

# SOUL DOCTORS

## The role of **hospital chaplains** in medical care

BY NAIMA HASSAN; NERMINE ABDELWAHAB, MD; ASMA ADAM, MD; ALMA HABIB, MD; AND NASREEN QUADRI, MD

*“We all know healthcare can be improved, but we disagree with the idea that communities must be in tension with our healthcare systems to produce that improvement. We’re looking for ways where communities and healthcare systems together can ensure something better is created. For patients of faith, we want to see more culturally responsive spiritual care be a part of a patient’s care team—a part of how the hospital sees the whole person’s well-being.”*

– MICHAEL VAN KEULEN, PHD, OPEN PATH RESOURCES CO-FOUNDER

*“If there is trust, it makes a difference. If the patient or the family members trust you, it makes a difference. If we improve interfaith chaplains, it makes a difference for the spiritual role in the hospital setting.”*

– IMAM MOHAMED KHALIF ABDI, FORMER CLINICAL PASTORAL EDUCATION RESIDENT, CURRENT STAFF CHAPLAIN, CHILDREN’S MINNESOTA

*“The community must have an understanding of how the system works; it has to be part of the solution. The system must also see faith leaders as an asset for the healthcare system. We, as Muslims, believe in the idea of mind, body and soul; well-being requires addressing all of the human experience.”*

– IMAM SHARIF ABDIRAHMAN MOHAMED, OPEN PATH RESOURCES CO-FOUNDER

**W**hat do you mean I can’t see them?” Healthcare workers and families had this kind of conversation often during the COVID-19 pandemic as hospitals scrambled to create policies that would keep patients, families, and communities safe by implementing strategies like visitor restrictions. These visitor policies, although an important public health initiative, negatively impacted patients’ physical recovery and mental health, created greater family concern, and overall resulted in a need for greater social support. Initiatives like the placement of tablets in patient rooms and frequent family updates were established to bridge the gap that was created. The goal was to find

LEFT TO RIGHT: Imam Mohamed Khalif Abdi (Chaplain Resident, 2020-21); Rev. Kazahiro Sekino (Chaplain Resident, 2020-21)



LEFT TO RIGHT: Nunay Ali (Chaplain Resident, 2020-21); Imam Abdillahi Mohamud (Chaplain Resident, 2021-22); Mike Cassidy (Chaplain Resident, 2020-21)



ways to recreate personal connections and establish trust at a time when the medical system was strained. Often, however, certain groups were left behind. With COVID-19 disproportionately affecting patients from underrepresented groups, embracing spiritual connection was a way to promote increased trust and healing.

Hospital chaplains as “soul doctors” helped restore faith and trust in hospital systems during the COVID-19 pandemic and broadening representation among interfaith hospital chaplains made a mark for the Somali Muslim community at Abbott Northwestern Hospital in Minneapolis. It also expanded the conversation among all hospital staff, many of whom were not familiar with non-dominant faith traditions.

Census Bureau data shows that in the last decade, the diversity index has increased. About 70% of Americans identify as Christian, 23% as religiously unaffiliated, and 5% as other religions, including Jewish, Muslim, Buddhist, and Hindu. Awareness of population shifts can identify opportunities to meet individualized patient needs. Addressing spiritual needs during hospitalization positively influences patient care and satisfaction and can contribute to faster recovery, improved coping strategies, and increased confidence and trust in patient care teams. Interfaith chaplains are trained in meeting spiritual needs of hospitalized patients from various faith backgrounds. Healthcare systems can support expanding interfaith chaplaincy programs to meet the diverse spiritual needs of their patient populations as a key element of healing.

## Representation

*“Probably the most important decisions that can happen in your life—stressful, joyful, birth, death, those critical life decisions—have a spiritual and cultural belief system tied to them. And if your voice, your culture, your faith is not represented or you’re not supported in those ways, at those really important moments, we haven’t created a just healthcare system.”*

—MICHAEL VAN KEULEN, PHD

*“I became more convinced as a chaplain about how important it is for people to have their spiritual care needs met in the midst of what they are facing in the hospital setting. As I became an educator, I became aware of the lack of diversity there has been historically in the field of professional chaplaincy. I am hopeful about the capacity for us to expand what chaplaincy can offer. I would love to see a truly interfaith group of professionals that is representative—racially, culturally, and religiously—of the population that is being served.”*

—REV. JEANINE DORFMAN, ASSOCIATION FOR CLINICAL PASTORAL EDUCATION CERTIFIED EDUCATOR

Race and demographic concordance between a patient and physician have been shown to improve health outcomes, adherence to medical recommendations, and patient satisfaction. Comparatively, there is little research about the impact of demographics including age, gender, religion, and race concordance between patients and spiritual care providers on the effectiveness of spiritual care services. One study of pastoral care in New York City



