Abstract

Aim To investigate attitudes towards chaplaincy in NHS Scotland, including the role of the chaplain in supporting healthcare staff.

Method This was a qualitative study that involved semi-structured interviews with four chaplains working throughout NHS Scotland. The research transcripts were analysed, and themes were identified and examined.

Findings Two main themes were identified from the interviews: understanding the role of the chaplain; and understanding the future role of the chaplain. The sub-themes identified were: healthcare staff members’ perceptions; chaplains’ perceptions; generic chaplaincy services; and becoming an allied healthcare profession.

Conclusion The findings of this study suggest that chaplains are increasingly providing support to healthcare staff, alongside their role in providing support to patients. The researchers also identified that chaplains in Scotland are adopting an increasingly educational role and that, in the future, they may adopt reflective practice programmes to assist them in managing increased requests for chaplaincy support from healthcare staff. It was also acknowledged that chaplaincy services may also be required to become an allied healthcare profession in the future, which may require chaplains to provide an increasingly generic and less religious service.

Keywords
care, chaplains, compassion, dignity, nurses’ wellbeing, patient experience, patients, professional, professional issues, role development, spirituality

Why you should read this article:
- To enhance your awareness of the role of chaplaincy services in healthcare settings
- To understand how chaplains can support patients and healthcare staff, including nurses
- To recognise how the future role of the chaplain may involve providing generic support, rather than religious support

Understanding the role of chaplains in supporting patients and healthcare staff

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Peer review
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Conflict of interest
None declared

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While there are various publications that promote high-quality compassionate care across the UK, for example NHS Scotland’s (2017) Vision for Nursing project and NHS England’s (2016) Leading Change, Adding Value framework, these do not specifically mention patients’ spiritual needs. It could be suggested that any patient care delivered using a person-centred approach would automatically encompass an individual’s spiritual needs. However, meeting a patient’s spiritual needs requires more than person-centred care alone; it also involves enabling the individual to identify the factors that bring them hope, meaning and purpose, which may or may not include religious beliefs (NHS Education for Scotland 2019).

A useful explanation of the role of spirituality in the context of healthcare is that proposed by Frankl (2004), who suggested that the autonomy of choice and sense of self displayed by human beings can influence their physical, psychological and emotional recovery from illness.

Traditionally, the role of the chaplain addressed the need for spiritual care in healthcare settings, and chaplains were able to assist healthcare professionals such as nurses by providing patients with spiritual support (Timmins et al 2018). The provision of chaplaincy services in healthcare is a model that has been adopted globally; however, healthcare
staff often lack clear understanding of the role (Timmins et al 2018). Furthermore, there is a notable absence of literature discussing the role of chaplains in supporting healthcare staff.

Background

One common view of healthcare chaplaincy services is that they have a significant religious affiliation (Duffin 2013). Moreover, the NHS in England and Wales has encountered criticism regarding the cost of providing chaplaincy services, particularly when other areas of care are subject to budget cuts, such as nursing posts (Duffin 2013). Before the integration of spiritual care into health boards, chaplaincy services in Scotland were traditionally provided by the Church of Scotland, with the exception of faith-specific support such as the provision of Catholic sacraments, which was led by relevant faith communities (The Scottish Government 2009). However, the delivery of spiritual care and chaplaincy services in Scotland has developed rapidly in the past decade and the service is now provided by healthcare services, with chaplains being employed by their health board. This has led to an increased interest in chaplaincy services becoming an allied healthcare profession (Cadge 2012). The argument for chaplains to become allied healthcare professionals was first made more than 20 years ago by Rivers (1996), who suggested that the stereotypical view of the chaplain in a hospital was not justifiable in modern healthcare settings.

Hannah and McNidder (2013) suggested that there is a greater need for investment in developing resilience and effective working practices to reduce stress and improve sickness rates among healthcare staff. This reflects the role of the chaplaincy service, which includes developing resilience through providing confidential pastoral guidance for healthcare staff who are experiencing stress, particularly if this stress is affecting the patient care they provide (The Scottish Government 2009).

