



Association of Hong Kong Hospital Chaplaincy Ministry

香港醫院院牧事工聯會

Professional Chaplaincy –
Its Role and Significance
in Healthcare Service
《專業院牧事工》

This paper is written with the reference of '*Professional Chaplaincy: Its Role and Importance in Healthcare, 2001*' and passed by the Board of Directors of Association of Hong Kong Hospital Christian Chaplaincy Ministry on 25 April 2009.

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Introduction

A rapid growth of healthcare chaplaincy has occurred, keeping pace with the advancement and development of the hospital management and healthcare service in Hong Kong at the end of the 20th century. Commencing its service at five Christian hospitals in the 70's¹, Hong Kong chaplaincy has developed with a solid foundation. The year of 1984 marked a milestone for Hong Kong chaplaincy when its service was extended to a non-Christian hospital.² In past two decades, chaplaincy has flourished in public hospitals in Hong Kong. Currently, chaplains provide services at almost every hospital.

With the entry of the 21st century, development of professional chaplaincy is inevitable for meeting needs and expectations of the public in Hong Kong. Professional training is prerequisite for a chaplain to engage in the profession. To further speed up the development, documents of professional chaplaincy and the code of ethics for professional chaplains need to be drafted in aiming at enhancing localization of the profession and monitoring standards of professional chaplains in Hong Kong.

This paper is written with the reference of 'Professional Chaplaincy: Its Role and Importance in Healthcare'(2001), and the document is a joint statement of the five largest healthcare chaplaincy organizations in North America: the Association for Clinical Pastoral Education, the Association of Professional Chaplains, the Canadian Association for Pastoral Practice and Education, the National Association of Catholic Chaplains and the National Association of Jewish Chaplains, which represent over 10,000 members. As the first consensus paper in North America, it presents perspectives of these bodies on spiritual care they provide for the benefits of individuals, healthcare organizations and communities.

The designations of spiritual caregivers may be varied in different settings in the healthcare system, e.g. spiritual care workers. In this paper, a spiritual caregiver is named as a 'chaplain'. All ranks in chaplaincy such as Chaplain-in-charge, Chaplain, and Assistant Chaplain are included. This paper contains five sections.

Chapter 1: The Meaning and Practice of Spiritual Care

This section describes spirit as an essence of all persons and defines nature of

¹該五間基督教醫院開設院牧事工之年份順序如下：雅麗氏何妙齡那打素醫院（1950）、香港浸信會醫院（1963）、播道醫院（1976）、基督教聯合醫院（1977）及靈實醫院（1977）。

²首間非基督教醫院是葛量洪醫院，自 1984 年開始有基督學院牧駐院，提供院牧服務。

spiritual care. With the basic premise that attention to spirituality is intrinsic to healthcare, it establishes their relationship and outlines the various environments in which care is provided.

Chapter 2: Who Provides Spiritual Care

Professional chaplains provide spiritual care. This section describes their education and professional training.

Chapter 3: The Functions and Activities of Professional Chaplains

This section delineates various activities of chaplains within healthcare settings, focusing on their care of patients, their families, and staff members of healthcare organizations, and their participation in healthcare teams.

Chapter 4: The Benefits of Spiritual Care Provided by Chaplains

This section describes how chaplains offer benefits to patients, their families, healthcare team members, healthcare organizations, churches and communities.

Chapter 5: Conclusion

This section concludes the significance of the development of professional chaplaincy and the importance of setting up professional body.

This paper is written for the professional development of chaplaincy in Hong Kong., and seeks consensus and acceptance of participants in the chaplaincy field. The consultation is not confined to frontline chaplains. Feedback from healthcare organizations, district chaplaincy committees, and churches involved are also expected. We believe that the development of professional chaplaincy will make further contribution locally and areas nearby.

Chapter 1: The Meaning and Practice of Spiritual Care

1. We are spiritual living beings

According to the Bible, God is the Spirit and human being is the creature of God in his image and likeness. “Then the Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being.” (Gen 2:7, Bible NRSV) In Christianity, holistic healthcare means satisfying physical, psychological, social and spiritual needs.

