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The social significance of chaplains: evidence from a national survey

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\textbf{ABSTRACT}
How often do people have contact with chaplains? How valuable do they find that contact? We answer these questions with data from a 2019 NORC AmeriSpeaks survey. Twenty-one percent of respondents had contact with a chaplain in the past two-years, 57\% in a healthcare setting. The majority find that contact moderately or very valuable. Christians were more likely than non-Christians and respondents with no religion to have contact with chaplains. People of color who were not Christians or had no religion were more likely than their white counterparts to have contact with a chaplain. Those living in the southern and western United States were also more likely than those living in the northeast to have contact with a chaplain. When contact with a chaplain did take place, Christians were more likely than those of no religion to find the contact moderately or very valuable. Respondents from the midwest, south, and west, those who were more educated, and those who were older were also more likely to find contact with a chaplain valuable.

\textbf{KEYWORDS}
Clergy; chaplains; healthcare; religious demographics; spirituality

The military, federal prisons, and the Veteran’s Administration are required to provide access to chaplains (Bergen, 2004; Loveland, 2014; Stahl, 2017; Sullivan, 2014). Chaplains have also long been present in many healthcare organizations, including hospice and palliative care organizations, colleges and universities, and other settings across the United States (Cadge, 2012; Cadge & Skaggs, 2018; Dubler, 2013; Schmalzbauer & Mahoney, 2018). In federal contexts, chaplains see themselves guaranteeing the free exercise of religion promised in the U.S. Constitution. In healthcare and other settings, their mandates vary from supporting people in difficult situations, to working around death, to helping educate and improve workplaces, including in industrial contexts (Cadge, 2018; Sullivan, 2014).

As church attendance and even belief in God decline and growing numbers of people – especially those under the age of 30 – are not religiously affiliated (Chaves, 2017; Cooperman, 2015; Pew Research Center, 2012), one might think the importance of chaplains is declining. Members of the American public might be uncomfortable with the idea of connecting with a spiritual or religious leader. But there is reason to think instead that chaplains are increasingly important in American life. More people might be reaching out to chaplains because they do not have local religious leaders to look to for support (Pew Research Center, 2018). Chaplains - increasingly called spiritual care providers – also seem to be working in a broader range of places than in the past, including in social movements,
police and fire departments, homeless shelters, community organizations, corporations, sports teams, and with the Red Cross. Some are highly trained while others are not. Some are paid by the organizations where they work, or local or national religious organizations while others are volunteers (Cadge & Skaggs, 2018, Sullivan, 2014). As they are deployed with members of the armed forces, pray with patients before they enter surgery, and counsel those in the criminal justice system, chaplains encounter people in existentially fraught moments and are in unique positions to comfort, support and console.

However the trend is going, our knowledge about chaplain’s place in American society is limited because we lack even basic information about how often people come into contact with chaplains, and how they feel about their experiences with them. Recent studies show that since the late 1990s, more than one-quarter of schools have started degree programs for those looking to become chaplains, mostly Master of Divinity degree programs with chaplaincy tracks and related Masters of Arts degree programs such as in Chaplaincy, Theology and Ministry and/or Pastoral Care (Cadge et al., 2020; Cadge et al., 2019). The ACPE: the Standard for Spiritual Care Education, offers clinical training for chaplains required in many settings. The number of units of such training offered by the ACPE between 2005 and 2015 also increased, particularly the units required for students most likely to see full-time chaplaincy positions (Cadge & Skaggs, 2018).

While there is no way to know for sure, growing attention to chaplaincy in theological schools and at the ACPE may indicate growth in the number of people training for chaplaincy as a career. It might also reflect theological schools’ attempts to capture the interest of a changing market of incoming students who are, perhaps, more interested in working outside than inside of religious organizations. Or it might suggest that as the number of congregations is declining, religious leaders are training for and seeking employment elsewhere, including in chaplaincy positions. Data from the Bureau of Labor Statistics further shows that between 1972 and the present growing numbers of clergy worked outside rather than inside of congregations. The sector in which the most clergy worked and in which there was the largest increase over these years was healthcare (Schleifer & Cadge 2019).

