Introducing Chaplains to Research: "This Could Help Me"

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Health care chaplains are beginning to recognize the need to become an evidence-based profession. This will require that all chaplains become informed consumers of research. There has been little investigation into the barriers that chaplains face as they attempt to become research literate. This study employed comments of 94 chaplains who attended pastoral research workshops to examine attitudes chaplains report about research that might represent these barriers. The study also assessed the effects of the workshops on changing chaplains' feelings about research. Initially, many chaplains reported feeling anxious and inadequate when they thought about research. After the workshops, they reported a significant change to more positive feelings such as encouragement. As one chaplain wrote, "I feel hopeful. This could help me in my work." This study suggests that, if provided with appropriate education, many chaplains are ready to become more active research consumers and a few would consider becoming investigators.

KEYWORDS chaplain education, chaplains' feelings about research, chaplains' standards of practice, evidence-based chaplaincy

INTRODUCTION

During the past ten years we have seen a number of research reports and other articles about chaplains' low levels of involvement in research (Flannelly, Liu, Oppenheimer, Weaver, & Larson, 2003; Gleason, 2004;

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O'Connor et al., 2001; VandeCreek, 1999; Weaver, Flannelly, & Liu, 2008). The concerned authors of these papers have urged greater chaplain involvement in research as a way to both help chaplains improve the care they provide and to help chaplains make the case with health care colleagues and administrators for the importance of chaplains' services. A number of these authors warned that, without greater involvement in research, chaplains risked becoming marginalized or having other professionals usurp their areas of expertise and practice.

Over the same period we have observed the introduction and growing acceptance of the concept of evidence-based spiritual care. Our reading of the literature suggests the term was first used by O'Connor and Meakes in their 1998 *Journal of Pastoral Care* article, "Hope in the Midst of Challenge: Evidence-based Pastoral Care." Their article is a case study of how ministry with a woman with cerebral palsy was informed by existing research, including research about disability and religion. In a later paper O'Connor described evidence-based spiritual care as "the use of scientific evidence on spirituality to inform the decisions and interventions in the spiritual care of persons" (2002a, p. 254). In the conclusion to their case study about evidence-based spiritual care, O'Connor and Meakes emphasize the important role of research in helping chaplains improve our care. "Evidence from research needs to inform our pastoral care. To remove the evidence from pastoral care can create a ministry that is ineffective or possibly even harmful" (1998, p. 367).

The new Standards of Practice for Professional Chaplains in Acute Care, drafted by a task force under the auspices of the Association of Professional Chaplains (APC), provides a substantial sign of the acceptance of the concept of evidence-based spiritual care among professional chaplains (Standards of Practice Acute Care Work Group, 2009). Specifically, we are highlighting Standard 12 which says, "The chaplain practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research." Accompanying each Standard are additional Interpretations, Measurement Criteria, and Examples. For Standard 12, the Interpretation describes different levels of chaplains' involvement in research. At the basic level, it suggests all chaplains "should be sufficiently familiar with existing evidence to present it to their health care colleagues from other disciplines, read and reflect on new research's potential to change their practice and be willing and able to integrate that which is better for patients, families, or staff." It also describes the possibility of more extensive involvement in research. "In some cases, where the chaplain has sufficient skills and support, this will also mean participating in, or creating, research efforts to improve chaplaincy care" (p. 11).

A similar commitment to evidence-based spiritual care can be seen in changes that have taken place in chaplaincy in the National Health Service (NHS) in the U.K. These changes were initiated by a major review of the role

of chaplains in the NHS. The results of that review were published in 2003 in a document called *Caring for the Spirit* (SYWDC, 2003). One of the key principles for chaplaincy, articulated in the document, was the "development of an evidence-based approach to healthcare chaplaincy" (Folland, 2006, p. 13). This report was followed a few years later by a proposed Standard for Research in Health Care Chaplaincy (Speck, 2005). In that Standard, Speck outlined four levels of "incremental involvement" by chaplains in research "ranging from developing awareness of the existing evidence to leading a research programme to advance the knowledge base" (Speck, 2005, p. 2). The four levels in Speck's model are quite similar to the description of incremental involvement in research in the new APC Standard. The U.K. Standard also has helpful details for evaluating performance at each of the four levels. The most recent contribution to the process in the NHS has been an extensive review of research that is relevant to developing evidence-based spiritual care (Mowat, 2008).

