

JUNE 2007



NHS Hospital ‘Chaplaincies’ in A Multi-faith Society

The Spatial Dimension of Religion and Spirituality in Hospital

**Department of Health, Estates and Facilities
Project P (05) 04**

FINAL REPORT

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Acknowledgements

We very much appreciate the help given us by the Chaplains and Chaplaincy volunteers of the five NHS Trusts that participated in this study. The Principal Investigator would like to thank, in particular, the Lead Chaplains who not only took part in interviews but also managed the distribution and collection of questionnaires and always made time to talk and answer my many questions – and for all those cups of tea I am eternally grateful. We would like to acknowledge the time given by other staff members, by visitors and by patients who not only completed the questionnaire but in many cases also agreed to be interviewed. Finally, after months of discussion and debate we came to depend, for one part of the study (the Mood Survey), on student volunteers from Phase I and Phase II of the medical degree, based at the Queens Campus, Durham University and we are grateful to them for their willing participation.

The research was funded by NHS Pathfinder Grant P (05) 04.

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Chapter 1 Preamble

1.1 Introduction

This is a study of Chaplaincies in the North East of England. In particular it is about the materiality of these facilities, about the location, design and furnishing of hospital Chapels and associated rooms and the ways in which they are used. The UK is a culturally and religiously diverse country. 2001 Census Statistics (see **Table 1**) indicate that although over 70% of people in the UK consider themselves ‘Christian’, there are substantial numbers of people belonging to other faith groups.

	Thousands	%
Christian	42079	71.5
Buddhist	152	0.3
Hindu	559	1.0
Jewish	267	0.5
Muslim	1591	2.7
Sikh	336	0.6
Other religion	179	0.3
All religions	45163	76.8
No religion	9104	15.5
Not stated	4289	7.3
All no religion/Not stated	13626	23.2
Base	58789	100.0

Table 1 The UK Population: by religion, April 2001¹

However, although it is the case that Christians are distributed more or less evenly throughout the UK, the same is not true of members of other faith groups. According to the 2001 Census:

¹ www.statistics.gov.uk/cci/nugget.asp?id=293 Accessed 20/3/07

Thirty-six per cent of the population of Tower Hamlets and 24 per cent in Newham are Muslim. Over one per cent of the population of Westminster are Buddhist, while Harrow has the highest proportion of Hindus (19.6 per cent) and Barnet the highest proportion of Jewish people (14.8 per cent). Over eight per cent of the populations of Hounslow and Ealing are Sikh.²

However, many if not most communities in the UK will include people from a variety of faith groups as well as those who identify with no particular religion. In this report we mean by ‘multi-faith’ the coexistence of individuals and groups of different faiths (and none), both nationally and locally. Hospitals are more than likely, then, to have a multi-faith clientele. This presents a challenge to those who are responsible for providing for the religious/spiritual needs of hospital staff, patients and visitors.

The provision of Chaplaincy facilities has continued to grow since the creation of the NHS in 1948. Since that time religious diversity in the UK has accelerated and greater attention paid to its consequences. One such consequence is the debate that has emerged regarding provision for the needs of those of non-Christians in acute hospitals. While there is a burgeoning literature on the development of spiritual care in hospitals, little research has been conducted specifically on consequences relating to the creation, negotiation and use of religious/spiritual space. This report is an attempt to begin to fill that gap.

The report is not intended primarily to be an evaluation of particular hospital Chapels or of Trust Chaplaincies but rather an informed discussion of the general principles that need to be considered when establishing and maintaining such facilities.

² <http://www.statistics.gov.uk/census2001/profiles/commentaries/ethnicity.asp> Accessed 20 April 2007.

1.2 Background To The Study

We should note here that the study was originally to centre on two acute hospitals The James Cook University Hospital and the Friarage Hospital within a single NHS Trust (South Tees Hospitals NHS Trust). The project was intended to be a study of the changes to the Chapel and Chapel of Rest at the Friarage Hospital (Northallerton), a project subsequently cancelled by the Trust. In addition, our contact with the relevant NHS Trust (South Tees Hospitals) resigned from his post a few months after we commenced research. Owing to these unforeseen changes to the research environment we amended out project in order to take a more balanced overview of a wider range of hospitals across the five NHS Acute Trusts in the study (City Hospitals Sunderland, County Durham & Darlington, Gateshead, Newcastle Upon Tyne, and South Tees). We carried out research in nine hospitals across these five NHS Trusts located in the North East of England.

The collection of data was conducted at the following hospitals (we shall use the abbreviated names in brackets in this Report).

County Durham & Darlington NHS Foundation Trust

Darlington Memorial Hospital (DMH) (Opened 1933: 476 beds)

University Hospital of North Durham (UHND) (Opened 2001: 591 beds)

Bishop Auckland General Hospital (BAGH) (Opened 2002: 286 beds)

Gateshead Health NHS Foundation Trust

Queen Elizabeth Hospital, Gateshead (QEHG) (Opened 1948: 595 beds)

Newcastle Upon Tyne Hospitals NHS Foundation Trust

General Hospital (NGH) (Opened 1906: 680 beds)

Freeman Hospital (FHN) (Opened 1972: 800 beds)

Royal Victoria Infirmary (RVIN) (Opened 1906: 850 beds)

South Tees Hospitals NHS Trust

The James Cook University Hospital (The JCUH) (Opened 2003: 1010 beds)

City Hospitals Sunderland NHS Foundation Trust

Royal Hospital (SRH) (Opened 1948: approximately 960 beds)

1.3 Chaplaincy in the UK

There is a growing literature on Chaplaincy and particularly on hospital Chaplaincy.³

There are several reasons for this. First of all there are many hospitals, each of which, in law, must meet the needs of people's religious needs, including provision of a space for religious practice. Secondly, not only academic researchers but also practitioners write increasingly on hospital services of one kind or another; this is certainly true of hospital Chaplaincy. Chaplains themselves can contribute to two journals – one focussing on Scotland, the other on England and Wales. Among hospital staff, nurses in particular are writing about the role of religion and spirituality in healthcare, and sometimes consider the role of Chaplaincies in particular.

This growing literature deals with a wide range of subjects but one or two themes are emerging that are especially relevant in relation to the research presented in this report. First, there is a tension which is increasingly manifest not only in hospitals but in society more generally, and relates to the very subject itself. In recent years there has been a change in focus, from 'religion' and towards 'spirituality'. We do not need to get bogged down in definitions here and suffice it to say that 'religion' is traditional, Christian and institutional, almost synonymous with 'The Church'. 'Spirituality', on the other hand, is modern, universalist and anti-institutional, and is only marginally related to 'The Church'. This change, which reflects Grace's thesis, that, since 1945, religion in the UK has become more a matter of 'belief' and less a matter of 'belonging' (Davie 1994). This

³ We have found the following particularly informative: Blackburn (2004) on the provision of multi-faith healthcare; Mowat (2005) on what chaplains do. The chapters in Orchard (Ed. 2001) provide a useful overview of hospital Chaplaincy; and Wright (2001) provides a concise overview. Department of Health (2004) deals with funding issues.

is indubitably true in that Church attendance has dropped to below 7% of the population in the UK. However, we should not confuse Davie's thesis with the secularization thesis, which posits a straightforward 'decline in religion'. The research undertaken for this report avoids taking sides in this debate. The report is of particular interest however, in that its focus is on religious faith and practice in what might seem at first to be an extremely inhospitable environment, the secular field of medicine. We found, however, that religion/spirituality is indeed alive and well in hospital, and although our focus is on the Chaplaincy, it permeates much of hospital life.

A second feature of recent writing on hospital Chaplaincy involves authority. The question is who should be responsible for providing what is increasingly called 'spiritual care'.⁴ It is the Trust that determines the level of Chaplaincy staffing (supposedly according to a formula provided by the Department of Health). On the ground, however, this responsibility falls squarely on Chaplaincy staff and volunteers. There are calls, however, for clinical staff and especially nurses to play a more formal role in this area of care. This is particularly the case now that 'holistic' care is the term often used in official (ie Government) documents relating to hospital services. The point is that it is the person *as a whole* that should be cared for, all of their needs being equally important – including their religious/spiritual needs. If this is the case then surely it is clinical staff who should be responsible for the patient's mind, body *and* spirit? And indeed this assumption is at the root of holistic healthcare. This issue was aired by a number of interviewees in this research, sometimes but not always in response to a direct question from the interviewer. It is a crucial point because it would seem to undermine the very foundations of the hospital Chaplaincy services. At the start of this study, the vulnerability felt by Chaplains was not improved by the recent decision of Worcestershire Hospitals Trust to begin dismantling their Chaplaincy team.⁵

⁴ See for example Robinson, Kendrick and Brown (2003), McSherry (2000), Moody (1999) and Tanyi (2002).

⁵ The Telegraph Online. Hospital Trust sacks team of Chaplains. August 8th, 2006. <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2006/08/09/nchaplain09.xml> Accessed 10 March 2007.

BBC News Online. Hospitals set to sack chaplains August 8th, 2006. <http://news.bbc.co.uk/1/hi/england/hereford/worcs/5257452.stm> Accessed 13 March 2007.

Both of these issues clearly relate to the role of the Chaplaincy and associated Facilities. In the first instance, the question is how to reflect a societal shift from the ‘religious’ to the ‘spiritual’ in Chaplaincy provision; on the other, if religious/spiritual care is to be devolved to the ward staff, then what need is there for a centralised Chapel – given the shortage of space in most NHS acute hospitals this is an important issue. This Report indicates the range of services offered by a centrally organised Chaplaincy and identifies and tries to understand the way in which these issues are played out in relation to the use of hospital space.

1.4 An Outline of Chaplaincy Facilities

Despite this vast literature on the place of religion/spirituality in hospitals, apart from the research findings presented in this report little or no work has been carried out on the physical resources of the Chaplaincy in the UK. The Government has sent out in several documents the resources that should be made by NHS Trusts in respect of Chaplaincy facilities. However, the formulae relate only to staff, not to the physical requirements of providing the services. In each of the hospitals visited during this research project, the Chaplaincy was based in an office or suite of offices. However, these varied in size, quality and location. In some cases (SRH, NGH, FHN, QEHG, The JCUH and UHND) the offices were adjacent to the Chapel and a (Muslim) Prayer Room (where one is provided). In other cases, Chaplaincy offices were situated away from the Chapel/Prayer Room (BAGH, DMH, RVIN). Locations varied considerably: in some cases the Chaplaincy facilities are located near a main entrance on the ground floor, (e.g. SRH) while in others both Chaplaincy and offices are situated some distance from main entrances (e.g. DMH, BAGH). The area or size of Chaplaincy facilities also varies enormously. While DMH has a relatively large Chapel but poor office Facilities. UHND has a very small Chapel and cramped office and supplementary space. The space provided for the Chaplaincy in FHN, SRH and QEHG is coherent and spacious, each including at least one office and one or two supplementary rooms, and in the case of

QEHG and SRH, a dedicated (Muslim) Prayer Room. NGH is about to be demolished and the RVIN is undergoing a major rebuild which will not be completed until 2010.

Chaplaincy staff are more or less involved in viewing rooms or Chapels of Rest. Viewing rooms are inevitably situated near or within the Mortuary, which means in every case that the viewing room (in which friends and relatives view the body of the deceased) is some way from main entrances and often in the least inviting section of the hospital.

Chapter 2 Report Structure

This is a report about the spatial characteristics of hospital Chaplaincies located across five NHS Trusts in the north east of England and is organised as follows. Following a brief introductory section, **Preamble**, and this overview of the way the report is organised, **Report Structure**, we present the **Executive Summary**, a concise summary of the Report, identifying in particular the key findings. We present our aims and objectives along with the questions we have sought to answer in this report in **The Research Question**. There follows an account of **The Context** of this research project in which we consider the cultural (including the organizational) and more specifically, drawing on some of the key texts dealing with hospital Chaplaincy in the UK during the past 25 years. In terms of data collection this is a relatively complex project and in the next section, **The Study Design**, we describe various methods used by the project team. The most important section, **The Findings**, draws on the vast amount of data accumulated during the project. Given the quantity of data we thought carefully how best to present the most significant findings. We have adopted a broadly thematic approach, drawing where appropriate on both quantitative (numerical) and qualitative (non-numerical) data. Included in this chapter is a brief report on a distinct data set – prayer requests, collected over a ten-year period from the Chapel in The JCUH. We also present findings from our Mood Survey which represents a novel means of assessing the levels of stress experienced by those using a hospital Chapel. We review the most significant findings and list our recommendations in the **Conclusion**. A list of sources cited in the report is provided in the **References** section. Documents generated during the study which will be of interest to some readers are included in the **Annexes**.

Chapter 3 Executive Summary

3.1 Summary of the Research

The main aim of this study was to describe the existing Chaplaincy facilities across five NHS Acute Hospital Trusts and to present and analyse the perception of users (Chaplains, Chaplaincy volunteers, hospital staff, visitors and patients) of these Facilities. The Team addressed the following research questions:

- What are the Chaplaincy facilities in the nine hospitals comprising the study?
- Do these facilities take into account the needs of, and interactions among, its (multi-faith) users?
- What are the perceptions of Chaplains and Chaplaincy volunteers of these facilities?
- What are the various users' perceptions of these facilities?
- What is the user response to the artwork, in particular, placed or integrated within the Chaplaincy facilities?
- How and with what frequency is the new space actually being used by Chaplains, other hospital staff, patients and visitors?
- What are Chaplaincy facilities used for?
- To what extent does hospital design/aesthetic impact upon Chaplains' work?
- How important is place/space in the work of hospital Chaplains and Chaplaincy volunteers?

Our intention was NOT to compare Chaplaincy services with a view to ranking them in any way. Our hope is that all involved in hospital Chaplaincy services might learn something from the strengths *and* weaknesses of the services described in this report.

We carried out this research project in nine acute hospitals across five NHS hospital Trusts in the North East of England:

City Hospitals Sunderland NHS Foundation Trust
County Durham & Darlington NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Newcastle Upon Tyne Hospitals NHS Foundation Trust
South Tees Hospitals NHS Trust

This group represents a cross section of Trusts and acute hospitals which could be conveniently visited by the Principal Investigator on a regular basis. We used a variety of data collection methods primarily for purposes of triangulation data, that is, to test the validity of one set of data against another. Broadly speaking we set out to collect numerical or statistical data by questionnaire survey. 265 questionnaires were returned. The questionnaire records the level of satisfaction by Chaplaincy users of the facility they use and the uses to which the facility is put. We also conducted an innovative survey in order to examine the extent to which Chaplaincy use impacts upon users' stress levels. Non-numerical data was collected primarily by conducting 65 semi-structured interviews with Chapel users, including staff, patients and volunteers, unobtrusive observation, taking photographs and collecting or noting literature found in each Chaplaincy facility. Finally we carried out an analysis of over 3000 prayer requests collected from the Chapel at The JCUH.

3.2 Key Findings

The key findings of this research are as follows:

1. Chaplaincy facilities in the nine hospital involved in this research vary considerably and their excellence (or otherwise) seems not to be determined by Trust, by age or by the size of the hospital, or indeed by any one factor.
2. Chaplaincy facilities are generally thought to be at least 'good' by users, including Chaplaincy staff and volunteers, patients, visitors and hospital staff. Of all groups, patients are most satisfied with current provision.
3. Chaplaincy staff are aware of the weaknesses of their facilities but work hard to make the most of what they have.

4. Information concerning Chaplaincy facilities is important but is not always available throughout the hospital. Similarly, web resources are not always as up-to-date as they might be. In neither case does responsibility lie entirely with the Chaplaincy team.
5. Key elements of the excellent Chaplaincy facility include central location, appropriate design and fittings/furnishing, accessibility, availability, visibility.
6. Location is critical in relation to visibility, accessibility and therefore usage.
7. There is a clear and obvious need for appropriate provision for Muslim prayer. This provision might take the form either of a carefully designed multi-faith facility or of a separate Prayer Room (or gender-specific Prayer Rooms)
8. The key functions of a Chapel or multi-faith room are as follows:
 - provision of a base for Chaplains' (and Chaplaincy volunteers') work
 - availability (every day and around the clock)
 - provision of defensible space (safety, security, privacy)
 - provision of peace and quiet
 - provision for prayer, meditation and contemplation
 - provision for individual and corporate worship
 - facilitation of prayer requests and commemorationFurther important functions include provision of religious/spiritually inspiring literature, a welcoming environment and a place of worship.
9. Chaplaincy space is a dynamic space in which individuals and groups come together and negotiate and even contest the right to the kind of space they feel they need. Inevitably, then, the space embodies compromise and is skilfully managed by each of the Lead Chaplains.
10. There is a general feeling among Chaplaincy staff that hospital art and design help in the construction of sacred space.
11. People (that is, Chaplaincy staff and Volunteers) are considered to be the most important asset of the Chaplaincy Department.
12. The current organisation of Chaplaincy in the five Trusts participating in this study, founded on the built environment of the Chaplaincy facility, is typical of Chaplaincy services in England and Wales. This organisation is the result of developments which have taken place incrementally and pragmatically during the past 50 years or more. This Report suggests that these developments have led and will continue to lead to a steady improvement in the service. Our conclusion is that this structure provides for a fundamentally important service which can be dismantled at the local level only with dire consequences to the well-being of hospital patients, staff and visitors.

13. Sacred space is not restricted to the Chaplaincy facility but can be created in any place where people meet. Art and design can help in the creation of sacred space.

For a detailed description of methods of data collection see Chapter 7. For a list of recommendations see Section 10.2.

Chapter 4 Aim of the Study

The main aim of this study is to describe the existing Chaplaincy facilities across five NHS acute hospital Trusts in the North East of England and to present and analyse the perceptions of users (Chaplains, Chaplaincy volunteers, hospital staff, visitors and patients) of these facilities, and also to identify and understand the various uses to which these facilities are put.

Our focus is on the ways in which Chaplaincy facilities are used and what these facilities *mean* to those who use them. For this reason the report includes many direct quotations from people who use or have used Chaplaincy facilities.

Chapter 5 Research Questions

- What are the Chaplaincy facilities in the nine hospitals comprising the study?
- Do these facilities take into account the needs of, and interactions among, its (multi-faith) users?
- What are the perceptions of Chaplains and Chaplaincy volunteers of these facilities?
- What are the various users' perceptions of these facilities?
- What is the user response to the artwork, in particular, placed or integrated within the Chaplaincy facilities?
- How and with what frequency is the new space actually being used by Chaplains, other hospital staff, patients and visitors?
- In what ways are the Chaplaincy facilities used?
- To what extent does hospital design/aesthetic impact upon Chaplains' work?
- How important is place/space in the work of hospital Chaplains and Chaplaincy volunteers?
- How is Chaplaincy work undertaken across the hospital, on the Wards, for example?

Chapter 6 Context

The relationship between health and religion goes back thousands of years, and the relationship between hospital and church in Britain over a thousand years. The role of the hospital Chaplain developed slowly up until the establishment of the National Health Service in 1948, since which time Chaplaincy services have developed apace. The 1948 legislation included a section which aimed to establish a Chaplaincy in every hospital and this aim has been met. Owing to the increasingly multicultural and secularizing social climate, the structure and function of hospital Chaplaincy has evolved primarily as a result of changes in society. From being an almost entirely Anglican institution, hospital Chaplaincy now attempts to cater for a far broader, multi-faith constituency (Blackburn 2004).

Our starting point is the Report issued by the Department of Health in 2003 '*NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*' (DH 2003), and particularly the section headed 'Worship Space' (pp10-11). Five suggestions are listed:

- * It is suggested that NHS organisations provide accessible and suitable space for prayer and for religious services open to patients and staff.
- * Space for prayer and religious services has well established value as a place of calm in time of anxiety. An appropriate location and 24 hour access is recommended.
- * Different religions have specific requirements, and more than one space may be required with flexibility of furnishing and use of religious symbolism to allow for the multiple use by different faith traditions as required. Members of the Chaplaincy team will be able to advise on appropriate faith community requirements.
- * New provision of worship space will normally include adjacent siting of the Chaplaincy-Spiritual Care office and interview accommodation.
- * It is important to safeguard the spiritual needs of individuals in minority faith communities. The Chaplaincy team is there to support patients in gaining access to smaller/minority faith representatives.

In 2005 the recently formed ‘Multi-faith Group of Healthcare Chaplains’ (MFGHC) published the document *Draft Spiritual Healthcare Standards*.⁶ This document provides a useful gloss on DH 2003, focusing on the ‘multi-faith implications of that document. The document deals specifically with Chaplaincy space in Spiritual healthcare Standards (SHS) 12-15 (explicit reference to DH 2003 is made in each case):

SHS 12 There is space(s) designated and suitable for worship and communal activities, including prayer and reflection, which are accessible by patients/users and staff 24 hours a day, seven days a week.

Guidance: the Trust recognises the needs of and gives priority to achieving sacred spaces for all world faiths. Appropriate locations should be able to accommodate at least 20 seated people; the needs of those in beds and wheelchairs should also be considered. Different religions have specific requirements and it is likely that more than one space will be required, with the flexibility of furnishing and use of religious symbolism to allow for use by different faiths. Where new locations are planned, the Chaplaincy spiritual care service should be involved at the earliest opportunity.

SHS 13 There is a documented protocol for use of space(s) designated for worship activities and there are arrangements in place for the safe and secure storage of religious artefacts and symbols

Guidance: this should include topics such as use of music, food, items on display, walking across others praying and use of a variety of religious leaders.

SHS 14 There is access to equipment out of normal working hours, including Bibles, Korans, prayer mats, Hindu tapes, etc.

SHS 15 There are special arrangements to ensure that the dying and recently bereaved have access to Chaplaincy-spiritual care services at the appropriate time.

Guidance: for example providing liturgies and ceremonies, especially in the case of neonatal and child death, and annual services of remembrance. The service should develop and maintain close links with all those involved in bereavement care for example emergency services, critical care units, maternity services and providers of postmortem services. The workforce may also provide support to staff that suffer personal bereavement. The Chaplaincy spiritual care team should also play a part in educating staff in the issues surrounding bereavement.

In effect, this Report is a study of the extent to which these recommendations form a part (either implicitly or explicitly) of the ways in which ‘Chaplaincy space’ is constructed and managed.

⁶ The Report is available at the MFGHC website: <http://www.mfghc.com/news.htm#cancel>

The UK government is currently undertaking a major new programme of hospital building and re-building. This has been associated with an upsurge of research in how the design and decoration of hospitals might contribute to patient wellbeing and recovery, as well as to staff morale and retention. Such research has, however, tended to concentrate on ward and general areas within hospitals. In this project we wish to focus on a more neglected but crucial part of hospital structure: the hospital Chaplaincy or faith room. Hospitals are institutions where patients or their relatives frequently wish to be in touch with a spiritual advisor or to spend time in surroundings that enable them to be quiet and contemplative, away from the ward or clinic. In addition, staff require a range of outlets within hospitals, including Chaplaincies, to fulfill their own spiritual and pastoral needs, and in some cases to gain pastoral training. Hospital Chaplaincies therefore fulfill significant functions within NHS tertiary care contexts, but are facing significant challenges in adapting to the requirements of mobile, multi-faith and even secular constituencies.

This study grew out of an earlier project (Macnaughton et al 2005). In developing a new hospital, The JCUH, on the site of an older one (South Cleveland General Hospital), the South Tees Hospitals NHS Trust has focused attention on the principle of patient-centred care. A fundamental part of this principle is respect for patients' spiritual needs. In line with this wider building project, therefore, the Chapel in the old hospital was redesigned as a new room that would be appropriate for all religious and secular groups within the community to use. In addition (and as a result of a consultative process), within the Chapel complex a new space was created specifically for the use of the Muslim community. Like the rest of the new hospital, the Trust took into account the impact of colour, light, decoration and artwork in the design process and attempted to choose features that would seem appropriate for any denomination wishing to make use of the space. A team of researchers under the direction of Dr Jane Macnaughton from CAHHM at Durham University carried out research between 2002-04 which evaluated the success of the Trust's use of art and design in The JCUH. This group, funded by NHS Estates,

submitted its final report in February 2005 (Macnaughton et al 2005).⁷ This current project has been carried out by members of the same research team.

The proposed evaluation would also take in those spaces most significant to the Chaplaincy teams, including multi-faith rooms and the mortuary area where relatives are taken to view the bodies of deceased relatives. Mortuary viewing rooms in hospitals can be very distressing places and the fact that mortuaries are often situated in the basements of hospitals for ease of removing the remains out of the view of other patients makes them that much more distressing. Grieving relatives may have to be taken past the kitchens, laundry and industrial areas of the hospital in order to view their loved-one's body. This is the case at The JCUH, but careful attention has been paid to the design and decoration of the viewing room itself.

We hoped that this research would inform the reconstruction of the Chapel of rest at the Friarage Hospital but since that project was postponed by the Trust that opportunity has been lost. We know that a number of other hospitals have been looking at the redesign of Chaplaincies as multi-faith areas and we have recruited a further four NHS Hospital Trusts, Durham and Darlington, Gateshead, Newcastle Upon Tyne and Sunderland, to this project in order to gather further comparative data from Chaplaincy facilities some of which have been and some of which have not been recently redesigned.

⁷ This Report is currently available on the DH Estates and Facilities website:
http://195.92.246.148/nhsestates/knowledge/knowledge_content/home/home.asp#Newp

Chapter 7 Study Design

7.1 Introduction

This research project draws on data that are qualitative, quantitative and visual. Our primary aim in using a range of data collection methods was to facilitate triangulation (the checking of data collected using one method against data using other methods) The Principal Investigator (Peter Collins) carried out fieldwork at all nine hospitals. Simon Coleman carried out four interviews at the UHND. The research timetable can be found in **Annexe 5**. There follows a detailed account of data collection methods.

7.2 Interviews

65 Semi-formal interviews were carried out in order to gather data on users' perceptions and experiences of Chaplaincy facilities particularly in relation to morale, cultural sensitivity and operational efficiency. Those interviewed were:

- a) Patients and visitors to the Chapel and Prayer Rooms for services, prayer, events and so on.
- b) NHS staff visiting for prayer, services and so on.
- c) Staff attending training or meetings.
- d) Representatives of religious groups and the wider community who visit the Chaplaincy.
- e) Chaplains and Chaplaincy volunteers.

Each interview followed the same schedules but in each case the interviewer asked different supplementary questions and followed slightly different lines of enquiry as seemed appropriate (see **Annexe 5** for interview schedule). The schedule was prepared

after preliminary reading, preliminary visits and discussions between members of the research team. A detailed breakdown of interviewees can be found in **Table 2** below.

Research Participants	NHS Trusts				
	Durham and Darlington	Gateshead	Newcastle	South Tees	Sunderland
Chaplains	7	3	8	4	4
volunteers	5	3	3	2	2
users	6	4	5	3	3
SAPTs*			1	1	1

* Senior Anatomical Pathology Technicians

Table 2 Interviewees (by Trust)

Our objective in carrying out the semi-structured interviews was to gain an insight into the meaning that the Chaplaincy facilities have for those who are Chaplaincy staff, Chaplaincy volunteers or users of the Chapel. In the time available we attempted to interview a cross-section of each of these categories in each of the five Trusts. Most of these interviews were held at the hospital, but in some cases in people's homes. All except four of these interviews were tape-recorded and transcribed. The Principal Investigator read each of the transcripts then coded themes as they emerged, cross-checking and cross-referencing as he went.

7.3 Questionnaire Survey

Without wanting to replicate the kinds of in-house user surveys often undertaken by hospital departments we wanted to find out the extent to which the basic environment of Each Chaplaincy facility met the needs (and the approval) of users. A questionnaire was constructed and piloted at The JCUH. These questionnaires were left in the Chapels at DMH, UHND, QEHG, FHN, RVIN and SRH. They were also available to users of the Prayer Rooms at QEHG, FHN and SRH. A copy of the questionnaire is included in **Annexe 1**. The questionnaire assisted us in recruiting users to participate in semi-structured interviews.

In order to establish the opinion of users (hospital staff, Chaplaincy volunteers, patients and visitors) on the Chaplaincy facilities across the five Trusts, we distributed questionnaires in seven hospitals (though for most purposes the return of one questionnaire from NGH can be discounted). Questionnaires were returned from QEHG, FHN, SRH, The JCUH, RVIN and the UHND. The majority of questions ask the individual to tick a box indicating the degree to which, in their view, the Chaplaincy facilities in question manifest a certain condition. The data was entered by Karen Elliott and Caroline Jones using the software package SPSS. Tessa Pollard and Caroline Jones processed the data and generated the tables. Please refer to Tables in **Annexe 2** for detailed statistical analysis

7.4 Mood Survey⁸

Given the assumption among Chaplains, visitors and patients that the Chapel should be a relaxing place, removed from the hustle and bustle of the rest of the hospital, we were interested in the comments of one reviewer who read our initial proposal who requested that the project include some measurement of the level of stress of those using the Chapel. This turned out to be a challenging suggestion. We could find no published research on which to base our study but after a great deal of discussion within the research team we developed a method for investigating user stress levels *comparatively*. Given constraints of time we decided to conduct this part of the project at The JCUH. Our aim was to assess levels of stress exhibited by those who spend time both in the faith room and also elsewhere in the hospital (an Outpatients' Waiting Room and the Atrium), using a standard, single page questionnaire modified to suit our rather specific purpose. We modified our approach slightly after running a pilot study. A copy of the Mood Survey document is included in **Annexe 3**. We believe this to be the first study of its kind.

⁸ For a more detailed account and presentation of Mood Survey findings see Section 8.5.10.

7.5 Prayer Requests

The research team was given access to a complete set of prayer requests collected by the hospital Chaplain at The JCUH from 1995-2005. Prayer requests are written by people visiting the faith room and provide valuable and anonymous information about the reasons why individuals are using the Chapel and also some information about numbers of visits. The prayer requests were collated by Natalie Coe.⁹

7.6 Unobtrusive Observation in Public Spaces¹⁰

The PI spent a total of 40 hours carrying out unobtrusive observation in situations where this would be an appropriate means of collecting data, for instance in the Chapel itself and in other public spaces (e.g. corridors and entrance areas). For instance, several hours were spent sitting in each of the Chapels (but not Prayer Rooms) noting the comings and goings of users and their behaviour, as well as other matters of interest such as the hesitation of some people at the door, and occasionally their decision not to enter.

7.7 Visual Data

We took around 200 photographs of Chaplaincy facilities and other spaces, such as Chapels of Rest, relevant to the study.

7.7 Maps and Plans

We commissioned an architecture student (Shona Delargy-Scales) to produce plans of seven of the hospital in the study. We also obtained site plans from the Estates and Buildings Department of several of the hospitals under study which helped us better to

⁹ For a more detailed account and presentation of Prayer Request findings see Section 8.5.7.

¹⁰ 'Unobtrusive observation' is a term taken from Bernard (1994: 332-59)

understand the position of the Chaplaincy facility in each case. **Annexe 9** includes site plans of all nine hospitals indicating the location of the Chapel in each case. The inclusion of these plans has a two-fold purpose: they provide evidence of the care (or lack of care) taken by trusts/hospitals in marking the location of Chaplaincy facilities; they also enable the researchers to discuss more transparently the location of each facility.

7.8 Found Material

We collected written material e.g. leaflets that were displayed in the Chapels and freely available to Chapel users. This material included information leaflets about the Chaplaincy and others about other services available in the hospital; pamphlets on religious subjects (e.g. on prayer); and readings from the Bible.

7.9 Web Pages

We conducted a search for information on Chaplaincy facilities from relevant NHS Trust websites.

7.10 Ethical Considerations

The Principle Investigator ensured that all participants received a clear and concise information sheet, with translation as required (see **Annexe 7**). Those involved in interviews were given a consent form which was signed before participation in the study took place (see **Annexe 4**). All data were anonymised with one exception: those participants who completed and returned the questionnaire were given the opportunity to volunteer to take part in a follow-up interview by including their name and telephone number on the final page. Those details were noted by the Principal Investigator and then removed from the questionnaire. All data are kept safely on University premises. Obtaining ethical permission to carry out this study was a long drawn out affair,

beginning in May 2005 and completed only in November 2005. Permission was granted to undertake research in all five Trusts.

We were also given permission to carry out this research by the Research and Development Department in each Trust.

Chapter 8 The Findings

8.1 Introduction

We begin this chapter with an introductory note on each of the Chaplaincies included in this study. We go on to describe the physical features of each facility as built environment and include floor plans of seven of them. We then describe the fixtures and fittings of first the Chapels and then the Muslim Prayer Rooms. Next, we describe and discuss the location of each facility, physically, in the context of the hospital site as a whole, in terms of its signing, and in hospital literature (both written and electronic). These sections provide information which is necessary in order to understand the material presented in the sections that follow.

We go on, then, to deal with the religiosity of Chaplaincy facilities, currently a key issue for both practitioners and academics. The main functions of the chaplaincy are dealt with next. We then move on to issues relating to the Chapel of Rest, before discussing the important though little researched relationship between the Chaplaincy and art and design in acute hospitals.

In presenting these findings we have drawn on the full range of data available to us. However, given that the emphasis of the report is on the meaning of the Chaplaincy for users we foreground the spoken and written responses of research participants. For this reason, this chapter contains a great many direct quotes both from interviews and from the questionnaires (primarily from the open questions on Page 5).¹¹ Interview extracts are followed by the role of the interviewee and the hospital. Text inside square brackets represents a comment or question from the interviewer. Elipses (...) represent spoken material omitted from the quote. Where longer dialogues are included, the Interviewer is identified as 'A', the interviewee as 'B'. Names are anonymised using three asterisks (***). Following an extract from the questionnaire the brackets begin with 'Q' and then

¹¹ All responses to the open question B4 are listed in Annexe 8.

the questionnaire index number, the hospital, the gender and role of the respondent, whether Chaplaincy volunteer, patient, staff member or visitor. Quotations taken from open questions in the questionnaire are marked 'Q', followed by their respondent number, their gender and role.

8.2 Chaplaincy Design

8.2.1 Introduction

This section provides an introduction to the Chaplaincy facilities in each of the nine hospitals which form the study. By 'Chaplaincy design' we mean to include all aspects of the material culture of the place occupied by the Chaplaincy Department in a hospital, specifically the built environment and its contents. The Chaplaincy Department in each of the nine hospitals occupies dedicated space, including a Chapel and or Multi-faith room

In many cases the existing Chaplaincy environment is the result of one or more developments in the hospital environment as such. A member of the Chaplaincy team in QEHG describes the facilities there:

I am really very pleased with the facilities. The location is dreadful but the Facilities are great. Do you want me to describe them for you? [Yes, please, go ahead] We were basically knocked down. We had an office, a horrible office, and a not a very good little sort of sitting/counselling area and a Chapel that had been a boardroom at one point, or a meeting room at one point. And the mayor of Gateshead many years ago her husband had died in coronary care and she had no Chapel to go to so she went and complained to the powers that be and we got this meeting room...well, they had this meeting room turned into a Chapel. So that was where we started with. We were then knocked down to make room for the learning skills centre and we were shoe-horned into here. It was a wonderful, wonderful expansion. In this space we've got this counselling room, we've got another counselling room we've just turned into a store room. We have an adequate Multi-faith room, which our Muslim brothers and sisters use. I don't think any other faiths have used it. We have a reasonably good-sized office, well equipped with computers and printers and so on and so forth. We have a multi-faith ritual washing room, as well. The multi-faith facilities were designed in conjunction with the local Muslim community. So they came up and advised us of what was needed. They actually came back later as well with their architect because they liked so much what we'd done up here with our washing facilities they wanted the same put into their new build as well. (QEHG, Chaplain)

It seems that the provision of adequate Facilities can sometimes depend on ad hoc circumstances. Staff, volunteers and patients at SRH agree that the Facilities they have are more than adequate. The following quote is from a member of staff who acknowledges that a useful addition would have been a 'neutral' quiet room, but feels overall that what they have is good enough:

... No, I mean I suppose I know of a quiet room that was just for people to sit and pray in that was not a Mosque and not you know not anything but I think actually the Chapel has enough spaces in it to for that not to matter and there's certainly no sense of people knocking on the door saying 'why haven't we got what we need?' very good really. (Chaplain, SRH)

In relation to office space, there is a similar diversity of Facilities across the hospitals. However apart from the UHND staff and volunteers are generally content with what they have. The office space at UHND is variously described as 'small', 'cramped' and inadequate. But then there would seem to be no room for creating additional space in the present circumstances – a second office would have to be located somewhere else. Apart from lack of working space, neither the Chapel nor the office in UHND has natural light, unlike the other facilities. Lead Chaplains in QEHG, NGH and DMH share an office with other staff, whereas in RVIN, FHN, The JCUH and SRH they occupy their own office. Given the increasing amounts of administrative work that is required of Lead Chaplains in particular this would seem to be a requirement. In no case does a Chaplaincy team include a secretary dedicated to the department. If secretaries or administrative assistants were incorporated into these hospital Chaplaincies then space would become a greater problem.