This article adds to existing knowledge basic information about the proportion of people in the U.S. who had contact with a chaplain and provides information about how valuable they found the contact, and how both contact and experiences with contact vary across different groups. It extends what scholars are learning about the supply of chaplains being trained in theological schools and clinical training programs to provide the data that will help us think about demand – who is seeking chaplains? Where? What are their experiences with chaplains? Such baseline knowledge is essential to understand changes in the workforce, the effects of chaplains as a workforce, and what broader impacts – if any – chaplains may be having on broader aspects of American religious life.

**Research methods**

**Developing our measures**

To determine who had contact with chaplains our first methodological challenge was seeing if people had any consistent understanding of the term “chaplain.” Chaplains are not licensed or institutionally regulated by the state, which means anyone can call
themselves a chaplain and seek work or volunteer opportunities as such. The *Oxford English Dictionary* defines chaplain along very narrow, historical lines, calling a chaplain a “clergyman who conducts religious services in the private chapel” of elite leaders and other private or otherwise constricted spaces and institutions. While some chaplains conduct religious services today, such services are no longer the marker of chaplains’ work (Sullivan, 2014). Recognizing the Christian history of the term “chaplain,” some institutions also now call chaplains “spiritual care providers” or “spiritual caregivers” because of their varied backgrounds and the range of people they serve (Cadge, 2012).

Following the guidance of Beatty & Willis and Krosnick, we conducted cognitive interviews on our draft survey questions (Beatty & Willis, 2007; Krosnick, 2004). These interviews were conducted in person and by phone with the broadest convenience sample we could locate following a standard script of survey questions followed by questions about how respondents understood key concepts. We did not work through an Institutional Review Panel because this was background information, not research in the traditional sense. There were no statistical analyses conducted on these interviews. Rather, they informed how we developed the measures. We consulted with several sociologists, primarily Mark Chaves at Duke University, about how to do this and he advised us through the process.

In the first set of cognitive interviews, we asked respondents – who varied by geographic location – basic demographic measures seven questions about chaplains followed by four questions about how they understood the word “chaplain.” These four questions included: What does the term chaplain mean to you? What counts to you as “contact with a chaplain” and what led you to say yes/no to this question? Can you tell me how you understood the phrase “sought out?” When I asked you how valuable your contact was with a chaplain, what did you think about? (i.e. what does valuable mean to you in this question?) We interviewed fifteen people in person and on the phone (depending on their geographic location) in this first set of interviews and quickly determined that respondents had no consistent understanding of the term chaplain. Most respondents thought chaplains had something to do with religious or spiritual guidance or leadership, but there was little consistency beyond that sentiment.

We revised our protocol by adding a description of chaplains saying, “The next few questions ask about chaplains – religious leaders you meet outside of congregations like in healthcare or the military.” We included the word “leader” to distinguish the role from that of a lay person and because it was a theme in responses. We highlighted healthcare and the military because we thought these were the settings in which respondents were most likely see chaplains. We conducted ten interviews with a similarly diverse group of respondents located through convenience sampling using this introduction, and found that respondents more consistently described who chaplains were in this set of interviews saying they are religious leaders outside of religious communities who can offer advice and guidance.

We revised our protocol again, this time varying the length of the introductory statement about chaplains and the kinds of institutions mentioned. We tried introductory statements like, “The next few questions ask about chaplains – religious leaders you meet outside of congregations like in hospitals or the military” and “Sometimes people
are visited or helped by religious professionals who work in hospitals, the military, police stations, or other nonreligious settings. These religious professionals are often called chaplains. Have you been visited or helped by this sort of religious professional within the last two years? In this final set of fifteen interviews with as demographically diverse a group of people as we could locate, we found that respondents had the most consistent understanding of “chaplain” when we used the introductory statement: “The next few questions ask about chaplains – clergy or other religious guides who serve people outside of congregations or parishes, in settings like hospitals or the military.” This is the wording we used in the national survey. In addition to the term chaplain, we aimed to understand how respondents interpreted the word “contact,” the time-range within which we should be asking about that “contact,” and the settings in which we might ask about contact.

