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What Do Chaplains Contribute to Large Academic Hospitals? The Perspectives of Pediatric Physicians and Chaplains

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Abstract This article analyzes interviews with pediatric physicians ($N = 30$) and chaplains ($N = 22$) who work at the same large academic medical centers ($N = 13$). We ask how pediatric physicians understand and work with chaplains and how chaplains describe their own work. We find that physicians see chaplains as part of interdisciplinary medical teams where they perform rituals and support patients and families, especially around death. Chaplains agree but frame their contributions in terms of the perspectives related to wholeness, presence, and healing they bring. Chaplains have a broader sense of what they contribute to patient care than do physicians.

Keywords Chaplains · Chaplaincy · Pediatric physicians · Spiritual care

In her work at a large academic medical center, Dr. Jooner does not raise the topic of religion or spirituality with families unless the situation is dire. It is when death is imminent or "you're looking at a chronic disability" that "I'll ask a family if they have some kind of faith that could help them. Would they like the chaplain to come?" "People, staff included," she explains, "really appreciate having somebody around," in such situations, "it's hard." Elizabeth, the chaplain assigned to the unit where Dr. Jooner works, is present when patients die and at other times becoming, in her words, "part of people's life-journeys" even if only for a few minutes. She speaks with patients and families, and sometimes prays or conducts rituals ranging from traditional baptisms to non-denominational blessings over the hands of staff. It is presence, her touch, and a broader more holistic perspective that Elizabeth sees herself bringing to the situation.

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Dr. Jooner and Elizabeth are two of hundreds of physicians and chaplains who work at large academic medical centers across the country. Their experiences comprise a small part of a growing body of research that examines the relationships between religion, spirituality, health, and medical care in the United States. At the individual level, this research asks whether religion and spirituality influences individual health by helping people cope with health situations, individually, and in communities (see Cadge and Fair 2010; Chatters 2000; Ellison and Levin 1998; Koenig et al. 2001; Pargament 1997; Weaver and Ellison 2004 for reviews). Institutionally, less is known about how healthcare organizations address and respond to religion and spirituality. The Joint Commission, which sets guidelines hospitals meet to receive federal funds, states that hospitals are to respect "the patient's cultural and personal values, beliefs, and preferences" and "accommodate the patient's right to religious and other spiritual services" (2009).[1] Little is known about how institutions do this, however. Some have chapels or prayer spaces, paid, or voluntary hospital chaplains, and/or staff who conduct spiritual assessments of patients.

This article focuses on the work of hospital chaplains with particular attention to how physicians and chaplains understand what chaplains do in large academic hospitals. It builds on interdisciplinary research about hospital chaplains, which has often focused on how chaplains spend their time (Fitchett et al. 2000; Flannelly et al. 2003, 2005a; Fogg et al. 2004). Research about chaplains says less qualitatively about what they see themselves bringing to hospitals and how that compares with the ways medical staff understand their work.

Better understanding how physicians and chaplains see chaplains' work is important for several reasons. First, to the extent that religion and spirituality influences health, chaplains may make important contributions to medical teams in hospitals if the physicians who lead such teams understand their work and include them. Second, there is some evidence that physicians are receiving more education about religion and spirituality in medical school, but little is known about how they use this information in practice and the extent to which they actually work with chaplains, the people in the hospitals with this expertise (Barnes 2006; Puchalski and Larson 1998). Third, large secular hospitals are one of the several sets of non-religious organizations including workplaces, prisons, and universities in the contemporary United States in which chaplains both represent religion and spirituality and work with a range of other professionals. Understanding the similarities and differences in how chaplains and these other professionals see chaplains' work contributes to broader public discussions about the religious and spiritual aspects of secular organizations (Ammerman 2007; Chang 2003; McGuire 2008).

We analyze the experiences of physicians and chaplains who work at thirteen academic medical centers in the United States. Recognizing that academic hospitals are large complex organizations that employ hundreds of physicians, we focus specifically on pediatrics, one area of medicine in which religion and spirituality is frequently relevant (Barnes et al. 2000; Bosk 1992; Rashotte et al. 1997; Robinson et al. 2006; Siegel et al. 2002). Based on interviews with thirty pediatric physicians and twenty-two chaplains, we consider how pediatric physicians like Dr. Jooner understand and work with chaplains and how chaplains like Elizabeth describes their work and central contributions.

