The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Professional Association of Community Healthcare Chaplaincy

July 2011

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Contents

Executive summary **2**
Participants within PACHC **3**
Introduction **5**
Authors and purpose 5
The basic methodology 5
The context **6**
Whole-person care 6
Spiritual care 7
The call for spiritual care in General Practice 8
Challenges to providing spiritual care in General Practice 9
The response: community healthcare chaplaincy **9**
Community healthcare chaplaincy outcomes 9
The position of the community healthcare chaplain 11
❖ *The community healthcare chaplain as a spiritual care specialist* 11
❖ *The community healthcare chaplain as a healthcare professional* 12
❖ *The community healthcare chaplain as a member of the GP team* 13
The community healthcare chaplaincy service **13**
The activity of the community healthcare chaplain 13
Centrality of the patient 15
Future orientation 15
Generic spiritual care 16
Replication of the community healthcare chaplaincy model **17**
Conclusion: a call for the expansion of community healthcare chaplaincy **19**
Works cited **20**

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Executive summary

The view that the human person is composed of multiple distinct but interrelated elements (such as the physical, psychological, social and spiritual) which all contribute to wellbeing has risen to mainstream acceptance and is enshrined in contemporary NHS guidance. This whole-person approach to healthcare has recently focussed especially on caring for the spiritual. The spiritual can be understood as the universal but uniquely expressed human dimension encompassing the deepest human needs: intangibles such as hope, meaning, security and transcendence. General Practice is lagging behind other disciplines such as palliative care and mental health care in attending to this dimension, despite the volume of care General Practice provides and its location in the community where the realities of physical health and spirituality are lived out.

There is evidence that General Practice teams are keen to provide spiritual care to further their whole-person, patient-centred service. However, significant barriers have been encountered, such as struggling with the concepts and vocabulary to use, preferring a narrower, biomedical service, and having insufficient time. A solution has evolved independently in a number of practices: community healthcare chaplaincy. Community healthcare chaplaincy provides not only a solution to this stalemate but also embodies the broader vision of holistic healthcare strived for by the NHS, and offers a mechanism for incorporating this ethos into the entire organisation.

The emergent evidence indicates that community healthcare chaplaincy offers enormous benefit to the practice and all its stakeholders. The narratives suggest: positive impacts on the physical health of community healthcare chaplains' patients; improved coping with physical ill health; and better care of patient groups often left unsatisfied, such as frequent attenders and those with medically undiagnosed symptoms, all of which entail workforce and financial implications for General Practice. The clear conclusion is that the model of community healthcare chaplaincy should be replicated elsewhere aside a robust research agenda.

At the heart of this model is the community healthcare chaplain: a healthcare professional specialising in - but not monopolising - spiritual care in the unique GP environment. The community healthcare chaplain provides generic spiritual care appropriate for multicultural, multifaith Britain via two main routes. Firstly, by providing training for members of the GP team so that spiritual care becomes an increasingly integrated component and consideration in the work of the whole practice. Secondly and more directly, spiritual care is provided through chaplain appointments with patients, families, carers and staff - individuals of all faiths and no faith. These are extended, confidential sessions designed to allow patients to feel unhurried, valued and safe enough to begin to tell and reflect upon their stories. The patient and patient choice lie at the centre of the encounter, providing its pace and direction. In order to facilitate this dynamic the chaplain must be knowledgeable, emotionally intelligent and highly skilled in 'being present' to people, listening empathetically, and journeying non-judgmentally with people from wherever they are. The encounter is ultimately future-orientated and seeks to empower the patient: encouraging them to discover meaning in their experience; utilise coping resources within themselves; and perhaps capitalise on external supports too, thus helping patients connect back into communities.

The centrality of the chaplain in this initiative means that the model can only be replicated through rigorous recruitment, in-depth training and induction, and should then be resourced consistently through high quality structures of accountability, research and continuing professional development. It is at this point that the full benefit of community healthcare chaplaincy to contemporary British General Practice will become clear.

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

This document was produced by the Professional Association of Community Healthcare Chaplaincy, comprising the following members:

Annette Hanny, qualified and practiced as a registered nurse, mental health nurse, registered midwife and a health visitor.
She held various senior management posts in Community and Primary Care Trusts in the areas of nurse management, multidisciplinary team management, rehabilitation manager. She pioneered and developed the role of Community Health Care Co-ordinators who are nurses working in Social Services teams to deliver health and social care services to clients.
Annette was lead nurse and manager for the PCT developing and delivering Continuing Health Care services and Funded Nursing Care services working closely with care homes/care homes with nursing.
In 2002 - 2005 she went to Queens Theological College and was ordained deacon in 2005. In 2006 she was ordained priest. She is currently an Associate Vicar for three parishes.
During her theological training she was attached to the chaplaincy department of a hospital for six months and in 2009 she worked as a chaplain for six months in another hospital.
In 2009 she joined the chaplaincy team at Cape Hill Medical Centre, she became Community Care Chaplain for Well Being for Smethwick GP cluster and Sandwell mental Health based at Cape Hill medical Centre and the Walk-in Centre in West Bromwich**.**

Annie Hughes worked as a nurse, midwife and Health visitor and is also trained in counselling, family therapy and spiritual direction. Since 2000 Annie has worked as a Community Health Care Chaplain at Karis Medical Centre and is involved in giving supervision to other Community Health Care Chaplains.

Denise Jones is an ordained priest in the Church of England, she has a BA in psychology and social policy and an MA in Health Care Chaplaincy. Denise has trained in the area of counselling, mental health and bereavement. She has worked as a bereavement counsellor , trainer and supervisor; she has also worked as a community mental health care chaplain . Denise is currently working as a chaplain at the Birmingham Women's hospital and at the Karis medical centre as a Community Health Care Chaplain.

