

Editorial

Chaplaincy, Charting, God’s Timelessness and HSCC Review

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Abstract: Four areas of importance to chaplaincy are covered in this issue of *Health and Social Care Chaplaincy*: (i) practicalities of chaplaincy ministry, (ii) charting the ministry of chaplains and reflective practice, (iii) the ongoing debate regarding the “Timelessness of God”, and finally (iv) a brief review of *Health and Social Care Chaplaincy*.

Keywords: Chaplaincy, chaplaincy charting, “Timelessness of God”, Health and Social Care Chaplaincy

Introduction

This issue of *Health and Social Care Chaplaincy* contains a number of examples relating to the practicalities of chaplaincy ministry. Dr. Jan Grimmell (Church of Sweden) and Professor Hannah Bradby (Uppsala University, Sweden) present a descriptive pilot study about “the dynamics of spiritual care among Swedish hospital chaplains” and their challenging experiences in meeting medical staff and patient expectations. Their aim is to promote a conversation about the developing role of Swedish hospital chaplains in times of societal change (Grimmell & Bradby, 2021).

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Chaplains Martyn Skinner, Simon Mason and Neil Cockling (from the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, UK) ask an important question: “How do healthcare chaplaincy spiritual care interventions support adults’ mental health by integrating health and social care?” They undertook a systematized literature review, in order to study healthcare chaplaincy and spiritual care interventions to support adult mental health. The review found that studies demonstrated various shifts in healthcare professionals’ working practices from “hospital towards community bases”, from “treatment of individuals towards empowering service users to self-manage their health”, and in mental health contexts, from “treatment of individuals towards care in groups” (Skinner, Mason & Cockling, 2021). Of course, whatever the shift in the dynamics and interventions of chaplains, it would be invaluable to chart these various chaplaincy–client interventions – the next theme covered in this issue.

Charting

Professor Anne Vandenhoeck (from the Faculty of Theology and Religious Studies, Leuven, Belgium), along with a substantial number of European chaplain collaborators (Belgium, Ireland, Germany, UK) representing ERICH,² note in their European White Paper the importance of chaplaincy charting in patient medical files. “If it is not charted, it did not happen”, they argue (Vandenhoeck et al., 2021). For some chaplains, this has been a controversial topic, raising issues about confidentiality, data protection regulations and conflicting managerial interests.

Vandenhoeck and colleagues assert that charting chaplaincy interventions with regard to patients and relatives has multiple benefits. In summary, chaplaincy charting: (i) makes patient spiritual needs visible, (ii) contributes to improved interprofessional chaplaincy communication about chaplaincy roles, (iii) makes the work of chaplains transparent, (iv) improves the quality of care for patients/relatives, (v) promotes the professionalism of chaplaincy among healthcare practitioners and within healthcare institutions, (vi) facilitates interdisciplinary exchange and multi-professional cooperation, (vii) improves the relationship between patient/relatives and chaplains, (viii) creates a data basis for practice-oriented research, (ix) which in turn informs training and (x) the development of the chaplaincy profession more broadly (Vandenhoeck et al., 2021).

2. ERICH: European Research Institute for Chaplains in Healthcare. <https://www.pastoralezorg.be/page/education>

There is no question that Vandenhoeck and co-workers' White Paper on chaplaincy charting in patient files is seminal for the European context, but it will also have global relevance. Both health managers and chaplains should take the time to read the article by Vandenhoeck and colleagues, along with the edited open access e-textbook (free to download), *Charting spiritual care: The emerging role of chaplaincy records in global health care* by Peng-Keller and Neuhold (2020). This anthology considers existing practices of chaplaincy spiritual care charting in Australia, Belgium, Canada, the Netherlands, Switzerland and the United States.

