

SACH

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Soundings

Aberdeen Research into the spiritual needs of NHS Patients

Dr John Swinton and Dr Harriet Mowat, of the School of Divinity and Religious Studies at Aberdeen University have been awarded a £90,000 grant from the Scottish Executive.

The grant will allow them to carry out an 18 month research project exploring the role of the hospital chaplain in providing spiritual care within the NHS.

The research is the first of its kind in Scotland and promises to address new challenges and possibilities for holistic care. The research is intended to support and highlight the complex work of the hospital chaplain and to develop the chaplaincy service within the NHS.

John commented, "currently there is little research that describes the work of chaplains in NHS Trusts in Scotland. This is surprising, bearing in mind the crucial role of the chaplain in the delivery of spiritual care in hospitals. the purpose of the research is to provide the information to underpin the development of sensitive appropriate and sustainable services to meet patient's spiritual needs as part of their general well-being in relation to health.

The study will look at the current role of the hospital chaplain in the context of the changing circumstances in which spiritual healthcare is received. The information will provide the basis upon which Trusts can develop their spiritual care services and will support chaplains in the tasks of change and development. The study is part of a series of innovate research projects exploring issues of spirituality and healthcare currently ongoing within Practical Theology at the University of Aberdeen.

John Swinton is senior lecturer in Practical Theology at Aberdeen. He has a background in nursing and served for a time in chaplaincy at Woodend and the City Hospitals and in developing a community mental health chaplaincy based at Royal Cornhill Hospital in Aberdeen. John has researched extensively in the area of spirituality and human well-being. He is currently managing a cluster of studies exploring the relationship between spirituality and health. He is a member of SACH.

Harriet Mowat is an honorary senior lecturer in Practical Theology at Aberdeen. She has a background in gerontology and sociology, having held posts at Paisley and Dundee. She also works with *Spirited Scotland*, a Scottish Executive funded initiative that is aimed at describing the relationship between spirituality and health in Scotland.

SACH AGM and Study Day

Education and Conference Centre

Stirling Royal Infirmary

Thursday 10 October 2002

10.30 am—3.30 pm

Speaker for the Study Session:

Liam Gallagher

Assistant Head

of Central Services

North Glasgow Trust on

Management and Change

A Trip to Finland

The Seventh Consultation of the European Network of Health Care Chaplaincy TURKU FINLAND JUNE 2002

A Russian, a German, an Englishman and a Scotsman went jogging one morning through the Finnish woods. It sounds like the start to one of these “shaggy dog” stories from a compendium of wit and humour, but it is one of my fond memories from a quite stimulating and eye opening conference held in Finland which was attended by Fred Coutts and myself earlier this summer.

The European Network of Health Care Chaplaincy began its life with the first European Consultation of Chaplains in Berlin in 1990 and has met biennially since then, in Sweden, the Netherlands, England, Italy and Greece. Its purpose is to share and learn from each other, to work for the development of professional guidelines required to minister to the existential and spiritual needs of patients relatives and staff, and to promote a high quality standard in Health Care Chaplaincy in Europe.

To this end came 40 delegates from 21 European countries to Turku in Finland. We had all previously been asked to provide a written snapshot of health care chaplaincy in our own country and to describe the main issues for the immediate future.

Fred and I flew to Helsinki the day before the conference to manage half a day of sight seeing before catching a double-decker train for Turku. The Christian Institute where we stayed was somewhere between a student residence and a hotel, including of course the sauna (pronounced sa - u - na) and a two lane swimming pool.

Our host for the conference was Kirsti Aalto who is the Director of Hospital Chaplaincy for the Evangelical Lutheran Church in Finland and along with her, the programme had been prepared by Michael Möller-Herr from Germany, Fr Stavros Kofinas from Greece and, of course, the webmaster - our Fred.

At the first main session we were all given 5 minutes to explain where we were from and what were the main chaplaincy challenges in our

