PROJECT ABSTRACT

Master of Chaplaincy

Adventist University of Africa

Theological Seminary

TITLE: THE IMPACT OF PROFESSIONAL HEALTHCARE CHAPLAINS ON PATIENTS' RECOVERY NATURE IN JENGRE SEVENTH-DAY ADVENTIST HOSPITAL, NIGERIA

Researcher: Benjamin Yemson Nuhu

Primary Adviser: Daniel Serunjogi, DMin

Date Completed: May 2020

Spiritual care and health work are twins, as far as the missionary work is concerned with the Seventh-day Adventist Church in northern Nigeria. The hospital in Jengre is known far and near as a result of the work of the western missionary J. J. Hyde and his wife who was a nurse. The hospital has at some point in time, been the major health facility for the people around the community. Spiritual work and healthcare have been carried along, side by side. With the advancement of healthcare, there is a need for professional spiritual caregiving in the hospital.

In Jengre SDA Hospital, the work of the spiritual caregiver known as a chaplain, has been reduced to that of prayer and devotion thereby, making it just a "fill in the gap" ministry. There is no institutionalized chaplaincy, all aspects of care, have been left to the proficiency of the medical personnel. There is the need to measure the impact, professional health care Chaplains play in whole-person care and the recovery of patients in the hospital.

To arrive at the findings of the research, a range of literature on professional healthcare chaplaincy was consulted which gave rise to the qualitative approach in the research. An experiment was carried out over four months with a research population of 50 patients whose diagnosis turned out in the majority, to be organ-related ailments. The literature gathered provided a range of views and understanding about the professional practice of healthcare chaplaincy, its origin, development, and achievement over the years.

The experiment was possible because ten volunteers were trained with professional knowledge of healthcare chaplaincy to help in the experimental procedures. Five were selected after a month's training out of the ten who showed good qualities of a chaplain. These were selected for the major work as volunteer Chaplains in the experiment process. For four months, the trained volunteers worked with different patients who were grouped randomly into two, classified as (group X1), treatment group, and (group X2) control group. Data were collected through two types of scorecards which have fifteen items on each, to guide the volunteers.

The chaplains assessed the patients in both groups from the volunteer chaplain's score care card, as well as the patients' response to the services of the chaplains on the patients' response card. This provides the researcher with a tool for effective data gathering, and a simple percentage data finding with a yes, or no, as a response to each item on the scorecard.

After the training of the volunteers that lasted for six weeks helping them to acquire basic healthcare chaplaincy skills for bedside ministry, the volunteer chaplains went into work with the two groups X1 (treatment group), and X2 (control group). One of the groups X1(treatment) was provided with adequate spiritual care from the volunteers, while group X2(control), was provided with, medical care alone.

At the end of the study after four months, the study shows that patients who were cared for, both by the trained chaplains, and medical personnel, recover faster than those in group X2 who were cared for by the medical personnel alone. This further shows that professional healthcare chaplains play a vital role in the recovery nature of patients in Jengre SDA Hospital.

It is important to provide a holistic approach to healthcare in Jengre SDA Hospital. There are occasions where doctors cannot effectively administer a treatment that will yield results as some phenomenon health challenges, may defy medical knowledge and experiment. The need for a trained or professional spiritual caregiver (chaplain) in the hospital is urgent and important, to provide whole-person care to patients in the hospital. The care of the mind and the spirit, go a long way in helping in emotional, and physical recovery.

Adventist University of Africa

Theological Seminary

THE IMPACT OF PROFESSIONAL HEALTHCARE CHAPLAINS ON PATIENTS' RECOVERY NATURE IN JENGRE SEVENTH-DAY ADVENTIST HOSPITAL, NIGERIA

A project

presented in partial fulfillment

of the requirements for the degree

Master of Chaplaincy

by

Benjamin Yemson Nuhu

May 2020

THE IMPACT OF PROFESSIONAL HEALTHCARE CHAPLAINS ON PATIENTS' RECOVERY NATURE IN JENGRE SEVENTH-DAY ADVENTIST HOSPITAL, NIGERIA

A project

presented in partial fulfillment

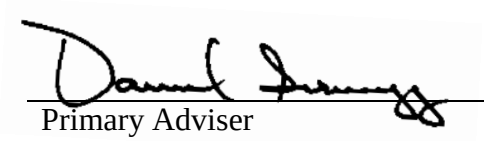
of the requirements for the degree

Master of Chaplaincy

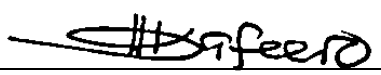
by

Benjamin Yemson Nuhu

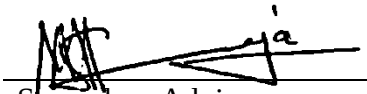
APPROVAL BY THE COMMITTEE:



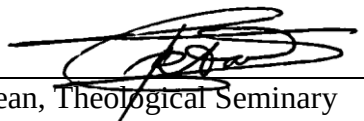
Primary Adviser
Daniel Serunjogi, DMin



Programme Director, MChap
Israel Kafeero, PhD



Secondary Adviser
Mussa Muneja, ThD



Dean, Theological Seminary
Davidson Razafiarivony, PhD

Extension site: Babcock University

Date: September 2020

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

ACPE:	Association of Clinical Pastoral Educators
APC:	Association of Professional Chaplains
ACM:	Adventist Chaplaincy Ministry
ACI:	Adventist Chaplaincy Institute
CPE:	Clinical Pastoral Education
CPSP:	College of Pastoral Supervision and Psychotherapy
GC:	General Conference
NCNC:	North Central Nigeria Conference
NNUC:	Northern Nigeria Union Conference
NENC:	North East Nigeria Conference
SDA:	Seventh-day Adventist Church
WAD:	West Central African Division

ACKNOWLEDGMENTS

This journey wouldn't have come to a safe ending without the help of God Almighty, who preserved me through the four years of struggling, traveling a long distance to Babcock yearly and surviving all attacks. I can't thank God enough. I am unreservedly indebted to Dr. Daniel Seronjogi, who took the pain of supervising this work, reading, and proofreading it again. I am thanking Dr. Israel Kafeero who at the eleventh hour gave me the encouragement I need to push me through this ladder of success.

I register my thanks to Dr. Mario Ceballos, G. C. Director of Chaplaincy, Dr. Basharat Masih, my CPE supervisor, Dr. Moses Taiwo who helped me understand that knowledge is more than a grade. I am registering my thanks to Dr. Lamberton, Dr. Mfune, Dr. North, Dr. Kelvin Onongha, Prof. S. N. Nwaomah, Dr. Tunde Ojewole my Spiritual father and mentor. Pastor Istifanus Ishaya, Pastor Dr. Y. M. Dangana my president, thank you, sir, for always believing in me, Pastor Adamu Anana Yakubu my conference secretary, thanks for your advice and encouragement, Elder Thomas Laiya, the conference Treasurer, thanks for your financial support.

Again, I am thanking my siblings, Mrs. Rebecca Z. Yakubu, Mrs. Patience Yakubu, Mr. Emmanuel Atama Nuhu. My brother In-law, Mr. Zonkuwa Zinga Yakubu, my sister In-law, Mrs. Margaret Emmanuel Atama. my uncles, aunts, sisters, cousins, etc. to my beautiful sisters Kinnah, Lirhu, and Tisereh, I acknowledge your efforts. Thank you Samuel Ayinnah Magaji for being a good brother and, Maryam Atama, my confidant and counselor.

Permit me to especially thank my parents, Mr. and Mrs. Bitrus Atama, Mr. and Mrs. Henry Akaito, Mr. and Mrs. Yohanna Atama. Mr. and Mrs. Yakubu Danboyi, Mr. and Mrs. Elkana A. Magaji, and everyone, for being very supportive to me.

In all of this, the dream became a success story as a result of the kindness and diligence of the most beautiful, caring, loving, and ever submissive woman in the world, my angelic wife, Mrs. Arinseh Annah Yemson, I can't thank you enough for being there for me, correcting my grammar and putting things straight. And to my beloved son, Nwhehnom Theorhema Ayibitt Yemson Jnr., I love you so much.

CHAPTER 1

INTRODUCTION

Description of Ministry Context

Chaplaincy is a specialized field of study that provides opportunities for the clergy of different denominations to share in the provision of spiritual care to people in need.[1] The work of the spiritual care provider especially in the health care department, ministering to people who are under pains, demands a more compassionate intentional approach.[2]

As posited by Ellen White in her book, *Ministry of Healing*.

> It is in the plan of God that men should be attended to both in the physical, emotional, and spiritual state of ailment ... the spiritual concern is in Jesus' ministry as he labors to teach, preach, and heal. He provides the sick with an awakening of hope to believe in the power of God. Many prayers can do that medication cannot which was the reason James admonished the saints to pray for the sick, the fervent effectual prayers of the saints avails.[3]

There are a lot of volumes of documented sources about the role of spiritual care especially professional chaplaincy in the recovery of patients which will be surveyed in the course of this research work.

---

[1] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson, 2011), iv.

[2] Dale Hendricks, "Effective Holistic Care for the Sick: The Place of Prayer in Healing of a Patient," *Ministry*, June 2016.

[3] Ellen G. White, *Ministry of Healing*, Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2013).

Statement of the Problem

In Jengre SDA Hospital, spiritual care is almost dead, if not dead. There is no structured or intentional plan for the spiritual care of the hospital community and the patients in particular. There appears to be no difference between Jengre SDA Hospital and any other hospital around. The distinguishing factor has been the fact that spiritual care is the apex of the hospital. Today, even the staff of the hospital, don't see the importance of chaplaincy in the hospital because there has never been a trained chaplain in the hospital. The pastor who acts as chaplain has no basic knowledge of healthcare chaplaincy and his work description has been reduced to, praying for patients and conducting devotion.

The perceived separation of clinical or medical care from spiritual care seems to render the work of spiritual care providers (Chaplains) of less relevance thereby, limiting the work of holistic healing to the proficiency of the physicians who treat the sick in the hospital and base their understanding of recovery and healing on medical sciences alone in SDA Jengre Hospital.

Purpose of the Study

To the best of research ability, the study intends to determine the availability of professional healthcare chaplaincy in Jengre SDA Hospital. To ascertain, the relevance, values, and quality of healthcare chaplaincy amongst patients in the hospital. To identify problems associated with the availability of professional healthcare chaplains in Jengre SDA Hospital, and to identify, strategies for improving the practice of professional healthcare chaplaincy in Jengre SDA Hospital

Justification for the Study

It appears that there is no intentional design, to institutionalize an effective functional Chaplaincy department, in the SDA Hospital Jengre thus, this research

work intends to if duly carried, facilitate on creating the awareness for the need for a specialized and functional chaplaincy department in the hospital, where quality spiritual care can be given to patients, by professional Chaplains who know what Chaplaincy and whole-person care are. It further seeks to enhance whole-person care and to provide a ready tool, for spiritual care-givers to effectively minister to the holistic need and wellness of care-seekers with a client-centered mindset.

Delimitation of the Study

This research program is limited to SDA Hospital Jengre alone even though, there are other Adventist hospitals and clinics around. It will include males and females. The variables to be considered in the research are Professional chaplaincy service and patient recovery nature in the hospital. The population samples for data collection are the 50 patients randomly sampled for the study in group X1 and X2. The research will take into consideration, the role of professional chaplains in the recovery nature of patients (whole-person care) in Jengre SDA Hospital.

Research Questions

Considering the subject under study, one asks these questions to set the research in motion.

1. Does the chaplain play any vital role in the recovery nature of patients in the hospital?
2. What is the role of spirituality in Whole-person care?
3. How can professional chaplains help in the recovery nature of patients?

Methodology

The study methodology adopted for this work is experimental, using the pretest-posttest control group design, which allows a random assigning of subjects to the two groups, experimental/treatment and control groups. The study made use of a

qualitative method of data gathering to analyze the impacts of professional chaplains on the nature of recovery of patients (whole-person care) in Jengre SDA Hospital. 50 patients were randomly selected and grouped into two groups X1 for the treatment/ experimental group, and X2 for the control group. The study was conducted over four months to get the required data for analysis. Ten volunteers were chosen to be trained, at the end of the four weeks of training, five of the volunteers were chosen based on their ability to work, understanding of the concept of chaplaincy, active listening skills, record and report keeping, and ability to study and put into use, what was taught them.

An instrument was designed to gather data for analysis. The design of the instrument went through two CPE supervisors: Dr. Moses Taiwo who is a certified ACPE fellow and educator, and Dr. Basharat Masih, a fellow of CPSP, to validate the accuracy of the instrument in providing the needed data. The instrument is a questionnaire scorecard, that was designed separately for patients in the two groups (X1) (X2) each group with its Score-card questionnaire with a third for the Chaplain's evaluation of patients in groups (X1 and X2). Patients are checked daily and the chaplains reported the response of the patients to the Chaplains' service for the treatment group. For the control group, the chaplain does the same thing as with the treatment group except for the fact that there was no patient care by the chaplain. The patients too, responded to the services of the chaplains through their own scorecard/instrument or questionnaire, to evaluate the services of the chaplain three times a week.

Books and works from other scholars were equally used to aid the research process. The research design employed the use of evaluation scorecards questionnaire, verbal interviews, and other resources or works available. Seminars, lectures, and

training for the volunteer chaplains were conducted at the implementation stage so they can be provided with the basic knowledge of professional healthcare chaplaincy.

The chapters of the work are arranged to flow in a succession that allows the work to be progressive. Chapter one is the introductory chapter of the work. Chapter two is the theological foundation of the research work, which contains in it, the biblical basis for the work of chaplaincy and the root for spiritual care provision for whole-person care within the context of the Bible. Chapter three surveys the scholarly work done by researchers in this field called the literature review; it is a comparative review of selected literature.

Chapter four focuses on the qualitative work, where the main findings of the research work are done employing all the means taken to get the data for assessment ready for work and the analysis of the data gathered. Chapter five focuses on the project intervention and implementation, how the study can be applied to the maximum benefit of the hospital and the church at large. Chapter six is the summary of the work, conclusion, recommendations of the study findings to the hospital management, and the church leadership. The next section is the appendices of the study and the bibliography.

CHAPTER 2

BIBLICAL FOUNDATIONS OF CHAPLAINCY MINISTRY

Speaking from a biblical viewpoint, the word Chaplain or Chaplaincy does not occur in the Bible. No one can find within this theological framework, the nomenclature "Chaplain" just like Holy Communion, Millennium, Investigative Judgment, or even, General conference but, the concept and the work of a chaplain, is spread all over the Bible from the Old Testament to the New Testament.[1] Mitchell Lewis asked the same question in the bid to lay a claim on the Biblical foundation of Chaplaincy when he asks:

> Where are chaplains in the Bible? There are no chaplains in the Holy Scriptures, but the great story-line of the Bible naturally produces an activity of the Church that looks like chaplaincy, no matter what you might call it. The church reaches out to bless the world around it, regardless of how people respond to the call of the gospel. We do so because God blesses the world he loves, even if the world doesn't bless him back. We are merciful because God is merciful. God's work of mercy and blessing are the twin foundations of Christian chaplaincy.[2]

It is also clear that Chaplaincy or Pastoral care and counseling is rooted in biblical thoughts. The Bible has made an adequate and historical contribution in the

[1] "Class Notes" (Lecture notes presented at the Development of Chaplaincy Ministry in the Seventh-day Adventist Church, Ilishan-Remo, Nigeria, 2017).

[2] Mitchell Lewis, "Biblical Foundations for Chaplaincy," *Mitchell Lewis,* August 30, 2018, accessed March 5, 2019, https://milewis.wordpress.com/2018/08/30/bible-foundation-chaplaincy/.

field of (Chaplaincy) care and counseling and one such is rooted in the messianic prophecy of pastoral care in Isaiah 61:1-3.[3]

From the point stated above, chaplaincy is not completely new in the Bible; it followed a tradition of love, mercy, sacrifice, and concern towards those in need of mental, emotional, physical, material, or medical attention. Mitchell, further points out that, "The work of Chaplaincy sprang from the character of God. ... God is love, it was the love of God that made Jesus comes to the earth, to provide, spiritual, moral, emotional, psychological, redemptive care for a fallen human race."[4]

The compassionate mercies of God are what chaplaincy is tied to in the heart of its practice, Chaplaincy means Compassion**.**[5] The concept of chaplaincy that was originated from Martins of Tour was tied to love, he showed compassion to the poor needy, by sharing his cloak to help the needy cover his body from the cold of the winter.[6]

Going through the whole Bible, the reader will understand the theme of "Compassion."[7] Little wonder, Mitchell sees God as the first (Pastoral Caregiver) Chaplain who went in search of the man in his despondency, crisis, and then, grieved

---

[3] Abin Abraham, Aby A. Kurian, and Alby Mathew, "Biblical Foundations for Pastoral Care and Counseling" (A Paper Presented to Rev. Dr. Cherian Mathew, n.d.), accessed May 7, 2019, https://www.academia.edu/20398490/Biblical_Foundations_for_Pastoral_Care_and_Counseling.

[4] Lewis, "Biblical Foundations for Chaplaincy."

[5] Maria Colfer, "Maitaining a Biblical Perspective on the Role of Chaplains in Effective Care and Healing of Hospital Patients" (Master of Arts, Reformed Theological Seminary, 2014), 18.

[6] David O'Malley, "The Origins of Chaplaincy," *CatholicYouthWork.Com*, November 10, 2015, accessed May 5, 2019, http://catholicyouthwork.com/the-origins-of-chaplaincy-from-fr-david-omalley-sdb/.

[7] Lewis, "Biblical Foundations for Chaplaincy."

with him for the loss of Eden, thereby, making provision for the restoration of man back to the lost home.[8]

The Bible is showcased with a loving God who is always grieved with the plight of His People who are suffering as a result of one mistake made by Adam, the choice to be disloyal to the creator.[9] God was the first spiritual/pastoral caregiver, the moment Adam and Eve sinned, God provided them with the first care. He clothed them with the skin of an innocent animal (Genesis 3: 21). Chaplaincy is all about giving support to people in crisis, and the Bible seems not to be silent about it. Let us survey some chaplaincy basis from both the Old and the New Testament.

Chaplaincy Concepts in the Old Testament

Pastoral care has been one of the most researched and discussed themes as far as spiritual care is concerned, the researcher, however, sees more of chaplaincy care in the Bible. Abin Abraham and his colleagues lend a voice to pastoral care (chaplaincy) in the Old Testament.

> Pastoral care is offered within the church is grounded on the life and ministry of Jesus Christ. His ministry provides a pattern on which we can model our own pastoring or caregiving ... the gospel is not the only source or material for Pastoral Care, we can discover some fresh light from the Hebrew Scriptures called the Old Testament, the Lord is viewed as a compassionate caregiver.[10]

Ceballos postulates that:

> The work of a Chaplain is seen in the Old Testament if one understands that chaplaincy, is all about compassionate care for others. God became the first Chaplain to mankind, He knew and understood Adam's grief of the loss of Eden and the evil that befell his family for centuries, the Scripture showed God, providing the first care for man in Genesis 3: 21, providing man with what man needed the most in his crisis to deal with the reality of his lost glory,

[8] Lewis, "Biblical Foundations for Chaplaincy."

[9] Ellen G. White, *Patriarchs and Prophets*, Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2013).

[10] Abraham, Kurian, and Mathew, "Biblical Foundations for Pastoral Care and Counseling."

clothing was made by God from animals skin that the man and the woman may be protected, and covered.[11]

Throughout the Old Testament, one will see God's Action in intervening in the lives of the Israelites whenever they are in crisis. Maria Colfer opines that the prophets and the Levites were acting pastorally in the Old Testament, Moses was doing the work of a chaplain, even rather than that of a prophet at some times. Many times he entreated with God to have compassion on the Israelites, he counseled them, he cared for their needs and helped them out of their crisis on several occasions.[12]

These are examples of Chaplaincy activities in the Old Testament in a more pronounced way than their silence. However, we have come to an era where Chaplaincy has been professionalized and diversified. Nowadays we have Military Chaplains, Campus ministry Chaplains, Health care Chaplains, workplace Chaplains, Prison and Correctional Chaplains, etc.[13]

Military Chaplaincy Concept in the Old Testament

We have Spiritual and Pastoral caregivers in charge of different aspects of caregiving as pointed out by Maria Colfer. In her view, there are chaplains attached to the military in the places of war in historical Bible times of the Old Testament. In her research work which is found to be helpful. There are health and environmental lights of the chaplaincy line, and those in the military.

---

[11] Mario Ceballos, "Grief and Crisis Counsel: Care for the Bereaved and Dying" (Lecture presented at the Masters of Chaplaincy Class, Babcock University, Ilishan, Nigeria, May 29, 2019).

[12] Colfer, "Maitaining a Biblical Perspective on the Role of Chaplains in Effective Care and Healing of Hospital Patients," 13.

[13] Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain* (Valley Forge, PA: Judson, 2006), 2.

A priest was attached to the army in times of war in Ancient Israel to provide them with moral and spiritual support when they were discouraged or wounded, for example, in Judges 20, the battle between Israel and Benjamin, Phineas the son of Eleazar played the role of a Chaplain. In verse 28, he stood in the gap and encouraged the warriors, and interceded with God, providing them with spiritual care in a despondent time. The battle of Israel and the three kings of Moab, Ammon, and the Ammonite, saw the greatest work of a Chaplain, prophets were there to encourage and, provide spiritual support to the incarcerated army of Israel (2 Chronicles 20).[14] Deborah provided Barak with chaplaincy services when he went after Sisera the host of king Jabin's army. Barak's confidence came from Deborah's spiritual care. Provision, (Judges 4:5ff).

Workplace Chaplaincy Concept in the Old Testament

The Old Testament also has biblical bases for attaching Spiritual Care personnel to workplaces to provide spiritual care to persons in crisis. They may not appear as professional chaplains but those who provide emotional and spiritual stability are chaplains in its real sense.[15] Samuel was the first in the history of Israel to provide spiritual/ Pastoral care in the workplace.[16]

It has been discovered that Prophets provided Pastoral care in more compassionate ways in the Old Testament; Nathan to David, while battling with the guilt of his evil act with Bathsheba Uriah's wife, though with a stern rebuke (2

[14] Colfer, "Maitaining a Biblical Perspective on the Role of Chaplains in Effective Care and Healing of Hospital Patients," 19.

[15] Paget and McCormack, *The Work of the Chaplain*, 16.

[16] Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: Westminster John Knox Press, 2006).

Samuel 12: 14); the evil pronouncement against David was emotionally disturbing, Nathan led him into repentance, and the wrath of God towards David subsided. Though with a stern rebuke, Nathan cared for David's emotional need.[17]

Spiritual care includes helping people see through a difficult situation, yet coming through when realities are accepted.[18] David provided Chaplaincy care to King Saul when he was tormented by an evil spirit from God which can be seen as a Schizophrenic attack, whenever David played his lyre, the king regained homeostasis; this is pastoral care and a chaplaincy ministry.[19]

Healthcare Chaplaincy Concept in Old Testament

Cleanliness is next to godliness they said.[20] Health care has been an important area of concentration in the Bible from time immemorial. The Old Testament has health laws that govern the way of life of the Israelites. Environmental cleanliness was a tool for health care in the Old Testament, in many portions of the Bible; God gave them instructions that will guide them to live healthy lives as people of God. Deuteronomy 23 amongst others speaks in the tone of these environmental health issues as it concerns the chosen people of God. The Levitical order of cleanliness all point toward a provision of pastoral health care service.

All the health care challenges of the Israelites were cared for, diagnosed, and treated by the Levites, priests, and sometimes prophets, who were the custodians of God's principles of health. Those services rendered for those with leprosy, bodily

[17] Ceballos, "Grief and Crisis Counsel: Care for the Bereaved and Dying."

[18] Ibid.

[19] Ibid.

[20] Common Sayings amongst African Christians and Health Practitioners.

uncleanliness, epidemics, amongst others, were studied by the Levites, and Health Care and spiritual care were given by the Priest or High Priest depending on the level of the ailment.[21] Looking at pastoral spiritual care provision from a Chaplains point of view, health caregiving was born out of a pastoral/spiritual viewpoint.[22]

Faith and Spirituality in health care Chaplaincy are evidenced in Hezekiah's healing. Bearing in mind that Chaplains in health care settings, help the sick to gain emotional and physical stability, do faith and belief play a role in patients' healing process? Biblically, the answer is yes.

In the story of Hezekiah's healing episode, Isaiah is the Chaplain, providing spiritual care in a situation of sickness. The Scripture said "Hezekiah was sick unto death" (Isaiah 38:21). The sad news of death weighed Hezekiah down; death was staring at him as an old foe. The Bible says, Hezekiah prayed and cried unto God. 2Kings 20:2. Isaiah returned with good-news for Hezekiah, faith, and prayer worked. Medical advice was offered to Hezekiah by Isaiah the Pastoral Care provider (2Kings 20:4-11).

Ellen White in Prophets and Kings postulates that

> faith in God in the time of ill health condition can go a long way sustaining the sick, the faith Hezekiah had on God's mercy and compassion towards him made his healing fast. The placement of the fig lump on the boil shows that faith and medication are needed for a holistic recovery in a natural way.[23]

Maria Colfer in her work, *Maintaining a Biblical Perspective on the Role of Chaplains in the Effective Care and Healing of Hospital Patients,* opined that:

---

[21] White, *Ministry of Healing*.

[22] Columbus Benjamin Burns III, "The Challenge for Christian Chaplains to Provide Spiritual Care to All" (Doctoral Dissertation, Atlanta Theological Association Inter-denominational Theological Centre, 2007), 24.

[23] Ellen G. White, *Prophets and Kings,* Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2013).

> Patients holistic recovery is achievable when faith and belief are attached to their medical care, a biblical perspective is seen in the case of Hezekiah who was at the verge of death, the placement of the lump on his boil was effective because there is an object of connection, prayer, and faith in God, combined with the Pastoral care, which Isaiah provided for him, made holistic healing, a lot quicker and easier for the King.[24]

Though the term and usage are not clear in the Old Testament, prayer and faith have played effective roles in the holistic recovery of patients in biblical times.

Chaplaincy Concepts in Isaiah 61

Isaiah Chapter 61:1-3 presents a picture of a Chaplain. Maria saw Jesus being described in Isaiah 61, as a type of modern-day Chaplain with multiple specializations; one who brings relief to those who are grieving, who shows the way out in a crisis and troubling situation, and one who is compassionate in all ramifications.[25]

John W. Cannon points out a clear picture of chaplaincy anointing of Jesus in Isaiah 61:1-3 as was fulfilled in Luke 4: 16-19. He points out that, Jesus functioned as a Chaplain and in its clearest sense, more of a hospital Chaplain.

> It is interesting to notice that Jesus when He read the lesson in the synagogue on the Sabbath day recorded in Luke, read from Isaiah 61. It outlined his mission as, preaching, healing, delivering, restoring, and setting at the liberty. ... Jesus indicated that the relief of human suffering was the heart of his mission. It is furthermore of interest to recall how much of this ministry and help was given to the sick.[26]

Surely one of the greatest texts for a chaplain in the Old Testament especially that which has to do with the provision of stability of a care seeker is that found in Isaiah 61:1-3. Peyton postulates in his article that:

---

[24] Colfer, "Maitaining a Biblical Perspective on the Role of Chaplains in Effective Care and Healing of Hospital Patients," 29.

[25] Ibid.

[26] John W. Cannon, "The Hospital Chaplaincy," *Ministry Magazine*, May 1958, accessed May 6, 2019, https://www.ministrymagazine.org/archive/1958/05/the-hospital-chaplaincy.

> The prophesied and express mission of the son of God, by, Old Testament Prophet Isaiah, deliberately claimed by the New Testament Jesus (Christ), aptly provides a place to launch an examination of holistic pastoral care ... the preaching of the gospel to the poor, guaranteed access to the son of God, while healing, deliverance, recovery, and liberty demonstrated that Christ had come to do more than just soteriological view of the gospel but one that includes ministry to a wide range of volitional, emotional, social, physical, mental, and spiritual need.[27]

The picture in Isaiah 61, with certainty, points to the presence of health care chaplaincy amongst others. Of course, the mission of the Messiah in Isaiah 61:1-3 is tied to a large extent to faith and spirituality as those whom the messiah will liberate are people of faith, those who believe in his power to care even though it was compassion that moved him. Considering the blind man who received his sight as recorded in Matthew 10:15, Luke 18:41.

