



How Can Systems Better Support Catholic Chaplaincy?

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Contributor to *Health Progress*

When groups of health care chaplains get together, Connolly Huddleston stands out. Very often, she's the only millennial in the room. She loves the work, but "I get a lot of attention," due to her youth, she says. "I think there's a little pressure on me, too. People say, 'You know how to help us,' and I don't know how to begin."

Her own path to chaplaincy began as an undergraduate, when she felt a call to minister to people in need, and an influential professor told her that spiritual care in health care settings was an option for a lay Catholic woman.

After she graduated in 2014, she soon enrolled in a master's program in pastoral studies and counseling. Then it was on to clinical pastoral education — the specialized postgraduate training required for certified chaplains. She earned her certification from the National Association of Catholic Chaplains in 2020, and today she is a chaplain with Ascension in Michigan.

In a field that is struggling to replenish its ranks, Huddleston is a rare first-career chaplain. She does have some thoughts about how the field could encourage more students to begin a path toward chaplaincy, but her own education was "definitely a financial strain," she says. "I'm thankful I didn't have a lot of loans to pay back." Potential chaplains, she says, face "the moving piece and the money piece" as obstacles.

For most Catholic health care systems, hiring qualified chaplains who are Catholic is a challenge that has been growing for at least a decade. Mission directors say that one factor may be the lingering belief that it's a job for sisters and priests. But just as Catholic laity stepped up in the 1980s and '90s to take on roles previously reserved for priests, in the current moment many systems are looking to ensure they have qualified chaplains to fill the vacancies.

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Chaplains play a vital role as members of clinical teams. Far beyond praying with the sick, they listen to fears and uncertainties, talk about advance care directives, run meetings with family members, and provide a spiritual presence to staff. They pride themselves on ministering to patients and families of any faith. According to

a recent survey of U.S. adults, half of those surveyed who have ever interacted with a chaplain did so in a health care or hospice setting.¹ But many hospitals want at least one Catholic on staff, and beyond the public-facing ministry, many mission leadership roles at Catholic facilities are reserved for Catholics.

Adding to the concerns, many Catholic staff chaplains who provide direct patient care are aging, and even more are retiring in the next five to six years.² That leaves spiritual care departments searching for ways to attract qualified new chaplains who are attuned to the needs of Catholic health care.

OPENING CHANNELS TO NEW CHAPLAINS

“We can’t fulfill our Catholic health care mission without spiritual care,” says Jill Fisk, director of mission services for CHA, but finding a pipeline of willing and able Catholic chaplains who want to move up to management is a problem. “We want to create more nimble opportunities for folks to begin,” she says. “But how do we offer those initial opportunities, and how do we extend them out?”

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Theoretically, it may be possible to change the *Ethical and Religious Directives* to allow non-Catholics to fill top mission roles, but at this time, CHA is focused on building partnerships to address the chaplaincy shortage in Catholic health care settings. Working with the National Association of Catholic Chaplains (NACC) and senior leaders in spiritual care within member systems, CHA is committed to elevate chaplains as a critical part of the clinical team in whole-patient care. In this regard, CHA mission leaders say supporting chaplaincy salaries as commensurate with other highly qualified clinical coworkers is essential. “We’re trying to give the bishops the assurance that we’re doing what we can,” Fisk says.

“There are incredible positions open in Catholic health care,” says Erica Cohen Moore, executive director of the NACC. The ERDs require directors of pastoral care to be either a Catholic or someone who has been approved by the local bishop. There are also diocesan policies related to the appointment of non-Catholics to pastoral care staff in these settings.

Pastoral care is related to, but not the same as, sacramental care. In Catholic health care, pastoral care is obligated to offer sacramental care. Volunteers can and do deliver the Eucharist, but staff priest chaplains are becoming quite rare, and many hospitals contract with parish priests to provide sacrament coverage. “It’s a problem if someone is dying at 2 a.m. and they want the Sacrament of (Anointing of) the Sick,” says LaVera Crawley, vice president of pastoral and spiritual care at CommonSpirit Health in San Francisco — but the rest of the time, it can be managed.

