





Enhancing Quality & Safety: Spiritual Care in Health



National Consensus Conference Report

Spiritual care is an essential component of safe and quality care but presently there is no consistent approach to the delivery of spiritual care across the health system in Australia. The National Consensus Conference Enhancing Quality & Safety: Spiritual Care in Health was held 1-2 June 2017 to address this issue.

THE CONFERENCE

Facilitated by Dr Norman Swan conference participants sought to develop a national strategy for spiritual care in three identified domains:

- 1. A nationally consistent governance framework to ensure quality and safety in spiritual care services
- 2. Viable and sustainable spiritual care models
- 3. Quality education and training

Participants heard from a number of speakers presenting the case for spiritual care and outlining the issues facing us in Australia. The results from a national survey on attitudes of a broad range of stakeholders to the role of spiritual care in health were presented. The conference produced a national agenda for the inclusion of spiritual care across the health system in Australia.

RATIONALE

Increasingly attention has been given to quality and safety in the provision of health care. Within this context it is recognised that safety and quality of care require attention to more than the medical and technological aspects of care. The Australian Commission on Safety and Quality in Health Care identifies patient-centred care that incorporates concern for the patient's beliefs and values as a key component for safe and high quality care (Australian Commission on Safety and Quality in Health Care, 2011)¹. The need to care for the patient's psychosocial, cultural and spiritual needs is also acknowledged nationally (Australian Commission on Safety and Quality in Health Care, 2015)². This parallels the rise in research internationally exploring the links between spirituality, religion and health.



Dr Norman Swan facilitates the conference.

PARTICIPANTS







Representatives from:

State Governments: Victorian Department Health & Human Services; ACT Health

Universities: Flinders; Notre Dame; Melbourne; La Trobe; University of Divinity

National peak bodies: Catholic Health Australia; St Vincent's Health Australia; Hindu Council of Australia; Calvary Health; Uniting; St John of God Health Care; Australian & New Zealand Association for Clinical Pastoral Education

State peak bodies: Victorian Healthcare Association; Buddhist Council of Victoria; Chaplaincy Services South Australia; Civil Chaplaincies Advisory Committee NSW; Tasmanian Council of Churches; ACT Pastoral Care Council; CatholicCare Melbourne;

Health Service Executives: Director Allied Health; Director of Nursing; Primary Health Care Manager

Spiritual care practitioners

Outcomes from the National Consensus Conference

PRINCIPLES FOR DESIGN AND DELIVERY OF SPIRITUAL CARE SERVICES

Spiritual care is integrated and coordinated across all levels of the health system in Australia

Safe and quality spiritual care services require a systems approach to integration and coordination. Spiritual care is incorporated into accreditation processes, integrated within safety and quality systems and frameworks, and embedded in health policy.

2. Spiritual care is available for all people

Spiritual care is inclusive of all people and responsive to needs across the whole organisation. Spiritual care informs the ethos and culture of the organisation and contributes to the embodiment of organisational values.

3. Spiritual care is provided by a credentialled and accountable workforce

Spiritual care is provided by a skilled and competent workforce working within a clearly designated and defined scope of practice managed by a national professional association. Professional practitioners work as integral members of multidisciplinary teams.

4. Spiritual care is a shared responsibility

Spiritual care is an essential component of person-centred care. All health care workers are knowledgeable about the options for addressing spiritual needs as part of personcentred care. Appropriate referrals are made to ensure spiritual, religious and cultural practices are facilitated.

5. Research is conducted on the contribution, value and effectiveness of spiritual care

Research is undertaken to inform the provision of best practice spiritual care and the development of education and training pathways.

POLICY STATEMENTS

- **1.** There is a paid professional spiritual/pastoral care workforce in hospitals.
- 2. All health professionals receive training about spiritual care.
- **3.** All patients are offered the opportunity to have a discussion of their religious/spiritual concerns.
- **4.** All patients have an assessment of their spiritual needs.
- **5.** Patient's values and beliefs are integrated into care plans.
- **6.** Information gathered from assessments of spiritual needs is included in the patient's overall care plan.
- **7.** Families are given the opportunity to discuss spiritual issues with health professionals.
- **8.** Faith communities are recognised as partners in the provision of spiritual care.
- **9.** Spiritual care quality measures are included as part of the hospital's quality of care reporting.
- **10.** Hospitals provide a dedicated space for meditation, prayer, ritual or reflection.



