

Chaplains in Maryland

Mapping and Assessing Needs



Chaplains in Maryland: Mapping and Assessing Needs

This eBook results from a partnership project between the Chaplaincy Innovation Lab (CIL) at Brandeis University and the Institute for Islamic, Christian and Jewish Studies (ICJS) in 2022. The project mapped chaplains in Maryland, assessed their needs, and supported their interfaith chaplaincy work. The eBook begins with the background to the project, describes the approach used to collect data, presents key findings, and concludes with suggestions and next steps to better support chaplains in Maryland.

Background

In 2022, [a survey](#) conducted by the Chaplaincy Innovation Lab and the Gallup Organization found that 25% of Americans reported contact with a chaplain at some point during their lives. In Maryland, as nationally, people may meet chaplains in healthcare organizations, the military, colleges and universities, prisons, and other settings. Chaplains – increasingly called spiritual care providers – are required in the military, federal prisons and the Veterans Administration and are present in two-thirds of healthcare organizations and most hospices. ¹

The study of chaplaincy across these settings is, in many respects, still in its infancy. This project collected data about chaplains who work in a range of institutions and sectors in Maryland. The goals were to listen to what chaplains in Maryland need most, to offer support, and to strengthen interfaith work in chaplaincy.

Approach

We began this project by identifying 412 organizations in Maryland with chaplains, including hospitals, hospices, higher education, K-12 schools, sports teams, fire departments, prisons, the police, military units, airports, seaports, corporate environments, community organizations, and other associations.

The resulting list was used to contact chaplains and collect data. We sent the survey to every chaplain in Maryland we could identify and interviewed a total of 24 chaplains (six as key informants before the survey was launched, 18 identified through the survey).



All the interviews were conducted by Zoom and lasted about 45-60 minutes. Interview questions focused on the support the chaplains felt they had, the challenges and needs in their chaplaincy work, and their interfaith work.

¹ Cadge, W. (2022). *Spiritual Care: The Everyday Work of Chaplains*. Oxford University Press.



Key findings

Where, and in what capacity (paid or volunteer), do chaplains work?

Chaplains who responded to our survey were concentrated in the city of Baltimore (41.3%) and Baltimore County (22.2%). Among the various settings chaplains work in, healthcare is where most paid chaplains work, while state/local police is where most volunteer chaplains work (see Table 1).

Table 1: Setting of Work		
	Paid	Volunteer
Academic medical center	19	2
Hospital	14	1
Hospice	9	0
Long-term care	3	0
Behavioral healthcare	2	1
Outpatient clinic	1	0
General community	2	3
Population-specific community	0	0
Higher education	4	1
K-12 education setting	1	0
Business/Industry	1	0
Congregation/Parish setting	0	2
Theological school/Seminary	0	0
Corrections	1	2
Federal/State/County government	0	0
State/local fire department	0	1
State/local police	0	6
Military	3	1
Secret Service	0	0
Sports team	0	0
Transportation	1	0
Total	49	14

Most chaplains in this study (77.8%) are paid chaplains (see Table 2), most commonly working 40 to 44 hours per week. Volunteer chaplains usually work less than 10 hours per week (see Table 3).

Table 2: Paid vs. Volunteer		
	N	%
Paid	49	77.8
Volunteer	13	20.6
Both	1	1.6
Total	63	100%

Table 3: Hours Worked Per Week				
	Paid Chaplaincy		Volunteer Chaplaincy	
	N	%	N	%
<10	4	8	9	64.3
10 to 14	3	6	3	21.4
15 to 19	2	4	0	0
20 to 24	2	4	0	0
25 to 29	1	2	0	0
30 to 34	1	2	1	7.1
35 to 39	3	6	0	0
40 to 44	27	51	1	7.1
45 or more	7	14	0	0
Total	50	100%	14	100%

Some chaplains, both paid and volunteer, hold positions other than working as a chaplain. Chaplains who hold other positions work in both religious and secular settings. 20.6% of the sample reported working as a congregational leader, and 14.3% of the sample reported maintaining secular employment at the same time as working as a chaplain.

