

# How Does the American Public Understand and Interact with Chaplains?

*Evidence from a National Survey and Interviews*

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# How Does the American Public Understand and Interact with Chaplains?

## Evidence from a National Survey and Interviews

Wendy Cadge and Amy Lawton

Brandeis University

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### Executive Summary:

How does the general public understand chaplaincy? How many U.S. adults have interacted with a chaplain, and what were those interactions like? This paper aims to answer these questions with data gathered from a nationally representative survey (N=1,096) and 50 qualitative interviews with survey respondents.

#### The Gallup survey used the following definition of chaplain:

“The next few questions ask about chaplains. By ‘chaplains,’ we mean clergy or other religious guides or spiritual caregivers who serve people outside of churches or other houses of worship, in settings like hospitals, the military, prisons, or institutions of higher education, to name a few examples.”

Although 44% of survey respondents reported interacting with a chaplain, many of these responses were not about formalized spiritual caregiving in secular settings. “Chaplain” proved to be an ambiguous and elastic term. After careful analysis of both survey and interview data, we find that 18% of Americans have interacted with a chaplain, with the majority of interactions taking place in healthcare settings, including hospice and palliative care. Most people were either the primary recipient of the chaplain’s care (56% of respondents) or met the chaplain as a visitor or caregiver (55% of respondents).<sup>1</sup>

Chaplains commonly supported careseekers through prayer (81%) and listening (80%). The most commonly discussed topics were death and dying (53%), dealing with loss (51%), and dealing with change (49%). Survey respondents found chaplains to be moderately or very valuable (74%) and more helpful than harmful (72%).

We stress the importance of the chaplain’s role in a society with climbing rates of religious disaffiliation. A chaplain may be the only religious professional available to many people.



<sup>1</sup> These numbers do not sum to 100% because respondents could select more than one role.

## Introduction

How do members of the American public think about chaplains? Have they interacted with one? Where? What was the interaction like? What impact did it have, if any? Current research about chaplains rarely asks these questions. Instead, scholars and educators mostly ask how chaplains are or should be trained, where they work, how they experience the work (including their interactions with patients, students, clients, and others they serve), and what impacts their work has on care recipients.

***“The American public does not have a common understanding of who or what a chaplain is.”***

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This working paper continues the analysis offered in the Lab’s report “[Survey of Demand for Chaplaincy Among U.S. Adults](#)” by asking conceptual questions about how members of the American public understand and describe their interactions with chaplains. The paper builds on the Lab’s working paper, “[What are Chaplains Learning? Perspectives on the Supply Side](#),” released in early 2022 and which names gaps in chaplains’ training around trauma response, moral injury and religious diversity (Cadge, Tien, and Haythorn 2022). This paper focuses on four – what we call *demand-side* – questions:

1. How do people in the United States understand the term chaplain?
2. What fraction of people in the United States have interacted with a chaplain? Where did the interaction take place?
3. What do interactions consist of and how do those who have interacted with chaplains experience them?
4. What do the answers to the first three questions suggest about the current state of chaplaincy and spiritual care as a profession, and how can they be used to develop strategy for a stronger future?

Our findings are based on a national survey conducted by the Chaplaincy Innovation Lab at Brandeis University in partnership with the polling firm Gallup in March 2022 (N=1,096). Fifty of the people surveyed who reported interacting with a chaplain were interviewed by Lab researchers between May and November 2022.

These interviews yielded rich information which, when combined with the survey data, offer the most detailed empirical picture about demand for chaplains currently available. Our key findings suggest:

- The American public does not have a common understanding of who or what a chaplain is. Between 18% and 44% of the American public report interacting with a chaplain based on how they understand the term.

- The Gallup survey defined a chaplain as “clergy or other religious guides or spiritual caregivers who serve people outside of churches or other houses of worship, in settings like hospitals, the military, prisons, or institutions of higher education, to name a few examples.” Not everyone in the survey who said they interacted with a chaplain did so based on this definition. We estimate that 18% of respondents reported interacting with a chaplain based clearly on the Gallup definition. In interviews, some members of the public understood chaplains to include local clergy and/or individuals without formal religious training, who supported respondents through transformative experiences.
- The majority of interactions with chaplains, as defined by Gallup, took place in or through healthcare organizations, including hospices and palliative care. Under the Gallup definition, 54% of interactions took place in a hospital/healthcare setting and 14% of interactions took place in a hospice/palliative care setting.
- Based on the Gallup definition, there are few patterns by gender, race, religious affiliation or other factors in who interacts with chaplains. This is unusual given patterns by race and gender in other aspects of religious identification and behavior in the United States.
- People who interact with chaplains are both the primary recipient of care (usually someone who is ill) and those who are visitors or caregivers for the main recipient. Based on the Gallup definition, 56% of people who interacted with a chaplain identified themselves as the primary recipient and 55% as a visitor and/or caregiver.<sup>2</sup>
- Chaplains engage with people around transitions, particularly loss, death and dying. They offer support often considered traditionally religious – like prayer or guidance from specific religious traditions – and other forms of care not exclusive to specific religious traditions, like listening and comfort. Much of what chaplains do is not tied to a specific religious tradition.

