Shifting Expectations for Chaplains

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THE ADOPTION OF STANDARD 12: Research Literacy and Application Competence has created a whole new set of expectations for chaplaincy.¹ I think it is very important at this stage to clearly define them!

I have long advocated for chaplains being research literate and using research to strengthen our sensitivity regarding the issues our patients hint at or share with us.

While it is not realistic to expect chaplains serving as one-person departments to conduct research as well, it is not beyond their scope to read research, critique it and selectively incorporate it into their functioning as a chaplain. The chaplaincy organizations need to find a way to foster these skills in current members and to include them in the training of future chaplains.

A good analogy is “research as a second language.” Picture a store owner whose neighborhood is quickly changing and whose customers now speak a different language. The owner learns enough of the language in order to serve his customers better and to keep his business healthy. The chaplain’s “neighborhood” is medical care, and the language is research.

When I first became involved in research it was to gain credibility for chaplains in my institution. I had illusions that it might bring more power, status and prestige. It did not; it just earned us a place at the table. What it did bring was a greater sense of credibility with other medical professionals and their appreciation of our unique contribution to health care. It was also a reminder to keep myself theologically grounded as the best way to stay clinically relevant.

My concern is that the implementation of the new research standard, and the replacement of Chaplaincy Today with the Journal of Health Care Chaplaincy will create two camps rather than a richer environment for dialogue. My biggest fear is that this will further erode the theological base for our work, which most frequently gets expressed in stories from our religious heritage and in our informed imagination. By informed imagination, I mean the way we integrate our understanding of ourselves, our chaplaincy experiences and our religious heritages to creatively and helpfully intervene in the suffering and celebrating of our patients. There is no reason why adding the experience of others, i.e., researchers, cannot be part of that mix.

As I see it research and informed imagination are simply two ways of viewing and engaging the world. They are stronger when used collaboratively. Research extends our individual experience to encompass that of others and gives us models of what to look for as we try to unravel the revelations that our patients present to us. Our informed imagination keeps us grounded theologically and provides us freedom to engage our patients in creative ways. We must learn to live within that tension.