

CHAPLAINCY IN THE NHS – A RESPONSE TO THE NATIONAL SECULAR SOCIETY FROM NORTHERN IRELAND

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Abstract: This article represents a response to the recent report from the National Secular Society which criticises the money spent on Chaplaincy services in the NHS and which recommends that these services be paid for by churches and faith communities.

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A recent report from the National Secular Society (NSS) has recommended that healthcare chaplaincy services should no longer be funded by the NHS. The NSS is not opposed to chaplaincy services operating in hospitals but argues this should be funded by Churches, religious bodies and charities.

This paper is a personal chaplaincy response to some of the NSS report. For clarity sections from the NSS report are given in bold italics.

The NSS report begs the question, “Do they really want to save money for the NHS to use for nursing care or do they actually want to remove any elements of spiritual and/or religious care from healthcare because it doesn’t fit their world view?”

The Recognition of Spiritual Care as Part of Holistic Care

The World Health Organisation has made many statements describing the need for holistic care and the integral nature of this spiritual dimension.

In 1948 (Precis of discussion) they stated that, “Health is not just the absence of disease, it is a state of physical, psychological, social and spiritual well-being.”

In 1998 they stated, “*Until recently the health professions have largely followed a medical model, which seeks to treat patients by focussing on medicines and surgery, and gives less importance to beliefs and to faith.*”

This reductionism or mechanistic view of patients as being only a material body is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process. The value of such spiritual elements in health and quality of life has led to research in this field in an attempt to move towards a more holistic view of health that includes a non-material dimension, emphasising the seamless connections between mind and body.”

Many healthcare documents have taken this holistic approach on board.

Spiritual Care Matters (NHS Education for Scotland (NES) 2009) comments, “Spiritual care in its broad and inclusive sense can perhaps help give us a workable credo, as we acknowledge the importance of responding to spiritual need of all kinds in the healthcare environment.

Spiritual care is that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites of prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationships, and moves in whatever direction need requires.

Swinton (2005) in *The Hospital Chaplain's Handbook*, suggests, "...It (spirituality) offers ways in which people can explain and cope with their illness experience and in so doing discover and maintain a sense of hope, inner harmony and peacefulness... These experiences... are crucial to the complex dynamics of a person's movement towards health and fullness of life even in the face of the most traumatic illness."

The Liverpool Care Pathway for the Dying Patient (2003) encourages a multi-professional approach to the delivery of care that focuses on the physical, psychological and spiritual comfort of patients and their relatives. This pathway is now widely in use across many hospitals.

The National Institute for Health and Clinical Excellence (NICE) Guidelines for Palliative Care (2004) include spiritual care as a necessary and integral part of a competent service.

In 2008 NES produced guidelines of Spiritual and Religious Capabilities and Competencies for Healthcare Chaplains. The recently formed UK Board of Healthcare Chaplaincy (UKBHC), comprising the 4 professional chaplaincy bodies in the UK, is hoping to work on this as a UK-wide model.

This will raise the standard of chaplains and the chaplaincy service and counter those who claim chaplains are only religious do-gooders who don't know what they are doing. The UKBHC is also looking at issues such as fitness to practice, registration and regulation of chaplains.

Patient View of Chaplaincy

Chaplaincy is not just for the religiously inclined or those with particular religious affiliation. It is available to all within the healthcare community – patients, families, carers, and staff. Few patients whom I have visited in 10 years as a chaplain have ever turned me away. Some have clearly told me they are not religious or connected with a church or faith; nevertheless, the vast majority have welcomed a visit and issued an invitation to visit again.

The NSS report claims, "Hospital chaplains are not on most people's list of essential services in a healthcare setting.... While it is undoubtedly true that the chaplaincy services are useful to and val-

ued by some people, for many, if not most, they are an irrelevance."

There are many services in the healthcare setting that may be deemed an irrelevance to some patients, such as Occupational Health, Clinical Psychology, Art therapists, Counselling services, etc... Simply because a particular service may not be applicable to all or most patients does not mean it is an irrelevance within the wider care package. All of these are important parts of the total care package, as is the Chaplaincy service. In the Belfast Trust the Chaplaincy Department comes under Central Nursing, which demonstrates the Trust's commitment to whole patient care. There are also plans to integrate chaplaincy more into clinical teams where appropriate.

The inpatient statistics for 2007/08 in the Belfast City, Mater and Royal Hospitals (the 3 main acute hospitals in the Belfast Trust) show that out of almost 150,000 patients (149,850) approx 95,000 (94,689) indicated they wanted to receive a visit from a chaplain. This amounts to just over 63%, which according to my maths is actually the majority of inpatients! So the majority of inpatients are saying chaplaincy is very relevant.

The patient satisfaction survey (2005) in the Royal Hospitals included a number of questions related to the chaplaincy service. There were 350 responses to the chaplaincy questions:

Helpfulness of visit

81% of those visited said they would definitely want to be visited again if they were an inpatient at the Royal Hospitals; 14% said "maybe"; 5% said "no."

Importance of spiritual support in hospital

88% thought religious/spiritual support was an important part of hospital care
59% said it was "definitely important," while 29% said it was "important to some extent."

