Spiritual health locus of control:
Perceptions of God in health outcomes

By Cheryl L. Holt, PhD

It is clear to people who work with individuals who have experienced a serious illness such as cancer that, for many, the role of a higher power (e.g., God) often becomes salient and even more central in their lives as potential mortality is contemplated. In interviewing African-American women who had survived breast cancer, an interest in further exploring this concept, which we have come to call “spiritual health locus of control,” developed. However, it is quite likely that such beliefs are not limited to this population subgroup but are relevant to many of faith.

The interviews were part of two studies by academic researchers from Saint Louis University, St. Louis, and the University of Alabama at Birmingham, including the author of this article. Their work was financed by grants from the National Cancer Institute.

In these interviews, at first it appeared that beliefs about the role of God in one’s health took one of two forms. The first type of belief involved the belief that one’s religious involvement and/or relationship with God empowered one to take care of themselves, be proactive about their health, or to endure a health-related condition. We termed this “active spiritual health locus of control.”

The second type we observed involved the belief that because God would take care of the individual and whatever happened with their health was ultimately part of “God’s plan,” that the individual was either powerless to do anything about his or her health or did not need to intervene because it was all up to God anyway. We termed this “passive spiritual health locus of control.”

What became apparent as we conducted more interviews with community members, was that 1) these two types of beliefs may be held simultaneously, 2) the first type of belief was more common than the second, and 3) that just because individuals say that they are “giving a problem up to God” does not necessarily mean that they subscribe to the second type of belief and not the first. It is easy for people who were not at first familiar with such cultural belief systems to misinterpret such sayings and mistakenly assume that they mean passivity when usually it is the empowerment-related belief that is held.

Having identified these types of beliefs, we developed a brief four-item survey to try and measure them (Holt, Clark, Kreuter, & Rubio, 2003). We worked with an existing study of more than 1,200 African-American women in the Midwest to administer the survey. These women were recruited from urban public health centers as part of a study aimed at increasing mammography and fruit and vegetable consumption. Data confirmed the presence of these two types of beliefs, and that the active spiritual health locus of control beliefs was more strongly held than were the passive beliefs. However, there was still more work to be done in the area. We hoped to expand the survey by developing more items, which was to become the next step.

The authors developed the revised spiritual health locus of control scale based on their experience with the

See Spiritual Health on page 2
Spiritual Health

Continued from page 1

aforementioned community member interviews about this topic, and used some of the language and concepts from the interviews to develop survey items. This resulted in a 13-item expanded survey that was aimed at providing a more in-depth examination of spiritual health locus of control beliefs (Holt, Clark, & Klem, 2007). We felt that there was more conceptual “territory” that had not been covered in the first four-item version. Additional items would provide the opportunity to more fully explore these complex beliefs. The revised survey was administered to 108 church-attending African-American women in the Southeast, in the context of a church-based educational project encouraging mammography screening and breast cancer early detection. Data from this study were examined using factor analysis and other techniques to determine the reliability and validity of the survey. Internal reliability for each of the subscales was acceptable given their brief nature, with Cronbach alphas ranging from .51-.81.

An exploratory factor analysis revealed the presence of four factors, or subscales, in the survey. The active and passive spiritual health locus of control factors emerged as previously, and two new factors also emerged. One factor, which we termed “spiritual life and faith,” involved the idea that if people live a good spiritual life or have faith, they will stay healthy. The other factor, which we termed “God’s grace,” involved the idea of a powerful God that has control over one’s health, regardless of one’s own behaviors. This factor is differentiated from the active spiritual factor by the role, or lack thereof, of one’s own behaviors in the former. We assessed the predictive validity of the new survey by examining the correlations between scores on the four subscales with health-related outcomes such as mammography knowledge and utilization. The passive spiritual dimension showed the strongest associations with these outcomes, being associated with lower levels of mammography, breast cancer, and breast cancer treatment knowledge, as well as mammography utilization. Other associations were modest.

