PROJECT ABSTRACT

Master of Chaplaincy

Adventist University of Africa

Theological Seminary

TITLE: THE CHAPLAIN'S ROLE IN THE EFFECTIVE CARE AND HEALING OF PATIENTS AND ITS IMPLICATIONS FOR SEVENTH-DAY ADVENTIST HOSPITAL IN ASAWINSO, GHANA

Researcher: Michael Amankwah

Primary Advisor: Matena O. Kafe, PhD

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This thesis explores the role of chaplains in the effective care and healing of patients, specifically within the Seventh-Day Adventist Hospital in Asawinso, Ghana. The problem addressed is the underdeveloped integration of chaplaincy services in healthcare, despite their potential benefits for patient care and recovery. The study employs a qualitative, phenomenological approach, gathering data through surveys, interviews, and observations of patients, chaplains, and healthcare staff. The Seventh-Day Adventist Hospital in Asawinso has contributed significantly to physical healthcare. However, the role of chaplains remains underappreciated and underutilized, affecting patient care and recovery outcomes. This study aims to clarify and articulate the chaplain's role in healthcare, addressing this gap. Data were collected using purposive sampling of 50 patients, focusing on their experiences and perceptions of chaplaincy services. Semi-structured interviews and observations

provided rich, qualitative insights into the impact of chaplaincy on patient care. The data were transcribed, coded, and thematically analyzed to identify recurring themes and patterns. The study revealed that chaplains play a crucial role in providing spiritual and emotional support, significantly contributing to patient well-being and recovery. Patients who engaged with chaplains reported better-coping mechanisms and a sense of peace, aligning with previous research that highlights the positive impact of spiritual care on health outcomes. Chaplains also played a vital role in integrating spiritual care with organizational goals, advocating for patient dignity, and documenting spiritual assessments and care plans. The study also provides a basis for further research on the impact of chaplaincy services in other healthcare settings.

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A project

presented in partial fulfilment

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Master of Chaplaincy

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APPROVAL BY THE COMMITTEE:

_____	_____
Primary Advisor Matena O. Kafe, PhD	Programme Director Mahlon Juma Nyongesa, PhD
_____	_____
Secondary Advisor Augustin Tchamba	Dean, Theological Seminary: Feliks Ponyatovskiy, PhD

Adventist University of Africa

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I dedicate this thesis to my wife Mrs. Margaret Serwaa Boateng

and my children, Nana Yaw Yeboah Amankwah, and

Mame Adwoa Kwakyewaa Amankwah.

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This dissertation was produced with a great deal of help from many people, even though my name alone is on the cover. I owe a debt of thanks to everyone who helped make this thesis possible. I want to start by expressing my heartfelt thanks for the assistance of my supervisor, Dr. Matema Kafe, who has helped me with my thesis by being patient and knowledgeable. I credit his support and work for helping me achieve my Master's degree, and without him, this thesis also might not have been finished or written. There is just no better or kinder boss one could ask for.

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The administration, employees, and clients of the Assawinso SDA Hospital deserve my sincere gratitude for providing me with many forms of assistance during my graduate work and for responding to the questionnaires I used to do the analysis.

LIST OF ABBREVIATIONS

SDA - Seventh-day Adventist

NHIS - National Health Insurance Scheme

AIM - Assessment, Intervention, and Monitoring

CPE - Clinical Pastoral Education

NHIA - National Health Insurance Authority

WHO - World Health Organization

CHAPTER 1

INTRODUCTION

The role of healthcare chaplaincy in the Seventh-day Adventist (SDA) hospital at Asawinso, Ghana, remains largely underexplored. Serving as a member of the executive committee of the Western North Ghana Conference, the unconventional nature of healthcare chaplaincy in our hospitals became evident when it was suggested to rename the department to the Spiritual Care Department. This proposition prompted a significant reassessment, culminating in a consensus to develop a structured program. This research aims to clarify the role of chaplains in healthcare and the potential benefits for patient care and recovery.

Background of the Study

Historically, chaplains have played an important role in providing spiritual guidance and emotional support to people, as exemplified in the ministry of Jesus Christ. Luke 12:32 and Luke 6:17-7:23, illustrate Jesus' role in offering comfort and support to his followers. These biblical examples lay the foundational principles of chaplaincy; which is: providing care, emotional support, and spiritual guidance to individuals in need.

In the context of healthcare, the role of chaplains goes beyond traditional church activities to address the spiritual and emotional needs of patients, families, and healthcare staff. George Handzo mentions that chaplains are expected to deliver the highest standards of service, maintaining strict confidentiality in their interactions

with patients.[1] Roberta Springer Loewy and Erich H. Loewy further add that chaplains must adhere to confidentiality standards to respect patients' dignity and privacy.[2] This respect for patient privacy is important in fostering trust and facilitating open communication between chaplains and patients.

The importance of spiritual care in the care of patients is increasingly acknowledged. Healthcare chaplains, according to Astrow et al., offer assistance that is culturally and spiritually appropriate, improving patient care by attending to spiritual needs in addition to physical and emotional ones.[3] By recognizing the relationship between the body, mind, and spirit, this holistic approach encourages complete recovery and well-being.

The effectiveness of chaplaincy in healthcare has attracted scholars' attention. In the study, 'Empirical Research on Religion and Psychotherapeutic Processes and Outcomes', Hultman et al. found that patients who interacted with chaplains had significantly lower mortality rates of 87% compared to those who did not.[4] This finding suggests that spiritual care has a direct impact on patient outcomes, complementing medical treatment and supporting recovery. However, George Fitchett and others argue that while chaplaincy may have a sort of impact on patients' healing

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[1] George F. Handzo, "Best Practices in Professional Pastoral Care," *Southern Medical Journal* 99, no. 6 (2012): 663-664.

[2] Roberta Springer Loewy and Erich H. Loewy, "Healthcare and the Hospital Chaplain," *Medscape General Medicine* 9, no. 1 (2007): 53, Accessed on 10 January 2024 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924976/?report=printable.

[3] Alan B. Astrow et al., "The Religious and Spiritual Concerns of Hospitalized Patients," *Journal of Clinical Oncology* 29, no. 6 (2011): 467-472.

[4] Edward L. Hultman Jr. et al., "Empirical Research on Religion and Psychotherapeutic Processes and Outcomes: A 10-Year Review and Research Prospectus," *Psychological Bulletin* 119 (2014): 448-487.

process, it is challenging to quantify this direct effect on medical outcomes.[5] In the context of the Western North Ghana Conference, the SDA Church has made substantial contributions to physical healthcare. However, the integration of chaplaincy services within the healthcare system, particularly at the Asawinso SDA Hospital, remains underdeveloped.

Statement of the Problem

The Seventh-day Adventist (SDA) Church in the Western North Ghana Conference has contributed significantly to the physical healthcare of its community. However, there is a lack of clarity in the role performed by chaplains which has affected the health care and healing of patients at Asawinso SDA Hospital in the western part of Ghana. This creates a situation where administrators and chaplains alike do not fully comprehend and appreciate the practical roles and uniqueness of health chaplains. There has not been enough literature to explore the subject in the Western North Ghana Conference of SDA. This gap calls for the need for an understanding of the chaplain's role in patient care and recovery. Hence, this study has a place in shaping the perceptions and understanding of the subject.

Research Questions

The research will be guided by the following research questions:

1. How does the presence of chaplaincy services impact patient care and recovery outcomes at the SDA Hospital in Asawinso?

[5] George Fitchett, Stephen D. W. King, and Anne Vandenhoeck, "Education of Chaplains in Psycho-oncology," in *Psycho-oncology*, ed. Jimmie C. Holland et al., 2nd ed. (New York: Oxford University Press, 2010), 605-609.

2. What are the implications of integrating chaplaincy services into the operational framework of the SDA Hospital in Asawinso for its future development?
3. What factors influence the effectiveness of healthcare chaplains in contributing to patient care at the SDA Hospital in Asawinso, and how do these factors affect patient satisfaction and overall healthcare delivery?

Objectives of the Study

The primary objective of this study is to identify and articulate the role of chaplains in the effective care and healing of patients at the SDA Hospital in Asawinso. Specific objectives include:

- Evaluating the impact of chaplaincy on patient care at Asawinso SDA Hospital.
- Outlining the implications of chaplaincy services for the hospital's future operations.
- Analyzing factors affecting patients and the contributions of healthcare chaplains.

Purpose of the Study

This study aims to clarify the chaplain's role in healthcare and healing, providing valuable insights for the SDA Hospital at Asawinso and potentially other healthcare institutions in Ghana. Understanding the contributions of chaplains can enhance interdisciplinary collaboration within the medical sector, improving patient outcomes and overall healthcare delivery.

Delimitation

The study was primarily limited to the responsibility of a chaplain in the recovery of patients at Asawinso Seventh Day Adventist Hospital and the implication of this role to the Seventh-day Adventist church.

Geographical and Resource limitation: Due to the wide distance and large number of hospitals within the Western North Ghana conference, the study will focus on Assawinso Hospital. The study which is limited to the Assawinso boundary provides a conducive atmosphere for collaboration between physicians, patients and researchers. Again, this research is limited by time as it is to be completed within the academic timeline.

Methodology

The research method for practical theological research requires qualitative research. When a researcher is certain of the key variables to look at, quantitative research is very helpful. Thus, the approach may be necessary because the topic is new, it has never been studied with a specific sample or group of people, or because current theories do not hold for the sample or group being studied[6], and in this case, there has not been any research done on the subject concerning the Asawinso District.

Definition of Terms

Chaplain: A religious representative trained to provide spiritual support and guidance within various institutional settings, including hospitals and military organizations.

[6] Janice M. Morse, *Approaches to Qualitative-Quantitative Methodological Triangulation*, (Nursing Research 40, no. 1: 123, 1991), 152.

Healing: The process of making or becoming sound or healthy again, encompassing both physical recovery and psychological adjustment.

Health Care: The maintenance or improvement of health via the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments, typically delivered by health professionals.

Healthcare Chaplaincy: A specialized form of chaplaincy that involves providing spiritual and emotional support to patients, families, and staff within healthcare facilities.

Hospital: A health facility where patients receive medical treatment from healthcare professionals.

Patient: An individual who receives medical treatment from a healthcare provider.

Role: The expected behaviour or function of an individual in a particular social position or setting.

Spiritual Care: Support that attends to a person's spiritual or religious needs, often encompassing aspects of emotional support and ethical guidance.

Therapeutic Interventions: Actions taken by healthcare providers to improve a patient's health and well-being, including both medical and spiritual care.

Organization of the Study

The study is organized into six distinct chapters. Chapter One serves as an introduction, providing a background on the study, stating the problem statement, the purpose and significance of the study. Chapter Two delves into the literature review, scrutinizing existing research on the subject. Chapter three delves into the Biblical foundation and Ellen G. White's statement on the chaplain and its role. This section tries to establish from the biblical perspective, what the subject is about,

complimenting it with that of Ellen White's. Chapter Four expounds upon the chosen methodology: a qualitative approach, detailing the steps taken to empirically the perception of the chaplaincy role at Asawinso. Chapter Five delves into the analysis and presentation of findings, offering insights into prevailing trends, and understanding respondents on the subject. The study concludes with Chapter Six, wherein a summary is provided, drawing conclusions from the findings, and delineating practical theological implementations derived from the research, thereby offering actionable recommendations for the Seventh-day Adventist Church in the Western North Ghana Conference at Asawinso.

CHAPTER 2

LITERATURE REVIEW

Development of Chaplaincy

Healthcare chaplaincy is one of the specialized ministerial settings where the institution hires chaplains as staff who need to commit themselves to abide by the institution's policies and procedures. The institution expects the chaplain's mission to complement the greater mission of the institution. The institution also expects chaplains to be mature enough to understand that faith is worked and lived out in a pluralistic environment representing people from various religious backgrounds. Thus, they have to serve diverse people with faith beliefs other than their own.

"Reverend Anton Boisen was a very important figure in the movement for Clinical Pastoral Education (CPE) and hospital chaplaincy, bridging the divide between religion and medicine. Raised in Bloomington, Indiana, he was ordained as a Presbyterian minister in 1912 after graduating from Union Theological Seminary in New York City the previous year."[1]

As employees of the healthcare institution, chaplains are members of the interdisciplinary care team to serve the patient and institutional community, ensuring patients' psych-social-spiritual needs are addressed during their illness. Their work aims to meet spiritual needs, including appropriate religious requirements, and help patients reflect on their illness and its meaning and how this experience may lead to

[1] Robert Leas, "History of the Hospital Chaplain," Association for Clinical Pastoral Education, https://religionsmn.carleton.edu/exhibits/show/chaplaincy/hospital-chaplains/history.

greater wholeness. This is the distinctive role of the chaplain working alongside the multidisciplinary team for the holistic well-being of the patient.

