Reinventing spiritual care in a secular context : the chaplain as *entrepreneur*

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Résumé : This paper discusses the state of chaplaincy—professional spiritual care—in the secularized context of the Netherlands. The present religious and cultural climate is sketched, as well as the organization of chaplaincy and the daily practices of chaplains. Two important recent developments are highlighted : the rise of non-denominational spiritual care and spiritual caregivers getting involved in extramural care (community care). Finally, the Guideline Spiritual Care—an interdisciplinary model for providing spiritual care—is presented. It is argued that chaplaincy in the Netherlands has gone through a process of transformation, in which the relation between the professional and the religious identity of the chaplain had to be redefined. Spiritual care may still be denominationally organized in the Netherlands, but the spiritual caregivers share a common professional identity as professionals who focus on meaning, belief systems, and ethics.

Mots-clés : religious climate, chaplaincy, non-denominational spiritual care, extramural care, guideline spiritual care

1 Introduction

Spiritual care in public institutions such as hospitals has greatly changed over the last twenty years, under the influence of the religious and cultural climate. In this lecture, [1] I will discuss recent developments in chaplaincy—professional spiritual care—in the Netherlands, showing how it has been transformed in my very secularized country and how it is currently being organized and practiced. One might ask : Why would it be interesting for a Swiss audience to hear about the Netherlands ? The Dutch and

1. This paper is a slightly revised version of my lecture at "La Clinique du Sens/The Clinic of Meaning", Colloque International held at the University of Lausanne on November 14-15 2019. For this paper I have used some material from another article I wrote : Hetty Zock, "Chaplaincy in the Netherlands. The search for a professional and religious identity", Tidsskrift for praktisk teologi / Nordic Journal of Practical Theology, 2019, Vol. 1, No. 2, p. 11-21.

Swiss natural landscapes may be different, but there are similarities in our cultural and religious landscapes. We are both small and rich countries, with a highly educated population. We are both rather secularized countries. Because the Netherlands may be still more secularized, the development of chaplaincy there may be interesting to compare with developments in Switzerland. Anyhow, I think the question raised in this conference is very important : how to address the spiritual dimension in public institutions —such as hospitals and schools— in a secularizing society.

I will first sketch the contemporary religious landscape, which has greatly changed over the last twenty years. Then I will go into chaplaincy in the Netherlands : I will present some quantitative data and present the current professional organization and practices. Subsequently I will go into two recent developments : the turn to non-denominational chaplaincy and chaplains being involved in extramural care (community care). Finally, I will present an interdisciplinary model of care for the dimension of spirituality in healthcare that has been developed in the Netherlands.

2 The contemporary religious landscape

In the Netherlands [2] there is a very low degree of religious affiliation : only 32 % of the population are members of a church or of another religious or worldview organization, such as the Humanist Association. So about two third of the population are "nones". Only a quarter of the population are members of a Christian church (Catholic : 12% ; Protestant : 13%). In Switzerland [3] the religious affiliation rate is much higher—74%— and two third of the population are members of a Protestant or Catholic church. The percentage of the population who consider themselves as Christians is even higher : 75%, while in the Netherlands it is 41% (which is much higher than the 25% church members, but it is the lowest percentage in Europe).

However, the differences between Switzerland and the Netherlands may be not as big as it seems at first sight. It also depends on how one measures church membership (the American PEW research center for instance, comes up with a much higher rate of religious affiliation for the Netherlands). But more importantly, church membership does not say everything about how people are religious. The "nones" in the Netherlands may be very religious or spiritual—there is a lot of religion and spirituality outside the churches : 42% of the population consider themselves as "believers" and about 30% as "spiritual". 14% report that they believe in God, 28% state "There must be something", 34% "I don't know", and 24% report that they are atheists. And surprisingly, almost 50% report that they are praying.

Analyzing what is going on in the religious field, we find that (Bernts & Berghuijs, 2016) :

— There is an increasing religious diversity : next to diverse Christian churches, there are many other religious communities one can get involved in.

2. The data concerning the Dutch religious landscape presented here are taken from a five-yearly sociological survey (Bernts & Berghuijs, 2016).

3. The data concerning the Swiss religious landscape are taken from the Bundesamt für Statistik (2015), https://www.bfs.admin.ch/bfs/de/home/statistiken/bevoelkerung/sprachen-religionen.html.

