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## Board certification of professional chaplains: a qualitative study of stakeholder perspectives

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### ABSTRACT

Many professional chaplaincy organizations in the United States have board certified healthcare chaplains since the 1920s and documented how they have adapted their process as the profession has grown. In 2019, the Association of Professional Chaplains and the National Association of Catholic Chaplains sought the perspectives of key stakeholders about professional chaplaincy board certification. This study reports the results from 50 semi-structured interviews with certification candidates, certification committee members, and chaplaincy managers in the United States. Participants discussed the preparation of the certification application, the certification interview, the ease and difficulty of certification competencies, and the evolving workforce. This study demonstrated divergent views on many aspects of board certification, but participants predominately respected and valued the process. Chaplains with varying levels of experience discussed how board certification strengthens multidisciplinary respect and collaboration. Participants reported difficulties with competencies that required translating between theory and practice.

### KEYWORDS

Board certification; chaplain; healthcare; workforce

## Introduction

The process of credentialing assures the public of an individual practitioner's commitment and ability to provide quality service. It communicates the profession's area of expertise, creates a common body of knowledge, and differentiates the vocation from others (Foster, 2016). Within healthcare, certification provides a mode of in-depth peer assessment of the competence and skills demonstrated by clinicians such as physicians, nurse practitioners, and other allied health professionals (Flier & Rhoads, 2020). Hospital chaplains in the United States, and more recently chaplains from other sectors, have applied for certification through professional chaplaincy organizations. However, very little published literature documents healthcare chaplains' perspectives on the process. The Association of Professional Chaplains (APC) and the National Association of Catholic Chaplains (NACC), combined, certified 96% of chaplains in 2018 and are among the largest U.S. professional chaplaincy organizations (White, Barnes, Cadge, &

Fitchett, 2020). To explore what healthcare chaplains working in U.S. settings think about chaplaincy board certification, APC and NACC partnered with a research team at the University of Louisville to interview recent certification candidates, practicing chaplains, certification team members, and chaplaincy managers.

### ***The Association of Professional Chaplains & The National Association of Catholic Chaplains: a history of board certification***

Professional chaplaincy organizations that certify chaplains approach board certification in a variety of ways. Each process evolved from a unique history and context. The written history on certification within APC and NACC – a history that began a century ago – is limited but provides a useful starting point. Discussions about certification began in the 1920s within the predecessor organization of APC (see Cadge 2012 for more detail) and specification of standards of practice evolved over the following decades (Peachey & Phillips, 1996). In initial discussions, organizational conversations focused on clinical integration, education, religious diversity, and research. In the 1960s and 1970s, organizational leaders increased clinical hour requirements, focused on written application materials, and emphasized clinical education from the Association of Clinical Pastoral Education (ACPE; Thomas & LaRocca-Pitts, 2006). APC leadership formally linked membership and certification status and issued the first formal certificates in 1968 (Thomas & LaRocca-Pitts, 2006). The non-profit Board of Chaplaincy Certification Incorporated (Board of Chaplaincy Certification Inc. (BCCI), Unknown Date) began in 1993 “to conduct the certification process for [APC], established in order for [APC] to receive tax exemption” (Thomas & LaRocca-Pitts, 2006, p. 47). The widely accepted title of “board certified chaplain” did not come about until 1995 (Thomas, 1996).

A group of U.S. Catholic bishops founded NACC in 1965 as an organization to train and support Catholic priests. Certified priests that worked in hospitals reported to the Catholic Bureau of Health and Hospitals within the National Catholic Welfare Conference (Cadge, 2012). In the 1970s, organizational leaders modeled certification efforts after existing models and created a pathway for non-ordained individuals to seek board certification (Cadge, 2012). Catholic identity, history, and rites held central importance as NACC also required their own clinical education. With changes in the U.S. Conference of Catholic Bishops, utilization of NACC-specific clinical education faded, and the organization moved towards using ACPE accredited centers as well (National Association of Catholic Chaplains (NACC), 2016).

Collaborative efforts between APC, NACC, and other professional chaplaincy organizations evolved in the 1990s and 2000s. These efforts focused on standardizing the common qualifications, competencies, and requirements for certification as a professional chaplain. Today, certification candidates must demonstrate completion of a graduate theological degree, obtain an endorsement from a religious/spiritual community, submit a written application, and complete a peer interview. Although chaplaincy research has grown in recent years (Fitchett, 2017), research around chaplaincy board certification remains minimal.

## Methodology

In 2019, APC and NACC decided to collaborate with an academic research team to explore perspectives about their current certification practices. Utilizing semi-structured telephone interviews, the research team explored chaplains' perspectives about board certification. This publication reports the themes relevant to practicing chaplains rather than the entirety of the results (see White, Combs, Johnson, & Gurung, 2020 for full results). The study was reviewed and approved by the University of Louisville Institutional Review Board.

### ***The research team***

When APC and NACC joined as members of a National Science Foundation's (NSF) Industry-University Collaborative Research Center (IUCRC), they had already developed research questions. IUCRCs are relationships developed between industry organizations and academic teams to conduct high-quality research (National Science Foundation, NKD). The Center for Health Organization Transformation (CHOT) is one center within NSF's IUCRCs that focuses on innovative healthcare research. APC and NACC joined CHOT and partnered with researchers at the School of Public Health and Information Sciences (SPHIS) at the University of Louisville to conduct this research. IUCRC partnerships conclude with the research team presenting the industry partner with study results and recommendations. How an industry partner incorporates the academic partner in organizational or process changes post-research is at their discretion.