The Origins of Chaplaincy

The word Chaplain was derived from the French chaplain and the Latin capella. A Chaplain guards the English chapel. The role of the chaplain includes showing compassion towards others, safeguarding all things sacred and so on. Chaplain is a product of the early days of the Church. According to a legend, Martin, a saintly man, shared his coat with a beggar in the course of the fourth century out of compassion. When he passed away, his capella (the Latin term for a cloak) was preserved as a symbol of the revered act of kindness.

Chaplaincy Care Ideas

Firstly, a chaplain needs to acknowledge his vulnerability to sin. However, he must not have the intention to sin. Jesus never sinned while he was a human (2 Cor 5:21; Heb 4:15; 1 Pet 2:22:2). The life of Jesus is important to the theories associated with the formation and works of the chaplaincy.

Chaplains are human and have all kinds of emotions. Like Jesus, chaplains must be as compassionate and caring as Jesus. According to (Isa 53:3, and Luke 19:41), Jesus Christ felt sad, groaned, and compassionate and Chaplains should emulate the example of Jesus. To meet the needs of others, chaplains must not disregard their own needs.

Chaplains must take care of the people as Jesus took care of his sheep (people). According to Luke 12: 32 (bible), Jesus took care of his sheep and informed them not to fear. He also provided emotional support to the bereaved widow in the

city of Nain (Luke 6: 17 – 7:23)."[2] Chaplains help the congregation show their gratitude to God for the fruit of the womb.

Chaplains are to view humanity as the image of God. They are expected to provide any support when required. They must provide their clients with emotional support for their healing. Chaplains imitate Jesus's humility and do not express a feeling of pomposity.

The History and Practice of Chaplaincy Ministries

Chaplaincy has developed significantly since its discovery by Martin of Tours. According to Holified, there has been some continuity between the 17th and 20th centuries in how pastoral care was originally conceived in America.[3] Chaplaincy as a profession, though, has evolved in the twenty-first century. This suggests that just because an individual is a pastor, he is not automatically a chaplain. In other words, while all chaplains are pastors, not every pastor is a chaplain. A code of conduct or standard of practice for chaplains has been laid down by the Association of Professional Chaplains in the West. Numerous institutions that offer chaplaincy adopt these guidelines.

Agbiji and Landman mention the compassion and generosity of St. Martin towards the cold beggar in distress. This demonstrates a connection between St. Martin's act of kindness and the biblical basis for chaplaincy. Care has been extended psychosocially.[4]

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[2] Handzo, "Best practices in professional pastoral care," 663-664.

[3] Brooks E. Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Nashville: Abingdon Press, 1983).

[4] Emem Agbiji and Christina Landman, "Overcoming Fragmentation and Waste in Healthcare Systems in Africa: Collaboration of Healthcare Professionals with Pastoral Caregivers*," HTS Teologiese Studies/Theological Studies* 70, no. 2 (2014): 1-11.

The Roles and Duties of a Chaplain

Chaplaincy is a vital part of religion. Christians who want to support chaplaincy have a serious issue, according to Crick. Robert L. Crick distinguishes the moderate chaplaincy ministry work. Chaplains today work with people in a variety of settings, including military bases, hospitals, disaster response sites, jails or other correctional facilities, religious settings, college and university campuses, law enforcement organizations, and high schools.[5]

The Twenty-first Century Chaplain

A chaplain is regarded as a professional chaplain and pastoral caregiver in the twenty-first century. This implies all chaplains are pastors but not all pastors are chaplains. The work of a chaplain is measured based on his performance. The professionalism of chaplains is measured in the areas of communication skills, attentiveness, competence, sensitivity, empathy and so on.

Homotowu has established that a chaplain identifies unspoken desires, little hopes, hidden conflicts, and unspeakable fear and communicates non-judgemental care and acceptance to the patients or clients.[6] The chaplain listens to the life stories of people and connects them to God through theological reflection

Chaplaincy Association Standards

The chaplains aim to provide the highest possible standard of service. The chaplains' work is subjected to a strict standard of confidentiality. This makes him or her accessible and effective.

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[5] Robert L. Crick, *Outside the Gates: The Need for Theology, History, and Practice of Chaplaincy Ministries* (Oviedo, FL: Higher Life, 2011), 744.

[6] Patrick K. Homotowu, *Institutional Chaplaincy Work: Special Family Ministry* (Takoradi, Ghana: St. Francis, 2004), 41.

Healthcare Chaplains in Ghana

It is the basic right of patients to be provided with considerate care which does not violate their respect for their cultural and spiritual needs and their dignity. According to Astrow et al., healthcare Chaplains provide help and support different classes of people.[7] This suggests that the focus of care shifts to the patient. Patients actively participate in the formulation of the therapeutic regimens. Chaplains use their clients' spiritual and religious convictions as coping mechanisms.

Hospital chaplains might be found both inside and outside the building. Similar to generalists, hospital chaplains are assigned to a certain floor. In modern times, chaplains are required to have a variety of specialities, including paediatrics, intensive care, emergency care, oncology, neonatal, obstetrics, reconstructive surgery, cosmetic surgery, burn medicine, infectious diseases, geriatrics, and others.

Healthcare chaplains work in an environment where health is a core objective. This includes hospitals, community care, mental health hospitals, etc. They reach across different faiths. Placement and training of healthcare chaplains within hospitals are special.

Training and Education of Chaplaincy

The various fields or areas of chaplaincy require special training skills. Pastoral training has advanced into psychological, professional and healing models. It takes specific training to become a chaplain. Police chaplains are experts in the criminal justice system, issues related to restorative justice, and suicide intervention. A police chaplain needs knowledge of topics including first aid, survival, and more.

[7] Alan B. Astrow, Andrea Wexler, Karen Texeira, M. Katherine He, and Daniel P. Sulmasy, "Is Failure to Meet Spiritual Needs Associated with Cancer Patients' Perceptions of Quality of Care and Their Satisfaction with Care?" *Journal of Clinical Oncology* 25, no. 36 (2015): 5723-5757.

The Adventist Chaplain

In the same way that Jesus Christ cares for individuals, Adventist chaplains constitute a supplementary component of the church's care for those people. It involves counselling, healing, teaching, preaching and so on.

Adventist Chaplains engage in nurturing, reaping, evangelism, and so on. They possess training and special gifts that are used in conferences and churches. In Ghana, Adventist Chaplains' care for the people has progressed to more complicated spiritual care from sharing a cloak."[8]

Primary Spiritual Tasks of a Chaplain

The Chaplain is responsible for the religious and spiritual well-being of the hospital community. A hospital chaplain offers spiritual guidance and pastoral care to patients and their families. As representatives of religious traditions, chaplains in hospitals and medical centres use the insights and principles of psychology, religion, spirituality, and theology. The patients find meaning, sense of purpose, desires and direction in life.

Assessment: Observation of the Patients

Through the chaplain's interaction with patients and experiences with patients, the chaplain finds out the essential needs of the patients. The patients can talk about how the failure of the support systems. This allows the chaplain to assess/ evaluate the relationships of the patients.

[8] Susan C. McCormick and Amy A. Hildebrand, "A Qualitative Study of Patient and Family Perceptions of Chaplain Presence during Post-trauma Care," *Journal of Health Care Chaplaincy* 21, no. 2 (2006): 60-75, https://doi.org/10.1080/08854726.2015.1016317.

In the middle of a medical emergency, the patient might be concerned about mortality. The chaplain assesses based on the concern of the patients about death/mortality.

As defined by Spiritual AIM, the chaplain must determine the severity of the need and the patient's progress toward recovery and integration. Using particular interventions that match the main spiritual need, the chaplain guides the patients along the path of healing and recovery. He accomplishes that by using a technique called embodiment.

Patients' self-descriptions may conflict with how they behave. The evaluation is centred on seeing or evaluating how the patient interacts with others, taking note of interactions between patients and chaplains, and watching how patients behave.

The chaplain assesses the patients based on behavior when self-description and behavior contradict. Behavior is an accurate indicator for assessment more than the self-description of the patients.

Assessment: Chaplain's Self-Awareness

The chaplain conducts a spiritual evaluation that aids in healing and recovery using himself and his relationships with the patients. The chaplain uses certain phrases spoken by the patient to make an assessment. The chaplain observes the behavior of the patients. He becomes self-aware of his tendency to react to the primary or core needs of patients. Based on the chaplain's unique personality, he or she is likely to respond to patients' core needs differently from other chaplains. The chaplain must become acquainted with his response to each patient's fundamental spiritual need to make better assessments in the future.

Chaplain's Embodiment

The chaplain's conceptualization of a goal and pastoral positions or embodiment is aided by the spiritual AIM. Embodiment is defined as the role of a chaplain.

The chaplain's embodiment can assist patients in feeling more deserving and more able to fight for their demands to be satisfied if their primary spiritual needs are a sense of belonging and self-worth. If a patient's primary spiritual needs are meaning and purpose, the chaplain's presence can assist them find more clarity. The embodiment of the chaplain holds the person being treated accountable for further responsibility and humility if the patient's primary spiritual need is reconciliation.

Additionally, the chaplain serves as a symbol of remembrance of the divine so that relational healing occurs via one's embodiment. When spiritual therapy is being provided, the chaplain is aware that there is something more in the room in addition to the patient and the chaplain.

Chaplain's Intervention

The chaplain needs a strategy. If the chaplain does not have a plan, the interaction may remain in the category of a social visit. Interventions are designed to help patients progress through the healing process. The chaplain is guided by these interventions, but the patients are never told about them. The patients must be ready to move with the chaplain along the process of healing. The interventions are the pathway to healing. Based on this, the chaplain guides the patient toward a deeper state of wholeness that satisfies their spiritual requirements. The chaplain keeps it in mind rather than sharing his assessment or intervention with the patients. It is possible to determine whether or not an intervention is promoting patient healing by seeing how the patients react to it.

Rituals are the method through which people mark significant life events. Special elements of spiritual care include rituals and ceremonies. Healing rituals and ceremonies are performed by spiritual leaders and healers to commemorate significant events and mark the passage of time. By performing rituals or making an intervention, chaplains draw on a long history of healing. The chaplain provides spiritual intervention in healthcare organizations. Chaplains are additionally trained to comprehend the complexities of performing ceremonies. They develop rituals for patients, family members, and nonreligious staff members who need to commemorate significant events and transitional periods. Depending on the specific spiritual needs of the patients, the chaplain works with the patients to achieve a higher level of wholeness and health.

Role of Spiritual Careers, Pastoral Careers, and Chaplains

Krause defines spirituality as recognizing as well as responding to the many different manifestations of spirituality. Spiritualists and chaplains perform many functions in the hospital[9]. The roles of the health care chaplains are conducting rituals and ceremonies, negotiating multiple realities and culturally diverse traditions, one-to-one support to patients, relatives, staff, and so on.

Provision of Sacramental Support and Prayers to the Patients and Families

The people of God gathered for worship to celebrate the Holy Communion. In communion service, there is the reading of scripture passages. Prayer sessions are organized and there is the distribution of emblems. In some traditional ministries,

[9] Neal Krause and Linda M. Chatters, "Exploring Race Differences in a Multidimensional Battery of Prayer Measures among Older Adults," *Sociology of Religion* 66, no. 1 (2011): 23-43.

Holy Communion includes inviting people to confession, bringing the book of the Gospels, preaching the gospel, reading the Gospel, preparing the table and gifts, prayers of intercession, ablutions, dismissal and a part in the distribution of emblems. The entire service brings together word and sacrament and unites the assembly in worship. The sacraments, which are visible and effective symbols of worship and intercession, are influenced by the divine life lived by Christ. New wholeness and richness that can be compared to a new life replace the flesh.

The Witness Role

First of all, Jesus was filled with the Holy Spirit, who anointed him to spread the gospel to the underprivileged. Jesus urged chaplains to spread the gospel to the underprivileged, which is evangelism in its broadest sense. The witness role includes gospel proclamation; invitation and hospitality. "The bible encourages Christians to share Christ with people."[10] In the body of Christ, missional work has to do with the invitation of people to Christ. This includes baptism, confirmation, invitation of people to Christ, and so on. When Jesus declared that he came to bring recovery of sight to the blind and share the good news with the poor he meant caring for the person who is anxious, depressed, suffering, and so on. Jesus was sent to proclaim the year of the Lord, free the captives, and set the downtrodden free.

