage the stressors of life, achieve balance in life, and develop stability and resilience in the hospice chaplaincy. Chaplain Matthew Binkewicz writes, “A regular prayer life, achieved by a process of focusing or ‘centering’ can provide the means to reach a selfless love and concern for others.”³² Having a genuine, selfless love and concern for others is a primary characteristic of any successful hospice chaplain. The compassionate care given to one’s hospice patients cannot be contrived; it must be sincere – the dying person can detect fraud. Besides, maintaining the pretense of a life of faith is a stressor that cannot be sustained. It will ultimately implode within the life of the pretender and fracture his or her ministry, as well as cause disruptions within the lives of his or her hospice patients. There can be no meaningfulness or balance in life for a hospice chaplain who does not have a secure system of faith.

Although the author espouses a particular faith as truth, he is not indicating that the reader must espouse his faith. But hospice chaplains need to have an anchor of faith that they believe to be “truth” which will provide a spiritual shelter and promise spiritual security. It does not mean hospice chaplains force faith beliefs onto hospice patients to whom they minister. In fact, one of the requirements of a hospice chaplain is to be ecumenical and accepting of all faiths.

³² Matthew P. Binkewicz, *Peaceful Journey: A Hospice Chaplain's Guide to End of Life* (Ithaca, NY: Paramount Market Publishing, 2005), 22.

But the faith of the hospice chaplain will provide assurance to those who are seeking spiritual guidance, as well as serve as a foundation for the chaplain during moments of spiritual doubt and despair. The Hospice Chaplain Survey conducted for this thesis project shows that 74.55% of the respondents said that a secure faith was one of the primary characteristics that contributed to their ministry as a hospice chaplain.³³ One can be a counselor or even a hospice social worker without a secure faith – but not a hospice chaplain. The stress of maintaining such a fallacy would cause a tremendous imbalance in life.

Factors that Contribute to a Secure Faith

Factors that contribute toward the development of a secure system of faith, as indicated by the Hospice Chaplain Survey, included the degree to which the chaplain's community of faith challenged and encouraged him or her spiritually and various facets of the chaplain's personal devotional or meditation time.

The Hospice Chaplain Survey examined the security of the chaplains' systems of faith with Question 18, which asked if the chaplains' communities of faith challenged and encouraged them spiritually. Forty of the 55 respondents (74%) indicated that their community of faith did challenge and encourage them, or somewhat challenged and encouraged them. The faith belief systems of the chaplains denote security to the degree that they are involved in a community of faith that challenges them and encourages them. Most people, including chaplains, who are not experiencing security in their faith usually either continue to search for a community of faith or do not feel they need a community of faith. Surprisingly, 15% of the hospice chaplains surveyed were not involved in a community of faith. Half of this group were seeking a satisfying

³³ Results of Hospice Chaplain Survey, Question 2, in Appendix C.

community of faith, and the other half felt no need to be involved in a community of faith since their personal spiritual practices were sufficient for them.

Without a desire to overemphasize traditional religious views or theologically conservative biases, this author is concerned about chaplains who choose to refrain from involvement in a community of faith that challenges and encourages them to grow spiritually. Faith development occurs best within corporate worship, as was indicated by the author of Hebrews who instructed, “And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.”³⁴ Worship and spiritual growth can, and does, occur when one is alone – this author has experienced moments of spiritual growth and meaningful communion with God while alone in his home office. It is not an either/or situation. Spiritual growth needs to occur in both settings. Nevertheless, the value of corporate worship was confirmed by the 74% of hospice chaplains participating in the Hospice Chaplain Survey who indicated they had joined a community of faith that was challenging and encouraging to them. And another 11% of the hospice chaplains were participating in a community of faith even though they were not satisfied there.

Various facets of the chaplains' personal devotional or meditation time comprised another qualifier for the security of their faith. Questions 19-22 surveyed the participants' responses regarding how regularly they scheduled devotional or meditation time and the amount of time spent in those same endeavors. Question 20 dealt with the chaplains' regularity in scheduling personal devotional or meditation time. Surprisingly, almost 50% (49.09) disagreed or strongly disagreed with the statement that personal devotional or meditation time is regularly scheduled

³⁴ Hebrews 10: 24-25 (NIV).

and not sporadic. It seems that the busy, hectic schedule of hospice chaplains has some effect upon their private devotional time. However, 28% of the survey participants agreed or strongly agreed with that same statement. So, it is possible for hospice chaplains to prioritize their private devotional or meditation time and continue to fulfill their responsibilities. In his doctoral thesis, Jamie McClanahan declares, “The pastor who is lacking delight and struggling with defining and achieving success will find the practice of meditation both redirecting and refreshing.”³⁵ For an addendum, this author would conjecture that any hospice chaplain could likewise benefit from the practice of meditation and devotional time studying and praying the words of Scripture.

The amount of time spent weekly in devotional or meditation time was surveyed in Question 21. The dominant response at 40% was “1 to 2 hours” per week. The next category revealed a wide variation with each response of “15 to 30 minutes” and “3 to 4 hours” both receiving 16.36%. The greatest amount of devotional time, “7 to 9 hours” per week, received almost 11%. Therefore, one can surmise that hospice chaplains vary quite remarkably regarding the amount of time spent each week in private devotional or meditation time. It is this devotional time that rejuvenates the spirit and aids the chaplain in spiritual growth. Neglect of this essential spiritual time is not suggested.

Also surveyed was the degree to which the participants felt that devotional time contributed to their resiliency and effectiveness as a hospice chaplain. Questions 19 and 22 were identical and designed to test the variation between the responses before and following the participants’ pondering their scheduling of devotional or meditation time in Question 20 and the amount of time spent weekly in devotional or meditation time in Question 21. In Question 19,

³⁵ Jamie McClanahan, “Pastoral Self-Care: Developing A Burnout-Resistant Approach to Life and Ministry” (Doctor of Ministry thesis, Liberty University, 2018), 39, accessed April 22, 2018, <http://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2751&context=doctoral>.

the participants were asked the degree to which they agreed with the statement that their personal devotional or meditation time contributed to their resiliency and effectiveness as a hospice chaplain. Seventy-eight percent responded either “Strongly agree” or “Agree” with that statement. However, in Question 22, when queried with the same statement, only a little over 69% responded with either “Strongly agree” or “Agree.” Interestingly, the responses of either “Strongly disagree” or “Disagree” doubled from 3.64% with Question 19 to 7.27% with Question 22. It is only a conjecture that after reading Question 20 regarding the scheduling of devotional time and Question 21 about the amount of time spent in these spiritual practices, there may have been greater honesty or, more likely, a reevaluation of the participants’ prior responses.

Many more hypotheses could be postulated from the inferences delineated throughout the analysis of the Hospice Chaplain Survey; however, it is sufficient to state that each hospice chaplain should evaluate their personal devotional or meditation time. If it is possible, one should schedule time with God while meditating upon Scripture or some form of meditation that centers the hospice chaplain and deescalates the anxieties and difficulties of the day.

Conclusion of Survey Analysis

Dealing with these personal issues and other hospice issues can take its toll on the ministry of the hospice chaplain. The Hospice Chaplain Survey identified several personal issues which influence the life and ministry of hospice chaplains. These personal issues do not cease, nor do they become less significant simply because a terminally ill person has been assigned to the chaplain’s caseload. This is to say that even though the issues of the terminally patient may outweigh the issues of the hospice chaplain, the issues of the hospice chaplain are not negated. The hospice chaplain’s issues cannot be ignored, but they can be put on hold

temporarily. One respondent who discovered this as a solution wrote, “It amazes me that I can have concerns on my mind until I knock on the patients [*sic*] door and those concerns melt away for the time I am with the patient and their family. This has been a gift to my ministry and I am very aware it is from the Holy Spirit.”³⁶ The Christian chaplain has the assistance of the Holy Spirit to aid in this temporary hold.

Other faith traditions have other resources within their faith system that can aid in temporarily putting aside that which is of concern to the chaplain during the time he or she is visiting with the hospice patient. It is possible that during that visit, the personal issues of the hospice chaplain will be put in a different perspective after having truly listened to the concerns of the patient. Put in perspective, this hospice chaplain has learned that many times his personal issues do not compare to the issues with which our hospice patients are learning to live. Remember the wise Persian proverb, “I complained that I had no shoes until I met a man who had no feet.”³⁷ The hospice patient has a natural way of instructing the hospice chaplain by living his or her life authentically and in the present moment – even when such instruction may be unintentional.

³⁶ Appendix C, *Survey for Resiliency and Stability in the Hospice Chaplaincy*. Question 10 under “Other” is where a response was given; however, particular responses are not listed in Appendix C.

³⁷ Sadi (Muslih-uh-Din), Persian poet ca. 1184 – 1291, in *The Yale Book of Quotations*, ed. Fred R. Shapiro (New Haven, CT: Yale University Press, 2006): 660, accessed March 13, 2018, <https://books.google.com/books?id=w5-GR-qtgXsC&pg=PA660&hl=en#v=onepage&q&f=false>. This is the modern version of Sadi’s proverb.

CHAPTER FOUR: CONCLUSION

The idea for this thesis began when the author remembered the familiar question so often expressed to hospice chaplains. It is the opening query in the Introduction: “How do you do it?” This author stated that most hospice chaplains have heard this ubiquitous question numerous times from inquisitive and bewildered people – family, friends, church members, and strangers – who have questioned their occupational choice. After having contemplated this simple, yet deep, question, the author sought to discover how other seasoned hospice chaplains have been able to “go the distance” – to be resilient and remain rejuvenated and effective over several years of ministering to the dying. How do we, as hospice chaplains, do “it”? How do we continue to live authentically and abundantly while ministering to those who are nearing death?

To answer this compelling question, the author designed a hospice chaplain survey that explored several aspects of *living* and how those aspects of living are affected by the stressors and demands of the hospice chaplaincy. The questions were designed by the guidance of the Holy Spirit and through the lens of over twenty-five years of experience as a hospice chaplain. The survey explored various facets of the “whole of life” – the activities and dispositions that are characteristic of one who is living wholly and authentically with resilience and abundance. Also, since life has a way of becoming overloaded with unexpected tragedies, accidents, and evil acts of others, vital was the exploration into the avenues whereby hospice chaplains regain their strength and mature spiritually, emotionally, and mentally. Opinions were requested under “Other” for unique aspects of the chaplains’ lives that the survey omitted.

