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Empowering clinical staff to provide spiritual care for patients with life limiting illness and their family members under hospice cleveland county care

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EMPOWERING CLINICAL STAFF TO PROVIDE SPIRITUAL CARE
FOR PATIENTS WITH LIFE LIMITING ILLNESS AND THEIR
FAMILY MEMBERS UNDER HOSPICE CLEVELAND COUNTY CARE

A PROJECT

SUBMITTED TO THE FACULTY

OF THE M. CHRISTOPHER WHITE SCHOOL OF DIVINITY

GARDNER-WEBB UNIVERSITY

BOILING SPRINGS, NORTH CAROLINA

IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE

DOCTOR OF MINISTRY

BY

TERRY PINKNEY FLOYD

NOVEMBER 11, 2013

APPROVAL FORM

EMPOWERING CLINICAL STAFF TO PROVIDE SPIRITUAL CARE FOR
PATIENTS WITH LIFE LIMITING ILLNESS AND THEIR FAMILY MEMBERS
UNDER HOSPICE CLEVELAND COUNTY CARE

TERRY PINKNEY FLOYD

Approved by:

_____ (Faculty
Advisor)

_____ (Field
Supervisor)

_____ (D. Min.
Director)

Date: _____

ABSTRACT

Staff members at Hospice Cleveland County struggle to provide quality spiritual care to dying patients or their family members because the staff members are not trained chaplains. Staff members tend to fall back on “pat” answers that can sometimes cause the patient or family members to have even more unresolved spiritual issues.

This project sought to determine whether or not hospice staff could become more empowered to give quality spiritual care by being introduced to the basics of pastoral care to the dying and their families. Information was shared by way of presentations; practical experience was gained by role-playing and shadowing.

The pre-test/post-test scores indicate that the participants learned the basic theology of pastoral care to dying patients and their families. There was enthusiastic verbal affirmation of the process, including the desire to repeat the project for a longer period of time. Individual growth of the vast majority of the participants, as a result of the project, has resulted in better care of the patients and more job satisfaction for the participants.

ACKNOWLEDGEMENTS

I am so grateful to God, who has allowed me to see His grace and presence in my life . . .

I thank God for my wife, Dorcas Blackwell-Floyd, who continues to provide spiritual and emotional support in my life . . . I love you!

Thank you Keith, Toby, Teresa, Taft, Timmy, and Lindsay, I love each of you! I want to thank my Project Supervisor, Dr. Sheri Adams, for being a friend and having a heart that cares deeply for her students.

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D.Min Report and Analysis Evaluation Sheet
M. Christopher White School of Divinity

1. Please use this sheet to evaluate the D. Min. report of

Date_____

2. See Guidelines for D.Min. Project in Chapter 6 of D.Min. Handbook.

3. Please return this report to D.Min. Director.

Report and Analysis Title: _____

Description of Project	High	Satisfactory	Low	Fail
a. Introduction				
b. Detailed Project Description				
c. Theological Reflection				
d. Critical Evaluation				
e. Ministry Plan				
f. Resources				
g. Management of Obstacles				
h. Supervision				
i. Sources Consulted				

Comment:

Suggestions for further implementations of the ministry under study	High	Satisfactory	Low	Fail

Comment:

Form	High	Satisfactory	Low	Fail
a. Grammar				
b. Punctuation				
c. Spelling				
d. Typing				

Comment:

4. General comments or concerns

5. Pass Unconditionally _____

Pass Conditionally _____

Fail _____

6. Faculty Supervisor _____

Field Supervisor _____

D. Min Director _____

Student _____

CHAPTER ONE

INTRODUCTION

We are living in an era in which individuals desire to have everything done quickly. Evidence of this can be seen at the drive-through fast food chains across this great land. One only has to stand in line waiting for the clerk to finalize a sale at the register to hear individuals begin complaining about a five-minute wait. Everyone seems to have an attitude of “I can do it better and quicker.” The times in which we live seem to have produced a self-sufficient culture that not only says, “Just do it,” but “Get it done,” and “Get it done now.” The challenge is that the work of the chaplain cannot always be done quickly.

Project Setting

Hospice Cleveland County, Shelby, North Carolina is a non-profit organization that is very capable and effective in ministering to individuals with end of life issues. The goal of Hospice Cleveland County is to provide quality care and meet patient and family members’ physical and spiritual needs. Meeting these needs ensures better quality of life at the end of life.

Hospice Cleveland County’s mission statement says, *Hospice Cleveland County exists to provide high quality skilled compassionate care and support for patients with*

life-limiting illness, their families, and the community, regardless of their ability to pay.

Each category: physical, psycho-social, grief, and spiritual, is met through a specific discipline.¹ Spiritual issues² are addressed by a chaplain. However, no one working at hospice can escape being confronted with spiritual issues because family members and patients are dealing with spiritual issues. I can make this statement without assumption because every discipline at Hospice Cleveland County has come to me or another chaplain about and expressed their conversation with a patient or family member about spiritual issues discussed. Spiritual issues have always been discussed during our care plan meetings where the Interdisciplinary Team (IDT) discussed the best way to address the patient or families spiritual concern.

There have been times when a Certified Nurse Assistant (CNA), a Social Worker (SW), and a Registered Nurse (RN) have reported that they were asked to pray, and even though they felt uncomfortable praying, they prayed because they wanted to help the patient and/or family member. Hospice Cleveland County lacked an intentional effort to educate other disciplines in the area of spirituality. Sometimes a patient or family member may refuse to receive visits from a chaplain. Therefore, it is significant to teach

¹ Clinical staff is a term in which a team is made up of the following disciplines: Medical Doctor, Nurse Practitioner, Registered Nurse, Licensed Practicing Nurse, Certified Nurse Assistant, Social Worker, Chaplain, Grief Counselor, Volunteer Coordinator, Volunteer, and Massage Therapist. Each discipline may be assigned to home health care, facility, or both home and facility.

² I will address the meaning of spirituality and spiritual issues in a following section of this paper.

other clinicians to provide spiritual care, because patients and family members who have a spiritual issue may not receive the benefits of a trained chaplain.

Shelby, NC/Cleveland County Statistics

Shelby, North Carolina, in Cleveland County, is 19 miles West of Gastonia, North Carolina (center to center) and 39 miles West of Charlotte, North Carolina. The city is home to approximately 19,477 residents. The area now known as the city of Shelby was officially incorporated in 1843. The city is the county seat of Cleveland County, which was founded in 1841. The city was named after Colonel Isaac Shelby, a Revolutionary War officer. Shelby, North Carolina became an “All-American City” in 1970 and is the largest city of Cleveland County. In 1980, Shelby was named as one of the first national "Main Street" communities.³

Cleveland County has a population of 98, 078. The land area of Cleveland County in square miles is 464.25, and the people per square mile are 211.3. The ethnic diversity consists of: White 75.6 %; African American 20.7%; American Indian and Alaskan Native persons 0.2%; Asian 0.8%; Hispanic or Latino origins 2.8%.⁴

³ Information obtained to describe Shelby, NC came from the web site Citytowninfo.com. This site was accessed on 3-28-2012.

⁴ Information obtained to describe Cleveland County’s statistics came from the web site <http://www.census.gov>. This site was accessed on 3-27-2012.

Hospice Formation

The term “hospice” (from the same linguistic root as “hospitality”) can be traced back to medieval times when it referred to a place of shelter and rest for weary or ill travelers on a long journey. The name was first applied to specialized care for dying patients in 1967 by physician Dame Cicely Saunders, who founded the first modern hospice—St. Christopher’s Hospice—in a residential suburb of London.⁵

National Hospice Care

According to the National Hospice and Palliative Care Organization (NHPCO), which obtained its statistics from the Centers for Disease Control and Prevention, there were a total of 2,450, 000 deaths in the United States in 2009.⁶ Thus, in 2009, the NHPCO estimated that approximately 41.6% of every death in the United States was under the care of a hospice organization. According to the NHPCO, the average length of stay for a hospice patient in 2009 was 21.1 days.

The impact of patients under a hospice organization prolonged their living by 29 days compared to non-hospice patients. The location of deaths in 2009 was: Patient’s residence, 68.6%, private residence, 40.1%, nursing home, 18.9%, residential facility,

⁵ This information was taken from the Hospice Cleveland County Employee Handbook.

⁶ The following information to describe the national statistics came from the National Hospice and Palliative Care Organization web site, http://dying.about.com/od/hospicecare/ss/hospice_stat.htm, titles NHPCO Facts and Figures: Hospice Care in America, 2010 ed. This site was accessed on 3-28-2012.

9.6%, hospice inpatient facility, 21.2%, and adult care hospital, 10.1%. Gender care according to the NHPCO for 2009 was female, 53.8% and male, 46.2%.

The NHPCO reported in 2009 the percentage of hospice patients by race. They are: White/Caucasian, 80.5%, Multiracial or Other race, 8.7%, African American, 8.7%, Asian/Hawaiian/Other Pacific Islanders, 1.9%, and American Indian/Alaskan Native, 0.2%.

Cleveland County Hospice

According to the Hospice Cleveland County 2011 statistics data base, there were 598 deaths of patients under Hospice Cleveland County care. Therefore, Hospice Cleveland County served 50.8% of deaths in Cleveland County. Hospice Cleveland County's average length of stay in 2011 is as follows: Wendover, Avg. LOS (Length of stay) 13.23 days with medium LOS 6 days, Kings Mountain Hospice House, Avg. LOS 9.36 days with Medium LOS 5.5 days. The Medium LOS under Hospice Cleveland County, including home care and all facilities was 22 days. For 2011, there were 346 females and 252 males served under Hospice Cleveland County. Hospice Cleveland County's 2011 statistic race data base is as follows: Caucasian, 521, African American, 74, and other, 3.

Project Statement

Chaplains who serve at a hospice organization in the 21st century are blessed beyond measure to have so many resources at our finger tips that deal with death, dying, and grief. Not only does the chaplain have to have earned a Master of Divinity or

equivalent with theological training, but we have libraries and the internet. The touch of a key on a key board can put a chaplain in touch with an abundance of information such as a better understanding of a faith community or specific rituals at death for a particular faith community.

Spiritual care is only part of the work of the chaplain. The chaplain must keep up with requirements of and changes in Medicaid/Medicare so that quality care is provided in a way that is compliant with the organization's requirements. If a chaplain has not reached a point of despondency trying to balance his/her role to provide spiritual support and maintain the regulations that are consistent with organizational requirements, he/she may be working on the edge of burn out from the high demands of case load and dealing with the dying individual and the grieving family, whose grieving does not end with the individual's death. In some organizations, the chaplain is also the bereavement counselor. Hospice chaplains everywhere experience the stress of a job that requires the careful balancing of a variety of components.

For the Christian chaplain, it is the calling by God to this vocation and the work of the Holy Spirit, both in the chaplain's personal life and in the work itself that enables a chaplain to continue the work despite heavy case loads, dysfunctional family dynamics, and numerous organizational requirements. Ministering to the patient and family members without the Holy Spirit's direction, Scripture reading, and a prayer life, would be like trying to minister to individuals at the end of life with human power alone. A chaplain or staff member who enters into dialogue with a patient or family member

cannot have a “get it done now” attitude, but must have an attitude of patience and gentleness. A chaplain or clinical staff member may have good intentions to help others, but I believe that one must be spirit-filled as well.

Chaplains or hospice staff members may attempt to minister without any real spiritual conviction of their own. They may rely on their own ability to pray a nice, lengthy prayer or give counsel using words that they often have heard someone else use. As a result, a staff member may become overwhelmed due to lack of knowledge and the inability to be effective when engaging in dialogue with a patient and family member/s who are dealing with end-of-life issues.

This project was an attempt to empower clinical staff to provide spiritual care for patients with a terminal illness and family members under Hospice Cleveland County care. The participants were individuals who already provide spiritual care when asked by a patient or family member. However, the participants had a desire to be sure they were providing spiritual care effectively. I provided a theological explanation about why this empowerment is important in the theological rationale section. The project demonstrated that this work involves a call by God, responsibility of community, and compassion to help those who are dying.

The format and activities of the project involved lectures, role-playing, and shadow-visiting. A full description of the shadow-visits is described later in this paper.

This project included lectures by qualified individuals to lecture on specific topics. I anticipated the project empowered hospice staff to become more effective in

ministering to patients at the end of their lives. Hopefully, the small group has become confident with their ability during and after this experiment to have a more meaningful dialogue with a patient or family member concerning spirituality at the end of life.

The goal of this project was that Hospice Cleveland County might adopt this project as a handbook for all clinical staff. I feel it would be beneficial to hospice to so this project has helped the participants feel more empowered, and they have become more effective in dealing with spiritual issues raised by patients and family members.

The Vice President of Access approved this and has endorsed this project concept. I have already been asked to present this to the staff during our staff meeting, presenting one time per month for three consecutive months. The participant's privacy was protected by using a number system for each participant instead of names. Once the survey was completed, this showed that the participants learned and improved.

Good quality pastoral care given to a dying person and that person's loved ones almost always results in an easier experience of death for all concerned. No pastoral care or poor pastoral care can result in a much harder experience for all. The question of this project was to determine whether people can learn to provide better pastoral care in a short period of time.

My experience in dealing with end of life issues within the faith community was laboring, but very limited, until I was employed by Hospice Cleveland County in 2007, where I have ministered to patients and family members who are facing end of life issues. My time of service at Hospice Cleveland County has been a period of continual self-

reflection and awareness of my mortality, as well as the fragility of life and the brevity of life. I am often reminded of Paul's letter to the Corinthian Church when he says:

I declare to you, brothers, that flesh and blood cannot inherit the kingdom of God, nor does the perishable inherit the imperishable. Listen, I tell you a mystery: We will not all sleep, but we will all be changed—in a flash, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, the dead will be raised imperishable, and we will be changed. For the perishable must clothe itself with the imperishable, and the mortal with immortality. When the perishable has been clothed with the imperishable, and the mortal with immortality, then the saying that is written will come true: "Death has been swallowed up in victory,"

"Where, O death, is your victory?
Where, O death is your sting?" (1 Corinthians 15: 50-55)

The larger portion of my ministry at Hospice Cleveland County has been to counsel patients, family members, and members of the community concerning grief, dying, and death. I have stood at the podium in a church or chapel and officiated many funerals/celebration of life services. However, it is at the bedside and/or graveside where the family sits or stands with grieving hearts and tear-filled eyes, that I am reminded of Paul's words that have just been mentioned. Though grief has settled into a person's heart, I have learned that loved ones who are left behind to live life and have a relationship with the Lord find great comfort in Paul's words mentioned above.

My general role as chaplain at Hospice Cleveland County is to provide spiritual support to patients, their family and friends, and to Hospice Cleveland County staff. I also assist the faith community when I aid pastors in understanding end of life issues.

Specifically, my role as chaplain in the Hospice Cleveland County setting is multifaceted and very complex. One of my duties is to contact the patient's minister and

make him/her aware of their parishioner's intake to Hospice Cleveland County. Another goal is to make the pastor aware of the chaplain's availability to serve him/her in order to further care for the patient and family. During this process, the chaplain also informs the pastor of the patient's location, whether at home or in a facility. Communicating with the pastor involves making him/her aware of a patient's relocation from the home to a facility such as Wendover, Kings Mountain Hospice House, or to a hospital.

Another aspect of the chaplain's work is to attempt to strengthen a patient or family member's life through prayer, if one is open to prayer. I am always available to help the patient or family member explore spiritual concerns and lead one to spiritual renewal and a sense of self-worth and dignity. For patients who have no desire to pray, the chaplain just seeks to be present.

Another one of the chaplain's roles is to aid the family to settle spiritual differences that are present within the family. Often a family member may desire a patient to make peace with God when the patient has already made peace with God. This results in added tension between family members when one family member tries to force his/her religious opinions on another family member.

If a patient or family member has questions or concerns about end of life issues, the chaplain will facilitate dialogue about life after death, as well as the process of dying. The objective in talking about life after death is to talk about living from a spiritual lens. Jesus made the point of living in the moment very clear in John 6:47-48 when he said, "I

tell you the truth, he who believes has everlasting life. I am the bread of life.” I encourage patients and family members to live in the moment of the day. Matthew 6:25-34 says:

Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more than food, and the body more important than clothes? Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they? Who of you by worrying can add a single hour to his life? And why do you worry about clothes? See how the flowers of the field grow. They do not labor or spin. Yet I tell you that not even Solomon in all his splendor was dressed like one of these. If that is how God clothes the grass of the field, which is here today and tomorrow is thrown into the fire, will he not much more clothe you, O you of little faith? So do not worry, saying, ‘What shall we eat?’ or ‘What shall we drink?’ or ‘What shall we wear?’ For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.

The hospice staff encourages patients and family members to live in the moment, believing it is God’s will for us to live without fear of tomorrow, even in the face of death.

When issues such as anger, doubt, anticipatory grief, death, or an unrealistic view of the reality of decline are raised, I engage the patient or family member in dialogue about these issues. Often a patient, due to his/her faith tradition, may claim to be healed by God and expect to get better, but only declines. Many times the chaplain sees individuals with this type of belief system become angry with God and everyone who represents God, such as their pastor or the chaplain. I cannot explain why some individuals may be healed from their illnesses and why others may not be healed of their illnesses on this earth. I do not believe anyone can answer this question. When asked

“why” by a patient or family member, I have to be honest with those individuals by letting them know that I do not know why some people are healed and some are not healed.

If appropriate, the chaplain can point them to the Bible where we see individual prayers were not always answered in a way individuals hoped for. For example, King David’s son by Bathsheba died, even though King David implored God to let him live. The chaplain could also point to Job, whose faith was tested, but not broken.

I remind individuals who ask “why” that there is no easy answer, and though human beings may not understand, God is with us and will walk with us through the difficult times. A patient and/or family member may not be exempt from pain, suffering, or a life-limiting illness, but we do have a promise that God will be with us, even though one may not understand.

Finally, my role is to encourage a patient or family member who is physically able to become involved with a faith community. It has been statistically proven that involvement with a faith community helps an individual to be healthier and when taking medications to be able to take fewer medications. Carl E. Thoresen, Alex H.S. Harris, and Doug Oman completed a study and summarized the following:

What do these earlier studies tell us? Mostly that there is something about being involved in a religious organization, activity, or group that relates to better health status, including reduced risk of mortality . . . These studies have essentially

revealed what earlier studies suggested: being religiously involved is associated with better health.⁷

The chaplain's responsibility at Hospice Cleveland County is to do whatever is necessary to help the organization provide services to our patients and family members. One necessary activity is to share the responsibility of being on-call. Chaplains are on call both week days and weekends. During the week, we are on call approximately every fourteen weeks and one holiday week per calendar year. This includes being available to patients and family members from 5:00PM until 8:30AM the next morning. The on-call chaplain is expected to attend any receiving during the time he/she is on call. A receiving may be at any church or funeral home within our range of required visit, which is approximately fifty miles.

The week-end has the same format. The only difference is the chaplain is on call 24 hours a day for the two-day week-end, and the chaplain is responsible for attending a receiving or funeral and being available to a patient or family member who is in need of a chaplain for spiritual or emotional issues.

Sometimes the patient under Hospice Cleveland County care has a faith community where he/she is involved, and the pastor provides spiritual support through visits, prayer, and communion. There have been many patients who do not have a faith community. In this situation, the chaplain will usually officiate the funeral service when they die. However, there have been patients under Hospice Cleveland County care who

⁷ Carl E. Thoresen, Alex H.S. Harris, and Doug Oman, *Spirituality, Religion, and Health: Psychological Perspectives*, ed. by Thomas G. Plante and Allen C. Sherman (Guilford Press: New York, 2001), 21.

have belonged to a faith community for years, and their pastor visits occasionally, but upon making the funeral arrangements; the family requests the chaplain to officiate the service because the chaplain knows the patient better than their pastor knows their parishioner.

Personal Rationale for the Project

Given that this project has dealt with a very subjective topic, spirituality, it may be helpful if I attempt to explain what I understand to be spirituality and what I believe it is like to live in a world in which people live in spiritual ways. I will begin with a story that made an impact on me as a child.

When I was ten-years old, our neighbor's oldest son died in the middle of the night. Our family woke up to multiple law enforcement, EMS workers, Cleveland County Coroner, and many family members in their yard crying. I will never forget what I saw and what I heard as a ten-year-old boy. I saw the ambulance pull up, and the EMS workers roll the covered, lifeless body on the stretcher out of the house and into the ambulance. The eighteen year-old young man was dead. I recall watching my mother walk across the yard and talking with the young man's mother. They embraced, and the young man's mother cried on my mother's shoulder. Later that day my mother took food to our neighbor as an act of love and concern.

This story illustrates what I understand to be spirituality and to live in spiritual ways. The New Testament points to the ultimate picture of selflessness. Philippians 2: 4-5a says, "Each of you should look not only to your own interests, but also to the interests

of others. Your attitude should be the same as that of Christ Jesus” When an individual, like my mother, demonstrates an act of love or gives someone a glimpse of hope with encouraging words, the act shown or given to an individual is a spiritual act.

The Bible teaches in Luke 7:37 that a woman wet Jesus’ feet with her tears and wiped His feet with her hair then kissed His feet and poured perfume on Jesus’ feet:

When a woman who had lived a sinful life in that town learned that Jesus was eating at the Pharisee’s house, she brought an alabaster jar of perfume, and as she stood behind him at his feet weeping, she began to wet his feet with her tears. Then she wiped them with her hair, kissed them and poured perfume on them.

This woman demonstrated a spiritual act for Jesus. The significance of this story is not that the woman used a high priced perfume. Rather, the importance of this story is that she did something that was bigger than herself by washing Jesus’ feet, and she acknowledged Him as the Messiah. This spiritual act pointed toward God. Anytime an individual lives in an unselfish way, I believe that act is inspired by God.

Therefore, when a chaplain fills a pitcher full of fresh water, fills a cup, and helps a patient get a straw to her mouth to get a sip of cool water, a spiritual act is demonstrated and points to someone larger than the chaplain, patient, or family member. Taking time to sit with a patient and/or family member and share their burdens or fears concerning end of life issues is also a spiritual act. Hank Dunn reinforces this point when he says:

When I say “spiritual,” try not to think of religion, a place of worship, or an organized way of thinking about God. I am using the word in a broader sense of that which gives life ultimate meaning. Spiritual, in this sense, denotes the essence of ourselves that is greater than the flesh and bones that we inhabit.⁸

⁸ Hank Dunn, *Hard Choices for Loving People*, (Lansdowne: A & A Publishing, 2009), 70.

Further, there is another dimension concerning spirituality. When a patient or family member chooses to invite a chaplain into his/her “space” to talk about spiritual issues such as salvation, repentance, or worshiping God, the very act of talking is a spiritual act. Spiritual issues need to be discussed so that the patient or family member can make peace with God. Thus, the person’s spirituality connects the individual to God and sustains the person throughout life. A good example can be seen in Acts 8:30-31; 34-35:

Then Philip ran up to the chariot and heard the man reading Isaiah the prophet. “Do you understand what you are reading?” Philip asked. “How can I,” he said, “unless someone explains it to me?” So he invited Philip to come up and sit with him . . . The eunuch asked Philip, “Tell me, please, who is the prophet talking about, himself or someone else?” Then Philip began with that very passage of Scripture and told him the good news about Jesus.

I agree with John Westerhoff when he said, “The spiritual life is ordinary, everyday life lived in an ever-deepening and loving relationship to God and therefore to one’s true or healthy self, all people, and the whole of creation.”⁹ The spiritual life is a journey which reflects a work in progress and in turn produces character, even when an individual has a life-limiting illness. I believe that one can live a life with character which can be reflected in daily living. We can go to work, school, church, or the mall. People will look at us and say, “There is a man or woman of character.” However, character is demonstrated when we are on the other side of the world and still live in a

⁹ John Westerhoff, *Spiritual Life: The Foundation for Preaching and Teaching*, (Louisville: Westminster John Knox Press, 1994), 1.

relationship with God without compromise. Character and quality of our relationship are seen in the way we interact with others in this life. If we do not have things right with humanity, how can we have things right with God? 1 John 4:20 says, “If anyone says, ‘I love God,’ yet hates his brother, he is a liar. For anyone who does not love his brother, whom he has seen, cannot love God, whom he has not seen.”