Chaplaincy Counseling

According to Browning "chaplain counseling emphasizes chaplain care." The chaplain counsellor provides services such as therapy & care by incorporating spiritual counselling skills. "Counseling is a professional relationship between two

[10] Gregory T. Broccolo and Larry VandeCreek, "How are Health Care Chaplains Helpful to Bereaved Family Members? Telephone Survey Results," *Journal of Pastoral Care and Counseling* 58, no. 1–2 (2004): 31-39.

parties.[11] To overcome difficulties like dealing with loss and grief, forming relationships, managing emotions as well as feelings, and self-esteem, one strives to assist while the other needs assistance. Additionally, several concerns draw people into the worlds of spirituality and religion, such as life and meaning, identity, and comprehending sorrow and suffering. They include identity, life and meaning, understanding pain and suffering, faith and a host of other spiritual issues. "Chaplains provide clinical skills and spiritual nourishment to people. Chaplains must develop sensitivity and skills needed to be a good counsellor."[12]

Teacher Role

Chaplains are under tremendous pressure to ensure their members learn certain skills and acquire certain specific knowledge at different stages in their development. Wise chaplains plan their teaching, testing and assignments around those learning objectives. They prayerfully established a journey they would take members on over time. They bring members through the scripture to encounter the character of God, and to understand the grace extended to members. "Chaplain equips people to serve one another and to live in response to God's grace."[13]

Benefits of Chaplaincy

Benefits to Patients and Family

Patients appreciate chaplains because they help reduce depression and anxiety among their members. They offer sacraments and prayers and help patients

[11] Tessa Borneman, Betty Ferrell, and Christina M. Puchalski, "Evaluation of the FICA Tool for Spiritual Assessment," *Journal of Pain and Symptom Management* 40, no. 2 (2010): 163-173.

[12]John Conte, "Spirituality and Health: Towards a Framework for Exploring the Relationship between Spirituality and Health," *Journal of Advanced Nursing* 37, no. 6 (2009): 589.

[13] Conte, "Spirituality and Health", 589.

understand the illness[14] C. H Dult in his journal "Religiosity and Mental Health" outlined five major functions or responsibilities of a chaplain. They include chaplains providing the transitional of the loved one from earth to the afterlife. "Chaplains offer comfort and support. Chaplains help in making ethical decisions. They help reduce the emotional distress of patients and staff[15]. They also provide a non-diagnostic communication role within the hospital.

The length of stay of patients reduced significantly because chaplains are assigned to patients. According to Barletta and Thomsen, chaplain care was essential in the recovery of patients. They contribute to positive physical and emotional outcomes.

Benefit to Staff

Researchers have found that clinical personnel recognized chaplains as vital human resources and valued the contributions they made to the institution.[16] The pilot research study conducted by the pastoral care department and brain injury rehabilitation department at West mead Hospital also found a correlation between the chaplaincy program and satisfying hospital experiences. Family and guests are in distress as a result of feedback from medical and nursing staff.[17] Chaplains assist the staff in coping with personal issues and distress.

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[14] Gregory T. Broccolo and Larry VandeCreek, "How are Health Care Chaplains Helpful to Bereaved Family Members? Telephone Survey Results," *Journal of Pastoral Care and Counseling* 58, no. 1–2 (2004): 31-39.

[15] Christina H. Duldt, "Religiosity and Mental Health: A Meta-Analysis of Recent Studies," *Journal for the Scientific Study of Religion* 42 (2002): 43-55.

[16] Lindsay B. Carey, Marie A. Willis, Louise Krikheli, and Ann O'Brien, "Religion, Health and Confidentiality: An Exploratory Review of the Role of Chaplains," *Journal of Religion and Health* 54, no. 2 (1997): 676-692.

[17] Bruce Ireland, Lindsay B. Carey, Ian Baguley, Roberto Maurizi, Jenny Crooks, and Mark Gronlund, "The Westmead Hospital Brain Injury Rehabilitation Unit and Pastoral Care Department Pilot Research Project: A Joint Research Endeavor," *Ministry, Society and Theology* 13, no. 1 (1999): 46-60.

Benefit to Hospitals

It has been found that the care and efforts of the hospital chaplains resulted in a marked reduction in the length of stay for patients.[18] When a priest visited them, their hospital stay was much shorter.[19]

Due to the reduction in staff turnover, the hospital benefited from cost savings. Chaplains also assisted hospitals by meeting patient expectations. Hospital Chaplains' Ministry of America, 2003 established that the presence of spiritual care providers reduced and prevented spiritual abuse. "Moreover, they assist in mitigating patient/family dissection. This leads to reduction of risk of litigation."[20]

Spiritual Care and Its Relationship to Healthcare

Right to Such Services

Patients have a right to spiritual care, hence medical facilities are required to provide it.[21] It is the fundamental right of every patient to be given considerate care that respects their psychosocial, cultural, and spiritual values and safeguards their dignity. Chaplains must consider the physical, mental, and spiritual needs of the clients when they are developing the service plan. However, chaplains are expected to respect the client's cultural and religious beliefs. Professional Chaplains respect the values and beliefs of the patient. This implies that chaplains are to carry out their

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[18] Edward McSherry, "Economic Impact of Chaplaincy on the Hospital Environment" (paper presented at a plenary session at a meeting of The College of Chaplains and the American Protestant Health Association, New Orleans, April 1, 1987).

[19] Keith L. Easton and John C. Andrews, "Nursing the Soul: A Team Approach," *Journal of Christian Nursing* 16, no. 3 (1997): 26-29.

[20] Ibid., 26.

[21] Fitchett, King, and Vandenhoeck, "Education of Chaplains," 605-609.

religious or cultural practices as appropriately as possible. Patients need a holistic approach to well-being.

Patients are frightened by serious illness. Losses including cognitive and physical capacities can seriously impact their clients' self-worth and esteem. These challenges or crises are addressed through spiritual care. Spiritual care aids in healing and recovery. Professional chaplains take into account how medical information affects patients and their families while also assisting with comprehension of the technical terms used by medical specialists.[22]

Spiritual Care Performs a Huge Role When There Is No Cure

Spiritual care plays a huge part in healing clients when a medical cure is not possible. Professional chaplains should have compassion for their clients and comfort them when it becomes important to focus care on chronic diseases. Death can have a profound psychological impact on patients and cause depression, hopelessness, worry, and discomfort. Professional chaplains deliver tried-and-true spiritual tools that assist patients in focusing on enduring significance, value, and meaning.[23]

Workplace Culture which Reveals the Spiritual Needs of Staff Members Makes Spiritual Care Vital to the Organization

Businesses that view their employees as their most valuable human resource worry about stress. A positive company culture is facilitated through spiritual care. Since they provide care for workers who are in need, professional chaplains are

[22] Fitchett, King, and Vandenhoeck, "Education of Chaplains," 54.

[23] Brenda W. Daly, "The Spiritual Dimension of Holistic Care," *Journal of Nursing Administration* 32, no. 1 (2000): 20-24.

essential members of healthcare teams. Chaplains not only assist personnel in coping but also in realizing the significance and worth of their profession. They move across disciplinary boundaries.

In healthcare institutions with constrained resources, spiritual care is essential. This raises issues of spirituality, morality, and ethics. Healthcare systems frequently experience difficult ethical quandaries. The customers might opt against taking part in such intense therapy. The clients' values and beliefs may be impacted by this choice. Healthcare chaplains offer spiritual support to patients, staff members, and others.

The Activities of Professional Chaplains

The activities of professional chaplains can be grouped into

1. When religious practices and beliefs are intricately entwined with cultural contexts, chaplains assist in the maintenance, healing, and reconciliation power of religious faith and provide patients with guidance.
2. Professional chaplains help people from diverse faith groups. They protect patients from being unwelcome, confront others, and form spiritual intrusion.
3. Chaplains use empathic listening to provide spiritual care. Empathic listening is the demonstration of understanding of the person in difficulties. Risk screening and Grief and loss are some of the activities of the chaplain. They identify individuals whose spiritual or religious conflicts can compromise satisfactory adjustment or healing.
4. Chaplains plan religious rituals and worship services. These consist of the recitation of sacred texts, meditation, prayer, blessings, sacraments, worship, and celebration of holy days, as well as ceremonies performed

during important life cycle transitions like childbirth funerals and memorial services.

5. By discussing ethical concerns with staff members, patients, families, and organizations taking part in the ethical programs, chaplains take part in ethical programs in healthcare. They also assist families and patients in completing advance medical directives.
6. Chaplains evaluate the compatibility and suitability of alternative therapies. Patients express interest in finding healing and recovery from sources outside of conventional healthcare institutions. Most complementary healing traditions are based on the religious traditions of the world. Chaplains use a referral for complementary therapies including Meditation, Healing Touch, Guided imagery/ relaxation, and Music therapy.

CHAPTER 3

BIBLICAL FOUNDATION AND ELLEN G. WHITE STATEMENTS

Chaplains are called into a ministry of caring and loving the disenfranchised in society. They minister to people not only from the pulpit but from relationship building within the society. They aid in tiding over the sacred and secular. Since they preach to people who would not otherwise come to church, chaplains have a chance to minister to people who would not be open to the hope of Christ or the gospel of Jesus.[1]

Old Testament

According to the Old Testament, healing comes from God. Jehovah-Rapha, "the Lord is healer" is one of the names of God. "Praise the Lord, o my soul; do not let all of his favour fade from your remembrance. He forgives all your transgressions and heals all your ailments" (Ps 103:2-3).

The relationship between atonement and healing is established in the Old Testament. Sin brought the illness into the world. Healing stems from the Atonement because it addresses the power and curse of sin. The Law also instituted "for the sick person at the ceremonial cleansing" the concept of atonement. Permission to remove a tiny portion of the sin offering's blood by the priest (Lev 14: 2, 19). Atonement is still necessary even though repentance and atonement are not emphasized regarding the

[1] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2006), 154.

sickness because the condition may not have been directly caused by the infected person's sin.

There is a similar relationship between forgiveness and healing in the Old Testament. The scripture strongly suggests a connection between a person's relationship with God and their physical illness, as sickness was brought about by the fall. He then declared, “I will not bring any sickness upon you, for I am the Lord your life-giver. If with all your heart you will hear the voice of the Lord your God and do that which is good in his eyes, hearing his commands and keeping his laws” (Exod 15:26).

New Testament

The ministry of the sick is a function of the clergy in the New Testament. Peter's mother-in-law was healed by Jesus Christ. You came to me in my illness or while I was incarcerated, Jesus said in Matthew 25:36b. Speaking in foreign tongues and driving out demons are two examples of the signs that people who have faith in Jesus will manifest. Additionally, they will touch sick people, and those individuals will get better (Mark 16: 17-18). Miracles of healing were performed for the early church (Acts 5: 15). Paul treated the sick and afflicted on the island of Malta (Acts 28:9).

Since atonement is the ultimate treatment for sickness, sin is the ultimate cause of sickness. According to the New Testament, disease results from Jesus' atoning death. Forgiveness and healing come from the atonement (John 3:14–15). From the Father God and our Lord Jesus Christ, who gave his life to atone for our sins and save us from the wicked world we live in, may you be blessed and have peace. May God be praised forever and ever. Embrace it (Gal 1: 3-5). Everyone needs to

have faith to be healed because they were all already healed at the crucifixion of Jesus.

James 5:14 states that visiting the sick, praying for them, and possibly anointing them with oil constitutes the clergy's ministry in Christendom. Who among you is ill? He should summon the elders of the church, and in the name of the Lord, Jesus Christ, they should anoint him with oil and pray for him. McSherry contends that hospitals strike a balance between life, illness, death, and health. However, situational realities can sometimes hint at deeper realities.[2] These realities entail relieving the patients' spiritual suffering, which is unaddressable by medications, therapies, diagnoses, or other techniques.

To shed further light on this, it should be mentioned that hospital chaplaincy was an innovative method of soul care that emphasized the value of keeping souls alive for all eternity in healthcare environments. When tending to the sick, early hospital chaplains emphasized salvation and eternal life. Chaplaincies have moved their emphasis from salvation in more recent years to avoid preaching and to strike a balance between their religious views and those of the patients and their families.

Ellen G. White Statements

A chaplain needs to understand the mind. He needs knowledge of behavioral science and must be well-versed in the technique of counselling to understand the emotional problems of the sin-sick soul. Ellen White, in stating the qualification of a chaplain, stressed: “It is of great importance that the one who is chosen to care for the

[2] McSherry, “Economic Impact of Chaplaincy on the Hospital Environment.”

spiritual interests of patients and helpers be a man . . . who will have moral influence, who knows how to deal with minds."[3]

A chaplain's ministry surpasses human comprehension of psychology and counselling, so he is not a psychologist or counsellor by trade. Because he can relate to the sufferer, he helps the patient understand what salvation and grace are all about. Ellen White also states "To take people right where they are, whatever their position, whatever their condition, and help them in every way possible this is gospel ministry. It may be necessary for ministers to go into the homes of the sick and say, 'I am ready to help you, and I will do the best I can. I am not a physician, but I am a minister, and I like to minister to the sick and afflicted.' Those who are sick in the body are nearly always sick in the soul, and when the soul is sick, the body is made sick."[4]

Meeting the patient where he is entails discovering him experiencing anguish, pain, impending death, anxiety, fear, rage, doubt, and other unpleasant feelings. Some might even be experiencing happiness and celebration at times. Some people might not care. Surface talk won't be enough for some who are struggling with serious emotional issues. Ellen White, in stating the qualification of a chaplain, stressed: "It is of great importance that the one who is chosen to care for the spiritual interests of patients and helpers be a man . . . who will have moral influence, who knows how to deal with minds."[5] May the church come to grips with its individuality at the same time as the chaplain learns to embrace the uniqueness of his profession. A chaplain discovers his special place as a clergyman in the middle of hospital patient suffering. He therefore has a wonderful chance to embody God's love and grace. His ministry

[3] Ellen G. White, *Testimonies for the Church* (Mountain View, CA: Pacific Press Publishing Association, 1885), 4:546.