A limitation of this study was the relatively small sample of 108 women, which is just sufficient for the factor analysis. In fact, if the sample size were greater, it is possible that a different factor solution would have been produced. This suggests the need for further testing of the survey with additional and larger samples. The sample was also limited because it was a church-attending sample, which would likely report higher endorsement of these beliefs than a general community sample. Finally, this was a Southeastern sample that was largely Baptist and Methodist and female, which also limits the ability to generalize about the findings.

We continue to work with the spiritual health locus of control concept and survey. We have recently administered the survey to a probability-based national sample of African-American men and women age 21 and over (N=55) in the context of the survey pilot testing for one of our larger studies of the religion-health relationship. This study gave us the opportunity to examine the temporal stability of participant responses to the survey items over time, which we had not previously been able to do. Internal consistencies were comparable with the previous study, and test-retest reliabilities were variable from modest to strong. Spiritual health locus of control will be one of a set of nine constructs that is proposed to account for the often positive relationship that is observed between religious involvement and health outcomes. We will be examining if spiritual health locus of control plays a mediating role in this relationship in the upcoming phase of this research.

We have learned and continue to learn about beliefs concerning the role of God in one’s health. Next steps in the development of this research area will involve confirming the factor structure with a larger sample. We will have the opportunity to do this with a national probability sample of 2,500 African-Americans age 21 and over in the aforementioned research project.

It behooves those who are working with populations of faith to be aware that those they serve may hold religious beliefs that may affect their explanations of disease, health behaviors, treatment decisions, and health outcomes. For those who are working with the community in health promotion or education activities, particularly those doing church-based health promotion or health ministry, it may be possible to integrate these beliefs to support or frame the health message in an effort to reach the population with a more relevant and, thus, more effective message. In sum, the spiritual health locus of control construct has provided an exciting journey filled with listening, learning, and discovery. We anticipate that as we continue to learn more about the complex nature of people’s beliefs about the role of religion and/or God in their health, that the journey will become even more rich and rewarding, and have the potential to impact the health and wellness of the populations we serve.

Cheryl Holt is assistant professor in the Division of Preventive Medicine at the University of Alabama School of Medicine in Birmingham, Ala.

References


Collaboration will enhance profession

By David Lichter, D. Min.
Executive Director

At Growth Design Corporation, where I worked previously, one of our resource solutions was collaboration, which we described as building strategic alliances among organizations to develop and provide value-added services that maximize shared and new resources. One author describes collaboration as the work of two or more organizations that create a value not possible by any one of these organizations on its own.

This edition of Vision includes the 2007 Annual Report. In it both Karen Pugliese and I write about some of the exciting and valuable initiatives that we are undertaking collaboratively with strategic partners to advance chaplaincy nationally. These activities highlight the heart of Goal 5 of the strategic plan: To Engage Strategic Partners in Collaborative Work to Live Out Our Mission. In this column I will reflect a little more on our efforts toward realizing this goal.

The first objective is to continue building a strong network within the Spiritual Care Collaborative. In September 2007 more than 30 representatives of our SCC cognate groups met in Orlando for three days to begin planning the 2009 SCC Summit. A real benefit of that face-to-face time was getting to know each other and the respective goals of each other’s organizations, thus establishing the basis for a working relationship that would continue over the next two years. In some respects, the 2009 Summit is the means to a long-term goal, getting to learn how to work together in order not only to find common ground and common issues of professional ministry to address, but to gain a collaborative competency that makes possible achieving together important goals for the chaplaincy profession. We are committed to communication so we plan monthly by conference calls and send representatives to each other’s annual conferences to create opportunities to meet. In retrospect, working on and agreeing to a set of common standards was a monumental first step that gives us confidence that we can work together and become a common voice to other professional healthcare groups noted in the fourth objective of this goal. For this coming year I will serve as vice-chair of the SCC, and I am privileged to do so.