A literature review by Timmins et al (2018) identified some of the essential elements of the chaplain’s role, including end of life care, patient advocacy and pastoral care for families. However, the pastoral assessment and support provided by chaplains to patients and their families also has the potential to support healthcare staff, particularly in managing challenging situations (Timmins et al 2018).

The authors decided that a study was required to gain an improved understanding of the role of the healthcare chaplain in NHS Scotland, and how this role is perceived by chaplains and healthcare staff such as nurses.

Aim

To investigate attitudes towards chaplaincy services in NHS Scotland, including the role of the chaplain in supporting healthcare staff.

Method

This was a qualitative study that used a phenomenological approach to capture the lived experience of healthcare chaplains working in NHS Scotland (Heinonen 2015). Study participation was limited to individuals with ten or more years of experience in healthcare chaplaincy, which would provide a perspective on any changes to chaplaincy services that had taken place over the previous decade. Potential participants who met this inclusion criteria were identified through the lead chaplain from each health board in NHS Scotland, who were contacted directly by email. Data collection was undertaken through semi-structured recorded interviews. A sample of four full-time healthcare chaplains across three health boards in NHS Scotland were interviewed. Of the participants, three were female and one was male. All participants had at least ten years’ service as a healthcare chaplain, while one participant occupied a lead chaplain role. Data collection took place between March and April 2016. While small, the sample size was not a concern for the researchers because sample sizes in qualitative studies are generally smaller than those in quantitative studies, and represent a source of rich data (Pengelly 2015).

Each participant was provided with an information sheet, which included information on the purpose of the study and their right to withdraw at any time. Written consent was obtained before the interviews took place. Interviews lasted between 30 minutes and 90 minutes and each interview was transcribed by the researchers. During the interviews, participants were asked a series of open questions and follow-up prompts to explore their experience of chaplaincy services in NHS Scotland, as detailed in Box 1.

Following the interviews, the transcriptions were reviewed by the researchers. Braun and Clarke’s (2006) approach to thematic analysis was used to analyse the emerging data. The stages of Braun and Clarke’s (2006) approach to thematic analysis are detailed in Table 1.

Ethical approval

Ethical approval was gained from the University of the West

Box 1. Interview questions and follow-up prompts used to explore participants’ experience of chaplaincy services in NHS Scotland

» Tell me some details about your background; what brought you into chaplaincy, and what does your role involve?
» Could you describe to me some of the changes you have noticed in the role over your career as a chaplain?
» What do you feel are the main professional expectations of being a chaplain within the NHS?
» How do you perceive your role in terms of providing care within the wider organisation?
» What are your feelings towards chaplaincy services becoming an allied healthcare profession?
» Do you think any other options are available?
» Do you see any advantages or disadvantages of chaplaincy services becoming an allied healthcare profession?
» Do you feel that any of this has had an effect on your ability to deliver spiritual care?
» Is there anything else you would like to add that you feel may be relevant to the study?
of Scotland because this study formed part of a master’s degree. No further requirements for ethical approval were required from NHS Scotland because the study was deemed to constitute a staff service review. A letter approving access was obtained from the participants’ health boards, and the lead chaplain for each spiritual care team was contacted to ensure that they agreed to each chaplain’s participation. Participation in the study was voluntary and those who agreed to be involved were advised that they could withdraw their consent at any stage.

**Findings**

Two main themes emerged from the data analysis, each with its own sub-themes. Table 2 shows the main themes and sub-themes.

### Understanding the role of the chaplain

#### Healthcare staff members’ perceptions

Despite chaplains routinely providing care in healthcare services globally, other healthcare professionals continue to lack a clear understanding of the role (Timmins et al 2018), and there is a recognition in the evidence that greater clarity around the provision of spiritual care is required (Mowat and Swinton 2005, Swinton and Pattison 2010). However, this study demonstrated that chaplains are aware there is growing recognition of their role and of spiritual care in general. One participant commented on the growing recognition of the role of chaplains in healthcare services:

‘I think the days are gone of chaplaincy being viewed as a bunch of well-meaning ministers wandering around the hospital’ (Participant A).