— It is clear that the traditional churches are losing influence. Church membership rate decreases at a fast pace and there is a growing number of "nones". At the moment, every week two church buildings are being closed in the Netherlands.
— There is "New Spirituality" (formerly called "New Age") : mindfulness and other forms of meditation are very popular ; people are involved in modern cults such as Wicca and in popular culture with a spiritual ring, such as Star Wars.
— People are doing religious *bricolage* : they freely use diverse spiritual sources and are involved in several spiritual practices at the same time. People draw inspiration and support from very different sources ; traditional Christian, Muslim, Hindu, Buddhist sources ; Humanist tradition, popular culture, folk traditions, among others.
— In general, one may say that religiosity has become fluid (*cf.* the term "liquid modernity", coined by Zygmunt Bauman) : there is a lot of free floating spirituality. There are no longer clear boundaries in the religious field. Boundaries are crossed all the time : there are church members who don't believe in God and/or don't consider themselves as religious or spiritual, and the other way around. There is also "multiple religious belonging" : for example, people may be both committed church members and active in a Buddhist community.
— With regard to the function of contemporary religion, we see that the focus is on experience and on the personal life-sphere. Religion/spirituality must be useful, it must help you to live your life, to make important decisions, and to cope with crises.

Summarizing : there is a high degree of secularization and the churches are losing influence, but there is a lot of religion out there ; religion has to a high degree become de-institutionalized. The spiritual field has become very fluid—which is not very convenient when you want to organize spiritual care, either in churches or in public institutions : it is difficult to reach the people in need of spiritual care and to identify their needs. Of course, I cannot properly judge how similar the religious situations in the Netherlands and in Switzerland really are. For instance, what is the influence of secularization and New Spirituality in Switzerland ? How are the churches doing here ? But I guess that you may recognize the same trends in the religious field.

Let us now turn to how these developments in the religious field have changed spiritual care and chaplaincy in the Netherlands.

3 Chaplaincy in the Netherlands

3.1 Introduction

Chaplains are working in healthcare institutions (1200), prisons (140), and the army (150) ; a few in the police force (10), and for the past 20 years they also work as self-employed professionals (in healthcare at home and in local communities) (70). I will focus here on healthcare—which contains by far the biggest group of chaplains.

Providing spiritual care for people in public institutions (such as hospitals) is considered to be a public task, and it is financed by the state. The chaplains have the status of employee. However, because of the separation of church and state, the organization

and content of spiritual care and the education of chaplains is seen as the primary responsibility of the churches and the other worldview organizations, together with the professional organizations. The presence of chaplains in public institutions is based on the Dutch Constitution, which guarantees freedom of religion and worldview (art. 6). [4] This implies that every person who resides in an institution (such as a hospital, a prison, or the army) for more than 24 hours should have free access to spiritual care of one's own religious "color", background. You must be able to practice your own religion, and have the right to ask for a priest, a Protestant minister, an Imam, etc. This is called the "sanctuary function" of the chaplain (referring to the old practice of people being able to take refuge in churches—look for shelter there, from robbers, or the police and other government officials ; like refugees do today). [5] But at the same time, chaplains are also supposed to contribute to care as a whole—they are members of the interdisciplinary team. So they are part of the healthcare system, but they have at the same time an outsider position.

3.2 Organization

Two important Dutch professional chaplaincy organizations must be mentioned here. First, the Association of Chaplains in the Netherlands (VGVZ, 2015). It was founded in 1971 and has about 1400 members. Its goals are to stimulate the professionalization of the chaplains and to serve as a lobby and pressure group. Second, the Foundation Quality Register Spiritual Caregivers (SKGV, s.d.), which was founded recently, in 2014. Its goal is to guarantee the educational and professional quality of the chaplains ; for instance, the SKGV decides on which initial education programs are acknowledged and on the permanent education requirements.