One research team member is a board certified chaplain through APC while the other four members of the research team had little to no exposure to professional chaplaincy. The principal investigator has had extensive training and several years' experience leading qualitative studies and trained all students in qualitative methods prior to data collection. All research team members conducting interviews were University of Louisville graduate students (two doctoral level and one masters level). The research team member with a chaplaincy background did not conduct interviews with participants she knew.

### ***Participant recruitment & sampling***

APC and NACC utilized membership rosters to create lists of eligible participants in five categories: (1) chaplains certified in the past two years, (2) chaplains who applied for certification without receiving it in the past two years, (3) certification committee members who served in the past two years, (4) chaplains with 7 or more years of experience, and (5) managers of chaplaincy departments. These two organizations emailed the invitation and preamble consent to eligible participants. The research team developed a convenience sample on a first-come-first-scheduled basis from participants who responded via email or phone with study interest. APC sent invitations to 2,650 chaplains and NACC invited 493 chaplains, totaling 3,143 invitations. NACC invitations preceded APC invitations (determined by organizational capacity at the time) thus allowing the research team to schedule those interviews first. Within each group, the team purposively sampled between 60 and 80% APC members and 20 and 40% NACC members to mirror the proportions that each organization represents among the major

chaplaincy bodies in the U.S. (White et al., 2020). Each chaplain consented verbally prior to the interview.

### ***Interview process***

Three members of the research team conducted interviews via phone and recorded them for transcription. Interviewers asked recent candidates about their board certification process, how they conceptualized “competence,” and other areas that warranted further attention. Participants who had served as committee members discussed their training in preparation for evaluating candidates, techniques used to assess competence, committee experiences, and thoughts about the process’ effectiveness. Researchers asked experienced chaplains about their general perceptions about board certification, their own educational background, to describe certifications’ value, and the larger implications of board certification. Researchers asked department heads about employment certification requirements, to describe the concept of “competence” as related to chaplaincy, if they allow their employees to serve on certification committees, and if they thought the certification process effectively evaluated candidates. All participants discussed their views about certifications’ value, its importance for their context, and identified strengths and areas of improvement within the process. The interview guide is available in [Appendix 1](#).

Interviews ranged from 20 to 75 minutes. Audio recordings were transcribed verbatim by a professional transcription service. The transcripts were then reviewed by the research team members for accuracy and identifiers were removed prior to analysis.

### ***Data analysis***

The research team, trained in constructivist grounded theory techniques (Charmaz, 2014), analyzed the qualitative interview data inductively. First, three research team members open coded a subset of transcripts, by reading each transcript and allocating a code(s) to each selected excerpt. Second, the three coders underwent a peer-debriefing process and built consensus to select the most frequent and significant codes (Erlandson, Harris, Skipper, & Allen, 1993). Disagreements were mediated by a fourth research team member. The team identified 39 codes, and associated sub-codes, that formed the codebook. Using Dedoose, a qualitative data analysis program, the team applied codes from the codebook to one third of the transcripts. Researchers utilized memos to identify and address important areas that did not align with existing codes. The team then discussed the memos and updated the code descriptions. The interrater reliability test confirmed agreement between coders (pooled Cohen’s Kappa = 0.82, averaged). With this confirmed, the team applied codes from the codebook to the remaining transcripts. Once coding was complete, the coded excerpts were exported and analyzed further by team members to produce themes (see [Appendix 2](#) for the final coding tree). The results were compiled and presented to the APC and NACC boards of directors. The two bodies also reviewed results prior to publication to highlight areas where descriptions warranted further clarification.

## Results

Of the 3,143 chaplains eligible from both APC and NACC, 786 chaplains responded with a desire to participate (25% response rate). All participants who scheduled interviews participated; none withdrew from or dropped out of the study. [Table 1](#) summarizes the demographic and related characteristics of the participants by group. After interviews with 50 individuals from across the U.S., the analysis suggested that chaplains frequently reflected on their own certification experiences in addition to their experiences as a committee member, experienced chaplain, or manager during their interview. Thus, the authors structured the results to follow a typical path through certification.

### ***Preparing for chaplaincy***

Participants reflected on how both theological education and CPE prepared them, albeit with different resources, for chaplaincy. Formal education focused on theological content, history, and religious practices while CPE emphasized self-awareness and interpersonal relationships. Both educational experiences were identified as vital preparation for chaplaincy.

### ***Theological education***

Most chaplains reported having a Master of Divinity (MDiv) degree and occasionally some reported a Master of Theological Studies or multiple graduate degrees. Participants explained that their formal education challenged their thinking about theological concepts but rarely focused on specific chaplaincy skills.

So, my formal education gave me good background as far as particularly being a Catholic Chaplain, and needing to know Catholic teaching and the sacraments, and what people might be asking me for and those kinds of things. –Participant 4D13

Those who had access to a chaplaincy class or track as part of the degree suggested that the training enhanced their chaplaincy skills. The classes mentioned by participants included counseling skills, interfaith chaplaincy, and religious ethics.

My MDiv was pretty traditional. It was in a divinity school, so it was slightly more academic. I took one pastoral care class in my MDiv, and we really worked on some basic counseling, basic therapeutic listening skills, so I think that definitely helped me in chaplaincy. [...] my MDiv required that we take courses in [...] other religious traditions. –Participant 2B05

Receiving exposure to chaplaincy within a formal theological degree coincided with perceptions that the degree prepared them for chaplaincy.

### ***Clinical pastoral education (CPE)***

The clinical education and experience that CPE offered received much praise from participants. The training strengthened participants' self-reflection abilities and coached them about seeking and receiving feedback from others. CPE units were often described as a "period of growth" by participants. One participant went so far as to say,

**Table 1.** Participant demographics and characteristics by group.

... without CPE I would have been a fish out of water. I was like, holy cow. After going through CPE and then doing ministry and stuff, I'm like, how the heck did I ever think I could minister to people end-of-life without any experience? And shame on them for hiring me without CPE, you know? -Participant 2B03

When participants identified mixed emotions about their CPE experience, they suggested it was a product of limited conversation and guidance from the CPE Educator.