Chaplaincy services

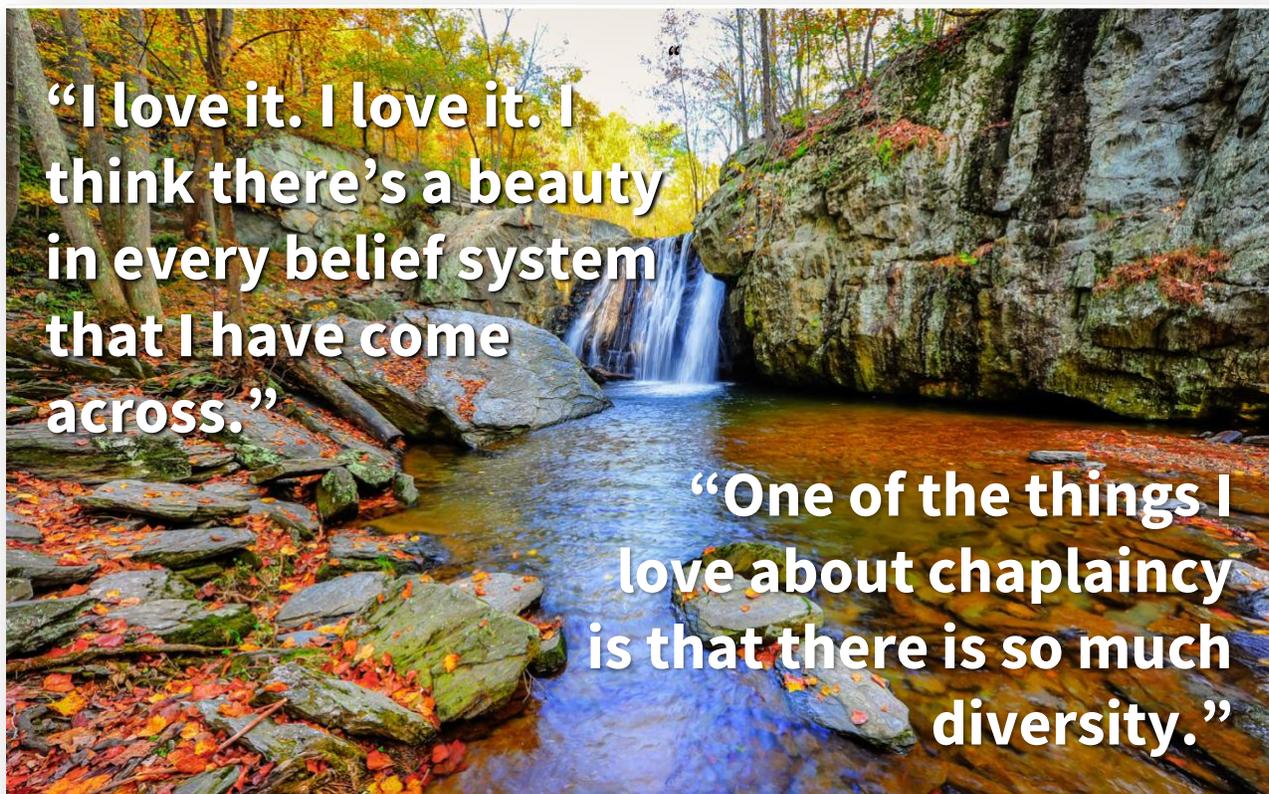
Interfaith care

Most chaplains are interfaith chaplains by default, providing interfaith care to people from various religious and spiritual backgrounds. In the survey, we asked “Overall, in this position, about what proportion of those to whom you provide direct chaplaincy services share the same religious or

spiritual background with you?” Almost every respondent (84.1%) reported working in a setting where they share their religious background with 60% or less of careseekers. At least 40% of the time, chaplains are thus doing interfaith work (see Table 4).

Table 4: Shared Background with Careseekers		
	N	%
Up to 20%	30	47.6
Up to 40%	10	15.9
Up to 60%	13	20.6
Up to 80%	4	6.3
Up to 100%	5	7.9
No response	1	1.6
Total	63	100%

In the interviews, when asked about “providing spiritual care to people who do not share the same religious or spiritual background with you,” chaplains told us:



Chaplains provide spiritual care not only to people from a different religious or spiritual background, but also to people who do not claim a religious affiliation or religious identity. Chaplains also reported that people who were “disconnected from their faith group” and “not active in their religion” may need spiritual care as well. David², a hospice chaplain, told us that even if a person did not claim a faith, “everything in life has a spiritual component.”

More importantly, chaplains reported noticing that the group of people who identify as spiritual but not religious is growing. As Ruth, a hospital chaplain, pointed out, “probably the growing edge in chaplaincy is that a lot of people say, ‘Well, chaplain, I’m spiritual, but I’m not religious.’”