The VGVZ is organized in a double way : in care settings and worldview sectors. Care settings are : hospitals, psychiatry, rehabilitation, nursing homes, care for persons with disabilities, youth care, and extramural care. Worldview sectors are : Protestant, Catholic, Jewish, Humanist, Muslim, Hindu, Buddhist, and non-denominational. Let us take the care setting "hospitals" as an example : all the chaplains working in hospitals, whatever their worldview background, come together and discuss how to develop their own work in the hospital. In the worldview (protestant, catholic, humanist, etc.) sectors, the chaplains affiliated to the same worldview meet together. For example, the protestant chaplains, either working in a hospital, a nursing home, or a youth care institution, come together to speak about the spiritual underpinning of their work. This organization in worldview sectors is clearly a remainder of the so-called "pillarization" of the Netherlands : the division of society in worldview "pillars"—streams (catholic and protestant hospitals, but also catholic and protestant bakeries, soccer clubs, and so on). The pillarization originated in the late 19th century and gradually collapsed since the 1960s. And now, as we have seen, Dutch society is no longer divided in clear, distinct religious pillars. But the VGVZ still is to some extent– and

4. It is the responsibility of healthcare institutions to provide adequate and high-quality spiritual care. The availability of spiritual care is further specified in the Healthcare Quality, Complaints and Disputes Act (WKKGZ), article 6 and in the Healthcare Clients Participation Act, article 3.

5. "Spiritual caregivers help safeguard the constitutional freedom of religion and belief for people living in a healthcare institution, for detainees, and for military personnel. This is referred to as the 'sanctuary' function, as it offers access to spiritual assistance to all citizens, without control or approval by any third party." VGVZ (2015, p. 5).

thus, does no longer represent the religious landscape. This, among other things, is why recently a new worldview sector was added : the non-denominational sector. I will go into this in section 3.

3.3 New chaplaincy practices

The developments in the Dutch religious landscape have changed the work of the chaplains in a high degree. Chaplains are faced with two challenges. First, they have to care for individuals with many different religious and spiritual backgrounds—traditional religious, New Spirituality, vaguely spiritual or not spiritual at all ; and the people are often doing religious bricolage.

A second challenge is what I call *analphabétisme religieux*. Many people no longer know how to talk about spirituality. They were not raised religiously and have had no religious education, and when faced with a difficult, existential situation (such as health problems, the death of a child, becoming an invalid), they simply have no words to express their feelings and thoughts in a spiritual way : they don't know how to pray and they are not familiar with religious stories and songs, such as the Psalms. Therefore, spiritual and existential questions and needs are often not recognized ; they remain under the surface. Spiritual needs may be hidden behind a medical complaint, aggressive behavior or a depression. And this goes for the patients, but also for the care professionals (the doctors and the nurses). So, the spirituality has to be "dug up", and a new spiritual language and new rituals have to be developed.

Let me present some examples of current chaplaincy practices. Traditional religious services are still being held—although they generally have an ecumenical character—and traditional religious rituals (such as baptism of very ill newborn children and ritual blessings in hospitals) are still being performed. Besides, more inclusive rituals have been developed. Think for instance of memory services for children who have died in the hospital. Here the chaplains freely use symbols and texts from various spiritual and cultural traditions (a dove, the tree of life, the cross, butterflies, candles, stones). A psychiatric hospital in the north of the Netherlands yearly organizes a "festival of meaning" in the summer. The patients and people from the surrounding villages walk around on the grounds of the hospital ; there is music, poetry, and other activities that stimulate the imagination, and one of the chaplains is wearing a fool's costume, challenging the audience. Each participant should be able to feel at home in these inclusive rituals : Christians, Muslims, Jews, atheists, and Star Wars fans. Further, chaplains work in their individual counseling too with cultural images and traditions that have a broad spiritual meaning, such as stones and light, objects of art, poetry, and music. The hospital chapels have changed into supra-confessional and general "rooms of silence" (Holsappel-Brons, 2010), where everybody should be able to feel at home ; religious people as well as "nones" who want to meditate, burn a candle, or just sit there for a while. Yet it is evident that new spirituality cannot be invented from scratch : Although there are no explicit religious symbols that might exclude people, the modern rooms of silence may remind one very much of traditional chapels.

3.4 A new definition and identity of chaplaincy

The changed daily practices of the chaplains induced the VGVZ to formulate a new definition of chaplaincy in its Professional Standard :

> "Spiritual care is professional support, guidance and consultancy regarding meaning and belief systems. Spiritual caregivers enter the scene at times when the routine of normal daily life is disrupted : in situations of life and death, parting and loss ; when there is an intense sense of belonging, or abandonment ; or when moral dilemmas present themselves. They are experts in dealing with existential questions, questions on the meaning of life, spirituality and ethical considerations." (VGVZ, 2015, p. 5).