Fiona Collins with a degree in Engineering Mathematics worked as a Computer Programmer, then running her own computerised salary business. Asked to work as a Lay Pastor at the local church she underwent a basic counselling training and taught a course on Knowing your talents including style of work and heart calling. She was then invited to become a Chaplain at Cape Hill Medical Centre, Smethwick in 2005, and later worked as Lead Community Health Care Chaplain for Well Being for the Smethwick Cluster and then for Sandwell Mental Health based at Cape Hill Medical Centre and The Walk-in centre in West Bromwich.

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Jonathan Martin has been involved with chaplaincy for nearly 30 years. In the first decade of 21st century he worked half time brokering a chaplaincy service in Poole between the statutory, voluntary and faith sector. More recently he has served with Marketplace Chaplains Europe putting chaplains into businesses in Europe, and is now Development Team Co-ordinator for the Professional Association of Community Healthcare Chaplaincy. In 1970's Jonathan developed an interest in mental health whilst acting as deputy manager to Daily Bread Co-operative, Northampton. In 1980's whilst serving as a curate in Southampton, he was invited to work with South Hampshire Industrial Mission: in 1990's he served as a civilian alongside the Naval Chaplaincy Service, and continues to work occasionally as a Royal Navy Officiating Chaplain. He is a Canon Emeritus of Salisbury Cathedral and was a special category minister for 5 years with the United Reformed Church and has an MA in pastoral care.

Lionel Mills is married with 5 children and has worked as a GP Principal at Cape Hill Medical centre in Smethwick for the last 11 years. Prior to that he worked in Rwanda for 2 years and Uganda for 5 years where he worked as Medical Superintendent of a 200 bedded rural hospital. Always interested in the inner city he was thankful to find a stimulating teaching and training inner city practice serving a diverse multi ethnic population with a heart for whole person care. He became conscious of the number of distressed patients he encountered for whom there was no medical solution, who needed someone to walk with them at their time of need. He appointed Cape Hill's first chaplain in 2005 and an assistant chaplain in 2008. Currently he sits on the steering committee of the Professional Association of Health Care Chaplains (PACHC)

Mark Stobert is the Chaplaincy Team Leader for Dudley Group Healthcare NHS Foundation Trust. He has recently ended a term of office as President of the College of Health Care Chaplains (CHCC). As president he was on the board of the UK Board of Healthcare Chaplaincy (UKBHC), the regulatory body for chaplaincy. Mark is a Methodist Minister and recently completed an MA in Psychodynamic Counselling.

"I have been in chaplaincy for 20 years. Initially this was part time, but whole time for the last 16 years. My model of chaplaincy is one in which I seek to empower the creation of seen and unseen sacred space. The unseen spaces are both what we create between us and another and our own inner heart space. Chaplaincy is about nurturing the safe intimate sacred spaces so that the 'slow questions' can be asked.

For me defining spiritual care is like describing the shape of water. Water takes the shape of the vessel that contains it. I believe that spiritual care is at the heart of everything that happens in healthcare. It is sometimes deliberate things that we do, but is always the soulful way we do things."

Ross Bryson has been a GP principle for over 20 years. He sees in British General Practice a unique opportunity to care for the needs of the whole person and to facilitate change in communities. This has led him to be involved in a local Healthy Living Centre and Sure Start programme and in setting up a voluntary organisation which meets unmet needs through volunteers. Recognising that there are universal needs of the human spirit, led him to develop the role of community health care chaplains as part of the primary health care team from the late 1990s. His work led to the award of Fellowship of the Royal College of General Practitioners. He currently chairs the Professional Association of Community Healthcare Chaplains.

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Introduction

Authors and purpose

1. In March 2011 the Professional Association of Community Healthcare Chaplaincy (PACHC) was formed. The PACHC is a collaboration of General Practitioners, community healthcare chaplains, and associated professionals, all of whom have commissioned, developed and provided community healthcare chaplaincy or have expertise of chaplaincy in the business sector.

2. The PACHC was formed in order to provide a voice and coherence to this emergent stream of chaplaincy. One of the first tasks of the PACHC was to present the case for community healthcare chaplaincy and summarise what has been implemented already in ways that might allow parallels to develop nationally and allow other general practices, chaplains, patients, and communities of faith to benefit from the experiences gained.

The basic methodology

3. Community healthcare chaplaincy has developed relatively organically and independently in a handful of practices around the UK over the last 20 years. In order to summarise a coherent model of community healthcare chaplaincy, the experiences of the parties involved have been reflected upon and augmented by literature mostly from General Practice, chaplaincy and the Department of Health/NHS. Inclusion of any (anonymised) patient quotes or stories is done with the express permission of the patient.

4. Due to the youth of this initiative there are a number of challenges implicit in this approach which seeks to draw on the experiences and theory of UK community healthcare chaplaincy:
    - Community healthcare chaplaincy's communication network is relatively informal at present, meaning this model may not have benefited from all of the experiences of community healthcare chaplaincy in the UK to date. It is hoped that initiating the PACHC and a public discussion of community healthcare chaplaincy will catalyse improved communications.
    - There is little specialised published literature to draw upon in presenting community healthcare chaplaincy. Expansion of the evidence-base through research and publication must be encouraged as part of the development of community healthcare chaplaincy.

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

The context

Whole-person care

5. The human person is widely understood to be a multifaceted yet integrated whole, composed of distinct but interdependent dimensions (such as the physical, psychological, social and spiritual). This view deeply challenges reductionist and narrow biomedical approaches to the human person by arguing that all of these human elements affect and are affected by one another; all have significance; and all contribute to wellbeing and wholeness. The implication is that care must be orientated toward serving the complex whole-person.

6. There is a growing body of scientific evidence demonstrating these interlinkages within the human person. For example, psychoneuroimmunology explores the connections between neuroendocrine function, psychosocial functioning and the immune response. Medicine has been explored from the paradigm of complexity theory, and multiple-causation models of illness concluded.[1] Holism has also been theorised from many other disciplines, for example from anthropological, psychological and theological perspectives.

