Chapter 3 The Study of Chaplaincy: methods and materials

Dr Peter Kevern and Prof Wilf McSherry

# Introduction

There can be little doubt of the need for further study of chaplaincy across a very broad front. While chaplains themselves are typically passionate about their role and contribution and can tell many stories of their impact upon individuals and events, there is still very little objective or generalisable information about what chaplains do and achieve. In an increasingly secular and instrumentalised society, in which every role is scrutinised for its contribution to the public good, chaplaincy must demonstrate its ‘usefulness’ in the same way as any other profession.

However, the evidence is slow in coming. The overwhelming preponderance of research, in the United Kingdom and elsewhere, is focussed on the special case of hospital or health care chaplaincy. With a few significant exceptions, there is a notable lack of evidence and literature published addressing the many different types of chaplaincy that are provided within and across society in, for example, prisons, armed forces, universities, schools, airports, shopping centres and the police force. Furthermore, the many different roles and institutional relationships which chaplains adopt mean that research findings resist generalisation or transfer from one type of chaplaincy to another: a ‘one size fits all’ approach does not capture the uniqueness, nor the depth and the breadth of chaplaincy within contemporary society. Finally, many chaplains are understandably resistant to having their contribution reduced to a set of measurable values or outcomes (McCurdy 2002) and they are also reluctant to carry out such research themselves or to elicit it from others. “The reason why someone becomes a chaplain is not to conduct rigorous health outcomes research, but rather to serve the needs of those who are suffering. . . . Many chaplains are not interested in research, nor do they want to take the time to learn how to do it” (Koenig 2008, 87)

The challenge, then, is to try to capture and evaluate the impact that chaplains have in ways which are sensitive to chaplains’ own frequently-asserted claim that their role is nuanced, typically hidden and dealing in unquantifiable and indefinable outcomes; while recognizing that they may be accountable to several different ‘stakeholders’ with divergent interests and needs. Given this complexity in the discourse surrounding chaplaincy, studies relating to it will inevitably take a number of different forms, and any individual study will represent just one of many non-commensurable perspectives on its object.

For the purposes of this chapter, it seems convenient and explanatorily-useful to understand a chaplain as ‘answerable’ to four distinct sets of interests, each of which frames the study of chaplaincy in a different range of ways. We will therefore discuss the current field of research around chaplaincy under four headings which reflect these divergent sets of interests: Chaplaincy as representative of a religious tradition; Chaplaincy as serving institutional values and ends; Chaplaincy as therapy for the individual client; and Chaplaincy as a reflective and reflexive activity. As we will show, each of these perspectives imposes its own logic, priorities and values: it defines the subject to be studied in a different way, and so favours particular methodologies and methods. This in turn accounts for many of the difficulties in gaining an overview of the current state of research into chaplaincy.

# Chaplaincy as representative of a religious tradition

Chaplaincy has its origins and roots primarily within a Christian, religious, pastoral and theological tradition that has left an enduring legacy and host of associations and connotations. It remains the case that the majority of chaplains are practising Christians, and where they are not they are likely to be representing another religious tradition: although there is a decreasing expectation that chaplains should be ‘official’ representatives of a particular religion (e.g. see Cramer and Tenzek 2012, for US hospices), truly secular or non-religious chaplains are still very rare.

The relationship between the chaplain and their religious tradition may be complicated and peripheral in all sorts of ways (Scott 2000 [2013]): for example, Swift (2009) discovers that Anglican hospital include a disproportionate number of clergy whose beliefs or lifestyle would make it difficult to find employment in the normal parish context; (Swift 2009 **page**). Nevertheless in order to continue to receive the support of the body they claim to represent, there must be an active dialogue between the two sides demonstrating the consonance of the chaplain’s role and activities with the tradition. This is, in the broadest sense, the *theological* study of chaplaincy. It shares with theology generally a very variable and eclectic approach to methods and sources, but is best distinguished by the fact that it is addressed primarily to fellow-adherents of the tradition and those sympathetic to it.

The fact that many chaplaincy teams are made up primarily of representatives of particular religious traditions may explain why a proportion of writing on the subject of chaplaincy takes the form of theological or ideological reflection on its role and status, and is directed to other members of the same faith tradition (e.g. Bunniss et al 2013). In bringing the sacred and secular into juxtaposition, it has made a significant contribution to the life and self-understanding of those faith communities. For example, Cobb (2007 [2013], 9) identifies three distinct theological tasks for chaplains: confessional (“articulation of the faith, beliefs and practice of the religious community”); liberational (“to transform the world by releasing people from all that prevents them from becoming fully human”) and the critique of religion itself. Thus, chaplains may serve as agents in reforming their own communities; but on the face of it, this sort of activity has little to offer to those outside the religious tradition in question.