Chaplaincy is described here in general, supra-confessional terms. In the Netherlands we prefer to speak about "spiritual care"[6] and "spiritual caregiver" (*geestelijk verzorger* and *geestelijke verzorging*) instead of a Dutch equivalent of chaplaincy/chaplain, because this term still has a Christian ring. The central terms that are used in the VGVZ definition to explain what spiritual care is about are "meaning" (*zingeving*—meaning-making) and "belief systems". This way, all different worldviews—traditional and new ones, of church members and of "nones"—are included, as well as spiritual, existential, and ethical issues in the broad sense of the word. The preferred central term was "meaning", and not the internationally common term "spirituality" (*spiritualiteit*), because the latter term is received ambivalently in the Netherlands, being associated with "New Age" and "vague", especially in medical circles. The term spirituality is used elsewhere in the Professional Standard to indicate the inner, affective dimension of religious practices. However, the meaning of the term "meaning" in Dutch equals that of the American term "spirituality", as used in the work by the American physician Christina Puchalski (2000, 2009), who is very influential in international palliative care.

We may conclude that the chaplain, who traditionally was a religious office holder, the representative of a specific religious tradition and institution, has more and more turned into an existential counselor, specialized in meaning-making with the help of belief systems (Zock, 2008). But then, one might ask, what is the difference between a chaplain and a psychologist or a social worker, who may also address existential questions and meaning-making ? The main difference is that the chaplain is an expert in the religious field (in the broad sense of the word) : s/he has expertise with regard to beliefs, spiritual traditions, and rituals—old and new ones.

The chaplain's own worldview, however, still plays an important role too. The Professional Standard states that the chaplains are supposed to have a clear, spiritual stance ; they need to know (and be able to communicate to others) what they stand for and believe, by what spiritual traditions and practices they are inspired, and what their spiritual alliances are. This applies both to chaplains who are involved in a traditional worldview institution and chaplains who are not.

6. For an overview of and plea in favor of the use of the term "spiritual care" in German-speaking countries, see Thierfelder (2017).

The chaplain's own worldview serves as a source of personal inspiration, but it is also their main instrument. Chaplains are supposed to have "their own authentic spirituality, which they actively maintain and which constitutes the foundation of their work" (VGVZ, 2015, p. 6). Central chaplaincy competencies are the "spiritual competency"—"the ability to help people discover their own spirituality and renew their sources of spirituality and belief", [7] and the "hermeneutical" (or "worldview") competency—"the ability to detect, articulate and interpret meaning as it is contained in texts, images, practices, life narratives, traditions and new forms of spirituality" [8]. [9] So the focus of the chaplains' work is on the content of meaning-making, which however is always related to how it functions in a person's life. [10]

Further, each chaplain needs an authorization : an endorsement by an established worldview organization (such as a church, the Buddhist league or the Humanist Association) to guarantee the competency pertaining to worldview. Until recently, all chaplains were required to have such an institutional endorsement. Now this no longer fits into the present religious situation. The population of chaplains has changed too : they are becoming as religiously diverse as their clients. That is why an alternative to the endorsement has been developed : those chaplains who do not want an endorsement (that is, an official link with a religious institution) can ask for a (non-religious) mandate. And this is the moment to discuss the recent phenomenon of non-denominational spiritual care.

4 Non-denominational spiritual care

Nowadays many endorsed chaplains feel a bit out of touch with their religious tradition and institution and with their colleagues who are parish ministers and priests. Besides, there is a growing number of students who want to train for chaplaincy, but do not want an official endorsement with a church or another worldview institution. They may consider themselves as Christians or Humanists, though, and often they do have a religious affiliation ; but there are also "nones", who were not raised in a religious tradition, and who are doing "religious bricolage".

The universities took advantage of this need and developed master programs "non-denominational spiritual care" (the first one in Groningen in 2004). They were eager to do that, because the number of students in the confessional programs dropped, as a consequence of the increasing secularization. There simply are fewer students who want to become a parish minister or priest. At the moment, there are three master

7. "*Spiritual competency* : the ability to help people discover and renew sources of spirituality and belief. This compentency is based on a broad knowledge of such sources, and the ability to adapt and present them where necessary in rituals and symbolic ways of expression." (VGVZ, 2015, p. 10).

