Chaplain Leadership During COVID-19: An International Expert Panel

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Abstract
Chaplain leadership may have played a pivotal role in shaping chaplains’ roles in health care amidst the COVID-19 pandemic. We convened an international expert panel to identify expert perception on key chaplain leadership factors. Six leadership themes of professional confidence, engaging and trust-building with executives, decision-making, innovation and creativity, building integrative and trusting connections with colleagues, and promoting cultural competencies emerged as central to determining chaplains’ integration, perceived value, and contributions during the pandemic.

Keywords
Leadership, chaplaincy, spiritual care, COVID-19, international, pastoral care

Introduction
Research on chaplaincy during the COVID-19 pandemic is still emerging. A large-scale international survey of chaplains suggested a broad range of chaplains’ experiences in healthcare during the COVID-19 pandemic (Snowden, 2021). A considerable portion of respondents found that they could have been better deployed (30.94% in Europe, 26.65% in North America, 16.31% in Australia). Overall, a sizable minority said their organizations misunderstood their potential contributions to COVID-19 patients (28.35%). Additionally, on average, participating chaplains felt their role was neither clear nor unclear to them during the pandemic. Qualitative findings reflected diverging themes in chaplains’ experiences such as being seen as unimportant, optional, and being professionally isolated, compared to those who were viewed as essential, well-integrated, and valued in their healthcare institutions’ COVID-19 response (Desjardins et al., 2021; Jones et al., 2020; Tan et al., 2021). However, further attention is needed to unpack the complex and interconnected factors that may have underlain and precipitated the state of chaplaincy during COVID-19, such as the roles of hospital administration, chaplain leaders, chaplain practitioners, interprofessional teams, and the larger healthcare delivery systems. A systemic understanding of these dynamics is still lacking.

Chaplain leadership seems to stand out as a particular factor that warrants examination. Whether organizational leadership or distributed leadership among practitioners, chaplain leadership may have significantly shaped how chaplains’ roles and contributions were perceived and valued and how chaplains were deployed and integrated in patient care during a global health crisis. Views regarding chaplain leadership and being led during this crisis can be found in research about chaplains’ and spiritual care services’ responses to COVID-19 (Byrne & Nuzum, 2020; Desjardins et al., 2021; Drummond & Carey, 2020; Harrison & Scarle, 2020; Snowden, 2021; Tan et al., 2021; Tata et al., 2021; Vandenhoek et al., 2021), and in the associated professional development recommendations (Flynn et al., 2021). However, research explicitly examining chaplain leadership factors during the pandemic has not been published to date.

We convened an international expert panel to connect those involved in research on chaplains’ and spiritual care during the COVID-19 pandemic in their respective contexts. Whether examining leadership was the researchers’ primary aim or not, we understood that they may have identified and gained insights about factors pertinent to chaplain leadership at local, national, and international levels. Therefore, we brought these expert perspectives together to gain a deeper understanding regarding what the COVID-19 experience can teach us about crucial and determining elements of chaplain leadership. Such reflection can inform and advance chaplain leadership in organizational and interprofessional spiritual care contexts during and beyond this crisis.

Objectives
For our purposes, we understood chaplain leadership broadly as chaplains’ actions to take the lead to influence and promote spiritual care provision and collaborations as organizational leaders or members of interprofessional health care teams, since all chaplains have the capacity to initiate acts of leadership within their respective contexts (Kelly & Holmes, 2019). We aimed to identify expert perception on chaplain leadership factors that may have influenced how valued and integrated chaplains’ contributions were in health care during the first year of the COVID-19 pandemic. We asked panelists to respond to these specific research questions: Based on their research and expertise, what were the chaplain leadership factors, elements, or characteristics that stood out as having the most potential to shape (a) the integration of chaplains, and (b) the value (or perceived value) of chaplains’ contributions during the COVID-19 pandemic? What leadership actions did chaplains take—or could have taken—to promote the value of chaplain contributions and the integration of spiritual care and chaplaincy in health care during the pandemic?