[4] Ellen G. White, *Mind, Character, and Personality* (Nashville, TN: Southern Publishing Association, 1977), 764.

[5] White, *Testimonies for the Church*, 4:546.

sets the stage for evangelistic strategies to come. Therefore, a chaplain's mission is pastoral and preparatory rather than evangelistic in nature. “Like a master builder, I laid the foundation according to the commission God gave me, and another man is building upon it,” declared Paul. Let each guy be responsible for how he expands on it. 3:10, 1 Corinthians.

CHAPTER 4

METHODOLOGY

This chapter discusses the research methodology employed in the study to achieve the research objectives. The population of the study, sample population, procedures and selection, the rationale of the study, appropriateness of the study, data analysis, instrumentation, criteria for sampling, and data collection procedure are all captured.

Research Design

This study employs a qualitative method a phenomenological approach, which focuses on capturing the lived experiences and perceptions of individuals in their own words rather than numerical data.[1] It aims to understand the essence of these experiences by exploring how individuals perceive, interpret, and make sense of their world.[2] This approach is grounded in the philosophy that reality is constructed by individuals based on their experiences and the meanings they assign to those experiences.[3]

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[1] Clark Moustakas, *Phenomenological Research Methods* (Thousand Oaks, CA: Sage Publications, 1994), 54.

[2] Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, 2nd ed. (London: Routledge, 2016), 20.

[3] Amedeo Giorgi, *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*, (Pittsburgh, PA: Duquesne University, 2009), 163.

Study Population

The study population comprises 50 patients from the Asawinso Health Center. These participants are chosen to provide insights into the distinct practices of the subject

Sampling Techniques

The study uses purposive sampling to select participants who are relevant to the research objectives. The participants will be selected based on specific criteria, including their age, gender, and level of education, experience with the facility. Purposive sampling is a non-probability sampling method in which the researcher selects participants based on specific criteria that are relevant to the research question or the study objectives.[4] In other words, participants are selected purposefully to ensure that they possess the information or perspectives that the researcher wants to explore. This sampling method is often used in qualitative research because it allows researchers to select participants who are most likely to provide the necessary information and insights for the study. Purposive sampling can also help researchers achieve a balance of diversity among participants, ensuring that the sample includes individuals with different backgrounds, experiences, and perspectives. One of the advantages of purposive sampling is that it can be more time-efficient and cost-effective than other sampling methods[5]. However, it is important to note that purposive sampling can also introduce bias into the study if the selection criteria are not carefully defined and justified.[6]

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[4] John. W. Creswell, and John. Davids. Creswell, Researc*h Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed.). Sage. 2017, 48

[5] Creswell, *Research Design*, 22

[6] Michael. Q. Patton, *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. Sage. 2015.

Data Collection Instruments

The study uses primarily surveys, as the data collection methods.[7] Surveys are conducted using questionnaires designed to elicit demographic data and participants' understanding of the subject. Semi-structured interviews and observations are the data-gathering methods used in the study. They were used due to the time frame within which the researcher was expected to present his project report.

Observations were guided by pre-selected categories namely professionalism, models of chaplaincy observations were supported with visitation made to other chaplaincy teams, conference attendance, and other related events. Chaplains were interviewed. Focus groups were not used because it would have prevented chaplains from discussing the intimate aspects of their profession, thus individual interviews were used instead.

All participants consented before the interview was conducted. The interview was recorded. During fieldwork, the consent of the participants was sought before they were allowed to take part in the study. The researchers seek the consent of the participants before conducting the interview. However, it was difficult to seek the consent of the participants during the observation period.

Data Analysis

The collected data will be transcribed, coded, and thematically analyzed. A uses deductive coding approaches to identify recurring themes and patterns. The analysis will involve organizing and categorizing the qualitative data from surveys according to the objectives or raised research questions.

[7] Seiple, *How to Engage and Understand Islam*, 58

Data Validation

To ensure the accuracy and reliability of the data collected, data validation techniques will be employed. This may include cross-referencing information obtained from interviews and focus group discussions with existing literature and theological sources. Validation checks will help verify the consistency and coherence of the data, enhancing the credibility of the study.

Trustworthiness

The study will address trustworthiness through various strategies. Credibility will be established by maintaining clear and detailed records of the research process, including data collection and analysis procedures.[8] Transferability will be supported by providing a thorough description of the research context and the characteristics of the participants, enabling readers to assess the applicability of the findings to other settings. Dependability will be achieved through consistent documentation of the research process, facilitating potential replication or follow-up studies. Lastly, confirmability will be addressed by maintaining transparency in the data analysis process, documenting decision-making processes, and conducting peer debriefing sessions.

Dissemination of Findings

The study findings will be disseminated through various channels, such as academic defense presentations and submissions, conference presentations publications. Sharing the results with the Adventist community will allow for a wider understanding and discussion of Adventist views on the subject within the Seventh-

[8] Michael Murray, ed., *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*, 2nd ed. (Washington, DC: American Psychological Association, 2018).

day Adventist Church, fostering a deeper engagement with the topic and potentially influencing theological perspectives.

Ethical Considerations

Ethical considerations will be upheld throughout the research process. Informed consent will be obtained from all participants, and their privacy and confidentiality will be strictly maintained. Any potentially sensitive information shared during interviews or discussions will be handled with care and anonymized in the reporting of findings.

Rationale

The rationale for this design is twofold. One of the rationales is to determine the effect of the healthcare chaplain on the patient's healing on service provision. Consequently, spiritual beliefs and practices often have to be taken into account to ensure that service provision is as effective and culturally sensitive as possible.
The second rationale for conducting an initial brief assessment is to identify whether a further, more comprehensive spiritual assessment is needed. In other cases, spirituality and religion play a marginal role or are peripheral to service provision. In such instances, a brief assessment may be all that is required.

Various methodological issues affect the overall research for the study. The rationale for the study is that there are so many diseases that medical practice is unable to cure. However, through chaplaincy spiritual interventions such diseases can heal such illnesses. It is for this reason that descriptive research is most suitable for the study. Informal observations and semi-structured interviews with chaplains from the Seven Day Adventist church were adopted for the study

Appropriateness of the Study

This study seeks to clarify the role of chaplains when it comes to health care and healing. This study will be appropriate because it will help understand the role of healthcare chaplains in the various hospitals around the country. This will enhance health care services to the patients and the medical team based on its genuine interdisciplinary undertaking within the medical sector. Lastly, the study will also be appropriate since it will broaden the understanding of Chaplain's health care delivery in Ghana.

Conclusion

This Chapter outlined the type of research used for the study, the population of the study, sample population, sample population, procedures and selection, the rationale of the study, appropriateness of the study, data analysis, instrumentation, criteria for sampling and data collection procedure.

CHAPTER 5

DATA PRESENTATION, ANALYSIS, AND DISCUSSION

This chapter delves into the primary data related to the study's objectives on the role of chaplaincy in the Western North Ghana Conference of SDA at Asawinso. This chapter aims to gather background information on the participants, focusing on their socio-demographic characteristics such as age and gender. This is followed by an assessment of the role of chaplains and their influence on the healing process. The next segment examines conditions that favour the chaplaincy duty in health care challenges to this duty. Additionally, proposed solutions to curb the challenges are mentioned. Then, finally, a thematic discussion of the findings and implications for Asawinso healthcare practices.

Demographic Information

This section presents demographic data which includes the gender, age, marital status, level of education and the length of years one has been with the Asawinso health care. This data helps to understand the profile of the respondent to make an informed analysis of the data.

Table 1 below shows the respondents of chaplains and patients in Asawinso SDA hospital.

Table 1. Demographic Characteristics of the Respondents in Seventh-day Adventist Hospitals in Asawinso

Variables	Frequency	Percentage
Sex		
Females	30	60%
Male	20	40%
Age group		
31 – 50 years	25	50%
51 – 60 years	5	10%
16 – 35 years	20	40%
Marital Status		
Single	15	30%
Married	25	50%
Divorced	5	10%
Widow	5	10%
Level of Education		
Professional Qual	25	50%
High School	10	20%
Degree	15	30%
Years of Experience	11	22%
6 – 10 years	12	24%
Less than 1 year	9	18%
Above 10 years	18	36%
1 – 5 years		

Source: Field Survey (2021)

Figure 1 illustrates the gender distribution of respondents at Asawinso Health Care Center.

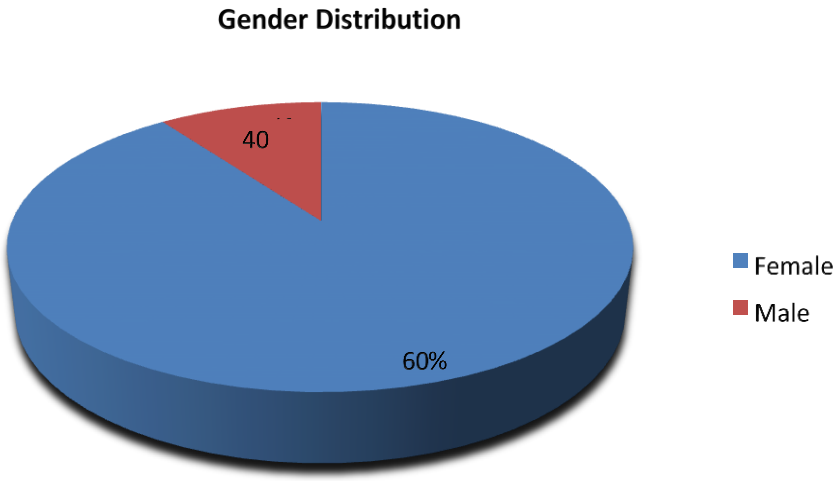

Figure 1. Gender Distribution

Source: Field Survey (2021)

Figure 1 shows the gender distribution of questionnaires. From the pie chart above, 60% (30) of the respondents were females while the remaining 40% (20) of the respondents were males. The findings demonstrated a high female dominance in the healing and care of patient

Figure 2 illustrates the age distribution of respondents at Asawinso Health Care Center.

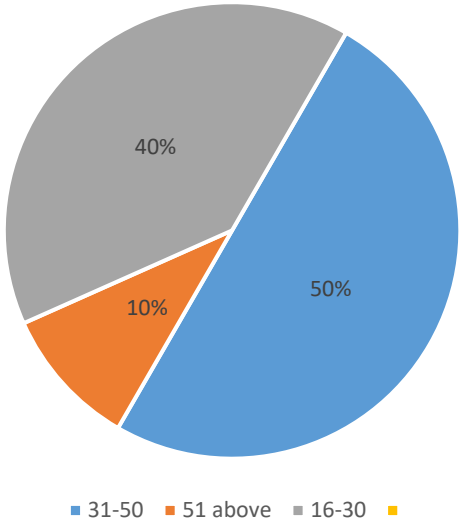

Figure 2. Age Distribution

From figure 2, 50% (25) of the respondents fell within the 31 – 50 age group, 10 % (5) of the respondents fell within the 51 – 60 age group, and the remaining 40% (20) of the respondents fell within the 16 – 30 age groups. The findings reveal that a huge number of respondents were in the middle age group.

Figure 3 illustrates the marital status distribution of respondents at Asawinso Health Care Center.