However, there are two pressures which between them encourage an attempt to engage a wider audience. In the first place, a purely religious model or representation of chaplaincy is being forced to change in response to a more diverse and secular society and to the fact that ‘chaplaincy’ must reflect the growing religious plurality that exists within many societies and indeed organisations (e.g Abu-Ras and Laird 2011; Carey and DelMedico 2011) In a society where the proportion of people who report themselves as of no religion is increasing (in the UK, from 14.8% in 2001 to 25.1% in 2011, according to the latest Census (Office for National Statistics 2012)) and in which many hospital chaplains, for example, now have a multi-faith team that is inclusive of minority faith groups (Orchard 2000; Duffin 2013) there is a need for a discourse on chaplaincy which preserves its core values but speaks to people of all religions and none. Secondly, secular organisations are justifiably suspicious of self-proclaimed religious representatives and suspect them of running a hidden agenda. Although chaplains may themselves be marginal to their own religious communities (see Mitchell and Sneddon 1999; Swift 2009) they are not perceived as such by their employers or managers and may justifiably be treated with suspicion (Leavey and King 2007): they are under pressure to explain why they value what they value in more publicly-accessible terms. This leads into the methodologies of practical theology, where empirical data may be used as the starting-point for a theology reflecting on and feeding back into practice; and public theology, in which reflection draws on and feeds in to a shared discourse on values and meanings that is not located in a specifically ‘religious’ realm. Against the assumption that we are living in an ever-advancing secularism, such approaches seek to reconnect with some of the deeply-held values and priorities which derive from the UK’s religious past and which persist in its structures and assumptions (Ward 2013 [2003]) The challenges, tensions and opportunities for chaplaincy as representative of religious tradition are further explored in Box 1

**Box 1**

Two papers, both in the Scottish Journal of Healthcare Chaplaincy, neatly demonstrate two different approaches to this issue. In the first (Aldridge 2006), entitled ‘The unique role of the Chaplain’, the author articulates the place of the Hospital Chaplain as the ‘Religious Expert’ in the clinical team, with particular gifts: as the bearer of the Christian Story; skilled in ritual and sacrament; representative of religious authority; as pray-er, pastoral theologian and faith developer. In addition, the Chaplain is a ‘spiritual expert’, expressed in his/her roles as therapist, in teaching, personal development, interpretation and prophecy.

The second, entitled ‘Listening as Health Care’ (Mowat et al 2013) steps much further from an explicit religious commitment and presents an account of ‘listening’ which, while clearly derived from the Christian tradition, assumes the context of chaplaincy to be secular and in so doing does not mention any links chaplains might have with a religious tradition. The idiom for this model is clearly one of public theology, in which the role of the ‘spiritual’ is valued, but decoupled from any particular framework of belief or practice.

In both cases, the emphasis of the account given is on its internal coherence rather than its conformity to any empirical data (although, to be fair, for Mowat et al this is just one paper from a project which does generate and review empirical data at other points). In this respect, they are contiguous with a theological tradition based in the humanities in which the persuasiveness of the findings depends upon the characteristics of the narrative generated and the perceived authority of sources – in these cases, the scriptures, Jung, and recent thinking in theology and sociology.

# Chaplaincy as serving institutional values and ends

By definition, chaplaincy is usually conducted within or answerable to an organisational structure which imposes its own criteria and values. These may be dominant and univocal in institutions such as a boarding school, prison or the armed forces; or relatively informal and occasional, such as chaplains in shopping centres or airports. In the former case, the role of the chaplain will inevitably include responsibility to uphold and propagate the institutional norms, or express the institution’s commitments to its members (e.g. Sundt and Cullen 1998; Sundt, Dammer and Culen 2002 for prison chaplains). A particularly egregious example would be the induction of Muslim chaplains into the Prison Service explicitly in order to combat the ‘radicalisation’ of prisoners (See e.g. Pickering (2014), 159; Dooghan (2006)). This opens the possibility of research into the contribution of chaplaincy to institutional goals, in this case those set by national government as part of a wider political strategy. Clearly, the measure of chaplaincy in this case would be the extent to which it prevented the ‘radicalization’ (however measured) of Muslim prisoners.

