Exploring the reasons why patients choose to access or decline chaplaincy services in an acute NHS hospital.

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Abstract
Background: A previous study by the researcher mapped the users of an acute NHS hospital chaplaincy service. The majority of users were patients, but this was around 1% of the total hospital population.

Aims & Objectives: To explore patients’ experiences of being offered hospital chaplaincy services and their reasons for accepting or declining.

Method: Semi-structured interviews conducted using interpretive phenomenological analysis with ten patients who had accepted chaplaincy services and ten patients who had declined chaplaincy services. The sample who accepted chaplaincy services were predominantly female and in the older age groups whereas those who declined chaplaincy were in the younger age group and both male and female. Ethical approval was obtained from HRA/IRAS Research Ethics Committee (Ref. no. 18/NW/0268).

Findings: Participants who accessed chaplaincy services reported using the chaplains for pastoral, religious and spiritual care which contributed positively to their sense of well-being. This included religious rituals and supportive conversations. The majority had links with a faith institution.
Participants who declined chaplaincy services reported having personal religious or spiritual beliefs. Reasons given for declining included that: the offer was made close to discharge; they had different support mechanisms; and were unaware of what the chaplaincy service offered.
Participants identified a number of skills and attributes they associated with chaplains. They perceived them as being religious but available to all, somebody to talk to who was perceived as impartial with a shared knowledge and understanding. Chaplains were identified as having strong interpersonal skills, which included listening and relationship building.

Conclusions and implications: National guidelines and chaplaincy services are promoted as generic services, which offer spiritual care which can be religious or non-religious.
Therefore, there is a mismatch between what chaplains believe they are offering and what is being perceived and received by patients. This has implications for the design, delivery and promotion of chaplaincy services. A number of attributes of chaplains emerged from the data which suggests they are operating across faith and health care organisations as “boundary spanners”.