We find that physicians generally see chaplains as part of interdisciplinary medical teams and work with them around certain topics, most frequently related to death. Physicians expect chaplains to conduct rituals and to provide information and counseling

[1] For more information see: http://www.uphs.upenn.edu/pastoral/resed/JCAHOspiritrefs09.pdf.

for families. Physicians tend to assess chaplains' contributions positively but express concern about how chaplains negotiate religious diversity. Chaplains see themselves doing all the things physicians describe, but frame their contributions less in terms of discrete tasks and more in terms of their distinct perspectives related to wholeness, presence and healing. Chaplains generally see themselves making broader contributions to patient care than do physicians, and explain their contributions in broader frames using a vocabulary distinct from that of physicians.

Background

Nationally representative data about hospital chaplains are limited though information from the American Hospital Association suggests that between 54 and 64% of US hospitals had chaplains between 1981 when data were first available and the present. Larger hospitals, those in more urban areas, those that are religiously affiliated, and those that are not for-profit are more likely to have chaplains than others (Cadge et al. 2008).

Large academic hospitals typically employ several chaplains whose tasks vary by institution (Jacobs 2008; LaRocca et al. 2008; VandeCreek and Burton 2001; VandeCreek 2002).[2] Many make rounds visiting with patients and families. As they do so, they get to know hospital staff. Research in a range of hospitals suggests that chaplains work most regularly with nurses (Flannelly et al. 2003; Fogg et al. 2004; Koenig et al. 1991). They also interact with physicians though accounts of these relationships vary. A recent national survey of physicians showed that most had contact with a chaplain and were satisfied with that contact (Fitchett et al. 2009). An older survey of physicians affiliated with the American Academy of Family Physicians suggested that support for chaplains was greater in some medical specialties, with more than 80% of the sampled physicians making pastoral care referrals (Daaleman and Frey 1998). In a study at Duke Medical Center, 46% of the physicians had made between one and ten referrals to chaplaincy over a 6-month period and 5% had made more than ten (Koenig et al. 1991).

Other reports, including an article by chaplains Mary Martha Thiel and Mary Robinson, suggest that physician–chaplain relations are challenging as the professional groups work from different worldviews—chaplains are often intimidated by physicians, physicians see chaplains' roles as relatively limited, and physicians often call chaplains late in patient/family situations making it difficult for them to make significant contributions (Flannelly et al. 2005a, b, c; Thiel and Robinson 1997).[3] Physicians who have not worked with chaplains are also reported to worry that chaplains might not listen to patients' concerns, might not respect their beliefs, and might interfere with medical care (Hover et al. 1992).

In addition to specific studies of physician–chaplain relations, broader survey-based studies explore what physicians, nurses, and other medical professionals see as the content of chaplains' work. An older study conducted at Lutheran General Hospital in Park Ridge, Illinois, found that both physicians and nurses considered "comforting and helping families around death" and "working as part of interdisciplinary teams" to be the most important roles of the chaplain (Carey 1973). A more recent study of 1,431 directors of medicine, nursing, social work, and pastoral services in US hospitals found that all four groups rated chaplains' work around end of life care, prayer, and emotional support to be

[2] For examples of how individual chaplains spend their time and define their jurisdictions, see first person studies by Angrosino (2006), Mitchell (1972), Russell (1975), Spirn (2000), Holst (1985).

[3] For additional first person accounts of physician-chaplain relations see Westberg (1961).

very or extremely important. Medical directors rated chaplains roles lower than others did, however, perhaps indicating that they were less likely to refer to chaplains (Flannelly et al. 2005b; 2006). The value staff place on chaplains meeting the emotional needs of patients and families was reinforced in other studies (Flannelly et al. 2005b). Patterns in referrals to chaplains are a bit more complex as all medical professionals say they would refer patients to chaplains around broad issues of meaning, but groups differ in their inclination to refer for other issue—with medical directors least likely to refer (Galek et al. 2007).

