

## Dissertations and theses in Paediatric Spiritual Care and related fields

**Bull, A. W. (2013). *The insights gained from a portfolio of spiritual assessment tools used with hospitalised school-aged children to facilitate the delivery of spiritual care offered by the healthcare chaplain* (Doctoral dissertation, University of Glasgow).**

<http://theses.gla.ac.uk/4529/1/2013bullphd.pdf>

A Spiritual Assessment Tool (SAT) for use with a child by a healthcare chaplain, requires a clear conceptual construct in order to convey a child's spiritual profile to other professionals. The design of the tool, allied to the manner in which a chaplain engages with a patient, allows a child to easily share information which can be interpreted in terms of this construct. This thesis creates a new and accessible conceptual framework to describe the spirituality of children in a paediatric setting. It achieves this through the design and development of a portfolio of sorting cards and storyboards, referred to as a Spiritual Assessment Tool (SAT). The SAT encourages children to share information about their healthcare journey which is then interpreted in terms of the new framework. In addition, it identifies the competences required by a healthcare professional to obtain and interpret this information. In doing so, it necessarily discusses the wider implications of the theological insights which arise. The research involved the filming of interviews conducted with children aged between 6 and 13 years old in an acute paediatric healthcare setting. During these interviews sorting cards depicting different aspects of the children's lives were used in conjunction with storyboards, in order to discover how the children described their lives while in hospital. The design of the SAT developed through two distinct stages before reaching a final model that achieved the goals of this thesis. In order to describe and share the information expressed with other healthcare staff, a framework was developed to enable interpretation of how a child constructs meaning. This framework required a terminology that could clearly communicate the complexities of how children understand the meaning of their lives in the context of the hospital setting. By engaging with child development theory and the data gathered from the interviews, the term "connectedness" was adopted to better encapsulate the conceptual construct of what had, in the past, been described as "childhood spirituality". The term draws four dimensions from the field of child development which help professionals to profile a child's perspective of their lives while in hospital: the momentum of connectedness; the awareness of connectedness; the resilience of connectedness; and the evaluative nature of connectedness. These dimensions take account of the contextual disruption experienced by the child and the way in which their level of development contributes to the perspective of their lives while in hospital. The theological implications the concept of 'connectedness' and the methodology of its application underline the dynamics of the competences involved. These can be applied in integrated theological reflective practice. The "Zone of Proximal Connectedness" (ZPC) is

used to describe the space of an encounter between a healthcare professional and a paediatric patient when four features are present; hospitality, liminality, the significant other, and the co-construction of meaning. The ZPC forms the foundation for gathering information that serves as the basis for better spiritual care. The research findings provide insight into the dynamics required for a healthcare chaplain to relate to a child and to engage in integrated theological reflective practice which relates to the ZPC. The nature of the encounter outlined in this thesis between an assessor and a child requires the quality of 'mutuality'. The implications of mutuality reveal that in the Christian Faith our concept of God's nature involves a greater sense of mutuality. The wider implications of this reflection for the Christian faith and our understanding of God, Jesus and the Church are identified as an area for future theological exploration.

**Campbell, C. S. (2013). *A hermeneutic phenomenological study of the unique role of NHS hospital chaplaincy in delivering spiritual care to people bereaved by the death of a child* (Doctoral dissertation, University of Aberdeen).**

[http://digitool.abdn.ac.uk/webclient/StreamGate?folder\\_id=0&dvs=1440693404252~452](http://digitool.abdn.ac.uk/webclient/StreamGate?folder_id=0&dvs=1440693404252~452)

This study utilises a hermeneutical phenomenological framework to explore the lived experience of losing a child and how this experience may be understood theologically, with a view to exploring the delivery of spiritual care to the bereaved. This three dimensional approach takes seriously the voices of the bereaved as they influence the move towards a deeper understanding of theology, spiritual care and the unique role of the hospital chaplain. To explore the lived experience, unstructured interviews were carried out with parents and grandparents in five bereaved families following the death of a child. This included 5 mothers, 3 fathers, 5 grandmothers and 4 grandfathers. The participants were identified and recruited because of their experience of the death of a child in the family, had some concept of God and had used the chaplaincy service. They were interviewed as married couples or as individuals if there were no partners taking part. There were ten interviews conducted during the first 6 months of the research and contact approved for a 5 year period should this be necessary. Gadamer's philosophy of interpretation was essential to this process as the research involved an in-depth, thematic and hermeneutical analysis of the interviews. This analysis produced three key themes: hope and struggle with God, a new experience of community and a changed relationship with the child. The themes were then viewed from a theological perspective and the insights gained were the basis for exploring the delivery of spiritual care in NHS Scotland. The findings offer new insights into the delivery of spiritual care, key amongst the findings being:

