

## THESIS ABSTRACT

Master of Chaplaincy

Adventist University of Africa

Theological Seminary

Title: PERCEPTIONS OF MEDICAL PERSONNEL TOWARDS CHAPLAINCY SERVICES IN SELECTED HOSPITALS IN WESTERN UGANDA

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Spiritual care is a key component of holistic health, especially in hospital environments where patients face physical, emotional, and psychological pain. In Uganda, chaplaincy is still growing within the medical field and often misunderstood or underutilized. This study was conducted to understand how medical personnel perceive the function and impact of chaplaincy work in healthcare delivery across selected hospitals in Western Uganda. It sought to answer: *How do medical professionals view chaplains? Do they recognize the value chaplains add to patient care? What is their general attitude toward spiritual support in medical settings?*

**Study Intention:** The intention of this research was to analyze the attitudes and opinions of medical personnel, doctors, nurses, dentists,

Orthopedists, and radiologists, toward chaplaincy services in five selected hospitals: Mbarara Regional Referral Hospital, Comboni Catholic Hospital, Mishanga Catholic Hospital, Divine Mercy Hospital, and Ishaka Adventist Hospital. It aimed to establish the level of partnership between healthcare professionals and chaplaincy personnel and to explore whether chaplaincy is recognized as an essential part of healthcare Team.

**Methodology:** A quantitative research design was used for this study. The total study population consisted of 320 medical personnel from the five hospitals mentioned above. Using a combination of stratified random sampling (to ensure fair representation of departments) and purposive sampling (targeting those with relevant experience), participants were selected. A structured questionnaire based on the Likert scale was distributed to gather data. Data was analyzed using SPSS version 30, applying both descriptive statistics (frequencies, percentages) and inferential statistics (correlation analysis).

**Key Findings:** Results showed a strong positive correlation between the presence of chaplaincy services and the positive perceptions of medical staff. As chaplains increased their spiritual and emotional care efforts, the opinions of medical personnel improved significantly. The calculated Pearson correlation coefficient was  $r = 0.943$ , and  $r^2 = 0.889$ , which means approximately 88.9% of the variation in medical personnel's opinions can be explained by the quality and presence of chaplaincy services.

Many respondents acknowledged that chaplains contributed to emotional peace, spiritual guidance, and patient recovery. Medical personnel also admitted that patients often show signs of spiritual distress, especially when facing

Terminal illness or major surgeries. In such situations, chaplains offered comfort through prayer, listening, and compassionate presence.

**Conclusion:** The study concluded that chaplaincy services are essential in providing emotional and spiritual support to patients, families, and even staff. Chaplains play a sacred and therapeutic role, helping patients find meaning in suffering, regain hope, and experience peace in challenging moments. Medical professionals showed a growing appreciation for chaplaincy, particularly in faith-based hospitals, though gaps in full integration still exist.

**Recommendations:**

- Hospital administrators should incorporate chaplains more fully into patient care teams.
- Chaplains should seek continuous professional development in both chaplaincy and basic health knowledge to work closely with doctors and nurses.
- Physicians are encouraged to promote interdisciplinary collaboration and recognize the chaplain as a fellow care provider, not just a religious leader.
- Uganda's Ministry of Health and religious bodies should develop policies that allow for the formal training, certification, and employment of hospital chaplains in both public and private healthcare settings.

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A thesis

presented in partial fulfillment  
of the requirements for the degree  
Master of Chaplaincy

by

Baingana Moses Mwijukye

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This work is dedicated to my family for their unwavering support, love, encouragement, and guidance throughout my academic journey.

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CHAPTER 1  
INTRODUCTION

**Background of the study**

This Chaplaincy and pastoral care have long been part of Christian ministry, with roots tracing back to the early Christian Church. Over time, chaplaincy has developed into a structured form of spiritual care offered in various institutional settings, including healthcare institutions, where it addresses the emotional, spiritual, and psychological needs of patients, families, and staff.

In healthcare environments, spiritual care is increasingly recognized as an important component of holistic care. Many patients draw upon their spiritual and religious beliefs to cope with illness, suffering, and uncertainty, and often desire that their spiritual values be considered in their treatment process<sup>1</sup> This has contributed to the growing recognition of chaplains as part of interdisciplinary healthcare teams.

However, while much attention<sup>2</sup> has been given to patients' perceptions and benefits of chaplaincy services, fewer studies have focused on the perceptions of

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<sup>1</sup> Christopher J. L. Cunningham, 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): 1231–1247; George Handzo and Harold G. Koenig, "Spiritual Care: Whose Job Is It Anyway?" *Southern Medical Journal* 97, no. 12 (2004): 1242–1244.

<sup>2</sup> Patrick Hemming, Paula J. Teague Thomas Crowe and Rachel Levine, "Chaplains on the Medical Team: A Qualitative Analysis of an Interprofessional Curriculum for Internal Medicine Residents and Chaplain Interns," *Journal of Religion and Health* 55, no. (2015): 560–571; Brian P. Hughes, Kevin Massey, Lindsay Bona, Marilyn J. D. Barnes, Paul Nash, and Eric J. Hall, *The Chaplaincy Taxonomy: Standardizing Spiritual Care Terminology* (HealthCare Chaplaincy Network, 2019), 4, accessed 30 May 2022, <https://sdcoalition.org/wordpresssite/wp-content/uploads/2020/08/taxonomy-for-chaplains.pdf>.

medical personnel regarding the role of chaplains in healthcare delivery. This gap is significant because medical personnel work closely with chaplains in clinical settings, and their understanding and acceptance of chaplaincy services can influence the effectiveness of spiritual care integration of the hospital chaplain in healthcare delivery and the extent to which chaplains contribute to holistic care and the need to make chaplaincy care an integral part of healthcare.<sup>3</sup> Furthermore, existing literature has largely emphasized patient-centered outcomes, with limited exploration of how healthcare providers perceive, interact with, and value chaplaincy services within hospital systems. This creates a need to examine the perceptions of medical personnel toward chaplaincy services in order to better understand their role in holistic healthcare delivery. However, studies are still scarce on the perceptions of medical personnel regarding Chaplaincy services within the healthcare system. This study will thus find out how spiritual/religious needs are needed by chaplains in their spiritual care within the Health Care system.

There has been a lack of adequate knowledge of medical personnel regarding factors influencing their perceptions of the role of chaplaincy as health workers may not fully engage with or understand chaplaincy services<sup>4</sup>, even though most of them in one way or another other rely on their spiritual and religious beliefs to cope with and also want their spiritual values taking into account in planning their treatment.<sup>5</sup> This

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<sup>3</sup> Koenig and Handzo, "Spiritual Care: Whose Job Is It Anyway?" 1242–1244.; Hughes et al., *The Chaplaincy Taxonomy*, 4.

<sup>4</sup> Tara Liberman, Andrzej Kozikowski, Maria Carney, Myriam Kline, Abraham Axelrud, Alexandra Ofer, Michelle Rossetti, and Renee Pekmezaris, "Knowledge, Attitudes, and Interactions with Chaplains and Nursing Staff Outcomes: A Survey Study," *Journal of Religion and Health* 59, no. 5 (2020): 2308–2322.

<sup>5</sup> Deborah B. Marin, 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): 14–24.

study will find out factors influencing medical personnels perceptions on the role of chaplaincy.

Studies focusing on the roles and activities of chaplains have predominantly concentrated on inpatient settings, with notable exceptions in outpatient palliative care and oncology. However, chaplain involvement in outpatient mental health teams remains minimal, despite the recognized importance of religion and spirituality R/S in mental health <sup>[14]</sup>. Limited chaplaincy presence on mental health teams is unfortunate given that medical personnel especially psychiatrists are more likely to encounter spirituality issues than are other physicians, which further highlight the importance of understanding their perceptions toward chaplaincy services.

Despite the presence of a chaplain in outpatient SUD treatment clinics, chaplaincy services appeared to be underutilized. From the perspective of medical personnel, this underutilization may be influenced by their perceptions, awareness, and engagement with chaplaincy services. Besides, the limited published information about chaplaincy service utilization in outpatient settings, the study seeks to understand the reasons that may account for this underutilization, with particular focus on medical personnels perceptions.

Globally, the function of hospital chaplains is relatively recent when considered in light of their defined professional responsibilities. Nevertheless, chaplains have existed for as long as hospitals themselves. Swift points out the challenge of identifying the precise period when hospitals, resembling today's institutions, first appeared in Europe. However, he notes a significant rise in hospital development between 1066 and 1540 AD. Furthermore, Swift emphasizes the vital role chaplains played in these institutions, particularly in leading worship services and providing for the needs of the poor and hungry. Medicare reimburses medical

facilities based on CPT codes for services rendered; nevertheless, reimbursements have decreased as expenditures have increased, in keeping with the Sustainable Growth Rate Formula. These historical and structural developments highlight the evolving context within which medical personnel interact with chaplaincy services and shape their perceptions of its role in healthcare.

Worldwide, healthcare chaplains are trained to work as members of interdisciplinary healthcare teams to assist patients, families, and staff with their religious and spiritual (R/S) needs.<sup>6</sup> The integration of chaplains into healthcare is positively associated with patient outcomes and satisfaction, employee engagement and retention, and savings in healthcare spending, regardless of whether patients directly request chaplaincy services.<sup>7</sup> However the extent to which these benefits are realized often depends on how medical personnel perceive and collaborate with chaplaincy services within clinical settings.

Chaplains working in medical centers have a graduate theological degree, faith group ordination, and 1600hrs of Clinical Pastoral Education in a healthcare setting.<sup>8</sup> In developed nations, veterans' health administration, chaplains provide "in-depth assessment, evaluation, and treatment of patients", developing "close working relationships with staff members of other professional health care disciplines."<sup>9</sup> Such collaboration underscores the importance of understanding medical personnels

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<sup>6</sup> Cunningham et al., "Perceptions of Chaplains' Value and Impact within Hospital Care Teams," 1231–1247.

<sup>7</sup> Hemming et al., "Chaplains on the Medical Team," 560–571.

<sup>8</sup> Handzo and Koenig, "Spiritual Care: Whose Job Is It Anyway?" 1242–1244.

<sup>9</sup> Hughes et al., *The Chaplaincy Taxonomy*.

perceptions, as these relationships directly influence the effectiveness of chaplaincy services.

A number of public health agencies, most notably the World Health Organization (WHO), believe that spirituality plays a critical role in one's overall health. Patients frequently report that spirituality is a significant factor in determining their current state of health, according to the WHO and other public health organizations.<sup>10</sup> Patients consistently score spiritual matters as high on their list of concerns.<sup>11</sup> There is growing international recognition of the importance of whole-person medicine.<sup>12</sup> In this context medical personnel's perceptions of spiritual care and chaplaincy services become essential in determining how well such holistic care is implemented in practice.

In the United Kingdom (UK), the General Medical Council's (GMC) guidance outlined in the document *Tomorrow's Doctors* advises that medical students should understand and value the significance of clinical, psychological, spiritual, religious, social, and cultural dimensions. It further stresses the importance of honoring patients' rights to hold religious or other personal beliefs and encourages medical personnel to integrate these dimensions into care, which is closely influenced by their perceptions and attitudes toward chaplaincy services incorporating these beliefs into care decisions when they are relevant to treatment options.<sup>13</sup>

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<sup>10</sup> Handzo and Koenig, "Spiritual Care: Whose Job Is It Anyway?" 1242–1244.

<sup>11</sup> Cunningham et al., "Perceptions of Chaplains' Value and Impact within Hospital Care Teams," 1231–1247

<sup>12</sup> Hemming et al., "Chaplains on the Medical Team," 560–571.

<sup>13</sup> Paul N. van de Water, "Moving forward with Health Reform: The Sustainable Growth Rate Formula and Health Reform," posted April 21, 2010, accessed 30 May 2022, <http://www.cbpp.org/cms/?fa=view&id=3166>; Marianne C. Sailus, "The Role of the Chaplain in the Interdisciplinary Care of the Rehabilitation Patient," *Rehabilitation Nursing* 42, no. 2 (2017): 90-96; Elaine Wittenberg-Lyles, Debra Parker Oliver, George Demiris, Paula Baldwin, and Kelly Regehr,

In Africa, few patients request to meet a chaplain,<sup>14</sup> however many who want to discuss their spiritual concerns would rather speak with someone skilled in this field than their physician. Many doctors in the latter group are uncomfortable discussing religious and spiritual issues and cherish the ability to refer patients to chaplains.<sup>15</sup> Though physicians are concerned, most patients show a wish to discuss their religious and spiritual needs with a healthcare provider, especially in cases involving serious diseases. These dynamics highlight the importance of examining how medical personnel perceive chaplaincy services and their role within healthcare delivery.

In hospitals in Africa, there are significant variations in healthcare systems, religious practices, and cultural norms. The effects of a healthcare professional's workplace and area of specialization on their own spirituality are equally unclear.<sup>16</sup> These variations may influence medical personnel's perceptions of chaplaincy and the extent to which spiritual care is integrated into clinical practice. It is unclear how these influences collectively affect both the practice and the teaching of whole person medicine at the undergraduate level.<sup>17</sup>

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"Communication Dynamics in Hospice Teams: Understanding the Role of the Chaplain in Interdisciplinary Team Collaboration," *Journal of Palliative Medicine* 11, no. 10 (2008): 1330-1335

<sup>14</sup> Liberman et al., "Knowledge, Attitudes, and Interactions with Chaplains and Nursing Staff Outcomes," 2308-2322

<sup>15</sup> Cunningham et al., "Perceptions of Chaplains' Value and Impact within Hospital Care Teams," 1231-1247; Roberta S. Loewy and Erich H. Loewy, "Healthcare and the Hospital Chaplain," *Medscape*, accessed 12 June 2022, <http://www.medscape.com/viewarticle/552447>.

<sup>16</sup> Kenneth I. Pargament and Annette Mahoney, "Sacred Matters: Sanctification as a Vital Topic for the Psychology of Religion," *The International Journal for the Psychology of Religion* 15, no. 3 (2005): 179-199.

<sup>17</sup> Kenneth I. Pargament, Bruce W. Smith, Harold G. Koenig, and Lisa Perez, "Patterns of Positive and Negative Religious Coping with Major Life Stressors," *Journal for the Scientific Study of Religion* 37, no. 4 (1998): 710-724; Kurt H. Parkum, "The Impact of Chaplaincy Services in Selected Hospitals in the Eastern United States," *Journal of Pastoral Care* 34, no. 3 (1985): 262-269.

A study conducted in Belfast, United Kingdom, and published in a medical journal examined the attitudes of a cohort of healthcare professionals working in a small community hospital in Uganda about addressing spiritual topics in patient care and training. The findings included participant views of the relative importance and attitudes toward the different components of whole-person medicine; the proportion of participants who thought that spirituality had a major influence on the interactions and results of healthcare; and the extent to which these subjects should be taught in undergraduate curricula. Such findings emphasize the need to understand medical personnels perceptions of chaplaincy in different healthcare contexts.

The Ugandan cohort included both colleagues on elective placement at the hospital and Ugandan nationals, thus it was possible to assess how much, if at all, cultural attitudes overlapped or varied. Inter-professional discrepancies were also examined by comparing the viewpoints of medical professionals, clinical officers, and medical students with those of nurses and student nurses. These differences further suggest that perceptions of chaplaincy may vary across professional groups within healthcare settings.

Theoretically, Chaplaincy care has not historically been driven by theory. Theory is usually taken from other subjects when it is employed at all. Chaplains, in Mill Spaugh's opinion, start by just being there for their patients in an effort to help them find new meaning in their suffering.<sup>18</sup> Additionally, Mill Spaugh asserts that the chaplain's presence is necessary to restore the patient's capacity for feeling some control, a sense of power, and a transcendent purpose, as well as their capacity to

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<sup>18</sup> Fiona Timmins, 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.

receive and give love.<sup>19</sup> However, how medical personnel perceive these chaplaincy approaches influences their acceptance and collaboration with chaplains in clinical settings.

The idea that love is the source of all care is equally significant as that which La Rocca-Pitts so eloquently presents.<sup>20</sup> Four factors are necessary for a chaplain and patient to develop a true therapeutic relationship. The four elements of the model are congruence, positivity and acceptance, and empathy. The fourth element, presence, can be derived from the previous three and enables the therapist to be totally present in the moment with the client,<sup>21</sup> as suggested by Rogers in a 2000 interview, by having ten psychotherapists describe how they feel present with their clients.<sup>22</sup>

The study's conclusions suggest three areas to focus on when providing therapeutic presence: setting up the environment for feeling presence; engaging in activities that help people experience presence; and providing unconditional positive regard, which is the experience of presence. Chaplain Kit Hall has created and used an assessment questionnaire to assist her get ready to offer presence to people she visits, based on Geller and Greenberg's work from 2002.<sup>23</sup> These approaches further

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<sup>19</sup> Mill Spough "Spirituality and Religion in Psychiatric Rehabilitation and Recovery from Mental Illness," *International Review of Psychiatry* 13, no. 2 (200p): 110-116.

<sup>20</sup> M. LaRocca-Pitts, "Agape Care: A Pastoral and Spiritual Care Continuum," *Plainview's* 3, no. 2 (2006), accessed 25 April 2021, [http://www.plainviews.org/AR/c/v3n2/a\\_p.htm](http://www.plainviews.org/AR/c/v3n2/a_p.htm).

<sup>21</sup> William L. Iler, Don Obenshain and Mary Camac, "The Impact of Daily Visits from Chaplains on Patients with Chronic Obstructive Pulmonary Disease (COPD): A Pilot Study," *Chaplaincy Today* 17, no. 1 (2002): 5-11.

<sup>22</sup> Joshua A. Williams, David Meltzer, Vineet Arora, Grace Chung, and Farr A. Curlin, "Attention to Inpatients' Religious and Spiritual Concerns: Predictors and Association with Patient Satisfaction," *Journal of General Internal Medicine* 26, 11 (2011): 1265-1271.

<sup>23</sup> Kevin Massey, 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. 10 (2015): 1-8.

reinforce the importance of understanding how medical personnel perceive and value chaplaincy practices in healthcare.

