

JOB DESCRIPTION TEMPLATE (June 2005)

1. JOB IDENTIFICATION

Job Title: Chaplain

Reports to (insert job title): Spiritual Care Manager (Assistant Nursing Director)

Department, Ward or Section: NHS North Atlantic Chaplaincy Department

CHP, Directorate or Corporate Department: Nursing and Midwifery

Job Reference:

No of Job Holders: One

Last Update (insert date): 13/04/98

2. JOB PURPOSE

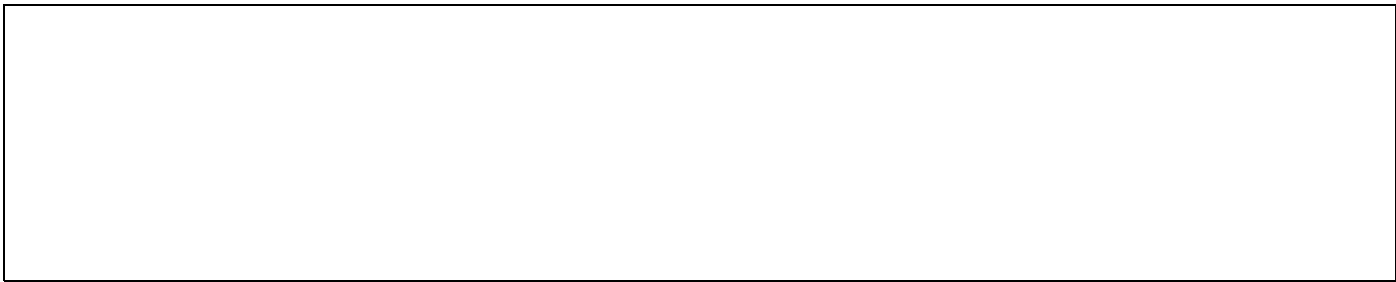
To provide Spiritual & Religious Care to Patients, Staff & Relatives at St Kilda Hospital as per the Spiritual Care policy of NHS North Atlantic.

3. DIMENSIONS

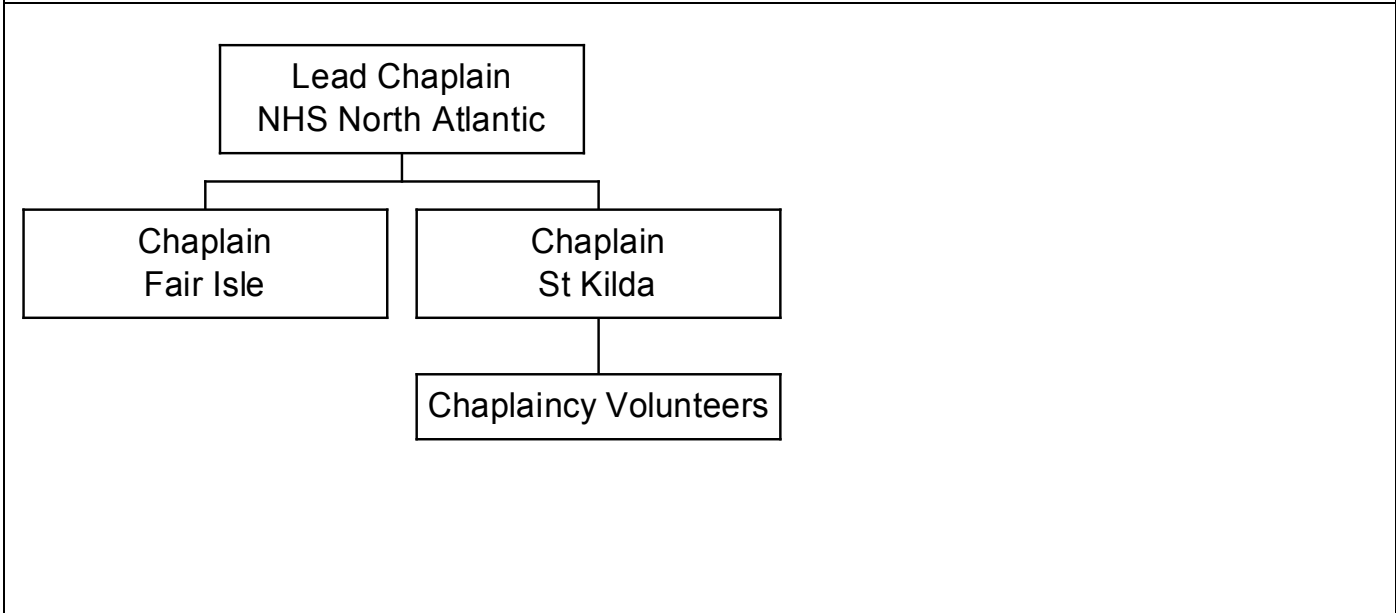
This post is part of NHS North Atlantic's Department of Spiritual and Religious Care providing appropriate care in the locations specified and other places as the exigencies of the post demand. The post holder will be expected to oversee the work of chaplaincy volunteers and provide an ethical and theological resource to the hospital.

