

A CHAPLAINCY VOLUNTEER VISITORS SERVICE

Gillian Munro

Abstract: In the ever changing world of healthcare, hospitals are experiencing shorter stays, and increased patient throughput. Spiritual care has also seen a marked rise in profile and chaplains are increasingly seeing fewer patients for more in depth work, often in a crisis, and find themselves increasingly responding to referrals from other members of staff. Add to that increasing opportunities to teach and its not surprising new approaches need to be developed Gillian Munro explains the development of a chaplaincy volunteer visitor service as one approach to change, and three visitors tell us of their experiences.

The Editors.

Key Words: chaplaincy volunteer visitor, recruitment, training, commitment

We are very fortunate in the acute trust in Aberdeen in having a team of five and a half chaplains. The different sites are covered by three whole time chaplains, one half time chaplain and two chaplains' assistants with the help of teams of Episcopal and Roman Catholic chaplains. The acute trust includes the large infirmary, a maternity hospital, children's hospital, general hospital, convalescent hospital, assessment centre and specialist palliative care unit. With approximately 1500 beds in these different units, perhaps five and a half chaplains does not seem so fortunate!

Responding to change

Some three years ago we in Aberdeen became aware of changes in the work we do. Patients tended to come in for shorter stays in hospital. Demands of teaching and involvement in the wider hospital community meant less time in patient contact. This meant chaplains saw less patients and that those they did meet were often in crisis. So chaplains met fewer patients, often spent longer periods with these few, and became frustrated about those they had little or no contact with.

So why is it important for patients to have contact with the chaplaincy department? When people come into hospital they are coming into a strange environment. There is the concern of their illness, major or minor. There is the feeling of being out of control of what is happening to them. There are the anxieties of what is happening at home whether that be to

members of the family or pets. Whether these are important issues or of lesser concern they affect the well being of the patient and all health care should be holistic. It may appear that as we move from one century to another fewer people are declaring church membership on their entrance to hospital so do not have the support of their own parish minister. But each and every patient still has spiritual needs and here is the important role for chaplaincy. Chaplains should have time to listen to anxieties, concerns and hurts that cause spiritual pain. By listening, praying and sharing with patients this pain should be relieved. Families and friends may be too close for such confidences as patients try to protect families and families try to protect patients. Doctors and nurses are busy in the acute hospital and are responsible for the patient's care. The chaplaincy team is one step removed from these situations and bring a special quality of representing God, of being ready to journey alongside, without providing answers or advice, but sharing laughter and tears, compassion and peace.

So some three years ago we not only became aware of changes in our working practice but also decided to investigate setting up a team of chaplaincy volunteer visitors. This team would compliment the chaplains in the work they did so that many more patients would be helped by sharing with the volunteers in their visiting and in being referred to the chaplaincy team where appropriate.

Contact was made with different hospitals where we knew chaplaincy volunteer visitors were already in place and having reviewed material and ideas kindly sent to us we set about evolving our own plan for recruiting, training and utilising visitors within our own team.

Recruitment

In the pilot scheme we invited a number of people known to us through various ways and asked if they would be interested in such a scheme and also be willing to be our 'guinea pigs'. Four accepted, three females and one male.

Once established, we continued the following year by writing to individual ministers asking for suggested names from their congregations. Three began training, two female one male.

This year we have again written to ministers but invited them to put a short article, written by one of the volunteers, into the church magazine.

Training

The training programme was written by the team and tailored to meet our own needs. We feel it is important for the volunteers to hear of work in the hospital not just from the chaplains so others play an important part in the training sessions. Our volunteers themselves bring their own experience of life as much of the learning is by discussion. At present we are working on a handbook which will contain reminders of points discussed and important information. Volunteers are asked to complete an assessment form at the end of each session.

Training is based on six two-hour sessions held weekly in the Chaplaincy Centre. The training programme includes:

1. An introduction on the use of volunteers by the Hospital Manager responsible for Volunteer policy, and an introduction of chaplaincy team.
2. Working with patients from their viewpoint. Speaker: a patient with long experience of hospitals.
3. Working with patients from the staff point of view. Speaker: a charge nurse.
4. Visiting on the wards and discussing reactions: discussion of case studies. Each volunteer to

visit three named patients who have given permission.

5. Bereavement issues. Volunteers are not expected to undertake bereavement work but this topic often occurs in conversations in hospital. Speaker: Hospital social worker.
6. Visiting as a **Chaplaincy** Volunteer: use of bible reading and prayer; some difficult questions which might arise, 'why is this happening,; How can God allow this', etc. Speaker: Head of Chaplaincy.

Conditions

Although we ask people to give up their own time to offer this visiting service we are aware of the great responsibility we have in ensuring that everything works together for the benefit of the chaplaincy volunteers, the patients, their families and friends and the staff. Certain conditions are set to ensure this so that at every opportunity either the chaplains or the volunteers may withdraw from the contract if it no longer seems appropriate.