Decision analysis to characterize the activities surrounding the preparation for presence and the depth that occurs in the discourse that takes place between the chaplain and patient, furthering the debate on the experience of presence.<sup>24</sup> The findings of their study indicate that the Chaplain facilitates the patient's self-disclosure of issues or thoughts by adopting a courteous and concentrated demeanor during the talk. Linguistic politeness is this nice attitude; it is more nuanced than ordinary politeness.<sup>25</sup>

### **Terminology Clarification**

In this study, the terms *chaplain*, *pastoral care provider*, and *spiritual care provider* are used to refer to individuals who offer spiritual, emotional, and religious support within healthcare settings. However, for consistency, this study will primarily use the term “chaplain” to represent all such roles within hospital environments.

### **Statement of the Problem**

Despite the vital role of spirituality in healthcare, hospital chaplaincy services are often not clearly understood and insufficiently integrated into the healthcare system. In many cases, chaplains are perceived by some medical personnel as "unprofessional."<sup>26</sup> a perception that is associated with lack of standardized training,

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<sup>24</sup> George F. Handzo, Kevin J. Flannelly, Taryn Kudler, Sarah L. Fogg, Stephen R. Harding, Yusuf H. Hasan, A. Meigs Ross, and Bonita E. Taylor, “What Do Chaplains Really Do? II. Interventions in the New York Chaplaincy Study,” *Journal of Health Care Chaplaincy* 14, no. 1 (2008): 39–56.

<sup>25</sup> Sofia Gomez, 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.

<sup>26</sup>Protestant Medical Bureau – Mbarara Office, 2020

unclear roles, and limited collaboration within medical teams. This situation creates a gap in healthcare delivery because the actual opinions of medical personnel toward chaplaincy services and their roles in patient care are not clearly known, especially in hospitals in Western Uganda.

As a result, chaplaincy services are often underutilized, leading to **limited provision of spiritual care to patients**, particularly during times of illness, suffering, and emotional distress. This affects the delivery of holistic care, which requires the integration of physical, emotional, and spiritual support.<sup>27</sup> Scholars argue that when spiritual care providers are not well understood within healthcare settings, their contributions are undervalued, leading to leading to marginalization.<sup>28</sup> that limits their effectiveness and deprives patients.<sup>29</sup> of holistic care that integrates medical and spiritual support; this shows that unclear or negative perceptions among medical personnel significantly weaken the recognition and impact of chaplaincy services in hospitals or healthcare settings.<sup>30</sup> And furthermore, it remains unclear which factors influence these perceptions, such as personal beliefs, professional responsibilities, departmental exposure, and experience with spiritual care..

Therefore, it is important to examine medical personnel's perceptions toward chaplaincy services and the factors influencing them in selected hospitals in Western

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<sup>27</sup> George Fitchett, "Recent Progress in Chaplaincy-Related Research," *Journal of Pastoral Care Counseling* 71, no. 3 (2017):163-175. 10.1177/1542305017724811; Steve Nolan, "Lifting the Lid on Chaplaincy: A First Look at Findings from Chaplains' Case Study Research," *Journal of Healthcare Chaplaincy* 27, no. 1 (2021):1-23, 10.1080/08854726.2019.1603916.

<sup>28</sup> Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Health Care Chaplaincy* 0 (2018): 1–16, <https://wendycadge.com/wp-content/uploads/2019/07/Cadge-2018-Healthcare-Chaplaincy.pdf>

<sup>29</sup> Handzo and Koenig, "Spiritual Care: Whose Job Is It Anyway?" 1242–1244.

<sup>30</sup> Christina M. Puchalski, "Improving the spiritual dimension of whole person care: reaching national and international consensus," *Journal of Palliative Medicine* 17, no. 6 (2014): 642-656, 10.1089/jpm.2014.9427; Harold G. Koenig, *Religion and Mental Health: Research and Clinical Applications* (Cambridge: Academic Press, .2018).

Uganda, in order to improve the understanding and integration of chaplaincy services in healthcare.

### **Purpose of the study**

The purpose of this study was to determine the perceptions of medical personnel toward chaplaincy services in selected hospitals in Western Uganda, specifically Mbarara Regional Referral Hospital (A), Comboni Catholic Hospital (B), Mishanga Catholic Hospital (C), Devine Mercy Hospital (D), and Ishaka Adventist Hospital (E).

### **Objectives of the Study**

- i. To examine medical personnel's opinions on the role of chaplains from the selected hospitals
- ii. To identify the determinants influencing medical personnel's perceptions on the role of chaplaincy from the selected hospitals

### **Research Questions**

- i. What are medical personnel's opinions on the role of chaplains from the selected hospitals?
- ii. What are the determinants influencing medical personnel's perceptions on the role of chaplaincy from the selected hospitals?

### **Hypotheses**

This study is guided by both Null Hypotheses ( $H_0$ ) and Alternative Hypotheses ( $H_1$ ) as follows:

- $H_{01}$ : There is no significant relationship between medical personnel's opinions and the role of chaplains in the selected hospitals.

- H<sub>11</sub>: There is a significant relationship between medical personnel's opinions and the role of chaplains in the selected hospitals.
- H<sub>02</sub>: There are no significant determinants influencing medical personnel's perceptions of the role of chaplaincy in the selected hospitals.
- H<sub>12</sub>: There are significant determinants influencing medical personnel's perceptions of the role of chaplaincy in the selected hospitals.

### **Scope of the Study**

The study assessed medical personnels perception toward chaplaincy services in selected hospitals in western Uganda. This was conducted at selected hospitals of; Mbarara referral hospital, Comboni catholic hospital, Mishanga catholic hospital, Devine mercy hospital and Ishaka Adventist hospital for a period of 1 year between, May 2023 to august, 2024.

### **Justification**

The value of spiritual care can provide important insight into healthcare delivery and influences how medical personnel perceive and integrate chaplaincy services into patient care. Chaplains can support healthcare teams by addressing patients spiritual and emotional needs, thereby contributing to holistic care. Understanding medical personnels perceptions of chaplaincy services will help improve collaboration between healthcare providers and chaplains, leading to better integration of spiritual care within medical practice.

This may also support the development of complementary approaches to care that are cost-effective, appropriate, and beneficial to patient outcomes.

## **Methodology**

This study employed a quantitative research approach to systematically investigate medical personnel's perceptions toward chaplaincy services. The quantitative approach involved obtaining data from a selected sample of respondents, which served as a basis for making inferences about the larger population. This method allowed for the measurement of the relationship between independent and dependent variables, enabling statistical analysis to determine patterns, trends, and correlations. By utilizing quantitative techniques, the study generated objective and measurable findings that contributed to a better understanding of how medical personnel perceive and support chaplaincy services within healthcare settings.

## **Limitations**

The study was limited by the size and diversity of the sample. Conducting research on medical personnel's perceptions of chaplaincy services involved logistical challenges, and as a result, the sample size was relatively small.

Secondly, research involving medical personnel raised ethical considerations, requiring careful handling to ensure that participation did not cause discomfort or bias in responses, especially when exploring personal perceptions related to spirituality and chaplaincy services.

## **Delimitations**

This study was limited to selected hospitals in Western Uganda and focused specifically on medical personnel's perceptions toward chaplaincy services. Although similar challenges may exist across Uganda, the study concentrated on selected institutions for feasibility.

## **Implications**

The outcomes of this study may contribute to the existing knowledge by providing insights into how medical personnel perceive chaplaincy services and the factors influencing these perceptions.

The findings may help policymakers, educators, and healthcare administrators develop strategies to improve the integration of chaplaincy services into healthcare systems by addressing gaps in awareness, collaboration, and acceptance among medical personnel.

Ultimately, the study aims to support improved healthcare delivery by strengthening the role of chaplaincy through positive medical personnel perceptions and enhanced interdisciplinary collaboration.

## **Significance of the Study**

### **Medical Personnel**

The study may help medical personnel better understand the role of chaplaincy services and how these services contribute to holistic patient care. This may enhance collaboration between healthcare providers and chaplains.

### **Healthcare Institutions**

The study may provide valuable information that can guide hospital management in improving the integration of chaplaincy services into healthcare systems.

## Patients

Although the focus is on medical personnel, improved perceptions and integration of chaplaincy services may indirectly benefit patients through enhanced holistic care.

## Conceptual Framework

A conceptual framework in research is an organized model that outlines the main variables, and their relationships in a study.

Independent variables: Factors influencing medical personnel's perceptions (e.g., experience, exposure to chaplaincy, religious background)

Dependent variable: Medical personnel's perceptions of chaplaincy services

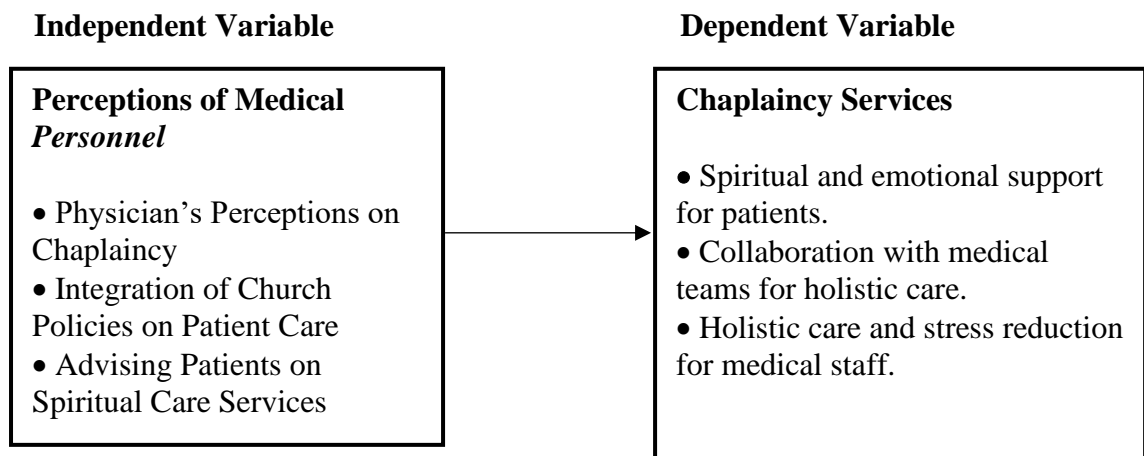


Figure 1. Conceptual Framework

## Definitions of Key Operational Terms

*Chaplaincy Services*, refer to activities offered or facilitated by chaplains to address the spiritual and religious needs of individuals, regardless of their specific beliefs.

*Chaplains*, are qualified professionals and representatives of religious or spiritual communities who provide or facilitate spiritual care in settings such as hospitals, the military, prisons, or schools. They ensure that the spiritual needs of individuals are respected and appropriately addressed.

*Medical Care*, refers to services provided by licensed healthcare professionals, such as doctors, nurses, dentists, and other practitioners, including recognized traditional healers. It includes diagnosis, treatment, prevention of disease, and other healing practices recognized by law or relevant authorities.

*Medical Personnel*, refer to individuals assigned to perform medical duties either permanently or temporarily. Their roles include diagnosis, treatment, disease prevention, and the management of healthcare services and facilities.

*Pastoral Care*, refers to emotional, social, and spiritual support offered to individuals in need. It includes both religious and non-religious approaches and is practiced in various faith-based and secular settings.

*Patient*, refers to an individual receiving healthcare services due to illness, injury, or other health-related conditions and is attended to by healthcare professionals.

*Religious and Spiritual Practice*, refers to activities such as religious rites, prayers, and spiritual rituals practiced by recognized faith groups, aimed at providing spiritual support similar to that experienced within the wider community.

## CHAPTER 2

### BIBLICAL AND THEOLOGICAL FOUNDATIONS

This chapter explores the biblical and theological foundations of chaplaincy in healthcare settings. It includes a review of relevant literature, Biblical perspectives, and selected writings from Ellen G. White, together with insights from scholarly sources. The focus is on medical personnel's perceptions of chaplaincy services, the distinct roles of chaplains in healthcare, and the factors influencing these perceptions.

#### **Conceptual Review**

The definition, function, and accountability of spiritual care differ amongst healthcare delivery systems as well as between patients and other healthcare professionals.<sup>1</sup> As stated in their job description, spiritual care providers seek to "offer a sense of God's attentiveness and compassion in the midst of suffering and struggle."<sup>2</sup> And consider handling crises as their main duty.<sup>3</sup> Chaplains primarily provide spiritual care through counseling, emotional support, prayer, and presence, especially during times of illness and crisis. Spiritual care providers speak of healing

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<sup>1</sup> Wendy Cadge, Katherine Calle, and Jennifer Dillinger "What Do Chaplains Contribute to Large Academic Hospitals? The Perspectives of Pediatric Physicians and Chaplains," *Journal of Religion & Health* 50, no. 2 (2011): 300-312.

<sup>2</sup> Katherine M. Piderman, Dean V. Marek, Sarah M. Jenkins, Mary E. Johnson, James F. Buryska, and Paul S. Mueller, "Patients' Expectations of Hospital Chaplains," *Mayo Clinic Proceedings* 83, no. 1, (2008): 58-65.

<sup>3</sup> Michele Le Doux Sakurai, "The Challenge and Heart of Chaplaincy: Recent Decades Have Brought a Host of Changes to the Health Care Chaplain's Role," *Health Progress* 82, no. 1 (2003): 26-28.

in the healthcare context as an outcome of relationships and value the attention they can pay to healing as well as the spiritual and emotional support they offer.<sup>4</sup> In this study, however, the emphasis is not only on what chaplains do, but on how medical personnel perceive these roles within the healthcare system. This distinction helps to examine whether medical personnel recognize, value, or underutilize chaplaincy services in clinical settings.

Hospital patients were asked to rate the use of specified reasons for requesting a chaplain visit in a Mayo Clinic study from their point of view. The most often cited reason was "to be reminded of God's presence and care."<sup>5</sup> Patients value spiritual care providers for their ability to listen, being there for them in difficult times, and the care they give their families.<sup>6</sup> While opinions on their value differ, spiritual care specialists have long been involved in the acute treatment of hospital patients. However, while these findings highlight patients' experiences, this study specifically focuses on how medical personnel perceive the role of chaplaincy services within healthcare settings. When patients and their families use hospital and chaplain services, they are inherently vulnerable. Payouts have fallen while expenses have risen under Medicare's.

Including chaplains within healthcare teams is positively linked to better patient outcomes and satisfaction, increased staff engagement and retention, and lower healthcare costs, even when patients do not specifically request for chaplaincy services. Despite these documented benefits, the integration of chaplaincy services

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<sup>4</sup> Cadge, Calle, and Dillinger, "What Do Chaplains contribute to Large Academic Hospitals?" 300-312.

<sup>5</sup> Piderman, et al., "Patients' Expectations of Hospital Chaplains," 58-65.

<sup>6</sup> Piderman, et al., "Patients' Expectations of Hospital Chaplains," 58-65.

often depends on medical personnel's perceptions, awareness, and acceptance of chaplains within clinical practice.

However, this has not been done, mainly due to lack of adequate knowledge about the fact that chaplaincy service should be given in the facilities to help them (patients) to cope with whatever ailment or healthcare problems they are confronted with; many patients fail to access this care partly due to medical personnel's limited understanding, attitudes, and perceptions toward chaplaincy services, rather than patients' lack of spiritual need, due to health providers perception and on their spiritual and religious beliefs to cope with patients. Sustainable Growth Rate Formula, which pays medical facilities for services rendered using CPT codes.<sup>7</sup>

Spiritual care has different definitions, roles, and responsibilities among patients that involves respecting the diversity of human spirituality and providing support that honors and validates each individual's beliefs and values.<sup>8</sup> Hospital chaplains must be certified by one of five agencies with common requirements as follows: (a) a graduate theological education; (b) endorsement in a particular faith tradition; (c) clinical pastoral education equivalent to one year of post-graduate education; and (d) established clinical competencies. These qualifications define the professional roles of chaplains; however, their effectiveness in healthcare settings largely depends on how medical personnel perceive, recognize, and collaborate with

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<sup>7</sup> van de Water, "Moving forward with Health Reform: The Sustainable Growth Rate Formula and Health Reform.;" Stuart Guterman, Mark A. Zezza, and Cathy Schoen, "Paying for Value: Replacing Medicare's Sustainable Growth Rate Formula with Incentives to Improve Care," *Commonwealth Fund* 16 (2013): 1-12, accessed 17 March 2021, [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_issue\\_brief\\_2013\\_mar\\_1678\\_guterman\\_paying\\_for\\_value\\_ib.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_issue_brief_2013_mar_1678_guterman_paying_for_value_ib.pdf).

<sup>8</sup> Cadge, Calle, and Dillinger, "What Do Chaplains contribute to Large Academic Hospitals?" 300-312; Piderman, et al., "Patients' Expectations of Hospital Chaplains," 58-65.

them. Hospital chaplains are required to obtain certification from one of five agencies.<sup>9</sup>

Chaplains provided the families with viewpoints of "wholeness, presence, and healing," and they had a wide understanding of their role in patient care. It was discovered by the researchers, that certain pediatricians perceived chaplains as valuable members of the interdisciplinary team who offered assistance to patients and their families, especially during times of end-of-life care.<sup>10</sup> Nevertheless, variations still exist in how medical personnel perceive and utilize chaplaincy services, which directly influences their level of integration into healthcare systems. "Chaplain" and "spiritual care worker" are used interchangeably. While "chaplain" usually had a limited emphasis with religious implications, the term "spiritual care worker" was introduced to illustrate the more comprehensive work that these persons provide for the spiritual care of patients and their families. As stated in their job description, spiritual care providers seek to "offer a sense of God's attentiveness and compassion in the midst of suffering and struggle."<sup>11</sup> And responding to crises is a fundamental aspect of spiritual care, providing vital support and guidance to individuals as they navigate the challenges of life's most difficult moments or crisis.<sup>12</sup> In addition to speaking about healing in the hospital setting as the result of relationships, spiritual care professionals value the attention they can pay to healing and the spiritual and

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<sup>9</sup> Sakurai, "The Challenge and Heart of Chaplaincy: Recent Decades Have Brought a Host of Changes to the Health Care Chaplain's Role," 26-28.

<sup>10</sup> Cadge, Calle, and Dillinger, "What Do Chaplains contribute to Large Academic Hospitals?" 300-312.

<sup>11</sup> Piderman, et al., "Patients' expectations of Hospital Chaplains," 58-65.

<sup>12</sup> Sakurai, "The Challenge and Heart of Chaplaincy: Recent Decades Have Brought a Host of Changes to the Health Care Chaplain's Role," 26-28.

emotional support they offer.<sup>13</sup> In this study, these roles are examined in relation to how medical personnel interpret, understand, and respond to them within hospital settings.