In common with other whole time Chaplains, the post holder will conduct worship on Sundays as part of a rota system, and weekday worship as appropriate.

The post holder will be part of the NHS North Atlantic Chaplaincy Team, and, as such, will share in regular staff meetings, cover for on-call duties and annual leave.



4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT

The role of the North Atlantic Healthcare Chaplaincy Department is to provide high quality spiritual and religious care to patients, relatives and staff, of all faiths, and of no particular faith, as appropriate to the individual's need, and in accordance with NHS North Atlantic's own Spiritual Care Policy (November 2004).

In order to achieve this, the Department will work in collaboration with those involved in the delivery of healthcare, and in partnership with other providers of spiritual and religious care, especially Faith Communities and their leaders.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

1. Spiritual care of patients and relatives

The visiting of patients in the hospital, and arranging for visits to take place between patients, other chaplains, Chaplaincy volunteers, Faith Community Leaders and Faith Community visitors. Listening to patients and relatives. Participating in patient case conferences as required. The delivery of religious care, in the form of prayer, scripture reading, and sacraments in one-to-one situations. Protecting patients and relatives from unwanted spiritual care. The provision of religious services and ordinances such as baptisms, wedding and funerals. Informing staff of the spiritual care implications of patients' different faith perspectives. Receiving referrals from patients, healthcare staff (including other chaplains), Faith Community Leaders, relatives and friends. The appropriate referral of patients to other healthcare agencies. Patient advocacy. Helping patients and relatives articulate thoughts and wishes in connection with their healthcare. Helping patients and relatives find meaning in the context of suffering. Helping patients and relatives re-evaluate values and beliefs. Helping patients and relatives through end-of-life issues. Bereavement support of patients and relatives.

2. Spiritual care of staff

Encouraging staff in their work. Listening to staff. Helping staff to find appropriate spiritual and religious support from Faith Community Leaders. Supporting staff through difficult and traumatic situations in healthcare. Supporting staff through times of personal crisis. The delivery of religious care, as appropriate. The provision of religious services and ordinances such as baptism, weddings and funerals. Raising staff awareness of the issues of spiritual care. Training and educating students and staff in the delivery of good spiritual care. Speaking to new staff at staff induction. Staff advocacy. Helping staff find meaning and purpose in the care of others. Helping staff articulate and re-evaluate belief in the context of healthcare. Helping staff cope with end-of-life issues. Bereavement support of staff.

3. Provision of ethical Advice

Helping patients and staff understand and articulate the plethora of complex ethical issues involved in contemporary healthcare, such as the withdrawal of care, informed consent, patient confidentiality, the termination of a pregnancy, artificial insemination issues, and many more.

4. On-call cover

The post holder will be expected to undertake on call duties with the other whole time chaplains on a 1 in 3 rota basis.

5. Administering and maintaining records of those visited

Receiving notification of patients who have requested a visit from a Chaplain or Faith Community Leader. Adding to this list those who are referred to Chaplaincy by themselves, family, friends, staff, and Faith Community leaders. Removing from the list those who are discharged from the care of the Chaplaincy team. Maintaining records of those patients who have been visited by Chaplaincy team members, and by whom. Informing Faith Community leaders of patients who wish to receive a visit from them. Prioritising visits through these records, trying to ensure that all those requesting a visit, receive one, and that all patients on the Chaplaincy lists are visited at least once a week.

6. Provision of religious services

Conducting regular religious services from the hospital Chapel, quiet room, day room or designated Spiritual Space. Providing a service of blessing for stillborn babies and non-viable foeti. Providing a

service of baptism for babies in the special care unit. Providing a funeral service for babies who have died during or soon after pregnancy. Providing a service of remembrance for the parents and family of these babies, at least once a year. Providing a funeral service for patients, relatives and staff as required. Providing a service of remembrance for parents who have lost a child, at least once a year. Providing memorial services for members of staff. Providing wedding services for patients, relatives and staff. Providing services of thanksgiving for patients, relatives and staff. Providing bedside communion or communion for larger groups in wards, quiet rooms, Chapels of Spiritual Space. Creating imaginative new forms of prayers and liturgies in collaborations with patients, relatives and staff, in order to offer religious support in various situations unforeseen by existing prayer books and liturgies.

