

Describing effects of healthcare chaplaincy.

**A study in self-perception of chaplains'
contribution to spiritual care.**

Prof. Dr. Traugott Roser, Nika Höfler,
Matthias Mißfeldt, Dr. Friederike Rüter

***"Do we have a case?" - International Conference on
Case Studies Research in Chaplaincy Care
Amsterdam – February 25-26, 2019***



Outline:

1. Project: The effectiveness of Health Care Chaplaincy

1.1 Involved institutions

1.2 Approach

2. Stage I: Case Studies

2.1 Theoretical Background

2.2 Goals

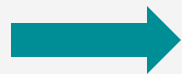
2.3 Methods

2.4 Preliminary results

3. Conclusion

1. Project: The effectiveness of Health Care Chaplaincy

How effective is Health Care Chaplaincy for **patients, relatives, hospital staff** and the **chaplains** themselves and how and where does it work?



Evaluation of pastoral care interventions and their effectiveness **on the basis of self-reported practical experience**



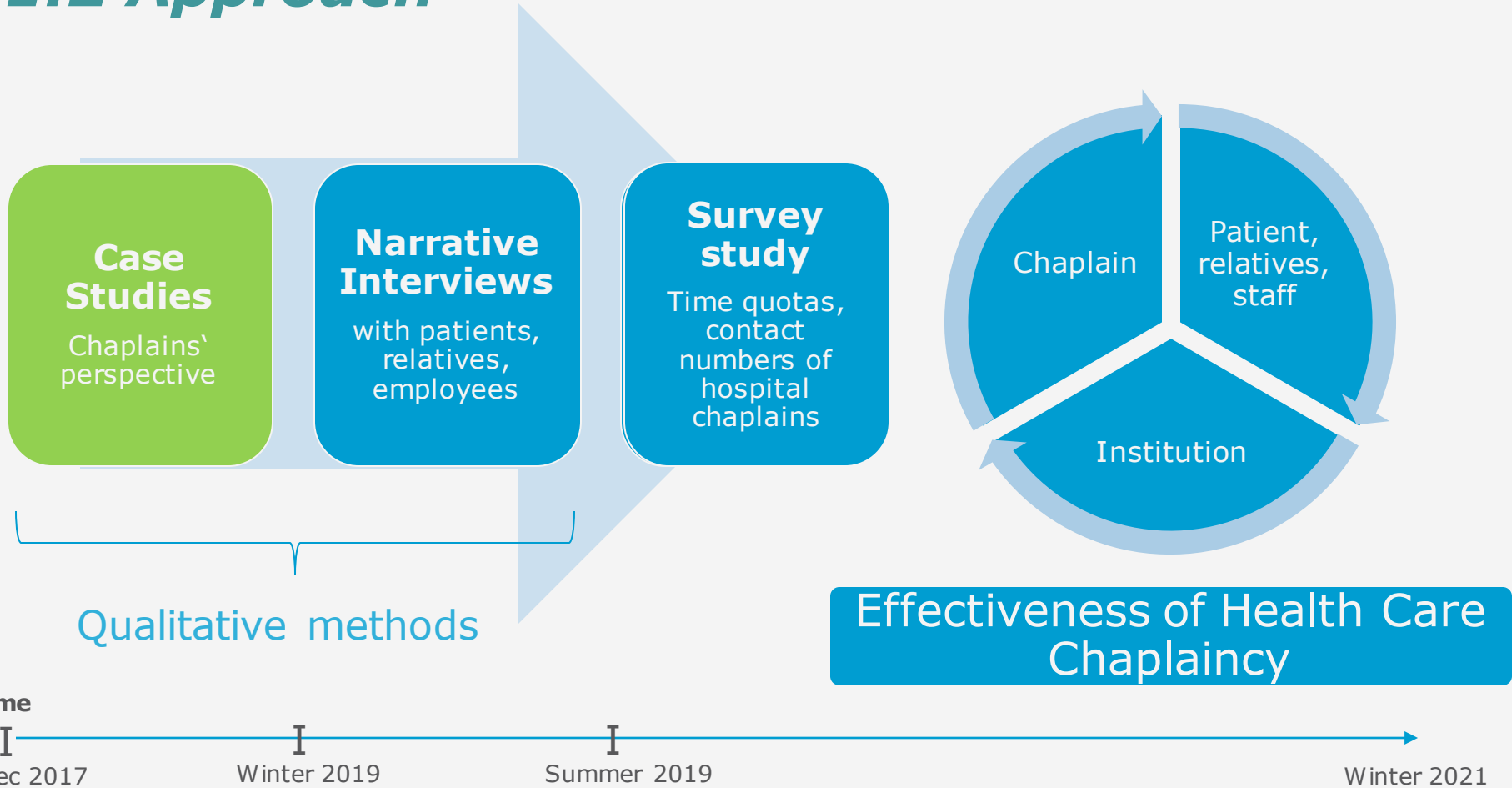
Development of **parameters** for **measuring the effectiveness** of Health Care Chaplaincy

