Integrating a Culture of Safety into Clinical Pastoral Education: Methods, Theory, and Practice

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Abstract The author, an ACPE Certified Educator and BCC, proposes a group method, ACPE standards language revisions, and organizational change practices to integrate culture of safety into clinical pastoral education and to dialogue with chaplain cognate groups.

Keywords: Culture of safety, Safety industry, Integration, Healthcare, Group methods, Leadership skills, Spiritual care, Clinical pastoral education

Just as we must till the soil and prepare the environment before our garden yields a healthy crop, so too must we tend to our learning environment. The first step is to create a culture of safety.[1]

—Kristin Van Marter Souers

INTRODUCTION

This article proposes methods, theory, and practice for integrating a culture of safety as a holistic framework for clinical pastoral education (CPE) group process, individual supervision, and curricular structure and for broader organizational changes in the field of spiritual care education. The primary content of this article originated in a workshop I presented at the Standard for Spiritual Care and Education national conference of the Association for Clinical Pastoral Education (ACPE) in Pittsburgh, Pennsylvania, in 2024. The workshop came about after decades of focused work and experience related to culture of safety (also referred to as safety culture). The American Nurses Association defines culture of safety as "core values and behaviors resulting from a collective and sustained commitment by organizational leadership, managers and health care workers to emphasize safety over competing goals," prioritizing patient safety as well as the health and welfare of workers.[2]

My methodology (see figure 1), formulated specifically for integrating a culture of safety into CPE group process, is currently being utilized and referenced by ACPE Certified Educator Candidates. In conversation with ACPE Certified Educator colleagues with accredited programs in healthcare settings, I have observed anecdotally that the

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standard practice regarding culture of safety is to point it out to CPE students in their institution's orientation requirements, such as computer-based training modules and hospital policies and protocols. This is generally viewed as sufficient, with no curricular additions. I attribute this approach to the fact that ACPE has made no references to culture of safety; therefore, its importance and significance has become minimized. In the ACPE member survey for suggestions for standards revisions for 2024, I submitted several suggestions for insertion of clear safety culture language into various standards sections. All were rejected, I believe due to a lack of comprehending how building and emphasizing a safety culture in CPE can enhance professional development and leadership skills while opening up possibilities for healing and dialogue about unsafe CPE practices. (See my related article in this volume subtitled "Narratives That Demonstrate a Need for Healing and Change").

This article outlines numerous interrelations that can be operationalized between culture of safety and ACPE CPE. The 2026 proposed revised standards and the current outcomes can be ACPE's roadmap for integrating culture of safety into the curriculum and student assignments for best practices for constructive student learning. In my conversations with ACPE colleagues, some have reported dispensing with former CPE process group models such as the interpersonal relations group due to irreconcilable conflict, intimidation, and inappropriate confrontation and triangulation. This article demonstrates how a culture of safety group methodology can eliminate unhealthy behavior and dynamics, leading to stronger relationality in the peer group that parallels spiritual care. Further, this would more deeply connect the CPE program to the institution where it is based through the institution's policies, protocols, and mission, vision, and values statements.

This article is congruent with the theme for this volume of the *Journal of Reflective Practice*: "Place: space invested with meaning in the context of power." A culture of safety is directly about making safe places and spaces. The field of spiritual care and education is in critical need of a signal cultural change due to its history. In 2025, the CPE movement celebrated 100 years of a history that has lifted up innovation in intercultural and interreligious spiritual care and education, yet the entire history, as known through its ethics processes, can also be examined to reveal the progressive creation of unsafe space for CPE students and educators in the certification process.

CULTURE OF SAFETY HISTORICAL INTERSECTION WITH HEALTHCARE

Widespread initiatives regarding fostering a culture of safety in healthcare have continued to develop since the landmark publication of the Institute of Medicine's report *To Err Is Human* in 1999.[3] The report claims that, for decades, the emphasis on safety and creating a safety culture burgeoned across numerous industries and education in the United States and globally, originating during World War I and leading to the Occupational Safety and Health Act of 1970.[4]

To Err Is Human emphasizes that while humans make mistakes and processes fail, every individual can embrace error as an opportunity for dialogue and improvement. In addition, every institution's culture can be changed so that all members embody safe practices and principles with focused consistency and commitment to quality care.[5]

According to the Joint Commission, a growing parallel focus on patient safety includes the creation and maintenance of a culture of safety among the workforce. The Joint Commission, a leading independent, not-for-profit organization in the United States that accredits healthcare organizations, asserts that when healthcare staff feel they are working in a safety culture, morale improves, along with engagement, productivity and meaning making. Burnout is also less likely, which has a proven impact on patient safety.[6] As will be evident throughout this article, safety culture practices, principles, and language are deeply consistent with the objectives and structures for CPE learning. However, the CPE movement has not systematized culture of safety learning and language. As noted in this article's introduction, ACPE has not implemented direct culture of safety language in its manuals, standards and outcomes, bylaws, policies, professional code of ethics, or other organizational statements and website content.

