

Hospital Chaplaincy: Modern, Dependable? Helen Orchard (Sheffield Academic Press 2000), 166 pp, n.p. pbk

Helen Orchard is a skilled researcher and this report is the outcome of a project from the Lincoln Theological Institute funded by the Kings Fund. It takes an overview of hospital chaplaincy in London, analysing the literature, history and contemporary background of the organization and delivery of spiritual care. The project attempts to deal with issues like the remit of chaplains and pastoral care; how chaplains are understood by others; the issue of equity in relation to working in a multi-faith environment; the implications of changes in the delivery of health care and the impact of society on role, and the understanding of the nature of spiritual care.

The process of this analysis is facilitated through a combination of questionnaires and in-depth interviews. Much of the background context is informed through consultation and conversation with significant individuals and groups in chaplaincy. The project would have improved through a more extensive and thorough literature search and analysis. The author might also have been clearer about how far her own preconceptions and presuppositions have shaped the interpretation of the material.

This is a very useful piece of research and it remains surprising that chaplains and their organizations have not taken up the report with the energy and enthusiasm that they might. It is also interesting to speculate on how NHS managers responsible for managing pastoral care in their units might respond to the findings of the study. Put another way, if chaplains do not respond to opportunities and challenges presented to them in such studies as these they may well find themselves subject to external pressures from the NHS over which they have no control or influence. There is a significant, unresolved agenda with some real areas for concern that need addressing. For example, if the focus and activities of chaplaincies have moved away from being patient-centred towards staff and other services, what are the implications of this? Why is it that the chaplain has taken a step back from the patient and turned attention elsewhere?

One of the main findings of Orchard's research is the shocking lack of equity in service provision for minority faiths. There is real structural inequity here that needs addressing, and many chaplains seem complacent about this lack of choice. While many chaplains enjoy a high level of autonomy, Orchard argues that there are real dangers in this reduced level of accountability. A manager responsible for chaplaincy might well ask their chaplains some serious questions as a result of this area of the research findings.

Finally, the question about whether hospital chaplains are professionals and what the foundation for their professional practice might be is a key challenge to chaplaincy organizations. The research discerned the absence of a firm foundation for the professional practice of hospital chaplaincy and a completely inadequate level of post-basic training.

This is very serious, especially considering that such training has been talked about for chaplaincy since the early 1960s.

These findings make this invaluable reading for all those interested in the area of health care chaplaincy and others concerned to reflect on the role of ministry in today's world. Orchard has provided both an invaluable set of reflections on the nature of pastoral ministry today and useful tools to develop self-understanding of roles and functions.

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