The main drivers of chaplaincy spiritual care charting according to Peng-Keller are: (i) the rise of outcome-oriented chaplaincy, (ii) the digitalization of society and healthcare, (iii) the religious-spiritual pluralization of Western societies, and (iv) the subsequent new governance in religious affairs (Peng-Keller, 2020). I would also add that another driver to assist chaplaincy charting is the need for a common international language across chaplaincy sectors. One asset in this regard has been the development of the World Health Organization "Pastoral Intervention Codings" (Carey & Cohen, 2015), now titled the World Health Organization "Spiritual Intervention Codings" ("WHO-SPICs"; WHO, 2017; SHA, 2019; Hennequin, 2020). These have provided a framework of intervention categories in Australia for over 20 years (since 2002), and these can be utilised across numerous chaplaincy sectors – not just health care (Carey & Cohen, 2015). The WHO-SPICs could also be further developed and utilized internationally, so as to assist the charting of chaplaincy/spiritual carer interventions globally (WHO, 2017).³

Reflective Practice

A very different type of charting, and far more personal, is that involving self-reflection through the Values Based Reflective Practice paradigm (VBRP®). Values Based Reflective Practice is a group reflection framework used by colleagues to meet, identify and discuss workplace-based experiences. This model has previously been noted within *HSCC* for assisting "courageous conversations" for those working in caring vocations (see Bunniss, 2021a, 2021b). Heather and Jennifer Kennedy (University of Dundee School of Medicine, Scotland, UK) undertook a qualitative "exploration of Values Based Reflective Practice® as a reflective tool" among medical students (Kennedy & Kennedy, 2021).

3. The WHO (2017) Spiritual Intervention Codings are also incorporated into the global SNOMED-CT (Systematized Nomenclature for Medical and Clinical Terms).

The Kennedys' results led to the conclusion that VBRP® enabled (i) deeper, more authentic reflection, (ii) enhanced written reflection abilities, (iii) promoted the formation of peer support networks, (iv) facilitated positive coping mechanisms, (v) developed teamwork, and (vi) improved group relationships. While the authors call for more research to be undertaken, this type of “peer group consultation” has been around for quite a while, and has proved itself to be beneficial for allied healthcare professionals (Carey-Sargeant & Carey, 2012); there should be little doubt that VBRP® will also be helpful for chaplains (Kennedy & Kennedy, 2021).

The Timelessness of God

An ongoing debate continues with respect to the “Timelessness of God” (Swinton, 2016). As a follow-on from a previous issue (see *HSCC* 8(1); Swinton, 2020; van Holten & Walton, 2020), this issue of *HSCC* presents further arguments by Wilko van Holten and Martin Walton (Protestant Theological University, Netherlands) critiquing Swinton’s (2016) “Timelessness of God”. It is important to note, of course, that van Holten and Walton’s critique is not the first review of Swinton’s (2016) work – others have gone before – but while being critical, other reviewers have been far more approving of Swinton’s pastoral theology (e.g. Gill, 2018; Martin, 2016; Penkett, 2017; Piderman, 2016).

The authors van Holten and Walton (2021) provide a challenging rejoinder to substantiate their claim that Swinton’s timeless and immutable God is psycho-spiritually less appropriate in the context of pastoral care. While van Holten and Walton acknowledge the significant merits of Swinton’s (2016) work, especially Swinton’s efforts to relate classical theological concepts to the practices of living with disability and/or impairment, nevertheless, for van Holten and Walton, their major concern is not with the intentions or conclusions per se at which Swinton arrives, but with the way in which Swinton expresses these intentions and argues his conclusions. Swinton and Brock (2021), on the other hand, provide a response to van Holten and Walton’s rejoinder by arguing that van Holten and Walton constantly attempt to push their criticism and theoretical ideas with limited consideration for practical experience – theoretical ideas which ultimately result in significant contradictions and without any practical constructive proposals – particularly with regard to people with disabilities. Despite the differences in perspective and approaches put forward by van Holten and Walton vs. Swinton and Brock, all seem to agree that there needs to be better dialogue between practical and philosophical theology – but surely such a

dialogue could only occur given a recognition of an omniscient, omnipresent, omnipotent, yet pastorally caring God! Swinton writes:

In God's time, we do *not* compare ourselves to the strongest, the fittest, the fastest, the cleverest or the most competitive among us. The only comparison we make is with a God who walks at three miles an hour, a God who waits for us if we cannot keep up, and sits with us if we cannot walk. A God who has time for us. (Swinton, 2016, p. 82)

HSCC Review

This year *Health and Social Care Chaplaincy* celebrates its 10th volume. The amalgamation of the two journals, the *Scottish Journal of Healthcare Chaplaincy* (SJHC) and the *English Journal of Health Care Chaplaincy* (JHCC), formulated the new journal *Health and Social Care Chaplaincy* in 2013 – an “innovative journal reflecting changing times” (Burton, Stirling & Swift, 2013). With a wider remit beyond just healthcare, the *HSCC* journal has undergone considerable advancement in numerous ways, and without doubt has now extended its influence beyond the United Kingdom and has become an internationally renowned monograph. The most recent advancements (in the last five years) of *HSCC* have included the following developments.