Taken as a whole, these findings point to key issues for the public, religious leaders, educators and chaplains as professionals:

- The public has an expansive understanding of who chaplains are, ranging from congregational leaders to individuals who support transformational experiences to people who meet the Gallup definition. Professional chaplains who see their contributions as distinct from others the public considers to be chaplains face a “marketing” challenge. It is in healthcare that the public is most familiar with chaplains, and there that chaplains’ roles may be the most understandable.
- Chaplains support primary care recipients and visitors/caregivers in equal proportions. Primary recipients report experiencing more benefit from a chaplain’s care than do other groups. This finding may offer chaplains an opportunity to reconsider how they spend their time and expand/reconceptualize who are the recipients of their care.
- Chaplains increasingly provide care to growing numbers of Americans who do not identify as religious. Chaplains also often support people not affiliated with local religious organizations.

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<sup>2</sup> These two numbers do not total to 100% because of a small number of people who said that they were both the primary recipient of the chaplain’s care and a visitor or caregiver.

They may be the largest workforce of professionally trained religious leaders in the United States actively engaged with people who are not affiliated with local religious organizations. They are likely the only professionally trained religious leaders with whom many of those they serve are in contact.<sup>3</sup>

## Brief Background

People called chaplains have worked in the United States since before the Revolutionary War. They are currently required in the military, federal prisons and Veterans Affairs and are present in many healthcare organizations, colleges and universities, prisons and community settings (Cadge 2023). A national survey conducted in 2019 estimated that 21% of Americans had interacted with a chaplain, where chaplains were defined as “clergy or other religious guides who serve people outside of congregations or parishes, in settings like hospitals or the military” (Cadge, Winfield, and Skaggs 2020).<sup>4</sup> The largest fraction of people interacted with chaplains in or through healthcare organizations.

Research about how care recipients understand chaplains and look for or access their services are sector specific and do not reflect consistent understandings of the term chaplain. Most of the research on these questions focuses on patients who are seriously ill or near the end of life. In healthcare, some research focuses specifically on chaplains, while others seek to demonstrate the spiritual needs of people who are ill that chaplains and other healthcare professionals might better serve.

Studies that focus on chaplains point to demand from patients. A study of advanced cancer patients found that 45% felt a visit from a chaplain would be helpful during their hospitalization, but only 36% reported receiving a visit (Pearce et al. 2012). A separate study of patients at the University of Chicago Medical Center found that 41% of patients wanted to discuss their religious or spiritual concerns while in the hospital and half of these patients were unable to do so (Williams et al. 2011).

A 2000 study of general medical/surgical patients found that 35% of patients requested one or more types of spiritual care when interviewed within two days of admission (Fitchett, Meyer, and Burton 2000). The patients that would most benefit from a chaplain’s intervention, the researchers argue, were unlikely to ask for a chaplain or spiritual care, which implies that the true need may be higher. These findings are more interesting given a growing body of evidence that suggests a relationship between visits from a chaplain and people’s satisfaction with their hospital stays (Marin et al. 2015).

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<sup>3</sup> While academic usage treats them as distinct, we treat “religious” and “spiritual” as essentially interchangeable terms. Our data collection tools did not offer respondents a definition of religion or spirituality, and analysis of the interview data revealed that respondents had inconsistent understandings of both terms.

<sup>4</sup> We now suspect that this estimate is too high. The earlier study relied solely on survey data without the benefit of follow-up interviews to further explore answers given in the survey.

Research in healthcare settings suggests that patients have significant unmet spiritual needs. A major meta-analysis of spirituality in health research and practice defined spiritual needs as “needs related to a person’s spirituality, including spiritual questions, concerns, practices, and struggles” (Balboni et al. 2022).<sup>5</sup> A study of spiritual needs among heart failure patients found that 25% reported that few to none of their spiritual needs were met. Spiritual needs were defined in the study as “the needs that people have regarding the pursuit of spiritual meaning in life” (Park and Sacco 2017:1011).

Additionally, many of those who wanted to speak with their healthcare provider about spiritual needs felt constrained in doing so (ibid.). A study of advanced cancer patients found that the majority – 72% – felt their spiritual needs were either minimally supported or unsupported by the medical system (Balboni et al. 2007).

In addition to healthcare, chaplains play important roles in the military, especially around mental health. It is important to note that military chaplains offer more confidentiality than mental health providers in the military, as Rule 503 of the Military Rules of Evidence states that communications with a spiritual advisor cannot be shared, with no exceptions. Studies suggest one third of active-duty service members who sought mental health support accessed care through a “clergy, chaplain, or pastor.”

***“More than half of adults pray daily and 40% meditate at least once a week according to recent surveys.”***

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This accounted for close to 9% of approximately 1.3 million active-duty service members in 2018 (Meadows et al. 2021).<sup>6</sup> In another study, 7% of active-duty service members sought mental health support from a military chaplain (Morgan et al. 2016). Service members were most likely to report seeing a chaplain “for family problems, followed by depression, anxiety, stress management, anger management, and combat and operational stress” (ibid.:108-109). Army soldiers with a deployment history had uneven experiences with chaplains during suicidal crises (Adler et al. 2019).

In higher education, there is limited research about the perspectives and effectiveness of chaplains among students, staff, and faculty. A study of a small New England college found that chaplains were effective at meeting the particular needs of underrepresented religious groups (van Stee et al. 2021). Researchers suggest underrepresented groups may be more reliant on chaplains, while Christian students find more support both on and off campus (ibid.). Campus chaplaincy has often focused on

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<sup>5</sup> “Spirituality” was further defined as “a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred” (ibid.).