### ***Preparing for certification***

Preparing for certification includes mentoring for some candidates and for all it requires organizing the written application that includes multiple subcomponents, such as an autobiography, competency essays, and verbatims.

### ***Mentoring***

Candidates often identify a “mentor” to support them through the certification process. Chaplains who discussed mentoring, whether they worked as a mentor or received the support of one, thought the conversation partner strengthened one’s preparation for certification. When a candidate struggled through the process or others witnessed a candidate struggle, they thought a mentor may have improved the probability of success. From one manager’s perspective, this requires a mentor who can assist with the written portion as well as the interview:

So, if you can’t find a good mentor, somebody who really can fine tune your writing, and again, I just find examples to be the easiest thing [...] So I worked with a gentleman who was working toward certification, and he reported to me, so I said, “I don’t think it’s appropriate for me to be your mentor for certification, so I think you need to find somebody else,” which he did. He was very lucky because his writing skills... First of all, English was not his first language, and his writing skills were not that great, and it took his mentor, who really and truly worked miracles with him, a significant amount of time to be able to do that. But not everybody can find somebody like that. -Participant 5E03

Participants, even those who did not use a formal mentor, wished for more mentoring in preparation for certification. A mentor proof reading and editing a candidate’s written application provided reassurance. Many participants recommended that the professional organizations require mentors for certification candidates.

### ***The written application***

Participants considered the different parts of the written application pertinent to various aspects of chaplaincy. Candidates sometimes thought it provided adequate space to demonstrate their strengths, clinical skillsets, and speak to their theological orientation and faith story. When candidates noted concerns related to the written application, they explained that the page limit often hindered efforts to respond and provide their clinical example. One candidate discussed the challenge that the competency essays presented:

Those were really tough for me because I felt like it was very hard to... page limits and word limits [...] were something that I wrestled with, but it was a real struggle at points to try and condense what was sometimes really meaningful and deep. If there was an

example that you wanted to get into such a small number of words and paragraphs, and again I understand why this is the way it is because you could just ramble on and it would be detrimental to the people who are judging you and part of your committee. [...] it just felt very stripped down in a lot of ways and it kind of made you, or made me at least, worry that I wouldn't be able to give an accurate and full account of everything that I was trying to present in a lot of those essays. –Participant 1A08

Committee members used competency essays to evaluate candidates' articulation of complex ideas and ability to write professionally. Beyond articulating the purpose of those essays, committee members rarely discussed them during the research interviews.

Both committee members and candidates valued verbatims. Committee members explained that verbatims informed their decision about a candidate's appropriateness for board certification. Specifically, verbatims provided insight about how candidates applied skills related to the competencies. One discussed that the verbatim highlighted a candidate's ability to inform practice with theory:

The verbatim, for me, always gives you an insight into that practical, "How do they apply the competencies to their ministry?" Very often applicants come in knowing a lot of theory, knowing a lot of ideas in their head. What I'm always looking for is tell me the story of how you put that all into practice. So, the verbatim gives you clips, gives you a kind of a look into, they may have all this theory, but do they know how to apply it?  
–Participant 3C01

Verbatims enabled candidates to think about the competencies in more depth. When discussing the role of the verbatim, one candidate used the following analogy:

I think because it's like storytelling, the verbatim. So you can really ... As opposed to the competencies and I think that's why it's great that they're both required. The competencies are like the brain stuff going on inside. And the verbatim is like the physical things that you're actually doing. –Participant 2B07

Chaplains also discussed other portions of the written application, such as the letters of recommendation and documentation of endorsement. The letters of recommendation, only discussed by a small number of participants, were said to help committee members consider additional perspectives. Some suggestions for the process embraced requiring additional recommendation letters and that they address specific areas of skill or care. Participants who discussed endorsement, without receiving a direct question about it, noted it as a source of accountability, wondered about the process for non-Christian candidates, considered it to lack meaning outside the profession, or shared their own time-consuming experience.

### ***Committee preparation***

Interviewers asked specific questions of those who had served on certification committees in the past two years. The training to serve on a certification committee appeared inconsistent across interviews; some described extensive training and others described minimal to none. However, most committee members signified an openness to additional training about how to assess competence specifically. One committee member who shared about a positive training experience stated that:

I don't remember who was on the committee at that time, but they trained. They coached me. They gave me specific instructions on what I needed to do. We met on the telephone

as a team probably two, maybe three times at the most, before we met the candidates. It was long. It was thorough. It took a lot of work. It was exhausting. But in the end, it was more well worth it than I could tell you about. –Participant 3C02

These committee members, all volunteers, wondered about how committee composition decision-making occurs. Candidates, experienced chaplains, and committee members all believed that a candidate's experience with the process could depend on the committee composition, which varied from interview to interview. These perceptions also accompanied speculation about the extent to which committee members' backgrounds are balanced with each other. One participant wondered about the adequacy of volunteers:

... it does seem to me that when the requests are going out, it's not just one request for interviewers and then you never hear anything again until the next cycle. It does seem to be, to me, that there's a beating of the bushes to try and find people who are willing to come. My sense is, I guess, if there is a deficiency there, [is it] our criteria for interviewer? Are there criteria for interviewers, or is it a matter a warm body and I have a slot to fill? That would be a question mark on the process for me. –Participant 5E02

Managers reported that they both allowed and encouraged chaplains in their departments to volunteer for certification committees. However, when asked if a chaplain would need to use personal time or paid time to serve, managers' answers were mixed.