8. "*Hermeneutic competency* : the ability to clarify questions of meaning, to shed light on beliefs and customs relevant to the context or the situation, and to provide religious and worldview counseling. This competency includes the ability to detect, articulate and interpret meaning as it is contained in texts, images, practices, life narratives, traditions and new forms of spirituality – relating to existential and spiritual questions, sources of beliefs and ethics, modern society, religion and culture. The crucial ability is to detect and articulate emotions, unasked questions, and implicit assumptions." (VGVZ, 2015, p. 10).

9. The VGVZ Professional Standard distinguishes substantive, process oriented and personal competencies (VGVZ, 2015, p. 10-12). The hermeneutical and the spiritual competencies are situated among the substantive competencies.

10. Smeets and Morice-Calkhoven (2014) have suggested the concept "spiritual competence" to cover the various characteristic aspects of chaplaincy competencies.

programs spiritual care which are not connected to a confessional, denominational school (a theological seminary or the University for Humanistics). The current number of graduates from non-denominational schools is much higher than those from the confessional schools.

An organizational problem was that until 2015 the new chaplains, who graduated from these non-denominational MA programs, were not allowed to become members of the VGVZ, because this organization required an official endorsement to guarantee the spiritual competence (next to a master degree which does guarantee other relevant spiritual care competences, such as the hermeneutical and the communicative one). The average age of the members of the VGVZ increased to 50+, so it was urgent to integrate the new group of chaplains into the professional organization.

Finding a solution was not easy. There was a lot of opposition from the churches and the endorsed chaplains to these newcomers. It was asked : Is their worldview expertise good enough ? What about their spiritual/hermeneutic/worldview competencies ? And don't you need an official relationship with a church to safeguard the sanctuary position ? But finally, the following solution was found : in 2015 a Council for Non-Denominational Spiritual Caregivers (RING-GV, s.d.) was established to test what was summarized as the "worldview competency", comparable to the testing of Protestant, Catholic and humanist graduates by their worldview institutions. Instead of an endorsement by a religious institution, the non-denominational chaplains could get a "mandate" by this new Council—and thus could become members of the VGVZ. A new worldview sector was established for the non-denominational chaplains, as already mentioned in section 2.2. This new worldview "pillar" (the new sector may indeed be considered as an ironic remnant of pillarization) has grown rapidly the last four years and now already constitutes more than 20% of the VGVZ members.

Actually, the possibility of a mandate by RING-GV is a hybrid solution—a typically Dutch pragmatic-compromise solution, one might say. The new council does not represent a worldview pillar at all. The non-denominational chaplains are religiously very diverse and there is no contact with the Council after the test. As far as I know, The Netherlands is the only country where non-denominational spiritual care has an official status in chaplaincy. I don't know if it will last : it is possible that the mandate is a temporary solution, and that the VGVZ will be organized in a different way in the future. But the introduction of the mandate illustrates that spiritual care has to be "reinvented" in the secularized and religiously diverse context of the Netherlands.

5 Chaplains in extramural care

5.1 The development of extramural spiritual care

A second recent development that has changed Dutch chaplaincy is the decentralization of healthcare, which has led to the emergence of extramural spiritual care. Like in many other European countries, there is a shift from intramural to extramural care—providing care at home (also called "community care"). Since 2015 the towns

and cities are responsible for the distribution of care.[11] The idea is that the patient is treated and cared for at home as much and as long as possible—not in a hospital, a nursing home or another care facility. This applies to the care for the elderly and for people with chronic diseases (fast-growing groups), but also for palliative care (patients dying at home or in a hospice instead of in a hospital), for psychiatric patients, and for persons with disabilities. There is an increase of outpatient clinics and transmural care. Nursing homes, psychiatric hospitals, and youth care institutions are being closed. And chaplains and other care staff lost their jobs.

What were the consequences of the decentralization for spiritual care ? Professional spiritual care is, up till now, not available in extramural care settings. There is no legal underpinning : as explained in section 2.1, people are entitled to spiritual care only when they are interned in a hospital, the army, etc. for more than 24 hours (on the basis of the Dutch constitution). The "24 hours criterion" does not apply at home. It is supposed that you have access there to your own pastor or priest. But that is no longer the case : the majority of the people do not belong to a religious community and hence they have no access to a local pastor for counseling. Yet they are dealing with serious life problems, illness issues, imminent death and grieving, and handicaps. So, there are spiritual and existential needs to be addressed at home —and these needs are increasing, because people get older, more fragile, and often suffer from many conditions at the same time.