As might be expected, this move toward greater emphasis on evidence-based spiritual care has been accompanied by concern and hesitation on the part of some chaplains. For example, in a symposium about whether chaplaincy should become more scientific (VandeCreek, 2002), Jo Clare Wilson wrote, "I believe most of us in professional chaplaincy are struggling with the current surge of research, which seems to support and undermine us at the same time. This phenomenon also taps into our resistance and authority" (2002, p. 238). O'Connor has explicitly addressed some of these concerns. "Is evidence-based spiritual care an oxymoron?" he asks. His response is that he sees it "as a paradox, as ambiguity and as mystery" (2002b, p. 261). O'Connor and Meakes also helpfully remind chaplains that evidence-based spiritual care "does not replace intuition or the wisdom of clinical experience or compassion. Rather, compassion, intuition, and clinical wisdom ought to be used in conjunction with the evidence from research findings" (1998, p. 360).

Standard 12 – Research in the new APC Standards of Practice is clear that for most chaplains evidence-based practice means developing their professional practice in light of relevant research findings. However, it might be easy for chaplains who read the literature calling for chaplains to have greater involvement in research to conclude all chaplains should be active research investigators. This might seem overwhelming for most chaplains. Like the APC Standards of Practice, our focus is on helping health care chaplaincy become a research informed profession (Fitchett, 2002). Being a research-informed profession does not mean that every chaplain, or even most chaplains, need to be researchers. Most colleagues in other research-informed professions, like medicine and psychology, are not active investigators. They are, however, research literate. We propose a model of incremental involvement in research for chaplains which is similar to the levels of involvement described in the new APC Standard 12 and in Speck's

Research Standard (2005). Health care chaplains need to become research literate. We need to be able to read and understand research and to be able to thoughtfully apply relevant research findings to our work. This includes research produced by other chaplains as well as informative research produced by colleagues in related professions. Additionally, as a research informed profession, some chaplains will be qualified to collaborate in research conducted by health care colleagues, and some chaplains will be qualified to lead research projects.

As we have read the literature about chaplaincy and research, with its calls for greater chaplain involvement in research, we have been struck by how little has been written about chaplains' attitudes towards research or the barriers they may face in increasing their participation in research. Why are not chaplains more involved in research? What are the obstacles to greater involvement? An introductory workshop about pastoral care research, given in Australia, provided us with an opportunity to study these questions (Fitchett, Bradshaw, & Gibbons, 2003). That workshop not only allowed us to explore chaplains' attitudes about research but also to examine the impact of the workshop on the chaplains' attitudes about research. The results of that small study showed that chaplains felt anxious and inadequate when they thought about research. However, after a one-day workshop teaching them about research the chaplains felt less daunted, and as one chaplain wrote, "a little excited."

This experience led us to think that chaplains are ready to become research literate, to learn about research. However, chaplains have few opportunities to learn about research that take into account their limited knowledge and their specific concerns about research. Thus, the aim of the study we present here was to replicate the Australian study among chaplains in the United States. Specifically, our goal was to describe the feelings about research that U.S. health care chaplains reported before and after a one-day introduction to research workshop. We hypothesized that participation in the workshop would significantly change chaplains' negative feelings about research to positive feelings.

METHODS

Sample and Data Collection

Data for this report comes from 94 chaplains who attended one of five workshops which we described below. Table 1 provides information about the characteristics of the sample based on demographic information forms completed by the workshop chaplains. As the workshop was getting started, the chaplains also wrote down three words that described their feelings about research and gave this sheet to the workshop leaders. At the end of the workshop, the chaplains again wrote down three words that described their

TABLE 1 Description of Chaplain Workshop Participants (N = 94)