The results of this survey yielded an interwoven system of beliefs, faith practices, sacred moments, intellectual pursuits, physical activities, emotional perspectives and expressions, and spiritual expressions that were implemented to counter the stressors and enable the hospice

chaplains surveyed to achieve increased balance, stability, resiliency, encouragement, and inner peace. The author has sought to present this thesis as a guidebook for hospice chaplains that would offer counsel and advice to novice hospice chaplains and possibly reinforcement and reminders to more seasoned hospice chaplains as they seek to remain viable and resilient while ministering to the terminally ill and performing some of the more mundane administrative tasks of the chaplaincy. Seeking to ameliorate some of the stressors is also a worthy endeavor in the plight to remain vigilant and “go the distance” while continuing to enjoy the fullness of life.

Learning to *live* abundantly is an art form in itself. Defining the art of *living* abundantly has been attempted in the second chapter after having reviewed some of the basic fundamental concepts of grief and bereavement with which every chaplain becomes familiar. Principles of thanatology were developed by this chaplain through the spiritual guidance of the Holy Spirit as He directed his thoughts, musings, and memory over two and a half decades of hospice ministry. These five principles hopefully give a realistic, yet comforting and hopeful, exploration of the journey of terminal illnesses hospice patients face, and one which everyone faces, as evidenced by the fourth thanatological principle that we all are terminal. Though this physical life is fleeting, eternal, spiritual preparations are possible, which gives us deeper and lasting peace while we traverse this third orb from the sun.

This author was open in his expressions and promulgation of his Christian faith beliefs yet urged those who do not follow these same Christian traditions and beliefs to remain open in learning the basic tenets of the Christian faith for the purpose of being able to minister to their Christian patients. Scriptures from the Holy Bible were presented and categorized first from the New Testament and then from the Old Testament. These Scripture passages have been a primary source of truth and faith assurances to Christian hospice patients as they face their terminality.

Hope and the assurance of eternal life have been reinforced through these Scripture passages, thus providing great comfort and peace to countless hospice patients and their families.

The same hope in and assurance of eternal life through faith in Christ Jesus have sustained this author in his hospice chaplaincy by “reframing” the physical act of “death” as a spiritual journey that carries one through a spiritual door into the eternal life. Several of these Scripture passages lend more clarity and assurances of an everlasting life with God in heaven. Even if the hospice chaplain does not embrace the Christian faith, it is paramount that the chaplain learns the tenets of the Christian faith so that he or she can share them with their patients who are searching for eternal answers and have been raised in the Christian traditions. In like manner, this Christian chaplain had to become somewhat familiar with the tenets of the Hindu faith to offer suggestions to the family of a Hindu patient who could no longer get out of bed to perform the rituals of washing and dressing her Hindu statues of her gods. This brought the hospice patient peace and gave her spiritual purpose. The same is necessary for the Christian patients of hospice chaplains. Being “present” with hospice patients includes familiarization with the faith tenets in which they were raised. If they have chosen a different faith path, then that should be honored. However, if a hospice patient is searching for truth, then offering the truth as defined by Christ Jesus is an appropriate response, as long as there is no coercion.

Reinforcing this faith belief with the Scripture passage found in the first six verses of the fourteenth chapter of the Gospel of John has been a constant reference in this chaplain’s hospice ministry and a source of comfort and hope for his many hospice patients. This well-known and often used passage never loses its power and comfort despite its universality. This is a primary passage spoken by Jesus to his disciples on the night before he was to be crucified, and it confirms that a relationship with God is possible only through faith in Jesus. This passage has

been used countless times by this hospice chaplain to offer assurances, hope, direction, and peace to hospice patients as they neared death. The author urges the reader to consider this passage and decide if God is speaking to him or her through this passage. In no way does the author compel readers to embrace this faith belief as their path to a viable relationship with God; however, strong consideration needs to be made to the last part of verse six when Jesus says, “No one comes to the Father except through Me.” Having a close relationship with God will help prepare the novice hospice chaplain to relate compassionately and to embody authenticity in his or her patient visits. Jane Struck, editor of *Today’s Christian Woman*, may have said it best when she declared, “No thrill of material goods, power, or position matches the excitement of a life lived with a deepening love for Christ and those around us.”¹

Chapter Three contains the analysis of the Hospice Chaplain Survey and an evaluation of the results from the responses of fifty-five hospice chaplains with five or more years of experience. The findings were more extensive than initially anticipated by the author; however, the insights gained through the survey analysis formed the bulk of this thesis and provided rich soil for comprehensive spiritual, emotional, relational, and mental health growth for hospice chaplains who avail themselves of the findings and resulting analysis herein. The resiliency and stability of hospice chaplains are contingent upon their embracing the four tiers of “learning to *live* while ministering to the dying” which were developed from insights disseminated and reinforced from the survey results. These four tiers are managing stressors, maintaining balance in life, developing stability and resiliency, and having a secure faith.

¹ Jane Struck, "Abundant Living." *Today’s Christian Woman* (July/August 2007): 4, accessed January 29, 2018. <http://web.a.ebscohost.com.ezproxy.liberty.edu/ehost/pdfviewer/pdfviewer?vid=8&sid=9e60ddbe-c156-4932-8f15-2ebe1ea8ae0e%40sessionmgr4010>.

Four primary and four secondary stressors unique to hospice chaplains were deciphered from the survey responses and were explicated for the benefit of the reader. Because managing stressors was first tier of being able to *live* while ministering to the dying and was the primary concern which threatened to cause imbalance in the lives of the hospice chaplains surveyed, more attention was given to its analysis. The survey determined that maintaining balance in life is the second tier of learning to *live* while ministering to the dying and that it involves a hospice chaplain's faith, family, and fitness as the foci in finding fortitude and functionality.

The symbiotic relationship and differences between stability and resiliency, which form the third tier, was discussed. Having the equality of the chaplain recognized within the interdisciplinary group and being able to "bounce back" after having been to the death of a hospice patient were the two new concepts developed in this third tier of learning to *live* while ministering to the dying. The survey indicated that the chaplains who expressed the greatest stability and resiliency were those who focused on helping the hospice patient find peace in dying and those who found sufficiency in their own faith beliefs and support systems.

The security of a chaplain's faith was discussed in an earlier chapter as a factor of the chaplain's stability; however, one cannot dispute the interconnectedness that faith has with a multitude of areas in the life of a hospice chaplain. The connection between resiliency and faith formation was identified by this author in his Resilient Ministry Journal for another doctoral class at Liberty University, PACO 825: Growth & Development of the Contemporary Minister, which used the book by Burns, Chapman, and Guthrie as the primary source. Although the focus was on pastors, chaplains face similar ministerial challenges. It was determined by the Pastors Summit described in the book that "workaholism" was a primary obstacle to their spiritual

growth and formation.² This finding corroborates the Hospice Chaplains Survey that found balance between the chaplain's personal life and chaplaincy responsibilities as a primary characteristic in determining resiliency in the chaplaincy; however, it is also necessary that intentionality be integrally enmeshed in the spiritual formation and faith development of any minister, including the hospice chaplain. In this earlier class, this author stated, "Spiritual formation must be intentional and calibrated to insure successful spiritual growth and maturation. Without specific guidelines and a strategic plan, ministers will become entrapped in the 'work' of ministry without having the necessary spiritual maturity to accomplish the ministry to which God has called them."³ Intentionality is also necessary in the maturation and development of resiliency and stability of hospice chaplains who wish to remain mentally, emotionally, psychologically, and spiritually strong.

Dr. Kathleen M^cCoy is a professor at SUNY Adirondack in Queensbury, New York. She is a contemporary poet and the twin sister of this author's wife. The following poem reflects her view of her mother, whom this author affectionately called "Mom." Mom lived with this author and his wife during the first six of her thirteen years of chronic pain and heart disease which developed into the terminal illness of congestive heart failure. Mom went to live with Kathie and her family to have time with her other twin daughter. She lived seven years with them. She never complained and was always a joyful source of emotional and spiritual strength for her family and then for the nursing home staff. She was a godly woman who loved the Lord even though she was also one of the most stubborn women this author has ever met. Nonetheless,

² Burns, Chapman, and Guthrie, 34.

³ Wayne R. Bruner, "Five Themes of Resilient Ministry" in *Resilient Ministry Journal* (Paper completed for PACO 825: Growth & Development of the Contemporary Minister, Liberty University, Lynchburg, VA, October 27, 2014), 3-4.

listen to Kathie – Dr. M^cCoy – as she so powerfully yet affectionately expresses her view of her mother’s dying.

Green and Burning Oak

Dair Glas Agus a Dhó

In memory of Eva Leah Robinson M^cCoy

So real it sears my hands, this
drawing, Celtic oak of two minds,
half-lobed and leafy, half-
smoke-and-flame-spewing,

muscular oak whose smoke
invokes and warns, whose
wood could hang Christ or
serve as his workshop lumber,

Crackling, unwithered, between
worlds, earth-rooted, limbs akimbo:
burl chars, sparks spiral,
ecstatically ablaze—

the way a human whose hand
has set her own body on fire
blurs the line between
bravery and madness—

the way you leave this world,
you, oak that, years ago, taking
earth and sun inside you, *dair
glas agus a dhó*, burned, churned out

us who loved you in your leaf-
green life. At the end your half-
fogged eyes blaze brightly, sky-
sparking as you lie drowning

while we sing to the tune
your voice used to chime out,
Be Thou my vision.
I rock you as you burn.⁴

⁴ Kathleen M^cCoy, *More Water Than Words* (Georgetown, KY: Finishing Line Press, 2017), 13.

Death is a mystery to us mere mortals, for it reeks of unnatural feelings and spiritual imbalance. If the hospice chaplain is not too careful, compassion will be clouded by a fear of recognizing and accepting his or her own impending natural death, thus extracting the vitality of loving care from ministry to the dying. Death can remain sterile, as long as it remains distant and impersonal. But as M^cCoy's poem above vividly underscores, the heartfelt personal experiences of the families of our hospice patients involve a whirlwind of emotions that impact their thoughts, their beliefs, their trajectory for the remainder of their lives. So, it behooves the hospice chaplain to gain some emotional distance from this arduous plight of grief that engulfs hospice patients and families when they have failed to embrace and accept their own terminality. The reader can refer back to the fourth thanatological principle elucidated in Chapter Two.

