

CHAPLAINS PERCEPTIONS OF SUPERVISION

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Abstract: Several professional groups have effectively incorporated supervision into their everyday practice. Chaplains as a 'caring' profession cannot be immune from the personal effects of engaging in pastoral relationships with patients, carers and staff. Clearly, Chaplains require adequate support to prevent 'burnout' and stress. This paper explores Chaplains perceptions of supervision using a focus group methodology. The emerging themes from the findings provide a valuable insight into the perceptions and attitudes of chaplains towards the concept of supervision. In particular, Chaplains view supervision as a necessary part of their professional practice.

Key Words: chaplains, supervision, focus group

Background

Supervision has been defined as *an intensive, inter-personally focused, one-to-one relationship in which one person is designated to facilitate the therapeutic competence in another person* (Loganbill et al 1982). Proctor (1988) describes the multiple interactive functions of supervision as *formative, restorative and normative*. This clearly emphasises that effective supervision should demonstrate supportive, educative and managerial elements, which ultimately is to the benefit of the patient or client.

Several professional groups have effectively incorporated supervision into their every day practice (Hawkins and Shoheit, 2000). Professions such as nursing, social work, counselling and psychotherapy have used different models of supervision, each of which have emphasised a different primary focus. For example, within social work, supervision has been viewed as being managerial in nature (Brashears, 1995).

Supervision has clear benefits. For instance, within nursing, clinical supervision, if implemented effectively, will bring positive benefits such as reduction in stress levels (Butterworth et al, 1997), increased skills and knowledge (Butcher, 1995) and even a reduction in complaints (Butterworth et al, 1997). However, Wosley and Leach (1997) offer words of caution arguing that clinical supervision has yet to

demonstrate its efficacy in improving outcomes for patients.

Supervision and Healthcare Chaplaincy

Chaplains cannot be immune from the personal effects of pastoral relationships with patients, carers and staff. Engaging with people in depth on a daily basis, offering support and 'being there' for them will inevitably take its toll on the chaplain. The Chaplain has a unique calling for where the 'pain' is greatest. As Speck (1988) emphasises 'they (chaplains) may be unaware of the extent to which serving others can be a way of meeting unconscious needs of their own, which in turn can lead them to be quite hard on themselves as well as being troubled about whether they have done enough'. Without adequate support, the Chaplain's family life and social interests outside of work may suffer (Eadie, 1975).

Chaplains as *helping* professionals require support and supervision to reduce stress levels and prevent *burnout* (Hawkins and Shoheit, 2000; Orchard, 2000). In many cases Chaplains have few opportunities for accessing informal support as many work part-time, alone or in small teams (Speck, 1988).

Study

Aim

The study aimed to explore chaplain's perceptions of supervision and specifically to examine what is meant by supervision and its effect on chaplaincy practice.

Methodology

As the aim of this explorative study was to elicit the opinions of Chaplains regarding supervision, a qualitative approach using a focus group interview was chosen.

Focus groups have their origins in sociology, but much of the knowledge comes from the field of market research (Morgan, 1988; Krueger, 1994). This interview technique was developed because decisions made by individuals take place within a social context, and these decisions often grow out of discussion with other individuals (Patton, 1990). The increased acceptability of qualitative research methods has generated interest in the use of focus groups (Morgan, 1988; Patton 1990; Robinson, 1999).

Krueger (1994) states that focus groups are valid if used appropriately, following established procedures. Typically focus groups have high face validity because of the credibility of comments from the participants who open up and share insights with each other.

Sampling

Purposive sampling was undertaken with participants drawn from across Chaplaincy in Scotland representing a broad range of experience. Ten Chaplains agreed to participate and were drawn from the acute, primary care and hospice sectors. The Church of Scotland, Scottish Episcopal and Roman Catholic denominations were represented. Nine of the participants were full time chaplains, with one employed on a part-time basis.

Data Collection

Participants were told the purpose of the study and were informed that the focus group was being audio taped. It was emphasised that participants were free to withdraw from the study or have the tape stopped at any point. The focus group was moderated by one of the investigators.

As suggested by Kreugar (1988), the interview questions were constructed according to the following categories: opening, introductory, transition, key, and ending. The schedule of questions is outlined in Appendix 1.

Data Analysis

All audio taped focus group data were transcribed verbatim. Analysis followed the recommendations of Krueger (1994) beginning with open coding of the data that, after some refinement, resulted in major categories, or themes. The two investigators independently coded each transcript, using a line-by-line approach. These results were jointly reviewed and refined until consensus was reached regarding major themes.

