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Clinical Buddhist Chaplaincy Spiritual Care in the US Catholic Healthcare System

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ABSTRACT

This study utilized an actual participant qualitative field research paradigm to collect data for examining and analyzing the work of a clinical Buddhist chaplain within a rural, Catholic medical center in the US. Quantitative data collected from patient visits (n=1,329; total visits (tv.)=1,443) provided information for measuring the spiritual care needs of patients and the efficiency and consistency of a clinical Buddhist chaplain's work. The results demonstrate that prayers and pastoral counseling for Catholic and Protestant patients (n=1,265; 95.17%) comprised the dominant work content of a clinical Buddhist chaplain. This study suggests that traditional Christian chaplaincy is practiced even by Buddhist chaplains in a rural, religious medical institution.

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INTRODUCTION

The development of clinical Buddhist chaplaincy[1] in the US healthcare system is largely rooted in the spirit of the Bodhisattva path aimed at alleviating human suffering with compassion and wisdom, regardless of nationality, race, gender or religion.[2] Gradually, clinical Buddhist chaplaincy in the US has become established its systemized professional career as a branch of social services.[3] In practice, the work of a clinical Buddhist chaplain in the US healthcare system aims to care for patients in the processes of healing or dying by providing appropriate spiritual care, pastoral counseling, religious ritual or emotional support as needed.[4] Moreover, providing for the emotional support and spiritual care needs of patient family members and hospital staff also comprise a significant portion of a clinical Buddhist chaplain's daily work in a hospital or hospice in the US healthcare system.[5]

Research conducted by sociologists of religion in the past decade have observed that the 21st century spiritual care services provided by chaplains in hospitals and hospices in the US are a mixture of sacramental and psychotherapeutic forms of relational and supportive care. As such, spiritual care intends to be a profession of accompany-ship or cheerleader-ship as to meet various patients' whole-person-care needs as requested "in a more fragmented or less prescriptive manner."[6] As the 21st century evolution of healthcare chaplaincy progresses, spiritual care remains flexible as to what a chaplain may perform or provide.[7] Nevertheless, a 2022 quantitative study conducted by this author in a secular hospital (F university hospital) with patients of diverse cultural and religious preferences, located in a large city in northern California demonstrates that the spiritual care needs of patients, family members and staff in the US healthcare system are still largely fulfilled by the traditional services of Christian chaplains, such as providing prayers for healing and pastoral counselling on Bible passages.[8]

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[1] A Buddhist chaplain who works in the US healthcare system is also known as a "hospital/healthcare Buddhist chaplain". In this study, "clinical" is used to define the work of a Buddhist chaplain in a hospital or hospice in the US healthcare system for the following reasons: (1) like a clinical social worker who qualifies for licensing to work in California, needs to obtain at least 3,200 hours of supervised work experience, a clinical Buddhist chaplain is required to complete four units of on-site Clinical Pastoral Education (1,600 hours) plus 2,000 hours of supervised work experience before one may become board-certified by Association of Professional Chaplains; and (2) the nature of a Buddhist chaplain's work in a hospital or hospice is at the bedside and based on actual observation and direct consultation with patients. As such, "clinical Buddhist chaplaincy/chaplain", instead of "hospital/healthcare Buddhist chaplaincy/chaplain," are used in this study to identify: (1) the chaplaincy as a profession and a branch of social services; and (2) the chaplain as a specialized spiritual care provider in clinical settings.

[2] Cheryl A. Giles and Willa B. Miller ed., *The Arts of Contemplative Care: Pioneering Voices in Buddhist Chaplaincy and Pastoral Work*, (Boston: Wisdom Publications, 2012), 54-110.

[3] Guan Zhen, "Buddhist Chaplaincy in the United States: Theory-Praxis Relationship in Formation and Profession," *Journal of International Buddhist Studies* 13 (June 2022): 45-48.

[4] Christina M. Puchalski, et al., "Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus," *Journal of Palliative Medicine* 17 (2014): 642-56.

[5] Guan Zhen, "Clinical Buddhist Chaplaincy Spiritual Care Supply and Demand in the US Healthcare System," *Journal of International Buddhist Studies* 13 (December 2022): 94 & 100; Kevin J. Flannelly, et al., "A National Survey of Hospital Directors' Views about the Importance of Various Chaplain Roles: Differences among Disciplines and Types of Hospitals," *Journal of Pastoral Care and Counseling* 60 (2006): 213–225.

[6] Wendy Cadge, *Paging God: Religion in the Halls of Medicine*, (Chicago: University of Chicago Press, 2012), 101; Christopher Swift, 2nd Edition, *Hospital Chaplaincy in the Twenty-first Century: The Crisis of Spiritual Care on the NHS*, (London: Routledge, 2016), 148.

[7] Wendy Cadge and Shelly Rambo, ed., *Chaplaincy and Spiritual Care in the Twenty-First Century: An Introduction*, (US: The University of North Carolina Press, 2022); Wendy Cadge, *Spiritual Care*, (Oxford University Press, 2023).

[8] Guan Zhen, "Clinical Buddhist Chaplaincy Spiritual Care Supply and Demand in the US Healthcare System," 2022, 87-108.

This study was undertaken in a rural, Catholic medical institution S Medical Center in K city, a predominantly traditional Christian area, to further examine patients' spiritual care needs and the efficiency and consistency of a clinical Buddhist chaplain's work within a different setting. Quantitative data collected from patient visits (n=1,329; tv.=1,443) in S Medical Center showed the content of a clinical Buddhist chaplain's work within that setting. The data collected was also used to investigate the rationale behind a clinical Buddhist chaplain's work, while also examining the medical mission and religious values of the Center and its spiritual care department. The data collected was further used to fill a gap in the scholarly literature by explicating the characteristics of patients' religious preferences versus the spiritual care services (prayers, pastoral counseling as well as emotional support) provided by a clinical Buddhist chaplain. The data for this study was also analyzed to answer questions posed by this author during a previous research project conducted between September 2020 and August 2021 at F university hospital (a secular medical institution founded on the values of healing humanity through science and compassion) in D city in northern California. The research outcomes from the previous study showed that patients at F university hospital were majority affiliated and unaffiliated Christians (n=788; 79.36% vs. total patients visited in a year n=993; 100%).[9]

