

Editorial

The Human Person at the Heart of Chaplaincy

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Chaplaincy has long-argued for the centrality and primacy of the human person as being *sine qua non* in pastoral ministry. This poise by the discipline of chaplaincy has been a potent witness and corrective to the increasing commercialization of healthcare systems as economically driven business models. The welcome increase of robust research into the role and effectiveness of chaplaincy in recent years has contributed much to the appreciation of chaplaincy as a valued partner in evidence based healthcare (Cunningham *et al.* 2017; Fitchett 2017). The development of a spiritual care Patient Reported Outcome Measures (PROMS) is an area of exciting development in the European chaplaincy context and supported by the recently established European Research Institute for Chaplaincy in Healthcare (ERICH) (Kelly & Vandenhoeck, 2017). In addition to the recognized role of chaplains as the specialists in spiritual care provision has been the growing awareness of the importance of the recognition of the spiritual dimensions of illness by other healthcare professionals, most notably physicians and nurses (Sajja & Puchalski 2018; Kruijzinga *et al.* 2018; Puchalski & Ferrell 2010).

Coupled with the development of evidence based spiritual assessment, planning and care, has been the commensurate development of the awareness of the centrality of the patient/client as partner and focus of medical care rather than passive recipient. Healthcare systems are increasingly aware of the importance of valuing the “human” at the heart of healthcare and wellbeing in an increasingly technological and scientific healthcare milieu.

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The focus of a number of articles in this edition calls forth a renewed and timely attention to the centrality of the human as person rather than patient.

At the heart of being human is the recognition of the story of the individual person. The story or narrative of each individual life that seeks to find meaning when disrupted by illness, trauma or uncertainty is the context of much chaplaincy care. The articles in this edition call us to focus on the lived experiences of the person receiving care as well as the importance of story and how the unique story of each individual patient/client is heard and honoured as part of their healing and wellbeing. How chaplains use their intuition and skill as professionals to hear and respond to story in various contexts is highlighted in a particular way through the lens of dementia by Christine Bryden. Bruce Stevens also shows the importance of the “human” as he highlights the importance of self-awareness as a prerequisite in excellent spiritual care. His “life task” model aligns closely with the integrative approach of Clinical Pastoral Education.

The varied contexts of chaplaincy care in both community and the acute setting are demonstrated in the articles by Austyn Snowden, Alan Gibbon and Rebecca Grant, Gordon Jones and Paul Nash, Emma Roberts, Sally Ann Nash, Kathryn Darby and Aftab Parwaz and make valuable cases for chaplaincy across the primary and acute healthcare sectors. These studies open up important further questions for interpreting the results in terms of “added value” and potential economic benefit for healthcare systems and institutions and the value that professional chaplaincy care can bring to the overall multidisciplinary healthcare provision. Nash *et al.* further develop the place of a professional taxonomy in chaplaincy care as an important professional step in articulating the work of chaplains from intuition to clinical expression.

The care and wellbeing of staff is a core domain of chaplaincy care and in the context of reported burnout and attrition amongst healthcare staff highlights an increasingly important role for chaplains as key supports for staff colleagues. The spiritual demands of caring in the midst of trauma and adverse outcomes for healthcare professionals is recognized in the published literature (Nuzum *et al.* 2015; Nuzum, Meaney & O’Donoghue 2016). There is growing attention to the wellbeing and support of healthcare staff across health systems through various staff engagement processes. How healthcare staff are valued and engaged are now key indicators in organisational performance and quality (West *et al.* 2015). Once again a key feature of these initiatives is the recognition of the humanity of the healthcare professional. The study by Liidia Meel and Indrek Linnuste outlines how spiritual support of healthcare staff has an important supportive role in the ultimate care of patients. The humanity of the person of the caregiver is an important and welcome affirmation in this article.

There is much to reflect on and be motivated by in this edition across the healthcare spectrum as the essence of chaplaincy holds the dignity and value of the human being at the core of ministry and care.

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