1.1 Involved Institutions

Associations of healthcare chaplains of the **protestant** churches of
Rhineland and Westphalia



1.2 Approach



2. Stage I: Case Studies

2.1 Theoretical Background

Main questions:

- 1. Can we do research based on a case study approach?**
- 2. How do healthcare chaplains perceive and describe their contribution to a culture of spiritual care within health care?**

➡ How do chaplains experience efficacy?

And how do they describe it?

2.2 Goals

The **chaplains' perspective** in evaluating Case Studies as the **chaplains' narratives describing effects of their work and presence from their personal experience.**

Therefore we want to...



- ➔ ... find out how **chaplains describe their own work** between professional role, personal experience and challenges within healthcare institutions?
- ➔ ... **identify aspects of personal beliefs and practices** of professionals in pastoral care
- ➔ ... prove, that a **noticeable efficacy has an effect on the job related satisfaction** of the chaplain and thus also on the patient
- ➔ ... find **praxis-based categories to describe effectiveness of pastoral care**

2.3 Methods

- **Case studies** by chaplains within the churches of Rhineland and Westphalia
- Reports are based on the structure by: George Fitchett, Steve Nolan: Spiritual Care in Practice. Case Studies in Health Care Chaplaincy, London/Philadelphia 2015.
- Chaplains are encouraged to write a retrospective narrative and reflect upon it

Formalities for the preparation of a case report

'This only exists in pastoral care: A story from my practice that has changed something (within me, with another person, within institution) and how it came about'

1. **Context** (patient, family, chaplains themselves and institution...)
2. **Background-story**, focused on significant moments and interventions
3. **Reflection**

Concrete working method



Methods of **qualitative social research**

Data collection method: Case reports

Evaluation method: Grounded Theory

Y:\Auswertung Fallberichte\MAXQDA\Sicherungen\NeuordnungKategorien_23.01_1.mxl2 - MAXQDA 12 (Release 12.3.2)

Projekt Ansicht Dokumente Codes Variablen Analyse Mixed Methods Visual Tools Reports Hilfe

Liste der Dokumente

06	146
07	35
08	86
09	37
10	46
11	69
12	48
13	44
15	68
18	93
20	28
21	39
23	42
24	34
25	48
26	67

Liste der Codes

- Codesystem 2322
 - Grundsituation 0
 - Gesprächs-/Begegnungsdauer 0
 - wenige Minuten 7
 - 20min - 1/2 Std 5
 - > 1 Std 2
 - <= 1 Std 11
 - Zustandekommen des Kontaktes/der Begegnung 1
 - gezielte Anfrage 2
 - Anfrage A 2
 - Anfrage KH-Team 13
 - Anfrage Ggü/S 12
 - "Routinebesuche" durch S in KH 6
 - Angebot von S 1
 - Besuch der/des Zimmernachbar_in 4
 - Erkennen der Notwendigkeit durch S 3
 - Längere Begleitung 41
 - Anhaltender Kontakt 14
 - Anhaltendes Kontaktangebot 9
 - Sympathie/Gemeinsamkeiten Ggü/S 8
 - Eröffnen der Begegnung 0
 - Einleiten/Eröffnung der Begegnung durch S 10
 - Frage nach Befindlichkeit von Ggü 5
 - Selbstvorstellung S 10
 - Rückversichern des Wunsches des Ggü. 9
 - Einleiten/Eröffnung der Begegnung durch Ggü. 2
 - Bekanntheit vor beschriebener Begegnung 0
 - Vorangegangene Besuche während dieses KH-Aufenthalts/Behandlung 7
 - Begegnung im SoSo/KH Kontext (unabh. von dieser Begegnung) 7
 - Begegnungen bereits außerhalb des KH-Kontextes 3
 - Institutionelle Situation 0
 - Einfache Coding-Suche (Oder-Kombination von Codes) 0