Hospice chaplains are compelled to enter into the pain and grief with their hospice patients by accepting physical death as a part of life. Hospice chaplains need to enact the same sources of strength, hope, peace, and eternal assurances that they utilize to provide comfort and hope to their own hospice patients. Unless the chaplain is authentic and believes the same Scriptures and meditations presented to patients, the hypocrisy will render his or her ministry ineffective. This hospice chaplain has discovered that his ministry would be not only ineffective, but impossible without his genuine faith in God and the eternal assurances offered through the promises of Jesus Christ.

The final question of the survey, Question 26, asked for freehand responses from seasoned hospice chaplains who wished to give advice to future novice hospice chaplains. Some of these more poignant responses from the Hospice Chaplain Survey are personal quotes which cannot be categorized. Within the following personal quotes from the survey is wisdom not only for the novice hospice chaplain, but also for the more seasoned hospice chaplains who

may be close to experiencing duress or burnout due to ministering to hospice patients and their families during an inordinate amount of patients' deaths.

“I've found that self-care, a good support system (both at work and at home) and having healthy boundaries are vital to maintaining balance between my work and my personal life.”

“Take care of yourself spiritually, emotionally and physically. If you don't take care of yourself how can you care for others?”

“To remain effective and compassionate you MUST find ways of processing your grief and loss, especially with a steady stream of dying people. Finding ways to grieve by conducting memorial services, developing little tributes to your patients, finding restorative hobbies, traveling, and others. You must find ways to reset your heart regularly if you want to endure as a hospice chaplain.”

“Be intentional about setting boundaries and creating margin. Don't try to do more than you are able.”

“Enjoy the process of growing, don't be too hard on yourself. God will give you what you need as you trust Him to lead and guide you.”

“Take a break at some point during the day, whether for a full lunch or even for a moment, just so you are not overwhelmed by the events of the day. I would also say to make sure that you connect to other hospice chaplains so that you can have someone to reach out to who understands what you are going through.”

“Self-care is vital. If you can't do it, you will burn out.”

“You can only do what you can do. Do not get hung up on what you aren't able to do.”

“Maintain healthy boundaries with patients' families and staff.”

“Make time to take care of yourself emotionally.”

“Take vacations. Take lunch breaks. Rest.”⁵

This hospice chaplain concurs with these hospice chaplains who were participants in the survey.

⁵ “Survey for Resiliency and Stability in the Hospice Chaplaincy,” Question 26.

Appendix A

Recruitment Script

To all Hospice Chaplains with 5 or more years of experience:

As a doctoral candidate, I am conducting research as part of the requirements for a Doctor of Ministry degree. The purpose of my research is to develop *A Guide for Hospice Chaplains* that would articulate the specific characteristics, habits, ministry mindsets, lifestyle interests, spiritual development, and support systems that have proven effective in the lives and ministries of long-tenured hospice chaplains. I am contacting you to invite you to participate in my study.

If you are willing to participate by providing your input gained from your experience as a hospice chaplain, you will be asked to complete a 26-question survey that should take approximately 10-15 minutes for you to complete. Your participation will be completely anonymous, and no personal, identifying information will be required for the completion of the hospice chaplain survey.

Following the survey, I will provide my seminary e-mail where you may request a copy of the completed thesis project once it is complete. Your request for a digital copy of my completed thesis project will not be linked to your survey responses. Your personal e-mail information will remain confidential and will only be used to e-mail you your requested digital copy of my thesis project entitled "How to Live While Ministering to the Dying: A Guide for Hospice Chaplains." It is my hope that this guide may be beneficial in your personal or professional use.

To participate, please complete the survey entitled *Survey for Resiliency and Stability in the Hospice Chaplaincy* at https://www.surveymonkey.com/r/hospice_chaplain_resiliency.

I greatly appreciate your time and input as I complete this *Guide for Hospice Chaplains* for the thesis project requirements for my Doctor of Ministry degree. Your input will be very beneficial and greatly appreciated as I compile my research from various other hospice chaplains around the country who also chose to share their experiences, reflections, and personal insights from their ministry as hospice chaplains.

Blessings,

Wayne R. Bruner
Hospice Chaplain and D.Min. candidate

Appendix B

Survey for Resiliency and Stability in the Hospice Chaplaincy

This survey is being conducted by Chaplain Wayne R. Bruner, a doctoral candidate at Liberty University, who has been a hospice chaplain for over 25 years. In addition to his own experiences, he is surveying other hospice chaplains to determine the characteristics that have helped them achieve resiliency, satisfaction, and a sense of purpose in their respective hospice ministries. This Doctor of Ministry student will include the gathered data in his Thesis Project which seeks to respond to the dilemma of how to *live* while ministering to the dying. Also, the following definition of *live* serves as an outline for developing a methodological strategy for the hospice chaplain who desires to strengthen, and thus lengthen, his or her hospice ministry by proactively engaging these principles of *living*:

1. Establishing and actively maintaining a growing relationship with God.
2. Investing time and energy in personal relationships with family and friends.
3. Maintaining a balance in life between ministry and family/personal time.
4. Learning healthy ways to deal with the stressors of the hospice chaplaincy and everyday life by focusing on self-care: physical, emotional, spiritual, and mental.
5. Developing a support system, both professionally and personally.

The following questions seek to glean information from your experience as a hospice chaplain in each of the above five areas. Your responses will be anonymous and will be tabulated along with other hospice chaplains to formulate a clearer understanding, or grasp, of how hospice chaplains, in general, are able to achieve and maintain resiliency, satisfaction, and a sense of purpose in their hospice ministries. In other words, what keeps you going? How and why do you continue to persevere in your ministry to the dying without becoming overly enmeshed and too stressed out to continue on a long-term basis?

A. Specific Characteristics of the Life and Ministry of a Hospice Chaplain

1. How many years have you been a hospice chaplain? If it has been sporadic, estimate the total number of years you have actually served in the hospice chaplaincy. _____
2. What are the primary characteristics that contribute to your ministry as a hospice chaplain? (Choose all that apply.)
 - a. Secure faith system that provides eternal security and assurances of God's presence.
 - b. Healthy family relationships that provide love, meaningfulness, and security.
 - c. Professional colleagues that accept your position as chaplain as an integral and equal component of the interdisciplinary hospice team.
 - d. Living a balanced life that incorporates worship, spousal and family relationships, exercise, leisure, educational pursuits, and personal devotional time.
 - e. Daily planning that allows you to complete your hospice visits and documentation, while taking a lunch break that allows you to relax and care for yourself.
 - f. Finding balance in your personal life and hospice chaplaincy responsibilities.
 - g. Other: _____

3. Please indicate how much you agree with the following statement: I believe my unique personality has contributed to my ministry as a hospice chaplain. You may base your response on any personality theories you have learned about yourself.
 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

B. Habits that Are Developed that Lead to Resiliency

(Please answer the following questions from "strongly agree" to "strongly disagree.")

4. I have healthy eating habits.
 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
5. I exercise regularly.
 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
6. I am involved in educational pursuits which provide ministry or personal growth.
 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
7. I would describe my sex life as being healthy, meaningful, and satisfying.
 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

8. I get a healthy amount of sleep most every night, excluding the nights I am called out to a patient crisis or death.

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

9. Have the above areas of your life contributed or inhibited your ability to remain resilient?

- a. Strongly contributed
- b. Somewhat contributed
- c. Neither contributed nor inhibited
- d. Somewhat inhibited
- e. Strongly inhibited

C. Ministry Mindsets that Provide the Proper Mental and Emotional Framework

10. What are the most pressing stressors or stressful circumstances in your life right now that are interfering with your ability to remain resilient in performing your hospice chaplain responsibilities? (Choose the top 3.)

- a. Patient caseload and ability to schedule adequate ministry visits with my patients.
- b. Staff issues and personality clashes within the interdisciplinary hospice team.
- c. Marital issues or family relationship issues.
- d. Spiritual doubt and questions about my own relationship with God.
- e. Personal health issues that distract me and inhibit my ability to focus on my ministry.
- f. Financial concerns, which include salary discrepancy and/or budgetary shortages.
- g. Psychological or mental issues that impede my ability to minister to my patients.
- h. Other: _____

11. How are you processing any of these daily stressors of your life? (Choose the top 3.)

- a. I find strength in my relationship with God and seek daily personal time with God.
- b. I am open to critical feedback and find healthy ways to confront personality clashes.
- c. I am seeking medical care that is helping me with my health issues.
- d. I am learning to live within my financial means and seek to minimize my debt.
- e. I am actively seeking another position that will better provide my financial needs.
- f. I am seeking the help of a professional counselor for personal or relationship issues.
- g. I do not sense any particular overly stressful areas in my life at this time.
- h. Other: _____

12. What do you consider to be the primary stressful aspects or requirements of the hospice chaplaincy with which you are most prone to struggle? (Choose the top 3.)

- a. Managing my weekly itinerary of patients by visiting according to the Plan of Care.
- b. Being on call and going to patient deaths or other spiritual crises.
- c. Processing the deaths of my hospice patients in a healthy manner that allows me to continue visiting other patients and providing spiritual and emotional care to them.

- d. Compassion fatigue which can minimize my effectiveness as a hospice chaplain.
- e. Completing documentation requirements as required by my hospice organization.
- f. Accepting the preeminent status of the hospice nurse in case conference discussions in my interdisciplinary team (IDT) meetings.
- g. Issues with the amount of required driving and its physical and mental impact.
- h. Other: _____

13. How does your view of eternal life impact your ministry to dying patients? (Choose one.)

- a. Belief in eternal life is a personal matter for each hospice patient. I do not offer any particular viewpoint about eternal life.
- b. Eternal life is only possible through faith in Christ Jesus. My purpose as a hospice chaplain is to ensure that every hospice patient has the opportunity to profess their faith in Jesus Christ.
- c. While I personally believe that eternal life is only possible by proclaiming faith in Jesus Christ, my purpose as a hospice chaplain is to understand the patient's belief system and guide the patient in finding peace within his or her own system of faith.
- d. If a person has no faith system concerning eternal life and inquires about insuring their eternal life, then I present the Gospel message of salvation through faith in Jesus Christ.
- e. If I know that my hospice patient died without faith in Jesus Christ, I am heartbroken and feel like I should have done more to persuade my patient to profess faith in Jesus Christ.
- f. C and D
- g. B and E
- h. Other: _____

14. What do you do, or what mental processes occur to help you rebound from the death of a hospice patient so that you can continue ministering to other hospice patients? (Choose one.)