The outcomes from the previous study raised questions related to context, leading to this author conducting similar research at a rural, religious medical center as to further examine a clinical Buddhist chaplain's work as well as patients' spiritual care needs in the US healthcare system. The following questions were adopted to guide the study: (1) How would it be different for a clinical Buddhist chaplain to work at a rural, religious medical center as opposed to a secular medical institution in a large city in the US healthcare system? (2) What kind of spiritual care dynamic and working environment would a clinical Buddhist chaplain experience at a rural, religious hospital? And, (3) how would patients in a rural, religious medical institution respond to spiritual care from a clinical Buddhist chaplain who represents a different religion? It was hoped that answering these questions would provide insights for further understanding the American religious landscape as relates to patients' spiritual care needs, and examining the daily work of a clinical Buddhist chaplain in the US healthcare system, specifically in a rural, religious medical institution.

METHOD

An actual participant qualitative field research paradigm was utilized for performing data collection and examining the work of a clinical Buddhist chaplain in S Medical Center. The research paradigm was developed by Professor Earl R. Babbie in the early 21st century as a deliberate, well-planned, and active way for laying out plans and goals for data collection, and for interpreting the data collected through a richer understanding of social phenomena.[10] The research paradigm further lent itself to an anthropological approach which allows this author to rationally observe and analyze the cultural aspects of religion and spiritual practice at the Center. The Spiritual Assessment and Intervention Model (Spiritual AIM) was

[9] Ibid., 104.
[10] Earl R. Babbie, *The Practice of Social Research*, (CA: Wadsworth Publishing, 14th edition, 2014), 287.

employed to assess and measure patients' religious preferences, guide spiritual care interventions based on needs, and assess the efficiency and consistency of care provided. It is a practical tool that has been utilized to train chaplain trainees in clinical settings and has been disseminated to multiple clinical disciplines.[11] The Ethical guidelines for Human Research Protection based on the principles of the Belmont Report (or 2018 Requirements) were observed in the process of data collection and management

Location and Procedure

The location selected for this study was at S Medical Center in K city. K city, away from the coastline, is located between northern and southern California. Geographically, it is in California's central valley, surrounded by mountains and dominated by agriculture. Although the main economic activities in the surrounding areas of the city are still related to large-scale agricultural industries, the urban and suburban areas of the city have undergone a major economic transformation in recent years.

The location of the study was selected for the following reasons: (1) K city is a rural, middle-sized city (about 1 million population as of 2022) where the majority of its populations are farmers; and (2) the atmosphere of agriculture and rural American culture can still be observed in the city, even though it has been gradually undergoing the process of urbanization; (3) it is unlike a large city such as Los Angeles or San Francisco where there is great diversity including white- and blue-collar workers, international travelers, and where multicultural exchange and religious pluralism is prevalent. The culture of religion in K city is dominantly conservative and Christian. The location selected for this study allowed for insightful observation and study of the mainstream American culture of religion which relates to today's practice of clinical Buddhist chaplaincy in the country.

The data for this study took seven months (from February 28th, 2022 to September 15th, 2022) to collect and was based on a full-time staff chaplain schedule (08:00 a.m.to 04:30 p.m.) at S Medical Center. The seven-month-long procedure of data collection was carried out as follows: from February 28th to March 31st, 2022; April 1st to 29th, 2022; May 2nd to 31st, 2022; June 1st to 30th, 2022; July 1st to 29th, 2022; August 1st to 31st, 2022; and, September 1st to 15th, 2022. The data generated was of the following categories: date, unit, pt. initials, gender, age, type of encounter, family/friend support, staff support, emotional support, prayer/meditation, referral (from/to), code blue, devotional material (delivered), religious preference, length of stay, time of visit, total visit, and care received (see Appendix I example).

Measurement

An actual participant field research paradigm was adopted to observe and measure the mission and values of Catholic healthcare as well as analyze the work content of a clinical Buddhist chaplain in S Medical Center. The Spiritual AIM model was adopted to measure patients' spiritual care needs, interventions, efficiency and competency of care provided. Data was primarily gathered through

[11] Michele Shields, Ellison Kestenbaum & Laura B. Dunn, "Spiritual AIM and the work of the chaplain: A model for assessing spiritual needs and outcomes in relationship," *Palliative and Supportive Care* 13 (2015): 76.

the following ways: random recruitment, referrals from nurses and doctors, other-chaplains, social workers, security workers, family loved ones and patients.

Table 1: Types of referrals.

Referral From	Number	Percentage
Random Recruitment	207	15.58%
Nurse and Doctor	861	64.79%
Other Chaplain	65	4.89%
Social Worker	79	5.94%
Security	4	0.3%
Family Loved One	82	6.17%
Patient	31	2.33%
	1,329	**100.00%**

RESULTS

The data collected was input into excel spreadsheets and imported into Stata, summarized and tabulated for descriptive information and statistics. The results demonstrate that among all patients visited (n=1,329; 100%; male n=518; 39% and female n=811; 61%), religious preferences were comprised of Catholicism (n=763; 57.4%), Protestantism (n=502; 37.77%), Shamanism (n=15; 1.13%), Islam (n=12; 0.9%), Buddhism (n=11; 0.83%), Sikhism (n=9; 0.68%), Jehovah's Witnesses (n=7; 0.53%), Hinduism (n=5; 0.38%), Mormonism (n=3; 0.23%) and Judaism (n=2; 0.15%).

Prayers for healing, hope, strength and peace for Christian patients, family members and staff comprised a dominant portion of the daily work of a clinical Buddhist chaplain at the Center (total n=1,321 vs. n=41 prayers for leadership and n=204 pastoral counseling on Bible passages for patients). Buddhist patients were mainly from Theravada and Mahayana traditions and comprised a small portion of total patients visited in the seven months (n=11 vs. n=1,329).