The second objective is to strengthen the relationship between NACC and the Catholic Health Association. During my first morning on the job, Aug. 1, 2007, I was on a conference call with the Catholic Health Association’s Brian Yanofchick, senior vice president of mission integration, and Mike Garrido, director of mission, working with our NACC planning representatives to plan the joint Pastoral Care Summit. I have already written in the 2007 Annual Report about this Summit and the task forces that continue from this Summit, as well as our joint Pastoral Care survey that was just conducted, so I will not write about them here. What is most important to mention here is the establishment of the working relationship by getting to know each other and learning about each other’s organizational goals and finding the common projects that will meet our respective goals. Given that over 75 percent of our members work in Catholic health organizations, partnering with CHA is vital to achieving our goals to advance the profession. We certainly will have advanced the chaplaincy profession if the outcomes of the Pastoral Care Summit and the Pastoral Care Survey can provide us with strong common standards of pastoral practice and quality common resources for staff.

The NACC mission to advocate for the profession of chaplaincy will be realized more effectively in collaboration with these partners and not on our own.
Celebrate partners within NACC ‘family circle’

By Karen Pugliese, M.A.
NACC Board Chair

As we continue to “live into” and actualize our strategic plan, David Lichter and I often assess and prioritize our work with the seven goals, evaluating progress on the objectives and exploring new strategies to accomplish them. Sometimes I can almost feel them shifting in my hands, like a child’s Slinky™ toy. No matter how I shuffle them, Goal Five: To Engage Strategic Partners in Collaborative Work to Live Out Our Mission, always attracts me.

David’s article this month celebrates the mutual benefits realized through NACC’s partnerships and alliances with organizations and ministries compatible with living out our mission. My reflection honors the blessings received from individual members partnering within our NACC “family circle” and in the circles of influence within our personal, professional and spiritual lives. First and foremost, we acknowledge our relationship with the United States Conference of Catholic Bishops’ Commission on Certification and Accreditation that enables us to continue to certify chaplains and supervisors of clinical pastoral education. We are grateful, too, for the spirit of mutual generosity and compromise that characterized the many NACC members who contributed in varied ways to the creation of our new strategic plan.

Since publication of the plan, members of all ages, ministry settings and geographical locations responded to the call: to serve on committees, commissions, certification teams, task forces, focus groups; to participate in regional gatherings; to present at conferences; to write articles for Vision; to respond to requests published in NACC Now — and more. This internal collaborative work energizes our efforts to engage external strategic partners.

Our vocation essentially calls us to deepen our interior relationship with God, which transforms us into instruments of compassion, peace, healing and reconciliation. We then partner in perpetuating the mission of Jesus. Working on interdisciplinary teams, those in healthcare assess spiritual distress to effect psycho-social-spiritual well-being. In parishes and prisons, wellness centers and mental health settings we provide value-added ministry while working in professional partnerships.

In varied ministry settings we engage in meaningful peer review, respectfully challenging and supporting one another. In spiritual direction and counseling, we are companions to others and are ourselves accompanied on the spiritual journey. In centers of learning, we educate and are taught, mentor and are guided in the quest for wisdom and knowledge. In community, we affiliate with those who hold and promote our common values. In mutually loving, life-giving and nurturing relationships, we experience the Kingdom of God in our midst and become the “light of hope” our vision statement calls us to be.

Collaboration
Continued from page 3

configurations and development, education and professional growth, compensation, recruitment for chaplains and pastoral care ministers, and for measuring performance effectiveness. We look forward to ensuring the outcomes of these good initiatives are realized.

The third objective is to further develop the relationship between NACC and the Joint Commission. As an independent non-profit entity that accredits and certifies more than 15,000 healthcare organizations and programs in the United States, the Joint Commission focuses on the safety and quality of healthcare service by meeting established performance standards. Performance improvement, not maintenance, is its mission. While NACC has had and will continue to have a representative be a liaison to the Joint Commission, currently Michele Le Doux Sakurai, I believe our approach to continuing to develop this relationship will be in partnership with the two organizations we have just discussed, the Spiritual Care Collaborative and the Catholic Health Association. Our common partnership with them on the projects Karen Pugliese and I have noted in the Annual Report 2007 and here, and their outcomes, will provide us with a common and powerful voice to the Joint Commission on areas of improving our pastoral practices.