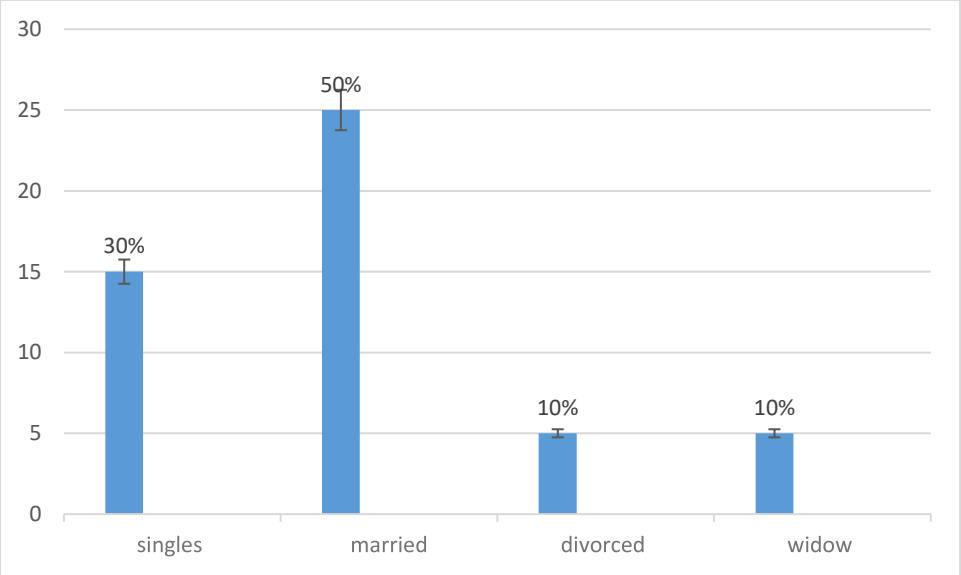

Figure 3. Marital Status

From the figure 3, 50% (25) of respondents are married, 30% (15) of the respondents are unmarried. This shows that the majority of respondents had dependents they supported. 10% (5) of the respondents are divorced, and 10% (5) are widows.

Figure 4 illustrates the educational level distribution of respondents at Asawinso Health Care Center.

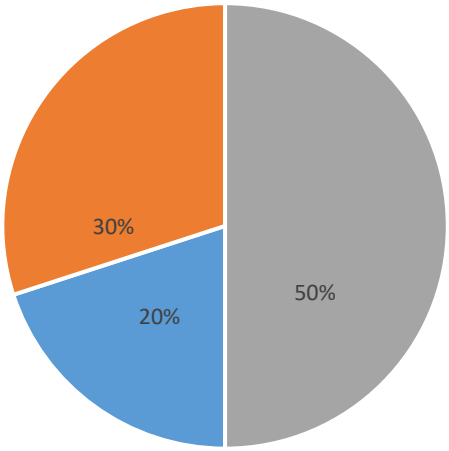

Figure 4. Educational Level

From Figure 4, 25 of the respondents representing 50% had professional education, 10 of the respondents representing 20% had only a high school education and 15 of the respondents representing 30% had a university degree. The results show that all the respondents have some form of formal education. This means that all the respondents had a full appreciation of the healing and the care of patients.

Figure 5 presents the respondents' years of experience with Asawinso Health Care Center.

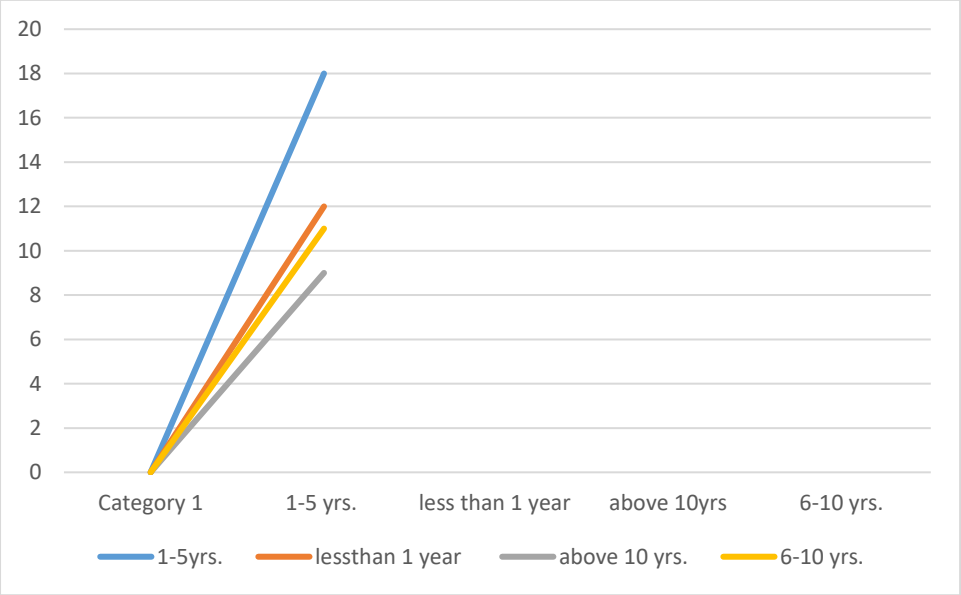

Figure 5. Year of Experience

From Figure 5, 36% (18) had between 1 to 5 years of experience. 24% (12) of the respondents had less than 1 year of experience. 18 representing 9 respondents had over 10 years of experience. 11 (22%) of the respondents had between 6 – 10 years of experience.

Figure 6 presents the distribution of respondents at Asawinso Health Care Center based on their professed faith.

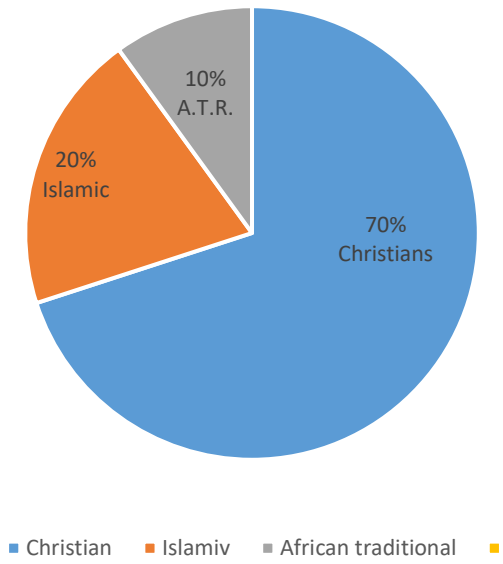

Figure 6. Distribution of Respondent According to the Professed Faith

From figure 6, 70% being majority of the respondents established that they belonged to the Christian faith. However, 20% of respondents belonged to the Islamic faith and 10% traditional faith. This result implies that all the major religions in Ghana were represented in the study.

The researcher posed a question to elicit responses on how patient faith influenced their healing. The findings of the study reveal that most of the respondents who were Christians indicated that their healing came from God**.** Give praise to the Lord, o my soul; do not let all his blessings fade from your memory, is a Psalm that supports this conviction in the Lord (Ps 103:2-3). He forgives all of your sins and heals all of your illnesses. And he added, “I will not put on you any of the diseases

that I put on the Egyptians: for I am the Lord your life-giver." He continued, "If with all your heart you will hearken to the voice of the Lord your God, do that which is right in his eyes, giving ear to his orders and keeping his laws." The respondents have a strong faith in God. They believe that God will heal them.

The Role of Chaplaincy

The respondents were asked to identify the role of chaplaincy in the healing and caring of patients.

Table 2 shows the results of the respondent's view on the duty of a chaplain.

Table 2. Role of a Chaplaincy

Duty	Frequency	Percentage %
Counselling	25	50.0
Dignity of patient	3	6.0
Effective spiritual care	5	10.0
Document spiritual assessment	15	30
Empower staff members	2	4.0
Total	50	100.0

Source: field survey (2021)

The majority of respondents 50% said that hospital chaplains were involved in patient counseling. Some of the respondents claimed that information is exchanged between the patient and the chaplains through engagement and discourse. This aids the chaplain in giving patients wise advice. Provide leaders with support for the spirituality and values of organizations. The majority of the respondents indicated that the chaplain provides leaders with support for the spirituality and values of organizations. According to the data, chaplains serve on committees in institutions

they are assigned to. By serving on institutional committees, they can participate in initiatives that bring quality improvement to activities in the organization. Chaplains work with other leaders to articulate and model the core human and spiritual values for the organization they are assigned.

Align Spiritual Care Goals with Organizational Goals

The majority of the respondents indicated that the chaplain aligns organizational goals with spiritual care goals. The Chaplains must make sure that organizational goals are coherent with spiritual care goals. This contributes significantly to the fulfilment of the organizational goal. The knowledge of spirituality and health care helps chaplains align organizational goals with spiritual goals through participation in activities that further the goals of chaplains.

Advocate for the Dignity of Patients and Those Entrusted with the Care

Six (6%) of the respondents revealed that chaplains advocate for the dignity of patients and those entrusted with care. Chaplains promote the dignity of patients through model mission-driven behaviour and care and their ministry. The advocate was made by the chaplain for those entrusted with care. These advocacies help to promote the effective health care of patients.

Provide Effective Spiritual Care that Contributes to the Well-being of Staff, Patients/Clients

Ten (10%) of the respondents indicated that chaplains provide effective spiritual care that contributes to the well-being of staff, patients/ clients. Chaplains assess the spiritual and emotional needs of patients, initiate interventions, and provide resources to address identified needs. The chaplain also forms effective team

relationships while serving as resource persons to support and promote the well-being of patients and staff of the organization they work for. Staff relies on chaplain skills as sources of support for effective care and healing. The Ministry of Chaplains also contributes to staff satisfaction and retention.

Document Spiritual Assessment, Intervention, and Plan of Care

Thirty (30%) of the respondents also revealed that the chaplains document spiritual assessment, intervention, and plan of care to enhance effective care and healing.

Effective care plans can be created, shared, and documented by chaplains. Care plans are cooperative projects that are simple to use and comprehend. Chaplains take the lead in fostering a unified team response to the emotional and spiritual requirements that aid in healing.

Create and facilitate rituals for individuals or groups and serve organizational needs**.** The majority of the respondents indicated that chaplains organize rituals for groups/ individuals and address the needs of the organization. They create relevant rituals needed to facilitate the healing of individuals and groups in the hospitals. These rituals are religious services to mark important life events of patients such as the removal of ventilators in terminal illnesses, prayers and healing services for patients.

Empower Staff Members and Individuals/ Patients to Use Resources for Healing

Four (4%) of the respondents indicated that chaplains empower staff members and individuals or patients to use resources to facilitate the process of healing. The chaplains identify viable resources and sources of strength that empower individuals

to face the future with hope and courage. They address the concerns and complaints of patients. They help patients with the process of healing. They are front-line risk managers who mediate sensitive and volatile conversations. As a result, they reduce diffusing emotions and fears.

Character Traits of Patients

The respondents were asked to identify the traits and characters of patients in the care and healing of patients. The prayer pattern and faith in God were identified as character traits of care and healing of patients. The study established that one faith in God and his/ her prayer patterns influence his/ her healing. Most respondents believe that chaplaincy care and healing have motivated patients and staff to trust in God. It was also established that chaplaincy care and healing have motivated people to be obedient to God's word.

A question was posed to illicit response on the most satisfying thing about effective care and healing of patients. The majority of the respondents agreed that the most satisfying thing about effective care and healing of patients was when patients received their healing.

The Need for Resources

Responses on resources from which faith chaplains draw support in their work in the effective care and healing of patients are discussed below. The respondents identified the resources from which faith tradition/theology chaplains draw support in their work as financial resources. Financial resources are needed to support some of the patients who need financial support. Financial resources are needed to pay for medical services and acquire necessities of life such as food. The available financial resources would contribute immensely to patients' health care. Human resources also

needed to support the chaplaincy work is lacking. On NHIS, the majority of the respondents stated that the chaplain's role in the effective care and healing of patients fits in with or works with the NHIS culture. The respondent stated that health insurance complements the work of chaplains. Again the study inquired on what makes chaplaincy work effectively in the care and healing of the patient. Most of the respondents revealed that cooperation between the medical staff and the patients enhances the chaplaincy's work effectiveness in the care and healing of the patient.

Support for the Chaplaincy

The study inquired whether chaplains receive support from the faith community to enhance the effective care and healing of patients. Most of the respondents indicated that the faith community supports the chaplaincy role in the effective care and healing of the patient. Again, respondents indicated that their faith communities assign chaplains to the schools and hospitals and give them spiritual care tools. By assigning them to schools and hospitals they can heal patients who need spiritual health care. Moreover, they are given the requisite tools such as prayer, communion, and anointing to support the effective care and healing of patients.

On ways of supporting the chaplaincy, respondents revealed that financial support was one of how people who think the faith community could offer more support in the effective care and healing of patients. Faith-based communities could support the work of chaplains through social support such as building relationships with patients. Visitation and emotional support such as words of encouragement are some of the ways through which faith-based organizations can support the work of the chaplains.

A question was posed to illicit response on how staff responded to chaplaincy work in effective care and healing of patients. Among the ways by which staff

responds to chaplaincy work in the effective care and healing of patients include accepting the chaplain as a member of the healing, recovery and care team. This enables chaplains to be more committed to the care and healing of patients. Also, staff responds to the chaplain's work in the care and healing of patients by interacting with patients.

Challenges of the Health Care Chaplaincy Role

Table 3 represents the challenges of healthcare chaplaincy.