Mission, Values and Structure of S Medical Center and Spiritual Care Department

S Medical Center was established by the Catholic sisters from the Sisters of the Holy Cross in the early 20th century. Sisters from the Holy Cross came to the US in the early 19th century to establish health care missions to benefit local communities. The missions also aimed to provide nursing and domestic care services to then newly established College of Notre Dame (now Notre Dame University). The spiritual care services at S Medical Center follows the Sisters of the Holy Cross tradition. The services combine compassion with religious guidance from the Gospels to serve those in need.

The Center, including a network of more than 80 providers at 20 locations in K city, is one of the leading healthcare enterprises in the city and is a branch of the Catholic healthcare system in the country. The main campus of S Medical Center is comprised of three-conjoined, six-floor buildings (North Wing, Main Wing and West Wing). It has a total number of 384 beds, and there are 19 medical units where chaplains visit patients daily.

Table 2: Medical units open for chaplain visits.

1F. Emergency Department	3F. Patient Rooms 301-319	5F. Patient Rooms 551-586
2F. Pre-Admission Testing	3F. Patient Rooms 330-364	6F. Valley Children's NICU II
2F. Transition Unit	4F. Patient Rooms 451-478	6F. Patient Rooms 601-633
2F. Patient Rooms 240-268	4F. OB Emergency Department	6F. Patient Rooms 650-678
3F. CVICU	4F. Patient Rooms 401-433	6F. ICU
3F. CVRA	4F. Valley Children's NICU III	
3F. ICU Side 1& 2	5F. Patient Rooms 501-539	

Based on the Gospels, the Center strives to serve the community by being a compassionate and transforming healing presence. The Center's mission is comprised of five core values: reverence, commitment to those who are poor, justice, stewardship and integrity. These core values are also paired with the principle of people-centered, encouragement for self-care, colleague engagement, patient satisfaction, and improvement of medical environment safety.

Figure1: The Mission and Core Values displayed on my office wall and at the Center's main hallway. Image courtesy from Rev. Chaplain PA.

For purposes of spiritual care accessibility, the Center's chapel, Christ the Healer Chapel, is open 24 hours a day for prayer and meditation. Prayer or meditation requests may be written in the book provided at the back of the chapel. The chapel is located on the second floor, Main Wing, the heart of the medical center. There is information for Mass and Eucharistic services posted on the bulletin board outside the chapel. In order to be accessible, Mass is televised on the Hospital TV-Channel 4. For convenience, religious services can be viewed live from the chapel at 08:00 a.m. from Monday through Friday, and Sunday at 11:00 a.m. Hospital TV-Channel 2 is a continuous broadcast of Catholic-related religious content. Channel 3 features guided imagery and spoken narration on various themes from the Bible.

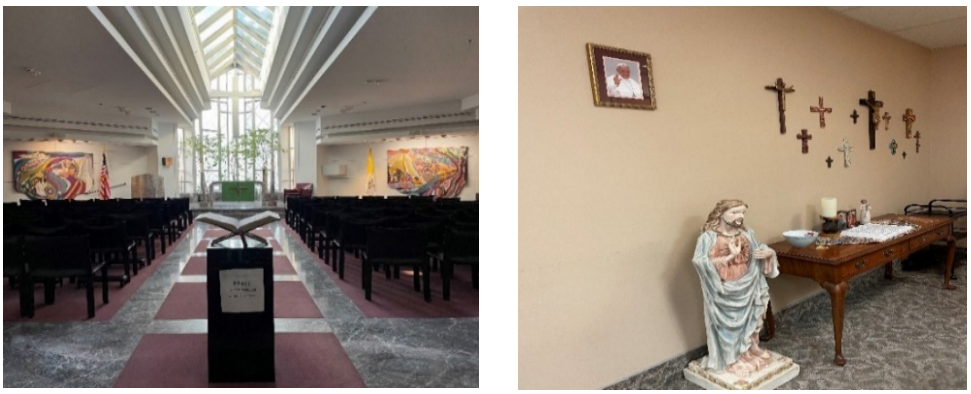

Figure 2: Christ the Healer Chapel and the entrance of the Spiritual Care Department. Image courtesy of the author.

Spiritual care services for patients and staff at the Center are based on the healing power and presence of Jesus Christ. Each day in the spiritual care office begins with reflections on Bible passages (see **Appendix II** example) and prayer. Mass in the morning at the chapel is for Catholic chaplains and Catholic CPE students to attend and start their day. Morning spiritual care staff prayer is practiced by all chaplains in the office before beginning work. Importantly, Spiritual Care Department is located on the second floor, Main Wing, right next to the main entrance of the Center, and is close to the chapel (about 40 meters on the left side).

While this author worked at the department, there were three full-time staff chaplains, three relief chaplains (one worked 32 hours per week; one worked 24 hours per week; and, one worked eight hours per week), and four one-unit CPE students (from the beginning of May to the end of July), among whom 60% (n=6) were Catholic, 30% (n=3) were Protestant, and 10% (n=1) was Buddhist. As Figure 3 demonstrates:

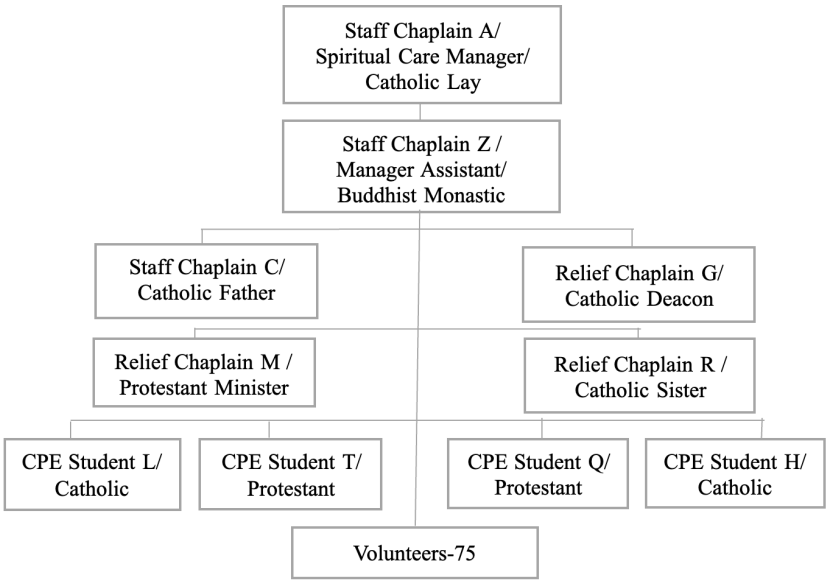

Figure 3: The structure of the Spiritual Care Department.