Chaplaincy Concepts in the New Testament

Compassion has been the keyword in the Chaplaincy ministry. The New Testament is full of activities of compassionate care which are just what Chaplaincy ministry is all about, "to provide support to people who need it the most in times of crisis." Naomi and Janet in a short but all-encompassing work point to the basis and foundation of Chaplaincy as rooted in the New Testament.

Jesus is called, in the entire New Testament as a savior, one who brings peace in an obscure situation, hope, in a hopeless situation, a changer of events, and He who can calm the storms of life.[28] No doubt Naomi and Janet see Jesus as the tenderness of all spiritual caregivers that Chaplains should emulate, in compassion and tenderness.[29]

---

[27] Joery R. Peyton, "Considering a Biblical Mandate for Providing Holistic Pastoral Care to Diaspora Population," *Global Missiology* 1, no. 15 (2017).

[28] Mario Ceballos, "Christ the Greatest Chaplain of All Times" (Sermon presented at the Seminary Chapel, Babcock University, Ilishan, Nigeria, May 4, 2019).

[29] Paget and McCormack, *The Work of the Chaplain*, 16.

It was compassion, that bought us our redemption and faith sealed our salvation, in Christ, is life original, un-derived, un-borrowed.[30]

Jesus as an Exemplary Chaplain

Pastors are guided by their denominational walls; they mostly minister to people in a particular setting with almost similar religious beliefs, people of the same faith culture, and group. The Chaplains are not like the pastors; their work is not limited to denominational lines or even religion. They minister to people of different faiths, and those without faith, across cultural lines.[31]

Jesus's ministry was nothing short of Chaplaincy. Jesus ministered mostly within those who are outcasts and rejected the society, providing them with the care they needed. Jarrett points out this singular fact that "the first comparison that we can analyze between Jesus' ministries and that of the chaplain is incarnational. Incarnational ministry of Jesus is the doctrine that the second person of the Trinity assumed human form in the person of Jesus Christ and is completely both God and man."[32]

Jarrett goes further to state that,

> A central ideal behind incarnational ministry is to live the good news rather than preach the good news. Incarnational ministry can also mean ministry that crosses cultural barriers to be an embodied presence to people in need. At other times it is used to talk about culturally relevant analogies for the gospel.[33]

---

[30] Ellen G. White, *Desire of Ages*, Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2013).

[31] Paget and McCormack, *The Work of the Chaplain*, iv.

[32] Jarrett J Guinn, "CHPL 500 New Testament Chaplaincy - New Testament Chaplaincy" (Lecture presented at the Liberty University, Lynchburg, VA, September 2, 2016), accessed May 7, 2019, https://www.coursehero.com/file/19721785/CHPL-500-New-Testament-Chaplaincy/.

[33] Ibid.

The idea of incarnation is covered in the Book of John, "the Word became flesh and dwelt among us" (John 1:14).

The New Testament in general and the gospels in particular, showed Jesus always providing stability to the people, restoring hope, healing, deliverance, and forgiveness to the people. He went looking for them. Paget and McCormack built a theology of Chaplaincy for Jesus in Matthew 25. To them, the heart of Chaplaincy is found in no other suitable Bible passage than Matthew 25. In their words, "Matthew 25 concerns Jesus' teaching about the value of all persons-not just those who shared his ethnicity, culture, and religion. Jesus taught that, if people wanted to be considered "righteous" and "inherit the kingdom" of God, they were to minister to ***all*** persons, particularly those considered the *"least of these."* [34]

Paul and Eloise Hiebert painted a clearer picture of Christ's incarnational ministry saying, "The incarnational ministry in Chaplaincy or pastoral care, means, becoming one of them, to be able to reach out to them … those in need are Jesus' greatest desire for ministry. He has to mingle with them to know their need."[35]

All through the life of Jesus, he was seeking those in crisis to provide them with relief from their sicknesses, sorrow, despair, anxiety, sin, etc. Matthew paints a picture of Jesus as a Chaplain that wants to give rest to those who labored (Matthew 11:28-30.) John paints him as a comforter in John 11, with Mary and Martha, Mark paints him as the restorer of sight, a healer (Mark 1:40-45, 6:53-56), even on the Sabbath he healed, a sign of compassion (Mark 3:1-6.)

---

[34] Paget and McCormack, *The Work of the Chaplain*, 5.

[35] Paul G. Hiebert and Eloise Hiebert Meneses, *Incarnational Ministry: Planting Churches in Band, Tribal, Peasant, and Urban Societies* (Grand Rapids, MI: Baker Books, 1995).

Ellen White further points out how Jesus ministry is the foundation of chaplaincy, a ministry of Compassion

> Christ's method alone will give true success in reaching people. The Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, "follow me." [36]

In Christ healing ministry, faith was a requirement, Jesus always asked, do you want to be healed? (John 5:6). Do you believe? (Matthew 9:28). Paget and McCormack specifically added that "every good work must be accompanied by faith"[37] Following Jesus' example of ministry is key in Chaplaincy, the work of faith and compassion in the incarnation ministry of Jesus, requires that our show of love to those in need, the "least of these" requires both action, and provision. Jesus can truly be said to be a chaplain of all time, who constantly desires the good and wellbeing those whom He came to seek, and save.

The Disciples as Chaplains

The disciples of Jesus were not in any way short of being caregivers. The Bible is full of caregiving work by the disciples to the people around them. Chaplains provide compassionate care to seekers. Peter deserves a mention as a chaplain to Cornelius. His service was that of a chaplain if we understand what a chaplain is. Acts 10 lays a very concrete foundation for a chaplaincy ministry amongst the disciples. Let us not forget that, in the heart of Chaplaincy, is the incarnate ministry of Jesus which is compassion.[38]

---

[36] White, *Ministry of Healing*.

[37] Paget and McCormack, *The Work of the Chaplain*, 7.

[38] Hiebert and Meneses, *Incarnational Ministry*.

One other vivid example of a chaplain's work done by the disciples was that of the jailer in Act 16:22-40. Paul and Silas ministered to the delusion, despaired, and the confused jailer who was attempting suicide. Paul did the work a chaplain should do, he cried out to save the jailer. Chaplains are to stabilize situations, bring peace where there is no peace, and hope in the situation of hopelessness. When Paul responded "we are all here" this suggests that, the two missionaries were able to exercise some moral control over the other prisoners. The jailer received a sort of relief and a sense of safety, realizing they were still within the prison.[39]

The disciples all functioned as caregivers to their immediate and larger communities, exalting the quality of lives of people of all classes and groups, as their master taught them to do, not exempting even those who were persecuting them. They were always availing themselves to serve and bring relief to the people. They have been enshrined into the ministry to the "least of these" in Christ's ministry.[40]

The Good Samaritan as a Chaplain

Of the many illustrations that Jesus gave to pass His message, the story of the Good Samaritan stands out in Chaplaincy ministry. The man was from a tribe that has been ostracized; he has no relationship with the man from Jerusalem since he (Good Samaritan) is considered unclean. There are arguments about the parable, whether Jesus is trying to universalize the concept of neighbor.[41]

---

[39] Donald Guthrie et al., eds., *The New Bible Commentary*, 3rd ed. (Grand Rapids, MI: Eerdmans, 1970), 995.

[40] Neil Holm, "Toward a Theology of the Ministry of Presence in Chaplaincy," *Journal of Christian Education* os-52, no. 1 (May 1, 2009): 14.

[41] Anthony C. Thiselton, *The Two Horizons: New Testament Hermeneutics and Philosophical Description* (Carlisle, PA: Paternoster Press, 1980), 352.

The parable of the Good Samaritan is aimed at teaching humankind, the value of love, care, the compassion that God has for all He created. Men are to be honored and respected regardless of race, class, ethnicity, and social status.[42]

Funk posits that the parable of the Good Samaritan showed how much Jesus did for humanity, how much Jesus wants others to replicate what he has done for them. The Jews ignored him, their brother who was injured, but a stranger helped him this means that help should be given when needed, to all, from all, and by all.[43]

The Good Samaritan did what is required of a chaplain. By stopping to help him, the Good Samaritan has already demonstrated an act of kindness; this demonstrates what Jesus termed, as a ministry to the *least of these***.** He gave a first aid treatment to the injured man, took him on his donkey, sent him to a medical care center, and even paid for his treatment. The Good Samaritan typified Jesus' incarnational ministry of presence, thus, serving as a biblical illustration of what a chaplain should be, the Chaplain is to be of help to those in need of help and to give hope to the hopeless.

Healthcare and Chaplaincy Concept in Ellen G. White Writings

Chaplaincy was not a developed concept in the days of Ellen White, possibly because, the word Chaplaincy may not be found in her writings but the concept of care for the needy runs through the pen of inspiration. One will read Ellen White's books especially of hope, faith and healing will be impressed to see how Ellen White spoke to ministers outside the walls of the church.

---

[42] Richard Chenevix Trench, *Notes on the Parables of Our Lord* (New York, NY: D. Appleton, 1873).

[43] Robert W. Funk, *Parables and Presence: Forms of the New Testament Traditions* (Philadelphia, PA: Fortress Press, 1982), 35–36.

Her first comment relating to chaplaincy is found in Jesus' method where she pointed out how Jesus was able to reach out to the needy. In it, she said "the Savior mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, "Follow Me."[44]

Chaplaincy is tied to this incarnational ministry of Christ, to meet the needs of humanity. John Lee in his Article in the Ministry Magazine noted clearly that, Ellen White in Ministry of Healing outlined conditions associated with the work of a Chaplain:[45] "It is of great importance that the one who is chosen to care for the spiritual interests of patients and helpers be a man ... who will have moral influence, who knows how to deal with minds."[46] Nothing could define health care chaplaincy than what Mrs. White said above as a criterion for Chaplains.

Summary

The theological and Biblical foundation of Chaplaincy work, especially, how it is needed most in health care centers, cannot be questioned. Even though the word "Chaplaincy" and Chaplain, did not find their ways in the Bible language, the concept can be found in the Bible. The Bible's greatest character as a Chaplain is God himself, who always goes out in search of a man lost in sin, sickness, suffering, and so on. The incarnation of Jesus in the flesh was to help locate, relate, and comfort man from the loss of all that was to be enjoyed had he not fallen. Ellen White was not silent about Chaplaincy and caregiving ministry, within and outside the church walls. Jesus is the

[44] White, *Ministry of Healing*.

[45] John K. Lee, "Who Can the Chaplain Be?," *Ministry Magazine*, last modified April 4, 1980, accessed May 9, 2019, https://www.ministrymagazine.org/archive/1980/04/who-can-the-chaplain-be.

[46] Ellen G. White, *Testimonies for the Church*, vol. 4, Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2013).

example to be followed and those who seek to provide care to those in need must be men and women of sound mind and character.

CHAPTER 3

REVIEW OF RELEVANT LITERATURE

Chaplaincy is a broad field that has not been developed in Africa and Nigeria in particular.[1] The understanding of chaplaincy in Africa, especially as a specialized ministry has not been explored. Chaplaincy is seen as a shorter cut for those who have no ministerial call or for those that are not disciplined into denominational ministries.[2]

In Nigeria, there has been little effort towards the development of Chaplaincy ministry which is a major crisis for the development of chaplaincy in Africa as well as Nigeria in particular.[3] From the above assertion, it is clear that an intentional Chaplaincy ministry in Africa and Nigeria is just beginning. This further shows that, as far as the chaplaincy ministry is concerned in Africa and Nigeria in particular, there is a paucity of literature.

There are, however, a range of documents about the field from advanced countries like the United State of America, UK, and Germany, etc., where one can draw important points. This section looks into relevant literature associated with Chaplaincy as a concept and health care ministries of the chaplain.

---

[1] Ifanyi Ugwu, *Campus Chaplaincy in Nigeria: A Forgotten Ministry by Main Stream Preachers* (Ibadan, Nigeria: Greenland, 2017), 12.

[2] Victoria Aja, "CHAP 614 Challenges of Chaplaincy Ministries in Africa" (Paper presented at the Adventist University of Africa Babcock Cohort, Ilishan, Nigeria, June 16, 2016).

[3] Ibid.

Definition of the Term Chaplaincy

The word chaplaincy is originated from the word (***Capella***) a Latin word for Cloak associated with the legendary Saint Martins of Tour.[4] Chaplaincy is an office or position, or a department, a member of the clergy holds which is attached to a private chapel, institutions, ship, regiment, etc.[5] the Collins dictionary defined Chaplaincy as, "the building or office in which chaplains work, the work or position of a Chaplain."[6] In their work, Paget and McCormack opined that the concept of chaplaincy was coined from the activities of a Chaplain and the place where a chaplain offers such services or activities.[7]

Chaplaincy can then be understood to mean, the department, house, or the activities that are responsible for the provision of spiritual, mental, emotional, and social care, especially to those in need of care or those in crisis. The person who provides such care is known as a Chaplain. The ministry of a Chaplain is said to be that of compassion.[8] Another source opined that "a Chaplain is typically a member of the clergy serving a group of people who are not organized as a mission, (temple, synagogue) or a church.[9]

---

[4] Paget and McCormack, *The Work of the Chaplain*, 2.

[5] Chor-Kiat Sim, "My Encounters with Two Pioneers in Chaplaincy," *The Adventist Chaplain*, 2018, 8–11.

[6] "Chaplaincy Definition and Meaning," *Collins English Dictionary*, accessed January 31, 2020, https://www.collinsdictionary.com/dictionary/english/chaplaincy.

[7] Paget and McCormack, *The Work of the Chaplain*, 2.

[8] Ibid., 9.

[9] Admin, "The 3000 Year History of Chaplaincy," *The 3000 Year History of Chaplaincy ~ The Entertainment Industry Chaplains*, 2011, accessed January 31, 2020, http://enterchaplains.blogspot.com/p/3000-year-history-of-chaplaincy.html.

Historical Foundation of Chaplaincy Ministries

McCormack and Paget began their book first chapter, with the historical foundation of Chaplaincy. They observed that "the development of chaplaincy ministry has its root in ancient history, religious men and women often accompanied armies into battle as a priest."[10] Another source posits that " History records various equivalents from ancient Assyria onwards, sometimes rendered as 'Chaplain' in the Old Testament book of Joshua, Levite priests accompany the Israelites' military and political expedition into Israel; carrying the Ark of the Covenant and playing a major role in the goodwill of the military matters ... while those priests cannot be considered chaplains with the current meaning, their role as spiritual aides provided a model for modern chaplains to rely upon.[11]

Richard G. Hutcheson further expands the historical basis for the concept of Chaplaincy, though, from the same viewpoint as others, he added the experience of St. Martins of Tour the night he shared his cloak with the beggar. According to him;

> Martins had no money to give to the beggar, he took off his cloak, then use his sword to tear the cloak into two and gave half of it to the beggar, later that night in a dream, he saw Jesus wearing the second half of the cloak. As a result of that experience, he was baptized as a Christian, and thereafter, left the army and devoted his life to the church, he became the patron and later on, his relic, the *cappela* was used and has since been carried by the military to war every time they go on war, to provide wounded soldiers with moral and spiritual support.[12]

It is almost clear that the concept is that of compassion, and one little act of kindness shown by one is never underestimated. I found the comments of Hutcheson

---

[10] Paget and McCormack, *The Work of the Chaplain*, 2.

[11] Admin, "The 3000 Year History of Chaplaincy."

[12] Richard G. Hutcheson, *Exploring Chaplaincy Ministry: Preparing for the Call, Clergy Education* (Kansas City, MO: Church of the Nazarene, 2006).

very resourceful as to the foundation of the concept of Chaplaincy even as it relates to the military arm of chaplaincy to be discussed in the latter part of the research work.

Paget and McCormack couldn't agree any less with the above statement, they pointed out that, religious men and women often accompanied armies into battle as a priest. Chaplains counseled and consulted for kings, parliaments, and governments.[13] There seems to be one official origin of the concept known today as chaplaincy or even chaplain.

Paget and McCormack explain further, how this began stating that;

> The word Chaplain comes from the early history of the Christian Church. Traditionally, it is traced to a 4th-century holy man named, Martins, who shared his cloak with a beggar. Upon his death, his cloak which was known as *Capella* in Latin was enshrined as a reminder of the sacred act of compassion.[14]

The Encyclopedia Britannica adduced to the same fact stated above of the origin or foundation of chaplaincy. The Britannica states;

> In the 4th Century, *Chaplains* (Latin *Cappellani*) were so-called because they kept St. Martin's famous half *Cape* (*Cappella*, diminutive of *Cappa*). This sacred relic gave its name to the tent and later to the simple oratory or Chapel where it was preserved.

The foundation of the concept 'Chaplaincy' is derived from a chaplain, all of which are associated with Saint Martins of Tour who showed compassion to a beggar exposed to the cold of the street by dividing his cloak into two and parting with a part of it. The cloak (*Capella*)[15] The custodian of the *Capella*, (*Capellean*, *Capellani*) was later translated in French as *Chapelain*, which was translated chaplain in English (*chaplain*).[16] At this point, it is understood that Chaplaincy came from the word,

---

[13] Paget and McCormack, *The Work of the Chaplain*, 2.

[14] Ibid.

[15] Ibid.

[16] Ibid.

chaplain, which got its origin from the cloak, *Capella*. This explains the concept of Chaplaincy, as Mario Ceballos opined in Class While discussing the compassionate nature of Chaplaincy. He posits that;

> Chaplaincy is a ministry of compassion. This ministry was officially birthed by the action of St. Martins of Tour. Chaplaincy can then be said to mean, "A compassionate ministry to all" the chapel is a place where such activities are carried, not necessarily a building, anywhere at all.[17]

The Paget and McCormack further elucidate their point about the foundation of chaplaincy ministry founded from the act of Saint Martins of Tour positing that, after his death, his cloak (*Capella* Latin) was enshrined as a reminder of the sacred act of compassion. The guardian of the *Capella* became known as the *Chapelain* in French, translated into English as *Chaplain.* Today, the chaplain continues to guard the sacred and shares his cape out of compassion.[18]

Today, the concept of Chaplaincy has been developed into a professional ministry. We find them in many settings, in a variety of professions around the world almost in every profession today; there is the need for a chaplain, a professional, or a lay chaplain. One observes the differences, however, as Chaplains are different from Pastor in the sense that, whereas Pastors work in an organized system, amongst people of a particular faith tradition and culture, the Chaplain in the other hand, works amongst people of much different faith belief, or no religious belief at all. Their work is more complex than those of congregational clergy and they face multiple religious views different from theirs.[19]

---

[17] Aja, "CHAP 614 Challenges of Chaplaincy Ministries in Africa."

[18] Paget and McCormack, *The Work of the Chaplain*, 2.

[19] Ibid., ix.

Types of Chaplaincy Ministries

Chaplains are found in many settings. Some have a long history of chaplaincy, others are relatively new, and each setting possesses unique opportunities for ministry and unique issues and challenges.[20] The understanding of chaplaincy as a ministry, as a compassionate ministry cannot be overemphasized. It is through the concept is that of showing love especially to those called "the least of these my people."[21] Chaplaincy is a broad field with so many professions of specialty.[22]

Chaplaincy is divided into different fields of specialty; it is a noble profession with different focus areas. The chaplaincy ministry cuts across many institutions, requiring humanitarian service.[23] The research, however, will touch on a few types or kinds of chaplaincy to provide a general knowledge of their operations and functions. The provision of spiritual care to those in need is an important field. Below are some specialized fields of chaplaincy or rather, types of chaplaincy. The study will take into consideration some of the most developed fields of chaplaincy ministry.

Military Chaplaincy

Speaking from a biblical viewpoint, the first form of chaplaincy ever recorded in history is the military chaplaincy. Scholars and researchers have posited that priest have at some point in the history of great nations accompanied warriors or the military to wars as symbols of encouragement, the presence of their deity, etc. Griffin posits that "Studying the trend of the development of chaplaincy ministry, from a biblical

---

[20] Paget and McCormack, *The Work of the Chaplain*, ix.

[21] Ibid.

[22] Naomi K. Paget and Janet R. McCormack, *Disaster Relief Chaplaincy Training Manual* (Alpharetta, GA: North American Mission Board of Southern Baptist Convention, 2004), 34.

[23] Ibid.

viewpoint, priests were attached to the army of Israel. One can see that priests were always there to give moral support to the soldiers who are morally down."[24]

Paget and McCormack couldn't agree less, in their work, they both posited that;

> Perhaps, one of the most histories in chaplaincy is in the area of military chaplaincy. From ancient times, chaplains have served the armies of the world. The continental congress recognized the need for professional chaplains and authorized salaries equal regimental surgeons' thereby elevating chaplaincy to a professional status.[25]

The military chaplaincy wing has the longest documentary from history and even from a biblical perspective. From the standpoints of researchers like

Tottingham, Paget, McCormack, and Mitchell Lewis. "Military chaplaincy is one of the most developed fields of chaplaincy in history."[26] A documentary in the national museum of United States army, historical army foundation issued on the 28th of January 2015 "US Army Chaplain in Corps" posits that;

> As long as armies existed, military chaplains have served alongside
>
> Soldiers. They provide for their spiritual needs, working to improve morale, and aiding the wounded. The bible tells of the early Israelites bringing their priest into battles with them. Pagan priests accompanied the Roman legion during their conquest; Christianity became the predominant religion of the Roman Empire, Christian chaplains administer to the Roman Soldiers.[27]

The military chaplaincy unit is well organized and has its professional organization with the American military service. The United States is the first to

---

[24] Margaret Griffin, "The Foundation of the Chaplaincy Corps," *Journal of the Society for Army Historical Research* 80, no. 324 (2002): 287–295.

[25] Paget and McCormack, *The Work of the Chaplain*, 3.

[26] Ibid.

[27] Admin, "U. S. Army Chaplain Corps," *The Campaign for the National Museum of the United States Army – Home of The Army Historical Foundation*, January 28, 2015, accessed February 3, 2020, https://armyhistory.org/.

officially adopt military chaplains in the context of chaplaincy today.[28] Paget and McCormack adduced to the submission when they pointed out that;

> The Continental Congress recognized the need for professional military chaplaincy in the United States, and authorized salaries equal to regimental surgeons, thereby elevating chaplaincy to a professional status. Today, chaplains serve in all branches of the United States Military as officers and professionals.[29]

The understanding of the nature of the work is as important as the work of a chaplain itself. Going by higher resources, Paget and McCormack which have found quite resourceful, explain further that, "Military chaplains serve in all branches of the armed forces, army, sea service (navy, marine, and coast guard), and air force and all the components within the military.

Employment into military chaplaincy. To secure employment as a military chaplain, one is expected to go through the same process any other officer goes through. Paget and McCormack opine that "When it comes to accession (taking office and being employed in the ministry) Chaplains are considered "professional officers" as doctors and lawyers."[30] One needs to be physically fit, emotionally, and psychologically balance, and must be free of any criminal record.

Requirements for military chaplains. One does not just jump into being or becoming a Chaplain in general or a Military chaplain just in the blue, there are requirements especially for a professionalized military base. Some of the requirements as summarized by Paget and McCormack are spelled as follows;

> Congregational criteria such as endorsement and ordination give one the authority and backing of the body to be enrolled in the military. The chaplain haven obtained denominational ordination and endorsement will need to be commissioned as an officer with a rank equivalent to a first

[28] Admin, "U. S. Army Chaplain Corps."

[29] Paget and McCormack, *The Work of the Chaplain*, 3.

[30] Ibid.

> lieutenant/Lieutenant who will serve until the retirement age depending on the country's service requirement. Such an individual though military personnel, remains a clergy, such in most cases don't bear arms especially in the United States.[31]

In brief, the military chaplains have the longest record of the existence and have been thus understood, even though, not with the appellation "Chaplain" their work over the years has been understood, as what a modern-day Military chaplain is known for in doing. The military chaplains provide spiritual care to all military personnel without segregating faith affiliation or denomination, as the work of such a person is to provide spiritual care for all without bridging the contract between him and the military or even the attempt to proselytize.

Correctional Chaplaincy

In Africa, those who are incarcerated are especially vulnerable and often deprived of basic human rights. Prison conditions are generally dire, resources are limited, and at times undue force is used to control inmates.[32] Abraham went on to posits that, "in the history of the prison system, religious personnel were often at the forefront of treatment programs and provided solace and asylum to inmates. The punitive character of prison and the challenges that inmates face on a day-to-day basis call for spiritual, intellectual, and religious care.[33]

Correctional chaplains provide spiritual care to those who are imprisoned and separated from their family and friends-from society in general.[34] The work of the correctional chaplain needs special training since they function among people

---

[31] Paget and McCormack, *The Work of the Chaplain*, 32–34.

[32] Abraham Kwe Akih, "Penal Reform in Africa: The Case of Prison Chaplaincy," *HTS Teologiese Studies / Theological Studies* 73, no. 3 (August 2017).

[33] Ibid.

[34] Paget and McCormack, *The Work of the Chaplain*, 63.

predisposed to crime and a hard lifestyle.[35] Paget and McCormack further described the field of correctional chaplains thus "Correctional Chaplains also provide spiritual care to the institutional staff and their families and those of the inmates on request."[36] With the above background, one understands that there is a need for a correctional chaplain, those who work within the correctional circle, in providing spiritual care to those incarcerated. Paget and McCormack posit that;

> Spiritual care to the incarcerated is probably as established as the institution of incarceration itself. This is particularly true in the Christian tradition which has taken to heart the lesson of "Matthew 25," visiting those in prison. Long before federal prisons were conceived, city jails had visiting clergy who intentionally minister to the needs of people who have been incarcerated, as early as June 1886, a group of prison chaplains officially affiliated with the American Correctional Association which recognized the values of religion and spirituality in the correctional process.[37]

Correctional Chaplaincy, or Prison chaplaincy ministry, has its root perhaps in the teachings of Jesus in Matthew 25, which talked about visiting those in prison as part of the requirement of making heaven for in so doing, Jesus responded, he was in prison and we visited him (Matthew 25:35). This was just a call for what correctional chaplains are to do.

A Cardiff University chaplaincy department compiled a report on prison chaplaincy reveals that;

> Prison chaplain should never confuse their role with the role of the prison officer...that would be a fatal mistake. He went on to say that, "The chaplain of today, are not here to judge or convert anyone or anything like that, they are just here to talk and give prisoners support … for me, every day at the prison

[35] Akih, "Penal Reform in Africa: The Case of Prison Chaplaincy."

[36] Paget and McCormack, *The Work of the Chaplain*, 63.

[37] Ibid., 61.

> has become an act of worship, and everything I do with the prisoners, and even staff, a part of worship.[38]

Correctional Chaplains are today, a body of professionals. With the criminal cases in the correctional centers, the chaplains in the correctional centers have to be up to date with professional and specialized training. They provide inmates with moral and spiritual care in prison.

Employment as a correctional chaplain. To be employed, one has to be educated in the field of chaplaincy. Paget and McCormack posit that;

> While the job responsibilities of a correctional chaplain are the the same as those of other chaplains, there are some key differences, for this reason, to occupy a position in correctional chaplaincy, one needs to have educational and ministerial requirements reminiscent of military chaplaincy.[39]

In a few words, employment into the correctional chaplaincy has a similar pattern to that of the military.

The requirement for correctional chaplains. The Correctional chaplain just like any other chaplain, needs endorsement, and must be a clergy of a denominational ordination. Because the correctional centers act like paramilitary, their requirement is like the military, the educational requirement is (MDiv, and not more 37 years, free of any criminal charges and not into drugs.[40] There are requirements, dos and don'ts of correctional ministry. This work is not to deal with those but a background to the form of chaplaincy associated with the correctional centers.

---

[38] Andrew Todd and Lee Tipton, *The Role of a Multi-Faith Prison Chaplaincy to the Contemporary Prison Service*, Final Report (Cardiff, Wales: Cardiff Center for Chaplaincy Studies, Cardiff University, 2010), accessed February 4, 2020, https://orca.cf.ac.uk.