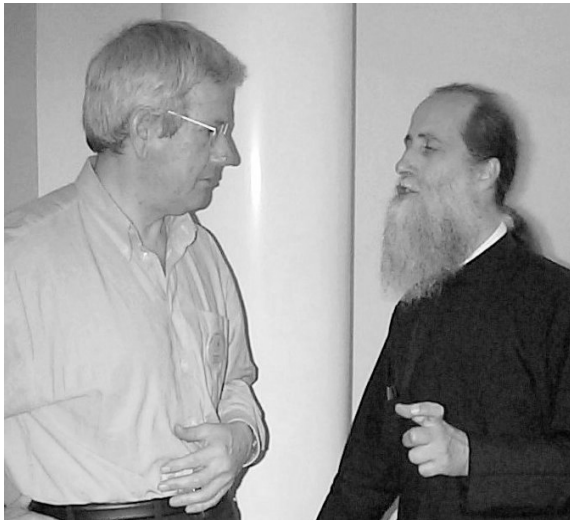
separate countries. These brought to life the written snapshots and showed both the variety and the surprising similarities of the issues we are all facing. Faster throughput of patients, increasing awareness of the multicultural Europe, the breadth of pastoral and spiritual care, the problems facing the institutional church - clergy and finance, the integration or otherwise of chaplaincy within the institution, and employment issues, showed a similarity of issue. The stage of development of chaplaincy, the numbers involved, the political ecclesiastical and social history of the different countries, the facilities and training available and the ways we are organised showed a huge variety.

In Lithuania, Romania, the Ukraine, Russia and the eastern Baltic states, chaplaincy, as we perceive it, is at an early stage. It is still such a novelty to be able to express and enjoy some level of religious freedom that they find it quite difficult to understand the restraint we feel with “religious” conversation as we seek to emphasize the all embracing “spiritual” aspect of care. In the Netherlands, Germany, France and Ireland there have been great strides in terms of education and regulation of chaplaincy, and the questions of who funds, who employs and who trains, varies in an almost haphazard way as one traces the delegate countries from Iceland to Italy. In Scotland and England we seem advanced in some ways, not in others and so quite typical as part of the European pattern.

Much of our conference session time was taken up with writing European Chaplaincy Standards with comments and suggestions coming from all round the room and mercifully conducted in English. The textual alternatives and alterations were projected onto a large screen (by Fred) and so were always visually in front of us. The whole exercise and debate was conducted in a friendly and robust manner. The final document, which can be seen on the chaplaincy website is a useful statement of our common standards and is quite a significant achievement.

The “Network” of Health Care Chaplaincy has now appointed Fr Stavros Kofinas as its co-ordinator. He is the Representative of the Ecumenical Patriarchate of the Orthodox

Church, a psychotherapist and supervisor of a team of Greek hospital chaplains. The next consultation has been set for Berlin in the year 2004.



Chis talking to Fr Stavros at Turku

Probably the most exciting and stimulating aspect of the consultation was simply to meet and share with the immense variety of people and traditions and yet to discover that through our chaplaincy work we have a great deal in common. I had never before discussed the concept and experience of family with an orthodox priest (from Romania) a Lutheran (from Sweden) a Roman Catholic (from Germany) and a protestant (from Latvia), and I doubt if I ever will again. Other conversations, around the sauna, the pool, and the table, were equally fascinating if often more light hearted. Friendships, contact and conversations of such kinds are so enriching.

The days would start with a short act of worship and there were events, extra curricular, like the jogging, semi curricular, like the shopping, and

central, like a visit to Karina Home, a twenty bedded hospice, each room having a view of the sea, where we met the chaplain and were shown round. On the last day we were taken by boat, among a myriad of yachts and islands to visit the medieval Convent Church of Naantali.

On the Saturday evening before we departed we visited the Chapel of Turku Castle for evening Prayer and then to a special dining hall for dinner. Entertainment was led by a man wearing a hessian shirt, with Robin Hood tights and playing a guitar. His command of languages was even more impressive than his dress sense and gradually as the evening progressed / degenerated, he coaxed most of the delegates into doing an ethnic party piece from their country of origin. The "Wild Rover" from Ireland clashed wondrously with some Romanian folk songs and before it was all over, Yes, you guessed it, Fred and I lit up the evening with a haunting rendition of "Flower of Scotland" and a wild cacophony of "Three Crows".

It was all quite a marvelous event and the memories will remain. It brought home to me the variety and the shared experience of being European, it enabled me to get to know colleagues from as near as England and as far as Russia and it showed that there is something of a common language of chaplaincy, spiritual and pastoral care in our many and diverse settings. The Finnish Lutheran Church supported the conference and helped those delegates who would otherwise have found it impossible to be present. I am grateful for the experience and my bags will be packed I hope, for Berlin.

Chris Levison

Training and Development Officer

Kenneth Owens



Rev Kenneth Owens has replaced Rev Stewart McGregor as convener of the Healthcare Chaplaincy Training and Development Group. Kenneth is parish priest of St John Vianney's in Gilmerton in Edinburgh and Dean of Holy Rood Deanery in the South East Wedge of the city.

In addition to parish ministry he has taught ethics at tertiary level for five years. Over the past six years he has

researched and acted as a consultant within the healthcare system for the Roman Catholic tradition. Pastoral supervision and professional ethics in ministry are two areas he is committed to and has given workshops on recently. At present he is pursuing a management qualification through the Open University.