This lack of spiritual care and the need for meaning-making was also experienced by doctors, nurses, and social workers in the communities. Some chaplains filled this gap, and went to work in extramural settings, as self-employed professionals. Chaplains and former pastors started their own practices, or they work together in so-called "Centers for life-questions" (sometimes the term "existential questions" is used too). We find these practices and centers all over the Netherlands (more than 100 at the moment) ; these are being surveyed and evaluated right now, in order to determine best practices. The extramural chaplains offer individual support and counseling, and training and education of other care professionals and volunteers. They collaborate with family doctors, organizations for home care, local communities, palliative teams, churches, and volunteer organizations. So, they have become *entrepreneurs*, running a business, doing acquisition (net)working with various other care professionals and organizations.

5.2 Examples

Let me give a few examples of the activities of the extramural spiritual caregivers as presented on their Websites.

Counseling of people who have life-questions. You can request assistance by a spiritual caregiver : "when life is no longer a matter of course" ; "when you ask questions such as : What is the meaning of what happens to me ?", "Where can I find support and comfort ?" ; when you become vulnerable ; when you lose your job, health or a

11. It starts with so-called "kitchen table conversations" : If you suffer from a chronic disease, are in the early stages of dementia, or have a handicap (either mental or physical), members of the local multidisciplinary care team come to your house, talk about what kind of care you need, and not in the last place about what you can do yourself and who in your social network can help you.

loved one ; when you are lonely ; when you are in crisis ; when you wrestle with serious life-events. Sometimes, but not very often, the Websites also mention : "When you wrestle with spiritual and religious issues." What do the practices of these *entrepreneur* chaplains consist of ? They offer individual sessions—they listen, pay attention to and work with a person's life-history ; they look for sources of inspiration and empowerment—the usual things pastors and chaplains do in individual counseling. But they also offer group work (such as : writing seminars about life-stories ; groups for elderly people, gay people, or grieving people ; encounter groups). Further, they organize intercultural or interreligious meetings, meals where lonely people can eat and talk together, and the like.

Training and education of other care professionals and volunteers. The extramural spiritual caregivers offer courses to improve recognizing life questions and paying attention to these, to stimulate multicultural sensitivity—for instance with regard to Islam—and to learn how and when to refer to the chaplain as a specialist. A pivotal question during the training sessions is : What is the (life-)question behind and underneath the practical needs and demands for care of a specific person ? What is the meaning dimension ? Examples of training programs that are offered are : "Intervision : dealing with ethical issues" ; "The power of vulnerability" ; "Elderly people and depression" ; "Peace in grief and mourning".

Meaning on prescription. Because the general practitioner (family doctor) is the gatekeeper to all kinds of specialized care, the chaplains have targeted this group of care professionals in particular. Many pilot projects started in general practices, where family doctors can refer to a spiritual caregiver attached to the practice, if necessary. These pilots are researched at the moment : What do the family doctors consider as "meaning/spirituality" ? How do they pay attention to life-questions ? What is their own life stance ?

It turns out that it is hard to get in here, as chaplains. First, because the medical profession is, by nature, not fit to screen the spiritual dimension and so-called "slow questions" of life : doctors having an average of 7 minutes for a consult. They simply don't have the time. Second, there is a clash in language and culture—physicians being pragmatic, focused on what is makeable and evidence-based. But family doctors increasingly get more patients with chronic diseases and multi-morbidity, and their task is to reduce the consumption of medical care. So, they gradually do realize that attention for the spiritual dimension—for the life-story and meaning-making of patients— is useful, and that it may help reduce medicalization.

5.3 Financing

A big problem in extramural spiritual care is getting finances. Up till now spiritual care at home is not paid for in the healthcare system. Spiritual care is reimbursed by some health insurance companies, but it is not included in the Health Insurance Act. So, the chaplains have to find money in other ways. They try to get donations from private funds and churches ; sometimes the people pay themselves for spiritual care ; and sometimes the chaplains work for free, as volunteers. Which few other *entrepreneurs* would do, by the way…

A positive development is that the present Dutch government recognizes the value of spiritual care in the home environment. In 2018, the Ministry of Health, Welfare and Sport (VWS) has decided that spiritual care should also be available for people at home, and that it should be financed and become an integrated part of extramural care. The Ministry has made available 25-35 million euros to get this implemented, starting with the palliative care and the care for the elderly. This means that the self-employed chaplains—working independently, organized in centers or transmurally from hospitals—can get paid for their services to patients and for educational and advisory services to care professionals. The two-year program will be evaluated and a new financing system for spiritual care in the home environment is being designed.