[39] Paget and McCormack, *The Work of the Chaplain*, 61.

[40] Henry Covent, *Ministry to the Incarcerated* (Chicago, IL: Loyola Press, 1995), 56.

First Respondent Chaplaincy

The events of 9/11/1, the knocking down of the world trade center tower, left lots of families and survivors traumatized. In this condition and situation, there is the need for a quick and direct response from every department of human care, the chaplaincy department is not excluded, it is a vital department but which facet of the chaplaincy ministry should be consulted? Daily, there are emergencies that need first aid spiritual care, what Paget and McCormack called “The first respondent chaplain” Donald Stouder calls it "First on the Scene Chaplain.” As stated earlier, chaplaincy is a broad field with different specializations.

Stouder posits that,

> In crisis situations, the first on the scene chaplain is the person best for the job. Such a chaplain is train on how to provide spiritual care on the spot. The duties which requires a first aid spiritual care and the ability to restore the victim or seeker to an equilibrium state before anything else, is the work of the first on the scene chaplains.[41]

The first responder chaplain is a chaplain that serves in the shortest noticed as the name implies. The first responder chaplain lives in a world of high stress, danger, and uncertainty.[42] These chaplains function in a stressful society; they are almost needed on the spot without prior noticed. They developed late as the need arises. Paget and McCormack state that,

> there is no certainty of when this form of chaplaincy was introduced, but of recent, it has been a very functional chaplaincy department and has high demand especially with the fall of the 9/11/1 and natural disasters, the need for a first responder has only been increased.[43]

---

[41] Donald Bruce Stouder, *First On The Scene: Crisis Intervention in Spiritual Care* (Scotts Valley, CA: CreateSpace Independent, 2015), 23.

[42] Paget and McCormack, *The Work of the Chaplain*, 68.

[43] Ibid.

Stouder, however, traced the historicity of the first responder chaplain to Jesus Christ the great healer, stating that, "Jesus will always be at the right time to respond to the emotional, spiritual, physical, and psychological need of people in crisis thus, the perfect example of a first responder where the chaplains in such service drew inspiration. He is always on time, to heal the broken hearted and the wounded spirit."[44] According to Paget and McCormack, first responders chaplains includes: police or law enforcement chaplains, fire department chaplains, emergency service chaplains, or crisis and disaster relief chaplains.[45]

Employment as a first responder chaplain. Most chaplains in first respondent are volunteers, chaplains that give their time to meet the need of those in the emergency and crisis centers. Paget and McCormack posit that "First responder chaplains usually fall into one of three categories: local clergy volunteer, paid professional chaplains or, chaplaincy as collateral duty."[46] They further point to the fact that, "Those employed, need professional certification and education."[47]

Requirements for first responder chaplains. This type of chaplaincy is not as specialized as other forms of chaplaincies.[48] It usually falls into one of the three categories, either local clergy volunteer, paid professional, or members of first responder agency who performs the duties of a chaplain as collateral duty.[49] It does

[44] Stouder, *First On The Scene*, 7.

[45] Paget and McCormack, *The Work of the Chaplain*, 69.

[46] Ibid., 70.

[47] Ibid.

[48] Ibid., 69.

[49] Ibid., 70.

require endorsement for a paid professional chaplain just like the others, but the laws are not as rigid as those of other types of chaplaincy ministries.[50]

The first responder, has a duty to take charge of the situation, to provide immediate and quick intervention, people hold such chaplain in high esteem and sometimes, this become their pride as stated by Paget and McCormack. These groups of Chaplains are multi-task and can easily get exhausted with work and sometimes, family ties are affected because they are always on the wait to intervene especially for fire and disaster department chaplains who constitute the first responder chaplaincy team.

Campus Ministry Chaplaincy

As the name implies, it goes with, ministry on campuses. The common understanding of campus ministries or campus chaplaincy, is ministering to people who are away from home especially teenagers and young adults. Over the years, with the development of campus ministry, it has shifted attention to everyone within the campus, student, academy and non-academy staff, and even the community hosting the campus.

Paget and McCormack posit that;

> Ministry on college campus began with the interest of students who joined together in societies to nurture their spiritual side while gaining an education. In 1806, one of the most famous events in history of student societies was the "haystack prayer meeting" at Williams College, soon ecumenically organized Christian associations, led by laity, became the forerunners of the campus ministry.[51]

Nwazue, in his work, "spotlight on campus ministries" posits that;

> Providing spiritual care for students outside their home and usually on studies is very important. The sons of the prophet in II Kings 6:1-6. The prophet

[50] Stouder, *First On The Scene*, 7.

[51] Paget and McCormack, *The Work of the Chaplain*, 69.

> provided a form of campus ministry chaplaincy to the sons of the prophets in a spiritual sense and in the true sense of what chaplaincy is.[52]

Ellen White posits that "One earnest conscientious faithful young person in a school is an inestimable treasure."[53] Campus ministry chaplaincy is one of the oldest organized forms of chaplaincy inn history.[54]

Paget and McCormack did a beautiful historical analysis of the well documented history of campus chaplaincy ministry. They posited that;

> The major growth in campus chaplaincy occurred following World War II with the return of hundreds of military chaplains. During these early years, campus ministries where overwhelmingly Christian and denominationally developed and supported. These campus ministers were typically led by paid, ordained staff members of local churches.[55]

Forster-Smith, ed. Enumerated the nature of college or campus chaplaincy ministries, the chaplain who work in the campuses provide spiritual care to people of all faith, all denomination. They are professionals, trained and equipped for the ministerial task of providing care for the campus community as a whole, both for staff and students.[56]

Nwazue posit that: Campus ministry is the most developed form of chaplaincy ministry in Nigeria, at least churches, have been working hard with the campuses to

---

[52] Ikechi Christian Nwazue, *Spotlight on Campus Ministries* (Lagos, Nigeria: Natural Prints, 1998), 23.

[53] Ellen G. White, *Messages to Young People*, Complete Ellen G. White Writings [CD ROM] (Silver Spring, MD: Ellen G. White Estate, 2014).

[54] Nwazue, *Spotlight on Campus Ministries*, 23.

[55] Paget and McCormack, *The Work of the Chaplain*, 86.

[56] Lucy A. Forster-Smith, ed., *College and University Chaplaincy in the 21st Century: A Multi-Faith Look at the Practice of Ministry on Campuses Across America* (Woodstock, VT: Sky Light Paths, 2012), 76.

care for faith related matters associated with faith and spirituality. Campus fellowship in Nigeria has been of long origin.[57]

Campus chaplaincy requires a professional education though there have been volunteers taking care of campus ministry activities, today, campus chaplaincy have dynamics. In most cases, the minimum requirement is a First degree in theology, but some countries and institutions have the minimum requirement of (MDiv.) denominational endorsement is required in a formalized setting.[58]

Health Care Chaplaincy, Origin and Development

Health care chaplaincy is another field of chaplaincy that is gaining much attention of late, especially in the developed countries. In countries like: America, Canada, Britain etc. Health care is taking a new dimension; a holistic approach to health requires that every aspect of a man should be provided with care. In Africa, this is yet to be developed even though, efforts are being made to bring this into the light of workable reality.[59] Just like the military chaplaincy, health care chaplaincy seems to have its root long into the biblical times. Richard Cabot and Russell Dick, posit that;

> Through the bible, one sees health care provision from a pastoral view point. The priests tend for the uncleanliness of the people in matters of spiritual and physical uncleanliness. Those with leprosy were first diagnosed by the priests, who quarantine them if symptoms proved positive. Though priests, they provided care for those ill. Though this may not be seen as a chaplaincy act, in today's world, the exact work that the priest does, is helping the sick regain emotional and physical balance from a spiritual view point. [60]

---

[57] Nwazue, *Spotlight on Campus Ministries*, 23.

[58] Paget and McCormack, *The Work of the Chaplain*, 86.

[59] Sotunsa 2019.

[60] Richard Cabot and Russell Dick, *The Art of Ministering to the Sick* (New York, NY: Macmillan, 1936), 128.

Health care chaplaincy as observed came from the need for the religious and moral needs of the society to help in facilitating recovery. Wendy Cadge posits that;

> The central role of faith communities (religious traditions) in the provision of chaplaincy in healthcare cannot be denied. Studies have traced the history of chaplaincy in the UK, US, and Ireland, in each of these, chaplaincy care emerged from the responsiveness of the faith communities to the religious needs of patients in the hospitals and other places of care, and the role of the clergy and authorize faith representatives has been integral to the provision of the ministry.[61]

The health care chaplaincy ministry developed around the US in the mid-1920s.[62] To speak of health-care chaplaincy in the twenty-first century is to locate chaplains both inside and outside hospital setting although, most care still takes place in the hospital.[63] Healthcare chaplains, care for the spiritual wellness of patients mostly, but not limited to patients in the hospitals alone. Chaplains within the hospital walls may be generalists who is normally assigned to a particular floor for continuity. ... They have recently learned to also specialize in hospital matters as the medical line is getting divergent specializations.[64]

The American Healthcare Chaplaincy Ministry Association, published in its article, 'The History of Healthcare Chaplaincy and Health Care Chaplaincy Ministry Association (HCMA) 2018, stating that, "In a healthcare facility, a Chaplain ministers primarily to the spiritual needs of patients/residents, family members, staff, and as an

---

[61] Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Health Care Chaplaincy* 25, no. 2 (April 3, 2019): 45–60.

[62] Lawrence E. Holst, ed., *Hospital Ministry: The Role of the Chaplain Today* (New York, NY: Crossroad, 1990), 47.

[63] Paget and McCormack, *The Work of the Chaplain*, 47.

[64] Ibid., 48.

encourager to local Pastors. The Chaplain may serve as a volunteer or s/he may be an employee of the healthcare facility."[65]

The advancement in healthcare has also led to the advancement in healthcare chaplaincy. Some chaplains specialized in hospice and palliative care even though this specialization has not been fully developed, and may not require strict laws as other healthcare ministries.[66] Health care chaplains just like the military chaplains have rules governing their operations. Health care chaplaincy trains chaplains toward hospital and health-related care provision both inside and outside the hospital building.[67]

The American Healthcare Chaplaincy Ministry Association provided a vivid historical background of healthcare chaplaincy taking into consideration the historical beginning of health care, development of the hospital, and the ministry of a chaplain that was birthed as a result of the hospital and the spiritual care of the patient need.

Gibson opined that "It is hard to find references to healthcare ministry in early churches. The early church fathers did not make any reference to healthcare ministry, even though all of them talked about the cure and care of the sick and suffering. Medical problems were taken care of in home-like almshouses, not scientific centers for technical work by physicians in highly administered situations."[68]

---

[65] Health Care Ministries Association, "History of HCMA," *Health Care Ministries Association*, last modified 2018, accessed February 5, 2020, https://www.hcmachaplains.org/history-of-healthcare-chaplaincy-and-hcma/.

[66] Holst, *Hospital Ministry*, 51.

[67] Ibid., 76.

[68] William Gibson, *A Social History of the Domestic Chaplain, 1530-1840* (London, UK: Leicester University Press, 1997), 1–6.

He went on to describe the development of what is known today as a hospital by stating that, "Hospitals are a rather modern innovation."[69] He provided historical development as follows:

1. In 1872, there were only 178 hospitals in the United States.
2. By 1910 there were more than 4,000 hospitals in the USA.
3. In 1989 there were more than 6,800 hospitals in the USA.
4. By 1995 there were 6,467 hospitals in the USA.
5. In 2007 there were 6,245 hospitals listed in the USA Hospital Directory.

It is worth noting that, hospital settings were later developments. What was known in the earliest history was the inn, a place to tend for the wounds and ill situations of those in pain.[70] Gibson went on to posit that;

> Before World War II, the community hospital was known as the quiet place on the hill. It was staffed with dedicated people, relatively underpaid, who fulfilled their responsibilities admirably, and they were held in high regard by the community. They had no ICU, no CCU, no dialysis unit, no open-heart surgery, no nuclear medicine, and not much of a laboratory. They did have a lot of personal care and most had chronic financial problems. Patients, who could afford to, ended up paying more than the cost of their care so that care could be provided for all.[71]

Research has shown that, in 1946, the Hospital Survey and Construction Act changed the picture of medical care. Tax rates were high, and without the cost of war, congress looked for ways to direct surplus revenues. One area was hospital construction. They enacted a huge subsidy program to encourage hospital construction.[72] Gibson further clearly opined that,

---

[69] Gibson, *A Social History of the Domestic Chaplain, 1530-1840*, 6.

[70] Health Care Ministries Association, "History of HCMA."

[71] Gibson, *A Social History of the Domestic Chaplain, 1530-1840*, 4.

[72] Wendy Cadge, Jeremy Freese, and Nicholas A. Christakis, "The Provision of Hospital Chaplaincy in the United States: A National Overview," *Southern Medical Journal* 101, no. 6 (June 2008): 626–630.

> Public pressure for quality care without high cost increased. Rather than focusing on expansion in the mid-1970s, there began to be an emphasis on curtailing costs. The Secretary of Health Education and Welfare charged that "hospitals were obese," with an excess of 200,000 beds and costs escalating at an annual rate of 14%. Encouraged to make medical services available to the poor, the hospitals now faced a cap on Medicaid and Medicare reimbursements. Insurance companies began to make changes in their reimbursement policies.[73]

Going by the information gathered above, chaplaincy ministry became a part of the healthcare team to provide for the sick, and those caring for the sick as well. Wendy and his colleagues further clarified this as they provided information about the increase and decrease in the number of hospitals.

> As mentioned earlier, the number of hospitals decreased from over 6,800 in 1989 to 6,467 in 1995, and 5,810 in 2002. The number increased to 7,569 in 2005 according to the U.S. Census Bureau of these hospitals, between 54 percent and 64 percent had chaplaincy services between 1980 and 2003. Smaller hospitals and those in rural areas are less likely to have chaplaincy services. Church-operated hospitals are much more likely to have chaplaincy services.[74]

The medical chaplaincy ministries began as a result of the historical background of the development of the hospital as a place to nurse and tend for the sick. Healthcare chaplaincy was birthed as a result of the development in the hospital.

HCMA view of healthcare chaplaincy. The American Healthcare Chaplaincy Association has a beautiful history of the origin of the healthcare chaplaincy in the United States, which began the history of healthcare chaplaincy. Below is an abstract of their origin.

A more conservative, evangelical approach to clinical pastoral education for ministry in healthcare facilities began in 1939. This group is our group, now known as Healthcare Chaplains Ministry Association (HCMA). The year was 1939. Miss Mina

---

[73] Gibson, *A Social History of the Domestic Chaplain, 1530-1840*, 5.

[74] Cadge, Freese, and Christakis, "The Provision of Hospital Chaplaincy in the United States."

Septer, a missionary who returned from Bolivia because of ill health, began visiting patients in the Los Angeles County General Hospital. There were so many patients entering the hospital expressing no preference for any religious denomination that she began visiting them regularly. She easily recognized the healthcare setting as a dynamic mission field in need of compassionate laborers. Soon a committee was formed consisting of Ms. Mina Septer, Ms. May Cole, Dr. David Schmidt, Rev. Dudley Girod, Rev. P. Earl Fry, and Dr. Lowell C. Wendt. Hospital Gospel Ministry had begun!

When Miss Septer gave up the work because of ill health, the committee asked Rev. David Doerksen to assume the responsibility of "Chaplain" at the Los Angeles County General Hospital. Under his leadership, the ministry was presented to many churches in the Los Angeles area and many people became aware of this unique ministry. Later, Chaplain Doerksen returned to his former missionary field in Africa and Rev. William Collins assumed the chaplaincy until January 1950, when he resigned due to ill health. Rev. Ray S. Harris became the Chaplain at the Los Angeles County General Hospital, later becoming the first Executive Chaplain (now referred to as the Executive Director). At the same time, Miss May Cole, from the Bible Institute of Los Angeles was visiting TB patients at the Los Angeles County General Hospital and other sanitariums in the area.

In October 1951, the Hospital Gospel Ministry of America was incorporated. Those serving as the first directors of the corporation were: Lowell C. Wendt, Francis E. Green, P. Earl Fry, James O. Henry, Jennie S. Parry, Ray S. Harris, May H. Cole, David Schmidt, Kermit L. Byrd, Stanley Belland, and Fred A. Flora. By January 1952, several hospitals in the Southern California area had opened their doors for a Chaplain: Rev. P. Earl Fry was placed in the Orange County General Hospital; Rev.

Robert H. Manly was serving at Los Angeles County General Hospital, and Rev. John J. Penner replaced Rev. Ray S. Harris at Harbor General Hospital in Torrance, allowing Rev. Harris to devote more time to the position of Executive Chaplain.[75]

In April 1957, the name of the organization was changed to the Hospital Chaplains' Ministry of America, and the Articles of Incorporation were so amended. During the ensuing years under the leadership of Executive Chaplain Harris, God blessed the ministry as hospital doors opened not only in California, but also in Oregon, Washington, and Arizona. Chaplain Harris resigned in December of 1965 and then devoted himself full-time to the chaplaincy at UCLA Medical Center.

The source further states that:

> In January of 1966, Dr. Stanley Belland was elected to the position of Executive Chaplain. At the time, Dr. Belland was serving as President of the Board of Directors and had served on the Board for many years. God continued blessing the ministry as hospital doors opened in Pennsylvania, Texas, Utah, and British Columbia. As the work expanded, it became impossible for the Executive Chaplain to cover the entire territory; therefore, the Board appointed qualified, fully certified Chaplains as Area Representatives (now known as Area Directors) to help with this great responsibility.[76]

Words cannot express the stability, leadership, integrity, and great compassion Chaplain Belland infused into the organization. God also blessed the ministry by bringing many dedicated men and women into the chaplaincy. Dr. Belland retired in August of 1985. In December of 1985, Rev. Tom Delamater was appointed to the position of Executive Chaplain. Again, God blessed the ministry as hospital doors opened in Colorado, Kansas, Michigan, Illinois, and Texas. Chaplain Delamater had a keen sense of vision for the HCMA of training and equipping Chaplains and placing them in hospitals, great and small, throughout our country wherever the door opened.

---

[75] Health Care Ministries Association, "History of HCMA."

[76] Ibid.

Chaplain Delamater held countless seminars for pastors to encourage them and to give them exposure to the vital ministry of HCMA. He also authored the first large training manual for the HCMA Chaplain-Trainees. Early in Chaplain Delamater's administration (December 1986), an office was established in Anaheim, CA, bringing together all administrative and financial services in one place.

In November of 1990, Chaplain Timothy Malyon from Portland, Oregon, was appointed as the Associate Executive Chaplain to assist Executive Chaplain, Tom Delamater. Chaplain Malyon began serving in July of 1991. They served together intending to bring excellence and professionalism to HCMA without compromise of ministry or purpose. Then in 1994, Chaplain Delamater retired from being Executive Chaplain to serve as the Ambassador at Large, working out of Missouri. There was a smooth transition when Chaplain Malyon was appointed as Executive Director of HCMA in January 1994.[77]

The requirement for healthcare chaplains, Just like the military chaplains, the health care chaplain requires educational training as well as continuous education, denominational endorsement for chaplaincy credential and employment, and membership of a professional body will improve the chaplain's knowledge especially, in a specialized setting. It is expected of them to have a clinical pastoral education class (CPE) at least a single unit. This will help healthcare chaplains with knowledge of health care dynamics and some professional skill acquisition.[78]

The credentials of a health care chaplain is a requirement for the profession as a chaplain grows, the more the skills and knowledge the chaplain has in professional

[77] Health Care Ministries Association, "History of HCMA."

[78] Richard D. Parsons and Robert J. Wicks, *Clinical Handbook of Pastoral Counseling*, ed. Donald Capps (Charleston, SC: Integration Press, 1992), 143.

work, the better for the chaplain.[79] The healthcare chaplain is a noble profession but very complex as it sees people of all works of life, when in a health crisis. Health care chaplains can serve in full time, part-time, or *pro re nata* (PRN) positions, meaning they are contracted or call staff members who respond as needed.[80] The health care chaplaincy ministry is the most specialized and diversified arm of chaplaincy because of its, special training and professionalism.[81] Health care chaplaincy in some developed world today is growing fast especially in the United States of America which was developed in the hospitals in the mid-1920s.[82]

Clinical pastoral education (CPE). The growth and development of today's clinical pastoral education, which is key to the development and transition of healthcare chaplaincy is worth knowing. One big question has been, "How did healthcare chaplaincy develop during these years"? The HCMA provides an answer. "In 1925 the Clinical Pastoral Education (CPE) program began on the east coast in Massachusetts. In 1939 the Healthcare Chaplains Ministry Association began on the west coast in California."[83]

History provides the origin of this epic development in healthcare chaplaincy. HCMA posits that;

> CPE began in a state mental hospital in Worcester, Massachusetts. It was started due mainly to dissatisfaction with the traditional theological education of the day, which was considered by many to be too abstract, too removed from life, and too divorced from the practical tasks of ministry. It was an effort

[79] Parsons and Wicks, *Clinical Handbook of Pastoral Counseling*, 144.

[80] Paget and McCormack, *The Work of the Chaplain*, 48.

[81] Ellen K. Quick, *Doing What Works in Brief Therapy: A Strategic Solution Focused Approach* (Nashville, TN: Augsburg Fortress, 1998), 142.

[82] Paget and McCormack, *The Work of the Chaplain*, 47.

[83] Health Care Ministries Association, "History of HCMA."

> to get theological students out of the classrooms and into the wards and clinics of the suffering.[84]

The development and in his own words, Boisen narrated the story that led to this program. Five years earlier (1920), Rev. Anton T. Boisen, a Congregational minister, experienced a psychotic break. While a patient at Worcester State Hospital, Boisen discovered that the least helpful to him were visits from well-meaning but ineffective minister friends. During one of his delusional episodes, Boisen believed he had "broken an opening in the wall which separated religion and medicine."[85] He Boisen went on and interpreted another delusion he sees as a "plan of cooperation between the medical and religious workers."[86]

Boisen eventually (1922-23) became a student of Dr. Richard Clarke Cabot, who is known as the physician who developed the case study method as a teaching instrument.[87] In 1924-25, Boisen was serving as a Chaplain at Worcester State Hospital. He was sent several theological students by Dr. Cabot so they could learn something about mental illness. The intent was to get "clinical experience" outside of the classroom, to practice theology where it was most needed — in personal contact with individuals in trouble. Boisen later referred to these students in clinical areas as studying "living human documents."[88]

---

[84] Health Care Ministries Association, "History of HCMA."

[85] Anton T. Boisen, *Out of the Depths an Autobiographical Study of Mental Disorder and Religious Experience* (New York, NY: Harper and Brothers, 1960), 23.

[86] Ibid.

[87] Cabot and Dick, *The Art of Ministering to the Sick*, 67.

[88] Health Care Ministries Association, "History of HCMA."

Growth and Development of Adventist Chaplaincy Ministries

The mission of the Seventh-day Adventist Church is to call all people to become disciples of Jesus Christ, to proclaim the everlasting gospel embraced by the three angel's message (Rev. 14:6-12), and to prepare the world for Christ's soon return.[89] With this mission in mind, the Seventh-day Adventist Church has a clear injunction on missions and evangelism.

The historical development of the Adventist chaplaincy ministry as stated by the Adventist chaplaincy ministry is traced to the Battle Creek College in 1875 AD and was expanded shortly after into Battle Creek Sanitarium and other Adventist health care facilities.[90] The department of chaplaincy further pointed out that "World war II prompted a few Adventist ministers with the vision to venture into military services as chaplains … the first Adventist chaplain for correctional institution started serving in California state prison system in 1959."[91] Ceballos posits that "The Adventist chaplaincy ministries have its origin with North American Division, from where it was further developed as a tool for the world church."[92]

The creation of the Adventist Chaplaincy ministry was birthed out of the desire, to provide spiritual care to Adventists outside the walls of the church. Humberto and Taylor recounted that "Pastor Wilson vividly depicted the vast areas of the world without the Adventist presence and the many millions who never heard the

---

[89] West-Central African Division of the Seventh-day Adventist Church, *Working Policy* (Accra, Ghana: Advent Press, 2015), p.25, Article A05.

[90] Admin, "Adventist Chaplains," *Adventist Chaplaincy Ministries General Conference*, 2018, accessed January 6, 2020, https://www.adventistchaplains.org/.

[91] Ibid.

[92] Mario Ceballos, "Adventist Chaplaincy Ministry, God's Blessing for the Church," *The Adventist Chaplain*, March 2016, 7.

gospel story. This vision led to the establishment of a global strategy committee (GSC)."[93] This was after the meeting of October 1986 where elder Neal C. Wilson presented at the national council in Rio de Janeiro, Brazil, the challenge of developing a global strategy to fulfill the assignment Christ had given to his followers almost 2000 years ago.[94]

The Adventist Chaplaincy has it that, "Adventist Chaplaincy Ministries was established as a service in 1985 and became a department in 1995. Adventist chaplains engaged in various chaplaincy ministries throughout the world field. They work in school campuses, elementary through university; in correctional institutions, and with law enforcement; in health care settings; in the military; in the airport and at sporting events such as the Olympics and more."[95]

Today, the Adventist chaplaincy ministry has developed into an institution Adventist Chaplaincy Institution (AIC) with more professionals, with more than 3000 chaplains serving in different departments and around 300 in the military services.[96] The Adventist chaplaincy ministries have been developed into different functions and specializations with more than 3000 chaplains across these professional lines which include: Military, Healthcare, Correctional, Campus, Workplace chaplains, etc.

Adventist Campus Ministry

The Adventist campus chaplaincy facilitates spiritual care for Adventist who is studying in campuses other than those of the Adventist Church, and the provision of

[93] Rasi Humberto M and Taylor Charles R, "Adventist Global Strategy, an Ambitions Outreach Project Is Taking Shape. What Role Can University Students and Professionals Play?," *Amicus Dialogue* 1, no. 2 (1989): 5–8.

[94] Nwazue, *Spotlight on Campus Ministries*, 12.

[95] Admin, "Adventist Chaplains."

[96] Ceballos, "Adventist Chaplaincy Ministry, God's Blessing for the Church," 7.

spiritual care to students who are non-Adventist within the Adventist campuses, and the collective care of all as a duty for the church.[97] If by the structure of understanding, the provision of spiritual care and nurturing, Campus ministries and healthcare ministries were the oldest form of chaplaincy in the Adventist history, schools and healthcare centers were the first in our history to be departmentally assigned spiritual caregivers, from the Battle Creek School to Battle Creek Sanitarium.[98]

Adventist Prison/Correctional Chaplaincy Ministry

The Adventist prison and Correctional Chaplaincy is an arm of the church, settled with the provision of spiritual care to both members and non-members in the correctional facilities.[99] The correctional chaplains in the arm of the church have done quite well in the provision of spiritual care to inmates in the prisons either as professionals, laypersons, or volunteers within the church.[100] In Nigeria, the Seventh-day Adventist Church has not developed in professional chaplaincy even though, there have been activities of pastors, and volunteer groups of laypersons for prison ministries within the church.[101] As far as the correctional chaplaincy ministry is concerned in Nigeria, it has not been professionalized with professional chaplains from the Seventh-day Adventist Church.

---

[97] Nwazue, *Spotlight on Campus Ministries*, 12.

[98] Ceballos, "Adventist Chaplaincy Ministry, God's Blessing for the Church," 7.

[99] Ted N. C. Wilson, "The Adventist Church and Non-Combatancy," *The Adventist Chaplain*, March 2018, 4–7.

[100] Ceballos, "Adventist Chaplaincy Ministry, God's Blessing for the Church," 7.

[101] Nwazue, *Spotlight on Campus Ministries*, 34.

Adventist Military Chaplaincy

The development of the Adventist military chaplaincy was a gradual process. Within Africa, it was a later development.[102] From the west, America in particular, it was after World War II that Adventist ministers started showing interest in military chaplaincy, between 1954 and 1957 was the development of Adventist military Chaplaincy. Today, there are several endorsed Adventists, serving in various military forces around the world. Barry C. Black became Adventist's first senior Chaplain in the American Navy. Many others are still rising.[103] The aim is to provide spiritual care and moral support to Adventists in the military and every other person both of faith and those of none. The aim of the Adventist Chaplaincy Ministry is one.