Evelyn Underhill summed the spiritual life up with very simplistic terms. She expressed how the spiritual life is to be “both horizontal and vertical. We are agents of God in the world expressed in action. We are to live life for His plan and purpose.”¹⁰ I feel it is significant to understand that we have been called to serve God without reservation. Our call is much more than a call. We have been called to dedicate and commit our lives to live as God’s servants.

When I think of spirituality, I think of a tree and its root system. A pine tree has shallow roots and can be uprooted easily. However, an oak tree’s roots are deep in the ground. Therefore, the oak tree is not so easily uprooted. I would hope that the spirituality of a Christian would be rooted to the point that we are grounded in such a way as to never lose our consciousness when the “*stuff*” hits us. Patients and family members who choose to turn to God’s word can find comfort from the following words:

Once you were alienated from God and were enemies in your minds because of your evil behavior. But now he has reconciled you by Christ’s physical body through death to present you holy in his sight, without blemish and free from accusation-if you continue in your faith, established and firm, not moved from hope held out in the gospel. This is the gospel that you heard and that has been

¹⁰ Evelyn Underhill, *The Spiritual Life*, (Atlanta: Ariel Press, 2000), 63.

proclaimed to every creature under heaven, and of which I, Paul, have become a servant. (Col. 1:21-23)

We are living beings in this world with light and dark.¹¹ Good is in this world, but evil is also in this world as well. God is the One who interacts with people to help overcome the challenging times. James Loder talks about the concept of void and how we continue to go on living as we encounter life that continues to shape and mold us. He says, “We continue to live precisely because in the center of the self, for all of its potential perversity, we experience again and again the reversal of those influences that invite despair and drive toward void.”¹² I find it amazing that when people experience the void, God is already present in the void to act. Patients and/or family, during their crises, often need to be reminded that God is present and seeks for humanity to join into a relationship with Him. They find great comfort in knowing that God loves them and is working in their troubled times. Psalms 103:13 says, “As a father has compassion on his children, so the Lord has compassion on those who fear him; for he knows how we are formed, he remembers that we are dust.” It is not the void that shapes and molds us. God is the one who shapes and molds us in the void for His glory and His honor. Romans 5:1-5 says:

¹¹ John 1:5; John 1:5-7.1

¹² James Loder, *The Transforming Moment* (Colorado Springs: Helmers & Howard, 1989), 85. In Loder’s discussion of the void, he uses the terms “Holy” in reference to God. I will use the term God.

Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us.

Loder makes a statement that I think sums up the void with God's activity. He states, ". . . the faces of the void become the faces of God."¹³ Patients and family members take comfort in knowing that God is personal and takes an interest in humanity. Just as Saul¹⁴ had an encounter with the divine, Jesus the Christ, so should we be reminded that Christian spirituality, no matter how hard life becomes, is an everyday encounter with Jesus Christ.

¹³ Ibid., 85.

¹⁴ Acts 9:1-6. Saul's name was eventually changed to Paul.

CHAPTER TWO

PROJECT SUMMARY

Project Goals and Rationale for the Goals

The goals for this project grew out of what I observed staff members at Hospice Cleveland County unable to do or uncomfortable about attempting: addressing most spiritual issues raised by people with life limited illness. Staff members lacked the confidence needed to accompany patients and family members into the realm of the unknown. People tend to fall back on answers they have been given or have heard, without reflecting on the adequacy of the answers themselves.

Clinical staff does not have to be concerned with providing spiritual care because it is the chaplain's role to provide the spiritual support. One goal of this ministry project was to lead clinical staff members to discover their potential to provide spiritual support and to empower them to confidently dialogue with patients and family members concerning spiritual issues. Just as each person's fingerprint is different, so are one's actions and behaviors concerning end of life. A well trained clinical staff member could be competent to engage in dialogue concerning spiritual issues. My expectations were not to create a small group that is set to a "cookie cutter mold," but to guide a small group of willing individuals to discover who they are, become aware of their belief systems, and to

be a representative of God to patients and/or family members who need encouraging words.

I have discovered that many clinical staff members at Hospice Cleveland County are not fully confident talking to patients or family members concerning spiritual questions or concerns. The clinical staff members may always call a chaplain, but many times a patient may become lethargic or even die before a chaplain arrives to engage a patient or family member in dialogue about spiritual issues. Sometimes family members become complacent about the need to discuss spiritual issues. A clinical staff member who is with a patient or family member, “in the moment,” could benefit the patient and/or family by becoming more comfortable in discussing spiritual matters. This is why this project was needed.

I have had conversations with clinical staff members who have provided spiritual support very well. I have also counseled with clinical staff members who have faced uncertainty in addressing spiritual issues. These particular staff members had a desire to learn how to better respond to patients and family members who had a question concerning spirituality.

Planning, Methodology, and Execution of the Project

The ministry setting lacked any training concerning spirituality because the chaplain is the only clinical staff member who is expected to provide spiritual support. When clinical staff was confronted by a patient or family member, the staff member either avoided talking about the issue or did the best he/she could under the

circumstances. I was convinced that compassionate professionals could learn the basics of pastoral care without extended theological training.

I had the following goals in mind:

- Participants¹⁵ will be confident praying.
- Participants will be more alert to the physical needs in order to meet spiritual needs.
- Participants will become more familiar with the chaplain's role.
- Participants will be able to address spiritual concerns with confidence.
- Participants will be able to identify faith traditions.
- Participants will be able to see God without restricted lenses.
- Participants will take away a broader view of suffering.
- Participants will become familiar with grief, dying process, and death.

My hopes for the project were realized. This ministry project did aid the clinical staff participants to increase their confidence level, as well as to minister to patients and their family members in a sensitive and timely way.

No goals can be achieved without planning and the use of some helpful methodology. What follows is a brief description of the planning process:

1. Assembling the Group. The first step was the securing of eight to twelve participants, who were hospice staff who volunteered for this project.

¹⁵ Participants will consist of the following: Registered Nurse, Certified Nurse Assistant, Social Worker, Chaplain, Grief Counselor, Volunteer Coordinator, Volunteer, and Massage Therapist.

- a. I met with each participant, described the project, and had the participant sign a confidential covenant, which was kept in a locked cabinet. (See Appendix 1)
 - b. Upon signing the covenant, I gave the participant a copy of the materials to be taught for the purpose of becoming familiar with the material before the meetings.
 - c. The group, as a whole, met initially for the purpose of orientation, filled out pre-test surveys, and discussed the group's goals and expectations for this project.
2. Weekly Meetings. Though I incorporated Hospice Cleveland County staff and other outside speakers, I was present for each meeting. The core of the meetings was lectures on topics for each week that consisted of the following:
- a. The first meeting addressed how physical needs have to be met in most cases in order for a patient or family member to be able to talk about spiritual issues. Registered nurses are familiar with addressing the physical need, but need to be reminded occasionally, as they have continuing education for the purpose of sharpening their skills.
 - b. The second meeting participants heard a lecture from a chaplain to learn the role of the chaplain in dealing with patients and family members.
 - c. Meeting three consisted of teaching on views of God. The group was exposed to different views of God and belief systems concerning God. This enabled the participants to identify a patient or family member's belief system.
 - d. Meeting four was a discussion of suffering.

- e. The fifth meeting each participant listened to a lecture on grief by a grief counselor from the Hospice Cleveland County staff.
 - f. The sixth meeting was a lecture on “The Hard Questions,” which I have compiled over my five years at Hospice Cleveland County.
 - g. Meeting seven consisted of role playing by the participants. The role playing was generated from the previous week’s “Hard Questions,” which are at the heart of addressing spiritual issues.
3. The Experience. The meeting experience consisted of lecture and question/discussion.
 4. Conclusion of the Experiment. At the last meeting, participants were given a post-test survey and opportunity to dialogue about the experience.
 5. Two staff members were selected to shadow the chaplain and write a verbatim.

Resources and Literature Review

Various resources were used to see this project through the developmental stage, implementation stage, and evaluation process. The following is a detailed summary of the resources that were used in the process and completion of this project: necessary organizational skills, supervisors, mentors, and other human resources (including church support), financial resources, and research materials.

Organization. I have been informed and instructed by each seminar professor during the first component of this doctoral program that each candidate must possess skills of organization in order to be successful in process and complete this project. I have always done well with organizational skills within the ministry setting at New Beginnings Fellowship Church and Hospice Cleveland County. Therefore, I was attentive to make a list of things I needed to do and be aware of the time-line and sequence of each

component of this project. I kept a journal with ideas and thoughts which I read. I also documented in this journal each activity or meeting along with the basic conversation.

Mentor and Other Human Resources. I continuously sought the advice and direction of my faculty advisor, Dr. Sheri Adams. Dr. Danny West has also made his availability known in the process of this project.

I was attentive to the participants of this project, and anticipated learning something from each individual who was a part of this project. I have always believed that looking at things through different lenses is a benefit to expanding learning and helping to fine tune one's expertise in the ministry setting of this project and in life. I chose two participants to make at least two visits each with me after the last group meeting. I observed the participant's conversation with the patient or family members concerning spiritual topics. These two participants prepared a verbatim and discussed the event with the chaplain.

Bibliography. I have provided a complete bibliography at the end of this paper. I gathered text books, articles, and web-sites that were beneficial to the study of this project. The authors I footnoted in this paper were helpful to me because they dealt with the topic at hand in a way that made sense to me as a reader. Those which I did not use were good, but did not give the continuity I needed for the flow of this paper.

Participants. This project consisted of eight to twelve participants who were willing to commit to meet seven times in a four week period. A place to meet varied between the Hospice Cleveland County Administration buildings or the Kings Mountain Hospice

House, both equipped with conference rooms and set up with the ability to use power point for presentations. I developed teaching curriculum that dealt with each component of the presentations.

Pre-tests and Post-tests. Success of the project was determined in part by participants' scores on pre-tests and post-tests. These tests measured participants' theological ability, confidence levels, and cultural awareness.

Time-line. The time line for implementing the various components necessary for the project was to be a four week process. I had to revise this which I explain later in the paper. Lectures were given more closely together, but the same number of hours was utilized for each lecture. Likewise, the shadowing was adjusted in relation to the lectures, but the same amount of time projected for each was given to that part of the project. The events were all undertaken as planned just not in the original time span.

CHAPTER THREE

THEOLOGICAL FOUNDATIONS

Providing spiritual support to individuals who need guidance is a delicate process. There are many views and belief systems when discussing theology. A theological rationale for *Empowering Clinical Staff to Provide Spiritual Care for Patients and Family Members with a Life-Limiting Illness under Hospice Cleveland County Care* can be found in the New Testament and the Old Testament. There are at least three reasons why this project is important.

First, the participants learned from the Biblical voice that patients and family members need *hope in the face of suffering* without feeling that God is punishing them with an illness. Individuals who have a life limiting illness and their families would gain encouragement from the Biblical voice to know that there are examples of people who did nothing wrong, but went through *suffering* (Job 1:1, 5-10, 20-22: 2:7-10).

Second, participants learned that individuals who have a life limiting illness, as well as their family members, need encouragement to know that *God loves humanity* and nothing, not even an illness, can separate us from *God's love* (Romans chapter 8 with key verses (8:1-3, 31-36, 37-39)).

Third, there are individuals who come under hospice care who have not made a profession of faith, but desire to be right with God before dying. This group of

individuals needs to hear the good news of Christ's love for them and discipleship needs to be implemented as time allows for the patient and family members. Participants became familiar with Biblical texts to understand *salvation* (John 3:16-17; Eph. 2:8-9).

Suffering

Old Testament

The patients and family members whom I serve have often expressed to me that they do not understand why an illness has taken hold of their body. The prophet Isaiah records the following words about Yahweh; "For My thoughts are not your thoughts, nor are your ways My ways, declares the LORD. For as the heavens are higher than the earth, so are My ways higher than your ways and My thoughts than your thoughts" (Isaiah 55:8-9). As hard as it is for us as human beings, the Bible is clear that God understands all things in ways that we cannot. This does not mean we cannot question God and God's will, but it does mean that our questions may not be answered in the way we hope.

Most individuals know the story of Job. I want to use Job's story of suffering because he had everything and was doing well in life. Suddenly tragedy came upon Job, his family, and affected every aspect of Job's life. Job was a man who served God and did everything right. He was a good man and bad things came upon Job. Many people can relate to Job's story, especially those individuals under hospice care.

Though Job has not begun to suffer mentally or physically at this point, the conversation between Yahweh and Satan is setting the stage for the events that will

unfold as Job, a righteous man in the sight of God, experiences mental anguish and physical loss.

One day the heavenly beings came to present themselves before the Lord, and Satan also came among them. The Lord said to Satan, ‘Where have you come from?’ Satan answered the Lord, “From roaming through the earth and going back and forth in it.” Then the Lord said to Satan, “Have you considered my servant Job? There is no one like him on the earth, a blameless and upright man who fears God and turns away from evil” (Job 1: 6-8).

Later at the height of Job’s suffering, Job’s wife suggested that he curse God and die:

Then his wife said to him, ‘Do you still persist in your integrity? Curse God, and die.’ But he said to her, ‘You speak as any foolish women would speak. Shall we receive the good at the hand of God, and not receive bad?’ In all this Job did not sin with his lips (Job 2:9-10).

The three friends, Eliphaz, Bildad, and Zophar dialogued with Job at different times throughout the book. Eliphaz claimed that Job had sin in his life while Bildad accused Job of being unjust. Zophar became angry with Job and accused Job of committing sin against Yahweh. Another character who dialogues with Job in the narrative is Elihu. He became angry with Job because Elihu thought Job justified himself and not God. Elihu also became angry with the three friends of Job as well.

I believe one thread which runs through the Book of Job is one’s relationship to God during suffering. The question needs to be asked, “How was the text in the Book of Job heard in that time and setting?” It is apparent from my readings that scholars have different opinions identifying how the text was heard. John Joseph Owens suggests the following:

A. B. Davidson saw the key to the problem in the Prologue, saying that one purpose of the author was to present ‘his new truth, that sufferings may befall the

innocent, and be not a chastisement for their sin but a trial for their righteousness . . .’ E. C. S. Gibson sought the key in the Yahweh speeches as he described the purpose as the ‘problem of the mystery of pain and suffering.’ Marvin Pope describes it as ‘the problem of divine justice or theodicy.’¹⁶

Newsom suggests some themes which are present in the dialogues between Job and his friends:

The friends argue for the goodness of God, the moral order of the world, the purposiveness of suffering, and the importance of humble submission to God. Job questioned the justice of God, described the world as moral chaos, depicts suffering in terms of victimization, and stakes his life on the possibility of legal confrontation with God.¹⁷

One might ask, why did Job worship God in his suffering? Many of us believe we should receive only good from God. This is the question Satan posed to Yahweh.

“Then Satan answered the Lord, “Does Job fear God for nothing? Have you not put a fence around him and his house and all that he has, on every side? You have blessed the work of his hands, and his possessions have increased in the land” (Job 1:9-10).

Are there blessings that come to a person such as Job, because of obedience to Yahweh? Satan accused Yahweh of protecting and blessing Job’s hands in all that he had accomplished. Once again, Satan poses the question, if Job lives a moral and upright life in obedience to Yahweh, will this relationship be interrupted when suffering comes?

¹⁶ John Joseph Owens, “The Prologue and Epilogue,” *Review and Expositor: The Book of Job*. ed. by Duke K. McCall 68, No. 4 (Fall 1971): 450-451.

¹⁷ Carol A. Newsom, *The Book of Job*, Vol. IV of *The New Interpreter’s Bible Commentary*, ed. Leander E. Keck, (Nashville: Abingdon Press, 1996), 336.

Thus, Satan accused Job of being faithful to Yahweh because He had blessed Job, not because Job loved Yahweh.

Further complexity in the Book of Job concerning the theme that runs through Job is found with an explanation by Norman H. Snaith when he proposes the following:

I do not think the author was primarily concerned with the problem of suffering, whether suffering in general or the suffering of one particular individual. His main problem is the transcendence of God. Has this God anything at all to do with this world of men and their affairs? How can mortal man ever get into touch with this High God? How can the High God ever be imminently concerned with the affairs of men . . . Here is the author's example of the incidence of the problem: human suffering in the world, and the blatant injustice of so much of it.¹⁸

In summary, there are many scholarly opinions concerning the theological themes that run through the Book of Job. I believe the common theme that runs throughout the Book of Job is the problem of Theodicy and Hope. There have always been innocent people suffering in this world. Yet, throughout history, the Israelites and those who later became known as Christians served a monotheistic, loving, caring, and compassionate God who they trusted and had hope in, even though they suffered. This is not to say that some may not have questioned God. However, they had hope in the One they worshiped as Yahweh.

One may ask, what is the purpose of suffering or why has this happened to me? Even more difficult to answer is the question, who is responsible for my pain and suffering? The Book of Job deals with an individual, Job, who suffers. A thorough

¹⁸ Norman H. Snaith, *The Book of Job: Its Origin and Purpose*. (Naperville: SCM Press LTD, 1968), vii.

reading of Job results in letting the reader know that there is no satisfactory answer to what the purpose of Job's suffering may be.

David J.A. Clines discussed how Job's friends give partial answers for the reason Job suffered. "They say that suffering comes about sometimes as punishment for sins, sometimes as a warning against committing sin in the future, and sometimes, as in Job's case, for no earthly reason at all, but for some inscrutable divine reason."¹⁹ Many people today, to whom I minister through Hospice Cleveland County, believe one of the three ideas which Clines mentions above.

Edwin M. Good asked specifically, what is the problem of evil in the Book of Job? He discussed how the problem is the same in Job as is seen in the Hebrew Bible. He says:

What is the problem of evil in the book of Job? It is the same problem that the rest of the Hebrew Bible sees in evil, namely, the difficulty of reconciling pain, suffering, and defeat with the doings of a deity (1) who created the entire world and pronounced it not merely "good" but, as Genesis 1:31 quotes him, "very good," and (2) who tells the Chosen People many times over that if they obey the law and observe all other divine demands upon them, they will receive a good, secure life.²⁰

As one reads the dialogue between Yahweh and Satan, a question rises to the surface: who is responsible for Job's suffering? The text reveals that Yahweh addresses

¹⁹ David J. A. Clines, *Job 1-20*, Vol. 17 of *Word Biblical Commentary*, (Dallas: Word Books Publisher, 1989), xxxviii.

²⁰ Edwin M. Good, "The Problem of Evil in the Book of Job," *The Voice from the Whirlwind: Interpreting the Book of Job*, ed. Leo G. Perdue and W. Clark Gilpin (Nashville: Abingdon Press, 1992), 50.

Satan and summons Satan into a dialogue about Job. As a result, Satan is given permission to launch an attack on Job's family and possessions. After the second dialogue between Yahweh and Satan, Satan is allowed by Yahweh to attack Job physically. The only stipulation by Yahweh is that Satan cannot take Job's life. Therefore, who is responsible for the loss of Job's family, possessions, and Job's physical distress and pain? It is clear to this writer that Satan is the instrument that brought about Job's suffering. However, it appears that Yahweh is the means by which Satan was allowed to bring suffering upon Job. Reference is made to Yahweh squeezing the life out of Job when Job says, "Oh that it would please God to crush me that he would let loose his hand and cut me off" (Job 6:8).

Clines makes the following observation about Job:

. . . . We encounter a mind that was in turmoil, a sense of bitterness and anger, of isolation from God and even persecution by God. Job makes no attempt to suppress his hostility toward God for what has happened to him; he insists that he will "speak in anguish of [his] spirit" and "complain in the bitterness of [his] soul" (7:11).²¹

Clines explains moral order by asking the following question "Is there a moral order in the world? In other words, is there a rule whereby good is rewarded and evil is punished?"²² The Bible states clearly that Job was wealthy, right with God, and blessed with a family. Thus, the narrator of the book of Job describes a man who was a good and

²¹ Clines, xxxix.

²² Ibid., xxxix.

upright man. Job was dedicated to God and prosperous because Yahweh had blessed the work of Job's hands.

Was Job blessed because of his faithfulness to Yahweh? The Scripture says, "That man was blameless and upright, fearing God and turning away from evil" (1:1). The three friends, Eliphaz, Bildad, and Zophar, agreed that suffering is a result of sin. One concept the reader gets from reading the prologue is that Job avoided evil. If Job did not sin, and he was righteous and did no evil, I would submit that Job had not done anything wrong or committed any sin deserving of his suffering. Neither was Job protected from evil by Yahweh. My opinion is that Job was an innocent sufferer.

Therefore, this was the world in which Job lived. Job was a man who turned from evil and did no wrong. Job was one who did everything he knew to do to please Yahweh. Job was a man who was viewed by the writer of the Book of Job as blessed by Yahweh and considered a wealthy man because of his family and his many possessions.

Where did Job go wrong? What did he do that was so terrible? I submit that Job did nothing wrong. The world in which Job lived, and the world in which we live, includes evil, which is attributed to disobedience to God and His plan for humanity (see Genesis c. 3).

John D. W. Watts suggests the following: "It must, therefore, be emphasized that the 'orthodoxy' expressed by the friends (who defended the doctrine) is not Israelite

orthodoxy but that of a distorted emphasis of international as well as Israelite wisdom thought.”²³

Therefore, in Job’s attempt to understand what had taken place in his world, Job admitted that he had done nothing wrong, and he was innocent of his friends’ charge of sin. His first instinct was to accept the tragedy that had come upon him and worship Yahweh. Job said, “Yahweh has given, and Yahweh has taken away; blessed be Yahweh’s name” (1:21b). Worship quickly turned to despair; his world had changed. In the dialogue, Job cried out for Yahweh to kill him.²⁴

After reading the Book of Job several times, I have not found a text that gives an explanation to suffering. John D.W. Watts says, “Whereas popular doctrine said that piety and prosperity, sin and suffering were absolutely inseparable pairs, Job questions and abolishes the absoluteness of such easy answers to suffering or concomitant problems.”²⁵ By the time Job had endured all of the sufferings and loss, accused of sin in his life by his friends, and stood before Yahweh, Job’s theology of Yahweh and suffering was no longer the same.

The term justice is synonymous with righteousness. E.R. Achtemeier talks about the afflicted as righteous when she says, “Yahweh is the One who fulfills the demands of a relationship, but also he who has had his rights taken away from him within that

²³John D. W. Watts, *The Book of Job*, Vol. 4 of *The Broadman Bible Commentary*, ed. Clifton J. Allen (Nashville: Broadman Press, 1971), 30.

²⁴ Clines, xl.

²⁵ Watts, 28.

relationship. The judge intervenes to restore the right to him who has been deprived. God declares the afflicted one to be . . . in the right.”²⁶ Job may not have understood why evil came upon him, and he may have wanted to square off with God, but it was Yahweh who revealed Himself from creation out of the whirlwind and restored Job in the end.

Kathryn Schifferdecker talks about Yahweh speaking to Job after he had wanted to stand face to face with Yahweh and proclaim his innocence:

YHVH shows Job the beautiful, dangerous, but ordered world of creation and challenges him to live in it with freedom and faith. The author of Job does not or cannot find answers to suffering in the covenant relationship of YHVH and Israel. Instead, he finds answers in that which underlies God’s relationship with every person (Israelite and non-Israelite alike)²⁷

A summary thought from my ministry setting and life experience is that life does not always turn out right. There are individuals who love God and serve Him unconditionally, but cannot have a baby. Yet, there are individuals who live like there is no God and prosper in every way they turn.

