

INTRODUCTION FORMAT CASE STUDIES PROJECT ON CHAPLAINCY CARE

What do chaplains do, why and to what end?

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I. FRAMEWORK

Case study

A case study (in the framework of the Dutch Case Studies Project) is an informative and methodical description in which the accompaniment process and the contribution of (professional) chaplaincy care are demonstrated and argued with the intent of identifying (criteria or characteristics of) good practices.

Focus

The focus of the project and the format is that of direct contacts, individual or in group settings, between a professional chaplain and a client (or client system), including the context of the contacts. Other forms of contact, or chaplaincy care directed at organizational aspects, is equally worthy of research, but would require a different focus and format.

Format

For the sake of comparison and maximal gain a set format is employed. In light of the varying conditions of chaplaincy care in different contexts some flexibility is also required, for example in the use of terminology. The format is based upon examples in the literature and expanded upon with a view to the theoretical demands of the project. During the project, further refinement can be expected. What follows here is a framework consisting of four phases. Not all elements will be available or relevant for all cases, but it is desirable to provide as broad a variety of description and evaluation as possible and feasible. That requires careful documentation, both with regard to protection of the involved parties and with regard to the scientific quality of the research project.

Phasing

The choice of a case and the description of it (phase 1¹) are primarily the work of the involved chaplain, though the author could be an observer (researcher or intern). The reflection and evaluation (phase 2) are situated in a case studies research community, consisting of chaplains, academic researchers and other interested parties. In the documentation the primary author includes the results of the discussions in the research community and submits a completed case study for approval by the research community.

The chaplain as researcher

The case study is to be written and discussed in the third person, he or she form. That means that the chaplain submitting a case study will write and speak about him- or herself in the third person. In the discussions of the case study in the research community all, including the author, will speak of the chaplain in the third person. In that way participation in the research community is distinct from supervision (or intervision) in which personal goals and development are the focus. The primary goal of the research project is the development of the profession. *The question, for example, would not be, 'Why was I (or why were you) embarrassed by this situation?' but 'What is the effect of the embarrassment on the interaction with others in the case study?'* The role of the chaplain in the case study is initially that of a practitioner who on the basis of her practice and with his practical experience submits a case study. However, in the description of the case study and in the discussions in the research community, the submitting chaplain takes on the role of co-researcher.

¹In a prior version the phase 2 of description was preceded by a separate phase 1 of selection of a case.

II. ACCOUNTABILITY

Materials

The case study should be written out within a month of the last contact with the client, if not earlier. At that point additional information can have been gathered from other involved parties. In a separate document a brief list of personal data of the client is to be provided in anonymous and coded form.

In order to maintain distance to the material the submitter (chaplain or other) will write in the third person form. The third person form emphasizes that the focus of the description is not on the learning process of the author but on the possible contribution to the development of the profession.

The material that is provided consists of

- Reporting, partly in the form of verbatims, by the chaplain
- Audio and video material of the contacts
- Feedback by others (clients, persons from the client system, other professional caregivers).

It is important that the case study report describes the specific and concrete activities of the chaplain and the concrete and observable responses to those activities, including detailed descriptions at key moments. The outcomes also need to be described in concrete language.

The desired length of the description in phase 1 is about 6000 words. If verbatim material is included a selection of the most relevant passages is sufficient. Material in the form of audio or video recordings, transcriptions, verbatims, that cannot be included within the case description, should be preserved in a safe manner. The length of the report on the evaluation in phase 2 should be 1000 to 1500 words.

Ethical aspects

Although an individual case study is not a form of research for which approval by a medical-ethical review board is required, for the project as a whole, including the collection and storage of case studies material, approval has been applied for and received. In the *description* of the cases and in the *sharing* of information close attention must be paid to the ethical, scientific and legal frameworks of the research project.

- a. Is the description sufficiently anonymous to insure and protect confidentiality?
- b. Does that protection include not only the (primary) client, but also other involved parties?
- c. Even if *informed consent* is not formally required, is it possible to obtain the consent of the involved parties? Where such is not possible, is a written explanation demonstrating accountability provided?
- d. Has the description and interpretation of the case been checked and verified at critical points with others involved or with observing parties?
- e. Is there sufficient recognition for the role and contribution of any other involved parties?

III. PROCEDURE

Selection

For the development of good practices examples are needed in which chaplaincy care seems to have gone well. It is helpful to focus on the reasons or motives for the choice of a particular case, and perhaps test those reasons in dialogue with another person, for example the academic researcher. Within the framework of research on a number of case studies, criteria of variety or

specialization may influence the selection. For the choice of an individual case the following perspectives can play a role.

- a. Representative case from the patient group.
- b. Paradigmatic case of the way the chaplain works.
- c. Outsider case which by virtue of its unusual character is illuminating.
- d. Critical case which tests the usual way of doing things.

It is possible that the reasons or motives for the choice of a case study only really become clear at a later moment, after comparison with other case studies

Finalizing the case study *Chaplain/submitter & research community*

- a. Someone other than the submitter takes notes on the discussion of the case study in the research community.
- b. With the help of those notes the submitter writes a report on the findings of the research community, using the framework of the points 11 to 15 of phase 3.
- c. The discussions in the research community may give occasion to altering the text of the description (phase 2.) for the sake of clarification or correction. The alterations should remain visible in the text.
- d. At the next meeting of the research community, the submitter presents a complete report that includes his/her own description (phase 2.) *and* the written report of the findings of the research community (phase 3.).
- e. The research community establishes the definitive text of the case study.

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