Variables (n if less than 94)	Values	Number (percent)
Age (n = 93)	Mean, standard deviation	50.5 (9.5)
		Range 31–71 years
Sex	Female	48 (51%)
	Male	46 (49%)
Current Position	Department director/asst director	8 (9%)
	Staff chaplain	71 (76%)
	CPE Supervisor/supervisor in training	6 (6%)
	On call/prn chaplain	4 (4%)
	CPE resident	5 (5%)
Years in Chaplaincy (n = 89)		10.7 (6.8)
		Range (0.5–34)
Work Setting	Hospital	84 (89%)
	Hospice	4 (4%)
	Aged care	4 (4%)
	Other	2 (2%)
Employment status (n = 93)	Full-time	80 (86%)
	Part-time	10 (11%)
	Other	3 (3%)
Professional Membership (n = 80)	APC	47 (59%)
	NACC	14 (18%)
	ACPE	14 (18%)
	Other	5 (6%)
Workshop Session	Chicago, 2004	17 (18%)
	Albuquerque, 2005	19 (20%)
	Chicago, 2005	9 (10%)
	Seattle, 2006	24 (26%)
	Dallas, 2006	25 (27%)

CPE = Clinical Pastoral Education.
PRN = as needed (Latin *pro re nata*).
APC = Association of Professional Chaplains.
NACC = National Association of Catholic Chaplains.
ACPE = Association for Clinical Pastoral Education.

feelings about research. It should be noted that the chaplains did not have the sheet with their pre-workshop feelings when they completed the sheet with their post-workshop feelings. The chaplains' sheets were assigned case numbers to ensure anonymity.

The Workshops

We conducted five day-long, introduction to pastoral research workshops in different parts of the U.S. between 2004 and 2006. Two workshops were sponsored by Rush University Medical Center in Chicago and one each was conducted at the Seattle Cancer Care Alliance and at Baylor Medical Center, Dallas, Texas. In addition, we conducted a pre-conference workshop

at the 2005 joint meeting of APC, NACC, and NAJC in Albuquerque, New Mexico. The focus of these workshops was an introduction to pastoral research for chaplains and, specifically, for chaplains who were hesitant about research. This focus was communicated in the workshop title, "An Introduction to Pastoral Research for Intuitive Feeling Types." The term "Intuitive Feeling Types" in the workshop title was a reference to a Myers-Briggs personality type common among chaplains (Oswald & Kroeger, 1988). We used the term to emphasize that the workshop was intended for a typical, non-research oriented chaplain. We underscored our intended audience in the workshop brochure which included the following description and objectives:

> This workshop is designed for chaplains who are curious but hesitant about the value of research for their ministry. It is designed to help chaplains identify ways to integrate findings from relevant research into their ministry without sacrificing essential values such as empathic presence. We will learn about basic concepts in research by reviewing several studies whose findings are relevant for health care ministry. We will also give some attention to the history of research and "empirical theology" in pastoral care.

This description was intended to allay misconceptions about research as a replacement for traditional skills of chaplaincy. In the first session of the workshop, an effort was made to address three common misconceptions about research. The first was that empirical research is the only valid approach to truth. In contrast to this misconception, it was suggested that chaplains need not forfeit the wisdom of their religious perspectives or professional experience in order to use empirical research to help them provide more effective spiritual care. A quote from a distinguished British scientist, John R.G. Turner, Emeritus Professor, Institute of Integrative and Comparative Biology, University of Leeds, was used to communicate this point.

> I like to think of the universe not as a machine but as a bus network, in which the identity of the buses and the reason they keep running are ultimately unknowable. Science is like a bus timetable. Forget "truth": if you can put together a good timetable, you will have a much better chance of catching a bus (Turner, 2000).

A chaplain in the Australian workshop told the workshop leader that this quote relieved a great deal of her anxiety about the role research was supposed to have in her ministry.

A second misconception was that all research involves numbers and statistics. In contrast, the workshop stressed the important role of qualitative research for improving spiritual care, as well as the ways in which many chaplains already possessed two essential qualitative research skills: careful

observation and disciplined self-awareness. This point was emphasized by having one of the three small groups review and report on a qualitative research article (Taylor, Outlaw, Bernardo, & Roy, 1999).