I have discussed the main thread and themes that run through the Book of Job, which are many according to scholarly opinion. Second, I have also addressed the problem of suffering, which the text implies comes about sometimes as punishment for sins, sometimes as a warning against committing sin in the future, and sometimes, as in

²⁶ E.R. Achtemeier, *Righteousness in the Old Testament*, Vol. R-Z in *The Interpreter’s Dictionary of the Bible*, ed. George Arthur Buttrick. (New York: Abingdon Press, 1962), 83.

²⁷ Kathryn Schifferdecker, *Out of the Whirlwind: Creation Theology in the Book of Job*, (Cambridge: Harvard University Press, 2008), 122-123.

Job's case, for no reason at all. Third, as one ponders the idea of who is responsible for Job's suffering, Scripture reveals to the reader that Yahweh allowed Satan to attack Job and his family physically, emotionally, and spiritually. Fourth, I have discussed retribution in the Book of Job. One is not guaranteed exemption from suffering because one is faithful to God, neither is it a given that disobedience automatically brings suffering.

God does not bring evil, sickness, or disease upon humanity. However, in the context of this story and the information we have from Scripture, God did allow Satan to attack Job's family, possessions, and Job himself. I cannot explain God's role in this event. I can, however, say that through the suffering of Job, God was not deaf to Job's voice. God may not have interacted with Job on Job's time table, but eventually God did respond to Job.

New Testament

As Christians, our example to follow is Jesus. We form our theology on what Jesus did when He walked this earth. A patient or family member may not understand why a loved one is suffering, but the Christian can make more sense out of suffering when they look to Jesus and see His suffering. When a person asks "why," I am reminded of the text found in Romans 8:38 that says, "For I am convinced that neither death nor life, neither angels or demons, neither the present or the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the

love of God that is in Christ Jesus our Lord.” One might ask the question during a period of suffering, does faith make a difference?

Hebrews chapter 11 gives a list of Old Testament heroes of the faith who have been honorably mentioned. People like Noah, Moses, and Abraham are mentioned in this chapter. Some of these believers, it says, were stoned to death. Others died by the sword or were flogged, mocked, and mistreated. Apparently, their acts of faith didn't shield them from earthly suffering, but I submit that their Biblical story reflects that faith does make a difference.

Even for these heroes of the faith, there was something their faith could not grasp in this life, the tension between faith and unanswered prayers—ones bitter cry to God and His alleged quiet and stillness during our trials. Our faith carries us through the challenging times.

One may identify with the suffering of Jesus. Jesus' grief was very real in Gethsemane. In fact, it was so intense that the Biblical text records in Luke 22:44 that Jesus' suffering was so real that “His sweat was like drops of blood falling to the ground.” During His time in the garden in which He prayed to His Father, Jesus faced a dark hour. Therefore we can relate to Jesus knowing that He made the ultimate sacrifice.

Jesus' ultimate example of suffering can be seen from the Biblical narrative. “Two other men, both criminals, were also led out with him to be executed. When they came to the place called the Skull, there they crucified him, along with the criminals—one on his right, the other on his left” (Luke 23:32-33). This text in Luke reveals that Jesus

was executed. Before Jesus died, the Bible records that Jesus cried out to God. Mark 15:34 records Jesus saying, “‘*Eloi, Eloi, lama sabachthani?*’-which means, ‘My God, my God, why have you forsaken me?’”

The New Testament is filled with many texts that reveal the humiliation and suffering Jesus went through on the cross. This was a time when Jesus took on the sins of the world because He loved humanity. 1 Peter 3:18 says, “For Christ died for sins once for all, the righteous for the unrighteous, to bring you to God. He was put to death in the body but made alive by the spirit.”

Christ’s work on the cross was an act of love, which was demonstrated by intense suffering for all of humanity. Jurgen Moltmann says, “Thus the Eucharist, like the meals held by Jesus with ‘sinners and publicans,’ must also be celebrated with the unrighteous, those who have no rights and the godless from the ‘highways and hedges’ of society, in all their profanity, and should no longer be limited, as a religious sacrifice, to the inner circle of the devout, to those who are members of the same denomination.”²⁸

Jesus’ suffering and sacrificial work on the cross should have ended separation of the religious status quo then, and even now. The focus of the religious organization should not be to set up an exclusive entrance into God’s kingdom and express belonging to a group of people who call themselves Christians. Instead, separation should be

²⁸ Jurgen Moltmann, *The Crucified Christ*, (New York: Harper & Row Publishers, 1973), 44.

replaced with the concept of inclusiveness, which allows all to come to Christ by telling of the profound crucifixion of Christ on the cross.²⁹

What would it be like to be Jesus and abandoned on the cross? No human can answer this question with certainty. However, Because Jesus hung on the cross and because He died on the cross, humanity can relate to Him and understand that Jesus was investing in their lives by relating to being alone in this world.³⁰ The suffering people of this world have the opportunity to turn in faith to the One who has suffered and was abandoned in this world. Jesus identified Himself with humanity, especially those who turn to Him and acknowledge Him as the Son of God who gave His life for “whosoever will.”

So, as Jesus cried out on the cross in his aloneness, we may be reminded that He did not die a quiet or simple death. Instead, Jesus’ cry from the cross involved different aspects. Jesus’ body was physically abused to the point of acute pain. Jesus’ beating, walk with the cross to His dying place, and being nailed to the cross was physical torture. We may understand pain and torture to some point, but we cannot understand torture and abandonment that Jesus experienced because He loved humanity.

E. Frank Tupper says, “Jesus did not die a beautiful death like that of Socrates, but a death of abandonment . . . He died trembling with shouts and tears. Jesus died because Abba, the living God, the God from whom the gift of life continually comes,

²⁹ Ibid.

³⁰ Ibid., 47.

abandoned him to death . . . The death of Jesus, death in-utter-rejection, this death, constituted in itself the plight of Godforsakeness.”³¹

Jesus’ cry from the cross of a horrible dying process and death, was significant in that His work not only resulted in salvation for humanity, but Jesus was identifiable to humanity. Jesus has been where many people are today and will one day be in the future, feeling alone and abandoned by God. However, because of Jesus’ agonizing aloneness, individuals who feel alone can take comfort in knowing that God will never forsake them. This gives hope to the patients who are dying under hospice care.

God Loves Humanity

Old Testament

God’s love for humanity can be gleaned from many Old Testament texts, but I want to focus on God’s love for humanity by looking at the concept of covenant in the Old Testament. It is clear that God’s love and concern for humanity can be seen in the covenant relationship with His people. I will limit discussion about covenant-love for humanity to the Abrahamic covenant, Mosaic covenant, and the Davidic covenant.

First, the concept of a covenant is stated in Genesis 12, Genesis 15, and Genesis 17:1-14 with the *Abrahamic* covenant.³² The covenant with Abram was initiated when

³¹ E. Frank Tupper, *A Scandalous Providence: The Jesus Story of the Compassion or God*, (Macon: Mercer University Press, 1995), 353.

³² The Abrahamic covenant comes from two sources, Gen. 15 from J and Gen. 17:1-14 from P.

God called Abram and promised to make of him a great nation. This covenant is one by which Yahweh is bound by Himself:

The Lord said to Abram, “Leave your country, your people and your father’s household and go to the land I will show you.”

“I will make you into a great nation
and I will bless you;
I will make your name great,
And you will be a blessing.
I will bless those who bless you,
And whosoever curses you I will curse;
and all people on earth
will be blessed through you. (Gen 12:1-3)

Yahweh initiated this covenant with Abram. Within the text of Genesis 12:1-3, it was Yahweh who took the lead and said, “I will . . .” Yahweh promised in Genesis 12:2 to make Abram a great nation:

I will make you into a great nation,
and I will bless you;
I will make your name great,
and you will be a blessing.

Genesis 15:5 says, He took him outside and said, “Look up at the sky and count the stars—if indeed you can count them.” Then he said to him, “So shall your offspring be.”

Genesis 15:18 says, “On that day the LORD made a covenant with Abram and said, “To your descendants I give this land, from the river of Egypt to the great river, the Euphrates—”

From these texts, we see God’s promises to Abram or Abraham; offspring as numerous as the stars, a land of their own, and prosperity. We also see that somehow all

people will be blessed because Abraham was blessed.

One might ask, “How can Abraham’s offspring be when Abraham did not have a son?” In Genesis 15:2, Abram asked Yahweh a question, “But Abram said, “O Sovereign LORD, what can you give me since I remain childless and the one who will Inherit my estate is Eliezer of Damascus?”

Abraham had questions to ask Yahweh. Abraham did not understand how Yahweh’s promise could be fulfilled when he did not have a son. Many times patients and family members do not understand what is taking place in their lives. Some have served God all of their lives and expressed their faith in their daily living. On the other hand, some have never lived a life of faith in Jesus, but make a genuine confession of faith, and still no one seems to understand what God is doing or going to do. Then God does something unexpected to the patients or family members such as restore the patient to good health and the patient is eventually discharged from Hospice Cleveland County.

As Abraham questioned Yahweh, Yahweh had an unexpected response to Abraham. Genesis 15:4-5 says:

Then the word of the LORD came to him: “This man will not be your heir, but a son who is your own flesh and blood will be your heir.”⁵ He took him outside and said, “Look up at the sky and count the stars—if indeed you can count them.” Then he said to him, “So shall your offspring be.”

The amazing thing about Yahweh’s covenant with Abraham is that Yahweh knew in His infinite wisdom that Abraham would not live a perfect life, and neither would Abraham’s offspring. However, Yahweh loved humanity and extended His love and mercy to all those who would trust in Him.

The covenant to Abram brought definite promises from God, which William Dyrness describes:

First He promises to give the land (see also Gen. 17: 8). (That this reference is to the Davidic empire is hinted at in 17: 6, where God promises that “kings shall come forth from you.”). Then God promises that Abram will become the father of a great nation, in fact, of ‘a multitude of nations’ (17: 4). Finally, God pledges to be God to them and to their descendants after them (17: 7).³³

The Abrahamic covenant was a demonstration of God’s love in that He made a promise to Abraham and his offspring. However a very important covenant, which became the summit for Israel was the Mosaic covenant in which God delivered His people out of bondage, set them free.

The *Mosaic* covenant became the fundamental basis for Israel. Israel viewed this covenant as the basis of their religious and social life.³⁴ God chose Israel, delivering them from bondage out of Egypt. Exodus 19: 4 records Yahweh saying, “You yourselves have seen what I did to Egypt.” Yahweh delivered Israel because of His love for them.

Deuteronomy 7: 6-9 says:

For you are a people holy to the Lord your God. The Lord your God has chosen you out of all the peoples on the face of the earth to be his people, his treasured possession. The Lord did not set his affection on you and choose you because you were more numerous than other peoples, for you were the fewest of all peoples. But it was because the Lord loved you and kept the oath he swore to your forefathers and that he brought you out with a mighty hand and redeemed you from the land of slavery, from the power of Pharaoh king of Egypt. Know therefore that the Lord your God is God; he is the faithful God, keeping his covenant of love to a thousand generations of those who love him and keep his commands.

Dyrness notes that this choice was also an expression of God’s remembrance of His

³³William Dyrness, *Themes in Old Testament Theology*, (Downers Grove: InterVarsity, 1973), 117.

³⁴*Ibid.*, 118.

covenant with the fathers.³⁵ Exodus 2: 24 says, “God heard their groaning and he remembered his covenant with Abraham, with Isaac, and with Jacob. So God looked on the Israelites and was concerned about them.”

Another example of God taking the initiative is in a covenant relationship seen with *David*, given through the prophet Nathan (2 Sam. 7: 12-17). Though the word covenant is not mentioned, the idea is implied and God promises to be a father just as He was in the Mosaic covenant. The covenant to David is described much like the covenant with Abraham, with the exception of a new and broader term: kingdom or empire which includes the realm of land that God promised the fathers and the idea that God would rule over that realm (2 Sam. 7: 16).³⁶ Thus, the theological implication behind a covenant is the sovereign will of God. Leviticus 26:12 says, “I will walk among you and be your God, and you will be my people.”

Norman Snaith gives a list of significant ideas between Jehovah and Israel:

First, Jehovah existed before Israel. Second, if He once existed without them, He could do so again. Thirdly, if He chose them, He could also reject them. Fourthly, He was different from any other god in the demands He made upon His people and their part in the covenant.³⁷

Without these ideas of Jehovah, Israel’s religion could not have developed into a faith-relationship with God. The development of Israel was dependent upon a relationship between God and His people.³⁸ God was their father and they were His

³⁵Ibid., 119.

³⁶Ibid., 121.

³⁷Ibid., 108.

³⁸Ibid.

people, who were obligated to certain requirements in a covenant relationship.

Therefore, within the Exodus events, Yahweh's love expressed to His people became significant to the faith of Israel. It was not an individual, but a community of individuals, who experienced God's expression of love (Deut. 4: 34ff.). Therefore, love with hope is the disclosure by God who began a redemptive work and continues without exhaustion on behalf of His people simply because He loves His people.

In a covenant agreement, there were conditions which God placed upon His people. "This covenant relationship carried with it certain obligations, which meant life and blessing, and the failure to keep the covenant, death and a curse" (Deut. 30: 15ff.).³⁹ Albert Gelin says, "The Ten Commandments became the charter of the covenant, to such an extent that the terms Covenant and Commandments can be interchangeable" (Deut. 4: 13).⁴⁰

In summary of the Old Testament concept of covenant, patients and family members need to know that God loves them. The Biblical voice concerning covenant demonstrates God's commitment to His people, even when we do not always follow His plan for our lives.

³⁹G. Ernest Wright, *The Challenge of Israel's Faith*, (London: SCM Press, 1946), 73.

⁴⁰Albert Gelin, *The Key Concepts of the Old Testament*, (New York: Paulist, 1955), 38.

New Testament

When considering God's love for humanity, a New Testament example is the demonstration of love Jesus showed by giving Himself to die on a Roman cross. The text in John 15:13 says, "Greater love has no one than this: to lay down one's life for one's friends." When considering the depth and sincerity of an individual's love for humanity, we could only come to the conclusion that God loved humanity so much, that He allowed His Son, Jesus Christ, to become the sacrifice for humanity. John 3:16 says, "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."

When individuals have come to the end of their lives and begin to search for meaning, I have seen a transformation take place that results in peace of mind for the patient and most family members. However, it must be noted that some family members cannot face the reality of an imminent death, even when the dying person has made peace with God.

Patients and family members are encouraged to know that God loves humanity and nothing, not even an illness, can separate them from His love (Romans 8:1-3, 15-17, 22-27). Romans 8:31-39 says:

What, then, shall we say in response to these things? If God is for us, who can be against us? He who did not spare his own Son, but gave him up for us all—how will he not also, along with him, graciously give us all things? Who will bring any charge against those whom God has chosen? It is God who justifies. Who then is the one who condemns? No one. Christ Jesus who died—more than that, who was raised to life—is at the right hand of God and is also interceding for us. Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written:

“For your sake we face death all day long;
we are considered as sheep to be slaughtered.”

No, in all these things we are more than conquerors through him who loved us.

I recall a patient who was at the end of her life and had acute anxiety and unrest. Wendover staff called and made me aware that the patient wanted the chaplain to visit. After I had visited with the patient and listened to her express her feelings, I read Romans chapter 8 to the patient. Almost immediately, a peace settled within the room and the patient expressed how much better she felt to know that, even in sickness and impending death, God loved her, and she was confident that she was forgiven and had made peace with God.

I believe the significance of this text is rooted in what Romans 8:1-3 says and gives reassurance to the patient or family member who is in need of reassurance that nothing can separate them from the love of God. Since Jesus has defeated sin and death, the Christian can find comfort and peace knowing they belong to Him.

Romans 8:1-3 says:

Therefore, there is now no condemnation for those who are in Christ Jesus, because through Christ Jesus the law of the Spirit who gives life has set you free from the law of sin and death. For what the law was powerless to do because it was weakened by the flesh, God did by sending his own Son in the likeness of sinful flesh to be a sin offering. And so he condemned sin in the flesh.

For Christians who know what Jesus did for them through His death, burial, and resurrection, the moment of peace comes when they realize where they are in the big picture . . . *in Christ*. James D.G. Dunn summarizes the *in Christ* concept clearly. He says:

When looked at from the perspective of salvation history, that is, the perspective of the new age introduced by Christ's death and resurrection, the "I" in bondage is not so depressing as the "I" released by Christ is reassuring. The power of sin is more than matched by the power of the Spirit. The "I" in bondage to sin ends in death; the "I" liberated by the Spirit lives on.⁴¹

This project has been implemented on the basis of a Christian perspective.

However, for the individual who does not adhere to the Christian faith system, such as Buddhist, they too have a belief system. If they are of another faith tradition there is comfort found within that person's faith tradition. In the context of my ministry setting at Hospice Cleveland County, I would call the specific faith tradition's leader or Priest upon initial contact to make them aware of the patient's need for spiritual support. They surely find peace, just as the Christian finds peace during challenging times. I have seen professing Christians have a very difficult process of dying due to no peace. Thus, the individual's practicing faith tradition is vital to the peace that he/she may find when facing death. God does not look the same to all people.

I am reminded of Jonah's experience as he ran from God. The seas became so horrific that the men on the ship pleaded for each man to call out to the god they worshiped. Jonah 1:4-6 says:

Then the LORD sent a great wind on the sea, and such a violent storm arose that the ship threatened to break up. All the sailors were afraid and each cried out to his own god. And they threw the cargo into the sea to lighten the ship. But Jonah

⁴¹ James D.G. Dunn, *Romans 1-8*, Vol. 38A of *Word Biblical Commentary*. (Dallas: Word Books, Publisher, 1988), 435.

had gone below deck, where he lay down and fell into a deep sleep. The captain went to him and said, How can you sleep? Get up and call on your god! Maybe he will take notice of us so that we will not perish.

Individuals who are facing death may not have the same faith tradition, but it has been my experience that patients, whom I have dealt with, no matter where they are in their belief system, believe in some kind of higher power.

Salvation

Old Testament

The question of salvation in the Old Testament is one of great significance and should not be ignored. The main focus of salvation is within the New Testament for the Christian community today. However, we should not ignore what the Old Testament has to say about salvation. Salvation is just as significant in the Old Testament as in the New Testament. It is in the Old Testament where we discover the beginning of God's saving activity. Salvation in the Old Testament demands the special attention that God was up to something and still is today. The Old Testament view of salvation is important for everyone. It is salvation that has delivered each of us from that circumstance from which we needed so desperately to be rescued. The salvation act of God has stood the test of time to all those who received his mercy and grace so freely.

The Old Testament view of salvation has been confirmed through complex relationships within nations, groups, and individuals.⁴² One must realize that it was God who initiated salvation in the Old Testament and it was God who has completed this

⁴²Walther Eichrodt, *Man in the Old Testament*, translated by K. and R. Gregor Smith, (London: SCM, 1951), 7.

saving activity through Jesus the Christ. However, one comes to realize that God worked through His people to fulfill His purpose in the Old Testament. In this section, I will attempt to share the developments and characteristics of salvation in the Old Testament and provide a clearer understanding of God's saving purpose for mankind.

The concept of salvation grew, first, out of the belief of the Israelites that God had saved them from destruction. The Israelites saw that God had saved them from total destruction while held captive in Egypt. The Israelites were terrified that they would die at the Red Sea. They complained to Moses, desiring to be back in Egypt (Ex. 14: 10-12). However, God delivered the Israelites from the hand of Pharaoh. The Israelites witnessed God's saving actions as He destroyed the Egyptian army. Still, after God delivered the Israelites from the Egyptian army, they were overwhelmed with fear and doubt. Though the Israelites had doubt and fear, God's saving activity had been established at the Red Sea.

Therefore, the Old Testament concept of salvation is essentially that God has acted in Israel's behalf and had saved them from total destruction. Thus, God has become their Savior through His saving activity. The constant emphasis throughout Scriptures is the fact that God is the One who saves. The Bible is concerned with the fact that God actually has, "in concrete historical fact, saved His people from destruction and was fulfilling His purpose of salvation."⁴³

Salvation is the function of God Himself. E.M.B. Green gives a detailed description

⁴³Alan Richardson, *Salvation*, Vol. 4 of *The Interpreter's Dictionary of the Bible*. ed. by George Butterick. (Nashville: Abingdon, 1984), 169.

of God's function as Savior:

One cannot help being struck from the very outset of any study of this word by the remarkable fact that in the vast majority of references to salvation, however it was conceived, God was seen as its author. It is God who saves his flock (Ezek. 34:22), who rescues his people (Hos. 1:7). He alone can do it (Hos. 13:10-14), for, in the last analysis, there is none else (Isa. 43:11). Wherever we look in the books of the Old Testament, this fact stares us in the face. It is the Lord who hears from heaven and saves his anointed with the saving strength of his right hand (Ps. 20:6). It is the Lord who saved his people from Egypt (Ps. 106:7-10). He it is who saves them from Babylon (Jer. 30:10). He will always be true to his saving character (Deut. 20:4). For he is the high tower, the refuge, the Savior of his People (2 Sam. 22:3). He is their God and their Savior (Isa. 43:3), the hope of Israel and his Savior in time of trouble (Jer. 14:8). In short, the whole Old Testament revelation portrays a God who intervenes in the field of history on behalf of his people. To know God at all is to know him as Savior. "I am the Lord thy God from the land of Egypt, and thou shalt know no god but me; for there is no Savior beside me" (Hos. 13:4). "God" and "Savior" are synonymous throughout the whole of the Old Testament.⁴⁴

Therefore, it was the historical experience of Israel's deliverance from Egypt on which Old Testament faith in God as Savior was based. Alan Richardson says, "There can be no doubt that it was upon the historical experiences of deliverance from Egypt and the establishment in Canaan that the fundamental certainty of all Biblical faith was based." (Ps 68:19-20)⁴⁵ Now that God was seen as the Savior of Israel, one must observe Israel's view of God.

One must question how the Israelites viewed *God as Savior*. It would not be Exaggerating to claim that Israel's rescue from bondage determined Israel's understanding of salvation. Green talks about the concept that one may see the Exodus as

⁴⁴E.M.B. Green, *The Meaning of Salvation*, (Philadelphia: Westminster, 1965), 15-16.

⁴⁵Richardson, 170.

an act in which God was the instrument and source of salvation.⁴⁶ Green says:

The events God used were divine judgment, through plagues, that finally brought deliverance (salvation) to Israel. It was God whose mercy and love for Israel were shown in their rescue from judgment through the death of a lamb, sealed in the deliverance at the Red Sea, and finally a covenant at Sinai in which God declared to be Israel's God, and the Israelites declared to be His people (Ex. 19:1-6).⁴⁷

Israel's confidence that God was their Savior was based upon the experience of deliverance from Egyptian bondage and saving the Israelites from the Pharaoh and his army of men. The Israelite's view of God as Savior was also established in the wilderness wandering as the Israelites rebelled and turned from God. As a result, His saving activity continued toward the people He loved.⁴⁸ Green says, "Through this deliverance at God's hand, marked by the death of a lamb and the application to each household of its blood, they were rescued from the land of Egypt, and set apart as a people of God's own possession, a kingdom of priests, a holy nation"⁴⁹ (Ex. 19:6). One can see that the historical event of the Exodus indeed is the basis for Israel's belief in God as their Savior.

⁴⁶ Green, 15-16.

⁴⁷ Ibid., 16.

⁴⁸ It must be noted that the rebellion of God's people, though His saving activity did continue, did not go without consequences. (Ex. 32: 25-29; 31-33)

⁴⁹ Green, 16.

