CHAPLAINCY TIME MANAGEMENT

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Abstract :In a personal reflection based on the use of a time management tool the authors seek to answer the question often asked of chaplaincy" what do you do?" and the question that chaplains often ask themselves "just how do I spend my time?" The chaplaincy department in an acute hospital needs to be able to demonstrate its viability and worth along side other disciplines and services. It is no longer sufficient to depend on the good will and influence of senior staff that may be sympathetic to chaplaincy. If the department is able to argue for its own worth then it allows for a strong culture of direction and effectiveness. The editors.

Key words: Development, data collection, Körner, priorities, time management.

Introduction

When the document, *The New NHS: Modern, Dependable* (DoH, 1997) was published along with, *A First Class Service: Quality in the new NHS* (DoH, 1998) it was recognised that the focus of attention of clinical activity should be grounded in good practice and subject to review. The White papers were introduced in reaction to the Bristol Inquiry and reflected a change in the NHS culture by making practitioners more accountable. Clinical governance replaced the internal market as the focus of reform. Bodies emerged like the Commission for Health Improvement (CHI) and the National Institute for Clinical Excellence (NICE) which sought to introduce standards in the NHS and drive forward an agenda of change and accountability.

The NHS over the years has become used to audit, measurement and outcome tools. The impetus has been to measure, assess, and quantify the amount of work undertaken and the utilisation of resources to that end. The drive for efficiency has been an integral aspect of that emphasis. Chaplaincy has not been exempt from that world but it has not necessarily engaged with it. An example of the NHS mind set in relation to chaplaincy was witnessed in the 11th of July 1996 edition of the Health Service Journal, which had the front cover title, Is God good value?

I was first involved as a chaplain in the Leeds General Infirmary and then became aware of the fascinating world of NHS management structures. Chaplaincy was located in the Directorate of Therapy Services. The Director was a great supporter of chaplaincy and allowed the department to flourish and develop in innovative ways. The director, by background a physiotherapist, had been instrumental in developing physiotherapy across the Trust into a creative and dynamic service. I remember one occasion where I was challenged to utilise the same methodology that many of the Professions Allied to Medicine (PAMS) used to monitor their work and see if it might be effective in advancing the chaplaincy service. That was my first introduction to the Körner form which was used widely in Leeds in Therapy Services to monitor staff work load and evaluate its effectiveness. It had been very popular in the PAMS area in the NHS in the 1970s and 1980s.

Explanation of the Körner Tool

The basic concept of the Körner process (see figure 1) is for the practitioner to record data of how their time is utilised in the work setting. Each quarter of an hour (using half of each small square) in the working day is to be accounted for on a pre - set form. There are various codes at the bottom of the form that allow one to tabulate where the time has been spent and on which activities. Totals can then be extracted for the various aspects of the work and transferred to a summary sheet. Those summary

Figure 1

Körner Activity Sampling:

The timing can be completed to a 15 minute period to show more accurate measures of specific functions

STAFF NAME:					SPECIALITY: **CHAPLAINCY**				DATE:	HOURS:	
Week Comm:	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	Out of Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

A	Contact with **Patients**			C	Contact with **Public/Relatives**		
1	ON WARD	*	Emergency/bleep	**1**	ON WARD	*	Emergency/bleep
2	IN CHAPEL	*a*	General Visiting	**2**	IN CHAPEL	*a*	General Visiting
3	IN HOSPICE		(inc HISS)	**3**	IN HOSPICE	*b*	Specific
4	OTHER	*b*	Specific	**4**	OTHER		(inc SRF)
			(inc SRF)	**5**	IN OFFICE	*C*	Admin
		C	Admin				

B	Contact with **Staff**			E	**Chapel/Office**		
1	ON WARD	*	Emergency/bleep	**1**	General Admin	*a*	telephone calls in
2	IN CHAPEL	*a*	General Visiting	**2**	Maintenance	*b*	Ext. Clergy Contact
3	IN HOSPICE		(inc referrals)	**3**	Referrals	*c*	students
4	IN OFFICE	*b*	Specific	**4**	Other colleagues	*d*	staff
5	APPOINTMENT		(inc support / counselling and concerning patients)	**5**	Team building	*e*	other
6	OTHER			**6**	Public relations		
		c	Admin	**7**	G&L Admin		
				8	Specific Projects		
				9	other		

The above illustration is a sample of management activity codes, other codes include:

- Contact with Volunteers
- Travelling
- Bereavement care Services
- Specific Religious Functions
- Training
- Others (inc Holidays/sickness/service development etc)

sheets can then be collated for the individual practitioner for the month and placed alongside the same material for the whole department. This process is carried out for 4 weeks every year. The year on year totals allowing for a comparison of the service and of individual roles across the team.