Table 3. Challenges of the Chaplaincy Role

Instruments	Frequency	Percentage
Other faith	35	70.0
Doctrinal difference	1	2.0
Lack of cooperation	4	8.0
Lack of faith	10	20.0
Total	50	100.0

Source: field survey (2021)

From Table 3, the majority of the respondents sixty per cent (70%) admitted that it was difficult working with people from other faiths. Two 2% of the respondents cited doctrinal differences as the major challenge to effective care and healing of the patient. Due to doctrinal differences, some of the patients even fail to participate in counselling and healing of patients. Non-Christians such as Muslims and pagans fail to participate in counselling and healing sessions of patients. Eight per cent (8%) of the respondents also cited a lack of cooperation between patients from other faiths during chaplains' ministration. Even though some non-Christians such as Muslims and pagans participate in counseling and healing sessions of patients, there may be a

lack of cooperation between patients. Twenty per cent (20%) of the respondents also cited a lack of faith. Lack of faith poses a major challenge to the effective care and healing of the patient.

Again, a question was posed to elicit a response on whether the challenges affect chaplaincy work in the effective care and healing of patients. The majority of the respondents stated that it affects the chaplaincy work since chaplaincy work brings the whole person healing. Since healing involves mental, physical, and spiritual, it affects chaplaincy work in the effective care and healing of the patient. Even though the patient may have physical healing he/she may lack spiritual healing. The majority of the respondents stated that the challenges also discourage the chaplain from effective care and healing of the patient. The respondents also stated that the challenges affect the chaplains' communication with other patients.

Measures to Enhance Effective Chaplaincy

Table 4 represents data of respondents on the measures to enhance Chaplaincy.

Table 4. Presents Measures to Enhance Chaplaincy

Instruments	Frequency	Percentage
Training	25	50.0
Provision of resource	10	20.0
Support from the Team	5	10.0
Appointment of chaplains	20	40.0
Total	50	100.0

Source: field survey (2021)

Table 4 indicates that the key measures to enhance the effectiveness of chaplaincy include training, resources, support, and appointments. These measures reflect the respondents' priorities, with their effectiveness ranked according to the frequency and percentage of responses.

Training

The majority of the respondents 50% indicated that chaplains should be given the requisite training needed for the effective care and healing of patients. Chaplains should be trained on how to perform their roles to enhance their efficiency in their chaplaincy work. Effective training will give chaplains the requirements needed for effective health care and the healing of patients.

Provision of Resources

Twenty 20% of the respondents also indicated that Chaplains should be given the needed resources to enhance their work. Both financial and human resources are needed to promote effective healthcare and the healing of patients. When chaplains are provided with financial resources, they would be able to support their patients thereby facilitating the health care of patients.

Support from the Team

Ten (10%) of the respondents also indicated that Chaplains should be given the needed support from the hospital team to enable work effectively. Cooperation from hospital staff will enhance the healthcare and healing of patients in the hospitals. For example, when hospital staff gives chaplains the needed time to attend to the needs of patients it will enhance their work.

Appointment of Chaplains

Another twenty (20%) also indicated that the Appointment of chaplains is one of the means which will promote the welfare of patients. People who have the requisite qualifications, experience, dedication, and interest should be recruited into the chaplaincy. When dedicated people with the requisite qualifications, experience, and interest are recruited into the chaplaincy it will promote the effective health care and healing of patients.

The Influence of Faith on Healing

The researcher posed a question to elicit responses on how patient faith influenced their healing. The findings of the study reveal that 70% of the respondents who were Christians indicated that their healing came from God**.** Give praise to the Lord, o my soul; do not let all his blessings fade from your memory, is a Psalm that supports this conviction in the Lord (Ps 103:2-3). He forgives all of your sins and heals all of your illnesses. And he added, “I will not put on you any of the diseases that I put on the Egyptians: for I am the Lord your life-giver.” He continued, “If with all your heart you will hearken to the voice of the Lord your God, do that which is right in his eyes, giving ear to his orders and keeping his laws.” The respondents have a strong faith in God. They believe that God will heal them.

The Duties of a Chaplain

This section discusses the duties of a chaplain in healthcare, highlighting their role in providing emotional, spiritual, and ethical support to patients, families, and medical staff. Additionally, it explores how chaplains contribute to holistic patient care by addressing spiritual needs alongside medical treatment.

Provision of Counseling for Patients at the Hospital

The majority of respondents said that hospital chaplains were involved in patient counselling. Some of the respondents claimed that information is exchanged between the patient and the chaplains through engagement and discourse. This aids the chaplain in giving patients wise advice. Provide leaders with support for the spirituality and values of organizations. The majority of the respondents indicated that the chaplain provides leaders with support for the spirituality and values of organizations. According to the respondents, chaplains serve on committees in institutions they are assigned to. By serving on institutional committees, they can participate in initiatives that bring quality improvement to activities in the organization. Chaplains work with other leaders to articulate and model the core human and spiritual values for the organization they are assigned.

Align Spiritual Care Goals with Organizational Goals

The majority of the respondents indicated that the chaplain aligns organizational goals with spiritual care goals. The Chaplains must make sure that organizational goals are coherent with spiritual care goals. This contributes significantly to the fulfilment of the organizational goal. The knowledge of spirituality and health care helps chaplains align organizational goals with spiritual goals through participation in activities that further the goals of chaplains.

Advocate for the Dignity of Patients and Those Entrusted with the Care

Most of the respondents revealed that chaplains advocate for the dignity of patients and those entrusted with care. Chaplains promote the dignity of patients through model mission-driven behaviour and care and their ministry. The advocate

was made by the chaplain for those entrusted with care. These advocacies help to promote the effective health care of patients.

Provide Effective Spiritual Care that Contributes to the Well-Being of Staff, Patients/Clients

The majority of the respondents indicated that chaplains provide effective spiritual care that contributes to the well-being of staff, patients/ clients. Chaplains assess the spiritual and emotional needs of patients, initiate interventions, and provide resources to address identified needs. The chaplain also forms effective team relationships while serving as resource persons to support and promote the well-being of patients and staff of the organization they work for. Staff relies on chaplain skills as sources of support for effective care and healing. The Ministry of Chaplains also contributes to staff satisfaction and retention.

Document Spiritual Assessment, Intervention, and Plan of Care

The majority of the respondents also revealed that the chaplains document spiritual assessment, intervention, and plan of care to enhance effective care and healing. Effective care plans can be created, shared, and documented by chaplains. Care plans are cooperative projects that are simple to use and comprehend. Chaplains take the lead in fostering a unified team response to the emotional and spiritual requirements that aid in healing. Create and facilitate rituals for individuals or groups and serve organizational needs**.**

The majority of the respondents indicated that chaplains organize rituals for groups/ individuals and address the needs of the organization. They create relevant rituals needed to facilitate the healing of individuals and groups in the hospitals. These rituals are religious services to mark important life events of patients such as

the removal of ventilators in terminal illnesses, prayers and healing services for patients.

Empower Staff Members and Individuals/ Patients to Use Resources for Healing

The majority of the respondents indicated that chaplains empower staff members and individuals or patients to use resources to facilitate the process of healing. The chaplains identify viable resources and sources of strength that empower individuals to face the future with hope and courage. They address the concerns and complaints of patients. They help patients with the process of healing. They are front-line risk managers who mediate sensitive and volatile conversations. As a result, they reduce diffusing emotions and fears.

Discussion

This section, which discusses the findings, is thematically structured to examine the research questions, positioning the study rightly in its scholastic sphere.

Impact of Chaplaincy Services on Patient Care and Recovery Outcomes

The data indicates a significant positive impact of chaplaincy services on patient care and recovery outcomes. The role of chaplains in providing counselling, documented by 50% of respondents, aligns with findings by Christina M. Puchalski and others who emphasize that spiritual care is integral to holistic health care, aiding in emotional and psychological recovery.[1] Patients often find comfort and guidance

[1] Christina M. Puchalski et al., "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus," *Journal of Palliative Medicine* 17, no. 6 (2014): 642-656.

through spiritual counselling, which can alleviate anxiety and promote a sense of well-being, thereby enhancing recovery outcomes.

Furthermore, the involvement of chaplains in documenting spiritual assessments (30% of respondents) and creating care plans indicates a structured approach to integrating spiritual care into overall patient care. Michael J. Balboni and others found that structured spiritual care interventions correlate with improved patient satisfaction and health outcomes, suggesting that such practices are beneficial in the medical setting.[2]

Implications for Integrating Chaplaincy Services into Hospital Operations

Integrating chaplaincy services into hospital operations holds substantial implications for the SDA Hospital's future development. Respondents noted the alignment of spiritual care goals with organizational goals and participation in quality improvement initiatives. This integration reflects the findings of Daniel P. Sulmasy who argues that spirituality is a fundamental aspect of patient-centered care and should be embedded within the healthcare system to enhance overall care quality.[3]

Moreover, the active participation of chaplains in institutional committees, as indicated by respondents, supports the idea that spiritual care should be an integral part of healthcare governance. Larry VandeCreek and Lyon highlight that involving chaplains in policy-making b quality improvement ensures that spiritual needs are

[2] Michael J. Balboni et al., "The Relationship between Religiousness and Spirituality on the Quality of Life of Patients with Advanced Cancer," *Journal of Clinical Oncology* 25, no. 5 (2011): 555-560.

[3] Daniel P. Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," *The Gerontologist* 42, no. 3 (2002): 24-33.

considered in healthcare decisions, leading to more comprehensive and compassionate care.[4]

Factors Influencing Chaplaincy Effectiveness

Several factors influence the effectiveness of healthcare chaplains, including demographic characteristics, interfaith interactions, and resource availability. The data shows that a significant number of respondents (70%) find it challenging to work with patients from different faiths, which can hinder the effectiveness of chaplaincy services. According to Wendy Cadge, chaplains must be trained in interfaith competencies to navigate these challenges effectively and provide inclusive spiritual care.[5]

Resource limitations, such as insufficient financial and human resources, were also noted by respondents. This aligns with the findings of Thomas S. J. O'Connor and others who argue that adequate resources are critical for chaplains to perform their roles effectively. Providing necessary support and resources can enhance chaplains' ability to offer comprehensive care, thereby improving patient outcomes.[6]

Supporting the Chaplaincy Role from the Faith Community

Support from the faith community is essential for the effective functioning of chaplains. Respondents indicated that their faith communities provide chaplains with tools such as prayer, communion, and anointing, which are vital for spiritual care. This support is crucial, as highlighted by Harold G. Koenig who states that strong

[4] Larry VandeCreek and Maureen Lyon, "The Role of Spiritual Care in Healthcare Settings," *Journal of Health Care Chaplaincy* 17, no. 1-2 (2011): 1-17

[5] Wendy Cadge, *Paging God: Religion in the Halls of Medicine* (Chicago, IL: University of Chicago Press, 2012).

[6] Thomas S. J. O'Connor et al., "Religious Coping and the Use of Prayer in Hospitalized Patients," *Journal of Health Care Chaplaincy* 17, no. 3-4 (2011): 179-191.

backing from religious communities can empower chaplains to address the spiritual needs of patients more effectively.[7]

The provision of financial and social support from faith-based organizations also enhances chaplaincy work. As noted by respondents, financial resources help cover medical expenses for patients, while social support, such as visitation and encouragement, contributes to emotional well-being. This finding is supported by Ellen L. Idler and others who emphasize the importance of community support in providing holistic care that addresses both spiritual and material needs.[8]

Addressing Challenges in Chaplaincy Work

The data reveals several challenges in chaplaincy work, including doctrinal differences, lack of cooperation, and lack of faith among patients. These challenges affect the chaplaincy's effectiveness in delivering holistic care. George Fitchett suggests that addressing these challenges requires targeted training for chaplains in cultural competence and interfaith dialogue, which can improve their ability to engage with diverse patient populations.[9]

Additionally, measures such as providing requisite training, resources, and support from the healthcare team are essential for enhancing chaplaincy work. Respondents indicated that training is vital for chaplains to perform their roles effectively. Balboni and others also highlight the importance of training healthcare

[7] Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications" *ISRN Psychiatry* 2012, no. 1 (2012): ID 278730, 33 pages.

[8] Ellen L. Idler et al., "The Role of the Clergy in Health Care for the Elderly," *Journal of Religious Gerontology* 14, no. 1 (2003): 1-22.

[9] George Fitchett et al., "Development of the Spiritual Care Triage Tool," *Journal of Health Care Chaplaincy* 20, no. 1 (2014): 1-20.

providers in spiritual care to ensure they can support chaplains in delivering comprehensive patient care.[10]

In conclusion, the discussion of the findings highlights the critical role of chaplains in the effective care and healing of patients at the SDA Hospital in Asawinso. The integration of chaplaincy services into hospital operations, supported by adequate resources and training, can significantly enhance patient outcomes. Addressing challenges through targeted training and community support is essential for maximizing the effectiveness of chaplaincy services. These findings align with existing scholarship on the importance of spiritual care in healthcare, underscoring the need for continued research and development in this area.