As one begins to examine salvation history in the Old Testament, one may see that salvation takes on many and various meanings within each event.⁵⁰

It is, of course, natural that “save” and its cognates should be used in the Bible, especially in narrative passages, in quite nontechnical, everyday senses (e.g., Gen. 47:25; Exod. 1:17-18; Josh. 6:25; 1 Sam. 23:5; 2 Sam. 19:5). A tribe or nation which is surrounded by hostile tribes or imperial powers is inevitably preoccupied with the problem of its preservation or deliverance from its enemies The various escapes of David from the wrath of King Saul (1 Sam. 19:10, 18), though they are apparently quite “secular” occasions, are undoubtedly thought of by the narrator of the stories as deliverances for which Yahweh, as David’s Savior-God, was responsible.⁵¹

No matter which salvation event one chooses to document, the Bible is full of events in which God alone is responsible. However, salvation finds its deepest meaning in the spiritual realm of life. Salvation is much deeper and more extensive than choosing several words or passages to explain. It is God’s never ending activity in saving His people. However, the major focal point of reference for salvation in the Old Testament is God’s saving activity of the Exodus event.

When patients or family members come to a point where they desire to become a recipient of God’s love by accepting the salvation He has provided, I believe Bernhard W. Anderson, who is discussing an Old Testament concept of salvation, eloquently, helps us to see where our priority should be, as well as our attitude. Anderson, referring to the Book of Deuteronomy, says:

The opening part (chapters 1-4, 5-11) reviews the history of the relations between Yahweh and Israel, stressing the beneficial deeds that God has performed on behalf

⁵⁰The historical event of the Exodus has already been established.(Ex. 14: 13, 30-31; 15: 1-2, 13).

⁵¹Richardson, 170-171.

of the people, primarily the deliverance from Egyptian bondage. The central part of the book (chapters 12-16) contains the stipulations binding on the vassal or servant. Israel is not to “know,” that is, to enter into relation with, any other god, but is to “love” wholeheartedly, that is, to be devoted to, Yahweh alone. Moreover, Israel is to conduct their social life according to the agreement made at Sinai, and that means to purpose justice and to recognize the rights of every member of the community In the realm of faith, there is no place for a divided loyalty, rather, one must love God with the whole being-heart, soul (self), vital strength.⁵²

New Testament

Salvation is seen as God’s acting on behalf of humanity in the New Testament, as well as the Old Testament. God loved and continues to love humanity with an unconditional love. John 3:16-17 says, “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him.” God’s saving activity has been accomplished through the birth, life, death, and resurrection of Jesus Christ. The Old Testament, as well as the New Testament, does not attribute salvation to any other than God.

Acts 4:8-12 says:

Then Peter, filled with the Holy Spirit, said to them: “Rulers and elders of the people! If we are being called to account today for an act of kindness shown to a cripple and are asked how he was healed, then know this, you and all the people of Israel: It is by the name of Jesus Christ of Nazareth, whom you crucified but whom God raised from the dead, that this man stands before you healed. He is

‘the stone you builders rejected,
which has become the capstone?’

⁵² Bernhard W. Anderson, *Contours of Old Testament Theology*, (Minneapolis: Fortress, 1999), 143-145.

Salvation is found in no one else, for there is no other name under heaven given to men by which we must be saved.”

Peter and John were put in prison because they had healed a man, and they were proclaiming “in Jesus the resurrection of the dead.” Peter’s reaction to the Sanhedrin was simple; Peter let the people know that salvation was found in no other person than Jesus.

One can turn to Saul’s Damascus road experience seen in Acts 9:1-7 to further enhance the concept that Jesus is the way. Acts 9:4-5 says, “He fell to the ground and heard a voice say to him, “Saul, Saul, why do you persecute me?” “Who are you, Lord?” Saul asked. “I am Jesus whom you are persecuting,” he replied. “Now get up and go into the city, and you will be told what you must do.”

Patients and family members who desire to make a profession of faith within the Biblical context must turn to God’s Son for salvation. Wayne R. Kempson summed the concept up when he said, “There is no other avenue for salvation and repentance other than through faith in Jesus Christ.”⁵³ One must realize that when a profession of faith is made in Jesus that He is not a “fix all” Savior, nor does salvation in Jesus mean that we are complete and that there is nothing else to do. Once a profession is made in Jesus, the journey has just begun and we are a work in progress. Hebrews 6:1a says, “Therefore, let us leave the elementary teachings about Christ and go on to maturity”

Upon our confession of faith, the journey of learning and understanding faith more clearly becomes the goal of a child of God. The idea of learning, which takes us

⁵³ Wayne R. Kempson, “Hebrews 6:1-8,” *Review & Expositor* 91 no. 4 (September 1, 1994): 571.

from the elementary teachings to maturity, helps us to understand that time is an element in our learning process. Therefore, our focus and trust is in Jesus, and we can take courage and be confident that, even in our short comings, God continues to love and care for us as we progress toward maturity.

Therefore, as one embraces faith in Jesus, one takes upon him/herself the responsibility of commitment to follow Jesus. Hebrews 11:1 says, “Now faith is being sure of what we hope for and certain of what we do not see.” I have never seen a child of God who has had an easy road in this life. There were many challenges, and there will continue to be challenges for God’s children today. As people who embrace salvation, we are to face challenges and hard times with faith.

I am reminded of Paul, who faced many challenges and obstacles, but persevered in the faith:

To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in the flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, “My grace is sufficient for you, for my power is made perfect in weakness.” Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest upon me. (2 Corinthians 12:7-9)

Now I want you to know, brothers, that what has happened to me has really served to advance the gospel. As a result, it has become clear throughout the whole palace guard and to everyone else that I am in chains for Christ. Because of my chains, most of my brothers in the Lord have been encouraged to speak the word of God more courageously and fearlessly. (Philippians 1:12-14)

Once again, after salvation, comes a steadfast commitment to the Lord. Paul had a “thorn in the flesh,” and he also spent time in prison. On both occasions, Paul did not

waver in his faith to the Lord. Paul was a man of character and did not let his circumstances overwhelm him. But, he did allow the Lord's presence in his life to manifest itself in ways so that he was not overwhelmed by circumstances, but could stand tall and say, "Look what God is doing through my circumstances." Paul can stand strong and not waver because he had a personal encounter with Jesus on the Damascus road.

Ephesians 2:8-10 says:

For it is by grace you have been saved, through faith-and this not from yourselves, it is the gift from God-not by works, so that no one can boast. For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do.

Gratitude for the gift God has given humanity in Jesus comes from understanding that we are not saved by good works, but that God does expect us to grow in Christian maturity. Thus, salvation results in a life of commitment of study and a life of commitment to serve God and the people in our community, state, and world.

In the book, *Pastoral Care in Historical Perspective*, by William A. Clebsch and Charles R. Jaekle, the authors divide the period of the church into eight time frames. They are 1.) The Primitive Period, 2.) The Period of Persecution, 3.) what the authors called Christendom, 4.) The Dark Ages, 5.) Medieval Christendom, 6.) Renewal and Reform, 7.) The Enlightenment, and 8.) The Post-Christendom Era.⁵⁴

The Primitive Church believed the world was ending and focused on helping people through the trials of life. During the Persecution Period, reconciliation was the

⁵⁴ William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective*, (New York: Harper & Row Publishers, 1967), 13-14.

focus, not just to God, but to the church, which was claiming more power for itself. For the church, the Christendom Period was the reign of the church in the world and its purpose was to teach people how to live in a Christian culture. The Dark Ages was a bringing of the non-Christian tribes of northern Europe into the church, teaching so-called barbarians how to live in a Christian culture as defined by the powerful church that had all the answers. By the era of Medieval Christendom, pastoral care centered mostly around the sacraments of the church: Baptism, Confession and Penance, Marriage, Last Rites at Death, etc. Next came the Renewal and Reform Period (Reformation). The focus of the reformation was on doctrine and ecclesiology, not pastoral care. Many of the harmful practices of the medieval church such as excessive penance, confession, the monastery that could be cruel, the buying of indulgences, prayers for the dead, masses for the dead were, however, all discarded by the reformers. The period of the Enlightenment was marked by a new focus on the individual as a result of the Reformation. This is carried even further in the Post-Christendom era with its voluntarism and pluralism. Pastoral care is largely understood as helping a person realize his or her personal potential in these periods.

Just as different eras of the church have been marked by different understandings of what was important to do at any given time in history, so have the paradigms of pastoral care shifted with the times. Patton suggest in his book, *Pastoral Care in Context: An Introduction to Pastoral Care*, that pastoral care was offered historically by way of three paradigms. The earliest paradigm is what he calls the classical paradigm. This

paradigm focuses on theology, particularly the theology of God's love and care. The focus of the second paradigm was that of the clinical pastor. The focus was on a person who helped other people learn to care for themselves and others by reflecting on what is learned from one's life experience. Pastors were trained to do this work.

The third focus is on the caring community who does the work of pastoral care, whether or not a pastor or pastoral counselor is included. Growth or insights come as a result of the relationships that are created and grow within the community. This focus on community does not do away with good theology or good leadership of a trained pastor, but the concept of care is broadened and expanded.⁵⁵

One aspect of pastoral care for the dying that seems to have remained constant through the centuries is the belief that the dying person should be attended by someone who provides a caring, constant, and prayerful presence. Yet, in the early church, family and friends supported those who were going to die, as do family and friends with a patient who is about to die. Many times in the early church supporters would write letters to encourage the one close to death to not give up their faith. Brad S. Gregory makes the following point, "Even before their imprisonments, they had heard earnest exhortations to steadfastness, warnings not to disassemble faith, and admonishments not to capitulate to pseudo-Christian persecutors."⁵⁶ As a chaplain, I have encouraged many people who were close to death by reinforcing their faith-testimony and offering a prayer.

⁵⁵ John Patton, *Pastoral Care in Context: An Introduction to Pastoral Care*, (Louisville: Westminster/John Knox Press, 1993), 4.

In Brad S. Gregory's book, we find as well the example of one Joost Justbergh, who is dying surrounded by Christian friends who are "praying him into heaven." I see similarities in the way the early church and the reformation era church offered support and the way support is provided to a patient under Hospice Cleveland County care. In both eras, a community, made up of family, friends, and fellow believers provides presence, compassion, and concern, to encourage the believer in the face of death.

A philosophical understanding of the history of pastoral care is offered in an article by Warren T. Reich, called "History of the Notion of Care."⁵⁷ This article is important in its emphasis on two kinds of caring. There is the act of caring, but there is also the inner drive to care. Acts of caring can be done without the inner motivation, but it is the inner work that changes the person doing the actions of caring.

Reich suggests that of many conclusions that could be drawn from the Roman myth of the human being formed from the mud of the earth and named for the earth, two conclusions are important for understanding the concept of care, both the care of self and the care of others. One conclusion is that human beings must be cared for. Another conclusion is that humans who are cared for develop the power to care not only for themselves, but for others. In fact, it is important that the human being was not named for Jupiter, the most powerful of the gods, and the story suggests that a human being

⁵⁶ Brad S. Gregory, *Salvation at Stake: Christian Martyrdom in Early Modern Europe*, (Cambridge: Harvard University Press, 1999), 112.

⁵⁷ Warren T. Reich, "History of Care" in an article www.georgetownuniversity.com, 3.

carefully cared for from birth develops a mechanism to resist oppression and manipulative power. It could also be maintained that all creation is sustained by care.

What has been done in the history of the care of souls helps us today in what is currently being done in the care of soul. The word, care, in this context can mean two different things. It can mean the actions taken by a person to “care for” another person, and it may also mean the ways in which healing takes place; for example, repentance or reconciliation.⁵⁸

The idea of caring for the whole person is not new. Reich states that ancient writers, both Biblical and secular, understood that intense human suffering demands a response from God, concerned human being or both. Both groups responded in a variety of ways: by helping people think and behave in a moral, rational ways that might ease mental suffering, and by producing literature that offered consolation for the trials of life and literature that helped people “die” well. This was especially seen during the time of plague. The key to the care of souls at any time in history has been to be attentive to both the individual and the times.⁵⁹

Reich takes the reader on a tour of the notion of care in history. From Von Goethe’s *Dr. Faust*, we see that having no concern for others is very harmful to a person’s own welfare. As humans, we are saved when we care for others as we do ourselves. Reich interprets Kierkegaard to understand that care on the part of an individual is what

⁵⁸ Ibid.

⁵⁹ Ibid.

makes the person truly human. Kierkegaard felt the philosophy of his day had become much too abstract; the human element was missing.⁶⁰

Reich's interpretation of Heidegger offers interesting insights. Heidegger accepts the double meaning of care that many ancients did. Care is anxiety about the world and our place in it and care is also caring "for" (more than taking care of) ourselves, others, and the earth. Care is also understanding that tension cannot be escaped.⁶¹

Heidegger also wrote about good and better ways to offer care to others. Some care is given because it must be done and someone must do it. It may not be the best of care, but it is care. Some care givers take over and do for others what they should do for themselves. Heidegger says these people actually rob others of their own "care," the care they need to take for themselves to grow as human beings. A better way is to go ahead of the person needing care, anticipating the person's need for care, but not robbing the person of that care.⁶²

An important book on caring was written in 1971 by Milton Mayeroff. He did not see "care" so much as a "set of services," but rather a process that is taken very seriously. The process should not be taken so seriously, however, that the hoped-for growth is stunted. Being "there" for a person does not mean being "with" the other constantly; in fact, the breaks are good for the process.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

Good care “trusts” the process; it does not provide “excessive care” that does for the other people what they need to do for themselves. Neither does it “require” outcomes that prove the care is conditional.

For Mayeroff, “good” care provides an individual with experiences that result in forming one’s own values and ideals from out of the person’s own “self.” The person is not likely to conform to the crowd. For the person providing “good” care the result is a healthy integration of self and world. Simply being a good caregiver, caring about caring, provides an opportunity for the caregiver to affirm his or her own value system and to work out of that system to an understanding of the importance of being cared for and of providing care. Mayeroff believes it is “central” to being human.

It is interesting that a more secular, philosophical understanding of what pastoral care should be is closer to what the early church practiced than what the church did practice for centuries. In many ways, the church lost its way on the issue of pastoral care, substituting rules and regulations for relationships.

CHAPTER FOUR

CRITICAL EVALUATION OF THE PROJECT

After consideration of the avenues I would take to measure the value of this project, it was critical that I develop resources to measure the outcome of the project. The resources I used for evaluation were: lectures, pre-tests/post-tests, role play, and shadowing for educating participants to provide spiritual care to the dying and their families. My core task was to determine a way to measure the effectiveness of each component.

Means of Evaluation

Lectures

One goal of this project was to have individuals present lectures in order to educate the participants on the dynamics of providing spiritual care to the dying and their families. In order to accomplish this goal, I encouraged each presenter to create notes along the way in order to develop teaching material. I gave instructions to each presenter concerning the direction I wanted the material to be taught in order for the participants to maximize their learning. Thus, I created notes throughout this ministry experiment concerning my conversations with the presenters as well as my own notes of how the project was developing and notes to develop my own teaching material. Before, during,

and after each session, I asked participants questions and recorded their responses. I was also ready to keep notes of who attended and who did not and record the effect a participant's absence had on the session. Fortunately each participant met for each session.

Pre-tests/Post-tests

This goal was accomplished by pre-tests and post-tests that I created with the advice and approval of Dr. Carscaddon. There were two samples used to measure the participants' outcome. One sample measured participants' understanding of a topic before the lecture and the other sample measured the participants' understanding of the topics after the topics were presented. It was very interesting to hear the participants' discussion at the end of each presentation. I saw that the majority of the participants grasped the concept from the presentation and discussion time. See the graphs on page 96-97; 100-102 to compare how the participants learned during this project.

Role Play

The second goal was to role play on the last day after each presentation had been completed and discussed. I incorporated the role play to pull together a collective understanding of the participants' learning and to allow the participants to see how each aspect of the topics discussed came into a conversation with a patient or family member. The role play proved to be beneficial in that it resulted in the collective group seeing the dynamics that took shape as I played the role of the dying patient or family member. The role I played was actually taken from real experiences I have had with patients and family

members. After the role play, the participants asked many questions and demonstrated a genuine willingness to learn how to be better prepared to understand the dynamics of a dying person's issues. The role play was measured by incorporating the participants' learning into the pre-tests and post-tests.

Shadowing

The third goal was to choose two participants to shadow me on regular home visits. I chose a RN and a SW who were on my team for the purpose of simplicity due to caseloads and providing quality care to our patients. This part of the project was to personally observe and determine if the participants had learned and become more confident when asked to step into a chaplain's role. Each participant I shadowed demonstrated confidence and stepped easily into the role of a chaplain. The participants, on each occasion, did exactly what I would have done. The participants shadowing was also measured within the pre-tests and post-tests.

My expectation for this project was to help the participants to become more confident and effective in providing spiritual care to the dying and their families. I believed that each participant would benefit from being involved in this project and would become more confident to talk about spiritual issues when a chaplain could not be present.

Project Outline and Comments by Participants

This project was approved on February 10, 2013. I had already begun preparing for the project by placing a sign-up sheet for participants on the announcement board in

the Hospice Cleveland County break room. I also made volunteers verbally aware of the project and made them aware of the sign-up sheet because the volunteers do not all go to specific areas of the building. As a result, there were fifteen staff members who signed-up to participate in the project. As it turned out, all of the participants were Christians and the patients involved in the shadowing experience were Christians. As I have said previously in this paper, I do not, in my work, offer Christian answers to non-Christians.

I made an appointment with Patti McMurry, Vice President of the Access Department, to obtain permission to implement the project. Our initial meeting was very productive. I explained how the project would be formatted in general with specific details about how the project would work and be practical for staff and volunteers. I stressed that participating in the project would not interfere with the participants' daily case load or the quality care the staff provides to patients and family members. Patti was made aware that the format would consist of a small group of staff who volunteered for the project and had a desire to learn about providing spiritual care to hospice patients and families. Patti wanted to ensure that Hospice Cleveland County's patients' and families' privacy was protected. Since our staff and volunteers go through an intense training upon employment or volunteering, HIPPA would not be an issue when the time comes to shadow two of the participants.

When I was given permission to begin the project, I met with Patti and updated her concerning the time-line of the project. I also reserved the board room and let her

know that we would meet in the board room each morning after update. Permission was given for hospice staff to take time out of their work day to participate in the project.

I then proceeded to meet with each presenter personally to discuss the topic they would present. I had two individuals who decided they could not help present their topics due to lack of time for preparation. I made them feel comfortable and did not pressure them to try. I decided I would present the topics of “Suffering” and “Views of God.”

I met with each participant to give an update of the time-line and explain the agenda. Participants began to ask questions about the length of the project and the time needed for each session. The participants became concerned about spreading this project over seven weeks. I asked for their feedback, and the participants requested that the presentations be done in a shorter time period with longer blocks of time dedicated to each time period. They felt patient care would suffer otherwise. The group suggested the presentations be set up for Thursday (2-21-2013) and Friday (2-22-2013) morning due to patient care plan meetings. I agreed, as I had to be sensitive to each staff members’ patient case load.

After arranging a tentative time frame with the participants, I met with Rachel Hill, Director of Supportive Services (DOSS), to make her aware of the time frames for the presentations. Rachel is the supervisor for the participants who are chaplains and social workers. I needed to keep her abreast of the progression of the project. After my meeting with Rachel, I scheduled a meeting with the participants to finalize the schedule.

I met with participants a second time to discuss the schedule for the presentation. After listening to their concerns during our first meeting and considering the requirements for this project, I decided to announce that we would have the presentations as we had discussed. After confirming that the days for the presentation would be Thursday and Friday, I learned that the participants were relieved and ready to go forward.

I called a meeting with each presenter and made them aware of the dates for the presentations. Each presenter was satisfied with the dates and time frame of the presentations. The presenters and I decided that each presentation would be approximately 20 to 30 minutes in length with 15 minutes set aside at the end of each presentation for questions and responses.

The week before the presentations began, I sent emails to each staff participant making them aware of the date and time of the presentation. I also made contact with each participant personally to be sure they were aware of the time and dates of each presentation. I contacted the volunteers via telephone call only, since the volunteers are not consistently in the office.

After I made sure the participants and the presenters were ready and understood the time and place of the meetings, I focused on printing materials for the day of the project. I assigned a number to each participant's name and secured this information in a locked file cabinet. Each pre-assessment and post-assessment had a number instead of a name for privacy issues. No one had or has had access to this information except me. I

had the pre-assessments ready for the beginning of the initial meeting and the post-assessments were to be taken two weeks after the project's presentation ended. This was done for the purpose of allowing the participants to have thought process time between the pre-assessments and post-assessments.

At the beginning of our initial meeting on Thursday, I reinforced the purpose of the presentations and the goal I desired to obtain, which was for the participants to learn something about providing spiritual care to our patients and family members. I made each participant aware that some may not learn anything, some may learn a little, and some may learn much. I reminded the group that we were all in a safe environment to ask questions and reinforced respect for each other. I asked for questions, and no participant had any questions at this time.

The first presenter was Cynthia Gould who presented her topic during the Thursday meeting on 2-21-13. She presented the topic of "Pain Management." Cynthia gave a detailed presentation concerning the need to make sure patients were comfortable with their pain level as quickly as possible. Cynthia stressed the point that no patient or family member could focus on spiritual issues until the pain crisis had been resolved. There were no questions for Cynthia, but each participant agreed that she did an excellent job presenting the material and made it come alive. Though there were no questions for this presenter, participants met with me after the meeting and made me aware that the presentation of "Pain Management" was something the RNs already knew, but the presentation refreshed their memory, and they were grateful for the presentation. The

other disciplines were also aware of the urgency to manage a patient's pain before anything else could take place. One point that Cynthia brought up was that, while managing a patient's pain crisis, the RN was developing a relationship with the patient and the family members. This is significant because the RN makes a connection that opens the door for the other team disciplines to enter and begin establishing their relationship with the patient and family members.

Second, Justin Williamson presented the topic of the "Chaplain's Role." The participants seemed to engage more during this presentation. The presenter helped the participants to understand that the chaplain helps the patient and family members to practice their own faith tradition and not try to impose the chaplain's faith tradition. The point was made that it is difficult to establish trust with a patient or family member. Therefore, it is very important to meet people where they are and establish a developing relationship.

This was a point well taken. I saw multiple heads nod in agreement. We are guests in a patient's home, and we are hosted by the patient or family member. Thus, the chaplain's role is progressive and slow. We walk on holy ground when entering a patient and family member's life of pain and suffering. The participants learned that the patient and family members get to the place they need to be on their own, and when the chaplain's anxieties get in the way, we get in the way of the patient and family needs.

During the process of getting to know the patient and family, the chaplain must realize that there are multi-faith traditions within each family. In addition to the process,

the patient or family member's judgment may become cloudy due to the stress level of worrying about dying or caring for a loved one who is going to die. The presenter pointed out that the chaplain's faith and calm demeanor is vital, urgent to a patient or family member's need for developing the relationship and helping the patient or family member to get to where they need to be spiritually.

A question from one of the participants was, "How do you address one who does not believe?" She asked if it would help to talk about what is important to the unbeliever to get a better picture of where they were coming from. Another participant wanted to fix the non-believer by quoting scripture. This conversation led to another participant wanting to hear the non-believers' life story of how he/she arrived to the belief system of no believing. Another participant expressed that she would ask how it would feel when the person died and stood before the Lord. She expressed that scripture is powerful. The suggestion was to read scripture dealing with eschatological issues. Another participant expressed that she felt like God had chosen her to tell a non-believer of the mercy of Jesus Christ. Another participant disagreed, and she asked the question, "Does the chaplain have intentions of sharing his or her own faith tradition and set his or her own agenda, or does the chaplain trust God to deal with the non-believer?" She expressed that our belief system would not be meaningful to another person's belief system.

During the reflection time, the question was asked if we should talk about end of life issues concerning heaven. No one spoke up, but looked to me. I responded by telling the participants and the presenter that we do talk about heaven to the dying and their

families, if it is requested by the family or the patient. It is important to read scripture and talk about the Biblical text. Doing so will result in the patient and family members having peace and confidence before and during the time of death.

Wrapping up the discussion of the chaplain's role, I pointed out that the chaplain's role is similar to the daily operations of a fire house. We are available and active with the patient and family, but our role is limited until the patient or family member opens up with full trust and confidence, then we are requested to step into the life of the patient where so many spiritual issues are taking place. People are all different, and the needs of some patients and family members may be evident more quickly than others.

