PROJECT ABSTRACT

Master of Chaplaincy

Adventist University of Africa

Theological Seminary

Title: IDENTIFICATION AND APPRAISAL OF FACTORS AFFECTING CHAPLAINCY SERVICES AT SDA HOSPITAL AND MOTHERLESS BABIES' HOME ABA, NIGERIA

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Date Completed: May 2026

This study investigates the factors influencing chaplaincy services at the Seventh-day Adventist Hospital and the Motherless Babies' Home in Aba, Nigeria. Despite the recognized role of spiritual care in holistic health, chaplaincy services in this institution remain underdeveloped. The research identifies and appraises organizational, personnel, and cultural challenges that affect the delivery and effectiveness of chaplaincy. A qualitative approach was employed, involving structured interviews with healthcare staff, chaplains, and administrative personnel. Findings revealed a lack of formal chaplaincy training, understaffing, and limited institutional support as key barriers. Additionally, cultural and religious diversity posed communication challenges in patient care. The study recommends structured

chaplaincy training, policy integration, and increased institutional backing to enhance spiritual care services. These insights are vital for improving holistic healthcare in faith-based and non-profit settings.

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IDENTIFICATION AND APPRAISAL OF FACTORS AFFECTING CHAPLAINCY SERVICES AT SDA HOSPITAL AND MOTHERLESS BABIES' HOME ABA, NIGERIA

A project

presented in partial fulfilment

of the requirements for the degree

Master of Chaplaincy

by

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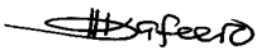

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LIST OF ABBREVIATIONS

ACPE	Association of Clinical Pastoral Educators
APC	Association of Professional Chaplains
ACM	Adventist Chaplaincy Ministry
ACI	Adventist Chaplaincy Institute
ASC	Aba South Conference
CDs	Compact Discs
CD ROM	Compact Discs – Read Only Memory
COC	Chaplaincy Oversight Committee
CPE	Clinical Pastoral Education
CPSP	College of Pastoral Supervision and Psychotherapy
ENUC	Eastern Nigeria Union Conference
GC	General Conference
LGA	Local Government Council
MD	State of Maryland, United States of America
SDA	Seventh-day Adventist Church
SDA-ICCP	SDA Integrated Chaplaincy Care Protocol
USA	United States of America
WAD	West Central African Division
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION

Background of the Study

In the ever-evolving healthcare practice, the role of healthcare chaplains as integral members of the healthcare team is increasingly recognized.[1] As a specially training branch of pastoral ministry, healthcare chaplaincy helps to achieve overall health in a medical setting by providing spiritual and emotional care to patients, healthcare providers, and the medical facility itself.[2] The effectiveness of healthcare chaplaincy can be proved by its ability to consider the complexity of the healing process and understand that physical health is inseparably connected with emotional and spiritual states.

However, variability in the training of healthcare chaplains, accessibility, and integration of their services can lead to inconsistencies in the quality of care provided that despite its potential for profound impact, its practice is not uniform across all spheres of human endeavour. This disparity often results in differing levels of spiritual and emotional support available to patients within various healthcare institutions. Consequently, the absence of standardized professional guidelines undermines the

[1] Anne Aldridge, "The Unique Role of a Chaplain," *Scottish Journal of Healthcare Chaplaincy* 9, no. 1 (2006): 20.

[2] Fiona Timmins et al., "The Role of the Healthcare Chaplain: A Literature Review," *Journal of Health Care Chaplaincy* 24, no. 3 (2018): 100, 106.

credibility and effectiveness of chaplaincy as an essential component of holistic healthcare.

Internationally, healthcare chaplaincy contributes significantly to whole-person care by ensuring that spiritual and emotional needs are addressed within clinical environments. The World Health Organisation's introduction of a classification for pastoral care reflects the increasing global acceptance of chaplaincy as a relevant component of healthcare.[3]

In the African setting, healthcare chaplaincy is not highly developed compared to most of the Western countries,[4] and practises vary across regions based on the training, accessibility, and institutional provision.[5] Research indicate that some regions have well-established and integrated chaplaincy services, while others face challenges related to training, accessibility, and standardization which contributes to a nuanced understanding of the diverse challenges and opportunities within healthcare chaplaincy. To illustrate, professional chaplains have been shown to play a central role in South African hospital environment in alleviating spiritual crisis by providing spiritual care, particularly where treatment opportunities are absent. They are also of significance to the larger healthcare setting where they hold a vital role in the multidisciplinary medical team.[6]

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[3] Margaret J. Orton, "Transforming Chaplaincy: The Emergence of a Healthcare Pastoral Care for a Postmodern World," *Journal of Health Care Chaplaincy* 15, no. 2 (2008): 115.

[4] Daniel Orogun, "Improving Spiritual Care to Bridge the Gap between Demand and Supply of Healthcare Services in South Africa," in *Proceedings of the 33rd International RAIS Conference on Social Sciences and Humanities* (Scientia Moralitas Research Institute, 2023), 24.

[5] Sello Edwin Mabe, *Chaplaincy in South African Government Hospitals: A Holistic Approach to Care* (PhD diss., University of Pretoria, 2020), 88, accessed 3 April 2024, https://repository.up.ac.za/server/api/core/bitstreams/c81f5b91-28ed-4450-b866-4522964bb740/content

[6] Ibid., 88.

In Nigeria, scholars have explored how chaplaincy functions in daily hospital life, assessing its influence on institutional culture, staff experiences, and patient perceptions. Some researchers note that chaplaincy has yet to achieve full recognition nationally, [7] while others argue it is increasingly viewed as a means of promoting social and spiritual stability.[8]

Despite these insights, little attention has been given to the actual effectiveness of chaplaincy within Seventh-day Adventist (SDA) hospitals. Because the SDA Church emphasises health and wholeness, its institutions provide a unique context for chaplaincy, one that presents both opportunities and challenges and therefore requires focused study.

Statement of the Problem

From its founding in 1984, the SDA Hospital and Motherless Babies' Home appointed pastors to serve as chaplains, primarily to maintain a spiritual environment through worship activities and religious programmes. Yet, many of these appointees had no professional training in chaplaincy, raising questions about the quality and effectiveness of the services they provided. Whereas, trained healthcare chaplains understand the rudiments of chaplaincy ministry, and minimize inefficiency and unprofessionalism.[9] This research therefore investigates how clergy moving from general pastoral ministry into hospital chaplaincy practise spiritual care within the SDA Hospital and Motherless Babies' Home in Aba. It further explores the challenges

[7] Victoria T. Aja, "The Relevance of Patients' Spiritual Care in the Nigerian Cultural Context: A Health Care Chaplain's Perspective," *Journal of Pastoral Care & Counseling* 73, no. 2 (2019): 83.

[8] Thaddeus Grace Sofi, "Creating Holistic Security Frameworks: The Role of Spiritual Intelligence and Legislative Bodies in Nigeria." (2024), 25.

[9] Dominic Anthony Korzecki, "The Need for Standardized Training for Volunteer Healthcare Chaplains" (Master's thesis, Liberty University, 2024), 47, accessed April 5, 2025, https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2125&context=masters

that limit chaplains' effectiveness and underscores the need for holistic spiritual caregiving that extends beyond conventional pastoral functions.

Purpose of the Study

This research intends to investigate and analyse the first-hand experiences and impressions of chaplaincy services by the staff, patients, and administrators of the SDA Hospital and Motherless Babies Home in Aba. Using a phenomenological approach, the research aims to uncover the underlying factors that shape the perceived effectiveness of chaplaincy care. Through literature review and in-depth interviews, the study endeavours to identify key determinants that influence how chaplaincy services are experienced, valued, and integrated into holistic healthcare delivery.

Research Objectives

Although many studies examine chaplaincy in healthcare generally, only a few focus specifically on the distinctive dynamics present in Adventist hospital settings. Because Adventist hospitals emphasise holistic healing by integrating spiritual and physical care, this study sets out to pursue the following specific objectives:

1. Explore how healthcare professionals perceive the effectiveness of chaplaincy services in Adventist hospitals.
2. Examine how chaplains provide spiritual care in ways that reflect Adventist principles while respecting pluralistic healthcare contexts.
3. Assess the impact of chaplaincy services on patient experience and satisfaction within Adventist facilities.
4. Identify the challenges and barriers that chaplains encounter in providing effective spiritual care in Adventist settings.

Research Questions

In view of the challenges surrounding the effectiveness of chaplaincy services at the SDA Hospital and Motherless Babies' Home in Aba, the study is designed to address the following guiding research questions:

1. How do healthcare professionals view the effectiveness of chaplaincy services at the SDA Hospital and Motherless Babies' Home in Aba?
2. In what ways do chaplains incorporate Adventist beliefs and values into their spiritual care while showing sensitivity to diverse patient backgrounds?
3. What is the perceived effect of chaplaincy services on patients' experiences and satisfaction in the hospital?
4. What challenges and obstacles confront chaplains as they seek to provide effective spiritual care in the Adventist healthcare context?

Significance of the Study

This research has significant applicability to a wide range of stakeholders that are involved in medical context and religious context. Applying to patients and their families experiencing spiritual distress, the research results are aimed at improving the quality of spiritual care, thus helping to provide more profound emotional and psychological support. For healthcare chaplains, the research provides practical insights into effective chaplaincy practices within the Adventist context, helping them integrate faith-based principles with sensitivity and professionalism. Hospital administrators and policy makers will benefit from data that can inform staffing, training, and the strategic integration of chaplaincy services in holistic healthcare delivery. Furthermore, the study addresses a critical gap in literature, as no prior research has examined healthcare chaplaincy in the setting of the SDA Hospital and

Motherless Babies' Home in Aba, Eastern Nigeria. As such, it contributes foundational knowledge for academic reference, future studies, and the advancement of chaplaincy in similar Adventist institutions.

Delimitations of the Study

There exist many hospitals owned by various organisations but the SDA Hospital and Motherless Babies' Homes in Aba, is where this study will be restricted especially to healthcare chaplaincy at the hospital section of SDA Hospital and Motherless Babies' Home, Aba. The Motherless Babies' section is excluded in this study. However, where it comes across other types of chaplaincy ministry such as correctional chaplaincy for those having mental disorders, it will be discussed relative to healthcare chaplaincy.

Definition of Terms

In order to eliminate every ambiguousness, terms used in particular, and peculiar cases of this study shall be clarified under this section. Such words are arranged alphabetically as follows:

Appraisal: This is an assessment (an expert's estimation) of the quality, quantity, and other characteristics of someone or something.[10]

Bereavement Support: Chaplains often provide ongoing support to family members coping with loss and grief after a patient's death, which can be part of holistic patient care.

Caregiving: The ministry in which a person helps in identifying or preventing or treating illness or disability.

[10] Anthony Lewis, *WordWeb® Electronic Edition* 9.05 (2021), s.v. "appraisal," "effrontery," "caregiving."

Chaplain: A chaplain may be described as a religious professional charged with offering spiritual care and administering appropriate rites to individuals who are ill, hospitalised, or nearing the end of life.[11]

Chaplaincy Services: These are the official duties of the chaplain in the facility on a day-to-day basis which yield significant results.

Crisis: This is an unstable situation of extreme danger or difficulty wherein an immediate solution or palliative is sought. It is a common experience cum occurrence in a healthcare facility as the one under study.

Cultural Competency: Understanding and respecting cultural differences in spirituality and religious beliefs is essential in chaplaincy services, especially in diverse healthcare settings.

End-of-Life Care: This is a chaplaincy service that often play a key role in end-of-life situations, supporting patients and families during terminal illnesses or imminent death.

Facility: This is the word used to describe the setting of the research due to its uniqueness. This setting comprises a mission-owned hospital and a motherless-babies' home. In this study, it is understood that both sections make up the institution here referred to as *the facility*.

Holistic: Emphasizing the functional relation between parts and the whole.

Interfaith Ministry: Many healthcare chaplains work in multi-faith settings and provide care across different religious and spiritual backgrounds, making cultural and religious sensitivity critical.

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[11] Aja, "The Relevance of Patients' Spiritual Care," 84.

Moral and Ethical Decision-Making: Chaplains may assist healthcare teams and families in navigating ethical dilemmas, especially around issues such as life support, palliative care, and patient autonomy.

Pastoral Presence: The act of being present with patients and families, offering a listening ear and emotional support without necessarily providing answers or solutions.

Patient-Centred Care: It is a medical practise that honours and addresses the needs of individual patients, their tastes and values and integrates chaplaincy services into a comprehensive care.

Psychospiritual Support: A term that encompasses both psychological and spiritual care, acknowledging the connection between emotional well-being and spiritual health.

Spiritual Care: The support provided by chaplains to address the spiritual needs of patients, which may involve prayer, religious rituals, or emotional support.

Spiritual Resilience: How patients and families draw on spiritual resources to cope with illness, stress, or grief. Chaplains often support and foster this resilience.

Spiritual Struggle: Spiritual struggle is the experience of struggling to make sense of spirituality, religious beliefs, and the meaning of life. The struggle is often a result of a person's inability to reconcile their own beliefs with those of society or their family.

Whole-person care: A total caring of the patient to ensure complete betterment of health.

Wholistic: A variant spelling of holistic meaning emphasis on the functional relation between parts and the whole.

Research Methodology Overview

The research employs a qualitative phenomenological design to examine the effectiveness of chaplaincy services at the Seventh-day Adventist Hospital and Motherless Babies' Home in Aba.[12] A phenomenological framework is particularly appropriate for capturing the lived experiences and personal interpretations of those involved in, or impacted by, spiritual care within a healthcare context.

Research Design and Strategy

The research utilizes a phenomenological design to understand how patients, relatives, medical personnel, and chaplains experience and interpret chaplaincy services. In-depth, semi-structured interviews form the primary data collection tool, allowing flexibility while focusing on core themes related to spiritual care effectiveness. Complementary methods include participant observation and document analysis to triangulate findings and deepen contextual understanding.

Population and Sampling

Participants were chosen on a purposive basis in order to have a wide range of views related to the issues of providing and receiving chaplaincy services. This methodology allows the research to produce results based on firsthand experience rather than statistical extrapolation.

Data Collection Methods

Data were gathered using simple qualitative technique to capture the depth and complexity of participants' lived experiences. In-depth interviews were conducted to collect personal narratives and perceptions from diverse stakeholders, offering insight

[12] In this research, Seventh-day Adventist Hospital and Motherless Babies' Home is also referred to as SDA Hospital and Motherless Babies' Home, Aba.

into their interactions with chaplaincy services. Additionally, participant observation was employed to document real-time chaplain interactions and service dynamics within the hospital, as experienced by recipients of spiritual care. To complement these methods, relevant internal documents–including reports, policies, and training materials–were analyzed to understand the structure and development of chaplaincy services over time. All participants were fully informed about the study's purpose and their rights, and informed consent was obtained prior to their participation.

Data Analysis

Thematic analysis was employed to organise and interpret the interview data. This involved identifying recurring patterns, coding significant statements, and grouping them into themes that reflect participants' lived realities and perceptions of chaplaincy practice.

Ethical Considerations

Ethical clearance had been obtained by the institutional authorities and the informed consent had been obtained by all the participants. Anonymity was ensured by anonymisation of responses and participation was voluntary, and participants could drop out at any point.

Organization of the Research

The research paper is organised into six chapters. They are as follows: chapter one provides the background of the study, the research problem, the purpose, objectives, and research questions, and both the significance and scope of the work.

Chapter Two introduces a literature review, looking at the biblical and theological underpinnings of the study, and scholarly views that support the research.

Chapter Three outlines the methodology of the research; the design, population, sampling strategy, the instruments and procedures that were used in the collection and analysis of data.

Chapter Four offers the results of the field study which give the data collected in connexion with the formulated goals.

Chapter Five provides the analysis of findings and their interpretation, that is, connecting the findings with the literature and theoretical frameworks.

Chapter Six wraps up the study with a summary of the main results, conclusions, as well as with practise, policy, and research recommendations.

CHAPTER 2

THEOLOGICAL AND BIBLICAL FOUNDATIONS OF HEALTHCARE CHAPLAINCY

Healthcare chaplaincy has developed into an essential aspect of holistic healthcare, providing care that responds to patients' spiritual, emotional, and existential concerns within clinical contexts. In addition to addressing physical and psychological conditions, chaplains recognise that individuals frequently confront profound issues related to meaning, suffering, hope, and mortality. These experiences require responses that are both sensitive and theologically informed. Consequently, chaplains function not merely as religious representatives but as professionally trained caregivers who deliver spiritual guidance, comfort, and support in healthcare settings, while respecting the diverse faith traditions and cultural backgrounds of patients, their families, and medical personnel.

This section of the study gleans from a deeply rooted theological and biblical foundation the ideologies that are found in healthcare chaplaincy practices. Drawing from Biblical texts this research shall underscore the biblical foundation of healthcare chaplaincy and also identify some healthcare chaplaincy principles. Furthermore, biblical figures in a healthcare chaplaincy-like settings are presented. Before the summary of the section, the perspectives of Ellen G. White on healthcare chaplaincy practices are also presented.

Through these explorations, the researcher aims to deepen the understanding of the biblical and theological foundations that inform healthcare chaplaincy work. By

grounding our practice in these principles, we can better serve individuals from diverse backgrounds with sensitivity and respect. In the following sections, the study discusses specific aspects of biblical and theological foundations within chaplaincy practice from a biblical and theological framework.

Definition of Healthcare Chaplaincy

Although the specific terms "chaplain" and "chaplaincy" are absent from the biblical text, the concept has historical roots that shaped its later development. The designation derives from the Latin *cappellanus*, originally referring to an individual charged with safeguarding soldiers' equipment.[1] In time, the Christian community appropriated the term to describe clergy attached to military units, who provided pastoral support during times of conflict.[2]

Within the modern context, healthcare chaplaincy represents a specialised ministry that brings together spiritual care and clinical practice. Its central aim is to promote holistic healing that recognises the interconnectedness of physical, emotional, and spiritual dimensions of health. Underpinned by the belief that caregiving is a sacred vocation which mirrors God's ministry to humanity, healthcare chaplaincy functions as a vital link between faith and medicine by responding to the complex needs of patients and families in medical settings.[3]

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[1] Nils Friberg, "The Role of the Chaplain in Spiritual Care," in *Aging and Spirituality* (New York: Routledge, 2012), 179.

[2] Josh B. Kazman et al., "Who Sees the Chaplain? Characteristics and Correlates of Behavioral Health Care-Seeking in the Military," *Journal of Health Care Chaplaincy* 28, no. 1 (2022): 11.

[3] Glenda Alma Dames, "The Professionalization of Pastoral Caregiving: A Critical Assessment of Pastoral Identity within the Helping Professions," *Stellenbosch Theological Journal* 6, no. 2 (2020): 103–27.

Moreover, chaplains equipped with clinical training are better prepared to assist individuals as they face ethical and spiritual challenges.[4] Such training not only strengthens their pastoral competence but also supports informed decision-making that aligns with Christian ethics and principles of pastoral care.[5]

Healthcare Chaplaincy Principles in the Bible

Healthcare chaplaincy, as an integral aspect of pastoral care, is rooted in the biblical mandate of providing holistic care to individuals, addressing both their physical, spiritual, and emotional cum mental needs. It emphasizes the sacred duty of attending to the whole person, recognizing that healing extends beyond the body to the soul and spirit. Consequently, healthcare chaplaincy serves as a vital ministry that bridges faith and medicine in promoting comprehensive well-being.

As a profession, chaplaincy which originated in a religious setting, and has evolved over time to encompass a broader scope of spiritual care, understanding its biblical and theological underpinnings is essential for practitioners seeking to provide wholistic support to individuals needing spiritual care. Such understanding explores how concepts such as the Biblical roles of spiritual caregiving such as compassion, empathy, pastoral care, and religious diversity, and providing hope and encouragement are woven into the fabric of chaplaincy. This study also looks at examples of healthcare chaplain-Like figures in both the Old Testament (OT) and New Testament (NT) sections of the Bible such as God in the OT and Jesus in the NT as Ultimate Spiritual Caregivers. This seminal act epitomises the divine commitment

[4] Wendy Cadge et al., "Training Healthcare Chaplains: Yesterday, Today and Tomorrow," *Journal of Pastoral Care & Counseling* 73, no. 4 (2019): 218.

[5] Wendy Cadge et al., "Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education," *Pastoral Psychology* 69, no. 3 (2020): 189.

to care in vulnerability, forming a crucial theological foundation for healthcare chaplaincy.[6] By modelling this divine care, healthcare chaplaincy not only honours God's relational nature but also promotes healing environments rooted in faith, empathy, and dignity, thereby integrating theological principles with practical caregiving.[7]

Biblical Healthcare Chaplain-Like Figures in Both the Old and New Testaments

An examination of the roles of a chaplain, as depicted within the context of biblical texts, reveals a multifaceted and essential function within religious and community settings. The chaplain although not mentioned in the Bible, has its roles exemplified in the Bible. This section of the study delves into the biblical narratives and selected passages that highlight the activities and significance underlying principles and patterns that underscore the role of a chaplain and elucidate its enduring parallel in today's chaplaincy practices.

God as the Ultimate Caregiver

In Genesis 3, God is portrayed as the ultimate caregiver, responding to Adam and Eve's spiritual crisis with grace and intervention. God, in a Chaplain-like role, empathized with Adam and Eve during their moments of spiritual struggle. In Genesis 3:21, God is seen providing the first care for humanity, He understands their dire situation, and attending to their immediate needs during this moment of disarray. As they hid in fear and shame, God is seen as actively seeking them, asking, "Where are

[6] Brian J. Styer, "*Preparing Three Southern Baptist Churches in Mason, Tennessee, as Lighthouses of Hope in Crisis and Disaster: The Intersection of the Firehouse and the Church House During a Global Pandemic*" (PhD diss., Liberty University, 2024), accessed April 5, 2025, https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6706&context=doctoral

[7] Willie Mae Corley, "Promoting Health Literacy to Aging Christians to Combat the Scourge of Euthanasia through the Church" (2021).

you?" (Gen 3:9). God made clothing from animal skins, ensuring that Adam and Eve were protected and covered, thus assisting them in coping with the reality of their diminished state and lost glory. God, engaging the didactic method of conversation, and non-judgmental, listened to them actively. Thus, God being with them then, could be classified as His ministry of presence to the couple. These acts exemplify the heart of chaplaincy, where caring for others and ministry of presence in times of distress is paramount. Also, in the book of Genesis (16:7-13), when Hagar, Abram's mistress, was maltreated and was caused to flee by Sarai, Abram's wife, she found herself in a difficult situation. However, God showed His compassion and came to her rescue.

Hagar responded by acknowledging God as "the God who sees me." She recognized that despite being cast out and rejected by human beings, God had not abandoned her. This encounter with God gave Hagar strength and hope in a difficult situation; thereby restoring her to whole health. The story of Hagar showcases how God intervened and provided her with a ministry of presence.[8]

These acts of divine caregiving highlights God's role in addressing spiritual brokenness, a central theme in healthcare chaplaincy's ministry of presence.

Deliverance of Israel: A Model of Divine Care

God's intervention in the Israelites' deliverance from Egypt exemplifies His active role as a caregiver. Aware of their suffering, He declared, "I have surely seen the affliction of my people… and have heard their cry" (Exod 3:7), demonstrating His attentiveness or active listening to human distress – typical of a professional healthcare chaplain. His referring Moses to Aaron his brother to be his spokesman, can be likened to referral in healthcare chaplaincy. Also, His care extended beyond

[8] L. Daniel Hawk, "Cast Out and Cast Off: Hagar, Leah, and the God Who Sees," *Priscilla Papers* 25, no. 1 (2011): 10, 11.

liberation, as seen in His provision of manna (Exod 16:4), water (Exod 17:6), and guidance through the pillar of cloud and fire (Exod 13:21-22). These acts reflect a holistic model of divine caregiving, aligning with chaplaincy's role in providing spiritual sustenance, guidance, and advocacy for those in crisis. The role of the chaplain, therefore, is not merely pastoral but embodies the holistic care embodied in God's original response to human distress. Theological reflection on God's care invites chaplains to integrate Scripture with praxis in clinical contexts, affirming universal dignity and spiritual needs even within modern healthcare complexities. This biblical foundation underpins the chaplaincy's mission,[9] ensuring that ministry is both compassionate and theologically informed, engaging contemporary issues such as health literacy and ethical decision-making.[10]

Jesus as the Ultimate Spiritual Caregiver

The profound words of Jesus Christ in Matthew 11:28-30, offer a compelling portrayal of his role as the ultimate spiritual caregiver. Through His invitation to "Come to me, all you who are weary and burdened," Jesus reveals His profound understanding of the human condition and presents Himself as the source of rest and solace for the troubled souls. This passage highlights Jesus' unique qualities of compassion, authority, and promise of relief, asserting His unparalleled role in offering spiritual care and alleviating the burdens of life. The feeding of the five thousand (Matt. 14:13–21) exemplifies Jesus' limitless compassion, echoed in other texts (Matt 9:36; Mark 1:40–42; Luke 7:11–15; 15:11–32; John 8:1–11; Mark 6:34;

[9] Michael A. Chester, *"Toward Enhanced Military Chaplaincy Education at Andrews University Seventh-day Adventist Theological Seminary"* (DMin diss., Andrews University, 2013), accessed 3 April 2024, https://dx.doi.org/10.32597/dmin/31/.

[10] Willie, 2021.

Matt. 15:32). Together, they portray Him as the compassionate Saviour whose ministry transcended social and circumstantial boundaries, embodying divine love and the ideal of The Ultimate Chaplain.

Biblical Roles of Spiritual Caregiving and Support Akin to the Practices of Modern Healthcare Chaplains

In the Bible, the term "chaplain" as we understand it today is not explicitly used. However, there are several roles and positions that can be considered similar to the modern concept of a chaplain. Throughout the Bible, we find numerous examples of individuals whose spiritual needs were attended to by another as spiritual guides and comforters.

It must be noted that, although the biblical corpus contains some figures that performed tasks similar to those done by the modern-day chaplain, the exact terminology and duties that are related to current day chaplaincy are not always parallel to those that can be identified in the scriptural record. However, the Bible gives many examples of people who performed necessary spiritual and counselling tasks in various settings similar to those provided by the contemporary chaplains.

A lot of research has been carried out on biblical themes including pastoral care. However, this section of this research discusses issues regarding spiritual caregiving and chaplaincy care concepts as exhibited by individuals in the Bible. These individuals were often spiritual leaders or advisors who played crucial roles in guiding, counselling, and ministering to others, including performing rituals and leading worship, amongst other functions. But unlike the modern-day chaplain that serve outside the borders of the church, they served in a religious setting. The following are some notable types of chaplain-like roles found in the Bible:

Spiritual Leadership

Chaplains are spiritual leaders offering religious and emotional support in various settings like hospitals, military units, universities, and prisons. They provide compassionate care and counselling to individuals, irrespective of their beliefs. Similarly, this role resembles that of High Priests in the Old Testament, who performed sacred rituals on behalf of the people. Aaron, Moses' brother, was the first appointed High Priest (Exod 28:29-30). God's appointment of Aaron as Moses' assistant could be termed as a "chaplain" to Moses (Exod 4:14).