Adventist Healthcare Chaplaincy Ministry

The Adventist healthcare Chaplaincy ministry is the branch of the chaplaincy ministry responsible for the provision of spiritual care to the sick, the terminally ill, and those in hospice and those undergoing palliative care

> The Adventist healthcare chaplaincy is one of the developed fields of chaplaincy the Seventh-day Adventist Church has. Every of the Seventh-day owned hospital should have at least a chaplain responsible for the spirituality of the entire hospital, both staff and patients.[104]

The Adventist healthcare chaplaincy is responsible for professional training in clinical pastoral education (CPE) which is a bedside ministry.[105]

---

[102] Uche U Elems, "Historical Development of Adventist Chaplaincy Ministry in West Central African Division" (A Paper presented at the Annual Council of the West Central African Division, Abidjan, Cote d'Ivoire, 2019).

[103] Ceballos, "Adventist Chaplaincy Ministry, God's Blessing for the Church," 7.

[104] Ibid.

[105] Adventist Chaplaincy Institute, "Handbook of Adventist Chaplaincy Institute," *Adventist Chaplaincy Institute*, 2019, accessed January 7, 2020, https://www.adventistchaplaincyinstitute.org/.

Summary

The development of the Chaplaincy ministry has been of old origin, some authors even postulate it has a biblical origin even-though, the nomenclature was never chaplains, the activities of the priest of old fit into what most professional chaplains do today, bearing in mind the sacrifice of Saint Martins of Tour. There are many postulations of Chaplaincy ministry.

There are different kinds and types of chaplaincy ministries associated with the modern use of the term “Chaplaincy” which was a derivative from the cloak of Saint Martins of Tour, known in Latin as (Capella). The sharing of the cloak to help the beggar gave birth to the development and concept that is today as Chaplaincy. Today, Chaplaincy has grown into a professional organization, meeting the spiritual need of people in a different department from, military, healthcare, correctional, campus, workplace, etc. This chapter took a look at the origin of the concept, its biblical and historical background.

CHAPTER 4

FIELD RESEARCH AND PROGRAM DESIGN

Research and Study Background

Nigeria is a multi-ethnic, multi-cultural, and multi-religious country.[1] It has been said that Nigeria is the most populous Black Country, it is composed of more than 500 ethnic groups. The CIA fact gave the demography of Nigeria in population shared across major ethnic groups. The report posits that "the most populous and politically influential are: Hausa/ Fulani 29%, Yoruba 21%, Igbo 18%, Ijaw 10%, Kanuri 4%, Ibibio 3.5%, Tiv. 2.5%. Languages spoken are English (official) Hausa, Yoruba, Igbo, Fulani, and other 500 additional indigenous languages.

The major religions are Muslim 50% Christianity 40% indigenous beliefs 10%."[2] The CIA factbook went on to posit that, "the present population of Nigeria is set to be between 198,500,000 and 200, 000, 000. This makes Nigeria the most populous black nation in the world."[3]

---

[1] Yohanna M. Dangana, "A Strategy for Church Planting Among the Unreached People Groups of Northern Nigeria: Kambari People of Kebbi State, A Case Study" (DMin. Dissertation, Adventist University of Africa, 2017), 86.

[2] Central Intelligence Agency, "Nigeria Central Intelligence Agency," *Central Intelligence Agency*, accessed February 12, 2020, https://www.cia.gov/redirects/ciaredirect.html.

[3] Ibid.

Dangana observed that more than half of the country's population comes from the North, and is dominated by Islam.[4] Even though the recent census has been hotly contested, it is obvious that northern Nigeria, Islam has the largest population.[5]

Plateau state is located in the north-central part of Nigeria, in the middle belt. Geographically, Plateau has a total area mass of 26,899 km^2. The state has an estimated population of 3.7 million. It is bounded by Bauchi State to the Northeast, Kaduna State into the Northwest, Nasarawa State to the Southwest, and Taraba State to the Southeast. Plateau State has 17 Local government area councils and three senatorial zones.[6] With 17 local government area councils, Jengre is located in Bassa, one of those local government area councils.

Jengre is one of the major settlements in Bassa L.G.A. and has a population of about 31 200 people (based on local government targets). It is located along the Jos-Kaduna highway; at the base of the Jos Plateau, about 40km from Jos. The settlement falls within the Guinea Savannah zone.[7] Jengre is a peri-urban and the second largest settlement in Bassa Local Government Area of Plateau State. The town shares boundaries with Saminaka to the north, Zango-Kataf to the west in Kaduna state, and Jos North to the South in Plateau state and Toro to the east in Bauchi state.[8]

---

[4] Dangana, "A Strategy for Church Planting Among the Unreached People Groups of Northern Nigeria: Kambari People of Kebbi State, A Case Study," 86.

[5] Ibid.

[6] Tolulope Afolaranmi et al., "Effect of Health Education on Knowledge of Malaria and Long Lasting Insecticide-Treated Nets among Clients Accessing Care in the out-Patient Department of a Secondary Health Facility in Plateau State, Nigeria," *Journal of Medicine in the Tropics* 17, no. 2 (July 1, 2015): 65–70.

[7] O. O. Chirdan, A. I. Zoakah, and C. L. Ejembi, "Impact of Health Education on Home Treatment and Prevention of Malaria in Jengre, North Central Nigeria," *Annals of African Medicine* 7, no. 3 (September 2008): 112–119.

[8] Laraba Rikko, "The Role of Credit in Maize Marketing in Jengre, Bassa Local Government Area, Plateau State" (A Paper Presented for MKT 302 Modern Marketing and Strategies presented at the University of Jos, Jos, Nigeria, October 2019), 22.

The climate is typical of the rest of the Plateau, with a mean annual temperature of 20°C- 25°C. The mean annual rainfall is 146cm. April-October is generally warmer and this coincides with the rainy season. The harmattan period, December-February is much colder. The town is heterogeneous in ethnic makeup. The predominant ethnic groups are Amo, Jere, Lemoro, Gusu, Bujji, Hausa-Fulani, and Kurama. [9]

This study was conducted in SDA Hospital Jengre, Bassa LGA of Plateau state, to gather the data from across people of different tribes, culture, religion, etc., within Jengre and its environs within Bassa LGA, Plateau state with an estimated population of 186,859 people in an expanse of land covering, 1,743km^2.[10]

Description of the Larger Population

The larger population of the research work covers all patients, relatives, and staff who have once had access or are accessing healthcare service in the hospital at the time of the research work. "Jengre is said to be the second-largest community in the whole of Bassa local government."[11] With a network of many villages surrounding the community, which majorly depend on the SDA Hospital facility for healthcare service provision alongside a few clinics and dispensaries like Jupape, hospital and maternity, Aridi Clinic, Pengana clinic, and the community healthcare center.

Some documented research work by three consultants posit that; "Jengre SDA Hospital, provides healthcare service to people from both far and near, from Bauchi

[9] Rikko, "The Role of Credit in Maize Marketing in Jengre, Bassa Local Government Area, Plateau State"

[10] Shalom Oparah, "Local Government Areas in Plateau State," *AllNigeriaInfo*, March 11, 2018, accessed February 18, 2020, https://allnigeriainfo.ng/local-government-areas-in-plateau-state/.

[11] Ibid.

State, Plateau State, and Kaduna State, but its major patients are within Bassa local government and Pengana constituency, which includes about 34 communities."[12] The larger population of Jengre comprises people of different religious and ethnic groups which is estimated at 34,785 people.[13]

Historical Background of Jengre

The name Jengre was derived from an epidemic that plagued the entire communities around. A pest that hides under the skin and feeds on the human blood known as "Ujiggar" (it was later named "Jengre" since many couldn't pronounce it right).[14] There is no documented history of the people of Jengre. Oral tradition has it that, the people of Jengre migrated from the Middle East and first settled in Sokoto, from there they moved down to Kano, and others to Bauchi. The majority of them moved to Kaduna in Kubau LGA in a settlement called Karreh. It was from Karreh they moved to the present location.[15]

Jengre as a town is more of a headquarters for about three major tribes claiming ownership. The tribes or ethnic groups include Jere, Amo, and Lemoro. Though each of them claims original ownership, the Amo is in the majority, followed by the Jere, and then, the Lemoro.[16] The people of Jengre are a mixed multitude; Jengre is home to all nearby villages and communities. Jengre is the biggest

[12] Afolaranmi et al., "Effect of Health Education on Knowledge of Malaria and Long Lasting Insecticide-Treated Nets among Clients Accessing Care in the out-Patient Department of a Secondary Health Facility in Plateau State, Nigeria."

[13] Samson Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective* (Kaduna, Nigeria: DeYackson, 2009), 34.

[14] Ibid.

[15] Ugo Namap Mathew, "History of the People of Jengre, Origin, Settlement" (An Undergraduate Project, University of Jos, 2015), 12.

[16] Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective*, 34.

settlement around the area, with its commercial center, it has attracted people from far and near. The people are majorly farmers, agrarian.[17] Oral tradition has it that, all of them originated from the same place, another source says, the three major tribes there were children of the same man but from different mothers, who left from the Middle East.[18]

Ethnic Composition

The ethnicity of Jengre is shared among many tribes because the community has become cosmopolitan. Plateau State, is one of the states in Nigeria with many tribes. Plateau state has over 78 different spoken dialects.[19] Research has shown that "Jengre is composed of the following ethnic groups: Amo, the largest group, Jere, Lemoro, Kurama, Bujji, and few Hausa/Fulani."[20] These are the ethnic composition around Jengre town and its environs, these ethnic groups, constitute my major population of the study.

Culture and Art

The homogenous nature of Jengre makes it a community with diverse but closely related people. The art of the people is nearly the same but with some noticeable differences. Even though the people are of different ethnic composition, they understood themselves and could speak the language of the other. Matthew in his project posits that;

---

[17] Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective*, 34.

[18] Likiru Binda, "The History of the Origin of the People of Jengre," interview by Researcher, Face to face, October 12, 2019.

[19] Mathew, "History of the People of Jengre, Origin, Settlement," 12.

[20] Chirdan, Zoakah, and Ejembi, "Impact of Health Education on Home Treatment and Prevention of Malaria in Jengre, North Central Nigeria."

> Jengre is blessed with a rich culture either from the Amo, the Jere, the Lemoro, the Bujji, the Gussu, the Hausa/Fulani, or the Kuramas. The people especially the dominant tribe, Amo, are highly polygamous, they can marry as many wives as possible and a woman can have children for different fathers, they are known for stealing wives, even though, it has drastically dropped today.[21]

There are a variety of customary celebrations that are common among people. Waziri posits that;

> The Amo people, just like their brothers, Jere, Buji, and Lemoro, shared common cultural rites such as Marriage, dowry, the celebration of rites of passages, initiation into the traditional cult, farming and harvest festivals, etc. with almost the same procedures except for their understanding of dowry, how much it will cost, what rites need to be performed. Apart from this, they share a common culture and tradition.[22]

The people are artistic as well, those artworks can be found in their traditional settlement, the way they build, their tribal marks, tattoos, pots, local utensils, etc. they are well known for artistic designs. Waziri went on to posit that, "Art, is an integral part of the culture of the people way back on the hills before they descended to their present location. Women are majorly given tribal designs to attract suitors. Marriage is contracted within the various ethnic groups without rivalry."[23]

Occupation

The people of Jengre, are mainly farmers, few herders, market people, and very few civil servants.[24] The people are majorly farmers, both in a subsistent and commercial level. Bindas went on to adduce to this fact by stating that, "the major source of their income is farming and their major crops are: Maize, Rice, and Cowpea

---

[21] Mathew, "History of the People of Jengre, Origin, Settlement," 34.

[22] Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective*, 64.

[23] Ibid.

[24] Shem Bindas, "Historical, Cultural, and Economic Antecedents of the People of Jengre," January 2, 2018.

(white beans). This does not limit their crop production, in-fact one can find all kinds of food crops in Jengre, but the major ones, they produce for family use and commercial purposes, are those listed above."[25]

Socio-Political System

The people in Jengre, especially the Amo and Jere, have their political system as it fits the socio-cultural nature of the people. This research discovered that the moment the people settled in Jengre, with the first tribe being the Jere from the mountain, followed by the Amo, before any other tribe came in, they had an organized traditional council, which agrees for the rotation of power and position for peaceful coexistence.[26]

The socio-political system allows all who have agreed to live together, to be addressed as Pengana, with Jengre being the seat of the political head. The political head is known as "Ogomo Pengana" meaning, "the Chief of Pengana" Pengana meaning "Unified Settlement."[27] The political system allows any one of the tribes in Jengre to be a leader. The coming of the Hausa/Fulani around 1968 opened the doors and windows of what is today known as "Siyasa" politics. "The Hausa Fulani in the least minority helped the two major tribes (Jere and Amo) in participating in National politics."[28]

---

[25] Bindas, "Historical, Cultural, and Economic Antecedents of the People of Jengre."

[26] Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective,* 23.

[27] Ibid.

[28] Alhaji Shehu Maitala, "Member Representing Bassa/Jos North in the Natonal Assembly at the Green Chaber," interview by Researcher, Face to face, October 20, 2019.

Economic Activities

The people of Jengre are known to be industrious and hard-working. As far as economic activity is concerned in the land, they are not left behind. The community has a market that sees thousands of merchants weekly. Bindas went on to state that;

> The major economic activity in the community is the buying and selling of major consumables. The commodities are food crops majorly Maize, Rice, Beans, and Soya beans, the people also are herders who bring in their animals majorly goats and rams to trade for either cash or crops.[29]

Educational Background of the People

Jengre is the second most educated community in Bassa LGA.[30] The people are lovers of School; they have been exposed to education a long time ago through the activities of western missionaries.[31] The belief is that the Amo tribe is the most educated in Bassa LGA.[32] This interview is further collaborated by the Amap nation claims on their official website.

> An Amo man is known for his love of education. Presently the number of graduates in Amo land is increasing day by day. Amo man is known to produce the first indigenous Vice-Chancellor of the University of Jos, Plateau State of Nigeria named Professor Parah Mallum. Today, the land is blessed with many Professors and graduates in many fields of Education. A sub-association known as *AMONSA* (Amo National Students' Association) has aided in encouraging people in town and rural areas on the importance of education. This association (AMONSA) has tremendously done well in seeing they unite and encourage the growth of AMO man in Amo land.[33]

---

[29] Bindas, "Historical, Cultural, and Economic Antecedents of the People of Jengre."

[30] Ibid.

[31] Ibrahim Bamaiyi Maigadi, *Adventism in Northern Nigeria: A Historical Source Material of Seventh Day Adventist Church in Northern Nigeria* (Zaria, Nigeria: Art and Review, 2005), 56.

[32] Shem Bindas, "Provost Federal College of Education Gindiri, Plateau State," interview by Researcher, Face to face, November 12, 2019.

[33] Kibba Daniel Musa, "A Triangle of Unity and Development," *Amo Nation*, last modified 2012, accessed February 19, 2020, http://amopeople.org/Pictures_TriangleUnity.html.

The community is blessed with quite a several academic minds, sound scholars in the Polytechnics, Colleges of Education, and Universities, within Plateau, Nigeria, and outside of Africa. The other ethnic groups are not left out either, as the turns of graduates from within the community, is motivating every other tribe within, to rise to the challenges of education. "Jengre was exposed to education as far back as 1943, through the work of J. J. Hyde and his family."[34] This gave the community a facelift in education.

Religious Beliefs and Affiliation

Jengre is a multi-religious settlement, in the minimum, Jengre has three different religions. The people have indigenous traditional beliefs on primordial gods or deities. These deities are worship through mediums, lower gods, or ancestors. It is a common phenomenon with African Indigenous religion. Bolaji Idowu made a conscious effort to explain the nature of the African religion and beliefs in his work, African Traditional Religion: A Definition.[35]

Until the coming of the white missionaries, everybody within Jengre and its environs were traditionalists.[36] Today in Jengre, the major religions are Christianity, Islam, and African Traditional Religion which is almost folding up, with less than 10% adherent amongst the people today.

---

[34] Maigadi, *Adventism in Northern Nigeria: A Historical Source Material of Seventh Day Adventist Church in Northern Nigeria*, 57.

[35] E. Bolaji Idowu, *African Traditional Religion: A Definition* (Lagos, Nigeria: SCM Press, 1973), 23.

[36] John G. Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities" (A Paper presented at the Evangelism Summit Organized by Seventh-day Adventist Church, Northwest Nigeria Conference, Kaduna, Nigeria, September 16, 2016).

Islam. Islam is one of the growing religions in the world not just in the north.[37] Historically, Islam came to Jengre through the Jihadist, who never defeated the indigenous people, but made peace treaties with the people because the people are peace-loving people.[38] At first, the Muslims in Jengre were travelers who branched by for shelter. Today, there are indigenous Muslims in Jengre.

Traditional religion. The traditional religion has been the people's way of life from the beginning as stated earlier, a few of the people still hold onto their ancestral beliefs and are not willing to give it up for anything even at gunpoint.[39] The presence of the traditional belief among the people today is evidence of their loyalty to their ancestors as some see the departure from the religion, as being sacrilege to the deities who protected them from the hands of their enemies in the days of the war.

Christianity. In Plateau state as a whole, Christianity is the most populous religion in the state. The coming of missionaries as early as 1912 gave the state, an early start in adopting Christian beliefs.[40] Jengre is predominantly a Christian settlement. Jengre turned a Christian community as a result of the work of Adventist missionaries as far back as 1932, with the first few converts. Literature available at the time of this research provided a background study on Christianity, its origin in Jengre, and its development.

In providing a historical background of Christianity in Jengre, Northern Nigeria, Adventism in its cradle started in Jengre. Nengel postulated that "The

---

[37] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

[38] Waziri, *The Amap (Amo) People of North Central Nigeria: A Historical Perspective*, 34.

[39] Ibid., 21.

[40] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

Seventh-day Adventist Church came extremely late to Northern Nigeria, though it landed in virgin land, making it the first missionary station in Jengre."[41]

It was in this background that Christianity came to Jengre, in December 1931, this makes the first missionary field in Jengre. It was not long after that, the work of J. J. Hyde and his family started yielding fruits in the border between Plateau and Zaria province.[42]

No doubt, Christianity came to Jengre in 1931 through the effort of John Jacob Hyde and his family. It grew to be a regional religion in Jengre. Today, there are about nine major Christian denominations in Jengre, they are Seventh-day Adventist (SDA), ECWA (Evangelical Churches Winning All), Baptist Church, Assemblies of God, Roman Catholic Church, Redeemed Christian Church of God, Cherubim and Seraphim, Living Faith, and Christ Apostolic Church.

Missionary work in Jengre. It should be made known that; the mission work at Jengre wouldn't have started early enough as it did, if not for missionary rivalry, and the colonial law governing mission works those days. Nengel posits that, the missionary and mission agreement with the Zaria emirate, and the British colonial rule, which stipulates that, once a missionary or a mission field has been established in a place, no other missionary is allowed to start mission work there.[43]

Upon arrival at Jengre, John J. Hyde and his wife, a Nurse, were visited with an epidemic of a pest called Jigger. This pest left the people sick with wounds in their bodies, especially on their feet. The medical work of the Hyde family opened the door

[41] John G. Nengel, "Towards a History of Seventh-day Adventist Church North of River Niger and Bebnue 1931-2003" (A Paper presented at the Adventist Educators Association of Nigeria, Port-Harcourt, Nigeria, August 16, 2005).

[42] Ibid.

[43] Ibid.

for evangelism and mission work which has grown from few converts to a union in Northern Nigeria, with three conferences.[44]

Medical Work in Jengre

It was not long after the Hyde settled in Jengre, that medical work began. The mission work recorded much success because of its accompanying medical work. In a documentary report, McClements reported how the mission work was growing as a result of the accompanying medical work. In his letter recorded in the Adventist Review and Sabbath Herald.

> I have just returned from an extended trip up north, where J. J. Hyde is now settled since he has now gone among these Mohammedans and pagan people of the north, he has been besieged by sick folks seeking medical aid. In one town, Zongon Kataf had a hundred patients coming for treatment every day before he had been there a week. In cooperation with the enlightened chief, who is a Mohammedan, brother Hyde started a dressing station in the village, and really, I haven't seen anything like it, or nearly approaching it, since I have been in Africa, we feel that the way has been providentially opened for us in this part of the field through medical work, and it is among this people that we plan to start a small medical work in the future.[45]

The medical work in Jengre began with the missionaries. The first hospital/clinic in the whole of the Jengre axis was the SDA Clinic/Hospital. The work progressed under the leadership of Pastor J. J. Hyde and his wife who was a nurse by profession, then their son Dr. Jacob Ashford Hyde.[46] Because of the development in the mission work, McClement requested that a hospital/clinic be established to formalize the work since, what was bringing the people there, was the search for good health. In his report to the Church leaders, he states the facts as follow:

---

[44] Nengel, "Towards a History of Seventh-day Adventist Church North of River Niger and Bebnue 1931-2003"

[45] W McClements, "Progress in the Nigerian Mission Field," *The Adventist Review and Sabbath Herald*, 1937, 9.

[46] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

> As yet we have neither a doctor nor a hospital, nor even a properly equipped dispensary to represent our work in Nigeria. The time has come when we should be meeting this great need, and so we are putting in the earnest plea for a hospital to be established, with a doctor in charge, in Northern Nigeria. As we enter this pagan country with the gospel, we desire to establish a medical unit amongst these people.[47]

Medical work in Jengre continued on a small scale as there were no developed skills and facilities, except for the Nursing experience of Mrs. Hyde and another volunteer Nurse. Pastor Hyde was providing spiritual care which today in a lay understanding, can be said to be chaplaincy care, one is safe to say Pastor Hyde was the first health caregiver (Chaplain) in Jengre SDA Hospital.

Nengel posits that,

> The need for building a hospital in the north expressed by McClement in 1932 was not realized until the establishment of Jengre Hospital in 1947. The initial structure of the institution consisted of two wards for male and female with 36 beds. Fund for the construction of the hospital was sourced by the World Church through thirteen Sabbath school offering overflow. The first Medical Director of the hospital was Dr. Ashford J. Hyde.[48]

While Dr. A. J. Hyde and his mother Mrs. Hyde cared for the health of the people, Pastor J. J. Hyde provided spiritual care. In a lay understanding, J. J. Hyde was a Chaplain per excellence to the sick people of Jengre and its environs.

In the whole of Jengre and its environs, SDA Hospital remains the most equipped; most staffed, and sees more patients than any other health facility around there. Today, the SDA medical work has spread with more clinics and dispensaries around the northern part of Nigeria. The church now has Clinics at Maigamo, Ramin Kura, Kayarda, Yadin Lere, Warsa Amawa, Kurgwi, and Arum-Tamara.

---

[47] McClements, "Progress in the Nigerian Mission Field," 8–9.

[48] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

Brief Overview of Jengre SDA Hospital

The hospital is located in Jengre town, the spot where missionary work started. The hospital is about 49 KM away from Jos, and 28 KM from Saminaka, if one is coming from Kaduna.[49] The hospital was founded officially in the year 1947 with Dr. John Ashford Hyde as its first medical director. Today, the hospital has 12 structures as staff quarters, three structures for medical doctors, and a building designated for the Chaplain.[50]

The hospital has a bed capacity of about 100 beds, a general female ward, maternity ward, female surgical, general male ward, male surgical, pediatric ward, amenity ward, antenatal clinic, radiology department, laboratory, HIV/AIDS Clinic, Tuberculosis center, (GOPD), etc. with some modern equipment for emergency treatment. Jengre Hospital is the cradle of all medical care in Pengana constituency.

Background of Healthcare Chaplaincy in Nigeria

Like the research has laid the background, spiritual care provision for people in the hospital was Jesus' ideal ministry. One of the conditions for righteousness on the judgment day as stated by Jesus includes visiting the sick in the hospital, as opined by McCormack and Paget.

The work of Anton Boisen further established the professionalism of Chaplaincy especially health care. "His experience with psychotic episodes for which he received treatment as a patient in a psychiatric hospital, was one of the earliest development of healthcare chaplaincy." It was as a result of this experience that

[49] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

[50] Chikwendu Amaike, "Medical Director SDA Hospital Jengre, Director of Health and Temperance, Northern Nigeria Union Conference," interview by Researcher, Interviewed in his office at the Hospital in Jengre, October 9, 2019.

Boisen conceived the idea of healthcare or hospital chaplaincy ministry to prepare seminarians for the reality of ministry in the hospital setting and hands-on pastoral care."[51]

Africa is backward in chaplaincy ministry, especially in the healthcare chaplaincy ministry. Aja postulated that "in most Nigerian hospitals, there is no evidence of formally employed health care chaplain. There is no evidence whatsoever associated with professional healthcare/hospital chaplaincy in Nigeria.[52] Aja went on to observe that;

> Church-owned hospitals are trying hard to provide what is understood as pastoral care for patients in the hospital but, professional chaplaincy is lacking especially in Nigeria. A church like Anglican, Catholics, ECWA, Methodist, Assemblies of God, Lutherans, Seventh-day Adventist Church, etc. are known with hospitals, and each of this, provides, a spiritual caregiver within the hospitals, that have been identified as Chaplains since the common understanding of a chaplain is one who administers the sacrament to the sick and dying.[53]

Nigeria today is embracing the idea of whole-person care, the provision of care for physical, emotional, psychological, and spiritual losses. Spiritual caregivers in hospitals today are getting professional training to adapt to the professional nature of healthcare just like medical personnel.[54] Nigeria has not yet gotten to the height it should, but health care chaplaincy is growing in Nigeria especially amongst church-owned hospitals.

---

[51] Admin, "SA & NT Association for Clinical Pastoral Education," *SA & NT Association for Clinical Pastoral Education*, accessed February 25, 2020, https://santacpe.com/.

[52] Victoria T. Aja, "The Relevance of Patients' Spiritual Care in the Nigerian Cultural Context: A Health Care Chaplain's Perspective," *Journal of Pastoral Care & Counseling* 73, no. 2 (June 1, 2019): 82–87.

[53] Ibid.

[54] Emem Obaji Agbiji, "Pastoral Caregivers in the Nigerian Hospital Context: A Pastoral Theological Approach" (PhD Dissertation, Stellenbosch University, 2013), 128.

Healthcare Chaplaincy in Plateau State

Healthcare chaplaincy is a developing phenomenon in the northern part of Nigeria and Africa at large.[55] Chaplaincy ministry in Nigeria is synonymous with Campus Ministries as against other chaplaincy ministries.[56] While one seeks to establish the work of a professional health care chaplaincy, it is good to know that there has not been a well-documented work of professional hospital chaplaincy apart from the pastoral caregiven by pastors in the hospitals. Kyom posits that;

> Sending of pastors to care for the sick, is an old tradition of the Christian bodies because Christ gave that instruction to visit the sick in the hospital as a requirement to enter his kingdom ... in Northern Nigeria and in Plateau state, in particular, healthcare chaplaincy is a developing concept due to its professional nature.[57]

Healthcare Chaplaincy in Jengre SDA Hospital

As stated earlier, healthcare came to Jengre alongside the mission work of the pastor and Mrs. John Jacob Hyde. It can be remembered that Mrs. Hyde was a trained Nurse who was working alongside her husband. People came for medical care from where; Pastor J. J. Hyde provided spiritual care to the sick people. "As far as medical work in Jengre is concerned, the pastors have served as the spiritual caregiver for the Nurses, the patients, and their care relatives from home. Adventist health care service is a twin to the mission as anywhere you find the Adventist healthcare center, you will

---

[55] Dangana Bannet Kyom, "Professional Pastoral Healthcare: A Must for ECWA Healthcare Centres in Nigeria" (A Paper presented at the Graduation Ceremony of JETS (Jos ECWA Theological Seminary), Jos, Nigeria, March 23, 2019).

[56] Uche U Elems, "Campus Ministries in the Growing Youth Culture and Post-Modern World" (A Paper presented at the WAD PCM Convention in Babcock University, Ilishan-Remo, Nigeria, December 18, 2018).