Research about hospital chaplains themselves suggests that they feel somewhat accepted as part of patient care teams but see room for improvement (Carey 1973; Crossley 2002; Thiel and Robinson 1997). They generally agree with medical staff who describe their main tasks in terms of end of life care and emotional support (Daaleman and Frey 1998; Flannelly et al. 2005b; Koenig et al. 1991). Existing studies provide a general sense of chaplain–staff, specifically chaplain–physician, relations but are limited by their reliance on survey data and close-ended questions that do not allow physicians or chaplains to describe chaplains' work in their own words with the nuance required for more detailed understanding. The voices of chaplains and clinical pastoral education students are heard in a few recent anthropological studies, but they say little about their relationships with medical staff (Angrosino 2006; Kudler 2007; Lee 2002; Norwood 2006).

This article contributes to survey-based studies, a qualitative consideration of how pediatric physicians and chaplains working at thirteen academic medical centers understand chaplains' work. We focus on how pediatric physicians see and work with chaplains and what chaplains describe themselves most contributing to hospitals. We identify points of similarity and difference in their perspectives.

Methods

Data were gathered in interviews with pediatric physicians and chaplains who work at the same thirteen large academic medical centers. We identified these medical centers in 2004, when this research began, as those that were ranked most highly according to *U.S. News and World Reports*.[4] In the case of the pediatric physicians, we focused on pediatricians who work with relatively healthy children and pediatric oncologists who primarily care for more chronically ill children. The interviews were conducted as part of a two-phase mixed-method project about religion, spirituality, and ethics among pediatric physicians.[5]

To examine physicians' perceptions and experiences around religion and spirituality in medical practice, we randomly invited thirty of the general pediatric faculty who completed a survey in phase, one of the projects to do in-depth interviews. Of these, fourteen general pediatric faculty were interviewed, a 47% response rate, in 2005. In addition, 30 of the pediatric oncology faculty who completed the survey in phase one were randomly invited to do in-depth interviews and sixteen did, a 53% response rate.

The interviews with chaplains at these thirteen hospitals were conducted during the same time period as part of research for a forthcoming book by the first author. She approached the director of the department of chaplaincy/pastoral care/spiritual care

[4] The methodology to determine honor roll distinction combined hospital reputation, mortality data and patient-care related factors; when six or more specialty areas showed "exceptional breadth of excellence," the hospital placed greater than two standard deviations above the mean and was granted honor role status. *U.S. News & World Report*. July 12, 2004 edition, "Honor Roll Hospitals."

[5] For more information see (Catlin, Cadge, and Ecklund 2008; Ecklund et al. 2007).

services at each hospital by e-mail or telephone, explaining her research and requesting an interview. With the third author, she conducted interviews either in person or by telephone with the directors of each of these departments. Following these interviews, she asked the director to recommend one staff chaplain who she then approached to interview. Interviews were conducted with one staff chaplain at nine of these thirteen departments. At the other four hospitals, staff chaplains were either unwilling to be interviewed or did not respond to repeated phone calls and e-mails.

In-depth interviews with the pediatric physicians and chaplains lasted between 30 and 90 min and included questions about how religion and spirituality enter patient care, what chaplains do, and what their own personal beliefs and practices are. Complete interview guides are available upon request. All of the interviews were recorded, transcribed, and systematically coded for themes related to the above topics. Since there is limited prior qualitative research on how physicians and chaplains relate, these data were coded inductively using a grounded theory approach (Strauss and Corbin 1990). The data from the pediatric physicians analyzed here include any information they shared about their work with chaplains, most often in relation to the question, “Have you had any contact with the chaplain or department of pastoral care in the hospital where you work? If yes, please describe the contact.” The data from the chaplains come primarily from questions like “Why do you think hospitals need chaplaincy departments? What do chaplains most offer to patients?”

Demographically, the thirty physicians interviewed included equal numbers of women and men. Sixty percent were Caucasian, and just over one-quarter were Asian American. They ranged in age from 31 to 65, with an average age of 46. They had been in their current position for between 2 and 32 years, 10 years on average. Just under half, 43% ($N = 13$) had no religious affiliation, 23% ($N = 7$) were Jewish, 13% ($N = 4$) were Protestant, 10% ($N = 3$) were Catholic, and the remaining 10% ($N = 3$) had another religious affiliation or did not answer the question. Among the twenty-two chaplains interviewed, 36% were women and 64% men. More than 85% were Caucasian. They ranged in age from their mid-30s to their mid-70s with an average age of about 50 years. They had been in their current positions for between 1 and 20 years, 10 years on average. The majority 68% ($N = 15$) were Protestant followed by Catholic 23% ($N = 5$), Jewish 4% ($N = 1$), and members of other religious/spiritual traditions 4% ($N = 1$).