The working schedules of chaplains were designed to meet the spiritual care needs of patients at the Center: chaplain manager, 07:30 a.m. to 04:00 p.m. (Monday through Friday); chaplain manager assistant, 08:00 a.m. to 04:30 p.m. (Monday through Friday); Deacon G, 04:30 p.m. to 12:00 a.m. (Saturday, Sunday, Monday and Tuesday); chaplain M, 04:30 p.m. to 12:00 a.m. (Wednesday, Thursday and Friday); Sister R, 08:00 a.m. to 04:30 p.m. (Tuesday); and, Father C, 12:00 a.m. to 08:30 a.m. (Monday through Friday). Each morning from 08:00 a.m. to 08:30 a.m., Father C led Mass at the chapel which was attended by chaplain A, Catholic CPE students, medical staff and volunteers, and was televised on the Hospital TV-Channel 4.

The leadership structure of the Spiritual Care Department dictated that the chaplain manager assistant was expected to carry out the daily spiritual care mission of the department whenever the manager was absent. In the absence of the manager, the daily tasks of the chaplain manager assistant included: (1) attending leadership meetings (with CEO and other department directors); (2) supervising CPE students' patient-visit assignments; (3) attending ICU units' interdisciplinary team meetings; (4) attending family meetings with medical teams; (5) hosting spiritual care office huddles; and (6) visiting patients as requested. Spiritual care services provided by chaplains from the department were committed to the following aspects of healing—body, mind and spirit according to patients' religious preferences, and aimed to meet the following needs: (1) pre-surgery prayer; (2) Sacramental requests; (3) palliative care support; (4) assistance with ethical issues; (5) assistance in decision-making; (6) end-of-life support for patients and families; (7) spiritual care and support for staff and volunteers; (8) referral to other chaplains or patients' spiritual leaders as requested.

According to the guidelines set up by the Spiritual Care Department, chaplains were not expected to visit 4F. OB Emergency (4 OB), 4F. Valley Children's NICU III (4 NICU), 4F. Patient Rooms 401-433 (4 Main Labor), 6F. Valley Children's NICU II (6 NICU) and 6F. Patient Rooms 601-633 (6 Main Labor), unless there was request from a patient or nurse for a chaplain's visit. Per chaplain A, there were specific reasons for this arrangement rooted in Catholic culture. Chaplain A explained that "Father C would not visit these units unless there is a baptism or an emergency issue requiring a priest to be present." As a Buddhist chaplain, offering prayers in the event of fetal demise with the parents' presence was encouraged, but preforming a blessing or an emergency baptism was discouraged because these were the unique duties of a Catholic believer.

Chaplains were instructed to only visit patients at the following units at the Center: 1F (floor). Emergency Department (ED), 2F. Pre-Admission Testing (also known as PO), 2F. Patient Rooms 240-268 (also known as 2 West), 3F. Cardiovascular Intensive Care Unit (CVICU) and Cardiovascular Risk Assessment (CVRA) Unit (also known as 3 N. CVICU & CVRA), 3F. Intensive Care Unit (ICU) Side 1 & 2 (also known as 3 ICU Sides 1 & 2), 3F. Patient Rooms 301-319 (also known as 3 Main), 3F. Patient Rooms 330-364 (also known as 3 West), 4F. Patient Rooms 451-478 (also known as 4 North), 5F. Patient Rooms 501-539 (also known as 5 Main), 5F. Patient Rooms 551-586 (also known as 5 North), 6F. Patient Rooms 650-678 (also known as 6 North), and 6F. ICU (also known as 6 North ICU). Data from patient visits were primarily collected from these units:

Table 3. Patients visited and total visits by units.

Unit	Number	Percentage	Unit	Number	Percentage
ED	253	19%	4 NICU	1	0.07%
PO	329	24.76%	4 North	86	6.47%
2 West	93	7%	5 Main	101	7.61%
3 Main	21	1.58%	5 North	48	3.61%
3 N. CVICU	74	5.57%	6 NICU	3	0.23%
3 N. CVRA	13	0.98%	6 Labor	2	0.15%
3 ICU Side-1	47	3.54%	6 North	89	6.71%
3 ICU Side-2	53	3.99%	6 N. ICU	38	2.86%
3 West	78	5.87%			
				1,329	**100%**

Unit	Total Visit	Percentage	Unit	Total Visit	Percentage
ED	272	18.85%	4 NICU	1	0.07%
PO	329	22.8%	4 North	93	6.5%
2 West	117	8%	5 Main	109	7.6%
3 Main	29	2%	5 North	56	3.9%
3 N. CVICU	86	5.95%	6 NICU	3	0.2%
3 N. CVRA	13	0.9%	6 Labor	2	0.14%
3 ICU Side-1	57	3.95%	6 North	89	6.2%
3 ICU Side-2	62	4.3%	6 N. ICU	41	2.84%
3 West	84	5.8%			
				1,443	**100%**

Religious Preferences of Patients and Spiritual Care Needs Met

The landscape of religious preferences among patients visited in S Medical Center of K city was dominated by Catholic and Protestants (n=1,265; 95.17%). Patients from ethnic faith traditions (Buddhism, Hinduism, Judaism, Sikhism, Islam, and Shamanism) comprised a small portion of patients visited (n=54; 4.07%) in the seven-month study.

Table 4: Religious preferences of patients.

Religious Preference	Number	Percentage
Catholic	763	57.4%
Protestant	502	37.77%
Mormon	3	0.23%
Jehovah's Witnesses	7	0.53%
Buddhist	11	0.83%
Hindus	5	0.38%
Judaist	2	0.15%
Sikh	9	0.68%
Muslim	12	0.9%
Shamanist	15	1.13%
	1,329	**100%**

Protestant patients (n=502; 37.77%) were primarily from Non-denominational Christians, Baptists, Methodists, Lutherans, and Presbyterians. Spiritual care services provided to patients by a clinical Buddhist chaplain on a daily basis were comprised mainly of prayers (n=1,001; 69.73%), pastoral counseling (n=204; 14.14%), emotional support (n=135, 9.36%), and referral to other chaplains or community spiritual leaders (such as Sikh Guru, Imam and Buddhist monastics from the Theravada tradition, n=92; 6.38%).