Methods
Design
We utilized focus group methods that combined interactive and structured group processes to maximize data richness, relevance, and quality (Morgan, 1996; Morgan & Hoffman,
2018; Ven & Delbecq, 1974). Interactive elements were created to facilitate opportunities to engage with each other, share ideas, and hear and respond to each other’s perspectives. Such interactions among expert panelists were an essential source of meaningful data. Structured group techniques such as initial panelist presentations, silent reflection breaks, brainstorming and visualizing ideas on a virtual board, and a round-robin question-and-response time aimed to enhance the quality of information exchange, maintain the focus on the topic, and generate substantive ideas and output. Following the session, we used member checking with the panelists to increase the trustworthiness and validity of our findings. We shared the expert panel session’s video recording and transcript and the synthesized themes of this article with the panelists to offer opportunities for them to comment on our data (Birt et al., 2016; Cho & Trent, 2006).

Participants: Expert Panel Members

The purposive recruitment criteria for the international expert panel included being recognized leaders in spiritual care and research, involvement in international or national research on spiritual care during the COVID-19 pandemic, and having a fair distribution of countries represented in which substantial COVID-19-related chaplaincy research took place. We invited 12 potential expert panelists to participate and provided information regarding the project’s goals, nature, questions, and procedures via email. Potential panelists were given project information and opportunities to ask questions to make an informed decision about their participation.

Procedures

Before the meeting, expert panelists received a document outlining the problem statement, rationale, objective, research questions, and procedures for the project. We asked them to begin reflecting and organizing their ideas on the topic by preparing one PowerPoint slide with their initial responses to the research questions and to anticipate presenting their initial thoughts for a few minutes during the meeting. These slides were compiled and distributed before the meeting.

The expert panel gathered for 90 min in May 2021 via Zoom videoconferencing. The meeting was video recorded with the panelists’ consent. The panel meeting agenda included the following activities facilitated by AV, CS, and JV. After brief introductions, experts shared their initial responses and PowerPoint slides. We then paused to allow panelists to reflect on what they heard from each other and collect their thoughts before moving to the brainstorming and discussion segments. For brainstorming, we asked experts to identify and write key chaplain leadership factors on a shared virtual board (using https://padlet.com) by responding to the question, “What are the three most significant [leadership] factors or themes that emerge for you?”

We began the group discussion by asking panelists to take a look at all the themes on the board and consider: What stands out? And what are other factors/themes that should be added and discussed? (i.e., what’s missing?) We moderated this substantial interactive segment as a free-flowing dialogue among experts on the issue of chaplain leadership during the COVID-19 pandemic. After another pause for individual reflection, we asked a round-robin question to elicit responses from each panelist: What are the most important [leadership] factors/areas that need further research?

After the session, experts received the video recording and the transcript of the meeting. They also had opportunities to read, comment on, and contribute to the description of themes in the manuscript of this article. Panelists were invited to serve in a collaborator and co-author role in developing the final report.

Analysis

The transcript of the expert panel session, the PowerPoint slides, and the virtual board produced by the brainstorming segment were analyzed using a thematic approach (Braun & Clarke, 2006). First, AV and CS conducted a preliminary review and discussion of significant themes to build a coding tree before conducting a full analysis. Then, AV and CS discussed and resolved differences and arrived at a consensus regarding themes and subthemes answering the research questions. In a second phase, all expert panelists were invited to review the video and transcript of the session and comment on the themes outlined in a manuscript draft to verify content validity. Representative quotes were selected to illustrate themes and identified by a unique and random two-digit reference number assigned to each panelist.

Results

Participants: Expert Panel Members

Ten out of the 12 invited experts participated in the panel. They were spiritual care researchers from Australia (3), Ireland (1), the Netherlands (1), Sweden (1), the United Kingdom (1), and the United States (3). The facilitators (AV, CS, JV) were from Belgium, the United States, and the Netherlands. Institutional affiliations of each panelist are indicated in this reports’ author information. These experts served as panelists, collaborators, and co-authors of this report articulating the key findings from the expert panel.

Determining Chaplain Leadership Factors During the COVID-19 Pandemic

Several leadership themes emerged as determining factors for whether chaplains were seen as essential or optional
within their healthcare organization, and whether their services were recognized, valued, and utilized or not amidst the pandemic. We identified six distinct yet interconnected themes that the expert panel articulated as significant in shaping the integration of chaplains and the value (or perceived value) of chaplains’ contributions during the COVID-19 response. The major themes included professional confidence, engaging and trust-building with executives and managers, decision-making, innovation and creativity, building integrative and trusting connections with colleagues, and promoting cultural competencies.

