

FROM 'PASTORAL CONTACTS' TO 'PASTORAL INTERVENTIONS'

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Abstract: This research collates statistical results of pastoral care contacts undertaken at the Sheffield Northern General Hospital and the Royal Hallamshire Hospital over a twelve month period. The data was found to provide an important overview of chaplaincy work that can be used for future pastoral care management and developing better data collection and quality assurance measurements. The data was subsequently categorised using the World Health Organization (WHO) Pastoral Intervention (PI) Codings to explore the use of a newly developed universal coding system that might allow national and international data collection and comparison. Overall the data from the Sheffield Teaching Hospitals' pastoral data base was found to be easily transferable to the WHO PI codings. This report of the research offers recommendations for recording chaplaincy activity that at present is unrecorded and by doing so might reflect a more accurate picture of the role and demands of chaplaincy services.

Introduction:

Chaplaincy within the National Health Service in the United Kingdom has been undergoing significant change. New guidelines for managers in the NHS and those involved in the provision of spiritual care (NHS HDL 2002, DoH 2003), a strategy for Chaplaincy development in England supported by four Lead Chaplains (SYWDC 2003), the inclusion of spiritual health and wellbeing in the new NHS competencies framework (DoH 2004a) and the evaluation of chaplaincy posts in the national review of pay, terms and conditions (DoH 2004b) have meant that Trusts have had to consider and implement changes in their chaplaincy provision. In addition the guidelines have aimed to develop best practice with respect to the appointment of chaplains, issues of confidentiality and data protection, chaplaincy volunteers, worship and sacred spaces, bereavement services plus the training, development and career of chaplains.

One particular aim identified as part of the 'Caring for the Spirit' workforce development strategy, was for chaplains (and other members of the spiritual health care workforce) to make a greater contribution to health care by delivering evidence based practice (NHS, 2003b, p.11). Further, and perhaps more significantly, recognition was given for the need to foster a research-based culture among chaplains so that aspects of day-to-day chaplaincy ser-

vices could be reviewed, updated and tested (NHS, 2003b, p. 18). In order to achieve such a goal however, it was recognised as fundamentally necessary to record pastoral activities undertaken by chaplains so as to review and evaluate current pastoral care practice. Such a task was taken seriously by Sheffield Teaching Hospitals.

Review of Pastoral Care Activities

Over a twelve month period (April 2004 – March 2005) the Sheffield Northern General Hospital and the Royal Hallamshire Hospital collated pastoral care statistics from the five hospital units comprising the trust, using a uniquely formatted Microsoft Access data base program. Two groups of statistics could be collected by the chaplaincy team:

- Those relating to 'patient contact', comprising 20 patient contact categories (Table 1)
- Those concerning 'non-patient contact' comprising 9 non-patient contact categories (e.g., staff training) (Table 2).

The total number of patient contact types recorded during the research period totalled 13,502. The total number of non-patient contact types was 350. Unfortunately the number of pastoral contacts undertaken by chaplains with non-patient personnel was only quantifiable across a seven month period (1st

September 04 to 31st March 05). It is also important to note that, only one type of contact was recorded by chaplains per interaction with patients – even

though the pastoral interaction may have involved multiple contact types.

Table 1. Patient contact types from 1st of April 2004 – 31st March 2005.

| Coding Number: | Patient Contact Type | Contact Sub-Totals |
|-----------------------|----------------------------------|---------------------------|
| 1. | Initial Visit / Assessment | 2013 |
| 2. | Pastoral Support | 4740 |
| 3. | Bereavement Support | 14 |
| 4. | Holy Communion | 1920 |
| 5. | Anointing | 153 |
| 6. | Funeral Prayers | 6 |
| 7. | Funeral Service | 12 |
| 8. | Blessing & Naming | 37 |
| 9. | Baptism | 12 |
| 10. | Marriage Ceremony | 0 |
| 11. | Prayers of Commendation | 47 |
| 12. | Sacrament of the Sick | 38 |
| 13. | Sacrament of Reconciliation | 5 |
| 14. | Non-viable Foetus Service | 1 |
| 15. | Home Visit | 5 |
| 16. | Bedside Prayers. | 386 |
| 17. | Pastoral Visit plus Prayers | 1283 |
| 18. | Holy Communion and Pastoral Care | 284 |
| 19. | Chapel Service | 527 |
| 20. | Not available when visited | 2019 |
| | Total (inc. coding 20) | 13, 502 |