7. The positive effects of a whole-person approach are numerous and are testified to by patients. One GP patient commented that,

   > "My sessions with [the chaplain] enabled me to bring everything together. …I was full of self-doubt and uncertainty about what was good for me. It has been transformative for me to be able to bring together faith, prayer and spirituality with my mental and emotional healing – and to feel the doctor had approved and sanctioned this."

8. Holistic or whole-person healthcare has been enshrined in official healthcare policy and guidance. For example, *Standards for Better Health* published by the Department of Health in 2004 contains developmental standard D2 which states that care should, "take into account [the patient's] individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences"[2].

9. General Practice specifically has put a large emphasis on whole-person, personal care. As one GP wrote,

   > "An approach to health and medicine that is not reductionist is an implicit part of the comprehensive care provided by GPs. We are not doctors for particular diseases, or particular organs, or particular stages in the life cycle – we are doctors for people. People are complex, and live in complex communities in a complex world. All aspects of this world have an impact on the health of the people in it. …we must guard against defining health problems only as things we can treat."[3]

---

[1] Mike Sheldon, "Whole person medicine," *Nucleus,* Autumn 2004, quoting R Smith's BMJ Articles on Complexity Science (London: BMJ Booklets, 2001).

[2] *Standards for Better Health* (Department of Health, July 2004), 11.

[3] Joshua Freeman, "Towards a definition of holism," *British Journal of General Practice* 55, no. 511 (2005): 154.

© Professional Association of Community Healthcare Chaplaincy 2012

Spiritual care

10. Within this whole-person approach to healthcare the spiritual dimension has been given particular priority more recently, including in the official healthcare discourse. For example, *NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff* (2003) states that,

    "Meeting the varied spiritual needs of patients, staff and visitors is fundamental to the care the NHS provides. …It is important to be aware that all human beings are spiritual beings who have spiritual needs at different times of their lives."[4]

    NHS's 2003 *Caring for the Spirit* guidance acknowledges the spiritual aspect of the holistic care offered by the NHS, and observes that,

    "It is often at the time of sickness, or in watching a loved one experience illness that some of the deepest spiritual questions are asked and the greatest challenges to the spirit arise."[5]

11. Protection of religious freedom as a human right has begun to be invoked in defence of spiritual care as a vital part of NHS care. For example, the human right to religious belief and practice was referred to in the letter from Rev Edward Lewis, Chief Officer of the Hospital Chaplaincies Council, sent to chaplaincy networks and Chief Executives of NHS Trusts in December 2001.[6]

12. Many words have been written in pursuit of the meaning of spirituality or spiritual health. However, a broad, thematic approach is most appropriate due to spirituality's personal and dynamic nature. The consensus around the meaning of spirituality is therefore more inclusive than it is precise[7], which may in fact be a strength - "it allows for a deep openness to the individual nuances of personal spirituality. …Broad and flexible parameters allow for person-centred care that focuses on the individual"[8]. This loose approach is also a pragmatic one, chiming with the call from *Spiritual Care at the End of Life* for the onus to move off of conceptual clarification and onto practical relevance[9].

13. The key features of spirituality that can be concluded are that it is:
    - Universal to all people yet personal and expressed in unique, individualised ways;
    - Expressible through the world religions but also through more personal, idiosyncratic ways;

---

[4] *NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff* (Department of Health, November 2003), 5.

[5] *Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce* (NHS South Yorkshire Workforce Development Confederation, November 2003), Foreword.

[6] *NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff* (Department of Health, November 2003), 32.

[7] David Mitchell and Margaret Sneddon, "Spiritual care and chaplaincy: a research project," *Scottish Journal of Healthcare Chaplaincy* 2, no. 2 (1999): 3-4.

[8] *Spiritual Care at the End of Life: a systematic review of the literature* (Department of Health, November 2010), 18.

[9] *Spiritual Care at the End of Life: a systematic review of the literature* (Department of Health, 53, no. 497 (2003): November 2010), 15.

© Professional Association of Community Healthcare Chaplaincy 2012

- Composed of the intangible things of deepest importance to human beings, such as meaning, purpose, hope, significance, security, peace, belonging, acceptance, love, creativity and transcendence (being part of something bigger than oneself);
- Some have found it helpful to orientate the expressions of spirituality around two axes. Firstly, a vertical component relating the person to God or a higher power, perhaps called the Transcendent/Absolute/Infinite/Sacred and perhaps indicated by a sense of awe and wonder. And secondly, a horizontal axis representing people's relationships with each other and their external world[10].

The call for spiritual care in General Practice

14. There is some evidence that other disciplines such as palliative care and mental health care are addressing the challenge to provide spiritual care, as are some businesses and public services. However, General Practice is lagging behind in this respect despite the opportunity that General Practice presents to provide such care to millions of patients, all of whom have a spiritual dimension. Furthermore, General Practice is located in the community where people actually live out their spirituality and the realities of their physical health. As with all healthcare, General Practice may give rise to questions of a spiritual nature in patients and staff.

15. General Practice is an ideal platform from which to provide spiritual care for patients. Besides the volume of care that General Practice provides, General Practice is physically accessible, situated in the community, near to people's homes. The practice is also symbolically accessible as a low stigma, neutral environment which people already frequent.

16. There have been many calls for General Practice to seize this unique opportunity to embody the wider vision of whole-person healthcare, calls from a variety of sources, including NHS and chaplaincy agendas. For example, community healthcare chaplaincy answers the recommendation made in *Caring for the Spirit* for greater specialisation in healthcare chaplaincy.[11] It does this as a service distinct from other forms of healthcare chaplaincy by way of its unique General Practice setting and the implications this has in caring for a cross-section of the population on the frontline, and with an unparalleled possibility for accessibility and continuity of care.