- a. After a death visit, I need some personal time to recuperate, meditate, and pray in order to continue visiting other patients that day.
- b. My view of eternal life gives me the assurance that the hospice patient continues to live in the eternal dimension. This assurance gives me the confidence to offer hope to the family and allows me to continue ministering with little emotional affect.
- c. Although my view of eternal life offers assurance that the hospice patient continues to live on eternally, I am emotionally depleted and need the remainder of the day to process my emotions and recuperate from the death of the patient.
- d. Life is what you make it now. The deceased hospice patient made his or her own personal choices about life, just as I am doing. If belief in eternal life gives a person peace, that is their own personal choice that I do not judge. For me, I just move on.
- e. My faith in God and my support system allow me to remain resilient by providing an avenue to process my thoughts and feelings about a patient's death. Some patients'

deaths are more devastating to me than others due to the relationship established with that patient.

- f. We are all going to live eternally with God. The only difference is how one lives his or her life. That will determine our eternal status, but I find comfort in my belief that all will live with God in some way.
- g. Eternal life is not my focus in my hospice ministry. My focus is helping the hospice patient find his or her own peace in their dying and for the family to process their own grief as they say “Goodbye” to the hospice patient. This allows me to continue ministering to others in their grief.
- h. Following the death of a hospice patient, I sometimes wonder if I belong in the hospice chaplaincy. After this long, I believe I am developing compassion fatigue because it is so hard to continue caring for people only to see them die.
- i. Other: _____

D. Lifestyle Interests that Add to the Quality of Life for the Hospice Chaplain

15. Do you have hobbies or other interests that add to your quality of life? Even if your interests are not particularly “spiritual” in nature, describe what you most enjoy doing in your spare time or time off. (Choose the top 3.)

- a. Spending quality time with family and/or friends.
- b. Praying, meditating, or enjoying quiet solitude.
- c. Reading books, magazines, etc. unrelated to ministry or work.
- d. Hunting, fishing, camping, or firearm/archery target practice.
- e. Bicycling, swimming, running, or hiking activities.
- f. Vacationing, sightseeing, motorcycle riding, or other traveling.
- g. Watching television and relaxing.
- h. Other _____

16. Do you feel you have a healthy “balance” in your daily lifestyle between your ministry and your personal or family time?

- a. Yes
- b. No

17. Please rate your idea of a healthily balanced lifestyle of your ministry and your personal or family time on a Likert scale of “1” being a very unhealthily balanced lifestyle and “10” being a very healthily balanced lifestyle. What Likert scale number would best describe the degree to which you are living a healthily balanced daily lifestyle?

__1 __2 __3 __4 __5 __6 __7 __8 __9 __10

E. Spiritual Development that Forms Foundational Principles for the Hospice Ministry

18. My community of faith challenges and encourages me spiritually. (Choose one.)
- Yes, within my community of faith, I am challenged spiritually from my involvement in studies of Scripture and group discussions. My faith community members also provide great encouragement to me and form my primary support group.
 - My community of faith somewhat challenges me spiritually and offers some encouragement. I believe that they would provide support if I asked.
 - I am not satisfied with my community of faith. I am not challenged spiritually, and I sense very little support from them.
 - I am presently not involved in a community of faith, but I am seeking a place that will be challenging spiritually and will provide support and encouragement.
 - I do not feel the need to be involved in a community of faith. My own personal spiritual practices are sufficient for me.
19. My personal devotional or meditation time contributes to my resiliency and effectiveness as a hospice chaplain.
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A
20. My personal devotional or meditation time is a regularly scheduled time and not sporadic.
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 6. N/A
21. How many hours per week do you spend in meditation or a personal devotional time?
- 0 to 15 minutes
 - 15 to 30 minutes
 - 30 minutes to 1 hour
 - 1 to 2 hours
 - 3 to 4 hours
 - 5 to 6 hours
 - 7 to 9 hours
 - 10 hours or more
22. My devotional time contributes to my resiliency and effectiveness as a hospice chaplain.
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

F. Support Systems Which Are Necessary for Resiliency and Healthy Living

23. I have a loving relationship with a spouse or significant other that contributes to my resiliency in ministry and personal growth.

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

24. I have other supportive relationships which provide me an additional sense of belonging and worth.

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

25. There is a sense of “family” within my hospice organization that includes my hospice colleagues who help provide me with resiliency in my hospice ministry and personal satisfaction. I look forward to going to work and interacting with my hospice team.

1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

26. What other advice would you tell novice hospice chaplains who are seeking to maintain a healthy balance between their hospice ministry and the enjoyment of a personal lifestyle in which they feel they are truly living life abundantly?

Participant’s Eligibility:

Thank you for your willingness to participate in this survey. You are eligible to receive a free electronic copy of the finished doctoral thesis project entitled: *How to Live While Ministering to the Dying: A Guide for Hospice Chaplains*. If you desire to receive a copy, please send an e-mail request to me at wrbruner@liberty.edu with the subject line: “A Guide for Hospice Chaplains.” In this manner, your name and e-mail address will not be connected with your responses in the survey you have just completed. Your e-mail address will remain confidential and will not be used for any other purpose other than that specified above.

Appendix C: Hospice Chaplain Survey Results

Page 1: Survey for Resiliency and Stability in the Hospice Chaplaincy

Q1

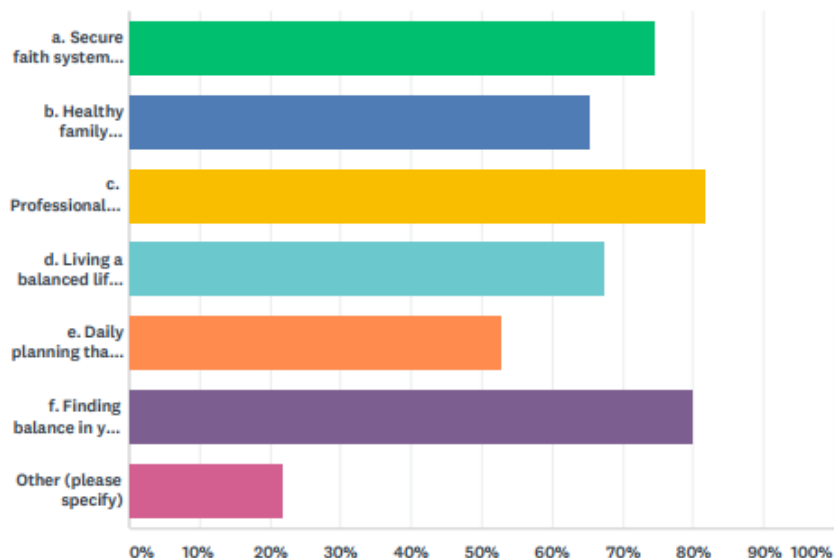
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How many years have you been a hospice chaplain? If it has been sporadic, estimate the total number of years you have actually served in the hospice chaplaincy?

Answered: 55 Skipped: 0

Q2 What are the primary characteristics that contribute to your ministry as a hospice chaplain? (Choose all that apply)

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
a. Secure faith system that provides eternal security and assurances of God's presence.	74.55% 41
b. Healthy family relationships that provide love, meaningfulness, and security.	65.45% 36
c. Professional colleagues that accept your position as chaplain as an integral and equal component of the interdisciplinary hospice team.	81.82% 45
d. Living a balanced life that incorporates worship, spousal and family relationships, exercise, leisure, educational pursuits, and personal devotional time.	67.27% 37
e. Daily planning that allows you to complete your hospice visits and documentation, while taking a lunch break that allows you to relax and care for yourself.	52.73% 29
f. Finding balance in your personal life and hospice chaplaincy responsibilities.	80.00% 44
Other (please specify)	21.82% 12
Total Respondents: 55	

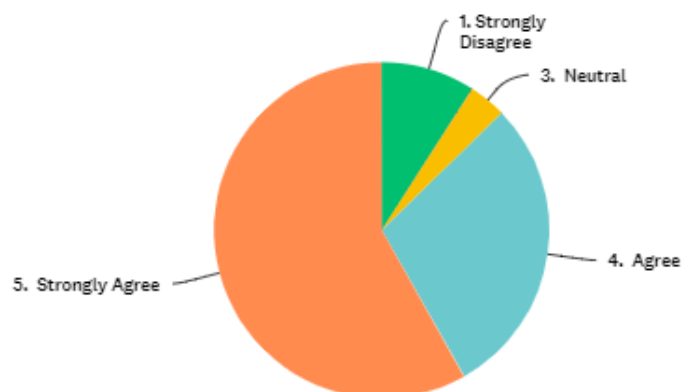
Q3

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Please indicate how much you agree with the following statement: I believe my unique personality has contributed to my ministry as a hospice chaplain. You may base your response on any personality theories you have learned about yourself.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ 1. Strongly Disagree	9.09%	5
▼ 2. Disagree	0.00%	0
▼ 3. Neutral	3.64%	2
▼ 4. Agree	29.09%	16
▼ 5. Strongly Agree	58.18%	32
TOTAL		55

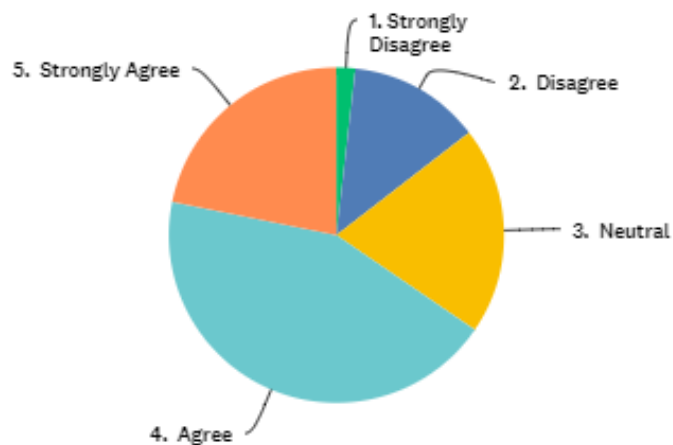
Q4

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I have healthy eating habits.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ 1. Strongly Disagree	1.82%	1
▼ 2. Disagree	12.73%	7
▼ 3. Neutral	20.00%	11
▼ 4. Agree	43.64%	24
▼ 5. Strongly Agree	21.82%	12
TOTAL		55