The fourth objective is to establish new strategic partnerships with related ministries and ministerial organizations, including the American Medical Association, the American Nurses Association, the American Red Cross, Hospice/Work Chaplains, the International Parish Nurse Resource Center, and Spiritual Directors International. I suspect we could add other entities to this list, such as educational associations including the Association of Graduate Programs in Ministry (AGPIM) and the Association of Theological Schools (ATS), which will be important partners in the recruitment, formation and development of future chaplains. Here again, NACC needs to establish professional relationships with these respective organizations and to learn the respective histories and preferred futures of each of these associations. However, our greatest influence with these associations will be through our collaborative efforts with the Spiritual Care Collaborative and the Catholic Health Association. The NACC mission to advocate for the profession of chaplaincy will be realized more effectively in collaboration with these partners and not on our own.

Collaboration is truly a shared resource solution, not just financially but on the level of influence and effectiveness. This objective is critical to the long-term health and success of NACC.
Board of Directors seeks nominations


The Board of Directors is the governing body of the NACC. Its membership consists of at least six members at large who are elected by NACC voting members; no more than four external professionals who are appointed by the board; an episcopal liaison who is appointed by the USCCB; and the executive director of the association. NACC members-at-large need to be certified members of the association and must meet five of the seven Criteria for Board Membership as stipulated in the NACC bylaws.

We are enthusiastic about our current board members and the gifts they bring to the organization. As you think of nominating a candidate for board membership, the directors especially welcome suggestions of nominees who have education and/or experience in contemporary ministry, academia, ecumenical/interfaith perspectives, marketing, public relations and business — important areas that can strengthen NACC as we implement our strategic plan.

At the same time, the board continues to be sensitive to its ethnic and cultural diversity, a balance of male and female, younger and older, and geographic regions. The NACC board hopes to find an individual of vision who is involved in developing new models of chaplaincy and clinical pastoral education.

The current roster of members of the board appears on the back page of Vision, and you can find short biographical sketches and photographs of the board on the association website (go to: www.nacc.org/aboutnacc/bod.asp).

In order to nominate a person for the position of member-at-large, you must be a current member of the association and provide the following:

- Please discuss your intentions with your nominee and gain her or his permission.
- Write a letter of recommendation to the Governance Committee to include: name and contact information of nominee; how s/he meets five of the seven criteria for board membership (see box); how you think the nominee would fulfill the functions of the board (see box); whether the nominee is available to perform such service, including attending a minimum of two face-to-face meetings per year.
- Send your nomination to the Governance Committee in care of the national office via regular mail, fax (414-483-6712), or e-mail (info@nacc.org).

The Governance Committee will review the nominations and present a slate of candidates for the member-at-large position. The nominees will be contacted by the national office and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vitae. This information will appear in the candidate profiles that accompany the ballots.

The proposed timeline for nominations and balloting is as follows:

- Call for nominations: April issue of Vision and broadcast e-mail to members via NACC Now.
- Deadline for nominations to be received in the NACC National Office: Friday, May 16.
- Candidate profiles to be included in the July/August issue of Vision.
- Ballots to be distributed to membership by first-class mail.
- Ballots postmarked no later than Friday, Sept. 12.

If you have any questions about any part of this process, from responsibilities to time commitment to the function of the Board, please contact Ms. Karen Pugliese by telephone (630-933-5005) or e-mail (karen_pugliese@cdh.org).

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Bylaws: Functions of the Board

The board is responsible to:

1. Preserve the Catholic identity of the association.
2. Steward the mission and vision for the future of the association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the association.
5. Maintain and develop the association's relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC Certification Commission, Certification Appeals Panel, Ethics Commission and Ethics Appeals Panel.
9. Establish task forces or other bodies required by the mission.
10. Establish standing and ad hoc committees of the Board of Directors.
11. Approve the annual budget.
12. Participate in the evaluation of the executive director.