### ***The certification interview***

Candidates, whose written application is accepted, receive a date and time for a one-hour interview with group of board certified colleagues. Candidates described the interview as anxiety-provoking and committee members occasionally revealed their own uncertainty about the sessions.

Commonly, candidates wished for additional guidance in order to anticipate questions and prepare response strategies. Candidates appreciated the use of probing and direction by committee members when a question seemed vague or confusing. The use of curiosity also received mention. One candidate who had two certification interviews discussed this:

I want to also say that the whole process I'm grateful for. For that first interview, as difficult as it was, it was an experience I had. And taking the time to do the appeal, and the appeal being granted, grateful for that. And then, grateful for another opportunity to have that second interview. And the second interview was night and day than the first as far as being very hospitable, working with me, being curious about... the questions that they asked were in a spirit of curiosity and not so much in an adversarial way. But that's my understanding of how these interviews are ... that we're all peers together in this. And the people who are on these committees are there to support the people who are being interviewed. And [my] first interview there wasn't that experience... it wasn't a supportive experience; it was more of a negative experience. –Participant 1A12

One committee member reflected on how the nature of questions impacted a candidate's ability to answer successfully:

I think it's really helpful for the committee members to let people know where the question's coming from. Like, "In your materials, I wasn't convinced." Or, "I had a feeling that..." Or, "I'm worried that..." Or you know, we ask these questions and sort of as if

you know, "Read my mind. What I really need you to do is tell me what you do with feelings, but I'm not going to tell you. And when you don't answer right, I'm going to keep asking more questions." –Participant 4D10

Candidates believed they had adequate opportunities to demonstrate their chaplaincy skills. They reflected on the perceived personal nature of interview questions and processed their awareness of how group dynamics occurred within the interview. One candidate described being asked to expand on written elements verbally:

But overall, it was just a lot of asking me to go deeper into things I had written and [was] asked about my own biases and how I deal with those, in relation to the case studies, or the clinical contact narratives I had presented. –Participant 1A05

Committee members often reflected on the significance of external first impressions and articulated the importance of direct responses from candidates. The committee member that noted the importance of contextualizing a question above (4D10) further discussed how vague responses could increase evaluative uncertainty and thus impact the outcome of the appearance:

... awkward questions [...] often evoke awkward responses because the person isn't really knowing what [the committee member] is getting at. And then at the end you're often sitting, [...] sort of having a hard time evaluating the response and not knowing if that's really sufficient. You know, to not approve a candidate for certification unless there's other problems. –Participant 4D10

Committee members appreciated how the written materials and the interview complemented one another in the evaluation. However, uncertainty also arose when discussing candidates who provided strong written materials but struggled in the interview setting. Committee members also described uncertainty when a candidate's written materials required them to address too many competencies in the hour allotted.

Committee members noted the uncertainty they often felt they when evaluating a candidate on specific competencies. One chaplain articulated a committee's reservation after an interview in this way:

There's a difference [...] I mean we had a candidate a couple years ago [...] who another person on the committee and I, we just happened to discuss, [that] we had some reservations, and part of it was the person was very young, and they might have had the hours and stuff [...] and we passed him, but we just had these reservations, second guessing like, "Maybe we shouldn't have." Not that there was anything glaring. –Participant 3C08

Such ambiguity impacted the committee member's evaluation of how satisfactorily a candidate demonstrated a competency to their discretion and previous experiences.

### ***Certification interview results***

Candidates leave the interview room at the end of the allotted time so that the committee can discuss whether or not to recommend the candidate for certification to the professional body. Some candidates discussed the delivery of their results, but other study participants did not. Rarely did candidates reflect on receiving their results if they received certification. One APC candidate shared:

Again, I think they decided that competencies weren't met in writing because of the way I interviewed. I don't think their feedback after the interview was, it didn't help me

understand why the competencies weren't met, either, so I really don't know how they assessed what was written, and why they decided it wasn't passable. –Participant 2B05

Confusion arose from an unclear understanding about why and how competencies were not demonstrated sufficiently.

### ***The difficulty and ease of specific competencies***

Researchers also asked about each competency's level of difficulty. Competencies in the area of Integration of Theory and Practice alongside Professional Identity and Conduct were discussed most frequently. Challenging competencies included those that evaluated both practical application and theoretical analysis of topics; these also seemed to evoke the most discussion. For example, competency 5/302.5 – Integration of Theory and Practice – where candidates need to “Articulate a conceptual understanding of group dynamics and organizational behavior,” challenged candidates frequently. One committee member explained:

The ITP ones are often a stumbling block. I think sometimes the ITP ones, articulating your own theology and your spiritual tradition and how that fits into your practice [...], sometimes they have a hard time knowing what we're looking for. The other one, psychological and sociological disciplines [...] they seem to have a little bit of difficulty articulating those. I think when they describe it; they can describe it pretty well. But to actually give theories or you know, definite people in the field like, “Oh, well Piaget...” A lot of times when I'm helping people and I'm mentoring them in writing their competencies, they're totally unclear of what we're kind of looking for. –Participant 4D07

Competencies that focused on self-evaluation or basic caring/advocating skills were considered easier than theoretical competencies without much comment. The research team also noted that how frequently a competency was identified as difficult, often, the same competency was just as frequently identified as easy, which limits interpretation. Competencies named more than once in the interview are listed in [Table 2](#).

### ***Other certification reflections***

Chaplain participants discussed various dynamics, suggestions, strengths, and other hopes for the board certification process. In some cases, chaplains wondered what the certification experience looked like for non-Christian chaplains and how committees and organizational practices adapted for individuals of other faiths.