Findings

Physicians’ Approach to Chaplains

The thirty pediatric physicians interviewed had varying degrees of interaction with chaplains. Reflecting chaplains’ work with seriously ill hospital inpatients, many of the pediatricians had little contact with chaplains because they work with mostly healthy children as outpatients. One pediatrician who is mostly “outpatient based” said spiritual support for families comes from their own connections (Peds1_I2). Reflecting the sentiment of all the pediatricians interviewed, another observed that chaplains are most often present “when there’s crisis going on,” which there are few of in his daily work (Peds3_I2). Because of the relative rarity of crises among the pediatricians interviewed, some do not know who the chaplains are. In the words of another, “I don’t even personally know the chaplains in our hospital. I know we get…emails from them periodically” (Peds2_I2). Similarly, another had “very little” contact with the chaplains and mentioned

only one instance of interacting (Peds10_I1). A few pediatricians spoke about chaplains they knew in training or other settings, but few had sustained interaction with them in their current work.

Almost all of the pediatric oncologists, in contrast, work with very ill hospitalized children and had contact with the chaplains at their hospitals. When asked whether she had contact with chaplains, one quickly responded, “Oh, they come by frequently to visit our patients…” (PedsOnc1_I2). Another echoed the sentiment saying, “Oh yes…fortunately or unfortunately they’re very active on our service…they actually come on a regular basis to the floor and they meet new families. Our chaplain introduces himself to every new family who’s diagnosed with cancer and makes their needs known” (PedsOnc2_I2). The interaction between some pediatric oncologists and chaplains is so regular that one described “many of the chaplains” as “good friends” (PedsOnc4_I1).

In their work together, some physicians—mostly pediatric oncologists—described chaplains as members of patient care teams. One referred to oncology as a “multidisciplinary team” consisting of doctors, nurses, social workers, and chaplains (PedsOnc3_I1). Another explained, “We actually take the approach of not usurping the control of the care of a child who’s dying, but to be a resource service and kind of consultant service on teaching people the things you need to ask on how to do the job. When we have given lectures in various environments, one of the lectures that I do is usually with a child life person, a social worker, and the head of spiritual care” (PedsOnc6_I2). From this team perspective, doctors and nurses focus on medical care, whereas social workers and chaplains focus on more holistic care. Distinguishing the roles of the social worker and chaplain, one pediatric oncologist explained, “I think that the chaplain is able to provide sort of spiritual support in a way that a social worker might not be able to because a social worker also has to deal with…housing, electricity, phone bills, you know—the practical aspects of getting through the day and might get so bogged down in those that they can’t provide much spiritual support for the family” (PedsOnc8_I1). The chaplain takes care of the patient and family emotionally and spiritually, according to this physician, not just physically and logistically like the social worker. Physicians’ approach to chaplains as members of patient care teams was further evident when they included them in weekly rounds. In the words of one physician, “I’m an advocate for our chaplaincy…I’ve assured that we include chaplaincy and spirituality in our Grand Rounds program. We include it in conversations about how do we help families cope and survive” (PedsOnc4_I2).

A few other pediatric oncologists saw chaplains less as integral members of the patient care team and more as additional resources to be called when needed. They tended to view the chaplains’ work as outside their own work with patients and families and argued that contact with chaplains should be facilitated by social workers not physicians if there are situations social workers cannot address. One physician, for example, noted “I rely a fair amount on our social workers to kind of rally or interface with the pastoral care department as appropriate” (PedsOnc9_I1) Similarly, another explained that the “social worker also helps address those issues of religion and spirituality with the family and helps them locate other providers that they may want involved in their child’s care” (PedsOnc2_I2).