Table 5: Spiritual care services provided.

Content of Service	Number	Percentage
Prayer	1,001	69.37%
Pastoral Counseling	204	14.14%
Emotional Support	135	9.36%
Referral to Other Chaplain or Community Spiritual Leader	92	6.38%
Buddhist Service	11	0.75%
	1,443	**100%**

The spiritual care needs of patients were comprised of primarily prayers and pastoral counseling on Bible passages tailored for Christian patients at the Center. Prayers were also provided to staff (doctors and nurses) and patient families. Additionally, prayers were offered in the mornings between 09:30 a.m. and 09:45 a.m. to all departments via broadcast, including the medical center's network of sub-centers and clinics in the city (see Table 6).

Table 6: Weekly prayer locations.

• 2F West & 3F Main Medical	• Centralized Scheduling	• Human Resources
• 3F West Medical	• Clinical Engineering	• Infection Control
• 5F Main and 6F North •Surgery	• Co-Generation	• Intensive Care Unit-3M
•6F N ICU	• Communications	• Interventional Radiology
• Accounting	• Administrative Assistants	• Corporate Information Systems
• Anesthesiology	• Computed Tomography	• PBX Operators
• Administration	• Magnetic Resonance Imaging	• Telecommunications
• Ante-Partum Unit (APU)	• Neonatal Intensive Care	• Laboratory
• Breast Center	• Nuclear Medicine	• Labor/Delivery
• Cancer Center	• Nursery	•Library
• Cancer Registry	• Nursing Service	• Medical Staff Services
• Cardiac Rehab	• Emergency Room	• Security
• Cardiothoracic Surgical Services (CVOR)	• Endoscopy	• Social Services
• Cardiovascular ICU	• Environment Services	• Speech Therapy
• Cardiovascular Recovery (CVRA)	• Foundation	• Staff Health Services
• Case Management	•Guest Services	• Sterile Processing
•Cath Lab	• Health Information •Management	• Supply Chain Management
• Hospitalist Physicians	• Heart/Vascular	• Telemetry
• Central Distribution	• Holy Cross Center for Women	
• Central Transportation	• Holy Cross Clinics	

In the seven months of patient visits (n=1,329; tv.=1,443), such were the contents of the prayers offered: for Leadership (for the Center's leadership meetings), Healing, Strength, Hope and Peace. For Catholic patients, family members and staff, prayers frequently began and ended with the Lord's Prayer. Prayers for leadership were provided to leaders who attended the leadership meetings at the Center. Other types of prayers were provided to patients, their family members (in person or through phone calls) and staff accordingly. Chaplain A was the person who provided service to leadership and the ICU units' interdisciplinary team meetings in the mornings. If the chaplain manager assistant attended these meetings, it was usually at chaplain A's invitation. Figure 4 demonstrates types of prayer and support provided to patients, Center leaders, family loved ones and staff during the seven months of the study.

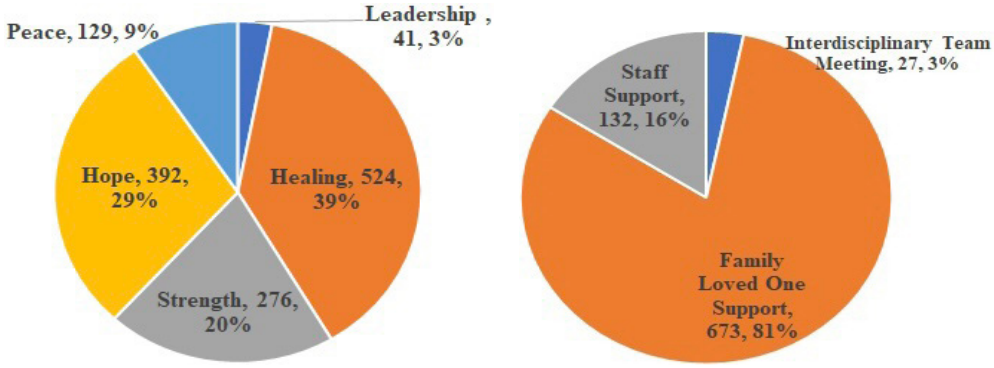

Figure 4: Types of prayer and support provided.

As Figure 4 shows, the total number of prayers provided to departments, leadership meetings, patients, family love ones and staff at the medical center in the seven months by a clinical Buddhist chaplain was n=1,362. Serving as the clinical Buddhist chaplain, this author was asked to offer Christian prayers the dominant majority of the time (see **Table 5**). Buddhist services provided in seven months comprised a small portion of the total visits and were mainly from the Theravada (n=6; 54.5%) and Mahayana (n=3; 27.3%) Buddhist traditions. "Other" in **Table 7** represents the mixed practice of Buddhism and Christianity (n=2; 18.2%).

Table 7: Spiritual care services provided to Buddhist patients.

Buddhist Tradition	Number	Percentage
Chinese Buddhist	2	18.2%
Theravada Buddhist	6	54.5%
Soto Zen Buddhist	1	9.1%
Other	2	18.2%
	11	100%

Patients from the Theravada Buddhist tradition were predominantly from Laos, Thailand and Cambodia. Mahayana Buddhist patients were from China and Japan. Buddhist services comprised traditional chanting and Buddhological counseling (on meditation and the relationship between suffering and liberation from the teaching of Four Noble Truths). Buddhist patients were referrals from Father C, Sister R,

and chaplain A respectively. As informed by chaplain A that for Buddhist patients the Spiritual Care Department would like to make sure that they were visited by a Buddhist chaplain or local Buddhist leaders. In which case, spiritual caregiving respectful boundary in accordance with patient's faith was observed by the department.