- Candidates are asked to initially approach their own minister to discuss the idea. If it seems to a minister that the person concerned is not suitable for the task then it is better that they be discouraged from applying at this point rather than being disappointed later.
- Candidates are then asked to write a letter of application to the Chaplaincy Department which must be accompanied by a letter of reference from their minister.
- Interviews by chaplaincy team.
- If accepted training begins.
- At end of 6 week training there will be a further interview by chaplaincy staff when either party may decline to proceed with visiting.
- Volunteer visitors will be required to sign a Confidentiality form.
- Volunteer visitors will be required to undergo a Police Check.
- If accepted visiting may begin in allocated ward.
- Volunteer visitors will be required to wear a hospital badge at all times when in the hospital.
- Volunteer visitors will sign out following each session leaving a brief comment where necessary.
- The chaplain for the allocated ward will liaise regularly with the volunteer visitor.

- Volunteer visitors will at all times have access to members of the chaplaincy team for support and cards with the numbers of all chaplains will be supplied before visiting begins.
- A service of dedication is held for all chaplaincy volunteer visitors at the beginning of each new session.
- After four months there will be a group meeting to assess progress.
- After one year there will be an interview by chaplaincy staff when either party may decline to continue with visiting.

Commitment

When volunteers undertake such work we felt it was important to ask for a specific level of commitment from them. They are offering such not only to the chaplains and patients but also to the ward staff, families and friends.

We therefore ask for the following

- To undertake training by attending all training sessions.

- Visiting in allocated ward one session (1 - 2hours) per week at agreed time.
- To accept all conditions

Conclusion

After eighteen months we feel we could no longer function effectively without our chaplaincy volunteer visitors. They are not only appreciated by our own team but by the staff of the wards in which they visit. Although we are aware that problems could develop such as the 'wrong' people applying, visitors becoming over involved, the stress of meeting patients only occasionally or of them dying, we have found so far that with careful planning this should not easily arise.

The reward to both chaplains and chaplaincy volunteer visitors in working as one large team in helping patients, their families and friends, and staff find support, encouragement and peace is without measure.

Gillian Munro is chaplain at Grampian University Hospitals NHS Trust.

Kitty McDonald

The start of what some considered to be the beginning of the end of the 20th Century and others considered to be the beginning of the 21st Century was certainly for me, a new beginning. Along with another three people, I embarked on a six week training course, at the end of which I hoped to be accepted as a volunteer visitor.

The course was excellent with input from members of the chaplaincy team, administrative and security staff, a nurse, two patients, and it covered everything imaginable. We also spent one morning in a ward just to let us have some idea of what was to be expected of us. Each of us were interviewed by the chaplaincy team before being accepted as trainee volunteers and at the end of the course we had another interview with one of the Chaplains. These interviews and the training gave us ample opportunity to decide if this was what we wanted to do and gave the Chaplaincy Team time to decide if we were thought to be suitable for this type of voluntary work within the hospital. The four of us were very sure that this was what we wanted and the Chap-

laincy Team found us all to be acceptable and so we embarked on what was to prove to be for me a most exciting experience.

I now spend my Wednesday mornings visiting in a neurosurgical ward and have been visiting the same ward every week during the course of the year. I find this to be very rewarding. On some visits I may see five or six patients and on other visits only one or two, this depends on the patients themselves. For some, a short visit is all they can cope with, whilst others welcome a longer visit. In some instances I hardly speak at all and in others I do most of the talking. I have also had the privilege of just sitting with a patient with very little conversation at all, just sitting holding someone's hand when they are too ill to either talk or listen to any conversation is one of the most humbling experiences that I have ever encountered. When such a patient manages a quiet thank you or just a wee squeeze of the hand, words cannot express the feeling of such a situation. Just to be aware of the fact that your being there has

meant something to someone who is ill is wonderful.

I have chatted lightly with patients, had very serious conversations with them, laughed with them, cried for them, prayed with and for them. The type of ward in which I visit means that some patients are in for quite a long period of time so I do build up relationships and I do at times wonder how someone is now. Sometimes I get an answer to that when they return to the Hospital for further treatment.

During the course of my visits I sometimes meet with family and friends of patients and can get into conversation with them too. For the visitor, this can at times be helpful. Being neither family nor friend of the patient, nor hospital staff, they can often talk through their frustrations or worries, things they do not feel they want to trouble others with. Really they are just in need of a listening ear and I have that ear.

My relationship with the staff is good and they are very helpful, sometimes asking if I can spend time with particular patients and also giving me some

knowledge of a patient's condition if they feel this may be relevant to my visit. On occasions, when appropriate, I would refer a patient on to the chaplain for the ward.

When I embarked on this volunteer visiting scheme I didn't realise that I was to find it to be so rewarding. I have met people of all ages, from all walks of life, some extremely ill and others not too ill, but still understandably apprehensive about being in hospital. For some their time in hospital may be long, for others a few days and some may be only a day patient, my time with each patient is not dependent on how long they are to be hospitalised, but on how long I feel I am needed for.