17. Spiritual care is arguably becoming increasingly unavoidable for General Practice to engage with as spiritual needs drive patients to the General Practitioner. As retired GP Mike Sheldon observes, "With a decrease in church attendance, many of the patient's non-medical problems are also now brought to the GP, who consequently must be increasingly equipped to deal with social, psychological and spiritual issues as well."[12]

[10] *Spiritual Care at the End of Life: a systematic review of the literature* (Department of Health, November 2010), 32.

[11] *Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce* (NHS South Yorkshire Workforce Development Confederation, November 2003), 5.

[12] Mike Sheldon, "Whole person medicine", *Nucleus,* Autumn 2004.

© Professional Association of Community Healthcare Chaplaincy 2012

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Challenges to providing spiritual care in General Practice

18. There is evidence to suggest that General Practice teams perceive spiritual care as being appropriate to General Practice, and that they indeed wish to facilitate such care as part of a whole-person, patient-centred service.[13] However clinicians report feeling unable to provide this care, as summarised by Larry Culliford in the *BMJ*:

    "The problem areas are interrelated: education (lack of training, resulting in lack of knowledge or insight or confidence) and economics (lack of staff or time or resources), environment (lack of space or privacy), and personal obstacles (sensitivity or own belief systems)."[14]

The response: community healthcare chaplaincy

19. A solution to the conundrum of spiritual care in General Practice has been developed independently in a handful of practices around the UK in the form of community healthcare chaplaincy. This solution involves an additional member of the General Practice team whose remit is specifically the wellbeing, wholeness and spiritual care of those the practice serves.

20. The evidence that is emerging from the practices which have incorporated community healthcare chaplaincy into the breadth of services they offer is very positive, suggesting community healthcare chaplaincy is an appropriate and effective solution. Further work needs to be done on these trends but the testimonies from community healthcare chaplains' patients, the chaplains themselves, and other General Practice staff are compelling.

Community healthcare chaplaincy outcomes

21. Improved health and wellbeing – the intangibles. A huge variety of issues encourage patients to see the community healthcare chaplain, from the more concrete (such as illness or bereavement) to that which can often be harder to articulate, such as anxiety or a loss of meaning or faith. Patients having seen the chaplain have reported very positive impacts, such as greater feelings of purpose, happiness, confidence, balance, an altered view of God, peace of mind, and optimism, often despite terrible setbacks in life. Helping to meet patients' deepest human needs often translates into more tangible lifestyle changes too. For example, facilitated by the care of the community healthcare chaplain, some patients go on to make positive changes in career, living arrangements, leisure activities and relationships.

22. Caring for patient groups often left unsatisfied. These spiritual benefits to patients are of particular importance to patient groups which the General Practice service otherwise does

---

[13] For example, in Scott A. Murray et al, "General practitioners and their possible role in providing spiritual care: a qualitative study," *British Journal of General Practice* 53, no. 497 (2003): 957-959.

[14] Larry Culliford, "Spirituality and clinical care," *British Medical Journal* 325 (21-28 December 2002): 1435.

not seem to effectively care for, namely patients who frequently attend GP appointments, and patients suffering medically undiagnosed symptoms. Chaplaincy is excellently positioned to benefit such groups through the longer session times; discussion of issues which are not straightforwardly biomedical but which may impact physical health, such as relationships, conflicts and traumas; and the option of alternative therapies, such as prayer, which the patient may appreciate. This care can lead to increased patient satisfaction and also stands to create positive financial and workforce ripple effects for General Practice.

23. Improved wellbeing of staff. The chaplaincy service is offered to all staff too, and this provision of a listening ear and compassionate presence can greatly affect staff wellbeing and morale in an environment where staff are frequently confronted with illness and despair. As one staff member patient described,

    > "I found that the Chaplain through her listening, her concern for my welfare, and her words, gave me food for thought which enabled me to handle a very difficult situation, in which I felt supported."

    Evidence from secondary care echoes the benefit that chaplaincy can offer to staff[15], including in aiding conflict resolution. Again the financial and workforce implications that this spiritual care could offer are very positive.

24. Caring for patients' families and carers. Another group which General Practice otherwise is not well set up to care for is the families and carers of GP patients, who are often deeply affected by the illness and pain of the patients. Community healthcare chaplaincy is a way of providing whole-person care for another of the practice's stakeholder groups. This is also an indirect way to care for the GP patient, as patients exist within networks which are implicated in creating and dealing with health. Indeed, hospital chaplain Iain Macritchie argues that chaplaincy thus does important societal work:

    > "Each time we engage in this work, and each time we lay another thread of connectedness across the gaps and holes in our society we strengthen the fabric of community which holds us all. Again, this is an essentially spiritual task. …As we help the people we meet make these connections, we affirm the importance of these connections in ourselves, for the healing of our world." [16]

25. Improved health and wellbeing – the tangibles. As the facets of a person affect and are affected by one another, some patients also report improvements in physical wellbeing after receiving spiritual care from a community healthcare chaplain. The manifestations may include better sleep, less anxiety, less fear and stress, less pain, improved mobility, a decrease in depression, and greater success in battling alcoholism. These clearly have implications for General Practice services, where a reduction in prescription of antidepressants and analgesics; a reduction in psychiatric referral; and a reduction in length and frequency of appointments with GPs have all been reported.

[15] Anne Allan and Iain Macritchie, "Proactive or reactive chaplaincy," *Scottish Journal of Healthcare Chaplaincy* 10, no. 2 (2007): 12.

[16] Iain Macritchie, "The chaplain as translator," *Scottish Journal of Healthcare Chaplaincy* 2, no. 2 (1999): 10.

26. Readjusting to illness and coping. For the patient with a long-term condition or even a terminal illness, the chaplain can make an invaluable contribution to the wellbeing, wholeness and healing of the patient. Spiritual care can help empower the patient to discover hope, comfort, internal and external sources of strength and support, and coping mechanisms. This is often initiated by exploring with a patient the things in their life that make them feel energised, empowered, worthwhile or encouraged, for example spending time with certain friends or family members, or expressing their creativity through activities such as photography or gardening. Patients may also be encouraged to identify things that drain their energy or positivity, and to think about the choices that they do have. Whereas people's illnesses may be unchanged, the role of those conditions in the patient's life and their approach to them can be radically changed, and healing (as distinct from biomedical curing) can blossom.