Perhaps more commonly and less contentiously, in fields such as health care the employment of chaplains requires resources which would otherwise be deployed elsewhere. The obvious question for the purposes of research and study is whether their employment saves more than it costs; or advances the goals of the institution in ways that would not otherwise be possible. In short, the values of large-scale institutions tend to be expressed in quantifiable forms, and as a result studies of chaplaincy on this scale lean towards quantitative analyses of empirical data. Good examples would include the two large-scale analyses of hospital chaplaincy in the New York area (Fogg et al 2004; Vanderwerker et al, 2008; Vanderwerker et al 2009; Galek et al 2009), the study of hospice admissions by Flannelly et al (2012) or the tendentious study of health service chaplains published by the National Secular Society (NSS 2011, from <http://www.secularism.org.uk/uploads/nss-chaplaincy-report-2011.pdf>). However, such large-scale studies tend to be concentrated in health care chaplaincy where the numbers are sufficiently high to justify the approach. Smaller-scale studies may use questionnaires to elicit the opinions of healthcare managers, whether of staffing levels (Vandecreek et al 2001) or roles (Flannelly et al 2006). A number use exploratory studies to attend to the voice of Chaplains and from this derive institutional recommendations (e.g. Baker 2006; Whitehead 2007; Abu-Ras and Laird, 2011) . Others examine the role of the chaplain against the backdrop of the stated institutional priorities (e.g. Todd and Tipton 2011; Carey and Del Medico 2013 Finally, a case study approach was adopted to investigate chaplaincy in Queensland schools (taking each of nine services as a ‘case’) to identify how the services contributed to social capital and so justify their continued existence (Salecich 2002). Each of these approaches generates recommendations for the institution concerned, even if this is not their primary goal (see Box 2).

**Box 2**

1. ‘The Role of the Prison Chaplain in Rehabilitation’ (Sundt, Dammer and Cullen 2002)

This study arises out of “an emerging research agenda to assess the effect of religious programming on inmate prison adjustment and recidivism” and some preliminary data that suggested that religious programmes reduce recidivism in the US correctional system. It used a questionnaire sent to prison chaplains nationally (n=232), followed by a revised version sent only to chaplains in New York (n=37) “to examine chaplains’ support for rehabilitation, the extent to which chaplains are involved in counseling inmates, and the content of chaplains’ counseling sessions”. Measures of attitudes were recorded on Likert or nominal scales and summarised in tables; counselling techniques were selected from a standardised list; and two free-text answers were added in order to elicit information about what happened in the counselling sessions themselves.

The drawback of this multi-faceted approach was that the data did not lend themselves to inferential analysis: the results were too complex and context-specific to yield a generalizable pattern that could provide recommendations for the future behaviour and activities of Chaplains. But the advantage of the research design was that it enabled the researchers to build up a rich description of what chaplains do and the perspectives they bring to their work.. In the process, they were able to establish that the majority of chaplains used styles of counselling that have been positively associated with reduced recidivism. In effect, this is presented as a proxy measure for chaplaincy effectiveness when measured against institutional goals.

1. Costing the heavens: Chaplaincy services in English NHS provider Trusts 2009/10 (National Secular Society 2011).

This study sets out to identify the amount spent on Chaplaincy services by individual NHS provider (Acute and Mental Health) Trusts. By a fairly sophisticated process of statistical analysis, it then searches for a correlation between this figure (expressed as a percentage of total Trust income) and two key national measures of quality used in hospitals: ‘Standards for Better Health’ and the Standardised Mortality Ratio. Finding that there was no statistically-significant correlation between spend on chaplaincy services and score on either of these two quality measures, the report wisely forebears from claiming that chaplaincy services are therefore a waste of money. However, it does venture to calculate the savings that would be made by the NHS if expenditure on chaplaincy per Trust were reduced to the level of the most ‘efficient’ (in terms of minimum chaplaincy spend and maximum quality score) ones.

The problem with all statistical analyses is to identify the key variables, and a large-scale statistical study can lend an illusion of authority to some rather superficial analyses. Uncontrolled variables here include the proportion of chaplaincy which is carried out by volunteers in different Trusts; and whether an increased spend on chaplaincy may in some cases be a response to conditions which also give rise to poor quality measures. For example, given the current health inequalities a Trust with a high proportion of ethnic minority patients is likely to perform poorly in the standardised mortality ratio measures and may benefit significantly from employing chaplains; the situation may be reversed in a wealthy teaching hospital. This study therefore illustrates some of the limitations of a large-scale statistical analysis when decoupled from more fine-grained studies.