Chaplains are “often seen as doing nothing but praying at the bedside,” Crawley says, but they do much more, and the work they do is nuanced and complex. She is working to develop a chaplaincy leadership track at CommonSpirit for those who are interested. “Hospitals need evidence-based guidelines,” she says. “Is what we do effective, or is it just nice? Volunteers can offer Communion or say prayers. That’s not what professional chaplains do. They diagnose spiritual distress and come up with treatments.”

Ascension Michigan allows chaplains to fill specialist roles, creating “a career ladder so we don’t lose people who are ready to grow,” explains Beverly Beltramo, director of spiritual care. Chaplains who feel a particular affinity for behavioral health, women’s health or palliative care can create a role for themselves where they “serve as mentor or coach or the expert in this area of ministry.”

“How do we create a pipeline to ministry, and are there other ways of looking at chaplaincy?” Cohen Moore asks. “The Catholic laity don’t understand what a chaplain is. But there’s a market for it. It’s a very viable profession.”

She repeated the decades-old lament among Catholic professionals that not many young people are coming into ministry fields. “I’ve always



been on the young end of ministry,” says Cohen Moore, who is 47, “but now we’re in crisis mode.”

Geography is a factor, too. Beltramo said that areas with clinical pastoral education centers have an easier time hiring than areas where a newly qualified chaplain would have to relocate.

The NACC has been losing members for 20 years, while its cognate nondenominational organization, the Association of Professional Chaplains (APC), has remained basically flat. One plausible reason, Beltramo says, is that as sisters have retired, laity have not taken their place. “It’s a tension we continue to carry, to maintain our professionalism,” Cohen Moore says. “But we have to welcome people who are at the starting line, who need an entry point.”

For that reason, the NACC is re-emphasizing its designation of “certified associate chaplain,” which requires a bachelor’s degree and two units of clinical pastoral education (CPE), in an attempt to make the profession more accessible. In the second half of 2023, it hopes to unveil a curriculum that could be used at the parish level to train volunteers, which could also serve as credit for people who continue toward professional chaplaincy.

“There’s a definition of a nurse or a doctor or a lawyer,” Cohen Moore points out. “That’s not true in chaplaincy. People see a gaping hole of need and they create programs, but it could be six weeks and you become a chaplain.” Certification by the NACC (or by the Association of Professional Chaplains) requires a master’s degree and four units of CPE — which represents another year of work. Most Catholic hospitals require their chaplain hires to meet those credentials or to be well on their way.

But those requirements, which built up over the years in an attempt to professionalize the field, are now often cited as one reason why it’s hard to fill jobs. “It takes a lot of work to become a certified chaplain,” says Antonina Olszewski, vice president of spiritual care for Ascension, and the extensive requirements make it hard to recruit across the full range of ethnic and socioeconomic backgrounds. “There are some barriers of our own making,” she says.

Many organizations now offer training, but most Catholic health care systems accept credits from only a handful. Olszewski favors the current standards, but “we also need to ask if other agencies have arisen because we make the process too onerous,” she says. “That’s probably the most contentious area right now. Much as we might not want to address it, it’s not going away.”

OBSTACLES TO GROWTH

One of the new groups that has sprung up for spiritual care providers is the Spiritual Care Association, which requires only two units of CPE and no in-person interview for certification. “We’re very evidence-driven,” says George Handzo, the association’s director of credentialing and certification. “There are plenty of people out there who would be good chaplains who

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are not getting certified.” His group’s process is faster and cheaper, but has not become as popular as organizers hoped. “Part of it is the politics,” Handzo says. If a hospital runs a clinical pastoral education program, “people are very invested in the sanctity of four units of CPE. They need residencies, and hospitals need students.”

The Chaplaincy Innovation Lab, an independent center for the study and support of chaplaincy, has its own reservations about the process. “The evidence on what yields a good chaplain is questionable,” says founder and director Wendy Cadge, “and any change threatens the status quo.” If Catholic universities started two-year programs that ended with certifications and opportunities for job placements, “they would fill those seats,” she says. “But we don’t know if there is interest.” Instead, she said the training process can be a “byzantine” system that involves

jumping through hoops and the need for some to take out loans. Some Protestant divinity schools, she says, are creating programs that are “professionally oriented to get you in and out” with the necessary credentials to be a health care chaplain.