- Chaplains are not specialists in spiritual care when defined as separate from religious care.

- Chaplains are specialists in theology and the language of faith where developing a 'critical theological tool box' is essential.
- Chaplains are specialists in supporting people to personally engage with the questions of life, giving them permission to move outside the 'traditional box' of religion. The findings of this research will hopefully challenge and inspire chaplains to review the meaning of spiritual care and assert the unique and essential place they have within NHS Scotland.

**Glover, M. (2005). *Shame and non-adherence to treatment in adolescent renal patients* (Doctoral dissertation, University of Nottingham).**

<http://ethos.bl.uk/OrderDetails.do?did=1&uin=uk.bl.ethos.442263>

This is a first study to investigate how shame might impact on adherent behaviour in adolescent patients with renal illness. A dual quantitative and qualitative approach was utilised.

A group of adolescent renal patients with no homogeneity of diagnosis, and a group of healthy adolescents drawn from a population of similar demography completed a self-report shame measure. Data yielded in this survey was subjected to statistical analysis and results from both groups were compared. A further sample of adolescent renal patients from the same population then took part in either focus groups or semi-structured interviews. Data from the quantitative survey was compared with data from the qualitative enquiry. The qualitative data was further evaluated and discussed.

Renal patients reported negative life events associated with their illness, which were described as shaming. It was found that shame is associated with non-adherent behaviour

**Richardson, H. R. (2013). *Seeing the Arcane in the Mundane: The Spiritual as Lived by Ill Children*. PhD Dalhousie University, Halifax, Nova Scotia.**

[http://dalspace.library.dal.ca/bitstream/handle/10222/35457/Richardson\\_Holly\\_PhD\\_INTE\\_June\\_2013.pdf?sequence=1](http://dalspace.library.dal.ca/bitstream/handle/10222/35457/Richardson_Holly_PhD_INTE_June_2013.pdf?sequence=1)

Children with serious illnesses experience life disruptions that are of consequence to long-term health and development. The spiritual is integral to health, yet many healthcare providers claim a lack of understanding and comfort with attending to spiritual issues in practice. This hermeneutic phenomenological inquiry explores spirituality as lived by children with cancer and cystic fibrosis and highlights the importance of spirituality in the provision of holistic child healthcare. Four children aged nine to fourteen from each illness group (six males and two females) were interviewed and asked to draw pictures, forming the primary data for interpretation. Conversations with family members were

also included in the analysis as supplements to the primary data. Study findings offer insights into children's lived experiences of the spiritual. They reveal unmet spiritual needs and unique ways of living the spiritual that often went unrecognized by adults. The experiences shared were profound and deeply meaningful, revealing hidden wondering and wisdom that defies contemporary views of how children understand and deal with the complexity of living with serious illness. Findings provide more nuanced understandings of the spiritual that allow for the voices and emotions of children to be heard, revealing a sense of struggle and the need to find meaning in illness with all its disruptions and demands on time and freedom. Findings also reveal the meanings in relationships that sustained children in their efforts to live well with illness. These findings provide possibilities for viewing child health differently—a view that includes the spiritual and its implications—that can lead to a more conscious awareness, wisdom, and sensitivity in practice. Findings offer ways of engaging children in conversations about illness meanings and the spiritual that recognize the complexity in language and the need for alternate strategies to mine the depths of experiences that are often hidden. Because the spiritual does not always wait for experts to arrive, findings are relevant to all healthcare providers and caregivers of ill children. Implications for interprofessional research, education, and practice are also explored, providing possibilities for seeing, exploring, and living the spiritual in our practices of caring for ill children.