Criteria for Board Membership

- All elected board members must be certified active members of the NACC. All board members, whether elected or appointed, must possess five of the seven criteria for board membership.
  1. Catholic in good standing.
  2. Personal values consistent with the values of the association.
  3. Three years' demonstrated board experience.
  4. Understanding and support for the mission of the association.
  5. Demonstrated competence and leadership in their professions.
  6. Demonstrated competence in one or more of the following areas: healthcare, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations or management.
  7. NACC-certified chaplain or CPE supervisor for a minimum of five years.
Lichter to lead Easter Recollection

NACC Executive Director David Lichter will lead an Easter Recollection for chaplains in Winter Park, Fla., on Sunday, April 20.

Title of the one-day session is: “Moving from a Troubled Heart to a Trusting Healing Ministry: Being with Christ, the Way, Truth and Life.” It will be held from 9 a.m. to 3:30 p.m. at The San Pedro Center, 2400 Dike Rd., in Winter Park.

For cost, lodging or continuing education information, contact Cindy Bridges at cbridges@nacc.org or 414-483-4898, ext. 306. Register by April 5.

Summit workshop plans needed

We are happy to announce the Spiritual Care Summit 2009, a joint conference with the American Association of Pastoral Counselors (AAPC), Association for Clinical Pastoral Education (ACPE), Association of Professional Chaplains (APC), Canadian Association for Pastoral Practice and Education (CAPPE), and National Association of Jewish Chaplains (NAJC).

The theme of this historic summit is “Health and Hope: The Hard Reality of Living Intentionally in a Village of Care” and it will take place in Orlando, Fla., Feb. 1-4, 2009. Applications for 90-minute workshops are currently being accepted with a due date of May 2, 2008. You can view information about the conference, the workshops and the workshop application at the Spiritual Care Collaborative website at www.spiritualcarecollaborative.org.

Positions Available

PART-TIME HOSPICE CHAPLAINS

Neenah and Rhinelander, WI — Make a positive impact on the lives of our patients and our communities when you join Ministry Health Care. Our values-driven mission and philosophy will further inspire you to grow in our caring environment. We currently have opportunities available for Part-time Hospice Chaplains to provide spiritual counseling and emotional support to patients, families, and staff. The ideal candidate will have:

- Four units of CPE or the equivalent from an approved CPE program, theological seminary or a divinity school.
- Certification from the National Association of Catholic Chaplains (NACC) or Association of Protestant Chaplains (APC).
- The ability to work with the bereaved in an ecumenical setting. Previous experience in dealing with patients and families in dying, grief, and bereavement processes.
- Current Wisconsin driver’s license, use of car and proof of auto insurance
- Ministry Health Care offers an exceptional benefits package including a competitive salary, flexible spending accounts, pension, and support for continued education. Apply online at: www.ministryhealth.org or for more details contact Ben at: 715-393-2573 or email: ben.shuda@ministryhealth.org. EOE.

SUPERVISORY RESIDENCY

New York, NY — The HealthCare Chaplaincy is now accepting applications for multiple positions in its Supervisory Residency program. Study and teach at world-class healthcare institutions throughout the New York area alongside a religiously and culturally diverse group of accomplished faculty, chaplains, and students. Apply by March 15, 2008, for new positions available September 2008. Superior Benefits: All SITs are awarded a full scholarship, a stipend of $32,000, and a fully paid health insurance package. Inquiries: For full details and to apply online go to: www.healthcarechaplaincy.org. You may also contact our registrar, Sarah Street: sstreet@healthcarechaplaincy.org, or (212) 644-1111, x 219.

CHAPLAIN RESIDENCY

Buffalo, NY — Sisters of Charity Hospital offers Chaplain Residency (temp position) Sept. 1, 2008, to Aug. 31, 2009. This is an educational and service position. Under the direction of a clinical pastoral education supervisor, the chaplain intern ministers to patients, families, staff and/or clients at an assigned facility. Candidates must possess a bachelor’s degree with a minimum of one unit of CPE, and also 12 credits in theology, pastoral ministry or religious studies preferred. Continuation of CPE enrollment is required to remain in this position. Annual stipend is up to $24,500 plus benefits. For program information and application, please contact Melody Rutherford at MR7609@chsbuffalo.org or (716-862-1374). Applications due March 1, 2008.

