

THE UNIQUE ROLE OF A CHAPLAIN

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Abstract: In the current NHS climate of budgets, target setting and accountability, the 'unique role' of the chaplain can be misunderstood, undervalued. The future of chaplaincy is in the balance! Do chaplains move with the times – accept change and development, work towards professional status or do they maintain the status quo – remain important to the well-being of the whole hospital community but fail to articulate this and risk extinction or at best benign tolerance? More than ever society demands that employees prove their value through research, audit and refining of practice. 21st Century NHS chaplains are part of this! Alongside retaining their distinctive role as those who are accountable to their faith communities chaplains need to ensure they articulate their distinctive role as those who care for the spiritual. This involves time, energy and action and being in many roles simultaneously. It involves being prepared to assess and review practice and above all to change.

Key words: Accountability, chaplain, distinctive, religious, spiritual, unique.

Introduction

In the current NHS climate, where cuts and redundancies abound, due to inadequate budgets and increasing targets, Mowatt and Swinton (2005, p5) observe:

'great emphasis on the language of competition, financial accountability, commissioning, targets and competencies. At one level, chaplaincy and the values and perspectives it stands for are by definition counter-cultural. Proving the worth of spirituality within such a cluster of priorities is problematic.'

Chaplains are increasingly being called upon to account for themselves – why, how, where and what they are doing and how this meets the diverse needs of a pluralistic community. Although the NHS still regards spiritual care as 'fundamental' to patient care (DoH 2003) and it appears most patients have a desire to explore the existential (Hay and Hunt 2000, 846) what that means in the healthcare setting is complex.

If chaplaincy is to maintain a unique and important role in the NHS understanding and exploring this will be essential since they work alongside others of professional status and seek to attain this status also.

This article seeks to explore how this unique role can be obtained and maintained.

The distinctive role of the chaplain

Part of the problem is that it is not at all clear exactly what the distinctive roles of the chaplain are – different chaplaincy departments have different views, as do different hospitals depending on their particular 'spiritual needs'.

Historically chaplains were responsible primarily for 'religious' functions however as people become less 'religious' and more interested in spirituality so the role is changing chaplains are becoming 'pastoral practitioners' (Fraser 2004)

In line with NHS policy chaplaincy is becoming much more 'Client-centred'; encounters are encouraged and led by the patient. However Lyall (2001, 139) still feels there is a need for the chaplain to be 'pro-active' in visiting more widely than those who specifically request a visit. Chaplains may still approach patients in order to ascertain spiritual need. This is true also for staff and for those who support patients – often it the casual encounter that leads to a significant spiritual experience. For example take

the general visit to the nursing station where a casual conversation becomes the need to discuss a recent bereavement. Or the family member who comes to sit in the chapel – in the hopes of finding a chaplain to pray for his/her loved one but who needs to know God's love for themselves and finds it in this intimate environment.

In the increasing multi-faith setting generic chaplaincy is becoming the norm, with chaplains being alongside people of different belief groups, with a pluralism of spiritual understandings and needs. This begs the question raised by Lyall (2001) – how do Christian ministers (or indeed Chaplains of other faiths) maintain their own sense of integrity in who they are and what they are doing (NB Romans 12:2).

Key to chaplaincy's 'distinctive role' is its availability, over and above other organisations/professionals who offer pastoral support, see Orchard (2000, 121). *'Availability is the key thing. You know you can bleep them and there will be one of them a round...always available and more available than other forms of support.'*

Professionalisation

It is partly because of the debate about their usefulness and uniqueness that many chaplaincy organisations are seeking to develop a professional chaplaincy body – to become health care 'professionals'. Although there is some resistance in chaplaincy to the idea of professionalisation it is necessary in order to develop a separate and distinctive role which allows chaplains to fit into a secular culture which increasingly strives for excellence and accountability but at the same time maintain their integrity and 'uniqueness' in the health care setting.

Chaplain as religious expert?

'The spirit of the Lord God is upon me, because the Lord has anointed me: he has sent me to bring good news to the oppressed, to bind up the broken hearted, to proclaim liberty to the captives, and release to the prisoners; to proclaim the year of the Lord's favour.' Isaiah 61:1-2 NRSV

This is the call to all Christians and particularly those ordained or authorised for ministry by the Church. Traditionally chaplains have been viewed as 'religious experts' – the ones with the knowledge of

the Bible, the ability to perform specific religious functions, the hotline in prayer, the ones to call in the face of ethical issues, a confidential ear in all circumstances.