The study also found that chaplains in NHS Scotland are increasingly adopting an educational role, which involves clarifying the role of the chaplain for healthcare staff and emphasising the importance of spiritual care to the healthcare service. This educational role has, in turn, increased the use of the spiritual care service.

One unexpected finding that emerged from this study was the increase in support that chaplains

### Understanding the future role of the chaplain

#### Becoming an allied healthcare profession

One participant explained the ongoing educational role of the chaplaincy service:

‘It’s an ongoing educative role to help staff understand who we are… but by and large we are integrated into the structures’ (Participant A).

Another participant’s response indicated that there was an ongoing need for education around the importance of spiritual care for patients:

‘We’re not important if you’re thinking [blood tests], or [physiotherapy], or an occupational therapy assessment or the doctors’ assessment, or an X-ray or whatever. Chaplaincy comes way down the bottom and I think a lot of staff don’t get what that might mean to that person or the family, and it’s just taking the time to try and get there’ (Participant C).

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**Table 1. Thematic analysis of the data**

<table>
<thead>
<tr>
<th>Stage of thematic analysis</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Become familiar with the data</td>
<td>Self-transcribe and read over the interviews several times</td>
</tr>
<tr>
<td>Create codes</td>
<td>Identify interesting and relevant elements of the data</td>
</tr>
<tr>
<td>Allow themes to emerge</td>
<td>Divide the coded data into sections and provide headings</td>
</tr>
<tr>
<td>Review the themes</td>
<td>Read and review the themes and relate them back to the original transcript to ensure validity</td>
</tr>
<tr>
<td>Define and name each theme</td>
<td>Identify the ‘essence’ of each theme and allocate it a name</td>
</tr>
<tr>
<td>Write up the findings</td>
<td>Provide evidence to support the emerging themes and include data extracts to demonstrate validity</td>
</tr>
</tbody>
</table>

(Braun and Clarke 2006)

**Table 2. Main themes and sub-themes emerging from the data analysis**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-theme</th>
</tr>
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| Understanding the role of the chaplain | » Healthcare staff members’ perceptions  
» Chaplains’ perceptions  
» Generic chaplaincy |
| Understanding the future role of the chaplain | » Becoming an allied healthcare profession |
were providing to healthcare staff. One participant discussed the pressures that healthcare staff experience, and which can lead to them seeking the support of chaplains:

‘NHS staff are on the frontline of so much. Sometimes violence, sometimes aggression, sometimes the pain of suffering, of illness, and more and more is expected and demanded of them’ (Participant D).

One participant commented on the responsibility for chaplains to provide support for healthcare staff:

‘It can be very important, I think, especially with the on-call stuff where you’ve dealt with the family or the patient, that you mustn’t forget the staff because depending on the relationship the staff have with the patients, they can be very bereaved themselves’ (Participant C).

Chaplains’ perceptions
It was clear from the participants’ responses that they understood that other healthcare professionals did not always have a clear understanding of the chaplaincy role; however, the participants themselves also found it challenging to identify their core responsibilities. One participant described the lack of role definition:

‘We keep spinning plates and hopefully we land in the places we’re meant to be in, which is quite hard...’ (Participant D).

The participants’ responses also suggested that the lack of a clear definition of spirituality contributed to the challenge of identifying a clear chaplaincy role. One participant discussed the issue of chaplains becoming involved in a variety of areas:

‘...it’s arguable that we get involved in too many things rather than what might be seen as our core role. So, some people may see that our core role is with patients, and then maybe with staff. Whereas actually we spend a lot of time involved in training and in developing reflective practice’ (Participant B).

Generic chaplaincy services
NHS chaplaincy services aim to deliver a generic service that encompasses a wide variety of religious and spiritual orientations, and which remains accessible to all healthcare service users (Bradby et al 2013). All of the participants demonstrated a clear understanding of the concept of generic chaplaincy services and their role in a multidisciplinary approach to healthcare. One participant, discussing the role of generic chaplaincy services, stated that:

‘...there was no proselytising, you weren’t there as a missionary, you were there as a person who would walk a journey with someone for as long as that person wanted you to walk the journey’ (Participant C).

