

# The Contribution of the Chaplain to Healthcare Outcomes

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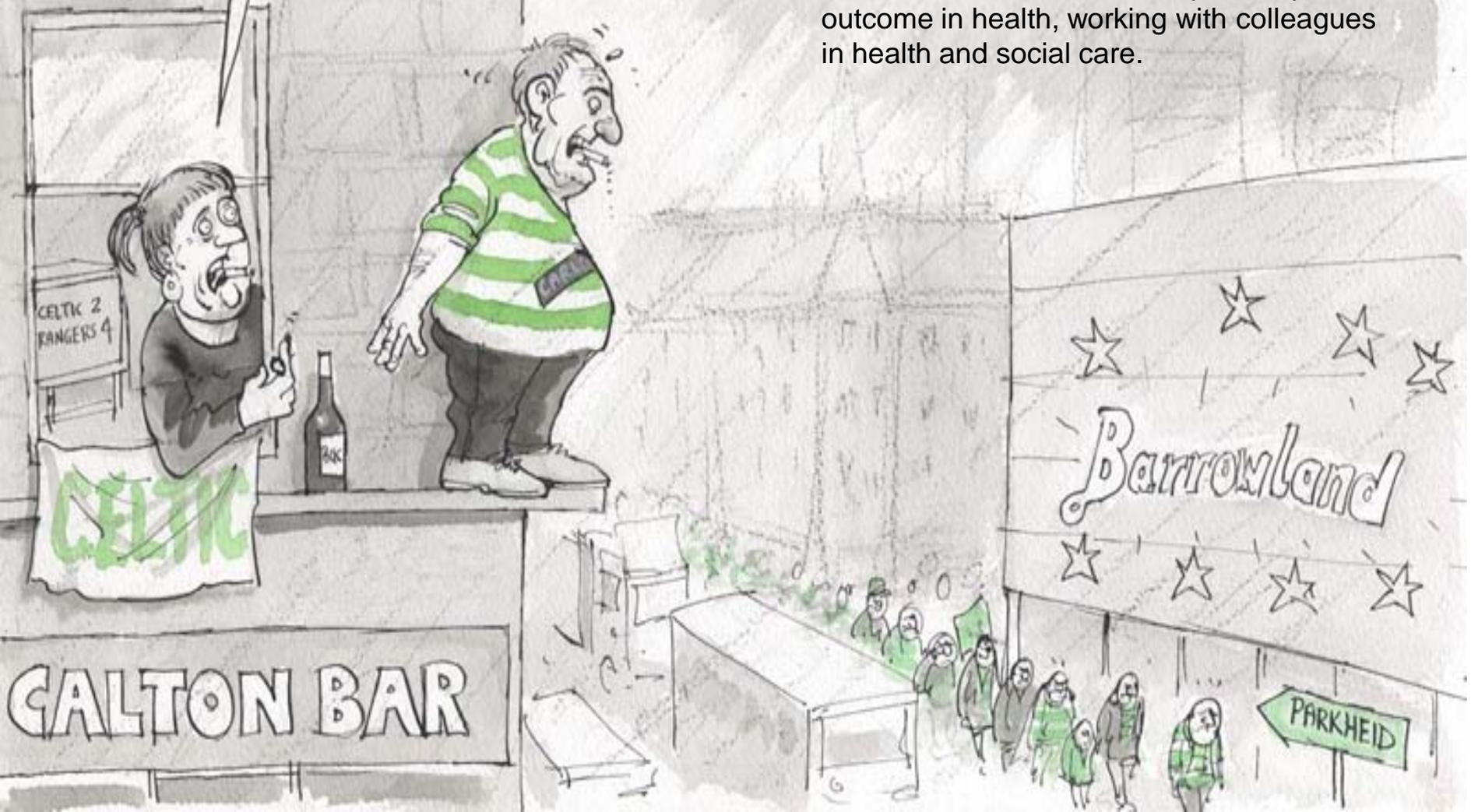
# Or in Theological Terms

‘The Glory of God is a person most fully alive.’

St Irenaeus

In a functional and meaningful way that matters to the patient – not the professional

DINNY JUMP TAM.  
YER ONLY 53. YOU'VE GOT  
MONTHS AHEAD O' YE.