2. Spirituality and religion

While Christians place an emphasis on spirituality, persons regard spirit as a natural essence. May (1982) writes, “Spirit implies energy and power.” She goes further to point out that spirituality arouses an awareness of relationships with all creation, an appreciation of presence and purpose, implying a sense of meaning. Just a century ago, spirituality and religion was perceived to be inseparable. And a misconception that only people with religious faith concern spirituality exists.

People frequently attend to spiritual concerns within religious communities through the use of traditional religious practices, beliefs, and values. They may pray, read sacred texts, and observe individual or corporate rituals that are particular to their tradition. Religious beliefs may encourage or forbid certain behaviors and they thus produce impacts on medical treatment.

In reality, people outside traditional religious communities and practices also have spiritual concern. They share deep existential needs. They always ask spiritual questions such as ‘Where did I come from?’ ‘Where will I go?’ ‘Why do I exist?’ ‘Why am I a living person?’ ‘How can I make peace?’ ‘How can I attain hope?’ ‘Who am I?’ ‘Who do I belong to?’ People who suffer from the illness may experience changes in transcendent meaning, purpose and value. Such an experience has impacts on a patient’s understanding on the relationship of life, self and others. A new knowledge of life can be derived.

3. Spiritual care is a necessary dimension in holistic healthcare

Religion and medicine were virtually inseparable across history, but the advent of science created a chasm between the two. Spiritual care is able to serve as a contemporary bridge renewing this relationship. Spiritual care is an element in holistic healthcare to patients, with special attention to spiritual needs of patients and their families.

“Institutions that ignore the spiritual dimension in their mission statement or daily provision of care increase their risk of becoming only “biological garages where dysfunctional human parts are repaired or replaced.” (Gibbons & Miller, 1989) In recent years, many frontline healthcare workers believe that the care of the body cannot be effective if the thoughts, emotions and feelings are ignored. Increasing number of researches on exploring spirituality and healing in medicine have been conducting such as Benson (1999).

Nowadays regulatory and accrediting bodies are sensitive to spiritual needs of patients. Healthcare organizations in Europe and America have incorporated the provision of spiritual care into their service standard.³ And healthcare institutions create ‘patient rights’ statements in which they pledge to provide an attention to the dignity, culture, beliefs, practices, and spiritual needs of all patients, their caregivers, and the hospital personnel.

4. The practice of spiritual care

4.1 Illness causes patients to concern spirituality

Apart from physical and functional needs, people manifest spiritual needs. Spirituality helps people maintain health and cope with illnesses, traumas, losses, and life transitions by integrating body, mind and spirit. Many people believe in its capacity to aid in the recovery from disease. Illness causes people to pay attention to their spiritual needs, and encourages them to find ways to fulfill them.

4.2 Serious illness generates spiritual crises

Patients experience fear and loneliness in serious illness. When spiritual crises are generated, spiritual care is an acute need. Serious illness is perceived to be a biological event, but it frightens patients and isolates them from support communities that they need most. Losses such as physical and cognitive capacities, autonomy, work or family status, and emotional equilibrium, along with the accompanying grief, can seriously impact their sense of meaning, purpose, and personal worth. Chaplains address their crises through spiritual care, emphasizing transcendence meaning and value, and also enhancing their connections with support communities. It helps their healing and recovery. Chaplains also facilitate communications among medical professionals, patients and their families when they feel that needs exist.

³此等機構包括 Joint Commission on the Accreditation of Health Organizations (JCAHO), USA、Canadian Council on Health Services Accreditation (CCHSA), Canada、Trent Executive, UK。自 2003 年，香港私家醫院已邀請 Trent Executive, UK 檢定醫院的優質醫療服務。

4.3 Spiritual care plays a significant role when cure is not possible.

Patients query about meaning of life and spirituality in chronic or incurable illness. Approaching death can engender serious spiritual questions and produce negative emotions, such as anxiety, depression, hopelessness and despair. Medical treatment can hardly cope with emotional and psychological needs. With compassion, comfort and listening, chaplains solicit support for patients with chronic or incurable illness. Spiritual resources provided by chaplains that help patients focus on transcendent meaning, purpose and value.

4.4 Spiritual care is important in healthcare organizations when issues lead to moral, ethical and spiritual concerns

Difficult ethical dilemmas frequently arise in healthcare organizations in the high technological age today, i.e. decisions to withdraw aggressive treatment. Decisions are unavoidably involved with personal values and beliefs. Chaplains who usually are members of ethics committees are able to provide spiritual care to staff members as well as patients and families affected.