The measure of contact with a chaplain we used is a question that asks respondents, “The next few questions ask about chaplains – clergy or other religious guides who serve people outside of congregations or parishes, in settings like hospitals or the military. Has this sort of person assisted, counseled, or visited with you within the last two years?” Yes or no were the only response options. Respondents who answered yes were then asked two subsequent questions. The first, “Did that visit or help take place in a hospital, hospice or other health-care context?” with yes or no as the responses options. We asked about contact in healthcare settings based on a hypothesis that this is the setting where most members of the general population would be most likely to encounter a chaplain. The final question aimed to determine how valuable that interaction was asking, “How valuable was your interaction with the chaplain?” Responses were “Very valuable, Moderately valuable, Only a little bit valuable, Not valuable at all.”

Survey-data

Based on the interviews we added three closed ended questions to the AmeriSpeak’s panel conducted by National Opinion Research Center (NORC) at the University of Chicago. This is a probability-based panel designed to be representative of the US household population. Randomly selected US households are sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. These sampled households are then contacted by US mail, telephone, and field interviewers (face to face). The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings. The survey was administered in English over three calendar days in March 2019. The sample size was 1002. NORC uses weights to make their sample representative of the population. The majority of respondents (88%) completed the web-based version of the survey, just over half (54%) on a smart phone. The remainder completed the survey on a desktop computer (29%), tablet (5%) or by telephone (12%). In addition to the three questions about chaplains, independent and control variables included standard items about gender, age, race and ethnicity, level of education, marital status, income and employment situation, religion, and region including metro-area.
**Model specification**

We estimate the relationship between contact with a chaplain and demographic variables using logistic regression. Logistic regression models the probability of a certain event occurring. In our case, the event is contact with a chaplain in the past two years. We present three logistic regression models in Table 4: Model 1 contains basic demographic predictors; Model 2 adds religion to the demographic predictors; Model 3 includes an interaction term between religion and a dummy variable indicating whether or not the respondent was white. The interaction allows the effect of religion on contact with a chaplain to vary with race. These three nested models serve to demonstrate how we built the model and how predictors shift when new controls are added. We calculated the Akaike information criterion (AIC) and Bayesian information criterion (BIC) to confirm that Model 3 was the best fit for the data.

In all three models, we only include covariates that had significant relationships with contact with a chaplain or religion (based on chi-squared tests, $p < .05$) in order to prevent overfitting our model to this particular data set. The categories of these covariates are treated as dichotomous dummy variables with the following as the “excluded” or comparison category: female, non-white, non-metro area, northeast, Christian.

For those who did interact with chaplains ($n = 209$), we use a logistic regression as described in Table 5 to investigate the relationship between reported value of the interaction and demographic characteristics. We created a dichotomous variable for “value” in order to simplify the analysis and subsequent interpretation of the results. We coded “not valuable at all” and “only a little bit valuable” as 0 and “moderately valuable” and “very valuable” as 1. Model 1 includes in Table 5 the same covariates as contact models in Table 4; however, we do not include an interaction due to the smaller sample size and insufficient data to divide the sample along both religious and race lines for non-Christians. We added dummy variables for education (High School - or Some College +) and age (44 or younger, and 45 or older) in Model 2, as chi-squared testing showed a significant relationship between these variables and finding the interaction valuable. We calculated the AIC and BIC to confirm that Model 2 was the better fit for the data.

**Results**

**Contact**

Descriptive results from the survey are presented in Table 1. Twenty-one percent of respondents reported contact with a chaplain in the last two years. As religious affiliations and attendance rates continue to decline, the fact that almost a quarter of Americans had contact with a chaplain in the last two years suggests higher degrees of contact with religious leaders outside of congregations than we expected. The majority of respondents, 57%, had contact with a chaplain in a healthcare setting as described in Table 2. That contact with chaplains is taking place in healthcare settings – sites of illness, existential issues, and often death – points to the role chaplains as religious leaders continue to play in them even as more traditional measures of religious engagement decline. Most respondents found their contact with chaplains moderately or very
valuable – 80% as described in Table 3 – suggesting overall positive interactions between chaplains and those they are in contact with outside of congregations.