# Chaplaincy and therapy

Within the healthcare context (which clearly dominates the field of research into chaplaincy) the clear role of the chaplain is a therapeutic one. Although few chaplains would want to claim physical or medical benefits for their intervention, there is wide acceptance that they may be offering psychological comfort. Many, if not all, would also claim that they offer a form of social, spiritual or existential ‘therapy’ beyond the narrowly psychological.

It is perhaps unsurprising, then, that the vast majority of research into the outcomes of chaplaincy is concerned with its effects on individuals and groups of recipients. Here, the search for objective measures of success or performance is inevitably unfruitful, and the methodologies deployed to research the patient experience tend instead to fall on a spectrum. At one end are large-scale surveys of patient expectations and experiences (e.g. Piderman et al 2010; Winter- Pfändler and Flannelly, 2013), of Chaplains’ activity with individual patients (Handzo et al 2008) or of chaplains’ attitudes and readiness (e.g. Abu-Ras and Laird, 2007). These have the advantages of some degree of quantifiability and can make valid generalisations across a sample of chaplaincy interventions. But they inevitably miss the details of patient-chaplain interactions, as well as overlooking the synergistic effects on the patient experience of chaplains’ roles within wider therapeutic teams. Since for most chaplains the focus is upon the interests of individual patients or clients and their immediate social circles, such extrapolation from these to bulk data analyses may seem to be missing the point. Most chaplains would claim that they adopted the role in order to help individuals or small groups: their raw materials are stories, prayers, rituals and gestures of loving concern rather than data. This is presumably one of the reasons (alongside e.g. lack of time and training) why chaplains as a professional body have been slow to embrace the mantra of ‘evidence based practice’ or the commitment to constant evaluation which it entails: there is something about this epistemology which runs counter to many chaplains’ deepest motivations. It is therefore hardly surprising that research generated by and for chaplains themselves much more frequently leans towards small-scale qualitative interview studies. There is a natural ‘fit’ between the data gathered by these methods and the way in which chaplains themselves gather information.

One may expect, therefore, to find a large number of studies based upon interviews with patients or recipients of chaplaincy services in order to reproduce the patient voice in narrow, but rich and deep, accounts that uncover what chaplaincy means for *them*. However, although there is a fair body of research drawing on chaplains’ own accounts of interactions with patient or clients (e.g. Budd 1999 in air force; Carey and Davoren 2008; Coates 2010; Whitehead 2011 in Community Chaplaincy), studies that interview patients/clients themselves are remarkably thin on the ground (Box 3).

**Box 3**

A pair of studies of a pilot ‘Community Chaplaincy’ service in Scotland represent two among of a fairly limited number of studies which attempt to capture the patient/client experience of their relationship to the service. The first of these (Snowden et al 2013) draws upon free-text responses to an item in a questionnaire (the Lothian PROM) designed to evaluate the effect of the service on Patient Outcomes. The responses were analysed using a qualitative framework method in order to extract key recurrent themes.

In the second paper(Bunniss et al (2013)) the study comprised an analysis of patient data along with 18 patient interviews; focus groups and questionnaires with a small sample of GPs; and interviews and paperwork from participating chaplains. The advantage of a mixed-methods study for these purposes is that it can capture dimensions from different sources that support each other to form a balanced overall picture. In the current instance, this rich set of data enabled themes to be identified in the patient interviews, and for these to be cross-referenced to data on how patients used the chaplaincy service; and for this picture to be compared with that presented by the GPs and Chaplains.

In terms of a formal hierarchy of evidence,[[1]](#endnote-1) both of these studies would be rated rather low. There is no single coherent methodology, minimal control of variables and a high dependence on the perceptions of participants and researchers themselves. But their strength rests upon the way in which they build up, separately and together, a single picture of the patient experience which draws upon a range of sources and identifies in each some similar themes. The result is a rich picture which gives the impression of preserving the complexity of the patient voice without rushing to contain it within a single overarching structure.

This is turn raises the question of whether there are other methodologies which more closely reflect chaplains’ concerns, a question which brings us inevitably to the fourth and final group of ‘stakeholders’, the chaplains themselves.