Implication of the Study for Asawinso Health Care Chaplaincy

The study reveals several implications for the role of chaplaincy services at the Seventh-day Adventist Hospital in Asawinso, Ghana, highlighting the need for strategic enhancements in the integration and support of spiritual care within healthcare settings.

1. Enhancing Spiritual and Emotional Support

   The significant positive impact of chaplaincy services on patient care and recovery shows the necessity for ongoing professional development for chaplains. Training programs focusing on spiritual counselling and emotional support should be implemented to maintain high standards of care, as emphasized by Christina M. Puchalski and Petty Ferrell.[11] Structured spiritual assessments and care plans, which have been shown to improve patient

[10] Balboni et al., "Relationship between Religiousness and Spirituality," 555-560.

[11] Christina M. Puchalski and Petty Ferrell, *Making Health Care Whole: Integrating Spirituality into Patient Care* (West Conshohocken, PA: Templeton Press, 2010), 75.

satisfaction and health outcomes, should be standardised practices within the hospital.

2. Integrating Chaplaincy Services into Hospital Operations

   The integration of chaplaincy services into the hospital's operational framework holds substantial potential for enhancing overall care quality. This integration, which aligns spiritual care goals with organizational objectives, should include the active participation of chaplains in institutional committees and quality improvement initiatives. As Daniel P. Sulmasy and others have argued, embedding spirituality in healthcare systems can lead to more comprehensive and compassionate patient care.[12] Larry VandeCreek and Maureen Lyon's findings support the inclusion of chaplains in policy-making to ensure that spiritual needs are systematically considered in healthcare decisions.[13]

3. Addressing Factors Influencing Chaplaincy Effectiveness

   The effectiveness of healthcare chaplains is influenced by several factors, including demographic diversity, interfaith interactions, and resource availability. Training in interfaith competencies is crucial for chaplains to navigate the challenges of working with patients from different faith backgrounds. Additionally, addressing resource limitations is vital. Adequate financial and human resources must be allocated to chaplaincy services to enhance their effectiveness.

4. Supporting the Chaplaincy Role from the Faith Community

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[12] Daniel P. Sulmasy, *The Rebirth of the Clinic: An Introduction to Spirituality in Health Care* (Washington, DC: Georgetown University Press, 2006), 245.

[13] Larry VandeCreek and Maureen Lyon, *Research in Pastoral Care and Counseling: Quantitative and Qualitative Approaches* (Joplin, MO: Chalice Press, 1994), 25.

Support from the faith community is essential for the effective functioning of chaplains. The study indicates that such support, including prayer, communion, and anointing, significantly aids chaplains in their roles. Harold G. Koenig emphasizes the empowerment that strong backing from religious communities provides to chaplains, enabling them to address patients' spiritual needs more effectively.[14] Financial and social support from faith-based organizations also enhances chaplaincy work.

5. Addressing Challenges in Chaplaincy Work

   The study identifies several challenges in chaplaincy work, including doctrinal differences, lack of cooperation, and lack of faith among patients. Addressing these challenges requires targeted training in cultural competence and interfaith dialogue. Additionally, providing requisite training, resources, and support from the healthcare team is essential for enhancing chaplaincy work. Training healthcare providers in spiritual care to support chaplains in delivering comprehensive patient care is also crucial, as highlighted by Michael J. Balboni and John Peteet.[15]

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[14] Harold G. Koenig, *Medicine, Religion, and Health: Where Science and Spirituality Meet*, (West Conshohocken, PA: Templeton Foundation Press, 2008), 198.

[15] Michael Balboni and John Peteet, *Spirituality and Religion within the Culture of Medicine: From Evidence to Practice* (New York: Oxford University Press, 20170, 211.

CHAPTER 6

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The study was organized into six distinct chapters, each addressing critical aspects of the research on the role of chaplains in healthcare at the Seventh-Day Adventist Hospital in Asawinso, Ghana. Chapter One served as the introduction, providing background information on the study. It stated the problem of underutilized chaplaincy services, outlined the study's purpose, and highlighted its significance in improving patient care through spiritual support.

Chapter Two delved into a comprehensive literature review, examining existing research on chaplaincy services and their impact on healthcare. This chapter scrutinized various scholarly works to identify gaps in the current understanding and provided a theoretical foundation for the study. It highlighted the need for more integrated spiritual care within medical settings and how chaplaincy could enhance patient outcomes.

Chapter Three explored the biblical foundation and Ellen G. White's perspectives on chaplaincy and its role. This section aimed to establish a theological basis for the study, drawing on biblical principles and Ellen White's writings to underscore the importance of spiritual care in healing. It complemented the literature review by offering a religious rationale for the integration of chaplaincy services in healthcare.

Chapter Four outlined the chosen methodology, which was a qualitative approach designed to capture the perceptions of chaplaincy roles at the Asawinso

Hospital. This chapter detailed the steps taken to collect empirical data, including the use of semi-structured interviews, surveys, and observations. It explained the purposive sampling of 50 patients and the analytical techniques employed to interpret the data.

Chapter Five presented the analysis and findings of the study. This chapter offered insights into prevailing trends and the respondents' understanding of chaplaincy services. The data revealed that chaplains significantly contributed to patient well-being by providing spiritual and emotional support, which was crucial for recovery. It highlighted how chaplains' involvement in patient care plans and organizational goals enhanced overall healthcare delivery.

Summary of Findings

The Influence of Faith on Healing

The findings of the study reveal that seventy per cent 70% of the respondents who were Christians indicated that their healing came from God**.** Give praise to the Lord, o my soul; do not let all his blessings fade from your memory, is a Psalm that supports this conviction in the Lord (Ps 103:2-3). He forgives all of your sins and heals all of your illnesses. And he added, "I will not put on you any of the diseases that I put on the Egyptians: for I am the Lord your life-giver." He continued, "If with all your heart you will hearken to the voice of the Lord your God, do that which is right in his eyes, giving ear to his orders and keeping his laws." The respondents have a strong faith in God. They believe that God will heal them.

The Duties of a Chaplain

The study reveals that the majority of respondents 50% knew that hospital chaplains' duties are merely involved in patient counseling, but there are other duties

chaplains perform in the hospital such as aligning spiritual care goals with organizational goals. It also included advocating for the dignity of patients and those entrusted with care. The duties of a chaplain also included providing effective spiritual care that would contribute to the well-being of patients, clients, and staff. As part of the duties of a chaplain, there was documentation of the plan of care, spiritual assessment, and intervention. The duties of the chaplains included creating and facilitating rituals for groups or individuals and serving the needs of an organization. Empowering individuals and staff to utilize resources for healing was also part of the chaplains' duties. Chaplains can often assist health workers in clarifying the norms within their particular faith tradition. In addition, they can also be a valuable resource for evaluating various interventions that seek to use clients 'spirituality to ameliorate problems, such as individuals wrestling with schizophrenia, and beliefs from the client's faith tradition into cognitive therapy. The study identified prayer patterns and faith in God as the character traits of care and healing of patients. The study identified the model used by chaplaincy in the healing of patients as trust in God.

Challenges of the Chaplaincy Role

The study indicated that the majority of the respondents seventy per cent (70%) admitted that it was difficult working with people from other faiths. This result implies that all the major religions in Ghana have faith in their religion. Due to doctrinal differences, some of the patients even fail to participate in counselling and healing of patients. Non-Christians such as Muslims and pagans fail to participate in counselling and healing sessions of patients.

How Chaplains Would Respond to the Challenges

The study indicates that the majority of the respondents 70% indicated that they would call their pastors when as part of their response to the challenges to ensure effective care and healing of patients.

Measures Can Be Put in Place to Enhance Effective Chaplaincy Work

The majority of the respondents 50% indicated that chaplains should be given the requisite training needed for the effective care and healing of patients. Chaplains should be trained on how to perform their roles to enhance their efficiency in their chaplaincy work. As part of their training, chaplains must have at least two units of Clinical Pastoral Education (CPE) to bring theological students and ministers of all faiths (pastors, priests, rabbis, imams and others) into supervised encounters with persons in crisis. An emphasis is placed on personal reflection and the formation of a pastoral identity through learning and competence across several theoretical and behavioural areas.

Effective training will give chaplains the requirements needed for effective health care and the healing of patients.

Conclusions

The duties of a chaplain were identified as providing counselling for patients; aligning spiritual care goals with organizational goals; providing effective spiritual care that would contribute to the well-being of staff, and clients, documentation of spiritual assessment, intervention, and plan of care; creating and facilitating rituals for groups or individual and serving needs of the organization; empowering individuals and staff to utilize resources for healing.

It was established that financial resources were needed to support patients. The faith community supported the chaplaincy role in the effective care and healing of patients. This is done by assigning chaplains to schools and hospitals. Faith-based communities support the work of chaplains through social support such as building relationships with patients and accepting the chaplain as part of the healing team to enable them to be more committed to the care and healing of patients.

The major challenges of the chaplaincy role included difficulty in working with people from other faiths. The lack of faith and the lack of cooperation between patients from other faiths posed challenges to chaplains' ministration. Based on the above-mentioned findings, the following recommendations were made.

The Chaplains and doctors are warriors in such a place. They are tired and tired. They fight disease and minister to human responses several times a day. They combat death and we walk with them, behind them or before them to ease the burden in any way we can. Seeking the person of Christ and His atoning work on behalf of others through faithful obedience and deference to His Word is what graces us with His vision, and allows us to recognize the privilege and the incomparable meaning found in such a calling as that of Pastoral Care.

I would like to conclude with the following exhortation from Paul the Apostle to the people of Colossus, where he recognizes the inherent vulnerability of Christian integrity surrounded by secular influences. It speaks to us as ministers "complete" in Christ in these present times just as much as it did two thousand years ago and continues to guide the future.

> For I want you to know what a great conflict I have for you and those in Laodicea, and for as many as have not seen my face in the flesh, that their hearts may be encouraged, being knit together in love, and attaining to all riches of the full assurance of understanding, to the knowledge of the mystery of God, both of the Father and of Christ, in whom are hidden all the treasures of wisdom and knowledge. Now this I say lest anyone should deceive you

> with persuasive words. For though I am absent in the flesh, yet I am with you in spirit, rejoicing to see your good order and the steadfastness of your faith in Christ. As you, therefore, have received Christ Jesus the Lord, so walk in Him, rooted and built up in Him and established in the faith, as you have been taught, abounding in it with thanksgiving. Beware lest anyone cheat you through philosophy and empty deceit, according to the tradition of men, according to the basic principles of the world, and not according to Christ. For in Him dwells all the fullness of the Godhead bodily; and you are complete in Him, who is the head of all principality and power. (Col 2:1-9)

Recommendations

Training

The study recommended that chaplains should be given the requisite training needed for the effective care and healing of patients. Chaplains should be trained on how to perform their roles to enhance their efficiency in their chaplaincy work. Effective training will give chaplains the requisite training needed for effective health care and the healing of patients.

Again, spiritual beliefs and practices often have to be taken into account to ensure that service provision is as effective and culturally sensitive as possible. In terms of resources, an assessment can help provide information that can be used to match the client's needs with appropriate settings and interventions.

Program Support

The study shows spiritual care contribution in the hospital must be promoted to the Administration. It is almost unimaginable to have a hospital without Pastoral Care support, yet according to visiting students, transferring staff and patients, spiritual beliefs and practices often have to be taken into account to ensure that service provision is as effective as the part of the healing team. In the hospital there are many critical humanitarian and spiritual needs, a variety of disciplines demand spiritual care units for efficiency in whole-person care.

Medical staff need to maintain a level of care that is adequate, if not excellent, with limited staffing resources. All these areas are quantifiable and can be analyzed to provide a reason for continued or discontinued support for spiritual care providers. Pastoral care is difficult to quantify. However, there have been studies that demonstrate a positive correlation between health outcomes and spirituality. Despite this, it is reassuring to see that Pastoral Care continues to be included in the hospital's budget to provide not just a chapel for people to pray in, but the actual active ministry of care and healing.

Provision of Resources

The study recommended that there should be a provision of adequate resources such as health care personnel, the office of the chaplain and other tools for a chaplain to promote chaplaincy work. Chaplains should be given the needed resources to enhance their work. Both financial and human resources are needed to promote effective health care and the healing of patients. When chaplains are provided with financial resources, they would be able to support their patients thereby facilitating the health care of patients.

Support from the Team

The study recommended that there should be support from the team members. Chaplains should be given the needed support from the hospital team to enable them to work effectively. Cooperation from hospital staff would enhance the health care and healing of patients in the hospitals. For example, when hospital staff gives chaplains the needed time to attend to patients' needs it will enhance their work.