The third misconception was that all chaplains should be able to conduct research. In contrast, the workshop emphasized that, for the majority of chaplains, the appropriate goal is to become more informed research consumers. The goals and objectives of the workshop highlighted our belief that chaplains should develop an ability to read research without, necessarily, becoming researchers.

GOALS AND OBJECTIVES

As a result of participation in this workshop, chaplains will:

1. be able to read and understand a simple research paper;
2. be able to describe the implications of a study for their pastoral ministry; and
3. become familiar with research that shows the negative physical and emotional effects of religious struggle and its implications for pastoral ministry.

The authors of this paper co-led the workshops. For the 2005 workshop Marianne Brandon, a chaplain at Cincinnati Children's Hospital Medical Center, joined us as a small-group leader. As they arrived for the day, we asked the chaplains to write down three feelings about research. We began the workshops with a discussion of these feelings, followed by a presentation entitled, "A Spirituality for Pastoral Research." This presentation gave brief descriptions of the aims of research, views of the relationship between religion and science, the role of research in spiritual care, and the importance of curiosity, patience, and partnerships in achieving greater involvement in research. It also included some basic terms and information from research and statistics as necessary tools for reading research methods and results.

As a central part of the workshops, we divided the chaplains into three small groups, with 8–10 chaplains per group. With the assistance of a facilitator, each group read a different, brief, research article and prepared a summary of it for presentation to the whole group later in the day. We selected the three articles to achieve three specific aims: 1) to introduce the chaplains to qualitative research, its methods and importance (Taylor et al., 1999); 2) to introduce the chaplains to research about religious struggle and evidence of its negative impact on patients' well-being and mortality (Pargament, Koenig, Tarakeshwar, & Hahn, 2001; Taylor et al., 1999); and 3) to expose the chaplains to a notable study, conducted by a chaplain, about the objective benefits of his ministry (Iler, Obenshain, & Camac, 2001).

Analysis

We analyzed the chaplains' feelings about research in three stages. The first stage focused on coding the feelings the chaplains had written down before and after the workshops. In this stage we began by looking for major themes in the feelings, such as "fearful" or "motivated." Three separate readers identified major themes in the chaplains' feelings and grouped each feeling under the themes. Next, we (PEM, GF) reviewed and edited these lists. We also discussed and resolved any differences in the coding of the feelings. Once all the feelings were grouped by major theme we placed the themes into one of four categories: positive feelings, negative feelings, ambivalent feelings, and words that were not feelings.

In the second stage of the analysis we categorized each of the chaplains' feelings about research before and after the workshops. For this coding we only used the first three feelings the individual chaplains wrote down. If a chaplain wrote more than three, we omitted the extra feelings. Their pre and post-workshop feeling lists were categorized separately. Based on our coding of the feelings, each chaplain's list of feelings was placed in one of five categories ranked from negative to positive: "negative," three negative feelings (coded 1); "mostly negative," two out of three negative feelings (coded 2); "ambivalent" feelings (coded 3); "mostly positive," two out of three positive feelings (coded 4); and "positive," three positive feelings (coded 5).

With each chaplain's pre- and post-workshop feelings coded in this way, in the third stage of the analysis we examined the change in the individual chaplain's feelings from before to after the workshop. We used a statistic called the Wilcoxon Signed-Rank Test, useful for ranked responses, to test whether any change we observed was statistically significant. We also created a table with the feelings of several chaplains whose feelings did and did not change after the workshop to illustrate the feelings of the chaplains. Finally, we employed descriptive statistics, using SPSS 16, to describe the demographic and professional characteristics of the chaplains in the study.

RESULTS

The description of the chaplain workshop participants is shown in Table 1. As can be seen from the table, the majority of these workshop participants were staff chaplains (76%) who worked full time (86%) in hospital settings (89%). There were almost equal proportions of men and women among these chaplains.

