UK Board of Healthcare Chaplaincy

Chaplain Vignettes / Mini Case Studies

These mini case studies or vignettes have been composed by a small group brought together by the UKBHC. The Board would like to thank those who sent in examples and those who worked on them. To protect patient identity a composite approach has been taken merging contributions received with the experiences of the group who produced them. As such, these are indicative of the nature of chaplain's distinctive contribution towards patient outcomes and staff support rather than verbatim depictions of an individual encounter. Due to the composite nature, and to support preserving anonymity, we've not named any individuals. Likewise, while examples span a range of faith and belief traditions, including non-religious belief, we have only referred to faith, religion and belief in board terms rather than naming a specific community.

These vignettes can be used by others as part of their work of explaining or promoting the work of chaplains, but please do not change them and please cite the UKBHC as their source.

Case Study: staff member as patient

A midwife was admitted to Labour Ward as a patient having discovered at home the loss of heartbeat of her baby. An MDT colleague referred for chaplaincy support, noting both emotional and religious/cultural needs. The mother spoke about not feeling able to walk through the unit to leave the hospital. The chaplain offered safe attentive listening and a short naming and blessing ceremony including elements helping them to prepare to face the outside world and a changed reality. After the ceremony the mother said she felt she had the strength to leave the unit. Chaplaincy support continued with the provision of a funeral and on-going bereavement support. Longer term, the midwife spoke about how the support of the chaplain helped her feel safe to return to work.

Case Study: supporting staff disclosure

A chaplain was based on critical care as part of regular MDT working. As a trusted member of the team, a nursing colleague disclosed a "near miss" made earlier in the day that had compromised patient safety. The chaplain listened without judgment enabling the staff member sharing that they felt they were not coping and were afraid of making further mistakes. They facilitated the staff member to recognise a need to follow due process. They supported the staff member to approach the matron to share their mistake and the personal struggles. The staff member was able to remain at work with appropriate support put in place.

Case Study: signposting and staff support

When visiting on a ward a chaplain routinely asks other staff how they are. A member of the domestic team said they were incredibly upset and felt unwell. The chaplain listened compassionately and the staff member shared that they were being bullied by their manager. They said that they did not feel comfortable using the Freedom to Speak Up process but trusted the chaplain. The chaplain signposted different options and the staff members agreed for the chaplain link them with their union representative. The union rep supported the person to address issues around discrimination with the manager. The chaplain continued to check in with the staff member and reported them saying they wouldn't have had the confidence to address the issue without the chaplain's support and encouragement.

Case Study: inclusive bereavement care

A female patient was admitted to a specialist stroke unit. Shortly after admission her daughter died. The period of mourning period observed by her religion could not be delayed. The patient was unconscious and the family were concerned that she would regret missing the funeral. A doctor referred to Chaplaincy. The chaplain created a care plan which enabled daily prayers to be said with the patient. When the patient was conscious and able to understand that her daughter had died, the family could tell her how she had been included in the mourning rituals. This helped her to make sense of her loss and facilitated healthy grieving.

Case Study: supporting organ donation decisions

A young man in his 20s was brought into the ED after a road traffic accident. After the decision was made that resuscitation was not possible his parents were approached by a Specialist Nurse for Organ Donation (SNOD). One parent was non-religious and had never considered organ donation. One parent was religious and felt that this would make their son's death meaningful. When the family agreed to organ donation, the SNOD introduced the chaplain for support. The chaplain and family cocreated a ritual encompassing both of their worldviews, enabling them to say thank you and goodbye. The parents wrote later the ritual, 'was the only thing that made something unbearable, bearable.'

Case Study: suicide postvention

The chaplaincy team was contacted by ward staff to let them know that a patient on a psychiatric ward had died by suicide. The chaplains attended the ward and using psychological first aid techniques spoke to members of staff who were in shock and needed support to process the experience safely. Staff members commented that they were better able to continue to work and focus on the needs of their patients. Working with a psychologist the chaplain devised a simple bereavement ritual for patients and staff creating space for them to write notes to the patient who had died, which were placed under a tree being planted in the grounds. The psychologist

reported that they felt this had greatly helped the unit profess the trauma and move forward in their grieving.

Case Study: spiritual distress

Following screening, a patient with advanced terminal cancer was referred by the palliative MDT with spiritual distress. As part of a spiritual assessment the chaplain identified unresolved guilt regarding his estranged daughter and questions about the meaning of life. The chaplain established trust through presence and deep listening. They supported the patient seeking reconciliation with the estranged daughter. The patient expressed reduced spiritual distress and a regained sense of peace. The MDT acknowledged the patient's improved emotional wellbeing and a greater sense of dignity in the patient's final hours.

Case Study: subject matter expert

The chaplain was contacted as a subject matter expert by a psychiatrist requesting information to help provide religious and culturally informed care in their 1-2-1 input. The knowledge imparted enabled the psychiatrist to offer care in a way that enabled the patient to remain engaged with therapeutic interventions. The patient report that they felt their beliefs had been heard and their dignity respected. The guidance was documented within the notes as part of the ongoing framework for the patient's care from the whole MDT.

Case Study: transitioning from child to adult services

A 15 year old patient self-referred to chaplaincy seeking a safe person to talk to during multiple admissions for anorexia and suicidal ideation over a period of about a year. After a two-year gap she was readmitted to an adult ward. The chaplain assessed that she was struggling with a sense of abandonment that the transition to adult care had engendered. The chaplain was able to facilitate her to talk through her experience. The patient reported that the chaplaincy was the only consistent across her multiple admissions. The consistency of care enabled her to find coherence at a time of fragmentation.

Case Study: working with negative and positive spiritual coping

A patient was detained on a mental health ward and diagnosed with depression and issues around identity. The chaplain on the unit developed a relationship of trust with the patient. She was raised in a conservative tradition of her faith community to which she still had connections. She had come out as a lesbian, was experiencing pressure from her family to renounce her sexuality, and was worried about divine judgement. The chaplain recognised where her beliefs were negatively impacting her ability to cope. Together they explored her understanding of the divine in relation to her belief tradition. This enabled her to integrate her identity and spiritual beliefs

promoting positive coping strategies. The patient was able to be discharged from hospital shortly after this engagement. She expressed thanks to the chaplain for 'seeing me', taken as being a reference to being seen as a whole person.

Case Study: life review and funeral planning

A palliative patient in the community was assessed as being in the last months of life. The MDT referred him to chaplaincy as part of routine end of life support. The chaplain gave him space to explore his hopes and fears. He told the chaplain that he didn't know how to talk to his only daughter about his dying and his funeral. Having listened, the chaplain gained consent to speak to his daughter about this. Following that conversation the chaplain met with the daughter and father together. The chaplain helped them to look back over the patient's life, talk about his dying and plan a funeral that was in keeping with the life that had been led. As a result, he was reassured that she understood his wishes and would speak for him when he was no longer able to speak for himself. She was supported to carry out her father's wishes and felt comforted by this to enable a good death for him.

Case Study: dealing with guilt

A elderly patient on a surgical ward was calling out, 'God why won't you let me die?' when receiving nursing care. Nursing staff offered chaplaincy care. He had a mistrust of institutional religion because of past experiences. The nurse explained that a chaplain is a trusted member of the healthcare team, there for people of any worldview. The patient accepted a referral being made. The chaplain listened to the patient who shared feelings of guilt and fear that his pain was a result of offending God. Having explored his beliefs, the chaplain offered a ritual where the patient was able to write something in sand before rubbing it out. Nursing staff reported that the patient was able to cope with dressing changes afterwards without shouting out.