Credibility, Transferability and Limitations

The researcher included participants in the data analysis process to assist with the objective validation of themes identified from the data gained from the focus group (Lincoln and Guba 1985). Field notes also assisted in adding some credibility to the data from focus group (Taylor 2001). These combined processes will assist in ensuring credibility of the research findings.

The nature of the purposive chosen sample will limit the transferability of the findings to the Chaplains chosen for the research only. But clearly the study method has been deliberately chosen to explore a phenomenon that has not been extensively researched. For this reason credibility of rich and meaningful research findings are more important than transferability. As only one focus group was facilitated data saturation will not have been reached, and therefore not all the perceptions, beliefs or values of the study population explored.

Findings

Main themes and sub-themes identified within the transcript from the focus group (in no order of frequency of occurrence or priority)

Theme 1 Defining supervision

Participants indicated that the word 'supervision' could be interpreted in numerous ways. There is evidently more than one type of supervision, which can take place on various levels. It may be under-

taken on an individual basis or as part of a group. Supervision is clearly a dynamic process that is both re-active and proactive in nature.

Participants felt that supervision is an important tool for supporting Chaplains to reflect on their professional practice in perhaps a relatively informal manner or setting. However, supervision may also have a management and professional function that can be used to assess practice in a more formal way. Participants were less in favour of the latter as an approach:

It is about best practice and improving what we are doing. It includes management or support that hopefully helps chaplains not to get to the point of burn-out. We should have a clearer understanding of what we are doing, be able to see where we are going because we are reflecting on what we are doing.

Theme 2 The role and development of Chaplaincy within the healthcare system

Participants stressed the importance and need for a clear and unambiguous definition of the role of Chaplain and the qualities that someone from a recognised faith community can bring to the role. This is a time of uncertainty and transition for Chaplains and the respondents expressed a need for other healthcare professionals and indeed Chaplains themselves to clearly understand their role within today's healthcare system:

Can we say you need to be drawing your chaplains from a religious vocational background because they can offer this, and that, including to the non-religious people rather than just saying, well its all because up until now a pool of pastorally trained people have only been available from religious bodies. The philosophy of why it should be us in the future is not clear at the moment.

The participants agreed that there might be some advantages to the professionalisation of Healthcare Chaplaincy. These included increased credibility and promotion of integration with other professionals within the healthcare environment. Participants felt strongly that as other health care professionals have systems of regulation and registration that Chaplaincy may benefit from a similar system.

Participants also stated that some role conflict exists between their responsibilities to their own faith community and to the employing Trust. Lines of accountability are cloudy and confused. The current

systems of appointing part-time and whole time Chaplains from different faith communities and methods of evaluation were of concern to some participants.

Chaplains, because of this dual responsibility business are a bit like people who have feet in 2 boats which maybe moving apart.

If supervision has the effect of helping chaplains to come to a clearer understanding of what we are doing, and to see where we are going because we are reflecting on what we are doing then it may well be the case that at a time of rapid change within chaplaincy, when issues such as the above are the focus of debate, supervision is a development whose time has come. Through supervision, chaplains would hope to be both affirmed and challenged, as well as supported amid all the current uncertainties. They would also be encouraged in the discipline of reflection upon practice, which will become more than ever necessary as the chaplaincy service develops.

Theme 3 The effect of supervision on Chaplaincy practice

All participants reinforced the stressful and challenging nature of their role and viewed supervision as a positive step for Chaplaincy. It was also felt that supervision could be a useful method of reflecting on practice within a safe and secure environment. Other positive benefits stated by participants included allowing difficult issues to be raised, practice to be challenged, regular support to be provided and ultimately improved standards of practice:

Things that started out as problems can become quite liberating insights.

Participants stated that other healthcare professionals would view Chaplaincy more favourably if supervision were introduced. Clearly, supervision is a process of professional practice and this would assist in integrating Chaplaincy within the multidisciplinary team:

To be seen as a co profession amongst the professionals we have to have supervision.

Also on the positive side, supervision was identified as a way of helping chaplains to achieve 'closure', in other words, to be able to 'let go' of the many people and situations which they encounter in the hospital, the sometimes fleeting but nevertheless meaningful pastoral encounters which can threaten

at times to overwhelm, if they are not laid aside as the chaplain moves on. As one participant put it: *you don't want to be carrying around too many ghosts.*

Some concerns were however raised by participants regarding supervision. While supervision can be used as a method of monitoring standards of practice, respondents strongly stated that separate systems for management on the one hand, and support on the other, would be of more benefit to Chaplains. Supervision should not be understood as a formal means by which management could identify bad practice, but rather as a means of support through which chaplains would have *the freedom to discuss their practice in an open way.* Some anxieties were also voiced regarding the maintenance of confidentiality within supervision.