As some of the literature demonstrates, this gap has led to broken bridges, broken covenants, and broken spaces and places.[7] Integrating culture of safety practices into ACPE CPE can change our culture while influencing the entire field of spiritual care and education, along with addressing our history with current and former students who are now our chaplains and spiritual care colleagues who have not forgotten their wounds.

In CPE or in any setting, we cannot *make* people feel safe. That is an internalized individual as well as group consciousness process. However, we can model and create the spaces and places that foster safety so that students can recognize its potential and feel safe enough to give voice as to whether they feel safe and why or why not. And if they do not feel safe, then what might be required to get there? Let us discover this collectively and in community.

OPPORTUNITY TO CHANGE ACPE STANDARDS

The current ACPE standards in the *2025 Accreditation Manual* contain only one instance of the word "safe." As already mentioned, there is no usage of the term "culture of safety" in any of the ACPE literature. This is the sole reference to safety:

> Standard 2, Outcomes, Category E: Professional Development
>
> . . . Ethical practice and professionalism serve to create a <u>safe</u> and <u>relational environment</u> to learn and provide spiritual care.[8]

The 2026 draft revised accreditation standards were released to the ACPE membership in an email dated December 23, 2025. The Accreditation-Recognition Task Force gave all members the opportunity to submit proposed changes by

February 13, 2026. The final revisions will be made after a 60-day review of suggested changes and after a vote by the full membership.

Therefore, as this is a new and forward-thinking opportunity to integrate clear and direct culture of safety references and language into the draft revisions, I have submitted the following proposed addition of (b) to Standard 3 – Student Learning and Formation:

> 3.08 The program demonstrates regular and substantive interaction between the educator(s) and students and among students. Such interaction includes the following components: (a) the educator(s) is appropriately qualified by ACPE Certification; (b) an ethical culture of safety is established in the student learning environment for optimal evaluative work by the educator(s) and ACPE preceptor(s), who also emphasize the connection between culture of safety trainings and practices and methods for patient and staff physical, emotional, and psychological safety, as communicated and required by the organizational or institutional setting of the ACPE-accredited program; (c) the educator(s) initiates substantive, educational experience-related interactions with students, including ongoing, as well as conclusive, evaluation of student work; (d) those interactions occur regularly between the educator(s) and students, as well as among students, in a sufficiently viable community of learning; (e) as a result of (a) – (d), the student participates in an ongoing and conclusive self-evaluation process towards credit for the unit.[9]

Similar to the current standards, the revised standards include the word "safety" only once in Standard 7 and make no specific references to culture of safety. Without an intentional focus on creating a culture of safety, the word "safety" does not have the same impact or credence. The following is from the revised draft:

> Standard 7 – Students
>
> 7.03 The program has appropriate, reliable, and accessible support services and programming for all students. Services and programs are designed to create an environment in which student learning and formation is fostered, retention is strengthened, and student safety is addressed. These services are regularly evaluated to ensure they are appropriate and adequate for its educational offerings. A program that utilizes student services of another entity demonstrates the effectiveness of those services for its students.[10]

CREATING AND SUSTAINING A CULTURE OF SAFETY

Adding direct culture of safety language to the revised 2026 ACPE standards can create a path for changing ACPE's culture. There are proven research- and outcome-oriented methods and practices for changing a culture to a safety culture. This section highlights those that can be integrated into CPE programming, ACPE organizational structures, and other related organizations and professional groups. The section

explores these various approaches and theories from the micro to macro levels, focusing first on ACPE CPE programs and then on organizational levels. The rationale for focusing first on programs is that changing to a culture of safety is not a top-down endeavor; it comes from within and across while being modeled by leadership. The Agency for Healthcare Research and Quality affirms this position: "Patient safety culture is the extent to which the beliefs, values, and norms of an organization support and promote patient safety. These beliefs extend to all levels of an organization (e.g., system, department, unit) and influence the actions and behaviors of staff throughout the organization."[11]

These stated principles and characteristics attest to why a culture of safety is conducive to and congruent with the goals of CPE and should be integrated into CPE programs. As safety culture extends to all industries, these principles unequivocally translate to CPE programs in all settings, including academia, prisons, and other settings besides healthcare, as well as virtual-based CPE programs.