The third presenter was Kim Sparrow. Kim gave handouts to the participant, but asked them to not look at the handout until after the presentation because she was going to cover the material and did not want them to be distracted. Kim asked if anyone knew about grief. One participant expressed that grief turns to anger, and the presenter pointed out that grief affects all involved and takes on many different forms. The participants learned that grief is not fully understood by the family until they are educated on grief and the dynamics involved. The same participant expressed that some people drink as a way of coping with their loss. The presenter agreed that drinking is a coping mechanism for some people.

The question was asked by a participant, "What happens spiritually with grief?" The presenter helped the participants to understand that sometimes the griever, even

though a strong and committed Christian turns from their faith. The pastor's role is very important in making sure the grieving person has the spiritual resources needed to meet the needs of a hurting person, which is very hard work. In this process, the grieving person may question God, become angry with God, or desire to learn what heaven is like. One participant's mother died a few years ago, and he read several books on heaven and life after death to get a better understanding of where his mother had gone.

At this point, a participant shared that she expressed anger when her mother died. Her pastor had told her that one never questions God. At this point a discussion about questioning God began. The Psalms in which David expressed grief is a good example because David questioned God many times. As a result, the participant felt relieved to know she had done nothing wrong. The presenter made the group aware that there is no right or wrong way to grieve and there is no time limit set on grief. In concluding the presentation, one participant, who is a RN, expressed seeing manifestations of grief through physical symptoms such as throwing up, sweating, and just acting out by yelling and screaming.

The participants were very engaged during this presentation, and they did not wait for questions at the end. The questions and dialogue took place throughout the presentation.

The fourth presenter was Terry Floyd, who addressed "Views of God." The group was very engaged to the point of being very intensely focused. The presenter expressed to the participants that we could go really deep, but the presenter had chosen to teach in a

way that was very practical for the participants to be able to understand how different people have different views of God. The presenter began by talking about God's unconditional love for humanity. The Hebrew term "HESED," was defined, which means an unconditional love, as well as the Greek term "AGAPE," which means a Godly love.

The presenter helped the participant to understand that, no matter how bad we think we have messed up in life or how deep we have sunk, God still loves us and wants a relationship with us. One participant made the point that understanding this concept could determine whether a patient had a good death or a difficult death. One participant questioned the outcome of a person who did not have peace with God's unconditional love. She pointed out that there could be no peace with a person who believed in God, but felt disconnected from God. The presenter used the Biblical text of the Prodigal Son to paint a picture of God's unconditional love. The presenter's goal was also to demonstrate that God loves us even in our shortcomings and times of "missing the mark."

The presenter talked about sin and how we can step out of fellowship with God, but God will never leave us alone. A participant asked if God was a God who punished us for our past sins? She also wondered if God punish her children as a result of her sin. The presenter engaged in dialogue with the group concerning this issue. Several participants felt relieved to the point of saying, "Thank you," to God for his love. The presenter made the participants aware that there are consequences for our actions, but God does not punish us with evil. God is a God of love today, as he was yesterday, and he will be a God who loves us tomorrow. Discussion took place among several participants

concerning how God could love us so much, even in our human frailness. There was one participant who shed tears during this conversation. The presenter made the participants aware that these are the battles that our patients and family members deal with in their lives. The topic stirred emotions! The presenter's goal was to get the participants to engage and think in a manner similar to the way our patients and family members think concerning our worthiness to meet a God who loves us dearly.

The presenter made the participants aware that things can happen in our lives that, over time, can change our view of who God is to us. This conversation was focused to get each participant to understand or at least question, what their view of God may be now and to self-reflect to see if their view of God had changed throughout their life. Once the participants can engage in this thought process, they will be able to better understand how a patient or family member may think about God.

The participants were well pleased with the presentation. Many verbalized how the presentation made them confront their concept of God and how this conversation would help them to better understand their patients' and families' concept of God when they were given the opportunity to talk with a patient or family member about God.

The fifth presenter was Terry Floyd on the topic of "Suffering." The participants continued to be engaged and very attentive to the subject being presented. I began by asking if hope could be found in the midst of suffering and should the one suffering question God. My goal was to lead the group to understand that hospice patients and families do turn to their belief system and find hope in a way that makes sense to the

patient or family members. The participants began to ask questions and their body language demonstrated intensity as the discussion developed. I used Job's story as a spring board for this conversation. Participants agreed that hope can be found in the midst of suffering, but one participant suggested that we must not question God. As I was about to talk about the Psalms and how David questioned God, one participant asked about questioning God's action. The participant who believed she should never question God listened carefully as the discussion developed. I engaged in the conversation to confirm that David did question God, as did Job. Once the discussion had been completed, the participant who had been taught to never question God expressed that the conversation made sense, and she had never looked at the issue from the Psalmist's point of view. She finally expressed that she had been told by her pastor that one never questions God. I offered encouraging words so that the participant would not feel like she was wrong in her belief system, but encouraged her and each participant to be aware of what the patient's and family member's belief system may be and to be cautious of exposing our own belief system.

During our conversation on suffering, the question was asked by the presenter, "Is God responsible for one's suffering?" The participants' body language was very interesting; the group looked at me as if I had lost my mind yet showed respect and a desire to learn what was being presented. The point I was trying to make came from the scripture found in the Book of Job. I shared with the participants that God gave Satan permission to go after Job not one time, but two times. I talked about the events within

Job's world. After explaining the story of God and Satan's exchange of words, the participants' began to nod their heads, and I could even hear grunts and groans from the group. It was like a light had been turned on and the participants understood. One participant asked if God brought suffering upon humanity. I did not answer right away. Instead, I asked the group for their response to the question. Some were not sure! However, one participant expressed his view that God did not bring evil or suffering upon humanity. He expressed that God is a God who loves humanity and Job's story is a good example of God allowing Satan to go against a man who loved God and did everything right. At this point, I interjected into the conversation that God sometimes allows things to happen, and we may not understand all that is going on in life where one is suffering, but during the suffering God is with us and working on our behalf.

One participant spoke and expressed that we do find hope in suffering by knowing that God will never leave us, and knowing he is always with us during the good times and during the difficult times of our lives. The point was made by a participant that we may feel abandoned by God, but we know better than that because the Holy Spirit lives within each believer. I reinforced the concept by adding that challenges in life will either separate us from God or bring us into a closer relationship with God so that during our spiritual growth, we become stronger through each challenging event in our life.

At this point the participants looked more relaxed and felt better having a better understanding of Job's world. Several of the participants expressed never having had this conversation in a church setting or even heard it preached from this point of view. I

confessed to the group that I had not either until I had a class at Gardner-Webb University where I was blessed to be involved in conversations like these. Each participant thanked me at that moment for taking time to share on a deeper level of teaching. The group expressed how good these presentations had been and expressed a need to hear more about the topics that have been presented.

The sixth presentation was presented on Friday Meeting 2-22-13 by Terry Floyd on “Hard Questions.” These are questions that have been asked of me by patients and/or family members during my six years at Hospice Cleveland County. The goal of this presentation is for the participants to take what they have learned and for the group to be able to have difficult questions asked that will help them be more confident in providing spiritual care with patients and family members.

The first question was, “What do I say to the family when asked about physical pain?” was understood by the participants. Each one knew that if there is a pain crisis, the pain needs to be addressed for the patient’s need as well as the families’ peace of mind, and no spiritual questions would probably be asked while a patient is in a pain crisis. I shared with the participants that I have prayed with families when their faith beliefs included confidence that God might answer prayers that the patient be spared overwhelming pain. Another ministry practice is simply presence. I pointed out that walking into a pain crisis, making a telephone call to a RN, sharing with the family that a RN is in route, and being present is enough for the family to begin to feel at ease.

Second, I told of a patient who said, “I am afraid of dying!” I presented to the group the concept that fear is a natural emotion. However, I talked about unhealthy fear and how unhealthy fear can paralyze an individual, resulting in more anxiety, the need for more medication, and the loss of quality time with loved ones. Longstanding unresolved issues, negative feelings, and ambivalence are all reasons for emotional fear. It is much harder for the family when the patient dies in the grips of emotional fear than when the patient and family resolves the issues and the patient dies at peace.

The participants engaged in the conversation as usual. One responded that it may be essential to have faith in God. I engaged and expressed that I have seen some patients who had faith in God, but became so fearful of dying that the unhealthy fear over took the patient. I also expressed that we have no idea of how we would respond if we were in their place.

One participant expressed that maybe the patient needs to be educated on having courage to make peace with God before death gets too close. I agreed that as spiritual caregivers, we need to be diligent and tender to provide spiritual counsel to our patients and family members effectively and bathed in much prayer. It would be great to get our patients and family members to a place where they had a healthy fear.

I continued the presentation by talking about healthy fear, which is having fear in the face of suffering, but having faith, trust, courage, and confidence in the Lord. One component of healthy fear is to not be paralyzed by fear. The participants listened as I presented and talked about the need to see where our patients and family members are

spiritually in order to have the conversation needed to allow God to move them where they need to be in order to have a good death. The participants did not engage in this presentation. Instead, they all listened and agreed completely.

I continued the presentation by addressing the comment, “I want to make things right with God, family, or friends!” The participants were familiar with how to lead someone to the Lord. A few participants talked about different scriptures they used. I listened as each told how they presented the Good News. Some participants looked with concern. I engaged in the conversation, and I expressed that the method or scripture used could vary and there would be no wrong scripture to use, as long as it was in context with salvation and God’s redeeming purpose through Jesus dying for humanity.

I made the group aware that a patient or family member who wants to make things right with God might follow three steps. The individual needs to acknowledge his or her need of God (Romans 3:23). The second step would be to confess his or her sins (Romans 10:9). The last step would be to believe in Jesus Christ as his or her personal Savior (Ephesians 2:8-9). The participants wrote down these three guidelines for future reference.

I then proceeded to address how patients and family members could make things right with family and friends by saying I am sorry! (Mark 11:25). One participant talked about a family member who just could not forgive and the difficulty that non-forgiveness brought to the family. Another participant expressed how forgiveness is hard, but essential for our patients and family members. I agreed and expressed that forgiveness is

essential for the dying person's inner peace and the family's grief process. The group agreed!

The next statement I addressed was, "I'm ok with this, but I worry about my family and how they will survive!" I urged the participants to encourage the patient that he/she has done a good job concerning their role in the family. The patient will need to see a strong family who loves the patient, but will be able to stand on their feet after the patient is gone. Two participants spoke up at different times, and actually were sharing their stories, but were talking to each other. Each one testified how they encouraged the patient to see a strong family and talked to the patient about how the patient had done a great job raising the family. In return, the participant addressed the family members to tell the patient they would be alright after the patient had gone. I was encouraged to hear these two express their experiences. The group nodded in affirmation, and some took personal notes.

I continued by addressing a patient or family member who was involved in a faith community to assure the patient of God's faithfulness and assure the patient of the family's faith in God and their trust that God will help them throughout life as he has always sustained them previously in life. The participants engaged by active listening and nodding of their heads. There were not any more questions at this point. I presented a scenario that I experienced during my first year with Hospice Cleveland County with the statement, "I want to talk about dying, but my family doesn't!"

I told the participants to discretely let a family member know that *you* would like to speak to the whole family and ask a family member to gather everyone into a room away from the patient so that privacy is ensured. Then I would express to the family the patient's concerns and try to encourage the family to listen to the patient.

I shared one story in which I was able to help a family. There was much fear in the family, but they agreed to let me facilitate the conversation. Once the family had all gathered in the room of the dying man, I said, "Mr. Smith, do you have something you would like to say to your family?" At this point he began to talk and the family engaged in the conversation. I excused myself from the room and let the patient and family members have private time alone.

One participant asked me if I had any fears about approaching the family. I responded by telling them all that I was really uncomfortable having such conversations because I never know how the family is going to respond. Yet, as spiritual caregivers, we have to listen to the need of the patient and family members, and when appropriate, respond tenderly. I let the group know that permission from the family and our willingness to facilitate such a conversation was key to the event.

Another topic I discussed was the question, "Why does God let sickness come upon people?" or "Why did God let this happen to me?" Many times "Why" is a need to express frustration. My personal belief, which I share delicately with patients and family members, is that sometimes things happen because of consequences of sin. If one steps in front of a truck, one will be hit by the truck. I cautioned the participants to be aware that

many people think they are ill due to God's judgment on their sinful ways and to seek to respond in ways that do not reinforce this way of thinking. The participants agreed that this would be a delicate topic. I even encouraged them not to address this topic if they felt it was beyond their ability. They can ask a chaplain for help.

I continued by expressing that sickness sometimes happens because of our environment. We have radiation (bombs, power lines), plastics (hydrochloric acid), chemicals dumped into water, and some things we will never know, only God knows (1 Corinthians 13:12)!

The last topic I discussed was what is known as terminal agitation. Patients might say: "I saw a family member (who has been dead for years) or I saw heaven or hell," "Satan is trying to get me," "I see/saw an angel in the room," "I hear angels singing," or "Pray for me!" My response to the participants was that something spiritual is happening. I made the participants aware that I do not understand everything I have seen or everything I have heard. I just try to make the best sense possible out of the moment, and I realize that whatever is taking place, God knows all about it. The group verbally expressed "that's right" as their heads nodded. The group seemed to be more intense with this topic than any other. They were actually sitting on the edge of their seats.

I encouraged the participants to not let a person's statement catch you by surprise because a look of shock or disbelief could take away from the moment. When a patient begins seeing people or things we cannot, it means that the patient is starting to let go of

the present world and reach for the other. I expressed to the participants to confirm the positive visions because they are there to help prepare the person for crossing over.

The group began, one by one, talking about their experience of patients who had seen people who had been dead for many years, and even talked to them. One participant talked about a lady who went into a coma for two days, but woke the third day wanting breakfast. The patient ate a full meal. The participant talked about how Jesus had taken her to the edge of heaven and showed her the beauty, but then took her to the edge of a fiery pit and showed her suffering of the worst kind. Then the woman was told by Jesus, "I have someone for you to talk to before it's your time to come to me." The participant expressed that after the patient saw and spoke to the person she was supposed to talk with; the patient went into a coma and died.

Each of the participants became quiet, but very much engaged. I encouraged the participants to not let things like this scare us, but to take comfort that the dying person, when seeing a vision, a loved one, or having a conversation, was a positive for the dying in that it helps them in their preparation to move to the other side of life without a paralyzing fear. The group agreed with me. I asked if there were any other stories, comments, or questions. The participants had no more input.

The last presentation was facilitated by Terry Floyd. This presentation was actually a time of "Role Play." Participants were hesitant to volunteer, so I asked a male RN whom I knew would participate in the role play. I chose to do one role play due to

time, but I was confident that one role play could engage the group to see all aspects of what had been presented:

Participant: How are you doing today?

Presenter: It has been a hard day (Defensive and offended attitude)!

Participant: I wanted to come by and take time to talk (Interrupted).

Presenter: There are things I want to do before I die . . . Have I done something wrong . . . I feel like I have (Very upset)?

Participant: We don't always know!

Presenter: You have a life, you are not dying . . . besides, why the hell do you care . . . you don't care!

Participant: I do care or I would not be here and some things we will never know.

Presenter: I don't understand! I have always served God, went to church, and done things and people right all of my life . . . why me (Close to tears)?

Participant: I don't understand either, but we have to trust God that something good can come from this.

Observations from this role play were that it was obvious the patient had no pain or he/she would have expressed the pain. One participant expressed that when people are told how to feel, they shut down. That is true from a cognitive view, but when someone is in crisis, they need gentle guiding until they come from crisis thinking back to a more cognitive thinking. I did not see that the participant in this role play was telling the presenter how to feel.

A third observation from the group was how the participant did not address the presenter's statement, "Why the hell do you care?" A question was asked by the group, "What do you say when you do not know what to say?" I reinforced an earlier conversation we had about the ministry of presence. I made the participants aware that when we do not know what to say, being present is good. However, within the context of the role play, presence is good, and even silence, but a response by the participant was

proper and in order. I shared with the group that we do not need to feel guilty when someone tells us we have a life, and we are not dying. The reality is that our death may not be imminent, but we are all dying one day at a time. If we start feeling guilty, our effectiveness as a spiritual counselor becomes less effective.

Fourth, the question of theodicy was raised by the participants. The participants wanted to know what to say to a patient in this situation. I responded by letting them know that there are some things we will never know about the “why” of what is happening in our lives. Yet, we do have full assurance as God’s people that he will walk with us through the difficult and challenging times.

One participant asked what good could come out of dying. The group looked intensely at me as I began to answer the question. I recall becoming very nervous at this point because of the loss of my mother fifteen years ago. Then I saw no good in my mother’s suffering. However, looking back, I now have a different perspective.

I shared with the participants the good that comes from individuals who are dying is that we can learn that God loves us and will always walk with us. I also pointed out that God gives us one day at a time to live, and we should offer encouragement to live in the present and not the future. Hospice Cleveland County has taken patients into their care who were close to death, became better, and were released from our care and lived two to three years before returning to hospice care and dying. Only God knows when we will meet our appointment with death. The participants were satisfied with the role play and expressed feeling better about helping patients and families.

I shared with the participants that we would meet in two weeks to fill out the post-assessment. They were fine with that. We agreed that we did not have to meet as a group. Two weeks later on 3-8-13, I began contacting the participants and gave them a post-assessment to fill out. Each participant filled out the post assessment and had them back to me within the day.

This project went well from the beginning to end. I was surprised at the verbal feedback I received from the participants concerning the topic. Not only was each participant engaged in the project and had a desire to learn how to provide spiritual care for patients and family members, but they expressed a desire to go through the same topic with more depth and lengthier presentations. I was excited to find that the participants had so much passion for our patients and family members that they wanted further presentations.

I scheduled two participants to shadow during my visit with a patient and family members. The purpose was to see how each participant interacted with the patient and family.

First, participant one/staff member/Social Worker and I visited a patient in his home. Participant one knew prior to the visit that she would take on the role of chaplain, providing spiritual support. We visited with the patient, and the participant came to the point of asking if there were any spiritual issues. The patient expressed that there were no spiritual issues, but he would like prayer. Participant one did not hesitate to pray for the patient. The patient thanked her for the prayer, and we left the home. Participant one

expressed that she became very nervous when asked to pray, but knew it had to be done. I encouraged the participant because she prayed a good prayer, and the participant knew how important the prayer was to the patient. The participant placed the patient's needs above her own insecurities. Since this shadowing, this participant/staff member has been asked many times to pray. The participant expressed that she did not like to pray, but felt more comfortable each time she prays.

Participant two/staff member/RN visited with me in a home where the patient was non-responsive. The family was sitting around the patient and very tearful. My tendency is to step in and take the lead, but decided that I would let the participant/RN provide spiritual support to the family. The goal of this project is to teach other staff to be able to provide spiritual support when a chaplain cannot be present.

As we entered the room, the participant and I dialogued with the family about different topics. After her (RN) assessment, the participant began talking to the family about the patient, asking questions in order to get the family to engage in dialogue. Before long, the family was talking about the patient and how the patient had been a good parent. One of the sons began telling how his dad was tough on him because he was on the rebellious side at times. Everyone laughed until tears flowed. The participant asked if she could pray for the patient and family before leaving. The family welcomed prayer. Each family member thanked the participant for the wonderful prayer.

The participant remembered how I talk to families when a patient has died or is close to death about the patient in order to reduce their crisis level. This visit was very

effective in that the participant was able to be instrumental in raising the cognitive level and lower the crisis level simply by getting the family to talk about their dad's life. I commended the participant for doing so well in a tough situation. The participant expressed that she felt a high level of anxiety, but knew God would help her to say the right words.

I learned by allowing these two participants to be involved in shadowing that a hospice worker may become more effective by providing spiritual support to patients and families under hospice care. Further, the process of learning during the seminars has helped both participants to be more confident.

Expectations for the Project

My expectation for this project was that hospice clinical staff would feel confident when a patient or family member asks the clinical staff a question about spirituality. I understand that some issues warrant a chaplain, and a clinical staff member may not feel comfortable with engaging in the difficult questions. However, it was my desire for a clinical staff member to be able to sit and talk about God's love and be able to confidently express how much He loves us.

I also desire that, in time, all hospice personnel would have the opportunity to participate in this project. My goal is for this project to become an annually training session where all clinical staff is able to sit under this teaching in order to refresh their memory, as well as to provide training to new employees.

A third goal that I would like to see as a result of this project is to develop a handbook for training hospice staff to provide spiritual support to the dying person and their family. I anticipate that Hospice Cleveland County will incorporate this education into their annual continued education program. I have already been asked by our Vice President of the Access Department to teach this material to all staff during a staff meeting one month. She has generously given me three consecutive staff meetings spread over three months to present this material.

I also am hopeful that his handbook will be published and possibly be endorsed by the National Hospice and Palliative Care Organization. This would allow the booklet to be used nationwide in order to help all disciplines be equipped to provide spiritual care for the dying person and family members.

Evaluation Results

Below are charts which will demonstrate the success of this project. According to the statistics, the project was a success. The measurements show that each participant learned from the presentations. Some participants learned more than others in specific lectures. This only confirms that each participant was engaged in the lectures and learned from this process.

The charts (Page 97-106) show that the participants as a whole were very interesting. In each chart, the participants learned and expanded their belief system. I was well pleased that the numerical values confirmed what the participants shared with me during and after the presentations; they expressed that they had learned a lot during the

presentations. The group, as well as individuals, expressed that they learned so much and would like it if hospice would allow this material to be taught regularly.

In addition to the measurements of this project showing that the participants learned from this experience, the verbalization of each participant who acknowledged his or her confidence to provide spiritual support was amazing. I chose to invest time and energy into this project because I saw a need for other disciplines to be able to provide spiritual support to hospice patients and families. This has been a journey of labor, but even more, an investment in God's work to care for the dying and their families.

Measurements for Individual Presentation Results

In order to measure the effects of the pre-tests and post-tests, the first portion of the evaluation tool was two parts: Initial questionnaire and post questionnaire (See appendix 2-13). I assigned each question a numerical rating scale for each participant to choose from his/her experience before the lectures and after the lectures. The scales ranged from 1-5 with the score of five being more progressive and one being more undesirable. These scales were designed to measure what the participant believed about the topic prior to the lectures and after the lectures. The scales, from undesirable to progressive rated as follows: *no, partially, good, well, or extremely well.*

Based on the numerical scoring system, the scoring was based on specific question designed to cause the participants to reflect about their belief system with the following topics that were presented: *Physical pain, chaplain's role, view of God, grief, suffering, and hard questions.*

The category of *physical pain* showed a small learning curve. This did not surprise me because four RN's were participants, and the rest of the participants are familiar with pain management for the patient. Each participant is aware that a patient cannot become comfortable if pain management is not successful in a short amount of time. Therefore, one cannot talk to the patient or a family member without pain being controlled. I was well pleased to see fifteen participants who are aware of the need for pain management learned something about pain management. They learned that a patient who is having a pain crisis of any kind does not want to hear questions like "what church do you attend" or "has your pastor been visiting?" The patient in a pain crisis wants a RN to make them comfortable and free as possible from pain. While a patient is in pain, their crisis level goes up and their cognitive level goes down. Thus, they become frightened and begin to wonder if their pain is going to get worse and possibly die. A hospice patient's main two concerns for end of life are, "will I be able to breath or will I smother," and "will my death be painful?" I have no data for these assumptions. However, I have talked with many patients and RN's who have dialogued with patients about the patient's fears. From experience only can I say these are two primary concerns of a patient.

The presentation of the *chaplain's role* produced significant learning. Table 1 demonstrates that person 2, 3, 4, 6, and 15's values raised by two points, and person 4's values improved by three points on the scale. I was not surprised that some of the values did not show much growth because one of the participants was a chaplain and some of

the participants were well acquainted with the chaplain's role due to being employed by hospice for many years, which has allowed the opportunity to watch a chaplain deal with patients who have had spiritual issues.