In the east end of Glasgow the life expectancy men is only 54 – very high rate of alcoholism, smoking and suicide in young men – especially if your football team gets beaten by their greatest rivals.

How can the healthcare chaplain improve outcome in health, working with colleagues in health and social care.

# Aims

- Outline the complex cultures we inhabit in Western healthcare systems
- Explore different levels or aspects of healthcare we may engage in or with to enhance outcome
- Evidence how chaplains do contribute to outcomes
- Suggest chaplains require to be more strategic to help transform cultures or systems
- Propose broadening what inter-disciplinary working may mean to include managers, chief executives, civil servants, policy makers – learn from and work with other clinical disciplines



# 2 main paradigms within contemporary healthcare

Evidence

Outcome

Empirical/  
Positivist

quantitative

clinical

Interpretative/  
Subjective

qualitative

patient's  
quality of life

# 2 main paradigms within contemporary healthcare

Empirical/ positivist	Healthcare as science	Education competency based developing 'habitus'
Interpretative/ Subjective	art	values based reflection on practice developing 'phronesis'

# 2 main paradigms within contemporary healthcare

System Focus

Expert

Focus in therapeutic relationship

Empirical      safety  
effectiveness  
targets

professional  
'doing to'

attending to  
deficit

Interpretative      person

patient/family  
profession  
co-production

assets based

# Context of Financial Austerity and Inequality



# Climate of Financial Austerity

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**“I met with the budget people and we agreed that the cheapest way to fix all of our problems is chocolate.”**

# Chaplains engaging at different levels in healthcare systems to improve outcome

## 1) Strategic Level – focus on the future

Involves:

- Leadership not management – risk taking, discernment
- vision and innovation – transformation of systems, cultures and service delivery
- collaboration incl. with policy makers over the long haul
- learning new language and looking through a new lens

Requires:

self-awareness, relationship building, phronesis,  
theological

underpinning and reflection on practice

# Why seek to transform healthcare culture and systems?

Evidence shows:

More patient-centred organisations have better patient outcomes

Wilson 2009

# Picking the Right Wave to Ride On



# NHSScotland Quality Strategy

- Safe
- Effective
- Person-centred – chaplaincy seeking to ride this wave

# Patient Experience contributes significantly to Patient Outcome

NHS Outcomes Framework – renewed  
focus on improving patient results 2012-13

Includes patient experience as 1 of 5  
domains that contribute to patient  
outcomes (3 domains effectiveness of  
care and 1 patient safety).

Department of Health (England) 2012

# Working with paradox

Scottish Government seeking to utilise Quality Improvement Methodology (empirical science) to make person-centred care –

- consistent and measurable
- ‘Getting it right for every patient every time.’
- using science to improve and measure an art!



# Specialist Spiritual Care

## Patient Related Experience Measure (PREM)

- Facilitating:

- 1) Building up of an evidence base regarding the patients' experience using a questionnaire which is filled in by the patient following chaplaincy intervention

- 2) Political influencing – interest in the PREM by Scottish Government has enabled chaplaincy to be involved in influencing national policy

Why do it? Measuring the immeasurable

Need for evidence base – chaplaincy in Scotland very vulnerable to cutbacks due to financial austerity.

# Chaplains engaging at different levels in healthcare systems to improve outcome

- Operational Level – focus on the present
- Involves: risk taking and discernment
- support of patients, carers, staff and volunteers
- ritual enactment
- communicating with multi- disciplinary team and faith and belief groups
- Requires:
- self-awareness, relationship building phronesis, theological underpinning and reflection on practice

# Chaplains Enhancing Patient Experience at Operational Level

- Reduce anxiety and fear
- Enhance quality of life
- Reduce length of hospital stay
- Quicken recovery

# Positive patient experience influences outcome

- Facilitates self-management and self-care
- Reduces length of hospital stay and whether hospitalised in the first place
- Effects mortality



# Chaplains Enhancing Staff Experience

Chaplains facilitating inter-disciplinary group values based reflective practice

Aims:

To enable staff (re)connection with vocational motivation – influences attitudes and behaviours