Theme 4 The provision of supervision

Participants stated that considerable resources are required to implement and support a system of supervision. Supervision was viewed as intrinsic to the professional service offered by Chaplains and therefore employing bodies have an obligation to adequately resource this support. One or two participants stated that supervision should be compulsory:

There needs to be agreement between the church and the NHS. Once supervision is deemed to be necessary, it will need to be funded by the NHS.

Several participants wished supervision to be externally provided, however they realised that the funding of supervision may only happen if it is work place based and professional in nature. Participants intimated that resources would only be available if clear evidence of the effectiveness of supervision could be provided:

We need to have some sort of research or evidence that chaplaincy is not only doing a good job but if you train them properly chaplains will do a better job.

Other barriers preventing supervision raised by respondents included current workloads being too great, replacement or travel costs for attending supervision sessions, who should be the supervisor (internal versus external) and a real concern that the funding of supervision may decrease service provision.

Participants clearly felt that while the profile of Chaplaincy is raised every opportunity should be taken to promote the provision of supervision as integral to the practice of Chaplains. Participants also feel that long term planning is required:

We have no training budget at the moment and many hospitals don't. Long term planning will be needed to build in supervision – 2 or 3 years down the line.

Conclusion

This study highlights that Chaplains view supervision as a necessary part of their professional practice. Yet, no formal infrastructure has been established by the employers, resulting in Chaplains having to search for their own supervision, whether formally or informally. Many Chaplains receive no supervision at all. These findings reflect those reported by Orchard (2000) and demonstrate that the provision of supervision is an emerging employment issue that has considerable resource implications.

Chaplains wish supervision to contain supportive and educative elements. However, they realise that a managerial component is necessary, especially if Chaplaincy is to be perceived as a healthcare profession. As part of the continued professional development process, a number of supervision methodologies could be used to support Chaplains and these may include clinical pastoral education and reflective theological learning.

Chaplains openly wish improved clarification of their role as a valued profession within the healthcare team. The provision of a robust system of supervision will be integral to a more formal professional approach to Chaplaincy practice. The lack of published literature emphasises the need for further research to demonstrate the positive impact that supervision has on chaplaincy practice. It is hoped that this study will prompt further investigation and debate.

References

- BRASHEARS F. 1995 *Supervision as Social Work Practice: a reconceptualisation* Social Work: Journal of the National Association of Social Workers 40 p692-699
- BUTCHER K. 1995 *Taking Notes* Nursing Times 91(33)

- BUTTERWORTH T, CARSON J, WHITE E. et al 1997 *Its good to talk. An evaluation of Clinical Supervision and Mentorship in Scotland*. University of Manchester Manchester
- EADIE H. 1975 *The Helping Personality*. Contact 49 p2-17
- HAWKINS P. SHOHET S. 2000 *Supervision in the Helping Professions* 2nd Ed Open University Press Buckingham
- KREUGAR R. 1994 *Focus Groups A Practical Guide for Applied Research* 2nd Ed. Sage Publications, Thousand Oaks
- KRUEGER R. 1998b *Developing questions for focus groups* (Focus Group Kit 3) Sage Publications, Thousand Oaks.
- LINCOLN Y. S. GUBBA E. G. 1985 *Naturalistic Inquiry* Beverly Hills, Sage
- LOGANBILL C. HARDY E DELWORTH U. 1982 *Supervision, a conceptual model* The Counselling Psychologist 10(1) p3-42
- MORGAN D. 1988 *Focus Groups as Qualitative Research*. Sage Publications, Newbury Park.
- ORCHARD H. 2000 *Hospital Chaplaincy: Modern, Dependable?* Sheffield Academic Press, Sheffield.
- PATTON M. 1990 *Qualitative Evaluation and Research Methods*. 2nd Edition, Sage Publications, Newbury Park.
- PROCTOR B. 1988 *Supervision: a co-operative exercise in accountability*, in Marken M. and Payne M. (Eds) *Enabling and Ensuring* Leicester National youth Bureau and Council for Education and Training in youth and Community Work, Leicester.
- ROBINSON 1999 *The use of focus group methodology - with selected examples from sexual health research*. Journal of Advanced Nursing, 29(4), p 905-913.
- SPECK P. 1988 *Being There: Pastoral Care in Times of Illness*. SPCK, London.
- TAYLOR C. 2001 *The illusion of objectivity in phenomenological data generation*. International Journal of Nursing Studies 38 p471-480
- WOSLEY P., LEACH L 1997 *Clinical Supervision: a hornet's nest?* Nursing Times 28 p24-26
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