The next presentation, *view of God*, resulted in some interesting values. Persons 1, 2, 9, 10, 11, 12, 13, and 15 showed a learning curve. I was happy for this improvement. However, persons 3, 4, 5, and 6 showed value scores that were numerically equal. I am not sure what took place with these participants concerning the equality of each score value. I can only assume that each participant's view of God was the same. Further, I was puzzled that persons 7, 8, and 14 had value scores where the pre-test value was higher than the post-test. This has confused me. I will assume that the participants did not intentionally score as if they had not learned anything, and I conclude that this is possibly a mistake on the participant's part.

The individual score on the topic of *grief* was interesting. Each participant showed improvement. I was glad to see growth because clinical staff must be able to differentiate between grief of a physical nature and spiritual grief. Persons 5, 7, 9, and 14 did not show improvement. This could be because there were two grief counselors who were participants and the other two values may have come from seasoned employees who understand the grief process.

The majority of individuals score showed improvement on the topic of *suffering*. Only two participants, persons 7 and 10, showed a higher pre-test score than the post-test score. I want to believe they too made a mistake on their evaluations. The other thirteen

participants showed slight to good improvement on their score values. I felt the participants really needed to understand this topic because there have been many patients whom I have visited who thought God had brought an illness upon their bodies due to sin. I believe the participants better understood the topic because of the conversations we had after the presentation.

As mentioned earlier in this paper, the *hard questions* presentation was questions that I have been asked during my six years with Hospice Cleveland County by patients and family members. It was clear that most of the participants demonstrated increased knowledge about this topic. Persons 3 and 4 showed equal values of 2.7 and person 15 showed no improvement. However, persons 9, 10, and 11 showed significant improvement with their values. Person 9 showed an improvement from 1.8 to 4.0, and person 10 showed improvement from 2.2 to 4.0, and person 11 showed improvement from 2.8 to 3.5. These improvements were exciting to me because the hard questions presentation were questions that were pivotal for the role play session. In other words, everything the participants learned would be used and demonstrated by using the hard questions during the role play session.

I was well pleased with the improvement of most participants, and I was well pleased with the group as a whole. Each participant engaged in dialogue during these presentations, which resulted in a rich dialogue of the topics. The participants and I learned from each other during this project.

Table 1 Measurement for Individual Participant

	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	3	5		3	5		5	5		2	5		3	4		3	4
	3	5		4	5		1	2		1	1		4	4		4	5
	4	5		3	4		1	3		3	1		3	5		4	4
	4	5		3	4		5	5		3	4		2	4		4	4
	5	5		4	4		1	2		4	4		5	3		4	4
	5	5		4	4		5	5		4	4		1	3		3	4
	5	5		4	4		5	5		3	4		3	5		3	4
Person 1	4	5	3.50	4.33	3.29	3.86	2.86	3.29	2.428571	2.571429	3	4	3.7	4.2			
	4	5		3	5		5	5		3	4		3	3		1	4
	3	4		3	4		5	4		1	1		2	1		3	3
	3	4		3	4		1	3		1	1		4	4		1	2
	2	5		3	3		1	5		1	4		1	4		1	4
	2	4		3	4		2	1		2	4		4	1		1	4
	3	5		3	5		2	4		2	4		1	1		2	4
	3	5		3	5		3	4		3	3		2	4		2	4
Person 2	2.833333	4.5	3.00	4.17	2.71	3.71	1.86	3.00	2.428571	2.571429	1.5	3.5					
	4	5		5	5		5	5		3	4		3	3		3	3
	4	5		2	3		3	1		1	1		3	3		5	5
	5	5		4	3		1	1		3	1		1	2		2	2
	5	5		2	3		4	5		3	4		1	2		3	3
	4	5		4	3		1	1		3	4		3	3		2	2
	5	5		1	3		5	5		3	4		1	3		1	1
	5	5		4	5		4	5		3	3		3	3		1	1
Person 3	4.5	5	3.00	3.33	3.29	3.29	2.71	3.00	2.14	2.71	2.7	2.7					
	4	5		5	5		5	5		3	4		3	3		3	3
	4	5		2	3		3	1		1	1		3	3		5	5
	5	5		4	3		1	1		3	1		1	1		2	2
	5	5		2	3		4	5		3	4		1	1		3	3
	4	5		4	3		1	1		3	4		3	3		2	2
	5	5		1	3		5	5		3	4		1	1		1	1
	5	5		4	5		4	5		3	3		3	3		3	3
Person 4	4.5	5	3.00	3.33	3.29	3.29	2.71	3.00	2.14	2.14	2.7	2.7					
	4	4		3	3		5	5		3	3		3	3		3	3
	4	4		3	3		5	5		1	1		2	2		3	3
	4	4		3	3		1	1		1	1		1	1		2	3
	4	5		1	2		5	5		3	3		1	1		3	3
	4	5		3	3		1	1		3	3		5	5		3	3
	4	4		1	4		5	5		3	3		1	1		3	3
	4	4		5	5		5	5		3	3		1	1		3	3
Person 5	4	4.33	2.33	3.00	3.86	3.86	2.43	2.43	2	2	2.8	3.0					
	4	5		3	5		5	5		3	3		4	4		4	5
	4	5		3	4		1	1		1	1		4	4		4	4
	4	5		3	4		1	1		1	1		1	1		3	5
	4	5		3	5		5	5		4	5		3	5		3	4
	5	5		3	4		1	1		3	5		1	1		3	4
	5	5		3	5		5	5		3	4		1	1		4	4
	5	5		5	5		5	5		3	4		1	5		4	4
Person 6	4.33	5	3.00	4.50	3.29	3.29	2.57	3.29	2.14	3	3.5	4.3					
	3	4		3	4		5	5		4	4		4	4		3	4
	3	4		2	2		5	5		2	2		4	4		5	5
	2	2		3	4		1	1		1	1		2	2		2	3
	4	4		3	2		1	1		4	4		3	2		3	4
	2	5		2	4		2	1		4	4		4	2		3	4
	2	4		3	3		5	5		2	2		3	1		3	4
	2	4		3	3		5	5		3	3		1	2		3	4
Person 7	2.67	3.83	2.67	3.17	3.43	3.29	2.86	2.86	3	2.428571	3.2	4.0					
	3	5		5	5		4	5		4	4		4	4		4	3
	4	5		3	3		1	5		1	1		2	1		5	5
	4	5		4	4		1	1		2	1		1	1		5	5
	4	5		1	3		1	1		3	4		3	3		4	5
	3	5		4	3		1	1		3	4		3	3		4	5
	5	5		4	4		4	4		4	4		1	4		4	4
	5	5		4	4		4	5		3	4		2	1		4	4
Person 8	3.83	5	3.50	3.67	2.29	3.14	2.86	3.14	2.29	2.43	4.3	4.5					

	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	3	3		3	3		3	4		5	5		4	5		2	5
	2	3		4	4		3	3		1	1		4	4		2	5
	4	4		3	4		1	1		1	1		3	3		1	3
	3	4		3	4		5	5		2	2		2	3		2	3
	2	3		4	4		1	1		2	2		3	3		2	4
	3	3		2	4		5	5		2	2		1	1		2	4
							5	5		4	4		4	4			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 9	2.83	3.33		3.17	3.83		3.29	3.43		2.43	2.43		3	3.29		1.8	4.0
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	4		5	4		5	5		3	4		2	4		2	4
	4	4		1	2		1	5		1	1		3	4		2	5
	4	2		3	4		1	1		1	1		5	2		2	3
	4	4		2	2		3	1		2	4		1	2		3	4
	2	5		2	4		1	1		2	4		2	2		2	4
	4	4		5	3		4	5		2	3		3	1		2	4
							5	5		1	1		2	2			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 10	3.67	3.83		3.00	3.17		2.86	3.29		1.71	2.57		2.57	2.43		2.2	4.0
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		4	5		5	5		4	4		4	4		2	4
	4	4		5	4		1	5		1	1		5	4		2	3
	3	4		2	4		1	3		2	1		1	5		3	4
	2	5		2	4		2	4		1	3		3	4		3	3
	2	5		2	4		1	1		2	4		3	4		4	4
	4	5		4	4		5	5		2	2		3	4		3	3
							5	5		1	2		1	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 11	3.17	4.67		3.17	4.17		2.86	4.00		1.86	2.43		2.86	3.71		2.8	3.5
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		3	4		5	5		4	5		2	5		2	4
	5	5		3	4		1	1		1	2		4	2		3	3
	4	4		3	3		2	1		1	3		1	1		2	3
	4	5		2	4		1	4		2	4		3	4		2	4
	3	5		1	4		2	1		2	2		4	4		3	3
	3	4		3	2		5	5		2	3		2	1		2	4
							5	5		2	3		3	4			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 12	3.83	4.67		2.50	3.50		3.00	3.14		2.00	3.14		2.71	3		2.3	3.5
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		2	5		5	5		4	4		4	4		1	4
	4	5		2	4		2	4		1	1		3	4		5	4
	4	5		4	4		2	1		2	1		4	5		2	2
	4	5		2	4		4	5		3	4		2	2		4	4
	4	5		3	4		2	2		4	5		3	4		4	4
	4	5		3	2		5	5		2	4		2	4		2	4
							5	5		1	4		1	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 13	4	5		2.67	3.83		3.57	3.86		2.43	3.29		2.71	3.43		3.0	3.7
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	1	4		5	5		5	5		4	3		3	3		4	5
	3	4		4	5		5	1		1	1		3	4		3	4
	3	4		3	3		2	3		2	1		5	4		4	4
	3	4		4	5		1	1		3	5		1	3		4	4
	3	4		5	4		1	2		3	4		4	4		3	4
	3	4		4	5		5	5		3	4		1	1		3	4
							5	5		3	4		2	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 14	2.67	4		4.17	4.50		3.43	3.14		2.71	3.14		2.71	2.86		3.5	4.2
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	3	4		2	2		4	5		3	3		3	4		4	4
	3	4		2	1		1	2		1	1		3	3		4	4
	4	4		2	3		1	1		1	1		1	1		4	4
	3	4		2	1		2	5		4	4		1	2		4	4
	4	4		2	4		1	1		4	4		1	2		4	4
	4	4		2	4		5	5		4	4		1	1		4	4
Person 15	3.5	4		2	2.5		2.33	3.17		2.83	2.83		1.67	2.17		4	4

Collective Participant Results

The results of numerical measurement values for the collective group per topic showed improvement. *Pain management* showed slight improvement on the individual values, and the collective group value demonstrated a slight improvement as well (Table 2). I have already discussed the reason for a slight increase is due to a healthy understanding that pain must be managed for a patient before the patient or family members may want to discuss spiritual issues.

Values for the *chaplain's role* (See Table 3) showed an increase in learning from 2.70 to 3.45. I recall one participant expressing that she did not know what a chaplain did on a daily basis. This participant has been with Hospice Cleveland County for three years. I was encouraged to see an increase in learning from the participants by the end of this project.

Values for the *views of God* (See Table 4) by the project's end demonstrated improvement from 3.13 to 3.42. I was happy to see that the collective group of participants for this category improved because it shows that they learned about how others may view God. In addition, this topic made each participant aware of their own view of God. The participants learned during their discussion after the presentation that each person does have a different view of God.

Results from the *grief* (See Table 5) presentation and discussion brought forth increased learning by the participants from a value of 2.50 to 3.10. This is significant because a dying person or their family members begin grieving prior to the diagnosis in

the form of anticipatory grief, which means they begin to grieve upon even thinking they have a life limiting illness. I was well pleased to see the participants' improvement in this category.

Numerical value for the category of *suffering* (See Table 6) showed an increase from 2.51 to 2.86. This may not seem like much growth, but the values demonstrate that the participant learned something and was able to better understand what the patients and family members go through concerning suffering. This topic is one that makes me emotional because so many patients and family members believe that God is punishing them. There was an intense conversation that took place after the presentation, which resulted in the group learning more about theodicy. Many participants were not fully familiar with Job's story and this gave me the opportunity to share the story of Job and his suffering.

Numerical values for the *hard questions* (See Table 7) showed a significant increase from 2.60 to 4.00. The hard questions portion of the presentations was a culmination of all topics presented in which the participants utilized the topics presented to answer a hard question. The hard questions presentation resulted in intense listening by some participants and it resulted in an intense conversation by others. As I have already mentioned, this presentation set the stage for the role play session.

I was well pleased with the collective improvements of each participant, though some participants did not show improvement, the group as a whole did show improvement. Each participant engaged in dialogue during these presentations, which

resulted in a rich dialogue of the topics. The participants and I learned from each other during this project.

Measurements for Collective Participant Results

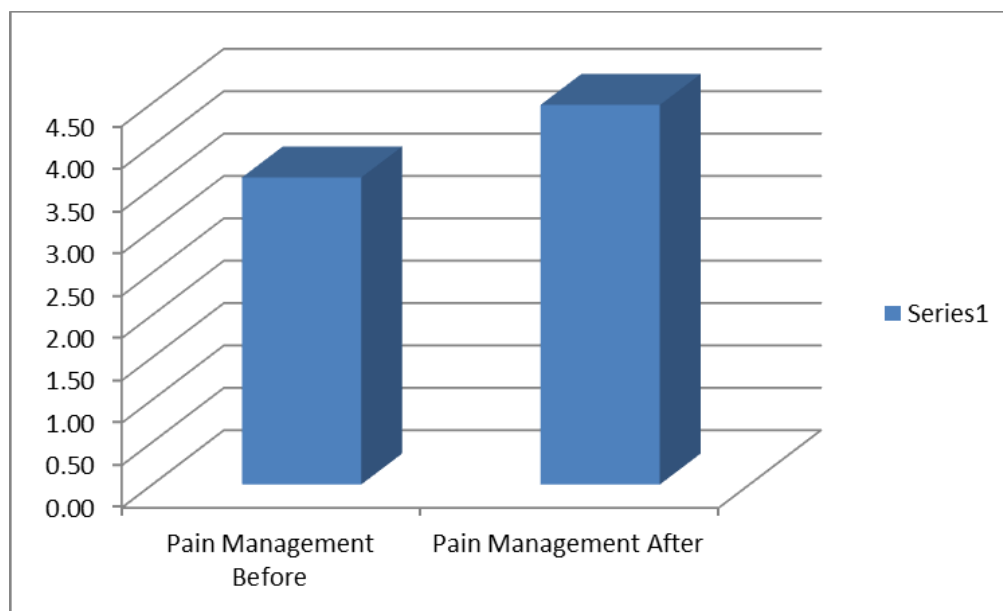
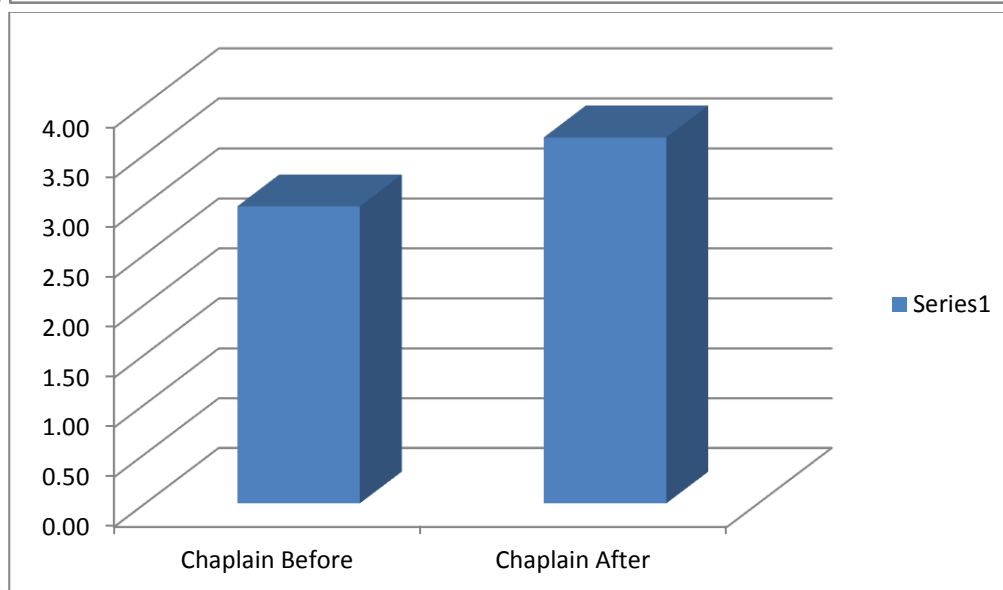
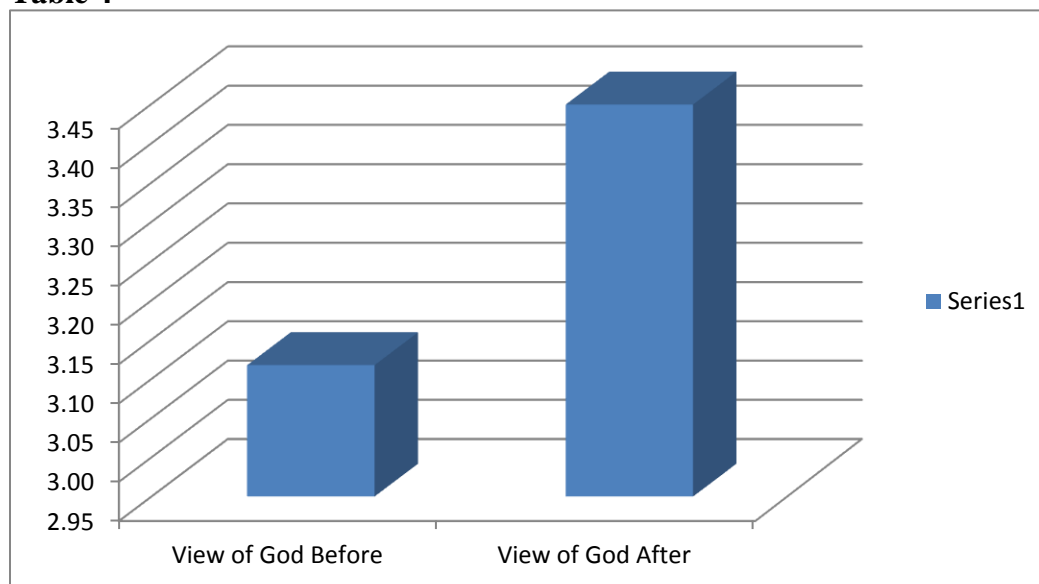
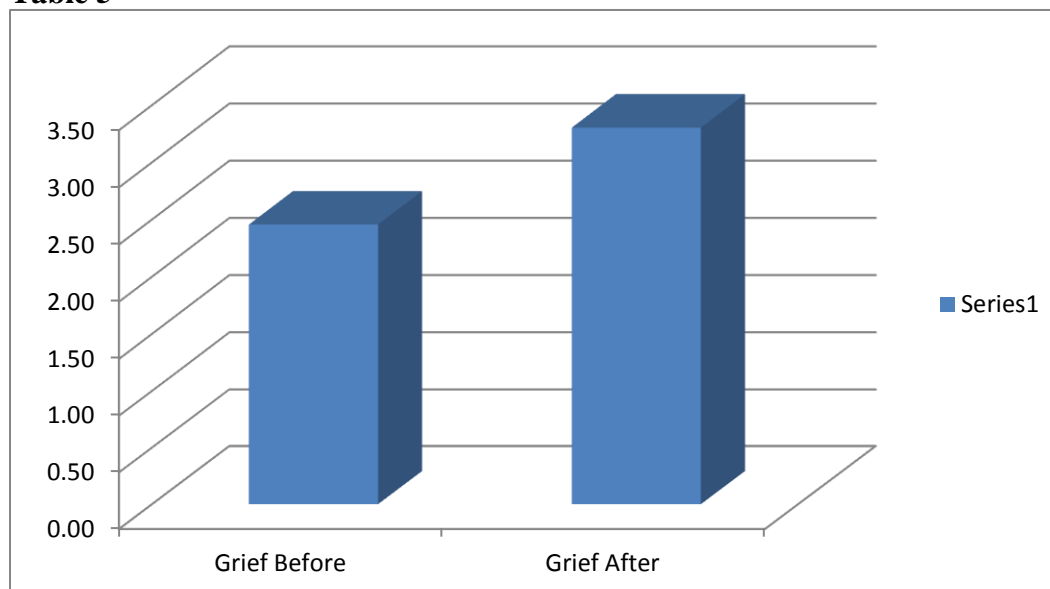
**Table 2****Table 3**

Table 4**Table 5**

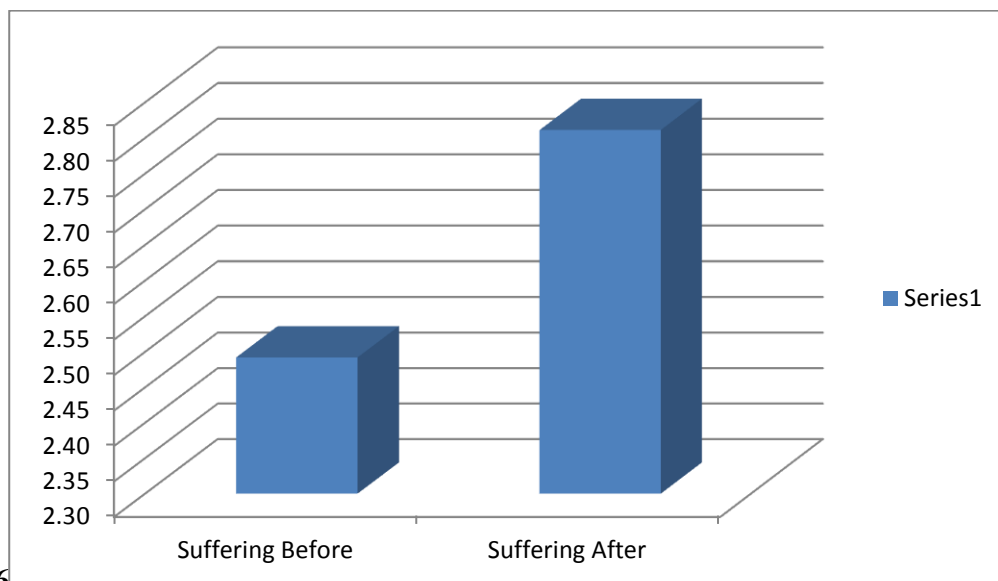


Table 6

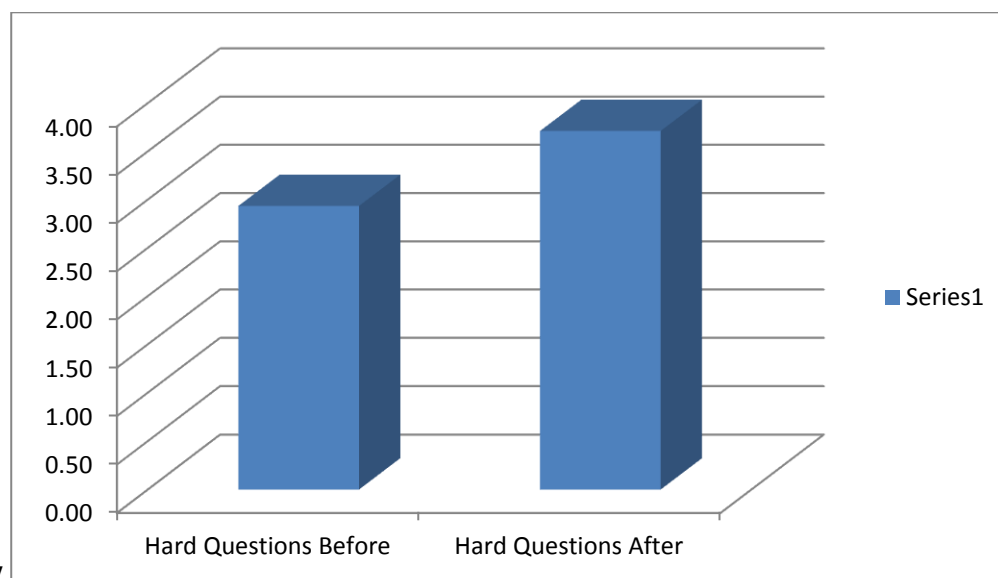


Table 7

Over-All Factor Value Scores

The numerical values for the over-all factors demonstrated that each factor involved was satisfactory to the participants. The categories to be measured were: *Strongly agree, agree, disagree, or strongly disagree*. The majority of participants rated questions 1-9 on the scale a 1 (Strongly Agree). There were a few participants who rated 1-9 either 2 (Agree) or 3 (Disagree). However, questions 10-18 resulted in a variety of numerical scoring (See Table 9). The low score was 1.111111 and the high score was 1.888889, which gave an average numerical value of 1.5.