CHAPLAIN/PASTORAL CARE LEADER

Manitowoc, WI — Holy Family Memorial, sponsored by the Franciscan Sisters of Christian Charity, seeks an experienced pastoral care leader to direct the activities for our healthcare network, including inpatient hospital care, outpatient services, multiple primary and specialty care clinics, home care and hospice. Will manage a seasoned staff including assuring top-notch quality of services, ethics committee leadership, community clergy relationship management, crisis and sacramental coverage, volunteer management, financial controls and participation in various network leadership activities. Master’s degree preferred and certification by the National Association of Catholic Chaplains required. A minimum of 5 years healthcare chaplaincy experience, including management, required. Excellent compensation package provided. Interested candidates may submit resume to: Mary Maurer, VP, P.O. Box 1450, Manitowoc, WI 54221-1450, or e-mail mmmaurer@hfmhealth.org.

CHAPLAIN

New York, NY — Bon Secours NY Health System is seeking a full-time, certified chaplain to coordinate an innovative program that will provide spiritual care to the homebound elderly in the Bronx and lower Westchester areas of NY. Responsibilities include visiting the homebound, recruiting interns and volunteers to visit, developing the program, and forming an advisory council from local houses of worship and senior centers to...
identify those in need of spiritual care. This is a one-year grant program with great possibility of yearly renewal. Competitive salary and good benefits including allowance for travel. If interested, please contact Sr. Sheila Moroney, PBVM, at Schevlier Nursing Care Center, 2975 Independence Ave, Bronx, NY 10463. Phone 1-718-548-1700 x 268, fax 1-718-432-0744 or e-mail resume to Sr.Sheila_Moroney@bshsi.org

**CHAPLAIN**

Sheboygan, WI — St. Nicholas Hospital is currently accepting applications for a full-time chaplain for our Spiritual and Pastoral Support Department. Position will provide pastoral ministry and support to patients, families and staff of St. Nicholas Hospital. A college degree in theology, pastoral care or religion and a minimum of two units of Clinical Pastoral Education will be required; certification would be a definite plus. Candidates must have the ability to share personal faith/spiritual journey, reflect theologically on pastoral ministry, understand self-inrelation-to-others and practice self-care – emotionally, spiritually, physically and mentally. St. Nicholas Hospital offers competitive wages and an excellent benefits package. Please visit our website at humanresources@sns.hshs.org or call (920) 459-4650 for more information. Fax number is (920) 451-7280. St. Nicholas Hospital, 3100 Superior Avenue, Sheboygan WI 53081, is an Equal Opportunity Employer functioning under an Affirmative Action Plan. Affiliate of Hospital Sisters Health System.

**CHAPLAIN**

Milwaukee, WI, and Davenport, IA — Share Your Caring Spirit! Heartland Home Health Care and Hospice has an exciting opportunity for a chaplain to join our established, growing hospice agency. We are looking for a chaplain to support our Davenport, IA, facility and another to support the Milwaukee, WI, facility. These chaplains will provide spiritual care to patients, families and staff as a part of a collaborative interdisciplinary team that provides the highest quality end-of-life care. Previous hospice experience is required. Qualifications include: M.Div. or MA in theology or pastoral ministry; minimum of 4 units of Clinical Pastoral Education; certification by APC or NACC or other pastoral care cognate group, or the ability to be certified within one year of hire. Must have ecclesiastical endorsement. If you are compassionate and want to utilize your chaplain skills in a way that will personally touch your patients, call or apply today by contacting Kristin at klupton@hcr-manorcare.com, 262-389-1882 (phone), 888-819-6612 (fax), apply on line at www.hcr-manorcare.com. Our commitment to our patients is what inspires us to give the best care possible. We invite you to become part of our established and growing agency serving the Milwaukee, WI, or Davenport, IA, areas. People. Strength. Commitment. EEO/Drug-Free Employer.