7. Liaison with Faith Communities

Creating and maintaining good links with local Faith Communities. Working in partnership with them in the provision of good spiritual and religious care. Speaking at meeting of Faith Communities out with the healthcare environment, in order to inform these communities about the work of the Chaplaincy Department. Conducting acts of worship in Faith Community centres of worship, in order to establish and maintain links between Faith Communities and the work of the Chaplaincy department.

8. Co-operation with Faith Community Leaders

Encouraging and enabling Faith Community Leaders to visit members of their communities in hospital, where the patient has indicated a desire for this. Encouraging all members of staff to make diligent enquiries regarding the patient's wish to see a Faith Community leader.

9. Provision of an informed resource on religious and pastoral matters

Providing advice to patients, relatives and staff on different faith perspectives. Maintaining a record of Faith Community contacts. Maintaining a level of knowledge and understanding of the principles of good pastoral care. Sharing this knowledge and understanding with staff through departmental meetings, input to conferences, and formal teaching sessions.

10. Training staff and raising awareness of spiritual care issues

Teaching staff about spiritual care through departmental meetings, conferences and formal teaching sessions. Speaking to new staff at induction about spiritual care. Teaching student midwives, student nurses and student doctors about good spiritual care.

11. Serving on appropriate NHS committees

Serving on local Spiritual Care Committee. Serving on the NHS North Atlantic Spiritual Care Committee as required. Serving on, or attending such other committees as request Chaplaincy input.

12. Maintaining awareness of and compliance with NHS North Atlantic policies and procedures

Reading, marking and inwardly digesting the various policies and procedures of NHS North Atlantic, and complying with them.

13. Recruiting, training and supervision of Chaplaincy volunteers

Writing to Faith Communities in order to recruit new Chaplaincy volunteers. Training the volunteers through a series of classes examining, *inter alia*, hospital protocols, basic pastoral care, listening skills and bereavement care. Supervising the work of volunteers through regular meetings.

14. Contributing to research and literature as appropriate

Writing articles for peer-reviewed professional journals, on the work of spiritual care. Maintaining data that can be used in research into spiritual care. Reading and commenting upon current debate of spiritual care issues.

15. Maintain good standing with own Faith Community

Remaining a *bona fide* member of the chaplain's own faith community. Attending such meetings, committees, boards, presbyteries, synods and assemblies as are required of that membership.

16. Maintain levels of knowledge and skill needed for the post

Maintaining the chaplain's own Personal Development Plan. Reviewing this plan at least annually with the chaplain's line manager. Completing the 40hrs of continuing professional development necessary for registration as a Healthcare Chaplain. Undertaking at least one session of supervision each month in order to reflect upon practice. Undertaking such clinical pastoral education as is deemed necessary by the Healthcare Chaplaincy profession.

7a. EQUIPMENT AND MACHINERY

The post holder will use a wide range of equipment and resources, including the use of a pager and a mobile telephone (for both on-site and on-call duties).

This role requires that the post holder will have the use of his/her own car.

The post holder will be computer literate and will make use of various administrative and filing systems.

An essential requirement will be the frequent use of a variety of text books, research articles and worship and liturgical resources. Aids to worship including musical instruments; and audio-visual resources such as a compact disc player, overhead projector, television/video units and digital projector will also be used.

Festive and/or seasonal materials will be utilised during particular times of the year such as Christmas, Easter and Harvest Thanksgiving.

The post holder will be responsible for setting up and maintaining specific environments for worship and pastoral care such as a chapel, spiritual quiet room or other designated spaces.

In order to assist patients and others on their spiritual and/or religious journey, the post holder will prepare, produce and advise on materials for prayer and reflection.

7b SYSTEMS

Computer equipment will be used on a daily basis for preparation of services; for prayer and meditation resources for patients and staff; for communication with other Health Board staff and agencies; for keeping a log of patient and community visits; for preparing and writing of reports. A detailed knowledge of the Spiritual Care Policy together with a working knowledge of the Data Protection Act, the Freedom of Information Act and the Health Board's policy on Patient Confidentiality is required. The occasional updating of the Patient Information Factfile on the Spiritual Care Service may be necessary.

8. ASSIGNMENT AND REVIEW OF WORK

Clients are referred to the Chaplain through various means. These include self-referral (either by asking to see the Chaplain, or by approaching the Chaplain directly), staff referral, relative/carer referral, clergy/faith community leader referral or through a referral from another member of the Chaplaincy Team. The Chaplain will always ensure that a request for a visit is desired by the client.