4.5 Staff members of healthcare organizations are in need of spiritual care

Healthcare staff members work in stressful environment. Apart from providing intensive care for patients, they experience crises, illnesses, death and ethical dilemmas with patients and their families. Healthcare staffs have spiritual needs too. Therefore holistic healthcare is not only significant to patients, but also staff members of healthcare organizations. A study of spirituality in organizations indicates that employees do not want to compartmentalize or fragment their lives and that their search for meaning, purpose, wholeness and integration is a constant, never ending task.”(Mitroff and Denton, 1999) Healthcare organizations recognize employees as their most valuable resource, and help them cope with their stress to achieve holistic development including spiritual needs. Chaplains not only help staff members cope, but empower them to recognize the meaning and value of their work in new ways. Chaplains are skilled in eliciting stories that evoke self-understanding and creativity, and sometimes bring light to the paths we travel in life. (Henry & Henry, 1999)

Chapter 2: Chaplains provides spiritual care

A variety of persons may provide patients (family members inclusive) with basic spiritual care, including family members, friends, volunteers, staff members of healthcare organizations and others.

Chaplains with professional training and spiritual resources can fill the special requirements involved in intensive medical environment for patients and their families. Their support helps patients cope with spiritual crises, and focus on transcendent meaning and value.

Chaplains are professionally accountable to their religious faith groups, their certifying chaplaincy organizations, and the employing institutions. With the support of religious communities, they demonstrate a deep commitment and sensitivity to the diverse ethnic and religious cultures.

Chaplains are theologically and clinically trained clergy whose work reflects:

1. Concern for patients' spiritual needs
2. Respect for patients' spiritual or religious preferences
3. Sensitivity to multi-cultural and multi-faith realities
4. Understanding of the impact of the illness on individuals and their caregivers

Chaplains are required to obtain and maintaining the following qualifications:

1. Endorsement by a chaplaincy committee, church or a religious organization
2. Graduate theological education or its equivalency
3. Accredited Clinical Pastoral Education training
4. Fulfilling annual continuing education requirements
5. Adhere to the Code of Ethics for Professional Chaplains

Chapter 3: The functions and tasks of chaplains

The tasks of chaplains include diverse interactions with patients and families, medical staffs, volunteers, community groups and churches. The situations may not be homogenous in every hospital. The functions of chaplains can be classified as follows.

1. When patients seek spiritual care, chaplains constitute a powerful reminder of healing, sustaining, guiding, and reconciling power of religious faith.
2. Chaplains reach across faith group boundaries and do not proselytize so as to provide an appropriate support.
3. Chaplains provide supportive spiritual care through empathic listening, demonstrating an understanding of patients and their families in distress. Typical tasks include:
 - 3.1 Spiritual assessment
 - 3.2 Crisis intervention and critical incident stress debriefing
 - 3.3 Loss, grief, and bereavement care
 - 3.4 Communication with caregivers
 - 3.5 Assistance with decision making and communication regarding decedent affairs
 - 3.6 Facilitation of communication with medical staff
 - 3.7 Referral and linkage to internal and external resources
4. Chaplains take care of spiritual needs of members in healthcare organizations that arise either from work or faith.
5. Chaplains serves as a member of healthcare team, and maintain good communication with other members by
 - 5.1 Participation in medical rounds and patient care conferences, offering perspectives on the spiritual status of patients
 - 5.2 Participation in interdisciplinary medical seminars
 - 5.3 Charting spiritual care intervention in medical charts
 - 5.4 Offering support when changes or crises occur in healthcare organizations
6. Chaplains arrange and lead religious ceremonies of worship and ritual such as:
 - 6.1 Prayer, meditation, and reading of scripture
 - 6.2 Worship or observance of holy days
 - 6.3 Blessing and sacraments

- 6.4 Rituals at the time of birth
- 6.5 Rituals at the time of death
- 6.6 Memorial services and funerals

- 7. Chaplains lead or participate in discussion related to healthcare ethical issues by:
 - 7.1 Articulating ethical concerns with patients, their families, staff members and healthcare organizations
 - 7.2 Assisting patients, their families, staff members and healthcare organizations in adhering to guidance
 - 7.3 Participating in Ethics Committees