Physicians’ Work with Chaplains

Pediatric physicians work with chaplains primarily around issues related to helping patients and their families through the emotional aspects of illness. For instance, pediatric physicians describe referring patients and families to chaplains when they are trying to cope with illness. Working in a burn unit, one pediatrician described his interaction with chaplains

saying "We've got adults and kids up there burned pretty badly and you know, I think amidst all that suffering there comes some solace in having someone there that can tell them someone's trying to help them" (Peds1_I1). Another agreed explaining, "I think [the chaplaincy] has a lot to offer for families who find it helpful…especially in inpatient settings…or with children who have chronic illnesses…." This is especially true with cases that involve "families with either hard diagnoses or terminal illnesses" (Peds9_I2).

More than at any other time, pediatric physicians rely on chaplains when a child is dying. In the words of one, "the chaplains that I've been involved with have been mostly in these end-of-life care issues" (Peds8_I2). A pediatric oncologist agreed saying chaplains more frequently come on rounds if there is a "very challenging patient, or one who is either having trouble in the dying process or… [is] actively dying" (PedsOnc1_I2). Another echoed these sentiments explaining that chaplain become "very intimately involved when patients are passing away" (PedsOnc3_I2). After a child dies, pediatric oncologists also frequently call chaplains to help with grief and bereavement. When parents are particularly bereaved, one explained, the team will often ask whether they would like a chaplain to come speak with them. A number of pediatric oncologists noted that chaplains are involved with formal bereavement programs at their hospitals.

When they call or work with chaplain, pediatric physicians described chaplains' contributions in terms of the rituals they offer, the connections they facilitate, and the support they provide—most especially around grief. First, physicians noted the rituals like baptisms and end of life ceremonies that chaplains traditionally perform in hospitals both for individual patients and families and for the hospital as a whole. One such ritual is, in the words of one pediatrician, "a yearly remembrance ceremony for the children that have been lost…" (Peds9_I1). Second, pediatric physicians described the connections chaplains facilitate between patients/families and other religious or spiritual resources. One physician observed that "Some families use them [chaplains] to get in touch with their minister or their pastors or whatever" (PedOnc3_I2). Other patients have spiritual needs that go beyond the resources available at the hospital and chaplains help to meet those needs themselves or by facilitating relationships with people in the area.

Third, and most commonly, chaplains provide support and counsel patients and families especially, according to these physicians, around grief. Such interactions are shorter rather than long term, sometimes taking place over a single 20 to 30-min session. One physician explained, "[I]f there's a baby or critically ill family member who is not going to make it…I'll call and invite the chaplain to be involved if the family is agreeable just to offer some sort of comfort or to sort of provide them with some guidance during that time" (Peds4_I2). Another echoed, "I think that the chaplain is able to provide sort of spiritual support…for a family" (PedOnc8_1). And another reiterated, "I have no qualms about calling them [chaplains] and I often call if I think it's of some support—especially since I can't always spend the time with the families they might need" (PedOnc_I1).

Overall, the physicians—especially the pediatric oncologists—interviewed described their interactions with chaplains positively. They saw chaplains as helpful and important components of patient care. A pediatric oncologist described chaplains as, "very, very supportive," (PedOnc3_I1) and another explained, "I think that chaplaincy service is an enormously beneficial one as the way it has been…accomplished at this institution" (PedOnc6_I1). Many physicians note how important it is for hospitals to have chaplains available to patients as resources of spiritual support and guides in coping with illness.

None of the physicians described their interactions with chaplains negatively, but several raised concerns around how religious diversity is addressed by the chaplains and

the hospital more generally. Many emphasized the importance of accommodating the vast variety of faith traditions that patients bring to the hospital and were concerned about one religious tradition dominating another. One cautioned, "I guess the question would be how—for the different religions—how diverse of a division…the chaplain department…would you have to have to really meet all the needs…what if…the supportive services aren't there for certain groups…it's sort of disparity issues" (Peds8_I1). Another presented a similar concern stating, "The problem I have, though, is if we don't have every religion acknowledged in our reverend [chaplain] group" (Peds1_I1). Another went even further to suggest that "complementary and alternative medicine needs to be brought into children's healthcare more than it is" and to suggest that the hospital "try to find ways to bring families comfort and to offer religion other than the typical visit by the chaplain" (PedsOnc2_I2). Although the physicians think religious and spiritual support is important, they want chaplains to accommodate a more diverse range of religious and spiritual needs that they currently do.

