KÁROLI GÁSPÁR UNIVERSITY
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Systematic analysis of healthcare chaplaincy of the Hungarian Reformed Church

(Summary)

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THESES OF THE DOCTORAL DISSERTATION

According to our first thesis system approach and helps to explore the role, function and communication of healthcare chaplaincy and helps exploring chaplaincy-related problems and challenges within the mega-system of society, in the hospital- and church-subsystems.

According to our second thesis, the situation of healthcare chaplaincy, working on the boundary of the church- and hospital subsystems, can be approached only as a borderline setting.

According to our third thesis, the position of chaplain, as a novel form of church service, will cause turmoil in the regular balance of the church- and hospital subsystems in Hungary, but restoring the homeostasis will offer special opportunities.

According to our fourth thesis, a chaplain can do their service most effectively, if they are integrated into the hospital system, but is not separated from institutions of the church either.

According to our fifth thesis, chaplaincy service is seen with „separating integration” by the hospital system, and with „integrated separation” by the church system in Hungary.

According to our sixth thesis, it is the liturgical-homiletical function of chaplaincy, that makes the overlap of the church and hospital subsystems visible for everybody, where celebration dedicated to God by those, suffering – and existing besides suffering – and revelation of God to the those, suffering - and existing besides suffering - will become obvious.

According to our seventh thesis, healthcare chaplaincy services – considering denominational affiliation - need to be connected with local congregational chaplaincy activities, as without the possibility of integration this is less effective.

STRUCTURE OF THE DOCTORAL THESIS

This doctoral dissertation presents a systematic analysis of healthcare chaplaincy of the Hungarian Reformed Church (“Magyarországi Református Egyház” - MRE). We use the system approach to describe the role of healthcare chaplaincy that operates at the border of church and hospital systems.
In the first part we outline the development of the system approach from the aspect of pastoral care.
In the second part we examine the role of the healthcare chaplaincy at the borderline of the church and the hospital system, moreover we present our empirical research conducted among the pastors of MRE working as pastoral care chaplains.
Finally in the third part we introduce the duties and possibilities of the healthcare chaplaincy within the church and the hospital system.

RESULTS OF THE DOCTORAL THESIS

The system approach illuminated and discussed from several aspects in the first section highlights that healthcare chaplaincy when describing its role, possibilities and functions, should be viewed in a complex system rather than in linear paradigm. System approach helps to define the role, function and communication of healthcare chaplaincy, and helps exploring chaplaincy-related problems and challenges within the mega-system of society, in the hospital- and

church-subsystems. The church- and hospital-subsystems are influenced by the mega-system of the society, thus they have to be viewed together. A chaplaincy service will inevitably fail, if systems, subsystems, their environment, and their interactions are neglected.

In the second chapter during the analysis of the survey and interviews with the chaplains of healthcare chaplaincy from MRE, first of all we came to the conclusion that the pastors in the church as hospital chaplains no longer find their place.
Secondly, in terms of hospital and church system relationship, according to the respondent healthcare chaplains, we can conclude that the pastoral care in hospitals is less recognized, and even an under appreciated service in the church.
The hospital chaplain and pastor of the local church have a weak relationship to each other, do not support each other and their service is hardly ever related to each other.
Thirdly, we found that after the initial difficulties, uncertainties and the certified resistance obtained by healthcare co-workers (doctors, nurses) the healthcare chaplaincy gained inclusion in the hospital system.

In the identity development of the healthcare chaplains, in each case, as we have found that the lack of recognition and the professionally sound background urged the pastors incessantly to be proven and led to be lonely, who fought their struggles mostly alone at the border of the of the church and hospital system. This made someone stronger, while with others led to burnout and identity crisis.
Special spiritual care trainings, the growing theoretical and practical skills and professional merits, moreover the recognition of the service on behalf of the hospital system in the meantime confirmed their professional identity.

In the third chapter of this thesis we are thinking about expectations and related functions of the healthcare chaplaincy operating at the line of the church and the hospital system. Concluding that it is necessary to understand the organizational structure of a hospital in order to determine the duties of the healthcare chaplain, and keep in mind what are expectations in connection with the spiritual (pastoral) care in the system. On the other hand, it is clear that the pastoral service at the hospital should build relationships outside the hospital system and must have a congregational background.
We emphasize the prophetic role of the hospital chaplain. The chaplains should always be to raise their voice in our post-modern world, and in the technical, science-oriented hospital system, if they find that the patient is out of the scope of interest of the healthcare system. The social, political mandate of the pastoral caregiver is to pay attention to the well-balanced social relations, and community integration of their spiritual cared.
The duties of the healthcare chaplaincy ministry can be summarized in spiritual, liturgical-homiletical, theological theorists and pastoral function.

Finally, we outline the connectivity models of the heath care chaplaincy service system, concluding that the MRE healthcare chaplaincy service should appear in "integrated distancing" in the church system and in "demarcated integration" in the hospital system, as a border service in the 21st century pluralistic world with an open mind to all sufferers, preserving the Christian sense of mission remaining in Christ as Christ remained in it.