Originality and initiative will play a part in developing resources for meeting a very broad range of spiritual and religious needs amongst patients, carers and staff; both communally and individually.

The work of the post holder will be reviewed via the Personal Development Plan and Review Process; by means of regular clinical supervision and through conversations with a mentor (perhaps a more experienced colleague in another NHS Board setting).

From a personal review perspective, the post requires:

- Engaging in reflective practice
- Developing expertise and special interest in a particular area of care, e.g. Learning Disabilities renal care.
- Continual assessment of spiritual and pastoral needs of staff and patients.

9. DECISIONS AND JUDGEMENTS

The post holder will be expected to prioritise the daily work, ensuring that the basic tasks outlined in Section 6 are accomplished. This will mean deciding how much time to spend with each client, or in a given area of work. As a client's needs may only be revealed during an initial conversation, sensitivity is essential in deciding the appropriate period of time to employ. The Chaplain's role requires both flexibility and an awareness of how to best meet the needs of each client.. Decisions and judgments relating spiritual care to an appropriate context may need to be informed by others involved for example, doctors, nurses and social workers, notwithstanding client confidentiality. The post holder must be able to discern when and how spiritual care is given in an environment where religious delusion is frequently

a component of a person's illness.

Decisions will also have to be made regarding risks to health, safety and security, not only of oneself, but also of volunteers.

A clear understanding of the boundaries of expertise is also an integral part of the post. Referral may have to be made to other areas of care in co-operative healthcare working. Decisions of deployment of volunteers, times of worship, and share of on-call and annual leave cover arrangements would normally be referred to the Head of Department.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Providing spiritual care will bring the post holder into direct and intimate contact with people under stress who are dealing with issues of life, death and destiny, eg:

- Death of a baby or child
- End of life decisions such as organ donation or withdrawal of treatment
- Planning a funeral with a patient
- Accompanying relatives to the mortuary
- Assisting staff when a colleague dies

Dealing with angry, aggressive or violent clients

11. COMMUNICATIONS AND RELATIONSHIPS

Persons with whom the Chaplain is in communication

1. Service users
2. Relatives/carers
3. Chaplaincy Secretary
4. Spiritual Care Manager
5. Locality Manager
6. Other NHS Chaplains – W.T., P.T. and Denominational
7. Chaplaincy Volunteers
8. Hospice Chaplain
9. Faith Community Leaders
10. Faith Community Visitor

11. Ward Staff – Ward Manager, Charge Nurse, Staff Nurses, Nursing Assistants, Domestic
12. Other Hospital staff – MacMillan Nurses, Clinical Psychologists, Porters, Kitchen Staff, Ambulance Service Workers, Secretaries, Switchboard Operators, OT's, Physiotherapists, Dieticians, Doctors, Surgeons, Consultants, Laboratory Staff, Mortuary Staff, Hospital Volunteers and others.
13. GPs
14. Funeral Directors
15. North Atlantic Council Crematorium and Cemetery Staff
16. Procurators Fiscal
17. University Lecturers
18. Students – Nursing, Medical and Theological
19. Hospital Social Workers
20. CPN Team
21. Journalists and reporters
22. Service delivery and development managers
23. Chaplaincy Training and Development Officer

Risk factors

1. Verbal and physical abuse/aggression from service users.
2. Stress caused by communicating in traumatic situations
3. Conflicts of interest when, for example, communicating with both the victim and the perpetrator of a road traffic incident.

Purpose of communication

1. Providing spiritual, pastoral and religious care
2. Comforting patients, relatives and staff in states of high distress and disturbance
3. Offering advice and support to clinical staff and managers
4. Receiving and providing complex and sensitive or even contentious information
5. Listening to, hearing and demonstrating empathy with service users.
6. Overcoming barriers to understanding or acceptance of illness
7. Raising awareness and understanding of the impact of the illness on the patient
8. Being an advocate for the service user
9. Being a source of information and reassurance
10. Lessening the stigma of illness
11. Establishing and maintaining important relationships
12. Dealing with differences of opinion
13. Passing on information as required, within the bounds of patient confidentiality
14. Dealing effectively and professionally with disclosure of intention to self harm or to harm others
15. Working in partnership with Faith Community Leaders when requested
16. Making appropriate referrals to other healthcare workers
17. Teaching and informing staff, students and volunteers
18. Facilitating the free exchange of essential information
19. Acting as a resource for information on spiritual care
20. Conducting religious services

21. Praying
22. Publicising the work of the department

Tools of Communication

1. Meeting and speaking person to person
2. Telephone
3. E-mail
4. Letter
5. Voice Mail
6. Memo
7. Radio Pager
8. Bleep
9. Mobile Phone
10. Texting
11. Electronic Diary

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

i. Physical

The job requires a degree of physical fitness to get around the areas of operation. It also requires the post holder to have keyboard skills and the ability to drive.