The position of the community healthcare chaplain

27. The emergent evidence of the effects of community healthcare chaplaincy strongly suggests that the model of community healthcare chaplaincy should be expanded: replicated elsewhere alongside a robust research agenda, to the benefit of patients and practices. A key component in this model is clearly the figure of the community healthcare chaplain, a role which has emerged as uniquely able to overcome the barriers that others experience in providing spiritual care in General Practice.

- ***The community healthcare chaplain as a spiritual care specialist***

28. Where other team members may struggle to have ample time to satisfactorily provide spiritual care or to feel sufficiently equipped to bring up the spiritual dimension in conversation, the community healthcare chaplain's remit is solely spiritual care and as such they are a specialist in providing spiritual care to all kinds of people. As *Caring for the Spirit* notes, "Chaplains are unique among the health professionals in that their caring task is primarily focused upon religion and spirituality."[17]

29. The presence of a specialist in spiritual care does not negate the vision to have *all* NHS care orientated toward addressing the needs of the whole-person, and thus to have the spiritual component integrated to a degree in all General Practice services. A helpful model is that of generalist and specialist, whereby patients can be referred to the community healthcare chaplain as a 'consultant' in spiritual health. As an expert, the chaplain may also provide training and resources to the wider GP team to aid better spiritual care within their roles. The chaplain may have a key role in helping integrate spiritual care into the whole organisation; asking searching questions, bringing a different perspective to strategic and ethical decisions, serving as a catalyst, a challenge, a reminder.

30. Chaplains offer a helpful further option for patients who need spiritual care but do not wish to attend to this within their relationship with their doctor or nurse, and feel traditional religious institutions to be inaccessible to them. Inversely, there is research from acute settings which suggests that having an external person to provide spiritual care can be

[17] *Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce* (NHS South Yorkshire Workforce Development Confederation, November 2003), 12.

beneficial to clinicians in terms of maintaining their objectivity, protective distance and emotional detachment in certain circumstances.[18]

❖ ***The community healthcare chaplain as a healthcare professional***

31. Alongside being a specialist in spiritual care, it is also important that the community healthcare chaplain is recognised as a healthcare professional. John Swinton notes five components necessary for a discipline to have professional status:

    "1. A body of knowledge that supports and underpins their practice. 2. A code of professional ethics. 3. An occupational organisation controlling the profession. 4. Substantial intellectual and practical training. 5. Provision of a specialised skill or service."[19]

32. The community healthcare chaplain can legitimately be regarded as a professional on all five fronts, and much of the reasoning for this holds true for all healthcare chaplains.

    1) Community healthcare chaplains draw upon a diverse body of knowledge that includes the world religions, an understanding of contemporary spiritualities, and how these relate to wellbeing. Additionally the chaplain must be knowledgeable of local faith groups and support services which they may signpost to patients.
    2) Community healthcare chaplains are held to high ethical standards via the protocols of their host practice, wider NHS guidance, legislation such as the Data Protection Act, the standards of their religious community and also of chaplaincy more widely, such as the *Health Care Chaplains Code of Conduct*.
    3) A host of organisations are significantly influential within healthcare chaplaincy. The Professional Association of Community Healthcare Chaplaincy may in time develop features similar to that of a professional organisation.
    4) The community healthcare chaplain must qualify through increasingly specialised levels of formal training in generic chaplaincy, healthcare chaplaincy, and finally community healthcare chaplaincy, such as through a university module or Masters, which serve to equip the chaplain both practically and academically.
    5) It has already been argued that the community healthcare chaplain offers a specialised skill due to the unique nature of their task and context. Harriet Mowat and John Swinton in *What Do Chaplains Do?* conclude that, "it is the unique configuration of attributes - listening, talking, story-construction, perceiving the spiritual, counselling and so forth - that gives [healthcare chaplains] their unique place within healthcare practice"[20].

33. As professionals it is thus important that community healthcare chaplains are appropriately resourced. This will include material resources, such as the necessary insurance and an

[18] Robin Lapwood, "Chaplain to casualty," *British Medical Journal* 285 (17 July 1982): 195.

[19] John Swinton, "A Question of Identity: what does it mean for chaplains to become healthcare professionals?," *Scottish Journal of Healthcare Chaplaincy* 6, no. 2 (2003): 3.

[20] Quoted in *Spiritual Care at the End of Life: a systematic review of the literature* (Department of Health, November 2010), 14.

appropriate space in which to practise. Appropriate continuing professional development opportunities, feedback, mentorship and accountability structures must also be provided.

- ***The community healthcare chaplain as a member of the GP team***

34. As a professional and specialist in spiritual care, the community healthcare chaplain can offer maximum benefit to the patient and the practice by operating as a full member of the General Practice team. The *Health Care Chaplains Code of Conduct* highlights the importance of team working for chaplaincy:

    > "Providing spiritual care cannot be accomplished by working in isolation and chaplains must be able to work effectively with other chaplains, health and social care professionals, ministers of religion and representatives of faith groups or communities."[21]

    The Code also highlights a number of specific responsibilities which are pertinent to community healthcare chaplains as team members, such as collaboration, effective communication and respect for colleagues.[22] It is from this position as integrated team members that the community healthcare chaplain can serve to champion and infuse spiritual care into the work of the whole practice.

The community healthcare chaplaincy service

The activity of the community healthcare chaplain

35. The expertise and specialism of the professional community healthcare chaplain cannot be fully appreciated without looking closely at the service they offer. A narrow, prescriptive overview of the chaplain's work is unhelpful given the flexible and personalised service they must offer in order to best care for a patient's unique and changing spiritual situation. Therefore, a more thematic approach will be taken to describing the work of the community healthcare chaplain.