Counselling and Support

Chaplains are also trained to offer counselling and emotional intervention to those with different life challenges such as illness, grief, trauma, and moral dilemma. They offer a listening ear and guidance based on their religious or spiritual training. High Priests often served as advisors and counsellors to the people, helping them with moral and spiritual dilemmas. The High Priests, like the modern-day chaplains, were considered authorities in matters of faith and law, providing guidance based on God's teachings (Lev 10:11).

Ministering to Needs

The chaplain was meant to offer solace, comfort, and support to the people he was dealing with, especially whenever they were in distress or crisis, which is the same obligation of the High Priests; his duty was to minister the religious needs of Israelites. They conducted sacrifices, prayers, and rituals to facilitate a relationship between the people and God (Lev 9:22-24; 16:17).

Crisis and Comfort

Healthcare Chaplains are often called upon to provide comfort, solace, and spiritual guidance during challenging life situations, such as illness, death, natural disasters, or emotional turmoil. During times of crisis or important events, the High Priest served as a mediator between the people and God, seeking divine intervention and comfort (Num 6:22-27).

Community and Corporate Rituals

Chaplains often facilitate religious services, rituals, and ceremonies to nurture a sense of community within their respective institutions, similarly, High Priests played roles in fostering a sense of community and overseeing religious rituals and festivals in ancient Israel (Lev 23:1-2).

Ministry of Presence

Chaplains are often associated with the ministry of presence.[11] The Bible contains various passages that underscore the theme of being there to people in distress. These biblical scenarios illustrate the ministry of presence as a powerful expression of care and support for others. It involves being with someone in their time of need, showing empathy, compassion, and love, and offering comfort and encouragement. Such acts of presence are many and significant in the Bible. For instance, when Job experienced immense suffering and loss, his three friends, Eliphaz, Bildad, and Zophar, travelled to be with him. They sat with him in silence for seven days, providing a comforting presence during his time of grief (Job 2:11-13). When their husbands died, Ruth did not want to separate with Naomi, as she told her:

[11] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson Press, 2011), 5.

"Where you will go and I will go and where you will be I will be. Thou shalt be my people and thy God my God." (Ruth 1:16-17). Presence, another aspect of the ministry, is also observed in Ruth when Ruth is determined to stick to Naomi despite the shaken dedication of Naomi. Jesus appeared in the house of Lazarus who was the brother of Mary and Martha and had died. Their sorrow moved him greatly and He cried with them, displaying the mightiness of His being and His understanding in comforting the mourners (John 11:32-35). When Mary was caught in an act of adultery she was taken to Jesus and Jesus was merciful and compassionate. He did not judge her but urged her to go and never sin again: He offered her a kind and non-judgmental presence (John 8:1-11). This later act of Jesus also exemplified modern-day chaplain's role of non-judgmental.

Principles of Healthcare Chaplaincy in Writings of Ellen G. White

Ellen G. White, one of the pioneers of the Seventh-day Adventist philosophy of health, was the key figure in the development of the relationship between healthcare and spirituality.[12] Her work consistently underscores a holistic vision of human well-being in which physical health is inseparably linked with spiritual growth and moral responsibility.[13] This section of the research explores the principles of healthcare chaplaincy as derived from White's writings and examines their relevance and application in contemporary healthcare chaplaincy practices. While White's written works may not have been explicitly directed towards contemporary

[12] Richard B. Ferret, *Seventh-day Adventist Health Reform: A Crucible of Identity Tensions: Ellen G. White and Dr. John H. Kellogg: The Battle for Seventh-day Adventist Identity* (Eugene, OR: Wipf and Stock Publishers, 2023), 68, 86.

[13] Lehel Somogyi, "The Nature and Role of Health Laws in the Writings of Ellen G. White" (master's thesis, Andrews University, 2024), 230.

professional chaplains, her counsel on matters concerning health and spiritual caregivers carries substantial relevance within the context of today's practice. Despite the temporal gap, her insights and principles remain a valuable reservoir of wisdom, offering timeless guidance that transcends historical epochs. Although the responsibilities of professional chaplains continue to develop in response to contemporary healthcare needs, the insights preserved in Ellen G. White's writings remain a valuable source of guidance. Her principles provide enduring direction for shaping present-day practice, ensuring that chaplaincy maintains continuity with a rich heritage of understanding in both health and spiritual care.[14]

According to John K. Lee, Ellen G. White outlines in *The Ministry of Healing* several principles relevant to the practice of chaplaincy, particularly regarding the spiritual care of the sick and suffering.[15]

Ellen G. White's Views on Holistic Health and Establishing of a Healthcare Facility

Ellen G. White advocated a unified philosophy of health that focused on what she called the eight laws of health, which comprise; sufficient nutrition, physical activity, water, solar radiation, moderation, outside air, sleep and dependence on divine power. Far from being simple physical prescriptions, these principles are interwoven with spiritual discipline and moral accountability, underscoring health as both a physical and a spiritual responsibility.[16] Lehel Somogyi's 2024 thesis, argues

[14] Anna M. Galeniece, "Forging the Chaplain's Pastoral Identity" (Faculty Publications 3325, Andrews University, 2021), 5, accessed January 6, 2021, https://digitalcommons.andrews.edu/pubs/3325

[15] John K. Lee, "Who Can the Chaplain Be?" *Ministry Magazine* 53, no. 4 (April 1980): 26, accessed February 2, 2024, https://www.ministrymagazine.org/archive/1980/04/who-can-the-chaplain-be

[16] Somogyi, 25.

that White viewed health as a means to achieve spiritual clarity and moral fortitude, asserting that physical well-being directly influences one's spiritual life.[17] According to this perspective, White's health principles are regarded not merely as lifestyle guidelines but as formative instruments that shape moral character and nurture spiritual readiness, thereby reinforcing the overarching mission of the Seventh-day Adventist Church.[18]

From Ellen G. White's theological standpoint, health institutions – often termed sanitariums – were designed to serve not only as centres for physical healing but also as channels through which individuals from all segments of society could be reached with spiritual influence.[19] Healthcare chaplaincy is designed to serve all individuals without distinction, extending its support to both the privileged and the underprivileged, thereby ensuring inclusivity across socio-economic boundaries.[20]

Ellen G. White's Views on Chaplain's Qualities and Role Expectations

In her writings, Ellen G. White focuses on the fact that the role of the chaplain is supposed to possess certain unique traits that allow a person to be considered as a spiritual leader of the patients and the medical employees. She goes ahead to say that the people who handle the spiritual care of patients and caregivers should be people of integrity, good judgment, and moral influence. Such persons should demonstrate wisdom, emotional sensitivity, and cultural awareness, combining intellectual ability

[17] Somogyi, 38.

[18] Ibid., 76.

[19] Emily J. Bailey, "Promises of Purity: Adventist Approaches to Sanctification through Health Reform," *International Journal for the Study of New Religions* 10, no. 2 (2019), 7.

[20] Ellen G. White, *The Ministry of Healing*, Complete Published Ellen G. White Writings [CD ROM], (Silver Spring, MD: Ellen G. White Estate, 2013).

with genuine compassion. She acknowledges that chaplains may not possess complete proficiency at the outset; nevertheless, they are expected to cultivate their skills through thoughtful reflection and dedicated effort. In this role, gentleness and discernment are essential, but they must be balanced with steadfast integrity in order to address prejudice, intolerance, and misconceptions in a manner that honours the sacred responsibility of spiritual care.[21]

She further emphasizes that those saddled with such responsibility of healthcare practices, should not be a person of "irritable temper", and "a sharp combativeness"[22] Such traits, she argues, are incompatible with the compassionate and patient disposition essential for effective caregiving.[23] Instead, the healthcare provider must cultivate gentleness, self-control, and empathy to foster trust and healing in those under their care.[24]

Ellen G. White's Views on Whole-person Care

One of the reasons for having a chaplain in a healthcare facility is to ensure that the wholistic care is achieved. This is due to the fact that she holds the view that the mind and health of a patient are connected, she unequivocally states that "The relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes. The condition of the mind affects the health to a far

[21] Ellen G. White, *Testimony for the Physicians and Helpers of the Sanitarium,* Complete Published Ellen G. White Writings [CD ROM], (Silver Spring, MD: Ellen G. White Estate, 2013).

[22] White, *Testimony for the Physicians and Helpers of the Sanitarium*.

[23] White, *Mind, Character, and Personality*, Complete Published Ellen G. White Writings [CD ROM], (Silver Spring, MD: Ellen G. White Estate, 2013).

[24] Ibid.

greater degree than many realize."[25] To her, "Those who are sick in body are nearly always sick in soul, and when the soul is sick, the body is made sick."[26]

On the chaplain that serving in healthcare facility (sanitariums), she strongly believes that he should not be without support.[27] She further inundates that "of all places in the world, we need soundly converted physicians and wise workers – men and women who will not urge their peculiar ideas upon the sick..."[28] The chaplains fall within such prudent workers who are able to provide spiritual assistance to the patients.

Summary

The field of chaplaincy is deeply rooted in a theological cum biblical origin, which provide the framework for the spiritual care and support offered to individuals in various settings. This section explores these foundations, drawing upon Biblical texts before delving into the rich history and principles that underpin the chaplaincy practice.

The theological and biblical foundations of healthcare chaplaincy underscore the vital role of chaplains in delivering holistic care to patients, their families, and healthcare professionals. Rooted in the compassionate ministry of Jesus Christ, healthcare chaplaincy is regarded as a sacred vocation that offers spiritual, emotional, and ethical support amid illness, suffering, and uncertainty. The presence of chaplains within healthcare settings fosters hope and resilience, thereby contributing

[25] White, *Ministry Healing*, 241.

[26] White, "Letters and Manuscripts," vol. 15 (1900), par. 9.

[27] White, "Letters and Manuscripts," vol. 14 (1899), Ms 103a, 1899, par. 32.

[28] White, *Evangelism*, 538.

significantly to patients' overall well-being and mental health. As the existential challenges associated with medical crises are addressed, chaplains also function as moral and ethical counsellors, guiding patients and healthcare teams through complex spiritual dilemmas, end-of-life decisions, and culturally sensitive care. Their collaboration within interdisciplinary teams enhances the quality of patient-centred, spiritually informed healthcare delivery.

Nevertheless, the chaplaincy profession continues to face multiple challenges, including inadequate institutional recognition, limited resources, and the rapid evolution of healthcare systems that require adaptive responses. To ensure its sustained relevance and effectiveness, the chaplaincy ministry must be continually strengthened through theological grounding, ongoing professional education, and evidence-based practices that demonstrate its impact. As Scripture enjoins, "Bear one another's burdens, and so fulfil the law of Christ" (Galatians 6:2), healthcare chaplaincy remains a divinely inspired ministry that reflects Christ's healing presence in contemporary healthcare. The future of the profession must therefore balance innovation with fidelity to biblical principles, ensuring that spiritual care remains a transformative and integral component of healthcare delivery.

CHAPTER 3

LITERATURE REVIEW

Professional chaplaincy in healthcare is a vital part of patient-centred care, addressing spiritual and emotional well-being alongside medical treatment. A chaplain is entrusted with the solemn duty of providing religious support to the sick and those nearing the end of life.[1] In an era emphasizing holistic healthcare, chaplaincy services have gained prominence. The chaplain's role now spans from providing spiritual care to helping patients cope with illness-related distress. However, as John K. Lee notes, the role and responsibilities of chaplains are interpreted differently, even among chaplains themselves.[2] This section examines the nature of professional chaplaincy as a modern ministry, highlighting its operation in healthcare settings, the expectations that define chaplain effectiveness, and a review of relevant literature on chaplaincy services in Nigeria.

Origin of Chaplaincy

Although Martin of Tours is believed to have initiated the caring aspect of chaplaincy,[3] Charlemagne began to have the relics and the chaplains kept at his palace. The number of educated individuals was little then so the priests and ministers

[1] Aja, "The Relevance of Patients' Spiritual Care," 82–84.

[2] Lee, "Who Can the Chaplain Be?" 27.

[3] George Washington Willett III, "The Chaplain as Part of the Ministry Leadership Team" (2022).

formed a majority of the educated society. Charlemagne even employed them as custodians of the relics besides them presiding over religious services. In addition, Oviler Cromwell, a leader of parliament in the armies that enthroned the English monarchy, was named Lord Protector of England, Scotland and Ireland between 1653 and 1658, where he appointed John Owen as his chaplain.[4]

Healthcare chaplaincy can be dated back to the 1920s when hospitals started offering chaplaincy as a way to extend spiritual care to the inpatients.[5] The targeted goals of this service are to enhance the patient and family satisfaction with the clinical care, perceived quality of life, and improved mental[6] and physical health outcomes.[7]

In addition to being rooted in healthcare settings, the history of chaplaincy extends to various institutional sectors. Each sector has its unique challenges and requirements for adaptation in response to changing societal dynamics and an increasingly diverse range of religious beliefs.

Nature and Roles of Chaplaincy

The nature of chaplaincy is multifaceted and encompasses various roles and responsibilities centred around providing spiritual, emotional, and often practical support to individuals within specific institutional settings. [8] The ministry of

[4] Mario E. Ceballos, Class notes for CHAP 614 History of Chaplains, Adventist University of Africa Chaplaincy cohort centre, Babcock University, Ilishan, Nigeria, June 28, 2016.

[5] Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Health Care Chaplaincy* 25, no. 2 (2019): 52.

[6] Cadge et al., "Training Chaplains and Spiritual Caregivers," 195.

[7] Alissa Stavig et al., "Patients', Staff, and Providers' Factual Knowledge about Hospital Chaplains and Association with Desire for Chaplain Services," *Journal of General Internal Medicine* 37, no. 3 (2022): 697.

[8] Victoria T. Aja, Class notes for CHAP 615 Nature of Chaplains Adventist University of Africa Chaplaincy cohort centre, Babcock University, Ilishan, Nigeria, June 17, 2016.

chaplaincy is an intermediary between the religious or spiritual dimension and the surrounding environment where they act to meet various needs of the people under their care. In the opinion of Anna M. Galeniece, the chaplain's vocation to a distinctive pastoral ministry extends beyond the confines of a specific local congregation.[9] Although Allen T. Baker has categorised the functions of chaplaincy into four subsets namely provisioning, facilitation, caregiving, and advisory,[10] the nature of chaplaincy is majorly characterized by the following key aspects:

1. Spiritual Care: Chaplains provide spiritual direction, counselling and help to religious people of any religious affiliations or those in need of spiritual affiliation. They assist in facilitating discussions about faith, meaning, and existential concerns, helping individuals navigate life's challenges and transitions. The ministry helps patients come to an understanding of themselves, their relationship to others and their relationship to a higher power.[11] Arunan Tamil-Shelvan, a senior chaplain at the Hinsdale Hospital, cites that spirituality has a significant role to play in the healing process of patients.[12]
2. Emotional Support: Chaplains provide a listening ear and emotional support to individuals dealing with distress, grief, illness, or other life circumstances. They provide a secure platform where people share their feelings and emotions, which creates the feeling of comfort and relief.

[9] Galeniece, "Forging the Chaplain's Pastoral Identity," 5.

[10] Alan T. Baker, *Foundations of Chaplaincy: A Practical Guide* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2021), 18.

[11] In Southwestern Union Record | October 24, 1986, 6.

[12] Can Öz, Yüksel, and Songül Duran, "The Effect of Spirituality on the Subjective Recovery of Psychiatric Patients," *Journal of Religion and Health* 60, no. 4 (2021): 2441.

3. Religious Services: Chaplains often conduct religious rituals, ceremonies, and services tailored to the beliefs and preferences of the individuals they serve. These services can include prayers, worship, and religious observances.
4. Interfaith and Multicultural Sensitivity: Chaplains are prepared to deal with people of different religious, cultural, and ethnic groups. They accept and embrace such differences and offer care that is sensitive to individual values and beliefs of the person.
5. Ethical Guidance: Chaplains assist individuals in navigating ethical dilemmas and moral questions that may arise in their lives. They provide perspectives grounded in religious or spiritual teachings to help individuals make informed decisions.
6. End-of-Life Support: Chaplains tend to be instrumental in bringing comfort and encouragement to those who are almost closing their lives and their families. They can help in the perception and adjustment to the death and dying process.
7. Collaboration: The chaplains work with health personnel, social workers, counsellors, and other individuals within the interdisciplinary teams to offer holistic care. This partnership provides that the spiritual and emotional aspects of health are considered along with medically based treatment.
8. Advocacy: Chaplains can support the spiritual and emotional needs of patients at a medical facility and in an institution, making sure that the two dimensions of care are included in the full treatment plan.

9. Education and Outreach: Chaplains engage in educational initiatives and outreach activities within their institutions or communities to promote spiritual and emotional well-being, religious understanding, and cultural sensitivity.
10. Confidentiality: Chaplains uphold a rather strict confidentiality policy, which allows one to talk about his/her thoughts, concerns, and feelings without being judged or having his/her privacy violated.

Professional Chaplaincy as a Modern Ministry

Chaplaincy, or the vocation of chaplains, has an expansive history spanning many centuries. However, chaplaincy today looks quite different than in years past. The contemporary chaplaincy has changed to suit the demands of a more diverse and secular society. Thus, chaplaincy as a modern ministry is more professional, divergent and impactful.

In their book *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction*, Wendy Cadge and Shelly Rambo, argue that chaplaincy today must adapt to changes in society to remain relevant and impactful. They write, "The religious landscape has changed dramatically. The growth of pluralism and the increase of those who claim no religious affiliation pose serious challenges to traditional understandings of chaplaincy."[13] To meet these challenges, Holst and Massey propose that chaplains embrace interfaith cooperation, focus on spirituality over particular beliefs, and adopt a "ministry of presence."[14] This adaption is

[13] Wendy Cadge and Shelly Rambo, eds., *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction* (Chapel Hill: University of North Carolina Press, 2022), 45.

[14] Cadge and Rambo, *Chaplaincy and Spiritual Care in the Twenty-First Century*, 18.

necessary, they argue, for chaplains to effectively serve the diverse populations they encounter.

Winnifred Fallers Sullivan's book *A Ministry of Presence: Chaplaincy, Spiritual Care and the Law* explores how chaplains can navigate the legal complexities of church-state separation in modern public institutions. Sullivan argues that chaplains should adopt a "ministry of presence" that "offers a non-coercive spiritual presence" to people of all faiths or no faith.[15] This approach, Sullivan says, allows chaplains to provide spiritual care without improperly promoting or endorsing any particular religion. To do so, chaplains must understand the law and policy of the institutions they serve to avoid legal issues.[16]

Simon J. Craddock Lee in his article "In a Secular Spirit: Strategies of Clinical Pastoral Education," examines how chaplains can serve in increasingly secular settings like healthcare organizations or universities.[17] Lee argues that in these spaces, "Chaplains can no longer assume a religious framework for spiritual care or that those they serve share their theological assumptions."[18] Instead, chaplains must take an interfaith and inclusive approach to spiritual care. They should focus on "existential and spiritual themes that transcend particular traditions," like meaning, purpose, and relationships.[19] This model, therefore enables chaplains to offer quality spiritual care to individuals with different beliefs in nonreligious organizations.

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[15] Winnifred Fallers Sullivan, *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law* (Chicago: University of Chicago Press, 2019), 13.

[16] Ibid., 15.

[17] Simon J. Craddock Lee, "In a Secular Spirit: Strategies of Clinical Pastoral Education," *Health Care Analysis* 10, no. 4 (2002): 346.

[18] Ibid., 348.

[19] Ibid., 354.

Clifford A. Reeves in his article published in the January 1967 edition of *The Ministry* magazine, underscores the significance of integrating spiritual care into the healing process, recognizing the holistic nature of healthcare.[20] Wendy Cadge, *et al* however, opine that "there is no commonly agreed-upon definition of the role or responsibilities of chaplains."[21]

In today's rapidly evolving society, modern chaplaincy plays a crucial role in meeting the spiritual and emotional needs of individuals in various settings while adapting to the changing needs and beliefs of a diverse population. Healthcare chaplains, whether working in inpatient settings or outpatient clinics, face the challenge of providing support to patients,[22] caregivers, and staff with limited resources and time constraints.[23] However, research indicates that chaplaincy care is invaluable in addressing patients' spiritual needs and enhancing their overall well-being.[24] In the field of healthcare, chaplaincy is recognized as a professional service that supports individuals from diverse backgrounds in their spiritual and emotional journeys. In the opinion of Sofia Gomez *et al*, the presence of a healthcare chaplain offers numerous benefits to patients, families, and staff members.[25]

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[20] Clifford A. Reeves, "The Healing Ministry of the Hospital Chaplain," *The Ministry*, January 1967, 35.

[21] Wendy Cadge, Carolina P. Seigler, and Trace Haythorn, "Religious Literacy, Chaplaincy, and Spiritual Care," in *The Routledge Handbook of Religious Literacy, Pluralism, and Global Engagement*, ed. Chris Baker and Elizabeth Phillips (New York: Routledge, 2021), 218.

[22] Allison Kestenbaum et al., "Taking Your Place at the Table: An Autoethnographic Study of Chaplains' Participation on an Interdisciplinary Research Team," *BMC Palliative Care* 14, no. 1 (2015): 20.

[23] Rachel J. Cullinan et al., "Spiritually Significant Hallucinations: A Patient-Centred Approach to Tackle Epistemic Injustice," *BJPsych Bulletin* 48, no. 2 (2024): 136.

[24] Katherine RB Jankowski, George F. Handzo, and Kevin J. Flannelly, "Testing the Efficacy of Chaplaincy Care," *Journal of Health Care Chaplaincy* 17, no. 3–4 (2011): 103-104

[25] Sofia Gomez, Betty White, James Browning, and Horace M. DeLisser, "Medical Students' Experience in a Trauma Chaplain Shadowing Program: A Mixed Method Analysis," *Medical*

According to a research, chaplaincy care has been shown to relieve spiritual distress among patients and their families, facilitating better communication between healthcare providers and families, and reducing spiritual and emotional distress among healthcare providers themselves. Furthermore, chaplaincy care has also been found to improve patient satisfaction with the overall quality of care provided.

Healthcare Chaplaincy in Practice

Chaplaincy has transformed into a recognized ministry through the dedicated efforts of predecessors. Initially, the role of chaplains was often peripheral, serving primarily as spiritual support for patients and families in crisis situations. Early studies highlighted their importance in providing emotional and spiritual care, asserting that such dimensions are critical to holistic patient treatment.[26] As the field progressed, there was a shift towards integrating chaplaincy more fully into healthcare teams,[27] with research indicating that spiritual care can positively influence patient outcomes and satisfaction.[28]

Healthcare chaplaincy has evolved significantly, gaining increased recognition as a vital component of holistic patient care. Studies by Wierstra et al., and Den Toom et al. underscore the growing professionalization of chaplaincy,[29] highlighting a shift

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Education Online 25, no. 1 (2020): 1710896, accessed April 4, 2022, https://doi.org/10.1080/10872981.2019.1710896

[26] So Hyeon Bang et al., "Healthcare Chaplains' Perspectives on Working with Culturally Diverse Patients and Families," *Palliative & Supportive Care* 22, no. 6 (2024): 1952.

[27] Rachel Pettigrew and Madison Cawdor, "A Good Death: One Hospice Chaplain's Approach to End-of-Life Care," *Work, Employment and Society* (2024), 4-6.

[28] Jordan Mason, "To Whom Is the Chaplain Beholden? Guest Editor Introduction to Special Issue," *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 30, no. 1 (2024): 2.

[29] Iris R. Wierstra, Annemarie Foppen, X. J. S. Rosie, and Anke I. Liefbroer, "Chaplains' Professional Identity and a Structured Approach to Chaplaincy: Mutually Exclusive or Complementary?," *Pastoral Psychology* 73, no. 6 (2024): 802.

from informal pastoral support to structured spiritual care that aligns with clinical environments.[30] This transformation reflects the need for chaplains to navigate complex ethical and emotional terrains while remaining spiritually grounded. Fitchett and Nolan argue that effective chaplaincy hinges not only on theological acumen but also on interdisciplinary collaboration, enabling chaplains to act as spiritual mediators in diverse healthcare teams.[31] Furthermore, research by Puchalski et al., emphasizes that patients' spiritual needs are closely tied to their psychological and physical well-being, suggesting that chaplaincy contributes meaningfully to patient satisfaction and recovery outcomes.[32]

However, despite these advancements, several systemic challenges persist. Writings from Cadge and Swift reveal that many chaplains face professional ambiguity, with unclear role definitions[33] and limited institutional support often impeding their integration into clinical teams.[34] The need for formal training, particularly in mental health and cultural competency, has been identified as a pressing concern, especially in contexts like Nigeria, where Adeboye and Oyebola document a critical shortage of trained chaplains within hospital settings.[35] This gap

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[30] Niels den Toom, Renske Kruizinga, Anke I. Liefbroer, and Jacques Körver, "The Professionalization of Chaplaincy: A Comparison of 1997 and 2017 Surveys in the Netherlands," *Journal of Health Care Chaplaincy* 29, no. 1 (2023): 20.

[31] Alister W. Bull et al., *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy* (London: Jessica Kingsley Publishers, 2015).

[32] 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): 653.

[33] Wendy Cadge, *Paging God: Religion in the Halls of Medicine* (Chicago: University of Chicago Press, 2012), 154–55.

[34] Christopher Swift, *Hospital Chaplaincy in the Twenty-First Century: The Crisis of Spiritual Care on the NHS* (New York: Routledge, 2017), 17.

[35] Sunday Adeboye, "Healthcare Chaplaincy in Nigeria: Challenges and Prospects," *Nigerian Journal of Pastoral Studies 4*, no. 2 (2018): 49.

underscores the broader tension between the spiritual care needs of patients and the preparedness of those tasked to meet them.[36]

Culturally, the work of chaplains also intersects with diverse religious expectations. Authors such as Sheikh and Gatrad point out that in pluralistic societies, chaplains must approach care with sensitivity to varying worldviews, particularly when engaging Muslim patients.[37] The literature suggests that effective chaplaincy in such contexts depends not merely on doctrinal knowledge, but on the ability to foster trust and empathetic presence across belief systems. Thus, the future of healthcare chaplaincy lies in a more inclusive, interdisciplinary, and professionally supported model that honours both the spiritual and clinical dimensions of care.

By the late 20th century, the expansion of professional standards and training for chaplains further solidified their role in healthcare settings. This period ushered in a more structured approach to spiritual care,[38] characterised by the establishment of rigorous guidelines and the inclusion of chaplaincy in clinical pathways.[39] Contemporary discussions advocate for a model that emphasises collaborative interdisciplinary practices.[40] Recent findings underscore the necessity for healthcare

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[36] Kolawole Oyebola, "Reforming Spiritual Care: The Case for Professional Chaplaincy Training in Nigerian Hospitals," *African Journal of Clinical Pastoral Studies 6*, no. 1 (2020): 33–47.

[37] Aziz Sheikh and Abdel Gatrad, *Caring for Muslim Patients* (Oxford: Radcliffe Publishing, 2008).