[57] Kyom, "Professional Pastoral Healthcare: A Must for ECWA Healthcare Centres in Nigeria."

most definitely find Adventist mission."[58] Jengre Hospital, just like other hospitals in Nigeria, has had pastoral care over the years, but not a professional caregiver.

Description of Immediate Population

The population of the research work is a small sample of 50 patients. Twenty-five (25) patients in the experimental group and another 25 in the control group were randomly selected as they were admitted into the hospital at different times, days, and weeks. Ethical issues of concern were raised and the researcher sought the consent of the people used in the experiment, all of them either signed the ethics form, or in situation where they couldn't, their primary caregivers or relatives, signed the ethic/contract form on their behalf. See the ethical consent seeking form and the respondent forms attached in the appendix. Because the research is an experiment, it requires duration of not less than a week stay in the hospital. These groups were worked on, over a period of four (4) months of the experiment.

The population of 50 persons was randomly selected to test the validity of the research work and in order to avoid, manipulating the research process and findings. The 50 patients did not come to the hospital on admission at the same time, the volunteer chaplains, took records of them in the two groups, as soon as they were admitted and kept their records until they were recovered or discharged by the hospital management either healed or referred to another hospital for further care. Their duration of stay in the hospital was not the same, some stayed for about a week, two weeks, a month, two months some were still on admission as at the time of the evaluation.

[58] Nengel, "Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities."

The response of the 25 patients in the experimental group at different times from the day of their admission till discharge was compared with the response of the other 25 in the control group to check the validity, accuracy and usability of the research work in Jengre SDA Hospital at the end of the study.

Program Development

The most important aspect of this project work is the program design. This takes into consideration, the methodology used during the research process to test the effectiveness of the procedures used in ascertaining the result as it provides answers to the thesis question and the research problem, into a usable tool for the benefit of the chaplaincy department in the healthcare facility in SDA Hospital Jengre. The research is an-Experimental one, which employed the use of both experimental and control groups.

Research Methodology

This section describes the research design, area of the study, population of the study, sample and sampling technique, instrument for the study, validation of the instrument, reliability of the instrument, experimental procedure, and control of extraneous variables and method of data analysis.

Research Design

The design adopted for the study is experimental. Specifically, the Randomized Posttest-O Control Group involving one treatment (experimental) group and one control group was employed for the study. The major characteristic of this design is the use of two groups randomly assigned for the study. A graphic representation of this design is as follows:

_____

R X1 O

R X2 O

_____

Where :

R – random assignment

X1 - Treatment for group one (experimental group to be provided with professional Chaplaincy care)

X2 - Treatment for group two (controlled group to receive normal medical care)

O - Posttest (recovery assessment to be done on both groups at the same time)

This design is found to be appropriate for the present study in that the experiment was carried out on in-patients in the hospital

Type of Research

The research work used the qualitative method since it is an experimental research. 50 patients were randomly selected for the experiment. There were 25 patients in the treatment (experimental) group, and 25 in the control group. In their diagnosis, most of them were diagnosed of similar ailments, most of them suffered from organ failure and terminal illnesses. The researcher is a trained healthcare chaplain with two units of CPE (Clinical Pastoral Education) from CPSP (College of Pastoral Supervision and Psychotherapy) and ACI (Adventist Chaplaincy Institute), supervised by Dr. Basharat Masih, the researcher also employed participant observation.

Development of the Training Guide

In order to develop a valid and reliable training guide for volunteer chaplains, the following steps were taken; first, after carrying out a critical analysis of the requirement for professional chaplaincy services, several related literatures were assembled, a chaplaincy task specification table was adapted from "Christiana Beardsley"[59] to aid the volunteer chaplains in their work analysis of the patient daily. See appendix. Patients have to response to chaplains' daily care, where the patients assess whether the care was impactful in their recovery or not.

From this table, fifteen major chaplaincy elements were designed for the work especially with the treatment group. The requirement of each of these elements was specified based on the practical content of chaplaincy. All the information that Chaplains must know as well as procedures, techniques and tasks, which they must be able to perform in chaplaincy practice were assembled into the draft instructional guide. An on-going-continuous evaluation of patients recovery guide was designed. This was based on the patients recovery nature resulting from chaplaincy services provided.

The drafted copy of the training guide together with evaluation guide were validated by both Dr. Moses Taiwo of Kettering Hospital, a secretary to the board ACPE America, and Dr. Basharat Massih of CPSP America who were both lecturers to the researcher. They were requested to read through the draft training guide, the evaluation guide and advice appropriately on any area of ambiguity or disarrangement of the structure noticed. The observations made by the expert were used to modify the drafts.

[59] Christina Beardsley, "'In Need of Further Tuning': Using a US Patient Satisfaction with Chaplaincy Instrument in a UK Multi-Faith Setting, Including the Bereaved," *Clinical Medicine* 9, no. 1 (February 1, 2009): 53–58.

Training of Volunteer Chaplains

To make this research work a success, there was need to train volunteer chaplains to help in the daily provision of care to the selected patients in the experimental group, as well as taking inventory of the observable signs of recovery from both the experimental (treatment) group and the control group. The volunteer chaplains comprise of ten non-medical staff of the hospital including the acting chaplain who is a lay minister.

After the training, five were picked based on their qualities as displayed during the training such as: keeping to time, good listening skill, record keeping, good sense of judgment, availability when needed, ability to learn new things daily and apply the good aspect of their learning, ability to do good observation, assessment, and intervention, ability to differentiate between chaplaincy ministry and denominational pastoral ministry and finally, their willingness to work as volunteer chaplains for the period of the experiment. The training equipped them with basic techniques, skills and ethical guidelines in bedside ministry and verbatim reporting.

They were trained on how to measure the nature of recovery of the patients in the experimental (treatment) group as well as those in the control group, using the patients' score-card questionnaire, and the training manual, as well as, the patients' response cards. The training lasted for six weeks ending with practical bedside ministry and reflections from October 1st to November 12th 2019 at the hospital.

The Training Manual

For effective training of the assistant chaplains, the researcher provided a manual for the training to keep focus on the required result. The manual summarized each aspect of the training, reading and reporting of findings from the reading, personal reflection from the reading, important light gotten from the reading and how

it has affected them. The training manual contains the background of chaplaincy ministries, the various types and functions of chaplaincy then, narrowed it down to healthcare chaplaincy and its focus. It also highlighted the historical background of Clinical Pastoral education (CPE), spiritual care assessment tools for effective care, (FICA, HOPE, CARE, FAITH), ethics of hospital/healthcare chaplaincy, samples of bedside ministry and reporting, qualities of good healthcare chaplains, care for the bereaved, care for the dead and dying (end of life care) palliative care etc. See appendix for the attached manual.

Practical Classes and Discussion

Each practical class has a discussion period. Each of the trained volunteer chaplains attended to patients in the ward, providing them with, bedside ministry. They reported their encounter with the patient they meet daily, why they chose to report that particular patient's case, how they met the spiritual, emotional, and social needs of the patients.

The volunteer chaplains, were each, given time to report their verbatim and bedside ministration, how they reacted to the patients situation and their evaluation and analysis of the whole process. The other chaplains during discussion critiqued the presenting chaplain's work, corrected the report where he/she didn't get the art of service well, how to do better next time, and the discussions continued for all with the supervision of the researcher who is also a CPE student under Dr. Basharat Masih.

Evaluation of Volunteer Chaplains Performance

After the six weeks training of the assistant chaplains, the researcher evaluated their performance to see their ability to provide effective professional chaplaincy service to the experimental (treatment) group following the researcher's pattern of

caregiving, the bedside ministry, verbatim presentation, identification of crisis and crisis intervention skills. There were ten volunteer chaplains in all, after the evaluation process, the researcher dropped five of the volunteer chaplains for their poor performance after the evaluation. Five of them were used at last. The ground was set for the major work; they functioned side by side with the medical staff.

Work Over the Research Period (4) Months

The volunteer chaplains began their work on both the experimental group and the control group on 12 November 2019. The work of the volunteer chaplains includes all that was learnt during the training seasons. See appendix for a more descriptive nature of their work for the period under studies. For the control group, they were only to report their recovery nature through the same procedure as the experimental group resulting from medical care alone.

Instrument for Data Collection

The instrument for data collection was a patient's recovery evaluation scorecard questionnaire, designed separately for each of the groups by the researcher, to provide the needed answers to the questions posed by the researcher, since the two groups were not treated the same way. Each question was composed with the mindset to provide a yes or no answer, the questions were crafted in such a way to provide the respondent or patients, with the view of health care chaplaincy services and how it has affected them during admission in the hospital, or how they view the role and presence of a healthcare chaplain in their holistic recovery while in hospital and what they wished, could have be done.

The instrument worked in two ways; each contained 15 items for the patients and the chaplain volunteers. The scorecard questionnaire covered all the aspects of positive signs indicating patients' recovery from the chaplain's evaluation. Both the

patient and the chaplain have to respond to the scorecards questionnaire, the chaplain does that through dialogue and evaluation, the patient through the services provided. The scorecard questionnaire as stated earlier, has 15 items in all and structured to provide two response options of Yes (Y) and No (N). The questions were compose each, to aid, the research finding as it relates to the research questions, each bearing in mind, the advantages or disadvantages of having a professional healthcare chaplain in the hospital, and what impacts, they play in recovery nature of patients in the SDA Jengre Hospital.

Experimental Procedure

The volunteer chaplains provided a day to day professional care to the patients in the control group. The use of the patients scored card was done twice weekly from the chaplain's part. The chaplain evaluated the patients twice a week through the scorecard questionnaire which contains questions to be responded to with yes or no. The evaluation of the patients as they responded to the service provided over the said period formed the final result. The patient's response scorecard questionnaire was administered to the patients to be filled by them or by their relatives or caregivers. Both for the experimental group and the control group so they can also provide the chaplain with resource to use in harmonizing the final deduction from the research.

Control of Extraneous Variables

Professionally, chaplains have academic requirements before they can become professional chaplains especially in healthcare. The volunteer chaplains were not all of same academic qualification. The minimum requirement for professional healthcare chaplain is a first degree, backed up by a unit of CPE continuous education of 1600 hours of clinical training. Of all the volunteer chaplains used during this

research work, only one of them is a graduate, and, the degree is not of theological background, but business administration.

To deal with extraneous variables, the researcher had a need to provide basic training for all of them as a benchmark for effective result. The researcher provided them with the bedside ministry training and practical classes to help in controlling extraneous variables because; their level of education could actually affect the effectiveness of the research procedures. A manual of professional hospital chaplaincy work was adapted from (ACI) and other professional bodies, with the subject necessary to provide spiritual care for patients, which was used to provide the needed knowledge of hospital chaplaincy so that, they can all function well and effectively.

Method of Data Analysis

The data was analyzed, through a simple percentage. The score cards questionnaires used by the five volunteer chaplains, contains 15 items for both chaplain volunteers and the patients. This was compiled at the end to measure the recovery nature of the patients in the experimental (treatment) group while, those in the control group also were given another patient score cards questionnaire for patients response. The volunteer chaplains used the same instrument, on both groups. A tally of the responses, either yes or no per patient, were scored to get the percentage response to the volunteer chaplain's care, where the individual percentages were summed up across the 25 patients in each group, to arrive at the conclusion of research response.

Data Analysis

The research experiment was conducted over a period of four months from November 2019 to February 2020. Patients were randomly selected from their

admission in the hospital as sample for both groups over the said period after their diagnosis. Although randomly selected, the diagnosis of the patients in the both groups shows that in a large majority, they were patients with terminal illness and organ failure. Patients were grouped into X1 and X2 within the period of their admission.

The 50 patients were randomly selected across the two groups, 25 for each of the groups as independent variables; the treatment was given to group X1, making the treatment the dependable variable. In the end, a posttest was conducted, comparing X1 against X2, after four months with the care of volunteer chaplains. The control group (X2) were not cared for by the chaplains, the chaplains only check them daily to record how they were faring and recovering. The X2 group was majorly provided with professional medical care services. Their daily scorecards questionnaire for evaluation throughout their stay in the hospital and a final scorecard was used as the basis for this data collection. The scorecards from both volunteer chaplains and patients' evaluation of care are attached in the appendix.

Data Presentation, Analysis, and Finding

The analysis, of the scorecards questionnaire, was done qualitatively since it is an experimental procedure. The analysis is presented in a tabular form in easy percentage formula to make it simple and understandable to a layperson that needs the finding as a tool for effective, professional spiritual care to the sick in the hospitals and at home.

Presentation and Interpretation of Demographic Data from Both Groups

Table 1 shows that in both groups the larger percentage of the patients has been diagnosed with organ diseases that may be terminal. It shows the following

statistics, 9(36%) of the patient in the experimental (treatment) group, was admitted and diagnosed with the liver-related disease, whereas 8(32%) of the patients in the control group were diagnosed and admitted for the same liver-related disease. Summarily, most of the patients are suffering from liver-related disease, and cancer in the highest order.

Table 1. Data Distribution by Ailment (Disease)

S/N	Study	Experimental Group X1		Control Group X2	
		No.	Percentage (%)	No.	Percentage (%)
1	Liver Disease	9	(36 %)	8	(32%)
2	Kidney Disease	2	(8 %)	4	(16%)
3	Heart Disease	3	(12 %)	4	(16%)
4	Cancer Disease	7	(28 %)	8	(32%)
5	Others	4	(16 %)	1	(4%)
6	Total	25	(100 %)	25	(100 %)

Table 2 shows that 16 (64%) of the Patient randomly selected in the Treatment/ experimental group are males, 9 (36) % of the patients are females. In the control group as well, men constituted 52% which is about 13 men in the group. In both groups, women are 36% and 48%. This shows that there were more men in the research groups than women.

Table 2. Distribution by Sex

S/N	Study	Experimental Group X1		Control Group X2	
		No.	Percentage (%)	No.	Percentage (%)
1	Males	16	(64 %)	13	(52%)
2	Females	9	(36 %)	12	(48%)
3	Total	25	(100 %)	25	(100%)

Table 3 below shows that, in both treatment (experimental) and control groups, the majority of the patients in the experiments are within the same age bracket

45-54 years of age. This means age could play a role in their recovery nature, adding the care given to them.

Table 3. Distribution by Age

S/N	Study	Experimental Group X1		Control Group. X2	
		No.	Percentage (%)	No	Percentage (%)
1	15-24 years	2	8 %	1	4%
2	25-34 years	4	16 %	5	20 %
3	35-44 years	4	16 %	7	28 %
4	45-54 years	8	32 %	8	32 %
5	55-64 years	5	20%	4	16%
6	64- above years	2	8%	None	0 %
7	Total	25	100%	25	100%

Table 4 shows that in both experimental (treatment), and control groups, there are more Christians than Muslims and Traditionalists. They constituted 68% and 76% of both groups. There is a high possibility that the religious affiliation of patients in both groups could have affected the research finding.

Table 4. Distribution by Religion

S/N	Study	Experimental Group X1		Control Group X2	
		No.	%	No.	%
1	Christianity	17	68 %	19	(76%)
2	Islam	6	24 %	4	(16%)
3	Traditional Religion	2	8 %	2	(8%)
4	Total	25	100 %	25	(100%)

Table 5 shows that, in both groups, educational background is low, those without formal education made up (12% and 16%), Primary education, (20% and 28%), secondary education (24% and 24%) post-secondary (36% and 20%), graduates (8% and 4%), postgraduate (0% and 8%). This shows that the majority in both groups

falls between primary, secondary, and post-secondary levels. Knowledge and exposure may affect their response to professional spiritual caregiving.

Table 5. Distribution by Educational Background

S/N	Study	Experimental Group X1		Control Group X2	
		No.	Percentage (%)	No.	Percentage (%)
1	No formal education	3	12 %	4	16%
2	Primary	5	20 %	7	28 %
3	Secondary	6	24 %	6	24 %
4	Post-Secondary	9	36 %	5	20 %
5	Graduate	2	8 %	1	4 %
6	Post-Graduate	None	0 %	2	8%
7	Total	25	100 %	25	100 %

Table 6, shows that, in the experimental (treatment) group, during the first week of admission and provision of professional care to the patients, 1(4%) recovered and was discharged. By the second week (2) 5(20%) recovered and were discharged. After the third week, 9(36%) recovered and were discharged. By the fourth week, 7(28%) recovered and were discharged. After two months, 2(8%) recovered and were discharged, and one more patient is still on admission.

Table 6. Duration of Stay in the Hospital with both Groups (X1 and X2)

S/N	Study	Experimental Group X1		Control Group X2	
		No.	Percentage (%)	No.	Percentage (%)
1	A Week	1	4 %	None	0 %
2	2 Weeks	5	20 %	1	4 %
3	3Weeks	9	36 %	3	12 %
4	4Weeks	7	28 %	5	20 %
5	Two Months	2	8 %	11	44%
6	Still on Admission	1	4 %	4	16 %
7	Total	25	100 %	25	100 %

In the control group, after the first week, there was no recovery, no discharge. In the second week, 1(4%) recovered and was discharged. After three weeks, 3(12%) recovered and were discharged. After four weeks, 5(20%) recovered and were discharged. After two months 11(44%) recovered and were discharged whereas, 4(16%) are still under admission. From the above presentation, the research finding seems to posit that, the group with a professional spiritual caregiver (Volunteer trained chaplains) from their duration of stay in hospital shows improvement and recovery, faster than those in the control group. Therefore, it can be said that professional spiritual healthcare givers play an important role in the recovery nature of the patients in the hospital.

Table 7 below reveals the general views of the patients in the experimental (treatment) group. It summed up the responses of each of the 25 patients according to their response in their scorecards over each item. The general mean distribution of their responses is presented above and in the average, the majority of the patients, 19.7 which is 78.8% of the patients found the services of a professional chaplain as needful, necessary, important and contributes to patients recovery nature to a very large extend while in the hospital.

Table 7. Patients Evaluation of Chaplains Caregiving and Recovery Nature (X1)

S/N	ITEMS	Response (%)	
		YES (%)	NO (%)
1	The chaplain ministry helped me to realize God cares for me.	22 (88%)	3(12%)
2	The chaplain's visits made my hospitalization easier.	19 (76%)	6 (24%)
3	The chaplain ministry helped me use my faith/beliefs/values to cope.	20(80%)	5(20%)
4	The chaplain helped me feel more hopeful.	18 (72%)	7 (28%)
5	The chaplain's visits gave me the strength to go on daily.	21(84%)	6(24%)
6	The chaplain's visits aided my spiritual growth during illness.	17(68%)	8(32%)
7	The chaplain ministry helped me face difficult issues.	18(72%)	7(28%)
8	The chaplain ministry helped me overcome my fears	20 (80%)	5(20%)
9	The chaplain visit helped me adjust to my medical condition	23(92%)	2(8%)
10	The chaplain's visits contributed to my readiness to return home	16(64%)	9(36%)
11	The chaplain's visits contributed to a faster recovery	18(72%)	7(28%)
12	The chaplain ministry helped me cooperate with the doctors and nurses	20(80%)	5(20%)
13	The chaplain's prayer was a comfort to me	17(68%)	8(32%)
14	The chaplain gave the impression s/he was listening to me	25(100%)	0(0%)
15	After talking with the chaplain I felt better about my problems	22(88%)	3(12%)
16	Total Response in Percentage	19.7(78.8%)	5.3(21.2%)

In realizing God's care, 22(88%) agreed yes the chaplain ministry, helped them realized that, while 3(12%) said no. 19(78%) of the patients agreed that the chaplains made hospitalization easier, while 6(24%) said no. 20(80%) of the patients agreed that the chaplain helped them to be more hopeful, while 5(20%) of them said no. 21 of the 84% agreed that the visits of the chaplain, gave them the strength to go on daily, while 6(24%) said no. 18 of them which is about 72 % agreed that the chaplains visits contributed to their faster recovery, while 7 (28%) said no.

The chaplain ministry helped me cooperate with the doctors and nurses, 20 Patients (80%) agreed yes, 5(20%) said no. The chaplain helped me overcome my fears, 20 patients (80%) responded yes, while 5(20%) said no. The indices show that, for the experimental group, the chaplain's professional role, aided their recovery

nature. On the average, the majority of the patients agreed a professional or a trained healthcare chaplain is needed in Jengre SDA Hospital.

Table 8 is the combined patients' responses in the control group summed up over their period of stay in the hospital during the research experiment. It shows that 14.6 patients which represent 58% of the patient in the control group, responded in the affirmative to the contribution of chaplaincy ministry to their recovery in-spite of the fact that, the chaplain never attended to them. They felt their need for a chaplain and wished they had chaplains attend to their emotional and spiritual needs during the period under study.

Table 8. Patients Evaluation of Chaplains Caregiving and Recovery Nature (X2)

S/N	ITEMS	Response	
		YES (%)	NO (%)
1	I know about health care Chaplains.	14(56%)	11(44%)
2	I will need a chaplain to visit me and provide me with spiritual care.	15(60%)	10(40%)
3	I know the combination of pastoral care and medical care will impact my recovery.	13(52%)	12(48%)
4	The chaplains would have helped me cope with my fears.	16(64%)	9(36%)
5	I think, medical attention alone is not sufficient to help me feel more hopeful and better.	15(60%)	10(40%)
6	I should have been stable in every aspect of my health if I had a chaplain to care for me	13(52%)	12(48%)
7	Chaplains would have provided me with the needed care to face difficult life issues.	17 (68%)	8(32%)
8	I would have overcome my fears by now and should have been recovering fast.	14(56%)	11(44%)
9	The chaplain would have helped me to be able to adjust to my medical condition and the reality of life.	12(48%)	13(52%)
10	I would have been ready to return home at this point if I had a chaplain provide me with emotional and spiritual care alongside medical care	11(44%)	17(52%)
11	I should have been experiencing whole-person care and fast in recovering if I had a chaplain's care.	14(56%)	11(44%)
12	I need help from a chaplain to cooperate with the doctors and nurses.	9(36%)	16(52%)
13	I need more prayer and spiritual care to comfort me in this difficult time.	22(88%)	4(16%)
14	I believe in whole-person care which chaplains play a vital role in.	19(76%)	14(56%)
15	I need a chaplain to make me feel better about my problems	11(44%)	14(56%)
16	Total: Average	14.33 (56%)	11.46(44%)

On the other hand, 10.4 of the patients which represent 24% of the patients in the control group responded negatively to the scorecard evaluation of chaplaincy care, were it to be provided to them. With all the presentations and interpretations from the above results, the control group without a chaplain showed a slow response and recovery nature, many in the group need a professional spiritual caregiver. Going by the simple scorecard assessment of the patients in the control group, the chaplains' absence impacted their emotional, mental, and spiritual stability hence, affecting their physical health and recovery nature.

Table 9 is the combined evaluation of patients' responses, scored by the chaplain in both experimental/treatment (X1) and control (X2) groups. The result from the volunteer chaplains collated together shows that those in the experimental group, who have quality spiritual care from trained volunteer healthcare chaplains have a positive turn around.17.4 patients, which represents 69.6% in the mean deviation or mean number, shows a positive response in recovery as a result of pastoral care from the volunteer chaplains. On the other hand, 7.6 patients, which represent, 30.4% of the total patients in the treatment group, showed a negative response to the care given to them by the volunteer chaplains. This shows that spiritual care from trained or professional chaplains in the experimental group played a vital role in the patient's recovery nature to a large extent, depending on their body nature and the internal system of the patients.

Table 9. Chaplains' Evaluation of Patients Nature of Recovery in Both Groups

S/N	ITEMS	Response			
		Experimental Group X1		Control Group X2	
		YES	No	Yes	NO,
1	The patient was very ill at the time of visitation and anxious about a health condition.	23 (92%)	2(8%)	21(84%)	4(16%)
2	Patient willing to accept spiritual care.	18(72%)	7(28%)	22(88%) Would have	3(12%) Wouldn't have.
3	The patient was willing to relate with Chaplain and open up as a confidant.	14(56%)	11(44%)	15(60%) Would have	10(40%) Wouldn't have.
4	The patient is willing to accept the reality of his/her health situations after a while.	15(60%)	10(40%)	13(52%) Would have	12(48%) Wouldn't have.
5	Patient willing to accept medication and cope with a doctor's prescription.	23(92%)	2(8%)	18(72%)	7(28%)
6	Patient open to the chaplain with confidential issues even more than a medical worker.	14(56%)	11(44%)	18(72%) Would have	7(28%) Wouldn't have.
7	The patient is hopeful after some time with the chaplain.	17(68%)	8(32%)	13(52%) would have been	12(48%) wouldn't have
8	The patient becomes cheerful and strong will after a week with the chaplain	19(76%)	6(24%)	9(36%) without a chaplain	14(56%) without a chaplain
9	The patient becomes peaceful even with his/her diagnosis.	16(64%)	9(36%)	7 (28%) without chaplain	18(72%) without a chaplain
10	The patient eats well, rests well, and worries less after a while with a chaplain	19 (76%)	6(24%)	11(44%) without a chaplain	14(56%) without a chaplain
11	Patients need more time with a chaplain and, find hope in spirituality while receiving medication.	18(72%)	7(28%)	19(76%) would have loved to	6(24%) it doesn't matter
12	Patient is emotionally, spiritually, and physically stable	17(68%)	8 (32%)	7(28%)	18(72%)
13	Patient sees the meaningfulness of life	16(64%)	9(36%)	8(32%)	17(68%)
14	Patient shows less anxieties over health situation	17(68%)	8(32%)	7(28%)	18(72%)
15	The patient has greatly improved health-wise, and is active with simple activities after 2weeks	15(60%)	10(40%)	6 (24%)	19(76%)
16	Total: Average	17.4(69.6%)	7.6 (30.4%)	12.9(51.7%)	12.1(48.1%)

On the same table, the control group shows a close range, 12.9 patients in the average mean, which represents 51.7% after being evaluated on the same scale proved positive, while 12.1 patients who represent 48.1% of patients in the control group proved negative. It should be noted that the same evaluation scorecard that was used for the treatment/experimental group X1, was used for the control group X2.

The responses from the control group (X2), indicates that 18(72%) of the patients without a chaplain's ministry would have loved to share their burdens much more with a trained chaplain in addition to medical staff. 7(28%) feel they are okay. 13(52%) of the patients in the control group would have been more hopeful about their recovery if there was a trained pastoral caregiver (chaplains) whereas, 12(48%) feel they had hope, resulting from their belief and faith in God's ability to heal them.

The table also shows that 22(88%) of the patients in the control group, need a professional or a trained chaplain in their crisis, while 3(12%) care less about it. 7(28%) of the patients in the control group were peaceful with the knowledge of their diagnosis without a chaplains intervention, still, few have been discovered to believe in faith healing and miracles, whereas, 18(72%) were troubled upon knowing their diagnosis and without a chaplain's care. 11(44%) of the patients in the control group, could eat well, rest well, and worry less about their ailment after a while without a chaplain visit them.

The volunteer Chaplains evaluation of the 50 patients in the two research groups, (experimental/treatment group X1, and the control X2) at the end of the research work, shows that, though patients could recover naturally by medication, good food, and good hygiene, the services that a trained or professional chaplain,

provides to the patients, have effects on the patient's recovery nature to a very large extent. Rodney Perkin posits that “healing begins in the mind.”[60]

The work of the chaplain is to provide patients with emotional and spiritual support. This goes a long way in providing mental balance and healing as it affects the patient’s general wellbeing. The state of mind of the patient over a particular diagnosis goes a long way in affecting the patients’ response to medical treatment thus, the need for whole-person care in the hospital**.**

Project Intervention

Based on the findings through the research group (experimental/treatment and control), and a review of a few available pieces of literature, it is evident that there is a need to develop a program of intervention. Having conducted the research work in four months to validate the claim, this section of the study found it necessary to provide a tool for implementation as an intervention for an effective healthcare chaplaincy in Jengre SDA Hospital, as seen in Table 10.

[60] Rodney Perkins, “Southern Region Prison Reform: Healing Begins In The Mind,” *The Final Call*, last modified April 13, 2016, accessed March 6, 2020, https://www.finalcall.com/artman/publish/prisonreform/article_103036.shtml.