Teamwork

Among the various types of chaplaincy services provided by respondents, one-on-one care with individuals was the most commonly reported (see Table 5).

Table 5: Types of Chaplaincy Services Provided		
	N	%
One-on-one care with individuals	59	93.7
Create/support religious observance in other ways	48	76.2
Family meetings, related to individuals served	40	63.5
Chaplaincy rep on institutional committees	34	54
Institution-wide services	26	41.3
Represent the organization to the community	25	39.7
Support group for those served	24	38.1
Assist the organization with mission integration	22	34.9
Provide opportunities for group religious study	16	25.4
Total	63	100%

Yet while conversations between spiritual care providers and careseekers usually are one-on-one, there is a team involved in supporting that care. Chaplains emphasized the importance of collaboration in our interviews.

We asked chaplains to define this team they work with and found different perceptions. Some chaplains described all the chaplains in their organizations as “the team.” Some chaplains added anybody who was involved in supporting the care as the team, including directors, admissions staff, physical therapists, psychologists, social workers, doctors, nurses, housekeepers, and volunteers. By

² All names in this eBook are pseudonyms.

emphasizing the interactions between spiritual care providers and careseekers, some chaplains included the people to whom they provided care as part of the team as well.

We especially note the importance of interfaith skills when the chaplaincy staff is just one or two people. A chaplain in a larger organization can call on a colleague of a different faith when they have a question or need support. By contrast, smaller institutions with fewer chaplaincy staff may require resources from outside the institution to help with spiritual care when needed. An interfaith toolkit or a strong interfaith network are more important for the chaplains on these smaller teams.

Resources and support

To better assess chaplains' needs, we first need to understand what resources and support chaplains already have. Survey responses identified several types of resources and support within and outside chaplains' work organizations that meet professional, emotional, and spiritual needs.

Supportive directors/supervisors

Staff chaplains reported usually feeling supported by their directors/supervisors. For example:

- “If I had an issue, I would talk to my boss, who’s very supportive...She would direct me to the appropriate resource.”
- “I have a very supportive boss...I have a great relationship with her. I feel very supported by her, professionally. She really understands spiritual care and is a good advocate for us.”

Having a director who works in the field of chaplaincy may strengthen the feeling of understanding and support for staff chaplains. Sharing similarities, not merely spiritual/religious but professional as well, is a strong component of feeling supported.

Assigning chaplains to director/supervisor roles may reflect the management structure of an organization, which can have an impact on how chaplains perceive their own positions within in the organization. About half of the survey respondents (50.8%) noted a supervisor/director working in spiritual care professionally, while 27% of the survey respondents reported a supervisor/director not working in the field of chaplaincy.



Supportive colleagues

Chaplains reported that having peer support or supportive colleagues in organizations is important to them. This support comes from both chaplain and non-chaplain colleagues and may be formal or informal. For example:

- “I’m really grateful for my colleagues here. I think we function really collegially and work well as a team...If I want [I can] go and talk with them and get some consultation and help me

understand how I can better care for this patient. So that's a huge thing, the fact that I'm not alone."

- "My colleague and I know that we are free at any time to walk into each other's office and close the door and say, 'I need...'"

Support at the organizational level

Some chaplains reported that their organizations provide financial resources for continuing education and supplies, such as providing a budget for chaplains to attend conferences and purchase Bibles, Qurans, and Tanakhs for people they serve.



Most chaplains "somewhat agreed" that they receive professional support from their employer, but most chaplains "strongly disagreed" that they receive spiritual support from their employer. We found several reasons for this reported disagreement:

- Most organizations are not religious workplaces or faith-based workplaces.
- Even in faith-based workplaces, chaplains' interfaith role tends to be emphasized due to the diverse religious and spiritual backgrounds of spiritual careseekers and care receivers, which may lessen the attention to chaplains' own spiritual or religious needs in workplaces.
- Chaplains are expected to be a caregiver rather than a careseeker in workplace settings, not only at the spiritual level but also at a broader, emotional level.

Support from professional associations

Professional associations provide opportunities and resources for continued professional learning. The conferences, seminars, and programs they organize, as well as the journals they sometimes publish, are educational sources for chaplains to gain cutting-edge knowledge in the field, to learn recent research on chaplaincy, and to develop professional skills in chaplaincy. Professional associations are also a space for chaplaincy network building within and across sectors, as well as within and across faith communities.