The Christian story

As religious 'experts' chaplains are expected to have a more intimate awareness of the Bible – of God's 'saving' plan for humanity, of God's love, healing and promises, of answers for the important existential questions (i.e. Cobb 1998, 115 'whether life is meaningful, purposeful and worthwhile and whether it has been a gift or a burden.'). The religious expert's role is to help people find meaning. One of the recent developments in Christian theology has been the importance of narrative (Lyall 2001, 50). This means as those with knowledge of God's story, chaplains are able to be alongside people in a journey where stories come together; the carer, the one being cared for and God's story.

Sacrament and ritual

An area where the chaplain's role is clearly understood and valued is in the provision of sacrament and ritual. This seems to become especially relevant for people in hospital. Carr (1997, 219-210) suggests people *'hold an unarticulated belief' where 'ritual is always sought' and 'for historical reasons the churches have become the holders of these' and 'people want something done'.*

Although all staff are required to be involved in the spiritual journey of the patients, particularly nursing staff in specifically religious matters they often feel under – resourced (Ross, 1994). Hence, in appealing to the chaplain for help the staff prove there are some tasks for which the chaplain is ideally suited, for which he or she is specially trained and equipped – that the chaplain is unique in the NHS system in providing this.

Religious authority

Many patients still find something distinct and important about sharing their deepest thoughts with an authorised minister of religion – whatever their church background it is the sense of hope they carry (Capps 1995, 8). Take, for example, an elderly, very disturbed terminally ill woman. The medical staff unable to help calm her called for chaplaincy input. She needed the reassurance of being able to confess her 'sins' and receive God's forgiveness and love before being able to die at peace with herself, other

people and God. In this instance the chaplain became the 'expert'. Often staff need this sense of authority and hope, they need someone with time and skills to listen confidentially or help them make sense of life (especially for those who work with many deaths).

Prayer

There is also an assumption that chaplains have a 'hot line' to God. In this increasingly non-religious environment it is intriguing just how many people want and expect prayer; perhaps it is a 'lucky charm' an 'insurance policy' – maybe deep down it meets a need, a desire to make sense of life – to feed the 'spirit' or to bring about wholeness. In a recent chaplaincy audit at Addenbrooke's (2004, 13) 90% of people expected chaplains to pray!

Pastoral theologians

Chaplains are also 'Pastoral theologians' who 'do' theology – who reflect theologically on encounters with people, ask God to intervene in situations and for whom there are more questions than answers. Not only are chaplains 'being' theologians as they are alongside people they are 'doing' theology when they reflect critically on these encounters (Carr, 1997).

Faith developers

There is a sense in which chaplains are also still (as in the early days described by the 1966 King's Report) involved in assisting in faith development – almost like Jesus with the disciples on the road to Emmaus (Luke 24:13-35); listening, hearing, reflecting back, encouraging faith and discernment. According to Fowler (recorded by Astley 1991, 2) 'everyone shows some sort of commitment – some sort of faith'. Everyone, we might say, 'believes in' someone/thing. However people's faith development is at different stages, partly related to age but also to life experience and openness to growth. Chaplains are in the unique position of being able to understand this and aid the person's 'faith journey' – whatever that may be in!

Chaplain as Spiritual expert?

Therapist

As 'spiritual' experts the brief is much wider and gets more complicated as chaplains seek to encourage understanding and meaning in life's events.

Once again it is in the field of the existential – the quest for meaning that the chaplain functions. The understanding, that a person is more than one 'health part' has led chaplains to become heavily involved in the secular therapies (i.e. counselling, psychology etc); particularly the 'client-centred' model of Carl Rogers and later in Seward Hiltner's 'Pastoral counselling'. Currently there has been a trend away from this with chaplaincy establishing once again its distinctive pastoral care role whilst at the same time continuing to draw on skills used in other disciplines.

Teacher

As spiritual experts chaplains also have responsibility for teaching about bereavement issues, breaking bad news, spiritual care/caring for the whole person, multi-faith issues, and ethical issues. Chaplains may actually teach the programmes or may act as a resource to empower others to do so. In some areas this can work by the chaplain teaching a group of staff who then go on to teach others. However there are some areas where the chaplain remains the expert – the consultant (to use NHS 'speak').