In such comments we find an implicit assumption that the Trust in question has shown (or failed to show) a commitment to the Chaplaincy as a service. We cannot discount the symbolic importance represented by the adequacy (or otherwise) of provision. Inadequate provision will broadcast the message that in this hospital/Trust, Chaplaincy is considered to be an unimportant, even irrelevant service. A Chaplain at UHND expressed positive

feelings about the Chapel there, but at the same time implies the inadequacy of their office facilities:

I love it (the Chapel). It's much too small I think, I think they've done a very good job with what they were given, in that all of the stuff about not having windows. Sometimes it's good that it's small because it's a very intimate space, I've had one or two deep conversations with people when it's been empty, you can't guarantee it's going to be empty. I would prefer not to take people into the office... I think it's beautiful. (Chaplain, UHND)

Or again, here is a volunteer at UHND, asked whether they thought the Chapel should have been larger:

Uh huh, well definitely, I mean when you have like the Christmas carol service and things you have to wait till the outpatients has done and then have it in the outpatients 'cos there's nowhere else. (Chaplaincy volunteer, UHND)

Here is a comment from a QEHG Chaplain:

Well, it certainly works a lot better than what we had before in terms of Facilities in terms of reaching out to a greater cross-section of the community because we do have the multi-faith. (It's a bit of a misnomer, 'multi-faith', because it's almost exclusively used by the Muslims), the ablution Facilities, we have got the counselling rooms. I personally would like to see something that was more purpose-built. There was a hole that's here; we could fit something into it. The whole centre, it was a department of something (I think it was endoscopy before) and I think what they've done with what they have. I think we've got enough room in our office where the three of us are because we don't spend a lot of time in the office. And certainly [interruption] we probably had a little less room than we had in our old situation. But as I say we don't spend a lot of time in there. We've got a desk space and you don't really need much more than that... I think under the circumstances, they did a very good job. And we got a lot out of it: we got a toilet, we wanted a toilet, we fought to get the ablution Facilities for the Muslims. There are things where we actually said, 'No, that's not what we want. We want this.' They were very wonderful. And we can't complain. The little kitchen we have is very little but for what we need it serves its purpose. Although it can be a bit a pokey (our second counselling room) it's got no windows, it's very cheerless and that sort of thing but it's there if you were stuck and needed an extra room. (Chaplain, QEHG)

In response to the question 'are you happy with the Chaplaincy facilities at the RVIN' one of the team replied at length:

....it's just a lovely, quiet atmosphere and I know sometimes people play the piano. I do a little bit not very often but you know even just to be able to sit and play the piano just sit quietly and what I really like, I like the Chapel in general but I just love first thing in the morning when the sun's shining in, it's just like the colours of the rainbow on the coloured glass. You know it's just the fact, it just colours, it's just beautiful colours. I like the lighting, the nice atmosphere. When I even do the service on a Sunday too it's lovely I mean I just like the whole setting and I suppose the quiet, the quiet room is good, I have to say I don't think the furniture's that comfortable but partly we don't have a lot of furniture in there because when it comes to Friday prayers, people don't want any furniture in there and they do take these two sofas out and if we ever do have a meeting in there, you know we usually take in a more comfortable chair to sit on, for seats. I suppose I do sometimes think, I mean we have the two main offices here that are used, the rest of my colleagues here are all part time so a lot of the time I have this office to myself and it's fine. If I do want to see somebody privately, a kind of counselling setting sometimes I use that quiet room, sometimes I use in here but if all my colleagues are here I think that's the one, I think that we don't have is another kind of little quiet space you know maybe we don't want to use the Chapel especially on a Friday at lunchtime we wouldn't want to use the quiet room and I suppose just sometimes I mean we usually use one of the offices here. I might use *** 's office if he's out, he might use this one. So I suppose that's the only thing, I sometimes think if a lot of the staff are here and I want to speak to somebody privately, you know I would go use the quiet room or somewhere else. It would be nice to have another little quiet place. (Chaplain, FHN)

Perhaps the most important part of the Chaplain's job is being available to talk to people. Another member of the SRH team spells out what she feels to be a basic necessity:

And it is important where you can have somewhere you can talk to people in private. (Chaplain, SRH)

The hospitals (and therefore the Chaplaincy facilities we studied in this research are in a more or less continual state of change. Indeed, some of them are new builds (BAGH, UHND) others have been substantially re-built (DMH, The JCUH, RVIN, SRH, QEHG, FHN) facilities at NGH have recently changed. This has meant that Chaplaincy staff have needed to be adaptable, dealing at regular intervals with new challenges. A Chaplain at NGH makes this clear, asked whether the facilities there are adequate:

... yeh, because this is new, we've only moved down here since err... just after Christmas... We were upstairs before err... and that was err.. going upstairs all the time and the Chapel still where it was no, so yes I'm very pleased with what we've

been provided. We've got three offices, a Chapel now, the Chapels getting tired and there's a, it's got it's own general site, it is more prone to vandalism but that's also true of most things [Go on] Oh we get people coming in and eating fish and chips and making cups of tea and leaving a mess and leaving chairs all over the place, taking plants home, bibles stolen and I don't think we've had a chair stolen yet but money and books and blinds have recently been vandalised but you know the Trust do tend to try and keep up with it and.... But yes I'm more than happy with what's been provided. (Chaplain, NGH)

And continues...

Mmmm... interestingly when they were looking to put this, provide this area, the reason other faiths were contacted with regards to what to call it, err and the consensus was leave it called the Chapel, because everyone knows what it is then. And people of other faiths do use it, the prayer mats keep getting stolen but mmm... they have been you know, people do use it.

Those Chaplains and Chaplaincy volunteers who have worked at a particular hospital for a decade or more are likely to have witnessed changes. This is an important factor which has a bearing on how they perceive the current facilities. Several volunteers at UHND remembered the Chapel in the now demolished Dryburn Hospital:

...here mm... I think they've made the best of a bad job, I think it could have been much improved. Having said that the Chapel that was in the old building, were you ever in that one? (Yeh, mm...) I mean it was big but it was quite cold because it was big, in terms of atmosphere and it was very churchified rather than cosy. (Chaplaincy volunteer, UHND)

Other volunteers had positive memories of the 'old Chapel', pointing out its central position in the hospital and its size – neither a feature of the new Chapel. A Chaplain at UHND commented on these matters:

...I would say a minimum requirement is a room which could be used for counselling. [What else?] Well obviously a Chapel, an office, ablution space close by for multi-faith, and a Multi-faith room or a Chapel-cum-Prayer Room which could be used by everybody. I don't really mind, but I think nowadays people are going for another room for other faiths. (Chaplain, UHND)

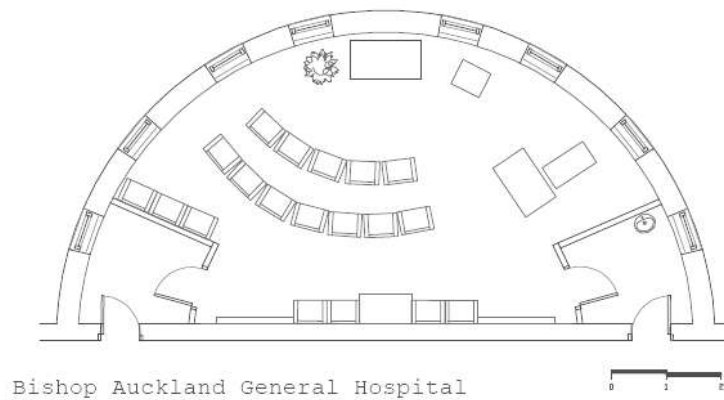
8.2.2 Plans

In order to provide an idea of the floor-space (or ‘footprint’) and design of the Chapels included in the study we asked an architecture student (Shona Delargy-Scales) at Newcastle University to prepare plans for the report. These are presented below, with brief comments on each. The provision of Chaplaincy space varies between hospitals.

Key to Plans

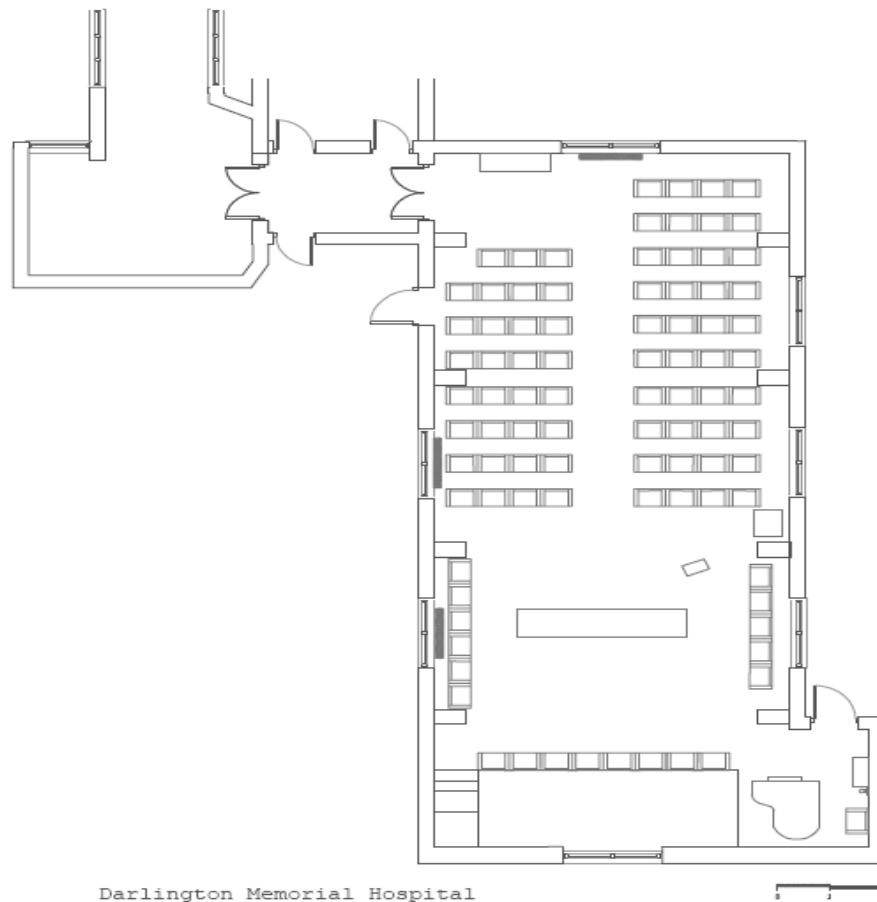
	ALTAR/ TABLE
	BAPTISMAL FONT
	BIDET
	CHAIR
	CUPBOARD
	DOOR
	HYMN STAND
	LECTERN
	PASCHAL CANDLE
	PIANO
	PIANO (GRAND)
	PLANT
	PRAYER MAT
	PRIE DIEUX
	SANCTUARY LAMP
	SINK
	SHOWER
	TOILET
	VOTIVE CANDLES
	WINDOW

Each of the nine hospitals included in this report have Chaplaincy ‘built environment’ of one kind or another. A brief description of these Facilities follow – all descriptions are accurate at the time of writing. We were unable to produce plans of Chapels at RVIN (soon to be replaced) or NGH (soon to be demolished).



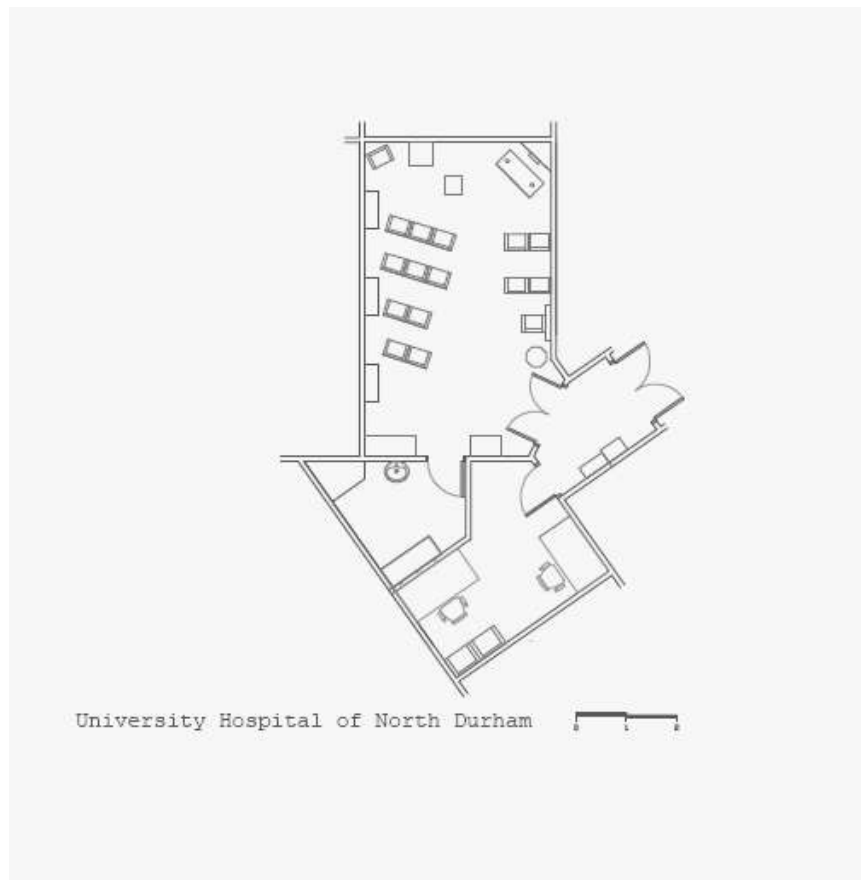
Plan 1 Bishop Auckland General Hospital

BAGH is a new PFI hospital situated on the edge of town. The Chaplaincy facilities are situated on the ground floor, directly above the hospital radio facility. The door from the corridor opens immediately onto basic wash facilities. This space is intended to function as a ‘Multi-faith room’ and so there is no dedicated Muslim Prayer Room, or Christian Chapel for that matter, at BAGH.



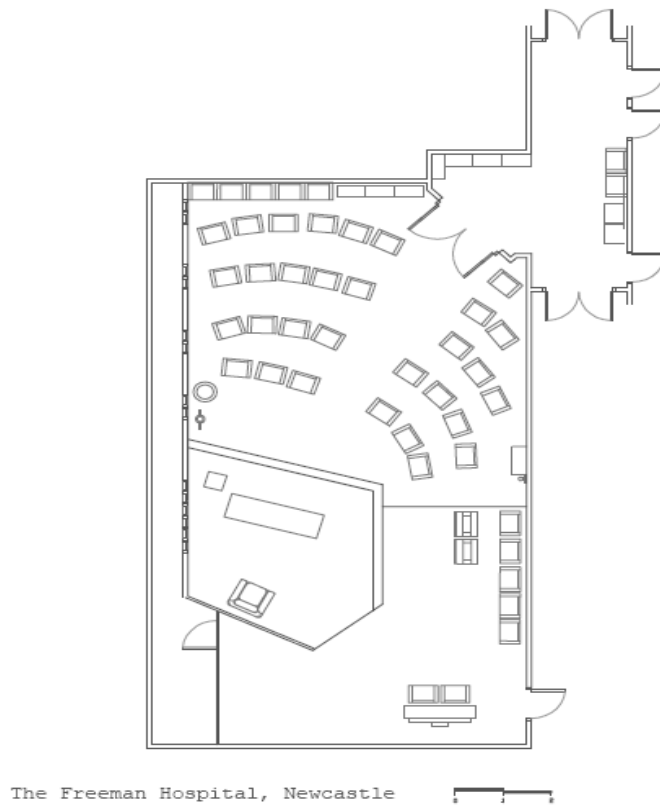
Plan 2 Darlington Memorial Hospital

The DMH is situated just outside Darlington town centre. Chaplaincy space consists of a relatively large Chapel with a vestry (a small attached lockable room) situated on the ground floor. The Chaplain's office is some distance away from the Chapel, on the second floor. There is a dedicated Prayer Room on the first floor of the hospital and there is a note on the wall near the entrance to the Chapel to this effect. The room is open to those of all faiths but in effect the keypad on the door ensures that it is used solely by Muslim medical staff. One Chaplain did not know of anyone ever asking for the code.



Plan 3 University Hospital of North Durham

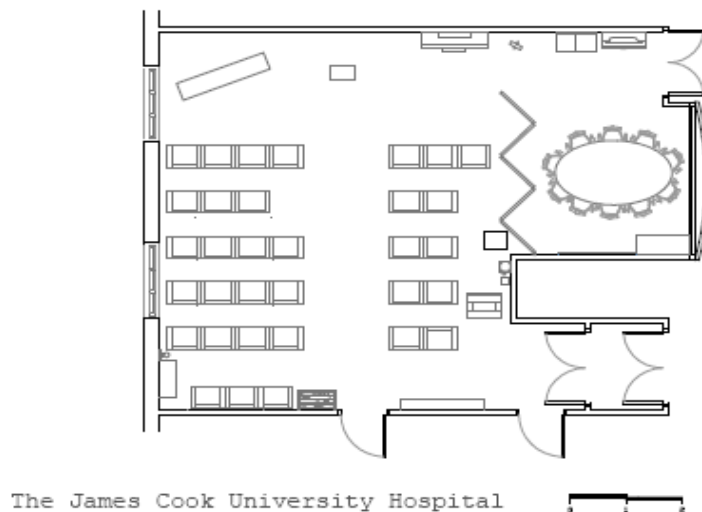
The UHND is a new PFI hospital situated on the site of the old Dryburn Hospital, just outside the city centre. The Chaplaincy facilities are on the first floor and consist of a Chapel, Chaplains' office and small vestry. There is seating for 15 people. There is no dedicated Prayer Room at UHND. The chairs are removed by Muslims who come to pray. There are two sets of doors between the main corridor and the Chapel.



Plan 4 Freeman Hospital Newcastle

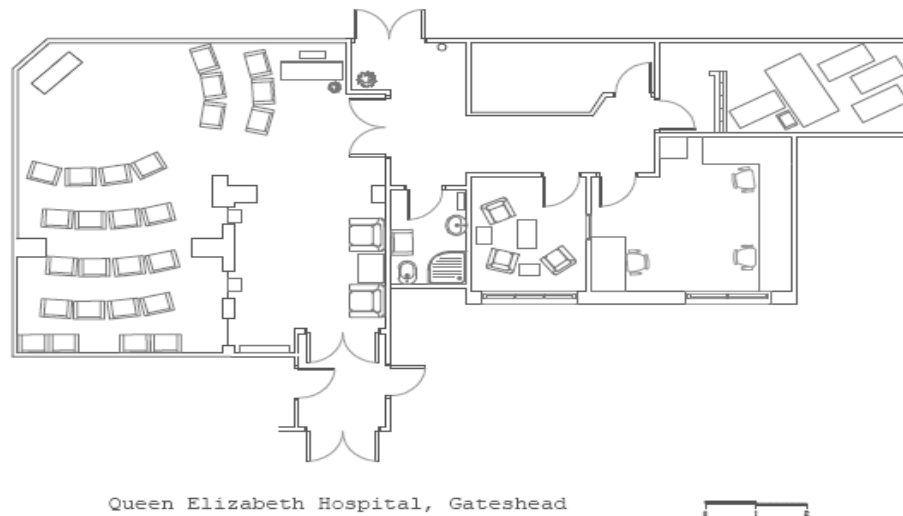
The FHN Hospital is situated in the north of Newcastle. In this hospital Chaplaincy facilities are on the ground floor and contain a suite of rooms: Chapel, Chaplains' office and a multipurpose room. There is no dedicated Prayer Room. Please note that the plan shows only the Chapel and part of the adjacent corridor. Offices are situated to the right of the Chapel on the other side of a narrow corridor. The chairs in the Chapel are oriented towards a raised platform and the altar/table.

NGH is due for demolition except for two units – the psychiatric and gerontology sections. The Chaplaincy space consists of a small Chapel, and Chaplain's office. There is no dedicated Prayer Room. RVIN is situated in central Newcastle. This hospital is currently being rebuilt. The existing Chapel, is an ornate space and an integral part of the original build (1912) built in the early twentieth century is listed and so will remain after much of the building in which it is located has been cleared. Two Chaplaincy offices and a multipurpose room are situated a little way from the present Chapel. There is, in addition, a Quiet Room located in a different part of the hospital, also used as a Muslim Prayer Room.



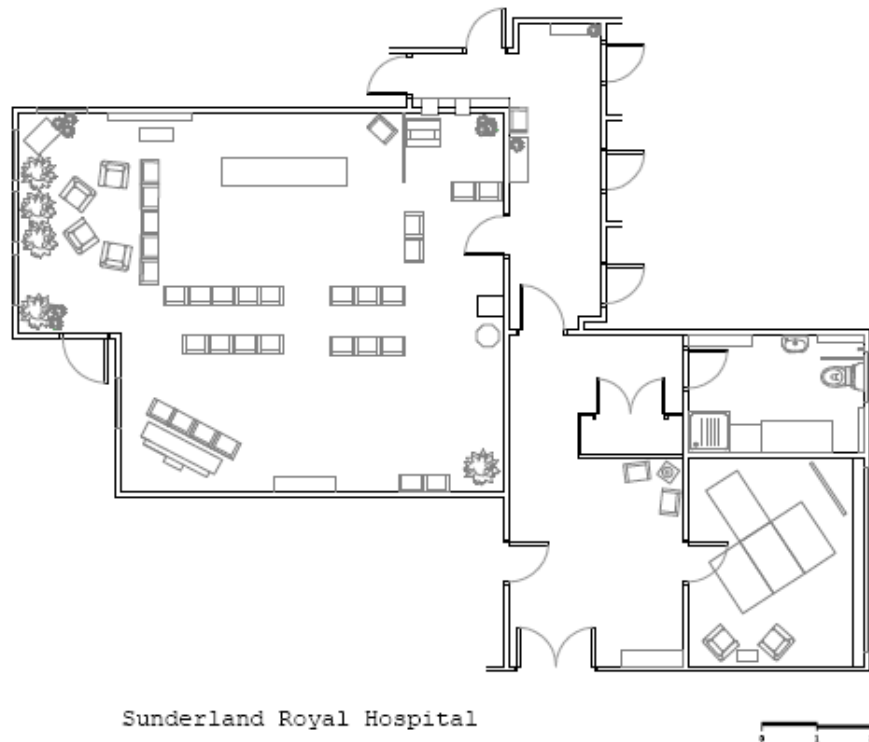
Plan 5 The James Cook University Hospital

The JCUH is situated in the suburbs of Middlesbrough. The Chaplaincy is situated near one of the two main entrances on the ground floor. The space consists of a Chapel and extension/seminar room, Prayer Room with wash facilities and two Chaplains' offices. Please note that the plan does not show the two offices or (Muslim) Prayer Room.



Plan 6 Queen Elizabeth General Hospital

The QEHG Hospital is situated in a residential suburb of Gateshead. Chaplaincy facilities are on the ground floor towards the middle of the hospital. The space given over to the Chaplaincy includes a Chapel, an office, a multipurpose room, Prayer Room and wash facilities. There is also a toilet and kitchen (not shown on plan).



Plan 7 Sunderland Royal Hospital

SRH is situated near Sunderland city centre. The Chaplaincy space is situated very near one of the two main hospital entrances and consists of a foyer, Chapel, Prayer Room and wash facilities, two Chaplains' offices, a kitchen and toilets. The facility also includes a seminar room (not shown on plan).

8.2.3 Size

Although there is government formula which should provide each Trust/hospital with the correct number of staff in relation to the number of beds, there is no such formula available to those who are delegated to build Chaplaincy facilities. It is no surprise then that the size of each of the nine Chapels varies considerably, as does the amount of space given over to the Chaplaincy as such. Typically, there are historical reasons for the size and location of Chapels. In some cases (e.g. DMH) the Chapel was provided by funds originating from outside the NHS. One Chapel (at the RVIN) was constructed nearly 50 years before the NHS came into being.

Questionnaire responses indicate that availability of space was ranked below 3 for all hospitals, meaning they were all considered better than fair (see **Annexe 6** especially Table 4: Responses to Question B6). However, there were significant differences in scores between hospitals, the ranking from best to worst was: SRH, RVIN, QEHG, FHN, UHND, The JCUH. For UHND to be ranked higher than The JCUH in terms of available space seems strange, but can be explained by the fact that The JCUH has a Muslim Prayer Room which was considered too small by some users:

the Muslim Prayer Room is very small compared with the number of people coming regularly to pray. Suggestion: find another area for Muslim praying facility. Or build a large multi-faith hall that has more than one entrance with big hall in the centre which can be used by different groups and for different services. (Q129 SRH male staff)

However, Muslim respondents from all Trusts suggested (some strongly) that there should be separate washing and Prayer Room space for males and females. One respondent wrote that the Chaplaincy facility should include a

separate and accessible washroom. Separate praying room and separate quiet contemplation. More space for more people for praying. (Q129 SRH male staff)

The problem of unisex Muslim Prayer Rooms is exacerbated in those cases where existing facilities are felt to be too small. However, Muslim respondents and interviewees understand that if separate accommodation is provided then it might not be large enough to accommodate all of those attending the important Friday prayers.

There is a general feeling (indicated by both questionnaires and interviews) that the space given over to Chapels is at least satisfactory. However, in two of the new PFI hospitals (in UHND and BAGH) we found that research participants were particularly aware of the 'pressure on space' regardless of department. So, while the Chaplaincy facilities at the UHND seem particularly cramped, it is still possible that they are the result of an equitable distribution of space by the design team. However, if one is working in a tiny, cramped office it may be little comfort to know that staff throughout the hospital are suffering similar problems.

...we had a Chapel before, before it was demolished that would take 70, but now the Chapel, it takes 20. We had three offices before and we now have one office, so for all of a sudden through PFI etc, we've been shoehorned into this building. I need to say that we would not be the only department that would say that. I think everyone here would say the same thing. But we don't have a Multi-faith room and for a number of years I've been pushing to try to get that done and achieved. We're now talking about it again, we've had it on the drawing boards, on the plans twice, it's now on the plans again. We have a fairly large Muslim community which we haven't had before, in the last few months, and they are being more vociferous about it and saying 'look, thank you for allowing us to use the Chapel but it's not big enough' I'm not sure that they're going to get a room as big as the Chapel even if they wanted but somebody pushing hard. So we don't have a Multi-faith room so that's one area, we don't have a counselling room and it's quite difficult to see people, staff, we have to go and beg a room as we're begging now. That can be done, but it's difficult in an emergency to do that. (Chaplain, UHND)

It is all too easy to criticize the design of a Chapel because of its (small) size. However we found that some preferred the Chapel not to be too large:

I love it, it's much too small I think, I think they've done a very good job with what they were given, in that all of the stuff about not having windows. Sometimes it's good that it's small because it's a very intimate space, I've had one or two deep conversations with people when it's been empty, you can't guarantee it's going to be empty. I would prefer not to take people into the office. (Chaplaincy volunteer, UHND)

In this instance, it is the small size of the Chaplaincy office, not the Chapel itself, which is seen negatively. One UHND volunteer agreed that their Chapel is small, but suggested that a large space might not be needed:

People criticise it because they say it's too small, but in fact for the needs we have it's all right because there are very few people who come on a Sunday, they're not able to come, even if they wanted to, mmm.. So and for the bigger services like the Carol Service we use Outpatients (Chaplaincy volunteer, UHND).

Moving on from noting the general lack of space at the UHND, this Chaplain emphasizes the need for a dedicated counselling room – and preferably one with natural light:

There're a bit less than adequate in terms of space...So it was great, so yeh, a bit more space would be nice. I think what we lack here is a separate space to talk to people privately. [A counselling room or whatever?] Yeh, so that's not here, and I think natural light and ground floors important. (Chaplain, UHND)

8.2.4 Shape

As can be seen from the plans, each of the Chapels is based on a rectangular plan, probably due to the constraints of existing building plans. There is considerable flexibility in organising the space available however, For example, The JCUH Chapel can be made larger by drawing back a folding partition disclosing a space which is generally arranged as a seminar room. The one striking exception is the Chapel at BAGH, which is semi-circular.

Apart from space created by the floor plan (the 'footprint' of each room) we should also consider the height (and therefore the volume of the Chapels. In most cases, the height of the room is determined by the prevailing ceiling height of hospital floors. For example, the height of the Chapels at The JCUH, at NGH, SRH and QEHG is approximately the same as other hospital rooms. Variations occur at the RVIN, DMH and BAGH. The ceiling of the RVIN Chapel is notable not so much for its height as for its design, which features a central dome – the ceiling clearly marks the room out as something out of the ordinary. The Chapel at DMH is relatively large; funded by a local Quaker, it is semi-detached from the main hospital building and its design was not restricted by existing ceiling heights. BAGH Chapel, apart from its unique shape, has a ceiling which is raked, considerably increasing the volume of the Chapel and giving it 'a feeling of airiness' as one research participant put it.

Most significantly, we received very few comments from users about the shape of the Chapel. Perhaps this is because people's expectations are driven by their experience of churches, which will generally have been rectangular in shape. Unfortunately, we spoke to no-one who was familiar with the BAGH Chapel – except one UHND team member who thought it 'wonderful'.

8.2.5 Fixtures and Fittings (Chapels)

Darlington Memorial Hospital

Given the considerable difference in the 'footprint' of each Chapel it is hardly surprising that there are many different ways in which they are fitted out and furnished. In this section we will describe and comment on the fixtures and fittings of each of the nine Chapels.



Fig 1 Chapel, DMH

This Chapel was added to the existing hospital in the 1950s. The brass plaque on the rear wall, beneath the window in the photograph (**Fig 1**), indicates that the Chapel was donated by a local Quaker benefactress.. It is arranged in more or less typical non-conformist fashion. The room is plain; there is very little religious symbolism. Two blocks of chairs face a stage on which there is an altar table, covered with a cloth decorated with Christian symbols. There are two lecterns and a grand piano situated adjacent to the stage. There is a notice board on the rear wall with information relating to chaplaincy services. The floor is tiled. There are tall windows providing natural light.



Fig 2 Chapel (Altar/Table), DMH

A Chaplain at DMH observed:

It doesn't feel like a room in the hospital which even though you know some hospitals, Chapels and Prayer Rooms -- it looks like a lot of money's been thrown at them, but at the same time they still feel like rooms in hospitals. Our's certainly doesn't feel like a room in a hospital...and it's all flat and it's all you know, it's got, you can got chairs you can move them around you can put them into groups if you want, you can do other chairs the other way round if you want. I've always quite enjoyed that you know I've done all sorts there in the past. And there's toilets so there's so on and so forth. Facilities are quite nice. There's a gorgeous piano, we've had concerts there... [And what do you think of its furnishing?] I

think given what's there, the chairs and the, I mean I'd, yes, I wouldn't I think we have to bear in mind it has to be functional. And that people go down there and mess it about. So I think in terms of soft furnishings and so on it's a bit limited as to what you can do really, it's got to be, you know it's got to be tough it's got to withstand a fair amount of abuse really. And it's very much a 50s design.
(Chaplain, DMH)

In this instance the large space provided by the Chapel can be used for large meetings, concerts and so on.

University Hospital of North Durham



Fig 3 Chapel, UHND

The new UHND was completed in 2004, replacing the old Dryburn Hospital. This Chapel was a part of the new PFI build. The Facility is situated on the first floor on a corridor which leads to the main restaurant. The seating is arranged in traditional fashion: two banks of chairs separated by an isle and facing the front. The Trust commissioned a number of local artists to produce the glass, the furniture and the artwork. There is a wooden font adjacent to the entrance. There is a single Chaplaincy office and cupboard space connected by a door to the Chapel. There are two book-cases, one containing prayer books, the other information about the Chaplaincy and leaflets relating to

bereavement, to prayer and so forth. There is nothing here which suggests continuity with the old (Dryburn) hospital. The space includes faux windows – that is, backlit glass that is meant to suggest natural light. Exactly the same effect is sought for at The JCUH Chapel.

This is, in effect, a Multi-faith room and is regularly used by Muslim members of staff, in particular, for daily prayer. Given this fact, the omission of washing facilities is problematic. Several respondents refer to this lack:

ablution facilities/washroom/toilet; this would be very useful for other faiths to use the Chaplaincy (Q186 UHND male staff)

Bishop Auckland General Hospital



Fig 4 Multi-faith Prayer Room, BAGH

This Chapel is a part of the newly built BAGH Hospital – another PFI build.

The space makes considerable use of wood. The walls are plain white. The chairs are arranged facing an altar at the front. The lighting is subtle. There is nothing on the walls and the room contains no obvious token of previous local hospitals. There is a small

cupboard containing religious items, displays of flowers and a Book of Commemoration. Unusually, the door from the main corridor leads one into a small area in which there is a sink – presumably a basic wash facility provided for Muslim worshippers. There is no dedicated space for Muslim prayer at the hospital. The following extract indicates the impression that this relatively small space made on one research participant:

... if the architecture of the place is attractive that helps, and it's got that vaulted ceiling with wooden beams on and a nice semi-circular window design. I think those things can be conducive to prayer as well... I think if you're going to say well what we want is something minimalist then you've got to say well we'll make it as architecturally beautiful and conducive to prayer as we can and I think they've done that in BAGH, I'm really impressed with it. [Do you think it's church like?] It reminds me of spaces in modern monasteries, so I think it would... If they just gave you a square room with painted cream or something and said that's your space, I think that wouldn't... Wouldn't meet the needs really. But that room there it didn't bother me at all that there weren't icons or.... because I just found the room attractive. The Benedictine and monastic tradition is very plain and if you can somehow capture that architecturally I think that helps. (Chaplain, UHND)

Queen Elizabeth Hospital Gateshead



Fig 5 Chapel (Altar/Table), QEHG

The Chapel at QEHG was finished in 2003. As an L-shaped space, the Chapel has two banks of chairs at right angles to one another, each facing a table (functioning as both altar and lectern). There is an abstract painting on the wall directly behind the table. To the right of the painting is a plain wooden cross. A tabernacle and hymn board are attached to the wall to the left of the table. There is no natural light though electric lighting allows for subtle variations. The walls are painted white. There is a painting on the rear wall to the right of the table, depicting a path leading towards the cross. The floor is carpeted. Part of the Chapel space is screened off and the resulting space contains two arm chairs, a table and cabinet containing information. Piped music is provided by a CD player.



Fig 6 Chapel, QEHG

Freeman Hospital Newcastle

A Chaplain at the FHN introduce the Chapel in the following terms:

Very little has changed in the 13 years that I've been here and I think I have to say that this hospital has been very fortunate in a way in that it's only 27, 28 years old and the Chapel was designed as part of the hospital's build. And I think whilst there is, because of the cross and because of the altar-stroke-communion table there is a Christian feel to the place. I think there was some imaginative thinking going on that predates the debate that's going on about spiritual and religious needs now with

the Chapel that we've got here on this site. Because if you can sort of blank out the cross, the stained glass that's there is not religious stained glass; it is about creating an environment that is warm, comfortable. Basically it is the shell of all offices, I mean the whole of this site has been built in a way that they can stick up partition walls and take them down as and they want and reconfigure the areas. So it's basically you know just a space without the partition walls but they've put the stained glass in because you can actually go behind those and you've just got windows like these. They've put that in to make it feel a bit more comfortable. And a lot of feedback comes from people and not just church people but people who find themselves here because they are wandering around or they've been told to come down or you know been pointed it out and we do find people sat in the Chapel all hours of the day and night mainly as I say who have no background but who find that a quiet oasis within the organisation and also talk about the place having an atmosphere, which is a helpful, conducive atmosphere to them and so I feel that we've been very fortunate in that there was some creative thinking that obviously went in to the Chapel, whether that was intentional or not. It's religious but it's not religious at the same time. [The ambience isn't heavily Catholic or High Anglican is it really? It feels more non-conformist?] Yes, and I think there were some non-conformists around when they were designing the Chapel, that has gone into it. In regard to whether you know the split is there because it's got a good feel for it then I'm anxious about changes in it but we're going to have to make some changes because we're going to have to create some space that's better than just an office for a quiet room-cum-multi-faith room and so some of those changes, it's going to be, it's due for some refurbishment anyway. (Chaplain, NFH)



Fig 7 Chapel (Altar/Table), FHN

The Chaplaincy facilities at the FHN were completed recently. The ceiling is white, the floor wood-tiled. The walls are wood-panelled. The chairs are arranged in two banks facing a raised lectern and altar. Natural light is provided by tall, narrow stained glass windows. The floor comprises wood tiles and the walls are clad in wood; lighting is subdued. There is an upright piano stored to the left of the raised area. There is a tabernacle and light on the left-hand wall, and a cross on the front wall, behind the altar. Above the raised area is what appears to be a sounding board. There is a small font to the right of the raised area. At the back of the room, near the doors (which remain open) is a book case and table on which there are information leaflets. There are two glass cases each containing a Book of Remembrance, one of which is dedicated to children. There are flower displays and a large paschal candle (to the right of the altar).

Newcastle General Hospital



Fig 8 Chapel, NGH

The Chapel at the NGH was recently refurbished . It forms a regular rectangle, with seats arranged in typical fashion. The room is relatively plain, though there are pictures on the walls, including the cross-stitch work presented by a local woman, containing biblical texts (Fig 9).



Fig 9 Chapel (Framed Cross-stitch), NGH



Fig 10 Chapel (Altar/Table), NGH

The chairs face a covered altar/table on which there is a cross, behind which is a wood-panelled and stained glass window. There are two pot plants.

Royal Victoria Infirmary Newcastle

Although all of the Chapels included in this report are different, the Chapel at the RVIN is unique both in terms of its age and its design. The ground plan is cruciform, the central

space capped with a finely tiled dome. Unlike the more modern Chapels, the seating in this Chapel is provided by wooden pews. There are two ornately carved pulpits, one with sounding board. The room has no natural light but there are two elaborate stained glass windows, representing scenes, symbols and text from the Bible and also commemorating people and events relating to the history of the hospital itself. It is unusual, too, in the fact that it is a consecrated rather than a dedicated chapel. The usual consequence of consecration is that the space can be used only for Anglican worship is not the case here.



Fig 11 Chapel (Pulpit), RVIN

We asked a staff member and daily visitor to the RVIN Chapel visitor whether it met his needs:

Yes it does. It's probably too ornate for some people's taste. One of the things I do like about it, that it is very different from the hospital. When you enter that space you're aware that you're entering something that's different, you're not entering something that looks like an interview room or even looks like a, sort of, day room. You're entering something which is quite clearly separate, it's other, from what is beyond that door and for me that's valuable, it marks it off as something different; it's choosing to go into a different realm when you go in there. (Member of staff, RVIN)

This research participant later said that if he were asked to design a chapel from scratch he would build it in stone – in order to separate it from the rest of the hospital. Another interviewee commented that she would make the chapel round – for much the same reason.

One very obvious feature at most of the hospitals is the flower display. Such displays are mentioned favourably by a number interviewees and those who completed questionnaires. Such displays are the responsibility of Chaplaincy volunteers.



Fig 12 Chapel (Flowers), RVIN

The Chaplaincy also have a 'quiet room' and office on what is called 'the Leazes Wing', adjacent to the Bereavement Services Rooms. There is a general expectation in the Chaplaincy team that the rebuild will include a single, dedicated space for Chaplaincy services.

The James Cook University Hospital

The Chapel in The JCUH was completed at the same time as the completion of the hospital, (which constituted a major expansion of the existing South Cleveland Hospital) in 2003. The walls and ceiling are white. There are two sets of entrance doors leading from one of the main corridors. The seating (two banks of chairs facing the front) is typical of a rectangular Chapel. The chairs came under criticism from several respondents for being uncomfortable and also for their colour (black). There is a flower display to the left of the altar, on which there is a portable cross. To the right of the altar is a lectern with cloth including Christian symbols. Also at the front is a hymn board and electric piano. There are two (false) stained glass windows on the wall opposite the entrance. The



Fig 13 Chapel (Altar/Table), The JCUH

right hand wall comprises a sound-proofed, folding wooden panel – behind which is a space which is generally set out as a seminar room but which can be re-arranged to increase the space available in the Chapel. Chaplaincy staff agreed that this was a usefully flexible space. However, several respondents considered the space ‘too NHS-like’, and insufficiently Chapel-like. There is a tabernacle on the wall facing the entrance at the rear of the room (**Fig 14** shows an earlier arrangement).

Against the rear wall is a book-case and display case with a range of pamphlets relating to hospital visits and to religious and spiritual themes (including bereavement and prayer). There is a water cooler near the door.



Fig 14 Chapel, The JCUH

The JCUH is the only Chapel to offer the opportunity to light a candle. Votive candles may be considered a fire hazard and are generally not available in Chapels – but they are appreciated by visitors. One person suggested in their questionnaire that candles are important and that perhaps electric versions are available. One of the Chaplains at The JCUH offered a novel idea which would help vary the emphasis or religious orientation of a Chapel:

I think in my ideal world I would go for the Bishop Auckland route (that is, to provide a multi-faith space) plus, and this would be crucial, a projection screen and that would mean that then you could then characterise the space in whatever way was appropriate for the faith group that was using it, and having seen how well these can work in situations and the kit is coming down in price more and more, I think this is something worth looking at. (Chaplain, The JCUH)

Sunderland Royal Hospital



Fig 15 Chapel, SRH

This Chapel contains more religious and other items than others in the study. Furthermore, Chaplaincy staff are more likely to move items around the space and also to re-orientate the space by changing the direction of seating. At the time when the photographs were taken chairs were arranged in two curved banks facing the table (altar)

covered with a green cloth embroidered with corn. There are icons on the pillars and a statue of the Virgin Mary on the right in the alcove. To the right of the statue is a large pot plant, and a case containing a Book of Commemoration. Between the pillars is a lattice screen on which is attached a small notice board for prayer requests. On the wall behind the table is a crucifix and a hymn board. To the right of the table is a small tabernacle area marked off with another screen. The floor is carpeted. On the rear wall are banners produced by local women beneath which are a table containing information and also an electric organ. A variety of lighting allows for considerable and subtle variation. The walls and ceiling are white and the floor is carpeted.

Doors are an important component of the Chapel. One Chaplain at SRH suggested that doors should either comprise large glass panels or should be left open, in order that visitors can see into the room and feel welcomed by what they see.

An interesting addition to the Chapel in the SRH is a small ‘water feature’ (a small fountain operated by a quiet electric motor). A number of research participants commented very positively on this feature and two suggested that such a feature be installed in other Chapels.



Fig 16 Chapel (Water Feature), SRH

Like the majority of Chaplaincies in the study, the Chaplaincy Facility at SRH is self-contained. However, the Chapel at SRH has a number of unusual features, apart from its particularly rich material culture. The place was at one time a committee room but during its conversion to a Chapel the windows, which look onto a pleasant courtyard, were made larger and extended. A Chaplain pointed out that visitors are quite welcome to come into the Chapel in order to relax, eat their sandwiches and look out onto the courtyard. A number of research participants noted that this was a welcome and important part of the Chapel – natural light and an external and pleasing view. The Chaplains have organised the room into a number of areas, each of which emphasize a particular religion or denomination. There is a book case containing religious/spiritual literature and cards on which prayer requests can be written.

Although seating plans tend to remain the same, Chaplaincy staff at the SRH are inclined to vary the lay-out of the Chapel:

Sometimes we move the altar...for which the Catholics play merry hell (laughter), they think, well because this is a crucifix, that should be in front of the crucifix shouldn't it and of course we do have the definite line round the outside of communion we don't change the traditions of the Catholic church, but of course our Lead Chaplain will move things every three months and that altar will be in a different place and the Catholic volunteers go berserk and (laughter) and the organist, 'I can't see because of this, and I...', you know, but it does keep you on your toes and then of course I always say to them 'oh come on calm down in three months it will be moved to.., you know, and be in another place in three months time, but isn't that good, though, that we can move the Chapel round, we can move the water feature... we took down the big long banners at Easter time and we had, what we did was, hmm, the stations of the cross for the hospital and it was four banners of, that a niece of mine had painted years ago and it was actually the four wounds so there was the head with the crowns, the feet, the hands, and the torso ... and a little reflection underneath each one. (Chaplain, SRH).

8.2.6 Fixtures and Fittings (Prayer Rooms)

Unlike the Chapels, Muslim Prayer Rooms were used at particular times of the day for salat (prayer). 'Friday prayers', held at lunch time, were often well attended and at such times the Prayer Rooms weren't always large enough to accommodate all participants. (PI notes, unobtrusive observation)

The question of providing for ‘those of all faiths and none’ is one of the most pressing concerns of all Chaplaincies in the study.¹² Given the ethnic and religious make up of the North East of England it is hardly surprising that faith communities other than the Christian and Muslim communities are not especially well provided for in NHS hospitals. While Chaplaincy Teams maintained cordial relations with leading members of the major faiths (including Christian denominations, Islam, Hinduism, Buddhism, Sikhism and Judaism) of all of these faith groups it is only Islam whose needs are specifically catered for. At the time of the research all paid Chaplains were Christian.

Briefly, a Muslim is required to pray five times each day at particular times. Prayer (*salat*) involves standing, bending and prostration: it involves movement. Prayer should be preceded by *wudhu* (ritual washing of head, hands and arms, and feet and ankles). Prayer follows much the same pattern except for *Jumu'ah* or Friday prayer, held just after noon and generally lasts around 30 minutes (in hospital). This is a congregational prayer and male Muslims are required to attend (it is optional for Muslim women).

In planning the new facility at The JCUH, Chaplaincy discussed plans with local religious representatives:

So when the hospital then developed, and following the 1997 survey of different faiths, the only faith who came to say they wanted something specific, was the Muslim community. Already 5 Mosques on Teesside, 2 Sikh Gurdwaras, 1 Hindu temple, 2 Mormon Tabernacles, 1 or maybe 2 Jehovah's Witness' Kingdom Halls, and all these sorts of things, but the only people to say, ‘we want something different from the Christian Chapel’ were the Muslim community, who wanted a Prayer Room and so we incorporated that into the design...Well we are very pleased with this and our Muslim brothers and sisters are...you know they seem very...at least I hope—and maybe your questionnaires will tell us differently—but they seem to be reasonably pleased with the facilities.
(Chaplain, The JCUH)

¹² Note that this issue is a part of the wider question of providing pastoral care for those who identify with minority faiths. For further discussion see Blackburn (2004), Gilliat-Ray (2001), Henley (1999), Lie (2001), Mayet (2001), van den Bergh (2001).

A Muslim member of staff was consulted during the fitting out of the Chaplaincy facility at SRH. He was able to make suggestions regarding details and furnishing but not about the plan. Indeed this research participant had very clear ideas about the design of Muslim Prayer Rooms, which he thought should comprise a 'restroom' (or ante room) with simple furnishings and a few chairs. Doors from the restroom should connect with a room in which *wudhu* is performed. From that room a door would lead into the Prayer Room itself. He thought it preferable that women should have their own Prayer Room. Two Muslim women respondents wrote that, 'if possible', it would be preferable to have their own prayer space. At SRH and QEHG the room can be divided by a screen should men and women wish to pray at the same time.

NHS acute hospitals across the UK are in the midst of providing Prayer Rooms – largely due to the growing demand from Muslim members of staff – Muslim staff interviewed seemed clear that very few patients use these facilities (at the moment at least) and all questionnaires returned by users of Prayer Rooms were from staff members. Hospitals in the study which include a Prayer Room in their Chaplaincy facilities are DMH, the QEHG, The JCUH and SRH. In each of these cases (except DMH), the Prayer Room (never specified as a 'Muslim Prayer Room' but only ever used as such) is located within the complex of rooms defined as 'the Chaplaincy'. Muslims use the Chapel in UHND, BAGH and the three Newcastle hospitals for prayer, while the FHN and the RVIN facilities include multi-purpose rooms which are also used. The RVIN is undergoing a substantial rebuild and plans suggest that the new hospital will include a multi-faith facility. Given the relatively simple needs of Muslims, the Prayer Rooms are rather similar – generally consisting of a more or less plain, square room, prayer mats and copies of the Qur'an. The simplest provision is evident in DMH, opened after consultation with potential user groups:

...I think we had a group, we set up a group of people from different world faiths and cultures and just to sort of looked at what facilities we should provide and the consensus was that they would like a separate room. Now we did, we did offer them the Prayer Room, the Chapel rather, but they preferred a separate room. One of the problems about using the Chapel was that it's called the Mary Hodgkin Memorial Chapel and it seems odd now but I think the wording of the title adds a great deal

[The fact that it's called 'the Chapel'?] Yes and I think because it was given in memory of, you know, worthy Darlington Quakers and so on, that we didn't especially want to change the name and the Hindu lady particularly was not happy with the word Chapel but I think at the same time they had thought it that it probably, that they might get a separate room and that was their preference really. The most vociferous person I suppose on that committee was somebody from the Islamic community but he wasn't actually a doctor. But certainly you know certainly the doctors do appreciate it and they have been most vociferous in ensuring its continuing presence where it is because it's in some ways in hospital terms; it's a very valuable piece of real estate. It's right on ... the main floor of the you know into the patient area and there's a huge shortage of offices for people and over and over again where we've been offered alternative accommodation that we're still there and that's really because the doctors have fought their corner really for it to stay there. And it's, I mean it's not just that it's logistic but it's also, it's got the washing Facilities adjacent you see. So it's a good set up. (Chaplain, DMH)



Fig 17 Prayer Room, SRH

The rooms which are a part of the Chaplaincy Facility have the advantage of including washing Facilities, which are more or less necessary for those who come to pray. The Facilities at BAGH at least nod in this direction (see **Fig 18**). These Facilities are visible from outside the room. One Muslim interviewee pointed out that the availability of

adequate wash Facilities (including, for instance a foot bath) is important and is missing, for example from the UHND.



Fig 18 Multi-faith Prayer Room (Washing Facility), BAGH

It could be argued that the space available at BAGH is more obviously ‘multi-faith’ in its orientation than any of the other facilities. The semicircular space includes prayer mats facing Mecca, and a secure cupboard which contains more mats and copies of various holy books.



Fig 19 Multi-faith Prayer Room, BAGH (Lectern and Prayer Mats)

BAGH is unusual also in that the space is called ‘Prayer Room’. This is interesting in that a conscious decision has been made to avoid using the Christian term ‘Chapel’. However, the term ‘Prayer Room’ is generally reserved for dedicated Muslim space and is a term which in this context might prove confusing to potential users.



Fig 20 Multi-faith Prayer Room (Storage Space for Religious Materials), BAGH

At the FGH Muslims use both the Chapel (specifically a space to the left of the raised area at the front) and a room which is also used for counselling and other purposes and in which are stored mats and copies of the Qur'an.



Fig 21 Storage Space for Religious Materials, FGH



Fig 22 Prayer Room, The JCUH

At The JCUH, the typical square space is substituted by a hexagonal plan. In **Fig 21** the need to store copies of the Qur'an away from the floor has clearly been adhered to. Washing Facilities are immediately adjacent to this room.

During interviews and in the questionnaires, Muslim users of the Chaplaincy Facility have a number of comments. First, although Muslims are not prevented by their faith from praying in any space (so long as it is reasonably clean and the direction of Mecca is known), for practical purposes a dedicated room given over for Muslim prayer should be provided in all hospitals. As the number of Muslim staff increases this suggestion is likely to become a pressing demand. Secondly, although the relatively small Prayer Rooms provided in these hospitals are adequate for most occasions, they are, on the whole inadequate for holding the more significant Friday prayers. Third, washing facilities although not absolutely necessary are an important and welcome addition.

Fourth, although a screen can be used to separate male from female space this should be seen as a temporary measure until separate spaces can be provided.

Regarding the location of the (Muslim) Prayer Room, interviewees seemed less concerned about it being a part of an integrated Chaplaincy facility. Some seemed happy with the idea of a shared 'multi-faith' space, others were not so positive. Unobtrusive observation in the Chaplaincies suggest that when Muslims do use a shared space for prayer it is not the Muslims who feels uncomfortable. This is especially the case where the space available has a default setting which is patently Christian – as in UHND, for example.

The absence of space dedicated for Muslim prayer was acknowledged by all Chaplains. Chaplaincy teams are clearly trying to do the best they can, often in far from perfect conditions. The Chaplaincy team at the FHN have long been in discussion with Muslim members of staff:

... and as I say the conversations have been ongoing with the Muslim community which is spearheaded by a group of doctors and it's focused at the doctors rather than the patients. But as of last Friday they are going to use the Chapel for their prayers. We turned the light off on the cross and cover the cross and move the chairs so they use the corner with their prayer mats [Is that everyday?] No that's just for the major prayer. What they call or they because I've asked them about including it in all our literature that goes out to patients and around the wards and they've asked me to put down as the 'big prayer' 'Friday big prayer' and they are happy for us now to incorporate that in altered information so that the outpatients. (Chaplain, FHN)

Asked about the size of the Chapel in UHND, a Chaplaincy volunteer commented:

There must be lots of chair moving. In fact I don't know if you've spoken to anyone else, our conversation when we went to the meeting on Tuesday was partly about Muslim people coming into the Chapel and the fact that it's now very, very packed on Fridays and they have to move all the chairs, put the prayer mats down squash in to say their prayers and then put it all back again, and that's a disadvantage I think of a small space, and the way it's used. (Chaplaincy volunteer, UHND)

And one of the Chaplaincy team indicated that discussions are continuing with Muslim members of staff:

...there's some negotiation at the minute to provide a separate room mm.. mainly because of the numbers [Staff usually?] Yes and they need to keep rearranging the furniture and so forth, so I think they themselves have asked the Trust to consider arrangements for them, so it's not come from a sort of religious point of view but space and practicality. But yes at the moment they use this (the Chapel). (Chaplain, UHND)

(Muslim) Prayer Rooms at the DMH, SRH, The JCUH and the QEHG are plain rooms and that is appropriate. The one addition that a number of Muslim research participants have suggested is an internal phone. Many of those who come to pray are doctors whose bleeps often need answering, even during times of prayer.

8.2.7 Analysis of Quantitative Data

We piloted the questionnaire at The JCUH. After discussion with each of the Lead Chaplains it was agreed that we would put the questionnaire in Chapels and Prayer Rooms in the most used Chapels/Prayer Rooms (all but BAGH, DMH and NGH). The questionnaires were left in these rooms with a sign asking users to take and complete them. Our original target was to collect 250 questionnaires. The gender balance is indicative of Chapel usage – more women than men use hospital Chapels. The reverse is true of Prayer Rooms, probably owing to the fact that they tend to be Muslim spaces, used primarily by (male) Muslim doctors.¹³

Participants:

Total number of participants: 265

Male: 75 (28 %)

Female: 186 (72%)

¹³ See Annexe 2 for detailed statistical analysis of Questionnaire data.

While the questionnaire data are not necessarily a perfect representation of those who use Chaplaincy facilities. However, the relatively large proportion of female respondents reflects the greater involvement of females in organised religion in the England.¹⁴

Age:

Under 18:	6 (2 %)
18-29:	27 (10 %)
30-49:	90 (34 %)
50-65:	85 (32 %)
Over 65:	55 (21 %)

Most respondents were over 30. There are a number of reasons for this. Children rarely use the Chapel and when they do so they are accompanied by adults. It is difficult to think why so few users under the age of 30 completed questionnaires – again we can assume that relatively few people in this age group use the Chapel. We would suggest that there is a bias here caused by the number of Chaplaincy volunteers who responded. Chaplaincy volunteers are most likely to be retired people. Unobtrusive observation carried out in all nine Chaplaincies supports these findings.

Religion:

No religion:	11 (4%)
Christian:	228 (86%)
Muslim:	17 (6%)
Other:	6 (2%)

¹⁴ See 'UKCH Religious trends No 5 (2005/06)'. They estimate that in 2005, while 1,233,200 males (of all ages) attended Sunday Church, females attendance (of all ages) was 2,031,700 (page 2.21).

Breakdown of religion by hospital is shown in **Table 3**:

	hospital name						
	QE	F	SL	JCUH	RVIN	Gen	DUR
Christian	51	50	43	35	31	1	17
Other	11	2	9	8	2		2

Table 3 Questionnaire Respondents by Religion

Note higher return from non-Christians (in most cases Muslims) from hospitals with Prayer Room.

The breakdown of respondents by religious affiliation provided in the 2001 Census reflects, to a large extent, replicates the ethnic composition of the North East of England.¹⁵ The largest Muslim populations are in Middlesbrough, representing 4.2% of the population, and Newcastle (3.6%) - in both cases above the national average (2.7%); all but four local authority areas in the North East have Muslim populations of less than 0.75%. Populations of other religious groups (including Jewish, Hindu, Buddhist and Sikh) are relatively small.¹⁶ Chaplaincy facilities are used primarily by those who define themselves as 'Christian'. Muslims use the Prayer Room where one exists, or in some cases the Chapel where there is no Prayer Room – at the FHN for instance. Another characteristic of this descriptor is the relatively small number of those characterizing themselves as having 'no religion'. Given that national statistics suggest that only around 7% of the population attend a place of worship this figure is surprising. However, Grace Davie (1994) and others have suggested that religion in Britain since 1945 can be characterized as 'believing without belonging', that is that the majority (just over 70%) of British people state some belief in 'God' (and define themselves as 'Christian'), while choosing not to be involved in organized religion. In many authority areas the proportion of those stating a religion is 90% or higher.¹⁷ It is also likely that Christians would feel

¹⁵ 'Ethnicity and Religion, North East', <http://www.statistics.gov.uk/census2001/profiles/rank/newwhite.asp> Accessed 3rd March 2007)

¹⁶ Compare with the London Boroughs which have far larger ethnic minority populations. http://www.statistics.gov.uk/census2001/profiles/rank/rank_ethnic.asp Accessed 10th April 2007.

¹⁷ (<http://www.statistics.gov.uk/census2001/profiles/rank/nenorel.asp>) Accessed 7th April 2007.

more inclined to use a space that is more or less obviously Christian in its ambience. However, note that some of those involved in the Mood Survey felt uncomfortable sitting in what for them was an explicitly religious space.

Rate of return by hospital:

QEHG:	63 (24 %)
FHN:	53 (20 %)
SRH:	52 (20 %)
The JCUH:	44 (17 %)
RVIN:	33 (12 %)
NGH:	1 (<1 %)
UHND:	19 (7 %)

The rate of return at each hospital requires explanation. The relatively high rate of return from QEH, FHN, The JCUH and SRH is primarily a result of the Chapel/Prayer Room being adjacent to the Chaplaincy offices – Chaplaincy staff were more often on hand to encourage Chapel users to complete a questionnaire. The lower rates of return from the RVIN and UHND are hard to explain. It is possible that the low return from UHND is a reflection on lower rates of use - unobtrusive observation tends to support this hypothesis. The relatively low return from the RVIN may be a result of the Chapel being situated some distance from the Chaplaincy offices. The rates of return may provide an index of the degree of Chapel use. It is likely that the one completed questionnaire from NGH was originally collected from one of the other hospitals.

Relation to hospital:

Private visitor:	84 (32 %)
Staff/business visitor:	28 (11 %)
Local community, spiritual care:	5 (2 %)
Work for Trust:	48 (18 %)
Volunteer:	39 (15 %)
Patient:	49 (18 %)

Less than a fifth of respondents are patients. This is unsurprising given the drastic reduction of recovery time spent in hospital. The average time spent in hospital in the Newcastle Upon Tyne Trust, for example was 5.2 days in 2005/6 (Annual Report, p.39). About the same number comprises staff members – mostly doctors and nurses, though also administrators. We received 123 responses from visitors and volunteers. These can be grouped together in that both categories come into the hospital primarily to visit patients. Visitors use the Chapel for a number of reasons, as we will indicate below. Volunteers are encouraged by Chaplaincy staff to spend time in the Chapel either before or after visiting patients on the wards. Virtually all the volunteer respondents describe themselves as Christian and belong to churches situated near the hospital they visit.

Although we have to be careful not to assume that the responses perfectly represent the views, motives and so forth of Chapel users in general there is some reason (provided by the other methods of data collection used) to assume that the questionnaire responses are broadly representative.¹⁸

Drawing on the questionnaire results we can make a number of general statements about the Chapels as physical environments (see Tables 1-4; Questions B2, B5 and B6; the best scores are those which are closest to 1 - which was ‘extremely’ or ‘excellent’). For *General Appearance*, all the hospitals scored between 1 and 2, which is between ‘extremely’ and ‘quite a bit’. For *Plain*, *Formal* and *Clinical*, the hospitals all scored around 3-4, which is ‘moderately’ to ‘slightly’, meaning that the Chaplaincies were not considered very plain, formal or clinical. For *Professional*, the hospitals all scored around 2, meaning that the Chaplaincies were considered ‘quite a bit’ professional. There was a significant difference in scores for ‘plain’ between hospitals. The ranking from most to least plain was: The JCUH, the FHN, QEHG, SRH, UHND, RVIN. Of course,

¹⁸ Tests were carried out to see if there was a significant difference in scores between hospitals. Those categories with a p value of less than 0.05 had a significant difference in scores between hospitals: these are highlighted in bold in the tables.

‘plainness’ is a relatively neutral term – a ‘plain’ environment might be viewed either positively or negatively.

In terms of *décor*, *workflow* and *logistics* the Chapel Facilities in all hospitals were rated highly. Similarly, *acoustics* were rated between fair – excellent for all facilities. There was some variation as regards privacy, toilet and washing Facilities and comfort of seating. In terms of privacy and toilet/washing facilities, SRH and the QEHG Hospital were rated highly. Regarding the comfort of seating, The JCUH was identified as having uncomfortable chairs.

Availability of space, information on worship services and information on other services were considered better than fair in each case (Table 4: Responses to Question B6). There were significant differences in scores between hospitals for availability of space, access for pram/pushchair and disabled access. In this case, SRH, the RVIN and the QEHG were rated more highly in terms of availability of space. Interestingly, UHND is rated more highly than The JCUH here, even though The JCUH is far larger. Less surprising is the low rating of The JCUH for ‘access for pram/pushchair and disabled access’, on account of the two sets of heavy fire doors. In terms of accessibility, the FHN, RVIN and QEHG score highly. Each of these Chapels is on the Ground Floor, are open and do not have steps.

Assessing the opinions of different faith groups...

We found that the scores for the descriptors ‘Formal’, ‘Clinical’ and ‘Professional’ were the same regardless of the religious affiliation of the participant.

There was a significant difference in scores for ‘Décor’, ‘General Appearance’ and ‘Comfort’, ‘Materials’ and ‘Furniture’, and ‘Air Quality’ and ‘Room Temperature’, all of which were scored higher by Christians (see Table 6 B2 and Table 7 B3)

The scores for ‘Privacy’ and ‘Acoustics’ were fairly similar across religions. There was a significant difference in scores for ‘Toilet/Wash Facilities’ which were scored higher by

non-Christians; and 'Comfortable Seating' -- scored higher by Christians (See Table 8. B5).

There were significant differences in scores for 'Availability of Space' which was scored higher by Christians; and 'Information on Worship Services' -- scored higher by Christians (see Table 10. B6).

The scores for 'Formal', 'Clinical' and 'Professional' were fairly similar across religions, while there was a significant difference in scores for general appearance which was scored higher by Christians (see Table 6. B2).

Comparing patients and staff...

The scores for 'Plain', 'Formal', 'Clinical' and 'Professional' were rated similarly for patients and staff. There was a significant difference in scores for General Appearance - scored higher by patients (see Table 12. B2)

There was a significant difference in scores for 'General Appearance' and 'Comfort', 'Materials' and 'Furniture', 'Workflow and Logistics', 'Air Quality' and 'Room Temperature': all scored higher by patients (see Table 13: B3 by user status)

Privacy was rated similarly by patients and staff. There was a significant difference in scores for 'Comfortable Seating' - scored higher by patients (see Table 14: B5)

There was a significant difference in scores for 'Information on Worship Services' - scored higher by patients (see Table 15: B6)

8. 3 Locating the Chaplaincy

The Chapels at BAGH, UHND and DMH were relatively quiet. The noisiest Chapels were the RVIN and JCUH. Given that there is a seminar room adjacent to the Chapel at The JCUH it is hardly surprising that when in use the noise spilling into the Chapel from the Seminar Room can be disturbing. The RVIN Chapel opens

directly onto a busy corridor and with the doors always open, noise can be a major problem. On the other hand the heavy double doors at The JCUH clearly function to exclude much corridor noise. The QEHG and SRH Chapels were both relatively quiet. The FHN Chapel, situated off the main corridor but opening onto a minor, though relatively busy corridor, could be noisy during some times of the day (PI, unobtrusive observation).

8.3.1 Location¹⁹

There are a number of conditions which determine a ‘good location’ for a Chaplaincy facility. However, the two primary factors are accessibility and quiet. To some extent these requisites stand in opposition.

Right, entry is immediately inside the main doors to the hospital, at right angles to that so you’re off the main concourse. Right opposite the reception desk for the hospital. (Chaplain, SRH)

This succinctly describes the location of the SRH Chaplaincy centre. It is, then, particularly convenient for those entering at one end of the site while for those at the other end the Chapel will inevitably be seen as peripheral or ‘out of the way’. However, the SRH Chapel is tucked away behind two set of double doors within the Chaplaincy facility which means that it is quiet. Those coming in through the main entrance and making their way along the main corridor are far enough away from the Chapel so as not to disturb the silence. However, while this seems the perfect location in many ways one staff member commented that the Chapel was quite often empty:

Perhaps it’s *too* near the entrance. Visitors probably just walk past it, focused on where they’re going, just haven’t seen it. (Staff member, SRH)

It is likely that things are more complicated than that. For example, some people will not pass the entrance to the Chaplaincy on their way to or from the hospital entrance but on their way to and from other places; members of staff and previous visitors to the Chapel

¹⁹ See Annexe 9 for site maps indicating the location of the Chapel in each Hospital.

will already know where to find it, and so forth. And indeed, a patient at the SRH quipped, ‘If they need it, they’ll find it!’

The JCUH facility is similarly located just 30-40 metres from one of the two main hospital entrances (the North entrance). However, the corridor on which it is located is very busy and so sometimes noise may disturb the silence of the Chapel. It is worth noting that in future, the main entrance is likely to be the South entrance, some distance away from the Chapel. Even if this plan does become reality the Chapel will retain a relatively high profile in that it is situated near a number of public spaces, including a shop and restaurant. Given that The JCUH was a new build, there was an opportunity to relocate the Chaplaincy department. The following quote (from one of the Chaplaincy team) provides an insight into the thinking that went into the final decision:

We looked at various locations for the new design and over the period of designing the hospital, we’ve moved from where we are, down the mall, up to the top of the third floor... How can we get rid of the Chapel, really. But the conclusion was that it is so well used and needs to be where people are, that in fact, where it was, was the best place, it just needed to be bigger. And it was decided to move outpatients’ pharmacy, which was next door, so the whole space was ours. (Chaplain, The JCUH)

A volunteer from The JCUH team made a useful comment relating to the ‘quality’ of the location of the Chaplaincy, pointing out that it may be more important to site the facility near to certain kinds of wards etc:

We’re very grateful and people know where we are. If anything, the Chapel is position nearest to some of the wards where people are very, very poorly. Wards one to 12 here, it’s four wards, three high, those are the medical and surgical wards where people are very, very poorly, poorly, as opposed to the other side where there are orthopaedic wards where they’re doing hips and this and this and so on and even the cardio-thoracic wards that are second to none where the procedures they carry out, are, I don’t use the term lightly, but they are minor miracles that they perform, but they’re largely upon people who are otherwise fit and well, not poorly and so we are handily placed for those and for those people who are coming to and from those wards. (Chaplaincy volunteer, The JCUH)

This raises a crucially important point, which is that the geographical centre of a hospital may not be central in other terms.

The BAGH and UHND Chapels, two new PFI builds, are situated on relatively quiet corridors on the ground and first floor of their respective hospitals. Neither is easily accessible from the main entrance but then each is central to the hospital as a whole. The play of pros and cons in relation to location are evident in this comment from one of the UHND volunteers, asked to comment on the position of their Chapel:

I think it's fine; we're on one of the main corridors, we're in the middle, I think we'd wanted it to be just as you come in you know, but I'm not sure I think it's better here. Quite a few of the nurses call in on their way in the mornings, you know? It means you get nurses in, and you get doctors coming in. (Chaplaincy volunteer, UHND)

A member of the UHND Chaplaincy observed:

I don't think it's a bad location, it's not brilliant. In the original design apparently it was in the entrance area which would have been useful in the sense that everyone would have passed it and at the moment lots of people can come and go with never knowing it's there. Because if you walk along the first floor, the ground floor, you miss it. You going up to the second floor you could miss it, the only people who would pass by are those in, that were going to the first floor. So I think somewhere at the heart of the hospital would be better, near the entrance, so that, but also accessible to patients so patients could get down to it. But I think patients on...the ground floor and the second floor probably don't even know there is a Chapel there unless they've read all the information that they get given. (Chaplain, UHND)

Note that in this case the interviewee assumes that there is a location which is *both* near an entrance *and* centrally located. One important benefit of the BAGH site is access to natural light. A number of those using the UHND Chapel voiced sentiments such as these (quoted from a member of the Chaplaincy team):

I wouldn't have put it where it is, so that it would have had natural light. It should have had natural light. We've made the best of a bad job by bringing in the light boxes but natural light would have been one of the most important things...Natural light, daylight, sunlight, I think is very important in healthcare. (Chaplain, UHND)

Of the Chapels reviewed here, only those at BAGH and SRH have the benefit of natural light. And some research participants noted another benefit of windows:

I think a sacred space has to look out, you know, it has to invite one to look outward... (Chaplain, UHND)

Natural light is very important, it's good for the soul. (Visitor, UHND)

The RVIN Chapel is located less than a hundred metres from what was but is no longer a main entrance, an information desk and the WRVS shop. The RVIN site is undergoing a major rebuild and so the position of the Chapel is anomalous, doubly anomalous in fact:

When I first came, it was right at the centre of the hospital because we, this was the surgical corridor, that was the medical corridor, the children were at that end, everything was here, ITU was opposite the chapel doors, you know, it was, that was how it was. And now I mean you know, people from Leazes Wing don't come down here, environment wise it's in the wrong place. (Chaplain, RVIN)

However, the RVIN Chapel is currently very near the Children's Wards and is, according to the Lead Chaplain, regularly used by parents and sometimes children.

The QEHG, UHND and BAGH Chapels are situated centrally, that is away from the main entrances. In each case the Chapel itself is located within the Facility, that is, entry is not directly from main corridor. Interestingly, the QEHG Chapel was designed after a visit by the planning team to the Sunderland facility. A Chaplain at QEHG explained:

So I took them to Sunderland and said, 'Look, this is a centre. Do me something like this.' So this is what they did for and we're very pleased. It's just the location. Now with the new build at the back of the hospital, and the proposed new build that will come in the next hopefully 4-5 years, we will be increasingly further away from the patient focus... What would I do? I would relocate it! [laughter]. That would be my number one on the wish list. Number two...[To be more central, you mean?] Yes, to be more central to the patient focus; we are now a long way. I mean, for example, on a Sunday, if we have too many patients from the Jubilee wing in the surgical block and not very many helpers we have to transfer up to one of the day rooms. (Chaplain QEHG)

A second member of the QEHG Chaplaincy team confirmed this sentiment:

You mean this Chaplaincy centre? Yeah, I would. This is the furthest point where we are now and I would take it away from here. You've got the acute block and just behind that the treatment centre and the Jubilee Wing. And if it were at all possible,

I would actually put it in between those three buildings as an octagon, or something. Or alternatively, in an ideal world, have a general Chapel situation within a Chaplaincy centre but having a space in each of the blocks that is a Chapel. So that if people in the Jubilee Wing wanted something they wouldn't have to...well at the moment it's just totally out of the way and everybody has to travel far. (Chaplain, QEHG)

The strong focus here, typically, is on the importance of accessibility and visibility. A visitor to the QEHG who spent many hours at the hospital while her husband was a patient, found the route to the Chapel intimidating – especially in the evening when there were few people about the place:

It was quite eerie; down a long corridor, on my own; quiet, dark corridors; better to be closer to the wards. (Visitor, QEGH)

A major problem for established Chaplaincy facilities is the possibility of a once good location becoming a bad position on account of changes to the hospital site as a whole. New buildings and sometimes the construction of major new wings can leave the Chaplaincy facility in a less appropriate position, particularly when new entrances are opened. The FHN Chaplaincy centre has felt the effects of changes in its immediate environs, as alluded to by this member of the Chaplaincy team:

Yeah, the interesting thing the one concern I have about the siting is that I mean it's fairly central because you know we're off the main concourse of the lifts and the things. One of the interesting things that we've found is that when they changed some of the health and safety stuff and the fire regulations, they've put in more fire doors, when I first came here there were no doors on this corridor at all... The other side to that is it needs that to give it some silence or some quietness and again one of the other changes that has gone on around it is that our offices, these used to be social worker offices and our offices were through this set of fire doors alongside the Chapel there and we, the social workers moved out, we were moved down so that the three offices that side which were ours and are occupied by consultants and their secretaries, two consultants and their secretaries and so people used the corridor a bit more to see the doctors or see the secretaries and that has affected the sound levels and I think some of the comments you may pick up on the questionnaires is that it's not as quiet as it used to be. (Chaplain, FHN)

The Chaplain is quite right. A staff member and regular user of the chapel commented:

It's quite dark, and quite noisy, especially at lunchtime when the office staff are having lunch in their rooms, then it's now just heavy footsteps but laughing and raised voices. (Staff member, FHN)

Later in the interview the same interviewee was asked 'If you were designing a Chapel from scratch where would you start?' She replied, 'Soundproofing!'

As in the case of the FHN, the location of the Chapel in DMH is anomalous in that the shape of the hospital has developed, leaving the Chapel somewhat misplaced. The DMH Chapel is currently situated at the end of what once was a main corridor but which, due to additional building, is currently little used corridor which leads off from the main entrance. One team member explains:

I mean certainly, certainly the Chapel, ideally you'd want it at the heart of the hospital and it isn't, it's stuck out on a limb. But again, like I say here, you're just kind of stuck with that aren't we, there's no choice. (Chaplain, DMH)

And another commented:

So it used to be, yeah it would have been ok at one time. So I mean it's a nice big, it's a nice building, feels like a Chapel, has a nice atmosphere, but it's a bit out of the way. (Chaplain, DMH)

The DMH Chapel is actually 'semi-detached' in that it is a free-standing structure. In this case the fact that the Chapel is not especially well placed, it is exceptionally quiet. Although NGH is soon to be demolished the Chaplaincy department was recently refurbished and is currently situated on the ground floor.

8.3.2 Signage

We found that little comment was made regarding the signing of the Chapel or Chaplaincy facilities, probably because this is not perceived to be a problem. We looked at the pathways leading towards the Chapel and in each case found that they were clearly sign-posted. An exception was the BAGH facility, which, perhaps because of its newness, was not well signed. And indeed, the final sign indicating the entrance of the facility could be confusing (See **Fig 22**). While the space does indeed serve as a



Fig 23 Signage, BAGH.

Muslim Prayer Room it is clearly intended for wider use. It might better be called 'Multi-faith Room' – the same could be said of the UHND Chapel.

There was considerable concern shown regarding the confusion of 'Chapel' with 'Chapel of Rest' in most hospitals but as this is not merely a matter of signage we will return to this issue below.

8.3.3 Websites²⁰

The JCUH (South Tees Hospitals NHS Trust)

Chaplaincy services are mentioned under 'Patient and Visitor Information' under 'Hospital Chaplains and Religious Services'. Unfortunately, we are directed to the Reverend Philip Carrington (who left the Trust in February 2006); the entry is very brief. Under 'Click here to find a service', all Trust services (Departments) are listed except the Chaplaincy services. Under 'Click here for Staff services', the Chaplaincy is not listed. The Chapel is not marked on the site map.

UHND, DMH and BAGH (County Durham and Darlington NHS Foundation Trust)

I could find no reference to Chaplaincy services on the generic Trust website. However the UHND Chapel is marked on the floor plans available on the Hospital website and the BA Prayer Room is marked on the floor plans of the Hospital website.

SRH (City Hospitals Sunderland NHS Foundation Trust)

There is a direct link from the main Hospital webpage to 'Patients' Services' then click on 'Chaplaincy Services' which provides extensive information on Chaplaincy services. There is an additional page 'The Chaplaincy and the I.C.C.U.'

QEHG (Gateshead Health NHS Foundation Trust)

Under 'Information for Patients' on the main webpage, click on the leaflet 'Your Stay in Hospital - A guide for patients', scroll down to find an informative paragraph on the Chaplaincy Service, including times of services. There is also a note informing people that there are two Books of Remembrance in the Chapel, one for adults and another for children (under Information Leaflets, find 'Help for Bereaved Relatives').

The FHN, RVIN, and the NGH (The Newcastle Upon Tyne Hospitals NHS Foundation Trust)

From the main website, under site-map, click on 'Patients, Visitors, Relatives and Carers'

²⁰ Date of searches was 12th May, 2007.

Then click on 'Patient Leaflets'; there is a list of them, including 'Chaplaincy', click on this and read 'Items in this category. No items found.' Also under 'Patients, Visitors, Relatives and Carers', click on 'About This Site', then on 'Site Map', then on 'Patients and Visitors' Information', then on 'Your Inpatient Stay, there is a quantity of useful information, scroll down to a section headed 'What Facilities are available in the hospital' for a list which includes 'Hospital Chapel'. The Chapel is marked on the the HGH Site Map for Level 02, on the RVIN Site Map for Level 02 (as 'St Luke's Chapel'); and also on the NGH Site Map.

8.3.4 Information

You'd be surprised by the number of people who don't know it's here. You've got to point it out, people haven't noticed it. (Visitor, The JCUH)

The accessibility of Chaplaincy facilities is negated by poor information regarding its location and the services it offers. Each Trust provides a considerable amount of information for patients, relating to finding their way to the hospital and negotiating their way through the hospital to the place they will be. Patient information also includes, again, in most instances a map showing the location of the hospital and a site plan. However, questionnaire respondents sometimes suggested that information relating to the Chaplaincy facilities might be better:

...I think there should be more publicity about location and worship services. This information should be made known to visitors and patients alike. Often patients in outpatient department receive bad news and need to turn to somebody for help. I would think the chaplains are the ideal people to give support. (Q108 SRH female visitor)

...it would be nice if the Prayer Room was advertised a little better as some other faiths may not be aware of its availability. (Q98 SRH male visitor)

would like more information about how the rooms can be used and people of all faiths and none invited to use it for a quiet time and who could meet there. Also

information on who to contact and how to get help... (Q34 The JCUH female patient)

Every hospital involved in the study has a reception desk at one or more entrances. In each case, a researcher was given good information on the situation of the Chapel by receptionists. In each case, there was a large site map located on the wall near the reception desk. However, in some cases the location of the Chapel was not indicated. In some cases, wayfinding was made more difficult because directions to the Chapel are not provided.

Because Chaplaincy volunteers spend almost on their time visiting patients on the wards they are an important source of information in this regard. The following are responses to the question 'How would you improve Chaplaincy services?':

I still feel there are a lot of people who come into the hospital who aren't aware of the Chaplaincy, a great number mm... I think perhaps more information on wards I know everybody in their locker should have a Gideon Bible but perhaps if there was something there about the Chaplaincy service. I know we have leaflets but they don't seem to get distributed [Or they're cleared away perhaps, lost?] Yes, there are odd notices around but they don't seem to be very prominent. (Chaplaincy volunteer, QEHG).

I think there isn't enough published to be honest, there are little notices stuck up you know there will be a service or whatever but unless the staff on the ward push it a lot of patients I find haven't been aware that they could have been taken to a service on a Sunday morning and that is sad when the Chaplain is going to the trouble of running a service, yes... (Chaplaincy volunteer, QEHG)

A lot of people I have to say are very surprised that there is a Chapel; there this troubles me this is what I mean about PR, when I say to them that I'm about to go down to the Chapel and it's "oh, is there a Chapel here" [They just don't realise?] They don't know, so that is a big fault as I see it...I wouldn't think it would cost very much to have it on the television service. (Chaplaincy volunteer, QEHG)

There is an understanding on the part of Chaplaincy staff that providing information to patients is important:

...once you go out through the doors you're in that main corridor you could be in a station the amount of people that are walking up and down, yeh it's a busy, busy

area. Outside the lifts yeh there's the odd picture but I wouldn't say there's anything that draws the eye there's nothing, it's a hospital and I think it works like that I wouldn't say there's, yeh there's a little odd area like the garden, the conservatory but there's nothing that says Chaplaincy out there I don't think so. I mean we do take our own, we do go on the wards and take our leaflets and we make sure that every area has leaflets... We take things out there and we are having big new notices that are more welcoming because we did look at this recently and it looked like all the notices about 'wash your hands', 'use the stairs' 'we want you...', 'can you...?' It just looked like everything there was, you know, an order, and so we thought you know this is not us we want to see welcome we're here and there's a shoulder...we can make a difference with our notices and then we have the little area just as you come in, through our first doors, that used to be tables and leaflets and the notice board that's got the piece of artwork on as you go out that's a community sign that we took from a leaflet and painted it with the colours behind, and that was just a notice board with leaflets of old flyers and stuff so we tried to make that little area for people who weren't confident enough to sit and step in to the Chapel, a little area there and we've opened the doors I noticed this morning, when we come in, so we try to get out there but as a hospital as a whole, maybe not, maybe it doesn't say 'Chaplain'. (Chaplain, SRH)

The following volunteer at The JCUH was asked whether better information would impact upon staff as well as patients:

... I'm sure it would because since *** left, *** tried one or two new initiatives, and one of those was to produce that colour A4 with the mug shots, we daren't take it to the children's ward in case it frightens the kids but, but the ten of us and those are now displayed on every ward and in every department on the wall... (staff) didn't used to so much, now we'll go and they'll say 'yes, who have you come to see today? Who have you come across to see?' maybe on night shift at three in the morning when they're bored rigid they have a look at this and they think 'oh that's him, that's so 'n so' ...and not to forget the role that Chaplaincy has to play with staff and the visitors...(Chaplaincy volunteer, The JCUH)

We found that there was an understanding among Chaplains and volunteers that more could be done to raise the profile of Chaplaincy services and also that efforts are made at least intermittently to do this. Perhaps the most obvious improvements that are made include making clear to all those in the hospital that there is a Chaplaincy and that it offers services 'x', 'y' and 'z'. This process which, in a sense, needs to be continuous, might involve improving the visibility of Chaplaincy staff by providing photographs and flyers to all Departments, ensuring that there is at least a note identifying the Chaplaincy in patient information packs; that the location of the Chaplaincy is clearly marked both on

plans near entrances and on those sent out to patients; that the entrance to the Chaplaincy centre (if there is one) is marked in some way over and above a sign saying 'Chaplaincy' – perhaps a wall-mounted board indicating the services offered by the Chaplaincy. The idea of publicising the Chaplaincy via hospital media is relatively novel and should be investigated where appropriate.

8.4 For Those of All Faiths and None

8.4.1 Introduction

Without exception, the Chaplains we interviewed clearly understood the implications of the injunction that hospital Chaplaincies should provide for 'those of all faiths and none'. They seek to achieve this in a number of different ways. Each Chaplaincy team maintain links with religious leaders in their community, on whom they can call should the need arise.

From the beginning of the proper Chapel, there was a regular mass here. And when I came on board as the full-time Chaplain in 1992, then I started doing mid-week Eucharist as well. So every Wednesday at 1 o'clock and every Sunday at 1 o'clock, there is a formal worship here. A Christian worship here in the Chapel. There was no other space for any other faiths to... And in fact, no other faith came and made a nuisance of themselves and said, why can't we...? However, we discovered, because I put in a 'please pray for' list on the altar, the names, every name you can think of and there were many Muslim names or Hindu names. (Chaplain, The JCUH)

The perception of Chaplaincy staff is that apart from Muslims the population of those of other faiths (including Buddhists, Hindus, Sikhs and Jews) is relatively small and this perception is borne out by Census statistics. Needs do vary, though, from one Trust to another. For instance, Gateshead has one of the largest orthodox Jewish populations in England:

Oh yes, very Orthodox Jews. And they keep themselves very much to themselves. They have their own pastoral systems for hospital. They always know when their own are in hospital. [So they run this from within the community?]. ...Yes. They run it from within the community. And being very orthodox, they're not impolite, you know, about our presence, but they do not need our presence in any way, shape or form, really, nor our help. Though we have done a number of things, we have put into A & E a box for the Jewish faith. There are certain items they would

need, say if somebody had died. And that was negotiated through the A & E staff, with the lead Rabbis in the community. They have done something similar with the Muslims. In our mortuary we have a room dedicated to the ritual washing of those of other faiths. So there are certain things in place. We have very good communication with our local Muslim community which is again small, which about the same size as the Jewish community. I know their leaders very well and if they have problems, well not problems, but if they have folk dying and they have needs within the hospital that are not met they are with me immediately. They were with one of the members of the family, one of the families that had a still-born child they were here straight away saying, '...will you help us sort this out,' and we're very pleased to do that for them. (QEHG, Chaplain)

Although the perception of Chaplains is of very small numbers of those of faiths other than Christianity and Islam, they nevertheless showed a very clear awareness of the need for an inclusive approach. In this regard, local religious leaders of a wide variety of faith groups are 'on call' and are available should the need arise.

A second point relates to the role of Chaplains in 'keeping the faith'. One, perceiving a danger in assuming a kind of agnosticism' or 'religious neutrality' a result perhaps of a misguided attempt not to offend, pointed out that they can also play an important role in keeping the faith *on behalf of* others:

...when I was a curate I was going to take this funeral for this woman whose husband had died and I'd done a visit and the day of the funeral came and my own mother died that morning so obviously I didn't take the funeral. But the point of the story is that when I returned to work I went to visit her because obviously it's not a thing that you'd like to do to somebody, you know. Change horses as it were at that point in the proceedings. So I did go and see her and obviously we had a different sort of conversation than a normal funeral follow up visit because she obviously had been informed of the reasons. And she said to me something like 'did I believe in life after death' so I said in effect that 'yes I did' and thought people had no idea what it was like but I did and she said something like 'well I wish I could but I'm glad there are people like you that do believe' and it seemed important to her that some people were able to believe in it. Seemed an actual help to her and I think sometimes it's like that in the hospital that we mustn't be too politically correct or too coy because it is a help to other people to know that we believe something. And it doesn't matter what it is, so in the same way as the Buddhist volunteers coming in are met with delight because people know that they believe something, different from what I believe but it's still a belief in something beyond the material. (Chaplain, SRH)

This Chaplain continued,

And I think perhaps, perhaps the same is true of sacred space is that it needs to have some element of showing that somewhere there are people who believe in something beyond, you know, something that could be a lounge or a yeah... But I think also when you go into the Chapel, sacred space whatever you are in yourself a lot of us do like a visual focal point. (Chaplain, SRH)

A similar point was made by several questionnaire respondents in response to the first open question:

Some symbolism to focus meditation (Q180 UHND female staff)

A place of quiet with the obvious religious paintings or crucifix and statues to aid prayer and meditation (Q130 SRH Female staff)

In the specific case of the SRH Chapel, the Chaplaincy team has made conscious and continuing attempts to provide artefacts and symbols as foci of attention for those from a range of Christian denominations and also for those with no religious affiliation.

we do try to make it into focused areas so that you can sit near the water fountain or you can sit and look out into the garden so as it were there are two places where you can be very non overtly Christian in there. But still have the focus of either the garden through the window or the water fountain. Or you've got various religious symbols or the banners. There are things to focus on. (Chaplain, SRH)

Providing a range of symbols is one approach to the challenge of providing for those 'of all faiths and none'. A second approach is to provide an environment in which the symbolism is subtle and emphasizes polysemy, that is, multiple meanings. Perhaps the best example of this is the small Chapel in UHND. In this case, the space seems rather further along the spirituality end of the spectrum. The visual cues are, in each case, more or less ambiguous. For instance, the glass panel to the right of the altar might be (and indeed is) interpreted *either* as a sunrise *or* as a representation of the cross of Christ – or, indeed, possibly as both (see **Fig 3**). The banners hanging on the rear wall of the SRH Chapel provide a further example:

...so that the banners at the back which are probably what, four foot by two, something like that, there you are I've changed, out of metric, but again bright colours, one, they are whatever you want them to be really, they do contain

Christian symbols, but one is, sort of seems to be quite definitely creational, bright colours and the other one is more, has a dove and water flowing and those sort of things... (Chaplain, SRH)

Again, there was strong agreement of the need for an ecumenical approach. And certainly, there was a sense that hospital Chaplains have tended to move more quickly along this road than others.²¹

There is a movement away from 'Chapel' and towards 'Multi-faith Room', at least nationally. And there was some support for the re-positioning of 'Chapels' among those we interviewed. One Chaplain commented on their Chapel:

So it works but it's a case of making the best of what we've got rather than it being planned from the beginning, mm, but that might reflect me, I'm better at reactive than proactive, I'm thinking about in a sense about what we've got rather than, you know if you said to me we'll design you a new hospital what would you do, then yes I would make our Chapel bigger but I wouldn't call it a Chapel... I'd call it multi-faith because I think it's important and I don't see why faiths can't work together and worship together, but that's my own view, err.. very personal view...and that's why I like the Multi-faith Prayer Room at the Bishop but I would definitely have natural light, easier access, not on the first floor but somewhere on the main concourse and very definitely interview rooms, counselling rooms whatever you'd like to call them. (Chaplain, UHND)

Here is another Chaplain responding to questions about the differences between a Chapel and a Multi-faith room:

A (interviewer): Yeah. Can you explain to me, I mean Multi-faith room would be a complement to a Chapel, it wouldn't replace a Chapel?

B(interviewee): Well it could replace a Chapel, if you go to BAGH, we have a Prayer Room there which has Muslim Facilities and also Christian Facilities in one room, but here they've built a Chapel and I did raise that when I came but they put in a Chapel, they didn't want a Multi-faith room, they asked for a Chapel...

A: Yeah. Can you explain to me, I mean multi-faith room would be a complement to a Chapel, it wouldn't replace a Chapel?

B: Well it could replace a Chapel, if you go to BAGH, we have a Prayer Room there which has Muslim Facilities and also Christian Facilities in one room, but here they've built a Chapel and I did raise that when I came but they put in a Chapel, they didn't want a Multi-faith room, they asked for a Chapel.

²¹ Also see Arbuckle (1999).

A: Ok, and what can you explain to me, the difference is then? In terms of the way in which these rooms are set out?

B: Well, if you using a Prayer Room, you may not need chairs. You may want to take out some of the Christian symbols, I deliberately chose symbols in the Chapel which were neutral so there isn't a cross anywhere directly, they're there if you look for them in the symbols, but there isn't a cross there directly. There's glass which could be acceptable to anybody, there's tapestries which could be acceptable to everybody, so they're there but we do have an altar, we do have candlesticks which and we have an aumbrey, so you can't escape the fact that it's Christian because we needed those as well

A: Right, ok, yeah

B: And our Muslim brethren use it without any problems, but they have a problem in the sense that they have to move all the chairs and, on a Friday particularly for Friday prayers. If you get 20 people in there and you don't need the chairs because they don't sit on chairs

A: I mean in terms of the actual aesthetics of the Chapel, what do you think about the way it works? I mean we've talked about size, do you think it's a reasonable space in terms of the way it looks?

B: I think to be honest, a Chapel for 20 is probably ok. We rarely get more than that and on occasions when we get more than that we use other rooms, so I have arrangement where I use the outpatients department. The memorial services, carol services things like that we use other rooms. And I don't think that's a problem. For most people coming in to Chapel on a Sunday we could get a maximum of about 12 people, so the Chapel would be fine. Not particularly good for beds and things like that but these days, when I first came into Chaplaincy, patients came to Chapel in beds, but they don't anymore. Anyone who's well enough to go upright is discharged these days, you don't keep them in hospital as long. So things have changed so I would have thought although it's not big, it's big enough for most occasions and those occasions when we might want it bigger for a memorial service, a carol service, well there are other rooms around and you can use them. (Chaplain, UHND)

More than one Chaplain pointed out that the 'lists' prepared for Chaplaincy teams by administrative staff, can only be approximate, and that the work of Chaplains on the wards pays little heed to the formal labels patients are given as they are admitted:

Perhaps I should just say a little word about the lists, and also I have some feelings about them. The lists are drawn up on the basis of what the patients say on admission or what their relatives say on admission, and sometimes for example the label Methodist can be very approximate, that can mean they were christened in a Methodist church seventy years ago and haven't been inside one since, or it can mean they are deeply devout and would never miss Chapel and anything in between sometimes denomination handles get misplaced so you can find yourself passing over a Methodist because they've been listed as an Anglican and vice versa so there's a certain degree of approximation there. But I have to say it's a function of

the dominant churchmanship in this part of the world, which is very high Anglican/Roman Catholic that we operate on a far more denominationally prescribed basis than I understand applies in other Trusts. One of the Lay Chaplains always visits one of the wards irrespective of denomination or lack of but for the most part we zero in on the denominational identities of the people on the lists and I think that in some way that is regrettable as but I suppose it makes a starting point, having said that I've very often think any Chaplain would say this, very often been in a situation were I've gone to see John Smith who is a Methodist in a bed and John Smith is not there or is fast asleep. The person in the next bed whose identity I don't know obviously wants to talk to somebody and talks to me and I may then spend five or six times longer talking to person in the next bed longer than I would have done talking to John Smith if John Smith had been awake and conscious. I see that as been a perfectly valid, legitimate use of the time for which the Trust has paid me...(Chaplain)

And this is especially true of younger patients who, he believes, while less likely to maintain a religious affiliation, are just as likely to sustain a spiritual outlook:

... I have a concern for the increasing number of people that you're not seeing it's the older generations who tend either to be nothing in particular or denominationally aligned but amongst the younger people, the thirty/forty somethings and the like you're getting people who would say that they have a spiritual take on life but they are not associated with any church. Now I'd have thought that a Department of Spiritual Care ought to be able to offer something for them that's not formerly surgical or specifically anything but is none the less registered as opposed to materialist and that's something that we don't address here, but I hope it's been addressed somewhere because I think it's important...That would make sense, I mean I'm not wanting to push religion in the form of attending formal worship anyway but I am interested in exploring peoples sense of identity and purpose and particularly in hospital when you've got time to think, things at the back of your mind come to the front and that's were we can be useful as offering a kind of sounding board for people to explore. (Chaplain, The JCUH)

A volunteer shared this understanding, suggesting that those who claim no religious affiliation are unlikely to be atheist:

But... of those who say who are shown as 'none' or whatever, rarely if ever do they actually mean absolutely 'none'...A lady said, she said to me 'I don't believe, I don't believe in God, I don't believe in Jesus and I don't really believe in the Bible, but I say my prayers every night before I go to bed.' (Chaplaincy volunteer, UHND)

8.4.2 From Anglicanism to Ecumenism

Given that Anglicanism is the state church it is hardly surprising that the influence of the Church of England on the organisation of hospital Chaplaincies has been profound. After all, the vast majority of those with a religious affiliation in England have been Anglican. It remains the case that the Chapels (and Chaplaincies) in the nine hospitals in this study retain a strong Christian if not Anglican flavour. The Lead Chaplain in each Trust (except one) is an Anglican. Each team is entirely Christian, consisting of Anglicans, Free Church (Non-conformist) and Roman Catholic paid posts. In earlier sections it will have been apparent that the Chapel itself is in each case broadly speaking a Christian space, and that the default setting, as it were, is Anglican. However, this situation is changing. The Lead Chaplain at the FHN is a Free Church clergyman. The symbolism in the Chapels is becoming less obviously Anglican and perhaps even less obviously Christian. A striking exception is the existing Chapel in the RVIN. However, during the rebuild of this hospital a new Chapel will be established and provisional plans suggest a very different kind of space.

The Chaplaincy teams we interviewed had a profound respect for the process of ecumenism, as a Chaplain in FHN put it:

No, we've got an ecumenical team, that's another change and I think it's become much more management orientated because you had very much you know the Chaplain the sort of ploughing his own furrow and mainly male as well...(Chaplain, FHN)

Interestingly, this Chaplain points out a further significant shift, that is, in the gender balance of the Chaplaincy team. As one Chaplain told us, thirty years ago you have been hard put to find a woman Chaplain in any hospital. Each team in this study comprises both men and women. This Chaplain continues:

Ploughing his own furrow and the hospital management perhaps didn't have much of a say, the Bishop had more of a say but we've come more as departments, in line with the NHS structures of following and we're sort of maybe not separate to the church because we're not but there's less, the sort of power, the management power base is more within the NHS than in the church although the two liaise but whereas before I think 'oh you know you couldn't question a clergyman or a Chaplain' the

secular organisation is now prepared to question and say 'well ok, you might be a Christian minister but we need you to see to the needs of these Muslim patients or Jewish patients' you know and those are the main changes that I see at the minute. (Chaplain, FHN)

Asked what they thought the main changes to Chaplaincy would be during the next decade, one Chaplain predicted that

...it revolves around the sort of multi-faith, I think that at the moment, we're all Christian Chaplains within this Trust and we don't employ and pay anybody from any of the other faith groups because really in Newcastle the statistics are not, there's not sufficient patients to do that but it might be that in the future that you know for some people that the Chaplaincy isn't called Chaplaincy, it's called Department of Spiritual Care (Chaplain, RVIN)

Here is one Chaplain's understanding of the recent history of hospital Chaplaincy, suggesting perhaps that the Anglican influence remains considerable:

About six years ago the guidelines for appointments to Chaplaincy which was a thing called HSG 92-2. The Department of Health set up a committee to revise them and they actually came as part of their agenda that this needed to be looked at in regard to a multi cultural society and it actually took five or six years to get the final product through the Department of Health but they created what was called the Multi Faith Working Party at that time and they were representatives not just from the Christian churches but from all other faith communities and that has now gone on and the Department of Health have sanctioned that to the Working Party's disbanded but the Multi Faith Group is still there and is still serviced by the Hospital Chaplaincy Council which is the Anglican body and they are still the sort of executive officers for it but that meets now on a quarterly basis I think and is one of the key elements that feed in. (Chaplain, FHN)

In these cases, the Anglican influence is declining, however, the Christian presence remains very great. The extent to which this concerns those of other faiths (and none) is a moot point. Referring to the SRH Chapel one Buddhist respondent commented:

The environment is wonderful, the Chapel has such a beautiful atmosphere, obviously created by the services they are holding and just the Chaplains themselves. It's prayed for. And it's a living place...

And continued:

It's very inclusive, we go in and do our Buddhist prayers and not feel that that was inappropriate. (Chaplaincy volunteer, SRH).

The Chapels vary in the degree to which they are explicitly Christian spaces. The Chapel at SRH (see **Fig 21**) is typical in that its chairs are arranged in rows, generally with a central gangway, facing what is patently 'the front' generally marked by a table serving as an altar. As things are, it is apparent that Chaplaincy teams are arranging their Chapels in a manner which will be familiar to the vast majority of those who use it. The rooms contain those items necessary for the various forms of Christian worship. The table or altar is generally covered with an altar cloth, sometimes decorated with one or more Christian symbols. There is a cupboard or aumbry on the wall to the right of the altar/table in which the reserved sacrament, the consecrated elements from the communion service, is kept. The sanctuary lamp remains lit in order to further mark this presence. Most other faiths would furnish the room differently and might well exclude seating altogether. Islam and Judaism, for example, expressly forbid representational art in their place of worship/prayer.



Fig 24 Chapel (Altar/Table), SRH

8.4.3 Religion/Spirituality

There is a growing tendency for scholars concerned with healthcare to adopt the term 'spirituality' rather than 'religion' (Heelas and Woodhead (2005). This change is particularly manifest within the nursing profession. One Chaplain observed:

I think that the move was already under way when I came into Chaplaincy. I think it was probably the changing period so we are talking about 13, 14, 15 years ago. Possibly where Chaplains began to address that issue, it's interesting that a lot of the research that's around Chaplaincy or spiritual and religious care actually comes from the nursing profession rather than anybody else. I don't know if you picked that up? ...And in a way this is part of the...debate about being professional and things, is that it's only really now that Chaplains are being encouraged to get involved in research and take that seriously...Because this whole concept of holistic care within the medical profession and nursing has gone through an up and a down and you know one minute it's in favour and the next minute it's out. But holistic care is still one of the main planks of certainly nursing training.
(Chaplain, FHN)

To a large degree this reflects changes that have been identified in wider English society. Heelas and Woodhead (2005), for example, identify a shift away from the religious and towards the spiritual in modern society. In general terms the religious pertains to participation in organised religion – including attendance at church; spirituality is individualistic and pertains to a person's own worldview.

In relation to the symbolism at the UHND:

A (interviewer): What about the different religions around the Chapel, what do you think about that, the artwork I guess?

B (interviewee): I'm comfortable about it. I think they must have gone to a lot of trouble when they planned it to include and not to offend. I think everything is obviously moveable, there are one or two items where again you can take as much as you want from this and no more. Have you seen the picture by Paul Judson? This beautiful painting of wall and stones and he's picked out the picture of Christ on the Cross-from the masonry. And probably someone who wasn't a Christian would probably register that, if it was offensive it could be removed but it's very subtle and low key and it's not as some people would say in your face. There aren't any gory, big crucifixes or anything like that; I think they must have been very careful when they planned it.

B: I find it quite attractive, mm... it's quite important to me, perhaps that's my Catholic spirituality but to have symbols and signs to use, for meditation, and I

think here they've done it tastefully but it still allows people who want to look for a cross or a crucifix or any means those things are there for people.

A: What kind of influences would you say you had that you were drawing on when you were just altering the Chapel in certain kind of ways. What kinds of inspirations do you draw upon?

B: Oh I can remember but I don't know where the inspirations came. I think I relied a lot upon the artists involved because we had quite a good glass artist and the lady doing the tapestry I think is particularly talented. We wanted, I wanted something that was reflective of the area so you've got one of the tapestries on the wall is very much based on the cathedral and the arch and light, hope out of darkness really which is, I wanted the Chapel to speak of hope, I worked in a Chapel once and I sat in it one day and I realised that it spoke of pain and misery and death, it had a purple curtain and on top of this purple curtain was a crucifix in the form of nails and the altar and the lectern and the font were all made of wood, but were all sort of shaped like truncated coffins and I think that was, and so was the altar, it was on this sort of truncated coffin bit and I think somebody thought they were doing something good but hadn't realised what this all was saying together which was about pain and death. So I was very concerned that we should have some hope and light so we have a tapestry which reflects the seasons that also talks about the harvest, but there's also at the bottom a pond and new life from that. So there's hope there and a spectrum of colours and a sun rising, making the sign of a cross, the sun, so there was a sense of hope there which we deliberately put in. The only thing from the old Chapel that's there is the drawing, a painting of the cross which was in, but you need to see that and not everyone would see that which is sort of blocks. And we, that was part of the link in everything, that was the only thing that we brought back up here. (Chaplain, UHND)

The movement from religion to spirituality in the work of the Chaplaincy teams is identified by all Chaplains. The following exchange is typical:

B (interviewee): ...I mean as I say when I first started I was very much expected to deal with the religious

A (interviewer): And the Anglican I guess?

B: Yeah, yes, yeah but in some ways this spiritual thing that's been taken on by health care, you know, has, it's widened our role broadened it, broadened expectations of us, it's made the job more interesting really because people say 'well, you know this person doesn't go to church but they do want to talk deeply'.

A: It means nobody's excluded I guess?

B: That's right and also, what I've found is it gives you a kind of, more of a link with other people, patients, staff carers, that you know, that haven't got the religious time, but you've got a lot in common and you know people, they might not say, 'I want to go to Chapel', but they might be saying, 'I'm floundering, I can't make sense of what's happening to me' and on that level you see, and they might then, you don't know, they might just go off and start hill walking or they might start, they might say, some people will say 'actually I think I want to express this, I think

I'll go to church' you know. I mean I'm not here to get people to go to church, I don't see that as my role, I see it more as being along, somebody can be alongside people, whatever's happening to them and perhaps through that they can find some of their own inner strength and affirmation to carry on. But you know, that sort of broadening out into the spiritual it does sort of firm up the job really, you know it's something that you could say is water, you know religion's been watered down, but actually I think it's a positive thing because there's a base line that everybody's got that you can talk about together and then take it from there.

A: To the extent you mean that everybody thinks about the big, the big question as to 'why am I here, why am I ill, why am I going to die or I might not?'

B: Yeah and people have got different perspective on that, I mean if you go along you know, I often think of a conversation I had a long time ago with someone from the Hindu faith and well I suppose she was talking a bit about her religion but it was really the spiritual and all go and you know we kind of believing without belonging, there's actually a lot of belief out there, you know

A: Yeah, I think you know

B: It's an interesting sort of hidden world that lots of people are in and

A: I'm sure, I'm sure and it's a feeling that's shared by most of you actually

B: Yeah yeah

A: I was, I can imagine that some Chaplains would be concerned about it from the watering down side but in fact that doesn't seem to be the case up here, in the north east? You're far more positive about it than negative

B: No, no I think it might a bit of a shock for people who were kind of, I don't know if you should quote me on this, kind of churchy

A: High church yeah

B: Yes, or just steeped in any tradition

A: Yes, yeah of course

B: Because you've got to work ecumenically and then you've got to work with people that don't go to church and if you had kind of expectations about the role you know that you would be taking services and lots of people would be coming along and then you would be going to the wards with 50 communions a week, you know, because it's just not like that, so it would be hard for people perhaps expecting that. (Chaplain, RVIN)

Clearly this perception of change has a bearing on the environment of the Chaplaincy.

First, the Chapel itself is likely to become less and less overtly religious and symbols representing the Christian faith in particular are less and less likely to find a place.

Second, there is a turn towards counselling – particularly of staff. Such work requires a room at least, and one which need not include religious symbolism. The Chapel is too large and too public a space for this kind of work.

In the following three quotes, each Chaplain is responding to the question 'do you think there has been a shift from the religious to the spiritual?' Although the interviewer has

not provided a definition or 'spirituality' or 'religion' and has not provided examples of each in practice, the interviewees in each case clearly grasp the distinction being made.

Yeh, well, yeh, I mean that's one of the things that we're trying to resist in a sense, you know this is a Chapel for people of all faiths and none. There's only one, there's only the cross which is a Christian symbol in there, and I often say to people if that's an offence to you, we'll just put that away, you know don't have it there if you don't want it there, it's no trouble at all. The, the, leaflets that we have in, and the little cards tend to be more Pastoral rather than, they have got a Christian emphasis but they're not offensive. Some people believe some things and I think about because they are too Evangelistic or you know challenging or you know, people don't want to know that they have to repent or as well as do everything else so I take those things out. Sometimes I pick Jehovah's Witnesses tracts up and get rid of them because there's no place for that, we're not pushing anything like that. (Chaplain, NGH)

Yeh, it's there all the time, I think it's funny I was at a local preachers meeting last night and that was one of the things we were talking about. Somebody had been doing some research there saying you know, people are spiritual and people are searching and I would say yes, everybody has a spiritual dimension, it's just for some people they choose to exercise it in a religious way, as we understand religion in this country, and for other people they choose not to. Now there are some people who would say there are distinct benefits to exercising it in a religious way because of you know coming together in fellowship and if you have a faith in a God or whatever that means to you that can bring an added dimension to your life. But our roles as Chaplains are not to impose that on people. (Chaplain, UHND)

I think, certainly in the late 80s, early 90s, Chaplaincy was going...well...I wouldn't say there was a national debate but I think there was a national collective mind Chaplaincy had to find some way of...not really inventing itself... but at least justifying its position within the health service. Because it was quite obvious that the number of people who went to church was declining rapidly. What does the Chaplain or what does the Chaplain have to offer that was unique and special to Chaplaincy other than the religious bit on a Sunday? And so there was a lot of debate and exploration around, 'What is it to be spiritual as a human being?' And to start the sort of demarcation between the religious understanding of what religion and what religious need is and spirituality and spiritual need is. I think we've come through that now. I think for the most part Chaplains feel more at ease about their role, both as the religious care giver and the spiritual care giver. Because if we're honest, although there was a lot in the nursing press about nurses being responsible for the spirituality, the long and the short of it is, they aren't. They don't have the time, they don't have the training, they don't have the courage, I think, to explore those issues. So it still gets left to the Chaplain and it's been an interesting process of evo...well it's not evolution, er, at least demarcating and learning that still perhaps we still have a role in this area. (Chaplain, QEHG)

Asked whether this process has had a bearing on the way Chaplaincy space is organised he replied:

I think the clearest examples of that will be where there is new work going on. I think one of the issues for Chaplains regards to what's commonly becoming known as sacred space is one, what we inherit and two, the diminishing resources within budgets to do anything with it. Which is difficult because the Department of Health is committed to equality and diversity and is pushing for equal access to Facilities. So there is desire to enable space to be of use to different traditions and to those who have no tradition. But often that isn't able to either because of what's in existence or so the clearest examples I think of that religious spiritual divide or you know separation in a way is where there is some, some new works going on and I think you will probably find that there is much stronger emphasis on creating space that is suitable it is as minimalistic in terms of religious symbolism. (Chaplain, FHN)

Some Chaplaincy staff clearly remains wary of the apparent eclipse of the religious:

We're talking about spirituality. Yeah, a shared language. Perhaps in some ways, oh I don't know really, I don't want to sound arrogant about this, hope it doesn't come across in the wrong way. I think it's probably we, we I think that perhaps that we have more of a shared language in the Roman Catholic tradition because people still think very sacramentally. People will ask for Holy Communion, people will ask for the sacrament of the sick, people will ask for confession, absolution so there's a kind of a shared practice there I guess. Other church traditions I think who maybe have less emphasis on that kind of sacramental ministration may be find it more difficult to talk about religious issues, end of life issues. I hope that doesn't come across wrong. But I think that one of my concerns about Chaplaincy is that there is tendency on the part of some people to think that one size fits all and that we don't need to maintain our traditional distinctiveness...And I've got a bit of a worry about that because I think that although I am entirely committed to working in partnership, entirely committed to doing everything that we can together, that we can do together, we do treasure and value difference as well. I mean there are serious and profound reasons why I am Catholic and not Methodist or Anglican (Chaplain)

Pattison (2001) calls this process 'dumbing down the spirit'. The same Chaplain continued:

Yes, it's not a matter of convenience, that's right, yeah. And I sometimes think that you, I've heard some Chaplains express opinions that almost veer on the convenience. You know it's just that you happen to have been brought up in this tradition. Where I think it's actually being a bit more committed than that, and I think it is important to maintain distinctiveness and I worry that when some Chaplains talk about spirituality, they mean emotional support. Now I think

emotional support is an important part of spiritual care but I don't think spiritual care is just emotional support. I think spiritual care is bigger than emotional support. And I think we need to be careful of any tendency towards blurring the boundaries too much otherwise we'll end up in a very sort of wishy washy situation which is likely, which is more likely I think to give rise to intolerance than tolerance because I think that tolerance is about accepting and treasuring individual differences. And I think intolerance is more about trying to blow the boundaries and seeing everybody as being fundamentally the same. (Chaplain)

Regarding changes to Chapel space:

There are a couple of important features that a Catholic would expect to see in a church, an altar, a lectern for the word, for the scriptures, baptismal font and a paschal candle, you know and the church furniture represents the again that sacramentality you know there is the sacrament of the word, the sacrament of the altar, the sacrament of the baptism is represented all on the sanctuary and we don't have that here so it is plainer than I'm used from my tradition. (Chaplain)

Asked for their opinion on this issue, one Chaplain replied:

No, I don't think it would, I think would have to be a multi-faith space. I mean my vision for it would be something light and airy and you know, glass and colour and nothing like what we've got now. It's very dark, it's very wooden, it's very static...And just, I mean the altar is stuck in the middle, I mean what kind of messages does that and the symbols are overtly Christian, and it's not a place for everybody is it? Clearly it's not, you know it's, it has the potential for great offence. I mean I know we've got a Prayer Room and I've not actually been in there but (Chaplain, DMH)

And later expressed an opinion held by many Chaplaincy staff regarding the environment which they inherited:

...without starting all over again actually what can you do now with that space that we have? I mean I would really, I mean it's just simple things that I think could make a huge difference. I would really like to see some hangings in there, you know woven hangings or silk paintings or something like that, just with neutral images. And certainly the altar cloth, the altar, frankly to be gone and replaced with something again, you know that is neutral, you know that not neutral colours but I don't know for example a giant wave or you know there are so many designs, you know that...Because if you want it to be a multi-faith Chapel you can't have images of people because they offend people from some faiths so you the natural kind of stuff, you know the environmental stuff is clearly the way to go. But, it's very difficult because I mean in airport Chapels they get away with it by having crosses that look like aeroplane propellers, which is very cunning... (Chaplain, DMH)

This Chaplain went on to express her feelings regarding the Christian bias in public buildings more strongly:

I think it's appalling. And it's a key issue in DMH because the crematorium Chapel for example, has a cross at the front and then every pew end has a cross carved in it. So it's a nightmare when they do have a funeral come in where people don't want any religious symbolism or they're from another faith, because how on earth does Alan get rid of, he can cover the cross at the front, what on earth does he do with all the stuff on the pew ends, and I know vicars in DMH, I've worked with one of them, who say's 'well, why should we change it? Everybody's Christian, they're all Church of England you know, they're all white and why should we change it?' ...I used to be a teacher and one of my main subjects was RE and so I did a lot of work with you know primary school children on different faiths. And even in Harlow where I lived where there was, there were large communities of other faiths, even there we had the same argument. You know, 'why, why' you know, particularly from Christian families, 'why are you trying to teach these children you know all this stuff, you know they don't need to know this' but of course they do, if we're trying to understand one another and relate to one another and get rid of the prejudice and all the rest of it and the hurt that is caused out of ignorance, a lot of the time ...we have to learn to understand one another... I mean if they were to knock this Chapel down and rebuild it, we, well I can't speak for the others but I'd certainly be looking for a multi faith Facility with all the washing Facilities and you know properly done. Because there's no, you can't do half and half, if you're going to do it, you've got to do it properly and you can't cut corners on it and you've got to meet people's religious needs. If you're going to make provision, you've got to make it properly (Chaplain, DMH)

Given that all Chaplaincy staff agreed that there has been a shift in emphasis in hospital Chaplaincy, we asked 'What does this shift to the spiritual signify?'

Oh I think the answer for me is a lack of confidence in what religion actually can do or stand for. I think it was, I think we're probably talking about exactly the same thing in reality it's just that it, it's almost like a currency and the debate that's raging at the moment about whether we should go metric, you know, or go totally metric, seems to be sort of similar, that yeah, at the moment in British society you know you can talk in yards, kilometres, you can you know and everybody; nobody actually knows quite what any of it stands for you know because it you are, if you're interested or it's part of your job, you will have already have focused on one particular scale and you'd be happy with that so you know if you're a chippy or something you're working in centimetres or whatever but for the rest of us you're still quite happy to flip...Yeah, you know it really doesn't matter and none of it's exact, but it's, you've got this sort of freedom to sort of freedom to dip in and out of

all sorts of things and whatever seems to translate and transfer and communicate well that's fine and I think there's a level on which that's the similar sort of thing that in religion it was much, when people talked about religion, you talked about denomination, and so we had Catholic, Protestant, you know and people sat very tightly within their booth, these days, I mean we've now moved on, you know we have Buddhists who go on the wards, we've got, you know, the survey we've just completed says that most people, the, I can't remember the figure exactly but it's in the high 80s say that they are not bothered who comes to see them. They don't have to be of their own tradition, now that for me says ... an incredible amount. That people don't feel they have to claim allegiance to one particular thing so I think there's a greater confidence, almost as the church has lost its authority to say 'you've got to, you've got to stick by our rules' you know, if you claim to be a Catholic, if you claim to be this then you must sit, you know you must come to church and you must do this and do that, nowadays, I think people say 'well, I think it matches the choice thing, it's what I want and if I can see it makes sense then, you know...'. (Chaplain, SRH)

One Chaplaincy volunteer agreed that there had been a discernable movement to 'the spiritual' and when asked how important this was, replied:

Yes, a great number of people who wouldn't call themselves religious would have a spiritual conversation with you, they might not mention God but they talk about right and wrong and sometimes about how they see their home, their illness, their death, it doesn't have to be, in their eyes it doesn't have to be related to God in particular. But I suppose the vast majority of people who wouldn't necessarily call themselves religious still talk about God. (Chaplaincy volunteer, UHND)

The responses we received both during interviews and (especially) from the open questions of the questionnaire strongly suggest that users of the Chapels (but *not* the Muslim Prayer Rooms) are divided between those who want an overtly religious (and specifically Christian) material culture and those who do not. This is a challenging situation for Chaplaincy teams and there can be no easy answer. One response is attempted at UHND where symbolism is ambivalent: 'is that a cross or a sunset?' Another has been developed over more than a decade at SRH where a number of small 'micro sacred spaces' have been established each of which might provide a focus for a variety of different inclinations. Although the expression 'you can't please all of the people all of the time' might have been coined by a hospital Chaplain, research participants often indicate an understanding that the Chaplains are trying to provide an environment which is inspiring on the one hand and inoffensive on the other.

8.4.4 Contestation and Negotiation

The data we collected strongly suggests a common set of aims among those working within Chaplaincy teams: both full- and part-time staff and volunteers. Talking specifically about fresh versus artificial flowers, one part-time Chaplain observed:

So, I mean we've got a mix of both in Chapel, you could say also that they collect the dust and that, so it really, you know and again artwork is so very individual to taste. So what's right for one can be wrong for another. (Chaplain, SRH)

Indeed she went on to elaborate:

I mean this is where, I mean to my horror, I was once a few years ago, at a conference, and we were talking about worship, and this man, it was awful, the venom in his voice, you know started talking about the crucifix 'NEVER in a Methodist church' and I was horrified by that attitude so I suppose for that man, coming into this Chapel, the crucifix would obviously be off-putting...But as I say, we're here to meet the needs as far as we can of all people. (Chaplain, SRH)

This is a common thread throughout the interviews in particular, that in an ecumenical organisation a degree of 'give and take' is essential and that includes the organisation of space. However, that is not to say that tensions never occur. Such tensions exist in relation to many spheres but certainly to the environment itself. For instance the displacement of a cross by an abstract painting in one hospital caused a certain amount of dismay. The tradition of holding overtly Anglican services was not thought an entirely satisfactory arrangement in another hospital. However, the most significant debate revolves around the character of the Chapel itself. Despite the tendency of staff to prefer a Multi-faith room to a traditional Chapel, we found a wide range of opinions. Clearly some Chaplains found the possibility of losing an overtly Christian Chapel difficult:

I've, personally, for my own sort of prayer life, if I was to use that room I would find that difficult, mm... but I would probably seek the resources to you know put in and take out, so if you could put things in for Mass and take them out again. Or if I was saying my own private prayers if there was something in a cupboard that I could bring out, an icon or something. (Chaplain, UHND)

Referring to a national website which encourages Chaplains to post their concerns and so forth, one Chaplain felt that a multi-faith facility:

... would feel like very neutral territory. And I think there is lot of Christian symbolism in this Chapel. More than I would expect. And I don't know how readily we could remove all of it. And I think on the whole judging by what one reads and the smart group nationally people are not, people are not designing Chapels so in such a Christian way now...St Paul said didn't he that the cross would be a stumbling block. Yes, that's quite interesting because when I went to Hartlepool the people who have been Chaplains there were a much more high church persuasion than me and there was this 'Christ in Glory' behind the altar. Now I'm not terribly keen on them and I thought that to some Christians would not be comfortable with them at all, you know those of the more evangelical persuasion so I had it moved and a plain wooden cross made because I also felt the empty cross was quite and I don't personally have problems with crucifixes but I actually felt an empty cross was perhaps a bit more of a sign of hope in that the ... but obviously so even within the Christians there is a reaction to which you have and what you have never mind people of other faiths. (Chaplain, UHND)

When asked whether the Chapel at QEHG is properly equipped as a worshipping space for Catholics, one volunteer replied:

Well the only thing that hits me in the eye, there is no crucifix. There is a cross, but it's not a crucifix. That hits me but you know that's neither but apart from the rest I think it's adequate. I was, just before you came I was looking, I like paintings but there's a painting out there, an abstract painting, I canna make head nor tail of it. It's supposed to be if anybody's depressed they can look at this picture, you know. Well, it does nothing to me. I like paintings, but it's got to be a painting, but no I think, apart from that, which it hit me in the eye straight away, because I'm used to a crucifix. (Chaplaincy volunteer, QEHG)

Another volunteer raised the question of symbols being 'out of place' or 'offensive':

B: Well there you are then, that's okay you see I could understand that, but we've got a multi faith Chapel so that cross should not offend anyone, in any case people like the Muslims, tell us, don't tell us what to be offended by, they're not daft are they? I think it's patronising to treat them as if they were going to be you know bothered by a crucifix (Chaplaincy, QEHG)

Negotiation between Christians and Muslims in particular is an ongoing process – particular at a time when the provision of multifatith rooms or muslim Prayer Rooms in addition to a more traditional Chapel is in flux. Here is an account of negotiating a practical way forward:

...I was in the office and knock on the door and when I went outside there was a Muslim man there, traditionally dressed and he wanted to know would it be alright

if he put some prayer mats in the Chapel. I said ‘of course you can’ so we went in and I said ‘you know if you want to bring them, you can keep them there, they’ll be safe sort of on that cupboard where people can find them’...And so he went away saying ‘thank you very much, that’s very nice’ and we shook hands and so on, two or three weeks later he came back, knocked on the door and he was standing with the Imam from the Mosque, they had a big bundle of prayer mats under their arm and so I took them into the Chapel and said ‘by all means, you can put them there’ and he said could he put an arrow on the wall to point to Mecca and so on and I said ‘yeah of course you can’ he had a piece of A4 paper, if you go the Chapel now, you’ll see it. He had his compass and he set the direction and so on... (Chaplain, RVIN)

8.5 Functions of the Chaplaincy

8.5.1 *Introduction*

The Chaplaincy Facility has a number of functions. First of all it is a place of work, including administrative work. At the present time and given the increased amount of paperwork involved in carrying out their work, Chaplains require adequate office space in order to do their job properly. Most interviewees feel that a desk for each full-time member of staff is essential if staff are to carry out their duties efficiently. Secondly, the lead Chaplain requires a room dedicated to his or her use. Depending on the amount of counselling work carried out by the Chaplaincy team, the Chaplaincy Facility should include a quiet room given over for this purpose. There is a general feeling that, with an adequately sized Chapel (and/or Prayer Room or multi-faith space) these are the basic requirements. Out time spend carrying out unobtrusive observation further suggests that proper washing facilities for Muslim users are essential and that toilets and a kitchen are an important asset.

Respondents could list more than one reason for using the Chapel. However, by far and away the two major uses of the Chapel are prayer and contemplation. Considerably fewer users cited worship as the reason for their visit(s). Privacy is a fourth important reason.

Reason for visit:

Worship:

68

Bereavement services:	14
Prayer:	179
Quiet contemplation:	166
Privacy:	58
Personal discussion:	28
Meeting/event:	21
Work duties:	53

We consider each of these functions below. At the end of this chapter we will present the findings of our mood survey, undertaken at The JCUH, which attempted to compare levels of stress across three hospital spaces, including the Chapel.

8.5.2 *A Base*

This is the heart of things... (Chaplaincy volunteer, SRH)

‘Work duties’ was offered by 53 respondents as a reason for using the chapel. These would comprise, for the most part, Chaplaincy staff and Chaplaincy volunteers. In order to perform the traditional, liturgically grounded functions of the clergy, the Chaplains require a space in which to carry out their role qua priest. The Chapel space, as we have seen, attempts to be both Christian and non-denominational while at the same time not offending those of other faiths and none. This sleight of hand, as it were, is generally brought off through one or more strategies: first, by making the symbols that are present ambiguous; secondly, by making symbols portable. So that they can be removed or hidden in some way when necessary; finally, by creating a space which caters for several denominations, faith groups). The Chapel provides a base for the traditional practices of (Christian) faith groups then. This remains a vital function regardless of the degree to which the Chapel is used at other times. Indeed the Chapel may remain empty of users much of the time. There is a problem when, for particular reasons, a large space is required for a memorial service for example, or Christmas service. During such occasions

a relatively small facility (such as exists at UHND) simply fails and the service is relocated elsewhere in the hospital.

The space also serves to ‘mark out a certain territory’ as one Chaplain put it, noting that in order ‘to count in a hospital you need to have a physical base’. A Chaplain at SRH makes a similar point:

The structures have their place, in that I need to make contact for instance with the staff and therefore it's good to get on, the monthly induction list so that every time we induct new staff they get to meet one of us and it's not just a hand out but it's actually what we've got is a tour of the Chaplaincy so that they come and they sit in the Chapel regardless of faith and creed and for 10 minutes they are introduced to what this is all about. Now if we didn't have anywhere to bring them, it would be very difficult not, you know [It's matter of credibility?] Yeah, and the same is true with the service itself, but the only thing that most people can grasp is the bricks and mortar if you like so that you need that to be able to sell all the rest of it, and so they, it's a balancing, it's against the tension between wanting to say well yeah, the bricks and mortar have got to be here and available and accessible and the whole structure is you know, so we do have standards, we do have, we are audited, we are all of these things... (Chaplain, SRH)

Both Chaplains and volunteers tend to begin their work with a prayer in the Chapel,

...Oh yes, well part of what I do is prayer for the other Chaplains, for the patients that I'm particularly involved in and for the hospital. If I prayer with patients I think I probably always pray for them on the ward if it's dark, because patients are almost always so grateful for the care they receive and even if they're scared stiff mm.. and I think it helps people. They're usually seemed to be quite happy with that anyway. (Chaplaincy volunteer, UHND)

A Chaplain at UHND responded to the question ‘Can I ask you what you think of, how important you think the Chapel itself is for your work?’ as follows:

Yeh, I think it's vital. I think my sort of mental image if you have it, is that it's a place of stillness and presence of God that is at the centre of things and that it flows out and people can come and discover that silence and the presence there. We have a Mass on a Thursday at one and I think that that's important that that happens, you know amongst other things. So I think as a sacred space I think it's vital that it's there. [You wouldn't want to be without it?] No, no. And if people are going to come and use it as a sacred space as well and I think if we, if hospitals are going to

be, trying to be holistic about healthcare then an acknowledgement about sacred, by providing a space for it is vital really. (Chaplain, UHND)

For staff at The JCUH, the experience of not having a base, suggests that a place of one's own is necessary. We asked 'How important is the Chaplaincy space for your work?':

...is the space so important that you couldn't do without it? In other words what if the hospital said well the Chaplaincy's doing great work but in fact we think the Chapels a waste of space so we're going to make it redundant.

well I think that's one very simply answered, because during the time when we were you know going through the refit here we were moved into temporary accommodation about a tenth of this size and it was just impossible, we know we need it because we know what it's like to have done without it. [Right, and you couldn't do without it?] No can't imagine it, not a hospital this size ... this is a big hospital. (Chaplain, The JCUH)

Asked whether she visits the Chapel regularly, a UHND volunteer responded:

I go every week and I get the book that's at the back, normally what I do when I'm going and then after I've finished going round the wards, some of them will ask for prayers, you know whoever they are ... and I say 'well when I go down to the Chapel, I'll say some prayers there' and I'll put in the book 'requests' you know, you know and I'll just put a first name, Mary, Jane whoever. (Chaplaincy volunteer, UHND)

We went on to ask: 'What difference would it make to you if there wasn't a Chapel?

Assuming you went on being a volunteer?':

Well, I think every hospital should have a Chapel. I mean it's a great comfort to the patients. And some patients, their families will take them in the wheelchair, you know and it's a comfort for them before an operation or something maybes the day before when they you know and they just want to have a little word some of them just want to go and come straight out again. But they like to go and they like to know it's THERE. You know. (Chaplaincy volunteer, UHND)

We found that the Chaplaincy volunteers, in particular, were willing to talk at length on the centrality of the Chapel in their work:

I'm trying to think of a, you know, an example in a different situation. Where would a vicar be without a church. Well yes he could go on some sort of mission, he could, he could make do. If there was a major fire, we would make do. We'd make do with

a broom cupboard if we had to, but that, but not and it's got to be a focal point within the building, it is the Chapel, THE CHAPEL, within the hospital and that is so important to so many people, it is. Ok, this is a working base for us isn't it, we start here, we finish here, we call in here and so on, but it, I've never given any thought to how one would try to operate. Well, we would become, we would become church visitors wouldn't we really? We would be coming as representatives from our own churches... (Chaplaincy volunteer, The JCUH)

The Chapels, some more than others, demonstrate the importance of cultural continuity. Most of the Chapels in the study contains images or references of one sort or another to the hospital and its history and or to the place in which the hospital is located. With reference to the SRH Chapel:

...there's a font in there that came I think from the original Children's Hospital and so there are bits like that. There's a banner wall hanging whatever you like to call it out here in the corridor which was made by a group of people for St Gabriel's Church which is just over the road. There is, oh now somebody told me and I can't remember the two banners actually in the Chapel were made by somebody. (Chaplain, SRH)

And similarly in the case of The JCUH:

...it was a member of our church who is excellent at woodwork, he taught woodwork, but he loves wood, and he designed the communion table and the pulpit to match and the pulpit was one that could fold and drop down and be portable but the cross as part of the upright was at the end of the communion table and his name's on the plaque when he'd made it and the person who did the stained glass and so on, but the pulpit got taken. We no longer have the original pulpit, somebody 'borrowed' it...So, it (the Chapel furnishing) sort of evolved. We used the local in-house fitters and builders and electricians to give dimming light and a nice atmosphere. And then a few years ago, the Rotary Club of Middlesbrough celebrated their 75th anniversary I think it was, yes and so they put a window in the Chapel. So the Bow window remained and they installed a stained glass window made by Josie Kyme of Middlesbrough, so it's local, with a local, rotary paid for, installed as their contribution to the development. So we were beginning to use art a bit more. So the stained glass, not just the basic brass candlesticks and so on. We had some paintings, pictures were given and an embroidery was done. And a lady who is now severely disabled, can't do any sewing now, produced a framed cross-stitch. (Chaplain, The JCUH)

There is also a palpable need to maintain a sense of identity and feeling of belonging through links with the past, often with previous Chapels. A Chaplain, indicated in the following excerpt that such attempts can also seem misplaced:

... let me describe it for the tape, it is quite ornately carved, American organ which used to be in Middlesbrough General and was thought necessary to bring here as a kind of the sign of the continuity between the old General Hospital and here, having served that symbolic purpose...(Chaplain, The JCUH)

In some cases this can be an officially sanctioned process as in the elevation of the RVIN Chapel to 'Listed' status, ensuring that it will remain in place even after the current rebuild. The banners represented in **Fig 24** were made by local people involved with the Chaplaincy and suggest that community – Chaplaincy links are valued and valuable for the Chaplaincy team. Further examples might be cited from all but one or two of the Chaplaincies in the Study.



Fig 25 Chapel (Wall Hangings), RVIN

One further example is the following work displayed on the wall of the UHND Chapel, which is clearly suggestive of Durham Cathedral:



Fig 26 Chapel (Artwork), UHND

The importance of *momento mori* is becoming increasingly important (cf items left at sites of fatal road accidents). A member of the SRH team noted the possible difficulties of including donated items. While such items contribute to the sense of ‘belonging in the community’ these relatively small spaces might soon be overwhelmed and appear cluttered were every item accepted for display/inclusion.

But we must not overestimate the importance of the Chapel. A chaplain at SRH explained that while the Chapel is important as a base, it is not the most important part of the Chaplaincy facility:

... but yes if you’re saying (in your report) ‘right, the thing that’s important is the Chapel or the service’ no [That’s missing the point really]. It’s missing the point entirely, it’s the foundation, it’s the baseline from which you then operate and serve, and the service you then offer is to anybody and everybody, you know once you move on. (Chaplain, SRH)

8.5.3 *Defensible Space*

I mean that's the main point people make about this, it's somewhere quiet in a busy place and we have to protect that space really. (Chaplain, Newcastle)

I think we're lucky, we're lucky to have so much space and I'd be loath to see it go. I think that you know there was a fair bit of thought went into the place and I think we're particularly lucky in having a room like this for instance. So that we can spend quiet moments with members of staff or with family, with relatives, away from the ward situation. I mean as you said yourself, well hinted a little while ago, one of the benefits for me coming in here is that when those double doors are shut, you're not in a hospital. You know you're away from any kind of hurly burly, I mean the sound barrier of those doors is the most important part. (Chaplain, QEHG)

An important idea inherent in the provision of a Chapel (for Chaplaincy staff at least) is that it is always available. In a sense it is a failsafe in that people in the hospital for whatever reason can retire to a quiet and more or less private place and not be bothered – it is an idea inherent in the term ‘refuge’, or ‘sanctuary’ – a term sometimes used to replace the name ‘Chapel’ in some hospitals. The lead Chaplain at The JCUH (in post at the beginning of this project) used the term ‘defensible space’ to describe this important function. ‘Defensible space’, is a term coined by the architect and urban planner Oscar Newman, to describe a kind of urban design which provided safe space for its inhabitants (Newman 1972, 1996).²² As developed by Newman, it is the idea that crime and delinquency can be controlled and mitigated through environmental design. Defensible space is created through four principles: **image**, or the capacity of the physical design to impart a sense of security; **milieu**, or other features that may affect security, such as proximity to a police station or busy commercial area; **natural surveillance**, or the link between an area's physical characteristics and the residents' ability to see what is happening; **territoriality**, or the idea that one's home is sacred. Although it is unlikely that the Chaplain is referring directly to Newman's work, his idea is founded on similar principles:

People were saying, oh, where is the Chapel, and we don't have any. But it was encouraging to know at the same time, people were saying, we needed similar space

²² But see also Coleman 1985; Coleman et al 1989; and Mawby 1977.

elsewhere in the hospital. Having just one location for a Chapel wasn't right. We needed quiet space around the place as well. Ward 9 was the first ward who said, we're going to throw a doctor out of an office and make it a quiet room. And it was the first quiet room in the hospital, now it's part of our blueprints for every new ward, they will all have their own quiet room. It's not a Chaplain's room, it's a room which can be used in any way the people want. It could be for giving bad news, it could be for personal devotions. It can be just to escape from the television, or whatever, for people to have their own *defensible space*. And I think it was that expression, of having your own *defensible space*, never mind into the religious space, that got us thinking into what more can we do. (Chaplain, The JCUH)

It was this Chaplain's idea that such 'defensible space' should permeate the entire hospital...

And now we've got the holistic care centre, which is the round building across the other side there, we've put the water in there again. And again, there is a room in there, that I call it for want of a better meaning, I call it the sanctity of healing, which again, is a mini version of the Chapel. There's just half a dozen chairs and a little altar and people can sit in there quietly, play some music if they want, you know, atmosphere and so on. Again as a place to escape. (Chaplain, The JCUH)

To return to the Chapel in particular, in the following quote, a team member at UHND makes the point that a large space is not always the best option. In this extract, a comparison is being made between a previous (much larger Chapel and the current one):

It also felt quite unsafe at certain times of the day and night because of the size of it and the shape of it etc. Whereas at least here if you can, if you go in the entrance doors and obviously our door's always locked, you can actually see if anyone's there, mm... at BAGH that was a major problem because the Chapel there at the old hospital was awful mm... and they had an altar table with a full altar form at the front and we used to have the homeless come and sleep underneath [ohh right] And they would use the Chapel as a toilet and things like that, but the other problem was that there was a lot of knife crime in Bishop so it felt a very unsafe place to be, mm.. and I think there were elements that not quite reflected a Chapel but there were elements because when you went in because of the little side bits you were never sure whether there was going to be somebody sort of hiding in the corners and you know people would talk about that, you know I'm not too sure about coming down here at night sort of thing. Whereas where we are now, it has an air of feeling safer because there's no hidey holes even though it's small mm... and people will comment on the ambiance of the place, it just feels like a quiet oasis in a chaotic hospital and it does feel a safe place to be, and a safe place for people to cry if they want to. (Chaplain, UHND)

Research participants expect the Chapel to be easy to find and in a central location (even though this might be a noisier location, see following section). They also tend to assume that the space will be sacred (using that word in its broadest sense). We believe that there is one further element which contributes to the construction of defensible space in hospital: privacy. Much hospital space is public and intrusive, ‘invasions of privacy’ are almost the norm throughout the hospital. While the Chapel (and Prayer Room) is undoubtedly public insofar as it is open to all at all times, it is manifestly different from hospital space in its emphasis of the sacred which we believe mitigates against intrusion or invasion and is perceived therefore to be ‘private’. Unobtrusive observation leads us to suggest that the presence of a person in the Chapel substantially affects the behaviour of those who enter: there is a strong expectation that one should and will be left alone. The expectation that a hospital Chapel will offer privacy is very high and figures in a great many of the questionnaire responses. For example:

it must be relaxing, give a feeling of privacy, somewhere where one can feel able to pray, weep or contemplate without being ‘stared at’. It must have a feeling of peace.
(Q101 SRH female visitor)

a quiet, private peaceful place (Q249 UHND female visitor)

it must be quiet, peaceful and suitable for private contemplation, mediation and prayer (Q195 UHND male patient)

Privacy for prayer (Q7 The JCUH female volunteer)

But can a Chapel in a busy acute hospital be private in the sense that one can guarantee being alone for any length of time? The responses suggest a more subtle meaning. In the following response the term ‘personal space’ is substituted for ‘privacy’ hinting that the space can be both shared and private.

(the chapel has) serene atmosphere to allow personal space to meditate and pray
(Q10 The JCUH male visitor)

The following response sums up the apparent contradiction nicely, but in doing so suggests that this is no contradiction after all...

privacy...open access (Q162 FHN female staff)

In our view, then, the Chapels (and Prayer Rooms) in this study represent ‘defensible space’ primarily because they are manifestly sacred, safe and ‘private’. The following questionnaire response aptly summarises our position:

it should be treated as a place of sacredness, a place where quietness is respected and a place where the vulnerable are made to feel comfortable, supported and welcome. This Chaplaincy achieves this and upholds these values. (Q236 QEHG male patient).

8.5.4 Peace and Quiet

In this section we draw primarily on comments made in response to the open question in the questionnaire: ‘What do you think is most important to you in a place of worship/a place of quiet contemplation?’. Although the quotes presented below represent just a small sample of the total, the emphasis is very often on ‘peace and quiet’ or its equivalent. In order to indicate that this perception is uniform across all hospitals we present quotes from questionnaires returned to each hospital. These responses are typical and identify a cluster of necessary attributes of the Chapel/Prayer Room:

somewhere special set aside for worship receiving the sacraments and private prayer. A place of quiet with the obvious religious paintings or crucifix and statues to aid prayer and meditation (Q130 SRH Female staff)

quiet silent area. Easily accessible to all. Prayer leaflets. Dim light (Q125 SRH female staff)

the atmosphere is conducive to spiritual contemplation: calm, welcoming, clean, sincere, open acceptance of staff (Q121 SRH female visitor)

the place must be peaceful and with a good ambience (Q117 SRH female staff)

yes, quiet contemplation here. The hubbub stops for a few moments to ease the aching heart, come to terms, or to lift the spirit, or give grateful thanks. (Q94 SRH female visitor)

privacy, quiet, restfulness (Q181 UHND female staff)

it must be quiet, peaceful and suitable for private contemplation, mediation and prayer. It must also contain the presence of god and reflect what it is supposed to be, a place of worship. (Q195 UHND male patient)

a place of contemplation, quiet and healing (Q191 UHND female staff)

at times when a person wishes to find a little peace. The church (ie Chapel) is ideal. (Q192 UHND male patient)

I think that the most important thing is peace and quiet. Somewhere for people to come and pray and for them to have some thinking space. (Q4 JCUH female patient)

peace and quiet (Q8 JCUH male volunteer)

somewhere quiet, away from the hustle-bustle of life (Q13 JCUH female patient)

a peaceful quiet private place for quiet prayer. I think the Chapel offers all these qualities (Q33 JCUH female staff)

it should be an 'oasis of silence' within the busy hospital environment when being used for private prayer or contemplation (Q197 FHN female staff)

peaceful atmosphere (Q231 FHN female visitor)

the peace of being away from the noise of outside the Chapel, especially as a patient who may be or may not be recovering or about to undergo surgery, to focus one's thoughts. (Q233 FHH female patient)

to be able to have a room/Chapel to sit quietly and be with our own thoughts (Q153 FHN male staff)

quiet, must be quiet. That is what I like about the Freeman Chapel. You have total quiet (Q83 FHN female visitor)

silence and beauty; a sense of space (Q164 RVIN male visitor)

peace and quiet (Q256 RVIN female visitor)

a place to sit in thought and pray. A quiet, peaceful moment in time. (Q260 RVIN female patient)

to be able to sit alone with your thoughts. To have a quiet moment. (Q234 QEHG female staff)

a peaceful place (Q235 QEHG female visitor)

the ability to sit undisturbed and just think. (Q244 QEHG female visitor)

Whilst the question that gave rise to these responses is somewhat ambivalent (asking the respondent to say what they think contributes to a successful Chapel) the comments can generally be read as referring to Chapel/Prayer Room from which they collected the questionnaire. Exceptions to this rule are obvious. For example, where the respondent seeks ‘peace and quiet’ but clearly has not found it:

Somewhere free from the bustle and chatter of the hospital (this isn’t)... (Q32 JCUH male patient)

That it is quiet, noise in corridor is a distraction (Q174 RVIN female visitor)

Apart from the unanimity of these comments, it is worth emphasizing the fact that they are made by Chaplaincy volunteers, patients, visitors and hospital staff members. A number of staff say that they try and find time to sit in the Chapel each day before starting work. One staff member talked about the FHN Chapel in the following terms:

I think, the facilities are great I mean they are excellent the fact that the Chapel is a kind of sacred space open day and night free for anybody to use is amazing and it is, I call it like a little oasis. It is really peaceful. I know it’s well used and I use it as well I mean I really appreciate it’s a place to go and sit with people, sit on my own any time day or night you know when I’m working or just want to come in and sit, it’s lovely, quiet, peaceful (Staff member, RVIN)

However, a Chaplain, while understanding the need for peace and quiet, wondered if some users were not over precious:

We do have occasionally have complaints from people who are serious prayers or serious meditators who don’t like the noise and I mean, I honestly don’t have a lot sympathy because I say ‘well you really, that’s what the worlds about, it’s not about being a monk and living in solitude, it’s about living out your faith in the middle of the noise and I’m afraid that’s how it is, you know...(Chaplain, RVIN)

Several of the Chapels in the study (including QEHG and UHND) have the Facility to provide piped or background or ambient music to the Chapel. Clearly this pleases some users and antagonises others – and this spectrum exists for all classes of user. First, there

is the question of whether piped music of any sort is beneficial; second, if it is felt to be beneficial then what music does one supply?

I might bequeath my CDs because it's my CDs were playing. Maybe Jonathan can just buy some nice ones. But we don't play 'religious' music but there's just soft music: harps or panned pipes and things. I go through sometimes thinking sometimes, 'Gee, I wonder what people think, knowing what the tune is,' wondering what they might think about it. But it's just so peaceful and it just washes over you. When the whole world's troubles are on your shoulders just to have that thing breaking the silence in a soft and gentle way... (Chaplain, QEHG)

One visitor we interviewed who had spent a lot of time in the Chapel strongly agreed:

The odd time I did come down to the Chapel and the music wasn't playing, well, it's not the same if the music isn't, if there isn't background music. It's lovely to open that door and you just hear this nice background music. It's soothing. (Visitor, QEGH)

However, another member of the same team understood that background music is a matter of taste and can 'get on peoples' nerves:

So I'm in two minds about the music, I quite often if I'm having anything in the Chapel I'll turn the player off but I can appreciate that some people might not like complete silence. (Chaplain, QEHG)

What is it, then, that prevents achieving peace and quiet – apart from background music? At The JCUH Chapel it might be the air conditioning system, but generally speaking it is the noise of people passing by the Chapel along adjacent corridors. In some instances, the RVIN Chapel for example, little can be done about this. Although since the reorientation of the hospital the corridor on which it stands is probably less busy. Some research participants suggested that the doors be kept closed and perhaps soundproofed. A similar criticism is made of The JCUH Chapel the main body of which does not share a wall with the corridor, has heavy fire doors and a sound-proofed ceiling. Several respondents suggested that notices such as 'Chapel – Quiet in this Area Please'. In some cases this might be feasible. For instance, the FGH Chapel is set off from a main corridor but has a low ceilinged minor corridor running through the Facility and it seems reasonable to ask passers-by to make as little noise as possible.

In order to create a quiet space, (and in order to fulfill fire regulations) some facilities include heavy doors, sometimes (in the case of The JCUH) two sets. They exclude unwanted noise (from the corridor) but do they similarly exclude people? Several users thought they did make access difficult -- especially for elderly and disabled people -- while a Chaplaincy volunteer thought not:

I don't think it does, because I think in my experience that there are quite a number of people that are, they're not quite sure whether they want to go in or not. They feel they ought to but they're not sure and they tend to open the outer door off the corridor, so they're between doors, and then they've got the time to look through the glass and see the Chapel and perhaps, perhaps see that there is no one else there, that there isn't a congregation there, there isn't a service going on, there isn't anyone, they can just then enter on their own, by themselves, with their own thoughts and their own prayers. Of course if we ever happen to be there or I mean I would always say 'do you need any help? Is there anything I can do' or, but if they say 'oh no,' that is fine. (Chaplaincy volunteer, The JCUH)

As is so often the case views not on what the Facility should offer but also on what it does offer differ from one person to another, sometimes markedly so.

8.5.5 Prayer Meditation Thinking

Unobtrusive observation suggests that this is the main reason why people find their way into the Chapel (and Prayer Room). All of those that we observed using the Chapel (apart from liturgical events) came into the Chapel and sat quietly and still. Some of those we assumed to be Catholics said their rosary sotto voce. Those came into the Chapels tried to sustain the peace and quiet that they found there. In many cases, questionnaire responses suggest a close relationship between 'quiet' and 'prayer':

that a tranquil atmosphere is a feature. A place for written words provided either prayer or thanks (Q145 SRH female visitor)

somewhere away from hospital environment, a place that makes you feel comfortable & fairly quiet so you can pray or just gather your thoughts. (Q254 RVIN female staff)

a welcoming environment and space in which to pray when visiting loved ones in hospital. (Q107 SRH male visitor)

so you can come to pray for your family and people you love, like your daughter Gladis. (Q57 QEHG male visitor)

When asked ‘What do you do in the Chapel?’, the most common responses are ‘pray’, ‘meditate’, ‘think’ – or terms with similar connotations.

religious atmosphere. Still calm feeling of a special peace, away from the pain and suffering experienced in hospital. Quiet contemplation. (Q226 FHN female visitor)

it’s important that you have somewhere to think, whether it’s because of bereavement or just to think about life in general. (Q134 The JCUH female visitor)

collecting ones thoughts about life, problems, etc and perception of same in relation to self and others. (Q142 SRH male patient)

a clean comfortable environment where visitors can pray/have quiet thoughts/relax (Q253 RVIN female visitor)

Most strikingly, Chapel users indulge primarily in solitary pursuits. Often, the Chapel is compared with the rest of the hospital – the term ‘oasis’ is especially trenchant in this regard. The Chapel, less so the (Muslim) Prayer Room, is contrasted with a hospital that is ‘busy’, ‘crowded’ and ‘stressful’, characteristics that are taken to be antipathetic to praying, mediating or thinking. It is notable, that The JCUH is characterised by spaces set aside for sitting - in this way, hospital design as a whole has taken into consideration the ambience that is most often and readily found in the hospital Chapel in providing comparable spaces throughout the hospital (at least on the Ground Floor).²³ Muslims use the Prayer Room almost entirely for prayer, usually together with other Muslims: privacy is not an issue. We might say that Muslims have not made the shift from the ‘religious’ to the ‘spiritual’ to the extent that Christians have.

8.5.6 *Worship*

Each of the Chapels holds regular services, though this provision varies from one hospital to another and depends on the resources available and the judgement of the Chaplaincy team. In hospitals where there has been an influx of Catholic nurses, from the Philippines for example, the Chapel is considerably more busy. A Chaplain at SRH explains:

²³ See Macnaughton et al 2005 for further consideration of art and design at The JCUH.

B (interviewee): ...our Chapel here is well used, it doesn't matter what time of day you pass there'll be someone in there ah the staff use it a lot here

A (interviewer): Catholic nurses?

B: Catholic nurses, well we've had the big input haven't we, I mean even in the three years I've been here, I've noticed the difference, yeh but they do pray before they start work, they pray when they finish, they have, they came and asked if they have a group that meet to do a certain ritual which they do in their own country, which is a Wednesday at five o'clock, so yeh we supply the area, all they need is an area, and a statue of our Lady and they bring white flowers, we supply, you know, the area.

A: What nationality are they?

B: Err, we have Philipinos and the Sri Lankans, we have across the boards now, but yeh very devout, very devout, yeh their Holy Day here and if it's a Thursday, Mass Day we can't get in, they're in the aisles. (Chaplain, SRH)

The Chaplain is occasionally used by those who live in the surrounding community, Catholics in particular – largely because of the decreasing number of parish priests. When asked about this, one of the Newcastle Chaplaincy volunteers agreed that altering times of service

... causes a lot of problems that, because what we found was pretty quickly at because Catholics knew that there was a service going on in Freeman Hospital at four o'clock on a Sunday afternoon, they'd go shopping in the town and on their way home they'd go to Mass. It had no connection with the hospital, they just knew there was a Chapel in there (Chaplaincy volunteer, FHN)

8.5.6 *Prayer Requests*²⁴

In recent years there has emerged a growing literature on the relationship between religion/spirituality and health. Hundreds of studies have examined this relationship in an attempt to discover whether or not religious beliefs and experiences can have a positive effect on health. The role that Prayer Requests (PRs) play in hospital Chapels suggests that there is an abiding folk belief that prayer can work for the benefit of the sick.²⁵

²⁴ This section was co-written with Natalie Coe.

²⁵ There is a growing literature presenting evidence for and against the efficaciousness of prayer as a means of healing. See for example Aldridge (2000), Kark et al (1996), Kliwer (2005), Koenig (1997).

All Chapels have a book or cards on which visitors to the Chapel can write a prayer request or some other note or message. The following extract is taken from an interview with a UHND volunteer, who was asked about the book in which PRs are written:

A (interviewer): It's used by patients. Is it used by visitors too?

B (interviewee): Visitors, yes you find a lot of things in the book [Saying prayers for people they visited?] Yes, and not only for that, for themselves. And I was very distraught one day and it was someone was thinking well, they said there was nothing else worth living now and well there was no clergy there and left a note and things and they when they read the book as well, but you know, there was just a single name, Jack or someone you know and you just left, without knowing ...There's nothing you could have done, you don't know who, where, when or anything but sometimes you find children go visiting grandparents maybe the parent has taken them to the Chapel for a while to get them out from the bedside and they'll write a little note in and things. So I usually go from when I've been in one Tuesday till the next Tuesday and I go through all that's gone on in the book you see. Because it's sometimes, it's very little sometimes it's three or four pages it all depends, sometimes some of them write a prayer, you know because their production has in no way been investigated by a researcher. (Chaplaincy volunteer, UHND)

Users of the hospital Chapels in this study have the opportunity to write a PR and regularly do so. Often these are on small, discrete post-it size paper or card. At The JCUH, a number of formats have been tried over the years, included small loose sheets, an A4 lined notebook, and loose sheets of lined paper headed for the purpose. The hospital Chaplain provided us with the entire collection of such PRs dating from 1995-2005, an extremely useful resource, in that they offer an insight into the meaning of the Chapel and Chaplaincy for users which could not be gleaned in any other way. Their importance here lies in the fact that their writing was not prompted by a researcher – whatever the motive of the writer for writing a PR, it was not a result of being asked! It is a more or less unique data set, the only other comparable material was collected by Sophie Gilliat-Ray from the Chapel in the Millennial Dome in London over the course of 12 months (Gilliat-Ray 2005).



Fig 27 Chapel (Prayer Request Board), QEHG

We use the term ‘PR’ as a short-hand here noting that this term refers to the form of the text rather than its content. Of the 3243 PRs collected, 1640 were clearly repeats – suggesting that for some people the need to inscribe their hopes and fears is a recurrent need. Of these 3243 entries, 366 are recognisably by females and 125 by men, the remainder either being jointly composed by members of both sexes or unattributable by gender. There are, then probably more from women than men – perhaps indicating a greater religiosity among women? This tendency is noted by a number of contemporary writers on religious faith and practice (Davie 1994).

PR sheets are lined and most entries (2521) are just a sentence long. A few are very long and fill an A4 page or more of. The lined paper format does tend to encourage people to

copy the content/structure of previous requests, a practice also noted by Gilliat-Ray 92005). The set does include other formats, including cards of one sort or another, and also loose sheets of paper of various kinds. We looked at the relation between the writer and the subject of the PR. 181 PRs were written by individuals on behalf of a parent or parents. This is large percentage given that identifying the subject is in most cases impossible; it also confirms the common sense assumption that prayers are most likely to refer to close kin (and close friends). However, 66 PRs were written on behalf of the writer themselves. There were in fact many more which refer to the writer but which also refer to others or to more general and perhaps abstract subjects. 60 PRs represent prayers by individuals on behalf of themselves. While these particular requests seem to conflict one of the key 'rules of prayer' they appear to represent a last resort on the part of desperate people, those who are 'at their wit's end'. They may also point to the growing individualism of religious belief noted by a number of scholars (Bruce 1995). It is possible that indirect requests were deemed more appropriate in petitioning God than direct commands, particularly those that might be considered 'selfish' (see also Brown 2001).

We found a significant number of PR were written by groups on behalf of a single subject – as if greater numbers lent greater force to the PR. Indeed an important role of the Chapels is that of collective worship and group PRs can be seen as an example of this. The JCUH Chapel is used for religious and non-religious meetings of one sort and another. A thanksgiving service, officially a humanist ceremony, was held to commemorate the life of a doctor who had worked at the hospital. The messages that people wrote range from those which are explicitly religious to those which are entirely secular. It is clear in this case that the space is understood in terms of the individuals beliefs or world-view.

Given the location of the Chapel (in an acute hospital), it is unsurprising that a large proportion of PRs (779) are related to sickness and health. Furthermore, a further 324 of those not specifically related to health concern the death in hospital of a loved one and thus directly related to health. In this regard, it is interesting that Gilliat-Ray's analysis of

Millenium Dome requests also turned up a relatively large number of PRs relating to health. Given that they may articulate a person's greatest immediate fears and anxieties, it is clear that prayers function, in part, as a coping mechanism. Here is the possibility of a talking cure which is simpler to perform and far less expensive than psychotherapy.

Whom do the PRs address? In 388 cases, it is the hospital Chaplain alone, and in a further 77 cases, the Chaplain along with one or more others. There were 221 PRs directed to 'God' and 114 to 'Lord' and a further 27 addressed to an explicitly religious agent (such as 'the Pope', 'Our Lady of Lourdes', 'Almighty Father'). These cases multiply if one includes examples where the addressed is multiple for example 'the Lord and staff'. Indeed, in relation to the latter, a significant number of prayers are addressed entirely to some secular agency, the most common being 'hospital staff'. The extent to which such notes are 'prayers' is a moot point – certainly, the writer believes that it is important to inscribe their gratitude to this social other, and the Chapel is one place where they find an opportunity to do this.

Other PRs simply say 'thank you' for the Chapel and/or Chaplaincy itself. Here is further evidence that the Chapel what ever its function provides a useful space for those who need to stop and perhaps rest a while.

In 1728 cases, the PR articulates the love felt by one person for another without any overtly religious expression, though of course in this we enter the realms of 'the spiritual'. Occasionally, the writer generalises from a single individual to a category of people: 'everyone in heaven' or 'all those who are sitting exams'.

PRs often contain qualifiers such as 'If it is God's will, which serves to indicate the omnipotence of God. The remainder of the PRs refer to specific though broad categories of people: 'all those who have suffered', the bereaved', 'members of the armed forces', sinners', the victims of natural disasters and so forth. There is an overwhelming tendency, then, for the PRs to be other-oriented and this in itself may be described as a spiritual if not religiously inspired orientation.

It is possible that the writing of PRs, especially, by staff is a means of escaping the confines of their usual workspace, an opportunity to ‘get away from it all’ even if only for a few moments. Indeed one writer commented that the Chapel acted a place of retreat, and similar remarks are repeated in many of the questionnaires and all of the interviews.

We consider 1283 of the PRs to be overtly religious. 13 entries were written by agnostics who were, as one put it, ‘turning to God in a desperate time of need’. There are only three categorically non-religiously oriented PRs – substantiating Bruce’s claim that atheists are rare in Britain (Bruce 1995). However, attempting to relate prayer and religiosity in any simple way is a mistake. As one person wrote, ‘I’m not a very religious person but I pray every night’.

The entries in the Millenial dome discussed by Gilliat-Ray (2005:296) ‘were strikingly free from the typical language and terminology of prayer’ – as were The JCUH PRs . However, the relatively large number of people making requests to the Chaplain, to God, The Lord, Jesus, Mary Mother of God, and so forth, indicates a relatively high level of manifest religiosity.

We note a measure of religious diversity in the PRs. A few are addressed to Allah, another requesting a Baha’i prayer, another concerning a gypsy fortune teller. It should be said, however, that these represent a tiny proportion of PRs which, where manifestly religious, are Christian in perspective. This suggests that the Chapel is not perceived to be an obviously multi-faith space. Muslims will gravitate in any case to the Prayer Room in which there has been no provision for writing PRs.

The purpose of PRs is very diverse. A key theme is ‘love’ (509 PRs) generally expressed towards an individual; related to these are those which relate to someone ‘missed’ (163) or ‘valued’ (114). Other, fewer, expressions of love are directed towards God and Jesus. A second significant category (423 examples) is that of ‘thanks’.

Entries frequently included pleas for 'help' (351), 'strength' (258), 'healing' (202), to look after/watch over' (167), 'peace' (155), 'to be kept safe' (129), 'hope' (51), 'comfort' (28) and 'support' (27).

Religiosity is indexed by use of certain terms, including 'Amen' (91 times), also 'faith', 'miracle', 'heaven', 'soul', 'mercy' and 'sins'. However, some PRs included the term 'kisses' with a turn towards the informal and perhaps increasingly secular.

89 requests involved the idea (if not the term) 'remembrance'. In these (and some others) allusions are made to 'heaven', 'those up above' 'watching over us' or 'with God'. Commemoration would appear to be a key function of Chapel use, then. Furthermore, the space might be seen as liminal – as a space between hospital space and the space of everyday life. Turner (1969) indicates the extraordinariness of liminal space (and time) which he believes is perceived to stand in opposition to ordinary (or profane) space. The Chapel provides the space and the time to inscribe what is on one's mind probably at a time of increased emotionality. It is possible, but would be hard to prove, that inscribing these thoughts and feelings help the person make them easier (both in the emotional and cognitive sense) to understand and cope with. One writer put it as follows:

'...I know you are taking her so she can carry on helping people forever. In your goodness you have seen fit to prevent any more pain...now give me strength to cope'.

This set of PRs has a great deal of interest for several reasons. For example, for the extraordinary diversity of ways in which people relate to the Chaplaincy, the hospital and to God. Although there is, typically, a tension between the sacred and secular orders in the hospital, the hospital Chapel seems to encourage the tension to be played out in a singularly benign environment – and that is surely to the good.

Natalie Coe, in summing up of her work collating the PRs, suggests that what is most significant about the PRs is their writing, their very production -- not their content, structure or function. This is an astute remark and one worth noting. The PRs, together, suggest that making material (and public?) one's deepest emotions is in itself beneficial.

This collection of PRs represents a large and probably unique data set. However, it is important to remember that only a tiny fraction of Chapel users write PRs and only a miniscule proportion of hospital users ever enter the Chapel. It remains true however, that these writings conclusively prove that the Chapel is used and is important to very many people, people who are suffering, who are most likely worried, stressed, anxious and afraid. The PRs left in the Chapel of The JCUH between 1995-2005 indicate very clearly the singular value of hospital Chaplaincy.

8.5.8 Commemoration

Chapels (but, as far as we can tell, not Muslim Prayer Rooms) provide space for commemorating the death of a friend or close family member in material terms. Chapels maintain Books of Remembrance, generally one for adults and one for children. In some cases this is the only 'official' commemoration of a death and the books are inestimably important for some visitors to the Chapel. One questionnaire respondent was saddened because the pages of the a Children's Book were not being turned regularly. Several visitors told us that they often read the names in these books and prayed for the families of the bereaved.

8.5.9 Availability

It was generally the case that apart from the PI there was no more than one or two others present in the room. This accords with the overwhelming opinion of users that Chapels should be quiet and private. (unobtrusive observation by PI).

The Lead Chaplains taking part in the study were entirely in agreement in relation to the Chapel being available '24/7' as one Chaplain put it:

...when I came here in '92 and had the chance then to be here permanently in this new Chapel that was built in 1990, again we took all the locks off the doors, so the Chapel was open 24 hours a day, for everybody to use and for people outside the hospital to use and for people coming down this main corridor ...We can offer a Chaplain, at a bedside, in 15 minutes, 24 hours a day. That's one of the big things that was important to me and was important to the other Chaplains -- that the

Chapel would be open 24 hours a day and people would be available 24 hours a day. It actually gives confidence to other members of staff to give spiritual support. (Chaplain, The JCUH)

Concerning the UHND:

A: Is it open twenty-four hours?

B: Yes, twenty four hours a day and there is always one light, the light behind the stain glass in the front corner which you probably haven't seen yet (Chaplain, UHND)

The SRH:

Yes, yeah, yeah. So yes, visiting patients, staff, availability to staff one of the things that we do as you say, not only the spatial and the vertical and the horizontal and so on, but it's also about the 24/7 aspect of the service, you know, there are very few other elements of the service that offer that now. Where you with a very small staff base, which means that everybody knows and is, you are likely, for instance here, you are likely to get one of two people, you know five nights of the week, if there was a crisis. [And weekends I guess?] Yes, oh yes. Well yes, it's just well on the other two nights we hand over, but that other person to another, from another Trust, I mean she's been doing it 16 years so that she's well known around the site as well and so on, so it wouldn't have a problem but it's that familiarity and people saying 'yes, we know what they offer, we know what they can do for us, so therefore we'll draw them in and use them.' (Chaplain, SRH)

Several questionnaire respondents noted the importance to them of being able to sit in the Chapel at any time of the night or day. Patients and night shift workers in particular find this a valuable provision. A visitor whose young daughter had recently died whilst a patient at the QEGH came to depend on the Chapel:

You can just come in and sit, it's always open, it's accessible...it's just nice to know that there is somewhere where you can come and sit, and you can sit without anyone coming in and hanging around and disturbing you. (Visitor, QEGH)

As another visitor (to the RVIN) observed, what goes on in a hospital Chapel is 'not about numbers but about opportunities', meaning that the value of the Chapel is impossible to quantify and therefore eludes attempts audit.

8.5.10 Mood survey

The aim of the Mood Survey study reported here was to provide a quantitative evaluation of perceived stress in a hospital Chapel using a standard single page questionnaire

modified to suit our rather specific purpose. We included this methodology at the request of NHS Estates and modified our approach slightly after running a pilot study. A copy of the mood survey document is included in **Annexe 3**. For a number of reasons we decided to focus on the Chapel in The JCUH. We chose to compare perceived stress in the Chapel with perceived stress in a non-religious general seating area in the hospital (the newly designed and built atrium) and with a seating area provided for those waiting to see a doctor (the waiting room for General Outpatients). We expected to find that perceived stress, blood pressure and heart rate for all participants would be lower in the Chapel and atrium than in the waiting room and wanted to test whether there were differences between the Chapel and the atrium.

51 First and Second Year medical students took part in the study. Their characteristics are described in **Table 4**.

Average Age	21 (range 18-43)
Gender	
<i>Male</i>	17
<i>Female</i>	34
Religious affiliation	
<i>None</i>	22
<i>Christian</i>	22
<i>Hindu</i>	5
<i>Muslim</i>	1
<i>Other</i>	1

Table 4 Mood Survey, Participants

Each person visited the hospital Chapel, the Atrium and the General Outpatients' Waiting Room in a randomly assigned order. After sitting in each space for at least 5 minutes, each person completed a questionnaire about how they felt in the space. Perceived stress was measured on a scale of 1 (not at all stressed) to 5 (very stressed). Each person

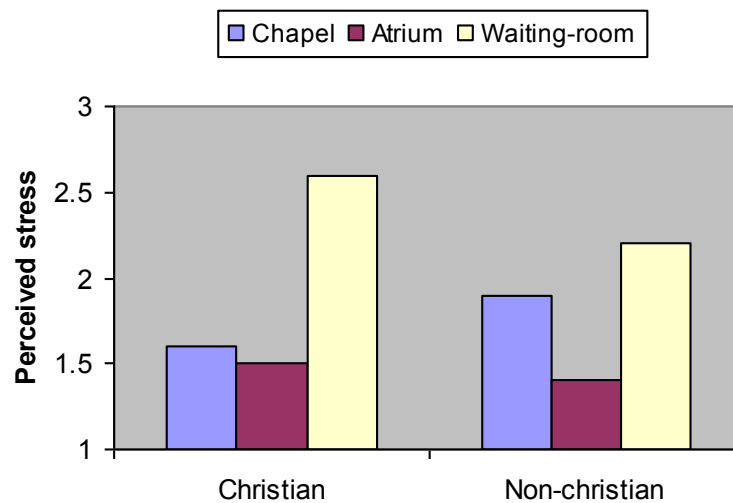
measured his or her blood pressure and heart rate twice using an automated wrist blood pressure monitor. An average of these two readings was calculated for each space.

	Chapel	Atrium	Waiting room	Statistical significance of differences
Perceived stress	1.8	1.5	2.4	significant
Systolic blood pressure (mmHg)	113	113	114	not significant
Diastolic blood pressure (mmHg)	70	69	69	not significant
Heart rate	71	71	73	significant

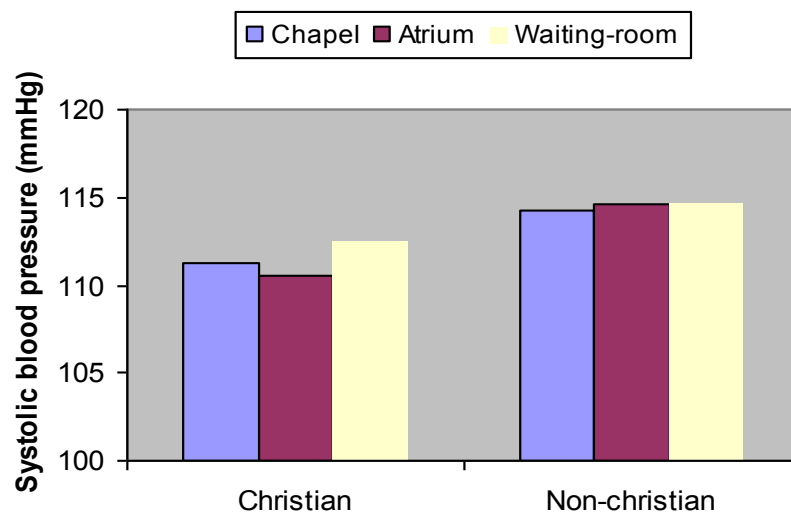
Table 5 Mood Survey, Main Results (Statistical tests were conducted by repeated measures analysis of variance)

The results (**Table 5**) show that perceived stress was lowest in the atrium, highest in the waiting room and intermediate in the Chapel. Blood pressure did not vary significantly across the three spaces, but heart rate did vary significantly and was higher in the waiting room than in either the Chapel or the atrium. When Christians and non-Christians were compared there was a difference in reports of perceived stress (but not blood pressure or heart rate), with Christians reporting relatively low perceived stress in the Chapel.

Graph 1 indicates that Chapel stress levels tend to be lower for Christians than non-Christians. This is perhaps explicable in terms of the greater degree of familiarity with Chapels or similar religious spaces that Christians are likely to have. However, the graph also indicates that non-Christians are significantly more stressed in the Chapel than in the Atrium. Taking research participants' comments into account it is possible that non-Christians preferred the openness of the Atrium as well as the (reassuring?) presence of other people. Similarly, it is possibly the case that Christians consider the 'privacy' of the Chapel a 'good thing' (and therefore not so stressful).



Graph 1 Mood Survey, Perceived stress in each area, showing significant differences in effect of place between Christians and non-Christians ($p=0.04$)



Graph 2 Mood Survey, Systolic blood pressure in each area (no significant effects)

Among a number of interesting though perhaps less directly relevant findings is that represented in **Graph 2** which indicates that systolic blood pressure was lower (in all three spaces) for Christians than non-Christians. We have no explanation for this.

We believe that this is a novel approach to the assessment of the level of stressfulness of Chapel spaces. The written comments made by participants in the Mood Survey confirm, that most, if not all, users have certain expectations about the Chapel space. These brief comments along with the more discursive comments provided by interviewees and questionnaire respondents clearly point to an expectation that the Chapel should be peaceful, quiet, tranquil, restful and so forth. It is not surprising that measures of stressfulness should be lower for people sitting in the Chapel than in a busy waiting area. However, we were somewhat surprised to find that for some measures, the Atrium, (see **Fig 28**) should be less stressful than the Chapel. There are a number of likely reasons for this. It is possible, for instance, that the overtly religious (and specifically Christian) character of the Chapel was off-putting to some. Secondly, the heavy double doors, low ceiling, black chairs and lack of an external view might have led to a feeling of claustrophobia for those sitting in the Chapel. One participant in the study wrote:

Small, cramped area. Feels claustrophobic, ceiling is very low. Not a very welcoming or comforting place. Constant whirring noise somewhere overhead makes it feel like the cabin in a ship Chairs are dark, uncomfortable and scattered. Not a place I would like to sit in for long. Nothing on the walls, nothing to look at or brighten it up. Place feels false. Nothing to mark it out as being somewhere special or sacred. (Mood Survey, Participant 3).

This view was, however, unusual, written comments generally being more positive. For example:

Very peaceful. Beautiful stained-glass windows; gentle lighting, seemed open but calm Gentle hum/whir – air conditioning? White noise. Seemed quiet, calm. (Mood Survey, Participant 9)

When I first walked in there was a real sense of calm as if you were escaping from the hustle and bustle of the corridor. The bright colours really make you feel comfortable enhancing your desire to stay in the room for longer. The Place was silent and allowed you to think. No distractions at all. Overall a nice place to sit. (Mood Survey, Participant 16)

Indeed what is most noticeable about the comments on the Chapel by the Mood Survey participants is their extreme variability. Where one Participant perceives the room to be

‘noisy’, another finds it ‘peaceful and restful’, one thinks it ‘full of religious material’, another considers it to be ‘not much like a Chapel’, and so on. The timing of their visit might have made a difference except that they all visited on a Wednesday afternoon.

In comparison with the Chapel, the Aatrium is very large, open, light and has external views onto newly planted garden areas.



Fig 28 Atrium, The JCUH

Comments on the Atrium were almost entirely positive. The Atrium is a large open space just inside the South Entrance, at one end of the main Corridor or ‘Mall’. It is furnished with comfortable chairs arranged around low tables. There are large plants and eye-catching artworks.

Initial thoughts were that the area was fantastic. Quite spectacular in its design. As I sat there the area was very quiet and relaxing. The people walking through doesn’t really distract you from whatever activity you were doing. Real positive atmosphere and a nice place to sit and relax. (Mood Survey Participant 16)

This isn’t the first time I have been in this space but its effect is similar. I really like its open feel and it contains lots of items that engage the eye. I particularly enjoy looking at the glass square artwork [representing the sails of James Cook’s ship, The Endeavour], radiating from the lower gangway. I am a particular fan of white

minimalist rooms and so the Atrium fits the bill. Very few people, if any, walked through the Atrium without gazing left and right. Many stopped to admire the art on the walls. This room breaks the hospital mold of nothing but corridors and as such feels less clinical and intimidating. (Mood Survey Participant 37)

This latter comment echoes an earlier one on the RVIN Chapel to the effect that its strengths were founded on it being a different kind of space to other hospital spaces. One research participant described the Atrium as ‘Cathedral-like’ and the Mood Survey participants seemed often to contrast the Chapel’s low ceiling with the Atrium’s high ceiling. In any case, findings from the larger project suggest that the appearance of the Chapel at The James Cook University Hospital is generally perceived more negatively by users than other hospital Chapels in the region.

It is important to note that the volunteers participating in the Mood Survey are non-voluntary Chapel users. That is, they are, in this respect at least, different from the greater majority of Chapel users, who are voluntary. This distinction might have a bearing on our results.

8.5.11 Summary

In this section we have described and analysed the primary functions of the Chaplaincy. The place serves as a base (especially for the Chaplaincy Team), as defensible space (sacred, safe and ‘private’), as an oasis of peace and quiet, a place for prayer, meditation, thinking and worship, as an appropriate place to write prayer requests, as a place which is always open and which can in some cases at least help relieve stress. Finally, it is a valuable resource as a place of commemoration.

8.6 Chapels of Rest

The ‘Chapel of Rest’ is that part of the mortuary in which bodies are laid out in order that they may be seen by friends and relatives. In some ways they are anomalous places.



Fig 29 Chapel of Rest, FHN

The design of Chapel of Rest is relatively homogeneous both across Trusts and from hospital to hospital. **Fig 30** shows the waiting area and Chapel of Rest in SRH are typical of the design of these facilities. The facilities at The JCUH, are new but rather similar. The waiting room is furnished in pastel shades, there may be a print on the wall (typically representational, a landscape for instance). There comfortable chairs and a low table on which tissues and sometimes prayer cards are available. They are carpeted and windows generally have blinds allowing for subdued lighting. The Chapel of rest itself tends to be both practical and non-controversial. In the SRH facility, the trolley on which the body is laid is wheeled into an area bounded by a wooden rail. On a shelf above the head are flowers, a cross and box of tissues. The cross is removed at the request of visitors.



Fig 30 Chapel of Rest Waiting Room, SRH



Fig 31 Chapel of Rest, SRH

The extent to which Chaplains views are canvassed by those responsible for the design of the mortuary varies considerably from one trust to the next (and possibly from one hospital to the next). The Chaplaincy team was involved from the outset in the rebuild of the Chapel of Rest at RVIN:

The other thing of course is that, is that we were involved with the mortuary development as well, and we now, I mean down here we've got one Chapel of Rest in the mortuary, we will have three there. We'll have an adult one, a children's one and a ritual washing one, and...well I mean we, that's one of the things that we really did want, because we do more viewings of children than we do of any ... and it will be just good to have something which was child friendly really, I mean we, you know, we have Moses baskets, we have cots, and we do all sorts of things that we can, but it would be nice to have somewhere where you could just leave the cot, you don't have to move it. (Chaplain, RVIN)

The RVIN is a regional centre for difficult births and the Chapel as previously noted the Chapel is situated near to the Children's wards. Members of the Chaplaincy Team are more than usually involved in the pastoral care of babies and their parents. In this case, the Trust saw fit to include Chaplains in the design of the new mortuary. The result is a Chapel of Rest that is fit for purpose. The Chapel of Rest at the new UHND is generally thought adequate by staff though maybe a little cramped – though it is approximately the same size as the others we visited.

I don't think the siting of it is good. But .. it's next door to the mortuary which is the right place to be I suppose. But if you going to it, it's in the basement and that's where all our goods come in so there's often lots of trolleys and boxes and things like that in the corridor. It's not saying good things to people. In a way, you're saying 'this is where rubbish goes.' So it could be seen negatively, so that's the first thing. I think, the Chapel itself is quite small, I think they're quite proud of it but I think I would have wanted to do it slightly differently. They've got a good little waiting room there and then a viewing area and then through into the byre room itself, and they have a covering, a green covering which is ok. So it's fine, it does feel a bit tight (UHND, Chaplain)

The amount of involvement that Chaplains have with the Chapel of Rest varies considerably from one hospital/Trust to another. For instance, at the FHN in Newcastle Chaplains are expected to accompany those who wish to visit the Chapel of Rest, while at

the QEHG, Chaplaincy staff are very rarely called upon to undertake this task. In the latter case, mortuary staff are primarily responsible for meeting visitors. In DMH, the visitor may or may not ask for a Chaplain escort:

We always offer. We very often, I mean they could actually make their own arrangements by going through the switchboard and they would put them through to the mortuary Chapel and all you do is you make an appointment when you can go and view the relative or whatever. But very often they put them through to the Chaplaincy and I mean I've taken down lots of people and I always say you know 'would you like me to be, to just come with you or' you know, whatever. Some people do, some people won't. (Chaplain, DMH)

Chaplaincy team members are well aware of the differences between hospitals/Trusts regarding escort duties:

In the same way that different Trusts have different policies over what happens in say bereaved families going to the mortuary, some of the hospitals have a policy where every family has to be escorted by a Chaplain, for viewing of bodies or things like that. This Trust doesn't have that policy, so a lot of the Chaplains up there will spend a great deal of time particularly out of hours taking families down to the mortuary and back [So that's not normally something you would do?] No, we do it if people request it and also we do get a lot of problems with signage in the hospital and directions in the hospital and err.. they come to the Chapel thinking that that's the Chapel of rest, and the Chapel of rest is down on the lower ground floor and we're on the third floor. My policy is to take them, I won't just send them, I will always take them and offer to go in with them because obviously you develop a rapport with them as you taking them down and going downstairs and I feel it's very unfair when they've traipsed, they're coming in at a very difficult time, they've come to the wrong place already so that's going to add to their stress levels. I just don't think it's fair to them to send anyone oh you know you go down there in that lift and you press that buzzer so I prefer to take them mm... and sometimes they will actually ask me to come in with them, I always offer that and I will stay in the waiting area or go in with them while they view the body and they'll go 'no that's fine thank you' and I'll just come away, but I always make that offer, that's me, it's not the Trust thing. (Chaplain, UHND)

For practical reasons Chapels of Rest are inevitably a part of the mortuary. In most acute hospitals and certainly in those considered here, the mortuary is generally in a relatively inaccessible place. Indeed, the location of mortuaries is not only inaccessible it is, in most cases, unpleasant, often adjacent to the kitchens, laundry and other service departments. Consider this description by a Chaplain at DMH:

It's in an awful place really. Works department, laundry, behind a fence, you know like a metal, you go really into a, well it's on the periphery, it's like on the edge of the industrial site really, I mean you don't actually, if you were going round the back you go through the fence, but you don't if you're going in the front, but again it's a sort of 1950s sort of prefabby kind of looking place. (Chaplain, DMH)

A Chaplain at the FHN considers the question at greater length:

The drawback of the siting of our facility is that it as with all mortuary facilities is that as it's at the back of the hospital, the only public access at the level it's on is the floor below this floor which is the service corridor... We walk to the far end. I might just have to take you down to show you, if you would like to see. We have to drop down because it's the service corridor it's a tiled floor, proper terracotta type tiles, not very nice. We've actually just this year replastered part of the corridor and painted it. It was just bare brick. But because it's the service corridor it's also the way the rubbish is taken out of the organisation and you can almost guarantee that if you are escorting a family either on the way down or on the way out you are going to bump into a porter pushing trolley with a load of stuff...(Chaplain, FHN)

We would emphasise that this is not a problem that the FHN alone has. The Chaplain continues, identifying an important ambiguity in the mortuary environment:

And it's partly for access for funeral directors to come and collect bodies you know rather than ... there's an ambiguity, there's an interesting ambiguity in health care about how we care for the dying. We did do a session on nurse induction and I remembered very clearly doing it the day the news was full of the NHS making Viagra available on the NHS and this group of nurses, they were merrily chatting away about the pros and cons of Viagra becoming available on NHS but every time I tried to bring the conversation back to you know care of the dying, pardon the pun, deathly silence. There is still within the medical profession and the nursing profession this 'we've got to deal with it but we don't really want to be dealing with it'. So that's the drawbacks with our facilities, we try to deal with those as much as we can. At the RVIN the facilities there now are appalling because they are actually demolishing it so the mortuary is in the middle of a building site, there's nothing else around it at the moment. (Chaplain, FHN)

Apart from the location, another major concern in relation to the Chapel of Rest is the frequency with which it is confused with the Chapel. We heard numerous accounts of distressed friends and family of the deceased making their way or being directed to the Chapel, instead of the Chapel of Rest. In this case, it is extremely important to make signs as clear as possible. It might even be worth considering renaming the Chapel of Rest in order to avoid these unfortunate and painful errors. A Chaplain at QEHG told us:

(The mortuary has just been refurbished) Must be only just over a year. Yeah it must be. So it is state of the art and the only thing that does upset me sometimes is the signage around the place, just again, just today, typically came back from lunch to find some people waiting in the anteroom there, in the Chapel and saying 'is it possible to see my mother?' and of course the penny dropped immediately because it happens every week, you know there's hardly ever a week goes by without this happening. And saying 'I'm sorry but you've been directed to the wrong place' or having a phone call put through to us because the operator only hears 'Chapel' and they don't hear 'Chapel of Rest' you know. I don't know what we can do about that I mean I always try and make sure that I take them at least part of the way to point them in the right direction or that I'll say 'oh come in and we'll ring ahead to see if it's ok for if they are ready for you to go and see your mum or whatever' ...an awful lot of people, because they are misinformed, think this is the Chapel of Rest. There is a kind of a tension, especially for us, that they're not told properly where the Chapel of Rest is so they've got the hassle of coming to a place and saying, 'No, this isn't it, you've got to go there.' They probably feel like, in their time of grief, they've been buffeted about from pillar to post. (Chaplain, QEHG)

He continued:

You know for things like you know for washing, ritual washing of the bodies and things like that and they seemed to be very happy both the Jewish folk and the Muslim folk seemed to be very happy with the facilities that are on offer and bring very little of their own to the situation I think. So I think we are fortunate in that. The Viewing Chapel is ok actually, it's ok. We don't have a practice in this Trust of the company viewings in the way that they do in Newcastle and I think in other Trusts as well. In Newcastle, relatives always have the option or the offer of a Chaplain to take them down to the Chapel of rest. I sometimes think it would be easier to do that here rather than to have people misdirected all the time, but it's... Or you know that the signage needs to be different, clear as well. (Chaplain, QEHG)

The same kind of mistake has been witnessed on many occasions by some Chaplaincy volunteers:

Well as a matter of fact while I was sitting in there doing some work there was a young couple came in and they were quite distressed because they were looking for the Chapel of Rest, they were looking for you know, viewing the baby and they'd been down to the Chapel here, our Chapel, because what happens is they go and say 'where's the Chapel?' or even if they say 'Chapel of Rest' people only hear 'Chapel' and they direct them to our Chapel here, they couldn't find anybody but saw a note where the Chaplaincy office was so they came up here. So they were already sort of running half an hour late and at the time when you have something to do, a place to go to where you would rather not be, you know it's then very

distressing if you, then run around and you can't even find it. So it's not signposted at all, not even for the mortuary... (Chaplaincy volunteer)



Fig 32 Chapel of Rest, UHND



Fig 33 Chapel of Rest, UHND

Despite the ubiquitous presence of the cross, Chaplains do not necessarily see the Chapel of Rest as in any way a 'religious space':

Some way away from here. I don't really have much say in how it's run. It's run by the morticians and looked after by the morticians. Some Chaplains have a much greater say in how it's run. But I have always in the past I have always put my ore in where I felt there needed to be improvements. There are no religious symbols ...It's just somewhere where viewings can take place. I don't think it can be seen as religious at all. (Chaplain, QEHG)



Fig 34 Chapel of Rest (Toilet Facilities), UHND

Certainly, the main concerns of those responsible for the day-to-day running of the Mortuary (and therefore the Chapel of Rest) are the Senior Anatomical Pathology Technician (SAPT) in each Trust. In several cases, it is the APTs who are more or less responsible for meeting visitors to the Chapel of Rest which is more often understood as a part of the Mortuary Facility rather than the Chaplaincy. For example, at The JCUH an APT told us that he had not seen members of the Chaplaincy team at the Chapel of Rest during the past year and that they were almost never involved in viewings (of the body). At The JCUH, it is either a nurse or APT who accompanies members of the public. The Senior APT is aware of the needs of those of the major world faiths and is able to call on the

Chaplaincy should a holy book (such as the Qur'an) is required at a viewing.²⁶ There is little criticism of the system in any of the Trusts, largely because traditional practice is perceived to be 'the norm'. However, in considering the built environment of new Chapels of Rest, at UHND for example, considerable thought has been given to meeting the practical needs of those visiting the deceased. Although it may seem a trivial example, toilets in each of the new Chapels of Rest are very well designed. As we were told by one Senior APT, 'the objective of the design is to cause no unnecessary distress'.

8.7 Hospital Design/Aesthetic & Chaplaincy Work

A connection is often made in the literature between aesthetics and spirituality, and increasingly between these two aspects of hospital life and the well-being of patients and staff. With these connections in mind we asked research participants whether they considered the work of the Chaplaincy to be facilitated by the design and furnishing of the hospital environment in general. In a sense we are interested here in the extent to which certain principles inherent in Chapel design and furnishing are manifest in the wider context of the hospital as a whole. For example, we have already heard of the problems arising from the location of the Chapel of the Rest in the mortuary – given the typically non-aesthetically pleasing location of the latter.

Certainly, we found that Chaplains were keenly aware of the gains to be had where hospital design pays attention to aesthetics:

It has to be integral, doesn't it, it has to be integral to the build because otherwise it is just sticking pictures on the wall and I think that makes a difference, don't get me wrong, but it can't make up for a building that is just not inspiring (Chaplain, DMH).

There was also a belief that aspects of the Chapel might be copied in other areas of the hospital:

²⁶ There are no Bereavement Counsellors at The JCUH and Bereavement Services are patchy across the five Trusts.

A (interviewer): the Chaplaincy here is created as a kind of sacred place and the other Chaplains talk about ‘an oasis’ and all sorts of metaphors used, calm and distance away from the hubbub

B (interviewee): yes, absolutely all that... it’s possible to create that kind of space on the wards, I mean do you findthere are quiet rooms, in fact again this is something *** encouraged, rooms where people can just go and be...yes I think that’s good and also there are little areas off the corridors, particularly on the lower levels, on the upper levels there tend to be more balconies but on the lower levels there are places where you can just walk out on to enclosed courtyards and often there are chairs there as well, often very attractively decked out with shrubs and gravel figures and so on. (Chaplain, The JCUH)

To the question ‘To what extent does hospital design help or hinder your job?’, a Chaplaincy volunteer at The JCUH replied:

Oh! I think it makes a huge amount...I don’t know I...hold me up if you think I’m starting at the wrong space here. When I came here 15 years ago this was a grotty little hospital: A & E, Outpatients, main entrance were foul. Horrible. Nobody to welcome you, floors were grotty, furniture was dreadful, décor was appalling. I’m sure people came in and thought, ‘What have I let myself for in this place?’ Now we have stain glass windows, decent décor, reasonably good seats, pleasant environment, we have staff greeting people at the main entrance... These things are important as to how feel as human beings. Now they’ve taken it a step further in the north east surgery centre. They actually commissioned and put in some large marble work. Lot of money the spent in the new surgery centre. £130,000, worth a lot. I mean, you look at the décor and the quality of the chairs and the flooring and the lighting; this feels good. And I think that affects how we feel about ourselves. And I think if you wanted to define spirituality in those terms, then it’s very important. (Chaplaincy volunteer, The JCUH)

These comments are echoed by chaplains from QEHG:

I might even be contradicting myself, but if you go into the treatment centre and see the artwork that is there—but it’s not even the new treatment centre, it’s throughout the Trust there are bits of art all over the place. Some are brilliant, some are ‘Mmm, OK’ but I think the old thing of the dull, dingy, dark hospital with its sanitary walls and corridors, I think that’s gone. And it’s part of a spirituality, if you like, about trying to make people feel more at ease and more at home and better about themselves and there’s not better way to do this I think than through art and art in its wider form. (Chaplain, QEHG)

From SRH:

Oh, I think they are very important. I'm not sure we have it entirely right here. But I certainly think, I must say it's difficult to define. When you're like walking down the corridors and hospitals always have long corridors don't they and they still seem to have even in modern designs. What colours the walls are and what's on them I think is very important to how or where you are that you're in an institution and if you think you are in an institution then I think the message your brain gets is this impersonal and not caring. I mean that's something I'm. Not just is it? But I think that's the feeling that you can get whereas if there are some artwork something around but I think it needs to be accessible, um, I know it's a much smaller hospital but I do think they did it well at Hartlepool because ok they are smaller so the corridors weren't so long but with it just had ordinary prints on the wall, framed prints, things like you know a Renoir or whatever representative...Non abstract or well some of them might have been abstract but the majority weren't and they were largely things that people would they might not be able to say who painted it but they would recognise it...Sort of things that people might put in their lounge and I think they did help enormously. I think it helps if you have plants because, helps doesn't it? Plants. Living plants it helps atmospherically but also I think just to look at something it helps. I think being able to look out of a ward window onto a garden even if you can't get into it is a help. I think it helps if you have nicely coloured curtains or spreads on the beds and the same with the crockery you know it's not sort chunky white china. You know what I mean old fashioned heavy stuff, that's those things I mean the colour wherever you can introduce colour is I think important. Because otherwise it is depressing and then obviously if you depress the patients and I think it must have its effect on the staff as well for all. I mean we can go home and see things at the end of the day. The working environment does matter doesn't it? (Chaplain, SRH)

And also from the FHN:

Art and design, yes, I think it's important. I do think that it's not just about providing a functional place that's important. You know I answered the last question there is a vulnerability about being in hospital no matter who you are and recently I experienced being a patient in this hospital and you know despite knowing all of the staff, despite knowing some of the staff I had a kidney stone, it was still a very vulnerable experience and it is important to have an environment that is user friendly as well as practical for the clinical needs and often with the conversations that we have with patients, environment plays an important part in how they feel about themselves, how they feel they are making progress, part of their healing, part of their wholeness. So I think it's very crucial that we get it, we do spend time and effort thinking about it. [Sacred space...do you think that art and design actually helps to create it?] It is not the sole remit of the Chapel to provide sacred space. For me, we have to provide, if all space is sacred. I mean I know that sounds a very glib thing to say what potentially is and the way in which the healthcare is provided these days not everybody can make it down to the Chapel, not everybody can access the Chapel so for me art and design is an

integral part of our hospital design not just the provision of a quiet room here and a quiet room there and a Chapel here or whatever so we can tick the boxes and say that we've incorporated art in our design. The design of a six bedded bay or an individual cubicle in which a patient's going to spend time to me is as important as providing that space. The number of patients that tell you how many dots there are on the dials because that's all they've have to look at. And if we really are serious in saying that art and design has an important part to play in people's spirituality in people's healing then what's happening out of those wards up there is as important as what's happening here. (Chaplain, FHN)

In response to a further and more direct question – 'So, you think that art and design can contribute to the sacrality if you like of the space?' the same Chaplain replied:

Yes. I think also in this very much in this context it is also contributes most importantly to the well being and for the wellbeing of the users, both patients, relatives and staff but also the health and healing of the patients we are actually caring for and also the staff. I mean there's elements of me think that this building's got sick building syndrome you know because it's hot and it's claustrophobic at times and people get headaches and all the rest of it but you know whether how you can prove that one I'm not sure. But there should be responsibility on us, it is a place of healing in the broader concept of that term then the environment which we are providing must be conducive to the healing of the patients but also conducive to the well being of the staff. In a way it's like the role with Chaplaincy in Julia Neuberger has a lovely quote in one of the books that she's written on health care that says you know that Chaplaincy and spiritual and religious care isn't the sole remit of the Chaplain's department and that if you actually look at what's going on it's the porters and the domestics that provide the best spiritual care because they are the ones that are alongside the bed, they are the ones that the patients will talk to and that was emphasised to me by a conversation I had with one of our senior anaesthetists who rued the day in the hospitals where domestic services had been put out to private. (Chaplain, FHN)

This is a significant observation, shared by a number of other research participants. Responsibility for the aesthetic, like the spiritual, is best not left to a single department, but rather needs to be diffused throughout the entire hospital.

We asked a Chaplain at DMH: 'I'd like to just ask you about is the importance of I guess, well art and design in the hospital and whether you think that it's important in relation to your work':

Absolutely. I mean research has been done about colour schemes and, you know, making a nicer environment. I mean it will always be a hospital, it's always clinical. It has to be to a certain degree but you can make it nicer and I mean if you just look at the brickwork, I mean you can tell when it was built and it's not really a nice place to look at. If you take West Park for example, I mean it's built in an oval, as, it's an oval so you have a central sort of walkway and no matter whether you turn left or right you nearly always get to the ward where you want and then the wards are sort of, they come off this central oval and it's nicer. There're gardens there, there's artwork on the walls, light colours, nothing too intrusive and it does make a difference, it really does. (Chaplain, DMH)

And to a Chaplain at the RVIN: '...the question is really about your feelings relating to art and design throughout the hospital and the extent to which you think that's important or not...':

Well I think that's very important [You do?] Yes, yes you know, the environment, the aesthetics are a very important and because those things help people to enter into a different world or perspective, and even a spiritual world, it might be Christian, it could be, you know, another faith or it could just be people (inaudible) with the spiritual (inaudible) it's something that doesn't just address the physical it, the environment kind of addresses the soul doesn't it? You know it might lift the soul, it might not. And I think people who come in need will take different things away about that area that they've been in. Different kind of messages almost, and they know that they're going to find hopefully, maybe not, the peace, the strength, those sort of, love, intangible things that are to do with the core of your being and so I think that yeah, the art, what I would call the aesthetics are very very important and create the right environment (Chaplain, RVIN)

The following contribution reminds us that 'the aesthetic' and 'the spiritual' come in many forms:

[Do you think the environment's important or do you think it's relatively unimportant?] I think it's, yeah I mean, the only kind of art stuff we've got round this hospital is, have you been down the corridor to the Leazes wing? There's a, there's a sort of, by the time you get to the Leazes wing, it's the basement corridor, when you leave it from this way it's actually the first floor. They've actually got in that corridor, huge pictures, huge photographs of the crowd in St James' Park... Yeah, you react immediately to the football photographs, you go 'oh look at the ...' you know, but this other stuff means absolutely, that's a personal view of course, I could be wrong, I could be. But I mean I think art is a nice thing to have around because it makes the place more human, it, I think that, when everything's too clinical it tends to dehumanise our lives and to have a ward where, you know to

have a ward where people are apparently dying or they're in dire straits, made it look a little bit more like home, made it look a bit more like you can identify with the world outside because there's a photograph of it or a picture or whatever whereas you know 'I've got three weeks to die, and all I'm going to look at is that wall' and I think the art can, it can bring back your memories, you can take yourself out of the building, you can take yourself out of yourself by looking at it with some kinds of art I think, I think that's what art can do for you, it provokes your thinking. So it gives you something to think about because here I go around a lot of old people's homes, and the one thing I know about elderly people who live in a care home is that they greatly value a picture on their wall and they'll have it at the end of the bed and it might be something that they've brought from home that reminds them of, you know, memories of the past or whatever, or it reminds them of a holiday they've been on or whatever, it lifts them outside of themselves. And I find that care homes with that kind of stuff around are more enjoyed by the people. You know, I find the really drab ones where the atmosphere's a bit off and that, or they're weren't decorated once with not much artwork around, so I do think that artwork can have a kind of lifting experience for people, if you're that way inclined. I mean some people art doesn't mean anything to them at all, like I like some kinds of abstract art but not the stuff in that bottom corridor, you know. (Chaplaincy volunteer, RVIN)

Roger Ulrich (1992) and others have been arguing for some time that a 'healthy (hospital) environment' helps patients get better faster.²⁷ In response to the question 'do you actually think that the art, the material spaces of hospital have a big impact on your role?' A UHND Chaplain replied:

Yes, I think it would be nice if hospitals looked less like hospitals, and looked more like hospices for want of a different model, because I think that would help in the recovery rates of the patients. (Chaplain, UHND)

She goes on to criticise the way hospitals are currently financed:

but the main problem has been because we're a PFI, Private Finance Initiative, you're not actually allowed to put anything on the walls, because we don't own the building and you're not allowed to do all the walls, notices are illegal, you're not allowed to use Bluetak on walls (Chaplain, UHND)

We asked another UHND Chaplain: 'In terms of the actual art and furnishings, both within the Chapel and elsewhere in the hospital, do you think they play an important role, in terms of people's (sense of) well-being?'

²⁷ See Starikoff 2004 for a lengthy bibliography.

Yes. The short answer is yes, we took a lot of thought over the art that's in the Chapel, the coloured glass and also the tapestry etc. So yes, I think the, we're unfortunate that we have a Chapel without any windows, so we created windows. And we created a view, which is all deliberate, it wasn't just 'oh we've got that space' and all though sort of columns were put in, we deliberately put them in... We were left with this square box, or this oblong box, it wasn't square. And we had some, well I saw it on a plan and then I had, none of that was designed before I got here and we, I discussed it with the artists because it wasn't paid for by the Trust either, that was paid for by the League of Friends and also some other monies within the Chaplaincy. [Ok, that's an interesting part of the story an important part of the story. What about other parts of the hospital, do you have any input into the artwork or...?] No I don't actually but there is an, there was an art committee that did look at some of the pictures on the wall and try to bring art into the hospital and there is some near the Chapel, there are some paintings on the wall. You may have noticed, you have thought the work finished, but they are finished, that's deliberate and on the ground floor there's a beautiful pencil drawing of the cathedral, so we do think about that and try to make it more pleasant for patients. (Chaplain, UHND)

During the interviews there were several instances where the interview brought our attention to the importance of hospital design and aesthetics without prompting:

I'm just wanting to make sure that you're aware of the creative arts aspect of this hospital, that's something I've certainly think we do feed into and also the links with South side, because there's a link there. Southside among other things promotes alternative therapies and they have these three times a year, health fairs that are quite well supported by the Chaplaincy is involved with those. I am conscious in different ways of what the creative arts side of things is doing, they have a number of photographic exhibitions along the corridors which are quite fascinating and anything which stimulates, raises, transforms challenges consciousness I think is very close to what Chaplaincy is all about, in a time of stringent financial hardship. I hope that both the Southside-although that's not funded by the NHS and the creative arts side, I hope that those things are safeguarded because they're an important part of ministering to the whole person to use a terrible cliché. (Chaplain, The JCUH)

Similarly, a Chaplaincy volunteer at The JCUH commented:

Some months ago, I saw a letter to the editor of the Middlesbrough Evening Gazette, where someone who had been, who had visited this hospital was up in arms at the amount of money that had been spent on pictures and windows and quiet areas because all over the building, I'm sure you know, that wherever, if we have a need, we have got places to go. Quiet rooms that are set aside. But this gentleman was criticising because some could be put to better use. 'There's never

anybody in there'. But on the occasion, I know, I could tell him, on the occasions when there are people in there, it is very, very deeply meaningful place, perhaps a whole family who have just suffered a bereavement or turned up at A&E, the dreadful news and they can go to these quiet places. But the number of patients that I see that wander around in dressing gowns, looking at pictures on the wall, looking at that in the atrium, that piece of work with the sails and so on, the atrium itself. Christmas, just before Christmas, school groups come in, all sorts of groups come in, all sorts of people to entertain ... That's all part of the atrium being there, without that, and it's all part of what I said to you before, that if patients feel better I believe that the chances are that they'll get better and just at a time like that, at Christmas, yes they were in beds, but they could hear this sound coming. And this, well I'm back to the letter to the editor that was very critical of fancy windows and fancy this and all over the place and could be better spent and so on and by the next day there was a deluge and I heard a Radio Cleveland talk show, what you call it, a phone-in and they'd touched on the subject because it was prominent in the newspaper and they pick the prominent local issues and they were talking about it and the vast majority of people said that, that that to improve the environment, to make the place brighter, cleaner, interesting, stimulating, whatever, is absolutely lovely and I, you know I'm sure that plays a great part in this hospital. Bright and clean and open, to walk in to that south entrance down there you must feel as, I don't think you feel as though you're entering a hospital, you wouldn't really know unless it said it on the door. It's lovely, it's special and it has a real spin off with patients' well being. (Chaplaincy volunteer, The JCUH)



Fig 35 Main Corridor (Mall), The JCUH



Fig 36 Courtyard, The JCUH

The point, as a Chaplain from The JCUH pointed out, is not to limit sacred space to the Chapel:

So it's slowly getting into the fabric, that this is sacred space, it's not just the defensible space that you can get in the quiet rooms and the quiet areas and indeed, the mall. We've now got quiet pods there that lead to the outside. So again, part of our drive to create defensible space has permeated the whole of the structure of the hospital, but this is specifically sacred space, and indeed the Muslim Prayer Room has now been designated a Mosque. (Chaplain, UHND)

We asked a member of staff who regularly visited the SRH Chapel whether the 'sacred ambience' he found in the Chapel could be replicated in other parts of the hospital:

Well, although it has to be different, quiet is crucial, There could usefully be some greater recognition that although it might not always be the most efficient use of space sometimes creating a little corner, a lacuna, where you can go and have a quiet conversation without it having to be in a busy ward or too cramped a space...there is a lamentable lack, even in the newer part of the hospital, there is a

lamentable lack of space where you can sit down with someone reasonably comfortably and have a conversation with which isn't constantly interrupted either directly or indirectly by hubbub, and I think what could be used perhaps as less spiritual, more practical way is looking at, 'well why does a person feel at ease in a place like that?' Often because there's a sense of stillness, a sense that you don't *have* to rush right now, it's not all beepers going off and people running up and down, there's a time when you can just be still and i think that's something that could be usefully be carried out, that it doesn't always have to be frenetic. Frenetic doesn't always equate with efficiency and that to be quiet is sometimes the most efficient thing you can do. So, for me, that would be the lesson I would draw out of it (the Chapel) without trying to recreate the physical, uh decoration, or whatever. (Visitor, SRH)

Of all the hospitals in the study it seems to us that The JCUH, again, comes closest to achieving this vision, through the design of the central spine (called The Mall) which includes small 'bulges' or 'pods' which have a coffee table and a few comfortable chairs, by the Atrium, which Mood Study volunteers found so inviting (see Section 8.5.9), and by open courtyards furnished with benches.



Fig 37 A 'Pod' on the Main Corridor (Mall), The JCUH

8.8 People Before Place

Although this is a report about Chaplaincy facilities it would be a mistake to omit the intimate relation between people and place. A number of research participants (Chaplains, volunteers, patients) emphasized the importance of human interaction in chaplaincy work. Asked what they thought was the most important part of their job, one Chaplain responded:

Listening, listening to people, and praying for them. (Chaplain, The JCUH)

And they went on to point out that this work takes place mostly on the wards and in corridors and it is the case that all Chaplains spend most of their time away from their office and the Chapel:

Most of what we do, I would 99% of what we, maybe 90% of what we do is not in here, in terms of ministry. All the paperwork takes place in here, but the person contact, out there, on the wards. (Chaplain, QEHG)

But, ideally I mean I started the day with a baby funeral and obviously they tend to be quite draining so I do the 'you come back and you unwind for a bit' I had to go fairly promptly up to the delivery suite and bless a baby so some days you don't get very much respite but other days perhaps you do get a break in between things so the diary can look relatively empty but actually you just recharging the batteries for the next thing. Yeah. Sometimes when you go ward visiting you know you may get round an entire ward in half an hour without any problems and you've spoken to everybody but you've not had in-depth conversations. Other times you get to patient number three and you're there for half an hour or more and you're really having an in-depth conversation about things. (Chaplain, SRH)

There is, furthermore, the common view that 'sacred space' is ambulant and is created by the Chaplains (and others) as they go about their work in the hospital. Responding to the following comment from the interviewer,

Identifying the religious sort of spiritual space in the architecture of the Chaplaincy area is fairly straight forward, I think. It's locating the space when you're not in it, because it seems to me you are carrying around with you, somehow.

a QEHG Chaplain at replied:

Yes, yes. In a sense, as a presence. By being, by being alongside... and it's amazing how you can sit with somebody at a bedside and the conversation can go from really quite shallow to incredibly deep, in minutes. And you're lost to the rest of the ward, and there is this quality of being between you and this person. And I don't think, it's not that others can't, it's just that others don't have the opportunity quite the same way. And we can do that across the board from senior directors in my office all the way along the spectrum to the catering staff. (QEHG, Chaplain)

The following extract makes explicit the idea that the Chapel is really a starting point, or springboard:

But maybe in a sense what the mission of the church needs to be in the future anyway, perhaps one of the mistakes that we've made over the last 40, 50 years or so is that because we've got all these beautiful buildings, people will come to see us and we've kind of neglected the thought that we actually need to break out through those walls and reach out to people. So I think sacred space is wherever something sacred is happening. (Chaplain, QEHG)

But then, as the following volunteer makes clear, generating a sense of the sacred at the bedside is not always an easy matter:

Sometimes you can, it's better than others, sometimes you know we have the Hoover going or somebody shouting to say 'wait a minute Bessie, I'll be with you in a minute' and then you might have a nurse with a bit boisterous and a loud voice so the ideal situation is for the ones who are in cubicles on their own, you know (Chaplaincy volunteer, QEHG).

[Do you have a sense of creating... that sacred space around wherever you are, either consciously or unconsciously but do you feel that on the ward?] I think, I think there are two things that happen, I think you are, you know as I was saying before, keeping the rumour of God alive in a way, so you are the sacred space, so you're kind of moving around if you like ... But also there are moments when you sense that between you and the person that you're with at the time, you have created a sacred space and that might be because they want to hold your hand and say a prayer or it might be because they just tell you their story and there is no mention of God but you have a sense this is holy ground because somebody has trusted you to tell you things that are very important to them. And so there may be no mention of God at all, but it is holy ground, it is sacred space because they are sharing something that is, well they are sharing themselves and that is always sacred and that is always special and I guess that's true of Chaplaincy isn't it. There's always this tension between sacred and spiritual being kind of overtly religious and sacred and spiritual being something about being human and the

nature of what it is to be a human being. So that when the lady says 'oh I was brought here in a hurry and I haven't got my false teeth, and I really wish I'd got my false teeth,' it sounds banal but actually that is a kind of sacred, spiritual space because she's actually saying 'well I don't, I hate looking like this, I hate feeling vulnerable.' Which is very different to 'will you say a prayer for me' or 'can you get me communion?' or 'will you, you know, whatever' but both .. so yeah, I have a strong of that sort of sacred space all the time, but it isn't just the God stuff it's about also respecting people and the holiness of their you know, the holiness of their lives and the fact that they are so vulnerable. I don't have a problem with watering down, which is how a lot of people will interpret it. (Chaplain, DMH)

Several Chaplains were concerned to make clear that the Chapel (or the Chaplaincy Facility) should not be a kind of religious or spiritual ghetto' that is, the proper or only place in which the sacred, in hospital, is manifested. Raising the issue of religion declining and spirituality rising, a Chaplain at DMH continued as follows:

... I'm there to meet the religious and spiritual needs of the patients and while we agree that not everybody has religious needs, they all have spiritual needs of one kind or another. The negative aspect can be that staff think 'oh this is a spiritual matter so it's Chaplaincy' [Defining spirituality very broadly?] That's right so I'm, we're in charge, as Chaplains of spirituality and what we're trying to say is that spirituality is something that we're all in together, we all need to be spiritual and be aware that people have spiritual needs, so the way we communicate, how we interact, all that is part of, you know, an awareness of spirituality (Chaplain, DMH)

And while the physical environment of the hospital is important...

Yeah the big, there's not a lot you can do really. They've tried and there are some pictures up but I think to, there's so much you would have to probably pull it all down and start again, so I mean this is, it really aids, but I think the most important bit is the human side of it, you know, no matter how grotty the building, if you actually have somebody who is there for you and treats you with respect and you know somebody you can share things with, I think that's much more important. I mean it does help if you're on your own, if you're in a nicer environment ...Yeah, well certainly it helps, but it's not as important. I mean, I've seen other places that were purpose built and people were deeply unhappy because the human side, the human side wasn't there (Chaplain, DMH)

Time and time again, when Chaplains and volunteers were asked which part of their work was most important, some variant of 'going out and meeting people...' was, in every case, the reply:

Right, well. I think still the most important part of the work is to do some kind of visitation on wards, going out and meeting people, some of that I suppose most of that I would say now is by referral. People who either self refer or their priest or

their clergy refer or someone on the wards refers them or a colleague refers them or we've heard about them for one reason or another. And we kind of prioritise them as our first port of call so we're doing a lot of visiting people on the wards also as well as that doing some sort of cold visits really to places that we're not you know especially called to but we want to keep in touch with. So that kind of routine work is the base. More and more things kind of get in, get added to it as the as you know we go on, I think, we're doing a lot of work with pregnancy loss, so we're being called to families that have experienced pregnancy loss, to name and bless babies and support them during that time. And also to do funerals, of which I have three this week, so that's quite a big chunk of time. (Chaplain, DMH)

Perhaps the most important part of the Chaplain's job is to listen – wherever that might happen and in relation to staff as well as patient needs:

[So what do you think is the main part of your job?] Primarily support and to give people value and worth, because I think illness strips us of self-esteem and redefines, certainly in the body, redefines who we are. You know suddenly you can work and the next minute you can't even walk, and all this business. So I think to help people find value and self-esteem afresh, where they are, and I think that goes across busy healthcare workers as well who are fleeing about in difficult conditions defined by you and self worth in what they do. So I think basically that's it, and to support people in finding that and whatever you do, whether you're meeting someone who's bereaved or busy or distracted or distressed mmm.. Chaplaincy's about saying, well I can create this opportunity for you to stop. We're unique in the organisation and usually we don't have an agenda, I mean yeh, I go and do you want the sacrament and all the rest, but we're the only people who go to staff and patients who talk about what ever they want and it creates space for them to do that. You go to the bedside you're not going to do a test or prod somebody, just go and it can be their space, and I think that's the same for staff as well. I think it's vital for that, and I think that's one thing that worries me about the increased supervision and structure of Chaplaincy is that we've traditionally had an independence of the organisation and that helps staff because they think they're not Managers... (UHND Chaplain)

Boiled right down, what Chaplains, and even more so, Chaplaincy volunteers have that medical staff do not have is the time to stop and listen. Asked, 'What's different about what you're doing that say a nurse coming in'? A volunteer at the QEHG replied,

Oh time... You know, I don't profess to be any more important than that, it's somebody, nurses with the best will in the world will rarely ever sit down with a patient, how can they? They're so pressurised and rushed, occasionally in the night if it's a quiet night and the patient is disturbed and troubled they will sit but generally speaking it's the fact that someone has time. (Chaplaincy volunteer, QEHG)

This 'something' is difficult to pin down and therefore difficult to record and evaluate:

Well isn't that because it's in the needing of people rather than in things, yes it's the creation of an atmosphere probably between people and it's lovely to have the space to do it in, yeh (Chaplain, SRH)

The space created at the bedside can be very intimate, very intense:

... I mean one girl was, she literally asked me to pray with her. She had to be transferred on the Tuesday morning to Newcastle for her operation there and she said 'I am scared' she said 'not just frightened, I am scared and I would like you to pray with me,' and really there was a lot of quiet time, just holding hands and she said 'I'm alright now, I don't mind, I'll go tomorrow and I'll be alright,' it had calmed her down, whereas talking to a nurse and just quickly, it's a sort of help for the staff as well because if they've got the time, they'll chat to the patients but you know there'll be a buzzer going and it's broken up and it, and I have got to say this, on here especially, it's very rare that a patient doesn't say 'thank you' probably on one hand, the number of times a patient hasn't said 'thank you for giving me some of your time'. (Chaplaincy volunteer, UHND)

The most important contribution that Chaplaincy staff can make to those in hospitals (whether patient, visitor or member of staff) is having the time to listen:

I think it's being available to staff, patients and relatives just as somebody who will listen, who's not involved medically, who has no hidden agenda. We're just like a friendly face but we can be more than that, we can actually provide a lot of emotional and spiritual support where it's needed. If it's just a kind of 'hallo we're around' we can let people know that. I think it reassures people the fact that we're here everyday, that there's somebody in the team available all the time, two of us available day and night and it helps staff to know that that they can call us in in any situation but I often even just reassure I think it reassures people a long way, they don't get many visitors, that there's somebody else who will look in and just say 'hallo' and if they do need, almost like a shoulder to cry on, somebody to really talk to deeply, we're available. They may not choose at that moment to talk to us, it's just to say 'we're around' and I think you know that, I talk about these conversations round the corridors, in offices, I think it's even the availability for staff pick up on that they do see us that we're available, we're around and they have these kind of conversations that they haven't planned for. I think that's the big thing. It sounds funny it's not the kind of set appointments, the set things, it's these just being available and being around the place ... Up on the board. I mean I can, I mean sometimes I maybe spend a whole morning on a ward, I mean not usually. Try to go round two or three wards, but the fact that I have spent a lot of time on other wards, you know the staff will notice it and say 'oh you've been round to see everybody' or you know they do notice that you're there and you're giving people

time, you may have just seen one or two people another time but they do pick up that you are here and that you're asking how they are. You know you're doing the same to everybody [Yeah, you're giving them time] 'How are you' you know 'are you ok, having a good day' you know. I think that's the big thing that we're here all the time. You know there's always somebody around every day and we don't always have the answers or the good news to tell people but we can listen. I think the big thing is that we can listen. (Chaplain, FHN)

The Chaplaincy, as a place, is important, but there are things that are more important in the work of Chaplaincy staff. In particular, Chaplains and Chaplaincy volunteers have the time to stop and talk with and listen to others in the hospital, whether staff, patients or visitors.

Chapter 9 Conclusions

9.1 The Place of Hospital ‘Chaplaincies’ in a Multi-faith Society

There have been hundreds of publications relating to various aspects of hospital Chaplaincy, but very few (if any) focus primarily on aspects of space and place. In this report we have presented an investigation not only of the built environment of the Chaplaincy but also of the creation of sacred space resulting from the work on the wards and elsewhere by Chaplains and Chaplaincy volunteers. Available facilities vary considerably from one hospital to the next (see Section 8.2) and each presents a slightly different challenge to those who are responsible for their management. The Chapel (or Prayer Room), whether built a 100 or two years ago remains the hub (or rather the ‘heart’ or ‘soul’) of Chaplaincy work. This space, with its many functions, might best be understood as ‘defensible space’, as a peaceful and quiet place, a private and sacred place.

Chaplaincy staff, and Lead Chaplains in particular, have considerably more administrative work now than they had 25 years ago – they spend more time in and around their ‘base’ which necessitates the provision of appropriate office space. One research participant wondered aloud when chaplains would be provided with secretarial assistance.

Each of the nine Chaplaincies participating in this research is necessarily different. Teams include members with different skills, and the facilities available to them also differ for historical, structural and other reasons. Given the fact that staff and facilities differ, it must be the case that each Chaplaincy is unique. For this reason we are cautious in making recommendations. Excellence in the provision of services depends on excellence

in the provision of facilities. So, if Chaplains are to be drawn into a role which is primarily that of counsellor then they clearly need an appropriate room in which to sit and talk with people (whether staff, patients or visitors) who feel the need, a room that is light and airy, comfortable and well appointed. If people are to feel comfortable in and around the Chaplaincy then toilet and kitchen facilities may not be absolutely necessary, but will provide amenities that many might consider basic

The dimensions of the Chaplaincy facility also vary considerably. We would argue that the size and location of the Chaplaincy are important and should not merely be the result of shoe-horning a department into the last available space after all other departments have been located. Indeed, there is an argument for making the Chaplaincy the pivot around which hospital design turns.

Perhaps the most widely discussed issue regarding the hospital Chaplaincy as a place is the provision of space which can be comfortably inhabited by those of all faith or none. All of the Chapel spaces in this study have a distinctly Christian ambience – this is true even of the room at BAGH – despite its being signposted as a ‘Prayer Room’. This situation can be defended in part by reference to the proportion of people using the hospital who are notionally at least ‘Christian’. Chaplaincy staff understand the needs of Muslims in particular and some Trusts acknowledge this need and have provided Muslim prayer space. There seems little doubt that all hospitals who retain a more or less Christian Chapel should be planning now to provide additional space for Muslim prayer. In new hospitals provision is increasingly ‘multi-faith’ in design and purpose. But multi-faith space has to be just that, which means taking the needs of all major faiths at least, seriously. In the North of England it is true that demand for specifically Hindu, Buddhist or Jewish facilities is (for the moment) relatively light, yet there remains a strong case for fully involving representatives from these faiths (and probably others) when setting out to design a space that caters, as far as possible, for all needs.

The place of Chaplaincy must not be understood narrowly, circumscribed by the environment of the Chaplaincy itself, however important that might be as a base. Chaplaincy volunteers (and a hospital might have 100 or more) spend virtually all their

time on the wards, and we have provided a sense of the ways in which they create sacred space there, at the bedside. The built environment influences both the way we behave and the ways in which we understand ourselves and the world. This is just as true of public buildings as it is of others. This report focuses on the environment of the acute hospital and in particular on those places and spaces most important in the work of the Chaplaincy team. The place of the Chaplaincy clearly matters to hospital staff, to patients and to their visitors.

The study is unique in its focus on Chaplaincy facilities and is innovative in a number of ways. Given the complexity of the subject we have used a broadly ethnographic approach, running a questionnaire survey, carrying out semi-formal interviews, unobtrusive observation, the analysis of found material and conducting a mood survey, as well as utilising visual evidence. The use of a range of methods has facilitated a process of triangulation. Two of these methods are, we believe, innovative. The mood survey represents an attempt to compare the levels of stress experienced in a hospital chapel in compared with two other quite different places. We have also incorporated into this study a systematic classification and preliminary analysis of prayer requests.

While the literature on spirituality and healthcare continue to grow, this is the first substantial piece of research, as far as we know, to focus on space and place in relation to Chaplaincy services in the NHS. We have described the Chaplaincy facilities as they exist in nine acute hospitals across five Trusts and this comparative emphasis is very important in that it helps bring to light not only similarities and continuities across sites, but also dissimilarities and discontinuities. There is plenty of evidence here for good practice. However, we have also identified lacunae in provision which need to be addressed. We hope that this Report will generate the impetus for further work on the spatial aspects of religion/spirituality not only in hospitals but throughout the NHS. We further hope that the report will provide food for thought both for planners and policy makers, as well as for practitioners in the Chaplaincy service.

We conclude that Chaplaincy facilities need to be of a standard which allows Chaplains and Chaplaincy volunteers to do the work expected of them. The facility should include a space large and adaptable enough to accommodate all those who might wish to use it. Whether this space is ‘multi-faith’ in its design, or split into two or more separate (or separable) spaces is a matter to be negotiated locally. Such discussion should obviously include all stake holders.

Furthermore, we conclude from our research that the planning and design, the furnishing and finishing of Chaplaincy facilities should be given the same level of attention as any other Department. Given that a Chaplaincy Service is generally considered essential to the functioning of the modern acute hospital, planners should ensure that Chaplaincy facilities are integral to the final build and not ‘squeezed in as an afterthought’, as one research participant put it.

9.2 Recommendations

While we are fully aware that local circumstances vary we feel confident that the recommendations presented here represent a realistic set of standards that hospital Trusts should meet in providing for the religious/spiritual needs of staff, patients and visitors.

1. The provision of Chaplaincy facilities in NHS hospitals appropriate to the religious/spiritual needs of patients, visitors and staff, depends to a large extent on the commitment to a holistic understanding healthcare on the part of the Trust’s management team.
2. An important component of the process of developing Chaplaincy facilities must be the involvement of Chaplaincy staff, leaders of local faith communities and users in the planning process *from the outset*.

3. The Chaplaincy facility should be self-contained in order to maximise the benefits of adjacency.
4. Chaplaincy space can be divided in a variety of ways and good use can be made of movable, sound-proofed partitions. The basic minimum should include a Multi-faith Room (or Chapel and Muslim Prayer Room) which must be open at *all* times, two offices (one for the Lead Chaplain and at least one to be shared by other members of the team), an interview/counselling room, and also ancillary rooms including, storage space, toilets and kitchen. Where the facility includes a Muslim Prayer Room there must be an adjoining ante room and appropriate ritual washing facilities.
5. The facilities provided depend, among other things, on the role of the Chaplaincy in relation to the Chapel of Rest and Bereavement Services (or lack of them). The relationship between mortuary and Chaplaincy should be clearly defined and also that between the Bereavement Service and Chaplaincy.
6. The Chapel/Multi-faith Room should be lit at least partially by natural light and preferably access to a sheltered courtyard. This should be a priority in siting the facility.
7. The Chaplaincy facility should be visible and accessible, but also quiet. This implies that the Chaplaincy should either occupy a space apart from the main hospital building or be designed so that noise from busy corridors, for example, is not intrusive.
8. The Chapel/Multi-faith Room should be distinguishable from other parts of the hospital. This can be achieved in one or more ways. The roof height should be greater than that typical of wards and administrative spaces. Rectangular floor plans should be avoided. Fittings should mark the space out as different from clinical and administrative space, for instance by using materials not generally found elsewhere in the hospital.

9. Hospital space, in general, should be designed with the religious/spiritual needs of patients, staff and visitors in mind. Quiet areas which facilitate a degree of privacy should be provided throughout the hospital.
10. The degree of use to which a Chaplaincy facility is put depends to a large extent on its visibility. The Chaplaincy can be made more visible by ensuring that signage is adequate; by ensuring that the services it offers (in the broad sense) are clearly presented in literature made available to staff, patients and visitors; by ensuring that information relating to Chaplaincy services provided on Trust and/or hospital websites is kept up-to-date.
11. Lead Chaplains should, every so often, actively seek to discover whether members of minority faiths (including Hinduism, Islam, Judaism and Sikhism) are satisfied with the Chaplaincy facilities provided.

We conclude this report by noting the clear overlap between our recommendations and those proposed both in the Department of Health Document '*NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*' (2003), and particularly in the section headed 'Worship Space' (pp10-11) and also in the *Draft Spiritual Healthcare Standards* published in 2005 by the 'Multi-faith Group of Healthcare Chaplains' (both sets of recommendations are included in Chapter 6 above).

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11 Annexes

Annexe 1	Main Questionnaire
Annexe 2	Detailed Statistical Analysis of Main Questionnaire Data
Annexe 3	Mood Survey
Annexe 4	Consent Form
Annexe 5	Interview Schedule (Chaplaincy Staff)
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Annexe 1 Main Questionnaire



Gateshead Health **NHS Trust**
Newcastle upon Tyne Hospitals **NHS Trust**
City Hospitals Sunderland **NHS Trust**
County Durham & Darlington **NHS Trust**



CHAPLAINCY QUESTIONNAIRE

QUALITY OF THE HOSPITAL ENVIRONMENT - RESEARCH PROJECT

CONFIDENTIAL

This project, funded by NHS Estates and carried out in partnership with the Four NHS Trusts listed above (along with South Tees Hospitals NHS Trust), is being conducted by a team of researchers from the Universities of Durham, Newcastle Upon Tyne and Sussex. The aim of the research is to assess the quality of Chaplaincy environments.

The research aims to find out what makes a good hospital environment for the patients, visitors and the staff. Please take a few minutes to fill in the questionnaire. The information you provide is very important and could help improve hospitals.

Who should complete the questionnaire?

This questionnaire is for the patients, visitors, staff and the volunteers who have accessed Chaplaincy premises in any of the NHS Trusts listed above.

Completing the questionnaire

Please fill in the questionnaire during your visit if possible. To complete the questionnaire please tick the appropriate box to answer each of the questions.

Please tick clearly inside the box like this:



using a black or blue pen.

Returning the questionnaire

Put the completed questionnaire in the attached envelope, seal it, and place it in the box provided by the Chaplaincy, or give it to a member of the Chaplaincy staff.

THANK YOU FOR YOUR HELP

PART A. BACKGROUND INFORMATION

A1. Please tell us which of the following best describes your relationship to the hospital:
TICK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> Private visitor (eg visiting or escorting a patient, seeking quiet time, attending services etc.) | <input type="checkbox"/> Member of staff working for the Trust or the private companies at the hospital |
| <input type="checkbox"/> Staff/business visitor | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Member of the local community involved in spiritual care issues | <input type="checkbox"/> Other (please specify below) |

A2. What is your religious allegiance or preference?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian (CoE, Catholic, Protestant, and all other Christian denominations) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other Please specify below |

A3. What is your age?

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 50 - 65 |
| <input type="checkbox"/> 18 - 29 | <input type="checkbox"/> Over 65 |
| <input type="checkbox"/> 30 - 49 | |

A4. Are you:

- ☐ Male
☐ Female



PART B. YOUR VISIT TO THE CHAPLAINCY

**B1. What are your main reasons for visiting the Chaplaincy at the hospital?
TICK ALL THAT APPLY**

- | | |
|---|---|
| <input type="checkbox"/> Worship services | <input type="checkbox"/> Personal discussion |
| <input type="checkbox"/> Bereavement services | <input type="checkbox"/> Meetings or events |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Work duties (incl. voluntary work) |
| <input type="checkbox"/> Quiet contemplation | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Privacy | |

**B2. We would like to know your views on the quality of the physical environment in the Chaplaincy.
Please assess the general appearance.**

TICK ONE BOX IN EACH ROW

Is the Chaplaincy:

	Extre- mely	Quite a bit	Mode- rately	Slight- ly	Not at all	Don't know
Plain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light/Airy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sparse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



... continued from previous page
TICK ONE BOX IN EACH ROW

Is the Chaplaincy:

	Extre- mely	Quite a bit	Mode- rately	Slight- ly	Not at all	Don't know
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dingy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Untidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. Does the appearance of the Chaplaincy:
TICK ONE BOX IN EACH ROW

	Very much	To some extent	Not at all	Don't know
put you at ease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meet with your expectations of a chaplaincy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
look like some thought has been put into its decor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
please you with its decor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. What would you say are the best features of the Chaplaincy? LIST UP TO THREE

List anything relating to the decor or layout of the rooms, or comfort, or services and staff.