Professional Confidence. Professional confidence of chaplaincy leaders and chaplains emerged as one of the most discussed leadership factors, with a high level of consensus regarding its importance. Chaplain leaders’ ability to function with self-assurance and with an assured standing among other health care professionals may be related to the broader issue of professionalism in chaplaincy. As one panelist put it, professionalism entailed specialized training qualifications and professional development: “if someone was actually really clear about their skills and capabilities, which I think gave them a real sense of confidence in their professional standing and credibility, [as well as] constant honing of all of these skills, [they had higher self-assurance]… I think that obviously more research needs to be done in this area, but it did seem to us that these… really stood out and made the chaplains say they were perceived as more credible and therefore more fully integrated into the institution’s COVID-19 response.” (Reference 16) Panelists emphasized the critical importance for chaplains to lead and act from such a place of confidence, professionalism, and credibility. For leaders, it may have manifested in asserting how the value and contributions of professionalism, and credibility. For leaders, it may have stemmed from the fact that chaplains regularly encounter and provide care in crisis situations, regardless of a pandemic. Thus, it may have helped them to be assured in their capacity to deal with the COVID-19 crisis, thinking, “you know we look after people in crises, and this is just another crisis.” (Reference 77)

Experts pointed out that other factors may have challenged chaplains’ capacity to show up with confidence during the pandemic, such as their own anxiety about vulnerable partners, or a lack of clarity about their roles or chaplaincy operating protocols during the pandemic. Moreover, there are variations in how chaplains’ confidence and professionalism are experienced and viewed by hospital administrators. This may especially be the case in areas with mixed spiritual care managers who have well-established relationships with hospital executives … [, which] is a key characteristic of good leadership, and that includes, as you can see, communication, trust, etc., so that the executives understood who the chaplains were [and] how they could help [at the start of the pandemic]. Another key characteristic is that the [spiritual care] managers could observe what was happening in their organizations and give feedback to the healthcare executives.” (Reference 59) This showed that chaplain leaders gained the trust of executives, starting before the pandemic, so that executives would seek and listen to their input during the crisis.

When recalling chaplain leaders who were an integral part of command centers and management of COVID-19, another panelist reasoned that “it was because people knew them as people and they tried to bring humanity into the management of COVID, that was a whole different dimension that only happened because they were big personalities with shoulders that could be trusted at a senior level. And so, they were quite happy engaging with the Chief Executive without blinking.” (Reference 80) Other experts added that a useful way to unpack what is often viewed as “big personality” is to consider it as a leadership quality, perhaps related to confidence and trusting one’s ability to engage with executives readily. It is something persons can develop to stand out in ways that help others pay attention, listen to, and trust them.

Building on these relationships and trust, some chaplain leaders were able to step into active consultative roles...
with healthcare leaders and thus further strengthened their collegial working relationships during the pandemic. “The focus has been around consultation and flexibility, so laying aside the expected mandated roles that we had and really just entering into consultation with management, both the line management and senior management, in terms of how we can best flow with them to meet the needs that are present.” (Reference 29)

Experts emphasized that leaders’ ability to connect, build trusting relationships, and communicate effectively with healthcare executives and managers was critical. When these qualities were present, executives were more likely to understand who chaplains were, what their contributions were, and how they could help during the crisis.

Influencing executives’ understanding and attitudes regarding chaplaincy: As a subtheme, the significance of chaplain leaders’ effectiveness in shaping healthcare executives’ attitudes, perceptions, and understanding of spiritual care emerged. As one panelist explained, “whether or not chaplains were involved in the COVID response in terms of the management team response, or in terms of caring for patients, really depended on the attitude of the management as to whether they were essential staff and could stay in the institution or not.” (Reference 77)

Moreover, experts thought that executives’ perceptions and understanding of the value of chaplaincy contributions appeared to be highly influential in determining what opportunities chaplains were given. For example, it was noted, “the institution management’s understanding of the role of spiritual care was important to give chaplaincy the opportunity to contribute and be available to patients and staff; … it really gave them the opportunity to fill gaps for both staff and patients, so [relieving] the isolation of patients by really being surrogate family for patients and also for staff by being someone who was able to just sit there and listen.” (Reference 77)

Therefore, chaplain leaders’ ability to clearly articulate and convincingly demonstrate the returns on investment—both tangible and intangible—in deploying chaplains was likely to be a determining factor in whether the administration was advocating for, maintaining, or even developing chaplaincy services amidst the crisis. Naturally, this work of shaping perceptions had started long before COVID-19 in most institutions. However, it may have been more important than ever to influence executives’ and managers’ views on the spot regarding what chaplaincy offered amid rapidly changing conditions.

