

“I love the challenges...”

A Day in the Life of a Hospital Chaplain

The first thing I do when I go on to each ward is to wash my hands. This has become quite a ritual for me and I use it as an opportunity to pray. I love the challenges and rewards of working in a healthcare setting, and part of the attraction of my current role, are the multi-cultural and multi-faith elements, indigenous to Birmingham.

In my rented semi on the bus route, my working day starts assisted by a combination of Chris Evans' Breakfast Show on Radio Two, Coffee and Morning Prayer. A 10-minute drive or 20 minute bus-ride brings me in to the largest of the three hospitals I'm employed to work in.

When I started work in my last Parish, one of the church wardens walked me around the village pointing out how the different layers in the hedgerows corresponded with different eras in the life of the village. When I started work at the Hospital, one of the staff walked me around the outside of the many different buildings in the grounds, pointing out how the many different styles of architecture were indicative of the different eras and names the hospital has been known by over the years.

My first job when I get to the Chaplaincy Office is to check our answer phone for patient referrals. These can be made by other hospital staff, families, members of local faith communities or sometimes the patients themselves. Urgent referrals tend to be made directly to each chaplain's hospital pager or mobile phone.

My chaplaincy staff colleagues include a full-time and part-time Anglican Chaplains and sessional Muslim, Pentecostal, Seikh and Roman Catholic chaplains, who like myself work across the Trust. Each day I draw up a patient visiting list for myself and the chaplaincy volunteers due in that particular day. Our wonderful volunteers come from a wide variety of Churches, Mosques, and Gurdwara's across the city.

I visit all the wards & departments, but have a special focus on Dementia Care & Mental Health; Intensive Care; Emergency Medicine and Palliative Care. Once a fortnight, on average, I have a pre-term baby funeral to take - a meaningful and much appreciated service that the Trust offers to the parents of little ones born before their due date. The majority of patient visiting takes place between 10am & 12 noon and 1 pm and 5pm. I usually stay late two evenings a week to be a pastoral presence in our A&E Department during busy periods. Working New Year's Eve in our busy Emergency Department was exciting!

At the bedside, I usually introduce myself along the lines of *“Hello I'm the Chaplain, would you like someone to talk to?”* Often people say *‘ Yes, but I don't know what I want to talk about’* but then a conversation evolves.

Anxieties, fears, frustrations and broken dreams as well as joys, thankfulness and hopes for the future can get expressed, as well as parts of life stories shared. The resilience of the human spirit to find a path-way through the paradoxes of life never ceases to amaze me. Joy and sorrow are so often two sides of the same coin and for many people a healthy spiritual life or religious faith helps them to live with the sorts of unanswerable questions that ill-health can often bring to the surface.

Large acute hospitals, such as the one I work in, are great places for seeing compassionate loving care in action. And it's not just the nursing staff who have a monopoly on offering such life affirming care - medics, porters, house-keeping staff, admin staff - all can play a key role in providing a good patient experience. There are wonderfully diverse and talented multi-disciplinary teams across the hospital, who are generous in sharing knowledge and making room for the chaplain to join with them in offering spiritual and pastoral care.

A few months ago I was working with a severely depressed patient whilst the right drugs and talking therapy was accessed for him. One morning I found him hugely improved in mood and asked him if he could pinpoint any one thing that had helped more than another. He replied that he had felt so much better since he and the ward cleaner had reminisced the previous evening about their favourite Bob Marley tracks!

Waiting for something you are not in control of, can make you feel very vulnerable. Most of us like to be in charge, and surrendering yourself to a process where you're not sure of what the outcome will be, can be tough. In A&E I am frequently sitting with patients and/or their relatives as they are waiting for something: for test results; to be admitted onto a ward; to be seen by a member of our Mental Health Team.

There are the times that I am called in as a chaplain, where a patient's physical life is drawing to a close. Sometimes Last Rites are specifically asked for, but more often I'm just asked to say a prayer for the loved one who is dying. In both cases, my prayers are similar. *"Heavenly Father, creator of us all, thank you for the love that brought ...[name]... into the world and is there to receive him home again. Help him to know that his sins are forgiven and that he is loved with an everlasting love. Grant to him the peace that is beyond understanding, as we commend him into your safe-keeping; in the name of God the Father, God the Son and God the Holy Spirit. Amen."*

I have been employed as a Hospital Chaplain for a large NHS Foundation Trust since November 2013. As well as 11 years of Parish Ministry, previous experience and training I draw on in my working life includes Hospital placements on the Special Care Baby Unit at St Michael's Hospital, Bristol; a CPE (Clinical Pastoral Education) placement in San Francisco General Hospital; working as a volunteer 'Buddy' with

people affected by HIV+ and AIDS and three years working as a Hospice Chaplain in Cornwall.

Healthcare professionals are frequently working at the interface between human experience and transitions through life - birth, health, illness, dying and death. A chaplain's role is to engage with spirituality in its widest sense so that they can enable others (staff as well as patients) find a way of articulating their own sense of spirituality.

At the end of the day, I say a prayer and imagine handing over the names of the patients I've seen during the day to God. I also pray that I would remember anything that I need to, and that I would forget anything that I don't need to remember. The aim of this end-of-the-day ritual is to help me to 'leave' the patients I've met during the course of the day in the hospital and hands of God and not to take them home with me. Sometimes it works.