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# Spiritual Needs: Gender Differences among Professional Spiritual Care Providers\*

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The current study explored gender differences regarding spirituality by comparing the relative frequency with which male ( $n = 85$ ) and female ( $n = 103$ ) professional chaplains experience various facets of the spiritual experience. The women in the sample reported experiencing five of the seven spiritual constructs examined significantly more often than men, including the need for (1) belonging, (2) meaning, (3) hope, (4) beauty, and (5) acceptance of death. No significant gender differences were found for spiritual needs related to morality concerns or religious practices.

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**M**any healthcare professionals are increasingly recognizing that “patients learn to cope with and understand their suffering through their spiritual beliefs, or the spiritual dimension of their lives.”<sup>1</sup> Although many members of the healthcare team may address patients’ spiritual needs, chaplains are typically the main purveyors of spiritual care in healthcare settings.<sup>2,3,4,5</sup> Given the array of countertransference issues that arise when working with patients, as well as the importance of understanding and meeting one’s own needs before being able to address others needs, the present study examined the types of spiritual needs chaplains themselves face.

## Gender Theory and Spirituality

The gendered nature of human experience influences most, if not all, our conceptions of the world, including those in the realm of spirituality. Psycholinguist George Lakoff and philosopher Mark Johnston<sup>6,7,8</sup> state that the basis for understanding our world lies in our physical experiences, especially that of our own bodies. As such, our gendered physicality becomes a critical conceptual organizer of our experience.

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The field of theobiology, which explores the interface between theology and biology, also situates gender as central to our understanding of the connections among God, the world, and ourselves.<sup>9</sup> And, indeed, various studies have highlighted the divergent relationship that men and women have with both spirituality and religion.<sup>10,11</sup> A number of studies, for example, have found that women tend to attend religious services more often and profess to be more religious than men.<sup>12,13</sup> A systematic review of the research literature shows that females tend to be higher than men in *intrinsic religiousness*—defined as a “meaning endowing framework in terms of which all of life is understood.”<sup>14</sup> However, there appears to be no gender differences in extrinsic religiousness or the “religion of comfort and social convention.”<sup>15</sup>

Research has even found gender differences in religious beliefs of children. For example, a study by Cox<sup>16</sup> reported gender differences in children’s conceptions of God. Cox found that boys were more likely to view God as supreme power, forceful planner and controller, whereas girls were more likely to depict God as loving, comforting and forgiving. Similar results were reported by Galek and her colleagues,<sup>17</sup> who found that women were more likely than men to conceptualize God as forgiving, loving, and approving. Men were more likely to perceive God as controlling, judging, and remote.

The current study was conducted to examine the degree to which male and female chaplains differ in terms of the relative frequency of experiencing various spiritual needs. Seven dimensions of spiritual needs were assessed using a 28-item spiritual needs scale developed by the authors.

## Methods

An invitation to participate in this study was posted in an electronic newsletter that is widely distributed to professional chaplains and other related professionals. The announcement explained the purpose of the study and included a link to an on-line survey site.

An extensive search of the biomedical and psychological literature between 1990 and 2004 yielded more than two dozen relevant studies and theoretical articles that focused on patients’ spiritual needs.<sup>18</sup> In all, the articles contained almost 350 examples of patient-identified spiritual needs. Using content analysis, we grouped the exemplars into seven dimensions, and then selected the exemplars that best represented each dimension to form a 29-item scale. The dimensions were: (1) meaning and purpose, (2) resolution and death, (3) the Divine, (4) love, belonging and respect, (5) peace, hope and gratitude, (6) morality and ethics, and (7) appreciation of nature and beauty. The final wording of the items was chosen after discussing and pilot-testing the items with chaplains. The items and the seven constructs are contained in Table 1.

