

12th CONSULTATION
EUROPEAN NETWORK OF HEALTHCARE CHAPLAINCY
Mennorode the Netherlands – 6-10 June 2012

Working together –
The challenge for chaplaincy in an interdisciplinary era

SESSION 1

Working in an interdisciplinary way – Roel Hekking

Introduction:

- First of all I would like to introduce myself: I am Roel Hekking, working as a chaplain or geestelijk verzorger as we say it in Dutch, in the De Zorggroep in the south of the Netherlands. In my opinion the best translation of geestelijk verzorger is spiritual caregiver, but I will use the term spiritual caregiver and chaplain both together. De Zorggroep is a very large healthcare institution with 8000 employees. Mainly we give care to elderly, within the institution walls but also more and more outside to people at home.

I am working here already for 20 years. During those 20 years, 11 years I was very active in the board and different committees of our professional association the Vereniging van geestelijk verzorgers in zorginstelling, (our Association for spiritual caregivers in healthcare institutions). And so I was asked in 1993 to go to the second (yes, you have heard it right) the second consultation in Upsala Sweden, together with my colleague Ton Hanrath. Nine countries were represented by 13 people. It was a very good experience and when Sten Lundgren, one of the two founders and big inspirators of the European consultation, when Sten at the end asked who wants to organize the next consultation, Ton and I looked to each other: we wanted to do it. So we worked very hard for two years and in September 1994 we could receive 24 representatives from 15 countries in the Netherlands: the network was growing and the model, according with the Consultations still are organized, was founded. Ton and I would enjoy many of them. Now 18 years and exactly 9 Consultations later the VGVZ receives you again in the Netherlands. And you can imagine that for me it is very special to be with you and to speak about the very important theme of this 12th Consultation. I do this with warm memories of Ton Hanrath who unfortunately died in a car accident in 2007 and who has meant such a great deal for our association and for the European network as well.

- That was a bit of history and nostalgia. Now back to the reality of today and to the important subject of this Consultation: working in an interdisciplinary way. I must say first that my English is far from perfect, but I remember of former consultations I am not the only one. I remember that after these days you will even be thinking in English.

- An exercise
 Before I will speak now about our theme, I will invite you to do a little exercise of awareness: write for yourself in a few words with dia 2 whom, when, why and how you as a chaplain or spiritual caregiver in a healthcare institution cooperate with other professionals such as doctors, nurses, psychologists etc.

- The importance of the theme for me is that in an secular Europe and in an more and more business-like healthcare, it is strategically necessary to cooperate with other disciplines, just to survive. When we want to be a part of healthcare, to contribute to the healing of patients in a holistic way and when we want influence the healthcare policies, we have to work in an interdisciplinary way. But perhaps more important: cooperation is necessary for an adequate development of our profession. In dialogue with other disciplines our profession can develop itself. When other disciplines may be a mirror and a whetstone, we are able to formulate sharper our own identity, tools and results. As we will see, we have to do so in a language other professionals and partners in healthcare can understand.

- What influence the interdisciplinary cooperation?
 How the cooperation between chaplains and other disciplines looks like, is depended on the next items.
 - o 1. the situation per country, particularly, the level of secularization in the country;
 - o 2. the vision of the concrete healthcare institution: is the chaplain been seen more as a representative of his denomination or as one of the professionals in the organization? (as you will experience tomorrow : in our very secularized country different ways of cooperation exist in different healthcare organizations, even within the same city);
 - o 3. the vision of the professional association of healthcare chaplains in a country; that is important. In the afternoon today, we will see how it works when a clear vision from our

Scottish colleges influences the cooperation with other disciplines and parties in healthcare.

- 4. the vision and practice of the concrete team of chaplains;
- 5. Finally: the way the chaplain is paid for his work and his place in the organization both influence the way the chaplain communicate and cooperate with other professionals.

Because of the time I cannot work out every item, but in my opinion it is important to keep this items in mind when we speak about working in a interdisciplinary way.

Models of cooperation

- Now I will give you a few possible models of cooperation and I will take the model that we use in my own work in De Zorggroep in the south of the Netherlands as an example.

We have to realize that we can speak in two ways about our theme: the way we cooperate with other disciplines and we can speak about the content from our cooperation and communication with colleagues of other disciplines. I will speak particularly about the way we can cooperate with other disciplines.

In this way I hope I will be able to give you the opportunity to reflect on your own situation and your own way of cooperation in your organization. In this way we can find and share 'the challenges for chaplaincy in an interdisciplinary era'.