Participating in Decision-Making and Making Decisions. Panelists identified decision-making as another crucial element of chaplain leadership during COVID-19. This theme entailed chaplain leaders’ participation in decision-making and their capacity to make decisions. Chaplains’ and chaplain leaders’ involvement in decision-making at organizational levels appeared to affect the opportunities for chaplains to maintain their spiritual care work and find ways to contribute.

One panelist highlighted the key difference between critical decisions being made in conversation with chaplains versus without and about them at their institutions. “When there was already that integration and chaplains had a place at the table, then decisions were able to be made with chaplains and with chaplain leadership, versus about chaplains, or have chaplains lumped in with lots of other health care groups without an understanding of kind of the unique role that chaplains could play in a real disaster like COVID.” (Reference 72) Panelists agreed that prior integration may have positioned chaplain leaders to be already involved in decision-making before and therefore able to continue doing so during the pandemic. However, another panelist also noted that chaplains and chaplain leaders were able to use their professional authority and creatively step into the gaps which developed during the evolving crisis. “[They] were able to develop their position during the pandemic in a very positive way. … [It was] about creatively linking up with what was going on; … what [was] possible and reaching out within the space available to [them]. … What are [they] able to do within the space that is available? That is very important.” (Reference 58) Experts acknowledged that leaders’ confidence, connections with executive decision-makers, and prior chaplaincy integration within the organization made a difference in how chaplain leaders engaged in decision-making situations and ensured that decisions were made with chaplains instead of about them.

Furthermore, panelists discussed the relevance of chaplain leaders’ capabilities to make decisions within their spheres of influence and their preparedness to make difficult decisions. One panelist elaborated that “there does seem to be some differences in the level of preparedness and the level of comfort and calm on the part of leadership with having to make very difficult split-second decisions. Chaplains under that leadership … perceived whether or not their leaders were prepared for unforeseen situations or were really thrown off by this. And all of those factors impacted how well chaplains did from an effectiveness perspective, and I think will impact what happens going forward.” (Reference 72)

Finally, the importance of chaplain leaders’ capacity to communicate about fast-evolving decisions and changes and to use these as opportunities to advocate for their chaplaincy team seemed critically impactful on chaplains. A panelist called attention to “how well did chaplain and wider system leadership communicate pandemic factors and changes and did they communicate the why. … that seemed to really impact how chaplains felt about their leadership. Did chaplains see their leadership advocating for them being essential? That seemed to really impact chaplain emotions and then chaplain self-care.” (Reference 72)

Innovation and Creativity. Experts identified innovation as a vital factor that influenced the extent of chaplains’
contributions. As one panelist noted, “the things that stood out for me and the research we’re doing was where the chaplains showed up and were innovative in response to needs, and that’s been observed by a number of us.” (Reference 59) Thus, leadership that promoted innovation and creativity by astutely recognizing and creating new possibilities may have played a key role. When chaplains were empowered to try new things freely and deliver innovative solutions responsive to what was occurring in the organization, their contributions were clear and valued. Panelists referenced examples of chaplains finding creative ways to communicate and connect with COVID-19 patients and their loved ones (e.g., virtual spiritual care, virtual hugs, touching the bed instead of touching the patient). Innovation was especially vital to provide end-of-life and bereavement care. As one panelist described, “when it came to patients and close family kin, it was about upholding burial ceremonies, especially among the Muslims, and tending to grief and existential questions, even though this was done within the requirements (the host of rules that you couldn’t go in without wearing a mask), and a lot of innovation was conducted here.” (Reference 50) Supporting healthcare workers was identified as another critical area in which leaders had to face challenges, spot gaps to fill, and seize opportunities to innovate. It increased the perceived value of chaplaincy when chaplains proactively and creatively sought to encourage staff in practical ways, remain available and connected to them, and be a calm and listening presence. Finally, coming up with and implementing creative solutions also asked leaders, as mentioned above, to use their professional authority and take advantage of the space available to them.