Chaplains' Approach to Their Work

The chaplains at these hospitals described themselves doing many of the same rituals, support and counseling tasks as did the pediatric physicians, especially around death and end of life situations. Some described themselves as well integrated in the hospital mentioning that they are "part of teams that attend the holistic needs of the patients" or "at an institution where pastoral care is valued." By way of example, the director of one department noted that the pediatric chaplain is "helping to develop the palliative care program" on the pediatric service that involves "helping to develop the protocols, the articulation of palliative care, and all that."

Other chaplains noted that their involvement on patient care teams and in the hospital varies or is in process. At one hospital, for example, the chaplain specifically assigned to pediatrics is relatively new and part of an intentional effort to get chaplains more closely connected to patients and medical teams. Chaplains at other hospitals described themselves as "starting to make big strides" but not yet completely integrated in pediatrics or in other areas of the hospital. As one director explained, "there is certainly a very strong interest on the side of administration to have pastoral care as an integral part of the hospital." One of this director's main tasks, in pediatrics and across the hospital, is to "make sure that people know that we're here and that they know about the mission that we're here for patients, families and staff." This is not just about hospitals generally but about specific units, as one chaplain explained that chaplains' involvement varies by unit. "There are some units here that, wow, it is terrific, it is a great relationships. Other units, you got to know the doctors are at the top of the heap" and chaplain are less welcome.

When they speak of their work, chaplains frame it differently than do physicians, emphasizing not their tasks but the perspectives they bring to hospitals. They frame these perspectives in terms of wholeness, presence, and healing related to both individual patients and the hospital at large. Those who spoke of wholeness described the holistic perspective they bring to patients in their care. In the words of one director, "Whole people come into hospitals and not just livers and kidneys and lungs and part of what goes on in healthcare today takes absolutely every flat out damn resource the person has if there's going to be healing and thriving as opposed to simple medical curing and recovery." Chaplains, he explained, are those in the hospital with the knowledge and resources to help with the well-being and healing of the whole person. Another director concurred stating "at

this hospital, we attempt to treat the patient holistically attending to physical, emotional and spiritual needs."[6]

In so doing, chaplains spoke of being present with patients and their families and accompanying them through difficult times as part of what they contribute to the hospital environment. In the words of one, we "accompany people in these crises [of health] as they search within their faith traditions or search for a faith tradition that will help them give meaning to their life and what they're going through." The director at another department agreed framing chaplains' presence broader than just in terms of religious traditions. In his words, "I think there's a real need to hold people in crisis, and we have the unique position and privilege to do that…We don't provide answers…we provide companionship…there's a kind of freedom to be with a person as opposed to having to accomplish something."

As they pay attention to the whole person and are present with them, most chaplains spoke about healing as the core of the perspective they bring to hospitals. They framed healing less in terms of physical cure and more in terms of helping patients and families accept or come to some peace with their situation. Some chaplains believe their attention to healing actually helps patients heal quicker; however, they define it. One explained, "patients will very likely have a better outcome if they have a sense of emotional and spiritual support while they go through the process." Others spoke less of outcomes and more of healing in terms of the mission of the hospital. Part of their mission statement, one chaplaincy director explained, is to "work with patients to help them find their own inner resources and empower them to use those resources for healing." As another chaplaincy director explained, "if you're serious about hospitals being places of healing, I don't think you can only work on the body…if you only work on the body, you lose part of the healing potential of the whole."

In their discussions and descriptions of healing, there was consensus among the chaplains interviewed that healing in pediatrics, and in the hospital more generally, is not magical but an outgrowth, often, of relationships. One chaplain explained this saying that sometimes people think "chaplains sprinkle magic water or say special prayers and believe that that's going to bring God's attention to this patient who is going to send down a thunderbolt to cure the patient. There are all kinds of problems with that model…most people [chaplains] talk about facilitating conversation and there's a human connection that in itself in all different kinds of ways can lead people to better places for them that are about healing…." Other chaplains agree explaining, "it is not a magical intervention…chaplains foster healing by providing both the comfort of having a familiar presence…and substitute for the spiritual support they would have back in their home community." Healing, in the words of another, "is 90% relational" and is about "trying to bring some kind of meaning or some kind of wholeness no matter what is going on." As a group, chaplains see themselves doing this less by drawing on an all-powerful God who will intervene and more in terms of strengthening people's own resources. "The way we help in that healing process…we represent something outside of the medical realm that they [patients and families] value, that they find comforting, that they find strength in." In so doing, patients and families gain confidence and are better able to "draw upon their inner resources to be participants in the healing process" explained one chaplain.