This means the collective group of participants scored the over-all average between strongly agree and agree. These values support the fact that the participants were well pleased with the preparation of materials and the presenters (Questions 1-8), the group setting comfort level (Questions 9-12), the atmosphere of the room (Questions 13-17), and consideration of the host to work with the participants and their schedule in order for the participants to be able to participate in the whole project (Question 18).

Table 8 Measurements for Over-All Factor Result

	PRT 1	PRT 2	PRT 3	PRT 4	PRT 5	PRT 6	PRT 7	PRT 8	PRT 9	PRT 10	PRT 11	PRT 12	PRT 13	PRT 14	PRT 15
Question 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 3	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
Question 4	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1
Question 5	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1
Question 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 7	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
Question 8	1	1	1	1	2	1	1	1	1	5	1	2	1	1	1
Question 9	1	3	3	3	2	2	2	3	1	4	4	1	1	2	3
Question 10	4	3	3	3	4	3	2	3	2	4	4	4	3	2	1
Question 11	4	1	1	1	3	1	2	1	1	1	1	3	1	2	1
Question 12	1	1	1	1	2	1	2	1	2	1	1	2	1	3	1
Question 13	1	1	1	1	2	1	2	1	2	1	1	1	1	1	1
Question 14	1	2	1	1	2	1	2	1	2	1	1	2	1	1	2
Question 15	1	1	1	1	2	1	1	1	2	1	1	2	1	1	1
Question 16	1	4	1	1	2	1	4	1	2	3	1	2	1	1	1
Question 17	4	3	4	4	4	4	3	2	3	3	4	3	1	4	3
Question 18	4	3	3	3	2	4	3	4	3	3	4	3	1	4	4
	1.666667	1.666667	1.5	2.111111	1.777778	1.555556	1.722222	1.444444	1.555556	1.888889	1.666667	1.888889	1.111111	1.611111	1.444444

Two elements of this project that have not been numerically measured are *Role Play* and *Shadowing*. With this said, I have already mentioned that Role Play was indirectly measured in the pre-tests and post-tests because Role Playing was the instrument of this project that demonstrated what the participants learned from each presentation and question and answer sessions.

The *Shadowing* portion of this project was not numerically measured in the pre-tests and post-tests. Shadowing was, however, measured by my observation as a seasoned chaplain while the participants stepped into the role of a chaplain by providing spiritual support. I consider the shadowing to be a success due to the participants' engagement with the patients and family members during each visit.

Observations

I believe this project was a successful project. The pre-tests and post-tests values for individual progress and collective group progress for each topic presented have shown the participants learned from this project.

I too have learned from the participants as they dialogued in deep discussion about their beliefs about each topic presented and their willingness to hear what was being expressed in the group, and further, to acknowledge that change may be needed in one's own belief system.

Challenges were met within the planning, implementing, and ending of this project, but this entire project went well beyond expectation.

The planning process was challenging because I had to visit with hospice's VP of Access Department (AD) to get permission for this project. I had to come up with a plan that would ensure privacy of the patient and not hinder or hurt the patient in any way. Once I met with her, I had to meet with Director of Supportive Services (DOSS) to make her aware of the plans and to be sure there were no conflicts with other hospice in-services (continuing education) or mandatory meetings.

During the planning, I had to coordinate fifteen participant's schedule to meet. This took several meetings with the individuals and several private meetings with each participant separately. Implementing this project and ending the project went smoother than the planning, but was a challenge just having anticipation that all would go well.

A challenge for me was implementing a measurable scale for the pre-tests and post-tests so that the participants' scores could be measured to show what they had learned. I was able to develop scales and met with Dr. Carscaddon, and he approved the scales. He also gave me insight as to what to look for when implementing the pre-tests and post-tests. The overwhelming surprise for me was that I wanted to use between eight and ten people for this project. Staff came from everywhere to sign up. I wanted to focus on clinical staff because they are the ones who go into homes and facilities to visit patients. I actually had to refuse four nonclinical staff because they do not visit patients and there would have been no way to measure their progress. I did give them permission to sit in and listen to the presentations, but each nonclinical staff declined the invitation.

Another challenge was that individuals who committed to presenting topics backed out prior to beginning the presentations. However, I took responsibility and presented the topics myself. The individuals who backed out expressed that they needed more time to prepare for the presentations. I assured them that declining was no issue.

There were no other challenges or surprises during this project's origination to its end. Over-all I am pleased about the way the project developed. However, I learned that clinical staff who participated in this project had a desire to serve patients and family members with a heart-felt compassion. I did not expect the participants to be so eager and attentive to learn how to provide spiritual support to hospice patients and families. I found that I enjoyed the process of organizing the project from beginning to its end. I felt energized to be a part of educating a group of individuals who had a desire to learn.

If I had the opportunity to do this project over, I would change some aspects of how I did not pay attention to detail. I would have had the participants to complete a pre-test and post-test after each presentation and before each presentation instead of prior to and after each session, which was made up of several presentations. There were some challenges and surprises during the planning and implementation of this project that I have mentioned and I would desire for the challenges to go smoother. There are some exceptions; however, I realize that not everything will always go perfect and according to plan. Considering all of the factors involved in this project, I believe everything went smoothly. Therefore, I would not change anything about this project except to pay closer attention to detail.

Graph Summary

The charts are self-evident and demonstrate the success of this project. The measurements show that each participant learned from the presentations more than they did know about providing spiritual care to patients and family members. Some participants learned more than others in specific areas. However, the charts confirm that each participant was engaged in the lectures and learned from this process.

The charts demonstrate that the participants were very engaged and committed to learning. As we see from each chart, the participants learned and expanded their belief system. I was well pleased that the numerical values reflected what the participants shared with me during and after the presentations; they expressed they had learned a great deal during the presentations. After each session, there were participants lined up to tell their story of how they had tried to dialogue with patients or family members about spiritual issues. In each conversation, I heard the words, "I am thankful for this opportunity to learn more about how to share spiritual issues with my patients." The group, as well as individuals, expressed that they learned so much and would like it if hospice would allow this material to be taught regularly.

I was grateful that the objective measurements demonstrated that participants had learned material, but I was even more grateful that so many of the participants actually told me that their confidence in providing spiritual care had increased.

I chose to invest time and energy into this project because I saw a need for other disciplines to be able to provide spiritual support to hospice patients and families. This

has been a journey of labor, but even more, an investment in God's work to care for the dying and their families.

The elevated learning score average on a scale of 1-5 for each topic discussed is as follows: Pain Management 3.915; Chaplain 3.415; View of God 3.75; Grief 2.575; Suffering 3.0; and Hard Questions 2.5. The pre-tests and post-tests were valuable in measuring the outcome of participant's learning.

I was greatly surprised to learn the average for each topic was so high. I am happy that the project demonstrated growth and learning, but I was very surprised to find that individuals who do this work every day and have a faith system that sustains them in life knew as little as they did about each topic presented. For example, after the presentation on the *Chaplain's Role*, one participant who is a CNA expressed that she had worked for hospice for a few years and did not know exactly what a chaplain did on a daily basis. She expressed that she did not know that the chaplain was responsible for officiating funerals on the week-end. Neither did she know that chaplains get caught up in family dynamics and have to reconcile family members and patients concerning differences in faith issues. The participant expressed a newly found gratitude and appreciation for the work of a chaplain. The charts demonstrate that participants who had a newly found gratitude increase of learning by 3.415 points.

Some of the participants did not fully grasp, in the beginning, why the topic of *Pain Management* was incorporated into this project. After the presentation, there were some who finally understood that one cannot go into a home and talk about spiritual

issues until the patient has been made comfortable. There was an average increase of 3.915. Once again, I found this to be astonishing given the knowledge of each participant concerning our RN's commitment to alleviate pain to a tolerable level as soon as possible. I did not have anyone to approach me about pain management, but the group expressed that the presentation had been very helpful. The charts once again demonstrated that the participants had learned about pain management.

By the time the group heard the presentation on *Views of God*, the group had begun to get comfortable with their setting and one another. This topic resulted in an in-depth conversation about God between a few participants. The presenter did not try to convey his own beliefs about God, but did give an explanation of how different cultures within the Christian community view God. The presenter explained the influence of the family belief system into the church and the challenge of many pastors. One participant expressed that she had been raised to tell everyone she could about Jesus and get them saved. The discussion began, as there were a mixture of beliefs about evangelism and the setting of hospice. After the discussion, the participant who wanted to evangelize confessed that the presentation and the discussion had helped her to see things differently. The group offered encouragement to the participant. The total points raised on this topic were 3.75.

The topic on Grief resulted in conversation as well. The participants did not understand the difference between physical loss and symbolic loss. Participants began to talk about their personal lives touched by a family or patient who has gone through

suffering. This resulted in group discussion with the presenter and with each other. After the presenter explained physical loss, which is death, and symbolic loss, which is the loss of a cook in the home due to death, a better understanding took place. This is one example of dialogue that took place and resulted in the group learning more about grief and how the living, patient and family grieve. The average learning score for this topic was 2.575.

The topic of Suffering seemed to overwhelm the participants. There was discussion at the end of the presentation and each participant was listening intently. However, tears filled many participants' eyes and the participants began to talk about their person lives and how they have been touched by a family member or patient who has went through suffering before dying. The learning score was 3.0 for this topic. This topic resulted in many participants coming to my office after the session and asking questions about the Job's experience from the Bible. I was happy that the few who had questions had confidence to come to me, but sad to see and hear them cry as tears flowed from their eyes.

The last topic was on *Hard Questions*. These questions had been asked of me during my six years with hospice. I have mentioned these questions in the paper and will only summarize the impact of the hard questions. The average learning score was 2.5. Each participant was engaged and listened as the presenter gave a question and answer. These questions were asked of me when I first began hospice. I explained to the group that I depended on the Holy Spirit to give me words to say for comfort and peace of

mind, but also that I might not say anything that would hurt the patient. The charts indicate that the participants' did learn from my experience with hard questions.

I did not incorporate statistics for Role-Play and Shadowing. This was not intentional, but an over sight on my part. I have no way to measure how the group did as individuals or as a collective group. I can only say that during the role play, the participants were subjected to a dialogue between me and a participant who pretended to be visiting a patient. As the participant began asking about my day, I role played a realistic scene that had really happened during one of my visits to a patient. Each participant was able to hear what was being said and see the body language. This gave the participants the opportunity to put into practice all of the topics they had heard and engaged in conversation.

There is no way I can measure or justify what the two individuals who shadowed learned. Though they verbally expressed feeling more confident after asking the patient about praying, I should have had a measurable system in place.

Conclusion of Critical Evaluation

Looking back, there was much going on in the minds of each participant. As I summarize this experience, I can say that it was my pleasure to host this project with such fine men and woman at Hospice Cleveland County. I am grateful for their involvement. I have learned that one does not have to be a trained theologian to provide spiritual care to patients and family members at hospice. I do believe, however, that one does need some type of training such as this project. I have sat in group interviews as our department

listened to a gentleman interview for a chaplain's job at hospice. His theology was so far off and terrible that the group did not recommend our supervisor hire this man. He had been a chaplain in the United States Air Force. This is a very good example that training does not dictate the awareness of a person giving spiritual support.

I believe the individuals who participated in this project learned better how to provide spiritual care to the dying and their family. I am confident that I have learned and developed a better understanding of how to provide spiritual support by having the opportunity to educate and engage with the participants. I will continue to find ways to minister more effectively in the ministry setting at Hospice Cleveland County. I am grateful for the opportunity to be a part of this process, and I am confident that this project process will not end with this paper. I am hopeful that this project is just the beginning of a tool that will help many individuals to become more confident when talking to a patient or family member about spiritual issues.

CHAPTER FIVE

CONCLUSION

What I Learned As a Result of This Project

One of the things I learned as a result of implementing this project was how totally protective of patients' privacy the administrators of Hospice Cleveland County are. I understand and agree with the philosophy and policy of Hospice Cleveland County, but working through and with the administrators reminded me of how careful I needed to be. Because I had to be very careful to protect the patient and family members, I had to reconstruct my original idea of having more field work by the participants to implementing this project in a lecture setting. This setting required that I be more creative so that the participants could get a "real" feel for each component that was to be introduced to the participants. Field involvement would have been ideal, but not practical due to patient and family privacy.

I quickly discovered that I had to be flexible if the project was to happen. My "ideal" project was seen by the people whose help I needed as too time consuming, too likely to cause inconvenience to patients and family members and too demanding to those who wanted to participate. I quickly learned I had to work with what time and energy was available to me from all involved. As a result, I could not teach each lecture on separate days. Instead, I had to organize each lecture to take place consecutively within a block of

time in a two day period. I was still able to commit equal time for the lectures, but for the sake of the project going forward, I had to be flexible in order to meet the staff members' need for more lectures in fewer days versus fewer lectures over more days.

I have always referred to what some call "Plan B" as improvising or adapt and adjust. These are two military terms I learned while serving in the U.S. Army. Therefore, being flexible to the needs of others to accomplish a goal has proven to be very valuable to me. Longer sessions and reflection time to discuss, this group of volunteers humbled me with their eagerness to learn and their willingness to be vulnerable and to learn. We truly learned from one another and the time we spent together, while not exactly what I had originally hoped for, was enough for me to see that the project I envisioned was a project that could be used many times to help train hospice staff to do better pastoral care.

My suspicions were reinforced when I listened to the participants talk about unhealthy theological concepts. Some of the participants talked about their churches and other churches in their community whose pastors and leaders are instilling fear and anxiety in the people who attend the services. I was discouraged to learn from one of the participants that her pastor had preached that a person should never question God. I wanted to be careful not to "badmouth" her pastor, but I also wanted to offer a different point of view. I saw from that whole encounter that sometimes we might need to validate what people ARE feeling in spite of what they have been told they SHOULD feel.

I was surprised to learn that most people of the presenters dread public speaking, even people who are quite competent in their field. I actually had to spend more time

than I expected encouraging the presenters and literally checking in just about every day with them to be sure they were clear and more confident about their topic and the direction they should take when presenting. I discovered that daily reinforcement helped the presenters to be confident. In the end, they all did a great job.

I was surprised at what I consider to be common knowledge was not always well understood by everyone. I took it for granted that a person who was in great pain would probably not respond well to being presented with a gospel tract, but I learned that not everyone did take that for granted. A participant or two really needed the refresher course on pain management as a first step. I have always tried to teach from the perspective that the target audience knows little or nothing about the topic being taught. From my experience with this project, I will continue to follow this practice when teaching.

I relearned how very helpful role play is. I have always considered it a great tool, but this experience helped me see how quickly and easily role play presents an opportunity for all the questions that need to be discussed to be exposed. I consider role play a vital tool for teaching, and I will use this tool whenever possible to help teach a concept.

Finally, one of the things I will continue to reflect on is learning what good theologians and pastoral care-givers motivated persons can quickly learn to be, without any “formal” theological training. Each participant was a Christian and each participant attended church regularly. I tried to relay to each person that they have been sharing

God's love for many years, and they know more about prayer and communicating God's love that they realize. The only pit fall is if one is raised in a church with unhealthy theological concepts. However, this group of people had a teachable spirit. Therefore, I am reminded that the one thing that has helped me in learning during my time at Hospice Cleveland County is to have a team mind set with a teachable spirit.

APPENDIX 1

I agree to participate in this ministry project. I also agree to attend each session and participate in pre-test and post-test in the process of this experiment. Further, I agree to maintain confidentiality concerning the topics discussed in this experiment, and I agree to maintain a non-judgmental environment, and I will respect other participants' expressions and opinions. As a staff member or volunteer, I have signed a confidentiality clause that is on file and understand HIPPA regulations concerning patient confidentiality. I will contribute to learn and understand how I can become encouraged to provide spiritual support to patients and family members.

Signature: _____

Demographics

Please fill in the following information. The information provided will be confidential and used for measurement only.

Age: _____

Gender: _____

Years and months with Hospice Cleveland County: _____

APPENDIX 2

Participant Initial Questionnaire: Physical

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. I am familiar with and understand the role of a registered nurse in caring for a patient who is in pain crisis.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well
2. I am familiar with and understand pain assessment by a registered nurse.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well
3. I understand non-verbal pain symptoms that a patient may display.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well
4. I am familiar with and understand the significance of caring for the physical need before providing spiritual support.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well
5. I know how to communicate non-verbally with patients who are minimally responsive.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well
6. I understand the ministry of presence.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

APPENDIX 3

Participant Post Questionnaire: Physical

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. I am familiar with and understand the role of a registered nurse in caring for a patient who is in pain crisis.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

2. I am familiar with and understand pain assessment by a registered nurse.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

3. I understand non-verbal pain symptoms that a patient may display.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

4. I am familiar with and understand the significance of caring for the physical need before providing spiritual support.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

5. I know how to communicate non-verbally with patients who are minimally responsive.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

6. I understand the ministry of presence.
1. No 2. Partially 3. Good 4. Well 5. Extremely Well

APPENDIX 4

Participant Initial Questionnaire: Chaplain's Role

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you understand the chaplain's role in providing spiritual support to be complex?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. When applicable, is the chaplain challenged by contacting the patient's minister, who provides spiritual support to the patient as well as the chaplain?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. Is the chaplain always successful in exploring spiritual concerns with the patient and family?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. How challenged is the chaplain to facilitate the family to settle religious differences which exist within the family?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. How often does a chaplain facilitate the planning of funerals and officiate funeral services?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. How challenged is the chaplain to facilitate dialogue about after-life with the patient and family member/s?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 5**Participant Post Questionnaire: Chaplain's Role**

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you understand the chaplain's role in providing spiritual support to be complex?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. When applicable, is the chaplain challenged by contacting the patient's minister, who provides spiritual support to the patient as well as the chaplain?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. Is the chaplain always successful in exploring spiritual concerns with the patient and family?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. How challenged is the chaplain to facilitate the family to settle religious differences which exist within the family?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. How often does a chaplain facilitate the planning of funerals and officiate funeral services?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. How challenged is the chaplain to facilitate dialogue about after-life with the patient and family member/s?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 6**Participant Initial Questionnaire: View of God**

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and of the subject.

1. Is your view of God interpreted as a God who loves you unconditionally?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. Is your view of God interpreted as a God who loves you when you're not bad?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. Is your view of God interpreted as a God who punishes you for past sin?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. Do you deserve God's love every day?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. Do you view God as waiting to punish you when you do something wrong?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. Do you view God as a just and fair God?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
7. Can you accept that God loves you despite your many failures?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 7**Participant Post Questionnaire: View of God**

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Is your view of God interpreted as a God who loves you unconditionally?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. Is your view of God interpreted as a God who loves you when you're not bad?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. Is your view of God interpreted as a God who punishes you for past sin?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. Do you deserve God's love every day?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. Do you view God as waiting to punish you when you do something wrong?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. Do you view God as a just and fair God?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
7. Can you accept that God loves you despite your many failures?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 8

Participant Initial Questionnaire: Grief

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Most often, does the patient accept the reality of an imminent death before a family member accepts the imminent death?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. Do all people grieve the same?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. When one grieves, does shock, denial, numbness, sadness, depression, anger, anxiety hope, and withdrawal take place in a sequential order?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. Do you know the difference between the two kinds of loss, physical and symbolic?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. Can you identify the physiological manifestations of grief (Physical Symptoms)?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. Can you identify the spiritual manifestations of grief?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
7. Do you understand the dynamics of complicated grief?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 9

Participant Post Questionnaire: Grief

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Most often, does the patient accept the reality of an imminent death before a family member accepts the imminent death?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
2. Do all people grieve the same?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
3. When one grieves, does shock, denial, numbness, sadness, depression, anger, anxiety hope, and withdrawal take place in a sequential order?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
4. Do you know the difference between the two kinds of loss, physical and symbolic?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
5. Can you identify the physiological manifestations of grief (Physical Symptoms)?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
6. Can you identify the spiritual manifestations of grief?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually
7. Do you understand the dynamics of complicated grief?
1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 10

Participant Initial Questionnaire: Suffering

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you believe individuals can find hope in their suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

2. Is there a divine purpose in an individual's suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

3. Do you believe a person who does not suffer in life is protected by God?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

4. Do you believe God should be questioned concerning suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

5. Do blessings from God come through suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

6. Is God responsible for one's suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

7. Is it fair for people to not acknowledge God and prosper?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 11

Participant Post Questionnaire: Suffering

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you believe individuals can find hope in their suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

2. Is there a divine purpose in an individual's suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

3. Do you believe a person who does not suffer in life is protected by God?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

4. Do you believe God should be questioned concerning suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

5. Do blessings from God come through suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

6. Is God responsible for one's suffering?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

7. Is it fair for people to not acknowledge God and prosper?

1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 12

Participant Initial Questionnaire: Hard Questions

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you understand the difference between healthy fear and unhealthy fear and can you identify characteristics of each?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

2. When a person acknowledges that he/she is dying, do you feel comfortable engaging in conversation about death and letting the individual have a voice in this dialogue?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

3. Are you familiar with the Biblical texts in order to help individuals make things right with God and humanity?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

4. Are you familiar with how to encourage the patient when he/she says, "I'm ok with this, but I worry about my family and how they will survive?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

5. Are you comfortable in dealing with a family when the patient says, "I want to talk about dying, but my family doesn't?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

6. Do you know how to respond to a patient when he/she says, "Why does God let sickness come upon people" or "Why did God let this happen to me?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 13

Participant Post Questionnaire: Hard Questions

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence and knowledge of the subject.

1. Do you understand the difference between healthy fear and unhealthy fear and can you identify characteristics of each?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

2. When a person acknowledges that he/she is dying, do you feel comfortable engaging in conversation about death and letting the individual have a voice in this dialogue?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

3. Are you familiar with the Biblical texts in order to help individuals make things right with God and humanity?
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

4. Are you familiar with how to encourage the patient when he/she says, "I'm ok with this, but I worry about my family and how they will survive?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

5. Are you comfortable in dealing with a family when the patient says, "I want to talk about dying, but my family doesn't?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

6. Do you know how to respond to a patient when he/she says, "Why does God let sickness come upon people" or "Why did God let this happen to me?"
 1.Seldom 2.Occasionally 3.Often 4.Frequently 5.Continually

APPENDIX 14

Participant Post Over-All Questionnaire:

Please read the following sentences and choose one answer that best describes your knowledge of the subject discussed. There is no right or wrong answers. I want you to be honest with your confidence knowledge of the subject.