To develop staff resilience

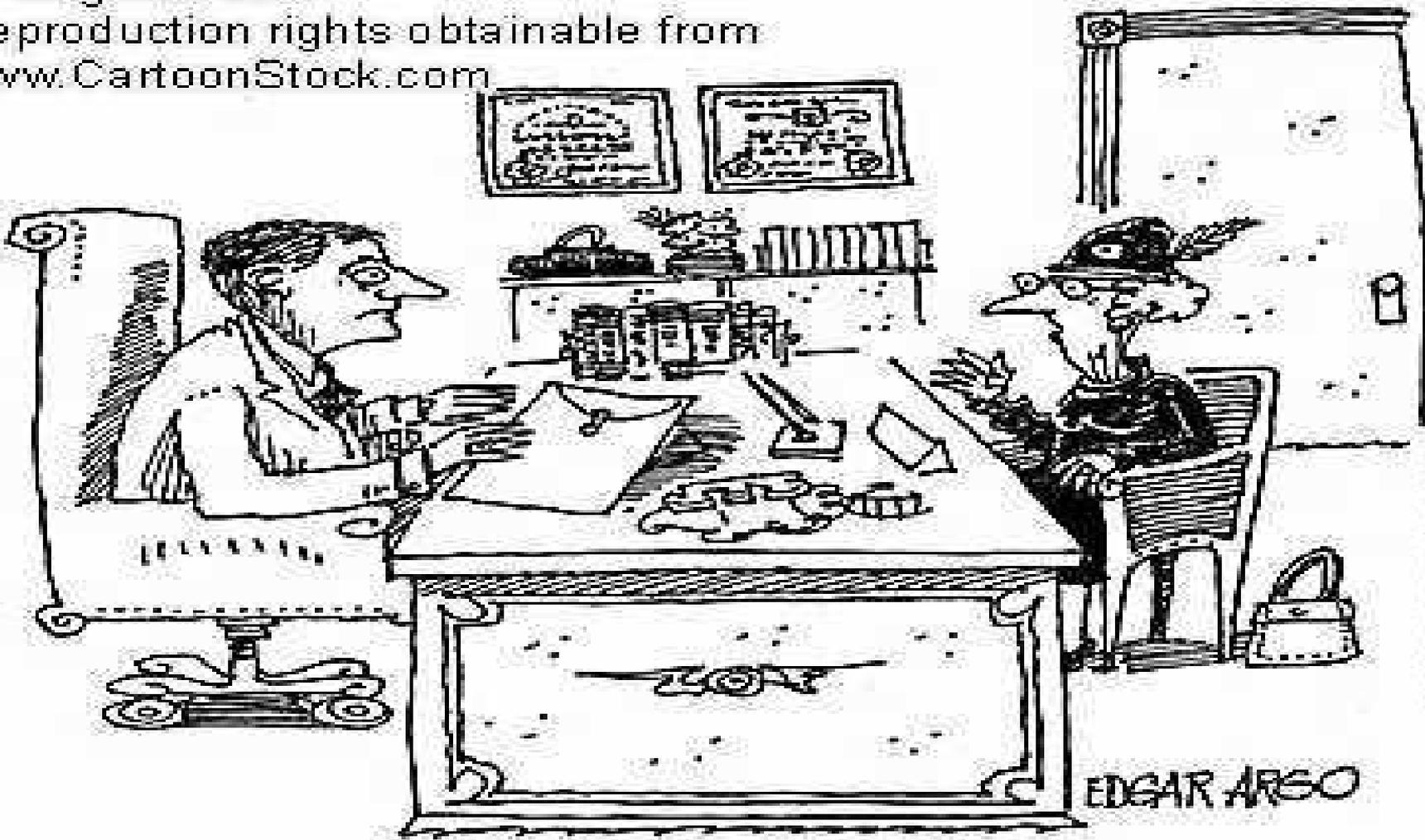
To deepen communication and support between staff

**MEASURE IMPACT USING HEALTH IMPROVEMENT  
METHODOLOGY**

# Summary: Risk and Discernment

- Is it the right wave for chaplains in your context?
- Intentionally develop not just inter-disciplinary relationships but critical friends and lovers
- Confidence in abilities and skills – phronesis
- Multi-lingual
- Potential Transformation of self, other and system – relational (immediate) and long haul
- Reflective practice and evidence base
- Multi-lingual
- Compassionate Care of Self and Other

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"I DON'T WANT SURGERY... CAN YOU JUST TOUCH UP THE X-RAYS?"