Our survey indicated that most chaplains in Maryland are active members in professional associations. About half of the respondents (44.4%) reported current membership in the Association of Professional Chaplains (APC); 22.2% of the respondents hold current membership in the Association for Clinical Pastoral Education (ACPE).

They also hold memberships in faith-specific associations for chaplains, such as Neshama: Association of Jewish Chaplains (NAJC) and National Association of Catholic Chaplains (NACC). Some of them reported sector-specific associations for chaplains, such as Association of Chaplains and Spiritual Leaders in Higher Education (ACSLHE) and North American Maritime Ministry Association (NAMMA).

Chaplain networks

Chaplain networks are sources for peer support and community building among chaplains. Most chaplains reported connections with chaplains working in the same sector. For example, as a chaplain working in a hospital, Amy told us that her chaplain network, through which she could talk to and get support from other chaplains, consisted mostly of chaplains working in healthcare settings.

Some chaplains self-organized sector-specific chaplain groups outside their employing organization. Though usually small scale and informal, those groups were reported as useful resources to get support and help. Sharing similar working experiences and challenges at work, chaplains from the same sector can better understand each other's situation and support each other.

However, cross-sector chaplain networks should not be ignored. We found that chaplains in different settings connect with each other in self-organized groups as well. For example, as a college chaplain, Cynthia reported being in a group with three other chaplains from Johns Hopkins Hospital and Howard University in Washington, DC to support and help each other.

For about three or four years, they “would meet at Panera and just kind of check in and talk to each other.” Cynthia said she finds it “really helpful” to have this opportunity to “learn from each other” and “be supportive of what was going on.”

Less helpfully, the reported frequency of contact between chaplains varied widely. When asked in interviews “how often do you contact other chaplains who work outside your organization,” chaplains gave answers like “almost daily,” “very often,” “every month,” “regularly,” “occasionally,” and “not as often as I would like.”



Challenges

Challenges shared across sectors include:

- **Staffing issues.** This is a long-standing problem in the field but intensified due to the COVID-19 pandemic. Chaplains in healthcare and senior centers suffer from this issue the most, as the pandemic frequently increased staff turnover rates, especially among nurses and social workers. Not having enough staff to handle new realities and patient needs, chaplains now perform a greater range of care work and administrative work in addition to spiritual care.
- **Work-life balance.** Notably, five of the six hospice chaplains that we interviewed directly or indirectly reported work-life balance as their biggest challenge. Hospice chaplains reported visiting patients more often and staying with them longer than did chaplains working in other settings. However, this challenge is not unique in the setting of hospice. One hospital chaplain told us that it is challenging to balance “personal and emotional energies with the demands.” A military chaplain named his time management as the biggest personal challenge, since he always ends up staying longer with careseekers than he anticipates.
- **Being the only chaplain in an organization.** Several chaplains we interviewed are the only chaplain in their organizations. They reported feeling isolated and not getting enough support from people around them, especially because people outside the field frequently misunderstand or insufficiently understand the work of spiritual care. In addition, compared to spiritual care providers who have other chaplain co-workers, isolated chaplains within an organization usually have a greater workload. 14.3% of our survey respondents are the only chaplain in their organization. This group is not small, and the challenges they face have not been studied adequately.
- **Uneven resource distribution.** Continuing education and training offered or supported by organizations is more common in the hospital setting. We note as well that resources are often directed to urban areas, where caregivers and careseekers are concentrated. Chaplains in rural areas remain at a significant disadvantage.
- **The growth of religious “nones.”** Several chaplains reported that they found it challenging to provide spiritual care to religious “nones.” As a chaplain pointed out, “interfaith assumes faith.” What they have previously learned for interfaith care may need adjustment in order to provide spiritual care to people without religious affiliation or religious identity.
- **Collaboration.** Most of the time chaplains work well with their colleagues. Still, difficulties and frustrations can exist in collaboration. Most of the frustrations reported result from non-chaplain colleagues’ scanty knowledge of chaplaincy/religion or from stereotypes of chaplains. For example, a chaplain reported that admission nurses “put in religion ‘no religion’ or ‘no faith’ because the person told them they don’t believe in God,” but the person was Jewish.