Table 2A and Table 2B present a summary of the themes in the chaplains' negative and positive feelings about research from both before and after the workshop, along with examples of feelings in the different

TABLE 2A Frequencies of Negative Feelings Listed by Chaplains Before and After the Workshops

Category	Examples		Before	After
Incapable	confused daunted frustrated inadequate inexperienced	powerless stuck uncomfortable unqualified	52 (19%)	9 (4%)
Fearful	anxious cautious	uncertain	52 (19%)	8 (4%)
Resistant	angry bored defensive obliged	resigned resistant tired	23 (9%)	6 (3%)
Blocked by obstacles	statistics obstacle time barrier	too much work	13 (5%)	7 (3%)
Skeptical	skeptical		6 (2%)	3 (1%)
Other	guilty suspicious	incomplete knowledge sad	6 (2%)	
Total Negative Feelings			152 (60%)	33 (17%)

Note: Percents in the table represent the percent within all feelings for either before or after the workshops.

TABLE 2B Frequencies of Positive Feelings Listed by Chaplains Before and After the Workshops

Category	Examples		Before	After
Motivated	curious creative determined energized engaged	enthused excited interested motivated stimulated	88 (32%)	58 (26%)
Capable	comfortable competent challenged to grow equipped encouraged	hopeful informed open reassured validated	10 (4%)	41 (19%)
Wanting to know more	stimulated	want to know more	2 (1%)	9 (4%)
Happy	fine good	thrilled	1 (0.4%)	2 (1%)
Spirituality	mystery/awe	spiritually nourished	1 (0.4%)	5 (2%)
Appreciation for research	amazement appreciative grateful	respect researchers value research	1 (0.4%)	11 (5%)
Positive change	better better equipped feel less negative feel more positive	increased knowledge more hopeful relief	(n/a)	41 (19%)
Appreciation for Seminar	helpful seminar			1 (0.5%)
Total Positive Feelings			103 (40%)	164 (83%)

Note: Percents in the table represent the percent within all feelings for either before or after the workshops.

categories. Before the workshop, the majority of the chaplains' feelings about research were negative (60%, 152 of 255 total pre-workshop feelings). Two of the most common negative feelings were inadequacy and anxiety. Although they were far fewer than the negative feelings, before the workshops, the chaplains also had some positive feelings about research (40%, 103 of 255 of total pre-workshop feelings). Feeling curious and hopeful were two of the more common pre-workshop positive feelings.

At the end of the workshop, the chaplains were again invited to share how they felt about research. From their responses it appeared that an important shift from the start of the workshop had occurred. At the end of the workshop, the majority of chaplains' responses were positive (83%, 164 of 197 of total post-workshop feelings). Feeling energized and equipped were two of the more common positive feelings the chaplains shared at the end of the workshop. The chaplains also shared some negative feelings at the end of the workshop (17%, 33 of 197 total post-workshop feelings), including feeling confused and bored. Figure 1 shows the percent of feelings that were positive or negative among all the feelings shared at each time, that is, before or after the workshop. The pre- to post-workshop decrease in negative feelings and increase in positive feelings can be easily seen from this figure.

In addition to the change in feelings for the chaplains as a group that we have just presented, we were also interested in any pattern of change for the individual chaplains who participated in the workshops. For this analysis we used the five categories for the chaplains' pre- and post workshop list of feelings described earlier ("negative," "mostly negative," "ambivalent," "mostly positive," "positive"). The sample for this portion of the analysis was reduced to the 73 chaplains who completed a sheet listing their feelings at both the beginning and end of the workshop. Table 3 shows the proportion of chaplains in each of these five categories
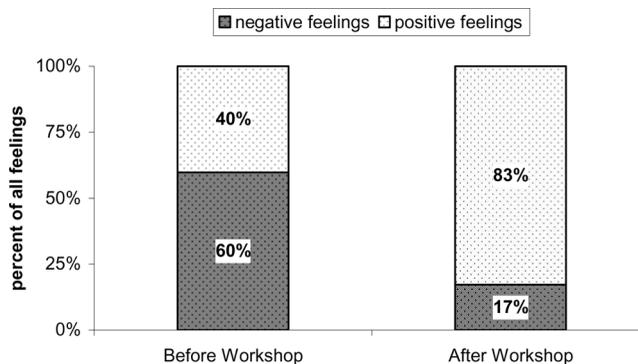

FIGURE 1 Percentage of positive and negative feelings before and after the workshops.