[38] Sarah Rabin et al., "Moral Injuries in Healthcare Workers: What Causes Them and What to Do About Them?" *Journal of Healthcare Leadership* (2023): 157.

[39] Mark D. Layson, Lindsay B. Carey, and Megan C. Best, "The Impact of Faith-Based Pastoral Care in Decreasingly Religious Contexts: The Australian Chaplaincy Advantage in Critical Environments," *Journal of Religion and Health* 62, no. 3 (2023): 1500.

[40] Robert Klitzman et al., "Muslim Patients in the US Confronting Challenges Regarding End-of-Life and Palliative Care: The Experiences and Roles of Hospital Chaplains," *BMC Palliative Care* 22, no. 1 (2023): 10, 12.

chaplains to engage actively with clinical staff,[41] thereby enhancing the overall patient experience and addressing complex psychosocial needs.[42] Moreover, current literature stresses the ongoing necessity for research to validate the effectiveness of chaplaincy interventions,[43] ensuring that spiritual care remains an integral part of holistic healthcare delivery systems.[44]

Years of faithful service in various sectors, including colleges, hospitals, prisons, and the military, have laid the foundation for Adventist Chaplaincy Ministries. Presently, seminaries offer advanced degrees to equip pastors with the necessary skills to minister in a diverse religious landscape, extending their outreach beyond the confines of religious institutions.[45] The practical aspects of healthcare chaplaincy, explores the multifaceted role, responsibilities, and impact within various healthcare settings. By examining the day-to-day practices, interactions, and interventions of healthcare chaplains, this section seeks to illuminate the invaluable contributions chaplains make to the overall patient experience and the broader healthcare system. Through an in-depth analysis of real-world scenarios, collaborative efforts, and patient interactions, a comprehensive understanding of the tangible effects of healthcare chaplaincy is provided in enhancing patient care and well-being.

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[41] Jankowski, Handzo, and Flannelly, "Testing the Efficacy of Chaplaincy Care," 104.

[42] Joke C. van Nieuw Amerongen et al., "Introduction of Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT) in The Netherlands: Translation and Adaptation of a Psychotherapy Protocol for Mental Health Care," *Religions* 15, no. 3 (2024): 11.

[43] Kevin Massey et al., "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care," *BMC Palliative Care* 14, no. 1 (2015): 2, accessed April 5, 2025, https://doi.org/10.1186/s12904-015-0008-0

[44] Leon Gehri et al., "Survey on Nutrition in Neurological Intensive Care Units (SONNIC)—A Cross-Sectional Survey among German-Speaking Neurointensivists on Medical Nutritional Therapy," *Journal of Clinical Medicine* 13, no. 2 (2024): 10, 12.

[45] Ceballos, "Standing on the Shoulders of Giants," *The Adventist Chaplain* 2022, no. 2 (2022): 2.

Real Case Scenarios of a Chaplain's Interventions

The following eight scenarios were encounters of the researcher during his Units One and Two Clinical Pastoral Education (CPE) Trainings at Babcock University Teaching Hospital, Ilishan-Remo, Ogun State, Nigeria, Jonex Hospital, Ogbor Hill, Aba, Abia State, and at Seventh-day Adventist Hospital and Motherless Babies' Home, Aba, Abia State, Nigeria, respectively. They are real-world scenarios that illustrate the tangible effects of healthcare chaplaincy in enhancing patient care and well-being through collaborative efforts and patient interactions:

End-of-Life Care

Scenario: A terminally ill cancer patient is struggling with fear and anxiety about death. The medical team, including the chaplain, collaboratively discusses the patient's wishes.

Effect: The chaplain's presence and spiritual guidance help ease the patient's anxiety, leading to a more peaceful end. This comprehensive approach improves the patient's quality of life in their final days and provides comfort to the family.

Paediatric Care

Scenario: A child with a chronic illness is hospitalized for an extended period. The chaplain collaborates with child life specialists, nurses, and physicians to create a supportive environment.

Effect: Through play therapy and age-appropriate discussions, the chaplain helps the child cope with her illness. This collaborative effort results in reduced stress for the child and parents, making the hospital experience more bearable.

Intensive Care Unit (ICU)

Scenario: A patient in the ICU is in a critical condition, and the family is grappling with difficult decisions regarding life support.

Effect: The chaplain works alongside the medical team to facilitate family meetings and provide emotional support. This collaboration leads to better-informed decisions, reduced family distress, and improved communication between the medical team and the family.

Mental Health and Addiction Treatment

Scenario: A patient with a history of substance abuse is undergoing rehabilitation. The chaplain collaborates with addiction counsellors and therapists.

Effect: The chaplain's spiritual guidance and counselling support complement the clinical treatment, addressing the patient's holistic well-being. This collaboration enhances the patient's chances of successful recovery.

Palliative Care in A Home Setting

Scenario: A patient is receiving palliative care at home, and the chaplain makes regular visits as part of the care team.

Effect: The chaplain's presence and spiritual support not only ease the patient's suffering but also provide comfort to the family. This collaboration ensures that the patient's physical, emotional, and spiritual needs are met in a familiar and supportive environment.

Staff Support

Scenario: Nurses working in a high-stress environment, such as during accidents and emergencies, experience burnout and emotional fatigue.

Effect: The chaplain collaborates with the hospital's wellness team to provide counselling and spiritual care to the healthcare staff (which includes the nurses). This collaboration helps reduce burnout, improves staff morale, and enhances the overall quality of care provided to patients.

Crisis Response

Scenario: A hospital experiences a mass casualty event, and the chaplain is called upon to provide immediate support to both patients and their families.

Effect: The chaplain works closely with emergency responders and medical teams to offer emotional and spiritual comfort during the crisis. This collaborative effort helps patients and families cope with trauma, grief, and loss.

The above eight real-world scenarios[46] demonstrate how healthcare chaplains, through their collaborative efforts and patient-centred interactions, contribute to a comprehensive approach to patient care that goes beyond the purely medical. They address the emotional, spiritual, and psychological needs of patients and their families, ultimately enhancing the overall well-being of those they serve.

The duties of healthcare chaplains have become part of a critical dimension in providing holistic care to individuals and their families.[47] As the healthcare landscape continues to evolve, the significance of addressing not only the physical and medical needs of patients but also their spiritual and emotional well-being has gained heightened recognition.

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[46] The chaplain's confidentiality ethic forbids the publication of further details beyond what is stated. Therefore, names and exact places and patients referred herein are not specified.

[47] Barbara Pesut et al., "Hospitable Hospitals in a Diverse Society: From Chaplains to Spiritual Care Providers," *Journal of Religion and Health* 51, no. 3 (2012): 829.

While Benjamin W. Frush, *et al,* see chaplain's role as more in providing early religious and spiritual support to patients, without attempting to sway medical decisions, emphasizing respect for patient autonomy and the importance of collaboration with healthcare providers,[48] Allen T. Baker, elucidates the role of the chaplain by accentuating the four distinct functional capacities that chaplaincy encompasses within an institutional context namely: provisioning, facilitation, caregiving, and advisory.[49] George F. Handzo, *et al,* summarise the multifaceted roles of healthcare chaplains as

> encompassing crucial functions such as end-of-life care, prayer, and emotional support, while also engaging in less prioritized activities like consultation, advocacy, community outreach, and religious services; the significance of additional responsibilities such as ethical consultation, patient advocacy, crisis intervention, and education on advanced directives can vary considerably depending on discipline and hospital context.[50]

Chaplain's Effectiveness to Patients

The exploration of the effectiveness of healthcare chaplains in patient care has evolved significantly over the years, with early studies highlighting their role primarily in providing emotional support during crises. Initial findings illustrated that patients tended to experience a reduction in anxiety and a sense of comfort when chaplains were involved in their care processes.[51] Susan E. Hickman, et al., observe

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[48] Benjamin W. Frush, John Brewer Eberly Jr., and Farr A. Curlin, "What Should Physicians and Chaplains Do When a Patient Believes God Wants Him to Suffer?," *AMA Journal of Ethics* 20, no. 7 (2018): E617.

[49] Baker, *Foundations of Chaplaincy,* 23.

[50] Kevin J. Flannelly, Kathleen Galek, John Bucchino, George F. Handzo, and Helen P. Tannenbaum, "Department Directors' Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey," *Hospital Topics* 83, no. 4 (2005): 24.

[51] Andrew Miles and Jonathan Elliott Asbridge, "The JECP-European Society for Person-Centered Healthcare (ESPCH) Section on Person-Centred Care," *Journal of Evaluation in Clinical Practice* 29, no. 5 (2023): 697.

that as the field of grew, scholars began to examine the broader dimensions of spiritual care, leading to an increased recognition of chaplaincy as a vital component of holistic healthcare.[52]

The effectiveness of chaplains in healthcare settings has gained increasing scholarly attention, with various studies underscoring their significant role in improving patient well-being. Flannelly et al. assert that chaplains contribute meaningfully to the healthcare system by addressing the spiritual and emotional needs of patients, particularly those facing serious illness or end-of-life situations.[53] Their presence often provides comfort, reduces anxiety, and promotes hope, thus aiding holistic recovery. This aligns with Fitchett et al., who found that spiritual care provided by chaplains not only improves patient satisfaction but also enhances overall health outcomes by helping patients find meaning and peace amid suffering.[54]

Moreover, research by Marin and colleagues emphasizes the chaplain's unique contribution to interdisciplinary care teams.[55] By facilitating communication between patients and medical staff, chaplains bridge emotional and spiritual gaps, particularly when patients confront existential or moral distress. This role becomes crucial in culturally diverse settings, where chaplains assist in interpreting spiritual beliefs that impact medical decisions, enhancing cultural competence and patient-centred care.

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[52] Susan E. Hickman et al., "The Care Planning Umbrella: The Evolution of Advance Care Planning," *Journal of the American Geriatrics Society* 71, no. 7 (2023): 2355.

[53] Kevin J. Flannelly et al., "A National Study of Chaplaincy Services and End-of-Life Outcomes," *BMC Palliative Care* 11, no. 1 (2012): 4.

[54] George Fitchett et al., "Religious Struggle: Prevalence, Correlates and Mental Health Risks in Diabetic, Congestive Heart Failure, and Oncology Patients," *The International Journal of Psychiatry in Medicine* 34, no. 2 (2004): 186.

[55] Deborah B. Marin et al., "Relationship between Chaplain Visits and Patient Satisfaction," *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 21, accessed April 5, 2025, https://doi.org/10.1080/08854726.2014.981417.

The National Consensus Project for Quality Palliative Care also highlights chaplains as essential in palliative teams, noting that their involvement leads to better alignment of care with patients' values and preferences.[56] Furthermore, patient feedback in studies conducted by Balboni et al. consistently reflects appreciation for chaplains' compassionate presence, suggesting a correlation between chaplain visits and improved psychological outcomes.[57] These findings demonstrate that chaplains are not ancillary staff but integral to the holistic care paradigm that modern medicine increasingly embraces.

According to Paul S. Mueller, *et al*, practical constraints, a lack of confidence in providing spiritual care, and role ambiguity, particularly in relation to chaplains, can hinder the addressing of patients' spiritual concerns.[58] A patient requests a chaplain to pray to God to avert her scheduled surgery, and it was granted.[59] At SDA Hospital, Hinsdale, a patient felt the genuine caring, compassionate, and quality service and learnt about the faith as a result of his experience.[60] Specifically, the role of healthcare chaplains is to teach patients "how to walk. Then someday, along with the help of others in the community, they can learn to climb mountains."[61]

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[56] Betty R. Ferrell et al., "National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines," *Journal of Palliative Medicine* 21, no. 12 (2018): 1686.

[57] Tracy A. Balboni et al., "Provision of Spiritual Support to Patients with Advanced Cancer by Religious Communities and Associations with Medical Care at the End of Life," *JAMA Internal Medicine* 173, no. 12 (2013): 1115.

[58] Paul S. Mueller, David J. Plevak, and Teresa A. Rummans, "Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice," *Mayo Clinic Proceedings* 76, no. 12 (2001):1231.

[59] Bess Ninja, "Attracting Patients to Christ," *The Ministry*, August 1947, 32, accessed May 20, 2020, https://cdn.ministrymagazine.org/issues/1947/issues/MIN1947-08.pdf

[60] Öz, Yüksel, and Duran, "The Effect of Spirituality," 2442.

[61] Jung Kwak et al., "Patients' Spiritual Concerns and Needs and How to Address Them During Advance Care Planning Conversations: Healthcare Chaplains' Perspectives," *Palliative & Supportive Care* 22, no. 1 (2024): 52.

Chaplain's Effectiveness to Patients' Relatives

The effectiveness of chaplains in catering to the needs of patients' relatives, shed light on the profound impact of their spiritual guidance, emotional solace, and interpersonal support. Through an examination of pertinent literature this study tends to elucidate the multifaceted nature of chaplaincy in fostering a holistic environment of care that extends beyond the individual patient to embrace their familial network.

The role of healthcare chaplains in supporting patients' families has garnered increasing scholarly interest, particularly regarding their effectiveness in addressing the psychosocial and spiritual needs of relatives during periods of critical illness and bereavement. The literature consistently affirms that chaplains serve as essential agents of emotional and spiritual care for families navigating complex healthcare environments. Bay and Ivy observe that chaplains frequently provide a stabilizing presence for patients' relatives, facilitating processes of meaning-making, emotional containment, and relational support during acute medical crises.[62] This support is often perceived as indispensable, especially in contexts involving end-of-life care, where families face anticipatory grief, moral distress, and decisions regarding the withdrawal of treatment.

Beyond offering general emotional support, chaplains function as intermediaries between clinical staff and family members, translating medical information into language that aligns with the family's emotional and spiritual frameworks. Fitchett et al. highlight that chaplains create a space in which relatives can articulate their values, beliefs, and fears, contributing to improved communication

[62] Paul S. Bay and Shelley S. Ivy, "How Hospital Chaplains Perceive Their Role in Relationship to Health Care Staff," *The Journal of Pastoral Care & Counselling* 60, no. 3 (2006): 213–15.

and greater satisfaction with care.[63] This function not only supports ethical decision-making but also reinforces the family's sense of agency and spiritual coherence. Galek et al. further notes that families who received chaplain services reported enhanced perceptions of institutional compassion and holistic care, emphasizing chaplaincy's role in improving the overall healthcare experience.[64]

Chaplaincy care is particularly salient in bereavement contexts. Piderman et al. report that chaplain visits during the terminal phase and post-mortem period provided relatives with structured spiritual interventions that facilitated grieving and the reconstruction of meaning following loss.[65] In circumstances where patients were non-communicative, chaplains often acted as representatives of the patient's presumed values, thereby offering families a sense of connection and spiritual continuity.[66] Such contributions are especially valued in situations characterized by uncertainty or spiritual ambiguity.

Importantly, the effectiveness of chaplains is not confined to those who identify with specific religious traditions. As Cadge observes, chaplains often adopt a pluralistic and non-coercive approach to care, ensuring that their support is accessible to individuals across a spectrum of belief systems.[67] This inclusivity is critical in contemporary, multicultural healthcare settings, where diverse spiritual perspectives

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[63] George Fitchett, Wendy Cadge, Allison E. Johnson, and Kevin J. White, "The Role of Chaplains in Emotional and Spiritual Support for Families of Patients in Intensive Care Units," *Critical Care Medicine* 39, no. 2 (2011): 284–85.

[64] Kathy Galek, George Flannelly, Adam Vane, and Michele Galek, "Assessing a Spirituality Initiative at a Children's Hospital," *Southern Medical Journal* 102, no. 4 (2009): 378–79.

[65] Katherine M. Piderman et al., "Predicting Patients' Expectations of Hospital Chaplains: A Multisite Survey," *Mayo Clinic Proceedings* 85, no. 11 (2010): 1004, accessed April 4, 2025, https://pmc.ncbi.nlm.nih.gov/articles/PMC2966363/pdf/mayoclinproc_85_11_005.pdf

[66] Ibid., 1007

[67] Cadge et al., "Religious Literacy, Chaplaincy, and Spiritual Care," 221.

intersect with complex medical and ethical decisions. Chaplains' ability to engage with universal human experiences –such as suffering, meaning, and relational loss – renders their interventions effective across religious and non-religious populations alike.

Collectively, these findings underscore the integral role of chaplains in family-centred care. Through emotional stabilization, spiritual guidance, and ethical facilitation, chaplains contribute substantively to the well-being of patients' relatives, thus affirming their place within interdisciplinary healthcare teams.

Chaplain's Effectiveness to The Medical Team

As members of interdisciplinary healthcare teams, chaplains bring a unique set of skills and perspectives that extend beyond traditional medical practices. Thus, discovering their effectiveness in a healthcare facility shall in no small measure enhance the capabilities and dynamics of medical teams, shedding light on the symbiotic relationship between spiritual and medical care.

Research across interdisciplinary healthcare contexts highlights the chaplain's multifaceted contributions to team cohesion, ethical deliberation, and patient-centred care. Several studies note that chaplains often serve as moral and emotional anchors within clinical teams, facilitating communication across professional disciplines and offering critical support during ethically complex cases. For instance, Fitchett et al. found that chaplains not only provide spiritual care to patients and families but also assist medical staff in navigating emotionally taxing situations, contributing to a healthier work environment and improved team morale.[68] This is in line with the empirical evidence provided by Timmins et al., who noted that the presence of the

[68] Vivienne Brady et al., "Supporting Diversity in Person-Centred Care: The Role of Healthcare Chaplains," *Nursing Ethics* 28, no. 6 (2021): 940.

chaplain in the process of making ethically challenging decisions, including the end-of-life care, can increase the ethical awareness of the team and decrease the emotional burnout.[69]

Moreover, chaplains are recognized for improving team functionality through their integrative presence. In particular, they are uniquely positioned to mediate between clinical detachment and empathetic patient care, enabling physicians and nurses to maintain a humane approach amid high-stress conditions.[70] This two-sided, staff-patient advocacy role was found in the practice of Cadge and Bandini who observed that chaplains often place spiritual or existential issues of patients into operational terms that healthcare providers can convert into care plans. This interpretive role enhances the interdisciplinary communication, which is one of the strengths of the study of narrative medicine by Loewy, which also underlines the role of chaplains as narrative brokers who help in the understanding between people of different cultures and professional backgrounds.[71]

However, despite this recognized value, several studies indicate variability in how chaplains are perceived by different healthcare professionals. While nurses often report high appreciation for chaplaincy support, some physicians express uncertainty about chaplains' clinical relevance, suggesting that more systematic integration and role clarification are needed.[72] Nonetheless, the trend in literature supports the conclusion that chaplains, when effectively integrated into healthcare teams, function

[69] Timmins et al., "The Role of the Healthcare Chaplain," 89–90.

[70] Timmins et al., "The Role of the Healthcare Chaplain," 89–90.

[71] Erich H. Loewy, "Narrative Ethics and Ethical Narratives," *Cambridge Quarterly of Healthcare Ethics* 16, no. 3 (2007): 317.

[72] Timmins et al., "The Role of the Healthcare Chaplain," 102.

not only as spiritual caregivers but as essential team members who contribute to both the emotional resilience and ethical integrity of clinical practice.[73]

Through an examination of collaborative efforts of the chaplains in action, communication, and the impact on patient outcomes, this study aims to underscore the valuable role chaplains play in fostering a holistic approach to patient well-being within the context of medical teams. For instance, Chaplain Moran of Loma Linda recommends offering prayer to patients at various appropriate times: bedtime, mealtime, pre- and post-surgery, upon request, during relevant conversations, in times of emotional distress, pain, discouragement, grief, when concerned family members are present, and at discharge to seek continued blessings from God.[74]

Benjamin W. Frush, *et al*, while arguing that chaplains are not healthcare practitioners in the traditional sense, submit that they are members of the healthcare team who focus on the religious and spiritual care of patients to provide spiritual support, understanding, and guidance to patients, respecting their beliefs while not seeking to impose predetermined outcomes.[75] Thus, chaplains should work in tandem with physicians to address the patient's needs holistically because there are times when chaplains have an increasingly positive role in supporting staff on a regular basis, as well as developing an integrated educational role.[76]

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[73] Fitchett et al., "Health Care Chaplaincy Research," 19.

[74] Ninja, "Attracting Patients to Christ," 32.

[75] Frush, Eberly, and Curlin, "What Should Physicians and Chaplains Do?", 617.

[76] Beba Tata et al., "Staff-Care by Chaplains during COVID-19," *Journal of Pastoral Care & Counseling* 75, no. 1_suppl (2021): 27.

Paul S. Mueller, *et all,* submit that chaplains serve as vital providers of spiritual care and are frequently accessible to healthcare professionals for attending to patients' spiritual requirements.[77]

Roy C. Naden argues that "the cooperation of chaplain and doctor was indispensable in bringing the average patient back to full health again. He went so far as to say that in some cases the role of the chaplain was even more important than that of the physician."[78]

The Hospital Management's Expectations of The Chaplain

The owner or the managers of healthcare facility can be instrumental in determining and defining the expectations of the chaplaincy role in their respective institutions. Since the current research relies on the published materials to share the specific group of expectations that the hospital management lays on chaplains, shedding light on these expectations, we can obtain a great deal of information about the new role of chaplains, who should operate in the cross road of spiritual care, healthcare delivery, and organizational goals.

The published literatures on what the employees of a healthcare chaplains expects of them show that the task of a healthcare chaplain is indeed a daunting task that must be fraught with utmost professionalism in order to gain a deeper understanding of the complex and evolving landscape of chaplaincy within healthcare settings.[79] The owners and hiring managers of healthcare facilities assume that

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[77] Mueller, Plevak, and Rummans, "Religious Involvement, Spirituality, and Medicine," 1232.

[78] Roy C. Naden, "Peace of Mind: How It May Be Yours," *Signs of the Times*, February 1, 1966, 8.

[79] Wendy Cadge et al., "Training Healthcare Chaplains: Yesterday, Today and Tomorrow," 218

chaplains must be not only spiritual leaders but also highly qualified healthcare professionals who could effectively become members of interdisciplinary teams.[80]

As Fleenor *et al.* note, the role of chaplains in healthcare facilities is gradually becoming the focus of consideration of leaders as the part of interdisciplinary teams, not just as the representatives of religious service.[81] Hiring managers are more interested in hiring chaplains who show realistic competencies, such as interpersonal warmth, teamwork skills, and professional communication, as well as, a profound comprehension of healthcare operations and organizational dynamics.[82] Although theology and spiritual sensitivity are still treasured, facility administrators most anticipate the professional reliability of the chaplain, cultural and religious humility, and the capacity to communicate and record spiritual evaluations in the healthcare paradigm.[83] This is indicative of a more generalized expectation that chaplains should be healthcare professionals who are trained in theology, and have the ability to translate spiritual care into quantifiable inputs towards patient health and institutional objectives.

The Public's Perceptions of the Healthcare Chaplain

In the evolving landscape of healthcare, the role of healthcare chaplains is gaining prominence for their contribution to holistic patient care. However, the public's views on these spiritual caregivers remain understudied. This section of the

[80] Wendy Cadge et al., "Training Healthcare Chaplains: Yesterday, Today and Tomorrow," 218.

[81] David W. Fleenor, Beth L. Muehlhausen, Cate Michelle Desjardins, and George Fitchett, "Essential Competencies for Healthcare Chaplains: Insights from Hiring Managers and Implications for Chaplaincy Education," *Journal of Health Care Chaplaincy* 31, no. 1 (2025): 79.

[82] Ibid., 80.

[83] Fleenor et al., "Essential Competencies for Healthcare Chaplains," 85

literature review investigates public perceptions on the role of healthcare chaplains. By presenting the public worldview, this research aims to understand whether the general public really understands the importance of chaplaincy.

Although Fiona Timmins, *et al* produced a literature review on the role of a healthcare chaplain, the work however, did not provide information on public opinions on chaplains but mentions that there is a belief among chaplains that the value of public funded healthcare chaplaincy is being questioned in light of the perception of widespread secularism.[84] They further submitted that the perception of the chaplain's role varies depending on the context and location.[85]

The survey by Stavig, *et al*, posit that there are some common misconceptions about the role of chaplains in healthcare include the belief that chaplains only work with patients from their own religious tradition, that they are trained only to respond to religious patients, and that their work is primarily focused on saving people or teaching religious practices and principles.[86] They further stated that another misconception is that chaplains begin their work only after receiving approval from their church, rather than being hospital staff who can support patients from any background.[87]

In the realm of pastoral care and spiritual support within various professional settings, the role of the chaplain is one that holds significant importance. Chaplains serve as bridges between the spiritual and emotional needs of individuals and the demands of their environments. This section delves into a comprehensive examination

[84] Timmins et al., "The Role of the Healthcare Chaplain," 95.

[85] Ibid., 101.

[86] Stavig et al., "Patients', Staff, and Providers' Factual Knowledge," 697.

[87] Ibid., 697.

of colleagues' expectations of chaplains, shedding light on both the professional attributes that are sought after and the potential pitfalls that can be deemed unprofessional.[88]

Amid the diverse landscape of healthcare institutions, military bases, correctional facilities, and other organizations where chaplains operate, the expectations placed upon them are multifaceted and dynamic. These expectations are shaped by the unique needs and values of the given context, often requiring chaplains to navigate intricate ethical, cultural, and spiritual dimensions. Understanding the dimensions of professionalism that colleagues anticipate from chaplains is crucial for effective service delivery and harmonious integration within the team.[89]

Simultaneously, the potential for behaviours and actions that deviate from established professional standards looms as a concern. Unprofessional conduct can erode trust, compromise the quality of care, and undermine the chaplain's credibility within the organization.[90] Analysing instances of unprofessional behaviour and identifying patterns can offer insights into the underlying factors contributing to such conduct, leading to strategies for prevention and intervention.[91]

Through a rigorous analysis of colleagues' perspectives and expectations, this section aims to contribute to the broader dialogue on the roles and responsibilities of chaplains in various settings. By examining both the positive attributes that define

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[88] Mary Martha Thiel and Mary Redner Robinson, "Physicians' Collaboration with Chaplains: Difficulties and Benefits," *The Journal of Clinical Ethics* 8, no. 1 (1997): 99-100.

[89] Renske Kruizinga et al., "Enhancing the Integration of Chaplains within the Healthcare Team: A Qualitative Analysis of a Survey Study among Healthcare Chaplains," *Integrated Healthcare Journal* 4, no. 1 (2023): e000138..

[90] Mark Henaghan, *Health Professionals and Trust: The Cure for Healthcare Law and Policy* (Abingdon, Oxon: Routledge-Cavendish, 2012), 45.

[91] Nicole Dussault et al., "Evaluating a Clinical Chaplain Pilot Intervention to Facilitate Advance Care Planning in a Primary Care Clinic," *Journal of General Internal Medicine* (2025), 7.

professionalism and the potential challenges that warrant vigilance, this research underscores the significance of fostering a well-defined and collectively understood role for chaplains, one that aligns with the overarching goals of the institution while maintaining the integrity of the spiritual and emotional support they provide.