There is a through line when safety is everyone's first priority in an organization, including for CPE students. For instance, in a healthcare setting, when learning about patient safety while simultaneously becoming acclimated to a CPE safety culture, students are more likely to deliver safe emotional and spiritual care to patients, families, and staff while contributing to organizational safety goals.[12] Numerous studies cited by the Joint Commission show data that link a positive safety culture, where it is a shared priority across disciplines, to improved patient safety.[13]

The Joint Commission's Three Safety Elements

The Joint Commission theorizes that three operational subcultural elements are key to an ongoing and growing safety culture in an organization: a learning culture, a fair and just culture, and a reporting culture.[14] The Joint Commission asserts that building and creating trust among teams and becoming trustworthy and engaged leaders is the best way to operationalize a learning, fair and just, and reporting safety culture. Without trust, people will not report and therefore will not learn and will not function as a balanced, fair, and just culture.[15]

Author and safety industry leader David Marx emphasizes that managers and system designers can greatly influence culture, including by working to create a just culture and eliminating a punitive culture, and that such an effort leads to widespread organizational learning, effectiveness, and a values-driven focus on safety.[16] Marx is echoing a repeated theme in safety culture literature: a committed and consistent focus and constant vigilance are required of leadership, specifically the management of systems that include policies, protocols and procedures to maintain a just culture.[17]

Reframing Mistakes

A culture of blame and shame also indicates that error reporting does not occur as frequently as it should, meaning that individuals and organizations are less likely to learn from their mistakes and will continue making the same mistakes.[18]

This trajectory parallels CPE programming and CPE history in several ways. First, CPE students will more likely be honest without fear of blame and shame from the educator or the group, allowing them to discuss their mistakes, understanding that mistakes are inevitable and that they are in fact an important part of learning.

Second, to strengthen and solidify a safety culture of learning, justice and fairness, and reporting, CPE educators must teach and model "transparency, accountability, and mutual respect," which then leads to continuous improvement and positive change.[19] These elements, when instilled by the educator in a CPE program, allow for greater freedom of expression, authenticity, and integrity about all aspects of learning for the individuals and the group as a whole.

Vulnerability is another critical aspect in courageously admitting mistakes and, further, being able to explore the errors and potential approaches to improvement and to open the way for stronger learning and professional and skill development. Author and safety culture manager Bruce Goodnough states that vulnerably sharing your mistakes with a team has a silver lining. "Sharing your setbacks shows a human side, it lets everyone in your organization know that safety is not a perfect process and shows them how to recover from these obstacles and teaches everyone to respect the vulnerability."[20]

Such a level of vulnerability can be modeled by the CPE educator and taught and embodied in the CPE peer group cohort. In CPE, courage and vulnerability can effectively be two sides of the same coin. Author and well-known researcher on courage, vulnerability, shame, and empathy Brené Brown emphasizes: "To scale daring leadership and build courage in teams and organizations, we have to cultivate a culture in which brave work, tough conversations, and whole hearts are the expectation, and armor is not necessary or rewarded. If we want people to fully show up, to bring their whole selves including their unarmored, whole hearts—so that we can innovate, solve problems and serve people—we have to be vigilant about creating a culture in which people feel safe, seen, heard, and respected."[21]

Safety Culture Mapping: Physical to Psychological and Emotional

A CPE learning environment that is defined as a safety culture signals that each student and the group are functioning and learning within a created safe place and space. Safety culture theory posits that one's awareness of a place as safe leads to a feeling of physical safety, with an increasing awareness of psychological safety and emotional safety.[22] The formulation of physical safety as an initial response is due to medical scientific and behavioral science research that shows that physical safety is

mapped in the primitive brain and that as a sense of physical safety becomes more apparent for oneself, neural pathways become rewired away from "fight, flight and freeze" toward the positive psychological and emotional states of "think, collaborate and innovate."[23] From a group perspective, physical safety can be defined as "the shared belief that everyone is valued, respected and included."[24]

Author and psychologist Judith Orloff notes that as leaders create and maintain safe physical space, they need to "show unconditional positive regard for the person [they're] listening to so they feel comfortable enough to express themselves. Help them feel valued and respected, an experience that many people rarely have but may yearn for."[25]