The participants’ responses demonstrated a commitment to generic chaplaincy, and that the concept was central to the chaplaincy service becoming increasingly accepted in the healthcare system, and even becoming an allied healthcare profession. While Pattison (2015) has stated that some chaplains may begin to lose their connection to their faith to fulfil the demands of a generic chaplaincy service, one participant discussed how chaplaincy services needed to move away from the traditional view of chaplains:

‘There would be some people out there probably who still think of chaplaincy in the way it used to be - church folk, folk from churches, faith communities - who think that chaplaincy is selling its soul to the health system’ (Participant A).

Understanding the future role of the chaplain
All of the participants in this study mentioned the issue of providing chaplaincy support to healthcare staff, despite the fact that none of the set questions in the interviews asked about this issue. This indicates that future chaplaincy services in Scotland will increasingly involve supporting healthcare staff. This is being addressed by programmes such as the Values Based Reflective Practice (VBRP) model, which has been developed by NHS Scotland (2019) and can be delivered by chaplains in spiritual care teams. VBRP is designed to assist healthcare staff to deliver safe, effective and person-centred care (NHS Scotland 2019). Two of the participants commented on the increasing role of chaplains in providing support to healthcare staff:

‘In the past, we were still viewed as, you know, ministers coming into the hospital to do something that people were very, very unsure about. And our contribution to staff training and staff support is significant as well. The VBRP initiative nationally has been important in that respect. One of the things that I’ve realised afresh recently is that, in clinical situations, things will happen, things will arise, and it seems that there’s a gap, and sometimes staff will see that gap and think “Oh, let’s get the chaplain involved”’ (Participant A).

Another participant commented on the role of VBRP in assisting chaplains to provide person-centred reflective care:

‘I suppose two other places where there’s overlap, one probably is with [occupational health], that whole area of staff support in care, so as a chaplain I would say that the issues that are perhaps stress-related are often bereavement-related... those are things that chaplains can have a positive effect on... actually what is needed is the opportunity to talk and somebody to listen, and that’s what I’ve been employed to do... and the kind of reflective practice stuff that we all do... a number of us have been involved in developing VBRP (Participant B).

Becoming an allied healthcare profession
With regard to chaplaincy services becoming an allied healthcare profession, participants accepted that, while this was the appropriate direction for chaplaincy services in principle, individual chaplains might lose some aspects of their role. One of the participants stated that:

‘...there were benefits to becoming an NHS employee, and I wouldn’t ever do without those, but there
were also some freedoms that we lost and I would think that the same thing would be true of becoming an allied healthcare profession. We will not have some of the freedoms that we once had but the benefits hopefully would outweigh the losses’ (Participant C).

Similarly, there was an acceptance that becoming an allied healthcare profession might not always complement the principles of spiritual care. Some participants commented on the possible conflict between professionalism and spirituality:

‘...becoming a healthcare profession, there’s a lot of opportunities but we’ve got to make sure we don’t build in some negatives, I think would be the fairest way to put it’ (Participant C).

It was also clear from the responses that some participants felt that if chaplains had to meet the requirements of a healthcare profession, such as professional qualifications, registration, and training and education, this might negatively affect their role. One participant suggested:

‘If we depend on our credentials alone, we will lose something essential to chaplaincy’ (Participant D).

However, other participants were keen to emphasise the benefits of chaplaincy services becoming an allied healthcare profession:

‘...it gives us a different playing field from which we can start to move, and maybe people might understand what we do better or maybe more what we can offer’ (Participant C).

‘...we can work within the allied healthcare professional family quite comfortably because we are health board employees, NHS employees [and] our ability to relate to other employees as equals is quite significant’ (Participant A).

**Discussion**

**Understanding the role of the chaplain**

Spiritual care such as that provided by chaplaincy services can assist individuals in understanding their identity and the factors that provide them with meaning, hope and purpose, as well as promoting respect and compassion among healthcare staff for those in their care (Wright and Neuberger 2012). The educational role of the chaplain has also been identified in previous studies (Timmins et al 2018). This study found that chaplains are taking on an increasingly educational role in NHS Scotland, which involves disseminating the importance of spiritual care among patients, relatives and healthcare staff, which has in turn increased the use of chaplaincy services.