- 8. Chaplains establish partnership with the healthcare team, church and community, and provide spiritual care education to them by:
 - 8.1 Promoting holistic healthcare concept
 - 8.2 Promoting the theory and practice of spiritual care
 - 8.3 Training and guiding volunteers on spiritual care provision

- 9. Chaplains and their certifying organizations encourage and support research activities including:
 - 9.1 Developing spiritual assessment and spiritual risk screening tools
 - 9.2 Assessing the effectiveness of chaplains on spiritual care provision
 - 9.3 Conducting interdisciplinary research, presentation and publication of results
 - 9.4 Presenting research findings in spiritual care at conferences and conventions

Chapter 4: The benefits of spiritual care provided by chaplains

According to the first three chapters of this paper and other clinical findings, the work of chaplains contributes prominent benefits, especially to the four components in the healthcare system: 1) patients and their families, 2) healthcare staff members, 3) healthcare organizations, 4) churches and communities.

1. Benefits for patients and families

Emotional, interpersonal and spiritual needs were neglected as an emphasis on physical healing was placed in the healthcare system in the past. Researches in recent decades reveal that patients experience psychological needs and negative emotions such as anxiety, fear and depression during the medical treatment. Spiritual crisis and interpersonal conflict may hinder the treatment and recovery process.

The benefit of chaplains towards patients and families can be seen from these following sharing:

- 1.1 Empower us to persevere in the healing process (玉霞，2004；譚寶莉，2006)
- 1.2 Teach us to face difficulties (鍾玉儀，2006；玲玲，2005)
- 1.3 Help me understand life meaning in the predicament (曾翠芝，2007)
- 1.4 Help my patient's family cope with the illness (秀賢，2006)
- 1.5 Comfort me with spiritual care in the illness (吳鳳好，2007；愛玲，2007)
- 1.6 Shoulder my worries, and reduce fear and anxiety (秀雯，2005；吳愷儀，2007)
- 1.7 Fill me with hope (倩萍，2007)

2 Benefits for healthcare staff

Chaplains play a salient role in the healthcare team for their responsibilities in spiritual care provision. The practice of holistic healthcare seems impossible without their commitment. (余詩思，2007)

Staff members in healthcare organizations experience anxiety in the overloading working environment and feel fatigue with patients' overwhelming needs. Chaplains' comfort and support encourages staff members. (鄭綺梅，2005)

Personal problems of healthcare team members such as work pressure, family issues, continuing education, overload, and policy change of the organization may cause stresses and strains. The consultation provided by chaplains can enhance staff morale and decrease burnout. (黃慕蓮，2002；曾胡賜梅，2003)

3 Benefits for healthcare organizations

In an age of high technology, shortened hospitalizations, and limited contacts with physicians and other health professionals, chaplains consistently address personal and spiritual concerns over patients and their families. In Hong Kong, most Chief Executives of public hospitals support chaplaincy because of its contribution to the formation, practice and maintenance of caring culture in the healthcare system. (馬學章，2005；董秀英，2006；賴福明，2006)

As salient members in the holistic healthcare team, chaplains help to enhance the image of healthcare organizations by implementing the mission and pledge of holistic healthcare in the healthcare system. (陸志聰，2005；葉衛忠，2005；2006；馮康，2006；盧志遠，2007；區結成，2007)

The tensions among patients, healthcare staff members, and organizations can be prevented and reduced when spiritual care is provided to patients, their families and staff members of healthcare organizations. On the other hand, resources can be economically allocated when patients are more optimistic towards their illness. The effectiveness of the healthcare system can thus be enhanced. (趙莉莉，2005；李維達，2006；梁秀芝，2006；任燕珍，2006；盧時楨，2006；余詩思，2007)

4 Benefits for churches and communities

Chaplains make unique contributions by providing community services. It facilitates the relationship between the healthcare organization and community. Residents who develop a sense of belonging are eager to solicit both economical and manpower support to the healthcare organization in the community. The growth of the knowledge of spiritual care on oneself or others not only reduces service demand, but also paves the way for developing holistic healthcare in the long run.