Table 2: Non-patient contact types 1st of September - 31st march 2005

| Coding Number: | 'Non –Patient Contact Type' | Contact Sub-Totals |
|-----------------------|------------------------------------|---------------------------|
| 1. | Chapel Service | 91 |
| 2. | Staff Support | 77 |
| 3. | Carer Support | 89 |
| 4. | Funeral Service | 49 |
| 5. | NVF Service | 3 |
| 6. | Staff Lecture | 4 |
| 7. | Staff Seminar | 12 |
| 8. | Home Visit – Funeral | 5 |
| 9. | Outpatient Support | 20 |
| | Total | 350 |

WHO-PI Codings:

The World Health Organization Pastoral Intervention codings (Table 3) were first released in July 2002 as an Australian Modification to the WHO

(2002) International Classification of Diseases. The Australian Health & Welfare Chaplains Association and the Australian College of Chaplains played a significant role in the development of the Codings which, while having initial user difficulties (Carey, 2002), were nevertheless seen to be a necessary ad-

dition to the Health Care Chaplaincy Standards / Guidelines, that recommends the collection and assessment of evidence with regard to chaplaincy competence that will help initiate and contribute to training and development (HCC, 1993 / 1998).

The WHO PI Codings (Table 3.) have subsequently been utilised within an increasing number of Australian clinical contexts for both pastoral data collation and pastoral research. These have included, for example, the Royal Adelaide Hospital, in South Aus-

tralia (McFarlin & Carey, 2004), the Ringwood Private Hospital (Carey, Holmes & Neven, 2004) and the Royal Women's Hospital in Melbourne, Victoria (Carey & Meece, 2005), the Sir Charles Gardner Hospital and the St. John of God Hospital in Perth, Western Australia. Within each health care institution making use of the WHO PI codings, the gathered data and results have proven invaluable for quality assurance, departmental assessment, chaplaincy training and developing or refining new ministry initiatives.

Table 3: World Health Organization Pastoral Intervention Codings.

1. **Pastoral Assessment** (ICD code 96186-00) An appraisal (initial and subsequent) of the spiritual wellbeing, need and resources of a person within the context of a pastoral encounter. The assessment may be variously identified
2. **Pastoral Ministry** (ICD code 96187-00) The provision of the primary ministry of presence and expression of the service, which may include :- establishing of relationship / engagement with another, hearing the story, and the enabling of pastoral conversation in which spiritual wellbeing and healing may be nurtured, and companioning / supporting persons confronted with profound human issues of death and dying, loss, meaning and aloneness.
3. **Pastoral Counselling or Education** (ICD code 96087-00) An expression of Pastoral Care that includes personal or familial counsel, ethical consultation, a facilitative review of one's spiritual journey and support in matters of religious belief or practice.
4. **Pastoral Ritual / Worship** (ICD code 96109-00) This intervention contains the pastoral expressions of informal prayer and ritual for individuals or small groups, and the public and more formal expressions of worship, including Eucharist and other services, for faith communities and others

WHO (2002)

Pastoral Contacts to Pastoral Interventions:

Comparisons were undertaken between the Sheffield Teaching Hospitals' Chaplaincy Department's patient and staff 'contact types' to that of the WHO 'pastoral intervention codings'. Though there was no formally written description explaining the various 'contact types' used by the Chaplaincy Department, it was found that there was a common pragmatic understanding between the two recording systems. The 'contact types' identified specific functions (e.g. 'Holy Communion') whereas the WHO pastoral interventions were more generic (e.g. 'Pastoral Ritual & Worship') and thus included under one heading many functions (e.g. 'Holy Communion', 'Baptism', 'Prayers', etc). Thus the Chaplaincy Department's 'contact types' were, in

most cases' easily transferable to the WHO 'pastoral interventions' (ref.: Table 4).

This transference of data however revealed that there was no equivalent within the Chaplaincy Department's patient contact types to the pastoral coding of 'pastoral counselling / pastoral education'. Yet pastoral counselling and pastoral education would be considered common practice for most chaplains. The chaplaincy department's staff 'contact types' were also found to be easily transferable to the WHO 'pastoral interventions' (Table 5). This re-classification however revealed that there was no equivalent within the Chaplaincy Department's staff contact types to the pastoral coding of 'pastoral assessment'. Yet, it would also be common practice,

if not professionally prudent, for chaplains to engage some pastoral assessment skills when engaging staff as they would patients or families.