Personal development

As the need to emphasise the particular expertise of the chaplain rises in profile and as the NHS becomes increasing target, progress focussed so training; past, present and future becomes vital. Chaplains have already been through theological training by their various faith communities and attained the status of licensed minister however the NHS is committed to ongoing development of its staff and chaplains are part of this. They need to upgrade their knowledge but also to develop in the whole area of pastoral reflective practice which encourages review, change and development of practice in order to be better equipped to do pastoral care.

Interpreters

Chaplains also function as 'Interpreters of texts'. An article written by Bruggemann (1989, 64) states 'Christians must be nurtured to be bilingual'. This could never be more true than in the multi-faceted world of the NHS. Chaplains work across the Trust and must understand the languages of different groups; doctors, nurses, administrative staff, assistant staff, other faith groups, patients and families. Frequently they are called to translate for patients who do not understand the medical jargon, for staff who do not understand patients' spiritual pain lan-

guage, for families confused by hearing too many voices giving conflicting information.

Prophetic voice

Sometimes chaplains have a distinctive role as a Prophetic voice - standing out in the face of injustice or unethical issues. This can manifest itself in the role of arbitrator between peoples; staff, patients and families as Lyall (2001, 41) observes 'many problems and public scandals within institutions do not occur precisely because a chaplain has been in the right place at the right time.'

Specialist chaplaincy

Chaplains have begun to see how developing in specific areas not only gives a greater degree of skill in that area but raises the profile of chaplaincy making the distinctive and valuable role more obvious. In fact communicating the role of the chaplain through building relationships is a vital and significant factor in how chaplaincy teams are seen and used. Specialism means chaplains become more of a 'presence' and are then incorporated into the multi-disciplinary team – as a vital and resourceful member of the group.

Research and Audit

Speck (2004;5) considers 'All practice should be research based and new research evaluated to see if changes in clinical practice are required.' (reiterated by NICE Guidelines). However chaplaincy has been slow to produce evidence to prove what it has been doing, how effective this is and how it can be changed. In the current NHS climate this is a vital area for growth and development.

Holistic care(multi-disciplinary team)

Working as part of a team is integral to the current healthcare ethos in providing client-centred, holistic care. It also ensures people do not come under the pressure of lone, unaccountable working and can be well supported. Chaplains can be seen as part of the team, especially where they have gone out of their way to be available and involved, and where they are seen to be working across the discipline boundaries. It is difficult for chaplaincy teams to be involved in all MDT's when there are so many and different chaplains will work in ways appropriate to their setting (i.e. specialties, size of team, size and dynamic of the hospital). However all chaplains are involved in a multitude of hospital locations and the multi-disciplinary working grows through increased

staff awareness of the service and by being a presence and therefore expected to be a part of the whole healthcare team.

Clinical ethicist

Chaplains encounter many ethical dilemmas – especially with the advancement of medical science; people kept alive at both ends of the spectrum, human beings cloned, the potential to play God in many areas of medicine and health. One of the distinct roles of the chaplain is to be the conscience of the Trust in such areas – ensuring that issues are adequately debated and agreed.

Conclusions – The future of health-care chaplaincy

Many major chaplaincy writers, like Speck (2004), Cobb (1998), and Orchard (2001) are highlighting the need for the chaplains not to become complacent about their role. The major way in which chaplains can ensure their role is understood and valued by those who pay for them is to ensure they are working hard at communicating the following through words, attitudes and works bearing in mind this is to be 'not by might, nor by power but by my Spirit says the Lord' (Zechariah 4:6). That they are:

Acceptable to all in appearance, action, adequate preparation

Available & Accessible to all – staff, patients, families, at all times, in all places

Adaptable to situations, people, needs and the spiritual journey

Active in providing, promoting and improving the service

Accountable to the NHS and to Church/faith groups - maybe with the advent of chaplaincy registration this will extend to staff and patients too as multi-disciplinary team working becomes more the norm and chaplains are included in note writing and case conferencing.

The future of chaplaincy is in the balance! Do chaplains move with the times – accept change and development, work towards professional status or do they maintain the status quo – remain important to the well-being of the whole hospital community but fail to articulate this and risk extinction or at best benign tolerance? More than ever society demands that employees prove their value through research, audit and refining of practice. 21st Century NHS chaplains are part of this! Alongside retaining their

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