LEFT TO RIGHT: Imam Abdillahi Mohamud (Chaplain Resident, 2021-22); Rev. Kazahiro Sekino (Chaplain Resident, 2020-21); Mike Cassidy (Chaplain Resident, 2020-21)

hospitals found lost opportunities in optimizing spiritual care for Muslim patients in the absence of religious concordance with chaplains. Certified interfaith hospital chaplains are effectively trained to support religious and spiritual needs with a lens of cultural humility as fundamental to the field. When more context-specific spiritual care needs are identified, chaplains can connect patients with faith leaders on chaplaincy staff or in the community. Chaplains representing non-dominant faith traditions and cultures can add an additional layer of value in supporting a more inclusive sense of belonging in healthcare spaces.

During the COVID-19 pandemic, Abbott Northwestern Hospital actively addressed the representation gap by inviting chaplain students from the Somali Muslim community to the accredited Association for Clinical Pastoral Education (ACPE) residency training program, supported through Abbott Northwestern Hospital Foundation grant funding. The trainees were integrated into the well-established educational program in clinical pastoral education (CPE) and, through their participation, influenced curricular content. Training used the Simulation Center for role play and adaptation of core curriculum by educators to better suit the needs of all residents. The opportunity to offer CPE to high-potential candidates with endorsement from their faith communities with equivalent theological training through non-traditional routes fulfilled the health system’s commitment to diversity and inclusion of patients, families, healthcare team members, and the community as a whole. The goal of extending these training opportunities was to mobilize the existing powerful but underutilized resource of spiritual care services, making it accessible and impactful to the health of all patients.

## Awareness

*“I had no idea there was a Muslim chaplain available in the hospital. The only thing we knew, from my community, was that imams come from the mosques and these come through the requests from families.”*

—NUNAY ALI, CLINICAL PASTORAL EDUCATION RESIDENT

*“We are the best kept secret in the hospital. People who work here have no idea what kind of education or training or capacity we have. There are still a lot of stereotypes [about what a chap-*



*lain looks like]. When chaplains show up and start really working effectively with patients, then staff on the unit start recognizing that and referrals largely become word of mouth.”*

—REV. KIMBERLY GOODMAN, ASSOCIATION FOR CLINICAL PASTORAL EDUCATION CERTIFIED EDUCATOR

Awareness of chaplaincy availability remains a barrier to use of spiritual care services in hospitals, particularly among younger patients and those from non-dominant cultures. A 2021 study of about 1,000 participants in the United States found that only 15% of participants had an experience with healthcare chaplains and those unaware of chaplains were more likely to be younger and non-white. About 70% of the cohort reported interest in having religious or spiritual needs met during their healthcare. Increasing awareness of spiritual care services in the hospital by encouraging referrals by all hospital staff, from environmental services to nursing assistants, nurses, and physicians, would increase utilization to meet the spiritual care needs of patients. Even those now integrally involved in training as chaplain residents note the lack of personal knowledge about chaplaincy services as a patient or the rewarding career path prior to professional training.

This shift in the narrative requires grassroots efforts and involvement of community-based organizations. In Minnesota, Open Path Resources, a community organization that focuses on building capacity and influence within East African immigrant populations, supported pre-clinical pastoral education training of Muslim chaplains to prepare them for rigorous CPE training programs as a route to future employment. The partnership with Open Path Resources has allowed community ambassadors, who are well integrated and respected in their communities, to educate members outside of healthcare spaces about hospital services.

## Chaplaincy support

*“We would like to see chaplaincy play a key role in community and healthcare system relationships and understanding. We think chaplains can play a key role in helping bridge the connection between community interest and values and improved health outcomes.”*

—MICHAEL VAN KEULEN, PHD

*“One of the greatest gifts that this group did really well was to continue to engage in intercultural conversation. In religious communities, ideas of leadership are really different across both faiths and traditions and within denominations.”*

—REV. KIMBERLY GOODMAN

*“Some of the gaps are around the standards by which our job descriptions are limiting rather than inclusive. The pedagogical model of education needs to be expanded to include life experience and world experience. I think we have to give credibility for years of experience.”*

—REV. TANIA HAMMER-LUKEN, DIRECTOR OF SPIRITUAL CARE AND PASTORAL EDUCATION

Healthcare systems can expand interfaith chaplaincy by implementing innovative educational pathways and addressing current barriers. Traditionally, the educational pathway includes a graduate theological degree and may include ordination by a community of faith preceding clinical pastoral education. This is not representative of how spiritual care leaders in non-dominant faiths are selected by their communities. Historically, this has resulted in exclusion of potential candidates from non-dominant faiths and cultures. Recognizing the vast spiritual knowledge, faith leadership, community connection, and shared lived experience of individuals from diverse backgrounds and applying these attributes towards current educational competencies can support recruiting and certifying interfaith chaplains from non-dominant cultures.