Dokument-Browser: 47

60 S 1: Ich hab gehört, dass Ihre Tochter da war. Wie war es?

61 P 1: *Strahlt*. Ich hab einfach so gemacht (*und breitet die Arme weit aus*). Ich hab sie einfach in den Arm genommen. Wir haben uns ausgesprochen. Und viel geweint. Sie kommt wieder.

62 Einige Tage später gehe ich zu Herrn T. Seit vier Tagen hat er Schmerzen und bekommt stärkere Schmerzmittel als bisher. Er soll ins Hospiz entlassen werden. Seine Frau sei eine starke Frau, sagt er, weil sie dem Hospiz sofort zugestimmt habe.

63 S 1: Und wie geht es Ihnen damit, dass Sie jetzt ins Hospiz gehen?

64 P 1: Der Tod kommt näher. Meine Frau muss das jetzt schaffen. Bis jetzt hab ich mich um alles gekümmert. Sie wird das schaffen. Ich hab alles gut vorbereitet. Aber ich hab schon schlaflose Nächte.

65 S 2: Es ist ja auch schwer, sich vorzustellen, dass das Leben der anderen weitergeht, und ich selber bin nicht mehr so da wie bisher.

66 P 2: Ja, und vorher muss ich meine Tochter noch frustrieren.

67 S 3: Frustrieren? Wieso?

68 P 3: Ich muss ihr sagen, dass das Geld für die Frau ist.

69 S 4: Ihre Tochter hat Sie um Geld gebeten?

70 P 4: Nein, aber ich weiß, dass sie bestimmt was braucht. Der Neue hat nicht viel und sie selbst... Und da muss ich ihr sagen, dass sie nichts zu erwarten hat.

71 S 5: Haben Sie denn über Geld miteinander gesprochen.

72 P 5: Nein, das muss ich ihr ja jetzt sagen.

73 S 6: (*ziemlich fassungslos, weil er alles wieder aufs Spiel zu setzen droht*) Also, wenn ich Ihre Tochter wäre und hätte Sie besucht, nachdem wir uns Jahre nicht gesehen haben, und bei meinem nächsten Besuch würden Sie mir zwischen Palliativstation und Hospiz erklären, dass ich kein Geld bekomme, nach dem ich gar nicht gefragt habe – ich wäre schneller durch diese Tür, als Sie gucken können. Und ich würde nicht wiederkommen.

74 P 6: Schaut etwas betreten vor sich hin. Ich glaube, Sie haben Recht. Ich lass das.

75 Zum Abschied aus dem Krankenhaus feiern wir zusammen mit seiner Frau, einem Pfleger und der Stationsärztin einen kleinen Gottesdienst mit Abendmahl. Thema ist das Bild einer Skulptur, die Hannah und Simeon als altes Paar zeigt. Ich würdige die enge Gemeinschaft zwischen ihm und seiner Frau und zitiere Simeon: „Nun kann ich im Frieden gehen.“

76 Einige Tage später besuche ich Herrn T. im Hospiz. Sprechen kann er kaum noch, doch wir umarmen einander, und ich segne ihn. Eine Woche später habe ich ihn nicht mehr angetroffen. Im Team der Palliativstation haben wir über ihn gesprochen. Die, die ihn kannten, waren berührt von der Versöhnung mit der jüngeren Tochter und haben das als Geschenk seiner letzten Tage erlebt.