Although there is little physical effort necessary to do the job the mental demands do have a significant physical effect on the post holder.

ii. Mental

The job is such that a high degree of intellectual demands are made on the post holder such as making judgements about the most appropriate form of words to use or course of action to take in stressful situations. The post holder will therefore be required to be familiar with issues of multicultural care and diagnosis of disease.

The workload is often highly unpredictable both in terms of volume and levels of intensity and the post holder may be moving swiftly from one highly charged situation to another.

The level of concentration necessary to do the job effectively is great and can lead to physical tiredness see (i) above.

iii. Emotional

The key characteristic in providing spiritual care is empathy which means that the post holder must, insofar as is possible, put him or herself into the situation of the person they are dealing with. In the course of his or her duties the post holder will have dealings with many distressed people, eg bereaved relatives, patients given a short prognosis, people in shock.

A great deal of emotional energy is therefore needed in these traumatic or highly distressing circumstances in order to get along side another person and provide effective and good quality

spiritual care. The post sometimes involves exposure to violent or aggressive behaviour on the part of the client.

iv. Environmental

The scope of the job necessitates the post holder working in a number of different environments from wards and departments in hospital to the offices of NHS Highland and in the homes of patients, their relatives and staff.

There may be occasional exposure to unpleasant working conditions.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Knowledge

1. Pastoral Care

The nature of pastoral care. The aim of pastoral care. The limitation of pastoral care. The link between pastoral care and pastoral counselling. A history of pastoral care. The pastoral care of particular individuals (e.g. the bereaved, those in hospital, children). The link between pastoral care, ethics and morality. Expressions of pastoral care (e.g. visiting, writing, prayer, readings, preaching). Pastoral care and politics. The importance of listening. Good communication skills.

2. Moral Thinking

The nature of moral thinking. Traditional sources of moral thinking. Philosophy of personhood. Post modernism and the moral landscape. Different theories of ethics. Handling ethical dilemmas. Health care ethics. Challenges of an ethically pluralistic society. The relationship of morality to the law.

3. The Theory of Personhood and of Human Relationships

Theories of the self, the development of the individual, and of basic psychology. The theory of personal space, interpersonal space and boundaries. The distinction between empathy and sympathy. The avoidance of co-dependency. Theory of projection, transference and countertransference. Theory of splitting and healing in relationships.

4. Knowledge of one's own faith tradition

History of that faith tradition. Key figures and doctrines within that history. Contemporary understandings of the faith. Differing understandings of that faith tradition. Its practices, laws, liturgies, order and morality. Its cultural setting. Diversity within the community. The privatisation of the faith. That faith tradition's understanding of health and healing. Its relationship to pastoral care. The place of prayer.

5. Different faith traditions

Major world faiths, their tenets, and practices. Eastern and Western world views. Orthopraxis and orthodoxy in religion. Comparisons and contrasts. Internal diversity within major world views. The concept of God. The relationship of these issues to healthcare.

6. Learning and development

Educational theory. Communication theory. The range of learning activities. An understanding of professional active/reflective practice.

7. Organisational Working and Organisational Dynamics

A general understanding of the shift from traditional, hierarchical models of organisation, to networking and co-operative organisations. An understanding of open and whole systems thinking. The valuing of people and personal experience over mechanical task performance. The over-riding importance of leadership in comparison with management. The theory of organisational dynamics. Sources of anxiety for an organisation. Responses to change and growth within an organisation. Specific issues relating to working within the NHS.

8. Research and Development

An ability to make a professional contribution to research and development in the field of Spiritual Care.

Training

1. Initial degree (or equivalent) in theology or religious studies.
2. Post Graduate qualification in Healthcare Chaplaincy.
3. Clinical Pastoral Education as required by professional body.
4. Continuing professional development as required by the professional body.
5. On-going supervision
6. On-going professional development planning and review.

Experience

1. At least five years of pastoral work.
2. Experience of conducting public worship.
3. Experience of conducting baptisms, funerals, weddings and other rites.
4. Experience in communicating at a variety of levels; person to person, person to group, and person to larger audience.

14. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Job Holder's Signature:

Date:

Manager's Signature:

Date: