



your story. **your** time. **your** wellbeing.

Resource 1:

Executive Summary of the National Scottish Action Research Project
(Second Cycle : May 2011 – September 2012)



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for



Executive Summary

The Community Chaplaincy Listening (CCL) project enters its third phase in September 2012. This executive summary documents the second phase of the project between March 2011 and September 2012. Phase one has been written up both as a reportⁱ and a journal articleⁱⁱ. CCL provides space and listening for patients who have troubles and concerns they want to talk about that are negatively impacting on their health wellbeing.

The Patient Journey through CCL

Patients are referred to the Community Chaplaincy Listening service most commonly by their GP; alternatively they can refer themselves.

- The Chaplain offers the service in a room within the General Practice Surgery
- The patient meets with the Chaplain listener who introduces them to the service.
- The patients then have as many sessions with the listener as are needed for them to tell their story, consider any existential issues they are facing and feel some sense of resolution or peace with what is currently happening in their life.
- Sessions last 50 minutes and patients are free to discharge themselves from the listening service at any time, without explanation, they are also free to return at any time in the future.

Phase one involved the set up of the action research process and early qualitative data collection from a small number of chaplains, patients, doctors and health care managers. The indications from this first year were that

- Patients overwhelmingly reported having a positive experience with the CCL service.
- GPs found the CCL service helpful.
- Building good relationships, providing clear information/ materials was important.
- Clearly articulating the concept of spiritual listening was essential.
- Listeners reported largely positive experiences of providing the CCL.
- NHS Managers would like to see the CCL as part of a suite of talking therapies.
- The use of chaplaincy volunteers as listeners in the CCL requires careful consideration.
- Having a settled space to provide the CCL service helped patients and listeners.

Community Chaplaincy Listening: Phase 2

Armed with this initial understanding of process, purpose and outcomes the project widened its scope. Findings were reported at a national workshop in March 2011 and lead chaplains across Scotland invited to become part of CCL Phase 2. This resulted in 8 Health Boards delivering CCL across Scotland, using 15 listening Chaplains and covering 18 GP surgeries.

Research Framework: Participatory Action Research

“a process in which researchers and stakeholders collaborate to design and conduct all phases of research (e.g., formulating research questions, research design, data collection, data analysis, dissemination, and utilization). The ultimate goal is increasing the likelihood that the products resulting from research will solve the real, “on-the-street” problems that stakeholders experience”ⁱⁱⁱ

The aim is to build up evidence for measuring a complex intervention as described by the Medical Research Council. This involves exploration of the theory and practice of CCL as it actually occurs using qualitative exploratory methods. The action research framework ensures that findings are fed back into the practice and used to inform the next steps; thus research influences subsequent practice.

The next research stage is to use a developed Patient Reported Outcome measure (PROM)^{iv} based on a now clearly understood intervention.

Data Collection

Within this broad framework, phase 2 has collected data from

- **Chaplains** qualitative themed interviews and development visits x 2 over 11 months
- **Chaplains** reflective intervention forms (n = 24)
- **Patient** interviews (n = 18)
- **GPs and Practice Managers:** feedback from email questionnaires and GP interviews/visits from all sites
- **Patient:** Descriptive statistics gathered by chaplains with practice support

Findings

Eight health boards across Scotland delivered CCL2 within 18 GP practices. 250 patients used the service between September 2011 and July 2012 with patients most commonly attending one or two sessions lasting one hour. CCL patients were 75% female and ranged from 18-89 years old with the majority of attenders (41%) aged 40-59. Bereavement and relationship difficulties were the main reasons reported for using the service.

Patients were overwhelmingly positive and enthusiastic about CCL. They found it highly person centred because they were able to determine the agenda, pace and outcomes. They reported real and positive changes in their understanding of their situation and their capacity to cope. Without exception, patients said they would recommend the service to others.

GPs overwhelmingly felt the key value of the service was that it was available and local. This was seen as different to other mental health services, which had long waiting lists, often involved travel and were more proscribed. The chaplaincy service seems to positively influence subsequent consultations and the fact that the listener is a chaplain does not seem to be a problem. GPs report the CCL provides much needed time for patients where the life issues they are dealing with have the capacity to compromise their wellbeing and health.

Conclusions

This is a valuable person-centred service, based on the principles of therapeutic story telling and listening, which provides primary care patients with immediate access to help in the circumstances of life crises and dramas as well as longer-term difficulties. It acts as a rest stop and gives the opportunity and time for patients to reflect on their situation and make necessary changes to the way they are seeing and acting within their situation. The results from the study show that patients, doctors and chaplains all value the service and hope for its continuation and growth. Issues of capacity and training are being addressed in Phase 3, now underway.

ⁱ Full report on the national Scottish action research project, First cycle: March 2010 – March 2011
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With Gillian Munro, Keith Saunders, TK Shadakshari, Gordon Warwick For NHS Education Scotland.
Available from NHS Education Scotland or www.mowatresearch.co.uk

ⁱⁱ MOWAT H BUNNISS S AND KELLY E 2012 Community chaplaincy listening: working with General Practitioners to support patient wellbeing *The Scottish Journal of Healthcare Chaplaincy* Vol 15 (1) 2012 pp 21-26

ⁱⁱⁱ Beach Centre on Disability, University of Kansas

^{iv} SNOWDEN, A., TELFER, I., KELLY, E. R., MOWAT, H., BUNNISS, S., HOWARD, N., & SNOWDEN, M. A. 2012 *Healthcare Chaplaincy: the Lothian Patient Reported Outcome Measure (PROM). The construction of a measure of the impact of specialist spiritual care provision.* (p. 111). Retrieved from <http://www.mendeley.com/profiles/austyn-snowden/>