Using the existing Sheffield University Teaching Hospitals database, the pastoral contacts undertaken

by chaplains with patients and staff were converted to the WHO pastoral intervention codings (Table 6 & Table 7). This provided a more generalized overview of results.

Table 4: Sheffield University Hospital ‘patient contact types’ to WHO ‘pastoral intervention codings’

| Contact Number: | Sheffield University Hospital ‘Patient Contact Type’ | WHO ICD-10 ‘Pastoral Intervention Coding’ | ICD-10 Code |
|------------------------|---|--|--------------------|
| 1. | Initial Visit / Assessment | Pastoral Assessment | 96186-00 |
| 2. | Pastoral Support | Pastoral Ministry | 96187-00 |
| 3. | Bereavement Support | | |
| 4. | Holy Communion | Pastoral Ritual & Worship | 96109-00 |
| 5. | Anointing | | |
| 6. | Funeral Prayers | | |
| 7. | Funeral Service | | |
| 8. | Blessing & Naming | | |
| 9. | Baptism | | |
| 10. | Marriage Ceremony | | |
| 11. | Prayers of Commendation | | |
| 12. | Sacrament of the Sick | | |
| 13. | Sacrament of Reconciliation | | |
| 14. | Non-viable Foetus Service | | |
| 15. | Home Visit | Pastoral Ministry | 96187-00 |
| 16. | Bedside Prayers. | Pastoral Ritual & Worship | 96109-00 |
| 17. | Pastoral Visit plus Prayers | | |
| 18. | Holy Communion /Pastoral Care | | |
| 19. | Chapel Service | | |
| 20. | Not available when visited | Pastoral Assessment | 96186-00 |
| | (No equivalent identified) | Pastoral Counselling / Education | 96087-00 |

Tables 5, 6 & 7 /

Table 5: Sheffield Teaching Hospitals' 'Non-Patient Contact Types' to WHO 'Pastoral Intervention Codings'

| Coding Number: | Sheffield University Hospital 'Non –Patient Contact Type' | WHO ICD-10 'Pastoral Intervention Coding' | ICD-10 Code |
|-----------------------|--|--|--------------------|
| * | (No equivalent identified) | Pastoral Assessment | 96186-00 |
| 1. | Chapel Service | Pastoral Ritual & Worship | 96109-00 |
| 2. | Staff Support | Pastoral Ministry | 96187-00 |
| 3. | Carer Support | | |
| 4. | Funeral Service | Pastoral Ritual & Worship | 96109-00 |
| 5. | NVF Service | Pastoral Counselling / Education | 96087-00 |
| 6. | Staff Lecture | | |
| 7. | Staff Seminar | | |
| 8. | Home Visit – Funeral | Pastoral Ministry | 96187-00 |
| 9. | Outpatient Support | | |

Table 6: Pastoral Intervention Results Based on Patient Pastoral Contacts of Chaplains at the Sheffield Teaching Hospitals from the 1st April 2004 – 31st of March 2005.

| ICD-10 Code | WHO ICD-10 'Pastoral Intervention Coding' | Sub-Totals |
|--------------------|--|-------------------|
| 96186-00 | Pastoral Assessment | 4032 |
| 96187-00 | Pastoral Ministry | 4759 |
| 96087-00 | Pastoral Counselling / Education | * |
| 96109-00 | Pastoral Ritual & Worship | 4711 |
| | Total Pastoral Interventions | 13, 502 |

* Neither pastoral counselling nor pastoral education were recorded as these functions were not included in the chaplaincy teams pastoral contact codings during the research period.

Table 7: Pastoral Intervention Results Based on Staff Pastoral Contacts of Chaplains at the Sheffield Teaching Hospitals from 1st September 2004 to 31st March 2005.

| ICD-10 Code | WHO ICD-10 'Pastoral Intervention Coding' | Sub-Totals |
|--------------------|--|-------------------|
| 96186-00 | Pastoral Assessment * | 0 |
| 96187-00 | Pastoral Ministry | 191 |
| 96087-00 | Pastoral Counselling / Education** | 16 |
| 96109-00 | Pastoral Ritual & Worship | 143 |
| | Total Pastoral Interventions | 350 |

* Pastoral assessment was not included during the research period.

** Only pastoral education (e.g., staff seminars / lectures) was coded.

Pastoral counselling was not included during the research period.