DISCUSSION

The results from the study show that patients, healthcare leaders, family members and staff at the Center had strong need for spiritual care and were even demanding of such services (see Table 5 and Figure 2). The daily work content of a clinical Buddhist chaplain at the Center was mainly to fulfill Christian patients' spiritual care needs. The results also reflect that the Center incorporates the Gospels into its medical mission.

Table 1 demonstrates that patient visits in the seven months of the study were largely referrals from nurses and doctors (n=861; 64.79%). Such referrals came through sending electronic orders to the spiritual care office or calling chaplains via the on-call phone. This referral system was significantly different from the system at F university hospital, observed during the study completed between September 2020 and August 2021 (n=136; 13.7%) in a large California city.[12] At F university hospital, patient visits were substantially gathered from random recruitment (n=632; 63.65%), specifically taking the initiative to knock on patients' doors to offer services. This reflected staff attitudes at F university hospital where spiritual care services were considered less important than other types of services provided.[13]

At S Medical Center, random recruitment comprised a relatively small portion (n=207; 15.58%) of patient visits. Most patient visits, 75.92% (n=1,009), were referrals from staff (doctors, nurses, other chaplains, social workers and security workers) indicating that staff at the Center prioritize spirituality in healing processes while also embracing medical science. Only 8.5% (n=113) of referrals were from patients and family members. The relationship between patients' religious preferences and spiritual care services provided showed significant differences between F university hospital and S Medical Center despite both medical institutions sharing strong demand for spiritual care services. This further reflected on the question one, indicating that spiritual care needs among Christian patients with a clinical Buddhist chaplain as their care provider at a rural, religious medical center were exceedingly requested by both staff and patients at the Center. The outcome is evidently opposite to that of a Buddhist chaplain working at a secular medical institution in a large California city in the US healthcare system.[14] As Figure 5 shows:

[12] Guan Zhen, "Clinical Buddhist Chaplaincy Spiritual Care Supply and Demand in the US Healthcare System," 2022, 90.
[13] Ibid., 102.
[14] Ibid., 90 & 96-98.

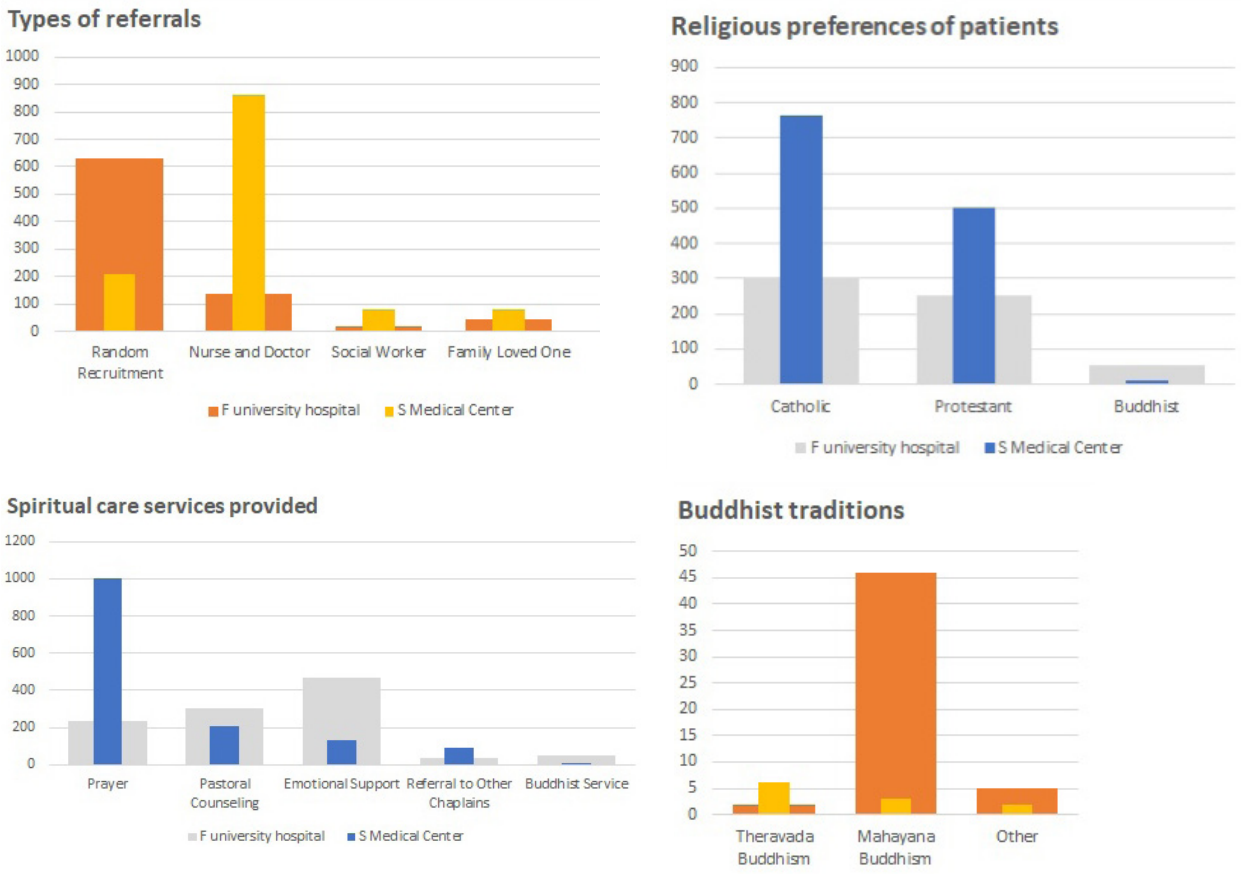

Figure 5: Patients' religious preferences / spiritual care needs / Buddhist traditions at F university hospital and S Medical Center.