<sup>6</sup> This number includes those who sought mental health support from civilian clergy.

ministry to religious students – i.e. creating a “church on campus” – over the general spiritual care offered by chaplains in other sectors (Barton, Cadge, and van Stee 2020; Schmalzbauer 2018). Some shifts are underway and we expect that the high number of unaffiliated students among Generation Z will pressure campus chaplaincy to shift focus.

It is important to consider chaplaincy and spiritual care in the context of broader changes in American religious demographics. Growing numbers of people in the United States identify as atheist, agnostic or nothing in particular – from 16% in 2007 to about 3 in 10 in 2021 (Smith 2021). This includes people from all age groups, with as many as 40% of younger generations (Gen Z and Millennials) unaffiliated. Many congregations, traditionally the bedrock of local religious life, have been shrinking and are closing. The majority of adults continue to believe in God, however, and the fraction who reported experiencing a sense of spiritual peace and well-being increased from 52% to 59% between 2007 and 2014. Those who felt a sense of wonder about the universe increased from 39% to 46% (Cooperman 2015; Pew Research Center 2019).

More than half of adults pray daily and 40% meditate at least once a week according to recent surveys. Such changes might lead people to seek out chaplains more because they do not have local religious leaders or might make the kind of work chaplains traditionally do less familiar or accessible to growing numbers of non-religiously affiliated people in the United States.

## Research Methods and Data

To better understand how members of the American public understand and engage with chaplains, the Chaplaincy Innovation Lab partnered with Gallup to conduct the first nationally-representative survey on the topic. A study is nationally representative when the sample is a reflection of the nation’s entire adult population.<sup>7</sup> Our sample is a subset of the general population that displays approximately the same characteristics as the whole, and statistical weights were used to make the sample more reflective of the general population.

The online survey was sent to members of the Gallup Panel in March 2022.<sup>8</sup> Up to five reminder emails were sent as needed. A total of 1,096 respondents completed the survey, a 32% response rate. Percentages of survey responses shared in this report were adjusted to match the demographic distributions of the U.S. population 18 years of age or older. See Table 1 for the descriptive statistics of the entire sample and for the 18% of the sample that had interacted with a chaplain.

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<sup>7</sup> “Adult” indicates that respondents were 18 years old or older. Adults who were incarcerated or otherwise institutionalized at the time of the survey were not sampled.

<sup>8</sup> The Gallup Panel consists of U.S. adults who were recruited using random digit-dial (RDD) phone interviews and address-based sampling (ABS) methods. The approximately 80,000 panel members who can be reached by email are representative of households in the United States. For more information, see “[How Does the Gallup Panel Work?](#)”

**Table 1: Demographics from the Nationally-Representative Survey**

		Entire Sample		Met Chaplain	
		N	%	N	%
<b>Gender</b>	Male	497	48	99	52
	Female	598	52	107	48
	Non-binary	1	<1	0	0
<b>Age</b>	Mean (unweighted)	49 years		51 years	
<b>Race</b>	White	724	68	141	70
	Black	159	13	30	11
	Hispanic	188	17	32	16
	Asian	22	2	2	1
	Other	3	<1	1	<1
<b>Religion</b>	Protestant	463	41	95	45
	Roman Catholic	182	16	51	22
	Other Christian	32	3	2	<1
	Other Major Religion	32	3	3	1
	Something Else	52	5	7	4
	Unaffiliated	335	32	48	27
<b>Highest Level of Education</b>	Less than HS diploma	28	3	6	4
	HS or trade diploma	541	52	102	52
	2-Year degree	107	9	21	10
	4-Year degree	230	20	45	19
	Professional degree	179	15	30	14
No response	11	1	2	2	
<b>Region</b>	Northeast	211	18	32	14
	Midwest	243	21	52	25
	South	383	37	75	41
	West	258	24	47	20
	No response	1	<1	0	0
<b>Location of Interaction</b>	Hospital	116	10	116	54
	Hospice/palliative care	32	3	32	14
	Military	26	3	26	14
	VA	2	<1	2	<1
	Prison/jail	5	<1	5	4
	College/university	9	<1	9	5
	K-12 School	7	<1	7	4
	Police/fire department	4	<1	4	2
	Church	204	19	n/a	n/a
	Disaster relief	5	<1	5	3
	Other	70	6	n/a	n/a
	No location given	1	<1	n/a	n/a
	Did not meet a chaplain	615	56	n/a	n/a
<b>Total</b>		<b>1096</b>		<b>206</b>	

Note: Percentages are weighted to be nationally representative.



The Gallup survey asked respondents if they had ever “interacted” with a chaplain. We did not define interaction and assume respondents interpreted “interaction” in the ordinary sense of interpersonal contact. Therefore, we think it unlikely that these numbers describe the impact had by chaplains working “behind the scenes” or fulfilling strictly ceremonial functions. Likewise, a study of leaders in sectors such as healthcare, higher education, and the military would have revealed qualitatively different interactions than a study of the general public, as leaders would have professional relationships with chaplains.

Lower levels of public contact with chaplains in some areas of spiritual care reflect the smaller numbers of chaplains in those sectors, but we believe our findings to be applicable across sector because the findings reflect the general population, which is served in all sectors. We did not investigate sector-specific chaplaincy.

Respondents who completed the survey were asked if they wanted to participate in a follow-up interview. A total of 233 agreed to be contacted. We offered a \$25 Amazon gift card as an interview incentive. Between May and November 2022, we conducted 50 interviews. We contacted 171 people and garnered a 29% response rate. Two researchers conducted the interviews over Zoom following a structured interview guide. Interviews generally lasted between 15 and 45 minutes and were recorded and transcribed. See Table 2 for the descriptive statistics of the interview respondents.