TABLE 3 Change in Feelings of Individual Chaplains Before and After the Workshops

Feelings before the workshop	Feelings after the workshop				
	Negative	Mostly negative	Ambivalent	Mostly positive	Positive
Negative (22)	1 (5%)	2 (9%)	1 (5%)	4 (18%)	14 (64%)
Mostly Negative (21)	0 (0%)	1 (5%)	2 (10%)	8 (38%)	10 (48%)
Ambivalent (6)	0 (0%)	0 (0%)	1 (17%)	3 (50%)	2 (33%)
Mostly Positive (15)	0 (0%)	1 (7%)	3 (20%)	5 (33%)	6 (40%)
Positive (9)	0 (0%)	0 (0%)	1 (11%)	2 (22%)	6 (67%)
Total (73)	1 (1%)	4 (6%)	8 (11%)	22 (30%)	38 (52%)

both before and after the workshops. As can be seen from Table 3, only one of the 22 chaplains who began the workshop with all negative feelings still had all negative feelings after the workshop. In contrast, 14 chaplains began the workshop with all negative feelings but changed to all positive feelings by the end of the workshop. Nobody who began the workshop with all positive feelings ended the workshop with mostly negative or all negative feelings.

Table 3 reflects frequency of responses. As can be seen from Table 3, 59% of the chaplains (43 out of 73 chaplains) began the workshops with mostly negative or all negative feelings about research. At the end of the workshop only 7% (5 out of 73 chaplains) had negative or mostly negative feelings about research and 82% (60 out of 73 chaplains) had mostly positive or all positive feelings about research. Table 3 clearly illustrates changes. A rank order test is the most powerful way to test the significance of these changes to support our hypothesis that participating in the workshops would result in a change in feelings about research from negative to positive. Using the numbers we assigned to each of the five types of feelings ("negative" = 1, "mostly negative" = 2, etc.) we found the median score for the individual chaplains' feeling before the workshop was 2 (reflecting "mostly negative" feelings about research) while the median score at the end of the workshops was 5 (reflecting "positive" feelings about research). The Wilcoxon Signed-Rank Test demonstrated that there was a statistically significant difference in the change from negative to positive ranks ($z = -6.0, p < 0.001$), confirming our hypothesis of positive change in the chaplains' feelings as a result of participation in the workshops.

To illustrate these changes in the chaplains' feelings, in Table 4 we show the pre- and post-workshop feelings for six chaplains, two each who had positive change, no change, and negative change in their feelings. As can be seen from the responses of the two chaplains whose feelings became somewhat more negative (Chaplains E and F), they were excited but also ambivalent about research. They were also aware of the amount of work research involves.

TABLE 4 Examples of Chaplains' Changes in Feelings Before and After the Workshops

Change N (%)	When	Feeling 1	Feeling 2	Feeling 3
Positive Change 52 (71%)				
Chaplain A	Before	No. I cannot do this/don't feel called to do this	unqualified	intimidated
	After	possibility for me to engage in	less intimidated	more enlightened
Chaplain B	Before	incompetent, lacking knowledge	anxious	cold, unmoved, uninterested
	After	Hopeful	warmer	more relaxed
No Change 14 (19%)[a]				
Chaplain C	Before	challenged to grow	fascinated	stimulated to look further
	After	affirmed in my belief in the importance of research	better informed	less intimidated
Chaplain D	Before	overwhelmed	scared	interested
	After	overwhelmed	tired	knowledge increased, so good
Negative Change 7 (10%)				
Chaplain E	Before	anxious	energized	curious
	After	overcommitted	excited	challenged
Chaplain F	Before	eager to hear and learn but worry about time	curious	eager to learn
	After	looking for a ways to engage in doing research, but feel like I do not have enough time to do it	overwhelmed	eager to learn

[a]Among the 14 chaplains with no change in feelings there were 2 (14%) whose feelings were negative; 1 (7%) whose feelings were ambivalent; and 11 (79%) whose feelings were positive at both times.

