

Community Chaplaincy Listening: Practical Theology in Action

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What we know already

Patients, GPs and chaplains reported very positively overall on the first pilot of the Community Chaplaincy Listening (CCL) service. NHS Managers, GPs and patients would like to see CCL as part of the continuing provision of NHS listening therapies.

What this paper adds

Descriptive statistics of who uses the CCL service and why; patients and chaplains describe what happens in a CCL session; patients report the difference CCL makes to their lives; and an insight into what spiritual listening means in the context of CCL.

Why this is important

CCL is a direct and practical application of the desire of Scottish healthcare policy to provide preventative care in the community. It has potential implications for GP consultations, prescribing patterns and patient medications compliance.

How this impacts on Chaplaincy

Through CCL chaplains have established a new role as specialist spiritual care providers within primary care teams. Chaplains providing spiritual listening sessions can now evidence how listening directly enhances patient wellbeing and resilience.

Key words: *Spiritual Care, Community Care, Chaplain, General Practice, Listening, Patient Centred Care, Patient Experience*

Introduction

Since March 2010, the department of Spiritual Care within NHS Education for Scotland (NES) has been working with Scottish Chaplains, general practice teams and patients to design an innovative model of spiritual care in the community. Almost three years on, this new service 'Community Chaplaincy Listening' (CCL) provides patient centred spiritual listening and has now been piloted in general practice surgeries across Scotland. This paper outlines developments in the CCL model itself, the evaluative methods and the most recent research findings from the various perspectives of patients, doctors and chaplains.

Background

The theoretical framework underpinning the CCL project is fully described in the previous paper of this

series: *Listening as Healthcare* (Mowat, Bunniss, Snowden and Wright 2013). That framework outlines the growing awareness of the social importance of listening and narrative in spiritual wellbeing, the theological construction of listening as a spiritual task and the importance of spiritual wellbeing in ensuring healthy, resilient communities that can cope with the emotional challenges of life, illness and ageing. These ideas compliment current thinking from the Scottish Government regarding shifting the balance of care from acute services into community settings and enhancing the patient experience in healthcare.

Research Focus

Our earlier research published elsewhere (Mowat, Bunniss and Kelly, 2012) examined the design and first introduction of CCL as part of the provision of service

within NHS Scotland. The key findings after that initial phase (CCL 1) showed:

- Patients, GPs and chaplains reported very positively overall on their experience of the CCL service and found it helpful. NHS Managers would like to see CCL become part of the NHS provision of talking/listening therapies.
- Providing clear information materials and having settled space to conduct the CCL service helped patients and listeners have a positive experience.
- Building good working relationships between chaplains and GPs was important for effective referrals.
- The use of (non-chaplain) chaplaincy volunteers as listeners in the CCL requires careful consideration.
- Clearly articulating the concept of spiritual listening is essential for everyone involved in CCL.

The second phase (CCL 2) reported here, further enquired into these findings with the following emphases:

- a) To further clarify the value of CCL to patients and doctors and the difference it makes to their healthcare experience?
- b) To explore what makes the CCL service distinctly *spiritual* listening and therefore the preserve of healthcare chaplains and spiritual care providers?
- c) To identify what is required to make the CCL service sustainable and continuously useful?

The Scottish Government has now awarded funding to NHS Education for Scotland and the University of Aberdeen (School of Divinity, History and Philosophy) to jointly establish a centre to further test, develop and embed the CCL service over the next three years. Ultimately the aim of this paper is to constructively

inform the development of that centre and the CCL service across Scotland and beyond.

Methodology

This study was informed by participatory action research; the findings focus on the lived experience of the participants and how the CCL service can be continuously improved. Exploratory qualitative research such as this does not seek to uncover one 'true' account of the world but rather to present emerging themes that capture a range of complex opinions and ideas (for further discussion see Bunniss and Kelly, 2010)

The UK Medical Research Council provides a structure by which to build evidence for complex interventions such as CCL. Our research methodology reflects this structure in that we locate the CCL progression in the continuum of increasing evidence from

1. Theory
2. Modelling
3. Exploratory trial
4. Wider testing of the established intervention
5. Long term implementation

According to the MRC model this paper describes the findings at the end of the exploratory trial. The next stage will apply audit tools to measure outcome and process as the established intervention is tested more widely. The outcome will be the Lothian PROM as described earlier in this special edition.