- 1. The first model of cooperation is in fact the model of non-cooperation

The chaplain does his work on his own without communication with other professionals. The organization enables his work and gives him the opportunity to visit patients and to organize liturgical services.

In this model, the accent lays on the chaplain as the representative of his denomination and less on the chaplain as one of the professionals in the organization.

- 2. The second model I like to present is the model of non-systematic cooperation.

This cooperation happens more by accident. Dependent on the institution or on a nurse or doctor who is involved with religion or

giving meaning or spirituality, the chaplain gets a referral to a patient. Or, differently, a chaplain is able to communicate well with doctors and nurses, discusses with them about the wellness of a joint patient.

Occasionally the chaplain will be invited in an interdisciplinary meeting about a special case. Another way of non-systematic cooperation to give a lecture about ethics for some other professionals.

In this second model, the chaplain can be seen as a representative of a denomination, but at the same time he is seen as a part of the organization.

3. The third model is the model of systematic cooperation

Here the cooperation and communication is systematically organized. The chaplain is seen as one of the professionals in the organization. That, at the same time he is seen as a representative of his denomination is important and most visible in the more denominative tasks, such as liturgical services etc. But there is no systematic cooperation with the other disciplines. In the other tasks, such as individual guidance, group work and palliative care, the systematic cooperation becomes really visible.

This cooperation will firstly discuss how the referral to the chaplain will be organized. In our country, the spiritual caregiver, is in this tasks in principle available for everyone, not just for patients from his or her own denomination.

This is, in my opinion, a good answer to the secularization and pluralistic situation in our country. Pluralisation, not only between the traditional and new religions and beliefs, but also within them. For example to day no one is catholic in the same way.

So we have to help everyone with any question about giving meaning and spirituality within his or her ideological or religious vision. To help to find their own answers. Our own ideas and beliefs has to serve this purpose.

When every patient can be our client and not only those of our own denomination, then the main question in the systematic cooperation is: how do we get our clients? Can we visit every patient, at least to become acquainted? No, that is impossible, if only because of the limited time. There is just one alternative: to cooperate with the professionals who are working every day with the patients. They know the patients better than we do. But, you

will ask: do they have enough knowledge about giving-meaning, spirituality and religion, about our domain.

Here I like to tell something about my own experience in my own work situation.

My own situation

I will try to do it point by point:

- The situation is that we were forced by the management to work as every other professional; this means: only on the basis of referrals from the medical staff or nurse, can we make contact with a patient.
- Of course we asked immediately: What remains of the so-called function of 'save haven' and the right of every patient to come in contact with a chaplain without intermediation from other professionals. My organization does fully recognize this right of every patient. The question is: how can the patient become aware of the chaplain and his services. Some pr can help: a good, simple flyer for example. But the most important way to make contact between the patient and the chaplain is through cooperation with the other professionals. The doctor and nurses have to see the need of spiritual care and to refer to us.
- When our direction forced us to use this referral system, we demanded that we can give the other professionals some education and training about our work. Indeed, medicals and nurses had to know our domain now better than ever. We received the permission to do so. And so we are giving training to doctors and nurses about giving meaning, spirituality and religion and how it works when illness and aging come in life.

What are the results after working a year with this systematic way of cooperation with other disciplines?

I must say, the results are generally good. In some departments the results are exiting; we can hardly keep up with the care demands.

Advantages and disadvantages

- What are the advantages this systematic cooperation?
 - Firstly, for first time in my career I now work together with the doctors and nurses in a good and systematic way. I am more than before part of the care team.

Systematically I am invited for the interdisciplinary consult. My contributions are recognized and accepted. And of course I have to report my contact with the patient in the dossier. And for the first time, I am called to account when my response to the care-demand takes too long

In short: my work is much less open-ended.

- Secondly: the domain of our work is now more shared with other professionals. I am not the only one who carries the burden for giving-meaning and spirituality. Just like a nurse or any other caregiver has to know something about medical and psychological matters, now they have to know something about giving-meaning, spirituality and religion. And we can call them to account when we think there are not enough care-demands in their department. It is important is to build strong, truthful relationships with them. You have to invest a lot in that; in a formal and informal way.
 - Third: this system is not only usable inside the walls of the traditional nursing homes, but also in the transmural care for people at home.
- Are there disadvantages to this way of working?
 - It is true: I am less free to divide the time myself.
 - Secondly: can patients find me, when they don't want that any other person knows about the contact with me? Of course: he or she can know me from the flyer that every patient gets; and every one can address me when he or she sees me. But the most important remains, doctors and nurses see the spiritual need of a patient.
 - This example of systematic cooperation in my work situation, is just an example. It emerge in the particular situation of me and my colleagues. It is not a new law or dogma. But perhaps it gives us to think about our position and perhaps it will reduce some fear and give inspiration to come out an isolated position and to communicate freely with other disciplines. That's what in my opinion has to happen: that more and more we will come to work in an interdisciplinary way, in one way of another.