DISCUSSION

Our reading of the chaplains' comments confirmed the results of the earlier study and supported our hypothesis. Similar to the Australian study, the chaplains did have many misconceptions and lack of understanding about research. These misconceptions may lead to anxiety about research and avoidance of it, but when the chaplains were provided with information, there was a dramatic change in their attitudes about research. This was expressed in two comments from the end of the workshop. "My stomach nausea has settled," wrote one chaplain. "[I'm] less afraid, more willing to tread these waters at some basic level," wrote another. At the end of the workshop the chaplains felt "motivated," "capable," and "less threatened by research." They also reported feeling "more informed about reading and understanding research," and "support for my ministry."

When we consider their background and training, the chaplains' misconceptions and associated resistance that we found at the beginning of the workshops should not be surprising. In the workshop, we addressed the first misconception that empirical evidence is the only valid form of truth. We do not know from our data if this misconception was part of what contributed to chaplains' feelings of fearfulness about research. It is interesting to note that only six chaplains reported feeling "skeptical" and one "suspicious." Perhaps chaplains with stronger opposition to research would not even consider attending a workshop about research.

Information about the second misconception, that research involves only numbers and statistics, also had an impact. It is quite likely that only a few chaplains have had any formal training in research that would help them understand its role in their ministry or the variety of relevant research methods. Further, working in the medical world, the dominant research methods chaplains are exposed to are quantitative. As we reviewed their comments, we found it remarkable that even our brief educational program appeared to have a significant impact on the chaplains' attitudes and interest in research. It suggests that chaplains, at least those who attended these workshops, were ready to learn more about research and to explore how it might help them provide more effective spiritual care.

The third misconception that the workshop attempted to address was that all chaplains should be able to conduct research, and should become qualified to be principal investigators. However, several comments at the end of the workshop suggested that at least some of the chaplains were embracing this possibility. For example, one chaplain wrote, "[I feel] excited about the possibility of doing research." Another wrote, "[I feel] hopeful that doing research is actually possible." We were concerned about these comments because we do not think that it is realistic or necessary for all chaplains to become active investigators. Rather, during the workshop, we proposed

that the majority of chaplains should aim to become informed research consumers. However, a few chaplains may wish to develop the expertise to take a more active role as investigators or co-investigators and we would encourage that.

While the chaplains' comments reflected changes in their attitudes about research, they also reflected realistic awareness of the challenges of conducting research and several barriers to their greater involvement in research. "[I feel] less uncertain about method, still not sure about whether it's possible in smaller settings," wrote one chaplain at the end of the workshop. "This is hard work for disciplined persons," wrote another. Some of the other barriers to greater involvement in research reflected in the chaplains' comments were inadequate research expertise, limited time, and limited energy. "[I'm] still a little bewildered by all the stats," wrote one chaplain. "[I'm] interested, but time is short," wrote another. These comments provide examples of ongoing, realistic barriers to chaplains' greater involvement with research.

We are aware of several limitations of this study that should be kept in mind as these results are considered. The findings are based on a small number of chaplains who may not be representative of all health care chaplains in the United States. The chaplains in the study had enrolled in a seminar on pastoral research and took the time to complete the comment sheets. In the future it would be helpful to examine the attitudes towards research of a larger, more representative sample of chaplains. It might be possible to use the comments we collected to create a checklist to see what feelings chaplains would endorse. This might be an easier format for respondents and increase their willingness to provide information. A check list might also allow a more accurate description of the frequency of these different feelings about research among chaplains. A follow-up study should also be conducted to determine if participation in a one-day workshop leads to any changes in behavior, such as reading more research, in the following months.

CONCLUSION

While a number of authors have pointed to the need for chaplains to be more involved in research, little has been known about the factors that might be associated with chaplains' apparent lack of interest in research. The present study has provided some preliminary information about chaplains' feelings and attitudes toward research. We found that initially many chaplains felt anxious, inadequate, and daunted when they thought about research. However, when the chaplains were given some basic information about research, their feelings underwent a notable change. They felt encouraged, less daunted, and hopeful. The findings of this preliminary study are encouraging. They indicate that, if provided with some education, many chaplains

are ready to become more active research consumers and a few would consider becoming investigators.

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