1. Did the host conduct himself professionally by scheduling pre-seminar meeting and provide feedback for meeting times?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

2. Was the host professional and confident in his obligation to stay focused and keep the group on track concerning each topic?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

3. Did the host have enough time set aside for question and answer time?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

4. Were you given a clear understanding of the project goal/s and your role as a participant?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

5. Were you given adequate time to prepare for your role concerning work?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

6. Was the host of this project professional and prepared concerning this project?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

7. Were the presenters of each topic professional and knowledgeable of the topic presented?

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

8. Were you given adequate time to ask questions concerning each topic presented?

Strongly Agree Agree Disagree Strongly Disagree

9. Did you feel comfortable participating and interacting within the group setting?

Strongly Agree Agree Disagree Strongly Disagree

10. Did you experience tension within the group, at any time, concerning different opinions that were discussed?

Strongly Agree Agree Disagree Strongly Disagree

11. Did you experience negative feelings of your own belief system during the lectures or during group discussion?

Strongly Agree Agree Disagree Strongly Disagree

12. Did you give serious thought to the lectures and discussions prior to the post-tests?

Strongly Agree Agree Disagree Strongly Disagree

13. Did the room offer a warm setting that enabled you to be comfortable for discussion?

Strongly Agree Agree Disagree Strongly Disagree

14. Was the lighting in the room adequate?

Strongly Agree Agree Disagree Strongly Disagree

15. Was the temperature of the room adequate?

Strongly Agree Agree Disagree Strongly Disagree

16. Did the room provide privacy so that you felt comfortable to discuss topics that were taught?

Strongly Agree Agree Disagree Strongly Disagree

17. Were there any interruptions that made you feel uncomfortable?

Strongly Agree Agree Disagree Strongly Disagree

18. As a staff member or volunteer, did the scheduled meetings for this project conflict with your daily routine of patient care?

Strongly Agree Agree Disagree Strongly Disagree

APPENDIX 15 Measurements for Individual Participant

	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	3	5		3	5		5	5		2	5		3	4		3	4	
	3	5		4	5		1	2		1	1		4	4		4	5	
	4	5		3	4		1	3		3	1		3	5		4	4	
	4	5		3	4		5	5		3	4		2	4		4	4	
	5	5		4	4		1	2		4	4		5	3		4	4	
	5	5		4	4		5	5		4	4		1	3		3	4	
				5	5		5	5		3	4		3	5				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 1	4	5		3.50	4.33		3.29	3.86		2.86	3.29		3	4		3.7	4.2	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	4	5		3	5		5	5		3	4		3	3		1	4	
	3	4		3	4		5	4		1	1		2	1		3	3	
	3	4		3	4		1	3		1	1		4	4		1	2	
	2	5		3	3		1	5		1	4		1	4		1	4	
	2	4		3	4		2	1		2	4		4	1		1	4	
	3	5		3	5		2	4		2	4		1	1		2	4	
				3	4		3	4		3	3		2	4				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 2	2.833333	4.5		3.00	4.17		2.71	3.71		1.86	3.00		2.428571	2.571429		1.5	3.5	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	4	5		5	5		5	5		3	4		3	3		3	3	
	4	5		2	3		3	1		1	1		3	3		5	5	
	5	5		4	3		1	1		3	1		1	2		2	2	
	5	5		2	3		4	5		3	4		1	2		3	3	
	4	5		4	3		1	1		3	4		3	3		2	2	
	5	5		1	3		5	5		3	4		1	3		1	1	
				4	5		4	5		3	3		3	3				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 3	4.5	5		3.00	3.33		3.29	3.29		2.71	3.00		2.14	2.71		2.7	2.7	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	4	5		5	5		5	5		3	4		3	3		3	3	
	4	5		2	3		3	1		1	1		3	3		5	5	
	5	5		4	3		1	1		3	1		1	1		2	2	
	5	5		2	3		4	5		3	4		1	1		3	3	
	4	5		4	3		1	1		3	4		3	3		2	2	
	5	5		1	3		5	5		3	4		1	1		1	1	
				4	5		4	5		3	3		3	3				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 4	4.5	5		3.00	3.33		3.29	3.29		2.71	3.00		2.14	2.14		2.7	2.7	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	4	4		3	3		5	5		3	3		3	3		3	3	
	4	4		3	3		5	5		1	1		2	2		3	3	
	4	4		3	3		1	1		1	1		1	1		2	3	
	4	5		1	2		5	5		3	3		1	1		3	3	
	4	5		3	3		1	1		3	3		5	5		3	3	
	4	4		1	4		5	5		3	3		1	1		3	3	
				5	5		5	5		3	3		1	1				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 5	4	4.33		2.33	3.00		3.86	3.86		2.43	2.43		2	2		2.8	3.0	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	4	5		3	5		5	5		3	3		4	4		4	5	
	4	5		3	4		1	1		1	1		4	4		4	4	
	4	5		3	4		1	1		1	1		1	1		3	5	
	4	5		3	5		5	5		4	5		3	5		3	4	
	5	5		3	4		1	1		3	5		1	1		3	4	
	5	5		3	5		5	5		3	4		1	1		4	4	
				5	5		5	5		3	4		1	5				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 6	4.33	5		3.00	4.50		3.29	3.29		2.57	3.29		2.14	3		3.5	4.3	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	3	4		3	4		5	5		4	4		4	4		3	4	
	3	4		2	2		5	5		2	2		4	4		5	5	
	2	2		3	4		1	1		1	1		2	2		2	3	
	4	4		3	2		1	1		4	4		3	2		3	4	
	2	5		2	4		2	1		4	4		4	2		3	4	
	2	4		3	3		5	5		2	2		3	1		3	4	
				5	5		5	5		3	3		1	2				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 7	2.67	3.83		2.67	3.17		3.43	3.29		2.86	2.86		3	2.428571		3.2	4.0	
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post	
	3	5		5	5		4	5		4	4		4	4		4	3	
	4	5		3	3		1	5		1	1		2	1		5	5	
	4	5		4	4		1	1		2	1		1	1		5	5	
	4	5		1	3		1	1		3	4		3	3		4	5	
	3	5		4	3		1	1		3	4		3	3		4	5	
	5	5		4	4		4	4		4	4		1	4		4	4	
				4	4		4	5		3	4		2	1				
	Pain Management		Chaplain		View of God		Grief		Suffering		Hard Questions							
Person 8	3.83	5		3.50	3.67		2.29	3.14		2.86	3.14		2.29	2.43		4.3	4.5	

	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	3	3		3	3		3	4		5	5		4	5		2	5
	2	3		4	4		3	3		1	1		4	4		2	5
	4	4		3	4		1	1		1	1		3	3		1	3
	3	4		3	4		5	5		2	2		2	3		2	3
	2	3		4	4		1	1		2	2		3	3		2	4
	3	3		2	4		5	5		2	2		1	1		2	4
							5	5		4	4		4	4			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 9	2.83	3.33		3.17	3.83		3.29	3.43		2.43	2.43		3	3.29		1.8	4.0
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	4		5	4		5	5		3	4		2	4		2	4
	4	4		1	2		1	5		1	1		3	4		2	5
	4	2		3	4		1	1		1	1		5	2		2	3
	4	4		2	2		3	1		2	4		1	2		3	4
	2	5		2	4		1	1		2	4		2	2		2	4
	4	4		5	3		4	5		2	3		3	1		2	4
							5	5		1	1		2	2			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 10	3.67	3.83		3.00	3.17		2.86	3.29		1.71	2.57		2.57	2.43		2.2	4.0
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		4	5		5	5		4	4		4	4		2	4
	4	4		5	4		1	5		1	1		5	4		2	3
	3	4		2	4		1	3		2	1		1	5		3	4
	2	5		2	4		2	4		1	3		3	4		3	3
	2	5		2	4		1	1		2	4		3	4		4	4
	4	5		4	4		5	5		2	2		3	4		3	3
							5	5		1	2		1	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 11	3.17	4.67		3.17	4.17		2.86	4.00		1.86	2.43		2.86	3.71		2.8	3.5
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		3	4		5	5		4	5		2	5		2	4
	5	5		3	4		1	1		1	2		4	2		3	3
	4	4		3	3		2	1		1	3		1	1		2	3
	4	5		2	4		1	4		2	4		3	4		2	4
	3	5		1	4		2	1		2	2		4	4		3	3
	3	4		3	2		5	5		2	3		2	1		2	4
							5	5		2	3		3	4			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 12	3.83	4.67		2.50	3.50		3.00	3.14		2.00	3.14		2.71	3		2.3	3.5
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	4	5		2	5		5	5		4	4		4	4		1	4
	4	5		2	4		2	4		1	1		3	4		5	4
	4	5		4	4		2	1		2	1		4	5		2	2
	4	5		2	4		4	5		3	4		2	2		4	4
	4	5		3	4		2	2		4	5		3	4		4	4
	4	5		3	2		5	5		2	4		2	4		2	4
							5	5		1	4		1	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 13	4	5		2.67	3.83		3.57	3.86		2.43	3.29		2.71	3.43		3.0	3.7
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	1	4		5	5		5	5		4	3		3	3		4	5
	3	4		4	5		5	1		1	1		3	4		3	4
	3	4		3	3		2	3		2	1		5	4		4	4
	3	4		4	5		1	1		3	5		1	3		4	4
	3	4		5	4		1	2		3	4		4	4		3	4
	3	4		4	5		5	5		3	4		1	1		3	4
							5	5		3	4		2	1			
	Pain Management			Chaplain			View of God			Grief			Suffering			Hard Questions	
Person 14	2.67	4		4.17	4.50		3.43	3.14		2.71	3.14		2.71	2.86		3.5	4.2
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post
	3	4		2	2		4	5		3	3		3	4		4	4
	3	4		2	1		1	2		1	1		3	3		4	4
	4	4		2	3		1	1		1	1		1	1		4	4
	3	4		2	1		2	5		4	4		1	2		4	4
	4	4		2	4		1	1		4	4		1	2		4	4
	4	4		2	4		5	5		4	4		1	1		4	4
Person 15	3.5	4		2	2.5		2.33	3.17		2.83	2.83		1.67	2.17		4	4

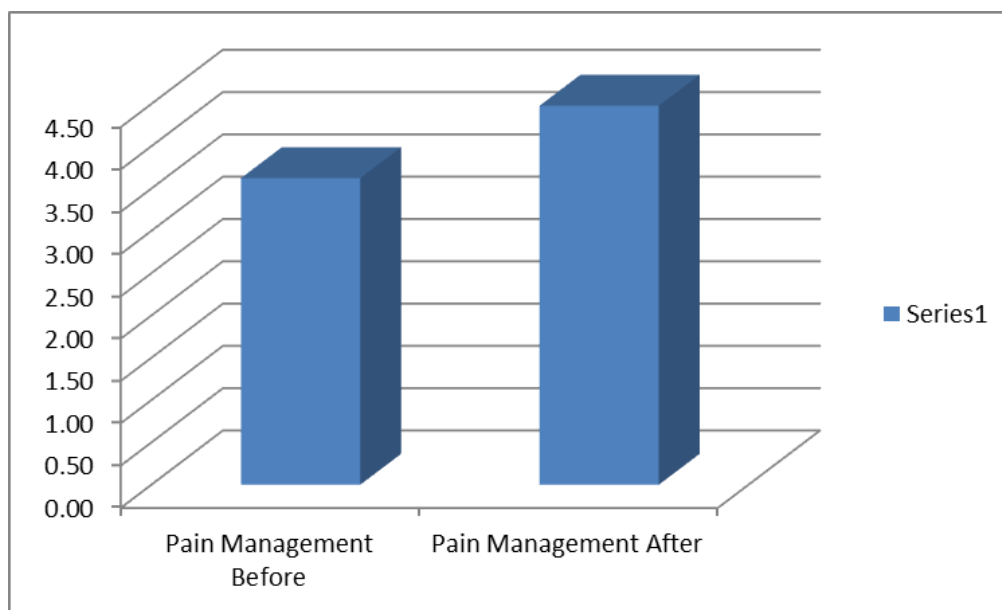
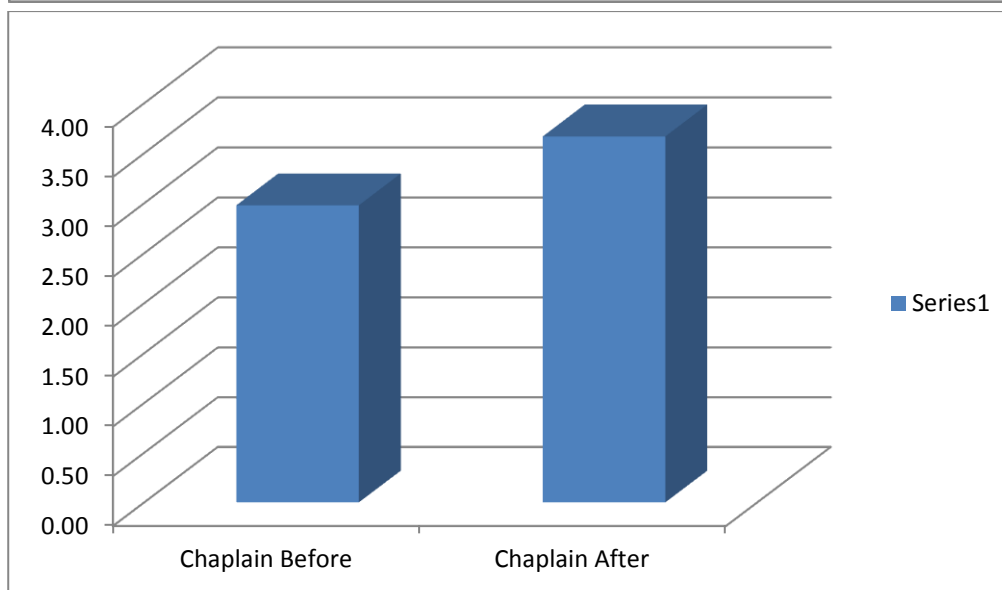
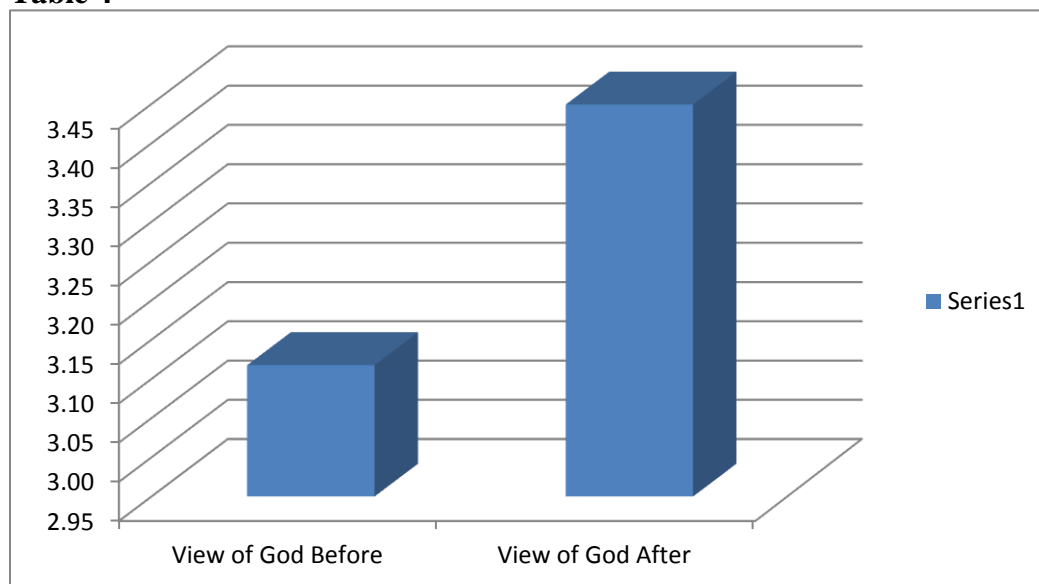
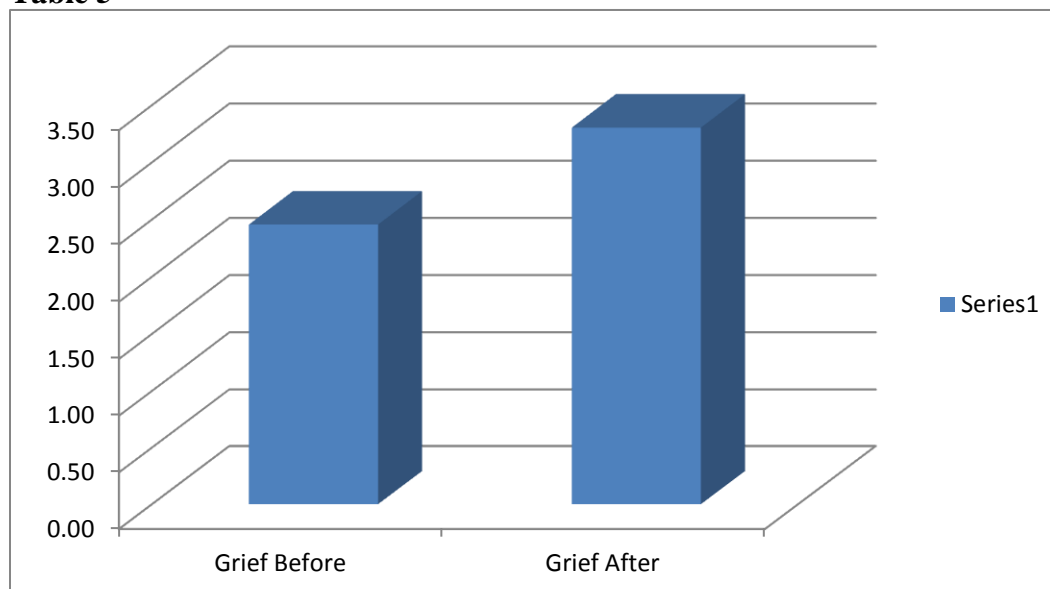
APPENDIX 16 Measurements for Collective Participant Results**Table 2****Table 3**

Table 4**Table 5**

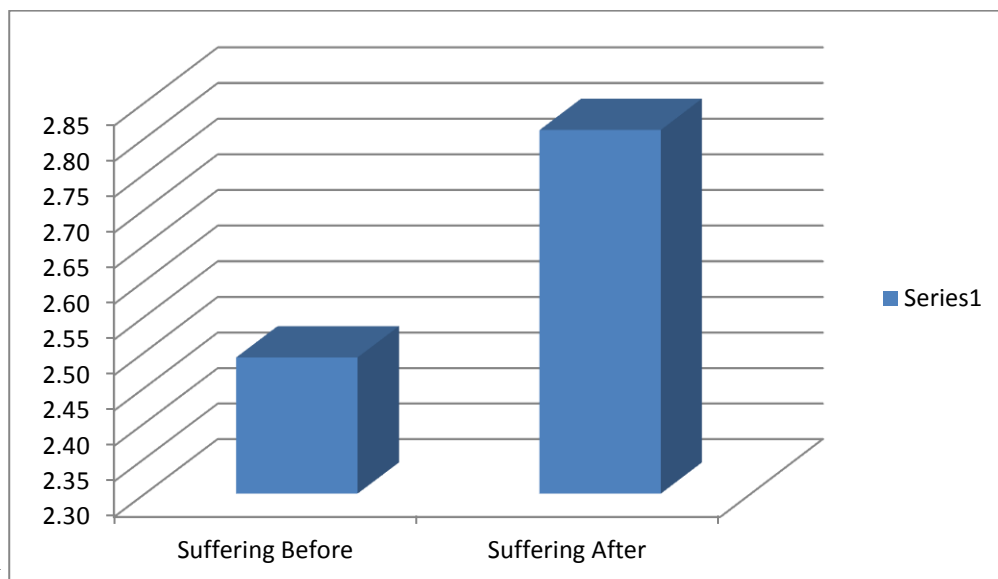


Table 6

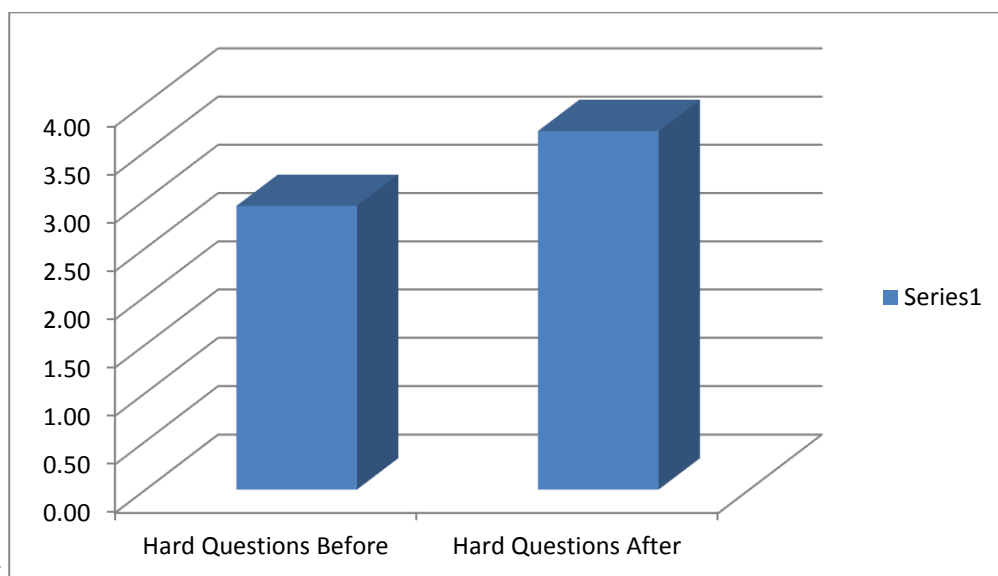


Table 7

APPENDIX 17 Measurements for Over-All Factor Result

	PRT 1	PRT 2	PRT 3	PRT 4	PRT 5	PRT 6	PRT 7	PRT 8	PRT 9	PRT 10	PRT 11	PRT 12	PRT 13	PRT 14	PRT 15
Question 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 3	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
Question 4	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1
Question 5	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1
Question 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Question 7	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
Question 8	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1
Question 9	1	3	3	3	2	2	2	3	1	4	4	1	1	2	3
Question 10	4	3	3	3	4	3	2	3	2	4	4	4	3	2	1
Question 11	4	1	1	1	3	2	2	1	1	1	1	3	1	2	1
Question 12	1	1	1	1	2	2	2	1	2	1	1	2	1	3	1
Question 13	1	1	1	1	2	2	2	1	2	1	1	1	1	1	1
Question 14	1	2	1	1	2	2	2	1	2	1	1	2	1	1	2
Question 15	1	1	1	1	2	2	1	1	2	1	1	2	1	1	1
Question 16	1	4	1	1	2	3	4	1	2	3	1	2	1	1	1
Question 17	4	3	4	4	4	4	3	2	3	3	4	3	1	4	3
Question 18	4	3	3	3	2	4	3	4	3	3	4	3	1	4	4
	1.666667	1.666667	1.5	2.111111	1.777778	1.555556	1.722222	1.444444	1.555556	1.888889	1.666667	1.888889	1.111111	1.611111	1.444444

APPENDIX 18 Project Calendar

December 31, 2012 – Submission of project proposal.

August 1, 2012 – Began reading works in Bibliography.

Week of January 1, 2013 – Began compiling teaching materials for lecture sessions.

Week of January 1, 2013 – Began interview and selection of ministry experiment participants.

February 14, 2013 – Session one with participants:
 Session one began by administering pre-experiment survey and then proceeded with session one lecture presented by a RN dealing with a patient's "Physical Pain" by Cynthia Gould.

February 14, 2013 – Session two lecture dealt with the "Chaplain's Role" by Justin Williamson.

February 14, 2013 – Session three lecture dealt with "Grief" by Kim Sparrow.

February 14, 2013 – Session four lecture dealt with "Views of God" by Terry Floyd.

February 14, 2013 – Session five lecture dealt with "Suffering" by Terry Floyd.

February 15, 2013 – Session six dealt with "Hard Questions" by Terry Floyd.

February 15, 2013 – Session seven participants role played what has been learned from The "Hard Questions."

February 25-26, 2013 -Chose two participants for the chaplain to shadow and observe their ability to interact with patient and family members concerning spiritual issues.
 -I dialogued with the participants concerning their "chaplaincy"
 To gain insight of their learning, as well as my ability to learn from the participants.

March 8, 2013 – Meet with participants for the purpose of taking post-tests. This gave the participants time to reflect on the teachings and what they had learned.

March 9, 2013 – I began to write a draft of project report and analysis

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