This scientific theoretical progression of physical to psychological and emotional safety provides crosswalk references to the current and future revised ACPE outcomes and can be modeled by the educator and embodied in the group. For instance, these crosswalk opportunities are evident in the current and draft revised outcomes for spiritual formation, narrative history, self-care, trauma-informed care, well-being, and the behavioral sciences.[26]

When blocks to psychological safety exist and an environment punishes, blames, and shames rather than teaching and allowing for open dialogue, staff and students are likely to become more defensive and less reflective. As Timothy R. Clark, author, leadership educator, and consultant, writes, "Fear-stricken teams give you some of their heads and none of their hearts."[27]

Clark makes another statement about fear that may strongly resonate with those who are enrolled in or have completed CPE with an educator who creates a culture of mistrust and does not strive to create physical, psychological, or emotional safety: "Nothing can shut down curiosity and exploratory inquiry faster than a small dose of ridicule administered at just the right moment."[28]

Of particular note in Clark's statement is the word "curiosity," which is a highly valued ideal in ACPE CPE as it is emphasized in the ACPE's Mission, Vision and Values statement, the standards, and the Certified Educator CPE Competencies: A.24 in Admissions, P1.23 in Phase 1, and P2.25 in Phase 2.

Therefore, if a CPE educator is shutting down curiosity and creating unsafe space, that educator's behavior is antithetical to the spirit and the letter of CPE. These types of unaddressed safety culture issues put a spotlight on the ongoing need to examine the oversight and actionability processes of certification as well as post-certification requirements, accreditation processes, the peer review process, the Annual Accountability for Ethical Conduct Report Form, and the Code of Professional Ethics.

One aspect that may be lacking in such situations is accountability, a key driver to a high-reliability culture of safety. The term "high-reliability organization" refers to organizations that attain and maintain a high level of safety by demonstrating a

continual commitment to quality improvement and organizational change initiatives.[29]

THE AUTHOR'S METHODOLOGY

The culture of safety principles and methods set forth in this article, including the references, contribute to "Mikulak's Methodology" for creating CPE group safety, as outlined in figure 1. Note that literature references within the diagram may be found in the endnotes.[30]

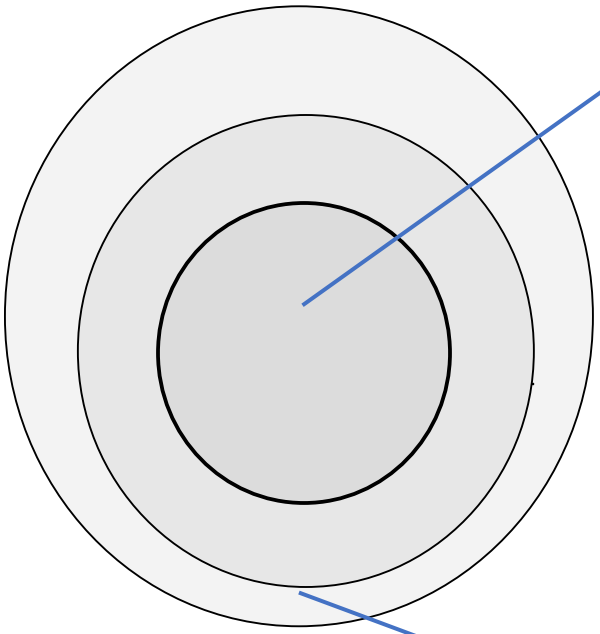
Diagram Highlights and Author's Reflections and Experiences

My methodology for CPE group process and prioritizing a safety culture in my CPE program derives from multiple origins, which developed long before my being certified as a Full Supervisor in ACPE in 2011. These social intersections and professional influences include being an active member of 12-step groups for more than forty years; completing dual master's degrees in divinity and social work, with a focus on clinical group work; prior to graduate school, being a newspaper journalist for more than a decade, writing about industry safety in healthcare, education, environmental regulation, town/city planning and zoning, manufacturing, and criminal justice systems; being a board-certified hospital chaplain for twenty-two years, specializing in mental health; and in 2012, publishing a book chapter titled "Spirituality Groups" while coordinating spiritual care and CPE in a psychiatric setting, informed by the safety protocols and processes I learned from behavioral health experts.[31]

The book chapter I wrote led to numerous invitations to give workshops and lectures nationally to hospital spiritual care departments, interdisciplinary healthcare teams, and CPE programs. I believe that chapter forms one side of a metaphorical bookend to my life's work, with my 2024 safety culture presentation, my two articles in this volume of *Reflective Practice*, and my recent ACPE leadership experience in the middle and my future plans serving as the other bookend. Culture of safety has emerged for me as a passion and a calling that holds the center.