1. _____
2. _____
3. _____



**B6. How would you rate the Chaplaincy on the following:
TICK ONE BOX IN EACH ROW**

	Excel- lent	Good	Fair	Poor	Don't know/ don't need
Comfortable space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable sound levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room acoustics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable room temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restful and pleasing decor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of artwork in decor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of natural materials in decor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of flowers or pot plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet/washing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B7. How would you rate the Chaplaincy on the following:
TICK ONE BOX IN EACH ROW**

	Excel- lent	Good	Fair	Poor	Don't know/ don't need
Availability of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on worship services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for pram/pushchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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What do you think is most important to you about a place of worship / a place of quiet contemplation?

Is there anything you would like to change about the Chaplaincy?



■

We are hoping to carry out some face-to-face interviews to explore respondents' views on the Chaplaincy in more detail. The interview can take place either at the hospital or in the respondent's home.

Would you be willing for us to contact you?

☐ Yes

☐ No

If you are willing to be contacted please put your contact details here:

Name: Mr / Mrs / Ms _____

Address: _____

Post code: _____ Telephone: _____

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Please put the completed questionnaire in the envelope provided, seal it and place it in the box provided by the chaplaincy, or give it to a member of the chaplaincy staff.



Annexe 2 Detailed Statistical Analysis of Main Questionnaire Data

1. COMPARISONS BETWEEN THE HOSPITALS

Tests were carried out to see if there was a significant difference in scores between hospitals. Those categories with a p value of less than 0.05 had a significant difference in scores between hospitals: these are highlighted in bold in the tables.

Hospital		General Appearance B2?	B2 Plain	B2 Formal	B2 Clinical	B2 Professional
Queen Elizabeth	Mean	1.6894	3.84	3.68	4.71	2.26
	N	33	51	53	52	58
	Std. Deviation	.45379	1.286	1.411	1.126	1.517
Freeman	Mean	1.8984	3.76	3.89	4.87	2.17
	N	32	46	47	47	46
	Std. Deviation	.46656	1.233	1.202	.679	1.480
Sunderland	Mean	1.7091	4.02	3.74	4.81	2.32
	N	29	46	43	43	44
	Std. Deviation	.37249	1.273	1.177	.906	1.581
The JCUH	Mean	1.9310	3.62	3.44	4.41	2.33
	N	29	42	41	39	40
	Std. Deviation	.60880	1.229	1.163	1.272	1.366
Newcastle RVI	Mean	1.7406	4.52	3.69	4.67	2.16
	N	20	31	32	33	31
	Std. Deviation	.37074	1.092	1.230	.924	1.485
UHND	Mean	1.7386	4.11	4.06	4.88	2.33
	N	11	19	18	17	18
	Std. Deviation	.32574	1.100	1.162	.600	1.455
Total	Mean	1.8000	3.93	3.71	4.72	2.26
	N	155	235	235	232	238
	Std. Deviation	.47178	1.242	1.244	.979	1.472

Table 1 Quality of the Physical Environment (Question B2)

hospital name		Decor	General Appearance and Comfort	Materials and Furniture	Workflow and Logistics	Air Quality and Room Tempe rature
QE	Mean	1.3625	1.9491	2.1722	1.729	2.016
	N	60	55	60	59	61
	Std. Deviation	.47036	.66913	1.00749	.6181	.8896
F	Mean	1.2959	2.0381	1.9852	1.686	1.980
	N	49	42	45	51	50
	Std. Deviation	.41039	.76156	.93462	.6554	.8389
SL	Mean	1.3750	1.7953	2.1439	1.578	1.872
	N	46	43	44	45	47
	Std. Deviation	.49652	.59760	.98934	.4122	.7694
JCVH	Mean	1.4821	2.0095	2.3659	1.852	1.939
	N	42	42	41	44	41
	Std. Deviation	.54491	.61676	.95976	.5865	.7088
RVI	Mean	1.2727	2.0375	1.6979	1.788	2.106
	N	33	32	32	33	33
	Std. Deviation	.33286	.52655	.62995	.5005	.6220
DUR	Mean	1.2361	2.2235	2.1930	1.763	2.421
	N	18	17	19	19	19
	Std. Deviation	.30283	.56957	.87712	.5367	.7685
Total	Mean	1.3524	1.9802	2.1088	1.726	2.010
	N	249	232	242	252	252
	Std. Deviation	.45354	.64179	.94262	.5685	.7915

Table 2 Quality of the Physical Environment (Question B5)

hospital name		B5 Privacy	B5 Toilet/wash Facilities	B5 Acoustics	B5 Comfortable Seating	B5 Meeting Facilities
QE	Mean	1.58	3.26	2.25	2.00	2.75
	N	60	62	60	63	61
	Std. Deviation	.743	1.619	1.323	1.178	1.660
F	Mean	2.06	3.31	2.60	1.63	3.06
	N	50	51	43	52	48
	Std. Deviation	1.018	1.619	1.498	.687	1.656
SL	Mean	1.55	2.69	2.43	1.86	2.79
	N	49	48	44	49	47
	Std. Deviation	.614	1.678	1.500	.764	1.601
JCVH	Mean	1.95	3.90	2.43	2.50	2.83
	N	44	42	42	44	42
	Std. Deviation	.939	1.462	1.213	1.267	1.576
RVI	Mean	2.30	4.06	2.81	2.00	3.48
	N	33	31	32	33	33
	Std. Deviation	.984	1.340	1.401	.829	1.544
DUR	Mean	1.78	3.95	2.58	1.95	3.29
	N	18	19	19	19	17
	Std. Deviation	.808	1.311	1.427	.524	1.404
Total	Mean	1.85	3.42	2.47	1.99	2.96
	N	255	254	241	261	249
	Std. Deviation	.890	1.605	1.388	.994	1.608

Table 3 Quality of the Physical Environment (Question B5) Continued

hospital name		B6 Availability of Space	B6 Information on Worship Services	B6 Information on Other Services	B6 Access for Pram/Pushcha ir	B6 Disabled Access
QE	Mean	1.81	2.31	2.60	2.46	2.45
	N	62	58	60	59	60
	Std. Deviation	.865	1.314	1.405	1.557	1.545
F	Mean	2.02	1.80	2.45	2.08	1.87
	N	52	51	49	51	52
	Std. Deviation	1.163	1.040	1.400	1.426	1.189
SL	Mean	1.68	2.09	2.52	2.76	2.81
	N	47	47	46	45	47
	Std. Deviation	.837	.952	1.312	1.721	1.715
JCVH	Mean	2.23	2.26	2.77	3.14	2.98
	N	43	43	43	44	43
	Std. Deviation	1.065	1.136	1.461	1.519	1.535
RVI	Mean	1.79	1.94	2.40	2.06	2.03
	N	33	32	30	33	33
	Std. Deviation	.696	.982	1.221	1.368	1.311
DUR	Mean	2.21	2.58	2.89	2.63	2.58
	N	19	19	19	19	19
	Std. Deviation	.855	1.427	1.560	1.499	1.346
Total	Mean	1.93	2.14	2.59	2.52	2.45
	N	257	251	248	252	255
	Std. Deviation	.955	1.151	1.382	1.565	1.515

Table 4 Responses to Question B6

2. COMPARISONS BETWEEN CHRISTIANS AND OTHER RELIGIONS

	hospital name						
	QE	F	SL	JCVH	RVI	Gen	DUR
Christian	51	50	43	35	31	1	17
Other	11	2	9	8	2		2

Table 5 Breakdown of Religion by Hospital

The mean scores for each category for Christians and for non-Christians are shown in the tables below. Those categories with a statistically significant difference in scores for Christians and non-Christians are highlighted in bold:

Christian vs Other		General Appearance	B2 Plain	B2 Formal	B2 Clinical	B2 Professional
Christian	Mean	1.7031	3.76	3.73	4.60	2.20
	N	76	110	109	108	113
	Std. Deviation	.45622	1.256	1.252	1.058	1.434
Other	Mean	2.1652	4.15	3.19	4.88	2.59
	N	14	27	26	24	27
	Std. Deviation	.53687	1.322	1.297	1.361	1.647
Total	Mean	1.7750	3.84	3.63	4.65	2.28
	N	90	137	135	132	140
	Std. Deviation	.49584	1.273	1.274	1.119	1.479

Table 6 B2 (by religion)

Christian vs Other		Decor	General Appearance and Comfort	Materials and Furniture	Workflow and Logistics	Air Quality and Room Temperature
Christian	Mean	1.3403	1.8482	2.0342	1.694	1.835
	N	119	112	117	121	121
	Std. Deviation	.45302	.58710	.85923	.5641	.7483
Other	Mean	1.6944	2.2385	3.0256	1.880	2.462
	N	27	26	26	25	26
	Std. Deviation	.60181	.74837	1.13107	.5260	.8115
Total	Mean	1.4058	1.9217	2.2145	1.726	1.946
	N	146	138	143	146	147
	Std. Deviation	.50098	.63634	.98772	.5604	.7941

Table 7 B3 (by religion)

Christian vs Other		B5 Privacy	B5 Toilet/wash Facilities	B5 Accoustics	B5 Comfortable Seating	B5 Meeting Facilities
Christian	Mean	1.67	3.37	2.28	1.94	2.70
	N	124	123	118	127	122
	Std. Deviation	.804	1.676	1.326	.966	1.583
Other	Mean	1.74	2.63	2.65	2.85	3.15
	N	27	27	26	27	26
	Std. Deviation	.712	1.418	1.325	1.460	1.666
Total	Mean	1.68	3.23	2.35	2.10	2.78
	N	151	150	144	154	148
	Std. Deviation	.786	1.652	1.329	1.119	1.602

Table 8 B5 (by religion)

Christian vs Other		B6 Availability of Space	B6 Information on Worship Services	B6 Information on Other Services	B6 Access for Pram/Pushchair	B6 Disabled Access
Christian	Mean	1.79	2.03	2.52	2.64	2.64
	N	123	120	121	120	122
	Std. Deviation	.871	.978	1.348	1.581	1.601
Other	Mean	2.41	3.00	3.04	3.23	3.04
	N	27	26	26	26	26
	Std. Deviation	1.083	1.470	1.483	1.657	1.562
Total	Mean	1.90	2.21	2.61	2.75	2.71
	N	150	146	147	146	148
	Std. Deviation	.939	1.138	1.382	1.605	1.596

Table 10 B6 (by religion)

3. COMPARISONS BETWEEN PATIENTS AND STAFF

	hospital name						
	QE	F	SL	JCVH	RVI	Gen	DUR
Patient	15	16	2	9	2		5
Staff/ work for Trust	15	12	16	15	13	1	4

Table 11 Relation to Hospital

Patient vs Staff		General Appearance	B2 Plain	B2 Formal	B2 Clinical	B2 Professional
Patient	Mean	1.8565	3.75	3.89	4.68	2.53
	N	27	36	38	38	38
	Std. Deviation	.55735	1.228	1.134	.989	1.640
Staff/ work for Trust	Mean	2.2386	3.69	3.59	4.89	2.22
	N	22	39	39	36	41
	Std. Deviation	.51562	1.195	1.251	.979	1.084
Total	Mean	2.0281	3.72	3.74	4.78	2.37
	N	49	75	77	74	79
	Std. Deviation	.56698	1.203	1.197	.983	1.379

Table 12 B2 (by user status)

Patient vs Staff		Decor	General Appearance and Comfort	Materials and Furniture	Workflow and Logistics	Air Quality and Room Temperature
Patient	Mean	1.3750	1.9212	1.9211	1.744	1.816
	N	38	33	38	39	38
	Std. Deviation	.53192	.74656	.87485	.6269	.6619
Staff/ work for Trust	Mean	1.5536	2.2683	2.3917	2.024	2.256
	N	42	41	40	42	41
	Std. Deviation	.49858	.60763	.95448	.5405	.7675
Total	Mean	1.4688	2.1135	2.1624	1.889	2.044
	N	80	74	78	81	79
	Std. Deviation	.51921	.69051	.94088	.5969	.7476

Table 13 B3 (by user status)

Patient vs Staff		B5 Privacy	B5 Toilet/wash Facilities	B5 Accoustics	B5 Comfortable Seating	B5 Meeting Facilities
Patient	Mean	2.03	3.85	2.31	1.93	3.08
	N	38	39	35	40	38
	Std. Deviation	1.197	1.631	1.345	1.141	1.699
Staff/ work for Trust	Mean	2.12	3.32	2.50	2.57	3.26
	N	41	41	40	42	42
	Std. Deviation	.842	1.507	1.198	1.233	1.639
Total	Mean	2.08	3.58	2.41	2.26	3.18
	N	79	80	75	82	80
	Std. Deviation	1.022	1.581	1.264	1.225	1.659

Table 14 B5 (by user status)

Patient vs Staff		B6 Availability of Space	B6 Information on Worship Services	B6 Information on Other Services	B6 Access for Pram/Pushchair	B6 Disabled Access
Patient	Mean	2.00	2.14	2.62	2.73	2.66
	N	40	37	37	37	38
	Std. Deviation	1.132	.976	1.233	1.661	1.599
Staff/ work for Trust	Mean	2.43	2.79	3.00	2.95	2.74
	N	42	42	41	42	42
	Std. Deviation	1.151	1.423	1.449	1.622	1.531
Total	Mean	2.22	2.48	2.82	2.85	2.70
	N	82	79	78	79	80
	Std. Deviation	1.155	1.270	1.356	1.634	1.554

Table 15 B6 (by user status)

Means and standard deviations:

General appearance: 1.80 ± 0.47

B2 Plain: 3.93 ± 1.24

B2 Clinical: 4.72 ± 0.98

B2 Formal: 3.71 ± 1.24

B2 Professional: 2.26 ± 1.47

(These were scored between 1-extremely, to 5-not at all).

Décor: 1.35 ± 0.45

(This was scored between 1-very much, to 3-not at all).

General appearance and comfort: 1.98 ± 0.64

Materials and furniture: 2.11 ± 0.94

Workflow and logistics: 1.73 ± 0.57

Air quality and room temperature: 2.01 ± 0.79

B5 Privacy: 1.85 ± 0.89

B5 Toilet/wash Facilities: 3.42 ± 1.61

B5 Accoustics: 2.47 ± 1.39

B5 Comfortable seating: 1.99 ± 0.99

B5 Meeting Facilities: 2.96 ± 1.61

(These were scored between 1-excellent, to 4-poor).

B6 Availability of space: 1.93 ± 0.96

B6 Information on worship services: 2.14 ± 1.15

B6 Information on other services: 2.59 ± 1.38

B6 Access for pram/pushchair: 2.52 ± 1.57

B6 Disabled access: 2.45 ± 1.52

(These were scored between 1-excellent, to 4-poor).

Annexe 3 Mood Survey

How to collect your data

A map is attached. Please visit the spaces in the order noted below:

- ☐ **Atrium**
- ☐ **Chaplaincy**
- ☐ **Outpatients waiting room**

Please find somewhere to sit for 5-10 minutes in each place, and then complete the questionnaire and take your blood pressure reading.

Please do not smoke, drink or eat while you are collecting your data.

Return to us in the seating area at the north entrance and we will take your data collection sheet and give you the £10 reimbursal.

Study Number

Date

SPACE ONE.

Please find somewhere to sit and note the time at which you arrived in this space: _____.

Please confirm where you are: _____

Please stay in your seat and observe the room / space.

After 5-10 minutes:

Firstly, we would be interested in your observations on this room / space as it appears to you at the moment. Please write as much or as little as you like, but write something!

Now please record how you feel at the current moment by circling a number from 1 (not at all) to 5 (very) on each line.

		Not at all 1	2	3	4	Very 5
<hr/>						
1.	Tense	1	2	3	4	5
2.	Happy	1	2	3	4	5
3.	Sad	1	2	3	4	5
4.	Cheerful	1	2	3	4	5
5.	Dissatisfied	1	2	3	4	5
6.	Anxious	1	2	3	4	5
7.	Depressed	1	2	3	4	5
8.	Nervous	1	2	3	4	5
9.	Sorry	1	2	3	4	5
10.	Calm	1	2	3	4	5
11.	Contented	1	2	3	4	5
12.	Restful	1	2	3	4	5
13.	Relaxed	1	2	3	4	5
14.	Jittery	1	2	3	4	5
15.	Satisfied	1	2	3	4	5
16.	Composed	1	2	3	4	5

How stressed do you feel?

Not at all 1 2 3 4 5 *Very*

Please answer the following questions about the room / space in which you are sitting.

	Not at all 1	2	3	4	Very 5
Does the room/space put you at ease?	1	2	3	4	5
Are the sound levels comfortable?	1	2	3	4	5
Is the temperature comfortable?	1	2	3	4	5
Is the seating comfortable?	1	2	3	4	5
Does the room/space feel crowded?	1	2	3	4	5

How many people are in the room / space:

- ☐ None
- ☐ 1-5
- ☐ 6-10
- ☐ more than 10

Now please take your blood pressure, following these instructions.

You must be sitting. Position your right arm with the thumb upwards and place the monitor over your wrist. Leave 10-15mm between the cuff and the bottom of the palm of your hand. Pull the wrist cuff upward and close the cuff firmly with the Velcro tape.

Press the O / I switch to turn the monitor on. It will say 'Position right wrist'. Hold the arm with the monitor across the front of your body, supporting your elbow with your other hand. When your wrist is in the correct position the monitor will beep. Hold your arm still and the measurement will start. Keep your arm still until the measurement is finished and then write the measurement below.

Systolic blood pressure (labelled SYS): _____

Diastolic blood pressure (labelled DIA): _____

Pulse (labelled BPM): _____

Time given on monitor: _____

Now press the O / I to turn the monitor off and **please take the cuff off**. Wait for three minutes, and then put the cuff back on and take another measurement in exactly the same way:

Systolic blood pressure (labelled SYS): _____

Diastolic blood pressure (labelled DIA): _____

Pulse (labelled BPM): _____

Time given on monitor: _____

SPACE TWO.

Please find somewhere to sit and note the time at which you arrived in this space: _____.

Please confirm where you are: _____

Please stay in your seat and observe the room / space.

After 5-10 minutes:

Firstly, we would be interested in your observations on this room / space as it appears to you at the moment. Please write as much or as little as you like, but write something!

Repeat as for 'SPACE ONE'

SPACE THREE

Repeat as for 'SPACE ONE'.

Annexe 4 Consent Form



NHS Hospital 'Chaplaincies' in a Multi-faith Society

MOOD SURVEY

Chief Investigator: Dr Peter Collins

Consent Form

This is to confirm that I understand the research purpose and have agreed to take part.

Please initial box to indicate the following:

I have received sufficient information about the project and what my involvement will entail ☐

I have had sufficient opportunity to ask questions of the researcher and have received satisfactory answers ☐

I understand that I may take part in as much or as little of the research as I choose without having to give any reasons ☐

I understand that I may withdraw from the research at any time without having to give a reason and with no negative consequences to myself ☐

I agree to take part in this study ☐

Name..... Signature..... Date.....

Annexe 5 Interview Schedule (Chaplaincy Staff)

Draft Interview schedule (Chaplaincy Staff)

Brief biography: what brought you into the Chaplaincy service?

Lead Chaplains – questions about the demographics of their team.

Talk me through a typical day/week? Subsidiary questions concerning variety, quality and quantity of work.

* key functions/tasks?

What changes have you witnessed during the last X years? Have they been for the better or worse would you say?

* religion or spirituality?

Within your faith group, does work in hospital stand out as something different, even unique? Why is that?

What are the main strengths (and weaknesses) of this Chaplaincy?

The Chapel/faith rooms at your disposal -- are they adequate?

* Specific questions about details (design, art, furnishings, etc)

* influences?

* How might they be improved? How might you go about trying to have them improved?

How important is the Chapel itself in your work?

* What experience do you have of the mortuary and bereavement room(s)? Can you comment on the quality of space they offer?

What has the Chaplaincy service to offer the staff, patients and visitors of a large modern hospital? To what extent must the service change with the times?

Do you think art and design matter in creating spaces in the hospital?

Annexe 6 Timetable and Project Milestones, Parts I & II

NHS Hospital ‘Chaplaincies’ in a Multi-faith Society (Timetable and Project Milestones, Part I)

TIME	MONTH					
	OCT 05	NOV 05	DEC 05	JAN 06	FEB 06	MAR 06
RESEARCH TASKS Dr Collins Dr Macnaughton Prof Coleman	<p>-----JCUH Chaplaincy-----</p> <p>-----other Chapels ---→</p> <p>-----→ first visit/ interview with Chaplaincy staff (5 Trusts)</p> <p>produce/distribute questionnaires A & B (5 Trusts)-----→</p> <p>1st interim report →R1</p> <p>-----unobtrusive observation (5 Trusts)→</p> <p>-----background reading-----→</p> <p>-----collecting documentation-----→</p> <p>---stress/mood questionnaire pilot-----→</p>					

NHS Hospital ‘Chaplaincies’ in a Multi-faith Society (Timetable and Project Milestones, Part II)

TIME	MONTH					
	APR 06	MAY 06	JUN 06	JUL 06	AUG 06	SEP 06
RESEARCH TASKS Dr Collins Dr Macnaughton Professor Coleman	<div>-----JCUH Chaplaincy-----></div> <div>-----other Chapels -----></div> <div>-----> second interview with Chaplaincy staff (5 Trusts) if required</div> <div>-----collect/process questionnaire data-----></div> <div>-----unobtrusive observation (5 Trusts)-----></div> <div style="text-align: center;">2nd interim report → R2</div> <div style="text-align: center;">-----interview users (5 Trusts)-----></div> <div style="text-align: right;">-----writing final report-----</div>					

Dr P. Collins 07/07/05

Annexe 7 Information Sheet



**The Centre for Arts in
Humanities Health and Medicine
University of Durham**

NHS Hospital 'Chaplaincies' in a Multi-faith Society

Chief Investigator: Dr Peter Collins

Information Sheet

You are being invited to take part in a research study of hospital Chaplaincies in the North East of England. Hospital Chaplaincies are a very important part of today's NHS and we wish to find out what you think about their work, about the spaces set aside for religious worship and contemplation in hospital and also about mortuary and bereavement rooms. We are interested to hear the views of a range of people on the Chaplaincy facilities with which they are familiar. Whether you are a patient, relative or friend of a patient, staff member or part of a Chaplaincy team you can make an important contribution to our research.

Our findings will be presented in a report which will be made available to Chaplains in the North East and to the Department of Health (our funder). We hope that the information we gather will contribute to a better understanding of and improvement of Chaplaincy services in the region.

Whether you agree to complete a questionnaire or undergo an interview we wish to make clear that all the information we collect will be anonymous - individuals will not be identified. You are free to leave the study at any time and to ask for any information collected from you to be destroyed. The project will run from October 1st 2005 - September 30th 2006.

We would like to take this opportunity to thank you for taking the time to help us in our research.

Dr Peter Collins (Principal Investigator: Contact number: 0191 3346203)

Email: p.j.collins@durham.ac.uk.

Dr Jane Macnaughton (Researcher and Project Manager)

Professor Simon Coleman (Researcher)

Annexe 8 Questionnaire Responses to Question B4

B4 What would you say are the best features of the Chaplaincy?

The James Cook University Hospital

Clean/ quiet/ private

Very comforting/very welcoming/I like it, it's like my church

Chaplains are friendly and supportive/it is within the hosp premises

The candles that we light for our loved ones/the prayer stand/the services

Comfortable/peaceful/felt the significance of candle lighting and prayer request most helpful/the personal touch of a kind soul who gave me her time and prayer

the staff/the windows

candles from Bethlehem are beautiful and special/pretty windows/friendly people and Chaplain

room divider flexibility/stained glass windows/audio system

quietness – peacefulness/caters for a wide variety of needs/easily accessible 24 hours each day

simple layout-uncluttered/candles available – devotion-petition-intercessional prayer

presence of the blessed sacrament/information/the altar as a focal point

catholic priest/stained glass windows/simple altar

privacy/the cross to focus on/cool-peaceful-relaxing

flexibility of use/flexibility of size/respectful-peaceful-pleasant

private/friendly/light and airy/comfortable

calm atmosphere/friendly staff/wonderful windows

very pleasant decor/a quiet place for prayer

stained glass windows/availability

decor/windows/services

lighting/room layout/personal contact from staff-volunteers

Father X – a lovely caring person/set out beautifully/people friendly

Convenient time for Sunday mass/friendly atmosphere/pleasant surroundings

Availability at all times/comfort/a christian place of worship

Convenient/modern

Easy access/concerned staff/possible to be private

Cleanliness/open at all times/prayer books

Stained glass windows/books and leaflets/a peaceful, tranquil room

Availability and easy access for patients and staff/clergy who know what it is like ie understand and empathise/availability of leaflets for reflection

Its bigger than previous/its light and pleasant/it has windows

Double doors make it quiet/versatile – dividing doors-spacious/staff cheerful and welcoming

Altar and lectern cloths/stained glass windows

Peaceful,welcoming place to pray/quiet and private/services and priest available if needed

Decor is calming, colour/wood, stained glass windows/staff are excellent/rooms can be used in different ways eg meeting room can be used as part of Chapel if required private/good to sit in and think

quiet place to pray and think/usually private/feels like a place where one can meet with
God

General structure-decor, atmosphere/light-pleasant/prayerful space

Modern-light interior/stained glass windows/the staff

Relaxing/welcoming/friendly

Washroom/clean prayer room

I like how there's prayer sheets/it feels very spiritual/just how you could imagine a

Chaplaincy

Very pleasant decor/comfortable seating/airy

Candle lighting/prayer sheets/general ease is in the room

Queen Elizabeth Hospital Gateshead

Pleasant/accessible/friendly

Welcoming/helping us muslims/friendly PR

The peacefulness/the memory books for loved ones/the music and flowers

It provided a special place for ablution and praying which we have to perform 5 times a
day PR

quiet/relaxing/piped music

quiet music/peaceful/soothing

restful/peaceful

access/staff

the area where the memorial books are

it gives you a calm feeling/chapalins are very helpful and encouraging

quiet/tranquil/well appointed

relaxing/welcoming/friendly

clean/no allowance of shoes in Prayer Room PR

multi-faith Prayer Room very nice/provision of ablution room clean and tidy/pleasant and
welcoming Chaplains PR

clean/staff cheerful/private

peaceful/a help to me in hospital/good to have around

prayer cards/music/prayer requests

relaxing music/nice and tidy/request for prayers board

peaceful/nice and quiet/relaxing

prayer cards/cleanliness/looks like thought has been put into it

peace/calm/friendly Chaplains

prayer cards available/listening ear of the staff/Chaplains will bring communion to your
bed if you don't feel up to services

very helpful to any religious beliefs/privacy/very peaceful atmosphere and very pleasant
background-music not intrusive

peaceful/private

prominence of the cross/modern art/furnishings

staff extremely sensitive and caring/piped music/relaxing atmosphere

staff/relaxing atmosphere

comforting/easy to find/welcoming

peaceful/clean

calm/peaceful/easy on the eye
 not open to main corridor/clean/bright
 quiet atmosphere on entering/a sense of peace being there/taped music very soothing
 the seating/warm and clean air/the peace
 wooden panelled doors/screens in main area to divide room up/art work
 tranquil/comfortable/warm
 personalised candles/multicoloured wash on all/comfortable seats
 prayer request board
 touch more colourful
 off centre arrangement/background/bibles on offer
 comfort/welcoming/gives hope
 comfort/welcoming/gives me hope
 peaceful/christ-centred/prayerful
 accessibility/friendliness and approachability of the Chaplains
 trying to meet someone/I have just started coming/I am looking for help
 the way it is set out/nice bright decor/so relaxing and peaceful
 the cross/the staff are astonishing/clean and tidy/out of this world
 requests for prayer/space in a busy hospital/different focusses
 peaceful/helpful
 very nice layout
 the picture of the person walking up to the cross/requests for prayer board/the general
 layout and seating arrangement
 availability of quiet/the cards and peaceful atmosphere/being able to be quiet and listen to
 god
 thinks of others/services good/layout good
 open 24 hours a day/flower arrangements always lovely/plenty of cards out for different
 folk and free
 tranquil and feels safe/helps you to meditate and pray/if you need to talk or share feelings
 you can reach out for help
 relaxing/peaceful/calming
 peacefulness/simplicity/art work
 access for the disabled/books of remembrance and prayerboard/the cross and the quilted
 wall-hanging
 guidance given/relaxing atmosphere
 welcoming/relaxing
 peace/privacy/decor

Freeman Hospital Newcastle

Very helpful staff/beautiful flower arrangements/reasonably comfortable seats
 an atmosphere of peace and comfort/staff welcoming and give feeling of caring/services
 Free Church-CofE welcoming not overpowering
 Comfortable chairs – good quality of furnishing and floor/friendliness of chaplains/flower
 decorations and simple stained glass
 staff/comforting welcome/very comfortable
 efficiency/offices are rather small but well equipped/the Chapel is beautiful and

conducive to worship and quiet.
 Find the services very reassuring/the Chapel is always open for private prayer/find
 singing
 during the services very uplifting
 its presence/the team of people
 great sense of nearness to God/lovely service for patients
 calming/comfortable/pleasant
 staff are on hand – welcoming but not obtrusive/room is warm,comforting and open to
 prayer and contemplation/room is easily accessible for all and all denominations
 sense of welcome/a relief from the busyness of hospital/reminder that people have
 spiritual as well as physical needs
 peaceful/Chaplain always has time/reassuring
 staff are wonderful, caring, very spiritual/Chapel is welcoming/very comforting
 accessible/happy/comfortable
 peacefulness it brings, quietness/welcoming, reliable/
 well set out/plain/no religious bits around
 Chapel is peaceful/atmosphere helps to be still/promotes presence of God
 staff always willing to help in any situation/a peaceful oasis in a busy hospital
 friendly/welcoming/good surroundings
 Chaplain is always there when needed, excellent person for the job
 altar/windows/welcoming staff
 the minister/the reverence/the comfort
 comfort/layout/peaceful
 peacefulness/clean/accessible/staff helpful
 easily accessible but in a quiet recess/styled as a traditional CofE church but
 intimate/books of memory for children
 windows/quiet/helpful
 staff approachable and friendly/Chapel (feel at ease there)
 restful
 staff/services/decor
 quiet/reverential/decor
 Chapel/comfort-size/staff
 its situated at the end of the main corridor/the welcoming sign of the cross/the staff leave
 us in our privacy of prayer
 Reverend ***/a place of comfort/private for prayer
 Glass/arrangement of seating/book of remembrance
 Altar/light/ambience
 Light/stained glass/friendliness of staff
 Easy to find/comfortable/gives a degree of privacy to those in need of it
 Atmosphere/friendly staff/quiet
 Comfortable seating/pleasant stained glass windows
 Friendly Chaplain/comforting service
 Sheer peace/tranquility/love
 The windows/comfort/layout
 Altar/Chaplain male or female/regular lady who bible reads
 The focal point of the altar/the simplicity and quiet and beautiful staff/the cards which

hold such words to relate to others and I can give to someone
good location/target audience (being a RC, maybe Protestants?)
calmness/the beautiful design – stained glass windows, chairs, flowers, shape of floor –
different from a hospital feel
welcoming
lay-out of room/quiet/welcoming
altar/decor on walls – stained glass/seating
availability and accessibility/quietness-stillness in the midst of a busy place/privacy
stained glass windows/peaceful atmosphere/quite accessible
mid-week day or evening communion service/clergy

Royal Victoria Infirmary Newcastle

The byzantine ceiling/choice of formal or informal setting/the sense of place
Chaplaincy staff/the nearness of the Chapel to the Chaplaincy office
Conveniently situated/multi-useable/oasis from hustle of hospital
Very spacious, espeically ceiling/very decorative with christian pictures/like to see altar
and cross
very clean/very private/very welcoming
the staff/the Chapel
staff availability/peaceful space/centrality of Chapel
beautiful decor/calm/relaxing
the gold dome/stained glass/wall hangings
provision of quiet space in a busy hospital/range of spaces, eg formal, more relaxed
seating area
staff nice and friendly/nice quiet Chapel/gives you freedom
decor is very nice/peaceful
open all hours/accessible
Chaplaincy office is short of space/Chapel would benefit from better seating/Chaplains
and
volunteers are great at their calling, especially the Chaplains
light and airy/feeling of familiarity/staff are always available to listen and offer advice
and support
very accessible/beautiful stained glass windows and ceiling/different services to suit
different groups
open doors/looks welcoming/fresh flowers
a very nice room, very special
writing your thoughts/can read what people have went through the same as you ie losing
a baby
welcoming staff/beautiful windows
place to get away from the hustle and bustle/great decor, feels like a church/peaceful
peaceful atmosphere/caring staff/always available
ease of use with wheelchairs/welcoming and friendly/beautifully equipped (with carvings
etc)
peaceful atmosphere/beautiful flowers/prayer book
private corner pew at back/always open/flower arrangements

quiet/comfortable/serene
staff/quiet and comfortable/no need to hurry
very comfortable/very peaceful/good for quiet prayer
stillness – calming area/windows-ceiling – lighting/pleasant and helpful staff
open and easy access
it lives up to my expectation of a church/its quiet and peaceful/its got beautiful woodwork

Sunderland Royal Hospital

The friendly peaceful atmosphere/spacious/private
Peacefulness-to write a prayer request/a place where the meaning comes together/a must
have place for a hospital
lighting/rainbow rug (hope!)/remembrance book
private/welcoming/clean
I like the water fountain/the crosses/the three different area
Easy access/thought for all faiths ie areas provided to wash/always open and available
Being open at all times/able to contact Chaplains at all times/very good organisation and
care of volunteers, staff and patients
quiet/good central access/I like the calmness of the water feature
modern bt yet mellow/ease of access/peaceful atmosphere
different seating areas/baby books of remembrance/way layout is changed often
it was very relaxing – I left as ease/it was comfortable/I did not see any staff but I was
comforted by the psalm 121 left on the chair and I also could spend some time
with my Lord
caring staff/visual displays – somebody cares/quiet areas in the layout
the layout/the colour/how welcome you feel
each religion catered for/tranquility/a place to be at one with your thoughts, your loved
ones passed & the Lord.
A quiet place to pray/a welcoming environment to talk/very assessible to all visiting the
Hospital
Relaxing/calm environment/welcoming staff
Prayer Room/wash area/location PR
Water feature/flowers/lighting
Mass/friendship/staff
Welcoming/friendly/caring
Pleasant outlook in Chapel/staff always helpful/good Facilities for services
Welcoming
Welcoming
Accessibility/availability of meeting room/access to Chaplains
Quiet/peaceful
Clean PR
Roomy/location is quiet/information about services is readily available
The fact that it exists/tranquil/accessible-convenient position
Approachable staff/spiritual ambience of the Chapel/caring atmosphere
Relaxing and comfortable/good layout/bright decor
Layout/fountain/silence

Friendly and relaxing/it's a place you can come with problems
 Silent atmosphere for prayer/easily accessible for in and out of work
 Very clean and comfortable/very quiet/very welcoming – spacious but not sparse
 Welcoming /relaxing/comforting
 Seats/water fountain/layout
 Access/access to Chaplains/always trying to improve PR
 Staff very good/services very good/comfort very good
 Private/relaxing/practical
 Friendly/comfortable
 Peaceful/clean/water feature
 Electric water fall/flowers/lights – chairs
 Comfortable/serene
 Nice and quiet/clean/private
 Silence/privacy/seclusion
 Quiet/comforting/available
 The water/the light/the peace
 Thankyou for muslim Prayer Room/clean washing area
 Calm-peaceful-tranquil/easy to find
 Staff are friendly and approachable/quiet location
 Open all hours – valuable for shift work/water feature is excellent/Christ-centred

University Hosptial of North Durham

Comfort/layout/staff
 Room tasteful/decor good/quiet
 Quiet environment-peaceful/gentle decor
 Stained glass features/artwork interesting and throught provoking/wooden furniture solid
 and comfortable
 availability/independence
 staff/quiet place/convenient location
 staff are very professional and caring/layout is extremely efficient and well
 considered/services are multidenominational
 staff friendly, informal, caring/services, visiting patients, prayer etc/privacy and
 confidentiality/serives/Chapel
 stained glass windows – natural colours/other decorations, particularly like the ardway?
 Painting and lamb of God plaque/light wood used
 Friendly Chapell staff/clean and quiet/sympathetic to multi-faith needs
 Book of prayer requests/local crafts people used for decor
 Staff/layout
 Imaginative use of windowless room/central in hospital arrangement/warm and quiet – an
 Oasis
 Prayerful/welcoming/relaxing
 Light and pleasant/well decorated/enough decor for the size
 Lightness/illunination/spirituality
 Chaplaincy team are friendly and helpful/layout of Chapel is comfortable and
 inviting/services are suitable for all denominations

Annexe 9: Site Maps Indicating Location of Chaplaincy Facilities

- 1 The James Cook University Hospital, Middlesbrough ('C' marks Chapel)
- 2 Queen Elizabeth hospital, Gateshead
- 3 Freeman Hospital, Newcastle
- 4 Royal Victoria Infirmary, Newcastle
- 5 Newcastle General Hospital
- 6 Bishop Auckland General Hospital
- 7 Darlington Memorial Hospital ('C' marks Chapel)
- 8 University Hospital of North Durham, Durham
- 9 Sunderland Royal Hospital ('C' marks Chapel)