[6] For a broader discussion of these perspectives see Cadge (forthcoming).

Connections and Disconnections

As evident through these examples, pediatric physicians and chaplains at these large academic medical centers see chaplains' work and their roles and involvements in hospitals similarly and differently. While most, but not all, pediatric physicians see chaplains as part of multidisciplinary teams, chaplains are less likely to see themselves that way with some describing themselves more as Thiel and Robinson and the minority of physicians do as being called when needed rather than automatically present (Thiel and Robinson 1997). The physicians and chaplains agree that chaplains most commonly work with seriously ill hospitalized patients like the children cared for by the pediatric oncologists interviewed. This is particularly true when children are dying and their families need more help with their grief than that physicians and nurses can provide.

While physicians describe chaplains working with these patients in terms of their tasks—rituals, support, and counseling—chaplains conceive of their own work more broadly in terms of the perspectives they bring. These approaches are not contradictory but different in emphasis and language. Physicians tend to see chaplains helping individual patients and families while chaplains see their contributions more broadly in terms of a holistic healing dimension they bring to the hospital. This broader perspective often leaves chaplains feeling like they could be called more often or in more situations than they are presently because they see themselves as bringing more to patient care than physicians recognize. Sometimes this is because, in the words of one director, "there are still many parts of the health system who do not know about pastoral care" or in the words of another, funding is limited, and so "survival is the biggest challenge." Some chaplaincy departments have tried to become more involved in their hospitals by becoming part of protocols and always called in particular situations like when a patient dies or there is a trauma, though this is not currently the case at all of these hospitals.

Conclusions

Large academic medical centers are one of the many secular organizations in the contemporary United States where questions about religion and spirituality are addressed and negotiated by staff. Hospitals negotiate these issues in many ways including through the work of hospital chaplains. We find that pediatric oncologists more than pediatricians interact with chaplains and view them as part of multidisciplinary patient care teams. They view chaplains' expertise primarily in terms of the emotional support they provide for patients and families, most especially around end of life issues and grief. Chaplains agree that they provide these services but frame their contributions to pediatrics and to hospitals in a broader way that emphasizes wholeness, presence, and healing for individual patients and families and the hospital as a whole.

Pediatric physicians are generally satisfied with the work of hospital chaplains but express concerns about religious diversity and how these chaplains provide services for the wide range of patients and families in their hospitals. These concerns likely reflect the patients and families physicians see and the different religious and spiritual demographics between the physicians who are mostly not affiliated with a particular tradition and the chaplains who are primarily Protestant. Physicians' concerns about religious diversity are particularly interesting, given that very few of the chaplains interviewed spoke in tradition-specific language when describing their work and contributions. When describing healing, for example, none drew on religious texts, teachings, or traditions but drew more on

psychological and contemporary spiritual themes speaking about healing in and through relationships (Bellah et al. 1985; Besecke 2001; Wuthnow 1998). Chaplains in large academic medical centers tend to be religiously progressive as a group, due in part to the interfaith nature of their work. This does not negate physicians' concerns about diversity but illustrates an area of mis- or limited understanding between these groups.

Considered in light of existing research about hospital chaplains, these findings suggest that before we can understand who chaplains work with, what they do, and which medical professionals refer to them, we need to know more qualitatively about how medical professionals see and understand their work. These findings suggest some points of disconnect between physicians and chaplains, as Thiel and Robinson (1997) suggest and significant variation in which physicians even work with chaplains and have a sense of their work. The interviews with pediatric physicians also clearly illustrate that institutional context matters and that chaplains are included in different large academic medical centers in different ways. While some physicians work at hospitals with specifically designated pediatric chaplain or chaplain members of patient care teams, others do not, reflecting broader patterns in how institutions negotiate religion and spirituality and the work of hospital chaplains that require future study. Rather than continuing to describe what chaplains do in hospitals, researchers concerned about the work of hospital chaplains might adopt a more institutional approach asking how chaplains are institutionally positioned, how what they can do is shaped by that positioning, and what factors internal and external to the institutions help to explain variation between institutions (DeVries et al. 2008).

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