**FULL-TIME PRIEST CHAPLAIN**

Dover, NJ — Saint Clare’s Health System, a four-hospital acute care facility, is looking for a Roman Catholic priest chaplain to join its Spiritual Services team. Responsibilities include sacramental needs of patients, families and staff, as well as pastoral care of non-Catholic and non-religious clients. Duties will include on-call and weekend assignments within a 40-hour workweek. The position provides a competitive salary and benefits package. Requirements: Master’s degree in theology along with several years of pastoral experience. Candidates must be in good standing and have ecclesiastical approval with faculties from their current diocese and/or superiors. Certification as a chaplain by NACC or APC desired. Bilingual desired. Certification in Clinical Pastoral Education (4 CPE units or in progress) a plus. Please send resumes to Rev. Gerald B. Kanic, Saint Clare’s Health System, Spiritual Services, 400 W. Blackwell Street, Dover NJ 07801. Fax (973) 989-3479 or email to gkanic@saintclares.org

**DIRECTOR OF MISSION AND VOLUNTEER SERVICES**

Methuen, MA — Caritas Holy Family Hospital, a well established and growing community-based hospital is committed to providing high-quality health care and excellent customer service to all guests encountered within the hospital and the surrounding community. In order to accomplish our commitments, CHFH is seeking a highly qualified Director of Mission and Volunteer Services to promote and integrate mission, vision and core values, develop plans for mission effectiveness, as well as to evaluate the need for volunteer services within the organization, in conjunction with all departments. In the role of Director Of Mission and Volunteer Services, you will collaborate with all departments and staff to deepen understanding of the mission and how it affects the climate and daily practices of the workplace, and direct the recruitment, interviewing, selection and placement of volunteers to meet the organization’s needs. This position oversees a small staff within the Spiritual Care Department. You will actively participate in several monthly meetings, including Mission, Ethics, Employee Development, Orientation, and other Committees. You will ensure adequate staffing levels and supervisory support of volunteers and develop spiritual care staff. You will prepare and administer the department’s budget. This is a leadership role where you will be charged with overseeing a team of volunteers spread among the various departments. Reporting both to the president/CEO and to the senior vice president of mission, you will run various mission and volunteer services projects throughout the hospital. In addition, you will present the written annual report of the Mission Department’s goals and objectives to the president/CEO.

If you are a leader in mission and spiritual care and want to bring and apply your passion and excitement to a small community hospital where you can make a difference, then we want to hear from you. Experience and Qualifications:

- Must have a Master’s Degree in Divinity, Theology, or Pastoral Ministry or Pastoral Counseling
- 3-5 years of experience in Mission and/or Ministry, and volunteer management experience, preferably in a healthcare or similar organization
- Must have strong Catholic faith and endorsement by denominational authority as a person in good standing
- Must have excellent interpersonal skills to relate to individuals with diverse backgrounds, skills and abilities.
- Good verbal and written communication skills, good leadership and organizational skills, and good project management skills are required.
- We offer a comprehensive benefits and compensation package. Please e-mail your resume in confidence to: Dirmiss82.caritas@hiredesk.net Telephone: 617-523-4488 Please note where you viewed this job listing.

**Vision**

April 2008

**There may be an opening for an identical position at another hospital, just south of Boston, in the near future.**
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Calendar

May


26 Memorial Day; national office closed

June

20 Southern California Chaplains’ Gathering, Irvine, Calif.

23-24 Catholic Health Association Assembly, San Diego

25 Northern California Chaplains’ Gathering

Prayers for Healing

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the Vision editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need.

Sr. Mary R. Skopal, SSJ
Baltimore, Md.
Back surgery

Deacon Michael E. Murray
Taunton, Mass.
Cancer

Sr. Mary Anna Euring, OP
West Islip, N.Y.
Return of Non-Hodgkin’s Lymphoma

Sr. Nancy Flagg, OSB
Duluth, Minn.
Chemo treatment

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Milwaukee, WI 53207-6159

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