Precondition to come to interdisciplinary cooperation

Finally, I will describe some pre-conditions to come to a systematic way of cooperation. It will be clear, these pre-conditions are not only necessary for a systematic way of cooperation like in my work, but for every other kind of systematic cooperation between chaplains and other disciplines.

First I see some pre-conditions on the side of the organization:

- The organization recognizes the right of every patient to come in contact with a chaplain
- The organization recognizes the chaplain not only as representative of a denomination, but also as a professional, like other professionals.
- The organization enables a systematic way of cooperation between the professionals.
- Starting point is a holistic view on men and on cure and care. Only in this way you can come to a real interdisciplinary way of care giving.

Then some preconditions from the side of the spiritual caregivers, the chaplains:

- The chaplains have an open attitude to the other professionals. They recognize and understand the possibilities and difficulties of the other disciplines.
- The chaplains are able to give training in an understandable, clear way about their domain to doctors, nurses and other caregivers.

This is a very important point and an important tool we have to develop. In my opinion we can speak about our work in three ways, three language fields:

- i) the language of the profession itself; this is the language that we speak with each other as colleagues, like we do these days and with scientists of for example theological universities and other scientific studies. We can't use this language when we speak with other professionals. Like a doctor can't speak in a pure medical language with us. It needs translation in another language field:
- ii) the language of healthcare; this is the language we speak with other professionals in the care but also with politicians, people of the insurance etc.

We have to tell them of our work and the results of it in terms that they can understand. So we have to translate the language of the theology and humanistic science, in the secular language of the care, when we speak in a abstract way about our work with others, but also when we speak concretely about one of our patients.

(For example: 'the domain of the chaplaincy or spiritual caregiver is that of giving meaning and spirituality.')

Of course, we might feel, we can lose depth and color when we use this language to explain our work. But we have to make ourselves understandable, otherwise we are doomed to isolation. And when you see this move as a challenge, then there is a lot to win.

- iii) The third language field is that of the experience - or the narrative language. It is the language in which you tell about our work in a intimate way. You tell more a story: for example: 'last week I visited a lady of 90 years old. Her son of 68 has died and she was crying. She thought it was her turn and now she has to live further with this terrible loss. I could only listen; I had not the good words for her and I tell her that...'etc. You feel this is a total other way of speaking about our work and why we will not use this in the good moment of cooperation with other disciplines. In this more confidential field of language, it is also possible to speak about your own ideals, belief, some of your own biography and about your religious background.

All the three kind of language fields are important and indispensable. We have to learn to use them in the right moment.

- The next condition is close connected with the second language field we have talk about: the language of healthcare. When we communicate about our work the chaplain has to do it in a consistent manner. Otherwise other disciplines and parties in healthcare cannot understand you

Inside the VGVZ we have decided to describe the domain of the spiritual caregiver in two terms: giving

meaning and spirituality. Of course you can discuss about it, but at some point in time you have to decide for one consistent term and use it.

In my own work we have developed a model with which we define our domain. We use it consequently in education, training and in our contributions in interdisciplinary meetings. From there we develop a kind of diagnostic model with which we analyze patients problems, evaluate progression and describe results, of course in a way other disciplines can understand.

- The last precondition for chaplains I will name is: chaplains had to invest in their relations with other professionals. Do not forget thereby the importance of informal contacts. Sitting in the office of a department, writing in a dossier, or during a lunch together, good conversations can emerge. It is really very important colleagues from other disciplines to know personally. But when a chaplain only survives on good informal contacts, there is something wrong. There has to be in a good balance between informal and formal communication.

Dear colleagues, I have to close my lecture. I hope I have shown you that working in an interdisciplinary way is a necessary but also an inspirational challenge. Of course the deepest inspiration and motivation of our work lays in our spiritual and religious background. For me it is the mystical way of thinking and (non)doing like master Eckhart teaches us. But then we are in a very important discussion about the deepest theological grounds of our work. This discussion is necessary, but if we want to realize this inspiration and motivation in a healthcare institution, then we have to translate these items in a professional and consistent language that can be understood by our colleagues with whom we may cooperate in an interdisciplinary, open way.