Further, the integration of my journalistic skills and experience has resulted in a lengthy collection of "CPE horror stories," as they are commonly known, told to me by CPE students, clergy, seminary professors, pastoral psychotherapists and theologians, and chaplains and CPE colleagues. These are stories of broken trust, trauma, and bitter experiences in CPE due to violations of physical, psychological, and emotional safety. Some are deeply egregious, and nearly all were never officially reported due to fear of professional damage and deeper psychological and emotional damage. Therefore, I offer this prototype for colleagues seeking a method to bring about change.

Figure 1. Integration of a Culture of Safety into CPE Process Group Learning ("Mikulak's Methodology" © Lynne M. Mikulak 2022; revised 2025).



Center circle: This represents the foundation for the process group (the traditional term for this is the "interpersonal relations group"). From the first process group seminar at the beginning of a CPE unit, the Certified Educator invites dialogue in the cohort circle, with the primary focus being on case content of patient, family, and staff encounters. Students seek consultation, feedback, and collaboration (Category E outcomes), learn innovatively with each other without blame or shame, and highlight strengths and growing edges in spiritual care. Process group is held after verbatim seminars to provide space for continued reflection. Creating a sense of physical safety in the circle is key.

Middle circle: As the safety culture principles of courage, vulnerability, and ethical relating build among the cohort with time, deeper ACPE outcome-oriented awareness about clinical encounters organically enters into the conversation: narrative and social intersections, transference and counter-transference, implicit bias, use of self, trauma, grief, and theological reflection. Here, physical safety leads into psychological and emotional safety.

Outer circle: As safety continues to build in the peer group relationships, then conflict, confrontation, and intensity, as they arise organically (not initiated or contrived by the Certified Educator) can be acknowledged and not avoided and can be addressed in generative dialogue using known culture of safety principles consistently found in the literature: fairness, justice, teamwork, respect, inclusion, empathy, ethics, leadership, confidentiality, accountability, transparency, civility, honesty, curiosity, support, nurture, risk, timeliness, encouragement, and flexibility.

The four pillars of scaffolding and holding space for "attributes/attitudes and behaviors" (ACPE, "Policy and Procedure Development; Student Achievement," *2025 Accreditation Manual*) for the ACPE Certified Educator and the peer group cohort are

- boundaries (this incorporates self-care and ethical and professional boundaries, including patient information);
- trauma-informed care and education (this incorporates shifting from "What's wrong with you?" to "What happened to you?");
- educational etiquette (this incorporates deep active listening, no crosstalk, collaboration, and mutual construction of a productive learning environment); and
- curiosity and cultural humility (incorporating several ACPE standards and outcomes).

As already mentioned, the structure and scaffolding of my group process method has safety culture as its primary lens. While specific literature references to cultures of safety were not utilized in my ACPE theory position papers submitted in 2008 (which were chosen for the Lennert Cedarleaf Award), I can now see that what I had a passion for at the time, supported by the constructivist and relational theories of Lev Vigotsky, S. H. Foulkes, W. D. Winnicott, and Frederic Bartlett, was the seed of my CPE safety culture methodology. This excerpt from one of my papers implies a spirit of safety without using safety culture references:

> Frederic Bartlett defined the "gap" as a cognitive process where information enters into brain pathways while simultaneously new pathways open up and "no final halting place is reached." If a student appears stuck in the gap, I offer tools to help them work through it. I make it clear I am not giving them *the* map for how to work through a difficult patient encounter, but I am providing a model, tools, and a reminder about what tools they have already as inner resources. Scaffolding is relational, so I help the student first identify where the stuck place is. In a recent role play, a student in the role of the chaplain became stuck. I said, "You can ask for help," and she immediately yelled "Help!" The whole group broke out into laughter. She told me later she felt supported and not alienated in that moment. I modeled a response as a suggestion, and she stated her own response from her own frame of reference and style, and was able to open the conversation back up.[32]