Chaplains are both a member of the healthcare team and church. They offer both implicit and explicit contributions to the church or community by mobilizing church members.

(1) Volunteer training--- Volunteers who are recruited through chaplains from churches gain knowledge on spiritual care. They can provide spiritual care to their own family members and friends. (陳謳明，2002；鄧達強，2003；羅桂香，2006)

(2) Serving patients---Volunteers have reflections on life meaning and faith by serving patients. Their lives are enriched with their experiences of grief and loss with patients, (張國良，2003；蔡巧華，2004；韓寶龍，2006), including in face of the illness and death.

(梁惠玲，2004)

(3) Facilitation of the formation of support groups for patients and their families---Some support groups affiliated with churches are formed while chaplains organize church members to participate. The mobilization of community resource is a witness to God's love in the community. (萬得康，2002)

(4) Promotion of spiritual care--- Chaplains present their work on spiritual care in worship and fellowship, and church members are mobilized to visit and look after outpatients. Christ love is shared with a concrete and solid approach through the community service provided by chaplains.

Chapter 5: Conclusion

In response to the rapid growth and development of healthcare service in Hong Kong, the development of professional chaplaincy is in an imminent need. It is a fact that the development is at the beginning stage here. “We know that all things work together for good for those who love God, who are called according to his purpose.” (Roman 8:28, Bible NRSV) With prayers, patience, communication, acceptance and inclusion, we believe that we can achieve this goal in the foreseeable future.

The development of professional chaplaincy is in discussion for several years since a growing expectation on the roles and responsibilities of chaplaincy from the healthcare system has been identified. The Task Force for Development of Professional Chaplaincy was formed under Association of Hong Kong Hospital Christian Chaplaincy Ministry (AHKHCCM) in April 2006. A survey on issues related to professionalization was conducted from September to October, 2006 in which 69 questionnaires were received and the response rate was high to 81%. Among the respondents, 93% of them supported the development, and 81% agreed that the time was ripe for such a development. Moreover 71% supported to form a professional group to monitor ethical standards of professional chaplains, and the group was suggested to set up under AHKHCCM at the early phase.

The Steering Committee for Development of Professional Chaplaincy was formed in April, 2007. At different stages, working groups are set up in accordance with the development. The Committee started to draft this paper, ‘Professional Chaplaincy--Its Role and Significance in Healthcare Service’, and ‘the Code of Ethics for Professional Chaplains’, and will continue to work on documents for standards and certifications. Consultation and amendment of these papers will be commenced shortly. And the professional body is expected to be operated as soon as possible.

Afterward, in 2008 the Steering Committee completed the draft of two documents, ‘Professional Chaplaincy--Its Role and Significance in Healthcare Service’ and ‘the Code of Ethics for Professional Chaplains’, and invited all chaplains to discuss and give their opinions. Finally these two documents were passed by the Board of Directors at the meeting of 25th April 2009. Furthermore, the Association has appointed a new staff specializing in the ministry of professional development in 2010. In the meanwhile an Executive Committee was formed for implementing the working plan of professional development. By the end of 2010, the application for registration of Chaplains was commenced, which showed great progress towards the development of Hong Kong Hospital Chaplaincy Ministry.