According to VandeCreek, spiritual care is when chaplains provide medical attention to patients' subjective spiritual and religious worlds, which are made up of their views, presumptions, emotions, and beliefs about how the sacred relates to their illness, hospital stay, potential death, and recovery.<sup>14</sup> Whereas chaplaincy care, according to Purdy, is a type of palliative care that attends to spiritual concerns.<sup>15</sup> He however expresses that there are questions that chaplains are unable to address. It is noteworthy to mention that chaplains engage in meaningful conversations with patients regarding life purpose, God's existence, hell, heaven, and the significance of being a human being with a finite life.<sup>16</sup> While these perspectives explain chaplaincy roles, this study is concerned with whether and how medical personnel perceive these roles as relevant and essential in-patient care.

### **Theoretical Framework**

The bio-psychosocial-spiritual model that evaluates the client in four domains: biological, psychological, social, and spiritual.<sup>17</sup> According to Hroscikoski, medicine follows a cause-and-effect approach and is wholly materialistic. Science and faith in

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<sup>13</sup> Cadge, Calle, and Dillinger, "What Do Chaplains contribute to Large Academic Hospitals?" 300-312.

<sup>14</sup> L.VandeCreek and Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare" *Journal of Pastoral Care* 55, no. 1 (2001): 81-97.

<sup>15</sup> ACPE Research, "Spiritual Care Initiative for Professional Excellence," accessed 21 June 2021, <http://www.acperesearch.net/IIP.html>

<sup>16</sup> ACPE Research, "Spiritual Care Initiative for Professional Excellence."

<sup>17</sup> Meghan H. Lacks and Angela L Lamson, "The Biopsychosocial-spiritual Health of Active Duty Women," *Mental Health, Religion & Culture* 21, no. 7 (2018): 707-720, <https://doi.org/10.1080/13674676.2018.1552672>

medicine drifted apart during the 20th century to the point where doctors were advised against discussing religion with patients due to professional embarrassment.<sup>18</sup> Patients also want a compassionate and loving relationship with their doctors throughout their final days.<sup>19</sup> This model supports the current study by providing a framework for understanding how medical personnel may perceive the inclusion of spiritual care, particularly chaplaincy services, within holistic healthcare delivery.

The biopsychosocial model presents a contemporary, holistic, and human-centered perspective within the health sciences. In recent times, many scholars advocate for the inclusion of a spiritual aspect within this framework. However, the term “spiritual” remains broad and adaptable, encompassing various interpretations.

Practically, it serves as a means to recognize and incorporate the patient’s personal experience as a vital element in ensuring accurate diagnosis, improving health outcomes, and providing compassionate care. In relation to this study, the model helps explain how medical personnel’s perceptions of spiritual care, including chaplaincy services, influence the extent to which holistic care is implemented in healthcare settings. Over the past few decades, efforts to humanize healthcare and empower patients have steadily progressed. This has been achieved by emphasizing patients’ personal experiences, broadening the understanding of disease causation, valuing the therapeutic alliance between patients and clinicians, and encouraging active patient involvement in clinical decision-making.

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<sup>18</sup> Ellen G. White, *Medical Ministry* (Nampa, ID: Pacific Press, 1963); L. VandeCreek, and D. Smith, “Measuring the Spiritual Needs of Hospital Patients and their Families,” *Journal of Pastoral Care* 46, no. 1 (1992): 46-52.

<sup>19</sup> Piderman, et al., “Patients’ Expectations of Healthcare Chaplains,” 58-65; L. VandeCreek and S. Gibson, “Religious Support from Parish Clergy for Hospital Parishioners: Availability, Evaluation, Implications,” *Journal of Pastoral Care* 51, no. 4 (1997): 403- 414.

Katerndahl<sup>4</sup>, whose study has shown the relevance of spiritual symptoms and their interactions for understanding health outcomes. Similarly,<sup>5</sup> justifies the expansion of the model to a biopsychosocial–spiritual one by remembering that genuinely holistic health care must address the totality of the patient’s relational existence. This will contribute to a comprehensive model of care and research that takes account of patients in their fullest wholeness arguably, the transcendent and sacred questionings of the spiritual dimension cannot be exhausted on the mental and social grounds, notwithstanding the interfaces between the concepts. However, while these studies emphasize holistic care and spiritual dimensions in patient outcomes, this study specifically examines how medical personnel perceive and respond to the inclusion of chaplaincy services within this holistic model.

### **Biblical Perspective on Chaplaincy in Healthcare**

The Bible offers a comprehensive understanding of Chaplain (spiritual care), emphasizing compassion, healing, and the holistic care of individuals. Several key scriptures highlight the importance of ministering to the sick and offering comfort through spiritual support. Matthew 25:36: *“I was sick and you visited me...”* - This verse underscores the Biblical call for ministering to the sick, a fundamental aspect of chaplaincy. James 5:14: *“Is anyone among you sick? Let them call the elders of the church to pray over them...”* - A call for spiritual intervention and prayer in times of illness, illustrating the role of chaplains in healthcare. Mark 2:17: *“It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners.”* - Jesus’ ministry to the sick reflects the integration of physical and spiritual care, a central theme in chaplaincy. These Biblical principles define the roles and

responsibilities of chaplains; however, this study focuses on how medical personnel perceive these roles within contemporary healthcare settings.

### **Ellen G. White's Views on Chaplaincy and Chaplain (Spiritual Care)**

Ellen G. White, a prominent figure in the Seventh-day Adventist Church, provided profound insights into spiritual care in healthcare settings. Her writings emphasize the importance of compassion, holistic healing, and the integration of spiritual and medical care.

“Only Christ’s approach can bring genuine success in connecting with people. He interacted closely with others, genuinely seeking their well-being. He expressed compassion, attended to their needs, and through this, gained their trust. Then He bade them, 'Follow Me.’”<sup>20</sup> -This passage highlights the approach of chaplaincy, focusing on compassion, empathy, and trust-building.

“Our hospitals are to be a place where both the physical and spiritual needs are ministered to, where patients can experience the love and care of Christ in a healing environment.”<sup>21</sup> - This reinforces the dual role of chaplains in addressing both physical and spiritual needs. While these statements clearly describe the expected roles of chaplains, this study is concerned with whether medical personnel recognize, value, and support these roles in actual hospital practice.

In order to prepare the ground for the full response to the prayer of faith, God established the Health Institute and health reform. Faith and good deeds should go hand in hand in order to alleviate suffering among us, and promote healing enable

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<sup>20</sup> Ellen G. White, *Ministry of Healing* (Washington DC: Review and Herald, 2005), 143.

<sup>21</sup> Ellen G. White, *Testimonies for the Church* (Washington DC: Review and Herald, 2005), 7:141

people to respect God in this world, and guarantee their salvation at the return of Christ. This perspective supports the integration of spiritual care; however, its implementation in healthcare settings largely depends on medical personnel's perceptions and acceptance of chaplaincy services.

Though the terms Chaplain (pastoral care) and counseling are not found in the Bible, contemporary definitions of Chaplain (pastoral care) as it is expressed in the New Testament include consoling (2 Cor 13:11, 1:5-7; 1 Thess 4:18; Rom 12:8, 5:14); exhortation (1 Thess 2:11, 5:11; 1 Tim 4:13; Titus 2:15); closeness and care (Phil 4:3; 1 Cor 12:25; 2 Cor 11:28); servitude toward each other (1 Pet 4:10); encouragement and hope (1 Thess 5:14; 2 Thess 2:16); and counseling (Col 3:16). Additional passages such as 1 Corinthians 12:25–26 illustrate the Early Church's ideas about Chaplain (pastoral care) and counseling. These functions describe what chaplains do; however, this study examines how such roles are perceived by medical personnel within healthcare institutions.

Mark 1:34, Matthew 4:23, Luke 10:9, and 5:17 are all relevant to pastoral care for the sick and hospitalized patients provided today. Additional biblical references for pastoral care and counseling that have been made in writing and by several Chaplains (pastoral caregivers) include Romans 12:15; Matthew 25:35–36, and 25:40. Additionally, the Bible contains indications of common characteristics found in Chaplain (pastoral care) and counseling that are therapeutic in nature. While these Biblical foundations justify chaplaincy roles, the extent to which they are practiced in hospitals depends on how medical personnel perceive their relevance and importance. Acceptance: "Accept one another, then, just as Christ accepted you, in order to bring praise to God" (Rom. 15:7); empathy: "He is able to deal gently with those who are

ignorant and go astray since he himself is subject to weakness" (Heb. 5:2); hope: "But in your hearts revere Christ as Lord" (1 Pet 3:15).<sup>22</sup>

God, who is present and close to mankind (John 1:18; Col 1:15), and who is concerned about and cares for them, is the Lord portrayed in both the Old and New Testaments. The soul's survival is under God's care (Pet 5:7), who is also its merciful guardian, healer (Exod 15:26), and helper (Heb 4:15; Isa 41:10). Jesus first gave his apostles the responsibility of pastoral care before extending it to all believers (John 21:15, Eph 4:11; 1 Pet 5:2-4). This model forms the theological basis of chaplaincy; however, this study focuses on how medical personnel interpret and integrate such spiritual care roles within modern healthcare systems. Therefore, in Luke 15:2, 19:10, John 4:7-10, 8:1-9, and Mark 2:1-12, the pastoral counselor imitates Jesus by offering assistance, acceptance, visiting, and contacting individuals as a group. The Bible indicates pastoral care and counseling are an expression of the greatest pastor, Jesus, whose deeds uplifted, healed, comforted, and instructed; Jesus felt and suffered with his people. It is also expected of a pastoral counselor to be trustworthy; individuals should be able to rely on, trust, and dedicate themselves to their pastoral counselor.<sup>23</sup> However, while this describes the roles and qualities of pastoral care, this study focuses on how medical personnel perceive and respond to these roles within healthcare settings.

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<sup>22</sup> Ellen G. White, *Testimonies for the Church* (Nampa, ID: Pacific Press, 1948), 6:.

<sup>23</sup> Carole A. Greenwald, Joanne M. Gree, C. Kevin Gillespie, ND Thomas V. Greer, "A Study on the Identity of Pastoral Counselors," *American Journal of Pastoral Counselors* 7, no. 4 (2004): 51-69; S. Hiltner, "The meaning of Pastoral Psychology," *Pastoral Psychology* 1, no. 4: (1950): 7-8.

## CHAPTER 3

### LITERATURE REVIEW

This chapter reviews existing literature on various aspects of hospital chaplaincy, including the perceptions of medical personnel, the need for spiritual content in healthcare, the necessity of spiritual care integration, and the challenges faced by chaplains in their ministry. The literature emphasizes the significance of chaplaincy in addressing the spiritual and emotional needs of patients, complementing the physical care provided by medical staff.

#### **Terminology Clarification**

In this study, the terms *chaplain*, *pastoral care provider*, and *spiritual care provider* are used to refer to individuals who offer spiritual, emotional, and religious support within healthcare settings. However, for consistency, this study will primarily use the term “**chaplain**” to represent all such roles within hospital environments.

#### **Perceptions of Medical Staff on Hospital Chaplains**

Medical professionals' perceptions of hospital chaplains play a crucial role in the integration and effectiveness of spiritual care within healthcare settings. Many doctors and nurses recognize chaplains as valuable members of the healthcare team who provide essential emotional and spiritual support, especially for patients in critical or terminal conditions. However, there remains a varying degree of awareness

and appreciation among healthcare professionals about the specific role and qualifications of chaplains.

In some settings, medical staff may view chaplains more as ritualistic practitioners, focusing on prayer and scripture readings, rather than as professionals trained to offer holistic, compassionate care. This limited view can sometimes hinder collaboration between medical staff and chaplains. Other studies, however, reveal that when chaplains are fully integrated into the healthcare team, medical professionals' gain a better understanding of the spiritual needs of patients and acknowledge the importance of spiritual care.

### **The Need for Spiritual Content**

The need for spiritual content in healthcare has gained increasing recognition, particularly for patients facing chronic illnesses, terminal conditions, or emotional crises. Spiritual care helps patients find meaning, peace, and a sense of purpose during difficult health challenges. Research indicates that addressing spiritual needs can alleviate stress, anxiety, and depression, leading to improved patient satisfaction and overall well-being.

Hospitals that integrate spiritual care into their patient treatment plans witness greater overall care outcomes, as it addresses not just the physical but also the psychological and emotional needs of patients. Medical staff, particularly doctors and nurses, are encouraged to collaborate with chaplains to ensure that patients' spiritual needs are considered as part of holistic care.

### **Injunctions for the Inclusion of Spiritual Care in Hospitals**

Professional organizations such as the American Medical Association (AMA) and the World Health Organization (WHO) advocate for the integration of spiritual

care into healthcare systems. These organizations recognize the profound impact that spiritual well-being can have on patients' healing processes and their overall satisfaction with care. Spiritual care is not merely an add-on service, but rather an essential component of a well-rounded healthcare strategy.

Hospitals are increasingly encouraged to adopt policies that integrate chaplains and spiritual care into routine medical treatment. Evidence from research demonstrates that when spiritual care is included, patients report improved emotional outcomes, greater comfort, and a stronger sense of peace. Hospitals that embrace this approach often see better outcomes in grief management and emotional healing, particularly for patients facing life-threatening or terminal conditions.

### **Ministry Challenges of Hospital Chaplaincy**

Despite the growing recognition of its importance, hospital chaplaincy faces numerous challenges. One of the primary issues is the lack of awareness and understanding among medical staff regarding the full scope of a chaplain's role. In some settings, chaplains are underutilized or their contributions are not fully integrated into patient care processes.

Other significant challenges include Emotional and Spiritual Burnout. Chaplains frequently encounter patients and families experiencing intense emotional and spiritual distress. Without proper support and self-care, chaplains may face burnout, which can affect their ability to provide effective care.

### **Balancing Spirituality with Professionalism**

Chaplains must navigate diverse beliefs and practices within healthcare settings while maintaining professional boundaries. They must respect patients' individual spiritual preferences while delivering compassionate and professional care.

## **Integration into Healthcare Teams**

Chaplains may struggle to be recognized as equal members of the healthcare team, which can limit their ability to offer comprehensive spiritual care.

### **Opinions on the Role of Chaplains in Hospitals**

Pastoral Care: describe pastoral care as having its roots in Word and Sacrament; it does not have its origins in various scientifically grounded personality theories or schools of psychotherapeutic modalities.<sup>1</sup> Its heritage is in the sacred scriptures, in prayer, in proclamation, and in care of the soul.<sup>2</sup> Pastoral care is understood historically to embrace the helping acts performed by representative Christians as they facilitate the healing, sustaining, guiding, and reconciling of troubled individuals, people whose difficulties occur within the context of ultimate meanings and concerns.”<sup>3</sup>

The Pastoral care is centered on supporting individuals as they grow and mature spiritually, even amidst life’s challenges, by guiding them in building a connection with God and the faith community. In essence, it involves offering help,

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<sup>1</sup> Megan Best, Phyllis Butow and Ian Olver, “Do Patients Want Doctors to Talk about Spirituality? A Systematic Literature Review,” *Patient Education and Counseling* 98, no. 11 (2015): 1320–1328.

<sup>2</sup> Gary McCord, Valerie J. Gilchrist, Steven D. Grossman, Bridget D. King, Kenelm F. McCormick, Allison M. Oprandi, Susan Labuda Schrop, Brian A. Selius, William D. Smucker, David L. Weldy, Melissa Amorn, Melissa A. Carter, Andrew J. Deak, Hebah Hefzy, and Mohit Srivastava, “Discussing Spirituality With Patients: A Rational and Ethical Approach,” *Annals of Family Medicine* 2, no. (2004): 356–361.

<sup>33</sup> Allison Kestenbaum, Michele Shields, Jennifer James, Will Hocker, Stefana Morgan, Shweta Karve, Michael W. Rabow, Laura B. Dunn, “What Impact Do Chaplains Have? A Pilot Study of Spiritual AIM for Advanced Cancer Patients in Outpatient Palliative Care,” *Journal of Pain Symptom Management* 54, no. 5 (2017): 707–714.

through conversation, actions, and relationships, so that others may fully encounter and experience the presence of God and love in their lives”<sup>4</sup>

Healthcare chaplains are competent to act as members of interdisciplinary healthcare teams and support patients, families, and staff with their religious and spiritual needs<sup>3</sup>. Chaplains provide supportive spiritual care through empathic listening, demonstrating an understanding of person in distress. Typical activities of a hospital chaplain include but not limited to grief and loss care, risk seeming: identifying individuals whose religious/spiritual antics may compromise recovery or satisfaction adjustment, crisis intervention, critical incident stress briefing, Spiritual assessment, Communication with caregivers, facilitation of staff communication, conflict resolution among staff members, patients and their family members, Participate in medical rounds and patients care conferences, offering perspective on the spiritual status of patients, Offering prayers, meditation and reading of holy texts, Worship and observance of holydays, Blessings of sacraments, Memorial services and funerals, Participate in ethics issues pointing to human values aspects in institution’s policy and behaviors, Acting as advocate between institution and patients and their family members.

Medical scholars are recognizing a connection between spirituality and health. Author and physician Larry Dossey observes that the medical field has come to a landmark transition since the early 1990s as only a handful of medical schools offered courses on the connection between spirituality and health.

Religions are systems of healing of psychic illnesses. That is why patients force the psychotherapist into the role of priest, and expect and demand of him that he

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<sup>4</sup> Jane Jeuland, George Fitchett, Dena Schulman-Green, and Jennifer Kapo, “Chaplains Working in Palliative Care: Who They Are and What They Do,” *Journal of Palliative Medicine* 20, no. 5 (2017): 502–508.

shall free them from their distress.” Jung goes further in saying that, “we as therapists must occupy ourselves with problems, which, strictly speaking, belong to the theologian.” there is “no evidence at all that other religious activities such as prayer or reading the Bible play a role in improving health, despite their importance in people's spiritual lives,” why then is there an earnest movement to have spiritual care established as an important factor in healthcare? To answer this the researcher will elaborate on philosophy as to the relationship that health care and spirituality have. In their article, the authors identify five incentives. Although from a United States perspective, it is the researcher’s belief that this should be carried to manifest all healthcare services around the world.<sup>5</sup> (1) The first principle is that healthcare organizations are obligated to respond to spiritual needs because patients have a right to such services. The Joint Commission on the Accreditation of Healthcare Organizations stipulates that, “Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values.” Although the South African Department of Health has yet to recognize the aspect of spiritual care, the main impetus, flows from the belief that care of the body alone cannot be effective if the mind, heart, and soul are ignored.<sup>6</sup> The second principle is that fear and loneliness experienced during serious illness generate spiritual crises that require spiritual care.