Data Collection

CCL2 Data was gathered during an 11-month period of service delivery. This encompassed qualitative data gathered from patients, general practitioners and chaplain listeners as well as basic quantitative audit data about patient participation.

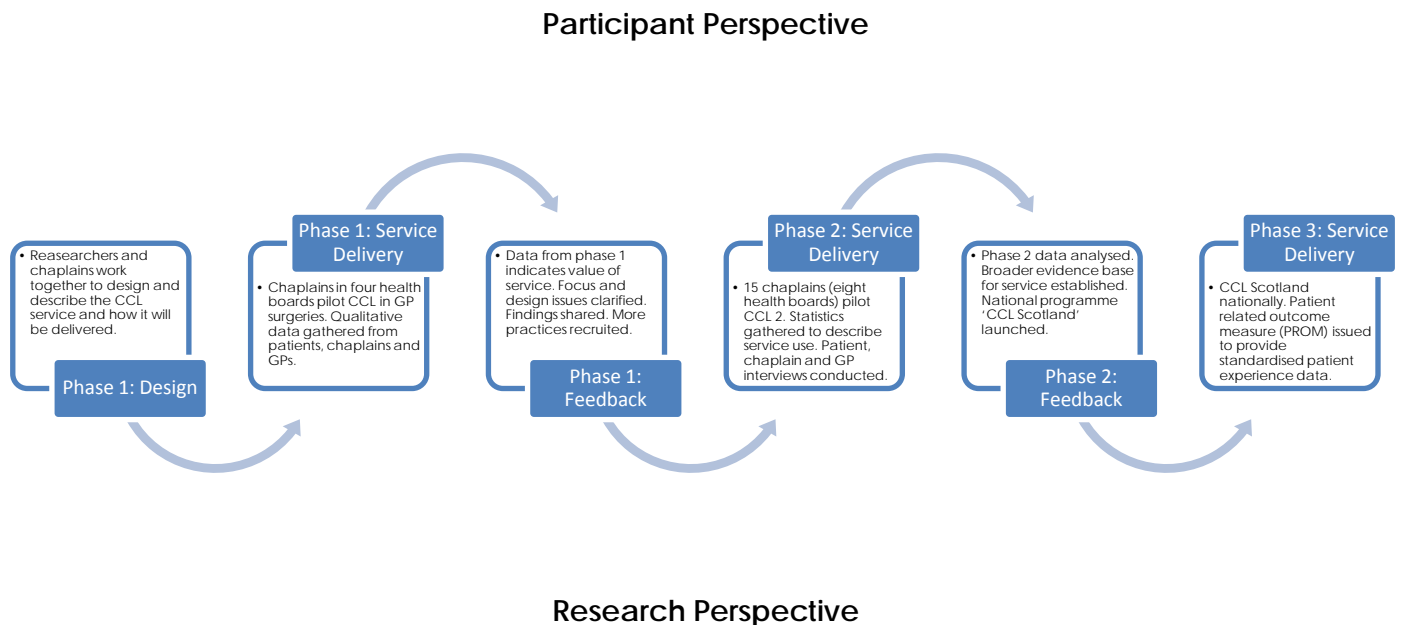
CCL Phase 2: Data Sources	
Patients	Descriptive statistics for 250 patients in/through the service 18 semi-structured telephone interviews
General Practitioners	6 focus groups with GP practice teams 6 eQuestionnaire responses
Chaplain Listeners	Semi-structured interviews (pre and post delivery) with 13 of the participating chaplains 26 Ideal Intervention Forms (IIF)

The research was conducted in line with NHS Research Ethics guidelines (12/NS/0004) and consent was secured in all cases. Names and other personal references have been removed.

Data Analysis

The action research framework makes central the process of feeding back data to participants that helps them adjust and refine their practice. We used Gadamar's (1975) cyclical process of hermeneutical 'moments' to move from pre-understanding to positive action. We also employed the levels of analysis outlined in Swinton and Mowat (2006) to incorporate the reflective theological eye throughout the analysis.