Flexibility and freedom to innovate: Innovation required chaplain leaders to be flexible. A flexible and adaptable mindset during COVID-19 was indispensable to mobilize leaders and chaplains to generate creative solutions that may have involved doing things differently or beyond the usual chaplain activities and responsibilities. It allowed them to adjust to uncertain conditions and address evolving needs. One panelist explained, “the models of leadership that I found most impressive and valuable and that made a difference was a sort of visionary flexibility, a dynamic ability to revisit what the ultimate aim was, as opposed to trying to keep delivering the same process. … The freedom to think that way, we can have a leadership model that allows that freedom and sees it as a good practice rather than eccentric practice is helpful.” (Reference 80) It reflected the need for leadership approaches that encourage a flexible mindset and freedom to innovate and experiment with novel solutions and processes.

Action orientation: Leading and being creative during the pandemic required chaplains to not only rely on their natural strengths of reflection and helping others reflect but also to be action-oriented. The pandemic showed that chaplaincy leaders and chaplains needed to be equally adept at operating proactively. One panelist commented, “this situation asked for a very primary response and very direct actions, and not all chaplains are able to do that or have those skills, you know. So, some are more secondary and reflective, and then the decisions are already made. And they fell out where other ones were just jumping in and were where they needed to be, and they were developing their position.” (Reference 58) Panelists agreed on seeing a crucial difference between chaplain leadership approaches applying a reflective stance versus being “creative and start doing things to see what works.” (Reference 59) Taken together, such a creative, flexible, and proactive responsiveness would have allowed leaders to anticipate changes, seize opportunities, try innovative solutions, and freely step into the space available to them using their professional confidence and authority.

Building Integrative and Trusting Connections with Colleagues. Another critical leadership factor was building integrative and trusting connections with non-chaplain colleagues. It focused on “integration into the healthcare system and also how, as leaders, chaplains build those integrative connections and where chaplains were known previously. And for some during the pandemic, there were new opportunities to build new relationships.” (Reference 27)

Chaplains and chaplaincy teams who had prior relationships with the non-chaplain staff were the ones who were most likely to maintain referrals and continue to be called to attend to patient and staff support needs. “It really did seem to depend on the staff already knowing the chaplain and having built up good relationships and being involved in the multidisciplinary team on the ward.” (Reference 77) Another expert added that integration was also “dependent on the contact with leaders of the hospitals or the regions.” (Reference 50)

These integrative connections were developed as interdisciplinary team members and leaders had come to know and trust chaplains over time. Thus, panelists noted that this type of integration of chaplaincy was probably in place before COVID-19, in most cases. The level of integration before the pandemic may have determined critical elements of leadership and integration during the pandemic. While not impossible, it may have been challenging and less likely to develop such integration instantaneously once the pandemic had begun.

It is important to note that, even if chaplains were well-integrated before the pandemic, COVID-19 changed the conditions so much that chaplains may have been left out of direct patient care anyway. Even though chaplains were temporarily banned from certain clinical units, for instance, due to shortage of PPE or fear of spreading or contracting the virus, integrative and trusting connections remained important for chaplains to lead through these changes and create alternate ways to support patients and staff.

Visibility and advocacy: showing up and showing the value: As a subtheme, experts discussed chaplains’ visibility—being seen and known—as a significant aspect of chaplaincy integration and chaplains’ leadership functions, which allowed others to see, understand, and trust what chaplains can
contribute to the care of patients and staff. This visibility was further enhanced when chaplains showed up with innovative responses to needs, making their contributions clear and valued. One panelist also connected visibility and professional confidence, “the whole theme of visibility related for me to that whole area of professionalism too. … And it actually takes a level of confidence and clarity about your role to engage appropriately in a multidisciplinary team.” (Reference 16)

Moreover, this type of visibility may have created favorable conditions for ongoing advocacy for spiritual care as essential and a standard part of patient care before and during the pandemic. Thus, advocacy may have relied largely on chaplain leaders’ capability to act as visible, confident, trusted, and connected leaders and experts in spiritual care and develop their chaplain teams as such.