Kenneth enjoys foreign travel, good quality wine and relaxes by extending his culinary repertoire.

CRAG Implementation Sub-Group (CIS)

I have represented SACH as a lay member of this group for the past year. CIS, is part of CRAG (Clinical Resource and Audit Group) - what did we do in hospitals before clinical audit and clinical effectiveness? The Implementation Sub-Group does, or attempts to do, what it says in the title of the group (rather than on the outside of the tin) - it is responsible for ensuring what has been audited and thought to be clinically effective is put into place within the NHS in Scotland.

The group is made up of representatives of different disciplines working within primary and acute healthcare across Scotland. As a lay representative, I have attempted to share something of my perceptions of what issues are around for patients and their

relatives, as well as staff, who are working at the coalface within acute hospitals. Though I must admit it has taken me a year to get my head round some of the jargon and how different groups and boards relate to each other. I have found I have learned a lot about how the NHS ticks and how at an administrative level there is genuine desire to seek change within the health service in order that patients receive more appropriate care and have a greater say in that care.

However, as healthcare service staff, we are all too well aware clinical effectiveness is also about providing the most efficient and effective care within a restricted budget. One of the roles of the sub-group has been to set up, co-ordinate and run topic-specific workshops relating to major healthcare

issues.

In the coming year, there will be a conference about dental care, integrated care pathways and perhaps coronary heart disease. It was most interesting to be part of the discussion that is proposing that a conference be held on the topic of communication in the health service. I have been made to feel very welcome and included at the meetings and the sub-group is keen to increase its lay membership as part of the Scottish Executive's drive for greater patient focus and public involvement with the NHS in Scotland.

Ewan Kelly

Royal Infirmary of Edinburgh
(Now Edinburgh University)

Comings and Going



Rev Fergus C McLachlan started work as whole time chaplain at Inverclyde Royal Hospital in Greenock in July. Fergus is a Church of Scotland minister but has been out of the ministry since 1988. He was assistant minister at

Aberdeen: Mastrick in 1981-82 and minister at Bridge of Earn Perth in 1982-88 also serving as part time chaplain at Bridge of Earn Hospital 1983-88. Since 1988 he completed training in social work and worked with Strathclyde/Glasgow City Council (1991-99) and most recently with North Ayrshire Council in 3 Senior posts in Social Work including Service Manager.

Also in July, **Rev Ian Stirling** (formerly minister of Castlehill Church in Ayr) took up post as chaplain at the Ayr Hospice in

succession to Jeanette Jenkins who retired earlier in the year.

On 4 September **Rev Janet MacMahon** left her post as Chaplaincy Co-ordinator at the Southern General Hospital in Glasgow to move to be minister at the Parish of Castlemilk West.

Changes have taken place in Lothian University Hospitals Trust following the departure of **Rev Ewan Kelly**, to take up a post as lecturer at New College, Edinburgh on 30 September. Because of all the upheaval expected by the move of the Royal Infirmary to the Little France site, it has been agreed to postpone recruitment of a successor to Ewan. **Rev Sandy Young** has relocated from the Western General to the Royal. **Rev Joanne Finlay** (chaplain at Falkirk and District Royal Infirmary) and **Rev Harry Telfer** (Chaplain at the City Hospital, Edinburgh) have been appointed to work half-time at the Western for 6 months.

From Orkney to Leeds and back again

Mike Ward gives his impressions of the Leeds University MA in Healthcare Chaplaincy at Leeds University

I think I can genuinely call this “distance learning”! Encouraged by various chaplains who have recommended this course, and with study leave accruing from the Church of Scotland (available to hospital chaplains as well as parish ministers), I began the two-year part-time course at Leeds University in February 2002. The fees of £2,100 per year may seem a lot, but grants from the Study Leave Fund, Orkney Islands Council and SACH’s Training Fund has meant the financial burden is not too great.

Most of the work is home-based, with attendance at Leeds on average once a month – there are two “campus” study days per module, though

(whisper this quietly) missing the occasional study day is not a capital offence! The study material is both extensive and largely up-to-date – though some of the modules are about to be rewritten. The recommended reading is perhaps too demanding – the trick is to be selective and the resource library that is built up is useful in the day-to-day business of Chaplaincy, as well as in reflection. Or, as one tutor has said, “you can always come back to it and dip into the parts that interest you most, after you’ve completed the course.”