The consequences of this new development for the identity, competencies and training of the spiritual caregivers will have to be further investigated. Competencies such as entrepreneurship, teaching, and interdisciplinary working will have to be introduced in the chaplaincy training programs.

6 Guideline Spiritual Care

We have seen that chaplains in the Netherlands work together with various other care professionals—in intramural settings with e.g. nurses and doctors, and in extramural settings with e.g. family doctors, palliative teams, and social workers. It turns out to be difficult to make clear to these other professionals what the specific chaplaincy profile and contribution to care consist of. I will present here an interdisciplinary model to care for the spiritual dimension, that is frequently used at the moment (fig. 1).

The guideline is developed in palliative care (where the importance of the spiritual dimension of care is recognized and implemented the most). It is originated in the European Association for Palliative Care (EAPC) and was initiated by Dutch chaplains and researchers, who were inspired by the work of Christina Puchalski (Puchalski *et al.*, 2009 ; Puchalski & Romer, 2000). The focus of spiritual care in this model is on understanding how meaning is ascribed to life events—from the perspective of the patients and those nearest to them.

The model presents an A-B-C of spiritual care. The point of departure is that all care professionals pay attention (A) to the spiritual dimension. The doctors, the nurses, the other healthcare professionals, and the spiritual caregivers. All have to be able to do screening : to figure out if life-questions play a role for a patient in a specific situation. And all have to be able to listen supportively and attentively. The next step consists of counseling (B) : going deeper into what may be going on at the spiritual level, appraising and interpreting. In a crisis situation (C), when someone is stuck in spiritual or religious problems, the chaplain as a specialist may come in. It must be noted that most of the spiritual care competencies are shared by the three groups professionals. Spiritual care is considered as an interdisciplinary undertaking, with the chaplain as the specialist. Further, because there definitely is a grey area between psychosocial, physical, and spiritual issues and needs, the possibility of referral must be continually considered.

DUTCH GUIDELINE SPIRITUAL CARE (version 1.0)

		Doctors and nurses	**Medical social workers, psychologists**	**Health care chaplains**	
	Primary focus, access and frame of reference	*Somatic*	*Psychosocial*	*Spiritual*	
A	***Attention*** *(always)*	Listening, supporting, recognizing, *screening*	Listening, supporting, recognizing, *screening*	Listening, supporting, recognizing, *screening, interpreting*	Representing and connecting
B	***Counseling*** *(at patient's request)*	Following the search process, referring, *assessing*	Following the search process, referring (->) *assessing*	Following the search process (<-) referring *assessing, interpreting and appraising*	
C	***Crisis intervention*** *(if indicated)*	Detecting, referring	Recognizing, counseling, treating referring (->)	Recognizing, counseling, (sometimes) treating, (<-) referring *interpreting and appraising*	

Figure 1 – Primary focus, access and frame of reference of the various care disciplines (Integraal Kankercentrum Nederland, 2013)

According to this guideline, the special expertise of the chaplains consists in their hermeneutical skills and spiritual competencies : they are experts in meaning issues, in interpreting and appraising (evaluating) what is going on. Besides, they have a function in the process as a whole, by "representing and connecting" (see the vertical box at the right of the model). They represent the spiritual dimension and they connect all participants in the care process. Besides, they are training other health care professionals in spiritual care and they are involved in ethical consultation—which is becoming a prominent task of chaplains in hospitals.

The guideline is still rather abstract and general. At the moment it is being implemented in diverse practices, and a revised version will appear soon. The most important thing, however, is that it has been included in the Dutch guideline book for good

palliative care, [12] which means that it is now considered as a necessary and integrated part of (palliative) care. This fact may be used as an argument that paying attention to the spiritual dimension in healthcare is important and necessary.

7 Conclusion

Chaplaincy in the Netherlands had to reinvent itself, under the influence of the changing religious landscape and the developments in healthcare. The Dutch spiritual caregivers may have a very diverse religious background, but they share a new, general definition of what their profession is about : the focus is on meaning-making and dealing with existential and ethical questions, with the help of diverse belief systems and spiritual practices. Their work practices have changed very much. Therefore, they need to develop other competencies : interdisciplinary working ; being an entrepreneur ; and creating new language and rituals for the very diverse persons and professionals entrusted to their care.

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