Spiritual care is an essential component of person-centred care.

KEY MESSAGES

- Members of the interdisciplinary team offer a diverse range of skills in the provision of emotional, religious or spiritual support, and it is recognised that all team members play a vital role. (Standards for Providing Quality Palliative Care for All Australians 2005)
- Determinants of health can also include cultural and spiritual health. (Victorian Health and Wellbeing Plan 2015)
- Providing for the cultural, spiritual and psychosocial needs of patients, and their families and carers is as important as meeting their physical needs. (Australian Commission on Quality and Safety in Health Care National Consensus Statement: essential elements for safe and high-quality end-of-life care 2015)
- As spirituality is integral to quality of life and well-being, it should be accessible to all older people in a way that is meaningful to their beliefs, culture and circumstances. The identification of spiritual needs and offering of spiritual care is the responsibility of all care-givers and must be undertaken in ways that are appropriate to their role.

 (National Guidelines for Spiritual Care in Aged Care 2016)
- Spirituality can and does play a critical role in driving overall positive outcomes in healthcare today. (*The Critical Role of Spirituality in Patient Experience 2015*).

SHV KEY TERMS AND DEFINITIONS

What is spirituality?

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred³.

Spirituality is subjective and can be expressed in different ways by individuals and communities. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to existential questions, such as: Why is this happening to me? To whom do I belong? Does my life have meaning? What happens after we die?

What is spiritual care?

Spiritual care is a supportive, compassionate presence for people at significant times of transition, illness, grief or loss. Spiritual care is a collaborative and respectful partnership between the person and their health care provider. It is an integral component of person-centred care⁴.

How is spiritual care provided?

Providing for the cultural, spiritual and psychosocial needs of patients, and their families and carers is as important as meeting their physical needs⁵. Spiritual care is most often delivered using a reflective practice framework which includes assessment to identify the patient's spiritual resources, hopes and needs. Care is provided from a multifaith and spiritual perspective offering support, spiritual counselling and guidance, rituals, faith-based care and religious services.

- Puchalski et al., (2014). Spiritual Dimension of Whole Patient/client Care: Reaching National and International Consensus. Journal of Palliative Medicine; 17(6): 642-656.
- 4. World Health Organisation. (2007). People at the Centre of Health Care: Harmonizing mind and body, people and systems. South-East Asia Region, Western Pacific Region: WHO.
- 5. Australian Commission on Safety and Quality in Health Care. (2015). National Consensus Statement: essential elements for safe and high quality end-of-life care. Sydney: ACSQHC.

Resources

Cobb, M., Puchalski, C., & Rumbold, B. (Eds.). (2012). *The Oxford textbook of spirituality in healthcare*. Oxford. UK: Oxford University Press.

Duke University Center for Spirituality, Theology and Health: www.spiritualityandhealth.duke.edu.

George Washington Institute for Spirituality and Health (GWish): www.gwumc.edu/gwish/index.cfm

Gordon, T., Kelly, E., & Mitchell, D. (2011). *Spiritual care for healthcare professionals*. London, UK: Radcliffe Publishing.

Koenig, H., King, D., & Carson, V.B. (2012). *Handbook of religion and health* (2nd ed.). New York: Oxford University Press.

McSherry, W., & Ross, L. (Eds.). (2010). Spiritual assessment in healthcare practice. Keswick, UK: M&K Publishing

NHS Education for Scotland spiritual care resources: www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care.aspx

Puchalski, C., & Ferrell, B. (2010). Making health care whole: Integrating spirituality into patient care. West Conshocken, PA: Templeton Press.

Spiritual Care Australia: www.spiritualcareaustralia.org.au

 $Spiritual\ Health\ Victoria: www.spiritual\ health victoria.org. au$