The compilation of the results and the analysis of the summary forms is primarily the responsibility of the department's administrator. That same person is also able to draw together aspects that appear to them to be obvious from the data collected. A closer and more in-depth analysis is undertaken by the senior chaplain who interprets the findings in the context of the department before utilising them in the development of the service.

Using the Körner tool

The Körner tool allows for the systematic collection of data and information. The chaplaincy manager needs to be able to assess the performance of the service that is provided to the hospital. It enables the manager to understand how time is being spent by staff and on what activities.

The data provides the basic building blocks for identifying where the service is used and where there might be space for improvement. In Addnebrooke's found over one cycle of the Körner process that a lot of time was being spent on public relations. At that time we had no publicity materials to advertise the service which in part explained why the time was being spent in a particular manner. We now have a range of leaflets for patients and staff to explain the service we provide. Clergy have also been regularly invited into the hospital for a morning seminar followed by lunch to explain the service and how they can be integrated into its effective working. It is a valuable way of networking with clergy in a proactive way and has reduced substantially the time we need to spend on public relations.

The evidence that Körner produces, allows for the effective reporting of the chaplaincy service to various audiences in the hospital. If you were to ask many people in the hospital what does a chaplain do, then they would have little idea. Recently when we have undergone matching through the Agenda for Change process, staff from HR have been at a loss to understand the range and diversity of activity that chaplains are involved with. In addition to be able to demonstrate the service in a manner that is typical of other PAMS is to stand alongside them and become accepted in the same way as we share the same culture. I have always upheld that many chaplains fail to be accepted in the NHS because they choose to stay outside of the organisation's processes and wonder why they are then disregarded.

The data from the Körner report provides the basic context in which to assess the priorities of the service and therefore allows for the reconstruction of workloads in the department. Before I came to Addenbrookes there was a review of the service and recommendations were made that proposed in place of the secretary there should be another assistant chaplain appointed. The funding this released on the secretary's retirement allowed for the new appointment and it was suggested that the secretarial work could be done by each of the chaplains as they needed it. While such an argument has validity I questioned the wisdom of that approach.

The hospital is paying people at different rates and if we define chaplains as having a particular expertise and specialism then it did not make sense to utilise their time in typing when some one skilled in that could be employed more efficiently as a secretary or administrator. The cycle has moved round more fully now, we have a full time administrator who does all the administrative tasks of the department which enables chaplains to fulfil their distinctive function and optimise their skill and care for people. I can type at a reasonable speed and I can organise things administratively quite well but the hospital does not pay me to be a typist but to exercise my expertise as chaplain.

Again under the Knowledge and Skills framework we have come to realise that while there are a range of skills that are needed for chaplains, there are some very different skills required to be an effective administrator. I hear chaplains complain about the lack of staffing and when probed it emerges that they have no secretarial support what so ever. I have encouraged management to review the position and award them some secretarial hours and the difference has been quite marked. Again I suspect that many managers who oversee chaplaincy teams have little idea what actually happens. We need to be able to provide the hard data for them so that new ways of working can be found.

Advantages and Disadvantages

The use of the Körner report has been valuable with individual staff since they have been able to enjoy a sense of worth as their performance is tabulated and they are not left wondering whether they have achieved anything at all in a week. It has been helpful as part of the appraisal process to encourage staff to reflect upon their own performance and decide to adjust their working practices around different priorities. It took some time for some staff to be able to see the value and worth of utilising an administrator's gift and allowing them to do all the tasks they were skilled for. As you would expect the gift/skill mix of the administrator is radically different to many of the chaplains. This has led to her distinct contribution being increasingly recognised and utilised in the life of the department. On many occasions we will defer to her expertise and perspective.