Sector-specific challenges:

- In the **hospice** sector, some chaplains provide both inpatient care and home care. For the latter, chaplains have to enter people’s homes. Both caregivers and careseekers may have concerns about ongoing risks of COVID-19 infection, which raises questions about how to protect people outside healthcare facilities during the process of providing spiritual care.
- In the **seaport** setting, most of the seafarers that chaplains meet with do not come from the United States. Language and other cultural barriers are significant in these circumstances. In addition, in this sector chaplains often help with seafarers’ secular rather than secular needs – obtaining Internet access, obtaining basic personal supplies while in port, and so on. Therefore, “the biggest challenge is wanting to be a pastoral presence” and “trying to be what they need without forcing something on them,” as Joshua told us.
- In **higher education**, rather than being employed by the school, some chaplains are sent by their religious organizations to serve on a campus. Insufficient training in interfaith care prior to serving as a chaplain in higher education presents significant difficulties, especially because religious “nones” are more concentrated among young adults, particularly under 30, than other age groups.³ Chaplains in higher education may thus encounter more religious “nones” than chaplains in other settings, which requires more skills in fundamentally interfaith care.



What do chaplains need?

Chaplains were asked to rate the importance of each type of continued professional development and each type of professional support on a scale of 1 to 5, where 1 was “Not at all important” and 5 was “Extremely important”:

Professional Development

- **Trauma.** Chaplains generally reported that this area of continued professional development is “very important.”
- **Interreligious study:** Respondents said that this area of continued professional development is “very important.”
- **Interpersonal skills:** Most chaplains said that this area of continued professional development is “extremely important.”

Professional Support

- **Support from an employing organization:** Respondents said that this type of professional support is “very important.”

³ Pew Research Center. (2012). [“Nones” on the Rise.](#)

- **Continued interreligious learning:** Chaplains reported that this type of professional support falls somewhere in between “moderately important” and “very important.”
- **Opportunities for professional advancement:** Most chaplains said that this area of professional support is “extremely important.”

More Connection

- Chaplains reported eagerness to **connect across contexts**. We found that most chaplains have connections with colleagues in their workplaces or between chaplains in the same setting. Though they realize chaplaincy work may be different to a certain degree in different contexts, they expressed interest in coming together to share and learn from each other.
- Spiritual care providers with **different titles want more connection and partnership**. For example, a respondent who self-identified as a pastoral counselor reported that they would like to build up partnership and networking with chaplains.
- Chaplains want to have **more local connections**. Professional organizations are well-equipped to provide national connections, but do not necessarily connect people with whom a chaplain can “just kind of kick back, hang out, have a cup of coffee,” as an interview respondent told us.
- Chaplains sometimes reported a preference for **cohorts and collegial groups outside workplaces**, especially those new to the field. They may find it “intimidating or inhibiting” to get support from their workplaces, but groups outside workplaces may “offer enough anonymity and enough freedom” for chaplains to get support, according to one chaplain director’s observation.
- Chaplains in different **healthcare settings were looking for more connection and partnership**. Compared to other states, Maryland is rich in healthcare institutions and other resources, yet chaplains reported underutilization of hospice services. Chaplains in hospitals and hospices reported looking for more partnership to give better care to patients.



Conclusion and Next Steps

This project presents a groundbreaking look at chaplaincy in Maryland. We mapped the chaplain landscape in the state to learn who chaplains are, where they work, what they do, what challenges they face, and what they need.

This study reveals that although chaplains in Maryland have rich resources and support to navigate the field, they still encounter challenges that may hinder chaplaincy work. More support -- professionally, emotionally, and spiritually -- is needed.

We recommend that:

- Organizations like ICJS can **work at the local level to connect chaplains to available resources and existing chaplain networks**, because many chaplains are unaware of existing programs and do not have the time or knowledge to become connected. Getting chaplains together, either formally or informally, would be valuable in forming professional connections and emotional support links.
- Considering that chaplains are eager to learn more about the field and would like to have more training opportunities, organizations (including employers and support organizations like ICJS and CIL) can offer **more training and programs on the topics that chaplains consider important**, including professional development, dealing with trauma, and ways of providing interfaith spiritual care and providing spiritual care to “nones.”
- Taking advantage of **virtual methods** will help direct resources to chaplains who do not have many training and education opportunities in their work organizations, as well as chaplains who work in rural areas. Virtual meetings, seminars, and even virtual hangouts are all useful ways to support chaplains.
- We also suggest that it would be helpful to **offer training about (as opposed to in) spiritual care to non-chaplain staff** who work with chaplains.

Supporting chaplains is a long-term project. We hope this study will become a starting point to prompt more questions and thoughts about how to better support chaplains. Though we focus here on one state, the knowledge gained can help us better understand the field on a wider scale.

**“Everything in life has
a spiritual component.”**





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