The NSS report states, "We get plenty of mail from people who feel they have been pestered not only by chaplains, but by religiously-motivated nurses..."

Clergy people should only be in hospital by request.”

The normal system in most hospitals is that during the admission process patients should be asked their religion/denomination and if they wish a chaplain to visit. Those who decline a visit and are listed as “No” do not appear on the chaplaincy visiting list. Chaplains normally therefore visit by request or referral. No-one should be “pestered” by a chaplain or by anyone else. Patient privacy and refusal should be fully respected.

Costs – Value for Money

The NSS report raises concern over funding of chaplains - *“The average cost to the Health Service of a chaplain is £57,000 per annum. I’m sure if patients were asked where they wanted their money spent... With the Belfast Trust spending over £365,000 per year on chaplains for it’s 340,000 patients... Belfast has 18 honorary chaplains, who are not paid by the Trust...”*

In Belfast Trust there are approx 50 chaplains, including honorary, out of approx 22,000 paid staff. That amounts to a very small percentage of total staff, 0.2%. Furthermore, £365,000 out of annual Trust budget of approx £110 million also amounts to a very small percentage, 0.3%. Almost 30% of Belfast Trust chaplains are honorary. They are paid or receive expenses from their Church or religious order. This amounts to over 230 hours per week in the Belfast City, Mater, Musgrave and Royal Hospitals.

Without this valuable service the existing paid chaplains would be swamped by the needs, demands and opportunities within their healthcare environments. Almost 30% of paid chaplains are employed 2 or fewer sessions per week (S = 3 ¾ hours). Idleness and lack of work are not terms normally associated with chaplains. I would suggest the Churches are already making a large contribution to healthcare, which has a positive impact, both on their own flock and beyond.

Is this really about saving money for the NHS? Taking out chaplaincy may save, we are told, approx £40 million in the UK. You would, however, find other costs rising to compensate for this, e.g. counselling services, befriending services, staff

support services, even drug bills. You could also find patients being less settled in hospital, less responsive, less ready to go home because while their medical condition is being treated they are not being treated as whole people with wider needs that impact on their well-being.

Chaplaincy gives benefit and value to the whole patient experience, which is a primary role of the NHS, and as such should be paid for by the NHS. Of course, chaplaincy has to show it does make a positive difference. We have to be accountable for our service.

This year in Belfast Trust we have introduced a quality assurance data set for chaplains; we are completing the Investors in People process alongside other services within the Directorate; we have completed a learning and development survey of chaplains; we have also completed a sample survey of approx 100 staff looking at religious and spiritual care. These will help us play a more effective role in the Trust, continue to train chaplains appropriately, and provide training and support to staff in their caring roles so that together we provide the best and most appropriate care for all the hospital community.

“Religion, of course, has been a big part of the region’s problems.”

And a big part of it pulling back from the brink and slowly moving forward.

The link between spirituality, religion and health

Religious practice has a long history of being linked to health matters... The support of a religious community and the practices of religion can be of considerable help in the healing process.

If religious practice can bring peacefulness and encouragement then it is reasonable to suggest that such reduction of stress and improvement in well-being can enable the healing process. There is evidence that the immune system is more robust when a person is less stressed. Research shows that using a holistic approach of treating mind, body and spirit can aid the recovery of a patient.

“Other faiths are so rare in the province that they do not rate a single chaplain. Presumably Muslims get asked the classic Northern Irish question – Yes, but are you a Catholic Muslim or a Protestant Muslim?”

No, they get asked the same as anyone else. Chaplaincy sessions are largely determined by the religious breakdown of the patient population. To date those of other faiths constitute too small a number for paid sessions. Their own faith representative can be contacted if requested. As NI population changes, with the knock-on changes in patient population, then the time will come when other Faiths are part of Chaplaincy teams.

“Of course, hospital chaplains have now reinvented themselves as holistic carers and counselors, offering services above and beyond the simply religious...”

All professions have to learn to adapt to changing needs and changing circumstances, including chaplains. Medicine is very different now than 20 years ago, likewise nursing and most other healthcare services. If healthcare is about caring for the whole person then chaplains have to relate their services to other disciplines and play their part with other disciplines to provide a full, appropriate and effective care package. Chaplains also have to work within certain limits and recognise the need to draw on the expertise of other disciplines.

We have had to adjust to changing employment practices, whereby chaplaincy appointments are made by the Trust, in consultation with the particular denomination, after advertising, interviews and standard checks. There is a programme of induction training for new chaplains, with on-going training for all chaplains. The NI Healthcare Chaplains' Association provides relevant and effective training for chaplains, with courses being accredited by UKBHC.

For over 5 years we have been working with Queens University Belfast School of Medicine in two modules for 2nd year medical students. We have involvement with other disciplines, including Occupational Health, Staff Care, Social Work, Clinical Psychology, Palliative Care services, End

of life services, etc. We are available to patients, visitors and staff.

“The purpose of this report is to question whether it is the proper purpose of a National Health Service Trust to employ and pay the wages of clergy.”

The NHS is not just paying for clergy or religious visitors to visit religious patients; it is paying for a competent, trained, professional chaplaincy service to the wider healthcare community.

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