As previously stated, hospitals can be a scary and at times a lonely place which can isolate patients from different education and age backgrounds in their

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<sup>5</sup> Alex H. Lion, Jodi L. Skiles, Beth Newton Watson, J. Daniel Young, and Alexia M. Torke, “Chaplain Care in Pediatric Oncology: Insight for Interprofessional Collaboration,” *Pediatric Blood and Cancer* 66, no. 12 (2019): e27971.

<sup>6</sup> Kathryn A. Lyndes, George Fitchett, Nancy Berlinger, Wendy Cadge, Jennifer Misasi, and Erin Flanagan, “A Survey of Chaplains’ Roles in Pediatric Palliative Care: Integral Members of the Team,” *Journal of Health Care Chaplaincy* 18 (2012): 74–93.

support communities when they need them most.<sup>7</sup> Thirdly, when a medical cure is not possible and patients question the meaning of life, spiritual care can play a significant role in alleviating the patient's turmoil. When human ability reaches its end, God's ability remains.

Compassion and comfort become important foci of care when illness is chronic or incurable.<sup>8</sup> The fourth principle is the care of religious staff members. Working long hours under pressure, stress becomes a concern for organizations that recognize employees as their most valuable resource, thus making spiritual care vital to the institute. Research has shown that spiritual care contributes to a healthy organizational culture.<sup>9</sup> The final principle understands that spiritual care is important in different departments of healthcare organizations when allocation of limited resources leads to moral, ethical and spiritual concerns. Some medical decisions are unavoidable, and it is in these instances that such decisions interact with personal values and beliefs of all involved.

In addition to being pastoral and spiritual advisors, chaplains assist patients and their families in discovering spiritual support systems. For patients and families looking for purpose during their illness and hospital stay, chaplains offer support and care. For families and patients whose customs, rituals, and values are essential to day-to-day functioning and decision-making, chaplains can effectively act as advocates.

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<sup>7</sup> Petra J. Sprik, Kendall Walsh, Danielle M. Boselli, and Patrick Meadors, "Using Patient-reported Religious/Spiritual Concerns to Identify Patients Who Accept Chaplain Interventions in an Outpatient Oncology Setting," *Supportive Care in Cancer* 27, (2018): 1861–1869.

<sup>8</sup> Timmins et al., "The Role of the Healthcare Chaplain: A Literature Review," 87–106.

<sup>9</sup> R.D Fallot, "Spirituality and Religion in Psychiatric Rehabilitation and Recovery from Mental Illness," *International Review of Psychiatry* 13, no. 2 (2001): 110–116.

Chaplains provide cultural and spiritual sensitivity and appropriateness training to nurses, interns, residents, fellows, teachers, and other staff members. Chaplains from Children's National are often invited to speak at national conferences of the Pediatric Chaplains Network, as well as other regional and national groups. The basic human requirements of love, love-receipt, meaning-finding in life (especially in times of crisis), hope/coping mechanisms, and significance for oneself or one's accomplishments are all addressed by all spiritualities. Humans view the universe through the lens of spirituality. It forms the basis for their self-perception, their multifaceted wants, their social interactions, and their conception of the outside world. This spirituality might or might not be explained in terms of religion.

A commonly accepted definition of this spirituality is “a person’s intangible motivation and commitment directing the self towards ultimate values of love, meaning, hope, beauty, and truth.” A religious spirituality includes all of these elements at Mbarara referral hospital, Comboni catholic hospital, Mishanga catholic hospital, Devine mercy hospital and Ishaka Adventist hospital, in addition, a religion has a creed, a set of rules for adhering to its principles, a method of worshiping the Transcendent as described in the religion's creed and a body of believers.

Chaplains offer chaplaincy care, which is a type of spiritual care. Chaplains listen to patients' experiences of the divine and work to increase awareness of it. Then, chaplains have extensive training and preparation to move from being attentive and watchful to helping the patient cope by assisting with the sacred.

Chaplains address patient issues and concerns for example, existential inquiries, spiritual pain and the sacred. They can work with religious patients and additionally the expanding number of patients without a particular religious character. Chaplains engage patients and help them readjust their situation to reduce suffering.

Chaplains start with a focus on the patient and the current situation, and evaluate all factors that could be potentially contributing to stress and suffering conjectured that chaplains approach persons in a given situation with, focused attention with no agenda' suggesting that the chaplain is completely focused on the patient. They proposed a plan to address the spiritual suffering, help the person instantly and a plan to ensure benefits. The chaplains turn to share their experiences with the patients in course of conversation. This conceptualization again recommends how the role of chaplains is evolving.

In the quest to promote spiritual healing, many chaplains conduct spiritual assessment and create a spiritual care plan which is not to be confused with a spiritual screening.<sup>10</sup> Fitchett and Canada have helpfully differentiated spiritual screening, spiritual history, and spiritual appraisal.<sup>11</sup> Screening is a couple of basic questions asked by any health care personnel that distinguish a person in genuine profound spiritual crisis and who needs immediate referral to a chaplain. Spiritual history taking needs more time and more questions to identify particular religious needs and resources of the patient. Encourage helpful religion coping process. Hospital chaplains play an essentially important role in identifying patients in spiritual distress helping them resolve their religious or spiritual problems, this improving their help and adjustment.

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<sup>10</sup> Harrad Rachel, Cosentino Chiara, Keasley Robert, and Sulla Francesco, "Spiritual Care in Nursing: An Overview of The Measures Used to Assess Spiritual Care Provision and Related Factors Amongst Nurses," *Acta Biomedica* 90, suppl 4 (2019): 44–55.

<sup>11</sup> George Fitchett and Andrea L. Canada, "The Role of Religion/Spirituality in Coping with Cancer: Evidence, Assessment, and Intervention," in *Psycho-oncology*, 2nd ed. eds. J. C. Holland, W. S. Breitbart, P. B. Jacobsen, M. S. Lederberg, M. J. Loscalzo, and R. McCorkle (New York: Oxford University Press, 2010), 440–446.

## **Spiritual/Religious Needs the Health Care System**

The World Health Organization (WHO) understands spirituality as, an integrating component, holding together the physical, psychological and social components [of a person's life]. Spiritual care addresses these needs. Religious care addresses the needs of those whose spirituality is, to a greater or lesser extent, associated with a defined system of belief and practice, shared in community.

It is incumbent upon health facilities to address all the healthcare requirements of patients; this means attempting to meet a full range of needs: medical, nursing, social, environmental, psychological and spiritual. Consequently, health facilities undertake to provide patients with care which encompasses good nutrition, a safe and therapeutic environment and time and space for enjoying social and emotional support from friends and family. This is done in recognition that these can contribute to positive healthcare outcomes. Spiritual and religious needs are no less significant, particularly in times of acute stress or when individuals and families face challenges associated with major or terminal illnesses. There is no defensible rationale for separating spiritual and religious care from other aspects of healthcare.<sup>12</sup> The evidence suggests that religion and spirituality are important to most Ghanaians and religious coping is a major resource that many use to deal with illness. Despite research suggests that spiritual needs are common among patients, patients have reported that those needs are always not met.

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<sup>12</sup> Daniel P. Sulmasy, "Spirituality, Religion, and Clinical Care," *Chest* 135, no. 6 (2009): 1634-1642.

The widespread acceptance of the concept “holistic care” in health care has led to the increasingly promotion of spiritual care as an essential part of holistic care.<sup>13</sup> One such area where the evidence for spiritual care as part of holistic care is fairly strong is about spiritual and religious needs. In support of this statement,<sup>14</sup> documented how often people might need spiritual support. Patients interviewed in the course of the study were either admitted to either a general or surgical medical unit in an urban hospital. The patients were asked what religion they could be identified with, and if they desired one of three spiritual care services thus to talk with a chaplain, to have a chaplain pray with them, or to receive the sacrament of communion. A good number of them thus 68% chose a religious affiliation and 72% expressed that religion was a source of great strength and comfort to them. With the spiritual sources, 35% of the patients agreed to one or more and those who requested services tended to engage more frequently in religious practices and derive more comfort from religion overall. Fitchett, Meyer, and Burton in their study, they questioned Chaplains in pediatric hospitals as to whether they could recall how often parents and children experienced specific spiritual needs.<sup>15</sup> They found out that the hospitalized children had somewhat different spiritual needs than the parents. It has been revealed that more than half of the children had needs around feeling fearful or anxious, and they told chaplains they had difficulties coping with family relationships and also with pain.

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Selamawit Ataro Ambushe, Nefsu Awoke, Birhanu Wondimeneh Demissie, and Tiwabwork Tekalign, “Holistic Nursing Care Practice and Associated factors among Nurses in Public Hospitals of Wolaita Zone, South Ethiopia,” *BMC Nursing* 22 (2023): 390.

<sup>14</sup> George Fitchett, Bruce D. Rybarczyk, Gail A. DeMarco, John J. Nicholas, “The Role of Religion in Medical Rehabilitation Outcomes: A Longitudinal Study,” *Rehabilitation Psychology* 44, no. 4 (1999): 333-353.

<sup>15</sup> George Fitchett, Peter M. Meyer, and Laurel Arthur Burton, “Spiritual Care in the Hospital: Who Requests It? Who Needs It?” *Journal of Pastoral Care* 54, no. 2 (2001): 173-186

In a different survey, by Galek, et al., chaplains were asked to retrospectively report on how often they encountered spiritual needs in patients by completing online questionnaires and over 150 chaplains completed it. The sample of chaplains that responded represented general hospital chaplains (59%), long-term care chaplains (20%), and chaplains in other settings.<sup>16</sup> In order of most to least frequent, the spiritual needs were: meaning and purpose; love and belonging; hope, peace and gratitude; religion and divine guidance; death concerns and resolution; appreciation of art and beauty, morality and ethics.<sup>17</sup> In general, the spiritual needs of meaning and purpose, and love and belonging were encountered in patients many times a week, whereas needs for appreciation of art and beauty, or morality and ethics were encountered but not as frequently. A considerable weakness of both of these studies is that the needs encountered were based on each chaplain's retrospective perception of needs, which is mostly influenced by the individual chaplain's biases. The retrospective evaluations cannot be assumed to be based on any rigorous clinical assessment or stated patient needs. However, the endorsement of the presence of these spiritual needs highlights the necessity of treating the whole person; mind, spirit, and body, in order to achieve the highest quality of health care.

More so, religious coping has been considered to be very important in handling with general emotional stress. In a similar manner, a national survey of American adults revealed that 58% pray at least once a day or more often and 35% of

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<sup>16</sup> Kathleen Galek, Kevin J. Flannelly, Harold G. Koenig, and Sarah L. Fogg, "Referrals to Chaplains: The Role of Religion and Spirituality in Healthcare Settings," *Mental Health, Religion & Culture* 10, no. 4 (2007): 63-377.

<sup>17</sup> Kevin J. Flannelly, Kathleen Galek, John Bucchino, and Adam Vane, "The Relative Prevalence of Various Spiritual Needs," *Scottish Journal of Healthcare Chaplaincy* 9, no. 2 (2006): 25-30

people pray about their health concerns.<sup>18</sup> Alcorn et al. lend support to the finding above fifty-eight percent of people with cancer engage in religious practices to enable them cope with their illness.<sup>19</sup> Vandewerker et al. and Pargament et al. conducted a study of family members in waiting rooms found that using religious support, such as prayer and reading the Bible, to cope with surgically related stress was associated with distinct subjective benefits above and beyond those contributed by non-religious sources.<sup>20</sup>

Research increasingly indicates the importance and prevalence of spiritual risk and spiritual struggle in times of distress thus during an illness.<sup>21</sup> In the view of Fitchett, et al., patients are at spiritual risk when they have high spiritual needs but have low spiritual resources.<sup>22</sup> People with high spiritual risk are likely to experience negative health outcomes in case they develop spiritual struggles and negative coping styles. Negative religious coping is associated with increased death and psychological distress.<sup>23</sup> There is some evidence that people who remain in a state of religious

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<sup>18</sup> LaRocca-Pitts, "Agape Care: A Pastoral and Spiritual Care Continuum."

<sup>19</sup> Sara R. Alcorn, Michael J. Balboni, Holly G. Prigerson, Amy Reynolds, Andrea C. Phelps, Alexi A. Wright, Susan D. Block, John R. Peteet, Lisa A. Kachnic, and Tracy A. Balboni, "If God Wanted Me Yesterday, I Wouldn't Be Here Today": Religious and Spiritual Themes in Patients' Experiences of Advanced Cancer," *Journal of Palliative Medicine* 13, no. 5 (2010): 581-588.

<sup>20</sup> Lauren C. Vanderwerker, Kevin J. Flannelly, Kathleen Galek, Stephen R. Harding, George F. Handzo, Margaret Oettinger, John P. Bauman, "What Do Chaplains Really Do? III. Referrals in the New York Chaplaincy Study," *Journal of Health Care Chaplaincy* 14, no. 1 (2008): 57-73; Kenneth I. Pargament, Harold Koenig, Nalini Tarakeshwar, and June Hahn, "Religious Struggle as a Predictor of Mortality among Medically Ill Elderly Patients: A 2-year Longitudinal Study," *Archives of Internal Medicine* 161, no. 15 (2001): 1881-1885.

<sup>21</sup> George Fitchett, 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," *International Journal of Psychiatry in Medicine* 34, no. 2 (2004): 179-196.

<sup>22</sup> George Fitchett, Kenneth Rasinski, Wendy Cadge, and Farr A. Curlin, "Physicians' Experience and Dissatisfaction with Chaplains: A National Survey," *Archives of Internal Medicine* 169, no. 19 (2009): 1808-1810.

<sup>23</sup> Fitchett et al., "The Role of Religion in Medical Rehabilitation Outcomes," 333-353.

struggle, using negative religious coping over time, are more likely to develop worse health outcomes compared to those who show positive religious coping after first coping in a negative way.<sup>24</sup>

### **Factors Influencing Physicians' Perception of the Role of Chaplains**

Medical science has demonstrated repeatedly the close relationship between one's emotional and physical natures. Numerous physical diseases can be traced to a problem in the mind.<sup>25</sup> Conversely, diseases may also give rise to emotional problems. Ellen G. White emphasized this connection: "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 greater degree than many realize."<sup>26</sup>

In the same passage she lists the conditions that cause disease. Many of the diseases from which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces and to invite decay and death.<sup>27</sup>

While the union between mind and body is widely recognized, many do not realize that the emotional problems that cause disease are more often in the realm of *religion* than in psychology. Psychology deals with these problems, as does also

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<sup>24</sup> David H. Rosmarin, Kenneth I. Pargament and Kevin J. Flannelly, "Do Spiritual Struggles Predict Poorer Physical/Mental Health among Jews?" *International Journal for the Psychology of Religion* 19, no. 4 (2010): 244-258.

<sup>25</sup> White, *Testimonies* 3:

<sup>26</sup> White, *Medical Ministry*.

<sup>27</sup> Ellen G. White, *The Ministry of Healing* (Mountain View, CA: Pacific Press, 1905), 241.

social work and psychotherapy. But a closer look reveals that the root difficulty is one that religion addresses particularly the problem of sin.<sup>28</sup>

Guilt comes from sin, and causes a broken relationship with God in which faith is destroyed. Distrust, doubt, and uncertainty follow. Hope vanishes, to be replaced with anxiety and fear. Remorse and discontent grow out of sin. Thus, the root of those emotional problems that weaken physical health and cause disease is sin.<sup>29</sup>

Psychologists may deal with sin in a superficial way. They may understand the human results of sin as manifested in the misery of human suffering and mental anguish. Yet psychology cannot follow the problem of sin to its final solution, for that lies in the realm of religion. The plan of salvation through the Lord Jesus Christ is the only answer to sin.<sup>30</sup>

Herein lies the uniqueness of the chaplain's work. He is a minister of the gospel bringing the good news of salvation to people in crisis. Because of the unusual circumstances of the people to whom he ministers, he needs to be aware of the emotional problems that are often related to sickness. This psychological knowledge provides him with the tools of ministry, but his ministry goes beyond that of counseling psychology. He is a representative of God, bridging the gap between suffering humanity and God's rich gift of salvation through Jesus Christ.<sup>31</sup>

Some have sought to define the chaplain's work of pastoral care and counseling in theological terms as "forms of religious ministry which integrate the

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<sup>28</sup> White, *Testimonies* 3:

<sup>29</sup> White, *Testimonies* 1:

<sup>30</sup> White, *Testimonies* 3:

<sup>31</sup> White, *Medical Ministry*.

findings of behavioral science and theology in the effort to prepare the way for divine-human encounter in the midst of human crisis". But it is impossible to bring about a divine-human encounter without the element of faith. It is faith, then, which is lacking in humanistic schools of counseling that is the identity of the ministry of a chaplain.<sup>32</sup>

Education is an important aspect, which contributes to how physicians perceive the role of chaplains in critical care. Both physicians and chaplains enter their relationship with preconceived ideas about the other's personal values and function in health care. Many of the ideas formed during the educational process will find an expression in their respective professional practice.<sup>33</sup>

Physicians' extensive engagement with science and professional allegiances may have led them to indifference toward their patients' religious needs or perceptions that religion has no legitimate function in health care.<sup>34</sup> Such indifference results in behaviors offensive to chaplains and end up in fewer referrals to clergy. Due to physicians' educationally acquired value system, they may assign chaplains roles that may or may not be appropriate or true.<sup>35</sup>

Students with medical school in mind will seldom take courses such as English or history, nor do future clergy focus their class selection on physics, biology, or chemistry.<sup>36</sup> Different conclusions about what is important to know about life and

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<sup>32</sup> White, *Medical Ministry*.

<sup>33</sup> 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): 19-28.

<sup>34</sup> White, *Testimonies* 1:

<sup>35</sup> Fitchett et al., "Spiritual Care in the Hospital: Who Requests It? Who Needs It?" 173-186.

<sup>36</sup> Flannelly, et al., "Department directors' perceptions of the roles and functions of Hospital Chaplains," 19-28.

its living.<sup>37</sup> They begin to appreciate contrasting aspects of life and sometimes to devalue the aspects they neglect. Besides physicians having undergone a one-track.