Discussion

Using the WHO pastoral interventions codings, it was possible to determine that the greatest number of patient pastoral interventions undertaken by the

Sheffield Teaching Hospital Chaplaincy Department was 'pastoral ministry' (4759 - 35%), followed by 'pastoral ritual and worship' (4711 – 35%) and 'pastoral assessment' (4032 – 30%). There were no results for 'pastoral counselling / pastoral education'

as neither the counselling nor educational functions were recorded by chaplains.

Likewise using the WHO pastoral interventions codings, it was possible to determine that the greatest number of non-patient pastoral interventions undertaken by the Sheffield Teaching Hospital Chaplaincy Department were 'pastoral ministry' (191 – 54%), followed by 'pastoral ritual and worship' (143 – 41%) and 'pastoral education' (16 – 5%). There were no results for 'pastoral assessment' as this category was not included in the pastoral contact database. Also, the 'pastoral counselling/pastoral education' coding only included staff seminars and lectures, as counselling was not included in the pastoral contact database.

It was found that chaplains were not recording all pastoral interventions undertaken. This was primarily for two reasons.

- Chaplains were recording only what they considered the most important or key function undertaken with patients and non-patients. Thus a chaplain may have undertaken a 'pastoral assessment' (i.e., initial assessment), provided 'pastoral ministry' (e.g., bereavement support) and conducted a 'pastoral ritual' (e.g. Holy Communion) but the chaplain would, in most cases, only record the 'pastoral ritual'.
- A number of chaplains were simply not entering data.

While it can be argued that the chaplains at the Sheffield Teaching Hospitals were fulfilling a demanding ministry, the results from the database do not clearly reflect the true level of chaplaincy activity and the service being provided, therefore, the results undervalue the work of the chaplaincy department.

Recommendations for the Sheffield Teaching Hospitals NHS Foundation Trust

Utilising the WHO Pastoral Intervention codings has highlighted several factors about the Sheffield Teaching Hospital 'pastoral contact' database and the recording of pastoral contacts. The following recommendations are made:

1. The WHO pastoral interventions codings could be incorporated as an extension of the existing

pastoral contact data base program to provide a simplified and more generalised coding system for the purposes of assessment, research and results.

2. The current database for pastoral contacts should incorporate 'pastoral counselling' and 'pastoral education' for patient contact and for non-patient pastoral contacts 'pastoral assessment' and 'pastoral counselling' should be included to ensure more accurate data and results.
3. Finally chaplains need to be encouraged and trained in entering all pastoral data to ensure more accurate results of their work and thus a fuller appreciation of their workload and the service provided.

The WHO Pastoral Interventions and the National Health Service

The use of the World Health Organization Pastoral Intervention codings with the Chaplaincy Department at the Sheffield Teaching Hospitals has been a first within the UK National Health Service. The comparison has provided empirical data for professional quality assurance and has highlighted a number of factors that might benefit the chaplaincy departments within the UK National Health Service. The WHO PI codings could:

1. Encourage a simple coding system that reflects an overview of pastoral interventions rather than a multiplicity of detailed codings.
2. Provide a basis to compare and assess current coding practice, to identify chaplaincy activity not being recorded resulting in the service being underestimated and undervalued.
3. Offer the opportunity for consistency of coding within a chaplaincy departments across a large NHS Trust or indeed the NHS Service.

Epilogue

During this research project, chaplaincy research seminars were conducted by the principal author at the Royal Derby Infirmary, Derby (during May 2005), and the Northern General Hospital, Sheffield (during June 2005) to discuss chaplaincy research using the WHO Pastoral Interventions. One of the key points raised at these seminars was that most research suggests chaplaincy is largely appreciated within the clinical context by patients, their families

and clinical staff (Carey and Newell 2004). It would seem that Chaplains do not need to work harder in terms of their pastoral care but that chaplains need to work smarter by accurately recording the work they already undertake which better reflects the demands upon their service that, in turn, should better assist chaplaincy planning and development.

Acknowledgements:

The completion of this project could not have been possible without the support of the Australian Health and welfare Chaplains Association allowing the secondment of Rev. Lindsay Carey. Acknowledgement is also given to chaplaincy team at the Sheffield Teaching Hospitals NHS Foundation Trust: Revd Keith Lowe, Revd Jeni Fryer, Revd Nancy Johnson and Miss Angela O'Donoghue, Rev. Dr. Judith Dalley, Rev. Helen Blackburn, Revd Brian Stocks and Mr. Jack Hague.

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