Figure 1: Developing CCL Scotland: Iterative Phases



Findings

1) Describing the CCL Service Provision

The CCL Service - An overview of delivery

1. Eight health boards across Scotland delivered CCL2: 15 healthcare chaplains provided listening sessions to 18 GP practices.
2. There were 310 active patient referrals to the service with 250 patients using the service between September 2011 and July 2012. 215 patients were seen and discharged, 35 were on going at July 2012 and 60 patients (19.35%) booked appointments but did not attend at all.
3. On average patients attended three CCL sessions. Maximum attendance was ten sessions; however, most commonly patients attended one or two sessions.
4. Chaplains reported sessions lasting from 30 minutes to 3 hours but most commonly sessions were one hour.
5. CCL patients ranged from 18-89 years old with the majority of attenders (41%) aged 40-59. Patients were 75% female and 25% male.

Why patients come: Reported reasons for using the CCL service

Reasons for using CCL	%
Bereavement	32.24
Relationship Issues	16.33
Stress	9.39
Depression	9.39
Ill health (self or close others)	6.94
Fear/anxiety	6.94
Self esteem/confidence/identity issues	3.67
Loss of purpose/lifestyle issues	3.27
Drugs/alcohol issues	2.45
Loneliness	2.04
Ageing	0.82
Guilt	0.82
Unattributed	5.71

Overall the chaplains summarised three categories of presenting problem.

1. SEARCH for meaning understanding and reconciliation
2. LOSS – loneliness, anguish, confusion, “lostness” sense of abandonment
3. SHOCK – with consequent symptoms of anxiety, trauma and depression

Patients also reported practical prompts for using the service. The endorsement of the service via the GP referral was helpful for patients and a number of them wanted to try the service rather than be prescribed anti-depressants. The availability of CCL met the immediacy of the need to talk to someone and contrasted favourably with other talking therapies, which sometimes have long waiting lists. Some patients used the service with other psychological therapies, using the chaplains’ listening

service as a way of talking through what they were learning elsewhere.

Practicalities: how the service operates?

Chaplains were based in the GP surgeries, using a room in the practice. Patients were typically referred by their GP and made an appointment via the GP reception. Patients were seen within a few days of making the appointment and sometimes (exceptionally) the same day. Patients would be introduced to the idea of the listening service by their GP or from promotional materials and then again at the beginning of their first session with the chaplain. The chaplain would emphasise the confidentiality of the service. Patient were then invited to tell their story and the chaplain - experienced in listening and discernment - would use a variety of ways in which to hold and reflect that story and to discuss possible next steps, which might include further appointments. Patients can then make further appointments to return at any time to with or without further discussion with their GP.

2) What the patients say

CCL as a positive experience with practical outcomes

Patients were overwhelmingly positive and enthusiastic about the service. They described it as being highly person centred because they were able to determine the agenda, the pace and the outcomes. They reported real and positive change in their understanding of their situation and their capacity to cope. Without exception the patient interviewees said they would recommend the service to others.

**Patient Reported Outcomes:
What difference did CCL make?**

Shifted my perspective	Brought clarity Made me hear and see my own story differently I'm a stronger person now 'I went in suicidal, came out with hope.'
Found the purpose to go on	I felt pointed in the right direction
Enhanced wellbeing	Drinking less Taking less tablets Back at work/found a job
Helped me cope	Developed coping strategies Feel more in control of my choices Found ability to get on with things I have the courage to talk to others Gave me confidence in my GP

Having him (Chaplain) listen to it and him telling it back to me...it was like hearing some one else's story. And hearing their story I wanted to change their life for them and get them to do what they need to do and motivate them and that's what he done for me. He repeated it back to me and that made me go 'well if that was someone else's life, I'd want to motivate them and help them, so I need to do that for myself.' (CCL patient)

Even that one session made me realise a lot of things and made me change my life around from then. (CCL patient)

Patient experiences of the CCL sessions

The patients reported that the predominant activity was that they talked and the chaplain listened. Sometimes the chaplain asked questions that helped them unravel their story a little more. They felt they could speak freely about whatever they wanted to. They reported feeling relaxed and that they had the sense that the Chaplain was giving them his/her undivided attention. They cried and felt able to tell the whole story from beginning to end without being interrupted. They felt they were given all the time they needed, they could take their own time and that the chaplain was non judgemental, did not attempt to label them and remained right with them throughout the experience. The patients liked the fact that the chaplain was a stranger, did not have notes or any preconceived ideas of them and that they could provide an outsider perspective; they were not emotionally involved and that the door was always open for them to go back.

