

GUEST EDITORIAL

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NATIONAL CONFERENCE REVIEW

SPIRITUALITY IN HEALTH AND COMMUNITY CARE

The following articles were some of the fruits and the fuel for a conference held in Stirling University last November. This was organised and funded by the Scottish Executive Health Department to launch a new awareness and drive for improved spiritual care in the NHS in Scotland. A wide ranging group representing a variety of churches, faith groups and perspectives had been brought together the previous year to discuss "Spirituality in the NHS in Scotland". From this group one working party was asked to develop "Guidelines for Chaplaincy and Spiritual Care in the NHS" and another was charged to develop the remit and undertake the appointment of a whole time Training and Development Officer.

A project "Spirited Scotland", headed by Desmond Ryan (Senior Research Fellow, Department of Nursing Studies, University of Edinburgh), looking at spiritual needs in relation to health and social work, was nearing completion, and some notable research work by David Hay (Reader in Spiritual Education, University of Nottingham) concerning present day attitudes towards spirituality seemed particularly apt.

Spirited Scotland

Desmond reminds us in his article that the driver for the emphasis on spirituality is person-centred care. He speaks of the post modern age we live in where we are no longer held together as communities by any grand narrative and so have become more conscious of our individuality. The response to such fragmentation has been a movement to emphasise integration and harmony. Where science and religion have pursued their sometime conflicting attitudes to truth, the alternative movement is of people looking for authentic experience. In Health Service terms this has meant the growth of complementary

medicine and the broadening understanding of spirituality. Such spirituality includes the work relations and the aspirations of staff as well as the often de-personalising effects of social fractures, poverty and societal pressures. Spiritual care policy must become part of health policy. It cannot be left to religious communities caring for their own, even enlightened groups caring as broadly as possible, but must become a systemic part of the whole involving the whole health care community providing holistic care. There will remain many tensions of which some at least will prove creative. Chaplaincy, as is widely recognised by chaplains, must become more professional in its training and practice and yet it must beware of becoming just another health speciality, lest the true breadth and depth of spiritual care, which is also shared and given by staff, by carers and by patients to each other, be not fully appreciated.

A new Awareness

David Hay cites some fascinating research as he seeks to allow a description of "spirituality" to emerge rather than be defined. The willingness of people to admit to spiritual experience or awareness has grown hugely over the last fifteen years. Despite the decline in Church attendance, he asks, have people become more God aware or have we begun to understand increasingly that our relationship to nature and creation is one of mutuality? David shows how people do seem aware of their spirituality although the language used might not be traditionally religious and is in many instances suspicious of religious expression and doctrine. He mentions the ideas of Alister Hardy who suggests that spiritual awareness is biologically built into us and is there quite independently of our outward attitudes. In studies with children he found a common awareness

of mystery, value and immediacy. The phrase “relational consciousness” surprised him in his research as it spoke strongly of an ethical and behavioural aspect to spirituality where many had assumed it to be rather solitary and individual. In Health Service terms such spirituality is not so much about structure but is about what takes place in “an atmosphere of mutual affection”.

A View from Outside

In order that the conference could be described by someone “outside the circle” of management or chaplaincy, Alison Elliot (Lecturer at Edinburgh University and a former Convenor of the Church and Nation Committee of the Church of Scotland) was asked to be present throughout with a view to writing her thoughts and reactions to what she heard and saw. Alison writes of the new multi faith nature of our society and of the most dramatic change in spiritual/religious terms as being the drop in church membership and the renewed interest in other expressions of spirituality. She uses Roger Cressay’s insights of a patient’s need to be valued, to have hope, to be treated with honesty and respect among other attributes as symptomatic of spiritual need. From the other speakers and from the Guidelines document she drew out the changing nature of a chaplain’s work while taking into full account the latest National Health Service emphasis on accountability, local input and responsibility. Issues of appointment and confidentiality and the way a person’s religious/spiritual affiliation is asked and passed on where appropriate, are touched on. Her insights and views have the freshness which are often associated with steep learning curves. She noted the tensions between a certain wordiness in an area where silence is especially important, and between the need for professional standards in chaplaincy yet a willingness to acknowledge the natural spiritual gifts of others.

Report of the Working Party

The Scottish Executive Health Department’s Spirituality in the NHS Steering Group formed a Working Party whose report would form the basis of new guidelines for Spirituality in the National Health Service in Scotland (NHSScotland). Stewart McGregor, Chairman of the Working Party, provides a synopsis of the salient features of the report. He includes the composition of the working party,

the responsibilities of Health Boards and Trusts, the appointment and employment of chaplains, the assessment of spiritual need and staff training, a summary of the appendices to the report, and concludes with a reflection on the benefits of the report.

The Health Minister

The then Deputy Health Minister of the Scottish Parliament, Malcolm Chisholm spoke on behalf of the Health Department about the new awareness of the importance of spirituality in the properly holistic care of patients, carers and staff in the NHS. He delivered a commitment to this element of care underlining that the new whole time appointment and the coming Departmental Letter asking all Health Boards to produce and implement new spiritual care policies, were both evidences of the level of seriousness and value being given to this initiative. That Malcolm Chisholm is now the Health Minister is a happy coincidence, if one believes in coincidence (as George Macleod would have said), and means that the person with his hand on the helm of the Health Service is one both aware of, and committed to, the inclusion of spiritual care as integral within holistic health care provision.

Landmark Conference

That this conference may some day be seen as a landmark in the development of spiritual care in the Health Service is an exciting prospect. That it has provided many interested, with an opportunity to demonstrate the value of good spiritual care, is surely a challenge and a chance too good to miss. Chaplains are aware that spiritual care is not limited to the work of chaplains alone, but is to do with the valuing of people, and with taking their hopes, their fears and their dreams with due seriousness, a work which is properly done by the whole health care community. But chaplains do have a distinct role, both fulfilling and enabling the religious needs of people to be met and by helping people to understand; that all are involved in spiritual care; that all have needs and all have gifts which can be shared; that the threat of illness and suffering even death, is not all negative; and that it is possible to continue growing as persons and human beings until we die.

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