<b>Table 2: Demographics of Interview Sample</b>		<b>N</b>	<b>%</b>	
<b>Gender</b>	Male	18	36	
	Female	32	64	
<b>Age*</b>	<21-30	12	24	
	31-40	6	12	
	41-50	13	26	
	51-60	9	18	
	61-70+	10	20	
	<b>Race</b>	White	33	66
	Black	16	32	
	Other/No Response	1	2	
<b>Ethnicity</b>	Hispanic	7	14	
	Non-Hispanic	43	86	
<b>Religion</b>	Protestant	30	60	
	Roman Catholic	6	12	
	Other Christian	5	10	
	Other Major Religion	0	0	
	Something Else	5	10	
	Unaffiliated	4	8	
	<b>Highest Level of Education</b>	Less than HS diploma	1	2
	HS or trade diploma	21	42	
	2-Year degree	3	6	
	4-Year degree	14	28	
	Professional degree	11	22	
<b>Region</b>	Northeast	7	14	
	Midwest	11	22	
	South	24	48	
	West	8	16	
<b>Location of Interaction</b>	Hospital	15	30	
	Hospice/palliative care	5	10	
	Military	3	6	
	VA	1	2	
	Prison/jail	0	0	
	College/university	2	4	
	K-12 School	0	0	
	Police/fire department	1	2	
	Church/place of worship	15	30	
	Disaster relief	0	0	
	Other	8	16	
	<b>Total</b>		<b>50</b>	<b>100%</b>

\*Mean age is 45 years.

Note: Interview demographics are unweighted because they are not nationally representative.

To analyze the interviews, we performed manual thematic coding using Atlas.ti. We analyzed the codes abductively. Abductive reasoning is often called “inference to the best explanation.” Abductive reasoning produces likely explanations for observed data without guaranteeing the truth of the conclusion. Abductive reasoning is frequently used in the social sciences to orient researchers to the best place to focus their attention (Tavory and Timmermans 2014).

## Key Findings

*How do people in the United States understand the term chaplain?*

Based on both survey data and follow-up interviews, we evaluated how people in the United States understand the term chaplain. Responses made clear that not all members of the American public are certain or consistent about who counts as a chaplain, even when offered a definition. We also asked people who interacted with a chaplain when or if they might do so again, and many were unsure.

Taken together, these findings point to public relations and marketing challenges for chaplaincy if the profession seeks consistent public understanding of the meaning of spiritual care.

The Gallup survey included a straightforward definition of chaplains. Respondents read:

“The next few questions ask about chaplains. By ‘chaplains,’ we mean clergy or other religious guides or spiritual caregivers who serve people outside of churches or other houses of worship, in settings like hospitals, the military, prisons, or institutions of higher education, to name a few examples.”

This definition was developed based on existing surveys and pre-test interviews conducted before the survey began. It centers on two key aspects of chaplaincy: Chaplaincy is *formalized spiritual caregiving*, and chaplaincy typically *takes place in secular settings*, beyond the places where someone like a congregational pastor would normally serve a stable, recognized community.

However, depending on how respondents interpreted this definition and related it to their own experiences, the proportion of the American public that reported ever interacting with a chaplain ranged from 18% to 44%. In total, 481 people (44%) reported on the survey that they had interacted with a chaplain. However, even though our definition excluded interactions in places of worship, 204 of these 481 people described interactions with chaplains that took place in a church or another place of worship.<sup>9</sup>

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<sup>9</sup> We pursued interviews with 15 people who reported interacting with a chaplain in a place of worship in the hope of learning (a) if any of these respondents actually had a chaplain interaction in a place of worship, despite our assumption that this was not common, and (b) if people who initially thought of their congregational leader when responding to the survey questions had, in fact, interacted with a chaplain outside of the congregational setting at another point in time but did not report it on the survey. Of the 15 people who we interviewed who had reported a place of worship interaction, no respondent had actually interacted with someone who met the Gallup definition of chaplain in a place of worship. Interviews revealed that several of the people who reported place of worship interactions had also, at some other time in their life, interacted with a chaplain in another

Another 70 people reported that they met a chaplain in some “other” settings – “other” meaning other than the nine secular settings<sup>10</sup> listed on the survey. In interviews, we did not find evidence that these people were thinking of chaplains according to the Gallup definition.<sup>11</sup> Based on our analysis of the interview data, we conclude that 18% of survey respondents had interacted with a chaplain.<sup>12</sup>

We further explored how members of the public understand the terms “chaplain” and “spiritual caregiver” in each of the 50 interviews. Most respondents who had interacted with a chaplain as defined by the Gallup survey spoke about the place where and/or circumstances under which they had encountered a chaplain, or offered a general theory of what chaplains do.

Julie, a police lieutenant, offered a definition based on her workplace’s chaplains: “In my department, we have department chaplains who are just people from different parts of faith who are here to just provide guidance whenever you’re going through some kind of, like, traumatic incident.” Jamie dated her understanding of chaplains to her childhood, telling us, “I understood the term chaplains just from being a child and visiting family in hospitals. That they were people with religious affiliations that were there to kind of help provide religious support for family members, as well as the patients being, receiving a treatment in the hospitals.” Debbie told us that, at one time, she only knew of chaplains as a fixture of college and university campuses. She had since met a chaplain in a hospital setting, but still began her definition by saying, “I used to think a chaplain was someone, honestly, that was assigned to schools.... But yeah, I didn’t know that chaplains extended beyond campuses.”

Most interview respondents expected chaplains to focus on religion, but only a few expected religion to be the chaplain’s sole focus. Many interviews mentioned prayer or reading scripture with the chaplain. For example, when Christina’s father was dying, the hospital chaplain “talked to us and prayed with us and he was very comforting.” Likewise, Scott mentioned that the chaplain comforted his dying mother by reading Bible verses with her and her family. Both Christina and Scott saw their chaplains as providing other types of support as well, such as the emotional reassurance that the

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setting. There were various reasons why these respondents did not initially report their chaplain interactions in favor of reporting interactions with congregational leaders, including the relative unimportance of the chaplain compared to their other religious leader(s), difficulty recalling the interaction, and personal definitions of chaplain that differed from the research definition presented in the introductory text in the survey.

<sup>10</sup> Respondents could report that they met a chaplain one of ten settings: in a hospital/healthcare setting; in palliative care or hospice; in the military; through the VA; in prison/jail; in college/university; in K-12 school; through the police/fire department; in a church or other place of worship; through disaster relief; or, in “Other” settings if the first ten settings did not apply.

<sup>11</sup> Some Americans likely encounter chaplains working in “Other” settings, so the choice to exclude these cases from the analysis and may be conservative. Based on the interviews and the survey write-in responses, we have no data to confirm that any interactions in “Other” settings were definitely interactions with chaplains. We simply do not have enough information to know how many chaplains are at work in “Other” settings to make reliable assertions about this hypothetical group.

<sup>12</sup> This number is different from the 25% of Americans who have interacted with a chaplain reported in the Lab’s “[Survey of Demand for Chaplaincy Among U.S. Adults](#)” because that analysis was largely done before the collection of interview data was complete.

chaplain offered Christina: “I had a lot of guilt and stuff that I had to get off in my past. I felt like a horrible, horrible person. I didn’t have the best relationship with my father...[The chaplain] said he knows that my father knows that I didn’t actually mean those things. So like he used kind of logic to comfort me and convince me that he didn’t think that I was a horrible person.”

In contrast to Christina and Scott, other respondents defined “chaplains” in ways that explicitly centered on religious language and expectations and assumed that religion in its more traditional sense would be the chaplain’s sole focus. Tyra said, “I understand them [chaplains] as people that are, I would say, appointed, should be appointed by God, who teach others his word and about him,” and Andy, likewise, told us that his definition of chaplain would be a “person that has studied and teaches the word of God.”

Interviews also revealed how people who understand chaplains outside of the Gallup definition see them. They tend to think of chaplains as any person who facilitated a personal, private, and/or transformational experience. In the words of Patty, “I first thought of a priest, but then I realized it’s not really that. *It’s become a broader scope for me* (emphasis added). I thought of a woman who is actually going to school to be, I don’t know what you would call it, a preacher....And she is also an Indian shaman, so a fascinating person.”

***“I don’t know a classical definition, but my personal definition would be someone who ministers to others in times of need, especially if it involves a death or a terminal illness.”***

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Patty met the woman in Al-Anon and they developed a friendship with a spiritual component. Linda, who is herself a member of the clergy, spoke about chaplains as two professional therapists who provided her with Christian-based counseling. Gerald started the interview by firmly establishing “my own personal definition. I don’t know a classical definition, but my personal definition would be someone who ministers to others in times of need, especially if it involves a death or a terminal illness.” He described two of his fellow church members who ministered to the wider community. Gerald met these two men through his Sunday school class and was impressed that they were “living out what they profess – a rarity today.”

Gerald emphatically did not count the military chaplain that he had met as someone who fit his personal definition. While these stories did not match the Gallup definition of chaplain, they show how people stretched the definition to encompass important spiritual experiences from their own lives.

Of the fifty people interviewed, just under half (N=21, 42%) spoke exclusively about interacting with a chaplain or chaplains that met the Gallup definition. A second group (N=17, 34%) had at some point interacted with a chaplain that fit the Gallup definition but also spoke extensively about other spiritual leaders or friendships with spiritual components. In some cases, interview respondents first reported an interaction with a chaplain that met the Gallup definition, but later described additional interactions with a congregational leader.

Respondents in this group occasionally expressed uncertainty about whether or not they were using the definition of chaplain correctly but also frequently asserted that they were using their own definition. The third and final group of respondents (N=12, 24%) had not interacted with a chaplain by the Gallup definition.<sup>13</sup> In a practical sense, this shows that many people who interacted with a chaplain were not sure about when or how they had done so.

*What fraction of people in the United States have interacted with a chaplain? Where did the interaction take place?*

Based on the definition of chaplain used in the Gallup survey, approximately one in five Americans has interacted with a chaplain. This is 206 people, or 18% of the sample. The largest group met chaplains in healthcare organizations, including hospice and palliative care (68% combined). The next largest fraction met chaplains in the military (14%), college and universities (5%), K-12 schools (4%), or prisons/jails (4%). See Table 3.

**Table 3: Settings of Chaplain Interactions**

Setting	%	N
Hospital/healthcare	54	116
Palliative care/hospice	14	32
Military	14	26
VA	<1	2
Prison/jail	4	5
College/university	5	9
K-12 school	4	7
Police/fire department	2	4
Disaster relief	3	5
Total	100	206

Note: Based on the 18% of people who interacted with a chaplain according to the Gallup definition.

<sup>13</sup> All quotations presented before this point in the paper are from the first two groups – people who had at some point interacted with a chaplain by the Gallup definition.

In a typical interaction in healthcare, for example, Jeffrey told us about the chaplain who visited while his father was dying: “I never paid attention to [chaplains] until I was at the hospital. And he came out and said a couple kind words to us and let us know the situation.... He was really really nice, very, very professional, and also he listened. That was the main thing.” Interview respondents who had interacted with military chaplains often noted that the chaplains were a frequent presence around base, as in this example from Davey: “I had interactions with them over food, or had interactions with them for ministry and service, or just to sit down and have a cup of coffee with.”

We interviewed three people who had interacted with prison chaplains, but no one who had themselves been incarcerated. These three spoke about how they worked with prison chaplains to connect an incarcerated person to resources. Many people who had interacted with a chaplain actually had interacted with more than one at various times.<sup>14</sup>

Analyses of the Gallup survey data find that there are few patterns in who interacts with chaplains. Gender, race, and even most religious affiliations do not make a person more or less likely to interact with a chaplain. Survey respondents who identified themselves as extremely or very spiritual<sup>15</sup>, however they personally used the term, were more likely to interact with a chaplain than are people who are less spiritual, but in terms of demographics, chaplains seem to be for everyone.

*What do interactions consist of and how do those who have interacted with chaplains experience them?* Survey questions asked about the content of people’s interactions, as did interview questions. Respondents identified whether they were a primary recipient of the chaplain’s care or were visiting a friend/relative/loved one, acting as a caregiver to a friend/relative/loved one, an employee, and/or a participant in a religious ceremony. Of the 206 people who interacted with chaplains by the Gallup definition, the largest fraction were primary recipients of the chaplain’s care (N=109, 56%). Many people selected both the visitor and caregiver roles, so we combined those into one category (N=114, 55%).<sup>16</sup> See Table 4.

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<sup>14</sup> The survey directed respondents who interacted with a chaplain once in the past 12 months to think about that interaction when answering the survey questions. The survey asked other respondents to think about “the one interaction with a chaplain that stands out the most in your mind” (to respondents who had interacted with a chaplain more than once in the last 12 months) or “the interaction that stands out the most to you for any reason” (to respondents who had interacted with a chaplain longer ago than a year). We did not attempt to capture information about multiple, different interactions on the survey, as surveys are necessarily a streamlined way to gather information. However, we learned during the interviews that people who had multiple interactions with chaplains often had an understanding of chaplaincy that was consistent with the Gallup definition.

<sup>15</sup> While spirituality is influenced by race and gender, the effects were separate in the analysis.

<sup>16</sup> As mentioned in footnote 1, these numbers do not sum to 100% because there is some overlap between the primary recipient role and the visitor/caregiver role. In other words, some people who were visitors/caregivers also saw themselves as primary recipients. These people are included in both categories in the analysis because their inclusion or omission does not substantively change the reported results, likely because they genuinely have the characteristics of both primary recipients and visitors/caregivers.

**Table 4: Role in the Interaction**

<b>In this interaction with a chaplain, were you...</b>	<b>%</b>	<b>N</b>
A primary recipient of the chaplain's care or support	56	109
Visiting a friend, relative, or loved one	50	100
Acting as a caregiver to a friend, relative, or loved one	37	77
Combined category: Visitor OR caregiver	55	114
An employing interacting with a chaplain through your job	8	15
A participant in a religious ceremony (i.e. memorial, wedding)	13	23

Note: Based on the 18% of people who interacted with a chaplain according to the Gallup definition (N=206). Because respondents could select as many roles as they wished, there is some overlap and percentages do not sum to 100%.



Among respondents who interacted with a chaplain, the most common types of support received were prayer (81%), listening (80%), and comfort (75%). See Table 5. The topics most commonly discussed were death and dying (53%), dealing with loss (51%), and dealing with change (49%). See Table 6.

**Table 5: Types of Support Received from Chaplain**

Type of Support Received	%	N
Prayed with or for you or others	81	166
Listened to you others	80	164
Comforted you or others in a time of need	75	156
Gave spiritual or religious guidance	71	145
Helped you or others navigate a conflict	27	48
Advocated for or with you	24	45
Facilitated a religious ritual	18	38
Directed you or others to resources	17	35
Provided a religious object	17	37

Note: Based on the 18% of people who interacted with a chaplain according to the Gallup definition (N=206). Numbers include “I received” and “Both I and another received.”

**Table 6: Topics Discussed with Chaplain**

Topic Discussed	%	N
Death and dying	53	113
Dealing with loss	51	107
Dealing with change	49	96
Passages from religious and spiritual texts	40	82
Your religious views	39	77
Family dynamics	36	76
The meaning of life	33	62
Your physical health	33	60
Moral or ethical concerns	31	56
Relationship issues	23	46

Note: Based on the 18% of people who interacted with a chaplain according to the Gallup definition (N=206).

The interviews illustrated how chaplains offer prayer, listening, and comfort, with most people mentioning at least one of the three. A typical example is Marjorie, who met a chaplain before going into surgery: “He just came in to pray with us before the surgery...he did make me feel very comfortable...just the way he prayed, you really felt like he was there for you.” Nicole, while hospitalized, interacted with a chaplain and remembered “just the warmth, the understanding, comfort, just being there and not being judgmental.”

Although some types of support took place only with a minority of respondents, these types of support were mentioned by others. Lori said that chaplains direct people to the services and resources they need. Roger defined a chaplain as an advocate. Julie, the police lieutenant, described the “Blessing of the Badges” ritual that the chaplains in her department conduct, as well as discussing a personal conflict with a coworker that the chaplain helped to resolve.<sup>17</sup>

## ***“Chaplains are available in times and places where therapists are not – an important value proposition.”***

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Many topics discussed with a chaplain are the same topics that one might discuss with a therapist or counselor, which may blur the line between chaplaincy and counseling and complicate chaplains’ efforts to reach those who do not identify as religious. A chaplain’s unique space includes not just some of the types of support delivered or topics discussed but also includes the methods of delivery.

Whereas a therapist usually establishes a long-term relationship with clients and begins from a diagnostic approach, chaplains usually provide short-term care, sometimes as little as one interaction. In one sense, this means that there are fewer barriers to accessing spiritual care than there are to accessing some types of therapeutic care. Chaplains are available in times and places where therapists are not – an important value proposition.

Survey and interview data included information about people’s positive and negative experiences with chaplains. Overall, survey respondents found chaplains to be moderately or very valuable (74%) and more helpful than harmful (72%).

See Table 7.

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<sup>17</sup> Eleven interview respondents said that a chaplain had provided a religious item; however, seven of these respondents met their chaplain in a church, and the other four did not have stories about the religious item they received.

**Table 7: Valuable and Helpful/Harmful Interactions**

<b>How valuable was your interaction with the chaplain?</b>		
	<b>%</b>	<b>N</b>
Very valuable	42	91
Moderately valuable	32	64
Only a little valuable	19	38
Not valuable at all	7	12
Total	100	205

  

<b>Would you describe your interaction as...</b>		
	<b>%</b>	<b>N</b>
More helpful than harmful	72	151
Neither helpful nor harmful	21	40
More harmful than helpful	7	14
Total	100	205

Note: Based on the 18% of people who interacted with a chaplain according to the Gallup definition (N=206).

Interviewees who found chaplains moderately or very valuable praised chaplains for offering help instead of pushing their own religious beliefs. Cayce liked that the chaplain she met when her stepfather was in hospice did not advocate for any particular religious views: “She was very warm and investing, and she wasn’t super preachy, which I enjoyed. I like that she didn’t try to use that opportunity as a, ‘Well, let me try to preach to you.’ Just was more there of, ‘Okay, what can I do to help you get through this difficult time?’”

That’s the biggest thing I remember...I don’t think she went too heavily into her own religious beliefs. I think she was there for, ‘I need to do what’s best for this person at this moment.’” Although raised Southern Baptist, Cayce identified herself as spiritual but not religious today. As part of the large and increasing proportion of Americans who do not affiliate with a religious tradition, Cayce’s experience illustrates how chaplaincy remains useful and important for the unaffiliated.

Karla emphasized similar themes when describing a chaplain she met when her brother-in-law was hospitalized; “He was a wonderful man. He was very helpful and comforting. I found his presence to be amazing when it came time to speak with my mother-in-law about the situation.” Like Cayce, Karla is not religious, and was relieved that the chaplain was there to be helpful, not to proselytize: “He didn’t try to push his religion on you, and he even said that it didn’t matter what religion you were. He was just there to help in any way that he could.”

Respondents who are religiously identified were equally enthusiastic about the explicitly religious support they received from chaplains. Jamie knew that she needed to talk to a hospital chaplain when her daughter was diagnosed with cancer: “How could God do this to me? I felt so angry and just having

the chaplain there to voice my concerns to, but also to let me know, like, ‘Hey, it’s okay to feel angry and it’s okay to be upset’...I’m not meant to understand it, something great is going to come out of this. It was just a really strong, powerful moment for me to know, like, ‘Hey, I shouldn’t feel upset that I feel this upset.’ I am okay to feel this way and that, eventually, I will understand, and God still loves me. And that He understands that I’m okay to be angry in this moment and having someone of the religious background kind of confirming that for me was really, really helpful.”

A few interviewees – such as Sarah and Tai – described interactions with chaplains that were “more harmful than helpful.”<sup>18</sup> The survey did not offer a definition of harm, so we relied on the interviews to understand the types of harm that may have been caused. Sarah and Tai represent the range of harmful experiences. They each had a different understanding of harm.

***“When Sarah expected someone to be helpful and he was not, the lack of help became harmful in her memory.”***

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Sarah met a chaplain at the assisted living facility where her 93-year-old mother was receiving hospice care. The chaplain was part of the care team. When Sarah expected someone to be helpful and he was not, the lack of help became harmful in her memory. Sarah described her dissatisfaction with the experience:

“Oh gosh, words escape me. He just didn’t present himself very well as a man or faith or someone that was helpful in a situation...My mom was 93. We knew she was ready, so it wasn’t like it was a shock or a surprise or that kind of emotion, but all the emotions that go along with grief and losing a loved one.

He was very much focused on himself and asking questions about how do we feel now that our mom is gone, because his mom hasn’t gone yet, but he’s just wondering. I don’t know, it was just weird. He didn’t offer to pray...I would think in this day and age that somebody would kind of survey or have some qualifying questions for what would be helpful, what would be meaningful, what would be supportive. He did none of that...It was just very weird and not what I expected.”

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<sup>18</sup> When considering the potential harm that may come from an interaction with a chaplain, it is important to remember that we have no way to assess what harm has been experienced by those who needed a chaplain when none were available.