Other suggestions included video or patient encounter simulations. As mentioned above, most interviewed considered verbatims as vital tools for competency evaluation and many believed that at minimum more observations of candidates would aid committee members. Most appeared to favor simulation, but some feared the inorganic nature of the process or were concerned that it would limit candidates' ability to demonstrate skill.

### ***Considerations for the professional chaplaincy workforce***

#### ***Hiring chaplains***

When asked about hiring chaplains, managers discussed how they interviewed applicants and most noted that they utilize the certification competencies to guide behavioral interviewing. They prioritize the assessment of interpersonal skills and are

**Table 2.** Competencies discussed by more than 1 study participant<sup>a</sup>.

Competency number	Competency
ITP 1	Articulate an approach to spiritual care, rooted in one's faith/spiritual tradition that is integrated with a theory of professional practice.
ITP 3	Incorporate the spiritual and emotional dimensions of human development into one's practice of care.
ITP 5	Articulate a conceptual understanding of group dynamics and organizational behavior.
ITP 6	Articulate how primary research and research literature inform the profession of chaplaincy and one's spiritual care practice.
PIC 1	Be self-reflective, including identifying one's professional strengths and limitations in the provision of care.
PIC 2	Articulate ways in which one's feelings, attitudes, values, and assumptions affect professional practice.
PIC 3	Attend to one's own physical, emotional, and spiritual well-being.
PIC5	Use one's professional authority as a spiritual care provider appropriately.
PIC 6	Advocate for the persons in one's care.
PIC 7	Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students.
PPS 4	Triage and manage crises in the practice of spiritual care.
PPS 5	Provide spiritual care to persons experiencing loss and grief.
PPS 10	Formulate and utilize spiritual assessments, interventions, outcomes, and care plans in order to contribute effectively to the well-being of the person receiving care.
OL 2	Establish and maintain professional and interdisciplinary relationships.
OL 4	Promote, facilitate, and support ethical decision-making in one's workplace.

<sup>a</sup>In order of APC & NACC writing guide.

... looking to see that [potential hires] can be self-reflective and that they are in tune with their strengths and weaknesses. –Participant 5E01

Managers reported seeing a wide variation in potential hires' skills. They often used the number of CPE units, requiring at least two, and considered interpersonal skills. A number of managers mentioned preferring job applicants who the manager would want or could see as their own chaplain. Further, most organizations required applicants to be board certified or certified within a pre-set timeframe after hire. For positions such as as-needed or on-call chaplains, managers shared varying requirements such as:

I don't require my on-call chaplains to be board certified. But I do require them to have at least a unit of CPE. And several of them have more than that. I do require at least that level of training in a clinical context so that they're [...] able to work pluralistically in an environment that represents many faiths. –Participant 5E13

When one manager was asked why they do not require all chaplains to have certification before their hire, they responded that there were not enough eligible and qualified candidates to restrict positions to already certified chaplains.

### ***The value of certification***

Overall, participants placed both an interprofessional and intra-professional value on certification. Inside the profession, certification indicates the requisite education and experience:

... [it] gives a common point of reference among the department. While a theological degree is useful to a point, there's a whole other aspect of chaplaincy work that comes from the CPE program. I don't want to say presumed skillset, but I do think [certification] demonstrates that the person is grounded ... –Participant 5E02

Others commented that certification provides a common terminology among other clinical disciplines as well as indicated a certain level of skill.

### ***Defining a “professional” chaplain***

Chaplains reflected on the meaning of competence throughout the interviews while often interchanging the words “effective” and “professional.” Other descriptors included “compassionate”, “skilled communicators”, “educated”, “curious”, “empathetic”, and “self-aware” (in no specific order). One participant said:

Competency means understanding the goals and approaches of chaplaincy care, spiritual care, and to be able to provide for that spiritual care in light of the person’s individual resources and personal history and background without imposing one’s own background or beliefs on that person and being able to journey with that person in their grief, in their sorrow, in their distress. –Participant 2B01

Participants frequently expressed that a chaplains’ ability to practice skills grounded in theory indicated professional competence.

## **Discussion**

Certification processes within the Association of Professional Chaplains and the National Association of Catholic Chaplains have evolved considerably over time. Their histories highlight various initiatives aimed at strengthening the quality of board certification. As chaplaincy continues to experience the challenges of professionalization, continuous organizational self-examination and engagement with their membership will advance board certification. This study demonstrated divergent views on many aspects of board certification, but on the whole participants respected and valued the process. Managers predominately prefer board certified chaplains and most chaplains indicated that they prioritized their own certification. Chaplains with varying levels of experience discussed how board certification strengthens multidisciplinary respect and collaboration. Participants reported difficulties with competencies that required translating between theory and practice, further suggesting potential educational needs within the field of chaplaincy.

Many disciplines utilize board certification to ensure a trained and competent workforce. Thus, chaplains’ belief that board certification provides a level of quality assurance is unsurprising. Advisory bodies, such as the National Academy of Medicine, considers certification a “means for validating cognitive knowledge and continued competency” (Watts, 2010, p. 54). Clinical disciplines determine their own certification process and for some this may involve an oral exam, peer-review of clinical documentation records, or clinical observations (Brennan et al., 2004). Researchers continue to debate the connection between one’s certification status and clinical performance or quality; however, the larger public highly values physician certification to make informed health care decisions (Brennan et al., 2004). Although not named by the interviewed chaplains, some researchers propose that certification impacts the safety within the care delivery environment. For example, one study demonstrated that hospital units with higher proportions of certified nurses reported fewer patient falls (Kendall-Gallagher & Blegen, 2009).