Attending to existential and moral questions: Drawing on integrative connections, confidence, and visibility, chaplain leaders also brought more clarity to their expertise in reflection on and attending to existential and moral questions. One panelist described leaders’ moral and reflective expertise as “[it] is about the moral questions and themes… And help [health care teams] to a broad perspective so that you are able to reflect on the consequences of specific behavior priorities for diverse care dimensions. That was seen as the most important fields of expertise that people should address. … I mean that you need to act as a professional, you need to be visible, and you have to use recognizable language on the different levels.” (Reference 58) It also involved “tending to grief as an existential question.” (Reference 50) Such contributions were often well received and recognized at different organizational levels as it balanced the action-orientation (“doing”) of medical and management teams with creating space for reflection on the human aspects of the crisis (“being”): the meaning, consequences, and significance of actions, decisions, and events, “bringing humanity into the management of COVID.” (Reference 80)

Experts also talked about the concept of “spiritual intelligence,” which may have played a vital role in chaplains’ leadership approaches, especially when attending to the existential and transcendent (as in something greater than self) aspects of care and work during the pandemic. One panelist wondered if spiritual intelligence involves “perhaps even [a] transcendent way of knowing that we’re trying to not only develop within individuals but also to help institutions understand as a vital part of the health of human beings.” (Reference 83) Successful chaplain leaders may have incorporated spiritual intelligence in their ways of engaging with others and caring for the organization.

Promoting Cultural Competencies. Panelists discussed the chaplains’ roles and responsibilities to promote cultural capabilities for social, racial, and religious diversity across the healthcare organization, drawing on their expertise in serving individuals from different cultures and religions. During the pandemic, cultural and religious responsiveness was especially vital when serving spiritually and religiously diverse populations, including persons increasingly identifying as not religious or spiritual, or not mainstream Christian, providing end-of-life care, holding burial ceremonies for various faith traditions, and tending to spiritual, religious, and existential questions of patients and staff. Panelists also discussed the dynamics of racial and religious differences—both among patients and chaplains—as these were experienced in their different demographic and cultural contexts. For instance, in the United States, chaplaincy leaders and chaplains faced the waves of the dual pandemic of COVID-19 and racism and the need to address both in their settings. COVID-19 put a spotlight on systemic injustices, inequities, disparities, and lived experiences of underserved and underrepresented persons among both patients and chaplains.

Panelists from various countries noted that chaplains from mainstream Christian backgrounds still composed the majority of spiritual care providers and were more often employed and visible as professional chaplains in health care, compared to the chaplains from non-Christian traditions. Panelists also discussed geographical variations of these dynamics of minorities and majorities. In their respective environments, chaplain leaders were likely to encounter opportunities to foster cultural capabilities and improve the cultural responsiveness of their institutions by taking on active roles to contribute to equity, inclusion, and justice at the individual, team, and organizational levels, (often by drawing on the relational leadership elements described in the themes above).

Discussion

Our expert panel sought to determine the main chaplain leadership factors that shaped chaplains’ integration and the perceived value of their contributions in health care during the period from March 2020 to April 2021 of the pandemic. What we found is that themes of professional confidence, engaging and trust-building with healthcare executives and managers, participating in decision-making and making decisions, innovation and creativity, building integrative and trusting connections with colleagues, and promoting cultural competencies emerged as being central to chaplains’ leadership capabilities and approaches during the COVID-19 pandemic. Expert panelists agreed that these elements were likely to influence how chaplains—and what they had to offer—were recognized, incorporated, and utilized in health care delivery.

The pandemic may have offered opportunities for chaplains to courageously lean into their leadership roles and actions with confidence and with creative and proactive responsiveness to evolving needs and realities. Even though what chaplains do in their spiritual care work could give birth to some of these leadership qualities, these themes warrant further discussion and research about chaplains’
distinct leadership competencies and qualities. While spiritual care and leadership skills may overlap to an extent, key leadership capabilities need to be developed beyond what is typically acquired during chaplaincy training and clinical practice (Kelly & Holmes, 2019; Kim et al., 2020). The factors identified by our expert panel may contribute to the broader work of bringing clarity to specific chaplain leadership competencies and leadership development objectives to help chaplains become highly effective leaders in healthcare settings.

Before COVID-19, Kim et al. (2020) examined the applicability of the National Center for Healthcare Leadership (NCHL) competency model for spiritual care managers. Participants’ behavioral descriptors included references of varying frequency to NCHL competencies which correspond with the themes articulated by our panelists, such as self-confidence (4% of all 175 behavioral statements), network and relationship development (2%), strategic orientation (2%), impact and influence (4%), innovation (3%), change leadership (4%), initiative (7%), collaboration (5%), and organizational awareness (4%). This initial investigation of leadership competencies of chaplain leaders broadly supports that our themes are consistent with a validated model of leadership in health care. Furthermore, the findings of our panel indicate that drawing on such competencies was influential in shaping the role of chaplaincy during COVID-19.