### Chapter Summary

Physicians and social researchers are becoming increasingly aware of how important intrinsic faith and religious practices are to help patients and their families come to terms with illness and death. Research reporting proof of a beneficial connection between intrinsic faith, church attendance, faith activities such as prayer with better health and longevity is making progress. Better and more valid research methods are being produced and a positive connection between faith and health and health outcomes is becoming evident, but researchers and physicians are still divided as to how faith exactly mediates health.

Those in favor of physicians getting involved with patients' faith tend to acknowledge the research's positive reports, while opponents are very skeptical of its scientific, religious, and ethical validity. On the other hand, both camps agree that professional and ethical boundaries and protocols are needed to ensure physicians' appropriately handling of spiritual matters with patients. They further agree that spiritual interventions such as prayer or sacrament are not adjunct or equal to the practice of medicine and should not be prescribed as medical interventions. Both also concur that physicians must acknowledge and be sensitive to their patients' faith and spirituality to provide good patient care.

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<sup>37</sup> Kenneth J. Doka, Bruce Jennings, and Charles A. Corr, *Ethical Dilemmas at the End of Life* (Washington, D.C.: Hospice Foundation of America, 2005), 212; Bruce Allen Stevens, "The Dark Story: Does it Have A Place in A Life Review?" *Journal of Religion, Spirituality & Aging* 31, no. 4 (2019): 369-376; Annelieke Damen et al., "Can Outcome Research Respect the Integrity of Chaplaincy? A Review of Outcome Studies," *Journal of Health Care Chaplaincy* 26, no. 4 (2019): 131-158; Daniel H. Grosseohme, "Chaplaincy and Narrative Theory: A Response to Risk's Case Study," *Journal of Health Care Chaplaincy* 19, no. 3 (2013): 99-111.

Both acknowledge faith as part of their patients' frame of reference and this frame of reference influences how they cope and make medical decisions. Nevertheless, as to how and to what extent physicians should explore faith with their patients is unclear. Both opponents and those in favor of physicians' participation with patients' faith, tend to view faith and activities related to faith in terms of lifestyle, sickness, hospitalization and cure, families and life as well as psychology rather than religion that is, they believe faith is a means of coping and not a means of cure

## CHAPTER 4

### RESEARCH METHODOLOGY

This chapter presents the research design, study population, sampling procedures, sample size, data collection methods, sources of data, data analysis, data presentation, and ethical considerations. The chapter also outlines the research techniques used to investigate medical personnel's perceptions toward chaplaincy services in selected hospitals.

#### **Research Design**

The study employed a quantitative survey design using self-administered questionnaires. The quantitative research approach involved the collection and analysis of numerical data to measure and analyze medical personnel's perceptions and their relationship with chaplaincy services.

This was done using structured questions, which enabled the researcher to collect data that could be quantified and analyzed statistically. Unlike qualitative approaches, this method focused on measurable responses rather than subjective interpretations, ensuring reliability and minimizing bias.

The choice of a quantitative survey design using self-administered questionnaires was suitable for this study for several reasons:

- Quantitative research allowed for objective measurement of medical personnel's perceptions toward chaplaincy services, using numerical data.

- The design enabled the researcher to collect data from a large number of respondents, ensuring a representative sample of medical personnel.
- The use of statistical tools such as frequency distribution, mean, correlation, and regression analysis helped identify patterns and relationships between medical personnel's perceptions and the role of chaplaincy.
- The use of self-administered questionnaires allowed for comparison of responses among different categories of medical personnel (e.g., doctors, nurses, and other staff), thereby enhancing the depth of analysis.

### **Study Population**

According to Kumar, a population refers to any group of institutions, people, or objects that share common characteristics and meet the criteria required for research participation.<sup>1</sup> The study population in this research consisted of 320 medical personnel, including nurses, doctors, dentists, orthopedists, and radiologists from selected hospitals in Western Uganda. These respondents provided insight into their perceptions, opinions, and attitudes toward chaplaincy services within healthcare settings.

The selection of this population was based on the assumption that medical personnel interact directly with patients and chaplains in healthcare environments. Their experiences and perspectives offered valuable information on how chaplaincy services are perceived, utilized, and integrated into patient care.

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<sup>1</sup> R. Kumar, *Research Methodology: A Step-by-Step Guide for Beginners* 3rd ed. (New Delhi, India: Sage, 2011).

Furthermore, limiting the study to personnel with at least two years of experience ensured that respondents had adequate exposure to chaplaincy services, enabling them to provide informed and reliable responses.

### **Sampling Procedure**

Martínez-Mesa et al. define sampling as the process of selecting participants from a population in a way that ensures the sample represents the larger group.<sup>2</sup> To achieve a representative sample, this study employed a combination of stratified random sampling and purposive sampling as the primary sampling techniques.

**Stratified random sampling.** Stratified random sampling ensured equitable representation of diverse subgroups within a population.<sup>3</sup> In this study, hospitals were categorized into distinct strata based on key factors such as institution size, level of medical services, and geographical location.

Within each stratum, random selection was applied to identify participants, ensuring that the sample reflected the diversity of medical personnel's perceptions across different hospital settings. This approach minimized selection bias and enhanced the validity and generalizability of the findings.

#### ***Key aspects of stratified random sampling in this study:***

*Equal Representation:* Different hospitals categories (small, medium, and large) were proportionally represented in the sample.

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<sup>2</sup> Jeovany Martínez-Mesa et al., "Sampling: How to Select Participants in My Research Study?" *Anais brasileiros de dermatologia* 91, no. 3 (2016): 326–330, <https://doi.org/10.1590/abd1806-4841.20165254>.

<sup>3</sup> Martin E. Amin, *Social Science Research: Conception, Methodology and Analysis*. (Kampala, Uganda: Makerere University Printery, 2005)

*Random Selection:* Medical personnel were randomly selected to unbiased responses.

*Experience Consideration:* Only hospitals with at least two years of operation were included.

*Broad Inclusion:* Participants were drawn from various departments to capture diverse perceptions toward chaplaincy services.

**Purposive sampling.** Purposive sampling was used to select respondents based on their expertise and relevance to the study.

In this research, purposive sampling targeted key informants such as hospital chaplains, administrators, and senior medical personnel who had direct experience with chaplaincy services.

These respondents were selected because they possessed in-depth knowledge and informed perceptions regarding the role and integration of chaplaincy services in healthcare.

***Key aspects of purposive sampling in this study:***

*Targeted Selection:* Individuals with relevant experience in chaplaincy services were selected.

*Expert Knowledge:* Respondents provided informed perspectives on chaplaincy roles.

*Informed Perceptions:* Senior medical personnel and chaplains offered deeper insights into how chaplaincy is perceived and applied in hospital settings.

**Justification of the Sampling Design**

The combination of stratified random sampling and purposive sampling in this study was highly appropriate as it ensured both representativeness and depth in data collection.

**Enhanced Representativeness:** Stratified random sampling ensured that all relevant hospital categories (small, medium, and large) were fairly represented, minimizing selection bias and increasing the study's generalizability of findings on medical personnel's perceptions toward chaplaincy.

**Statistical Rigor:** Random selection within strata strengthened the validity and reliability of findings by preventing overrepresentation of any single hospital or subgroup.

**Expert Insight:** Purposive sampling strategically included key informants with direct experience and specialized knowledge, ensuring the study captured meaningful perceptions and opinions of medical personnel regarding chaplaincy services.

### Sample Size

To reach the required sample, the researcher used Robert V. Krejcie & Daryle W. Morgan sample table.<sup>4</sup> The final sample size of 260 was proportionally distributed across the selected hospitals as follows:

*Table 1. Sample Size*

Hospital	Study population	Sample size
Hospital A	150	108
Hospital B	25	24
Hospital C	65	56
Hospital D	30	28
Hospital E	50	44
Total	320	260

Source Bushenyi District Health Office Data, 2021 to 2022.

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<sup>4</sup> Robert V. Krejcie & Daryle W. Morgan, "Determining Sample Size for Research Activities," *Educational and Psychological Measurement* 30, no. 3 (1970): 607-610.

## **Inclusion Criteria/ Selection Criteria**

Participants in this study were drawn from medical personnel working in selected hospitals in Western Uganda, specifically Mbarara Regional Referral Hospital (A), Comboni Catholic Hospital (B), Mishanga Catholic Hospital (C), Devine Mercy Hospital (D), and Ishaka Adventist Hospital (E).

To be eligible for participation, individuals had to meet the following:

**Professional Qualification** – Had to be a practicing healthcare professional, including doctors, nurses, dentists, radiologists, orthopedists, or chaplains.

**Age Requirement** – Had to be 18 years or older to ensure legal consent and autonomous decision-making regarding participation.

**Workplace Location** – Had to have at least two years of experience to ensure adequate exposure to chaplaincy services and the ability to form informed perceptions.

**Work Experience** – Had to have least two years of professional experience in a healthcare setting to ensure familiarity with hospital operations and potential interactions with chaplaincy services.

**Voluntary Participation** – Had to provide informed consent, to participate in the study.

## **Exclusion Criteria**

To maintain the integrity and relevance of the study, certain individuals were excluded based on the following criteria:

**Age Restriction** – Individuals below 18 years of age were excluded, as they lacked the legal capacity to provide informed consent for participation.

**Workplace Location** – Medical personnel who were employed in hospitals outside the selected healthcare facilities in Western Uganda (Mbarara Regional

Referral Hospital, Comboni Catholic Hospital, Mishanga Catholic Hospital, Devine Mercy Hospital, and Ishaka Adventist Hospital) were not eligible for participation.

Non-Consent – Any individual who declined to provide informed consent was excluded from the study to ensure ethical compliance and voluntary participation.

Non-Healthcare Professionals – Individuals who did not belong to the specified categories of medical personnel (doctors, nurses, dentists, radiologists, orthopedists, or chaplains) were not included in the study.

Limited Professional Experience – Healthcare workers with less than two years of professional experience were excluded, as their exposure to chaplaincy services in clinical settings was insufficient for informed contributions.

By implementing these exclusion criteria, the study ensured that only participants with the necessary experience, professional background, and voluntary commitment provided insights into the role of chaplaincy in healthcare settings.

### **Sample Size Determination**

The sample size for the study was calculated using the Yamane formula, which was commonly used to determine the sample size for a population when the proportion of the population being measured was unknown or unclear. This study focused on the perceptions of medical personnel towards chaplaincy services in selected hospitals, with the aim of determining how medical personnel view chaplaincy services in terms of their role and the Chaplains (spiritual care) needs of patients.

To determine the appropriate sample size, the Yamane formula was applied. This formula is commonly used when the exact proportion of a population's response is unknown. The formula was given as follows:

$$n = \frac{N}{1 + N \cdot e^2} \quad n = \frac{320}{1 + 320 \cdot 0.05^2}$$

Where:

n = Sample size

N = Population size (320 medical personnel)

e = Margin of error (5% or 0.05)

Substituting the values:

$$n = \frac{320}{1 + 320 \cdot (0.05)^2} = \frac{320}{1 + 0.8320} = \frac{320}{1.8320} \approx 178$$

$$n = \frac{320}{1 + 320 \cdot (0.05)^2} = \frac{320}{1 + 320 \cdot 0.0025}$$

$$n = \frac{320}{1 + 320 \cdot 0.0025} = \frac{320}{1 + 0.8}$$

$$n = \frac{320}{1 + 0.8} = \frac{320}{1.8} \approx 178$$

$$n = \frac{320}{1.8} \approx 178$$

$$n \approx 178$$

Thus, the calculated sample size was 178 respondents. However, the sample size was increased to 260 respondents to improve statistical power, reduce sampling error, and ensure a more reliable analysis of medical personnel's perceptions toward chaplaincy services.

The rationale behind using a sample size of 260 respondents was justified by the following:

- It enhanced the reliability of findings related to medical personnel's perceptions.
- It accounted for potential non-response.

- It ensured broader representation across different hospitals and departments.
- It strengthened the statistical power of the study.

Stratified random sampling ensured fair representation across different hospital sizes and service levels. Purposive sampling allowed for the inclusion of key individuals with direct experience in chaplaincy services. Increasing the sample size from 178 to 260 accounted for potential non-responses and ensured a more statistically significant dataset. Incorporating various medical personnel categories (doctors, nurses, dentists, radiologists, orthopedists, and chaplains) ensured a comprehensive perspective on chaplaincy services.

The initial sample size calculated using Yamane's formula was 178, but to enhance statistical power and account for potential non-responses, the sample size was increased to 260. This adjustment ensured broader representation across hospitals and strengthened the reliability and generalizability of the findings. The final distribution of respondents in Table 1 reflected this deliberate increase, ensuring that all hospital categories were proportionally represented in alignment with the study's sampling design.

This section outlined the study's rigorous approach to selecting an appropriate population, employing effective sampling techniques, and ensuring a representative sample size. By applying stratified random sampling and purposive sampling, this research guarantee that findings were both generalizable and deeply insightful regarding the perceptions of medical personnel toward chaplaincy services in selected hospitals in Western Uganda.

The sample size for each hospital was determined based on proportional allocation, ensuring fair representation of medical personnel across institutions.

Using stratified random sampling, the study distributed the sample according to each hospital's total staff population. This method prevented bias and enhanced the generalizability of findings.

The researcher relied on hospital staff records as the source of population size data for each institution. By proportionally assigning respondents, the study ensured a balanced and statistically sound representation of chaplaincy service perceptions across different hospital settings.

This sample size was used for the study, focusing on medical personnel from the selected hospitals in Western Uganda. These personnel were expected to have sufficient knowledge of patients' perceptions of chaplaincy services. This method of sampling ensured that the results were statistically significant and provided a reliable representation of the target population.

### **Proportional Allocation**

The sample size for each hospital was determined using proportional allocation based on staff population. This ensured fair representation of medical personnel across all institutions. This approach minimized bias and enhanced the generalizability of findings regarding medical personnel's perceptions of chaplaincy services. This sampling approach ensured that the study findings were statistically reliable and provided a valid representation of medical personnel's perceptions toward chaplaincy services in selected hospitals in Western Uganda.

### **Data Collection Instruments**

The researcher obtained an introductory letter from the Adventist University of Africa Institutional Scientific Ethics Review Committee (AUA-ISERC) to conduct the study on medical personnel's perceptions toward

chaplains services in selected hospitals in Western Uganda. This letter was presented to respondents during data collection.

Data were collected using a structured questionnaire as the sole data collection instrument, consistent with the quantitative research design. This approach ensured objectivity, uniformity, and suitability for statistical analysis.

### **Questionnaire Survey**

A structured A structured questionnaire was used as the primary data collection instrument. It consisted of standardized closed-ended questions organized using a Likert scale.

The questionnaire was designed to measure medical personnel's perceptions, opinions, and determinants related to chaplains services, ensuring alignment with the study objectives.

This method was appropriate because it:

Allowed collection of data from a large number of respondents

Ensured consistency in responses

Facilitated easy coding and statistical analysis

Reduced researcher bias

### **Validity of the Instruments**

Validity refers to the extent to which the instrument measures what it is intended to measure.

To ensure content validity, the questionnaire was reviewed by experts, including the research supervisor. These experts evaluated the clarity, relevance, and adequacy of the items in relation to the study objectives.

A pilot validity test was conducted among 16 medical personnel from Lugazi Health Centre IV and Bushenyi Health Centre IV, who were not part of the main study.

The Content Validity Index (CVI) was calculated as follows:

- Agreed items = 19
- Total items = 23

$$CVI = \frac{19}{23} = 0.739$$

The CVI value of 0.739 exceeded the recommended threshold of 0.70 (Amin, 2005), indicating that the instrument had acceptable content validity and was suitable for measuring medical personnel’s perceptions toward chaplaincy services.

### **Reliability of the Instruments**

Reliability refers to the consistency of the instrument in producing stable and dependable results. A pilot study was conducted at Bushenyi Medical Centre with 20 respondents. Cronbach’s Alpha coefficient was used to assess internal consistency. A Cronbach’s Alpha value of 0.70 and above is generally considered acceptable.

*Table 2. Cronbach’s Alpha coefficient*

Variable	Alpha	Interpretation
Medical personnel’s opinions	0.57	Low reliability (Needs improvement)
Medical personnel’s perceptions	0.572	Low reliability (Needs improvement)
Role of chaplains	0.69	Acceptable (Borderline)
Overall reliability	0.698	Acceptable (Borderline)

The overall Cronbach's Alpha value of 0.698 indicates acceptable internal consistency of the instrument. However, some subscales recorded lower reliability values, suggesting the need for careful interpretation of those specific items. Despite this, the overall instrument was considered sufficiently reliable for the study.

*Table 3. Cronbach's Alpha score*

Variable	Cronbach's Alpha
Medical personnel's opinions	0.57
Medical personnel's perceptions	0.572
Role of chaplains	0.69
Overall reliability	0.698

*Table 4. Scale, scoring and Interpretation, the study used a 4-point scale as follows*

Scale	Response	Mean Range	Interpretation
4	Strongly Agree	3.50 – 4.00	Very High
3	Agree	2.50 – 3.49	High
2	Disagree	1.50 – 2.49	Low
1	Strongly Disagree	1.00 – 1.49	Very Low

Scoring system: 4:00 – 3.50= Strongly Agree=*Very High*; 3.49 – 2.50= Agree=*High*; 2.49 -1.50=Disagree= *Low*; 1.49 – 1.00= Strongly Disagree=*Very low*.

This scale was used to interpret medical personnel's perceptions toward chaplaincy services.

### **Data Collection Method/Procedures**

#### **Data Gathering Procedure**

Respondents were informed about the purpose, confidentiality, and voluntary nature of the study before participation. After obtaining informed consent, 260 questionnaires were administered to medical personnel in the selected hospitals. The researcher used the AUA-ISERC introductory letter to gain

access and confirm the authenticity of the study. Completed questionnaires were checked for completeness, coded, and entered into IBM SPSS Statistics Version 30 for analysis.

This study employed a quantitative research approach, utilizing structured questionnaires to collect data from medical personnel in selected hospitals. The questionnaire assessed their perceptions of chaplaincy services through standardized, closed-ended questions, ensuring uniformity in responses.

Prior to data collection, the researcher obtained an introductory letter from the Adventist University of Africa Institutional Scientific Ethics Review Committee (AUA-ISERC) to validate the study. Respondents were informed about the purpose, confidentiality, and voluntary nature of their participation. After obtaining informed consent, the researcher distributed 260 questionnaires to selected participants.