As mentioned previously, chaplain participants reported that candidates struggled to connect theory with practice and the limited published research supports this account.

Grossoehme (2004) identified, using certification records, that candidates not receiving certification wrestled the most with theological reflection about their clinical practice and how to integrate that reflection within clinical care. The finding that interviewees reported some competencies easy and a potentially equal number identified them as difficult could suggest a couple of things. Perhaps, on the one hand, a large gap exists between those equipped for chaplaincy and those ill-equipped. Or it could highlight inconsistent education from one CPE center to another. When gauging the perspectives of Certified Educators (CEs), a majority (59%,  $N=26$ ) believed that CPE educational content needed to address certification competencies (Fitchett, Tartaglia, Massey, Jackson-Jordon, & Derrickson, 2015). However, how CEs educate students with the BCCI competencies may vary among centers (Fitchett et al., 2015). For example, some CEs introduce certification competencies through didactic lessons while others teach students to engage the competencies through verbatims (Fitchett et al., 2015). Some centers may also combine ACPE Level II outcomes with certification competencies to guide educational curriculum (Jackson-Jordan & Moore, 2010). Professional chaplaincy educators should further identify how best to teach the integration of theory and practice.

Suggestions and recommendations made by participants ranged from needing more specific educational content to diversifying the letters of recommendation. The field's educational priorities warrant further exploration; these topics weave throughout published literature. For example, Ragsdale (2018) made specific recommendations for improved CPE content, Handzo et al. (2014) prioritized grant writing skills, Cadge (2012) suggested reworking the educational process, Fitchett, Tartaglia, Dodd-McCue, and Murphy (2012) argued for increased research literacy, and Ford and Tartaglia (2006) suggested specialization tracks. Although the refinement of the structure, content, and delivery of chaplaincy education is debated, this study suggested that board certification remains a pivotal component post-education for chaplains.

Overall, managers emphasized the pursuit of board certification as a prerequisite for hiring chaplains. Most managers used the certification competencies to inform their interview questions. However, their ability to utilize the competency framework to differentiate between strong and weak applicants was unclear. When managers were probed, they reported "prefer[ring] job applicants who they could see as their own chaplain" rather than articulating their evaluation of how a candidate demonstrated board certification competencies. Did it refer to possessing relevant chaplaincy experience, interpersonal skills, or to possessing similar sociocultural identities and traits? Without more context, the intent of these statements remains ambiguous. This may be a point at which personal bias, rather than assessments of competence, are introduced into the hiring process. Certification provides foundational principles around which the field unites. Hiring managers should identify the desired qualities, skills, and characteristics and their assessment strategy prior to the hiring process so that their hiring decisions fully align with the values of the profession.

### ***Limitations***

This research provided the first in-depth examination of chaplaincy board certification from multiple perspectives. This study explored the perspectives of the membership of

the two largest, but not all, professional chaplaincy organizations and thus has limitations. The selection bias inherent to qualitative research limits generalizations. Our sampling strategy yielded inadequate representation of diverse racial, ethnic, and religious/spiritual identities. Our study also lacks the perspectives of administrators or other clinical colleagues. To address this in future studies, the research team recommends that researchers stratify sampling, even within qualitative studies, to ensure sufficient representation. Furthermore, qualitative researchers often collect data until theoretical saturation is reached (i.e. the point where additional interviews reveal nothing unique). Since the interviewers asked questions on a wide variety of topics, our analysis did not reach saturation in all areas.

### ***Future research***

The qualitative results presented here offer several directions for future research. Before developing research that expands on these topics, however, the research team suggests that professional organizations and researchers prioritize hearing from underrepresented demographic groups regarding their experiences with board certification. Further, only a small proportion of chaplains participated in this study, thus future research should include conducting a survey to gather chaplains' perspectives about board certification more widely and engaging certification leaders and CEs about how best to connect educational content to certification competencies. A shared conversation and educational approach may help address perceived variations in workforce skills. Although not discussed in detail, standardizing paid leave for chaplains to serve on certification committees warrants further consideration. Finally, although participants identified that board certification offers a level of quality assurance, no chaplains connected certification to safety. Given that other disciplines note this connection, this may also merit further examination.

### **Conclusion**

The analysis of fifty qualitative interviews with chaplains about board certification revealed several areas pertinent to practicing chaplains. Overall, candidates, experienced chaplains, and chaplaincy managers prioritize diverse evaluation modalities such as verbatims and other methods that may highlight the use of skill within clinical encounters. Board certification, as within other clinical disciplines, provides quality assurance to chaplain colleagues and potentially to clinical colleagues. The two largest professional chaplaincy organizations in the U.S. undertook a program evaluation rarely seen among professional organizations. Demonstrating self-reflection systemically and structurally embodies many of the core principles of chaplaincy practice. Healthcare professionals, regardless of discipline, must undertake this challenging work because it ultimately strengthens the care they provide.