Perhaps the lack of culture of safety references in my theory papers is due to my experience of being consistently negatively challenged by training supervisors in my region (with at least one strong exception—my own training supervisor, Robert G. Anderson[33]) and by national certification committee members whenever I specifically mentioned creating safety. Culture of safety was not remotely trending then in ACPE Supervisory-in-Training (SIT) circles, and furthermore, I experienced apparent aversion and strong defensive reactions to the idea. I will never forget a particular SIT regional seminar where I presented a CPE student video in which I had attempted to create safety for a vulnerable student presenting her verbatim to the group. I was collectively and harshly shot down, and two supervisors said at once in raised voices, "You can't create safety!" That moment led to cognitive dissonance and to my keen awareness that CPE supervisory training was not safe for me and that it stood in stark contrast to all of my prior and current personal and professional knowledge, education, and experience. Thus, I courageously and steadfastly worked my way through the certification process, wearing armor and knowing it was a culture of mistrust.

Meanwhile, my culture of safety professional education in the healthcare field continued to develop and flourish through my voracious reading and attending workshops as I incrementally integrated the concepts, methods, and practices into my CPE individual and group supervisory style, as evidenced by the conceptual frame of figure 1. I was co-teaching safety culture as a CPE residency orientation

didactic by 2016, with the hospital's safety director as a guest speaker (this was a particularly pivotal integrative point as the safety director was a "PK," a preacher's kid.)

In 2022, during a culture of safety didactic in my current CPE program and hospital setting, I spontaneously drew the circles and the four pillars on the board as I explained my methods for facilitating process groups. The entire frame visually came to life for me in that moment; I knew it represented the safe "table" I invite my students to for sharing, relating, and collaborating and for learning how to emerge as innovative and professional spiritual caregivers and leaders.

FROM MICRO TO MACRO: SAFETY CULTURE LEADERSHIP

The most effective approach for changing from a culture of mistrust to a culture of safety is for leaders to set the tone, which includes shifting away from hierarchical attitudes to creating psychological safety and dialogue, honestly addressing burnout and compassion fatigue, providing leadership training for staff at all levels, and helping to create collaborative teamwork approaches at every level and across disciplines.[34] Looking to the entire body of safety culture literature and proven methods will be key for implementing and initiating widespread change in spiritual care education culture, methods, and processes.

The Joint Commission, through development of its High-Reliability Safety Culture Program and its Leadership Program, has demonstrated that through strategic assessments, structured training, and proven change management methodologies, organizations can efficiently identify and tackle barriers to safety within their culture and "transform their internal cultures by creating systems to empower safety, trust and resilience."[35] The result of having a healthy and strong leadership that guides and maintains a culture of safety is clear, based on proven research-based and qualitative outcomes: "A fully functional safety culture contributes to increased positive patient outcomes, improved quality of care, heightened patient satisfaction, elevated staff engagement and retention, and even financial strength."[36]

As safety culture theory consistently posits, every person within an organization or institution can change and transition to a culture of safety. If or when a CPE educator realizes they have created a culture of mistrust, and/or it is pointed out to them by students and professional colleagues—ranging from student feedback to ethical complaint and accreditation processes—they can, if willing, change their ways through diverse and intensive leadership training. First and foremost, CPE educators should take every opportunity for such training in their institutional settings in order to better anchor themselves there, have accountability with their administration, and become more integrated into multidisciplinary and management teams. Sadly, many CPE educators report anecdotally that they have completely

stopped engaging in spiritual care to patients and families ("That's what the staff chaplains and the students are for," as one CPE educator stated at a professional gathering). Educators who cease engaging in clinical spiritual care perhaps do not realize that their lack of ongoing experience is creating departmental and institutional relational gaps and wedges along with a profound gap in their teaching and modeling as it relates to remaining current and relevant in their clinical and spiritual care settings.

In a culture of safety CPE program, all are learners and teachers, including the educator, who is the exemplary model, leader, and facilitator. What such CPE educators may be lacking, possibly due to burnout and compassion fatigue, is empathy. In addition, more dialogue in the broader field is needed as research continues to unfold, and continued research is encouraged in ACPE and chaplain cognate groups about the impact of COVID-19 on spiritual care providers and educators.[37]

Chaplaincy and CPE organizations can improve and create strategic assessment processes for those they certify, including assessing for competency, ethical behaviors, and wellbeing. ACPE has taken more robust strides in this direction in recent years, with, for instance, the ACPE Policy to Ensure the Wellness and Fitness of Educators (approved by the ACPE Board September 13, 2023), including creation of the Wellbeing Committee, and the recent hiring of two ACPE Certified Educators as national staff, David Carnish as the director of education and M. Colette Gaffney as the director of member engagement, both of whom are committed to strengthening all organizational processes, including increasing means for in-person and virtual member events and revamping Communities of Practice.