Chaplain's Self-Perceptions

The self-perception of healthcare chaplains encompasses a complex interplay of vocational identity, role clarity, and perceived efficacy within interdisciplinary medical environments. Multiple studies converge on the theme that chaplains often view their roles as both spiritually grounded and clinically relevant, yet this perception is not always mirrored by their professional colleagues or institutional frameworks. For instance, Vandenhoeck emphasizes that chaplains frequently understand themselves as "witnesses" and "interpreters" of existential and spiritual narratives, functioning as mediators of meaning amid patient suffering.[92] This interpretive self-concept is often deeply rooted in personal religious commitment, but extends to encompass a broader, more inclusive spiritual care approach within diverse healthcare contexts.[93]

Nonetheless, discrepancies between chaplains' own role perceptions and those projected onto them by others can lead to identity tension. As Nolan et al. observed, chaplains frequently experience uncertainty about their professional identity due to ambiguous institutional expectations and inconsistent integration into clinical teams.[94]

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[92] Chris Vandenhoeck, *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction* (Leuven: Peeters, 2014), 47.

[93] Ibid., 52–53.

[94] Steve Nolan, Wilf McSherry, and Mary B. Fitchett, "Spiritual Care at the End of Life: A Systematic Review of the Literature," *Journal of Palliative Medicine* 14, no. 8 (2011): 962.

Similarly, research by Carey and Cohen revealed that chaplains perceive themselves as marginalized within the medical hierarchy, often needing to justify their contributions through "translation work"—recasting spiritual care in terms legible to biomedical paradigms.[95] Despite these challenges, chaplains often retain a strong intrinsic sense of purpose, anchored in the conviction that their presence provides irreplaceable support to patients, families, and staff alike.[96]

This enduring vocational resilience is further reflected in Fitchett's findings, which indicate that chaplains who perceive their roles as clearly defined and valued are more likely to report job satisfaction and a sense of professional legitimacy.[97] The dialectic between internal clarity and external ambiguity thus emerges as a defining feature of chaplain self-perception, suggesting a dynamic identity negotiated across spiritual, institutional, and interpersonal domains. In this connection, the self-perception of the chaplain acts as the reflector and intermediary - as conditioned by individual vocation, professional development, and the changing needs of modern healthcare.

In the bid to help understand the multifaceted role of chaplains within various institutional settings, a pivotal aspect deserving comprehensive analysis pertains to the self-perceptions held by chaplains themselves.[98] The intricate interplay between

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[95] Lindsay B. Carey and Jeffrey Cohen, "Chaplain Communication with the Healthcare Team: An Overview of the Australian Chaplaincy Perspective," *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 95.

[96] Lindsay B. Carey and Jeffrey Cohen, "Chaplain Communication with the Healthcare Team: An Overview of the Australian Chaplaincy Perspective," 100–101.

[97] George Fitchett, Kenneth Rasinski, Wendy Cadge, and Farr A. Curlin, "Physicians' Experience and Satisfaction with Chaplains: A National Survey," *Archives of Internal Medicine* 169, no. 19 (2009): 1811.

[98] Emily M. Cramer, Kelly E. Tenzek, and Mike Allen, "Recognizing Success in the Chaplain Profession: Connecting Perceptions with Practice," *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 142.

individual beliefs, personal experiences, and professional identities significantly influences the manner in which chaplains engage with their responsibilities and navigate the complex terrain of spiritual care. While Christopher JL Cunningham *et al*, observed that chaplains were able to connect with patients on a different level than other healthcare professionals and provide pastoral and humanistic care and perspective. They were also noted as playing a tremendously important role as go-betweens with family and loved ones, and as a source of alternative, valuable perspective during interdisciplinary rounds,[99] Timmins, *et al* postulate that Chaplains often feel isolated within the hospital setting.[100] Mario E. Ceballos on the other hand, opines that "Chaplaincy can be a very intensive ministry that takes its toll on the mind and body,"[101] In his examination of the expansive ministry of chaplains, Ceballos notes that numerous chaplains demonstrate a notable level of competency, commitment, and compassion as they venture into locations beyond the reach of traditional pastors. These chaplains courageously engage in difficult conversations, driven by a profound love for the well-being of the individuals under their care.[102]

Chaplaincy Services in Nigeria

Chaplaincy services as the provision of spiritual and pastoral care to individuals in secular institutions like the military, hospitals, prisons, and universities, is also available on Nigeria but on a developmental stage. In Nigeria, chaplaincy services are not prevalent in many sectors. In the context of this study, it was

[99] Christopher J. L. Cunningham et al., "Perceptions of Chaplains' Value and Impact within Hospital Care Teams," *Journal of Religion and Health* 56, no. 4 (2017): 1240.

[100] Timmins et al., "The Role of the Healthcare Chaplain,"101.

[101] Ceballos, "Picking Up the Pieces," *The Adventist Chaplain* 1 (2017): 1.

[102] Ceballos, "Standing on The Shoulders of Giants", 6.

observed that patients in Nigeria frequently employed the term “pastor” as opposed to “chaplain,” primarily due to the limited familiarity with the chaplaincy profession in the Nigeria.[103]

The intersection of spirituality and healthcare is increasingly recognized as a critical component of holistic wellbeing. In the Nigerian context –where religious belief systems are deeply embedded within cultural frameworks –the integration of spiritual care within clinical practice is both necessary and complex. Scholarship underscores the emerging prominence of healthcare chaplaincy in Nigeria as a response to the emotional, psychological, and existential needs of patients in medical settings. Enemaku's investigation into hospital-based care reveals that chaplains, alongside medical social workers, play a pivotal role in addressing non-clinical dimensions of health, contributing to patient-centred outcomes.[104] Similarly, Serfioti et al. emphasize the therapeutic importance of psychological-spiritual interventions in treating moral injuries, lending credence to chaplaincy’s growing relevance in trauma-informed care.[105]

In regions marked by limited healthcare access and socioeconomic disparity, chaplaincy emerges as a particularly vital support system. Studies by Agbiji et al. and Anyigbo et al. illustrate how chaplains serve as mediators between biomedical care and culturally informed healing traditions,[106] often acting as bridges for patients who

[103] Aja, “The Relevance of Patients’ Spiritual Care,” 52.

[104] Omeche Enemaku, “Addressing the Challenges of Medical Social Workers in Nigeria: A Study of Hospital-Based Care Dynamics,” *Current Journal of Applied Science and Technology* 43, no. 1 (2024): 8-9.

[105] Danai Serfioti et al., “Professionals’ Perspectives on Relevant Approaches to Psychological Care in Moral Injury: A Qualitative Study,” *Journal of Clinical Psychology* 79, no. 10 (2023): 2418.

[106] Emem Agbiji and Obaji Mbeh Agbiji, “Pastoral Care as a Resource for Development in the Global Healthcare Context: Implications for Africa’s Healthcare Delivery System,” *HTS Theological Studies* 72, no. 4 (2016): 7.

might otherwise disengage from formal medical interventions.[107] This dual role reinforces their unique contribution to a health system grappling with both infrastructural challenges and deeply rooted belief systems.

However, published literature consistently identifies persistent barriers to the institutionalization of chaplaincy services in Nigerian hospitals. This research points to deficiencies in adequate chaplain training,[108] inadequate resource allocation, [109] and an absence of formalized policy frameworks that would legitimize and standardize chaplaincy practices across healthcare settings.[110] These challenges are compounded by the lack of clarity surrounding chaplains' professional boundaries and responsibilities,[111] as well as limited collaboration with clinical staff.[112] The result is a fragmented integration of spiritual care into the wider healthcare system, often reliant on the ad hoc initiatives of mission-based hospitals or faith-based organizations.

Moreover, chaplains in Nigeria confront unique socio-cultural tensions as they navigate the interstitial space between traditional healing practices and evidence-based medicine.[113] Recent studies advocate for a more collaborative model,

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[107] Chike Anyigbo et al., *Solidarity with the Vulnerable: Global Healthcare Ethics in Spiritan Perspective* (Enugu: SNAAP Press, 2017).

[108] Michael Ufok Udoekpo, "Re-imagining the Need for Good Hospital Services and Health Care Administration in Catholic Hospitals in Africa: The Nigerian Case," *Edelweiss Applied Science and Technology* 8, no. 6 (2024): 4944.

[109] Victor Ifeanyi Ede, "Christianity and Humanitarianism: Assessing the Contributions of Churches to Social Welfare in Nigeria." *Oracle of Wisdom Journal of Philosophy and Public Affairs* 4, no. 4 (2020), 7, 8.

[110] A Policy Framework has been developed by the Researcher for SDA Healthcare facilities and healthcare chaplain(s). See Appendix 4.

[111] Y. T. Olasinde, M. A. Alao, and E. Agelebe, "Discharge against Medical Advice from a Mission Tertiary Hospital, South-West, Nigeria," *Nigerian Journal of Clinical Practice* 23, no. 10 (2020): 1336.

[112] Aja, "The Relevance of Patients' Spiritual Care," 84–85.

[113] Lemnyuy Bongajum Dora, Ambei Moses Chu, and Agborbechem Peter Tambi, "The Role of Chaplaincy/Chaplains in the Effective Implementation of Societal Acceptable Values in Schools in

emphasizing the need for structured partnerships between chaplains and healthcare professionals to ensure culturally competent care.[114] Scholars also calls attention to the role of chaplaincy in broader public health concerns, such as mental health and suicide prevention, highlighting its potential as a strategic tool for addressing stigma and promoting community resilience.[115]

Despite these developments, significant research gaps persist. There is limited empirical data documenting the lived experiences of healthcare chaplains in Nigeria or evaluating the measurable outcomes of their interventions.[116] The scarcity of such data restricts the formulation of best practices and hinders policy advocacy. Consequently, there is a pressing need for interdisciplinary research that explores chaplaincy's role in enhancing care delivery, particularly in light of Nigeria's diverse religious landscape and evolving healthcare challenges. Addressing these gaps will require targeted investment in chaplaincy education, clearer institutional mandates, and integrated care frameworks that recognize the spiritual dimensions of healing.

Not much has been recorded pertaining to healthcare chaplaincy in Nigeria. Olufikayo Kunle Oyelade *et al*, examine the role of chaplaincy within the Nigerian Army, tracing its historical development from the colonial era to the formal establishment of the Nigerian Army Chaplaincy in 1972.[117] According to them,

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the Anglophone Cameroon," *Middle European Scientific Bulletin* 35 (2023): 180, https://doi.org/10.47494/mesb.v35i.1777. Accessed on February 2, 2025.

[114] Collins Ikeokwu Nwafor, "Suicide Prevention Strategies in Nigeria: Exploring Religious Roles, Insights, and Challenges," *Religions* 15, no. 1 (2024): 64, https://doi.org/10.3390/rel15010064. Accessed on February 2, 2025.

[115] Olasinde, et al., 1335–1336.

[116] Afeez A. Salami, Kehinde K. Kanmodi, and Jimoh Amzat, "The Roles of Chaplains in Dispelling Cancer Myths in Nigeria: A Narrative Review," *Health Science Reports* 6, no. 8 (2023): e1502.

[117] Olufikayo Kunle Oyelade and Ayokunle Olumuyiwa Omobowale, "The Structure of the Chaplaincy of the Nigerian Army," *Journal of Sociology and Christianity* 12, no. 2 (2022): 29.

chaplaincy serves a crucial role by providing spiritual and pastoral support to military personnel and their families. It operates across various religious affiliations, emphasizing the importance of religious values within the context of military ethics.[118] During wartime, chaplaincy services offer hope, care, and religious support to soldiers on the battlefield.[119] They also submit that the challenges faced by military chaplaincy in Nigeria, such as financial constraints and personnel shortages, which are addressed through prayers, appeals, and congregational involvement. Overall, chaplaincy services within the Nigerian Army contribute to the moral and spiritual well-being of military personnel and promote loyalty and obedience to the military high command.[120]

Cletus Kpobari Aakol in his PhD Dissertation on "Professional Chaplaincy as Bridge Between Spirituality and Holistic Healthcare in Nigeria", discusses the role of chaplaincy in Nigeria, particularly in the context of holistic healthcare.[121] He emphasizes the importance of spirituality and faith in healthcare, suggesting that chaplains can serve as bridges between patients' spiritual and cultural beliefs and the healthcare system.[122] He highlights the significance of chaplains in providing emotional and spiritual support to patients during their hospital visits and treatments, which underlines the need for healthcare providers to consider patients' religious and

[118] Oyelade and Omobowale, "The Structure of the Chaplaincy of the Nigerian Army," 30.

[119] Ibid., 34.

[120] Olufikayo Kunle Oyelade and Ayokunle Olumuyiwa Omobowale, "The Structure of the Chaplaincy of the Nigerian Army," 37.

[121] Cletus Kpobari Aakol, "Professional Chaplaincy as Bridge Between Spirituality and Holistic Healthcare in Nigeria" (PhD diss., Regent University, 2020), 7, accessed 2 April 2024, ProQuest Dissertations and Theses.

[122] Ibid., 8.

cultural backgrounds in their medical care.[123] Overall, he underscores the potential benefits of integrating professional chaplaincy into the Nigerian healthcare system to improve the quality of healthcare services and the hospital experience for patients and their families.[124] Larry VandeCreek *et al*, opine that in the realm of healthcare, it is imperative to recognize that patients possess an inherent entitlement to receive compassionate and considerate treatment that not only upholds their personal dignity but also honours their cultural, psychosocial, and spiritual beliefs and values.[125] Healthcare chaplains have the potential to serve as valuable intermediaries in assisting patients in expressing their conditions which in turn facilitates treatment and enhance recovery.[126]

Another area reported to have a limited presence of chaplaincy in Nigeria is in the prison system, where chaplains are integral to the rehabilitation and reformation of inmates. According to Abraham K. Akih, and Yolanda Dreyer, the context of chaplaincy in correctional facilities in Africa, faces numerous challenges such as the absence of formal office spaces necessitates informal interactions with inmates during free time and religious services.[127] They opine that chaplains play a significant role in inmates' lives, forming a part of the prison community while also navigating the challenges of being insiders and outsiders. Their tasks involve bridging differences in

[123] Aakol, "Professional Chaplaincy as Bridge Between Spirituality and Holistic Healthcare in Nigeria," 8.

[124] Ibid., 55.

[125] Larry VandeCreek and Laurel Burton, eds., "Professional Chaplaincy: Its Role and Importance in Healthcare," *Journal of Pastoral Care* 55, no. 1 (2001): 3.

[126] Maxine A. Adegbola, "Using Lived Experiences of Adults to Understand Chronic Pain: Sickle Cell Disease, an Exemplar," *i-Manager's Journal on Nursing* 1, no. 3 (2011): 1.

[127] Abraham K. Akih and Yolanda Dreyer, "Penal Reform in Africa: The Case of Prison Chaplaincy," *HTS Theological Studies* 73, no. 3 (2017): 7.

faith, education, values, and worldviews to foster a sense of community within penal institutions, despite the inherent difficulties in this endeavour.[128] Chiedu Akroraro Abrifor, *et* al, in evaluating literary work affirm that having chaplains from various religious organizations in most prisons is to enhance and nurture the spiritual well-being of incarcerated individuals by providing them with access to religious guidance, support, and resources tailored to their diverse faith backgrounds.[129] However, the study finds a shortage of prison chaplains in many Nigerian prisons.

In summary, available literature on chaplaincy in Nigeria indicates that chaplaincy services play a significant role in providing spiritual and pastoral care in key sectors, such as the military, healthcare, and prison systems. Nevertheless, there is a need for more chaplains and improved welfare support for existing chaplains, especially in the healthcare sector.

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[128] Akih and Dreyer, "Penal Reform in Africa: The Case of Prison Chaplaincy," 3-6.

[129] Chiedu Akroraro Abrifor, Solagbade Sikiru Popoola, and Glory Ubong Essien, "Inmates Rehabilitation Programmes and Recidivism in the Selected Correctional Facilities in the South-Western Nigeria: A Literature Review," *FUOYE Journal of Criminology and Security Studies 1*, no. 1 (2023). 110.

CHAPTER 4

RESEARCH METHODOLOGY

The historical and conceptual background of chaplaincy services in Igboland cannot be fully understood without examining the establishment of the Seventh-day Adventist Hospital and Motherless Babies' Home in Aba, Nigeria. It is therefore essential to investigate the various socio-religious and institutional factors that contributed to their formation and subsequent development.[1] The hospital emerged amidst pressing health needs precipitated by socio-political upheavals, particularly following the closure of earlier medical institutions due to Nigeria's civil war. Established in 1984 under the supervision of the Eastern Nigeria Union Conference of Seventh-day Adventist Church, this initiative sought to address significant gaps in healthcare provision within the community. Initially starting with a modest capacity of 16 beds, the institution evolved into a fully-fledged hospital with 80 beds by 1994, offering vital services that included emergency care and comprehensive community health programmes, as documented by Uchechukwu Ochie Elekwa.[2] This significance underscores the hospitals profound impact on local health dynamics and its integral role in the Adventist church's mission of service and community engagement in healthcare delivery.

[1] Uchechukwu O. Elekwa, "Seventh-day Adventist Hospital and Motherless Babies' Home, Aba," *Encyclopedia of Seventh-day Adventists*, accessed December 20, 2022, https://encyclopedia.adventist.org/article?id=9B8B&highlight=Hospital%7Cand%7CMotherless

[2] Ibid.

Since its establishment, the hospital has undergone significant transformation, particularly in comparison to its status in 1994. Over the years, there has been a marked growth in both its physical infrastructure and the scope of medical services provided. This includes the construction of additional wards to accommodate increased patient intake, the creation of specialized health units to enhance clinical efficiency, and the integration of advanced medical technologies to support diagnostic and therapeutic processes. These developments reflect a deliberate effort to align the hospital's operations with contemporary healthcare standards and to meet the evolving needs of the community it serves.

Methodology: Design and Approach

This qualitative study adopted a phenomenological approach to explore the lived experiences and perceptions of chaplaincy services among stakeholders in the hospital. Data were collected through semi-structured, in-depth interviews, focusing on individuals who interact with or are directly impacted by the chaplaincy department.

Study Population and Sampling

The study employed purposive sampling to select participants with rich, relevant experiences. A diverse group of individuals was engaged to ensure a comprehensive understanding of the phenomena under investigation. The hospital section of facility comprises healthcare personnel and administrative staff. This includes a medical team of six doctors—three of whom are full-time employees – alongside approximately 115 nursing and non-nursing staff members, as well as hospital administrators. With a current bed capacity of 92, the hospital serves an

average of 50 patients daily. Hence, the need to ensure that chaplaincy services meet the current trend of professional practices.

Sampling Technique

The sample comprised 20 medical personnel –including both doctors and nurses –whose clinical experience provided critical perspectives on the integration of spiritual care within patient management. Additionally, five hospital administrators were included, among whom were one active and two retired chaplains, to offer administrative and professional insights into the operational dynamics of chaplaincy services. The study further incorporated 30 in-patients drawn from various hospital wards to reflect the spiritual and emotional needs of patients receiving care. Complementing this group were 20 relatives of patients, selected to represent familial and caregiver viewpoints regarding the provision and impact of spiritual support.

The diversity of the sample allowed for a multidimensional exploration of the research problem from clinical, administrative, and experiential standpoints. Data saturation was achieved when recurrent themes and patterns emerged across participant groups, indicating that the sample size was sufficient for capturing the core issues under investigation.

Data Collection Instruments and Procedure

This research employed two primary instruments for data collection: semi-structured interviews and short surveys. Semi-structured interviews were conducted with selected medical personnel, hospital administrators, and chaplains, allowing for in-depth exploration of their perspectives on the state and challenges of healthcare chaplaincy services. The interviews followed a guided format, enabling consistency across participants while also allowing for the emergence of unanticipated themes.

Each interview session lasted between 30 and 45 minutes and was conducted in English and Igbo. With participants' informed consent, the interviews were audio-recorded to ensure accuracy and completeness of the data. In addition, field notes were taken during the interviews to capture non-verbal expressions, contextual cues, and other relevant observations that might not be evident in the audio recordings.

Interviews to patients and their relatives were to gather their views and experiences regarding chaplaincy services. This instrument allowed respondents to freely express their thoughts without the constraints of predefined response options. For patients who were unable to respond in English due to literacy limitations, the researcher facilitated the process by speaking to them in vernacular and Igbo language.

Throughout the data collection process, ethical standards were rigorously upheld. Informed consent was obtained from all participants, and assurances were given regarding the voluntary nature of participation. Confidentiality was maintained by anonymizing all data and securely storing recorded materials. These measures were implemented to ensure the dignity, rights, and privacy of all participants were protected in accordance with ethical research protocols.

Data Analysis

The analysis of the qualitative data collected in this study was guided by Braun and Clarke's (2006)[3] six-phase framework for thematic analysis, which is widely recognized for its systematic and rigorous approach to identifying, analysing, and reporting patterns within qualitative datasets. Initially, all interview transcripts were read multiple times to ensure immersion in the data and to facilitate the

[3] Virginia Braun and Victoria Clarke, "Thematic Analysis," in *Encyclopedia of Quality of Life and Well-Being Research* (Cham: Springer International Publishing, 2024), 7187–93.

identification of preliminary ideas. This was followed by a manual, line-by-line coding process in which significant features of the data relevant to the research questions were highlighted and assigned initial codes.

Subsequently, these codes were organized and collated into potential themes using Microsoft Excel, which served as a tool for tracking and visualizing the relationships between codes and broader thematic categories. The themes that emerged from the data were subjected to a systematic process of review and refinement, allowing for clearer definition. This iterative approach ensured that each theme faithfully reflected the participants' accounts while preserving both internal consistency and distinctiveness between categories. Where applicable, themes were illustrated with direct quotations from participants to enhance transparency and to give voice to their lived experiences.

To strengthen the credibility and dependability of the study, the analysis deliberately incorporated data that appeared inconsistent or contradictory, ensuring that divergent perspectives were not overlooked. This step was taken to avoid selective interpretation and to reduce the potential for researcher bias, thus ensuring a more balanced and nuanced representation of the data.

CHAPTER 5

DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

This chapter outlines the procedures undertaken in the research and discusses the major findings regarding the factors that shape the practice of chaplaincy services at the SDA Hospital and Motherless Babies' Home, Aba. Data were gathered through a combination of in-depth interviews and short surveys involving the hospital's sole semi-formally trained chaplain, as well as retired and former chaplains who had previously served at the institution. The short survey was necessary to help gather demographic data, or perceptions of participants in broader terms, to complement qualitative insights.

The interpretation is guided by the core research questions and explores key dimensions such as the professional qualifications and training of chaplains, the challenges posed by limited staffing, and the perceptions of chaplaincy services among healthcare staff, patients, patients' relatives, and hospital administrators. Emphasis is placed on how these factors collectively shape the effectiveness and reach of spiritual care delivery within the hospital setting. Furthermore, the study investigates the implications of chaplaincy services for holistic patient care, particularly in relation to emotional and spiritual support during treatment and recovery. Where appropriate, tables and figures are used to provide a visual summary of the main findings and to enhance interpretability of the data.

Demographic Characteristics of Respondents

The researcher interviewed the currently serving chaplain, retired chaplains, hospital administrators, medical team, patients, and patients' relatives to obtain a holistic perspective on chaplaincy services at the hospital. The respondents' demographic profile is summarized below:

Tables Showing Demographic Profiles of Participants

The following tables present the demographic characteristics of the participants involved in this study. These profiles provide contextual background essential for understanding the varied perspectives shared during the interviews. Key variables such as age, gender, role within the healthcare setting, years of service, and chaplaincy training are included to support the interpretation of findings within the broader framework of the participants' lived experiences.

Table 1 outlines the demographic and professional characteristics of the chaplaincy staff of the hospital, including the overall number, gender distribution, age distribution, the education level, and methods of appointment. It also lists peripheral ecclesiastical responsibilities, the auxiliary services provided by a pastor-intern, and archival information about the former chaplains, which provides a brief overview of the organisational structure and the history of the chaplaincy.

Table 1. Chaplaincy Personnel Profile

Characteristic	Details
Number of chaplains	1
Gender Distribution	Male (Only male chaplains have historically served)
Ages (Chaplain and his intern)	61 and 26 years, respectively
Source of Chaplaincy Appointment	Taken from field pastoral duties
Educational Background	Semi-formally trained chaplain with theological education
Additional Roles	Local Church responsibilities
Chaplaincy Staff Augmentation	Pastor-intern assisting in duties, providing additional support
Number of Former Chaplains	2
Numbers of years the Former Chaplains Served	12

While the chaplain is semi-formally trained, he performs optimally but challenges still exist due to understaffing and excessive workload. These constraints often limit the chaplain's ability to provide consistent spiritual care and emotional support to all patients in need.

Former Chaplains' Insights

Insights gathered from retired pastors who previously served in chaplaincy roles at the facility revealed a number of enduring structural and professional challenges associated with the provision of chaplaincy services. These reflections, grounded in years of practical experience, shed light on systemic issues that have historically hindered the effectiveness and development of the chaplaincy department.

First, the level of chaplaincy training among former chaplains was found to be inconsistent. While a few had the opportunity to engage in informal or *ad hoc* training programs, many others entered the role with no formal education in chaplaincy.

Instead, they relied heavily on personal study, pastoral experience, and informal mentorship to navigate the complexities of spiritual care in a healthcare context.

Second, the administrative and pastoral workload placed significant strain on the individual chaplain. In many cases, the chaplain was solely responsible for providing spiritual care to patients, families, and staff, while also attending to broader hospital-related duties. This dual responsibility often led to burnout and compromised the quality and consistency of chaplaincy services.

Finally, former chaplains highlighted a persistent lack of institutional recognition and integration within the hospital's administrative structure. They reported being routinely excluded from key meetings and decision-making processes, which not only marginalized their role but also limited their ability to advocate for patients' spiritual needs and to contribute meaningfully to holistic patient care.

These insights underscore the need for more structured training programs, increased staffing support, and greater institutional recognition of chaplaincy as a vital component of healthcare delivery. The staff composition is reported in Table 2, showing the personnel distribution in functional categories and in departmental affiliations. The sample size is 25 personnel members who include 20 physicians and nurses that are affiliated in the main clinical and administrative departments Surgery, Internal Medicine, Paediatrics, Emergency and Administration five administrators that are affiliated to Administration and Chaplaincy units. This summarises the multidisciplinary design of the structure on which the hospital is based in its operations and clinical model.

Table 2. Hospital Staff Profile

Role Category	Number	Departments Represented
Doctors/Nurses	20	Surgery, Internal Medicine, Paediatrics, Emergency, and Administration
Administrators	5	Administration and Chaplaincy

Table 2 shows the departmental distribution of the 25 hospital staff members who participated in the study. These respondents were drawn from a range of departments, including surgery, internal medicine, paediatrics, emergency, and hospital administration. This diversity in departmental representation was intentionally designed to ensure a comprehensive understanding of chaplaincy services from multiple clinical and administrative perspectives within the hospital. By incorporating insights from various professional roles, the study aimed to capture a more holistic and representative assessment of the chaplain's integration and perceived value across the institution. The staff's perceptions of chaplaincy services varied based on their interactions with the chaplain and patients.