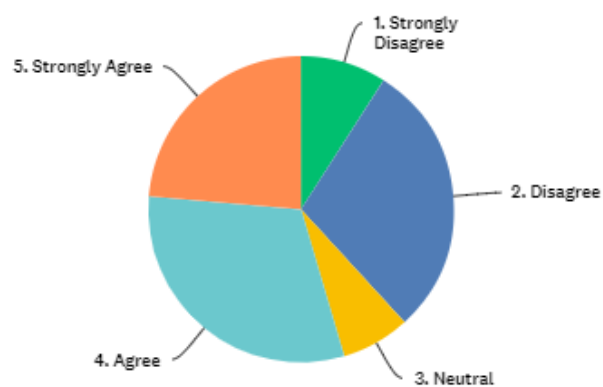
Q5

Export

Customize

I exercise regularly.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
1. Strongly Disagree	9.09%	5
2. Disagree	29.09%	16
3. Neutral	7.27%	4
4. Agree	30.91%	17
5. Strongly Agree	23.64%	13
TOTAL		55

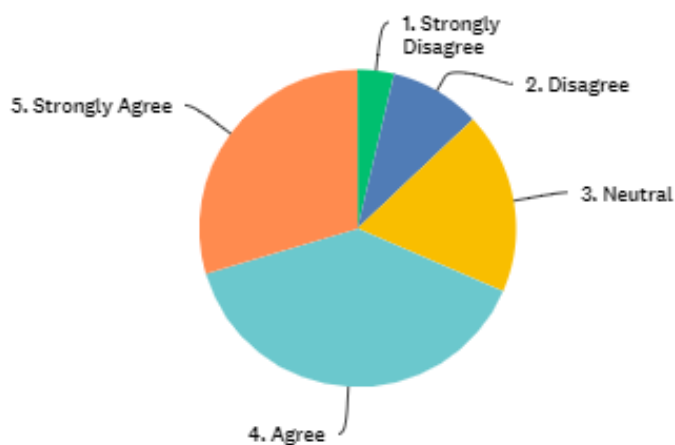
Q6

Export

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I am involved in educational pursuits which provide ministry or personal growth.

Answered: 54 Skipped: 1



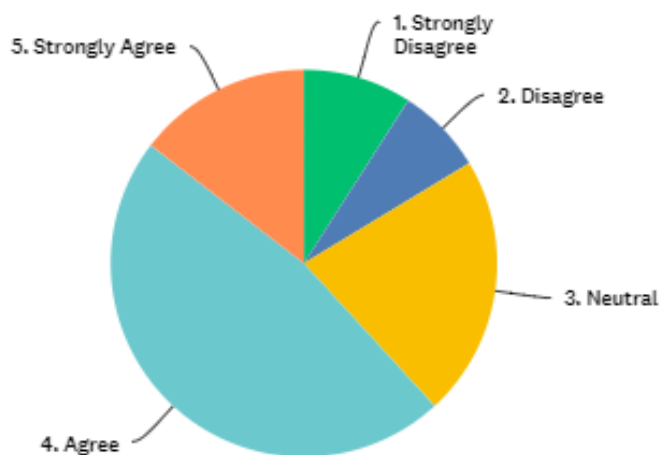
ANSWER CHOICES	RESPONSES	
▼ 1. Strongly Disagree	3.70%	2
▼ 2. Disagree	9.26%	5
▼ 3. Neutral	18.52%	10
▼ 4. Agree	38.89%	21
▼ 5. Strongly Agree	29.63%	16
TOTAL		54

Q7

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[Customize](#)

I would describe my sex life as being healthy, meaningful, and satisfying.

Answered: 55 Skipped: 0



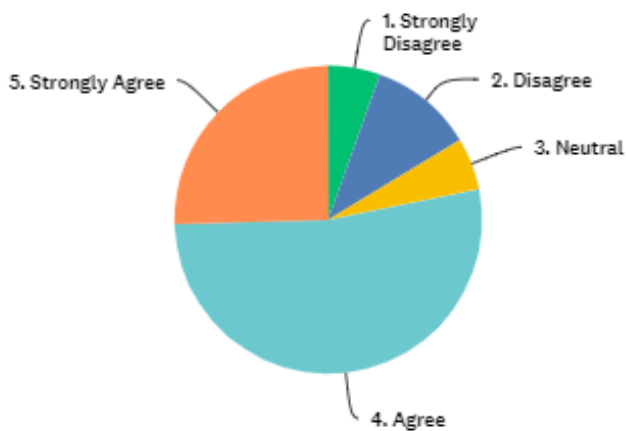
ANSWER CHOICES	RESPONSES	
▼ 1. Strongly Disagree	9.09%	5
▼ 2. Disagree	7.27%	4
▼ 3. Neutral	21.82%	12
▼ 4. Agree	47.27%	26
▼ 5. Strongly Agree	14.55%	8
TOTAL		55

Q8

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Customize

I get a healthy amount of sleep most every night, excluding the nights I am called out to a patient crisis or death.

Answered: 55 Skipped: 0



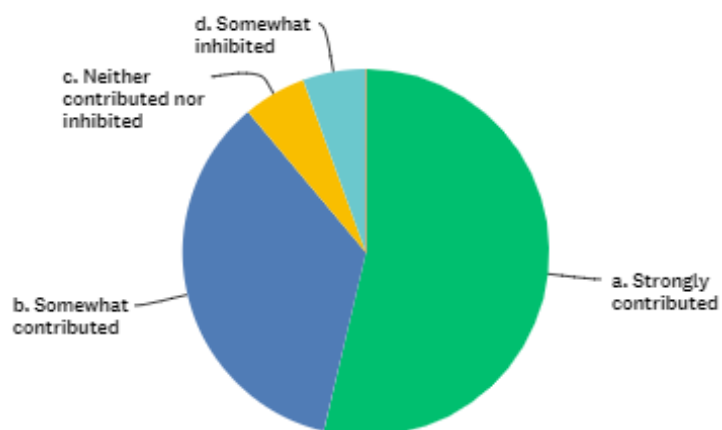
ANSWER CHOICES	RESPONSES
▼ 1. Strongly Disagree	5.45% 3
▼ 2. Disagree	10.91% 6
▼ 3. Neutral	5.45% 3
▼ 4. Agree	52.73% 29
▼ 5. Strongly Agree	25.45% 14
TOTAL	55

Q9

 Export ▾
 Customize

Have the above areas of your life contributed or inhibited your ability to remain resilient?

Answered: 54 Skipped: 1



ANSWER CHOICES	RESPONSES	
▼ a. Strongly contributed	53.70%	29
▼ b. Somewhat contributed	35.19%	19
▼ c. Neither contributed nor inhibited	5.56%	3
▼ d. Somewhat inhibited	5.56%	3
▼ e. Strongly inhibited	0.00%	0
TOTAL		54

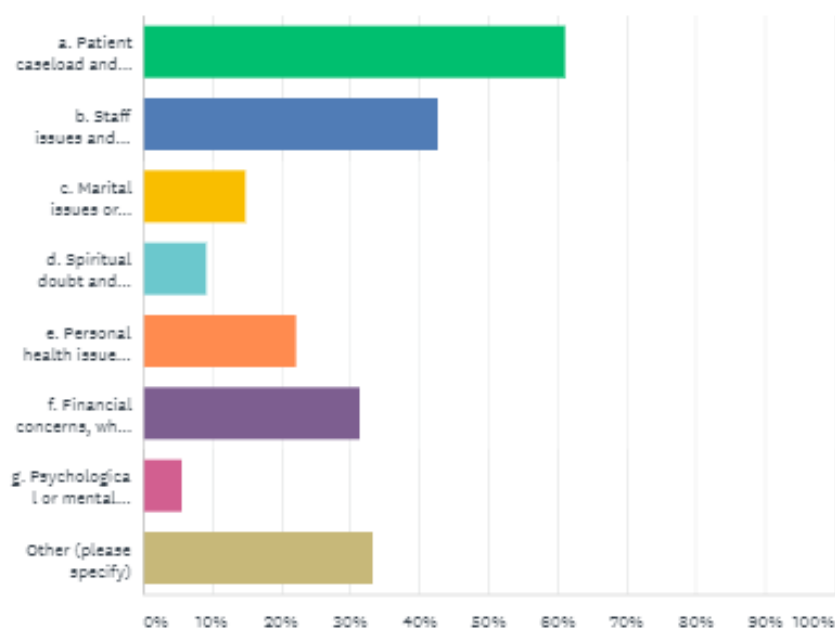
Q10

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Customize

What are the most pressing stressors or stressful circumstances in your life right now that are interfering with your ability to remain resilient in performing your hospice chaplain responsibilities? (Choose the top 3.)

Answered: 54 Skipped: 1



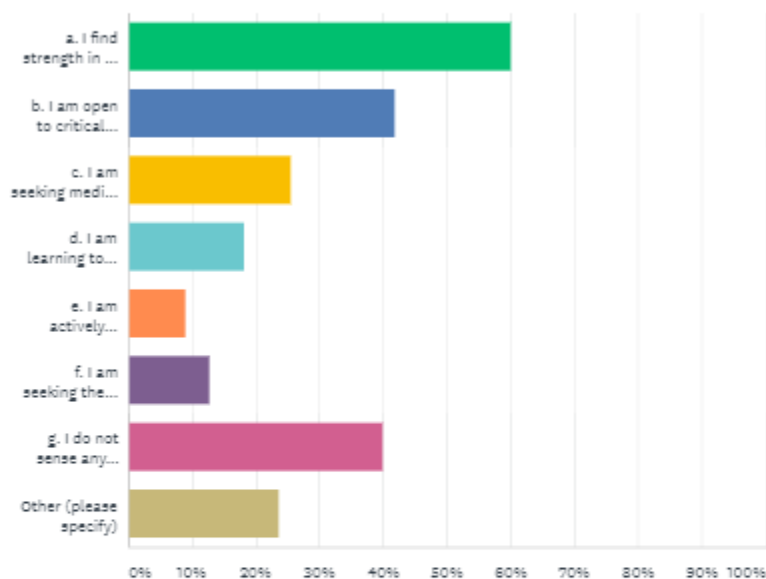
ANSWER CHOICES	RESPONSES	
▼ a. Patient caseload and ability to schedule adequate ministry visits with my patients.	61.11%	33
▼ b. Staff issues and personality clashes within the interdisciplinary hospice team.	42.59%	23
▼ c. Marital issues or family relationship issues.	14.81%	8
▼ d. Spiritual doubt and questions about my own relationship with God.	9.26%	5
▼ e. Personal health issues that distract me and inhibit my ability to focus on my ministry.	22.22%	12
▼ f. Financial concerns, which include salary discrepancy and/or budgetary shortages.	31.48%	17
▼ g. Psychological or mental issues that impede my ability to minister to my patients.	5.56%	3
▼ Other (please specify)	Responses 33.33%	18
Total Respondents: 54		

Q11

Export
Customize

How are you processing any of these daily stressors of your life? (Choose the top 3.)