The three logistic regression models in Table 4 describe the effects of various independent variables on the odds of having contact with a chaplain. The model coefficients are transformed from log odds into odds in order to simplify interpretation. Model 1
only contains basic demographic predictors. In Model 1, we see that men and people who are white are less likely to have contact with a chaplain than women and people of color. Individuals living in the south and western parts of the United States are more likely to have contact than people living in the northeast. Model 2 adds religion to the demographic predictors. The model suggests that people who have no religion are less likely to have contact with a chaplain than those who are Christian (the comparison category). Model 3 includes an interaction term between religion and a dummy variable indicating whether or not the respondent is white. The interaction allows the effect of religion on contact with a chaplain to vary with race. The interaction variables are significant in the model – signifying those who are white and non-Christian (Non-Christian*White) or white and have no religion (No Religion*White) are less likely than their non-white counterparts to have contact with a chaplain. Additional models including age and economic factors as independent variables had results consistent with those shown.

In Table 5, we used logistic regression to investigate the relationship between how valuable respondents found contact with a chaplain and demographic characteristics. The model coefficients are transformed from log odds into odds in order to simplify interpretation. We find that individuals living in the southern and western parts of the United States are more likely to find the interaction valuable than those living in the northeast. Respondents with no religion are less likely to find the interaction with a chaplain valuable than those who are Christian. Model 2 adds dummy variables for education (High School – or Some College +) and age (44 or younger, and 45 or older). In this model, we learn that those with some college or more education and those who are age 45 or over are more likely to find their contact with a chaplain valuable.
Discussion

These analyses present the first nationally representative description of who in the United States has contact with chaplains. The term and category of chaplain is not consistently understood by respondents absent a clear description or definition. Our cognitive interviews suggest that the description we used before the survey questions, “religious leaders you meet outside of congregations like in healthcare or the military” was understood relatively consistently across respondents.

Based on this description, findings from the three survey questions suggest three central predictors of contact. First, religious affiliation is a significant predictor. Non-Christians and people who have no religion are less likely than Christians to have contact with chaplains. The term chaplain and development of chaplaincy in the United States has a largely Christian – mostly Protestant – history (Sullivan, 2014). This may be because there are probably (researchers do not know for sure) fewer non-Christian than Christian chaplains in the United States. The concept of chaplaincy is also likely less familiar to non-Christians. While growing numbers of chaplains are doing interfaith work, people who have no religion are much less likely than Christians to contact chaplains as they likely have less of a draw.

Second, non-Christians of color and those of no religion who are people of color were more likely to have contact with chaplains than their white counterparts. While some chaplains work only as chaplains, others are local clergy who both lead congregations and do chaplaincy work alongside (Cadge & Skaggs, 2018). This finding may be driven by the fact that people of color tend to be more religious which may lead them to have contact with local clergy who also work as chaplains. Further research is

Table 5. Logistic regression model results: odds finding contact with chaplain valuable.