# Chaplaincy as reflective and reflexive activity

The final paradigm to be examined provides a different solution to the same dilemma. In answer to the question of how to conduct research in a way that values the uniqueness of individual encounters, it rejects the claims of generalizability in favour of a different mode of engagement. For many chaplains, the point of their role is, precisely, that its outcomes cannot be specified beforehand: “The response of chaplains is shaped by the human reality they encounter, requiring them to deliver bespoke spiritual care services, which recognize the uniqueness of every situation.” (Swift et al 2011 p 188). From this perspective, the fact that chaplains may have no clear definition of their own role (e.g. Mitchell & Sneddon 1999 [2013]) may be understood as an asset rather than a problem to be solved; but it implies that the study of chaplaincy should not take a definition of the role as its starting-point: it is to be studied as a series of encounters and events.

The most obvious methodology for preserving the reflective and unique character of chaplaincy encounters is the case study (e.g. Cooper 2011; Risk, 2013.), which has the advantage of immediacy and coheres well with the perception of chaplaincy (see above) as concerned with narrative. Furthermore, it explicitly draws on the reflective and reflexive stance of the Chaplain as a way of making sense of the situation.

The limitations of such an approach are the converse of its strengths. While capturing what appears to be an authentic chaplains’ voice, the study does not triangulate this against the perceptions of others. In one large-scale study (Montonye and Calderone 2010) the researchers concluded that chaplains’ reports of patient needs may say more about the chaplains themselves than the needs of patients. Analogously, chaplains’ perceptions of their own roles may reflect their own biases, and so subtly promote ‘chaplain-centred care’ rather than ‘patient-centred care’, unless viewed alongside studies employing different methodologies.

For some purposes, this confusion of the roles of chaplain and researcher may be seen as an asset rather than a liability. For example, in action research (e.g. Mowat, et al, 2012) , there is no separation of the research, its findings, and its practical outworking: the point of the research is to bring about change in the present rather than to provide abstract or generalizable principles on which change may be brought about in the future. Action research tends to be very labour-intensive, and there will always be uncertainty regarding the transferability of results to other contexts. But the process of repeated cycles of action and reflection may well prove more congenial to serving chaplains than more abstract or ‘objective’ methods; and does not necessarily preclude the drawing of some conclusions with lasting value and wider applicability (see e.g. Crawley 2013) and.

A more academically-orientated and methodologically-articulate approach which seeks to preserve and be led by the voices and reflections of practitioners ‘on the ground’ is supplied by Grounded Theory. Properly understood, GT emphasises the importance of approaching the data (typically from interviews) with as few presuppositions as possible; allowing any theoretical framework or model to arise from the data being pored over and then testing and refining it by actively seeking and evaluating counter-examples (e.g. Townsend 2010; Nolan 2011). Where conducted rigorously, this method successfully combines data-gathering and analysis with reflective and reflexive insights to produce an account of the subject which is both academically and intuitively persuasive. But it is a lengthy and time-consuming process, and there is a growing debate about what can legitimately be counted as ‘Grounded Theory’: in reality ‘the term can sometimes turn out to be applied to a hasty analysis of some shakily-conducted interviews!

It is clear from some of the examples given in this section that there are ways in which chaplains themselves may be drawn into the study of chaplaincy in ways which value their reflective and reflexive insights as individuals; do not compromise their independence from either their faith community or their employing institution; and which preserve the immediacy and narrative emphasis of some of their activity in the research process (Box 4). However, the fact that most research conducted by chaplains themselves is of fairly limited scope and quality raises the question of how to support and train them to conduct rigorous and robust research

**Box 4**

In a very detailed and rigorous example of a Grounded Theory study, Nolan (2011) investigates the experience of 19 palliative care chaplains using a mixture of unstructured interviews and group work. After listening to chaplains’ own stories at length, the author identifies four related themes or ways of understanding the chaplain as intentionally ‘present’ with the patient: ‘evocative presence’, ‘accompanying presence’, ‘comforting presence’ and ‘hopeful presence’. These he comes to understand as ‘organic moments’ in the patient-chaplain relationship that may ease the passage of the patient from their (now-redundant) hope of recovery to a new hopefulness in the face of death that transcends despair while maintaining a true view of their situation.