36. One form of the community healthcare chaplain's provision of spiritual care is through training colleagues in order to better provide this care in their roles. Training may cover issues such as bereavement, breaking bad news, mechanisms to introduce spiritual health conversation, the multifaith/multicultural context, equality and diversity. Sometimes the simple presence of the community healthcare chaplain in a practice may be significant, for example it may serve as a reminder to patients and staff of the importance of the spiritual dimension in wellbeing, or the presence of the Sacred in the face of suffering.

37. Spiritual care is also offered directly from chaplain to patient in extended appointments (typically a minimum of 30 minutes) which are initiated by the patient 'self-referring', or

---

[21] *Health Care Chaplains Code of Conduct (2nd Edition)* (The Association of Hospice and Palliative Care Chaplains; The College of Health Care Chaplains; Scottish Association of Chaplains in Healthcare: 2005), 10.

[22] *Health Care Chaplains Code of Conduct (2nd Edition)* (The Association of Hospice and Palliative Care Chaplains; The College of Health Care Chaplains; Scottish Association of Chaplains in Healthcare: 2005), 10.

© Professional Association of Community Healthcare Chaplaincy 2012

through the service being flagged to the patient by another member of the General Practice team (whilst making sure the service is clearly understood and consent gained). The chaplaincy service benefits greatly from referrals made by those whom patients already trust, and who see the benefit that chaplaincy offers to patients in spiritual distress. Patients may include those on the practice's patient list, the carers or families of the patients, and staff members.

38. The function of the extended chaplain appointment times is to enable the patient to feel unhurried, safe, and at ease to ponder the searching questions. This may be symbolically very affirming - as one patient fed back, "I felt overwhelmed with gratitude that I was considered worthy of these sessions". The General Practice setting already helpfully has an established tone of trust, confidentiality, honesty, communication and relationality which the patient-chaplain relationship can benefit from and extend.

39. The key skill in this chaplain-patient interaction gravitates less around actions than 'ways of being'. The chaplain must be expert at 'being present' to people, providing a compassionate presence, listening actively and empathetically, and taking seriously the things the patient says, feels and has experienced. Through this, the chaplain may act as a witness to suffering, affirm the patient's humanity and personhood, and promote their dignity and worth. 'Being present' may be therapeutic in itself - as one hospital chaplain observed, "people don't always want answers; compassionate solidarity often suffices."[23]

40. Whilst there is overlap between the two disciplines, community healthcare chaplaincy is distinct from counselling. In general counselling focuses on specific issues and usually works to defined goals, whereas community healthcare chaplaincy prioritises a patient's spiritual needs or personal spirituality with consequent exploration of meaning, purpose, values and beliefs which affect emotions, behaviour and choices. The two disciplines may refer patients to each other, as appropriate. GPs have found that chaplaincy offers unique benefits to their patients, as one GP commented,

    "As a doctor with no religious affiliation I have referred many patients to the service and without exception they have benefited from the service. It fulfils a very different role to a 'counselling service' as there are many occasions that patients have stresses and life events that are in no way part of an illness and nor do they need any form of 'therapy'- as a listening service and a friendly contact this spiritual advisory/chaplaincy service is ideal to fill this gap."

41. Community healthcare chaplains, with support from with their General Practice colleagues, are equipped with the skills and knowledge to identify patients suffering from mental illness. Chaplains may be involved in providing spiritual care to people with mental illness as part of a multidisciplinary approach to patient care.

42. Within the General Practice team, community healthcare chaplains are uniquely placed to provide spiritual care to patients coming to terms with significant, life changing events, such as life-limiting and chronic conditions.

[23] Yvonne Hendrie, "Healthcare chaplaincy: taking our work to church," *Scottish Journal of Healthcare Chaplaincy* 5, no. 1 (2002): 45.

Centrality of the patient

43. The chaplain-patient encounter is fully orientated around the wellbeing of the patient. The patient provides its pace and direction. The community healthcare chaplain strives to accompany or journey with the patient on their spiritual path, from wherever they are at, without judgement. Common humanity is thus emphasised - as one patient has commented,

    "Even though there were always clear boundaries, I experienced a certain equality with [the chaplain]. There was no sense of a therapist talking down to a sick person. Instead, because God was in it, there was a sense that we are all human. There was no shame or stigma in my brokenness. This was immensely healing."

44. The patient's narrative is at the heart of the encounter, and from the safety of empathetic acceptance, the chaplain may ask gentle questions and encourage the patient to reflect upon and make sense of their experiences, grow in self-awareness, to understand and find meaning in their story. Through this, the chaplain may effectively 're-humanise' the individual, broaden their perspective and "remind patients and caregivers that people are more than just their medical conditions or their current collection of concerns"[24].

Future orientation

45. The process of the patient growing in self-awareness and understanding of their experiences lays the groundwork for the subsequent reshaping of the patient's story and orientation of the encounter towards the future. From their empathic, affirming position the chaplain can encourage the patient's thoughts toward sources of strength and affirmation in their lives, things that provide them with hope, a sense of worth and purpose, helping them to draw on their beliefs as a source of strength. Through this the patient is empowered and self-equipped, involved in their own healing as part of the therapeutic team, and their autonomy encouraged[25]. Solutions from within are likely to have greater authenticity, potency and longevity.

46. External forms of support may also be offered to the patient. The chaplain may signpost a host of local services, from support groups to volunteering organisations to faith communities that the patient may wish to take advantage of. This aids the patient in reconnecting into communities which may in turn inspire feelings such as belonging and purposefulness, thus helping to meet the patient's deep human needs. Another form of external support may be for the chaplain to offer prayer or ritual within the consultation. At a minimum, prayer appears to be perceived by patients as another expression of the chaplain's care and validation of their personal worth. As such prayer has an extremely high take-up rate.