The first two modules, “Pastoral Care and Healthcare Chaplaincy” (a double module in effect) and “Spirituality and Health” are behind me, and in September the next eight-week module begins: “Thinking Theologically”. This will be followed by four optional modules, covering areas such as

mental health, death and bereavement, ethics, counselling and cultural issues. Assessment is by essay writing – one per module. There are around ten of us on the course, including two other students from Scotland. So the final point, and one that cannot be underestimated, is the sense of sharing and fellowship the course offers – particular to those of us working outside the central belt of Scotland (or England). Just meeting fellow chaplains in the Students’ Union, complaining about essays and pretending to be young again is one of the main attractions of the Leeds course. Just don’t mention essay deadlines...



Mike Ward.
Chaplain, Balfour Hospital, Kirkwall

From the Executive

Thoughts are turning to the AGM next month. We’ve invited Liam Gallagher of North Glasgow Trust to speak on *Management and Change*. We hope he’ll also say a bit about his involvement in the Beatson Oncology Centre.

At our last meeting the Executive said goodbye to Anne Harper who has been our President since 1999. Anne has given a lot of time and energy to SACH and we are grateful to her for this. We do hope that you’ll all take some time to think of possible nominations for the vacant posts on the Executive. As well as a new president, we’re hoping to find two new ordinary members (Stephen Dunn and Ian McDonald are leaving us) and a membership

secretary (this is a new post). It’s an exciting time to be involved on the Executive with the development of registration and the immanent (!) appearance of the Scottish Executive Guidelines (Spirituality in the NHS). However, the Executive isn’t only about hard work. It’s also about sharing stories and supporting colleagues. We meet in Dunfermline about 4 times a year and meetings always begin with coffee and donuts! (thank you Isabel).

Look forward to seeing you at Stirling on 10th October.

Monica Stewart
Secretary

The wheelchair chaplain in the pink

“I can hardly believe we really worked there, and were so reluctant to move”, said the consultant, just weeks after we moved into the new Hairmyres Hospital. Yes, there were faults, and the press were quick off the mark to criticise everything they could; but 30 years previously I moved into the new Yorkhill from its temporary home in Oakbank and remember well the faults detailed then. There are always faults, and plans which could have been better/different with hindsight.

The spaciousness, the colours, the ease of movement from one department to another, and especially now having an office and a chapel, has made the move a tremendous asset to the chaplains. Old Hairmyres was not only a series of disconnected wards but also on a very hilly site. Being in a wheelchair is not the easiest mode of transport at any time, but working there was particularly difficult. Having neither office nor place of worship meant there was no obvious chaplaincy presence, no place of quiet and rest where patients, staff and visitors could withdraw to contemplate, to gain strength for the day or revive a weary inner spirit.

Now, almost 18 months into our new hospital, the “wheelchair chaplain in the pink” is definitely in the pink. The office is small but it is there, and bearing up well to the gouges in the doorframes. The long corridors make for good and easy access, although one can weave from ward to ward without touching them, such is the plan of the building. There are only two floors and plenty of lifts.

One day in January I was tired, and not concentrating. There was no one else in the lift and when it stopped I automatically got out. It was the wrong floor, and I muttered to myself and turned around to re-enter. There was a lady standing there, who turned out to be one of the anaesthetists, and she said, “Oh I know who you are. You’re the chaplain who goes speeding around in the electric wheelchair.” Well, yes. There are no other chaplains that I know of who are female, zoom around in an electric wheelchair and wear pink vestments. It is good to be recognised, not for me, but for what and Whom I represent. Just yesterday, I again scooted round a corner from the lift and a lady

came bustling after me. “You must be the lady minister in the wheelchair who spoke to my friend”. Well, I guess I was, but don’t claim fame. What is good is that the ministry of spiritual care is being recognised by one and all – for patients, visitors and staff. No one would choose to be in a wheelchair, but it is a means of easy identification from 100 paces, and a point of contact for the patients, many of whom mistake me for a fellow patient on first acquaintance.

To the envy of many of our chaplaincy friends, we have three good teams of Sunday escorts (who each serve for a month at a time). The chapel, which seats 25 plus room for wheelchairs, can be full on Sunday mornings, and the escorts can be heard re-organising the patients when they remember it is my turn and therefore more room is needed for me to enter. Wheelchairs are tidied up and the front seat (left, because the organ is on the right!) is left vacant for me to use as a lectern.

We have a psychiatric unit in Hairmyres and often have patients from there in the services. They like the sermons to be absolutely clear. No ambiguity, no uncertainty. “Would Jesus have to go to Bethany from East Kilbride for the Ascension?” The inter-action is good, because it means they are listening, and it makes me clarify what I wish to convey.