The paradox of this study is that although it technically begins from a ‘theory-free’ perspective on the relationship between chaplain and patient, it is informed and ‘framed’ by influential theories on how hope develops in terminal illness; and how psychotherapeutic ‘transference’ may underlie the chaplain-patient relationship. This raises a suspicion that has often been discussed in relation to Grounded Theory – that the denial of the authority of any prior theoretical perspective does not render a study ‘theory-free’ but simply unreflexive. However detached and objective the researcher seeks to be they may be unconsciously drawing upon their areas of expertise and interest and this becomes the lens used when analysing, interpreting the data and developing the theory?

A rather different perspective is provided by Risk’s (2013) case study of spiritual care of an individual patient with Parkinson’s disease. As well as being explicitly a first-person account, this case study is relatively unusual in deliberately bringing a theoretical framework (narrative theory) into play as an interpretive and even therapeutic tool. As Grossoehme (2013) comments, the approach challenges the paradigm of chaplaincy as ‘agenda-less’ and portrays it as potentially able to draw on a repertoire of interventions. Thus, the study can be understood as something of a challenge to chaplains who would claim that their work is too intuitive and individualized to be open to either the use of explicit tools or learning from other chaplains or other disciplines: to the extent that the case study can be taken as a true account of an intervention that works, it invites reflection on what chaplaincy fundamentally is.

**Conclusions and Further possibilities**

There is now a substantial body of research into chaplaincy from a range of disciplinary perspectives and with a variety of methodologies. Nevertheless, as this brief review and summary indicates, there are some significant gaps. Most obvious of these is the relative paucity of material from the perspective of the patient or client: it is paradoxical that a profession that is so explicitly focussed on the ‘service user’ should apparently overlook the possibilities of engaging them in dialogue. Clearly, some of the reasons for this are practical - by definition, many recipients of chaplaincy are vulnerable and may be reluctant to contribute , and the process of gaining the necessary ethical approval for research with patients is notoriously tortuous and time-consuming – but there is room for further development here.

The understanding of chaplaincy might also benefit from some techniques and theoretical approaches which are as yet hardly used. Among the former, there is a whole range of tools that derive from ethnography and anthropology that have made brief appearances in the literature of chaplaincy (e.g. Baker 2006; Phillips 2013) but have yet to make a real impact. Among the latter, there is (as-yet largely unrealised) scope for critical discourse-based studies of the categories, assumptions and fluxes of power associated with chaplaincy: both in practice (e.g. Norwood 2006 in hospitals; Hicks 2008 for prison chaplains)

Furthermore, there is relatively little material that attempts something like a ‘realist synthesis’ (Pawson and Tilley) of the functions and achievements of chaplains across the different domains of study that have been outlined above. It is still unnervingly the case that Religious groups, institutional managers, Chaplains and clients may discuss, understand and value chaplaincy in quite separate ways and without attempting to bring together their divergent insights into shared account. We hope that the current work will contribute to the development of such an understanding.

Finally, it remains the case that Chaplains themselves are underrepresented among those researching chaplaincy, and this may be to the detriment of the profession. As in other professions, there is an ineluctable move towards evidence-based practice in chaplaincy, which chaplains ignore at their peril: “The future of chaplaincy is in the balance! Do chaplains move with the times . . . or . . . risk extinction or at best benign tolerance? More than ever, society demands that employees prove their value through research, audit and refining of practice.” (2006, 21).The challenge for chaplains is to develop and defend methods of researching the field that reflect their self-understanding of their role(s) while satisfying the demands of their sponsors in the public, private and third sectors. A failure to engage with these demands may result in the imposition of research criteria and methods which obscure the distinctive contributions of the profession to the fulfilment of some fundamental human concerns. If Chaplains consider that their work is widely undervalued and misunderstood, at least part of the solution lies in their own hands.

# References

Abu-Ras, W., & Laird, L. (2011). How Muslim and non-Muslim chaplains serve Muslim patients? Does the interfaith chaplaincy model have room for Muslims’ experiences?. *Journal of religion and health*, *50*(1), 46-61.

Aldridge, A (2006) The Unique Role of a Chaplain Scottish Journal of Healthcare Chaplaincy 9. (1) 18 - 22.

Baker, M. (2006). The continuing professional education of police chaplains as a community of practice'. In *Continuing Professional Education Conference* (pp. 14-22).

Bunniss, S., Mowat, H., & Snowden, A. (2013). Community chaplaincy listening: Practical theology in action. *The Scottish Journal of Healthcare Chaplaincy*,*16*(special), 42-51.