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ a. I find strength in my relationship with God and seek daily personal time with God.	60.00%	33
▼ b. I am open to critical feedback and find healthy ways to confront personality clashes.	41.82%	23
▼ c. I am seeking medical care that is helping me with my health issues.	25.45%	14
▼ d. I am learning to live within my financial means and seek to minimize my debt.	18.18%	10
▼ e. I am actively seeking another position that will better provide my financial needs.	9.09%	5
▼ f. I am seeking the help of a professional counselor for personal or relationship issues.	12.73%	7
▼ g. I do not sense any particular overly stressful areas in my life at this time.	40.00%	22
▼ Other (please specify)	Responses 23.64%	13
Total Respondents: 55		

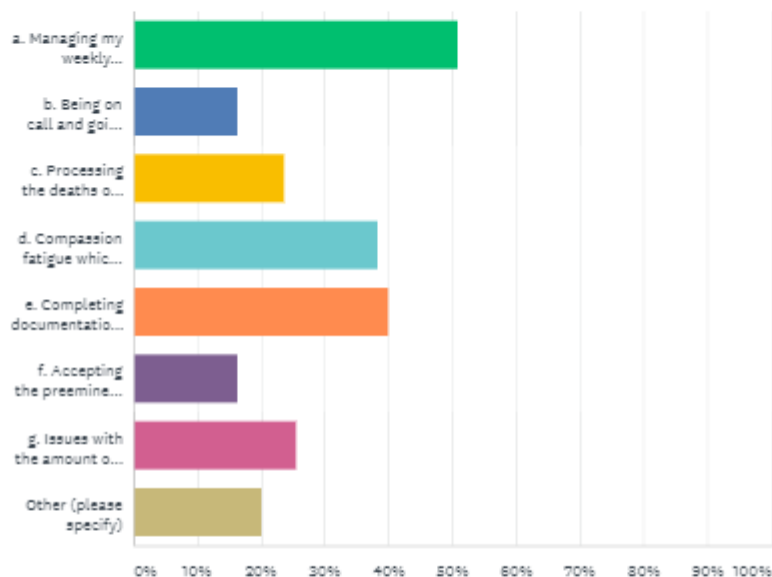
Q12

Export ▾

Customize

What do you consider to be the primary stressful aspects or requirements of the hospice chaplaincy with which you are more prone to struggle? (Choose the top 3.)

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ a. Managing my weekly itinerary of patients by visiting according to the Plan of Care.	50.91% 28
▼ b. Being on call and going to patient deaths or other spiritual crises.	16.36% 9
▼ c. Processing the deaths of my hospice patients in a healthy manner that allows me to continue visiting other patients and providing spiritual and emotional care to them.	23.64% 13
▼ d. Compassion fatigue which can minimize my effectiveness as a hospice chaplain.	38.18% 21
▼ e. Completing documentation requirements as required by my hospice organization.	40.00% 22
▼ f. Accepting the preeminent status of the hospice nurse in case conference discussions in your interdisciplinary team (IDT) meetings.	16.36% 9
▼ g. Issues with the amount of required driving and its physical and mental impact.	25.45% 14
▼ Other (please specify)	Responses 20.00% 11
Total Respondents: 55	

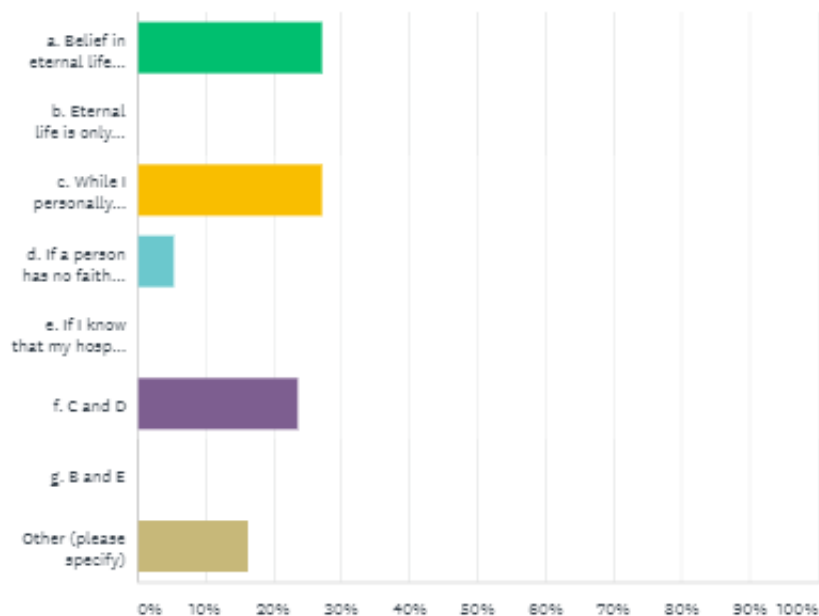
Q13

Export

Customize

How does your view of eternal life impact your ministry to dying patients?
(Choose one.)

Answered: 55 Skipped: 0



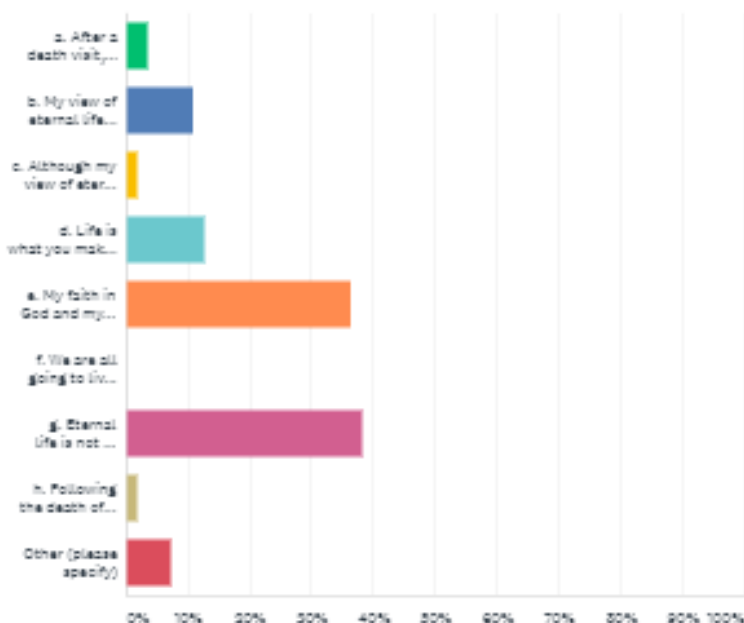
ANSWER CHOICES	RESPONSES
a. Belief in eternal life is a personal matter for each hospice patient. I do not offer any particular viewpoint about eternal life.	27.27% 15
b. Eternal life is only possible through faith in Christ Jesus. My purpose as a hospice chaplain is to ensure that every hospice patient has the opportunity to profess their faith in Jesus Christ.	0.00% 0
c. While I personally believe that eternal life is only possible by proclaiming faith in Jesus Christ, my purpose as a hospice chaplain is to understand the patient's belief system and guide the patient in finding peace within his or her own system of faith.	27.27% 15
d. If a person has no faith system concerning eternal life and inquires about insuring their eternal life, then I present the Gospel message of salvation through faith in Jesus Christ.	5.45% 3
e. If I know that my hospice patient died without faith in Jesus Christ, I am heartbroken and feel like I should have done more to persuade my patient to profess faith in Jesus Christ.	0.00% 0
f. C and D	23.64% 13
g. B and E	0.00% 0
Other (please specify) Responses	16.36% 9
TOTAL	55

Q14

Export
Customize

What do you do, or what mental processes occur, to help you rebound from the death of a hospice patient so that you can continue ministering to other hospice patients? (Choose one.)

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
a. After a death visit, I need some personal time to recuperate, meditate, and pray in order to continue visiting other patients that day.	3.64% 2
b. My view of eternal life gives me the assurance that the hospice patient continues to live in the eternal dimension. This assurance gives me the confidence to offer hope to the family and allows me to continue ministering with little emotional affect.	10.91% 6
c. Although my view of eternal life offers assurance that the hospice patient continues to live on eternally, I am emotionally depleted and need the remainder of the day to process my emotions and recuperate from the death of the patient.	1.82% 1
d. Life is what you make it now. The deceased hospice patient made his or her own personal choices about life, just as I am doing. If belief in eternal life gives a person peace, that is their own personal choice that I do not judge. For me, I just move on.	12.73% 7
e. My faith in God and my support system allow me to remain resilient by providing an avenue to process my thoughts and feelings about a patient's death. Some patient's deaths are more devastating to me than others due to the relationship established with that patient.	36.36% 20
f. We are all going to live eternally with God. The only difference is how one lives his or her life. That will determine our eternal status, but I find comfort in my belief that all will live with God in some way.	0.00% 0
g. Eternal life is not my focus in my hospice ministry. My focus is helping the hospice patient find his or her own peace in their dying and for the family to process their own grief as they say "Goodbye" to the hospice patient. This allows me to continue ministering to others in their grief.	38.18% 21
h. Following the death of a hospice patient, I sometimes wonder if I belong in the hospice chaplaincy. After this long, I believe I am developing compassion fatigue because it is so hard to continue caring for people only to see them die.	1.82% 1
Other (please specify)	Responses 7.27% 4
Total Respondents: 55	