References

- Benson, Herbert. (1999). *Timeless Healing*. N.Y.: Scribner, 305.
- Chow Yin Yan, Rebecca. (1998). *Towards Holistic Care: An Exploratory Study of Contribution of Hospital Chaplains (unpublished thesis)*, City University of Hong Kong.
- Gibbons, James L. & Miller, S.L. (1989). "An Image of Contemporary Hospital Chaplaincy". *Journal of Pastoral Care*, 43(4), 355-361.
- Henry, L.G. & Henry, J.D. (1999). *Reclaiming Soul in Health Care*. Chicago: Health Form, Inc., 52.
- May, Gerald. (1982). *Care of Mind/Care of Spirit*. San Francisco: Harper and Row, 7.
- Mitroff, Ian & Denton, E. (1999). *A Spiritual Audit of Corporate America: A Hard Look At Spirituality, Religion, and Values in the Workplace*. San Francisco: Jossey-Bass Publishers.
- Professional Chaplaincy: Its Role and Importance in Healthcare*. The Association for Clinical Pastoral Education, The Association of Professional Chaplains, The Canadian Association for Pastoral Practice and Education, The National Association of Catholic Chaplains, and The National Association of Jewish Chaplains, (2001).
- 玉霞, (2004), <服務迴響>《慈聲》香港醫院院牧事工聯會 (79), 17。
- 任燕珍, (2006), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (94), 4。
- 貝納爾著 尹妙珍譯, (2002), 《心靈關顧－修正基督教的培育和輔導觀念》, 香港：基道出版社。
- 余詩思, (2007), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (98), 14。
- 吳幟慧, (2007), <服務迴響>《慈聲》香港醫院院牧事工聯會 (100), 25。
- 吳鳳好, (2007), <服務迴響>《慈聲》香港醫院院牧事工聯會 (101), 23。
- 李維達, (2006), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (92), 4。
- 秀雯, (2005), <服務迴響>《慈聲》香港醫院院牧事工聯會 (86), 21。
- 秀賢, (2006), <服務迴響>《慈聲》香港醫院院牧事工聯會 (93), 19。
- 玲玲, (2005), <服務迴響>《慈聲》香港醫院院牧事工聯會 (84), 31。
- 倩萍, (2007), <服務迴響>《慈聲》香港醫院院牧事工聯會 (100), 23。
- 馬學章, (2005), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (89), 4。
- 區結成, (2007), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (99), 14。
- 張國良, (2003), <燈在台上>《慈聲》香港醫院院牧事工聯會 (76), 30。
- 梁冰玉, (2007), 《香港醫院院牧應當具備的個人素質》(未經發表之論文) 香港浸信會神學院。
- 梁秀芝, (2006), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (93), 4。
- 梁惠玲, (2004), <燈在台上>《慈聲》香港醫院院牧事工聯會 (81), 30。
- 陳謳明, (2002), <燈在台上>《慈聲》香港醫院院牧事工聯會 (69), 26。
- 陸志聰, (2005), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (88), 4。
- 曾胡賜梅, (2003), <愛心實話>《慈聲》香港醫院院牧事工聯會 (75), 4。
- 曾翠芝, (2007), <服務迴響>《慈聲》香港醫院院牧事工聯會 (100), 25。
- 馮康, (2005), <與 HCE 對話>《慈聲》香港醫院院牧事工聯會 (85), 4。
- 黃慕蓮, (2002), <醫心牧影>《慈聲》香港醫院院牧事工聯會 (71), 10。
- 愛玲, (2007), <服務迴響>《慈聲》香港醫院院牧事工聯會 (101), 23。
- 萬得康, (2002), <燈在台上>《慈聲》香港醫院院牧事工聯會 (70), 26。

- 葉衛忠, (2005), <愛心實話> 《慈聲》香港醫院院牧事工聯會 (84), 8。
- 葉衛忠, (2006), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (91), 4。
- 董秀英, (2006), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (90), 4。
- 趙莉莉, (2005), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (87), 4。
- 蔡巧華, (2004), <燈在台上> 《慈聲》香港醫院院牧事工聯會 (82), 30。
- 鄭綺梅, (2005), <醫護感言> 《差遣院牧：韋啓志院牧感恩特刊》香港醫院院牧事工聯會。
- 鄧焯榮, (2004), 《雅麗氏何妙齡那打素醫院院牧部研究報告》突破機構。
- 鄧達強, (2003), <燈在台上> 《慈聲》香港醫院院牧事工聯會 (72), 30。
- 盧志遠, (2007), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (96), 14。
- 盧時楨, (2006), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (95), 4。
- 賴福明, (2005), <與 HCE 對話> 《慈聲》香港醫院院牧事工聯會 (86), 4。
- 鍾玉儀, (2006), <服務迴響> 《慈聲》香港醫院院牧事工聯會 (90), 23。
- 韓寶龍, (2006), <燈在台上> 《慈聲》香港醫院院牧事工聯會 (90), 30。
- 羅杰才編, (2005), 《院牧服務與全人醫治文集》香港醫院院牧事工聯會。
- 羅桂香, (2006), <燈在台上> 《慈聲》香港醫院院牧事工聯會 (93), 30。
- 譚寶莉, (2006), <服務迴響> 《慈聲》香港醫院院牧事工聯會 (90), 19。