Since Catholic identity is at the heart of the Center's healthcare mission, it is important to recognize that Christian culture and values strongly influence the staff (see Appendix I example) and are presented as vital for enhancing patients' quality-of-life as they utilize the healthcare system.[15] According to Merger-Watch, the number of Catholic hospitals in the US has grown 22% since 2001, and one in six hospital beds in the country is in a Catholic facility. The correlation between spiritual care supply and demand at S Medical Center may further reflect the relationship in the larger Catholic healthcare system in the country.[16]

To understand what kind of spiritual care dynamic and working environment would a clinical Buddhist chaplain experience at a rural, Catholic hospital? and, how would patients in a rural, religious

[15] United States Conference of Catholic Bishops, 6th Edition., *Ethical and Religious Directives for Catholic Health Care Services*, (Washington, DC, 2018), 6; Doris Gottemoeller, "Challenging for Sponsorship Today," *Health Progress*, 2022, 13-16; Tom Bushlack and Tom Edelstein, "Hiring for Ministry Fit in Catholic Health Care," *Health Progress* 1 (2022): 19-21; Katherine Piderman, et al., "Identifying and Ministering to the Spiritual Needs of Hospitalized Catholics," *Health Progress* 1 (2013): 58-61; Dean R. Hoge, "Core and Periphery in American Catholic Identity," *Journal of Contemporary Religion* 17 (2002): 293-301.

[16] Paige Minemyer, "Number of Catholic hospitals in US has grown 22% since 2001," *Fierce Healthcare*, May 5, 2016, accessed on February 11, 2023, available at https://www.fiercehealthcare.com/healthcare/number-catholic-hospitals-us-has-grown-22-since-2001; Joseph Robert Fuchs, et al., "Patient Perspectives on Religiously Affiliated Care in Rural and Urban Colorado," *Journal of Primary Care & Community Health* 12 (2021): 1; U.S. Catholic Church, *Catechism of the Catholic Church: Second Edition*, (Washington, DC: United States Catholic Conference, 2011), 1-104.

medical institution respond to spiritual care from a clinical Buddhist chaplain who represents a different religion? it is significant to refer to the spiritual care supply and demand data presented at Table 5 and Figure 4. As a matter of fact, the author's services were sought after by patients, family loved ones and staff. The chaplain was addressed as "Father" by patients, family members and staff, owing to their belief that the author was appointed to serve at the Center by the local diocese (since Catholic chaplains are appointed by local diocese to work at the Center).

The spiritual care dynamic and working environment at S Medical Center were notably Christian-centered but at the same time respectful to differences in religious practices and beliefs. Spiritual Care Department at the Center encouraged its employees to not compromise one's religious faith while working in chaplaincy. Religious boundaries were also upheld among chaplains and CPE students. The training program for CPE students at the Center was based on students' respective denominational traditions. The Spiritual Care Department arranged for corresponding priests and pastors to conduct relevant clinical pastoral education for their students in line with students' religious backgrounds.

In the process of assisting chaplain A in arranging CPE students' patient-visit assignments, this author learned that the students' spiritual care instructors were priests and pastors from different churches. For example, CPE student T was from the United Church of Christ, and his CPE educator was a pastor from a local chapter of the United Church of Christ. CPE student Q was a Baptist and was a pastor at a local Baptist church for two years. Her CPE educator was a pastor from the same denomination in Tennessee. CPE students L and H were Catholic deacons who were graduating from seminary. As a requirement of the seminary, they were seeking to complete a unit of CPE education at the Center before they were ordained as priests. Their educator was Father W from a local diocese. In practice, the Spiritual Care Department welcomed its first Buddhist monastic to work as a staff chaplain and manager assistant alongside other Catholic and Protestant chaplains, demonstrating the willingness and openness of the Catholic healthcare system to have its spiritual care and pastoral counselling diversified along with its medical missions in the 21th century.[17]

Figure 5 data shows that Buddhist patients visited at S Medical Center representing the smallest minority group amongst the different groups. Most services provided by the author were Christian in nature, leading to many of the same issues discussed in previous research on F university hospital.[18] To meet the spiritual care supply and demand in the US healthcare system, clinical Buddhist chaplains need to receive deeper instruction and training on the Bible and engage in Buddhist-Christian dialogue in order to better service patients in this kind of Christian/Catholic context. However, maintaining the clinical Buddhist chaplain's Buddhist identity while meeting the demands of working in such a predominantly Christian/Catholic context, remains challenging and merits further exploration.

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[17] Germain Kopaczynski, "Catholic Identity in Health Care and the Relevance of the 1994 Ethical and Religious Directives for Catholic Health Care Services," *Catholic Medical Association* 89 (2022): 12-20.

[18] Guan Zhen, "Clinical Buddhist Chaplaincy Spiritual Care Supply and Demand in the US Healthcare System," *Journal of International Buddhist Studies* 13 (2022): 101-104.

LIMITATION

Since there were only a few Buddhist patients visited at the Center in the seven months of the study, this represents a limitation on how much a clinical Buddhist chaplain may develop their skills in accordance with Buddhist spiritual caregiving and counseling. Another limitation also relates to potential conflicts with the Catholic healthcare mission and its spiritual care values in the process of serving as a clinical Buddhist chaplain where one's identity may become ambiguous in a Christian context. Moreover, this study was based on work at a single Catholic medical institution located in a specific geographical location. Therefore, conclusions drawn from this study are naturally limited, but this study represents a humble beginning. Studies at other religious or nonreligious medical institutions should further be conducted.

CONCLUSION

As the results show, the work of a clinical Buddhist chaplain in a rural, religious medical institution was comprised of mainly offering Christian prayers and pastoral counseling to Christian patients, family members and staff. The results demonstrate a positive Christian spiritual care supply and demand correlation between a religious hospital in a rural California city and a secular hospital in a large California city. The study showed that for most staff at the S Medical Center, value was placed on spiritual care as a supplement to healing, and that religious boundaries were upheld among chaplains and their CPE students in the context of a religious medical institution. The study suggests that clinical Buddhist chaplains need to increase understanding and dialogue with Christian and Catholic chaplains while also maintaining their identity as Buddhist chaplains. Finally, from the perspective of market demand, the education of clinical Buddhist chaplains requires deeper understanding of Christian/Catholic patients' needs and expectations in order to provide appropriate spiritual care services as needed.