Appointment of Personnel with the Requisite Qualification into Chaplaincy

There should be the appointment of personnel with the requisite qualifications for chaplaincy. Appointment of chaplains is one of the means which will promote the welfare of patients. People who have the requisite qualifications, experience, dedication, and interest should be recruited into the chaplaincy. When dedicated people with the requisite qualifications, experience, and interest are recruited into the chaplaincy it will promote the effective health care and healing of patients

Further Studies

The sample size used for the study was small. Further studies can be conducted using a much bigger sample size. Further studies can be conducted on the role of the chaplains in counselling of patients and students.

APPENDIXES

APPENDIX A

RESEARCH QUESTIONNAIRE

ADVENTIST UNIVERSITY OF AFRICA
NAIROBI, KENYA
RESEARCH QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to provide data for the research topic "The chaplain's role in effective care and healing of patients and its implications for SDA hospital in Assawinso. The instrument is designed for your honest response. It will help me provide verifiable, trusted, and impactful research work as a tool for Spiritual caregivers, and the management of all Adventist health facilities in the Western North. This is in partial fulfilment of the requirement for the degree, Masters of Chaplaincy (MCHAP). Kindly tick the appropriate response to the questions below. Your contribution will greatly help in providing a tool for healthcare chaplains and management of healthcare facilities of the Seventh-day Adventist in Ghana. There is no need for your name in the questionnaire; the data you provide shall be treated with a high degree of confidentiality. Make an honest response from your heart. Thank you.

Researcher: Michael Amankwah

SECTION A. DEMOGRAPHICAL INFORMATION

Fill in appropriately below.

I. **Gender**: Male [ ] Female [ ]

II. **Age**: 10-20[ ] 21-30[ ] 31-40[ ]41-50[ ] 51-60[ ] 61+[ ]

III. **Educational Level:** Unschooled [ ] Primary [ ] Secondary [ ] HND [ ] Degree [ ] Master's Degree [ ] PhD [ ]

IV. **Religious Affiliation**: Christianity [ ] Islam [ ] Traditional Religion [ ] Others [ ]

V. **Denomination:** SDA [ ] Catholic [ ] AG [ ] Methodist[ ] Baptist [ ] Others [ ]

VI. **Occupation**: Student [ ] Applicant [ ] Civil servant [ ] Business [ ] Retired [ ] Others

VII. **Status**: Patient [ ] Primary caregiver [ ] Nurse [ ] Doctor [ ] Chaplain [ ]

VIII. **How long have you been in this facility?** (a) 1 week (b) 2 weeks (c) 3 weeks (d) 4 weeks +

IX. **Are there chaplains in the facility you are admitted?** (a) Yes (b) Not sure (c) No (d) Yes but have not seen any

X. **Based on your stay in the facility how available are/are the Chaplain(s)?** (a) always available (b) Sometimes available (c) Not available(d) Available but difficult to access.

XI. **Does the chaplain(s) help you in recovery?** (a) Yes (b) Seldomly (c) No (d) I am not sure.

XII. **How effective can you say the chaplaincy Services are in the facility**? (a) Effective (b) Somehow effective (c) Very effective (d) Not effective

XIII. On a scale of 1-5, 1 being the lowest and 5 being the highest, how would you rate the services rendered to you by the chaplain(s) in the hospital? (1) (2) (3) (4) (5).

SECTION B. This section supplied question which requires you to answer from 1-5, 1= Strongly Disagree; 2= Disagree; 3 = Neutral; 2 = Agree; 1= strongly Agree.

Kindly indicate the level of your view by ticking the appropriate response to each question.

S/N	Statements	Rating				
		1	2	3	4	5
1	I know about the SDA Health Facility					
2	The facility has a structure for spiritual care					
3	The chaplains are conversant with spiritual care given to the sick.					
4	The health facility Management supports chaplaincy services here.					
5	The Chaplain(s) provide adequate services to the patients.					
6	The chaplains are a part of the interdisciplinary team in the hospital.					
7	The chaplains in the hospital displayed a knowledge commensurable with professional ethics.					
8	The chaplains are exposed to the professional ethics of the healthcare ministry.					
9	Chaplains are appreciated by patients and staff in the facility I visited					
10	Spiritual care for the sick is essential and the chaplains provide this to the best of their ability.					
How effective do you think healthcare chaplaincy services are in the facility you are in?						

		1	2	3	4	5
1	Healthcare chaplaincy in SDA facilities has challenges.					
2	There are adequate chaplaincy personnel offering effective service in the facility					
3	The chaplains are equipped to face any crisis arising from patients					
4	The church and hospital system gives its best to the advancement of chaplaincy in the facility.					
5	The chaplains practice professionalism and display professional skills.					
6	The chaplaincy system in this facility is poor and needs intervention.					
7	There is no support from the management for chaplaincy services.					
8	There is no difference between the facility and a non-church facility in terms of spiritual care.					
9	The system is still underway, and needs more attention and manpower, to be effective.					
10	There are no structures for chaplaincy that promote professionalism in chaplaincy ministry.					
What can you say are some of the factors militating against effective chaplaincy services in the health facility?						

Thank you for your objective response.

APPENDIX B

THE INTEGRATIVE ASSESSMENT TOOL

Instruction to the Chaplain on how to use

'The Integrative Assessment Tool'

Chaplains can use 'The Integrative Assessment Tool 'as a guide to support them in conducting semi-structured interviews. Not all questions have to be asked; they represent available options for the chaplain to invite reflections, memories and stories, slowly mapping this individual's resources and the barriers to using them.

While with the patient, it is recommended to keep writing notes to a minimum to give as much undivided attention to the patient as possible. Even if notes have to be made, the chaplain may aspire to create an atmosphere of communion rather than that of an interview.

Listen to where resources stem from who or what gives meaning; listen to what might be a source of distress; listen to clues for effective interventions:

1. **intrapersonal / self:** recognition of positive traits, healthy self-esteem despite physical disabilities, being in touch with oneself, quiet time, ability to relax, ability to tolerate stress, ability to endure loss/vulnerability/uncertainty/ambiguity, accepts and embraces the impossibility to find meaning, completion of tasks, finished business, feels involved in decision-making, has some degree of control, positive outlook, gratitude, forgiveness.

2. **interpersonal/relational**: love, sense of belonging, closeness, closure with others, significant other, family, friends, pets, social networks, fellowship – spiritual, cultural, professional or other.

3. **transpersonal/religious/contemplative**: God, deities, ultimate reality, sense of the sacred, set of values, connectedness with or feeling looked after by Higher Power, surrender into God's hands, sacred scriptures, sacraments, spiritual community, clergy, faith, worship, hymns, prayer, guided imagery, meditation, spiritual/religious practices, rituals.

4. **environmental/creative/therapeutic**: experience nature, music, literature, poetry, beauty, creating collage or other art projects, journaling, life review.

APPENDIX C

OBJECTIVES AND OUTCOMES OF PROGRAMS

CPE provides theological and professional education using the clinical method of learning in diverse contexts of ministry. The Association of Clinical Pastoral Education (ACPE) accredits two types of clinical pastoral education programs: CPE (Level I/Level II) and Supervisory CPE. ACPE-accredited programs provide a progressive learning experience through a two-level curriculum. Level I curriculum outcomes must be satisfactorily addressed before admission to Level II. Completion of CPE (Level I/Level II) curriculum outcomes are prerequisite for admission to Supervisory CPE.

Pastoral Care Competence

pastoral care provides pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, and issues without imposing their perspectives.

It demonstrates a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources.

It assesses the strengths and needs of those served, grounded in theology and using an understanding of the behavioural sciences.

Manage ministry and administrative functions in terms of accountability,

productivity, self-direction, and clear, accurate professional communication. Demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries.

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CURRICULUM VITAE

AMANKWAH MICHAEL

Post Office Box 100, Bibiani -Western

Mobile: +233242387228/0202029144

E-mail: amankwahsmichael@gmail.com

PERSONAL INFORMATION

DATE OF BIRTH:	23rd December 1982
SEX:	Male
MARITAL STATUS:	married
NATIONALITY:	Ghanaian
LANGUAGES SPOKEN:	English, Asante Twi, Sefwi

CAREER OBJECTIVE

1. To pursue a career in ministry
2. To find a challenging position to meet my competencies, capabilities, skills, education and experience.

VISION

To increase the shareholders' value and maximise profit by improving the operational efficiencies and maximum utilization of the available resources

PROFESSIONAL PROFILE

- Effective communicator with excellent interpersonal and organizational skills
- Cooperative and flexible; adapt easily to changing needs and circumstances
- Resourceful, determined, and diplomatic approach to problem resolution
- Able to handle multiple tasks, set appropriate priorities, and meet deadlines
- Motivated, conscientious, and confident self-starter who learns quickly

- Interact well with various personalities, cultural backgrounds, and age groups.
- Enthusiastic team player who enjoys challenges and performs well under pressure; and willing to pursue a career in an international environment
- Strong work commitment, proactive, hardworking, and confident
- Successfully inspire colleagues

EDUCATIONAL BACKGROUND

(2006 – 2009) VALLEY VIEW UNIVERSITY, OYIBI-ACCRA, GHANA

Bachelor of Arts in Theological Studies

Second Class Honours – Lower Division

(2002-2004) JACHE- PRAMSO SENIOR HIGH SCHOOL (SENIOR SECONDARY SCHOOL) - KUMASI

Senior High School Certificate (Senior Secondary Certificate)

(2000-2002) BIBIANI SENIOR HIGH TECHNICAL SCHOOL (BIBIANI SECONDARY TECHNICAL SCHOOL)

Senior High School Certificate (Senior Secondary Certificate)

(1997-1999) BIBIANI CATHOLIC "B" JUNIOR HIGH SCHOOL (BIBIANI CATHOLIC "B" JUNIOR SECONDARY SCHOOL)

Basic Certificate

PROFESSIONAL EXPERIENCE

District Pastor Anhwiaso 2011 to 2017

District pastor Wiawso 2017 to 2024

Responsible for

- Designation and implementation of Local Church Activities
- Presiding over Local Church Meetings
- Representing the Local Church at District Meetings
- Preparation and presentation of report Statistical Report

2. Personal Ministries/ Sabbath School Director 2014 To Date

3. Global Mission director western north Ghana conference 2013 – 2016

4. Adventist Men Ministries Director Western North Ghana conference 2013 – to Date

5. Radio Evangelist 2011 - 2015

Associate District Pastor Bibiani

Responsible for

- Designation and implementation of Local Church Activities
- Presiding over Local Church Meetings
- Representing the Local Church at District Meetings
- Preparation and presentation of report Statistical Report

08/2008-12/2009 Valley View University, Oyibi-Accra, Ghana (Devotional Coordinator)

2004-2005 Mosama Disco Preparatory School (Junior High School) and Primary School (Teacher)

Responsible for teaching Mathematics and Science.

2004-2005 Seventh-day Adventist (S D A) Junior High School (Teacher) SDA Junior Higher School

Responsible for teaching Mathematics, Social Studies and other Administrative Activities

EXTRACURRICULAR ACTIVITIES

2003 – 2004 Adventist student fellowship of Jackie-Pramso Senior High School (President)

Responsibilities include;

- Designation and implementation of local activities,
- Presiding over local meetings,
- Representing the school branch at the national level,
- Preparation and presentation of reports both national and local

2008-2009 Theology Religion Association Valley View University (Chaplain)

2007-2009 TRANBIAF (Chaplain)

2004-2006 TRANNBAYF (Vice President)

2007-2009 Valley View University (Assistant Youth Leader)

2005-2006 Bibiani New Town Seventh-day Adventist Church (District Pathfinder Director)

2005- 2006 Bibiani New Town Seventh-day Adventist Church (Sabbath School Secretary)

2006-2009 Valleys View University (Darnel's Band prayer group) (Organizing Secretary)

2002-2006 Bibiani New Town Seventh-day Adventist Church (Youth Leader)

2000-2001 Bibiani New Town Seventh-day Adventist Church (Assistance Pathfinder Director)

2000-2006 Bibiani New Town Seventh-day Adventist church (youth Leader)

2000-2002 Bibiani New Town Seventh-day Adventist Church (Deacon)

RESEARCH WORK

Topic: Parental Concerns on Spiritual and Moral Impact on Adventist Youth Camps.

Referees

1. Paster Agyenim Boateng
   Valley View University

   P.O. Box 595

   Oyibi-Accra

   TEL 0244967115

2. Mrs. Juliana Amfo Darko
   ADRA Ghana Microfinance

   P.O. Box GP1435

   Accra

   TEL: 0244654342

3. Mr. Peter Gyimah

   C.A. G. Bibiani

   P.O. Box 100

   Bibiani

   TEL 0244260929

4. Pr. Francis Tenorty

   Valley View University

   P.O. Box 598

   Oyibi-Adenta, Accra

TEL. 0244830106