- Appointment of an Editor-in-Chief
- Increased number of international Co-Editors
- Increased international representation on the Editorial Board
- Increased networking with international chaplaincy/spiritual care associations
- Utilization of social media (e.g., LinkedIn, Twitter)
- Increased international submissions
- Increased research/empirically focused submissions
- Improved journal copy-editor workflow to publication
- Early online publication and electronic advance access
- SCOPUS/Elsevier peer review journal recognition
- Increased database recognition (e.g., Medline, CINAHL, etc.)
- Increased *HSCC* citations
- Acquisition of “Journal Impact Factor”
- Increased online domestic and international access/readership of *HSCC*

Health and Social Care Chaplaincy is a journal of which chaplains, and their various associated chaplaincy organizations, can be proud. Of all these

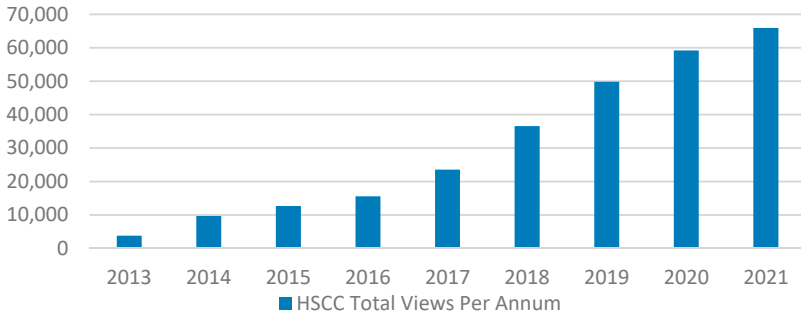


Figure 1: *HSCC readership views 2013–2021*

recent achievements, however, perhaps the most noteworthy is the increase in domestic and international readership of *HSCC*. The number of visitors/readers accessing articles on the *HSCC* website has grown exponentially. Commencing in 2013 with fewer than 5,000 views, *HSCC* had well over 60,000 views by the end of 2021 ($n = 65,933$; 31 December 2021; See Figure 1).

While we can speculate about the various reasons why individuals and organizations are accessing the *HSCC* website, the increasing number of visits to the *HSCC* journal clearly indicates that it is a resource that is being increasingly consulted. Lastly, over the years, *HSCC* has published over 100 book reviews. With the assistance of our new Book Review Editor, Rev. Fran Kissack (Sheffield Teaching Hospitals NHS Foundation Trust), this issue also concludes with two book reviews. Additional book reviews will be included in the next issue.

Epilogue

In a future issue, we would like to revisit COVID-19, to hear of your reflective experiences acknowledging the loss and grief throughout 2020, 2021 and 2022, but also how chaplaincy can help both individual people and institutions to re-normalize. Previous and new authors to this topic are encouraged to write submissions about COVID-19 or regarding other topics pertinent to their ministry. Finally, please note that *HSCC* has transitioned to a new updated online platform and all articles are now initially published online via “advance access” prior to being allocated to a hard copy publication. On behalf of the *HSCC* Editors, I hope you enjoy this issue of *HSCC*, or at the very least, find it challenging.

Acknowledgments

The Editor-in-Chief would like to thank his Co-Editors (in alphabetical order by surname) Rev. Meg Burton, Rev. Dr. Duncan McLaren, Rev. Dr. Daniel Nuzum, Dr. Piret Paal, Dr. Linda Ross and Rev. Dr. Chris Swift for their contributions to *Health and Social Care Chaplaincy*. Appreciation is also expressed to Rev. Fran Kissack and Rev. Dr. Mark Newitt (*HSCC* Book Review Editors), as well as to members of the *HSCC* Editorial Board for undertaking the often challenging task of manuscript reviews, and finally Tom Fryer and his colleagues at Sparks Publishing Services (Gloucestershire, UK). Appreciation is also acknowledged for the support and contributions of the College of Health Care Chaplains (CHCC, UK), Spiritual Care Australia (SCA), New Zealand Healthcare Chaplains Association (NZHCA) and the European Research Institute for Chaplains in Healthcare (ERICH).

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