At the top of the web-page participants were asked, “How often do you experience each of these needs, in your own personal life, in times of crisis?” The 28 items were listed below. Four response categories were listed next to each item: “never,” “rarely,” “fairly often,” and “very often.” The responses were scored from 0 to 3. Data were also collected on participants’ age, gender and the number of years they served as a professional chaplain.

A total of 188 questionnaires were completed by chaplains, 85 of whom were males (45.2%) and 103 of whom were females (54.8%). The average age of the sample was 52.8 years (SD = 9.78), and the average number of years served as a chaplain was 11.1 (SD = 8.54).

TABLE 1  
**Constructs and Their Corresponding Items**

Constructs	Items
<b>Love/Belonging/Respect</b>	To be accepted as a person For companionship To give/receive love For compassion and kindness For respectful care of your bodily needs To feel a sense of connection with the world
<b>Divine</b>	To participate in religious or spiritual services To have someone pray with or for you To perform religious or spiritual rituals To read spiritual or religious material For guidance from a higher power
<b>Positivity/Gratitude/Hope/Peace</b>	To feel hopeful To feel a sense of peace and contentment To keep a positive outlook To have a quiet space to meditate or reflect To be thankful or grateful To experience a sense of laughter and humor
<b>Meaning and Purpose</b>	To find meaning in the suffering To find meaning and purpose in life To make sense of why this medical problem happened to you
<b>Morality and Ethics</b>	To live an ethical and moral life
<b>Appreciation of Beauty</b>	To experience or appreciate beauty To experience or appreciate music To experience or appreciate nature
<b>Resolution/Death</b>	To address unmet issues before death To address concerns about life after death To have a deeper understanding of death and dying To forgive yourself and others To review your life

## Results

Factor analysis was conducted on the 28 items to attempt to confirm the seven spiritual needs constructs developed by Galek, *et al.*<sup>18</sup> Cronbach's alpha ( $\alpha$ ) was calculated on the items comprising each construct to provide a measure of internal consistency of each construct. The seven categories, or constructs, of spiritual needs were: Love/Belonging/Respect ( $\alpha = .76$ ), Divine ( $\alpha = .70$ ), Positivity/Gratitude/Hope/Peace ( $\alpha = .70$ ), Meaning and Purpose ( $\alpha = .73$ ), Appreciation of Beauty ( $\alpha = .74$ ), and Resolution/Death ( $\alpha = .57$ ). An alpha value was not calculated for the Ethics construct since it consisted of only one item.

MANCOVA revealed a significant effect for gender across constructs, after controlling for years as a chaplain [ $F(7, 179) = 2.22, p < .05$ ]. Subsequent univariate analyses found significant gender effects for five of the seven constructs. Female chaplains gave higher relative frequency ratings than did male chaplains to the following constructs: Love/Belonging/Respect, Divine, Positivity/Gratitude/Hope/Peace, Meaning and Purpose, Appreciation of Beauty, and Resolution/Death. Genders did not significantly differ with regard to the following two constructs: Ethics/Morality and the Divine.

## Discussion

The current study revealed systematic differences in the spiritual needs of male and female chaplains. Women were more in touch with their spiritual needs in the areas of love/belonging, positivity/hope, meaning, appreciation of beauty, and resolution/death than were the men in our study. No gender differences were observed with respect to ethics or institutional and private religious practices comprising the Divine construct.

The understanding of any gender difference rests within a complex interaction of many realms. An examination of the interplay of gender and spirituality through the lens of history reveals that early theologians associated women with the feminine body, nature and darkness, whereas they associated men with the mind and spirit.<sup>20</sup> However, since gender and spirituality co-exist in a continually changing biopsychosocial context, how can we understand this current snapshot of gender differences in the spiritual needs of professional chaplains?