Evidence suggests that there is a requirement for person-centred care to be provided to healthcare staff, who can experience the effects of long-term exposure to the emotional aspects of caring, such as the burnout and stress experienced by nurses (Brady 2015, Woodhead et al 2016). Participants in the study discussed the role of chaplains in providing person-centred spiritual care and the benefits for healthcare staff, such as the opportunity to share concerns in a safe environment. It is the role of the chaplain to address these issues by providing confidential pastoral support for healthcare staff experiencing stress that might affect the quality of the care they provide to patients (The Scottish Government 2009).

**Future role of the chaplain**

One unexpected finding in the data was the significant increase in the support that chaplains are providing to healthcare staff and the subsequent demands this places on the chaplaincy service. The pressures experienced by chaplains often involved healthcare staff seeking support immediately after a challenging shift or adverse event, rather than the scheduled pastoral care previously delivered by chaplains (Devenny and Duffy 2014). This may have resulted from an increased understanding of the role of the chaplaincy service among healthcare staff, leading to them accessing the chaplaincy service to address their spiritual well-being, as well as referring patients. The increase in the support that chaplains are providing to healthcare staff indicates that the future role of the chaplain in NHS Scotland could focus on supporting healthcare staff as well as patients.

Participants in the study also acknowledged that programmes such as the VBRP model, which can be delivered by chaplains, may be a solution to the increased requests for chaplaincy support from healthcare staff. With the investment in initiatives such as VBRP, NHS Scotland is acknowledging the support that the chaplain can offer healthcare staff such as nurses.

It could be suggested that shifting the role of chaplains from providing religious care to providing a service focused on person-centred care and support could risk creating an opposition between spirituality and religion in healthcare. This could mean that spiritual care is regarded as person-centred and liberating, whereas religious care is regarded as oppressive and institutional (Nolan 2015). However, Pattison (2015) asserted that it would be outdated to suggest that there is a requirement for chaplains to have a theological or religious grounding. For example, chaplains in NHS Scotland are employed to deliver spiritual care, which may or may not be religious in nature (Scottish Executive 2002).

Participants recognised that chaplaincy services may become an allied healthcare profession in the future (Mowat and Swinton 2005). However, from the participants’ responses it was clear that there is an awareness that increased regulation could risk reducing chaplains’ ability to provide support to patients by ‘just being there’ (Nolan 2015). All of the participants also demonstrated a clear understanding of the role of generic chaplaincy in a multidisciplinary approach to healthcare. Levison (2005) stated that the term generic chaplaincy does not mean that chaplains should provide the same service to each individual, but that they should offer a person-centred service regardless of the individual’s religious beliefs. It was also acknowledged that the development of generic chaplaincy is essential.
References


If chaplains are to become allied healthcare professionals in the future.

Limitations
Four chaplains across three health boards in NHS Scotland participated in the study. The study size was small, as was the geographical area in which the participants were located. The study would have benefited from recruiting chaplains from other areas such as remote and rural locations. Because the study sample was limited to individuals with ten years or more of experience in healthcare chaplaincy services, the perspectives of those who had recently joined the profession were not included in the findings.

Conclusion
This study has provided an overview of the role of chaplaincy services in supporting patient care. It has also explored changes to the role of chaplains in NHS Scotland, particularly the increasing requirement for chaplains to provide support to healthcare staff as well as patients.

In the future, chaplaincy services in Scotland may adopt reflective practice programmes such as VBRP to assist them in managing increased requests for chaplaincy support from healthcare staff.

Chaplaincy services may also be required to become an allied healthcare profession in the future, which may require chaplains to provide an increasingly generic and less religious service.

Implications for Practice
» Further research is required regarding the role of chaplaincy services in healthcare settings.
» Healthcare staff should receive training on the role of the chaplain in healthcare services.
» In the future, chaplaincy services may provide more generic support than religious support.
» Further study is required on the implications for chaplaincy services of becoming an allied healthcare profession.