Budd F, C (1999) An Air Force Model of Psychologist-Chaplain Collaboration, Professional Psychology: Research and Practice 30, (6), 552-556

Carey, L, B., Davoren, R, P. (2008) Inter-faith pastoral care and the role of the health care chaplain Scottish Journal of Healthcare Chaplaincy 11. (1) 21 – 32

Carey, L. B., & Del Medico, L. (2013). Correctional Services and Prison Chaplaincy in Australia: An Exploratory Study. *Journal of religion and health*, 1-14.

Cobb, M. (2013). Change and Challenge: the dynamic of chaplaincy. *Health and Social Care Chaplaincy*, 4-10. [Reprint of a 2007 paper]

Cooper, R. S. (2011). Case study of a chaplain's spiritual care for a patient with advanced metastatic breast cancer. *Journal of health care chaplaincy*, *17*(1-2), 19-37

Cramer, E. M., & Tenzek, K. E. (2012). The Chaplain Profession from the Employer Perspective: An Analysis of Hospice Chaplain Job Advertisements.*Journal of health care chaplaincy*, *18*(3-4), 133-150.

Crawley, L.M (2013) Collaborative inquiry: An accessible, relevant approach to chaplaincy research *Vision* 23(2) Obtainable from <http://www.nacc.org/vision/mar-apr-2013/research-Crawley.aspx>

Dooghan, J. K. (2006). *Muslim prison ministry: Hindering the spread of the radical, militant, violent and irreconcilable wing of Islam*. ARMY COMMAND AND GENERAL STAFF COLL FORT LEAVENWORTH KS SCHOOL OF ADVANCED MILITARY STUDIES. Obtainable from <http://oai.dtic.mil/oai/oai?verb=getRecord&metadataPrefix=html&identifier=ADA450078>

Duffin, C (2013) Who pays for the pastor Nursing Standard 28 (7) 24-25

Flannelly, K. J., Emanuel, L. L., Handzo, G. F., Galek, K., Silton, N. R., & Carlson, M. (2012). A national study of chaplaincy services and end-of-life outcomes. *BMC palliative care*, *11*(1), 10.

Galek, K., Flannelly, K. J., Jankowski, K. R., & Handzo, G. F. (2011). A methodological analysis of chaplaincy research: 2000–2009. Journal of health care chaplaincy, 17(3-4), 126-145.

Grossoehme, D. H. (2013). Chaplaincy and Narrative Theory: A Response to Risk's Case Study. *Journal of health care chaplaincy*, *19*(3), 99-111.

Handzo, G. F., Flannelly, K. J., Kudler, T., Fogg, S. L., Harding, S. R., Hasan, I. Y. H., ... & Taylor, R. B. E. (2008). What do chaplains really do? II. Interventions in the New York Chaplaincy Study. *Journal of Health Care Chaplaincy*, *14*(1), 39-56.

Hicks, A. M. (2012). Learning to watch out: Prison chaplains as risk managers.*Journal of Contemporary Ethnography*, 0891241612452139.

Koenig, H. G. (2008). Why research is important for chaplains. *Journal of health care chaplaincy*, *14*(2), 83-90.

Leavey, G., & King, M. (2007). The devil is in the detail: partnerships between psychiatry and faith-based organisations. *The British Journal of Psychiatry*,*191*(2), 97-98.

McCurdy, D. B. (2002). But what are we trying to prove?. *Journal of health care Chaplaincy*, *12*(1-2), 151-163.

Mitchell, D., & Sneddon, M. (1999) Informing the debate: chaplaincy and spiritual care in Scotland. *International Journal of Palliative Nursing*, *5*(6), 275-280. Reissued 2013

Mowat, H., & Swinton, J. (2005). What do chaplains do? Edinburgh, UK: Mowat Research.

Mowat, H., Bunniss, S and Kelly, E. (2012) Community Chaplaincy Listening: working with General Practitioners to support patient wellbeing. Scottish Journal of Healthcare Chaplaincy 15 (1) 21-26.)

Mowat, H., Bunniss, S., Snowden, A., & Wright, L. (2013). Listening as health care. *Scottish Journal of Healthcare Chaplaincy*, *16*, 35-41.

National secular Society (2011)Costing the heavens: Chaplaincy services in English NHS provider Trusts 2009/10 Obtainable from http://www.secularism.org.uk/uploads/nss-chaplaincy-report-2011.pdf

Nolan, S. (2011). Hope beyond (redundant) hope: how chaplains work with dying patients. *Palliative medicine*, *25*(1), 21-25.