You just walk in, he welcomes you and he asks you to start where you feel comfortable starting. There is no pressure, you take your own time, and you go through it at your own speed, no matter how long it's going to take. You say it how you want to say it, and you say it in the order you want to say it, it doesn't matter if you go from 10 years old to being the age I am now, you can do that as much as you want. You're totally in control of it. (CCL patient)

Before I went I thought 'Oh no, it's just going to be someone else judging me like the psychologist, just a load of crap', but I went in and it was so relaxed. He wasn't judging, it was useful just to have that one person listening to you, it was just so relaxed, it wasn't like

somebody was getting paid to do it...he was genuinely concerned. (CCL patient)

Mostly they would just say 'how are you today?' They just seemed to find the right questions to get me to open up, talk about things that were worrying me, how I was feeling and giving me strength to carry on. (CCL patient)

I could sob my heart out. (CCL patient)

Patient reactions to spiritual listening

The issue of the service being spiritual listening delivered by a chaplain did not appear to be a barrier. The patients made a strong association between the words 'spiritual' and 'religious'; therefore some patients wondered if the service would be religious but found quickly that it wasn't. One or two patients said they wondered how they would get on with a chaplain since they were not religious, but all patients interviewed said that the faith orientation of the chaplain was not a factor and if anything was helpful. Patients tended to associate the listening with other types of counselling that they had tried, or knew about.

It was great... I only spoke to him for a while. I was very very down that day, I was in a terrible state and the doctor did help because he was supportive, he suggested I talk to the chaplain and I am a totally unreligious person in the world and I was very wary of that, but he was dead nice. I walked in suicidal and I walked out full of hope between him and the doctor. (CCL patient)

I'm a completely non-religious person; I would consider myself an atheist. I was at first a wee bit anxious when doctor suggested him. I wasn't sure I wanted to see somebody like that...for me there had been issues about that. Actually being able to speak to that particular person who was a chaplain actually clarified it for me that I had done the right thing...it helped with all that really. (CCL patient)

CCL as a prevention against serious mental health deterioration

The patients described the preventative health potential of the listening service. They saw it as a buffer before the next step, that it saved them from deteriorating further. Some patients who knew the signs of their own potential decline, reported the service helping them to nip things in the bud before they got too difficult.

Everybody is into preventative medicines and preventative this and preventative that nowadays, and like I said to you, I think that this service is something that definitely fits in the middle of when you're suddenly going through something, whatever it is, and you can feel your self going down and your GP can maybe see that. It kind of stops you at the edge of that cliff from maybe progressing further. It just kind of gets in there and it is really useful, really helpful. (CCL Patient)

3) What the Doctors say

The overwhelming agreement from the participating doctors was that they saw great potential for the CCL service and hoped it would continue in their surgeries on a weekly basis. In particular, GPs felt the value of the service was that it was available and local because this differs from other mental health services, which have long waiting lists, often involve travel and are more proscribed in format.

Positive feedback from patients...found that it has helped them a lot. (GP)

There aren't many options available so locally as quickly and efficiently. (GP)

CCL seems to provide much needed extra time for patients dealing with life issues that have the capacity to compromise their wellbeing and health.

Patients I've referred are people who are struggling with a life situation, somebody to enable them to find their place. (GP)

GPs singled out three elements of the listening service for particular discussion.

Spiritual Listening: Finding the language

This is the first national initiative where healthcare chaplains provide structured services within primary care surgeries therefore initially GPs were unsure about how best to describe the service to patients. Some found themselves nervous about using the term 'chaplain' or 'spiritual' and tended to refer to the listening service, which was conducted by a chaplain. Some described how they would qualify this by telling patients: 'it's ok, he's not religious'. This nervousness about language was not really reflected in the patient's and this sensitivity may be as a result of organisational culture rather than real difficulty for patients.

Originally I was tripping over myself saying that the listener

was a chaplain, providing a spiritual service etc. but latterly I've stopped doing that. I don't think it matters. I just give them the leaflet. (GP)

Enhanced patient consultations post-CCL

Secondly, GPs reported that some of their consultations with patients showed positive changes after the patient had attended CCL. One unexpected outcome was that GPs reported examples of patients who were subsequently more compliant with their medication because they had discussed how they feel about taking prescription drugs with the chaplain during their sessions. It is too soon to tell whether the CCL impacts on prescribing in other ways however GPs reported the tone and relationship of their consultations were enhanced.