47. Ritual provided by the chaplain at the patient's request may either take the form of a traditional liturgical action where appropriate, such as reading from a sacred text, or something more personalised, such as the writing of a letter or lighting of a candle. The power of such symbolic actions cannot be overestimated and may serve a unique and

[24] Raymond De Vries, Nancy Berlinger and Wendy Cadge, "Lost in Translation: sociological observations and reflections on the practice of health care chaplaincy," *Hastings Centre Report* 38, no. 6 (2008): 1.
[25] Mike Sheldon, "Whole person medicine", *Nucleus,* Autumn 2004.

© Professional Association of Community Healthcare Chaplaincy 2012

healing function. For example, an asylum seeker lady's two children had been killed in Uganda, one in her arms, but she was unable to attend their funerals. For her, a simple remembrance ceremony with the chaplain and the blowing out a candle were symbolic acts of saying goodbye and were significant in facilitating healing. Anther patient, 'Pauline', had become very depressed, unable to work or eat, after her lover had died whilst they were together. Pauline had been unable to attend his funeral because he was a married man. For her the acts of writing a letter of farewell confessing her guilt, regret and love, and then burning it and blowing out a candle in a small service with the chaplain were empowering in regard to coming to terms with her loss and her experiences.

Generic spiritual care

48. The community healthcare chaplain is a person of deep spirituality, often with a strong personal faith which may indeed provide the motivation behind their professional work. However, chaplains also offer generic spiritual care to patients of all faiths and no faith. This tension is overcome through their training, including a strong emphasis on the self-awareness of the chaplain. As the NICE palliative care guidance states, healthcare chaplains "should have a clear understanding of their own personal beliefs and be able to journey with others, focused on people's needs and agendas."[26] Additional accountability and support structures also aid this, whether supplied through professional mentoring or from within their faith community.

49. Within the patient-chaplain encounter the position of the patient, their dignity, wholeness and the journey they are on lie at the very centre of the encounter. This means that the encounter is a form of therapy and not of evangelism, or what the *Health Care Chaplains Code of Conduct* calls 'spiritual abuse': "the imposition of a chaplain's values and beliefs on those in their care, proselytism, and a failure to respect their spiritual interests"[27]. In the case of the patient holding a faith different to the chaplain's, there is the additional option of signposting the patient to a local faith leader for specialist religious care if requested.

50. This form of generic and self-aware spiritual care with the wholeness of the patient at the centre makes community healthcare chaplaincy appropriate for the increasingly diverse UK patient-base. Patients from a multitude of cultural and ethnic backgrounds and faith positions can be effectively cared for by community healthcare chaplains, who frequently see patients of a different background than their own and offer a non-discriminatory and inclusive generic service. This is confirmed in patient testimony and through the demographic data of the patients who visit the community healthcare chaplain.

---

[26] *Guidance on Cancer Services Improving Supportive and Palliative Care for Adults with Cancer: the manual* (National Institute for Clinical Excellence, March 2004), 101.

[27] *Health Care Chaplains Code of Conduct (2nd Edition)* (The Association of Hospice and Palliative Care Chaplains; The College of Health Care Chaplains; Scottish Association of Chaplains in Healthcare, 2005), 8.

Replication of the community healthcare chaplaincy model

51. This model of community healthcare chaplaincy is well suited to the modern British General Practice context, and the evidence of its impact to date is compelling. This suggests that this initiative should be expanded into other practices along with a strong research agenda.

52. The research agenda for community healthcare chaplaincy should be wide-ranging given the fledgling nature of this discipline and currently underdeveloped evidence-base. Areas for investigation could include: the financial implications of chaplaincy on practices; the impacts on physical health, prescription and service use patterns of patients; the differences between community healthcare chaplaincy and other branches of healthcare chaplaincy; the nature of the chaplain's spiritual care of staff; and the effect of the chaplain on patients' perceptions of the nature of the care received from their practice and the role of physical health in wellbeing.

53. Research into healthcare chaplaincy is not a straightforward pursuit - the deepest things are often the most resistant to articulation and communication, sometimes proving "literally inexpressible."[28] Spirituality involves intangible, unquantifiable things and is expressed in personalised and dynamic ways. The valuable work of chaplains has often proven "the least amenable to precision, explanation, evidence and proof."[29] As Harriet Mowat summarises, "The problem for healthcare chaplaincy and spiritual care is that outcomes may not a) be visible b) be measurable c) be available in the timescale of the "typical" research project d) be agreed by all parties e) be static over time"[30].

54. Far from the gold standard randomised control clinical trial, community healthcare chaplaincy research must therefore embrace the generalised and the anecdotal, the quantitative and qualitative, and adopt a multi-disciplinary approach, just as the human being incorporates so many dimensions. This evidence must include the theological in order to speak of the spiritual work that is done, otherwise, "ultimate concerns may be excessively 'psychologised' or reduced only to social issues."[31]

55. Supported by an active research programme, the expansion of community healthcare chaplaincy provision should be done through:

    a. Rigorous recruitment through the use of appropriate core competences and person specifications – the person of the community healthcare chaplain is pivotal in the success of the service and has high demands placed on them.

---

[28] Rachel Stanworth, "Researching 'spirituality': some of the pitfalls and pleasures of theological anthropology," *Scottish Journal of Healthcare Chaplaincy* 8, no. 1, (2005): 21.

[29] "Editorial," *Scottish Journal of Healthcare Chaplaincy* 6, no. 2, (2003): 1.

[30] Harriet Mowat, *The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK)* (NHS Yorkshire and the Humber, January 2008), 21-22.

[31] Rachel Stanworth, "Researching 'spirituality': some of the pitfalls and pleasures of theological anthropology," *Scottish Journal of Healthcare Chaplaincy* 8, no. 1 (2005): 20.