Highly effective leadership skills are essential for chaplains, whether they serve as organizational leaders or practitioners taking the lead to address the spiritual aspect of care in interprofessional teams. It should also be considered what personal and context-specific factors may further enhance chaplains’ leadership functioning. Further work needs to be done to articulate evidence-based and effective chaplain leadership models and to create and implement best practices to develop spiritual care leaders’ competencies during and beyond clinical training (Kim et al., 2020).

**Future Research Directions Recommended by the Expert Panel**

Expert panel members recommended the following areas of future research.

**Chaplains’ Confidence and Leadership Roles.** Further research needs to examine the links between chaplains’ confidence, leadership capacities, and professionalism more closely. Research might also focus on determining the role leadership quality and professional confidence may play in chaplain self-care and emotions and how self-care may impact chaplain competence. Another particular connection that could be investigated is how confidence relates to chaplains’ diverse attitudes and their reflective and action-oriented modes of operation. Additionally, future research might explore the chaplains’ role within change management in healthcare systems drawing on the work, for example, of John Kotter on leadership and change (Kotter, 2012).

**Professionalism of Chaplains.** Panelists highlighted the need for more international research on what chaplaincy professionalism and its requirements entail and what types of training are utilized to achieve it in different countries, with particular attention to how these factors may influence professional confidence. There is a considerable need to understand how to build chaplain professionalism outside of religious and privileged frameworks and what professional spiritual care looks like in the context of current religious and demographic shifts in society.

**Outside View on Chaplain Leadership.** Another avenue of research should be pursued to understand the perspectives of healthcare leaders, especially nurse leaders, physician leaders, and senior executives, regarding what makes a chaplain an exceptional leader. Such research would go beyond self-evaluative approaches and explore healthcare executives’ views on various domains and competencies of chaplain leadership and what strong chaplain leadership looks like, perhaps with a similar approach used by Antoine et al. (2021). Additional research could look at those chaplain leaders identified as high-performing by their own senior management to establish what particular behaviors, characteristics, and attitudes they bring to their spiritual care leadership within their contexts. This could also examine where these highly-rated leaders’ strengths lie and how their competencies compare and map onto the NCHL competency model used in prior chaplaincy leadership research (Kim et al., 2020; National Center for Healthcare Leadership, 2018).

**Chaplain Integration.** The use of longitudinal research designs was recommended to examine chaplain integration and associated factors and how chaplain integration is built over time. Moreover, comparative research approaches could significantly help determine how much the comparison and emerging differences between countries may deepen the understanding of leadership, in contrast to research within national contexts. Studies exploring the relevance of the concept of spiritual intelligence for chaplaincy leadership, care, and training might also be worthwhile. Finally, further work needs to be done to investigate chaplain leaders’ communication and collaboration with other health professionals while often using differing language for taxonomies and outcomes in their respective fields (Best et al., 2020).

**Limitations**

This report reflects themes limited to the perspectives and research of our expert panel members. Even though their views were derived from a wealth of expertise and experiences in spiritual care research and leadership, subsequent
studies are needed with qualitative approaches to elicit chaplain and non-chaplain viewpoints and with quantitative methods and larger samples to confirm findings and increase generalizability. While we sought to realize the value in gathering international perspectives, such discussion inherently stayed on a higher level. Therefore, it was not suitable to capture the nuances of the local or national contexts.

Conclusion

This panel identified international expert perception on chaplain leadership factors that were most influential in shaping the integration of chaplains and the value (or perceived value) of chaplains’ contributions during the pandemic. Themes from the panel discussion contribute to our understanding of chaplain leadership elements and competencies that emerged as crucial and influential during the COVID-19 response. However, these factors point beyond this crisis and may have broader applicability. The findings add to the groundwork for future research into distinguishing what highly effective chaplain leadership may look like and what capabilities chaplains need to acquire. It is vital to ensuring that chaplaincy leaders and practitioners are well prepared to lead confidently in organizational and interprofessional spiritual care roles.

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Note

1. There are different terms used to refer to chaplains, such as pastoral care or spiritual care practitioners, in various countries. However, the term “chaplain” is used for the purposes of this paper.

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