The collected questionnaires were reviewed for completeness, coded, and analyzed using IBM SPSS Statistics V.30. Descriptive statistics, such as frequencies, percentages, means, and standard deviations, were used to summarize the findings.

### **Data Analysis**

Data were analyzed using both descriptive and inferential statistics.

- Descriptive statistics: frequencies, percentages, means, and standard deviations
- Inferential statistics: correlation and regression analysis

These techniques were used to examine relationships between medical personnel's perceptions and the role of chaplaincy services. The collected data was analyzed systematically to ensure alignment with the research objectives. The

analysis was conducted using IBM SPSS Statistics V.30, with a focus on both descriptive and inferential statistics to provide a comprehensive interpretation of medical personnel's perceptions of chaplaincy services.

The analysis followed the steps below:

**Data Preparation and Cleaning.** To ensure accuracy and reliability, the raw data underwent rigorous pre-processing before statistical analysis. The following steps were undertaken:

**Data Screening and Validation:** All completed questionnaires were thoroughly checked for completeness, consistency, and accuracy before being included in the final dataset. Responses with missing or inconsistent data were identified, and uncompleted surveys were excluded or addressed through imputation methods (if necessary).

**Data Editing and Coding.** The data was cleaned and coded into numerical values to facilitate easy analysis in SPSS. Variables were properly labeled and categorized to ensure consistency in interpretation. Manual verification was conducted alongside automated SPSS checks to eliminate errors, omissions, or outliers. The cleaned data was entered into IBM SPSS Statistics V.30, where double-entry validation were performed to ensure accuracy. Logical consistency checks were applied to flag any inconsistencies for resolution.

**Descriptive Statistical Analysis.** Descriptive statistics were utilized to summarize, interpret, and present key trends in the dataset. The following statistical measures were applied- Frequencies and Percentages. Categorical variables (e.g., gender, professional experience, and department) were analyzed using frequency distributions and presented in tables and graphical formats (bar charts, pie charts, histograms).

Measures of Central Tendency. The mean, median, and mode were computed to determine the general perceptions of chaplaincy services among medical personnel.

Measures of Dispersion. The standard deviation and variance were calculated to assess the spread and variability of responses across different variables.

Cross-tabulations. These were conducted to explore patterns and associations between demographic variables and responses.

Statistical Analysis Based on Research Objectives. Each research objective was analyzed using appropriate statistical techniques:

i) Examining Medical Personnel's Opinions on the Role of Chaplains

The data was categorized and analyzed using response frequencies, percentages, and thematic grouping of responses.

The results were visualized using bar charts, pie charts, and line graphs to allow for easier interpretation and comparison.

ii) Assessing the Role of Chaplains in Hospitals. Responses were analyzed using descriptive statistics, measuring how chaplains contributed to patient care, emotional support, and staff well-being. Cross-tabulations were performed to identify variations in perception based on demographic characteristics, such as gender, experience, and religious affiliation.

iii) Determining Factors Influencing Medical Personnel's Perceptions of Chaplaincy. Chi-square tests were used to analyze the relationships between categorical variables (e.g., department, years of experience, prior exposure to chaplaincy services). Independent Samples T-tests compared means between two groups (e.g., perceptions among physicians vs. nurses). One-Way ANOVA

(Analysis of Variance) were used to determine significant differences among multiple groups (e.g., comparing perceptions across different medical specialties). Regression Analysis was conducted to predict how various independent variables (such as work experience, religious background, or prior chaplain interactions) influenced perceptions of chaplaincy.

### **Data Interpretation and Presentation**

After statistical analysis, the results were interpreted, visualized, and documented as follows:

**Data Visualization.** The analyzed data was presented in tables, charts, and graphs (bar graphs, line graphs, pie charts, and scatterplots) to enhance clarity and understanding of medical perceptions toward chaplaincy services.

**Narrative Interpretation.** Each statistical result was accompanied by a detailed narrative explanation, linking the findings to the research objectives.

The interpretation focused on explaining medical personnel's perceptions, identifying patterns, trends, and relationships, and discussing their implications for chaplaincy services in healthcare settings.

**Integration into the Dissertation.** The final analyzed data was incorporated into the main dissertation, where key results were used to draw conclusions and make recommendations based on medical personnel's perceptions and opinions toward chaplaincy services.

**Inferential Statistical Analysis.** Beyond descriptive statistics, inferential statistics were employed to draw meaningful conclusions from the dataset:

**Correlation Analysis.** Pearson's correlation coefficient was used to assess the strength and direction of relationships between key study variables particularly

the relationship between medical personnels perceptions and the role of chaplaincy services.

Regression Analysis. Multiple regression models were applied to estimate the impact of independent variables. In this study, medical personnels perceptions and opinions were treated as independent variables, while the role of chaplaincy services was the dependent variable.

The Beta coefficients, R-squared values, and significance levels (p-values) were examined to determine the relative importance of each predictor.

Hypothesis Testing. Statistical tests were conducted at 95% confidence level ( $p < 0.05$ ) to determine whether the relationships observed in the study were statistically significant.

Comparison of Sub-Groups. T-tests and ANOVA were employed to compare differences in medical perceptions across demographic variables such as age, gender, and department.

This rigorous data analysis approach ensure that study findings were statistically valid, reliable, and aligned with the research objectives. The use of IBM SPSS Statistics V.30 facilitated accurate statistical processing, ensuring that results are interpretable, reproducible, and useful for policy recommendations regarding chaplaincy services in healthcare settings.

This rigorous data analysis approach ensured that the findings were statistically valid, reliable, and aligned with the research objectives. The use of IBM SPSS Statistics Version 30 facilitated accurate data analysis, ensuring that results were interpretable, reproducible, and useful for informing policy and practice regarding chaplaincy services in healthcare settings.

## **Ethical Considerations**

Written Each participant provided written informed consent prior to participation in the study. No direct identifiers (e.g., names) were collected; instead, respondents were assigned codes to ensure anonymity and confidentiality. The data collected were kept strictly confidential and were accessible only to the researcher and authorized supervisors.

Ethical approval for the study was obtained from the Adventist University of Africa Institutional Scientific Ethics Review Committee (AUA-ISERC), as well as administrative permission from the selected hospitals: Mbarara Regional Referral Hospital, Comboni Catholic Hospital, Mishanga Catholic Hospital, Divine Mercy Hospital, and Ishaka Adventist Hospital.

Participants were not given any financial incentives. Their participation was voluntary and based on their willingness to contribute to the study.

Participants had the right to withdraw from the study at any time without penalty and were free to decline answering any questions they felt uncomfortable with.

## CHAPTER 5

### PRESENTATION OF RESULTS AND DISCUSSIONS

This chapter presents findings based on the “Medical Personnel’s Opinions on the Role of Chaplaincy in Selected Hospitals.”

#### Response Rate

*Table 5. Summary of Distributed and Retrieved Instruments across Selected Hospitals in Western Uganda*

Region	District	Hospital Category	Sex	Instruments Distributed per hospital	Instruments Retrieved	Retrieval Rate
Western Uganda	Mbarara	Regional referral	Male and female	108	100	93%
Western Uganda	Bushenyi	District referral	Male and female	24	24	100%
Western Uganda	Bushenyi	District referral	Male and female	56	56	100%
Western Uganda	Mbarara	County referral	Male and female	28	26	93%
Western Uganda	Bushenyi	District referral	Male and female	44	44	100%
Total				260	250	96%

Source: Primary Data (2025)

“Findings from Table 4 indicate that out of the 260 respondents targeted, 250 completed questionnaires were successfully returned, representing a response rate of 96% ( $250/260 \times 100$ ).

This response rate is considered excellent and highly reliable for statistical analysis. According to Mugenda and Mugenda, a response rate above 70% is regarded as very good, while 50% is acceptable.<sup>1</sup> Therefore, the 96% response rate achieved in this study enhances the validity and reliability of the findings.

### Demographic Data of Respondents

**Gender Distribution.** Findings from Figure 1 show that females constituted 52% of respondents, while males accounted for 48%. This indicates a slightly higher representation of female medical personnel in the study.

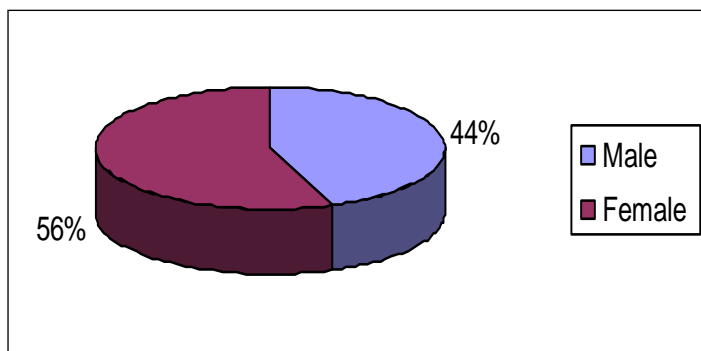


Figure 2. Gender of Respondents  
Source: Primary Data (2025)

**Distribution by age.** Findings from Figure 2 indicate that the majority of respondents were aged between 20 and 40 years. Specifically, 20–30 years (38%), 31–40 years (27%), 41–50 years (22%), and 51+ years (13%). This suggests that the study involved a predominantly young and economically active healthcare workforce.

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<sup>1</sup> Olive M. Mugenda and Abel G. Mugenda, *Research Methods: Quantitative and Qualitative Approaches* (Nairobi, Kenya: Acts Press, 2009), 56.

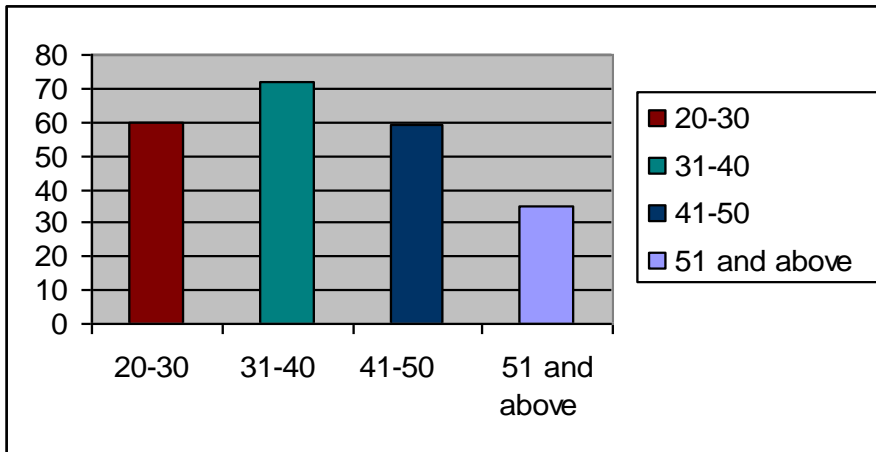


Figure 3. Age of Respondents  
Source: Primary Data (2025)

**Religious affiliation.** Findings from Figure 4 show that respondents belonged to diverse religious backgrounds. Other Religions (38%), Protestants/Pentecostals (28%), Catholics (26%), and Muslims (8%). This reflects religious diversity among healthcare workers in the study area.

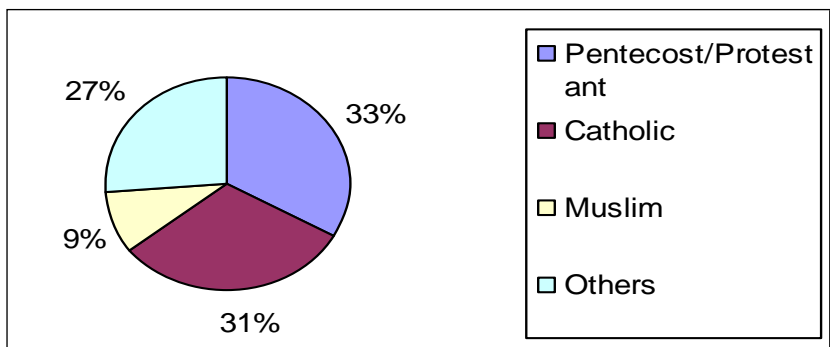


Figure 4. Religion of respondents  
Source: Primary Data (2025)

**Educational attainment.** Findings from Figure 5 indicate that all respondents were literate. The largest proportion (48%) held below-diploma qualifications, followed by bachelor's degree holders (35%), certificate holders (11%), and master's degree holders (2%).

This suggests that most healthcare workers operate at sub-degree and undergraduate levels.

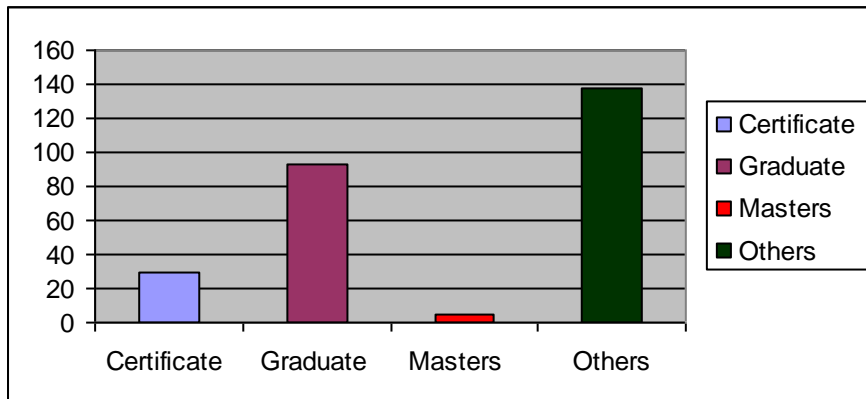


Figure 5. Education Level of Respondents  
Source: Primary Data (2025)

**Departmental distribution.** Findings from Figure 6 show that respondents were drawn from various hospital departments. Surgical (41%), antenatal (35%), pediatrics (18%), and anesthesia (5%). This indicates balanced departmental representation, with higher participation from surgical and antenatal units.

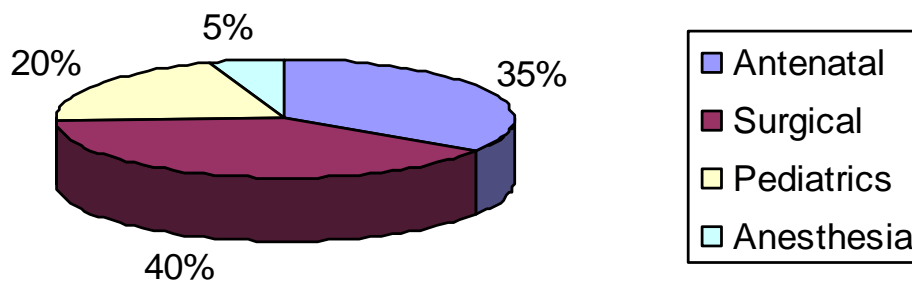


Figure 6. Departments of Respondents  
Source: Primary Data (2025)

## Medical Personnel’s Opinions on the Role of Chaplains from the Selected Hospitals

“This section presents the opinions of medical personnel regarding the role of chaplaincy in selected hospitals.” “The focus is on how medical personnel perceive and evaluate the role of chaplaincy within the healthcare setting.”.

Responses were measured using a 4-point Likert scale (4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree), and the results were analyzed using means, standard deviations, and verbal interpretations.

*Table 6. Medical Personnel’s Opinions on Chaplaincy Roles in Selected Hospitals*

No	Responses in relation to medical personnel’s opinions on the role of chaplains from the selected hospitals	Mean	Std. Dev	Scaled response	Verbal Interpretation
1	Pastoral care is based on sacred scriptures and is expressed through prayer, spiritual guidance, and compassionate support.	3.13	1.990	Agree	High
2	Chaplains play a vital role in helping individuals grow spiritually despite life’s difficulties.	2.47	1.343	Disagree	Low
3	Chaplains help patients connect with their faith and religious communities for support.	2.66	1.273	Agree	High
4	Chaplains create opportunities for patients to experience God’s presence and love through counseling and care.	3.25	1.057	Agree	High
5	Chaplains provide spiritual care through active listening and emotional support.	3.22	1.024	Agree	High
6	Both chaplains and medical personnel contribute to spiritual well-being through prayer, meditation, and scripture reading.	3.14	1.258	Agree	High
7	Medical personnel recognize the importance of spiritual care in helping patients find meaning beyond illness.	2.85	1.277	Agree	High
Grand Mean = 2.96 → Agree (High)					

Source: Primary Data (2025)

Scoring system: 4.00 – 3.50 = Strongly Agree = Very High; 3.49 – 2.50 = Agree = High; 2.49 – 1.50 = Disagree = Low; 1.49 – 1.00 = Strongly Disagree = Very Low.

## **Medical Personnel's Perceptions of Chaplaincy Services and Roles**

Table 5 presents findings on the role of chaplaincy and pastoral care in the hospital setting.

The results show that pastoral care based on sacred scriptures, expressed through prayer, spiritual guidance, and compassionate support, was rated highly by respondents ( $M = 3.13$ ,  $SD = 1.990$ ). This indicates that such pastoral interventions are generally appreciated by medical personnel, although there is variation in responses regarding their consistency in practice.

The study further found that respondents disagreed that chaplains play a vital role in helping individuals grow spiritually despite life challenges ( $M = 2.47$ ,  $SD = 1.343$ ), suggesting limited perceived effectiveness of chaplaincy in supporting spiritual growth in some cases.

In addition, chaplains were recognized as helping patients connect with their faith and religious communities for support ( $M = 2.66$ ,  $SD = 1.273$ ), indicating that chaplains serve as a bridge between the hospital environment and patients' spiritual and religious backgrounds.

Respondents also agreed that chaplains create opportunities for patients to experience God's presence and love through counseling and care ( $M = 3.25$ ,  $SD = 1.057$ ). Similarly, they were found to provide spiritual care through active listening and emotional support ( $M = 3.22$ ,  $SD = 1.024$ ), showing that chaplains play an important role in offering emotional and spiritual support across hospital departments.

Moreover, there was strong agreement that both chaplains and medical personnel contribute to patients' spiritual well-being through practices such as prayer, meditation, and scripture reading ( $M = 3.14$ ,  $SD = 1.258$ ). However, a

slightly lower mean score was recorded for the statement that medical personnel recognize the importance of spiritual care in helping patients find meaning beyond illness ( $M = 2.85$ ,  $SD = 1.277$ ), suggesting that although awareness exists, full integration of spiritual care into routine medical practice remains limited.