My first year as a Volunteer Chaplaincy Visitor is nearly at an end and I will soon be having a chat with some of the Chaplaincy Team and my fellow visitors. It is nice to spend time together and talk about how we have enjoyed this work.

Kitty McDonald is a Volunteer Chaplaincy Visitor with Aberdeen Royal Infirmary.

Sheilah Bond

This is the hospital chapel, Shh! It's very quiet and peaceful in here. Dedicated to the patients and staff of the hospital. Dedicated to be a place of peacefulness and quietness. (Grainger 1990)

Chaplaincy Visiting! It sounds simple – but is it? I find it an interesting, moving, sometimes exhilarating, often humbling experience. Over my ten years as a chaplaincy visitor I have learned to sympathise with those who have received bad news, and rejoice with those who have received good news. My badge instils confidence, declaring that no information imparted to me will go beyond the bedside.

As a chaplaincy visitor I find I fulfil several roles:

- As a listener who has time to sit at the bedside and listen to the worries of patients and their families.
- As a talker (I'm told I'm very good at that!) who can talk about mostly anything, especially when the patient says "Just you talk, I'm a bit tired".

- As a diplomat: someone who knows when to talk and when to listen, when to stay and when to go.

I visit people of all religions and of none. Some patients want to talk about religion, some don't, some may want a prayer, and others won't. It's my role to gauge each situation.

I have visited all kinds of people including a titled Lady and a gypsy. I remember being introduced to the Laird when he visited, and meeting the gypsy's daughter, who told me she helped her mum by collecting seven pounds of whelks a day from the beach! My own character has been enhanced by the many and varied people I have met.

I have built up relationships with long-term patients, others I have only known fleetingly. My hope is that I have brought them all a little peace, and the knowledge that they are in God's tender care. In visiting the wards I also get to know members of staff and patients families.

At present a lot of my work is in the oncology and renal wards, where some patients are seriously ill and there can be much sadness and emotion. My own beliefs have helped me cope. However dealing with these types of situation has led me to increase my knowledge of palliative care and embark on an Open University course entitled 'Death and Dying'. I have been encouraged in my study by the hospital chaplain who I know gives me her full support. Being a member of a chaplaincy team is an excellent experience.

At the end of the day, after all the visits, there is the hospital chapel – the haven of peace and tranquillity,

Jim Gilmore

For about ten years I was part of a volunteer team which went into the hospital on Sundays to escort patients from their wards to the hospital chapel for the Sunday service. Then the hospital chaplain asked me if I would consider training as a potential chaplaincy visitor. It took a lot of thought and some considerable time before I decided to give it a try.

As a chaplaincy visitor I have four wards (make Medical), and am committed to a minimum of two hours per week and will normally meet the chaplain each time I come into the hospital. Suitable times for visiting are negotiated with the ward sister or charge nurse. While I am welcome at any time other than doctors' rounds, lunch times and rest periods, I find the best time to visit is the afternoon visiting period, mainly because I can make a point of speaking to patients with no visitors.

Unfortunately a fair number of the patients I visit have no visitors. Sometimes its because they come from outside Glasgow, but most often its because they have no-one at all. Many of the patients are in hospital with problems that are drink or drugs related, and some come from the city hostels. These men can be difficult to engage in conversation and it took me a long time to get used to that. Was it me? Was it the chaplaincy badge? Did they not want to talk to anyone? Were they so used to being ignored or rejected they didn't want to risk further rejection? The answer is probably a combination of them all.

Some of the patients in the wards have suffered a stroke, which is difficult enough with family support, but combined with the other problems is so

the place where concerns can be shared with God, the place where anxieties can be shared, and the troubled spirit soothed. I find it a privilege being part of the chaplaincy team and I look forward, with God's help, to continue my work.

References

GRAINGER R. 1990 *Any ward any hospital*, Bible Reading Fellowship.

Sheilah Bond is a chaplaincy visitor at Glasgow Royal Infirmary

much worse. Sometimes communication is very difficult, though many of the patients are glad to see me, even if it's only to do some shopping for them. (I won't say what they ask me to buy, smoking isn't encouraged in the hospital, but lemonade is a popular request.)

Experiences vary from week to week, sometimes I can spend half an hour with the one person, at other times I can spend a half-hour finding someone to talk to. In the medical wards patients are very rarely long term, though a notable few are, so there are not so many opportunities for building relationships. They aren't the easiest wards but you definitely get a variety of experiences. I've seen me sitting with a patient till the psychiatrist arrives, I've also gone to someone's flat who thought it might have been burgled (it hadn't). I also remember the patient with a terminal illness with whom I had built up a relationship and who asked me to conduct his funeral service. His family were also determined that this was how it should be, and for me it was an experience I will never forget.

As a chaplaincy visitor my job is not to evangelise but to show concern and pass on requests for a visit from the chaplain if they wish – though that seldom happens. Whatever else is achieved by my visits there is at least a chaplaincy presence on the wards, and if even one patient has benefited then I feel my time spent there has been worthwhile.

Jim Gilmore, chaplaincy visitor, Glasgow Royal Infirmary.