Our prayer request book has been a help to one and all. Heartbreaking outpourings, simple requests or thanks, we have been surprised and delighted that it has proved so beneficial. It is also a help to us as we visit patients; we know a little about those whose names are written in the book and are able to offer appropriate care. Quite a number of our Bibles, gifted to us by the Gideons International, have gone “missing”. A member of staff, who is a Gideon, is happy for them to be replaced. If people are reading Bibles we pray they will find that truly God is our refuge and strength, an ever-present help in trouble.

Marjorie Taylor

Chaplain at Hairmyres Hospital, East Kilbride

A Trip to Great Ormond Street Hospital (GOSH)

The purpose of my day trip was to meet the full-time paediatric chaplains in GOSH and to learn about their style of chaplaincy. They state that they have “a holistic approach to their work - we respect other people's privacy, dignity and sensitivity. We are here to listen rather than speak, to reassure and accept. The basis of spiritual care is to start where the people are, and recognise that 'spiritual' does not necessarily mean religious. However, for those to whom religion is important, we offer regular times of prayer, sacrament and readings from the appropriate scriptures.”

It was a privilege to meet up with, Rev Noel Walter, senior chaplain, and some of his team. The team consists of the senior chaplain, a minister of the Church of England and also representatives of the Free Churches, Catholic Church, Judaism and Islam.

GOSH is the largest Paediatric hospital in the UK but is quite different from all others. Some of the following facts highlight this difference. It is a tertiary

hospital; more than half of GOSH patients require treatment in two or more specialties; almost one in ten needs treatment in more than five; nearly half the patients are from the London area and only 0.4% from Scotland; more than one in four patients at GOSH come from a non-white ethnic group, and over half the patients treated are under the age of three. A specific difference in relation to Yorkhill was that it did not have a maternity unit

Does this different context affect the style of paediatric chaplaincy? Not in any significant way. In fact, to a great extent there were many reassuring similarities; eg they have a proactive style, seeing three groups of people within the Hospital - staff, parents and children.

However, our discussion drew out that the degree of expectation of parents within GOSH was heightened. A referral from another hospital may provide some hope. A referral to GOSH raised within them, high expectations for

cure. Unfortunately, GOSH, like every other hospital, does not have all the medical solutions and so disappointment and anger are sometimes intense. Understandably, the chaplaincy team often needs to be there to help staff who have to absorb such reaction and then counsel the same parents through their disappointment.

The visit to GOSH underlined to me again the importance of networking with chaplains in similar contexts and learning from each other face to face. The paediatric chaplains in the London district are hoping to establish these links at a local level and to be a resource to a wider area. Let us hope this network will spread. This will certainly be encouraged by the proposed paediatric conference next year held in England.

A long hot day of travel, listening and discussion but a deeply worthwhile stimulus to my personal vision and passion for paediatric chaplaincy.

Alister W Bull

Chaplain at Yorkhill NHS Trust

How about writing for *SACH Soundings* about your trip or chaplaincy experience?



Great Ormond
Street Hospital

The next edition of *SACH Soundings* will be published in December 2002.

Send news, articles, stories, pictures and ideas by the end of November to:

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Journal Update



In the past year the Editorial Board has been working hard to keep pace with change. We have added to our number to help keep the board representative of chaplaincy in its different settings, and we're about to appoint our first chaplain from

Europe as a consulting editor. He is Fr Stavros Kofinas from Athens who was also recently elected as co-ordinator of the European Network of Health Care Chaplaincy. (See Page 2-3) So much seems to be happening in chaplaincy and spiritual care at present that it's hard to keep up. The long awaited new guidelines for trusts are going to have a profound impact and are more directive and clear than many of us imagined they would be. The last issue (Vol. 5 No 2 2002) was a weighty one and received very positive reviews. We also had to reprint following a request from the Scottish Office for a number of copies to issue to all NHS Trusts. Now that the long awaited guidelines are to be published we hope that chaplains will write and

tell us of their experiences and expectations. As well as encouraging the submission of articles we also have a letters page that has never been used!!!

The Editorial Board works hard to encourage submissions and at present most articles are commissioned. We know that around the country there are many small projects and exciting developments in terms of spiritual care and chaplaincy. We would be really interested to hear of them. We are happy to offer advice on your ideas, we give constructive criticism where needed, and in our experiences most authors welcome some suggestions for improvement or restructuring and are pleased with the end result.

At the risk of blowing our own trumpet it is encouraging to know that our readership is growing and the comments we get on the professional look and content of the journal are very positive.

At present we are looking at papers to be submitted by February and June 2003, for publication in Volume 6. No's 1 & 2. Put your ideas on paper, contact us and be prepared to be enthused and encouraged.

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