Table 10. Problem Discovered and Proposed Intervention Methodology

S/N	Problem Discovered	Intervention
1	The people are not aware of healthcare chaplaincy or even the role of a healthcare chaplain in the hospital	Organize seminars for all hospital staff with the management to create awareness of the place of healthcare chaplaincy in whole-person care as a member of the interdisciplinary team.
2	There is no structure for professional or trained healthcare chaplaincy in the hospital	The hospital and the conference should decide to train a few pastors in healthcare chaplaincy, to provide quality and professional spiritual care, to the hospital community.
3	The person acting as the chaplain in the hospital does not know chaplaincy, most of them have been laypersons and a few pastors without theological training	Before the professional chaplaincy training, the hospital should endeavor to provide CPE training to the current acting chaplain to help him in professional caregiving and that alone should be his job without other hospital work.
4	The hospital has not given attention to training even the lay spiritual caregiver in the hospital.	Quality attention should be given to healthcare chaplaincy just like it is given to every important department in the hospital, with regular supervision and financing.
5	Many patients in the hospital have a dual view of sickness since they believe more in witchcraft, making it difficult for them to accept medical treatment even when persuaded to come to the hospital	Provide a trained chaplain, who understands the difference between mental illness and spiritual attack, who can counsel, pray, and provide professional care especially as it has to deal with spiritism and medication, which is common in Jengre.
6	The hospital has no, chapel, no spiritual master plan, no chaplaincy books to educate the chaplain	The hospital should provide a place for spiritual activities. A spiritual master plan for the hospital be developed, books for Professional healthcare should be purchased.
7	The role of the chaplain in the hospital is viewed by staff as just prayer and devotion	There should be an intentional integration of faith and healing in the care of the hospital community.

Purpose of the Project

The sole purpose and objective of the study is to check the role of professional healthcare chaplains in the recovery nature of patients in Jengre SDA Hospital. This will be achieved through the following ways:

1. Educating the hospital community of the importance of professional healthcare chaplains in the hospital.
2. Designing a tool to help the lay spiritual caregiver currently in the hospital who does not have the least of theological background to function well.

3. To work toward establishing a functional chaplaincy department in the hospital with ethical professionalism which will greatly impact the nature of whole-person care which cannot be found in any hospital around Jengre, thereby bringing more patients, more service.

Resource Personnel and Materials

The resources required for a successful intervention program in the hospital, are three namely: there is the need for human resources, those to do the training, those to be trained in the professional healthcare chaplaincy department. The researcher selected seven people to be trained, after which two were dropped for incompetency; they were trained for 6weeks on the nature of the healthcare chaplaincy profession before they went into the work.

The financial resource is the means through which the project can be driven. It required money to do the training so, the researcher source for money from the conference to do the training. Material resources are the books, journals, articles, and files for the training sessions. A variety of books were used, Articles, Journals, and other resources for the training. See appendix.

Preparation and Implementation

Before conducting the program, the researcher discussed with the hospital management and secured permission to conduct the research there which is aimed at bringing a professional chaplaincy intervention program. The researcher went back to the administration of the Northwest Nigeria Conference to secure financial support to begin the project. The program was done in three stages: (i) Preparatory stage (ii) Implementation (iii) Evaluation/Post-implementation.

Stage one-preparatory. This is the stage where the researcher worked to gather resources and permission to conduct the research work and to secure volunteers who can help in the process, to provide effective and professional healthcare

chaplaincy services. A team of seven volunteers was to be trained and to agree on when to commence the training.

Stage two-implementation. The stage was scheduled to run for six (6) weeks, where the volunteer chaplains will be trained. The training ran from the 2nd of October through the 12th of November 2019. At the end of the training session, the volunteers were provided with basic professional healthcare chaplaincy training especially on: bedside ministry, palliative care, and of life care and general spiritual care assessment and intervention. The training outline is attached in the appendix.

Stage three-post-implementation activities. The post-implementation period is the period of work, where the trained volunteer chaplains went to work. The period lasted for four (4) months, from November 2019 to February 2020. At this stage, 50 patients were randomly selected over the period as they were admitted into the hospital at different times, shortly before their diagnosis. The patients were divided into two groups of 25 each. 25 in the treatment /experimental group, while 25 were in the control group. They used the skills acquired during the training to provide care to the treatment group; they monitored patients in both groups while providing effective care to only the treatment/experimental group. Thereafter, they evaluated the results which formed the basis of the research findings.

Project Reporting

At the end of the process, a documentary report was compiled and sent to the hospital management, and the church leadership, to show the impact of professional healthcare chaplains in the recovery nature of patients in the Jengre SDA Hospital. The report is meant to serve as a tool to spur the hospital and church leaders into intentionally creating a structure for effective healthcare chaplaincy in the hospital to

bring about a more holistic recovery and healing of patients in the hospital, which cannot be found anywhere around Jengre.

Limitations

There are many limitations to the project. The first is the short time to train the volunteers because, most of them are not graduates, and none had a theological background which is a requirement for professional healthcare chaplains. The researcher struggled with time for training. The second limitation was religion; most Muslims in the groups were not open as they felt the research is trying to proselytize them. The lack of funds to effectively run the training program was a limitation. Another limitation encountered was in the area of patients' response to the services of the volunteer chaplains; relatives at some point in time have to fill the patients' scorecard which does not truly represent the patient's opinion over most items on the scorecard.

Summary

Summarily, the study conducted shows that, the duty of a professional chaplain is highly needed in the hospital. The findings pointed clearly to the fact that, if professional healthcare chaplaincy ministry will be provided in the hospital, it will reduce to a large extent, the duration of stay of patients in the hospital. It will also help the patients, especially those struggling with faith over the nature of their ailment as either, a spiritual attack, or witchcraft invasion when physical symptoms show the person needs medical attention. It will also help the poor understanding of whole-person care even amongst medical staff in the hospital.

Those patients in the treatment group who had volunteer chaplain attention showed positive signs of recovery, not necessarily being healing, the mind played a vital role in the healing of the body since most of what professional healthcare

chaplains do, is to provide emotion and spiritual support for the patients. The successful implementation and evaluation of the work done above are discussed in the next chapter.

CHAPTER 5

PROJECT INTERVENTION AND IMPLEMENTATION

This chapter provided a step by step approach employed by the researcher in achieving the result expected in the experiment. The implementation of the research work in Jengre SDA Hospital came by much hard work, dedication, and sacrifice to provide a pilot work on healthcare chaplaincy within the rank of the Seventh-day Adventist Church in Northern Nigeria.

Chapter two gave the theological and biblical foundation of chaplaincy. Chapter three provided a range of literature that was reviewed, and chapter four focused on the research methodology that was used to achieve the sole purpose of the study. The focus of this chapter is to give a description of the design of professional healthcare chaplaincy work and how it has been implemented, and its evaluation.

Expectations

The research work had great expectations. McCormack and Paget said, "The work of a chaplain always, is to bring emotional and spiritual support to seekers."[1] The incarnational ministry of Jesus brings mental and spiritual healing to those who are sick and are in pain.[2] The work has lots of expectations even from the Medical Director and staff. Many want to see and know how professional chaplains can bring about a turn in the way patients respond to treatment and how chaplains' intervention

[1] Paget and McCormack, *The Work of the Chaplain*, 5.

[2] Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis, MN: Fortress Press, 2004), 65.

can help them recover faster. This research ignited the curiosity of many since their knowledge of chaplaincy is that of a pastor or a layman who comes to conduct devotion in the morning and pray for the sick only.

Stage One-Preliminary Preparation

The preliminary stage is gathering research questions, problems, and hypotheses. In the preliminary stage, the researcher worked in securing permission for the research work, having done his Clinical Pastoral Education posting in the hospital for the first and second CPE units. The researcher picked interest in developing a program for the hospital that will promote whole-person care with the work of a trained or professional healthcare chaplain. He secured approval from the hospital administration and the church leadership for sponsorship and then went into gathering materials for the work.

Securing Permission for the Research

The permission was granted for the research work by the hospital administration, to test the validity of the researcher's claim that, if effectively conducted, it will further restore the glory of the hospital and provide the hospital with additional service that no other hospital provides within Jengre. After securing permission from the hospital, the researcher went to the leadership of the church to secure sponsorship for the project which was equally granted before the commencement of the work. The request letters and the returned permissions are attached in the appendix of the research work.

Meeting the Church Leadership

For the success of the research work, the researcher went to meet with the leadership of the conference and then that of the Union Conference, to secure her

willingness to support the research work and sustain the project after it has matured since the Jengre SDA Hospital is the only hospital of that capacity owned and run by the SDA church in the entire Northern Nigeria Union Conference. The Union gave its consent and assured the researcher of her support. The conference provided funding for the research work.

Selection of Volunteers

Since the work requires time and energy, the researcher couldn't do the work alone because he is both a District pastor and a Director in the conference which is about 185 kilometers away from the hospital where the study took place. For this reason, the researcher sought for volunteer Chaplains who would be trained to deliver effective and professional health care chaplaincy services to the groups to be used in the research study. Seven staff of the hospital were selected to be trained for the work ahead of them.

Stage Two (Program Design)

The researcher in this stage, after selecting volunteers to be trained, designed the training outline, training manual, and chaplain's guide to the ministry which will be used through the period of study. The manual contained what the volunteer chaplains should do daily. Next, the researcher designed a structure for the assessment of the recovery nature of patients in two ways, the chaplain's card which answers questions the chaplain observed from the patients in the treatment/experimental group, and those in the control group. The second is a scorecard questionnaire, which allows the patients in both groups to respond to chaplaincy care and how it has impacted their stay in the hospital. This stage is knowledge acquisition on how to provide professional healthcare chaplaincy service to the selected treatment group.

Gathering of Resource Materials

For the success of the training seasons, there was a need, to gather resources from professional healthcare chaplains in both books, journals and magazines, print, and electronic media. These resource materials were assembled as a tool for the training since the researcher is the only person with healthcare chaplaincy knowledge with two units of CPE from CPSP and ACI. The researcher had to work with Dr. Moses Taiwo and Dr. Basharat Masih who provided the structural guidelines for training the volunteers. See appendix for the bibliography of resources used and the manual for the training.

Training of Volunteers

Among all the volunteers trained, only one of them was a graduate. For effective care, evaluation, and reporting, all of them had to be provided with a general idea of professional healthcare chaplaincy. The training for the volunteers started on the 4th of October 2019 and lasted till the 12th of November in the hospital. During the training, the volunteers were taught bedside ministration, how to initiate a visit to a patient, how to diagnose spiritual struggles, how to differentiate between spiritual attack and mental illness, how to write a verbatim, how to make a referral, ethics of chaplaincy, etc. each day they took turns in presenting their verbatim and they critiqued each other's work and built up their ability for care, emotionality, and plan of intervention. At the end of the training they were evaluated and two of the seven volunteers were dropped for their inabilities to fit in. Five were trained with basic skills, and they commenced their work on the treatment/experimental group.

Stage Three (Implementation/ Experimental Stage)

In this stage, the real work was done. The training began taking effect when the research experiment began with the random selection of patients into the two major study groups. X1-treatment/experimental group, X2- Control group. The volunteers paired patients randomly into the groups with labels X1 and X2 for easy work. The five volunteer chaplains were to provide care for five patients each in the treatment/experimental group, in the period of their stay in the hospital for at least, 45 minutes daily.

The Selection

The patients in the research or study groups were randomly selected since the study is experimental research. The patients were selected at the point of admission into the hospital. The chaplain assisted them to get medical attention and after the diagnosis, they began their work but with the knowledge of the patients and their caregivers or relatives. Those in the control group were compared, especially those with similar ailments, to those in the treatment/ experimental group to check the reliability of the research findings and claims.

The Grouping

After getting the patients in the study group, they were divided into two groups, X1 and X2 which represent the treatment/experimental and control group. Those who had medical care, as well as the services of trained chaplains, meeting their physical, emotional, psychological, and spiritual needs were in the X1 group, while those who only had medical care were grouped in X2.

The Work with Experimental/Treatment Group

The volunteer chaplains began their work by initiating a pastoral visit with the patients in the experimental/treatment group. The patients' permission was sought to begin the care by the chaplains. Upon acceptance, the chaplain daily checked on the patients at different times, befriended them, listened to them, and asked probing questions where necessary. They rephrased the patients' comments at some points as a question to get clarity.

The chaplains also provided the patients with emotional and moral support by helping them come to terms with the reality of their diagnosis and, in cases where their prognosis proved fatal; the chaplain led them through the process of grieving as propounded by, Elizabeth Kubler Ross. The chaplain prayed for the patients at the patient's permission, provided private devotions to the patients, or gets a clergy of the patient's denomination or religion to help meet those personal needs that the volunteers couldn't provide for ethical reasons.

After every day's work, each of the chaplains observed the patients, writes a short verbatim, which is a structure of the conversation between the chaplain and the patient or the caregivers/relatives of the patient. The chaplains daily analyzed the patient theologically, sociologically, physically, and emotionally. By doing this, the chaplains were looking for a better way to relate with the patients in the next visit, until the Chaplains, stroke the basic needs of the patient that could either hinder or delay the patients' response to both medical and pastoral care. The aim of this is to help the patients and their relatives, achieve peace of mind in their situation. At the time of their discharge, they were given the patient evaluation scorecard for chaplain's services to them, so they related how the chaplains' ministry impacted their general recovery nature while on admission.

The Work with the Control Group

The volunteer chaplains didn't have much work with the patients in the control group X2. The patients in control groups were not exposed to the services of the trained volunteer chaplains. The chaplain comes in whenever a doctor or a nurse is attending to the patient in the group, and in most cases, just say a short prayer for them then observe them from their scorecard they use as a tool or instrument compare the two groups. After a period of their stay, just before they will be discharged, the chaplain will give them the patients' evaluation scorecard for chaplains' services and how it has impacted their general recovery nature just like those in the group X1.

Outcome and Evaluation

The outcome and evaluation stage is when the result of the study will measure any positive results from the study. At the end of the work of the chaplains with both of the groups daily, the chaplain scores the patients from the chaplains' observation of the patient based on how the patient-related with them, and the observable signs that are associated with the items for measuring recovery nature in the chaplains' scorecard for patients. The chaplains add up all of these and do a simple average of their scores with yes or no, in a percentage table, and do the final scoring for both groups.

The next work that follows is the chaplain's evaluation of patients based on their response in their scorecards, where they responded to the care provided by the volunteer chaplains throughout their stay in the hospital and how it has impacted their recovery nature. The combined results of these scorecards both from the chaplain and the patients were tabulated as seen in chapter four and were evaluated to conclude the research findings.

The research evaluation found out the areas of strength and the weaknesses of the procedure but first the findings after the evaluation show that:

1. By duration of stay in the hospital, the X1 group within the first three weeks has about 15(60%) of the patients recovered and discharged. While the X2 group within the same period has only 4(16%) recovered and discharged.

2. X1 group in the last two weeks has 3(12%) of the patients either recovered or discharged or still on admission. While the X2 group in the last two weeks has 15(60%) either recovered and discharged or still on admission.

3. X1 group response to chaplains cares shows that 19.7(78.8%) agreed that the presence of a trained chaplain helped them in coming to terms with the reality of the situation and the service helped them in recovering to a large extent. 5.3(21.2%) said no the ministry of the chaplain has no noticeable impact on them.

4. For Chaplaincy service rendered for group X2, 14.6(58%) of the patients responded yes they would have loved to have the services of a chaplain while 10.4(41.6%) showed a negative response.

5. The chaplain's report after evaluation shows that the X1 group presents 17.4(69.6%) of the patients who showed positive responses to the chaplains' service through the recovery signs, after providing them with care before they were discharged. While 7.6(30.4%) were of negative response to the service of the trained chaplains. X2 group presents a low response though 12.9(51.7%) would have done better if there was a chaplain attached to them. 12.1(48.1%) showed recovery signs without the services of a chaplain.

In all of the presentations above, the study strongly suggests that professional chaplaincy services, greatly impact the recovery nature of patients in the Jengre SDA Hospital.

Summary

It must be noted that developing a program of professional care for the Jengre SDA Hospital was not a simple task. Recruiting, training, observing, and the rest of them was tasking and time consuming as some of the volunteer chaplains including the researcher, were called several at night to attend to the difficult situations in the hospital especially with the treatment group. It took patience, dedication in the part of the volunteer chaplains to arrive at this milestone.

This developing work needs intentional effort from the hospital administration and the church leadership to be sustained if this dream will be a reality. There were challenges and problems with the provision of interventions. The research came out with positive results which if utilized well can be a powerful tool for the development and expansion of healthcare delivery and whole-person care in the hospital.

CHAPTER 6

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

One of Jesus' greatest ministries was the provision of compassion to people of all backgrounds outside the walls of the synagogue since his work was to save all not some. Love is the bedrock of the Christian faith as expanded by Paul in 1 Corinthians 13. It is love and compassion that led Jesus to leave His throne in heaven to come down to the planet earth to become human sharing himself with fallen beings who betrayed him to grant them the peace they need.

Jesus announced his mission statement in Luke 4:18 and 19, his work was, and is still that of bringing peace and healing to the troubled hearts, provision of emotional, physical, and spiritual support to those in chains. Chaplaincy developed out of the shared compassion of God. Though chaplaincy as a term was not in use until in the case of Martins of Tour, the concept of moral and emotional support arising from the sense of the presence of a divine being, has always been from time immemorial.

The story of Martins of Tour formed the current understanding of chaplaincy but Jesus is the perfect example of what and who a chaplain is and should be. As part of the chaplaincy qualities of Jesus, caring for the unloved, unlovely, and unloving, was top of his desires.[1]

[1] Aja, "CHAP 614 Challenges of Chaplaincy Ministries in Africa," 14.

Chaplains provide care for people who are outside of their religious world, away from home in places like schools, hospitals, workplaces, correctional centers, at the war front, etc. Thus, the work of the chaplain as observed by both Paget and McCormack is different from those of clergy because of the settings where service is rendered and how it is rendered. [2]

Healthcare chaplaincy is a blessing to every hospital but in Jengre SDA Hospital, this form of professional ministry has not been tapped. From the inception of the clinic during the missionary days, medical, as well as spiritual care, was the entrance pegs that gave rise to what is known today as the Northern Nigeria Union Conference, the two hospitals in Jengre and Etobaba Jos, and the 8 clinics and dispensaries across the three conferences in the union. Despite this, there are currently no professional healthcare chaplains in Jengre SDA Hospital.

The work painstakingly examined the impact of professional/trained healthcare chaplains in the recovery nature of patients in Jengre SDA Hospital by experimenting with 50 patients randomly selected from the hospital over 4 months to see if there is anything professional healthcare chaplains can do to help in the recovery nature of patients, who travel far and near for medical attention, surrounded with mixed feelings about medication arising as a result of the perception of the activities of witches and wizard, thus making medication and treatment somehow difficult.

At the end of the research work, it was discovered that professional healthcare chaplains play a vital role in assisting medical practitioners in the interdisciplinary team, in providing whole-person care -the care of the physical, social, mental, and

[2] Paget and McCormack, *The Work of the Chaplain*, iv.

spiritual aspects of the patients. The research found out that, patients who were cared for by the trained healthcare chaplains are more likely to recover faster and to cooperate with the medical team in enhancing recovery and healing. The research work is a ready tool for the hospital management and church leadership to implement if whole person care is needed and if holistic healing and recovery of patients is a priority for the hospital.

Conclusion

The research work ended with a good result although, there were challenges associated with the implementation of this research work. No doubt, the research is the first of its kinds around the Northern Nigeria Union of the Seventh-day Adventist Church. It was difficult to assemble relevant materials within the church or hospital circle. Thus the researcher used primary sources to provide the data for the research. There is also a low and poor understanding of the role of professional healthcare chaplains from within the hospital and even by the leadership of the church as the role of the chaplain is only considered to be only rendering of prayer and devotion.

*Jengre SDA Hospital is in Desperate Need of a Trained Healthcare Chaplain***.** The hospital over the years has had laypersons or pastors without theological background providing spiritual care for the hospital community. These pastors and lay preachers in the record were never graduates, the only graduate the hospital has had in recent years was Pastor Yohanna U Harry, Iyookya V., and the current chaplain Pastor Nuhu Dauda, who is away on study leave, to acquire a post-graduate diploma in pastoral studies. The hospital has never had a chaplain with theological training or clinical pastoral education. Jesus' mission involved teaching, preaching and healing, this remains the same for a chaplain today. Since the hospital is Christian oriented, there must be an intentional design to provide a holistic service to patients than any

other hospital around Jengre can, since her system of care is more inclusive and advanced than any other hospital can boast of.

The Hospital Management and the church leadership should take the opportunity to provide the community with a holistic healthcare service, which is in accordance to the purpose of the existence of the hospital in the locality, with a passion of spiritual care of the patients in the hospital like the pioneers of old did.

The management of the hospital and church leadership should look into the research work and see how they can use this to train volunteers to do the work while working on training a professional healthcare chaplain to assume work in the hospital. More attention should be given to the spiritual department of the hospital and the development of a spiritual master plan that gives the hospital a clear message of hope.

Recommendations

The recommendation from the research study entails what the researcher wants the leadership of both the hospital and the church to do after going through the findings of the research.

Recommendations for the Hospital Management

The research work exposed the poor state of healthcare chaplaincy service in the hospital. The researcher does not claim to have all the knowledge and strategy to implement a functional professional healthcare chaplaincy ministry in the hospital. The research is still fresh and open for further studies and improvement in the procedures. At this stage of the research, there were many strengths and weaknesses of the hospital in terms of quality spiritual care service delivery within the hospital. The research, therefore, recommends the following to help sustain the chaplaincy department in providing effective spiritual care.

1. The hospital should as a matter of urgency, find a way to recruit and train volunteers with the knowledge of professional healthcare chaplaincy.

2. That the hospital should uplift spiritual care because, at present, there is hardly any difference between Jengre SDA Hospital and others around in terms of spiritual care, let alone, professional healthcare chaplaincy.

3. The chaplaincy office should be made a priority for the hospital, not as a secondary department since, it is as important as the medical department. It should be equipped, to provide what no other hospital does, which will boost patronage to the hospital.

4. The chaplains after, being trained, should be allowed to function as chaplains alone without additional tasks this will give them time for proper caregiving and self-care.

5. The office of the chaplain should be equipped with spiritual care materials in print, audio, and audio-visual, with current issues. Most of the books in the chaplains' office have nothing to do with chaplaincy, few directly address religious matters but those relevant for professional healthcare chaplaincy are not available, apart from ACM magazines which don't proffer hospital chaplains with needed knowledge.

6. As a matter of urgency, a spiritual master plan needs to be created in the hospital alongside the mission and vision statement.

7. The management should endeavor to provide a place of worship within the hospital for patients and caregivers, their availability will benefit many who depend on their faith to cope with illness.

8. The staff of the hospital needs orientation as their disposition and relationship with patients can affect the service the hospital chaplain will provide. They should be trained to refer patients and families with spiritual needs to the chaplain.

9. The hospital and the church leadership should sponsor a pastor to train in clinical pastoral education which is a requirement to become a professional chaplain, especially in the hospital.

Recommendations for the Church Leadership

The Adventist Church leadership in Jengre should be engaged in the management of the hospital as part of its mission. The hospital management though somehow independent is still under the control of the church leadership. To make this dream a reality not just in Jengre Hospital alone, but in Northern Nigeria Union Conference, I recommend that;

1. The church leadership always supervise the hospital management, take time to go round and check how well patients are cared for medically, physically, emotionally, and spiritually. This will give them an insight into where the hospital is currently.

2. That the church which has been responsible for sending spiritual caregivers to the hospital, be intentional in sponsoring and training pastors who can be long term chaplains in the hospital, they should not send, just any pastor, without chaplaincy training. Chaplaincy is professionalized like medical care, so chaplains must shift with the times.

3. The church leadership should help the hospital in raising awareness of the impact of professional healthcare chaplains in the hospital by showing support to the work of chaplaincy in the hospital by publishing them in church articles, announcement, etc.

4. The church leadership can help through the Union or Division get professional chaplains across the world to come and provide basic chaplaincy training for the pastors while waiting for the sponsored pastor to return to full functioning in the capacity of a professional chaplain.

When this is done, the church can be proud to say it has restored the glory of the work of the founding fathers and missionaries in providing all-round care to all the people that come to our ways, be it medical care, emotional care, physical care, social care, or spiritual. Once the church can provide the community with whole-person care, the hospital should regain its popularity, patronage, spirituality, and dedication.

APPENDICES

APPENDIX A

PATIENTS EVALUATION OF CHAPLAINS CARE
ON NATURE OF THEIR RECOVERY

Research Score Card for Patients in Group X1
Part A Demography of Patients. To be filled by the Patient or patient's relative.
I. Sickness/ Diagnoses……
II. Patient's sex { } Male { } Female
III. Patient's age: 15-24 { } 25-34 { } 35-44 { } 45-54{ } 55-64{ } 65---.
IV. Patient's Religion: Christianity { } Islam { } Traditional Religion
V. Patient's Educational Level: No Formal Education { }, Primary School{ }, Secondary School { }, Post-secondary{ } Graduates{ }, Post-Graduate{ }
VI. Duration of stay in hospital with Spiritual care……
Part B. Patients Response to Spiritual care to be filled by Patient or relative. It contains 15 assessment items, Fill in with Yes or No as appropriate as possible. Adapted from Christina Beardsley's work.

S/N	ITEMS	Response	
		YES	NO
1	The chaplain helped me to realize God cares for me		
2	The chaplain's visits made my hospitalization easier.		
3	The chaplain helped me use my faith/beliefs/values to cope.		
4	The chaplain helped me feel more hopeful.		
5	The chaplain's visits gave me the strength to go on daily.		
6	The chaplain's visits aided my spiritual growth during illness.		
7	The chaplain helped me face difficult issues.		
8	The chaplain helped me overcome my fears		
9	The chaplain helped me adjust to my medical condition		
10	The chaplain's visits contributed to my readiness to return home		
11	The chaplain's visits contributed to a faster recovery		
12	The chaplain helped me cooperate with the doctors and nurses		
13	The chaplain's prayer was a comfort to me		
14	The chaplain gave the impression s/he was listening to me		
15	After talking with the chaplain I felt better about my problems		

APPENDIX B

CHAPLAINS' SCORECARD FOR ASSESSING
PATIENTS RECOVERY (X1 AND X2)

CHAPLAINS EVALUATION OF PATIENTS RESPONSE TO CHAPLAINS CARE

Part A Demography of Patients. To be filled by Volunteer Chaplain.

I. Sickness/ Diagnoses……

II. Patient's sex { } Male { } Female

III. Patient's age: 15-24 { } 25-34 { } 35-44 { } 45-54{ } 55-64{ } 65---.

IV. Patient's Religion: Christianity { } Islam { } Traditional Religion

V. Patient Educational Level: No Formal Education { }, Primary School { }, Secondary School { }, Diploma { }, NCE { }, HND { }, Degree { }

VI. Duration of stay in hospital with Spiritual care……..

Part B. Patients Response to Spiritual care to be filled by Patient or relative. It contains 15 assessment items, Fill in with Yes or No as appropriate as possible. Adapted from Christina Beardsley's work.

S/N	ITEMS	Response	
		YES	NO
1	The patient was very ill at the time of visitation and anxious about a health condition.		
2	Patient willing to accept spiritual care.		
3	The patient was willing to relate with Chaplain and open up as a confidant.		
4	The patient is willing to accept the reality of his/her health situations after a while.		
5	Patient willing to accept medication and cope with a doctor's prescription.		
6	Patient Open to Chaplain with confidential issues even more than a medical worker.		
7	The patient is hopeful after some time.		
8	The patient becomes cheerful and strong will		
9	The patient becomes peaceful even with his/her diagnosis.		
10	The patient eats well, rest well, and worries less.		
11	The patient needs more time with the chaplain and finds hope in spirituality while receiving medication.		
12	The patient is emotionally, spiritually, and physically stable		
13	The patient sees the meaningfulness of life		
14	The patient shows fewer anxieties over health situation		
15	The patient has greatly improved health-wise, and is active with simple activities.		