Norwood, F. (2006). The ambivalent chaplain: Negotiating structural and ideological difference on the margins of modern-day hospital medicine. *Medical anthropology*, *25*(1), 1-29.

Office for National Statistics (2012) Religion in England and Wales 2011 Available from <http://www.ons.gov.uk/ons/dcp171776_290510.pdf> Accessed [9-10-2014]

Orchard, H. (2000) Hospital Chaplaincy Modern, Dependable, Sheffield Academic Press, Sheffield.

Phillips, P (2013) Roles and identities of the Anglican chaplain : a prison ethnography PhD thesis, Cardiff University

Pickering, R (2014), Terrorism, Extremism, Radicalisation And The Offender Management System In England And Wales in Silke, (ed). *Prison, Terrorism and Extremism: Critical Issues in Management, Radicalisation and Reform 159*

Piderman, K. M., Marek, D. V., Jenkins, S. M., Johnson, M. E., Buryska, J. F., Shanafelt, T. D., ... & Mueller, P. S. (2010, November). Predicting patients' expectations of hospital chaplains: a multisite survey. In *Mayo Clinic Proceedings* (Vol. 85, No. 11, pp. 1002-1010). Elsevier.

Risk, J. L. (2013). Building a new life: A chaplain's theory based case study of chronic illness. *Journal of health care chaplaincy*, *19*(3), 81-98.

Salecich, J. A. (2002). Chaplaincy in Queensland state schools: An investigation.

Scott, T. (2013). Chaplaincy–A Resource Of Christian Presence.*Health and Social Care Chaplaincy*, *3*(1), 15-19. [Reissue of a 2000 paper]

Snowden, A., Telfer, I., Kelly, E., Bunniss, S., & Mowat, H. (2013). Spiritual care as person centered care: A thematic analysis of interventions. *Scottish Journal of Healthcare Chaplains*, *16*, 3-32.

Sundt, J. L., & Cullen, F. T. (1998). The role of the contemporary prison chaplain. *The Prison Journal*, *78*(3), 271-298.Sundt, J. L., & Cullen, F. T. (2002). The correctional ideology of prison chaplains: A national survey. *Journal of Criminal Justice*, *30*(5), 369-385.

Swift, C. (2009). *Hospital chaplaincy in the twenty-first century: The crisis of spiritual care on the NHS*. Ashgate Publishing, Ltd..

Swift, C,. Handzo, G. and Gohen, J. (2012) Healthcare chaplaincy In Cobb, M. Puchalski, C, M., Rumbold, B. (Eds) (2012) Oxford Textbook of Spirituality in Healthcare, Oxford University Press, Oxford Chapter 27 pp 185 – 190

Todd, A., & Tipton, L. (2011). The role and contribution of a multi-faith prison chaplaincy to the contemporary prison service. Available from <http://orca.cf.ac.uk/29120/1/Chaplaincy%20Report%20Final%20Draft%20(3).pdf>

Ward, M. J. (2013). Off the Edge? A Theological Assessment of Scott's" Peripheral Stance" of Chaplaincy. *Health and Social Care Chaplaincy*, *6*(1), 39-43.[Reissue of a 2003 paper]

Weaver, A. J., Flannelly, K. J., & Liu, C. C. (2008). Chaplaincy research: Its value, its quality, and its future. Journal of Health Care Chaplaincy,14 (1), 3-19.

Whitehead, P. (2011). Evaluation report of research at six community chaplaincy projects in England and Wales. *Middlesbrough: Teesside University and Community Chaplaincy Association*. available from http://www.communitychaplaincy.org.uk/images/COMMUNITYCHAPLAINCYREPORTJuly2011\_001.pdf

Winter-Pfändler, U., & Flannelly, K. J. (2013). Patients’ expectations of healthcare chaplaincy: A cross-sectional study in the German part of Switzerland. *Journal of religion and health*, *52*(1), 159-168.

1. There are a number of hierarchies of evidence’ that are widely used in medical research. Typically, they treat meta-analyses, systematic reviews and Randomized Control Trials as the most authoritative sources of information, and treat information gathered from qualitative studies with much more suspicion. Towards the bottom of the hierarchies are case studies and ‘expert opinion’, which between them account for much of the research conducted by chaplains themselves on their own context. [↑](#endnote-ref-1)