© Professional Association of Community Healthcare Chaplaincy 2012

b. Consistent funding to ensure a reliable service and facilitate invaluable continuity of care.
c. High quality training and careful induction to further equip the chaplain in providing this specialised service and subspecialty of healthcare chaplaincy.
d. Supervision, mentorship and accountability to support the community healthcare chaplain through the demands placed on them, and ensure an ethical, professional chaplaincy.
e. Appropriate and exciting professional development opportunities to enable quality improvement of the service and an increasingly satisfied and resourced employee, as emphasised in 2003's *Caring for the Spirit.*[32]

56. Many clinicians will intuitively recognise the value of community healthcare chaplains. The importance and complexity of evaluation in this field of practice is recognised, and therefore work will continue with stakeholders to further develop a framework of community healthcare chaplaincy quality markers. Such markers may include case-based evidence and the use of Social Return on Investment concepts. Continuous dialogue with stakeholders has been and will remain a pivotal element in the development of community healthcare chaplaincy.

[32] *Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce* (NHS South Yorkshire Workforce Development Confederation, November 2003).

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Conclusion: a call for the expansion of community healthcare chaplaincy

57. Holistic care and especially the spiritual strain within it have risen to prominence in the vision for modern British healthcare. This vision is especially appropriate and needed in General Practice. General Practice teams however have encountered barriers in providing this care for the deepest needs of their patients. The community healthcare chaplain role has arisen in this vacuum in a number of practices around the UK as an appropriate and efficacious solution to this situation. The community healthcare chaplain effectively embodies the wider vision for healthcare through providing a service which has been linked to better wellbeing of patients, especially frequent attenders and those with medically undiagnosed symptoms; patients' families and carers; and General Practice staff. Increased wellbeing has also manifested in quantifiable changes in patients' lives and physical health. These effects have concrete implications for the practice in terms of patient satisfaction, workforce implications and finances.

58. The key features of the model of community healthcare chaplaincy which has evolved involve a chaplain specialising in providing spiritual care to people of all faiths and no faith in the unique General Practice context. The chaplain is a healthcare professional with an underpinning body of knowledge, high and explicit ethical standards, accountability to the NHS, their practice, and wider chaplaincy bodies; having been trained and inducted into their role to a high standard and thus able to provide a specialised service making an invaluable contribution to their patients and practice. They function as members of the General Practice team in order to provide training and spiritual care that is integrated, visible and accessible within the practice.

59. Through providing spiritual care directly to patients through appointments, wholeness is championed and nurtured through the community healthcare chaplain's work as an available, non-judgmental, therapeutic presence. In this safe space of a patient-chaplain appointment, the chaplain can encourage the patient to tell their stories and feel heard, and then aid the patient in finding meaning their experiences and sources of strength and hope for the future.

60. The requirements for this individual are high: the chaplain should be able to provide generic spiritual care to patients of all faith or no faith, from all backgrounds, and accompany them non-judgmentally on their personal spiritual journey. This is done through rigorous recruitment, training and support, and enacted in consultations that hold the patient and their wellbeing at the centre of the encounter. Whilst the requirements are high, the potential benefits are greater still.

61. The promise of this model should be explored on a wider scale through rolling out community healthcare chaplaincy in other practices in conjunction with high quality recruitment, training and induction, consistent funding, effective support and supervision, appropriate continuing professional development opportunities and an active research programme.

The Case for Community Healthcare Chaplaincy: facilitating whole-person care in General Practice

Works cited

Allan, Anne and Iain Macritchie. "Proactive or reactive chaplaincy." *Scottish Journal of Healthcare Chaplaincy* 10, no. 2 (2007): 9-14.

Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce. NHS South Yorkshire Workforce Development Confederation: November 2003.

Culliford, Larry. "Spirituality and clinical care." *British Medical Journal* 325 (21-28 December 2002): 1434-1435.

De Vries, Raymond, Nancy Berlinger and Wendy Cadge. "Lost in translation: sociological observations and reflections on the practice of health care chaplaincy." *Hastings Centre Report* 38, no. 6 (2008): 23-27.

"Editorial." *Scottish Journal of Healthcare Chaplaincy* 6, no. 2 (2003): 1.

Freeman, Joshua. "Towards a definition of holism." *British Journal of General Practice* 55, no. 511 (2005): 154-155.

Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer: the manual. National Institute for Clinical Excellence: March 2004.

Health Care Chaplains Code of Conduct (2nd Edition). The Association of Hospice and Palliative Care Chaplains; The College of Health Care Chaplains; Scottish Association of Chaplains in Healthcare: 2005.

Hendrie, Yvonne. "Healthcare chaplaincy: taking our work to church." *Scottish Journal of Healthcare Chaplaincy* 5, no. 1 (2002): 44-46.

Lapwood, Robin, "Chaplain to casualty." *British Medical Journal* 285 (17 July 1982): 194-195.

Macritchie, Iain. "The chaplain as translator." *Scottish Journal of Healthcare Chaplaincy* 2, no. 2 (1999): 7-10.

Mitchell, David and Margaret Sneddon. "Spiritual care and chaplaincy: a research project." *Scottish Journal of Healthcare Chaplaincy* 2, no. 2 (1999): 2-6.

Mowat, Harriet. *The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK).* NHS Yorkshire and the Humber: January 2008.

Murray, Scott A. et al. "General practitioners and their possible role in providing spiritual care: a qualitative study." *British Journal of General Practice* 53, no. 497 (2003): 957-959.

NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff. Department of Health: November 2003.

© Professional Association of Community Healthcare Chaplaincy 2012

Sheldon, Mike. “Whole person medicine.” *Nucleus,* Autumn 2004: 18-25.

Spiritual Care at the End of Life: a systematic review of the literature. Department of Health: November 2010.

Standards for Better Health. Department of Health: July 2004.

Stanworth, Rachel. “Researching ‘spirituality’: some of the pitfalls and pleasures of theological anthropology.” *Scottish Journal of Healthcare Chaplaincy* 8, no. 1 (2005): 20-22.

Swinton, John. “A question of identity: what does it mean for chaplains to become healthcare professionals?” *Scottish Journal of Healthcare Chaplaincy* 6, no. 2 (2003): 2-8.

© Professional Association of Community Healthcare Chaplaincy 2012