APPENDIX C

RESEARCH SCORECARD FOR PATIENTS
IN CONTROL GROUP X2

PATIENTS EVALUATION OF CHAPLAINS CARE ON SELF RECOVERY

Part A Demography of Patients. To be filled by the Patient or patient's relative.

I. Sickness/ Diagnoses……

II. Patient's sex { } Male { } Female

III. Patient's age: 15-24 { } 25-34 { } 35-44 { } 45-54{ } 55-64{ } 65---.

IV. Patient's Religion: Christianity { } Islam { } Traditional Religion

V. Patient's Educational Level: No Formal Education { }, Primary School{ }, Secondary School { }, Diploma { }, NCE { }, HND { }, Degree (}

VI. Duration of stay in hospital with Spiritual care……..

Part B. Patients Response to Spiritual care to be filled by Patient or relative. It contains 15 assessment items, Fill in with Yes or No as appropriate as possible. Adapted from Christina Beardsley's work

S/N	ITEMS	Response	
		YES	NO
1	I know about health care Chaplains		
2	I will need a chaplain to visit me and provide me with spiritual care		
3	I know the combination of pastoral care and medical care will impact my recovery.		
4	The chaplains would have helped me cope with my fears.		
5	I think, medical attention alone is not sufficient to help me feel more hopeful and better.		
6	I should have been stable in every aspect of my health if I had a chaplain to care for me		
7	Chaplains would have provided me with the needed care to face difficult life issues.		
8	I would have overcome my fears by now and should have been recovering fast.		
9	The chaplain would have helped me to be able to adjust to my medical condition and the reality of life.		
10	I would have been ready to return home at this point if I had a chaplain provide me with emotional and spiritual care alongside medical care		
11	I should have been experiencing whole-person care and fast in recovering if I had a chaplain's care.		
12	I need help from a chaplain to cooperate with the doctors and nurses.		
13	I need more prayer and spiritual care to comfort me in this difficult time.		

14	I believe in whole-person care which chaplains play a vital role in.		
15	I need a chaplain to make me feel better about my problems		

APPENDIX D

TRAINING OUTLINE FOR VOLUNTEER CHAPLAINS

OUTLINE OF TRAINING PROGRAM FOR VOLUNTEER CHAPLAINS AT JENGRE SDA HOSPITAL FROM 08 OCTOBER TO 12 NOVEMBER 2020

Week 1	Day1.	a. General introduction b. Introduction to chaplaincy ministry
	Day2	a. The biblical and theological foundation b. The legal foundation of chaplaincy c. Types of chaplaincy
	Day 3	a. The development of healthcare chaplaincy. b. Who is a healthcare chaplain? c. Roles of healthcare chaplains in whole-person care. d. Chaplains and self-care/self-awareness
	Day 4	a. Qualities of a good chaplain b. The requirement for professionalism in healthcare chaplaincy c. Specialization of healthcare chaplaincy d. Initiating chaplaincy visit.
	Day 5	a. Crisis intervention model b. How to provide spiritual care to patients and relatives in the hospital. c. Diagnosing spiritual struggles d. Assessment in spiritual-care
Wee2	Day1	a. Care for the sick b. Caring for the relative of the sick c. Caring for the hospital staff
	Day 2	a. Chaplaincy professional ethics a. Ethics of work b. Ethics of confidentiality c. Ethics of spiritual modeling. b. Ethic and care of the sole
	Day 3	a. Patients autonomy b. Spiritual abuse
	Day 4	a. Understanding mental illness and spiritual care b. How to provide care for those with mental illness
	Day 5	a. Differentiating between mental illness and spiritual attack. b. Faith and Spirituality in Healthcare.

Week3	Day 1	a. Identifying spiritual Distress. b. Communication and listening a. Active listening b. Non-verbal communication. c. Responding skills.
	Day2	a. Understanding the patient: a. Older adult patients b. Patients with impairment c. Patients with multiple crises. d. Traumatized patients.
	Day3	Bedside Ministration a. Outline of the visit b. Initiating the visit c. Guidelines for interacting with patient, family, and team
	Day4	Cultural Competency, Spirituality, and Religion a. Assessing one's cultural heritage exercise. b. Religious diversity-traditions on life and health and how it can affect spiritual/physical, and medical care
	Day 5	Caring for the critically ill a. Understanding illness intensity. b. Providing care for the critically ill.
Week 4	Day 1	Crisis intervention techniques and practice. Exercise group discussion and response.
	Day 2	Whole person care and chaplaincy a. Physical care perspective b. Emotional care perspective c. Sociological care perspective d. Spiritual care perspective
	Day 3	Spiritual care assessment tools a. HOPE b. CARE c. FICA d. FAITH
	Day 4	Providing professional Spiritual Care to People with difficulties in accepting medications base on religious beliefs. a. Accept they are right b. Assess their level of understanding of their beliefs c. Provide a clear understanding of faith and healing d. Explain more through active listening, non-anxious, non-partial, and non-judgmental. e. Give them time to process the new idea. f. Allow them to express their faith and belief no matter how senseless it is to you. g. Provide them with referrals if you can't handle their case.

	Day 5	Assessing Spiritual struggles and Medication. a. What is Spiritual struggle? b. How to diagnose spiritual struggles c. The role of spiritual struggles in the healing of the mind d. How does spiritual struggle affect medication? e. How can medication affect spirituality? f. How can a patient take advantage of them both for better recovery?
Week 5	Day 1	Caring for difficult patients. a. Patients of different faith beliefs b. Patients with difficult theological beliefs c. Patients with suicidal tendencies. d. Patients with psychological in-balance.
	Day 2	Ethics and spirituality a. Ethical issues in health care b. Ethical issues in spiritual care c. Patients autonomy (death and dying)
	Day 3	Spirituality, prayer, faith, and Hope in Healthcare Chaplaincy. How are they related and how can they negatively affect patients' health and view of God?
	Day 4	Role of Faith in Healing and Recovery a. Physical effects b. Emotional effects c. Sociological effect d. Spiritual effects.
	Day 5	Healing words and how they affect patients emotionally, socially, spiritually, physically and psychologically.
Week 6	Day 1	End of Lifecare a. Hospice b. Palliative care c. Care for the terminally ill
	Day 2	Death and dying
	Day 3 Day 4	Grief counseling and grief care, Techniques, and practices in grief counseling.
	Day 5	Elizabeth Kubler-Rose Stage of grieving a. Denial b. Anger c. Bargain d. Depression e. Acceptance
	Day 6 Last	Revision and exercise.
Week 7	Day 1	How to select the sample group. Research induction
	Day2	The first selection of samples
	Day3	Volunteers first day with both groups.
	Day4	First exercise reporting and observations
	Day5	Correction of approach
	Day6	Conclusion of the training session.

APPENDIX E

A SAMPLE OF THE TRAINING MANUAL
AND RESOURCE

TRAINING MANUAL FOR VOLUNTEER CHAPLAINS AS A PILOT TRAINING FOR MA RESEARCH STUDIES
CRISIS INTERVENTION MINISTRY/HEALTHCARE CHAPLAINCY PROFESSIONAL GUIDELINES
CONDUCTED BY: BENJAMIN YEMSON NUHU.
ADAPTED FROM DR. BASHARAT MASIH'S LECTURE AND DR. MOSES TAIWO'S CPE CLASSES.
FROM 8th OCTOBER -12th NOVEMBER 2019
VENUE: JENGRE SDA HOSPITAL
Welcome to the volunteer chaplains training for the research work in Jengre SDA Hospital, a pilot project aimed at researching the impact of professional chaplaincy care in the recovery nature of patients in Jengre SDA Hospital.

Introduction

My name is Pastor Nuhu Benjamin Yemson.
Pastor of Kaduna District, North-west Nigeria Conference.
I am the ACMS Coordinator for the North-west Nigeria Conference located in the heart of Kaduna Town in Nigeria. I am married to a boy. A student of the Adventist University of Africa Kenya, Babcock study center. I am currently researching on "*The impact of Professional/trained Healthcare chaplains, on (Whole Person Care) and Recovery nature of Patients in SDA Jengre Hospital".*
The research intends to institutionalize professional chaplaincy care in the hospital if the variables prove the positivity of the studies at the end. This training aims to provide you with basic knowledge of Professional healthcare chaplaincy in the hospital. You will be trained for six weeks with the basic healthcare chaplaincy knowledge and you will act as chaplains for the four months, working with a treatment group and a focus group over the said period. I will be taking you through the major themes and subjects related to healthcare chaplaincy, how to initiate a visit, how to do follow up, how to care for the people in crisis and their family, how to actively carry a professional conversation with the patient and their caregiver, how to assess patients' condition, how to provide intervention, how to monitor the response of patients with whole-person care with the help of professional chaplaincy knowledge, how to provide bedside ministry and how to report verbatim etc.
We don't have enough time to do this, so we will give our best to the training and the practical classes we have and how best we can meet up with the study timeline. Daily we will spend four hours in class and from next we, we will spend two hours in the word for the practical classes. We have many readings from journals, magazines, and books available on the subject matter. Each reading requires a report, reflecting knowledge gained during the studies and classes.
Introduction

Have you heard of a chaplain before? What have you been told or what have you heard, learned or read about chaplaincy, or chaplain? Let them respond.
Who is a chaplain? What is the difference between a chaplain and a pastor?
We will begin from the known to the unknown. Let us begin with the pastor.

Pastor

Definition:

The word pastor is derived from Latin which means *shepherd*. Pastor and Elder are the same (1 Tim 3:1-14; Titus 1:5-9)
The Hebrew word "raah" is used 173, times in the scriptures and it is used to describe feeding sheep (Gen. 29:7). Read Jeremiah 3:15
In the New Testament, the Greek word *"poimen"* is also translated as pastor or shepherd.
In the NT, the word is used 18 times (Eph.14:11).
Jesus called himself *"Good shepherd".* (John 10:11). Also read 1 Pet. 5:1-2.
1 Tim. 3:1-7 and Titus 1:5-9 *"overseer"*.
The term goes back to 400 AD. And what is the job description of a pastor?
The protestant's use of the word *"pastor:* as a job title dates back to Reformers John Calvin and Huldrych, says they can be preachers, teachers, and leaders of the church. In some denominations, pastors are also denominational leaders.
A minister particularly one whose actions show care for an individual or a group. The pastor is a Latin word and conveys the work of the shepherd, God's loving protection and guidance of God's people, the flock
The ministry designates the caring aspect of ministry in distinction to its model of administration, proclamation, and teaching.

Pastoral Theology

Pastoral theology is the theology of shepherding. The theory of cure, or care of souls. Paul's epistle to the Ephesians tells us that some are given to be pastors. We can discover in scripture exactly what the role and job of the pastor is. By looking at how Jesus shepherds the sheep we can see how a pastor shepherd in this way. Jesus is referred to as the great shepherd of the sheep. (Hebrews 13:20) He is the role model for all of God's pastors. Jesus is the great shepherd and all of his pastors are the lesser shepherds.
John 21: Jesus appears to 7 disciples. 21:15-17 "feed my sheep".
The job title "pastor" therefore refers to a spiritual shepherd. (see Ephesians 4:11)

Chaplain

Definition:

In common language – A Chaplain is a clergyman ministering to some institution.
A person designated to minister to the spiritual and emotional needs of sick and housebound or to those in school, hospital, prison, Army, Navy University, Air force, parliament, etc.

Biblical Foundation on Chaplaincy

Gen. 2:15 God commanded our first parent….
No need of preaching the good news of the gospel, here all is good and perfect……
They were the caretakers.

- Gen. 48:15: God as a shepherd
- Exod. 15:26: I am the Lord who heals you.
- 2 Sam. 7:7: Shepherd my sheep.
- Ps. 28:9: And be there shepherd.
- Ps. 34:18: The Lord is closer to the brokenhearted.
- Ps. 80:1-2: O' Shepherd come and… Recovery of soul.

- Jer. 31:10: He will watch over his flocks.
- Is. 40:11: He tends his flock like a shepherd.
- Heb. 13:20, 21: He will equip you.
- Ps. 42:11: Why are you downcast, O my soul (the entire 42 chapters).
- Rev. 21:2-4: Lord will wipe every tear from their eyes.
- 1 Pet. 5:7: Cast all your anxiety on him because he cares for you.
- Deut. 31:8: The Lord himself will go before you.
- John 14:27: Do not let your heart be troubled.
- Matt. 11:28: Come to me all you who are weary.

Chaplain refers to a clergyperson who has been **Called and Commissioned by God First and Foremost,** and then, by a faith group or an organization to provide pastoral services in an institution, organization, or governmental entity for emotional and spiritual support. Chaplain's ministry involves crisis intervention ministry, counseling, and administration of sacraments, worship services, education, and help in ethical decision- making staff support, and ministry to institution staff.

Historically:

"History records various' equivalents' from ancient Assyria onward. Theory of the derivation of the term relates to the relic cloak (*capa or capella)* of St. Martin of tours or from the Latin term 'capellanus', *kapelaan* in the military. Whereas English uses Chaplain"

What is Pastoral Care?

Pastoral ministry + Chaplaincy = Pastoral care.

Pastoral Care is a Ministry of Crisis.

Pastoral care is how we journey with each other in terms of celebration, sadness, turmoil, transitions in life, sickness and death. "pastoral care demonstrates a dedication of human dignity, appreciation for individual differences, a balance of acceptance and accountability, a dedication to justice and mercy, and an incarnation of love and hope."

History of Pastoral Care

The Latin title "*cura pastoralis"* derived from '*Liber Regulae pastoralis or Regula pastoralis (The book of the pastoral tule)* is a treatise on the responsibilities of the clergy written by Gregory 1st, around the year 570 AD. The book was taken to England by Augustine of Canterbury-who was send to the kingdom of kent by Gregory in

Hospital Chaplaincy

A definition of chaplaincy was adopted in 1968 by the fourth inter-organizational consultation on Hospital Chaplaincy. This was a group represented by five organizations:

1. The American Hospital Association.
2. The American medical association
3. The American protestant Hospital association.
4. The united state catholic conference.
5. The synagogue Council of America.

The Definition of Hospital Chaplain

The hospital chaplain is ordained clergy, endorsed or approved by the proper ecclesiastical authority, and appointed or accepted by the governing body of the hospital, whose purpose is to minister to the religious need of persons in the setting in which her (she) serves.

Although the primary concern of the chaplain is ministering to the patients, he (she) also serves their families, the hospital staffs, and the community"

The chaplain possesses a particular understanding of the relationship between faith, illness, and emotional or mental conflicts that arises, and seeks to motivate and invite healthy, meaningful use of each other individuals' religious beliefs and attitude in the management of hi (her) problems.

Clinical Pastoral Education (CPE)

CPE is an interfaith professional education for ministry. It brings theological students and ministers of all faith (pastors, priest, rabbis, imams, and others) into supervise encounters with persons in crisis. Out of intense involvement with persons in need, and feedback from peers and teachers, students develop a new awareness of themselves as persons and the need of those to whom they minister. From a theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they development skills in interpersonal and inter professionals relationships

Another Definition

Clinical pastoral education provides a milieu for the student to enter more fully into relationships with God and man. Through the evaluation of pastoral relationships, it offers him (her) Christian faith. It provides the process whereby knowledge, insight, feeling, and experience, under assimilation and integration, are transforming into understanding, skills, and competence in the pastoral function. This experience seeks to clarify in understanding and practice the resources, methods, and meaning of religion as express in the pastoral care.

CPE Goal

The CPE participant's contract is developed around the learning goals of :

A. Pastoral reflection: Reflection on one's self as person and pastor in relationship to persons in crisis, the supervisor, and peer group members, as well as the curriculum and institutional setting.

B. Pastoral formation: Focus on personal and pastoral identity issues in learning a ministry.

C. Pastoral competence: Deepening and unfolding of competence in pastoral function, pastoral skills, and knowledge of theology and the behavioral sciences

Chaplains are Practitioner of Crisis

What is a crisis? What comes to your mind when you hear the word crisis?

Definition of Crisis

An emotionally stressful event or traumatic change in a person's life. A crisis is an internal reaction to an acute external hazardous situation over which a person has no control. It is an upset in a person's level of normal functioning, a state of temporary loss of a person's coping abilities with emotional dis-function

The Chinese word for "Crisis" The first character is "Danger". And the second means "opportunity" Therefore we can say it is "a dangerous opportunity". Others defined crisis, as a threat of loss or an actual loss and pain, which arouses anxiety, grief, guilt, anger, depression, or craziness. Although the crisis is painful, can be used to confront one's identity dilemmas and enhance self-awareness and personal growth. Otherwise self remains hidden.

Brief History of the Development of Crisis Intervention

Sigmund Freud, as early as in 1906 recognized crisis intervention. The famed conductor Bruno Walter case Anton T. Boisen, a pioneer in the field of pastoral care a counseling a clinical pastoral education. Contemporary crisis intervention theory began with Erich Lindemann and Gerald Caplan, psychiatrists at Harvard university school of public health. Their theory developed from Lindemann's study in 1943.

Crisis intervention is a relatively new field and more studies and research are being launched in this field.

Types of Crisis

1. **Developmental crisis.**
2. **Situational crisis**.

Developmental crisis:

They are a normal crisis. They are predictable though critical events. This is the experience we all sometimes go through our lives, such as emotional turmoil attendant upon adolescent or middle age such as childbirth. Howard W. Stones.

Situational Crisis:

Situational crisis is exceptional and unpredictable; they are emotional trials and dysfunctions which result from unusual circumstances.

How do people React When a Crisis-Hit Them?

- Urgent?
- Upset?
- Helpless?
- Nonfunctional?
- Fearful?
- Hopeless?
- Anxious?
- Numb?
- Hysterical? Dangerous?
- Out of control?
- All of the above.

Causes of Crisis?

Loss of job.
Loss of relationship.
Loss of a position, status, and respect.
Incapacitating accident.
Illness.
Surgery.
A bad diagnostic report.
Death of a family member or friend.
One's impending death.
Marital infidelity.
Sever alcoholic or drug addiction.
Unwanted pregnancy.
Abortion.
Moving away from a place of security.
A national disaster.
Massive calamity.
War or rumors of war
Hurricane, Tornado, Earthquake, etc.
Suicide.
Getting in trouble with the law.
Being drafted.
Sudden religious conversion.
Homosexuality.

Miscarriage.
Entering a retirement home.
Birth of a deform baby.
The list could go on.

Five Basic Reactions to a Crisis

Physical.
Cognitive.
Emotional.
Behavioral.
Spiritual.

A Person's Needs in Crisis

Aaron Lazare and his associates in their research came up with 14 different categories:

1. They want a strong person to protect and control them- hidings in another person "please take over me".
2. Needs for someone who will help me maintain contact with reality, "help me know that I am real".
3. One who feels exceedingly empty and who need loving, "care for me".
4. Insecurity-those who need a counselor to be available for a feeling of security, "always be there".
5. Takes a person to hidden with guilt who seek to confess, "take away my guilt".
6. Those who urgently need to talk things out "let me get it off my chest".
7. One who desires advice on pressing issues, "tell me what to do".
8. One who seeks help on conflicting ideas, "helps me to put things into perspective".
9. One who desires self-understanding and insight into their problems, "I want to counsel".
10. Need the ministration of a physician, "I need a doctor".
11. Need for practical economic assistance, "I need some specific assistance".
12. Information as to where to get help, "tell me where I can get what I need".
13. One who seems to be paralyzed by the event, "do it for me".
14. Unmotivated, "I want nothing".

God's Loving Care in Our Crisis

Our loving God hears us when we call Him for help and guidance. He rescues us from all our troubles. Our Lord is closer to the brokenhearted; He rescues those who are crushed in spirit and weak in there human flesh. Let us study the Bible passages below for further clarification.

Ps. 34:17-18
Ps. 145:19
Ex. 3:7-9
Ps. 147:3
Jer. 29:11

How do People Feel When Confronted by a Crisis?

Nine disruptions move a person from a comfort zone to an uncomforted zone during a crisis. The nine disruptions as outlined by Norman Wright are as follows

1. A sense of bewilderment, "I never felt this way before."
2. A sense of confusion "I can't think clearly- my mind doesn't seem to work."
3. A sense of danger, "I feel so scared- something terrible is going to happen to me."

4. A sense of impasse (trapped), “I am stocked- nothing seems to help me get out.”
5. A sense of desperation, “I’ve got to do something, but I don’t know what to do.”
6. A sense of apathy (lack of interest), nothing can help me- what is the use of trying?”
7. A sense of helplessness “I can’t cope with myself- please help me.”
8. A sense of urgency, “I need help right now.”
9. A sense of discomfort, “I feel miserable and unhappy.”

Pastoral Plan.

Who? What? Where? How? When? And What to Say?

It is important to know the person one is visiting and providing emotional support from a spiritual background. As you plan for a visit which is your pastoral plan, there are data and facts you should get straight to visit a memorable and effective one. You have to know :

- Name of patient you are visiting
- The diagnosis or ailment of the patient
- The patient’s present situation

Key Steps to Crisis Intervention

1. Knowing
2. Being
3. Belonging
4. Doing

Knowing

As a spiritual caregiver to a patient or person in crisis, you are expected to listen attentively. Listen to the patient with physical and sensory senses. Listen to the verbal and non-verbal conversation. Practice active listening. At this stage, you are thinking of what to do, you have to display a keen understanding. Let the patient understand that you care, accept the patient, and get involved in the life of the patient with Christ-like compassion. You need to know your self-worth, also give the patient a sense of importance. Let the patient know that, he/she is important.

Being (Your Presence)

The heart of your chaplain-patient relationship is your presence in the life of the patient. The patient or care seeker needs your presence during a crisis. Let the patient feel your presence, your soft affirmative statements, encouragement, words of genuine hope, your time and feelings, let the patient know you represent God, and that you are their friend who seeks their good, establish a relationship of trust to a very high level.

Belonging

Once you secure the patients' trust, your identity becomes important. You need to know your authority. Who do you represent? Who do you work with as a team in your interdisciplinary capacity? You have to honor the autonomy and integrity of the patient, being mindful in respecting the patient’s faith tradition, ministering in his/her faith tradition.

Doing

The main aspect of your work as a chaplain and spiritual caregiver is the work you do. One active ingredient of your ministry is the **Logo Therapy**; Timothy Ledbetter calls it “Conversational medicine.” You will have to understand that, the chaplain does not administer drugs to heal; the chaplain uses healing words to provide emotional, psychological, physical, and spiritual healing. Doing include your love and care,

communicating life's meaning, giving life a purpose, provision of hope, providing the ministry of comfort, being confidential, ministry of touch, ministry of prayer, reading the scriptures, and providing other sacramental ministries.

Basics of Crisis Intervention/ Chaplains line of Work with Patients

The following are basics for crisis ministry which is the brainchild of healthcare chaplaincy.

1. Listen
2. Assess the situation/need
3. Normalize the patient
4. Reassure
5. Plan
6. intervene
7. Educate
8. Offer counsel
9. Providing spiritual care daily
10. Being a servant leader like Christ who came to serve and not to be served.
11. Be an intercessor /Liaison or an advocate for both patients and institution
12. Referral
13. Be a healer of physical, psychological, and spiritual sicknesses.
14. Monitor

Anatomy of Visitation

As a chaplain, your work is to visit. It is in visiting that you can know and meet the need of those in crisis and need. You don't just wake up and start working or visiting. It should be planned and carried out well. In planning visitation, the pattern below should be followed.

1. Introductory level
2. Connecting Level
3. Conversational level
4. Assessment level
5. Therapeutic level
6. Conclusion level.

Introductory level

At the introductory level, you are required to contact the patient through a knock at the door and take permission before you enter any room. Follow by presenting yourself into the patient or person's clear view. You are expected to introduce yourself by telling your name, where you came from, who you represent, why you are there, and your desire to see the patient recover. Watch out for clues of welcoming or not welcoming dynamics, gently move inside the room.

Connection Level

The next level of visiting after the introductory is the connection level. Here, you seek to connect with the patients. Many have called it, "make it or break it junction" this is so because, if you do not handle this stage well, you can break the link with the patient. You use the body language as well as the words spoken in both verbal and nonverbal communication.

A welcome indication is the first connecting point. Here at this stage, you do a second introduction; you do a second introduction by telling the patient you are a member of the healing/ interdisciplinary team, make known, the religious services available. Beware that, at this point, the patient is still checking you to know whether or not, to walk with you through the process. Next, you ask, may I sit down and can I speak further with you?

Conversational Level

At this level of your visit, you are seated by the side of the sick person; you initiate the conversation since the patient might probably be seeing you for the first time. Here your essence of the visit takes place. At this level, respect the patient's privacy, allow the patient to set the agenda for the discussion after making the patient feel at home with you. Be flexible, watch for clues about what is important to the person you are ministering to, gently guide the person into those areas to open up to your ministry. Let the person tell you their stories, crisis, and issues associated with them without stopping them. Avoid shaming them. As much as possible, allow them to do the talking this will build more rapport between you.

Assessment Level

While the patient or person is talking, you are responding calmly and processing within you, how to assess, the level of the crisis and what will be the response to the assessment. You clarify the issues and ask clarifying questions so you don't assume that, you understood the person. Clarify issues of relevant factors, discover patients' core concern (primary concerns), what significant changes have occurred in the patients' mental, physical, spiritual, and social life? How a person's intentions, resources of vitality, support, and faith employed? Listen to the person's story of crisis (active listening)

Therapeutic Level

This level is the stage at which you provide "therapy" medication or healing to the patients or seeker. Know that not every visit requires therapy. The therapeutic level begins with a patient does or says something significant offering himself or herself for your ministry. Here you need to apply caution and boundary lines have to be maintained. You must as a chaplain, ensure the patient is not manipulated emotionally, spiritually, or relationally. The chaplains own agenda must be kept aside. Patients' energy level must be watched, your limitations need to be watched and refer when possible. Here you can apply logotherapy/ conversation medicine, scriptural reading, prayer, Holy Communion, and anointing (if you have the capacity and authority to do so), touching ministry.

Conclusion/ Termination of Your Visit.

After going through all the stages above, you are now done with your visit for the day, you are expected to:

1. Stay focus and connected
2. The conclusion of your visit is as important as the beginning.
3. Watch out for a natural conclusion (parking pause)
4. Do not cut the patient off
5. The guiding words here are to close the visit cleanly and clearly.
6. Indicate your intention to depart/ask the permission to depart
7. A word of prayer as a benediction is appropriate.
8. Keep the chair back to its place and quietly walk out, leaving the door as you found it when you went in or politely ask how the patient want the door to be left.
9. Inform the family and the medical persons that you are leaving.
10. Don't promise a follow up when you know you can't keep up with it, it hurts them to be failed when promised.
11. Refer patients when you can handle them with your techniques.

How to Talk to a Sick Person in Crisis

Ihewulezi (2011) opened his masterpiece work on hospital preaching as informed by bedside listening with the following statement, "I have discovered that more

intentional hospital bedside listening to the stories and experience of the sick, is very necessary for effective hospital preaching to the hospital community."[1]
Talking to a sick person requires quite a lot of skills in dealing with their crisis. (Black 1996) opines that, " while attending to the sick in the hospital, the caregiver should understand that, the patient's stories and experience are valuable resources that can be utilized in the preparation and delivery of the more effective speech to the patient and their relations in providing them with spiritual or pastoral care.[2] Ihewulezi (2008) added that " bedside listening and preaching that results from listening are important for addressing the problems of the sick."[3] Talking to the sick has an organized pattern that if followed, will yield results.
There are standard hospital bedside chaplain and patient chat, a pattern of conversation that should flow between a chaplain, the sick person, and the patient relatives at large. Bedside ministry to the patient or the sick person is not a one-way thing, it is a dialogue that allows the sick person to open up and take the lead most of the time. In bedside ministry to the sick, Ihewulezi (2008) Posited that "bedside encounters with patients can inform the preacher(chaplain or pastoral minister) and can result in the more effective liturgical talk in the hospital, hospice, and nursing home settings."
Supposing the sick person is in a hospital, the visit that will result in the conversation will have this preamble as posited by John Ehman (2016) in his work; The Chaplain and the Hospital Patient: A Typical Pattern for the Beginning of an Initial Visit. In this work, he expanded on four steps on the caregiver's visit that ends in talking to the care seeker[4]. The steps are as follows:
1. The chaplain knocks on the usually open door before entering the room. (Also, from the doorway, it is often possible to look around the room and see the patient. The intention for this according to him, is for the chaplain to understand that knocking on the door acknowledges that the chaplain is entering the patient's space and is initiating an interaction. (Also, in observing the room and the patient, initial impressions are formed. These first impressions may be insightful, but they can also be misleading.)
2. The chaplain states clearly his/her title, the reason for the visit, and inquires (usually informally) whether the patient would like to proceed. The chaplain acts in a friendly and non-anxious manner. This helps the chaplain to understand that, as the initiator of the visit, it is the chaplain's responsibility to proceed only with the patient's informed consent. Providing clear information also reduces confusion and anxiety about a visitor.
3. The chaplain may offer more Pastoral Care information and explain a bit more about his/her role, especially as someone primarily interested in hearing the patient's concerns and experiences. The chaplain works to invite the patient to take the lead in the conversation. This also, he/she does with the understanding that, he/she

---

[1] Cajetan N. Ihewulezi, *Hospital Preaching as Informed by Bedside Listening: A Homiletical Guide for Preachers, Pastors, and Chaplains in Hospital, Hospice, Prison, and Nursing Home Ministries* (Toronto, Canada: Toronto University Press, 2011), xi.