Table 3 indicates demographic and clinical data of the research participants which includes 30 patients staying in the hospital between 3 and 14 days, of which 19 patients interacted with the chaplaincy during their hospitalisation.

Table 3. Patients' Profile

Characteristic	Description
Number of Patients	30
Hospital Stay Duration	3–14 days
Interacted with Chaplain	19

Table 3 presents the demographic profile of the 30 patients interviewed in this study, offering key details about their hospital stay and interaction with chaplaincy services. The patients' average length of hospital stay ranged from 3 to 14 days,

providing a representative sample of both short-term and longer-term hospitalized individuals. A notable finding is that 19 out of 30 of patients interviewed, interacted with the chaplain during their stay. This engagement rate suggests that chaplaincy services may be more utilized within the hospital setting, potentially due to growing awareness and the increasing emphasis on spiritual care. The diversity of patients' religious backgrounds, with the majority being Christian, also reflects the hospital's religious affiliation, although the chaplain provided spiritual care to individuals from various faith traditions, underscoring the inclusive nature of the spiritual support offered. A significant number of patients did not receive chaplaincy support, possibly due to understaffing and scheduling constraints.

Table 4 shows the sociodemographic and psychosocial data of the relatives of patients, which shows that out of the twenty participants, mainly Christians, the most stated need was the spiritual support that they needed during crisis situations.

Table 4. Profiles of Patients' Relatives

Characteristic	Description
Number of Relatives	20
Religious Background	Majority Christian
Key Needs Identified	Spiritual support during crises

Table 4 outlines the profile of 20 patients' relatives interviewed in this study, capturing important insights into their expectations and experiences with chaplaincy services. The majority of relatives, like the patients, identified as Christian, though a smaller proportion came from other religious backgrounds. Relatives of critically ill patients expressed a particularly strong desire for spiritual support, both for the patient and for themselves during emotionally difficult moments. This underscores the perceived importance of chaplaincy services not only in providing comfort to patients

but also in offering crucial emotional and spiritual support to families navigating the stress of illness. While most relatives appreciated the chaplain's presence, some expressed concerns regarding the limited availability of chaplaincy services, which were often hindered by the chaplain's heavy workload and scheduling constraints.

These insights suggest a potential area for improvement, particularly in ensuring that spiritual care is consistently accessible to families in need. A significant number of patients did not receive chaplaincy support, possibly due to understaffing and scheduling constraints.

Presentation of Research Findings

This section provides a detailed analysis of the key themes that emerged from the qualitative data collected during the study. Through thematic analysis, the findings highlight critical challenges faced by chaplains at SDA Hospital and Motherless Babies' Home, including issues related to workload, staffing shortages, lack of institutional support, and role conflict. The insights derived from participants — comprising patients, family members, healthcare providers, and administrators — offer a comprehensive understanding of the current state of chaplaincy services and underscore the barriers to effective spiritual care in the hospital setting.

Formal Training of the Chaplain

Interviews with the currently serving chaplain confirmed that he has received formal training in chaplaincy but has no Clinical Pastoral Education certification unit yet. However, the study found that:

The formal training does not compensate for the heavy workload caused by being the only chaplain in the facility. This imbalance often leads to emotional

exhaustion and limits the chaplain's capacity to provide holistic spiritual care to patients and staff.

Medical staff acknowledged the chaplain's competence but noted that he could not attend to all patients effectively. This limitation underscores the need for additional trained chaplains to ensure comprehensive spiritual care within the healthcare setting.

Patients who interacted with the chaplain expressed appreciation but mentioned that visits were brief and infrequent. This observation suggests a potential gap in pastoral care delivery that may affect the depth of spiritual and emotional support received by patients.

Staffing Shortages and Workload

SDA Hospital and Motherless Babies' Home employs only one chaplain, despite serving a large patient population that requires round-the-clock spiritual care. The chaplain oversees multiple departments, limiting personalized ministry. Table 5 presents a comprehensive overview of chaplain workload, highlighting that chaplains manage an average of over 50 patients weekly across multiple hospital departments while simultaneously fulfilling extensive administrative responsibilities and providing pastoral care within the facility's affiliated local church.

Table 5. Workload Indicator

Workload Indicator	Chaplain Statistics
Average Number of Patients per Week	Over 50
Departments Covered	Multiple (entire hospital)
Additional Duties	Administrative roles, pastoral responsibilities in the local church within the facility

Chaplain's workload: The overwhelming workload prevents effective individualized care. This strain often leads to diminished quality of service delivery, as practitioners struggle to balance efficiency with the holistic needs of each patient.

Hospital staff observations: Nurses and doctors reported that the chaplain was not always available due to his multiple responsibilities. This limited availability often affected the timely provision of spiritual care, particularly in cases requiring immediate emotional or pastoral support.

Patient feedback: Patients who did not receive chaplaincy visits (60%) stated they felt neglected spiritually during their hospital stay. This finding underscores the vital role of pastoral care in addressing patients' holistic needs and fostering a sense of emotional and spiritual well-being within the healthcare environment.

Perception of Chaplaincy Services

The study assessed how hospital staff, administrators, patients and patients' relatives viewed the role of the chaplain. Table 6 delineates the distribution of medical staff perspectives regarding chaplaincy services, revealing that a substantial majority (65%) consider chaplaincy essential yet underutilized, a significant minority (30%) perceive it as inadequate in addressing emotional crises, and a minimal proportion (5%) regard it as non-essential.

*Table 6.*Viewpoint Percentage of Respondents – Medical Staff Perspective

Viewpoint	Percentage of Respondents
Chaplaincy is essential but underutilized	65%
Chaplaincy is insufficient in addressing emotional crises	30%
Chaplaincy is non-essential	5%

Hospital Administration Perspective

Hospital administrators affirmed the critical role of chaplaincy services in promoting holistic patient care, emphasizing that spiritual support complements medical and emotional interventions. They observed that the chaplain's presence often boosts staff morale and enhances patient satisfaction, particularly during periods of grief or terminal illness. However, they also highlighted key limitations, chiefly the lack of structured institutional support. Budgetary constraints were cited as a major barrier to expanding the chaplaincy team, while the absence of formalized training programs and a clear administrative framework limited the sustainability and effectiveness of chaplaincy services. Administrators recommended increased funding, institutional recognition, and the development of standardized chaplaincy protocols to improve impact and reach. Table 7 delineates the distribution of medical staff perspectives regarding chaplaincy services, revealing that a substantial majority (65%) consider chaplaincy essential yet underutilized, a significant minority (30%) perceive it as inadequate in addressing emotional crises, and a minimal proportion (5%) regard it as non-essential.

Table 7. Patients' Perspective

Patient Opinion	Percentage of Respondents
Valued chaplaincy services	70%
Indifferent due to limited interaction	30%
Suggested chaplains integrate more with the medical team	Common response

Thematic Analysis of Collated Qualitative Data

Theme 1: Value of Chaplaincy in Patient Experience

Patients and relatives emphasized the emotional relief brought by chaplain visits. One patient stated, “I slept better after the chaplain prayed with me” (P30). A relative recalled, “His prayers calmed my mother before surgery” (PR1). Despite this, 38% of patients and several relatives noted they never saw the chaplain, highlighting limited reach.

Theme 2: Inadequate Staffing and Heavy Workload

All stakeholders identified understaffing as the primary limitation. The sole chaplain serves the entire hospital while juggling church duties. A nurse stated, “Sometimes I feel bad asking him to visit because I know he’s overwhelmed.” Medical staff noted a lack of night or weekend chaplain coverage.

Theme 3: Communication and Collaboration Gaps

Doctors and nurses described weak integration of chaplaincy into care planning. “We don’t usually know he visited unless a patient mentions it,” said a doctor. Respondents recommended routine briefings and documentation of visits.

Theme 4: Need for Inclusive and Responsive Spiritual Care

Some Muslim and non-Christian participants noted the chaplain was respectful of their beliefs but called for more inclusive materials and approaches. “I appreciated that he didn’t try to convert me,” said one Muslim father (PR13).

Theme 5: Missed Opportunities and Role Conflict

Numerous participants mentioned key moments missed due to the chaplain’s dual responsibilities. A patient said, “I needed prayer before surgery, but he was away

on church duty" (P29). Staff echoed the call for more full-time, hospital-dedicated chaplains.

Interpretation and Discussion of Findings

The findings indicate that chaplaincy services at SDA Hospital and Motherless Babies' Home, Aba, are significantly hindered by understaffing and limited institutional support, even though the chaplain is semi-formally trained. The lack of additional personnel aligns with previous research on chaplaincy gaps in Nigerian healthcare settings, where hospitals often employ only one chaplain despite growing patient populations.

Comparing these findings with biblical and theological principles, chaplains are called to provide holistic care (3 John 1:2) and support clients in crisis (Isaiah 41:10). However, without additional staff, the chaplain cannot effectively meet all spiritual needs.

Furthermore, the single chaplain model raises concerns about burnout and inefficiency, suggesting a need for institutional support and staffing expansion. This limitation undermines the quality and continuity of spiritual care within the healthcare setting.

Summary

This chapter presented the demographic characteristics of respondents, key findings, qualitative analysis, and interpretation. The study revealed that chaplaincy services at SDA Hospital and Motherless Babies' Home are constrained by understaffing and limited institutional support, despite the chaplain being semi-formally trained. Tables were used to illustrate key findings. These findings highlight

the need for additional chaplaincy staff, better institutional support and trainings, and improved integration of chaplaincy into hospital operations.

CHAPTER 6

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This chapter presents a comprehensive summary of the research findings, conclusions drawn from the study, and recommendations for improving chaplaincy services at SDA Hospital and Motherless Babies' Home, Aba. The chapter also discusses the implications of the study for healthcare institutions and theological education while suggesting areas for further research.

Summary of Findings

This study aimed to identify and appraise the factors affecting chaplaincy services at SDA Hospital and Motherless Babies' Home, Aba. The findings were based on interviews with the currently serving chaplain (who is semi-formally trained), retired chaplains, hospital administrators, medical personnel, and patients. The study was guided by research questions focusing on chaplaincy qualifications, staffing issues, perceptions of chaplaincy services, and overall impact on patient care. Key findings are summarized as follows.

Chaplaincy Staffing Challenges

At SDA Hospital and Motherless Babies' Home, significant challenges exist concerning chaplaincy staffing, which in turn affects the quality and reach of spiritual care services provided to patients and their families. Presently, the hospital employs only one semi-formally trained chaplain, and this individual is solely responsible for attending to the spiritual needs of all patients, families, and staff across the hospital.

This limited staffing results in an overwhelming workload for the chaplain, who is often unable to meet the high demand for spiritual care.

The problems of inadequate coverage of chaplaincy were repeatedly pointed out by the participants who have represented all groups: patients, family members, nurses, and hospital staff. Patients noted that they had to wait long or no spiritual care at all because the chaplain was not readily available and the medical workers said that the lack of such care impacts holistic care and emotional support of patients who had to overcome serious health conditions.

Traditionally, the appointment of chaplains in the hospital has been male dominated whereby these persons were usually recruited among the general pool of parish pastors and not necessarily hospital based. This model has been a source of role conflict in that the chaplains are usually assigned two responsibilities of serving to both the hospital and the local parish. The present chaplain, as an example, is often absent on parish work, and this further reduces his time in hospital. This is a two-fold position that prevents his consistent and substantial interaction with patients and employees that consider spiritual support as a component of a healing process.

Retired chaplains and senior hospital administrators echoed these concerns during interviews, noting that the current system is unsustainable and insufficient to meet the growing spiritual needs of the hospital community. They emphasized the urgent need for additional chaplaincy personnel to be employed, preferably those dedicated solely to hospital ministry. This, they argued, would not only reduce the burden on the current chaplain but also enhance the effectiveness and responsiveness of spiritual care within the institution. In their view, expanding the chaplaincy team would represent a crucial step toward providing more comprehensive, patient-centred care that aligns with the hospital's mission and values.

Chaplaincy Training and Professional Development

The current chaplain serving at SDA Hospital and Motherless Babies' Home is semi-formally trained, reflecting a more recent effort to professionalize chaplaincy within the institution. However, this has not always been the case. Accounts from both administrative staff and long-serving personnel indicate that the chaplain's predecessors had diverse and often informal educational backgrounds. Some of the retired chaplains, while dedicated and passionate, relied primarily on self-education and informal mentorship to guide their spiritual care practices. This reliance underscores the historic absence of structured chaplaincy training and highlights a longstanding gap in formal preparation for spiritual care providers within the hospital.

Despite the challenges, medical staff expressed confidence in the competence of the current chaplain, acknowledging his skill in providing emotional and spiritual support to patients and families. Nevertheless, they emphasized that a single chaplain, regardless of training, cannot adequately meet the spiritual needs of a large and busy healthcare facility. This concern speaks to the broader issue of human resource limitations in the chaplaincy department, where the burden of care is placed disproportionately on one individual.

Furthermore, there is currently no institutional framework for ongoing professional development for chaplains within the hospital. Unlike clinical staff who may have access to continuous education opportunities, chaplains appear to operate without structured avenues for further training, reflective practice, or peer collaboration. This lack of continuous professional support may limit the chaplain's ability to stay updated with evolving best practices in spiritual care, thereby affecting the overall quality and scope of chaplaincy services available to patients, families, and staff.

Perception of Chaplaincy Services

The perception of chaplaincy services plays a crucial role in shaping how spiritual care is received and valued within healthcare settings. Understanding how patients, staff, and administrators view the role, relevance, and impact of chaplains provides insight into the effectiveness and acceptance of such services. In faith-based institutions like the SDA Hospital and Motherless Babies' Home in Aba, these perceptions are influenced not only by spiritual beliefs but also by cultural expectations and organizational support. Tables 9 and 10 show the diverse ways in which chaplaincy services are experienced and interpreted, highlighting both affirming views and perceived limitations as expressed by those directly engaged with or affected by spiritual care practices.

Table 8. Medical Staff Perspective

Viewpoint	Percentage of Respondents
Chaplaincy is essential but underutilized	65%
Chaplaincy is insufficient for emotional crises	30%
Chaplaincy is non-essential	5%

Table 9. Patient Perspective:

Patient Opinion	Percentage of Respondents
Valued chaplaincy services	70%
Indifferent due to limited interaction	30%
Suggested chaplains integrate more with doctors	Common response

Many patients expressed appreciation for the spiritual support provided by the chaplaincy services at SDA Hospital and Motherless Babies' Home, noting that their encounters brought comfort and reassurance during periods of illness and distress. However, despite this appreciation, several patients voiced a desire for more frequent and consistent interactions with the chaplain. One patient shared, "I only saw the chaplain once during my entire stay. He seemed very busy," while another recalled, "I needed spiritual guidance, but I was told the chaplain had many other patients to see." These sentiments highlight a growing concern that although chaplaincy is valued, its limited accessibility leaves some patients feeling overlooked in their moments of spiritual vulnerability.

This sense of spiritual neglect was further emphasized by the inconsistent availability of the chaplain, often due to the overwhelming workload placed upon a single individual. Patients and their families alike described experiences where they sought spiritual support but were unable to receive it promptly, particularly in emotionally charged moments such as before surgery or during the final stages of life. For instance, a family member recounted, "We wanted prayers before my mother's surgery, but the chaplain couldn't come on time," while another shared, "My father passed away before the chaplain could come and pray with us." These experiences reflect not a lack of willingness on the chaplain's part, but a structural issue of limited manpower, where the chaplain is physically unable to meet the spiritual needs of all patients in a timely manner.

Among the hospital staff —including nurses, doctors, and administrators — there was a unanimous recognition of the importance of chaplaincy services in holistic patient care. Many staff members acknowledged the chaplain's professionalism and the positive impact his interventions had on patients' emotional and spiritual well-

being. However, they also lamented the limitations imposed by understaffing. A nurse noted, “Sometimes, I feel bad asking him to visit a patient because I know he’s already overwhelmed,” and a doctor stated, “He has the right training, but one person cannot meet the spiritual needs of an entire hospital.” These views were echoed by hospital administrators, who acknowledged the chaplain’s dedication but cited financial constraints and systemic limitations as barriers to expanding the service. One administrator remarked, “We see the importance of chaplaincy, but expanding it requires financial resources we don’t have.”

Furthermore, the chaplain’s dual responsibilities—balancing his hospital role with parish obligations—were seen as contributing to the inconsistency in service delivery. Nurses and doctors noted that during certain hours or on specific days, the chaplain was unavailable due to church commitments. An administrator emphasized, “We need a full-time chaplain whose primary focus is the hospital,” underlining the perceived role conflict that compromises effective spiritual care delivery.

In summary, while chaplaincy services at SDA Hospital and Motherless Babies’ Home are deeply valued by patients, families, and staff, the effectiveness of the service is significantly hindered by a combination of understaffing, role conflict, and institutional limitations. These findings suggest the urgent need for strategic investment and restructuring to ensure that spiritual care is not only present but fully integrated and consistently available within the hospital’s broader healthcare framework.

Institutional Challenges and Administrative Support

The findings revealed that hospital administrators at SDA Hospital and Motherless Babies’ Home recognize the vital role that chaplaincy services play in delivering holistic healthcare. Many acknowledged that spiritual care is an essential

component of patient well-being and contributes meaningfully to emotional and psychological recovery, particularly during periods of crisis, terminal illness, or bereavement. Despite this recognition, administrators expressed concern over the institution's financial limitations, which significantly hinder the expansion of chaplaincy services. Budgetary constraints have made it difficult to employ additional chaplains, leaving a single individual to cater to the spiritual needs of a growing patient population. Furthermore, these financial limitations have also restricted the implementation of professional development opportunities that would enhance chaplaincy effectiveness and sustainability.

In addition to funding issues, the organizational structure of the hospital presents further challenges to the integration and efficiency of chaplaincy services. Chaplains are often not included in formal hospital decision-making processes, which diminishes their influence in shaping policies related to patient-centred care. This exclusion from strategic discussions and planning undermines the potential for chaplaincy to be fully embedded within interdisciplinary teams, thereby reducing the scope of their involvement in the continuum of care.

Moreover, the absence of a clearly defined framework or institutional protocol for chaplaincy practice has led to inconsistencies in service delivery. Without a structured system that outlines the scope, responsibilities, and procedures for spiritual care, chaplaincy efforts often become reactive rather than proactive. This lack of structure not only limits the chaplain's effectiveness but also leads to variable experiences for patients, families, and clinical staff seeking spiritual support. The overall institutional challenges, therefore, reflect a gap between recognizing the importance of chaplaincy and providing the necessary administrative support and resources to operationalize it effectively within the hospital environment.

Conclusion

The study concludes that chaplaincy services at the SDA Hospital and Motherless Babies' Home, Aba, are an essential component of holistic healthcare delivery, offering spiritual and emotional support that significantly complements medical treatment. However, multiple challenges hinder the effectiveness and reach of these services. Although the hospital has the benefit of a single semi-formally trained chaplain, he is overwhelmed by an excessive workload that far exceeds what one individual can manage. Participants in the study—including patients, family members, nurses, doctors, and hospital administrators—consistently highlighted the chaplain's inability to adequately meet the spiritual care needs of all patients due to being the sole spiritual caregiver within a busy and demanding hospital environment.

Despite his formal training and dedication, the chaplain's effectiveness is undermined by limited administrative support and a lack of institutional backing. Administrators acknowledged the chaplain's commitment and the importance of spiritual care, but cited the absence of sufficient funding, staff, and infrastructure as reasons for the current shortcomings. The chaplain is often left to manage both hospital duties and parish responsibilities, resulting in a significant role conflict that further diminishes the time and energy he can dedicate to hospitalized patients. Staff members and patients described instances where they needed spiritual support but were unable to access the chaplain either because he was overwhelmed or occupied with duties outside the hospital.

Furthermore, the chaplain is not fully integrated into the hospital's administrative and clinical decision-making processes, which marginalizes the spiritual dimension of care and limits opportunities for coordinated, patient-centred support. Patients expressed a longing for more frequent and consistent spiritual

engagement, especially during critical moments such as surgery, end-of-life care, and bereavement. Nurses and physicians similarly noted the chaplain's absence during emotionally intense scenarios and described having to fill in the gap themselves, despite not being formally equipped for spiritual care.

Across all participant groups, there was widespread agreement on the value of chaplaincy services and the healing presence they bring. Yet, the current model—dependent on one chaplain juggling multiple roles without adequate institutional recognition or reinforcement—proves insufficient for the complex and varied needs of patients and their families. The lack of structured support and understaffing compromises the chaplain's ability to provide timely and meaningful care, leading to spiritual neglect in many cases.

Recommendations

Based on the study's findings, the following recommendations are proposed to enhance chaplaincy services at SDA Hospital and Motherless Babies' Home, Aba. These recommendations aim to strengthen the effectiveness, professionalism, and sustainability of pastoral care within the institution.

Staffing Expansion

To address the significant workload challenges currently faced by the lone trained chaplain at SDA Hospital and Motherless Babies' Home, it is imperative that the hospital administration considers the employment of additional chaplains. The presence of more chaplains would not only help distribute the existing workload more evenly but would also enhance the consistency and accessibility of spiritual care throughout the hospital. With multiple chaplains on staff, the hospital would be better positioned to offer timely, patient-centred spiritual support across different

departments, especially during critical or emotionally distressing situations when spiritual intervention is most needed.

In addition to increasing the number of chaplains, efforts should be made to diversify the chaplaincy team by including both male and female chaplains. This approach acknowledges and respects the diverse spiritual and cultural preferences of patients and their families, some of whom may feel more comfortable receiving spiritual care from a chaplain of the same gender. The presence of both male and female chaplains could foster a more inclusive environment and ensure that all patients feel heard, respected, and spiritually supported in ways that align with their values and beliefs.

Furthermore, to strengthen the hospital's chaplaincy services without placing excessive financial strain on the institution, the establishment of a rotational support system involving chaplains from nearby parishes should be seriously considered. Through a scheduled rotation, local church-based chaplains could supplement the hospital's chaplaincy efforts, ensuring more consistent coverage and reducing the burden placed on the hospital's primary chaplain. This model would also foster stronger collaboration between the hospital and the surrounding religious community, enhancing the holistic care model and reinforcing the institution's commitment to integrating faith and healing in its service delivery.

Structured Training and Professional Development

To address the current challenges facing chaplaincy services at SDA Hospital and Motherless Babies' Home, it is recommended that the institution consider the development of an in-house chaplaincy training program. Such a program would serve to standardize spiritual care practices within the hospital, ensuring that all chaplains, regardless of background, are equipped with the specific competencies

needed for hospital-based ministry. This localized training initiative would not only enhance consistency in service delivery but also foster a shared understanding of the hospital's unique spiritual care framework and expectations.

In addition to internal training, the hospital should explore strategic partnerships with theological seminaries and institutions of higher learning. Through such collaborations, chaplains can benefit from ongoing certification opportunities and specialized workshops tailored to the healthcare setting. These partnerships would enable chaplains to remain updated on emerging issues in theology, spiritual care, and pastoral counselling, thereby strengthening their capacity to provide relevant and effective support to patients, families, and staff.

Furthermore, it is advisable that the hospital organize regular refresher courses focused on spiritual care, counselling techniques, and medical ethics. These continuing education sessions would not only reinforce core chaplaincy skills but also offer a platform for discussing ethical dilemmas and best practices in the healthcare environment. By maintaining a strong emphasis on professional development, SDA Hospital and Motherless Babies' Home can cultivate a more resilient and responsive chaplaincy team, better equipped to meet the diverse spiritual and emotional needs within the institution.

Institutional Integration and Administrative Support

To enhance the effectiveness of chaplaincy services in hospital settings such as SDA and Motherless Babies' Home, it is imperative that chaplains be actively included in hospital management discussions and decision-making processes. Their inclusion ensures that spiritual care is aligned with broader patient care policies and allows chaplains to contribute meaningfully to interdisciplinary care planning. This integration promotes holistic patient care that values emotional and spiritual well-

being alongside physical health outcomes. Furthermore, institutional commitment to spiritual care must be reflected in financial planning. Allocating a dedicated budget for chaplaincy services would provide essential resources for professional development, allowing chaplains to pursue continuing education, attend relevant training programs, and engage in conferences that sharpen their competencies in clinical spiritual care. This funding would also support the implementation of hospital-wide spiritual programs, including grief support, religious observances, and wellness initiatives for both patients and staff.

In addition to financial investment, hospitals should consider the establishment of a formalized chaplaincy department. This department would function with clearly defined roles and responsibilities, promoting accountability and ensuring that chaplains operate within a structured framework that supports both patient outcomes and institutional goals. A well-organized chaplaincy unit should also have a reporting structure that integrates it into the hospital's clinical governance framework, enabling routine assessments and collaboration with other healthcare professionals. Establishing performance assessment criteria is crucial for maintaining the quality and consistency of chaplaincy services; these criteria could include patient and staff feedback, frequency of visits, responsiveness to referrals, and participation in interdisciplinary team meetings. By taking these steps, hospitals can significantly improve the scope, visibility, and impact of chaplaincy care, addressing the challenges currently posed by understaffing, role conflict, and lack of institutional support.

Enhancing Patient Engagement

To ensure comprehensive spiritual care coverage within the hospital, a structured patient visitation schedule should be improved, allowing chaplains to systematically reach every patient and reduce the risk of neglecting those in need of

emotional or spiritual support. In addition, fostering intentional collaboration between chaplains and medical teams is essential for delivering holistic, patient-centred care; such interdisciplinary partnerships can enhance the therapeutic environment by addressing both physical and spiritual well-being. Furthermore, establishing robust feedback mechanisms—such as regular patient and family surveys—will provide valuable insights into the effectiveness of chaplaincy services, enabling hospital administrators to identify service gaps and make data-informed improvements.

The chaplaincy services at the Motherless Babies' Home of the health facility are worth exploring in another research. Such an inquiry could provide deeper insights into the spiritual and emotional care offered to vulnerable children and their caregivers.

Implications of the Study

This research has significant implications for healthcare chaplaincy, hospital administration, and theological education. Findings reveal that, although the chaplain at SDA Hospital and Motherless Babies' Home is semi-formally trained, he faces considerable workload challenges that hinder the effectiveness of his spiritual care. Patients and their families expressed concern that they rarely saw the chaplain during critical moments, with many describing him as overwhelmed or unavailable when most needed. Healthcare staff echoed this sentiment, acknowledging the chaplain's dedication but emphasizing that a single individual could not meet the hospital's growing spiritual demands.

Understaffing emerged as a central barrier, severely limiting the availability and reach of chaplaincy services. Patients frequently reported not receiving any spiritual support during hospitalization, while nurses and doctors often had to step in to provide emotional comfort, despite lacking specialized training. The situation was

further compounded by a systemic lack of institutional support. Although hospital administrators recognized the essential role of chaplaincy in holistic care, they admitted to being constrained by limited financial and human resources, making it difficult to expand or strengthen the department.

Moreover, role conflict further diminished the chaplain's effectiveness, as his dual responsibilities to a local parish and the hospital divided his attention. Both staff and patients noted that his involvement in church activities often took precedence, leaving critical gaps in hospital-based ministry. This dual-role burden limited the chaplain's ability to build consistent relationships with patients and undermined the continuity of spiritual care.