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## Appendix 1. Interview guide

Semi-structured interview guide: chaplains with recent committee appearances and certification

committee members

Recent candidates (Group 1 & Group 2)

#	Domain	Question	Probe
	Introduction	<p>My name is ... Thank you for agreeing to participate in this interview about the chaplaincy certification process.</p> <p>We want to hear your perspective on the chaplaincy certification process. There are no right or wrong answers. We will be recording the interview for later analysis, but we will not link your name to what you have said in any way. You are free to not answer specific questions or even stop the interview at any time, and if there is ever a question or something you don't understand, feel free to interrupt me.</p> <p>The interview will take about 45 minutes. Do you have any questions? Okay, let's get started.</p> <p>First, I'm hoping you can tell me a little more about yourself. What is your age? Gender?</p> <p>How would you describe your race? Ethnicity?</p> <p>What is your religious affiliation?</p> <p>Can you tell me about the setting in which you serve ...</p>	<p>Acute care hospital?</p> <p>Rehabilitation hospital?</p> <p>Long term care facility?</p> <p>Pediatric hospital?</p> <p>Corrections facility?</p> <p>Military?</p> <p>Corporate?</p> <p>Other? (specify)</p>
		<p>And you serve where geographically?</p> <p>And how would you best describe your current position?</p> <p>Can you please tell me when you appeared before a certification committee?</p> <p>Will you please tell me the outcome of that committee appearance?</p> <p>Did your committee appearance take place in the context of a ...</p>	<p>City? State</p> <p>Administrative? Chaplain? Certified Educator? Director? Faculty? Other?</p> <p>APC or NACC?</p> <p>National meeting?</p> <p>State or Regional certification day?</p> <p>Local committee?</p> <p>Other?</p>
	Definition of competency	<p>Do you believe the committee members had read your materials beforehand?</p> <p>What led you to seek board certification?</p> <p>What does competency mean to you as a chaplain?</p> <p><i>For Candidates who were recommended for board certification only:</i> What impact do you think being board certified has on ...</p>	<p>What makes you think so/not?</p> <p>Required by employer? Personal motivation for recognition of clinical competency?</p> <p>Other?</p> <p>the recipients of your care?</p> <p>On your department?</p> <p>On your institution?</p>

(continued)

Continued.

#	Domain	Question	Probe
	Education	When you think about your formal education, how would you say it prepared you to be a chaplain?	What kind of degree did you receive? How is that different than your clinical (CPE) units?
	Application	Thinking about the materials you prepared as part of your application, to what extent do you think the requirements allowed you to demonstrate your competency as a chaplain? What about the autobiography?	Was this mentioned in the presenters report or when you appeared before the committee? Probe for what they wish they had been able to include and could not—clarify why not (not required, space limitations, etc.).
		What about the competency essay(s)?	Was this mentioned in the presenters report or when you appeared before the committee? Probe for what they wish they had been able to include and could not—clarify why not (not required, space limitations, etc)
		Were there particular competencies you felt were easy (straightforward) to demonstrate?	What made them easy?
		Were there particular competencies you felt were more difficult to demonstrate?	What made them difficult? If you could design an alternative way to demonstrate that competency, what would it be? (e.g. role play or???)
	Committee experience	How did the verbatims help you demonstrate that you function at the level of a board certified chaplain? How did the verbatims you submitted with your certification application differ from those you wrote in CPE? Did the committee stipulate at the beginning of the meeting or during the presenter's report that you had demonstrated any competencies in writing?	Do you recall how many? Do you recall which ones?
		Thinking about the time you were engaging with the committee, how do you think they actually assessed your competency on each item?	What makes you say that?
		To what extent do you feel that you had the opportunity to show, either in writing or with the committee, your clinical chaplaincy skills?	
	Potential revision of process	What aspects of the certification process do you think are very good and don't need to be changed? What aspects of the certification process do you think need to be revised in order to certify competent chaplains? If you could make one change in the certification process, what would it be?	
	Conclusion	Thank you very much for talking with me today. Is there anything else you'd like to tell me about the certification process? Do you have any questions for me?	Answer question if possible or refer to PI

## Committee member (Group 3)

#	Domain	Question	Probe
	Introduction	<p>My name is ....Thank you for agreeing to participate in this interview about the chaplaincy certification process</p> <p>We want to hear your perspective on the chaplaincy certification process. There are no right or wrong answers. We will be recording the interview for later analysis, but we will not link your name to what you have said in any way. You are free to not answer specific questions or even stop the interview at any time, and if there is ever a question or something you don't understand, feel free to interrupt me.</p> <p>The interview will take about 45 minutes.</p> <p>Do you have any questions? Okay, let's get started.</p> <p>First, I'm hoping you can tell me a little more about yourself. What is your age? Gender? How would you describe your race? Ethnicity? What is your religious affiliation?</p> <p>Can you tell me about the setting in which you serve ...</p>	<p>Acute care hospital?</p> <p>Rehabilitation hospital?</p> <p>Long term care facility?</p> <p>Pediatric hospital?</p> <p>Corrections facility?</p> <p>Military?</p> <p>Corporate?</p>
		<p>And you serve where geographically?</p> <p>And how would you best describe your current position?</p>	<p>Other? (specify)</p> <p>City? State</p>
		<p>Can you tell me how many committees you have sat on?</p> <p>When was the most recent?</p> <p>What training, formal or informal, did you have before you sat on a committee about your role or how you were to assess a candidate's suitability for board certification?</p>	<p>Administrative? Chaplain? Certified Educator? Director?</p> <p>Faculty? Other?</p> <p>What roles you've had—presenter, convener, member?</p> <p>If presenter on a committee, was any different/additional training provided for that role? How did the person learn how to live into the role of presenter?</p>
	Application	<p>How helpful is the autobiographical essay to you in assessing a candidate's eligibility to be board certified?</p> <p>Were there particular competencies you felt were consistently easy (straightforward) to for candidates to demonstrate in writing?</p> <p>Were there particular competencies you felt were consistently more difficult for candidates to demonstrate in writing?</p> <p>How did you measure or evaluate the competencies?</p>	<p>What made them easy for you to assess?</p> <p>What made them difficult?</p> <p>If you could design an alternative way to demonstrate that competency, what would it be? (e.g. role play or???)</p> <p>NB: the interviewee, not how the committee as a whole determined competency.</p>

(continued)

Continued.