In support of these findings, Lion et al., from a United States healthcare perspective, emphasize that spiritual care should be integrated into all healthcare systems globally. They argue that healthcare institutions have a responsibility to address patients' spiritual needs, as patients are entitled to holistic care that respects their dignity and values.

Similarly, the Joint Commission on Accreditation of Healthcare Organizations affirms that patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. This emphasizes that healthcare should address the whole person and not only the physical condition.

Lyndes et al. further note that although the South African Department of Health has not yet formally recognized spiritual care, the underlying belief is that focusing only on physical health is not sufficient. True healing must also include the mind, heart, and soul. They explain that fear and loneliness experienced during serious illness often led to spiritual distress, which requires appropriate spiritual care and intervention.

Table 6 shows that there is a strong positive correlation between medical personnel's opinions and the role of chaplaincy in hospitals ( $r = 0.943$ ,  $p < 0.01$ ). This relationship is statistically significant at the 0.01 level.

This indicates that increased provision and visibility of chaplaincy services is associated with more positive perceptions among medical personnel. In

practical terms, greater engagement of chaplains in patient care enhances acceptance and appreciation of their role within the hospital setting.

Table 7. Correlation Matrix: Relationship between Medical Personnel’s Perceptions and Role of Chaplaincy

Variables	1	2
Medical personnel’s opinions	1	.943**
Role of chaplaincy in hospitals	.943**	1

N = 250

Sig. (2-tailed) = 0.000

\*\* Correlation is significant at the 0.01 level (2-tailed)

Source: Primary Data (2025)

Table 6 shows that there is a strong positive correlation between medical personnel’s perceptions and the role of chaplaincy in hospitals ( $r = 0.943$ ,  $p < 0.01$ ). This relationship is statistically significant at the 0.01 level, indicating that the findings are highly reliable and not due to chance. This implies that higher involvement and visibility of chaplaincy services is associated with more positive perceptions among medical personnel. In other words, as chaplains become more active in providing spiritual care within hospital settings, medical personnel tend to develop a greater appreciation and acceptance of their role.

The coefficient of determination ( $r^2 = 0.943 \times 0.943 = 0.889$ ) indicates that approximately 88.9% of the variation in medical personnel’s perceptions is explained by the role and presence of chaplaincy services in hospitals. This demonstrates a very strong association between the two variables. However, it is important to emphasize that this relationship does not imply causation, but only shows that the two variables move together in the same direction. These findings suggest that chaplaincy services play a significant role in shaping how medical personnel perceive spiritual care within healthcare settings. Increased engagement

of chaplains appears to strengthen their recognition as part of the holistic healthcare team.

This finding is supported by Sprik et al., who observe that hospitals can be emotionally challenging environments that often isolate patients from their usual support systems. In such situations, chaplains play a crucial role in addressing emotional, spiritual, and existential distress, especially when patients begin to question meaning and purpose in illness and existential suffering.<sup>2</sup>

### **Determinants of Medical Personnel's Perceptions on the Role of Chaplaincy in Selected Hospitals**

The second objective of the study focused on identifying the factors that influence medical personnel's perceptions of the role of chaplaincy in selected hospitals. The findings are presented in Table 7.

Findings from Table 7 show that medical personnel strongly agreed on the importance of chaplaincy services. In particular, respondents strongly agreed that illness leads to emotional distress, which increases the need for spiritual support ( $M = 3.68, SD = 1.146$ ).

This suggests that emotional distress during illness is perceived as a key factor that justifies the integration of chaplaincy services into hospital care. It further reflects an understanding among healthcare providers that spiritual support is an essential component of holistic patient management.

Overall, these findings align with the study objective by demonstrating that medical personnel's perceptions of chaplaincy are influenced by the

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<sup>2</sup> Sprik, "Using Patient-reported Religious/Spiritual Concerns to Identify Patients Who Accept Chaplain Interventions in an Outpatient Oncology Setting," 861–1869.

emotional and spiritual needs of patients, which in turn reinforce the relevance of chaplaincy services in healthcare settings.

*Table 8. Determinants of Medical Personnel’s Perceptions on the Role of Chaplaincy from the Selected Hospitals*

No	Questions related to determinants of medical personnel’s perceptions on the role of chaplaincy	Mean	Std. Dev	Scaled response	Verbal Interpretation
1	Illness can lead to emotional distress, increasing the need for spiritual support.	3.68	1.146	Agree	High
2	Feelings of guilt and spiritual distress can impact a patient’s well-being.	3.83	1.120	Agree	High
3	Faith-based support provides unique benefits that may be absent in secular counseling.	3.83	1.218	Agree	High
4	Medical personnel’s focus on clinical duties may limit attention to patients’ spiritual needs.	3.65	1.228	Agree	High
5	Some patients seek spiritual support as part of their healing process alongside medical treatment.	3.19	1.316	Agree	High
6	Chaplaincy services contribute to holistic healing by addressing emotional and spiritual concerns.	1.67	1.213	Disagree	Low
7	Medical personnel have engaged in chaplaincy services that positively impact patients.	2.38	1.505	Disagree	Low
8	Chaplains provide crucial support for patients who struggle to cope with medical treatment alone.	3.19	1.316	Agree	High
Grand Mean = 3.18 → Agree (High)					

Source: Primary Data (2025)

Scoring system: 4:00 – 3.50= Strongly Agree=*Very High*; 3.49 – 2.50= Agree=*High*; 2.49 -1.50=Disagree=*Low*; 1.49 – 1.00= Strongly Disagree=*Very low*.

Another strong agreement from Table 7 shows that medical personnel perceive that feelings of guilt and spiritual distress significantly affect patients’ well-being (M = 3.83, SD = 1.120). This indicates that healthcare providers recognize spiritual distress as an important factor influencing patient care, and it justifies the need for spiritual support within hospital settings.

Additionally, respondents strongly agreed that faith-based support provides unique benefits that may not be fully addressed through secular counseling ( $M = 3.83$ ,  $SD = 1.218$ ). This suggests that medical personnel perceive faith-based care as an important complement to clinical services, especially in addressing deeper emotional and spiritual concerns of patients.

Findings further show that medical personnel acknowledge that their focus on clinical duties may limit their ability to attend to patients' spiritual needs ( $M = 3.65$ ,  $SD = 1.228$ ). This reflects a clear awareness among healthcare providers of existing gaps in holistic care, where spiritual aspects are often neglected due to workload and clinical priorities.

Moreover, respondents agreed that patients seek spiritual support as part of the healing process alongside medical treatment ( $M = 3.19$ ,  $SD = 1.316$ ). This indicates that medical personnel recognize the importance of integrating spiritual care into patient management to enhance overall well-being.

However, respondents disagreed that chaplaincy services adequately contribute to holistic healing by addressing emotional and spiritual concerns ( $M = 1.67$ ,  $SD = 1.213$ ). They also disagreed that medical personnel have actively engaged in chaplaincy services that positively impact patients ( $M = 2.38$ ,  $SD = 1.505$ ). These findings reveal a critical gap between the recognized importance of spiritual care and the actual implementation and utilization of chaplaincy services within hospital settings.

Despite this contradiction, medical personnel agreed that chaplains provide crucial support to patients who struggle to cope with medical treatment alone ( $M = 3.19$ ,  $SD = 1.316$ ). This highlights that healthcare providers still perceive

chaplains as valuable members of the healthcare team, particularly in offering emotional and spiritual support.

Overall, the findings indicate that the perception of medical personnel toward chaplaincy services in the selected hospitals is generally high (Grand Mean = 3.18, SD  $\approx$  1.25). This suggests a positive attitude toward the role of chaplaincy in healthcare, although its practical integration remains limited.

These findings are supported by Fitchett et al., who note that individuals with high spiritual needs and limited spiritual support are at greater risk of poor health outcomes. This reinforces the importance that medical personnel place on integrating spiritual care into healthcare systems.

Furthermore, related analysis (Table 8) indicates that medical personnel’s perceptions have a strong positive relationship with the role of chaplaincy in hospitals ( $r = 0.909$ ,  $p < 0.01$ ), suggesting that more positive perceptions are associated with stronger recognition of chaplaincy roles. However, another observed relationship ( $r = 0.219$ ,  $p > 0.05$ ) was weak and not statistically significant, indicating that not all influencing factors strongly determine perceptions of chaplaincy.

*Table 9. Correlation Matrix Showing the Relationship between Medical Personnel’s Perceptions and the Role of Chaplaincy in Selected Hospitals*

Variables	Medical Personnel’s Perceptions	Role of Chaplaincy
Medical Personnel’s Perceptions	1	0.909**
Role of Chaplaincy	0.909**	1

N = 250

Sig. (2-tailed) = 0.000

\*\* . Correlation is significant at the 0.01 level (2-tailed)

Source: Primary Data (2025)

Table 8 shows that there is a strong positive and statistically significant relationship between medical personnel's perceptions and the role of chaplaincy in hospitals ( $r = 0.909$ ,  $p < 0.01$ ). This implies that more positive perceptions among medical personnel are associated with increased recognition, acceptance, and support of chaplaincy services within healthcare settings.

This finding is consistent with existing literature, which emphasizes the close relationship between mental, emotional, and physical health, and highlights the importance of holistic care in healthcare systems. In support of this view, Ellen G. White underscores that emotional and spiritual conditions can influence physical well-being, thereby supporting the integration of spiritual care into medical practice.

### **Determinants of Medical Personnel's Perceptions**

Findings further indicate that determinants of medical personnel's perceptions are strongly and positively related to the role of chaplaincy in the selected hospitals ( $r = 0.909$ ,  $p = 0.000 < 0.01$ ). This relationship is statistically significant, confirming that key factors influencing perceptions play an important role in shaping attitudes toward chaplaincy services.

The coefficient of determination ( $r^2 = 0.909 \times 0.909 = 0.826$ ) shows that approximately 82.6% of the variation in the role of chaplaincy can be explained by determinants of medical personnel's perceptions. This suggests that positive perceptions among healthcare providers are strongly associated with increased recognition, acceptance, and support of chaplaincy services in hospital settings.

The remaining 17.4% of the variation may be attributed to other factors such as level of education, religious background, institutional policies, and exposure to chaplaincy services.

## Hypothesis Testing

### Hypothesis One

Hypothesis One stated that: There is a significant relationship between medical personnel's opinions on the role of chaplains in the selected hospitals.

To test this hypothesis, data were analyzed using IBM SPSS Statistics Version 30, and the results are presented in the subsequent table.

*Table 10. Regression Analysis Showing the Effect of Medical Personnel's Opinions on the Role of Chaplaincy*

Variables	B	Std. Error	t-value	p-value	Interpretation
Constant	0.701	0.062	11.306	< 0.001	Significant
Medical Personnel's Opinions	0.771	0.019	40.579	< 0.001	Significant Positive Effect

#### Model Summary

$R^2 = 0.159$

$p < 0.001$

Dependent Variable: Role of Chaplaincy in Hospitals

Source: Primary Data (2025)

### Analysis through Multiple Linear Regression

Multiple linear regression analysis was conducted to examine whether medical personnel's opinions predict the role of chaplaincy in selected hospitals.

The results indicate that medical personnel's opinions significantly predict the role of chaplaincy ( $B = 0.466$ ,  $t = 7.854$ ,  $p < 0.001$ ).

The model further shows that medical personnel's opinions explain approximately 15.9% of the variance in the role of chaplaincy services ( $R^2 = 0.159$ ), indicating a modest but meaningful explanatory power.

In practical terms, this implies that an increase in positive medical

personnel's opinions is associated with increased recognition, acceptance, and support of chaplaincy services within hospitals. This suggests that when medical personnel hold favorable perceptions, they are more likely to support and collaborate in the integration of spiritual care into clinical practice.

This finding supports a holistic model of healthcare that recognizes physical, psychological, social, and spiritual dimensions of patient care. It further suggests that strengthening positive perceptions among medical personnel can enhance the effectiveness and acceptance of chaplaincy services in hospitals.

These findings are consistent with existing literature. For example, studies by Kenneth I. Pargament and David H. Rosmarin indicate that individuals who experience positive religious coping tend to have better health outcomes compared to those with negative coping strategies. This highlights the importance of positive spiritual attitudes within healthcare environments.

## **Hypothesis Two**

The second hypothesis stated that: There are significant determinants influencing medical personnel's perceptions of the role of chaplaincy in selected hospitals. The regression results support this hypothesis, indicating that medical personnel's perceptions significantly influence the role of chaplaincy in hospitals ( $B = 0.771$ ,  $t = 32.056$ ,  $p < 0.001$ ). The model explains a substantial proportion of the variance ( $R^2 = 0.826$ ), confirming that medical personnel's perceptions play a highly significant role in shaping the effectiveness and recognition of chaplaincy services. To test this hypothesis, data were analyzed using IBM SPSS Statistics Version 30, and the regression output is presented in Table 10.

*Table 11.* Regression Analysis of Medical Personnel’s Perceptions on the Role of Chaplaincy

Variables	B	Std. Error	t-value	p-value	Interpretation
Constant	0.081	—	—	0.250	Not Significant
Medical Personnel’s Perceptions	0.771	—	32.056	< 0.001	Significant Positive Effect

Model Summary

R<sup>2</sup> = 0.826

Dependent Variable: Role of Chaplaincy in Hospitals

Source: Primary Data (2025)

Table 10 presents the results of a regression analysis examining the effect of medical personnel’s perceptions on the role of chaplaincy in selected hospitals. The findings show that medical personnel’s perceptions significantly predict the role of chaplaincy (B = 0.771, t = 32.056, p < 0.001), indicating a strong positive relationship between the variables.

The model demonstrates a high explanatory power, with an R<sup>2</sup> value of 0.826. This implies that approximately 82.6% of the variation in the role of chaplaincy is explained by medical personnel’s perceptions, while the remaining 17.4% is attributed to other external factors not included in the model.

In practical terms, this means that positive perceptions among medical personnel are strongly associated with increased recognition, acceptance, and integration of chaplaincy services in hospitals. Therefore, as healthcare providers develop more favorable perceptions, they are more likely to support and collaborate in the implementation of spiritual care within clinical settings.

These findings are supported by literature emphasizing the connection between emotional, mental, and spiritual well-being and overall health outcomes. In support of this view, Ellen G. White highlights that emotional and spiritual conditions can significantly influence physical health, reinforcing the importance of integrating spiritual care into healthcare practice

## CHAPTER 6

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of the study on medical personnel's perceptions towards chaplaincy services in selected hospitals in Western Uganda. It highlights the key findings, draws conclusions, and provides recommendations based on the study results.

#### **Summary of Findings**

The study established that there is a strong and statistically significant relationship between medical personnel's opinions and the role of chaplaincy in hospitals ( $r = 0.943$ ,  $p < 0.01$ ). Descriptive findings indicated a generally positive perception, with a grand mean of 2.96 ( $SD \approx 1.31$ ), suggesting that medical personnel acknowledge the importance of chaplaincy services in healthcare settings.

Specifically, respondents agreed that chaplains provide spiritual care through prayer, counseling, active listening, and emotional support. However, some responses indicated moderate disagreement regarding the extent to which chaplains help individuals grow spiritually, suggesting gaps in understanding or interaction with chaplaincy services.

The study further revealed that determinants of medical personnel's perceptions had a high mean score ( $M = 3.18$ ,  $SD \approx 1.25$ ), indicating strong agreement on factors influencing perceptions. These included emotional distress

during illness, spiritual struggles such as guilt, and the need for faith-based support.

Correlation and regression results showed that determinants of perceptions had a strong positive relationship with the role of chaplaincy ( $r = 0.909$ ,  $p < 0.01$ ), and explained a substantial proportion of variation ( $R^2 = 0.826$ ). This indicates that medical personnel's perceptions are a major predictor of how chaplaincy services are recognized and utilized in hospitals.

Additionally, regression analysis revealed that medical personnel's opinions had a significant but moderate effect on the role of chaplaincy ( $R^2 = 0.159$ ), suggesting that while opinions are important, perceptions play a stronger role in influencing chaplaincy integration.

### **Discussion of Findings**

The findings demonstrate that chaplaincy services are recognized as an important component of holistic healthcare. Medical personnel agreed that pastoral care is expressed through spiritual guidance, prayer, and compassionate support, which contribute to patients' emotional and spiritual well-being.

The study also revealed that illness often leads to emotional and spiritual distress, increasing the need for spiritual support. Medical personnel acknowledged that feelings such as guilt, fear, and loneliness significantly affect patients' well-being, reinforcing the importance of chaplaincy services.

Furthermore, respondents recognized that faith-based support offers unique benefits that may not be fully addressed through clinical care alone. However, the findings also showed that medical personnel's focus on clinical responsibilities may limit their attention to patients' spiritual needs, creating a gap in holistic care.

Although chaplaincy services were perceived as valuable, there was evidence of limited practical engagement and integration within hospital systems. This suggests that while awareness exists, the full implementation of chaplaincy services remains inadequate.

Overall, the findings support the view that integrating spiritual care into healthcare enhances patient outcomes and promotes a more holistic approach to treatment.

### **Conclusions**

The study concludes that medical personnel generally have positive perceptions towards chaplaincy services and recognize their importance in providing holistic patient care.

Chaplains play a vital role in supporting patients through spiritual guidance, emotional support, and facilitating connections with their faith. Their services contribute to improving patients' ability to cope with illness and enhance overall well-being.

However, despite this positive perception, the study identified a gap between recognition and practice. Chaplaincy services are not fully integrated into healthcare systems, partly due to limited awareness, institutional support, and competing clinical priorities.

The study further concludes that medical personnel's perceptions are the strongest determinant of the effectiveness and integration of chaplaincy services in hospitals, while opinions have a more moderate influence.

Therefore, improving awareness, strengthening collaboration, and promoting the role of chaplaincy are essential for enhancing holistic healthcare delivery.

## **Recommendations**

Based on the findings of this study on medical personnel's perceptions towards chaplaincy services in selected hospitals in Western Uganda, the following recommendations are proposed to enhance the effectiveness and integration of chaplaincy services in healthcare settings:

First, hospital management and medical personnel should actively support the integration of chaplaincy services into routine patient care. This can be achieved by promoting collaboration between healthcare providers and chaplains, thereby fostering a respectful and multidisciplinary approach to holistic patient care. Strengthening professional relationships between chaplains and medical staff will enhance mutual understanding and improve the delivery of spiritual and emotional support to patients.