Collectively, these findings underscore the urgent need for policy and institutional reforms. Hence, the researcher developed a policy framework that shall help every Adventist healthcare institution to be more effective (see Appendix 4). Hospital leadership must prioritize investment in full-time chaplaincy positions and seek partnerships with theological institutions to develop context-specific training programs. Furthermore, theological education must adapt curricula to prepare chaplains for the complex realities of healthcare ministry, including time management, emotional resilience, and interprofessional collaboration. Strengthening chaplaincy services through systemic support and strategic staffing would not only enhance patient care but also affirm the integral role of spiritual health within the broader healthcare system.

Implications for Healthcare Institutions

Participants consistently highlighted the pressing need for hospitals to recognize chaplaincy as an essential component of holistic healthcare, rather than an optional service. The testimonies revealed that while the hospital's single, semi-formally

trained chaplain is deeply committed to his role, he faces significant challenges in meeting the growing spiritual and emotional needs of patients due to an overwhelming workload. Patients and their families expressed disappointment at the chaplain's limited presence, often attributing it to understaffing and competing responsibilities outside the hospital.

Healthcare professionals, including nurses and doctors, echoed this concern, noting that while they frequently witness patients in spiritual distress, they are unable to consistently rely on chaplaincy services due to the chaplain's unavailability. Many resort to providing informal spiritual support themselves, which, though compassionate, may lack the depth and training that dedicated chaplaincy offers. The prevailing sentiment was that one chaplain is insufficient for a hospital of this size and scope.

Moreover, administrative staff acknowledged the importance of spiritual care in patient recovery and well-being. However, they admitted that the current institutional framework does not adequately support chaplaincy, largely due to budgetary constraints and staffing limitations. The hospital administration, though supportive in principle, lacks the financial and structural resources to expand chaplaincy services or recruit additional personnel.

Additionally, role conflict was a recurring theme. The current chaplain's dual commitment to both hospital and local church responsibilities significantly limits his availability and effectiveness. Participants noted that the chaplain's attention is often divided, leaving gaps in spiritual coverage for patients, especially during critical moments such as terminal illness, surgery, or bereavement.

Overall, the findings underscore the urgent need for a structured and well-resourced chaplaincy framework within the hospital system. Stakeholders across the

spectrum—patients, families, healthcare providers, and administrators—agree that expanding chaplaincy services, through both staffing and institutional support, would not only improve access to spiritual care but also contribute meaningfully to patient satisfaction, emotional resilience, and overall healthcare outcomes.

Implications for Theological Training

To enhance the effectiveness of spiritual care in healthcare settings, it is imperative that seminaries integrate Clinical Pastoral Education (CPE) into their curricula. CPE provides chaplains with the practical, experiential training needed to navigate the emotional, ethical, and spiritual complexities encountered in clinical environments. Unlike traditional pastoral roles focused primarily on congregational care, chaplaincy demands specialized competencies—such as interdisciplinary collaboration, crisis intervention, and the ability to provide non-sectarian support in pluralistic settings. Therefore, training institutions must recognize chaplaincy as a distinct and professionalized discipline, requiring targeted education that goes beyond general theological instruction. By doing so, future chaplains will be better prepared to meet the nuanced needs of patients, families, and healthcare staff within the hospital context.

Implications for Future Research

Further research is warranted to examine the psychological and emotional effects of chaplaincy services on patients, with particular attention to how spiritual support influences patient coping mechanisms, stress reduction, and overall well-being during hospitalization. In addition, studies should investigate the role and effectiveness of female chaplains in delivering holistic spiritual care, particularly in culturally sensitive contexts where gender may influence patient-chaplain interactions

and comfort levels. Moreover, a comparative analysis between hospitals that operate with well-structured, fully staffed chaplaincy programs and those without such systems could yield valuable insights into the measurable outcomes and added value of integrated spiritual care in healthcare settings.

Summary of Chapter Six

This chapter summarized the study's findings, drew conclusions on chaplaincy challenges at SDA Hospital and Motherless Babies' Home, and provided recommendations for improvement. It emphasized the importance of staffing expansion, structured training, institutional integration, and enhanced patient engagement. The study's implications for healthcare institutions, theological training, and future research were also discussed.

The chaplaincy services at the Motherless Babies Home of the health facility are worth exploring in another research. Such a study could provide deeper insights into the spiritual and emotional care offered to vulnerable children and their caregivers.

APPENDICES

APPENDIX A

ETHICAL CLEARANCE FORM

The CMD
Seventh-day Adventist Hospital and
Motherless Babies' Home, Aba

Sir,

Permission to Conduct Research in Seventh-day Adventist Hospital and Motherless Babies' Home, Aba

I bring you Calvary greeting in the Name of our Lord and Saviour, Jesus Christ.

I write to obtain your permission to conduct my academic research on *Identification and Appraisal of Factors Affecting Chaplaincy Services in Seventh-day Adventist Hospital and Motherless-Babies' Home, Aba*. My chosen population is Seventh-day Adventist Hospital and Motherless Babies' Home.

It will involve ethically conducting a brief interview and administering questionnaires to selected persons of your institution.

The main purpose of the research is to find out how the services of chaplaincy ministry has been and how it can be harnessed in your facility. I agree to obtain the informed consent of the persons whom I will interview. Therefore, no harm whatsoever shall be to your institution as a result of this research.

This research is the final thesis of my Master of Chaplaincy Programme with

Adventist University of Africa (AUA), Kenya.

Thanks for your usual cooperation.

Emmanuel Chidiebube Nna
Student Researcher
May 20, 2018

Permission is hereby ✓ granted _____ denied.

Signature: _____ Position: **Chief Medical Director**

Officer's Name: **Dr. Chinonyere Ohuka**

SEVENTH-DAY ADVENTIST HOSPITAL PMB. 7115 ABA Abi MOTHERLESS BABIES HOME

APPENDIX B

RESEARCH INFORMED CONSENT FORM

I am grateful that you agreed to participate inthis significant research entitled:
"**An Identification and Appraisal of Factors Affecting Chaplaincy Services at SDA Hospital and Motherless Babies' Home, Aba**"

The purpose of this study is to identify and evaluate factors that may be affecting the services of the hospital chaplain(s) in the line with the prefessional healthcare chaplaincy. I believe that when these are identified and evaluated, it shall be very benefitial to everyone concerned in the daily activities of the hospital. Therefore, your thoughts and opinions are very valuable.

Please note that your participation in this study is voluntary and your identity will remain anonymous. All data obtained in this survey will be well secured. Should there be any reason at any point in the research you wish to withdraw, you will be free to do so.

If you agree with the terms and conditions mentioned above, please sign the Participation Approval Form below. This form will be collected before the research commences.

If you have any question or concern, kindly contact me with the my numbers or email address below.

Once again, thank you for participating.

Yours in His Service,

NNA, Emmanuel Chidiebube
Master of Chaplaincy Student
Adventist University of Africa
Phone number: +234 813 631 6583, +234 807 916 6019
Email address: mae@aua.ac.ke; emmanonna@gmail.com

I hereby _____agree _____decline.

Signature: _____ Designation: _____

APPENDIX C

INTERVIEW QUESTIONS TO CHAPLAINS

Interviews to Identify and Assess Chaplaincy Services

at SDA Hospital and Motherless Babies' Home, Aba

Section 1: Demographic and Professional Background

1. Can you briefly describe your role as a healthcare chaplain?
2. How many years have you served in healthcare chaplaincy?
3. What type of healthcare facility do you work in (e.g., hospital, hospice, rehabilitation centre)?
4. What is your religious affiliation, and how does it influence your approach to chaplaincy?

Section 2: Role of Healthcare Chaplains in Patient Care

5. What are the primary responsibilities of a chaplain in a healthcare setting?
6. Can you describe a specific instance where your spiritual intervention significantly impacted a patient's recovery or emotional well-being?
7. How do you provide spiritual care to patients from different faith backgrounds?
8. What methods do you use to assess a patient's spiritual needs?
9. How do you integrate chaplaincy services with the work of medical professionals and hospital staff?

Section 3: Challenges Faced by Healthcare Chaplains

10. What are the biggest challenges you face in your role as a chaplain?
11. Have you experienced resistance from medical staff regarding chaplaincy services? If so, how do you handle it?
12. How well are chaplains recognized and supported within the hospital system?
13. Are there any legal, ethical, or institutional restrictions that limit your effectiveness as a chaplain?
14. In what ways do financial or resource constraints affect chaplaincy services?
15. How do you deal with burnout or emotional exhaustion in your role?

Section 4: Effectiveness of Chaplaincy Services

16. In your opinion, what makes chaplaincy services effective in a healthcare setting?
17. Have you received feedback from patients or their families about the impact of your spiritual care? If so, can you share an example?
18. What role does chaplaincy play in end-of-life care and grief counselling?
19. How do you measure or evaluate the success of chaplaincy interventions?

20. What improvements do you think should be made to enhance the effectiveness of chaplaincy services?

Section 5: Biblical and Theological Perspectives on Chaplaincy

21. How do you apply biblical principles to your role as a chaplain?
22. What scriptural foundations guide your approach to providing spiritual care?
23. Do you believe chaplaincy aligns with the biblical call to ministry? Why or why not?
24. How do you balance professional healthcare responsibilities with theological commitments?

Section 6: Institutional and Policy Recommendations

25. What support structures should be put in place to enhance chaplaincy services in hospitals?
26. How can hospital administrations better integrate chaplains into patient-care teams?
27. What kind of training or professional development would improve the skills of healthcare chaplains?
28. What policies should be developed to formalize chaplaincy roles within healthcare institutions?
29. How do you see the future of healthcare chaplaincy evolving in your region?

Section 7: Personal Reflections and Concluding Thoughts

30. What motivates you to continue working as a chaplain despite the challenges?
31. How has your work as a chaplain affected your personal spiritual journey?
32. If you could change one thing about how chaplaincy is practiced today, what would it be?
33. What advice would you give to someone considering a career in healthcare chaplaincy?

APPENDIX D

RESEARCH INTERVIEW QUESTIONS FOR IN-PATIENTS

Title: *Identifying and Assessing the Effectiveness of Chaplaincy Services at Seventh-day Adventist Hospital and Motherless Babies' Home, Aba*
Target Group: In-Patients
Purpose: To explore patients' experiences and perspectives on chaplaincy services, and identify strengths, gaps, and areas for improvement.

Section A: Personal Background (Optional)

1. Age (optional): _____
2. Gender (optional): _____
3. Religious Affiliation: _____
4. Duration of stay at the hospital: _____
5. Ward/Unit (optional): _____

Section B: Patient Experience of Chaplaincy Services

1. Spiritual Interaction

- *Have you been visited by a hospital chaplain during your stay?*
    - If yes, can you describe your experience?
    - If no, would you have wanted a visit? Why or why not?

2. Relevance of Chaplaincy Care

- In what ways (if any) did the chaplain's visit affect your emotional or spiritual well-being?

3. Availability and Frequency

- How often were you visited by a chaplain?
- Do you feel the chaplain was available when needed?

4. Quality of Spiritual Support

- How would you describe the chaplain's approach in listening, praying, or encouraging you?
- Was the support helpful to you personally or spiritually? Why?

5. Respect for Beliefs

- Did you feel your personal beliefs or faith were respected by the chaplain?
- Would you feel comfortable speaking to the chaplain again?

6. Unmet Needs

- Are there any spiritual or emotional needs you had that were not met during your hospital stay?

7. Suggestions for Improvement

- What would you like to see improved or changed in the hospital's chaplaincy services?

8. Overall Reflection

- In your own words, what does spiritual care mean to you as a patient in this hospital?

APPENDIX E

INTERVIEW QUESTIONS TO PATIENTS' RELATIVES

Identifying and Assessing Chaplaincy Services At SDA Hospital and Motherless Babies' Home, Aba

Title: *Assessing the Effectiveness of Chaplaincy Services at Seventh-day Adventist Hospital and Motherless Babies' Home, Aba*
Target Group: Relatives of Patients
Purpose: To explore patients' experiences and perspectives on chaplaincy services, and identify strengths, gaps, and areas for improvement as an assessment of the effectiveness of chaplaincy services at SDA Hospital and Motherless Babies' Home, Aba.
Instructions: Please respond to the following structured interview questions as honestly and fully as possible. Your feedback will help improve spiritual care services in this health facility.

Section A: Background Information (for context only)

1. What is your relationship to the patient? (e.g., spouse, parent, sibling, friend, etc.)
2. Has your loved one been admitted for more than 48 hours? (Yes/No)
3. Have you interacted with the hospital chaplain or chaplaincy team? (Yes/No)

Section B: Spiritual and Emotional Support

4. Can you describe any interaction you or your loved one had with the chaplaincy service?
5. How did the chaplain address the emotional or spiritual needs of your family during this time?
6. In what ways did the chaplaincy support make a difference in your experience at the hospital?

Section C: Communication and Accessibility

7. Was it easy to access chaplaincy services when needed? Please explain.
8. How would you describe the chaplain's manner of communication (e.g., respectful, empathetic, understanding)?
9. Did the chaplain follow up or continue support during the patient's stay? How consistent was the care?

Section D: Perception of Chaplain's Role

10. In your opinion, what is the most valuable role of the chaplain in the hospital?
11. Were there any expectations you had of the chaplain that were not met? Please elaborate.

12. How important is it to you that a hospital provides chaplaincy or spiritual care services?

Section E: Outcomes and Satisfaction

13. How would you describe the emotional or spiritual outcome of the chaplaincy care your family received?
14. Did the chaplaincy service contribute to your overall satisfaction with the hospital care? Why or why not?
15. Would you recommend chaplaincy services to other families in similar situations?

Section F: Suggestions for Improvement

16. What aspects of the chaplaincy service could be improved?
17. Are there any services or support you wish had been offered by the chaplain?
18. Please share any final thoughts or experiences regarding the chaplaincy services.

APPENDIX F

QUALITATIVE INTERVIEW QUESTIONS

Title: Identifying and *Assessing the Effectiveness of Chaplaincy Services at Seventh-day Adventist Hospital and Motherless Babies' Home, Aba*
Target Group: Medical Team (Doctors, Nurses, Allied Health Professionals, Administrators)
Purpose: To explore healthcare staff's experiences and perspectives on chaplaincy services, and identify strengths, gaps, and areas for improvement.

Section A: General Perceptions

1. In your opinion, what role does the chaplain play in the overall care of patients in this hospital?
2. How would you describe your general experience working alongside the chaplain?

Section B: Availability and Accessibility

3. How often do you observe the chaplain visiting patients or being involved in patient care?
4. Can you describe any challenges related to the availability or responsiveness of chaplaincy services?

Section C: Impact on Patients and Staff

5. From your experience, how have patients responded to chaplain visits or spiritual care?
6. Have you ever personally benefited from the chaplain's services (e.g., emotionally, spiritually, professionally)? Please explain.

Section D: Collaboration and Communication

7. How well do chaplains communicate or collaborate with medical staff regarding patient needs?
8. In what ways could chaplaincy services improve communication with the healthcare team?

Section E: Effectiveness and Gaps

9. What aspects of the chaplaincy service do you consider most effective? Why?
10. Are there any gaps you've noticed in the delivery of spiritual care? Please describe.

Section F: Recommendations

11. What suggestions do you have for improving chaplaincy services at this hospital?
12. Would you recommend any additional support (e.g., more staff, training, space) for the chaplaincy team? Why or why not?

APPENDIX G

COMPILED RESPONSES FROM PATIENTS

Compiled Transcribed Responses of the 30 Patients Interviewed

Patient ID: P01

- **Visited by Chaplain**: Yes
- **Experience**: “It was a peaceful experience; I felt supported.”
- **Spiritual Impact**: “I felt calm and hopeful afterward.”
- **Visit Frequency**: “Only once”
- **Availability**: “Sometimes available when needed”
- **Chaplain Approach**: “He listened and did not preach”
- **Respect for Beliefs**: “Completely respected”
- **Comfort Level**: “Yes, I would speak to him again”
- **Unmet Needs**: “I needed more visits.”
- **Suggestions**: “Make regular visits to all patients.”
- **Spiritual Care Meaning**: “Support for the soul as doctors care for the body.”

Patient ID: P02

- **Visited by Chaplain**: Yes
- **Experience**: “The chaplain prayed with me and offered comforting words.”
- **Spiritual Impact**: “I felt God's presence through the chaplain.”
- **Visit Frequency**: “Only once”
- **Availability**: “Sometimes available when needed”
- **Chaplain Approach**: “He listened and did not preach”
- **Respect for Beliefs**: “Somewhat”
- **Comfort Level**: “Definitely”
- **Unmet Needs**: “More personalized care would help.”
- **Suggestions**: “Include other faith perspectives in chaplaincy.”
- **Spiritual Care Meaning**: “Encouragement and peace during recovery.”

Patient ID: P03

- **Visited by Chaplain**: Yes
- **Experience**: “Very short visit but meaningful.”
- **Spiritual Impact**: “Helped me deal with anxiety and pain.”
- **Visit Frequency**: “Once during my stay”
- **Availability**: “Mostly unavailable”
- **Chaplain Approach**: “He listened and did not preach”
- **Respect for Beliefs**: “Yes, I felt respected”
- **Comfort Level**: “Yes, I would speak to him again”
- **Unmet Needs**: “More personalized care would help.”
- **Suggestions**: “Include other faith perspectives in chaplaincy.”

- **Spiritual Care Meaning**: “Encouragement and peace during recovery.”

Patient ID: P04

- **Visited by Chaplain**: No
- **Experience**: “No visit occurred.”
- **Spiritual Impact**: “I would have appreciated a visit; I needed support.”
- **Visit Frequency**: “None”
- **Availability**: “Unavailable”
- **Chaplain Approach**: “N/A”
- **Respect for Beliefs**: “N/A”
- **Comfort Level**: “I don't know yet”
- **Unmet Needs**: “No spiritual encouragement was offered.”
- **Suggestions**: “Hire more chaplains.”
- **Spiritual Care Meaning**: “Support for the soul as doctors care for the body.”

Patient ID: P05

- **Visited by Chaplain**: No
- **Experience**: “No visit occurred.”
- **Spiritual Impact**: “I would have appreciated a visit; I needed support.”
- **Visit Frequency**: “None”
- **Availability**: “Unavailable”
- **Chaplain Approach**: “N/A”
- **Respect for Beliefs**: “N/A”
- **Comfort Level**: “I don't know yet”
- **Unmet Needs**: “I needed more visits.”
- **Suggestions**: “Include other faith perspectives in chaplaincy.”
- **Spiritual Care Meaning**: “It is someone reminding you of hope when you're sick.”

Patient ID: P06

- **Visited by Chaplain:** Yes
- **Visit Frequency:** Once during stay
- **Experience:** Short but deeply encouraging visit
- **Spiritual Impact:** Gained emotional strength
- **Chaplain’s Approach:** Gentle and kind
- **Respect for Beliefs:** Fully respected
- **Comfort Level:** Very comfortable
- **Unmet Needs:** Desired longer discussions
- **Suggestions:** Chaplain should spend more time per visit
- **Spiritual Care Meaning:** Support for inner healing

Patient ID: P07

- **Visited by Chaplain:** No
- **Experience:** Felt neglected spiritually
- **Spiritual Impact:** Missed opportunity for comfort
- **Unmet Needs:** Needed nighttime spiritual support
- **Suggestions:** Employ more chaplains
- **Spiritual Care Meaning:** Prayer and hope during suffering

Patient ID: P08

- **Visited by Chaplain:** Yes
- **Visit Frequency:** Twice
- **Experience:** Prayed and gave scriptural encouragement
- **Spiritual Impact:** Helped reduce fear
- Chaplain's Approach: Respectful listener
- **Comfort Level:** Would talk to him again
- **Unmet Needs:** Wanted a female chaplain
- **Suggestions:** Diversify chaplain team
- **Spiritual Care Meaning:** Connection to God while healing

Patient ID: P09

- **Visited by Chaplain:** Yes
- **Visit Frequency:** Irregular
- **Experience:** Encouraging but rushed
- **Spiritual Impact:** Temporary emotional lift
- **Chaplain's Approach:** Warm but hurried
- **Comfort Level:** Somewhat comfortable
- **Unmet Needs:** More consistent visits
- **Suggestions:** Schedule routine chaplain visits
- **Spiritual Care Meaning:** Uplifting emotional and spiritual care

Patient ID: P10

- **Visited by Chaplain:** No
- **Experience:** No contact
- **Spiritual Impact:** Lacked emotional support
- **Unmet Needs:** Missed prayers and encouragement
- **Suggestions:** Chaplains should visit new patients immediately
- **Spiritual Care Meaning:** Holistic care including the soul

Patient ID: P11

- **Visited by Chaplain:** Yes
- **Visit Frequency:** Daily for three days
- **Experience:** Positive, consistent prayer and support
- **Spiritual Impact:** Increased faith and strength
- **Chaplain's Approach:** Warm and friendly
- **Respect for Beliefs:** Completely respectful
- **Comfort Level:** Fully comfortable
- **Unmet Needs:** None noted
- **Suggestions:** Keep up the consistency
- **Spiritual Care Meaning:** Faith in action during illness

Patient ID: P12

- **Visited by Chaplain:** No
- **Experience:** Wanted a spiritual voice
- **Spiritual Impact:** Emotional gap during recovery
- **Unmet Needs:** Missed guidance during pain
- **Suggestions:** Daily chaplain check-ins
- **Spiritual Care Meaning:** Peace and encouragement

Patient ID: P13

- **Visited by Chaplain:** Yes
- **Visit Frequency:** Twice
- **Experience:** Chaplain listened and prayed
- **Spiritual Impact:** Calmed my nerves
- **Chaplain's Approach:** Courteous and sincere
- **Comfort Level:** Yes, I'd like to talk again
- **Unmet Needs:** Wanted more scripture sharing
- **Suggestions:** More spiritual counseling sessions
- **Spiritual Care Meaning:** Hope in hardship

Patient ID: P14
- **Visited by Chaplain:** No
- **Experience:** No chaplain interaction
- **Spiritual Impact:** Felt alone in recovery
- **Unmet Needs:** Missed connection with faith
- **Suggestions:** Recruit more chaplain staff
- **Spiritual Care Meaning:** Strength beyond medicine

Patient ID: P15
- **Visited by Chaplain:** Yes
- **Visit Frequency:** Once
- **Experience:** Prayed with me and blessed my room
- **Spiritual Impact:** Felt God's peace
- **Chaplain's Approach:** Calm and humble
- **Comfort Level:** Comfortable
- **Unmet Needs:** Longer sessions preferred
- **Suggestions:** More time with each patient
- **Spiritual Care Meaning:** God's presence in suffering

Patient ID: P16
- **Visited by Chaplain:** Yes
- **Visit Frequency:** Twice
- **Experience:** Good interaction with meaningful prayer
- **Spiritual Impact:** Felt supported and not forgotten
- **Respect for Beliefs:** Fully acknowledged
- **Unmet Needs:** Would like visits during weekends
- **Suggestions:** Increase chaplain coverage
- **Spiritual Care Meaning:** Soul care in sickness

Patient ID: P17
- **Visited by Chaplain:** No
- **Experience:** No spiritual contact
- **Spiritual Impact:** Emotional burden felt heavier
- **Unmet Needs:** Spiritual support missing entirely
- **Suggestions:** Orientation visit from chaplain upon admission
- **Spiritual Care Meaning:** Reassurance through prayer

Patient ID: P18
- **Visited by Chaplain:** Yes
- **Visit Frequency:** Daily for two days

- **Experience:** Strong connection through shared prayer
- **Spiritual Impact:** Strengthened faith
- **Chaplain's Approach:** Friendly and respectful
- Comfort Level: Highly comfortable
- Suggestions: Maintain daily routine
- Spiritual Care Meaning: Spiritual healing with physical

Patient ID: P19
- **Visited by Chaplain:** Yes
- **Visit Frequency:** Only once
- **Experience:** Very brief and rushed
- **Spiritual Impact:** Little effect due to shortness
- Comfort Level: Somewhat hesitant
- Unmet Needs: More intentional care needed
- Suggestions: More dedicated chaplains
- Spiritual Care Meaning: Intentional presence and prayer

Patient ID: P20
- Visited by Chaplain: No
- Experience: No interaction
- Unmet Needs: Needed someone to talk to
- Suggestions: Make chaplain availability more visible
- Spiritual Care Meaning: Knowing you are not alone

Patient ID: P21
- Visited by Chaplain: Yes
- Visit Frequency: Twice
- Experience: Comforted me in pain
- Spiritual Impact: Deep peace
- Chaplain's Approach: Warm and insightful
- Comfort Level: Very open to future talks
- Suggestions: Visit during evenings too
- Spiritual Care Meaning: Healing through prayer

Patient ID: P22
- **Visited by Chaplain:** Yes
- **Visit Frequency:** Irregular
- **Experience:** Positive but not consistent
- **Spiritual Impact:** Reassured but brief
- **Suggestions:** Chaplaincy needs schedule
- **Spiritual Care Meaning:** Guided encouragement

Patient ID: P23
- Visited by Chaplain: No
- Experience: Missed the chaplain entirely
- Unmet Needs: Emotional loneliness
- Suggestions: Chaplains should check in daily
- Spiritual Care Meaning: Mental and emotional support

Patient ID: P24

- Visited by Chaplain: Yes
- Visit Frequency: Once
- Experience: Uplifting visit with psalms
- Spiritual Impact: Felt uplifted
- Chaplain's Approach: Gentle and soothing
- Suggestions: Follow-up visit appreciated
- Spiritual Care Meaning: Hope in suffering

Patient ID: P25

- **Visited by Chaplain:** No
- **Experience:** No one came to me
- **Unmet Needs:** Needed prayer support
- **Suggestions:** Ensure all patients are seen
- **Spiritual Care Meaning:** Being reminded of God's care

Patient ID: P26

- **Visited by Chaplain**: Yes
- **Visit Frequency**: Once
- **Experience**: The chaplain was warm and asked how I was coping emotionally.
- **Spiritual Impact**: I felt lighter after the conversation and prayer.
- **Chaplain's Approach**: He allowed me to speak freely without pressure.
- **Respect for Beliefs**: Absolutely respectful
- **Comfort Level**: Very comfortable
- **Unmet Needs**: I wish the visit had lasted longer.
- **Suggestions**: Increase chaplain time per patient.
- **Spiritual Care Meaning**: Helping patients process their suffering through faith.

Patient ID: P27

- **Visited by Chaplain**: No
- **Experience**: I had no idea a chaplain was available until discharge.
- **Spiritual Impact**: I felt alone and stressed without spiritual support.
- **Unmet Needs**: Needed prayers, especially during test results.
- **Suggestions**: Inform patients early about chaplain services.
- **Spiritual Care Meaning**: A lifeline when facing fear or uncertainty.