The development of the Körner tool has been an evolving process which has been quite revealing of the life of the department. We have been able to compartmentalise the jobs into various areas when they are not just religious ones and therefore have been able to appreciate the diversity of the departments' functions. That has also helped in terms of the future planning and development. Tasks are highlighted that we do but perhaps not everyone realised we were involved in and so the breadth of the service is more accurately recorded.

The awareness of how time is allocated and where the main emphases of the department are located in terms of time usage is valuable in itself. It is also valuable in providing an overview so that future planning can be influenced and new areas for development can be perceived. We live within a managed organisation and Addenbrookes is a brilliant place to work but it requires an accountability of the resources given to the department. There are finite resources and therefore the challenge is always to see if we might be more creative with the materials we have to optimise the service that is given. That drive has also been rewarded as other staff have seen how focussed and efficiently we manage the current department. A recent challenge to reduce the budget costs by 10% sent us back to look at Körner and analyse where we were spending time and how we might be more efficient in the core tasks of chaplaincy. A closer focus on how we visit revealed an opportunity to change practice and thereby increase our productivity by 15-20%.

There is a down side to this process. The amount of paperwork can seem quite daunting and the need to record every aspect of a month of working does occupy an amount of time each day. The need to collate those details is at times a challenge amidst the demands of people needing to be seen.

Some staff have been resistant to the idea of having to tabulate their time into a chart that can then be checked. It has been suggested that to quantify the work of chaplaincy in such a mechanistic manner is to reduce it and not to capture its value and worth. I do not argue with the question of quality of the work since Körner is only concerned with quantity. A value judgement is made by the senior chaplain in analysing the final data and interpreting the trends that is very important and can really only be done by the senior practitioner in the field.

There is a culture in the church where to account for time and work load is sometimes seen as unspiritual but I wonder if that can be an excuse for laziness! In the same way some chaplains have been disinclined to embrace this kind of tool. It is clearly open to abuse since figures and use of time can be manufactured and there is little that can be done to verify the detail. However, there is a need to depend on the integrity of the practitioner who completes the form. It can also be very revealing that if one of the team is disaffected and adjusts the figures then often those particular figures throw up questions that deserve fuller exploration. It would need a conspiracy of the whole team for it not to work.

It is true that I am quite driven to look at my work life and seek to optimise the impact it can have. I recognise that others may not have a similar mindset or motivation. The need to balance quality and quantity is obvious but it is vital to have a starting point for discussions and be able to demonstrate at a basic level the functioning of a department. Individual staff do not always want to change their practice to be able to be more efficient and effective but they can be motivated to that end.

Conclusion

The use of the Körner tool in the life of the department has changed itself as we have altered it to fit

with the changing emphasis of the work. Activity codes have changed and new one been spawned. In the past we would have recorded activity with the clergy under "clergy contacts" and now the category is placed under a more general category of "public relations", while the training of students has moved from students to be encompassed under "training".

A fine tuning of the Körner forms has meant that we have added some aspects and deleted others but also assigned clearly that some work belongs with the chaplain while other work belongs within the administrator's arena. During the 2005 period there has been a significant increase in the amount of time actually being spent with patients and staff in a supportive chaplaincy role. This was found by the people doing the work to be more rewarding since that is why they are employed.

The concern that some people might have in using Körner in terms of checking up on people's performance must be matched by a need for appropriate accountability and the responsibility of management to ensure that resources are being utilised effectively. The benefits of the tool are far outweighed by its down side of checking up. Equally it means that extra demands are recognised as putting pressure on the system and how that might be affected. I always find senior staff amazed that we are able to demonstrate in such a familiar manner how our time is spent and the quantifiable and measurable outcomes of the department. The team have responded very positively to this approach for they can see where their time is spent and what part of the bigger picture is formed by their own contribution.

One of the advantages of doing Körner every year at the same time is that it allows for comparisons year on year. The narrative of the department's development needs to be set alongside the figures. It is clear that such development work that the lead chaplain invested in the early years has paid off. The team has grown and the amount of time spent with staff has risen quite dramatically. We have also seen a significant increase in chaplaincy to the institution in the role of critical friend in recent times which has grown out of the staff involvement previously.

As the manager of the service the delight is always to reconsider our role and function and ponder if we might be able to do something better in the future. I certainly sleep in my bed each night with a fair degree of certainty that we are being effective in providing good quality pastoral care to the hospital.

Thank goodness for Körner!!

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