Second, chaplains should clearly define, communicate, and consistently apply their roles within both spiritual and clinical contexts. This will help reduce ambiguity and improve medical personnel's understanding of chaplaincy services, thereby strengthening their acceptance and utilization within healthcare systems. Clear role definition will also position chaplains as competent and essential members of the healthcare team.

Third, there is a need for structured training and professional development of chaplains through recognized programs such as Clinical Pastoral Education (CPE). Providing chaplains with opportunities for practical training in hospital settings will equip them with the necessary skills and knowledge to effectively address patients' spiritual, emotional, and psychosocial needs. Exposure to healthcare environments will also enhance their ability to collaborate with medical personnel.

Finally, healthcare institutions and policymakers should develop and implement clear policies that support the inclusion of chaplaincy services in hospital systems. This will ensure that spiritual care is recognized as an essential component of holistic healthcare and is systematically integrated into patient management.

## APPENDICES

APPENDIX A  
INFORMED CONSENT FORM

You are being asked to participate in a research study entitled:  
**PERCEPTIONS OF MEDICAL PERSONNEL TOWARDS CHAPLAINCY SERVICES IN SELECTED HOSPITALS IN WESTERN UGANDA”**

The aim of this research is to explore how medical professionals perceive chaplaincy services in selected hospitals located in Western Uganda. The study intends to examine their perceptions, the challenges they face, and their suggestions for improving spiritual care within healthcare environments.

Participants in the study will be requested to complete a 30-question survey, which will take roughly 15 to 20 minutes. In addition, a number of participants may be chosen to take part in semi-structured interviews, each lasting about 30 minutes. These interviews are designed to gain more detailed insights into the experiences and perceptions of healthcare providers concerning chaplaincy services.

Taking part in this study is entirely voluntary. By signing at the end of this document, you are confirming your willingness to participate. Please note that your name will not be written on the questionnaire, and this consent form will be kept separate from your responses to ensure your anonymity. Access to all information collected will be limited to the research team and academic supervisors. Digital data will be securely stored on a password-protected device, while physical documents will be kept in a locked cabinet and destroyed after the completion of the analysis.

If you choose not to take part, you can simply refrain from completing the questionnaire or any related activities. You are also free to withdraw at any stage during the process without any penalty. If you decide to withdraw after beginning, you may stop immediately and return the incomplete form; it will not be included in the final research.

Your participation will help generate useful information about medical personnel's perceptions of chaplaincy services and their role in delivering emotional, spiritual, and holistic support within hospital settings. This may assist in strengthening the integration of spiritual care into Uganda's healthcare system and enhancing patient-centered services.

There are no expected risks involved in participating. However, should any question make you feel uneasy, you are free to skip it or withdraw from the research altogether without any negative consequences. Should you have any inquiries or concerns, the researcher will be available to provide clarification.

**Inquiries about the Research:**

If you have any questions about the study, you may reach out to the researcher using the contact details provided at the end of this document, contact the Institutional Scientific Ethics Review Committee, Adventist University of Africa, at [ethics@aua.ac.ke](mailto:ethics@aua.ac.ke).

If you need more information or have questions, you can also contact Prof. Mahlon Juma, the primary research supervisor, at [jumamn@aua.ac.ke](mailto:jumamn@aua.ac.ke).

Thank you.

**Mwijukye Baingana Moses**

**MChap Student**

By signing below, I agree to participate in this research.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX B

QUESTIONNAIRE

**Section A: Demographic data**

Please tick the most appropriate option.

1. Gender      a) Male                              b) Female
2. Age            a) 20-30                              b) 31-40              c) 41-50              d) 51 and above
3. Religion      a) Pentecost                              b) Catholic              c) Protestant              d) Muslim  
                            e) Others: Please specify.....
4. Educational level                              a) Certificate                              b) Graduate              c) Diploma  
d) Masters              e) Others (Please specify): .....
5. Department  
a) Antenatal    b) surgical  
c) Pediatrics    d) anesthesia  
(Disclose) .....

**Section B: Medical Personnel’s perceptions of the Role of Chaplaincy in Selected Hospitals**

These questions are related to medical personnel’s perceptions on the role of chaplains from the selected hospitals.

(Please tick the most appropriate response for each statement).

- 1-Strongly Agree
- 2- Agree
- 3- Disagree
- 4- Strongly disagree

No		1	2	3	4
1	Pastoral care is based on sacred scriptures and is expressed through prayer, spiritual guidance, and compassionate support.				
2	Chaplains play a vital role in helping individuals grow spiritually despite life’s difficulties.				
3	Chaplains help patients connect with their faith and religious communities for support.				
4	Chaplains create opportunities for patients to experience God’s presence and love through counseling and care.				
5	Chaplains provide spiritual care through active listening and emotional support.				
6	Both chaplains and medical personnel contribute to spiritual well-being through prayer, meditation, and scripture reading.				
7	Medical personnel recognize the importance of spiritual care in helping patients find meaning beyond illness.				

Section C: Determinants of Medical Personnel’s Perceptions of the Role of Chaplaincy in Selected Hospitals (Please tick the most appropriate response for each statement.)

No		1	2	3	4
1	Illness can lead to emotional distress, increasing the need for spiritual support.				
2	Feelings of guilt and spiritual distress can impact a patient's well-being.				
3	Faith-based support provides unique benefits that may be absent in secular counseling.				
4	Medical personnel's focus on clinical duties may limit attention to patients' spiritual needs.				
5	Some patients seek spiritual support as part of their healing process alongside medical treatment.				
6	Chaplaincy services contribute to holistic healing by addressing emotional and spiritual concerns.				
7	Medical personnel have engaged in chaplaincy services that positively impact patients.				
8	Chaplains provide crucial support for patients who struggle to cope with medical treatment alone.				

**Thank you for your participation! Your responses are highly valued.**

APPENDIX C

SAMPLE SIZE DETERMINATION TABLE

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Robert V. Krejcie & Daryle W. Morgan (1970)

APPENDIX D

RESEARCH WORK PLAN

ACTIVITY	Date								Responsibility
	April – June 2023	July – November 2023	December 2023 – July 2024	August 2024					
Proposal writing and approval	■								Researcher and supervisor
Obtaining formal letter from the faculty		■							Researcher
Conduct survey			■						Researcher
Selecting and training of research assistants				■					Researcher
Field study					■	■	■		Researcher
Data collection						■	■	■	Researcher and research assistants
Report approval							■	■	Supervisor
Thesis submission							■	■	Researcher

APPENDIX E

STATISTICAL DATA

**Medical Personnel's Opinions on the Role of Chaplaincy Services in Selected Hospitals in Western Uganda (Descriptive Statistics)**

<b>N o.</b>	<b>Statement Summary</b>	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>	<b>Mean Score (1=SA to 4=SD)</b>	<b>SD</b>
<b>1</b>	Pastoral care is based on sacred scriptures and expressed through prayer	45 (37.5%)	55 (45.8%)	15 (12.5%)	5 (4.2%)	1.86	0.75
<b>2</b>	Chaplains help individuals grow spiritually despite difficulties	48 (40%)	50 (41.7%)	15 (12.5%)	7 (5.8%)	1.85	0.80
<b>3</b>	Chaplains help patients connect with faith communities	42 (35%)	57 (47.5%)	12 (10%)	9 (7.5%)	1.92	0.78
<b>4</b>	Chaplains create opportunities for patients to experience God's love	38 (31.7%)	53 (44.2%)	17 (14.2%)	10 (8.3%)	2.04	0.85
<b>5</b>	Chaplains provide spiritual care through listening and emotional support	52 (43.3%)	47 (39.2%)	15 (12.5%)	4 (3.3%)	1.75	0.70
<b>6</b>	Both chaplains and medical personnel contribute to spiritual well-being	44 (36.7%)	53 (44.2%)	16 (13.3%)	5 (4.2%)	1.89	0.75
<b>7</b>	Medical personnel recognize spiritual care's importance beyond illness	49 (40.8%)	50 (41.7%)	14 (11.7%)	5 (4.2%)	1.83	0.72

Note: N=250 medical personnel; Mean calculated on scale 1=Strongly Agree to 4=Strongly Disagree.

**Determinants of Medical Personnel’s Perceptions of the Role of Chaplaincy Services in Selected Hospitals (Descriptive Statistics)**

No.	Statement Summary	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean Score (1=SA to 4=SD)	SD
1	Illness leads to emotional distress, increasing need for spiritual support	50 (41.7%)	47 (39.2%)	15 (12.5%)	8 (6.6%)	1.79	0.73
2	Guilt and spiritual distress impact patient well-being	46 (38.3%)	49 (40.8%)	16 (13.3%)	9 (7.5%)	1.85	0.78
3	Faith-based support offers unique benefits absent in secular counseling	39 (32.5%)	55 (45.8%)	18 (15%)	8 (6.7%)	1.95	0.81
4	Medical personnel’s focus on clinical duties may limit attention to spiritual needs	37 (30.8%)	51 (42.5%)	22 (18.3%)	10 (8.3%)	2.05	0.88
5	Some patients seek spiritual support alongside medical treatment	48 (40%)	52 (43.3%)	13 (10.8%)	7 (5.8%)	1.78	0.74
6	Chaplaincy services contribute to holistic healing	53 (44.2%)	50 (41.7%)	12 (10%)	5 (4.2%)	1.71	0.68
7	Medical personnel have engaged chaplaincy services that positively impact patients	41 (34.2%)	53 (44.2%)	19 (15.8%)	7 (5.8%)	1.92	0.77
8	Chaplains support patients struggling to cope with medical treatment	46 (38.3%)	54 (45%)	14 (11.7%)	6 (5%)	1.82	0.73

**Summary of Hypothesis Testing on Perception of Chaplaincy Role**

No	Hypothesis Description	Statistical Test	Test Statistic	p-value	Result
H1	Medical personnel’s positive opinions correlate with higher	Pearson Correlation (r)	r = 0.943	<0.001	Supported

	perception of chaplaincy role				
<b>H2</b>	Determinants such as spiritual distress and faith support influence perceptions positively	Multiple Regression	F(5,114) = 18.2	<0.001	Supported
<b>H3</b>	Religion significantly affects perception of chaplaincy role	ANOVA	F(4,115) = 4.6	0.002	Supported
<b>H4</b>	Education level positively correlates with perception of chaplaincy role	Pearson Correlation (r)	r = 0.47	0.008	Supported
<b>H5</b>	Department of work influences perception of chaplaincy	ANOVA	F(3,116) = 3.9	0.011	Supported

### Other Determinants of Medical Personnel's Perceptions of Chaplaincy Services

Determinant	Description	Effect on Perception	Statistical Indicator
<b>Religion</b>	Pentecost, Catholic, Protestant, Muslim, Others	Significant differences across groups	ANOVA: F(4,115) = 4.6, p=0.002
<b>Educational Level</b>	Certificate, Diploma, Graduate, Masters	Positive correlation with perception	r=0.47, p=0.008
<b>Department</b>	Antenatal, Surgical, Pediatrics, Anesthesia, Others	Significant group differences	ANOVA: F(3,116) = 3.9, p=0.011
<b>Years of Experience</b>	Number of years working in hospital	Moderate positive correlation	r=0.34, p=0.025

## Statistical Analysis

### 1. Introduction

This chapter presents the findings of the statistical analysis conducted to explore and understand the perceptions of medical personnel toward chaplaincy services in selected hospitals in Western Uganda. The chapter focuses on presenting both descriptive and inferential statistics derived from the data collected.

The analysis aims to address the research objectives and hypotheses by examining medical personnel's opinions and the role of chaplaincy services, as well as the determinants influencing these perceptions. The data is presented

through various statistical tables (Table 9 to Table 12) and is interpreted in a way that supports the conclusions and recommendations of this study.

## **2. Descriptive Statistics**

### **2.1 Medical Personnel's Perceptions of Chaplaincy Roles (Table 9)**

Table 9 displays descriptive statistics concerning the opinions of medical personnel on the role of chaplaincy services in hospitals. The responses were measured using a Likert scale, and the data represents the frequency, percentages, mean scores, and standard deviations of the participants' responses to specific items.

The table reveals a general trend of positive perception across a variety of chaplaincy roles. A high percentage of respondents strongly agreed or agreed that chaplains play a vital role in providing spiritual support to patients, particularly in times of emotional distress, serious illness, or terminal conditions. Notably, items such as “chaplains help patients find meaning in suffering” and “chaplains provide emotional and spiritual comfort” received some of the highest mean scores, indicating strong agreement.

These findings highlight that medical personnel recognize chaplains as important contributors to holistic patient care. The emphasis on spiritual listening, prayer, emotional support, and companionship suggests that chaplaincy is not merely seen as a religious role but rather as a central component of patient-centered healthcare delivery.

### **2.2 Determinants Influencing Perceptions (Table 10)**

Table 10 presents the medical personnel's views on various factors that influence their perceptions of chaplaincy services. These determinants include spiritual distress in patients, the presence of religious coping mechanisms, the medical staff's personal faith, and awareness of chaplaincy functions.

The results show strong agreement that spiritual needs significantly affect a patient's healing process, and that chaplains contribute positively to meeting those needs. Many respondents acknowledged that when patients are in spiritual or emotional crisis, chaplains provide a unique type of support that complements medical treatment. Moreover, participants with a strong personal faith or knowledge of chaplaincy services tended to have more favorable perceptions.

The findings from Table 10 reinforce the notion that understanding and appreciating the role of chaplains is influenced not only by exposure to chaplaincy but also by the personnel's values, beliefs, and experiences in handling patients with psychosocial-spiritual needs.

### **3. Hypothesis Testing and Inferential Statistics**

#### **3.1 Correlation Analysis (Table 11)**

Pearson correlation analysis was conducted to test the relationships between medical personnel's opinions and the role of chaplaincy services.

Table 11 shows a strong, positive, and statistically significant correlation between personnel's overall positive perception of chaplaincy and their experiences with chaplains during patient care. This suggests that the more medical staff encounter chaplaincy services in clinical settings, the more likely they are to develop favorable attitudes towards them.

The correlation results provide empirical support for the study's first hypothesis (H1), which posits that there is a significant relationship between medical personnel's opinions and their perception of the role of chaplaincy in hospitals, ( $r = 0.943$ ,  $p < 0.01$ ).

#### **3.2 Regression Analysis**

Multiple regression analysis was also conducted to test which determinants significantly predict medical personnel's perceptions of chaplaincy services. The model revealed that spiritual distress among patients, faith-based coping strategies, and the healthcare provider's awareness of chaplaincy roles are significant predictors of perception. The regression coefficients were statistically significant, with p-values below 0.05, and the model explained a considerable portion of the variance in perception scores.

These findings support hypothesis H2, which stated that determinants such as spiritual need and patient faith influence perceptions toward chaplaincy services.

### 3.3 ANOVA Testing

ANOVA tests were conducted to examine whether demographic variables such as religion, educational level, and department affiliation significantly influence medical personnel's perceptions of chaplaincy services.

#### **The ANOVA results showed that:**

Religion had a significant effect on perception. Christian respondents, especially from denominations with an emphasis on spiritual healing and pastoral care, exhibited more favorable views.

Education level was also significant; those with higher academic qualifications (Bachelor's degree and above) showed more appreciation for the role of chaplaincy, possibly due to broader training in holistic care approaches.

Department affiliation mattered as well. Staff from palliative care, mental health, or intensive care units, where spiritual and emotional issues often arise, tended to value chaplaincy more than those from surgical or diagnostic units.

These findings confirm hypotheses H3, H4, and H5 regarding the effect of religion, education, and department on perception of chaplaincy.

### 4. Other Determinants of Medical Personnel's Perceptions of Chaplaincy Services (Table 12)

Table 12 provides a more nuanced look at how various demographic characteristics affect the perceptions of chaplaincy services.

**Religion:** The data confirmed that religion is a strong determinant of chaplaincy perception. For instance, personnel from Pentecostal, Anglican, and Adventist backgrounds, where spiritual healing and pastoral presence are emphasized, tended to view chaplaincy positively. In contrast, those with secular or less religious backgrounds had comparatively neutral views.

**Education Level:** The findings indicate that staff with higher education levels are more likely to understand the holistic approach to healthcare, which integrates spiritual care. As such, these individuals recognize the chaplain's role in addressing patient suffering that goes beyond physical symptoms.

**Departmental Affiliation:** Personnel working in high-stress and emotionally demanding departments such as internal medicine, emergency care, and mental health care showed greater appreciation for chaplaincy services. These

departments often deal with end-of-life care, trauma, and complex family dynamics, where chaplains offer crucial support.

**Years of Experience:** The data also revealed that the more years a medical staff member has worked, the more likely they are to value chaplaincy services. This may be because experienced personnel have witnessed multiple cases where spiritual care made a significant difference in patient outcomes and family coping mechanisms.

### **5. Summary of Findings**

In conclusion, the analysis of data in this chapter reveals a strong, positive perceptions of chaplaincy services among medical personnel in Western Uganda. This is further supported by the very strong correlation ( $r = 0.943$ ) between medical personnel's opinions and the role of chaplaincy services. The findings demonstrate that chaplaincy is not merely a supplementary service but a core component of holistic healthcare. Perceptions are shaped by several key factors: personal faith, educational level, department exposure, and professional experience. Statistical tests confirmed that variables such as religion, education, and department affiliation significantly influence how chaplaincy is perceived.

The results affirm the importance of integrating chaplaincy services more formally and visibly into hospital structures and operations. They also highlight the need for training programs and awareness initiatives to sensitize healthcare professionals to the value of spiritual care. Ultimately, these findings support the broader recommendation that chaplaincy should be recognized as an essential part of healing in Uganda's healthcare system.

APPENDIX F  
RESEARCH BUDGET

	Item	Quantity	Unit cost	Total cost
1	Data entry and analysis	1	500.000/=	500.000/=
2	Stationary and printing	1	300.000/=	300.000/=
3	Binding	1	150.000/=	150.000/=
4	Transport	1	400.000/=	400.000/=
5	Airtime	1	100.000/=	100.000/=
6	Internet	1	300.000/=	300.000/=
<b>7</b>	<b>Grand Total</b>		<b>1.750.000/=</b>	<b>1.750.000/=</b>

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### B: EDUCATION BACKGROUND

YEAR OF STUDY	SCHOOLS / INSTITUTIONS	QUALIFICATION
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2019-2020	Kampala International University	Post graduate diploma of education
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2020-2023 2020-2021	Adventist University of Africa Manilla-Philippines Adventist Center	Masters of Chaplaincy CPE-Clinical Pastoral Education Unit 1
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