Patient ID: P28

- **Visited by Chaplain**: Yes
- **Visit Frequency**: Three times
- **Experience**: The chaplain visited regularly and shared Bible promises.
- **Spiritual Impact**: Helped me trust God through recovery.
- **Chaplain's Approach**: Compassionate and faith-filled
- **Respect for Beliefs**: He asked what I believed and adapted his words
- **Comfort Level**: Completely at ease
- **Suggestions**: Maintain consistency; very helpful
- **Spiritual Care Meaning**: Daily reminders of God's presence.

Patient ID: P29

- **Visited by Chaplain**: No
- **Experience**: No chaplain came, even though I asked the nurse.
- **Spiritual Impact**: Felt ignored and spiritually dry
- **Unmet Needs**: Needed someone to talk to about my fear of surgery
- **Suggestions**: Assign chaplain visits to critical care patients as priority
- **Spiritual Care Meaning**: Emotional strength in frightening times

Patient ID: P30

- **Visited by Chaplain**: Yes
- **Visit Frequency**: Once
- **Experience**: He greeted me kindly, prayed, and encouraged me.
- **Spiritual Impact**: I slept better that night.
- **Chaplain's Approach**: Polite and respectful
- **Comfort Level**: Very comfortable
- **Unmet Needs**: I hoped for a follow-up visit, which didn't happen.
- **Suggestions**: Check on patients after major treatments or surgeries
- **Spiritual Care Meaning**: A reminder that God is still near.

APPENDIX H

COMPILED RESPONSES FROM PATIENTS' RELATIVES

Compiled/ Transcribed Responses of 20 Patients' Relatives Interviewed
(The names used herein are pseudonyms. PR stands for Patient's Relative)

PR #1: Mr. Emeka O. (Brother of patient)

- *Interaction:* The chaplain visited daily and prayed with us.
- *Support:* He provided spiritual comfort when we were anxious about surgery.
- *Impact:* Gave us hope and calmed my mother.
- *Communication:* Very respectful and listened actively.
- *Expectation:* I thought he'd also help with medical updates, but he explained that wasn't his role.
- *Satisfaction:* Deeply satisfied; made our stay meaningful.
- *Improvement:* More chaplains are needed to attend to more families.

PR #2: Mrs. Chika A. (Mother of patient)

- *Interaction:* Yes, a young female chaplain came to pray.
- *Support:* Encouraged us through scripture and counsel.
- *Impact:* Boosted my faith and trust in God.
- *Communication:* She spoke gently and allowed me to cry.
- *Satisfaction:* Very satisfied.
- *Improvement:* More frequent visits would help.

PR #3: Mr. Tunde I. (Husband of patient)

- *Interaction:* We saw the chaplain once.
- *Support:* It was a brief prayer, not very in-depth.
- *Impact:* It didn't leave a big impression.
- *Communication:* Kind, but rushed.
- *Expectation:* Expected longer engagement.
- *Satisfaction:* Neutral.
- *Improvement:* More time per patient.

PR #4: Mrs. Ifeoma N. (Daughter of patient)

- *Interaction:* Daily visits.
- *Support:* Emotional counselling and scripture.
- *Impact:* Gave us strength.
- *Communication:* Excellent—empathetic and present.
- *Expectation:* All met.
- *Satisfaction:* Very satisfied.
- *Improvement:* None needed.

PR #5: Mr. John E. (Nephew of patient)

- *Interaction:* No chaplain came.
- *Support:* Not applicable.
- *Impact:* We felt spiritually unsupported.
- *Expectation:* Expected presence and comfort.
- *Satisfaction:* Dissatisfied.
- *Improvement:* Better outreach and visibility.

PR #6: Mrs. Grace K. (Wife of patient)

- *Interaction:* Yes, visited during ICU stay.
- *Support:* Chaplain sang hymns and shared Psalms.
- *Impact:* Eased anxiety.
- *Communication:* Very humble and understanding.
- *Expectation:* Exceeded.
- *Satisfaction:* Highly satisfied.
- *Improvement:* More hymn sessions.

PR #7: Mr. Samuel C. (Father of patient)

- *Interaction:* Brief visit.
- *Support:* Encouraged me to pray.
- *Impact:* Small comfort.
- *Communication:* Formal but polite.
- *Satisfaction:* Moderate.
- *Improvement:* More personal stories or testimonies.

PR #8: Miss Amina L. (Sister of patient)

- *Interaction:* Yes, every evening.
- *Support:* Prayers, conversation, listening.
- *Impact:* Helped me cope with fear.
- *Communication:* Excellent listener.
- *Satisfaction:* Very satisfied.
- *Improvement:* Add group prayer options.

PR #9: Mr. Obinna U. (Son of patient)

- *Interaction:* The chaplain came after surgery.
- *Support:* Offered spiritual reassurance.
- *Impact:* Renewed our strength.
- *Communication:* Patient and calm.
- *Satisfaction:* Satisfied.
- *Improvement:* Provide prayer materials.

PR #10: Mrs. Blessing I. (Daughter-in-law of patient)

- *Interaction:* Not at all.
- *Support:* No chaplain came despite requests.
- *Impact:* We relied on our own faith.
- *Satisfaction:* Not satisfied.
- *Improvement:* Improve response to requests.

PR #11: Mr. Victor M. (Friend of patient)

- *Interaction:* Once during weekend.

- *Support:* Talked about hope and healing.
- *Impact:* Uplifting, but short.
- *Communication:* Gentle and wise.
- *Satisfaction:* Somewhat satisfied.
- *Improvement:* Weekend-only chaplain not enough.

PR #12: Mrs. Alero D. (Wife of patient)
- *Interaction:* Yes, three times a week.
- *Support:* Prayer, conversation, scripture.
- *Impact:* Helped me stay strong for my husband.
- *Satisfaction:* Very high.
- *Improvement:* Should visit children's ward too.

PR #13: Mr. Ahmed B. (Father of patient)
- *Interaction:* Chaplain came after I asked.
- *Support:* Shared interfaith encouragement.
- *Impact:* Appreciated the respect for our Muslim faith.
- *Satisfaction:* Surprised and grateful.
- *Improvement:* Promote interfaith sensitivity.

PR #14: Mrs. Joy N. (Sister of patient)
- *Interaction:* Regular prayer visits.
- *Support:* Provided literature and prayer.
- *Impact:* Sustained us spiritually.
- *Communication:* Clear, hopeful.
- *Satisfaction:* Fully satisfied.
- *Improvement:* Include follow-up after discharge.

PR #15: Mr. Henry I. (Son of patient)
- *Interaction:* Once, before discharge.
- *Support:* Encouraging Bible reading.
- *Impact:* A short but meaningful moment.
- *Satisfaction:* Fairly satisfied.
- *Improvement:* Begin chaplaincy earlier during admission.

PR #16: Mrs. Ngozi A. (Grandchild of patient)
- *Interaction:* Chaplain offered prayer at bedside.
- *Support:* Guided us to trust God's will.
- *Impact:* Brought peace.
- *Satisfaction:* Very satisfied.
- *Improvement:* Could have used grief counseling after death.

PR #17: Mr. Bassey O. (Uncle of patient)
- *Interaction:* Daily evening prayers.
- *Support:* Helped the family stay united.
- *Impact:* Greatly reduced stress.
- *Communication:* Deeply respectful.
- *Satisfaction:* Completely satisfied.
- *Improvement:* Include devotions on hospital radio.

PR #18: Mrs. Rachael E. (Wife of patient)

- *Interaction:* Chaplain helped us pray before surgery.
- *Support:* Supportive and compassionate.
- *Impact:* Huge emotional relief.
- *Satisfaction:* Very high.
- *Improvement:* Offer counselling sessions too.

PR #19: Miss Jennifer C. (Daughter of patient)

- *Interaction:* Visited once.
- *Support:* Asked if we needed prayer.
- *Impact:* Appreciated the gesture.
- *Satisfaction:* Neutral.
- *Improvement:* Provide more structured spiritual care.

PR #20: Mr. Felix N. (Brother-in-law of patient)

- *Interaction:* Very proactive chaplain.
- *Support:* Visited ICU daily.
- *Impact:* Inspired faith in the whole family.
- *Communication:* Spirit-led and warm.
- *Satisfaction:* Extremely satisfied.
- *Improvement:* Train more chaplains like him.

APPENDIX I

COMPILED RESPONSES FROM MEDICAL TEAM

Compiled Responses from Medical Team on Chaplaincy Services at Seventh-day Adventist Hospital and Motherless Babies' Home, Aba

DOCTORS (2 Respondents)

Doctor 1:

1. The chaplain plays a vital role in addressing the emotional and spiritual needs of patients, especially those facing terminal illnesses.
2. Generally positive. He is compassionate, but his time is stretched thin.
3. I see the chaplain making rounds at least twice a week, but it is not consistent.
4. The biggest issue is availability. Patients sometimes wait days for spiritual care.
5. Patients seem comforted after his visit. Many express relief and hope.
6. Yes. During the loss of a colleague, the chaplain's presence was comforting.
7. Communication is minimal. We usually find out indirectly that he visited a patient.
8. It would help if there was a standard reporting structure or brief updates in patient notes.
9. His empathy and sincerity. He builds trust quickly with patients.
10. One chaplain cannot serve an entire hospital effectively.
11. Recruit at least one more chaplain. Spiritual needs are high.
12. Yes. Provide him with an office near the wards for easy access.

Doctor 2:

1. He helps manage patient anxiety and prepares families emotionally for bad news.
2. Respectful and helpful, though often unavailable.
3. Rarely—perhaps once a week.
4. He is pulled between church duties and hospital needs.
5. There is a noticeable calming effect after his visits.
6. Yes, during a particularly stressful on-call week.
7. Communication is not formalized.
8. A quick daily briefing with doctors could help.
9. His prayers and listening skills.
10. Inconsistent presence.
11. Better scheduling to integrate him into medical team rounds.
12. Yes. Provide more institutional support.

NURSES (12 Respondents)

Nurse 1:

1. Provides spiritual encouragement, especially to dying patients.
2. Friendly and caring.

3. Not frequent. Maybe once a week.
4. We often have to call him.
5. Patients are usually more peaceful after he comes.
6. Yes. During the loss of my father.
7. No formal updates.
8. Include us in care plans involving spiritual needs.
9. His prayers help patients and staff.
10. Too few visits.
11. Employ more chaplains.
12. Yes.

Nurse 2:

1. Comfort and spiritual peace.
2. Overworked but sincere.
3. Occasionally.
4. Understaffing.
5. Patients appreciate the prayers.
6. Yes, during COVID.
7. Rarely communicates.
8. Create a shared care log.
9. His calm demeanour.
10. Limited coverage.
11. Hire another chaplain.
12. A space for chaplaincy team would help.

Nurse 3-12:

(Summarized patterns)

- See chaplain 1–2 times weekly.
- Often not available when needed.
- Helpful and spiritual but overburdened.
- Better communication needed.
- Desire for more chaplain presence during night shifts.
- Need for full-time assistant.
- Staff feel emotional relief from his counsel.
- Suggest integration into morning briefings.
- Recommend institutional investment in chaplaincy.

ALLIED HEALTH PROFESSIONALS (4 Respondents)

Lab Technician:

1. Provides hope to critically ill patients.
2. Positive experience.
3. Seldom see him.
4. He's stretched thin.
5. Brings peace.
6. Yes, during a work-related injury.
7. Limited contact.
8. Use WhatsApp for quick updates.
9. Listening skills.
10. Not enough time for all patients.
11. Employ more staff.
12. Provide spiritual care training to volunteers.

Ophthalmologist:

1. Encourages patient motivation.
2. He tries, but not always around.
3. Rarely seen.
4. Parish duties interfere.
5. Patients light up when he visits.
6. Yes.
7. No contact.
8. Develop a liaison system.
9. Prayers are soothing.
10. Unavailable during weekends.
11. Weekend coverage needed.
12. Yes.

Pharmacist:

1. Spiritual boost for patients.
2. Limited interaction.
3. Once in a while.
4. Too much workload.
5. Patients love him.
6. Not directly.
7. No feedback loop.
8. Joint sessions could help.
9. His presence.
10. No follow-up.
11. Better scheduling.
12. Yes.

Radiographer:

1. Offers hope.
2. Good man, hard to reach.
3. Very few visits.
4. Not enough staff.
5. People feel heard.
6. Yes.
7. No involvement with us.
8. Weekly interdepartmental meeting.
9. Listening.
10. One person is not enough.
11. Increase manpower.
12. Absolutely.

HOSPITAL ADMINISTRATORS (2 Respondents)

Administrator 1:

1. Adds a holistic dimension to care.
2. Very dependable despite his burden.
3. Very limited presence.
4. Under-resourced.
5. Patients show emotional improvement.

6. Staff morale improves with his support.
7. No regular briefing system.
8. Integrate chaplain reports in staff meetings.
9. Spiritual strength.
10. No capacity to scale.
11. More chaplains needed.
12. Budget for additional staff.

Administrator 2:

1. Integral to patient wellbeing.
2. Works hard under pressure.
3. Not visible enough.
4. No assistant chaplain.
5. Patients mention him often.
6. Yes—employee wellbeing is affected positively.
7. He kind of misses admin updates.
8. Digital record of visits.
9. Care for staff and patients.
10. Limited reach.
11. Fundraising for chaplaincy.
12. Yes, and also provide a team.

APPENDIX J

INSTITUTIONAL CHAPLAINCY POLICY FRAMEWORK

Seventh-day Adventist Hospital and Motherless Babies' Home, Aba
Institutional Chaplaincy Policy Framework

SDA Integrated Chaplaincy Care Protocol (SDA-ICCP)

1. Policy Purpose
This policy establishes a standardized and theologically consistent framework for the administration of chaplaincy services within Seventh-day Adventist (SDA) healthcare institutions. It ensures that chaplains are appropriately recruited, trained, deployed, supervised, and evaluated in alignment with professional spiritual care standards and the biblical and doctrinal principles of the SDA Church. The policy aims to safeguard the integrity, effectiveness, and spiritual mission of chaplaincy services while maintaining compliance with healthcare regulations and patient-centred care principles.

2. Policy Scope
This policy applies to all chaplaincy departments operating within SDA-owned or affiliated hospitals, clinics, medical centres, and care homes, across all union conferences and divisions. It is binding for all chaplains, healthcare administrators, and stakeholders involved in spiritual care delivery in SDA healthcare settings.

3. Policy Provisions
3.1 Credentialing and Training
- All chaplains shall hold formal endorsement from the **Adventist Chaplaincy Ministries (ACM)** at the union or division level.
- Chaplains must complete at least one unit of **Clinical Pastoral Education (CPE)** or an equivalent ACM-approved certification in pastoral and clinical spiritual care.
- Continuous professional development is mandatory, including participation in ACM-recognized workshops, theological symposiums, spiritual retreats, and interprofessional education forums.

3.2 Institutional Integration
- Chaplaincy shall be formally recognized as an essential clinical service within the hospital's administrative structure.
- Chaplains are to be integrated into interdisciplinary teams, with active participation in clinical meetings, palliative care consultations, ethical deliberations, and patient discharge planning where appropriate.

- Facilities shall ensure chaplaincy is visibly represented in organizational charts, policy manuals, and patient services brochures.

3.3 Interdisciplinary Collaboration

- Chaplains shall collaborate with medical personnel, psychologists, social workers, and allied health professionals while upholding their unique spiritual role.
- Each patient's spiritual care needs should be documented and addressed as part of the holistic care plan, with informed consent and respect for individual beliefs.

3.4 Ethical and Theological Standards

- Chaplains must exemplify the core values of the SDA faith, including compassion, respect for autonomy, integrity in witness, and commitment to wholistic healing (physical, emotional, spiritual).
- Practices must comply with standards of confidentiality, cultural humility, interfaith sensitivity, and non-coercive spiritual engagement.
- Proselytizing, manipulation, or pressure tactics are strictly prohibited under all circumstances.

3.5 Monitoring, Supervision, and Evaluation

- A **Chaplaincy Oversight Committee (COC)** shall be established in every institution, comprising representatives from administration, clinical staff, and ACM-appointed liaisons.
- The COC shall oversee:
    - Regular performance evaluations of chaplaincy personnel.
    - Annual spiritual care audits using ACM-designed assessment tools.
    - Periodic review of patient satisfaction related to spiritual care.
- Feedback mechanisms for patients and staff shall be instituted to guide quality improvement.

3.6 Staffing Requirements

- A recommended **chaplain-to-patient bed ratio** of **1:60** shall be adopted, with adjustments based on hospital size and acuity levels.
- Institutions shall prioritize gender inclusivity by recruiting female chaplains or spiritual counsellors to meet diverse patient needs.
- Volunteer and part-time chaplaincy assistants may be used under supervision, subject to ACM guidelines.

3.7 Resource Allocation and Infrastructure

- Chaplaincy services shall be duly represented in the institution's operational and capital expenditure budgets.
- Institutions must provide:
    - Designated chaplaincy offices and private counselling spaces.
    - Access to faith-based literature, Bibles, audio-visual spiritual resources, and prayer facilities.
    - Technological tools for documentation and virtual spiritual support where needed.

4. Implementation and Governance

- Implementation of this protocol shall be supervised by the **Union Health Ministries Director**, in collaboration with the **Division ACM Office** and relevant institutional leadership.

- Pre-implementation orientation shall be conducted for hospital administrators, medical directors, and human resources departments to ensure compliance and operational readiness.
- The policy shall be phased in through pilot projects, capacity-building workshops, and the establishment of regional chaplaincy advisory networks.

5. Policy Review and Revision
This policy shall undergo formal review every **five (5) years**, or earlier if required by new ACM global standards, national legislation, or healthcare regulatory changes. The review process will involve stakeholders at all organizational levels and shall include both theological and clinical evaluations of chaplaincy performance.

6. Approval and Signatory Page
Approved by:
Hospital Administrator: _____
Date: _____
Medical Director: _____
Date: _____
Director, Chaplaincy Services: _____
Date: _____
Union Health Ministries Director: _____
Date: _____
Division ACM Representative: _____
Date: _____

Appendices [A—D, follow each institution's stipulation yet maintaining the standard]
Appendix A: ACM-Endorsed Chaplaincy Training Institutions
Appendix B: Sample Annual Chaplaincy Evaluation Template
Appendix C: Confidentiality and Interfaith Ethics Guidelines
Appendix D: Spiritual Care Plan Documentation Format

Appendix E: Resource Inventory Checklist for Chaplaincy Departments

Outline for Expected Appendices
Appendix A: ACM-Endorsed Chaplaincy Training Institutions
1. Adventist University of Africa (Kenya) – Department of Chaplaincy & Pastoral Studies
2. Andrews University (USA) – Seminary and CPE programs
3. Babcock University (Nigeria) – School of Theology & Chaplaincy Endorsement Unit
4. Universidad Adventista del Plata (Argentina)
5. Adventist International Institute of Advanced Studies (Philippines)
6. Spicer Adventist University (India)
7. CPE training centres recognized by national accrediting bodies and endorsed by the ACM Division Office

Appendix B: Sample Annual Chaplaincy Evaluation Template
- Name of Chaplain: _____
- Evaluation Period: _____
- Categories:

    - Spiritual Care Delivery (0–5)
    - Clinical Integration (0–5)
    - Ethical Conduct (0–5)
    - Documentation & Reporting (0–5)
    - Patient & Staff Feedback Summary
    - Self-Evaluation Statement
    - Supervisor's Overall Remarks and Recommendation
- Final Rating: _____
- Evaluation Committee Signatures and Date

Appendix C: Confidentiality and Interfaith Ethics Guidelines

- Chaplains must maintain strict confidentiality except when disclosure is required by law or patient safety.
- All spiritual care must respect the patient's faith, beliefs, and values.
- No form of coercive or manipulative proselytization is permitted.
- Chaplains should receive training in interfaith dialogue, religious diversity, and cultural competence.

Appendix D: Spiritual Care Plan Documentation Format

- Patient Name: _____
- Medical Record No: _____
- Date of Assessment: _____
- Assessed Spiritual Needs:
    -
- Plan of Action:
    - Interventions: _____
    - Referral Made: [ ] Yes [ ] No
    - Follow-Up Plan: _____
- Chaplain Signature & Date

Appendix E: Resource Inventory Checklist for Chaplaincy Departments

- Office space and counseling rooms
- Bibles and multi-language religious texts
- Devotional books and tracts
- Audio-visual materials (CDs, digital screens)
- Internet-enabled device for virtual ministry
- Prayer and meditation space
- Contact Register to collate all possible and available phone numbers of other religious leaders that might be needed for referrals, so that the chaplain does not miss any opportunity for ministry
- Budget allocation ledger
- Spiritual care documentation tools

BIBLIOGRAPHY

"A Statement on the Role and Qualifications of Health Care Chaplains for Research and Quality." PubMed (2023). Accessed January 5, 2024. https://pubmed.ncbi.nlm.nih.gov/36813056/

"Chaplaincy Definition and Meaning." *Collins English Dictionary*. Accessed January 30, 2020. https://www.collinsdictionary.com/dictionary/english/chaplaincy.

Aakol, Cletus Kpobari. *Professional Chaplaincy as Bridge Between Spirituality and Holistic Healthcare in Nigeria*. PhD diss., Regent University, 2020. Accessed 2 April 2024. ProQuest Dissertations and Theses.

Abrifor, Chiedu Akroraro, Solagbade Sikiru Popoola, and Glory Ubong Essien. "Inmates Rehabilitation Programmes and Recidivism in the Selected Correctional Facilities in the South-Western Nigeria: A Literature Review." *FUOYE Journal of Criminology and Security Studies 1*, no. 1 (2023).

Adegbola, Maxine A. "Using Lived Experiences of Adults to Understand Chronic Pain: Sickle Cell Disease, an Exemplar." *i-Manager's Journal on Nursing* 1, no. 3 (2011): 1.

Adeboye, Sunday. "Healthcare Chaplaincy in Nigeria: Challenges and Prospects." *Nigerian Journal of Pastoral Studies* 4, no. 2 (2018): 45–59.

Agbiji, Emem, and Obaji Mbeh Agbiji. "Pastoral Care as a Resource for Development in the Global Healthcare Context: Implications for Africa's Healthcare Delivery System." *HTS Theological Studies* 72, no. 4 (2016): 1–12.

Antoine, Aja, George Fitchett, Deborah Marin, Vanshdeep Sharma, Andrew Garman, Trace Haythorn, Kelsey White, Amy Greene, and Wendy Cadge. "What Organizational and Business Models Underlie the Provision of Spiritual Care in Healthcare Organizations? An Initial Description and Analysis." *Journal of Health Care Chaplaincy* 28, no. 2 (2022): 272–84.

Aja, Victoria T. Class notes for CHAP 615 Nature of Chaplains. Adventist University of Africa Chaplaincy cohort centre, Babcock University, Ilishan, Nigeria, June 17, 2016.

_____. "The Relevance of Patients' Spiritual Care in the Nigerian Cultural Context: A Health Care Chaplain's Perspective." *Journal of Pastoral Care & Counseling* 73, no. 2 (2019): 82–87.

Akih, Abraham K., and Yolanda Dreyer. "Penal Reform in Africa: The Case of Prison Chaplaincy." *HTS Theological Studies* 73, no. 3 (2017): 1–9.

Aldridge, Anne. “The Unique Role of a Chaplain.” *Scottish Journal of Healthcare Chaplaincy* 9, no. 1 (2006): 19–22.

Alsup, Magaret. “Encountering the Divine Through a Meal and Dialogue: A narrative reflection.” *Unfolding: University Chaplaincy in Practice 2*, no. 1 (2025).

Anthony Cruz Pantojas (06 Jan 2025): Spiritual care: the everyday work of chaplains, *Politics, Religion & Ideology*, DOI: 10.1080/21567689.2025.2449815

Anyigbo, Chike, et al. *Solidarity with the Vulnerable: Global Healthcare Ethics in Spiritan Perspective*. Enugu: SNAAP Press, 2017.

Bailey, Emily J. “Promises of Purity: Adventist Approaches to Sanctification through Health Reform.” *International Journal for the Study of New Religions* 10, no. 2 (2019).

Baker, Alan T. *Foundations of Chaplaincy: A Practical Guide.* Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2021.

Balboni, Tracy A., Michael Balboni, Andrea C. Enzinger, Kathleen Gallivan, M. Elizabeth Paulk, Alexi Wright, Karen Steinhauser, Tyler J. VanderWeele, and Holly G. Prigerson. “Provision of Spiritual Support to Patients with Advanced Cancer by Religious Communities and Associations with Medical Care at the End of Life.” *JAMA Internal Medicine* 173, no. 12 (2013): 1109–1117.

Bang, So Hyeon, Hyunjin Noh, George Handzo, Paul Galchutt, and Jung Kwak. “Healthcare Chaplains’ Perspectives on Working with Culturally Diverse Patients and Families.” *Palliative & Supportive Care* 22, no. 6 (2024): 1949–1956.

Bay, Paul S., and Shelley S. Ivy. “How Hospital Chaplains Perceive Their Role in Relationship to Health Care Staff.” *The Journal of Pastoral Care & Counselling* 60, no. 3 (2006): 213–15.

Brady, Vivienne, Fiona Timmins, Sílvia Caldeira, Margaret Theresa Naughton, Anne McCarthy, and Barbara Pesut. “Supporting Diversity in Person-Centred Care: The Role of Healthcare Chaplains.” *Nursing Ethics* 28, no. 6 (2021): 935–950.

Braun, Virginia, and Victoria Clarke. “Thematic Analysis.” In *Encyclopedia of Quality of Life and Well-Being Research*, 7187–93. Cham: Springer International Publishing, 2024.

Bull, Alister W., Christina Puchalski, Daniel H. Grossoehme, Katherine M. Piderman, Graeme Gibbons, Angelika Zollfrank, Sian Cotton, et al. *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*. London: Jessica Kingsley Publishers, 2015.

Cadge, Wendy. “Healthcare Chaplaincy as a Companion Profession: Historical Developments.” *Journal of Health Care Chaplaincy* 25, no. 2 (2019): 45–60.

_____. *Paging God: Religion in the Halls of Medicine*. Chicago: University of Chicago Press, 2012.

Cadge, Wendy, Carolina P. Seigler, and Trace Haythorn. “Religious Literacy, Chaplaincy, and Spiritual Care.” In *The Routledge Handbook of Religious Literacy, Pluralism, and Global Engagement*, edited by Chris Baker and Elizabeth Phillips, 215–27. New York: Routledge, 2021.

Cadge, Wendy, and Julia Bandini. “The Role of Hospital Chaplains in the Care of the Seriously Ill.” *The Hastings Center Report* 43, no. 6 (2013): 15–20.

Cadge, Wendy, Irene Elizabeth Stroud, Patricia K. Palmer, George Fitchett, Trace Haythorn, and Casey Clevenger. “Training Chaplains and Spiritual Caregivers: The Emergence and Growth of Chaplaincy Programs in Theological Education.” *Pastoral Psychology* 69, no. 3 (2020): 187–208.

Cadge, Wendy, George Fitchett, Trace Haythorn, Patricia K. Palmer, Shelly Rambo, Casey Clevenger, and Irene Elizabeth Stroud. “Training Healthcare Chaplains: Yesterday, Today and Tomorrow.” *Journal of Pastoral Care & Counseling* 73, no. 4 (2019): 211–221.