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Model 1</th>
<th></th>
<th>Model 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>95% CI</td>
<td>Estimate</td>
<td>95% CI</td>
</tr>
<tr>
<td>Intercept</td>
<td>1.129</td>
<td>(0.246, 5.176)</td>
<td>0.101*</td>
<td>(0.011, 0.949)</td>
</tr>
<tr>
<td>Male</td>
<td>1.204</td>
<td>(0.563, 2.527)</td>
<td>1.824</td>
<td>(0.665, 4.999)</td>
</tr>
<tr>
<td>White</td>
<td>1.714</td>
<td>(0.821, 3.589)</td>
<td>1.142</td>
<td>(0.438, 2.974)</td>
</tr>
<tr>
<td>Metro</td>
<td>0.915</td>
<td>(0.274, 3.059)</td>
<td>0.795</td>
<td>(0.159, 3.986)</td>
</tr>
<tr>
<td>Midwest</td>
<td>3.206</td>
<td>(0.897, 11.462)</td>
<td>6.773*</td>
<td>(1.220, 37.590)</td>
</tr>
<tr>
<td>South</td>
<td>3.420*</td>
<td>(1.244, 9.404)</td>
<td>9.847**</td>
<td>(2.332, 41.570)</td>
</tr>
<tr>
<td>West</td>
<td>5.152**</td>
<td>(1.621, 16.375)</td>
<td>8.039**</td>
<td>(1.761, 36.688)</td>
</tr>
<tr>
<td>Non-Christian</td>
<td>2.545</td>
<td>(0.255, 25.344)</td>
<td>2.509</td>
<td>(0.158, 39.934)</td>
</tr>
<tr>
<td>No religion</td>
<td>0.152***</td>
<td>(0.052, 0.446)</td>
<td>0.163*</td>
<td>(0.167, 0.465)</td>
</tr>
<tr>
<td>Some college+</td>
<td></td>
<td></td>
<td>5.670**</td>
<td>(1.998, 16.087)</td>
</tr>
<tr>
<td>45+</td>
<td></td>
<td></td>
<td>7.241***</td>
<td>(2.314, 22.658)</td>
</tr>
</tbody>
</table>

Observations: 207

Note. *p < 0.05; **p < 0.01; ***p < 0.001. CI: confidence interval (lower limit, upper limit)
required to fully understand the relationship between race, religion, and interaction with spiritual care providers.

Third, region matters – those living in the southern and western parts of the United States more likely to have contact with a chaplain than those living in the northeast. These findings may occur due to regional culture around religion – respondents from the south and west could be more religious. Also, scholars do not yet know the specific number of chaplains in the United States and their demographics; thus, there could be more chaplains in these areas. The large immigrant populations and number of military installations in the southern and western United States could also be driving the results.

Although gender is significant in Model 1 of Table 4, it no longer passes the widely agreed upon threshold of significance ($p < 0.05$) in Model 2 and Model 3. The significance level of approximately $p < 0.1$ for these models suggests: (1) there is no relationship between gender and contact with chaplain when we control for the other covariates in the model, or (2) our sample is not large enough to capture the significance. When we limit the data to encounters in the healthcare setting, gender becomes highly significant in the logistic regression across models. Similarly, although past studies have shown that women are more religious than men – and this could encourage them to contact chaplains more – we have no variable in our dataset to capture religiousness.

Our findings also suggest that Christians, older individuals, more educated individuals, and those from the south and western United States are more likely to report the interaction with chaplains as valuable than their counterparts (no religion, younger, less educated, from the northeast). Christians find interaction with chaplains more valuable than those of no religion, perhaps given the Christian history of chaplaincy. If an individual has no religion or spirituality, they will either have fewer spiritual needs or not desire support from chaplains along these lines. Individuals who are older ($45+$) may find the interactions more valuable than those who are younger ($45-$) because: (1) the older generation in American tends to be more tied to organized religion than the younger generation, or (2) they may be more likely to interact with chaplains around broader existential questions including those related to death and dying. As with contact, finding an interaction valuable may differ along regional lines because of a difference in religiosity between the northeast population and southern/western populations.

The result in Table 5 show that respondents with higher education (some college +) report the interaction more valuable than those with less education (some high school –) conflicts with the stereotype that lower educated individuals are more religious. We have two hypotheses for why those with higher education may find the interaction more valuable: (1) those who are more educated are older, thus the older age is driving the education effect. Of respondents who have a higher education and contacted a chaplain, 44.9% are $45+$ and 32.0% are $44-$. (2) Respondents who have more education know more about chaplaincy and the services they provide, so when they come in contact with a chaplain they are more likely to request the services they desire.

These data offer a baseline description of contact with chaplains and invite additional survey research to determine where, outside of healthcare, this contact takes place, how people experience it and how, if at all, it changes over time. While contact with chaplains may increase over time in relation to broader changes in religious demographics it may also decrease and these data provide a benchmark for future comparison. Future
research would also benefit from information on religiosity – including frequency of attending religious services and belief in a higher power.

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