[2] Kathy Black, *A Healing Homiletic: Preaching and Disability* (Nashville, TN: Abingdon Press, 1996), 45.

[3] Ihewulezi, *Hospital Preaching as Informed by Bedside Listening*, xi.

[4] John Ehman, "The Chaplain and the Hospital Patient: A Typical Pattern for the Beginning of an Initial Visit," *Journal of Pains and Symptom Management* 50, no. 4 (May 2015).

needs to invite the patient to begin taking the initiative. This is a demonstration of the chaplain's actual role as a ***listener***, but inviting the patient to take the lead in the conversation amounts to a kind of "role reversal" at this early stage.

4. The chaplain responds to the patient in a way that implies personal concern and attentiveness to the patient's situation. If practical, the chaplain asks if he/she may sit down. Thus begins the pastoral conversation. In this, the chaplain is trying to convey a desire to be open but not intrusive. He/she works to follow the patient's lead. (Sitting facilitates a more informal atmosphere, but the patient should not have to strain from the bed or a chair to see the chaplain.).

At this point, the chaplain which I am would have been able to successfully provides a talking atmosphere for himself and the care seeker to talk and for him to provide the needed pastoral care for the sick. Talking to the sick as stated earlier and above will only be successful when the sick person is open enough to allow the caregiver or the chaplain to do so. The chaplain understanding of the fact that he/she has entered the territory and space of the patient here, is a valuable tool for me to function well as a caring chaplain, not forcing my own will to the patient, nor subjecting the sick person to my terms but availing myself to reason with the sick is key. [5]

Types of Leading in Pastoral Interactions

(Clerk 2018) gave a beautiful presentation about pastoral interaction with the sick people. He outlined various ways a pastor can create interaction with the sick. “One way of looking at a pastoral visit with a patient is with an eye to how much the chaplain may be leading or directing the course of the interaction. The more directive the chaplain, the less likely the conversation will be driven by the patient's expression of his or her needs. The following characterizations of interventions by chaplains are listed in order of the degree of leading involved.”[6] The following are the interactive models of interacting with the sick:

Least Directive

1. Listening in attentive silence.
2. A simple indication of understanding or acceptance (e.g., nod or "m-hum").
3. A brief restatement of the other person's exact own words.
4. Clarification of a particular word or phrase.
5. Simple summary acknowledgment of a patient’s expression of thought or feeling.

Moderately Directive

6. Explicit approval of what has been expressed (e.g., "Yes, I agree.")

7. General leading based upon what has been said (e.g., "Will you tell me more about that?")

Strongly Directive

8. A tentative analysis of what has been expressed
9. Explicit interpretation of what has been expressed or inferred
10. Urging or suggesting solutions to problems (e.g., "Do you think it would be helpful to...")

---

[5] Allan W. Reed, “CPE Supervisor” (Lecture notes presented at the St. Luke’s Hospital Lectures, New York, NY, 1993) drawing on Francis P. Robinson, *Principles and Procedures in Student Counseling*, Principles and procedures in student counseling (Oxford, England: Harper, 1950), 82–95.

[6] James Clerk, *What to Say as a Spiritual Caregiver to the Sick* (Orlando, FL: Graceland, 2009), 43.

Most Directive

11. Depth interpretation
12. Rejection of expressed ideas or feelings
13. Reassurance against worries
14. Changing the subject

The above is a step by step approach to talking to a sick person and how to make them open up to received quality pastoral care from a chaplain who I am.

How does Crisis Develop?

The following are ingredients that spore Crisis.:

1. Triggers/ precipitating events.
2. Turmoil/ shock/stress
3. Pushing the person from his/her comfort zone to an uncomforted zone.

Crisis Behaviors

1. Tiredness
2. Exhaustion
3. Helplessness
4. Inadequacy
5. Physical symptoms
6. Pains
7. Anxiety
8. Disorganization of functioning in the work relationship
9. Disorganization of functioning in family relationship
10. Disorganization in of functioning in social activities
11. Loss of appetite
12. Loss of sleep
13. It takes a person into hiding.

Preparation for Counseling

As a counselor or a chaplain, there is an intentional desire to provide care to the person in crisis or need. You need to plan well and have an outline of how the counseling conversation will go you need to be prepared for the situation. Know your limitations, understand that there is no magic wand, accept failure, be prepared for the expression of negative feelings. Be sensitive to the expectations laid on you. Know that, you cannot do it alone. Know also that you need help and support as a chaplain. Never give seekers false hope, keep all your promises, and never make one if you cannot keep them. Watch out for your negative
feelings and anger, sarcasm, belittlement, judgment, taking sides away from you.

ABCD of Crisis Intervention

- A: Achieving contact with the person in crisis
- B: Boiling down the problem to its essentials.
- C: Coping actively with the problem.
- D: Do not forget to follow up.

How does a Crisis develop? Stages to Resolution.

1. Precipitating or triggering events.
2. Turmoil, shock, stress, disorientation, and a person's coping mechanism failed.
3. Here at this point Crisis occurs.
4. The need for crisis intervention (self/Professional counselor/Chaplains.)
5. Knowing, being, and doing strategies.

a. Appraisal, assessment, or evaluations.
b. Resources and coping methods.

c. Resolution plan.

Stages to Resolutions

a. A functional stage
b. Reestablish stability
c. Back in touch with reality.
d. Resolution/Homeostasis
e. A stage is better than homeostasis.

Models of Intervention

There are two major models of interventions in crisis.

1. One –one model. This means you as the caregiver alone with the care seeker will talk face to face. This type is easily applicable to loss of a job, death of a family member, divorce, infidelity, separation anxiety, life-threatening diagnosis.
2. Group intervention model. This one is commonly done when there is a disaster, it requires counseling a group or in a group.

Intervention for the groups can be done either in small group crisis intervention or in a large group crisis intervention.

In both groups, you do not function as a commander; you become one of the team members with local community plans-one with:

a. Local social, medical, law enforcement, fire department, ADRA, FEMA, Red Cross agencies.
b. Your function will be the same/ a crisis intervention counselor.
c. Here you work with other pastors, chaplains, and clergy and set up a booth, tent, or room for your service.

Thank you.

APPENDIX F

ETHICAL CLEARANCE FORM

I, NUHU BENJAMIN YEMSON, a student of the AUA Master of Chaplaincy Program, do hereby ask permission to go ahead with my research, with the full intention of collecting data ethically, without harm of any kind to those who will give me **INFORMATION**.

Title of the project: The Impact of Professional Healthcare Chaplains on Patients' Recovery Nature in SDA Hospital Jengre, Plateau State Nigeria.

Place where the project will be carried out: SDA Hospital in Jengre, Plateau State in North Eastern Province of Nigeria.

I agree to obtain the informed consent of the persons whom I will interview, survey, or used as an experimental study. I will avoid causing any harm to these subjects. I also agree to maintain the confidentiality of those interviewed/surveyed. Finally, the information gathered will be used exclusively for my project.

(sign here)

Signature of the student
Date 10-11-2019

APPENDIX G

RESEARCH INFORMED CONSENT FORM

Thank you for agreeing to take part in this important study entitled:
"The Impact of Professional Healthcare Chaplains on Patients' Recovery Nature in SDA Hospital Jengre, Plateau State Nigeria."
The purpose of this study is to assess the impact, or roles, professionally trained Hospital chaplains, play in the recovery nature of patients, the need to train more professionals in the line of healthcare chaplaincy, and the need to for the church in northern Nigeria union conference, to give attention to training and hiring professionals in the healthcare facilities in the region. Therefore, your thoughts and opinions are very valuable.
Please note that your participation in this study is voluntary and your identity will be kept anonymous. All data obtained in this survey will be kept on a password-protected computer. In case you change your mind and wish to withdraw from the study, you can do this at any time.
Individual results may not be provided, but the research report will be forwarded to the participant when required and will be available for you to read.
If you agree with the terms and conditions mentioned above, please sign the Participation Approval Form below. This form will be collected before the experiment begins.
Should you have any questions or queries, please do not hesitate to contact me at the provided telephone number or email address below my signature.
Thank you for considering participating.
Yours in His Service,

(sign here)

NUHU, Benjamin Yemson
Master of Chaplaincy Student
Adventist University of Africa
Phone number: +234(0)8030946189
Email address: yemsonbn2000@gmail.com;nuhub@aua.ac.ke

BIBLIOGRAPHY

Abraham, Abin, Aby A. Kurian, and Alby Matthew. "Biblical Foundations for Pastoral Care and Counseling." A Paper Presented to Rev. Dr. Cherian Matthew, n.d. Accessed May 7, 2019. https://www.academia.edu/20398490/Biblical_Foundations_for_Pastoral_Care_and_Counseling.

Admin. "Adventist Chaplains." *Adventist Chaplaincy Ministries General Conference*, 2018. Accessed January 6, 2020. https://www.adventistchaplains.org/.

_____. "SA & NT Association for Clinical Pastoral Education." *SA & NT Association for Clinical Pastoral Education*. Accessed February 25, 2020. https://santacpe.com/.

_____. "The 3000 Year History of Chaplaincy." *The 3000 Year History of Chaplaincy ~ The Entertainment Industry Chaplains*, 2011. Accessed January 31, 2020. http://enterchaplains.blogspot.com/p/3000-year-history-of-chaplaincy.html.

_____. "U. S. Army Chaplain Corps." *The Campaign for the National Museum of the United States Army – Home of The Army Historical Foundation*, January 28, 2015. Accessed February 3, 2020. https://armyhistory.org/.

Adventist Chaplaincy Institute. "Handbook of Adventist Chaplaincy Institute." *Adventist Chaplaincy Institute*, 2019. Accessed January 7, 2020. https://www.adventistchaplaincyinstitute.org/.

Afolaranmi, Tolulope, Zuwaira Hassan, Chikwe Amaike, Chundung Miner, and Tinuade Oyebode. "Effect of Health Education on Knowledge of Malaria and Long Lasting Insecticide-Treated Nets among Clients Accessing Care in the out-Patient Department of a Secondary Health Facility in Plateau State, Nigeria." *Journal of Medicine in the Tropics* 17, no. 2 (July 1, 2015): 65–70.

Agbiji, Emem Obaji. "Pastoral Caregivers in the Nigerian Hospital Context: A Pastoral Theological Approach." PhD Dissertation, Stellenbosch University, 2013.

Aja, Victoria. "CHAP 614 Challenges of Chaplaincy Ministries in Africa." Paper presented at the Adventist University of Africa Babcock Cohort, Ilishan, Nigeria, June 16, 2016.

Aja, Victoria T. "The Relevance of Patients' Spiritual Care in the Nigerian Cultural Context: A Health Care Chaplain's Perspective." *Journal of Pastoral Care & Counseling* 73, no. 2 (June 1, 2019): 82–87.

Akih, Abraham Kwe. “Penal Reform in Africa: The Case of Prison Chaplaincy.” *HTS Teologiese Studies / Theological Studies* 73, no. 3 (August 2017).

Amaike, Chikwendu. “Medical Director SDA Hospital Jengre, Director of Health and Temperance, Northern Nigeria Union Conference.” Interview by Researcher. Interviewed in his office at the Hospital in Jengre, October 9, 2019.

Beardsley, Christina. “‘In Need of Further Tuning’: Using a US Patient Satisfaction with Chaplaincy Instrument in a UK Multi-Faith Setting, Including the Bereaved.” *Clinical Medicine* 9, no. 1 (February 1, 2009): 53–58.

Binda, Likiru. “The History of the Origin of the People of Jengre.” Interview by Researcher. Face to face, October 12, 2019.

Bindas, Shem. “Historical, Cultural, and Economic Antecedents of the People of Jengre.” A Paper presented at the National AMONDA Day, January 2, 2018.

_____. “Provost Federal College of Education Gindiri, Plateau State.” Interview by Researcher. Face to face, November 12, 2019.

Black, Kathy. *A Healing Homiletic: Preaching and Disability*. Nashville, TN: Abingdon Press, 1996.

Boisen, Anton T. *Out of the Depths an Autobiographical Study of Mental Disorder and Religious Experience*. New York, NY: Harper and Brothers, 1960.

Burns III, Columbus Benjamin. “The Challenge for Christian Chaplains to Provide Spiritual Care to All.” Doctoral Dissertation, Atlanta Theological Association Inter-denominational Theological Centre, 2007.

Cabot, Richard, and Russell Dick. *The Art of Ministering to the Sick*. New York, NY: Macmillan, 1936.

Cadge, Wendy. “Healthcare Chaplaincy as a Companion Profession: Historical Developments.” *Journal of Health Care Chaplaincy* 25, no. 2 (April 3, 2019): 45–60.

Cadge, Wendy, Jeremy Freese, and Nicholas A. Christakis. “The Provision of Hospital Chaplaincy in the United States: A National Overview.” *Southern Medical Journal* 101, no. 6 (June 2008): 626–630.

Cannon, John W. “The Hospital Chaplaincy.” *Ministry Magazine*, May 1958. Accessed May 6, 2019. https://www.ministrymagazine.org/archive/1958/05/the-hospital-chaplaincy.

Ceballos, Mario. “Adventist Chaplaincy Ministry, God’s Blessing for the Church.” *The Adventist Chaplain*, March 2016.

_____. “Christ the Greatest Chaplain of All Times.” Sermon presented at the Seminary Chapel, Babcock University, Ilishan, Nigeria, May 4, 2019.

Ceballos, Mario. “Grief and Crisis Counsel: Care for the Bereaved and Dying.” Lecture presented at the Masters of Chaplaincy Class, Babcock University, Ilishan, Nigeria, May 29, 2019.

Central Intelligence Agency. “Nigeria Central Intelligence Agency.” *Central Intelligence Agency*. Accessed February 12, 2020. https://www.cia.gov /redirects/ciaredirect.html.

Chirdan, O. O., A. I. Zoakah, and C. L. Ejembi. “Impact of Health Education on Home Treatment and Prevention of Malaria in Jengre, North Central Nigeria.” *Annals of African Medicine* 7, no. 3 (September 2008): 112–119.

Clerk, James. *What to Say as a Spiritual Caregiver to the Sick*. Orlando, FL: Graceland, 2009.

Colfer, Maria. “Maitaining a Biblical Perspective on the Role of Chaplains in Effective Care and Healing of Hospital Patients.” Master of Arts, Reformed Theological Seminary, 2014.

Cooper-White, Pamela. *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*. Minneapolis, MN: Fortress Press, 2004.

Covent, Henry. *Ministry to the Incarcerated*. Chicago, IL: Loyola Press, 1995.

Dangana, Yohanna M. “A Strategy for Church Planting Among the Unreached People Groups of Northern Nigeria: Kambari People of Kebbi State, A Case Study.” DMin. Dissertation, Adventist University of Africa, 2017.

Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville, KY: Westminster John Knox Press, 2006.

Ehman, John. “The Chaplain and the Hospital Patient: A Typical Pattern for the Beginning of an Initial Visit.” *Journal of Pains and Symptom Management* 50, no. 4 (May 2015).

Elems, Uche U. “Campus Ministries in the Growing Youth Culture and Post-Modern World.” A Paper presented at the WAD PCM Convention in Babcock University, Ilishan-Remo, Nigeria, December 18, 2018.

_____. “Historical Development of Adventist Chaplaincy Ministry in West Central African Division.” A Paper presented at the Annual Council of the West Central African Division, Abidjan, Cote d’Ivoire, 2019.

Forster-Smith, Lucy A., ed. *College and University Chaplaincy in the 21st Century: A Multi-Faith Look at the Practice of Ministry on Campuses Across America*. Woodstock, VT: Sky Light Paths, 2012.

Funk, Robert W. *Parables and Presence: Forms of the New Testament Traditions*. Philadelphia, PA: Fortress Press, 1982.

Gibson, William. *A Social History of the Domestic Chaplain, 1530-1840*. London, UK: Leicester University Press, 1997.

Griffin, Margaret. “The Foundation of the Chaplaincy Corps.” *Journal of the Society for Army Historical Research* 80, no. 324 (2002): 287–295.

Guinn, Jarrett J. “CHPL 500 New Testament Chaplaincy - New Testament Chaplaincy.” Lecture presented at the Liberty University, Lynchburg, VA, September 2, 2016. Accessed May 7, 2019. https://www.coursehero.com/file/19721785/CHPL-500-New-Testament-Chaplaincy/.

Guthrie, Donald, J. Alec Motyer, Alan M. Stibbs, and Donald J. Wiseman, eds. *The New Bible Commentary*. 3rd ed. Grand Rapids, MI: Eerdmans, 1970.

Health Care Ministries Association. “History of HCMA.” *Health Care Ministries Association*. Last modified 2018. Accessed February 5, 2020. https://www.hcmachaplains.org/history-of-healthcare-chaplaincy-and-hcma/.

Hendricks, Dale. “Effective Holistic Care for the Sick: The Place of Prayer in Healing of a Patient.” *Ministry*, June 2016.

Hiebert, Paul G., and Eloise Hiebert Meneses. *Incarnational Ministry: Planting Churches in Band, Tribal, Peasant, and Urban Societies*. Grand Rapids, MI: Baker Books, 1995.

Holm, Neil. “Toward a Theology of the Ministry of Presence in Chaplaincy.” *Journal of Christian Education* os-52, no. 1 (May 1, 2009): 7–22.

Holst, Lawrence E., ed. *Hospital Ministry: The Role of the Chaplain Today*. New York, NY: Crossroad, 1990.

Hutcheson, Richard G. *Exploring Chaplaincy Ministry: Preparing for the Call, Clergy Education*. Kansas City, MO: Church of the Nazarene, 2006.

Idowu, E. Bolaji. *African Traditional Religion: A Definition*. Lagos, Nigeria: SCM Press, 1973.

Ihewulezi, Cajetan N. *Hospital Preaching as Informed by Bedside Listening: A Homiletical Guide for Preachers, Pastors, and Chaplains in Hospital, Hospice, Prison, and Nursing Home Ministries*. Toronto, Canada: Toronto University Press, 2011.

Kyom, Dangana Bannet. “Professional Pastoral Healthcare: A Must for ECWA Healthcare Centres in Nigeria.” A Paper presented at the Graduation Ceremony of JETS (Jos ECWA Theological Seminary), Jos, Nigeria, March 23, 2019.

Lee, John K. “Who Can the Chaplain Be?” *Ministry Magazine*. Last modified April 4, 1980. Accessed May 9, 2019. https://www.ministrymagazine.org/archive/1980/04/who-can-the-chaplain-be.

Lewis, Mitchell. “Biblical Foundations for Chaplaincy.” *Mitchell Lewis*, August 30, 2018. Accessed March 5, 2019. https://milewis.wordpress.com/2018/08/30/bible-foundation-chaplaincy/.

M, Rasi Humberto, and Taylor Charles R. “Adventist Global Strategy, an Ambitions Outreach Project Is Taking Shape. What Role Can University Students and Professionals Play?” *Amicus Dialogue* 1, no. 2 (1989).

Maigadi, Ibrahim Bamaiyi. *Adventism in Northern Nigeria: A Historical Source Material of Seventh Day Adventist Church in Northern Nigeria*. Zaria, Nigeria: Art and Review, 2005.

Maitala, Alhaji Shehu. “Member Representing Bassa/Jos North in the Natonal Assembly at the Green Chaber.” Interview by Researcher. Face to face, October 20, 2019.

Matthew, Ugo Namap. “History of the People of Jengre, Origin, Settlement.” An Undergraduate Project, University of Jos, 2015.

McClements, W. “Progress in the Nigerian Mission Field.” *The Adventist Review and Sabbath Herald*, 1937.

Musa, Kibba Daniel. “A Triangle of Unity and Development.” *Amo Nation*. Last modified 2012. Accessed February 19, 2020. http://amopeople.org/Pictures_TriangleUnity.html.

Nengel, John G. “Seventh-day Adventist Church History in Northern Nigeria: Challenges and Opportunities.” A Paper presented at the Evangelism Summit Organized by Seventh-day Adventist Church, Northwest Nigeria Conference, Kaduna, Nigeria, September 16, 2016.

_____. “Towards a History of Seventh-day Adventist Church North of River Niger and Bebnue 1931-2003.” A Paper presented at the Adventist Educators Association of Nigeria, Port-Harcourt, Nigeria, August 16, 2005.

Nwazue, Ikechi Christian. *Spotlight on Campus Ministries*. Lagos, Nigeria: Natural Prints, 1998.

O’Malley, David. “The Origins of Chaplaincy.” *CatholicYouthWork.Com*, November 10, 2015. Accessed May 5, 2019. http://catholicyouthwork.com/the-origins-of-chaplaincy-from-fr-david-omalley-sdb/.

Oparah, Shalom. “Local Government Areas in Plateau State.” *AllNigeriaInfo*, March 11, 2018. Accessed February 18, 2020. https://allnigeriainfo.ng/local-government-areas-in-plateau-state/.

Paget, Naomi K., and Janet R. McCormack. *Disaster Relief Chaplaincy Training Manual*. Alpharetta, GA: North American Mission Board of Southern Baptist Convention, 2004.

_____. *The Work of the Chaplain*. Valley Forge, PA: Judson, 2006.

_____. *The Work of the Chaplain*. Valley Forge, PA: Judson, 2011.

Parsons, Richard D., and Robert J. Wicks. *Clinical Handbook of Pastoral Counseling*. Edited by Donald Capps. Charleston, SC: Integration Press, 1992.

Perkins, Rodney. “Southern Region Prison Reform: Healing Begins In The Mind.” *The Final Call*. Last modified April 13, 2016. Accessed March 6, 2020. https://www.finalcall.com/artman/publish/prisonreform/article_103036.shtml.

Peyton, Joery R. “Considering a Biblical Mandate for Providing Holistic Pastoral Care to Diaspora Population.” *Global Missiology* 1, no. 15 (2017).

Quick, Ellen K. *Doing What Works in Brief Therapy: A Strategic Solution Focused Approach*. Nashville, TN: Augsburg Fortress, 1998.

Reed, Allan W. “CPE Supervisor.” Lecture notes presented at the St. Luke’s Hospital Lectures, New York, NY, 1993.

Rikko, Laraba. “The Role of Credit in Maize Marketing in Jengre , Bassa Local Government Area, Plateau State.” A Paper Presented for MKT 302 Modern Marketing and Strategies presented at the University of Jos, Jos, Nigeria, October 2019.

Robinson, Francis P. *Principles and Procedures in Student Counseling*. Principles and procedures in student counseling. Oxford, England: Harper, 1950.

Sim, Chor-Kiat. “My Encounters with Two Pioneers in Chaplaincy.” *The Adventist Chaplain*, 2018.

Stouder, Donald Bruce. *First On The Scene: Crisis Intervention in Spiritual Care*. Scotts Valley, CA: CreateSpace Independent, 2015.

Thiselton, Anthony C. *The Two Horizons: New Testament Hermeneutics and Philosophical Description*. Carlisle, PA: Paternoster Press, 1980.

Todd, Andrew, and Lee Tipton. *The Role of a Multi-Faith Prison Chaplaincy to the Contemporary Prison Service*. Final Report. Cardiff, Wales: Cardiff Center for Chaplaincy Studies, Cardiff University, 2010. Accessed February 4, 2020. https://orca.cf.ac.uk.

Trench, Richard Chenevix. *Notes on the Parables of Our Lord*. New York, NY: D. Appleton, 1873.

Ugwu, Ifanyi. *Campus Chaplaincy in Nigeria: A Forgotten Ministry by Main Stream Preachers*. Ibadan, Nigeria: Greenland, 2017.

Waziri, Samson. *The Amap (Amo) People of North Central Nigeria: A Historical Perspective*. Kaduna, Nigeria: DeYackson, 2009.

West-Central African Division of the Seventh-day Adventist Church. *Working Policy*. Accra, Ghana: Advent Press, 2015.

White, Ellen G. *Desire of Ages*. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Messages to Young People*. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2014.

White, Ellen G. *Ministry of Healing*. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Patriarchs and Prophets*. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Prophets and Kings*. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

_____. *Testimonies for the Church*. Vol. 4. Complete Ellen G. White Writings [CD ROM]. Silver Spring, MD: Ellen G. White Estate, 2013.

Wilson, Ted N. C. "The Adventist Church and Non-Combatancy." *The Adventist Chaplain*, March 2018.

"Chaplaincy Definition and Meaning." *Collins English Dictionary*. Accessed January 31, 2020. https://www.collinsdictionary.com/dictionary/english/chaplaincy.

"Class Notes." Lecture notes presented at the Development of Chaplaincy Ministry in the Seventh-day Adventist Church, Ilishan-Remo, Nigeria, 2017.

VITA

Name: Nuhu Benjamin Yemson
Background: I was born on January 21, 1984, in Kaduna Nigeria. I have two older sisters and an elder brother. I was raised by my grandmother because I lose my parent when I was just seven years of age. I was not born in the Seventh-day Adventist Church. I am a convert of Pastor Dr. Yohanna Musa Dangana. I was baptized on 09/11/2002 into the Adventist faith. I am the only Seventh-day Adventist in my family, my cousin brother who has been with me for a year now, is in the baptismal class, soon to be baptized. I have enjoyed the grace of God being an Adventist. I went to Babcock University for my first degree where I graduated with a first-class degree in theology as the overall best graduating student in 2013.

Family
I got married to my beautiful wife, Miss. Arinseh Annah Magaji on the 09/11/2018 a date by coincidence, my baptismal date. The marriage is blessed with an active young man by name: Nwhehnom Theorhema Ayibitt Yemson Jnr. Born on the 05/09/2019.

Education:
1991-1997, First School Leaving Certificate, LEA Primary school Katugal.
1997-2004, (SSCE) Government Secondary school Katugal
2009-2013, (BA Hons Theology), Babcock University (Ilishan Remo Ogun State.)
2016-2020, (MChap.) Adventist University of Africa (Nairobi, Kenya) Masters of Chaplaincy.

Pastoral Employment/ Work Experience
I began my ministerial work in December 2005 as a pioneer/ volunteer, I was called into full-time ministry on 2/02/2008, and was granted a letter of permanent appointment on 02/08/2008. I have served as a local church pastor from 2008-2009 SDA Church Bida.
General Secretary: Nigerian Association of Adventist Students2010-2011.
Chaplain: Babcock University Students Association 2011-2012.
Associate Pastor Grace Chapel: 2009-2011, Christ our Foundation 2011-2013.
Class Teacher: Babcock University Group of Schools Ogba, (NYSC) 2013-2014
Chaplain: Adventist College Kujama 2014-2015.
Associate District pastor: Saminaka District 2015-2016.
Conference Director: VOP/SOP, 2015-2018.
District Pastor: Kano District 2017-2019
District Pastor: Kaduna District 2019-Date.
Director/ Coordinator: Adventist Church Management System (ACMS) Current responsibility.

Ordination
I am yet to be ordained.