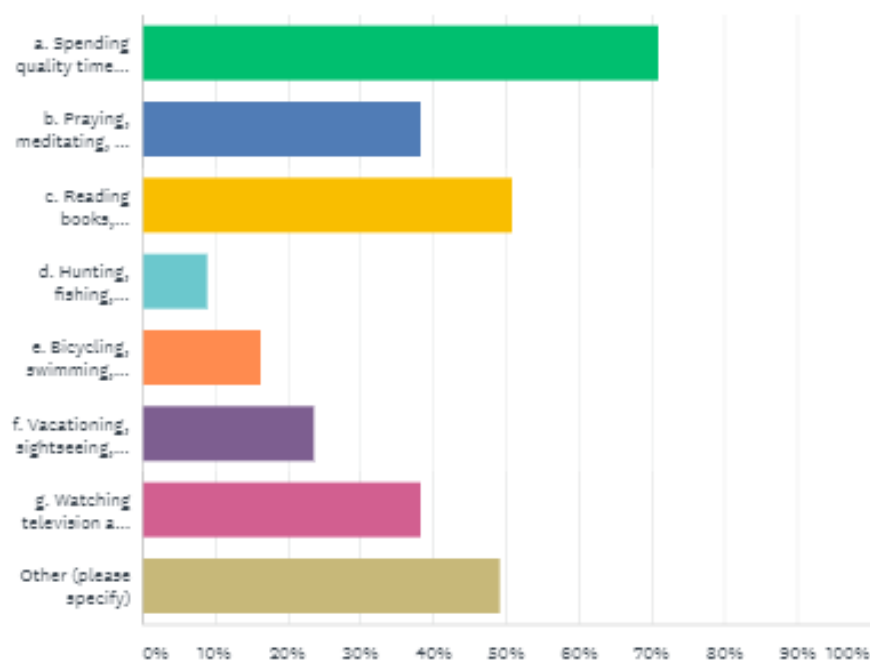
Q15

Export ▾

Customize

Do you have hobbies or other interests that add to your quality of life? Even if your interests are not particularly “spiritual” in nature, describe what you most enjoy doing in your spare time or time off. (Choose the top 3.)

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ a. Spending quality time with family and/or friends.	70.91% 39
▼ b. Praying, meditating, or enjoying quite solitude.	38.18% 21
▼ c. Reading books, magazines, etc. unrelated to ministry or work.	50.91% 28
▼ d. Hunting, fishing, camping, or firearm/archery target practice.	9.09% 5
▼ e. Bicycling, swimming, running, or hiking activities.	16.36% 9
▼ f. Vacationing, sightseeing, motorcycle riding, or other traveling.	23.64% 13
▼ g. Watching television and relaxing.	38.18% 21
▼ Other (please specify)	Responses 49.09% 27
Total Respondents: 55	

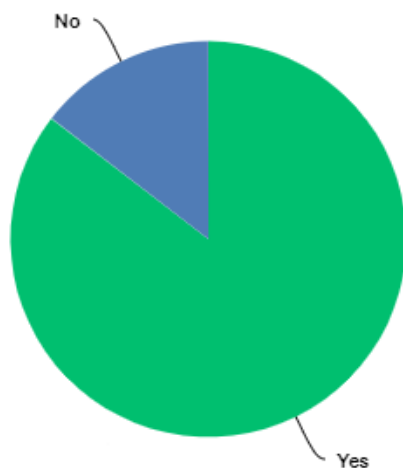
Q16

Export ▾

Customize

Do you feel you have a healthy “balance” in your daily lifestyle between your ministry and your personal or family time?

Answered: 55 Skipped: 0



ANSWER CHOICES ▾	RESPONSES ▾
▾ Yes	85.45% 47
▾ No	14.55% 8
TOTAL	55

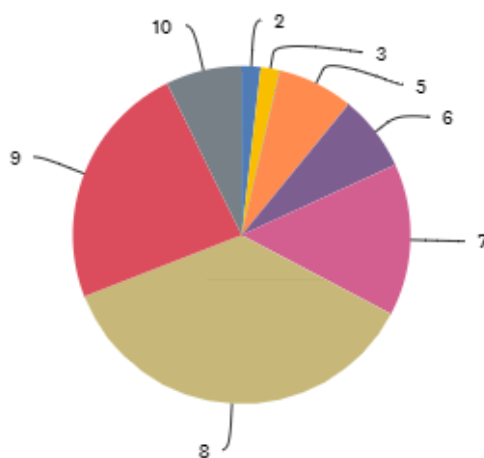
Q17

Export ▾

Customize

Please rate your idea of a healthy balanced lifestyle of your ministry and your personal or family time on a Likert scale of “1” being a very unhealthy balanced lifestyle and “10” being a very healthy balanced lifestyle. What Likert scale number would best describe the degree to which you are living a healthy balanced daily lifestyle?

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
1	0.00% 0
2	1.82% 1
3	1.82% 1
4	0.00% 0
5	7.27% 4
6	7.27% 4
7	14.55% 8
8	36.36% 20
9	23.64% 13
10	7.27% 4
TOTAL	55

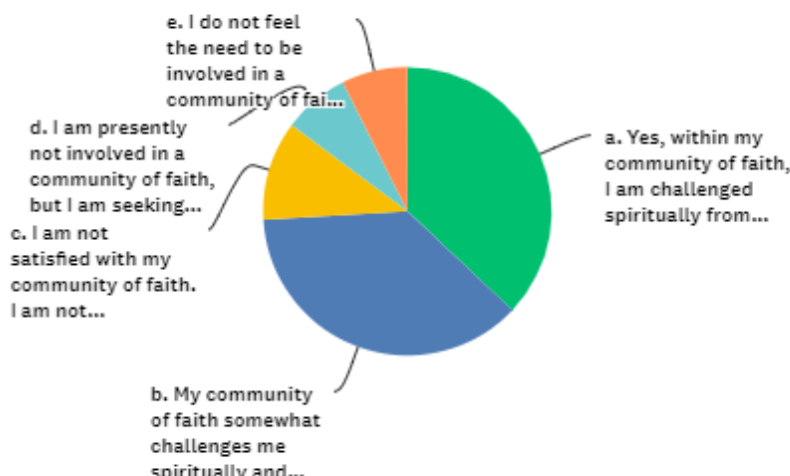
Q18

Export ▾

Customize

My community of faith challenges and encourages me spiritually. (Choose one.)

Answered: 54 Skipped: 1



ANSWER CHOICES	RESPONSES
a. Yes, within my community of faith, I am challenged spiritually from my involvement in studies of Scripture and group discussions. My faith community members also provide great encouragement to me and form my primary support group.	37.04% 20
b. My community of faith somewhat challenges me spiritually and offers some encouragement. I believe that they would provide support if I asked.	37.04% 20
c. I am not satisfied with my community of faith. I am not challenged spiritually and I sense very little support from them.	11.11% 6
d. I am presently not involved in a community of faith, but I am seeking a place that will be challenging spiritually and will provide support and encouragement.	7.41% 4
e. I do not feel the need to be involved in a community of faith. My own personal spiritual practices are sufficient for me.	7.41% 4
TOTAL	54

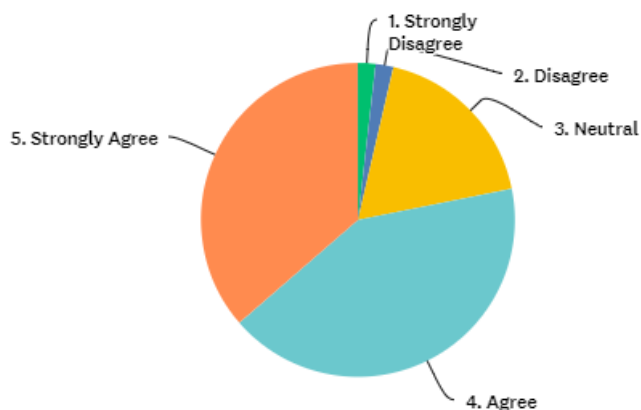
Q19

Export

Customize

My personal devotional or meditation time contributes to my resiliency and effectiveness as a hospice chaplain.

Answered: 55 Skipped: 0



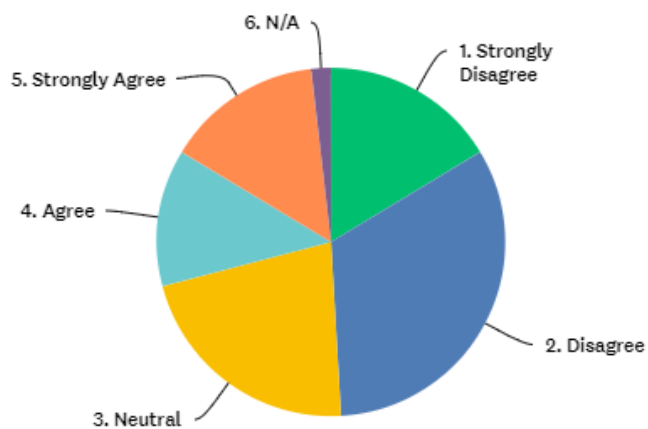
ANSWER CHOICES	RESPONSES	
1. Strongly Disagree	1.82%	1
2. Disagree	1.82%	1
3. Neutral	18.18%	10
4. Agree	41.82%	23
5. Strongly Agree	36.36%	20
6. N/A	0.00%	0
TOTAL		55

Q20

Export
Customize

My personal devotional or meditation time is a regularly scheduled time and not sporadic.

Answered: 55 Skipped: 0



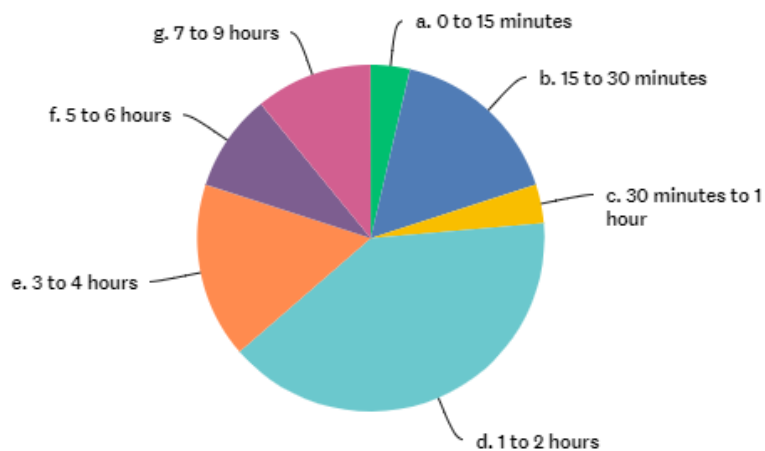
ANSWER CHOICES	RESPONSES
1. Strongly Disagree	16.36% 9
2. Disagree	32.73% 18
3. Neutral	21.82% 12
4. Agree	12.73% 7
5. Strongly Agree	14.55% 8
6. N/A	1.82% 1
TOTAL	55

Q21

 Export ▼
 Customize

How many hours per week do you spend in meditation or a personal devotional time?

