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Case study method:
Basic research for chaplains
Chaplains

Your hospitals need YOU!

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"Never worry about numbers. Help one person at a time, and always start with the person nearest you."
- Mother Teresa
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The European Network of Healthcare Chaplaincy
Statement - Healthcare Chaplaincy in the Midst of Transition

Introduction
This statement is intended as a resource to:
- Stimulate discussion and debate amongst the European healthcare chaplaincy community.
- Help leaders and managers of healthcare organisations and faith communities to better understand the role and vision of healthcare chaplains.
- Inform other healthcare and faith community workers of the breadth of healthcare chaplaincy and its trends across Europe.

Setting the Context
Healthcare chaplains are working in the midst of transition, with healthcare changing rapidly across the world. Such changes give chaplains opportunities to actively and innovatively contribute to "human" healthcare systems by providing the best spiritual care possible for all.

Best Spiritual Care
Facing such transition, healthcare chaplains must be rooted in, and practive from, their own faith, beliefs and values. They must continually update their professional skills. They must also reflect theologically and spiritually on their activities as well as on their cultural and social context. Such an ongoing deepening awareness enables chaplains to work with integrity with others from different worlds and faiths.

Healthcare chaplains are specialists in offering spiritual care, while maintaining a holistic view of persons in relational communities, whether they be patients, significant others or staff members.

Chaplains work collaboratively with others in healthcare contexts to create ethical and meaningful healing communities building upon core values such as love, compassion and justice, which are integral to all faith and belief groups.

Research Imperative
Research is a vital part of today's healthcare. Care delivered by chaplains must also be informed by research

All chaplains to keep informed of current research and to develop their practice in the light of this. Some chaplains are leading the research agenda to ensure that high quality research is conducted into healthcare chaplaincy outcomes.

Healthcare providers to require their chaplains to develop their practice in the light of current research and to support their chaplains who conduct research.

Faith and belief communities to support models of healthcare chaplaincy that are research-based.

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Gail Mitchell (1999)

‘the usefulness of evidence has been wrongfully cast in the context of legitimizing nursing as a profession’

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chaplains need to question our motivation for embracing outcomes, and evidence-based practice

ask: What will the implications be for the kind of spiritual care we want to offer?

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Case Studies
take us to the bedside
struggle to define spiritual care
but we know how to describe it
our inspiring stories are case
studies informally expressed
potentially provide rich data
about chaplaincy/spiritual care

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Case Studies

to dismiss our reports of our spiritual care relationships as ‘mere stories’ is to squander potentially significant data.

most chaplains are trained in theology and pastoral care and lack training in research methods or critical inquiry.

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Demystifying Research

I was just rubbing sticks together for fun — I didn't realize I was doing basic research.

RESEARCH IS FINDING ‘STUFF’ OUT!

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Demystifying Research

Case study research is within the capability of many chaplains.

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Case study method:
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From story to case study

Intention

- *intrinsic interest* motivated to gain better understanding of this case
- *instrumental interest* aims at developing insight into a specific issue

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From story to case study

Intention

• *intrinsic interest*
  understand how I might be of use to someone who is dying

• *instrumental interest*
  contribute to wider question of value of chaplaincy

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From story to case study

Intention

ethical challenge
intention changes dynamics becomes a dual relationship

calls for same level of pastoral skill one would expect from any professional chaplain

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From story to case study

Intention

• *note taking*
• *good supervision*

*reflecting on encounter*:  
- deepens understanding  
- see what might be missed  
- material for supervision

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From story to case study

Method

no recognised methodology for case study research

autoethnography

researchers implicated due to ‘observer effect’

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From story to case study

Method

‘researcher reflexivity’ led to blend of ethnography and autobiographical writing

chaplain-researchers make use of ‘explicit and reflexive self-observation’

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From story to case study

Method

my story about Craig is MY story of MY relationship – HIS story would likely be different!

‘using self as subject is a way of acknowledging the self that was always there anyway’

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From story to case study

Method

• **evocative autoethnography**
  sceptical about representing the other

critique: self-indulgent, narcissistic and introspective

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From story to case study

Method

• analytic autoethnography still requires researcher reflexivity but …

guided by desire to understand both self and others

dialogue beyond the self

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From story to case study

Analysis

no recognised approach to analysing case study research

follow the ideas that shaped original research questions:

How?

Why?

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Analysis

• *intrinsic interest*

How might I be of use to someone who is dying?

how might Craig have been helped by the quality of our relationship?

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Analysis

- instrumental interest

Why is this relevant to chaplaincy/spiritual care?

- how did I assess spiritual need?
- why did I intervene as I did?
- how effective were my responses?

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From story to case study

Writing

point of much research failure!
chaplains reluctant to commit to paper!!

I don’t have the time!
I don’t have the literary skills!

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From story to case study

Writing

We have good stories to tell, and if we don’t tell them, who will?

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From story to case study

Writing

writing is a form of learning; a way of knowing

- begin with background
- describe the relationship
- include spiritual assessment
- clarify interventions
- highlight the outcomes
- end with a summary

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In conclusion

most of us have a story to tell
stories are ‘rich data’ with the potential to inform colleagues
telling our stories well (as case studies) is an essential step in developing chaplaincy as a profession

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In conclusion

need to respond to the demand for evidence-based practice

need to be clear that we don’t respond uncritically to a call to develop outcomes that are ‘replicable and predictable’, which will be misinterpreted, instrumentalizing spiritual care

Case study method:

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In conclusion

case study reveals that:

relationship is not simply the vehicle for, but very often the content of spiritual care

Case study method:
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In conclusion

Shameless plug!

*Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*
London: JKP

- nine case studies
  (3x paediatric; 3x psychiatric; 3x palliative)
- critical responses
  from chaplains and other healthcare professionals

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