“We know lots of individuals and institutions are making an effort,” says Chaplaincy Innovation Lab Program Director Michael Skaggs, but time and money have become significant barriers, particularly to historically underrepresented groups. “We could collaborate more to support these groups and provide better information for them. Until those things are true, it can be an uphill battle for them to enter the profession.”

Many systems do offer some flexibility. Fr. Lawrence Chellaian, senior vice president of mission integration for CHRISTUS Health, says that his system hires some “people who are excellent at what they do, but they couldn’t get board certification. For example, one woman in our system is one of the best of the best, but she doesn’t have her master’s degree. Her family situation wouldn’t permit it.” Also, he says, at CHRISTUS facilities in South Texas, where Latino residents make up a majority of the population,³ he will allow the hire of a noncertified bilingual chaplain.

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— PATRICK BAKER

Can he find Catholic chaplains? “That’s a big no,” he says. “It’s a big challenge.” At one time in an earlier role with CHRISTUS, he wanted a qualified Catholic chaplain on staff, kept the position open for 18 months, and “did not get one single applicant.” For management positions that require a Catholic, “it’s very challenging, especially in the rural areas.”

Also, he says, “we are not promoting chap-

laincy. We’re not talking about it in the parish setting. Deacons are an untapped resource.” There has been general agreement for several years that chaplaincy should be better promoted, but Chellaian says that he has not seen follow-through.

Aside from lack of information and unwillingness to move for a job, Chellaian says that compensation is “a major concern. You need a master’s degree, CPE, certification renewed every five years — and you look at other disciplines like nursing, with similar qualifications, and they’re getting a much higher salary.” A 2018 study commissioned by the NACC and the APC found that the national median salary for a chaplain just below the rank of manager was \$59,000.⁴

But Chellaian, in his upper management position, cannot unilaterally raise his chaplains’ pay. “We can’t make significant changes, because we’re competing with other health care systems,” he says. “We can only make some insignificant changes.”

NO EASY SOLUTIONS

“The chaplaincy needs to look like the Church and the people we serve,” says Beltramo, the Ascension Michigan director. But even though time and money are obstacles, she does not want to reduce the requirements. “We worked hard as a profession” to get to the current levels, she says. “We need to say, ‘This is the standard.’ But how do we think out of the box to make a pathway?”

Three years ago, she made an attempt. Under Beltramo’s leadership, Ascension set up an informal system to recruit prospective chaplains and find funding for their initial training, with the possibility of paid work along the way. Patrick Baker, a labor attorney and graduate student in pastoral studies, was a member of that cohort. He took his first unit of training online and did his field work with housebound members of his home parish. For his later units, he worked in Ascension facilities throughout Southeast Michigan.

He was fortunate to find an organization that paid for his first unit and to receive a stipend for learning on the job afterward. But he points out that many potential chaplains may not have that



option and that chaplaincy does not pay as well as most other professions that require years of education.

A very attractive job offer from his first career recently took Baker to northern California, just before he finished his formal chaplaincy education. Most of his fellow students, he says, were relying on their spouse to pay the bills.

“The financial barrier to making this a career is an extra-high barrier,” he says. “Until you compensate students for their outlay, you cannot attract a concentration of the laity. It’s just one here and there.”

He would like to get back into chaplaincy in his new location. But he still has children to put through college, and “I haven’t felt called to the state of poverty.”

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NOTES

1. “Survey of Demand for Chaplaincy,” Chaplaincy Innovation Lab, 2022, <https://chaplaincyinnovation.org/wp-content/uploads/2022/09/Survey-of-Demand-for-Chaplaincy-among-US-Adults-Chaplaincy-Innovation-Lab-2022.pdf>.
2. Brian Smith et. al, “Mission and Leadership—Spiritual Care Survey Reveals Challenges for Ministry,” *Health Progress* 100, no. 5 (October 2019): 59-63, <https://www.chausa.org/publications/health-progress/article/september-october-2019/mission-and-leadership---spiritual-care-survey-reveals-challenges-for-ministry>.
3. “The South Texas Region: 2020 Regional Report,” Texas Comptroller of Public Accounts, <https://comptroller.texas.gov/economy/economic-data/regions/2020/south.php>.
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