Answered: 55 Skipped: 0



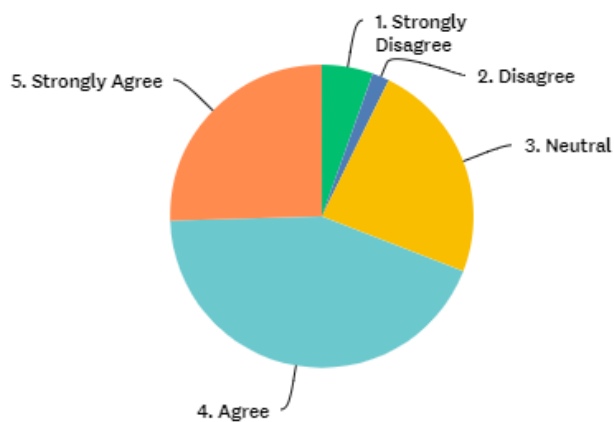
ANSWER CHOICES	RESPONSES
▼ a. 0 to 15 minutes	3.64% 2
▼ b. 15 to 30 minutes	16.36% 9
▼ c. 30 minutes to 1 hour	3.64% 2
▼ d. 1 to 2 hours	40.00% 22
▼ e. 3 to 4 hours	16.36% 9
▼ f. 5 to 6 hours	9.09% 5
▼ g. 7 to 9 hours	10.91% 6
▼ h. 10 hours or more	0.00% 0
TOTAL	55

Q22

Export
Customize

My devotional time contributes to my resiliency and effectiveness as a hospice chaplain.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
1. Strongly Disagree	5.45%	3
2. Disagree	1.82%	1
3. Neutral	23.64%	13
4. Agree	43.64%	24
5. Strongly Agree	25.45%	14
6. N/A	0.00%	0
TOTAL		55

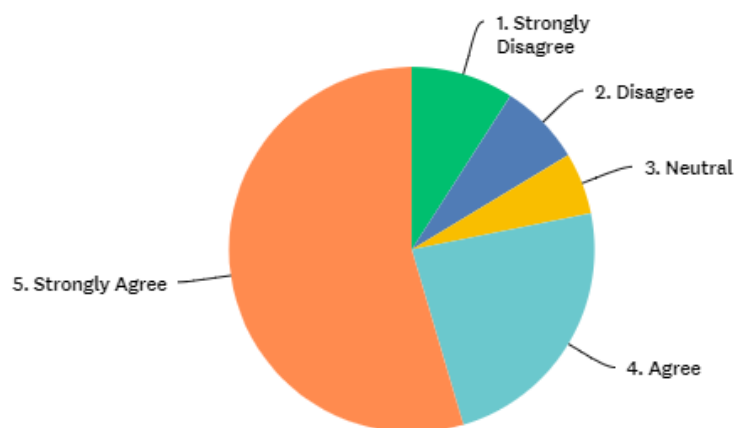
Q23

Export ▼

Customize

I have a loving relationship with a spouse or significant other that contributes to my resiliency in ministry and personal growth.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ 1. Strongly Disagree	9.09%	5
▼ 2. Disagree	7.27%	4
▼ 3. Neutral	5.45%	3
▼ 4. Agree	23.64%	13
▼ 5. Strongly Agree	54.55%	30
TOTAL		55

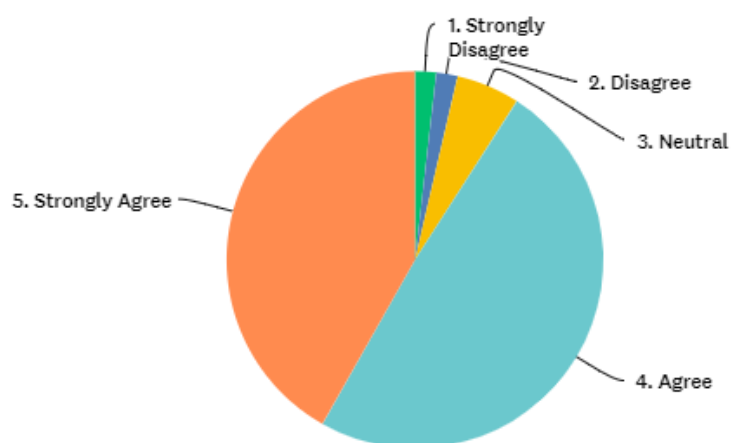
Q24

Export

Customize

I have other supportive relationships which provide me an additional sense of belonging and worth.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
1. Strongly Disagree	1.82% 1
2. Disagree	1.82% 1
3. Neutral	5.45% 3
4. Agree	49.09% 27
5. Strongly Agree	41.82% 23
TOTAL	55

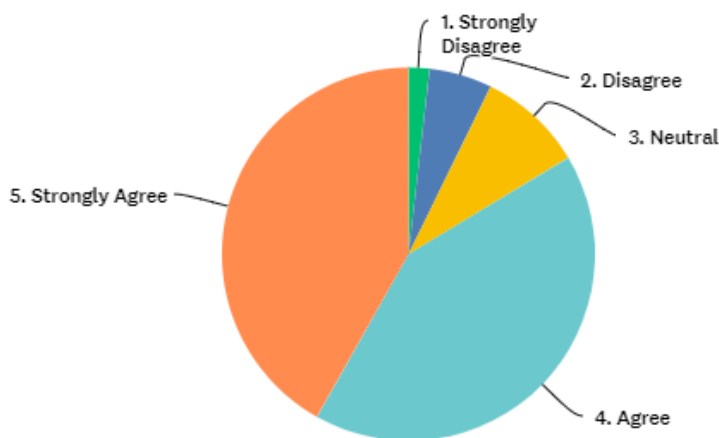
Q25

Export ▼

Customize

There is a sense of “family” within my hospice organization that includes my hospice colleagues who help provide me with resiliency in my hospice ministry and personal satisfaction. I look forward to going to work and interacting with my hospice team.

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ 1. Strongly Disagree	1.82% 1
▼ 2. Disagree	5.45% 3
▼ 3. Neutral	9.09% 5
▼ 4. Agree	41.82% 23
▼ 5. Strongly Agree	41.82% 23
TOTAL	55

Q26

Export ▼

What other advice would you tell novice hospice chaplains who are seeking to maintain a healthy balance between their hospice ministry and the enjoyment of a personal lifestyle in which they feel they are truly living life abundantly?

Answered: 40 Skipped: 15

Appendix D: Primary and Secondary Stressors

PRIMARY STRESSORS	RESPONSES
Patient Caseload Management	
▪ Patient caseload and ability to schedule adequate ministry visits with my patients.	33
▪ Managing my weekly itinerary of patients by visiting according to the Plan of Care.	28
▪ Being on call and other spiritual crises.	9
▪ Time management issues due to census growth which impacts balance between visiting present patients, new patients, and making bereavement contacts.	2
▪ We need computer programs for charting on chaplain visits written by chaplains!	1
<i>Total</i>	73
Compassion Fatigue	
▪ Compassion fatigue which can minimize my effectiveness as a hospice chaplain.	21
▪ Processing the deaths of my hospice patients in a healthy manner that allows me to continue visiting other patients and providing spiritual and emotional care to them.	13
▪ Multiple patient deaths having cumulative effect.	1
<i>Total</i>	52
Staff Issues and Personality Clashes Within the IDT	
▪ Staff issues and personality clashes within the interdisciplinary hospice team.	23
▪ Accepting the preeminent status of the hospice nurse in case conference discussions in your interdisciplinary team (IDT) meetings.	9
▪ Interpersonal issues with other hospice chaplains and misunderstanding from colleagues about the duties and activities of the hospice chaplain.	3
▪ Organizational stress and dysfunction.	1
▪ IDT is more medically focused and uninterested in implementing psychosocial dimensions.	2
<i>Total</i>	38

Personal Health Issues

▪ Personal health issues that distract and inhibit chaplain's ability to focus on ministry.	12
▪ Issues with the amount of required driving and its physical and mental impact.	14
<i>Total</i>	<u>26</u>

SECONDARY STRESSORS**RESPONSES****Completing Documentation**

▪ Completing documentation requirements as required by my hospice organization.	22
---	----

Struggling with Financial Issues

▪ Financial concerns, which include salary discrepancy and/or budgetary shortages.	17
--	----

Relationship Issues

▪ Marital issues or family relationship issues.	8
▪ Spiritual doubt and questions about my own relationship with God.	5
<i>Total</i>	<u>13</u>

Administrative and Time Issues

▪ Corporate office issues, unrealistic expectations, management duties, and committee responsibilities which distract from visiting patients.	3
▪ Extended commuting time to work and balancing work and personal life.	3
▪ Juggling other hospital chaplaincy responsibilities along with hospice responsibilities.	1
<i>Total</i>	<u>7</u>

Indicated "no stress" or "situation was not applicable."	7
---	---

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IRB Exemption 2820.072817: Survey for Resiliency and Stability in the Hospice Chaplaincy



IRB

Fri 7/28/2017, 10:36 AM

Bruner, Wayne R;

Hicks, Donald Quentin (School of Divinity Instruction);

IRB

THESIS PROJECT

Change in Protocol_Template.docx	Bruner_2820Exemption_07_17.pdf	Bruner_2820StampedConsent.pdf
97 KB	44 KB	92 KB

3 attachments (232 KB) [Download all](#)

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Action Items

Dear Wayne Bruner,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please retain this letter for your records. Also, if you are conducting research as part of the requirements for a master's thesis or doctoral dissertation, this approval letter should be included as an appendix to your completed thesis or dissertation.

Your IRB-approved, stamped consent form is also attached. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

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