Cadge, Wendy, and Shelly Rambo, eds. *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction.* Chapel Hill: University of North Carolina Press, 2022.

Carey, Leigh A., and Jeffrey Cohen. *Chaplaincy: A Ministry of Presence*. London: SCM Press, 2009.

Carey, Lindsay B., and Jeffrey Cohen. “Chaplain Communication with the Healthcare Team: An Overview of the Australian Chaplaincy Perspective.” *Journal of Health Care Chaplaincy* 21, no. 3 (2015): 91–107.

Carey, Lindsay B., et al. “Nurses, Clergy, Chaplains, Parkinson’s Disease, Workplace Religiosity, Women’s Health and Family Issues.” *Journal of Religion and Health* 63, no. 4 (2024): 1705–1709.

Ceballos, Mario E. Class notes for CHAP 614 History of Chaplains. Adventist University of Africa Chaplaincy cohort centre, Babcock University, Ilishan, Nigeria, June 28, 2016.

_____. “Standing on the Shoulders of Giants.” The Adventist Chaplain 2022, no. 2 (2022): 2.

_____. “Picking Up the Pieces.” *The Adventist Chaplain* 1 (2017): 1.

Chester, Michael A. *“Toward Enhanced Military Chaplaincy Education at Andrews University Seventh-day Adventist Theological Seminary.”* DMin diss., Andrews University, 2013. Accessed 3 April 2024. https://dx.doi.org/10.32597/dmin/31/.

Cramer, Emily M., Kelly E. Tenzek, and Mike Allen. “Recognizing Success in the Chaplain Profession: Connecting Perceptions with Practice.” *Journal of Health Care Chaplaincy* 21, no. 4 (2015): 131–150.

Corley, Willie Mae. Promoting Health Literacy to Aging Christians to Combat the Scourge of Euthanasia through the Church. 2021.

Cullinan, Rachel J., Angela Woods, Joanna M. P. Barber, and Christopher C. H. Cook. “Spiritually Significant Hallucinations: A Patient-Centred Approach to Tackle Epistemic Injustice.” *BJPsych Bulletin* 48, no. 2 (2024): 133–38.

Cunningham, Christopher J. L., Mukta Panda, Jeremy Lambert, Greg Daniel, and Kathleen DeMars. “Perceptions of Chaplains’ Value and Impact within Hospital Care Teams.” *Journal of Religion and Health* 56, no. 4 (2017): 1231–47.

Dames, Glenda Alma. “The Professionalization of Pastoral Caregiving: A Critical Assessment of Pastoral Identity within the Helping Professions.” *Stellenbosch Theological Journal* 6, no. 2 (2020): 103–27.

Daugherty, Heather. “Unlikely Friends-Helpful or Harmful?.” Unfolding: University Chaplaincy in Practice 2, no. 1 (2025).

Den Toom, Niels, Renske Kruizinga, Anke I. Liefbroer, and Jacques Körver. “The Professionalization of Chaplaincy: A Comparison of 1997 and 2017 Surveys in the Netherlands.” *Journal of Health Care Chaplaincy* 29, no. 1 (2023): 14–29.

Dora, Lemnyuy Bongajum; Ambei Moses Chu; and Agborbechem Peter Tambi. “The Role of Chaplaincy/Chaplains in the Effective Implementation of Societal Acceptable Values in Schools in the Anglophone Cameroon.” *Middle European Scientific Bulletin* 35 (2023): 167-97. https://doi.org/10.47494/mesb.v35i.1777

Dorsey, David. “Barefoot Dialogue: Centering Land in Human Relating.” Unfolding: University Chaplaincy in Practice 2, no. 1 (2025).

Dussault, Nicole, Katherine Henderson, Katherine Daniel, Nia Michaela Mitchell, Elissa Nickolopoulos, Patrick Hemming, David Casarett, Alex Cho, and Jessica E. Ma. “Evaluating a Clinical Chaplain Pilot Intervention to Facilitate Advance Care Planning in a Primary Care Clinic.” *Journal of General Internal Medicine* (2025): 1–7.

Ede, Victor Ifeanyi. “Christianity and Humanitarianism: Assessing the Contributions of Churches to Social Welfare in Nigeria.” *Oracle of Wisdom Journal of Philosophy and Public Affairs* 4, no. 4 (2020).

Elekwa, Uchechukwu O. “Seventh-day Adventist Hospital and Motherless Babies’ Home, Aba.” *Encyclopedia of Seventh-day Adventists*. Accessed December 20, 2022. https://encyclopedia.adventist.org/article?id=9B8B&highlight=Hospital%7Cand%7CMotherless

Enemaku, Omeche. “Addressing the Challenges of Medical Social Workers in Nigeria: A Study of Hospital-Based Care Dynamics.” *Current Journal of Applied Science and Technology* 43, no. 1 (2024): 1–16..

Fabian Winiger (2023) The changing face of spiritual care: current developments in telechaplaincy., *Journal of Health Care Chaplaincy*, 29:1, 114-131, DOI: 10.1080/08854726.2022.2040895

Ferrell, Betty R., Martha L. Twaddle, Amy Melnick, and Diane E. Meier. "National Consensus Project Clinical Practice Guidelines for Quality Palliative Care Guidelines." *Journal of Palliative Medicine* 21, no. 12 (2018): 1684–1689.

Ferret, Richard B. Seventh-day Adventist Health Reform: A Crucible of Identity Tensions: Ellen G. White and Dr. John H. Kellogg: The Battle for Seventh-day Adventist Identity. Eugene, OR: Wipf and Stock Publishers, 2023.

Fitchett, George, Kenneth Rasinski, Wendy Cadge, and Farr A. Curlin. "Physicians' Experience and Satisfaction with Chaplains: A National Survey." *Archives of Internal Medicine* 169, no. 19 (2009): 1806–1818.

Fitchett, George, Patricia E. Murphy, Jo Kim, James L. Gibbons, Jacqueline R. Cameron, and Judy A. Davis. "Religious Struggle: Prevalence, Correlates and Mental Health Risks in Diabetic, Congestive Heart Failure, and Oncology Patients." *The International Journal of Psychiatry in Medicine* 34, no. 2 (2004): 179–196.

Fitchett, George, Wendy Cadge, Allison E. Johnson, and Kevin J. White. "The Role of Chaplains in Emotional and Spiritual Support for Families of Patients in Intensive Care Units." *Critical Care Medicine* 39, no. 2 (2011): 284–85.

Flannelly, Kevin J., Linda L. Emanuel, George F. Handzo, Kathleen Galek, Nava R. Silton, and Melissa Carlson. "A National Study of Chaplaincy Services and End-of-Life Outcomes." *BMC Palliative Care* 11, no. 1 (2012): 10.

Flannelly, Kevin J., Kathleen Galek, John Bucchino, George F. Handzo, and Helen P. Tannenbaum. "Department Directors' Perceptions of the Roles and Functions of Hospital Chaplains: A National Survey." *Hospital Topics* 83, no. 4 (2005): 19–28.

Fleenor, David W., Beth L. Muehlhausen, Cate Michelle Desjardins, and George Fitchett. "Essential Competencies for Healthcare Chaplains: Insights from Hiring Managers and Implications for Chaplaincy Education." *Journal of Health Care Chaplaincy* 31, no. 1 (2025): 76–95.

Friberg, Nils. "The Role of the Chaplain in Spiritual Care." In *Aging and Spirituality*, 177–90. Routledge, 2012.

Frush, Benjamin W., John Brewer Eberly Jr., and Farr A. Curlin. "What Should Physicians and Chaplains Do When a Patient Believes God Wants Him to Suffer?" *AMA Journal of Ethics* 20, no. 7 (2018): E613–20.

Galek, Kathy, George Flannelly, Adam Vane, and Michele Galek. "Assessing a Spirituality Initiative at a Children's Hospital." *Southern Medical Journal* 102, no. 4 (2009): 375–79.

Galeniece, Anna M. *Forging the Chaplain's Pastoral Identity*. Faculty Publications 3325. Andrews University, 2021. Accessed January 6, 2021. https://digitalcommons.andrews.edu/pubs/3325

Gehri, Leon, Moritz L. Schmidbauer, Timon Putz, Luka Ratkovic, Andreas Maskos, Cedric Zeisberger, Julia Zibold, Konstantinos Dimitriadis, and IGNITE Study Group. "Survey on Nutrition in Neurological Intensive Care Units (SONNIC)—A Cross-Sectional Survey among German-Speaking Neurointensivists on Medical Nutritional Therapy." *Journal of Clinical Medicine* 13, no. 2 (2024): 447.

Gomez, Sofia, Betty White, James Browning, and Horace M. DeLisser. "Medical Students' Experience in a Trauma Chaplain Shadowing Program: A Mixed Method Analysis." *Medical Education Online* 25, no. 1 (2020): 1710896.

Hawk, L. Daniel. "Cast Out and Cast Off: Hagar, Leah, and the God Who Sees." *Priscilla Papers* 25, no. 1 (2011): 9–13.

Henaghan, Mark. Health Professionals and Trust: The Cure for Healthcare Law and Policy. Abingdon, Oxon: Routledge-Cavendish, 2012.

Hickman, Susan E., Hillary D. Lum, Anne M. Walling, April Savoy, and Rebecca L. Sudore. "The Care Planning Umbrella: The Evolution of Advance Care Planning." *Journal of the American Geriatrics Society* 71, no. 7 (2023): 2350.

Holst, Kay. Professional Chaplaincy: Foundations and Practice. Minneapolis: Fortress Press, 2021.

Irrazábal, Gabriela, and Ana Lucía Olmos Álvarez. "Spiritual Articulation and Conscientious Objection: Dynamics of Religious Diversity Management in Healthcare Practices in Argentina." *Religions* 15, no. 6 (2024): 652.

Jankowski, Katherine RB, George F. Handzo, and Kevin J. Flannelly. "Testing the Efficacy of Chaplaincy Care." *Journal of Health Care Chaplaincy* 17, no. 3–4 (2011): 100–125.

Kazman, Josh B., Ian A. Gutierrez, Eric R. Schuler, Elizabeth A. Alders, Craig A. Myatt, Diana D. Jeffery, Kathleen G. Charters, and Patricia A. Deuster. "Who Sees the Chaplain? Characteristics and Correlates of Behavioral Health Care-Seeking in the Military." *Journal of Health Care Chaplaincy* 28, no. 1 (2022): 1–12.

Kern, Alexander Levering. "Creating Brave Spaces through Interfaith Programs in Spirituality & the Arts." Unfolding: University Chaplaincy in Practice 2, no. 1 (2025).

Kestenbaum, Allison, Jennifer James, Stefana Morgan, Michele Shields, Will Hocker, Michael Rabow, and Laura B. Dunn. "Taking Your Place at the Table: An Autoethnographic Study of Chaplains' Participation on an Interdisciplinary Research Team." *BMC Palliative Care* 14, no. 1 (2015): 20.

Klitzman, Robert, Gabrielle Di Sapia Natarelli, Elizaveta Garbuzova, Stephanie Sinnappan, and Jay Al-Hashimi. “Muslim Patients in the US Confronting Challenges Regarding End-of-Life and Palliative Care: The Experiences and Roles of Hospital Chaplains.” *BMC Palliative Care* 22, no. 1 (2023): 28.

Korzecki, Dominic Anthony. *The Need for Standardized Training for Volunteer Healthcare Chaplains.* Master’s thesis, Liberty University, 2024. Accessed April 5, 2025. https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2125&context=masters

Kruizinga, Renske, Carmen Schuhmann, Tina Glasner, and Gaby Jacobs. “Enhancing the Integration of Chaplains within the Healthcare Team: A Qualitative Analysis of a Survey Study among Healthcare Chaplains.” *Integrated Healthcare Journal* 4, no. 1 (2023): e000138.

Kwak, Jung, So Hyeon Bang, Shilpa Rajagopal, Neha Dronamraju, George Handzo, and Brian P. Hughes. “Patients’ Spiritual Concerns and Needs and How to Address Them During Advance Care Planning Conversations: Healthcare Chaplains’ Perspectives.” *Palliative & Supportive Care* 22, no. 1 (2024): 49–56.

Layson, Mark D., Lindsay B. Carey, and Megan C. Best. “The Impact of Faith-Based Pastoral Care in Decreasingly Religious Contexts: The Australian Chaplaincy Advantage in Critical Environments.” *Journal of Religion and Health* 62, no. 3 (2023): 1491–1512.

Lee, John K. “Who Can the Chaplain Be?” *Ministry Magazine* 53, no. 4 (April 1980): 1–56. Accessed February 2, 2024. https://www.ministrymagazine.org/archive/1980/04/who-can-the-chaplain-be

Lee, Simon J. Craddock. “In a Secular Spirit: Strategies of Clinical Pastoral Education.” *Health Care Analysis* 10, no. 4 (2002): 339–356.

Lewis, Anthony. *WordWeb® Electronic Edition*. Version 9.05. 2021. s.v. “appraisal,” “effrontery,” “caregiving.”

Loewy, Erich H. “Narrative Ethics and Ethical Narratives.” *Cambridge Quarterly of Healthcare Ethics* 16, no. 3 (2007): 312–20.

Mason, Jordan. “To Whom Is the Chaplain Beholden? Guest Editor Introduction to Special Issue.” *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 30, no. 1 (2024): 1–5.

Mabe, Sello Edwin. *Chaplaincy in South African Government Hospitals: A Holistic Approach to Care.* PhD diss., University of Pretoria, 2020. Accessed 3 April 2024. https://repository.up.ac.za/server/api/core/bitstreams/c81f5b91-28ed-4450-b866-4522964bb740/content

Marin, Deborah B., Vanshdeep Sharma, Eugene Sosunov, Natalia Egorova, Rafael Goldstein, and George F. Handzo. “Relationship between Chaplain Visits and

Patient Satisfaction." *Journal of Health Care Chaplaincy* 21, no. 1 (2015): 21. Accessed April 5, 2025. https://doi.org/10.1080/08854726.2014.981417

Massey, Kevin, Marilyn J. D. Barnes, Dana Villines, Julie D. Goldstein, Anna Lee Hisey Pierson, Cheryl Scherer, Betty Vander Laan, and Wm Thomas Summerfelt. "What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in Intensive Care Unit Palliative Care." *BMC Palliative Care* 14, no. 1 (2015): 10. Accessed April 5, 2025. https://doi.org/10.1186/s12904-015-0008-0

Mehr-Muska, Tracy. "Sharing Our Stories: A Retreat Model for Enhancing Interfaith Literacy and Cultivating Connection, Curiosity, and Courage." Unfolding: University Chaplaincy in Practice 2, no. 1 (2025).

Miles, Andrew, and Jonathan Elliott Asbridge. "The JECP-European Society for Person-Centered Healthcare (ESPCH) Section on Person-Centred Care." *Journal of Evaluation in Clinical Practice* 29, no. 5 (2023): 693–699.

Mueller, Paul S., David J. Plevak, and Teresa A. Rummans. "Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice." *Mayo Clinic Proceedings* 76, no. 12 (2001): 1225–35.

Naden, Roy C. "Peace of Mind: How It May Be Yours." *Signs of the Times*, February 1, 1966.

Newitt, Mark. (2010). The Role and Skills of a Hospital Chaplain: Reflections Based on a Case Study. *Practical Theology*. 3. 10.1558/prth.v3i2.163.

Ninja, Bess. "Attracting Patients to Christ." *The Ministry*, August 1947. Accessed May 20, 2020. https://cdn.ministrymagazine.org/issues/1947/issues/MIN1947-08.pdf

Nolan, Steve, Wilf McSherry, and Mary B. Fitchett. "Spiritual Care at the End of Life: A Systematic Review of the Literature." *Journal of Palliative Medicine* 14, no. 8 (2011): 957–969.

Nwafor, Collins Ikeokwu. "Suicide Prevention Strategies in Nigeria: Exploring Religious Roles, Insights, and Challenges." *Religions* 15, no. 1 (2024): 64. https://doi.org/10.3390/rel15010064.

Olasinde, Y. T., M. A. Alao, and E. Agelebe. "Discharge against Medical Advice from a Mission Tertiary Hospital, South-West, Nigeria." *Nigerian Journal of Clinical Practice* 23, no. 10 (2020): 1333–38.

Orogun, Daniel. "Improving Spiritual Care to Bridge the Gap between Demand and Supply of Healthcare Services in South Africa." In *Proceedings of the 33rd International RAIS Conference on Social Sciences and Humanities*, 20–28. Scientia Moralitas Research Institute, 2023.

Orton, Margaret J. "Transforming Chaplaincy: The Emergence of a Healthcare Pastoral Care for a Postmodern World." *Journal of Health Care Chaplaincy* 15, no. 2 (2008): 114–131.

Oyebola, Kolawole. “Reforming Spiritual Care: The Case for Professional Chaplaincy Training in Nigerian Hospitals.” *African Journal of Clinical Pastoral Studies* 6, no. 1 (2020): 33–47.

Oyelade, Olufikayo Kunle, and Ayokunle Olumuyiwa Omobowale. “The Structure of the Chaplaincy of the Nigerian Army.” *Journal of Sociology and Christianity* 12, no. 2 (2022): 29–42.

Öz, Can, Yüksel, and Songül Duran. “The Effect of Spirituality on the Subjective Recovery of Psychiatric Patients.” *Journal of Religion and Health* 60, no. 4 (2021): 2438–2449.

Paget, Naomi K., and Janet R. McCormack. *Disaster Relief Chaplaincy Training Manual*. Alpharetta, GA: North American Mission Board of Southern Baptist Convention, 2004.

_____. *The Work of the Chaplain*. Valley Forge, PA: Judson, 2011.

Peng-Keller, Simon, et al. “Spiritual Care at the Crossroads: An Ecumenical White Paper on the Future of Christian Healthcare Chaplaincy.” Journal of Religion and Health (2025). https://doi.org/10.1007/s10943-025-02255-0.

Pesut, Barbara, Sheryl Reimer-Kirkham, Richard Sawatzky, Gloria Woodland, and Perry Peverall. “Hospitable Hospitals in a Diverse Society: From Chaplains to Spiritual Care Providers.” *Journal of Religion and Health* 51, no. 3 (2012): 825–836.

Pettigrew, Rachel, and Madison Cawdor. “A Good Death: One Hospice Chaplain’s Approach to End-of-Life Care.” *Work, Employment and Society*, 2024.

Piderman, Katherine M., Dean V. Marek, Sarah M. Jenkins, Mary E. Johnson, James F. Buryska, Tait D. Shanafelt, Floyd G. O’Bryan, et al. “Predicting Patients’ Expectations of Hospital Chaplains: A Multisite Survey.” *Mayo Clinic Proceedings* 85, no. 11 (2010): 1002–1010. Accessed April 4, 2025. https://pmc.ncbi.nlm.nih.gov/articles/PMC2966363/pdf/mayoclinproc_85_11_005.pdf

Puchalski, Christina M., Robert Vitillo, Sharon K. Hull, and Nancy Reller. “Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus.” *Journal of Palliative Medicine* 17, no. 6 (2014): 642–56.

Rabin, Sarah, Natalia Kika, Danielle Lamb, Dominic Murphy, Sharon A. M. Stevelink, Victoria Williamson, Simon Wessely, and Neil Greenberg. “Moral Injuries in Healthcare Workers: What Causes Them and What to Do About Them?” *Journal of Healthcare Leadership* (2023): 153–60.

Reeves, Clifford A. “The Healing Ministry of the Hospital Chaplain.” *The Ministry*, January 1967, 1–36.

Roe, Christopher, and Andrew Parker. “Sport, chaplaincy and holistic support: The Elite Player Performance Plan (EPPP) in English professional football.” In *Chaplaincy and Practical Theology*, pp. 173-186. Routledge, 2022.

Salami, Afeez A., Kehinde K. Kanmodi, and Jimoh Amzat. “The Roles of Chaplains in Dispelling Cancer Myths in Nigeria: A Narrative Review.” *Health Science Reports* 6, no. 8 (2023): e1502.

Sarah Knapp, Benjamin Schaefer, R. Greg Stratton, Timothy J. Usset, Sunil K Yadav & George Fitchett (2025) Chaplain care for health care colleagues: a scoping review, Journal of Health Care Chaplaincy, 31:1, 1-30, DOI: 10.1080/08854726.2024.2386872

Serfioti, Danai, Dominic Murphy, Neil Greenberg, and Victoria Williamson. “Professionals’ Perspectives on Relevant Approaches to Psychological Care in Moral Injury: A Qualitative Study.” *Journal of Clinical Psychology* 79, no. 10 (2023): 2404–2421.

Sheikh, Aziz, and Abdel Gatrad. *Caring for Muslim Patients*. Oxford: Radcliffe Publishing, 2008.

Sofi, Thaddeus Grace. “Creating Holistic Security Frameworks: The Role of Spiritual Intelligence and Legislative Bodies in Nigeria.” (2024): 21–34.

_____. “The Impact of Chaplaincy Activities on the Moral Development of Students in Faith-Based Tertiary Institutions.” *Sapientia Global Journal of Arts, Humanities and Development Studies* 4, no. 2 (2021).

Somogyi, Lehel. The Nature and Role of Health Laws in the Writings of Ellen G. White. Master’s thesis, Andrews University, 2024.

Stavig, Alissa, Lynn A. Bowlby, John P. Oliver, Katherine K. Henderson, Jan Dillard, Elissa Nickolopoulos, and Patrick Hemming. “Patients’, Staff, and Providers’ Factual Knowledge about Hospital Chaplains and Association with Desire for Chaplain Services.” *Journal of General Internal Medicine* 37, no. 3 (2022): 697–699.

Stephens, Christopher WB, and Sue Miller. “Assessing Impact Amongst Chaplains in a University Setting: Phase One of an Action Research Project.” *Journal of Pastoral Care & Counselling 78*, no. 1-2 (2024): 24-34.

Styer, Brian J. Preparing Three Southern Baptist Churches in Mason, Tennessee, as Lighthouses of Hope in Crisis and Disaster: The Intersection of the Firehouse and the Church House During a Global Pandemic. PhD diss., Liberty University, 2024. Accessed April 5, 2025. https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=6706&context=doctoral

Sullivan, Winnifred Fallers. *A Ministry of Presence: Chaplaincy, Spiritual Care, and the Law*. Chicago: University of Chicago Press, 2019.

Swift, Christopher. Hospital Chaplaincy in the Twenty-First Century: The Crisis of Spiritual Care on the NHS. New York: Routledge, 2017.

Tata, Beba, Daniel Nuzum, Karen Murphy, Leila Karimi, and Wendy Cadge. "Staff-Care by Chaplains during COVID-19." *Journal of Pastoral Care & Counseling* 75, no. 1_suppl (2021): 24–29.

Timmins, Fiona, Sílvia Caldeira, Maryanne Murphy, Nicolas Pujol, Greg Sheaf, Elizabeth Weathers, Jacqueline Whelan, and Bernadette Flanagan. "The Role of the Healthcare Chaplain: A Literature Review." *Journal of Health Care Chaplaincy* 24, no. 3 (2018): 87–106.

Thiel, Mary Martha, and Mary Redner Robinson. "Physicians' Collaboration with Chaplains: Difficulties and Benefits." *The Journal of Clinical Ethics* 8, no. 1 (1997): 94–103.

Udoekpo, Michael Ufok. "Re-imagining the Need for Good Hospital Services and Health Care Administration in Catholic Hospitals in Africa: The Nigerian Case." *Edelweiss Applied Science and Technology* 8, no. 6 (2024): 4939–4950.

VandeCreek, Larry, and Laurel Burton, eds. "Professional Chaplaincy: Its Role and Importance in Healthcare." *Journal of Pastoral Care* 55, no. 1 (2001): 81–97.

Vandenhoeck, Chris. Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction. Leuven: Peeters, 2014.

van Nieuw Amerongen, Joke C., Eva Ouwehand, Nienke de Graaf, Linda van Parijs, Hanneke Schaap-Jonker, Arjan W. Braam, Peter J. Verhagen, David H. Rosmarin, and Bart van den Brink. "Introduction of Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT) in The Netherlands: Translation and Adaptation of a Psychotherapy Protocol for Mental Health Care." *Religions* 15, no. 3 (2024): 253.

White, Ellen G. *Counsels for the Church.* Silver Spring, MD: Ellen G. White Estate, 2013. Complete Ellen G. White Writings [CD-ROM].

_____. *Mind, Character, and Personality.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *The Story of Redemption.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Christian Service.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Counsel for the Church.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Counsel on Diet and Food.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

White, Ellen G. *Counsels on Health.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Desire of Ages.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Education.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *From Heaven With Love.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *From Here to Forever.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Gospel Workers.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Gospel Workers.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Healthful Living.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *In The Beginning.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *The Ministry of Healing.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Patriarchs and Prophets.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Testimony for the Physicians and Helpers of the Sanitarium.* Complete Published Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

Wierstra, Iris R., Annemarie Foppen, X. J. S. Rosie, and Anke I. Liefbroer. "Chaplains' Professional Identity and a Structured Approach to Chaplaincy: Mutually Exclusive or Complementary?" *Pastoral Psychology* 73, no. 6 (2024): 799–815.

Willett, George Washington, III. *The Chaplain as Part of the Ministry Leadership Team.* 2022.

Wright, H. Norman. *The New Guide to Crisis and Trauma Counseling*. California, CA: Regal Books, 2003.

CURRICULUM VITAE

BIO DATA

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Date of Birth:	January 21, 1977
Marital Status:	Married
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ACADEMIC HISTORY:

Certificates Obtained Schools	Years
Masters of Chaplaincy (Adventist University of Africa)	(2016 - 2025 in View)
Bachelor of Arts (Cum Laude in Theology)	
Babcock University	2009
Senior School Certificate (WAEC)	
Jibowu High School Yaba - Lagos	1997
Senior School Certificate (NECO)	
Meved Int'l School, Port Harcourt	2004
School Leaving Certificate	
National Primary School, Azumini - Ndoki	1991

AUXILIARY TRAININGS:

SunPlus®	
Eastern Nigeria Union Conference of SDA Church	2016, 2019
Website Development (Self-Thought)	2017
Android App Development (Self-Thought)	2022
Project Management/ Computer Proficiency Babcock University (New Horizon)	2009

WORK EXPERIENCES:

Organizations Served	**Positions Held**	**Years**
Seventh-day Adventist Church	District Pastor	2010-Till Date
Aba South Conference	Director for Global Mission/ Communication/ Trust Services	2020–Till Date
Aba South Conference	Director for Stewardship/ Communication/ Trust Services	2017 –2020
Master of Chaplaincy, Adventist Uni. Africa	Class Rep./ President WAD 2016 Cohort (Babcock University)	
Crystal Graduating Class	Chaplain	2009

Living Spring Seventh-day Adventist Church

Babcock University	Associate Pastor	2006 - 2009
Babcock University Work-Study	Student-Chaplain	2007 - 2009
Babcock University Work-Study	Janitor/ Cleaner	2007
Babcock University Theology Club	Business Venture Director	2008
CICO Holdings – Port Harcourt	Foreman	2001 - 2005
Melprinco Enterprises	Manager	1999 - 2001