#	Domain	Question	Probe
Committee experience		How did you use the verbatims in determining a candidate's suitability to be board certified?	What were you looking for in the verbatims? How did what you were looking for differ from what you expect in a CPE student verbatim?
		To what extent do you believe the committee had read the candidates materials before the committee appearance?	
		Did the committee stipulate at the beginning that the candidate had demonstrated any competencies in writing?	Do you recall how many? Do you recall which ones?
		Thinking about the time you were engaging with the candidate, how do you think the committee actually assessed competency on each item?	
		To what extent do you feel that the candidate had the opportunity to show, either in writing or with the committee, their clinical chaplaincy skills?	What makes you say that?
		How much variation do you see in the competency of newly certified chaplains?	
		How much consistency do you think there is among different committees? That is, if a candidate were to meet four different committees, would the outcome be the same?	
		Do you feel like the current certification process is bringing in the right people, and turning down those that ought to be turned down?	
		What aspects of the certification process do you think are very good and don't need to be changed?	
		What aspects of the certification process do you think need to be revised in order to certify competent chaplains?	
Conclusion		If you could make one change in the certification process, what would it be?	
		What value, if any, do you think there would be in requiring a video or simulation component to the board certification application?	Benefits? Drawbacks? How might you make use of it as part of an application portfolio?
		Thank you very much for talking with me today. Is there anything else you'd like to tell me about the certification process? Do you have any questions for me?	Answer question if possible or refer to PI or Co-PI

## Experienced chaplains (Group 4)

#	Domain	Question	Probe
	Introduction	<p>My name is ... Thank you for agreeing to participate in this interview about the chaplaincy certification process.</p> <p>We want to hear your perspective on the chaplaincy certification process. There are no right or wrong answers. We will be recording the interview for later analysis, but we will not link your name to what you have said in any way. You are free to not answer specific questions or even stop the interview at any time, and if there is ever a question or something you don't understand, feel free to interrupt me.</p> <p>The interview will take about 45 minutes.</p> <p>Do you have any questions? Okay, let's get started.</p> <p>First, I'm hoping you can tell me a little more about yourself. What is your age? Gender? How would you describe your race? Ethnicity? What is your religious affiliation?</p> <p>Can you tell me about the setting in which you serve ...</p>	<p>Acute care hospital?</p> <p>Rehabilitation hospital?</p> <p>Long term care facility?</p> <p>Pediatric hospital?</p> <p>Corrections facility?</p> <p>Military?</p> <p>Corporate?</p>
		And you serve where geographically?	Other? (specify)
		And how would you best describe your current position?	City? State
		Are you board-certified?	<p>Administrative? Chaplain? Certified Educator? Director? Faculty? Other?</p> <p>If yes, By which organization? How long ago were you board certified?</p>
	Education	<p>If yes, why did you seek board certification?</p> <p>What does it mean to you to be board certified?</p> <p>When you think about your formal education, how would you say it prepared you to be a chaplain?</p>	<p>What does it mean to you that your colleagues are, or are not, board certified?</p> <p>What kind of degree did you receive?</p> <p>How is that different than your clinical (CPE) units?</p> <p>Paper documentation?</p> <p>Committee appearance?</p> <p>Competencies (1 by 1 if needed?)</p>
	Potential revision of process	<p>What aspects of the certification process do you think are very good and don't need to be changed?</p> <p>What aspects of the certification process do you think need to be revised in order to certify competent chaplains?</p> <p>If you could make one change in the certification process, what would it be?</p>	
	Conclusion	<p>Thank you very much for talking with me today. Is there anything else you'd like to tell me about the certification process?</p> <p>Do you have any questions for me?</p>	Answer question if possible or refer to PI or Co-PI

## Department heads (Group 5)

#	Domain	Question	Probe
		<p>My name is ....Thank you for agreeing to participate in this interview about the chaplaincy certification process</p> <p>We want to hear your perspective on the chaplaincy certification process. There are no right or wrong answers. We will be recording the interview for later analysis, but we will not link your name to what you have said in any way. You are free to not answer specific questions or even stop the interview at any time, and if there is ever a question or something you don't understand, feel free to interrupt me.</p> <p>The interview will take about 45 minutes.</p> <p>Do you have any questions? Okay, let's get started.</p> <p>First, I'm hoping you can tell me a little more about yourself. What is your age? Gender? How would you describe your race? Ethnicity? What about your religious affiliation?</p> <p>Can you tell me about the setting in which you serve ...</p>	<p>Acute care hospital? Rehabilitation hospital? Long term care facility? Pediatric hospital? Corrections facility? Military? Corporate? Other? (specify)</p> <p>City? State</p> <p>Administrative? Chaplain? Certified Educator? Director? Faculty? Other? At time of hire? Or within a timeframe after hiring? What is the "value added" contribution that a board certified chaplain brings to your department? To your institution? To the patients/clients they serve?</p> <p>How do you assess a chaplain's competence during the application or hiring process? What makes you require or not require certification?</p>
		<p>And where do you serve geographically?</p> <p>And how would you best describe your current position?</p> <p>Do you require chaplains to be board certified?</p> <p>What is it important/not important for chaplains to be board certified?</p> <p>(if not addressed in prior question) What does "competency" mean to you when it comes to chaplaincy?</p> <p>Do you permit members of your department to serve on certification committees?</p> <p>Do you feel like the current certification process is bringing in the right people, and turning down those that ought to be turned down?</p>	
Conclusion		<p>Thank you very much for talking with me today. Is there anything else you'd like to tell me about the certification process?</p> <p>Do you have any questions for me?</p>	Answer question if possible or refer to PI or Co-PI

## Appendix 2. Coding tree