At least two have found it very helpful...and needed less consultations as a result of seeing the CCL (GP)

I've not seen one patient at all since she has been at the listening service! (GP)

I had a patient who normally I might have given an antidepressant...went to see the chaplain and came back to me feeling a lot better with no prescriptions. (GP)

Feeding back: New working relationships between GPs and Chaplains

Thirdly, the GPs were looking for more feedback and communication with the chaplains. Many of the GPs had had no real engagement with the chaplain and there were a variety of feedback methods, none of which were very substantial. This is balanced against the importance that the patients placed on the confidentiality of the service. However a simple

mechanism of alerting the GPs to the fact that the patients had had some sessions would be welcome.

Maybe (give us) some greater clarity about the types of patients you feel you can help/cope with. (GP)

I don't know if patients take up the offer...we don't know what's happening...it's a wee bit different for what we are used to. (GP)

GPs also saw the service as a potential support to themselves and wanted the chaplains to be seen as part of the team. They saw that future spin offs in different areas; e.g. working with staff in the PCT as well could be a result of this relationship.

What the Chaplains say

Chaplain experiences of the CCL sessions

Chaplains were also asked to describe what they did in the CCL sessions. Their descriptions were highly resonant with the patients' descriptions of what happens in a CCL session. They confirmed that the main activity was to listen, hold, reflect back and sum up the patient story. They saw themselves as providing a safe, accepting space and a sincere relationship by which the patient could feel able to tell their story. Sometimes they encouraged different future actions.

Quite a lot of people only came once. Or was once enough to help them feel a bit better to carry on? Enough for them to carry on a bit longer? (Chaplain)

Once person said to me 'I thought I had to carry this guilt for the rest of my life and now I see I don't.' That happened in one session. (Chaplain)

Chaplain descriptions of what they provide in CCL:

- Eliciting and holding the story
- Articulation of pain
- Listening
- Summing up and playing back
- Provision of safety
- A sincere relationship
- Acceptance
- Availability
- Person centred
- Encouraging different future actions

This is a change to how we operate as chaplains. Getting head round not being in-patients but in the community. (Chaplain)

We need great integration into the GP team. This is drawing chaplaincy into the greater community care package. (Chaplain)

CCL: Suggestions for Improvement

From patients	Better and more suitable room space (with windows) More advertising to make it easier to self-refer Information (pictures) of the chaplain as part of the promotional materials
From general practitioners	Extending the service to include home visits to housebound patients Strengthening the feedback mechanisms between themselves and chaplains
From chaplains	Having more availability of sessions Becoming more integrated with the rest of the GP team.

Discussion

The second delivery of the Community Chaplaincy Listening service raises a number of discussion points. First, it would appear the CCL is thus far meeting its own aim of being a genuinely person centred NHS service; this will bring inevitable capacity issues. As demand for the service grows it will potentially lose one of its most appealing characteristics; namely, the immediate response to (most commonly) short-term patient spiritual and emotional distress. The CCL is a complex service currently provided by experienced chaplains and the findings of our earlier research still stand: if future demand for CCL is to be met in any part by volunteers they must be recruited, trained and supervised in keeping with the calibre of the current specialist spiritual care experts who provide it. Second, there is notable resonance between chaplains' descriptions of what the service aims to do, and patients' descriptions of how they experienced the service and the impact it had on them. It is unusual for an NHS service in current times to be able to meet, and even exceed, patient expectations in the way the findings demonstrate. This point also emerged from the Lothian Spiritual Care PROM research and will be explored more fully in the coming months. Finally, this study shows the beginnings of new and important working relationships within the primary healthcare team. Government bodies, healthcare policy, the media and healthcare professionals themselves are acutely aware of the patients who 'slip through the cracks'. A service such as CCL that sees chaplains as a natural addition to the multi-disciplinary team (Coates 2010) is one more step towards the national aspiration of joined up, preventative healthcare in the community.

Limitations

This was an exploratory qualitative study with a relatively small number of study participants.

Acknowledgements

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