## Conclusion

*“We are kind of like soul doctors. So we assess how they do, emotionally and spiritually. How can I make this patient feel supported?”*

—NUNAY ALI

*“We learn more about ourselves as we understand how other people process their experience. When we increase the diversity in our midst, we learn more about ourselves.”*

—REV. TANIA HAMMER-LUKEN

*“We all want to be responsive; capable of responding to the spiritual needs of everyone, regardless of faith background. We strive to be interfaith, truly, and we can’t possibly have a chaplain from every distinct background of the patients who come through our door. But we can work on our cultural and religious competency to be able to meet people and understand their needs, and then help them get connected to resources in their community.”*

—REV. JEANINE DORFMAN

Ongoing awareness among hospital staff to refer patients to spiritual care services can optimize opportunities to address spiritual



LEFT TO RIGHT: Nunay Ali (Chaplain Resident, 2020-21); Fr. Marcus Milless (Chaplain Resident, 2020-21)



LEFT TO RIGHT (FRONT ROW): Rev. Jeanine Dorfman (CPE Educator); Imam Abdifatah Abdi (Chaplain Resident, 2021-22); Jay Ludwig; Rev. Kimberly Goodman (CPE Educator); Fr. Marcus Milless (Chaplain Resident, 2020-21); Nunay Ali (Chaplain Resident, 2020-21); Imam Abdillahi Mohamud (Chaplain Resident, 2021-22). (BACK ROW): Mike Cassidy (Chaplain Resident, 2020-21); Rev. Michael Le Buhn (Chaplain Resident, 2020-21); Imam Mohamed Khalif Abdi (Chaplain Resident, 2020-21); Rev. Kazahiro Sekino (Chaplain Resident, 2020-21); Ali Chamseddine (Chaplain Resident, 2021-22)

care needs during hospitalization. The year-long expansion of positions in the chaplain residency program through an Abbott Northwestern Hospital Foundation grant supported two chaplain residents as part of a total of eight in the program that year. In 2020-2021, these two Somali Muslim chaplain residents collectively served 1,954 patients in 55,900 minutes of patient care. Both served as interfaith chaplains while also providing extensive care for Muslim patients at Abbott Northwestern Hospital, twice at United Hospital, once at Mercy Hospital, and three times at St. Francis Regional Medical Center. An additional two non-dominant culture chaplain residents were supported by grant funding for 2021-2022.

The Abbott Northwestern Hospital Spiritual Care and Pastoral Education Department will continue intentional recruitment of diverse candidates from non-dominant cultures and faiths for their chaplain residency program. Support from health systems is needed for ongoing training and maintenance of a diverse chaplain workforce. The Abbott Northwestern Hospital Clinical Pastoral Education residency program is one micro-model of building on the talents from communities to provide culturally inclusive spaces in healthcare to partner with healthcare professionals in delivering medical care. The model can be further expanded to other underrepresented groups based on the cultural and religious demographics of local communities and hospitals. **MM**

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## CHAPLAIN RESIDENTS at Abbott-Northwestern Hospital 2020-2021



**Nunay Ali**

Ali earned her nursing certificate in Mogadishu, a bachelor's degree in Social Work from Metro State University and an associate of arts from Minneapolis Community and Technical College. She has worked as a family advocate for the Greater Minneapolis Crisis Nursery and an interpreter for non-English speaking persons in healthcare, education, and human services. Ali completed Pre-CPE Interfaith Chaplaincy for Muslim Faith prior to enrolling in the CPE Residency at Allina. She is a trained guardian ad litem, Rule 114 mediation training. Her immediate family resides in Somalia; she has been in the Minneapolis area since 2007.



**Imam Mohamed Khalif Abdi**

Abdi has a bachelor's degree in Public Health. He was a nurse in Kenya and at a government-run hospital in the United Arab Emirates. He worked with forensic pathology and as a health authority for Emirates of Abu Dhabi where he focused on prevention of communicable disease, malaria control, STD's, etc. He was born in Ethiopia in the Somali Region of Ogaden and moved to the United States in 2016. He also works as a mental health provider for the Somali Family Youth Services in South Minneapolis. He is an interpreter of Arabic and Somali at Midwest Language Banc. He lives in St. Paul with his wife and two children. Abdi is now a staff chaplain at Minneapolis Children's Hospital.