While Sarah did not specify the part of the interaction that she felt to be harmful, it is reasonable to infer that the perceived lack of spiritual support from someone ostensibly there to provide spiritual support was jarring, or, to use Sarah's term, "weird."

Tai met a chaplain when her son was in the NICU. The medical staff asked if she would like to talk to the chaplain.

"I thought a chaplain would be somebody to advocate for your needs. Somebody who could understand you better than your care team. I had a care team that was taking care of my son in the hospital, in the NICU...I couldn't express myself and I thought, 'Oh, maybe the chaplain would listen better and would advocate for what I wanted.'...My son was dying in the hospital because I thought he was getting suboptimal care...So they asked if I wanted to talk to a chaplain, and I said yes. So when he came in, he asked me what I wanted. I told him the only thing I wanted from him was just to advocate that my son be transferred to a higher level of care. That would make me more positive about the situation...He told me he was going to go talk to the nurses and the doctors. So I was waiting there, sitting down, [thinking] that he was going to come back and tell me what they discussed, but that was it. He didn't show up."

While Tai was in the hospital, the chaplain promised to talk to the care team but never came back to Tai. Tai's son passed away during this hospital stay. Tai went on to say that she did not think a chaplain could ever be helpful.

A wide range of actions can be considered harmful, and Sarah and Tai exemplify the spectrum of experiences that respondents may have meant when reporting that a chaplain was not valuable or even harmful. On one end of the spectrum, Sarah felt that the chaplain was self-centered and "weird," making her time at the end of her mother's life more difficult. On the other end, Tai felt abandonment by her chaplain in a time of profound crisis, leading to feelings of anger and confusion that she was still processing three years later.

Preliminary analyses suggest that the respondent's role in the interaction with a chaplain may shape both the content of the interaction and how valuable they consider it to be. The primary recipients of a chaplain's care are significantly more likely than others to find interacting with a chaplain to be valuable and helpful. Primary recipients of care receive more support from chaplains when compared to all people in other roles (visitors, caregivers, employees, and ceremony participants).

Primary recipients were, for example, more likely to receive spiritual or religious guidance, to be listened to, to be comforted, and to pray with the chaplain. Visitors/caregivers, however, were less likely than all people in other roles to say that the chaplain listened to them or prayed with them, while visitors/caregivers were more likely than all people in other roles to discuss death and dying and dealing with loss with the chaplain.

*What do the answers to the first three questions suggest about the current state of chaplaincy as a profession and how can they be used to develop strategy for a stronger future?*

The findings in this report about the public’s interactions with chaplains paint a mixed picture. The public is not clear about who a chaplain is. Survey results and interview data show that even when offered a definition of chaplain, members of the public define chaplains to include local religious leaders, those with whom they have transformational experiences, and those that meet the definition.

While we argue that 18% of Americans have met with a chaplain according to the Gallup definition, these findings suggest considerable ambiguity among the public about who chaplains are, even among those who have interacted with chaplains. This presents an important challenge as well as an opportunity for professional chaplains who see their contributions as distinct from other forms of caregiving and of religious leadership.

***“Our findings also suggests that there is demand for chaplaincy wherever people need comfort or have questions about meaning and purpose.”***

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The interview data, however, suggests two significant complications likely to arise in the effort to improve public awareness of the nature of chaplaincy. First, although the large majority of respondents who interacted with a chaplain characterized the interaction as valuable and helpful, about half of interview respondents remained neutral about or disinterested in interacting with a chaplain again. Perhaps this is because their interaction with a chaplain was usually in the context of some other event and there is no easily discernable way to contact a chaplain without a larger system such as a hospital, military unit, or university.

The delivery of chaplaincy services often relies on both the caregiver and care recipient being embedded within a system. Second, chaplains continue to be closely associated with organized religion, rather than the broader concepts of spiritual or existential care. As the American population continues to shift its religious and spiritual identity, the term chaplain and its religious connotations may prove more a barrier than an invitation to connect. This is especially likely to be true on university campuses, as Generation Z (born 1997-2012) is on track to have higher rates of religious non-affiliation than any of their predecessors.

These findings reinforce existing studies which show interactions with chaplains overwhelmingly taking place in healthcare settings. Apart from the military, this is where chaplaincy is most well-established and understood. It also reflects where people are likely to be when in the midst of transitions and loss. Our findings also suggests that there is demand for chaplaincy wherever people

need comfort or have questions about meaning and purpose. For example, although only a small number of survey respondents had experienced divorce in the past year (N=14), 25% who had wished they could have interacted with a chaplain.<sup>19</sup> Healthcare settings are the gateway through which most people gain understandings of chaplaincy aligned with the Gallup definition, an important insight for chaplains' professional marketing, collaboration and work moving forward.

Finally, it is important to remember both that chaplains support primary care recipients (mostly people who are ill) and visitors/caregivers in roughly equal proportions and that they may be the only religious leader with whom some of these people are in contact. Our findings suggest that primary recipients report experiencing more benefit from a chaplain's care than other groups.

This finding should encourage chaplains to expand/reconceptualize who they care for and how they spend their time. Chaplains often support people not affiliated with local religious organizations. They are likely the largest workforce of professionally trained religious leaders in the United States actively engaged with people who are not affiliated with local religious organizations.

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<sup>19</sup> We do not suggest that these numbers are statistically significant, but rather that this example illustrates the type of unmet need for chaplains that exists.

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