Empathy as a Leadership Skill

As spiritual care and education leaders, we must not be swayed by the current sociopolitical public commentary and trends that discourage and look down on empathy. Empathy is an ACPE outcome, an educational and healthcare qualitive goal, a safety culture leadership skill, and a key behavioral health treatment approach. Empathy needs to remain uplifted in perpetuity for what it can do to help individuals, groups, cultures, and societies maintain safety and mutual care.

In her second book about empathy, Orloff notes that an important quality of empathic leaders is flexibility: "They quickly read others' needs and emotions and can adapt to a new or changing situation without becoming rigid or critical. These are vital qualities for crisis management."[38]

The Harvard Business Review connects safety culture and empathy to the mental health of all members of a body, institution, or organization. As noted in one study:

> Respondents who felt supported by their employer also tended to be less likely to underperform and miss work, and more likely to feel comfortable talking about their

> mental health at work. In addition, they had higher job satisfaction and intentions to stay at their company. Lastly, they had more positive views of their company and its leaders, including trusting their company and being proud to work there.[39]

HEALING OUR PAST: A WAY FORWARD TO A SAFER CPE FUTURE

While intensive leadership and safety culture training may help individual CPE educators transform their CPE programs from a culture of mistrust to a culture of safety that aligns with the institution they are based in, the entire CPE movement must simultaneously stop navel-gazing into its own box and look and think outside of it for comprehensive change and resolution across the field.

ACPE can enhance its own professionalism and safety culture by collaborating and partnering more broadly with other clinical, educational, theological, and corporate industry groups, thus diffusing the singular unhealthy focus on the adverse and conflictual relationships that exist among spiritual care and education cognate groups and competing CPE bodies. In this author's conversations with several ACPE leaders who completed their training and were certified prior to 2000, speculation is high that our chronically unreconciled history of unsafe practices is the cause and effect of ongoing poor relationships among our spiritual care and education professional groups and members, including the recent failed merger attempt of the Association of Professional Chaplains and ACPE as well as the increase in the splitting off of new organizations that employ aggressive marketing strategies such as letters to hospital CEOs with offers to replace ACPE in their settings. The CPE movement cannot heal itself by splintering off into adversarial groups or by trying to destroy its own body parts.

ACPE itself is not the cause of the mistrust and lack of safety. The earliest unaddressed, unhealthy behaviors and attitudes that began a century ago and continued to be passed down among supervisors/educators have not been adequately confronted and addressed along the way and are the root cause of the lack of trust. ACPE Supervisor Stuart A. Plummer (1932–2021), poignantly and powerfully articulated in a 2007 article how he worked through such obstacles to emerge as a compassionate supervisor.[40]

Culture of safety literature across industries contains an array of models and tools for historical reconciliation, repairing safety, conflict resolution, and leadership methods to engage dialogue. Two skills referenced repeatedly in the literature for dialogue in historical reconciliation are active listening and empathy. It is within ACPE's wheelhouse to use tried and trusted safety culture methods that already connect to its standards to repair its historical relationships with CPE students and spiritual care colleagues. This cannot be addressed in one-time meetings, workshops, or conferences. Approaching these ruptures must be a continual concerted effort,

with as much encouragement, forgiveness, and honesty as every individual and group can muster and persistent patience for when the problems feel insurmountable.

Goodnough writes the following description of repairing a culture to promote industrial safety that is relevant to the current situation of CPE:

> How do you heal a culture of mistrust? Commitment to consistency is your strongest ally in building, creating and repairing a safety culture. The process of repairing your culture will take time. How deeply you want to dive and how much thought and willingness you are going to dedicate to this change will determine the duration of how long it will take; do not get discouraged. You have acknowledged the need for change and that is your first step . . . that is a win. You will see and understand from the beginning of this process that it will get tougher before it gets better. As with any change that takes people out of their comfort zone, there will be doubters. There will be people who feel this is being done to make their jobs harder. There will be those who feel this is being done to force people out of work. You are dealing with a lot of unique personalities that will react to this differently, some of whom may be your biggest adversaries. If you stay committed to this, you will get the support of all your peers, managers, supervisors, everyone with a hand in promoting your safety culture.[41]

Safety literature asserts that, along with leadership training, increased and continual training in conflict resolution is the best means for resolving deeply entrenched conflicts. In other words, commitment to the training is a leading technique for helping individuals and organizations to dialogue and communicate with integrity, accountability, and collaboration.