2.4 Preliminary results

n = 47

 **Inclusion: 39**
Exclusion: 8

male: 18 female: 21



Years of activity in the institution:

1 year: 4
1-10 years: 12
10-20 years: 16
20 years: 7

Age groups:

30-49 years: 5
50-60 years: 31
< 60 years: 3

Ownership of the institution:

Non-Profit denominational: 18
 protestant: 11
 catholic: 7
 Private: 3
 Public: 18

Who is accompanied?

Patient:	34
Relatives:	16
Concerning employees and the institution as a whole:	7

Duration of accompaniment:

Singular encounter (without posthistory):	4
Singular encounter (with short posthistory):	5
Longer accompaniment:	30
Multiple contact (in a different context):	4

*„Regularly, at the end of the conversation, Julia lights a candle for her mother. On the altar in the [...]church of the clinic. It is very important to Julia that this candle burns as long as possible. **Then we pray together. Or rather: I try (on her behalf) to find words for her.**“*

(Grief counselling of a 13-year-old girl in a psychiatric context, female chaplain, mid 50's, over 20 years of experience)

„Without many words there was a very intimate, almost tender contact between us. Across all external borders.

What counts in such moments is the human encounter. Everything else becomes unimportant.“

(Dying care of a Buddhist woman, female chaplain, mid 50's, 10-20 years of experience)

*„I think it's also important to have time and be ready to get fully involved with the other person. **All other professions in the hospital have to pay attention to time. As a hospital chaplain, I often deliberately don't do that.** There are encounters where I only stay for a short time, sometimes not even for a minute and with others I can endure more than 1 hour. The patient and the relatives can decide this together with me. I have laughed, cried, embraced, prayed, blessed and anointed, kept silent, listened and talked a lot in these encounters. Encounters were never the same, but always especially in their own way.“*

(Female chaplain, mid 50's, 19 years of experience)

*„Both hold each other by the hands. [...] I have experienced the **holding hands as an assurance of being there for each other as long as possible.**”*

(Description of the chaplains's observation during a clarifying conversation between wife and husband about whether the husband can accept the hospice stay of his wife, male chaplain, mid 50's, over 20 years of experience)

*„[The patient] is excited with happiness and radiates. [...] **Her happiness touches me very much** and I am amazed at how little (or how much!?) it sometimes takes to make a person happy. When I want to say goodbye, she still says: [...] 'I'm so happy I could hug you.' I rarely hug patients. **But at this point I like to get involved.**[...] 'You're welcome to do that! I bend over to her over the bed and we take each other in our arms for a moment.'”*

(After the Communion was served to a 93-year-old woman, male chaplain, mid 50's, 2 years of experience)

*„ Even though I did not actively perform the function as "lawyer" of the couple, **he seemed to feel less alone in the institution hospital afterwards. It was as if they suddenly had someone on their side in me who had nothing to do with all the fruitless investigations.** "*

(A female chaplain as mediator between the hospital and an elderly couple, whose wife died on the palliative ward after a ritual celebration of the wedding day, mid 30's, less than one year of experience)

*„Mrs. S has changed. It may be true of my faith to say that this was due to the blessing, but in my role as hospital pastor I would never say so. **Maybe it was the work of God, maybe psychopharmaceuticals and therapies helped, maybe I as a pastor also did a small part with my attitude.**”*

(Accompaniment of a suicidal woman, female chaplain, mid 50's, a few month of experience)

Results of the evaluation

- ➔ **Basic situation** of the encounter
- ➔ **Spiritual dimension** and **ritual competence**
- ➔ **Relationship**
- ➔ **Time**
- ➔ **Non-verbal communication** and **physical level**
- ➔ **Chaplain's attentiveness** to the **specificity of each individual situation**
- ➔ The chaplain as a **mediator**
- ➔ **The understanding of pastoral care** by all participants and **self-image of the chaplain**

3. Conclusion: The final objective



The final goal: **to demonstrate the effectiveness of hospital pastoral care** as a systemic and institution-related approach for all participants and all fields of work.



We achieve this in working with case reports.



Only in this way can we achieve **results that are anchored in the material** and not predetermined by existing theories.

Thank you for your attention!