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Appendix I: Examples of Data Collection and Staff's Faith Value

M3 | M4 | M5 | M6 | M7 | M8 | M9

CLINICAL DATA

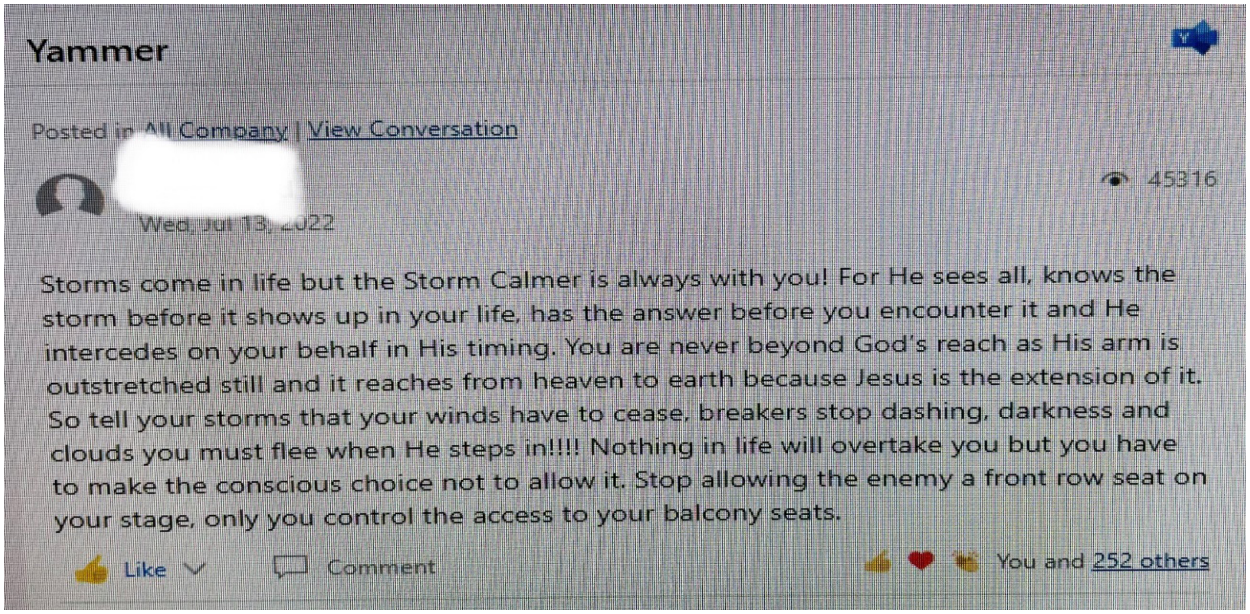
Start Date: 2/28/2022 End Date: 3/31/2022

Reviewed on:

ENCOUNTER INFORMATION																		
Date	Pt. Initials	Unit	Gender	Age	Type of Encount	# Family/Friends Support	# Staff Support	Emotional Support	Prayer or Meditation	Referral from	Refer to	Code Blue	Devotional Material	Religious Preferenc	Length o stay	Time of visit/minu	Total visi	Care received
2/28	XXX, X	3N.CVICU	F	23	IV	2			X	RN				CAT	1	20	1	Prayer for healing
2/28	XXX, X	2 West	F	51	IV	1			X	RN				CAT	1	20	1	Prayer for healing
2/28	XXX, X	PO	F	74	PO				X	RN				PST	1	30	1	Prayers for healing
2/28	XXX, X	3N. CVRA	M	65	IV				X	RN			X	CAT	3	45	1	Prayers for strength and hope

M3 | M4 | M5 | M6 | M7 | M8 | M9

2/28	XXX, X	3N.CVICU	F	23	IV	2			X	RN				CAT	1	20	1	Prayer for healing
2/28	XXX, X	2 West	F	51	IV	1			X	RN				CAT	1	20	1	Prayer for healing
2/28	XXX, X	PO	F	74	PO				X	RN				PST	1	30	1	Prayers for healing
2/28	XXX, X	3N. CVRA	M	65	IV				X	RN			X	CAT	3	45	1	Prayers for strength and hope
2/28	XXX, X	PO	F	61	PO				X	MD				PST	1	20	1	Prayer for healing
2/28	XXX, X	3N. CVICU	M	56	IV				X	RN				CAT	1	65	1	Prayers for strength and hope
3/1	XXX, X	3 West	F	60	IV				X	RN				CAT	7	25	1	Prayers for strength and hope
3/1	XXX, X	PO	F	43	PO				X	RN				PST	1	20		Praer for healing
3/1	XXX, X	6 North	F	21	IV			X		PT	OTC			CAT	4	30	1	Refered to Catholic Father for Anointing of the Sick
3/1	XXX, X	PO	F	32	PO				X	MD				NDC	1	15	1	Prayer for healing
3/1	XXX, X	PO	M	50	PO				X	RN				CAT	1	20	1	Prayer for strength
3/2						9	31		X	FM				CAT		400	1	Ash Wednesday, providing ash to patient family love ones and staff
3/3	XXX, X	4 North	M	67	IV				X	RN				PST	1	25	1	Prayer for healing
3/3	XXX, X	ED	M	85	IV				X	RN			X	PST	8	30	1	Prayer for healing
3/3	XXX, X	ED	F	73	IV				X	PT				NDC	2	25	1	Prayer for healing
3/3	XXX, X	6 NICU	F	59	IV				X	RN				CAT	5	40	1	Prayer for peace
3/3		5 North	M	80	IV		2		X	OT				CAT		15	1	Prayer for hope
3/3	XXX,X	5 Main	F	83	IV	2		X		RN	OT			MRM	2	20	1	Per patient request, contacted the patient's church pastor
3/3	XXX,X	PO	F	70	PO			X		RN				NDC	1	15	1	Pt prayed with family loved one before coming to the hospital
3/3	XXX,X	PO	F	63	PO				X	MD				CAT	1	15	1	Prayer for healing
3/3	XXX,X	PO	F	28	PO	1			X	RN				CAT	1	25	1	Prayer for healing
3/3	XXX,X	PO	M	37	PO				X	RN				CAT	1	15	1	Prayer for healing
3/4	XXX,X	ED	F	65	IV				X	OT		X		CAT	9	30	1	Support the medical teams, prayer for hope



Appendix II: Example of Daily Reflection on Bible Passages