As one medical article on this topic details:

> Although conflict cannot be avoided, it can be managed. Since conflict will always be present on an individual and organizational level, it is important to develop the skills to appropriately manage a difficult conversation or interaction. Experts agree that the skills necessary can be acquired; they believe that conflict competence can be defined and learned. One definition of conflict competence is "the ability to develop and use cognitive, emotional, and behavioral skills that enhance productive outcomes of conflict while reducing the likelihood of escalation or harm." The goal is to be competent in having difficult conversations.[42]

The authors of this article, through extensive review of the literature on repairing cultures and addressing historical conflict, note the following common underlying principles of all the models they reviewed:

1. Conflict is inevitable and . . . both positive and negative, and consequences may occur depending on how the conflict is managed.
2. The results are likely to be better with active engagement rather than avoidance.
3. People must be motivated to address conflict.
4. Behavioral, cognitive, and emotional skills can be acquired.

5. Emotional skills require self-awareness.
6. The environment must be neutral and feel safe.[43]

These authors further note that conflict management research confirms that establishing a safe environment is a critical element in successful management of conflict; "In a safe environment, all participants believe they will be respected and treated fairly."[44]

Therefore and ironically, we must work to make ACPE a safe organization that has safe CPE programs in order to initiate and successfully engage in these crucial conversations.

Learning from and with Other Professional Groups

As noted above, there would be numerous professional development benefits if ACPE increased its collaboration and learning from and with other professional groups outside of spiritual care. *To Err Is Human* describes the importance of connections between professional groups in helping to create and maintain a safety culture:

- Interdisciplinary professional groups have a convening function: develop standards, values and policy statements;
- Educate, license and certify;
- Disseminate information through publications, annual conferences, and newsletters;
- Have sufficient resources for research and impactful collaboration;
- Can serve as advocates for change.[45]

An excellent example of collaboration with another ancillary (as chaplaincy and social work are often referred to in healthcare) professional discipline that chaplains work closely with is found on the website of the National Association of Social Workers. This statement specifically addresses how diverse and divergent professional groups and organizations of social workers across a broad field have vowed to function relationally and ethically in a culture of safety at conferences:

> Members of the Social Work Leadership Roundtable, representing their respective organizations—American Academy of Social Work and Social Welfare, Association of Social Work Boards, Association of Baccalaureate Social Work Program Directors, Council on Social Work Education, Group for the Advancement of Doctoral Education in Social Work, Grand Challenges for Social Work, National Association of Deans and Directors of Schools of Social Work, National Association of Black Social Workers, National Association of Social Workers, Saint Louis Group, and Society for Social Work and Research—stand united in support of the professional culture that we want to cultivate at our events. Social work conferences and meetings are places where we gather to learn, share information, and begin and renew professional collaborations. As such, it is important to foster an atmosphere that promotes safety and inclusiveness. We are committed to fulfilling the expectation for an atmosphere that

> is physically and psychologically safe. While none of our organizations have the power to monitor spaces such as online platforms and we recognize that some societal norms continue to fuel behaviors that can be problematic or unsafe, we will continually strive to urge and administer expectations for decorum, respectful communication, safety, and inclusiveness. As leaders in our profession representing diverse organizations, we are committed to communicating the importance of gracious conduct to our members. By encouraging the positive intentions of our members and ensuring a sound means for providing feedback and responding swiftly when those intentions are not met, we commit to building and maintaining a culture of dignity and respect at all our events and workplaces.[46]

The above paragraph would be akin to ***all*** the spiritual care and education professional groups nationally coming together in the same place to learn together and to begin have respectful dialogue with the aim of healing and possibly initiating innovative ways to collaborate on projects and programming. Such engagement could help the entire field become more integrated, relevant, and robust, with potential benefits to organizational health, learning outcomes, administrative structure, and finances.

In conclusion, place is where learning starts and expands. Place is where conversations are held, where safety is established, and where healing happens. As CPE educators, our place is in our programs with our students. As CPE organizations, our place is in the world of spiritual care and education. That world is small when vision is limited due to fear and mistrust. But that world is flexible and filled with infinite potential when we reach out across our differences with empathy and curiosity to create a safe space where all can be seen, heard, and respected.

Additional Resources for Further Reflection on Culture of Safety

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