Theorists such as Chodorow<sup>21</sup> and Gilligan<sup>22</sup> have put forth a developmental paradigm in which female identity is based on a web of connections to others. Gilligan,<sup>23</sup> in particular, has suggested that women essentially use a "different voice" from that of males—that women speak a language based on the care and nurturance of others, while men speak a language that is framed in terms of autonomous separation. Findings from the current study may reflect this overall trend for women to be more attuned to their own spiritual relatedness, as well as attuned to the spiritual relatedness of others. However, research examining the personal characteristics of male clergy has found that male clergy and seminarians score higher than most men in the general population on such traditionally feminine traits as sensitivity and passivity. Studies have also found that male clergy exhibit a greater interest in the aesthetics of art, literature, and music, as well as a preference for working through problems in a non-competitive manner.<sup>24,25</sup> Thus, clergymen appear to have a more highly developed nurturing and aesthetic sense than other men.

The finding that male and female chaplains did not differ with respect to the importance they placed on institutional and private religious practices is consistent with the findings of Flannelly and Galek,<sup>26</sup> which revealed no gender differences among chaplains or other healthcare professionals regarding their self-reported levels of religiosity. Differences between the concepts of religion and spirituality have been widely discussed in the healthcare literature, especially in nursing.<sup>27,28,29,30,31,32</sup> Religion is considered by many authors to be a manifestation of spirituality within the context of institutional religious beliefs and practices.<sup>33,34</sup> The concept of spirituality is usually thought of as being broader than that of religion,<sup>35,36,37</sup> and not necessarily expressed through religious beliefs or practices, although some do certainly express their spirituality through religion.

The findings of Flannelly and Galek<sup>38</sup> also showed that overall, female healthcare professionals tended to be more spiritual than males, especially among nurses and social workers. However, male chaplains reported the same levels of spirituality as did female chaplains. While both male and female chaplains report higher levels of spirituality than healthcare professionals in other disciplines, the present study perhaps offers a more nuanced understanding of the gendered contours of spirituality among chaplains.


The current study revealed that female chaplains place more importance on exploring issues relating to death and dying than the men in our sample. In his discussion of the Heroic Myth, Ernest Becker explores how heroics facilitate the denial of death, allowing one to feel permanent, invulnerable and eternal.<sup>39</sup> Taking on the heroic archetype, according to Becker, also enables one to embrace the existential paradox of “individuality within finitude.”<sup>40</sup> Men may identify more with the Heroic Myth of conquering death, as opposed to Lief’s concept of “making friends with death,” which suggests that “cultivating an awareness of death is at the same time cultivating an awareness of life.”<sup>41</sup>

Finally, our study found no difference between male and female chaplains with respect to their need to incorporate morality and ethics into their lives. Since theorists and researchers have written extensively about gender differences regarding the ethics of care, justice, and morality,<sup>42</sup> further research would be useful to understand the connections among gender, spirituality and ethics.

The recruitment of participants may be seen as a major limitation of the study, since potential participants were not directly contacted about the study. Instead, they were solicited indirectly through an announcement posted in a newsletter. Since we do not know the number of people who even saw the announcement we cannot calculate the actual response rate. Regardless of the number of chaplains who saw or read the announcement, the number of responses was quite small in comparison to the thousands of individuals who receive the newsletter *via* the internet.

## Conclusion

The nature of the caregiver relationship in chaplaincy, as in other health professions, requires spiritual-care providers to call upon both their masculine and feminine attributes.<sup>43</sup> Trothen<sup>44</sup> reminds us that “gender stereotypes serve to confine and limit us; people with a variety of gifts are needed in ministry” (p. 33). Trothen notes,<sup>45</sup> however, that there is a “pervasive, often unconscious expectation” (p. 33) in our culture that faith leaders

work within the dominant paradigm of masculinity, which “values the rational over the unproven, the head over the heart, [and] the mind over the spirit” (p. 33).<sup>16</sup> Within the context of this cultural bias, the question arises of how to promote an ethic of care within clinical ministry in which providers can draw equally from both their feminine and masculine characteristics and resources.<sup>17</sup> 

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## Endnotes

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