Spiritual Health Association

Spiritual Care in Victorian Hospitals 2008 TO 2019

A Comparison of Two Surveys Report

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Introduction

In 2008 the first state-wide survey of spiritual care (then called pastoral care) was undertaken and provided the first detailed snap shot of spiritual care in Victorian hospitals (Reference Dell Report). A decade after that initial study it seemed timely to replicate the survey to understand what (if anything) has changed in the field over ten years. The results of the 2018/2019 survey have been reported elsewhere (Reference). The intention of this report is to provide a comparison of the 2008 and 2018/19 survey data and to make some recommendations based on the outcomes of this comparison.

Number of hospitals participating

2008

A filter was applied to the 2008 data to segregate test results of those hospitals that nominated that they were public hospitals. This left a pool of 47 public hospitals for comparison purposes.

2019

The total pool of 45 hospitals who participated in the 2018/19 survey were included in the comparison. This included: 40 public (88%) and 5 private (12%) hospitals.

Spiritual Care Coordinators

There has been only a small increase in the number of hospitals employing a Coordinator.

2008

23 hospitals employed a Coordinator (49%)

2019

25 hospitals employed a Coordinator (56%)

Access to spiritual care

The increased inclusion of spiritual care on admission forms may indicate greater awareness of spiritual care services.

2008

48% of hospitals said patients nominate if they want to receive spiritual care and 2% were unsure.

2019

60% of hospitals said patients nominate if they want to receive spiritual care on their admission form and 5% were unsure.

Profile of Spiritual Care Providers

Faith Affiliation

Faith affiliations for spiritual care practitioners were more diverse in 2019 as compared to 2008, although the sample size was smaller. There were fewer in some of the major faith groups (for example, Catholic reduced from 39% to 25%, Anglican from 23% to 9%, Uniting Church 12% to 10%). Baptists increased from 9% to 14%, Buddhists from 1% to 7%, Church of Christ 2% to 5%.

The table below shows the faith affiliation of paid spiritual care practitioners in order of frequency for both 2008 and 2019.

Faith affiliation 2008	**Number (%) 2008**	**Faith Affiliation 2019**	**Number (%) 2019**
Catholic	36 (39)	Catholic	20 (25) ↓
Anglican	21 (23)	Baptist	11 (14) ↑
Uniting Church	11 (12)	Not religious	9 (11) -
Baptist	8 (9)	Uniting Church	8 (10) ↓
Other	6 (7)	Anglican	7 (9) ↓
Church of Christ	2 (2)	Buddhist	6 (7) ↑
Lutheran	2 (2)	Church of Christ	4 (5) ↑
Not declared	2 (2)	Other	3 (4) ↓
Jewish	1 (1)	Pentecostal	3 (4) -
Presbyterian	1 (1)	Presbyterian	3 (4) ↑
Buddhist	1 (1)	Salvation Army	3 (4) -
Unitarian	1 (1)	Jewish	2 (2) ↑
		Greek Orthodox	1 (1) -
Total	92 (100)	Total	80 (100)

Age

The age range remains fairly consistent between 2008 and 2019, with the greatest percentage in the 51-60 age bracket.

The table below shows the age range of spiritual care practitioners in 2008 and 2019.

Age range	**Number (%) 2008**	**Number (%) 2019**
18-30	0 (0)	1 (1)
31-40	8 (9)	7 (8)
41-50	17 (19)	15 (17)
51-60	40 (44)	40 (47)
61-70	22 (24)	21 (24)
71+	3 (3)	2 (2)
Total	90 (99)	86 (99)

Gender

While the majority of spiritual care practitioners identify as female (70%), the gap has closed a little since 2008.

The table below shows the gender distribution of spiritual care practitioners for both 2008 and 2019.

Gender	**Number (%) 2008**	**Number (%) 2019**
Male	19 (21)	23 (30)
Female	73 (79)	53 (70)

Titles used for spiritual care staff

In 2008 the language was pastoral care and chaplaincy as can be seen in the table below from the 2008 survey report.

While the title 'Spiritual Care Provider' was offered in 2008 there were no positions recorded against that title. A significant shift occurred for this title, with 30% of all staff in 2019 under this title.

2008		
Management or Staff	**Position Titles**	**Number of hospitals using title (%)**
Pastoral Care Management	Pastoral Care Coordinator	23 (17)
	Pastoral Care Manager	9 (7)
	Pastoral Care Director	3 (2)
	Sub-total	**35 (25)**
Pastoral Care and Chaplaincy Staff	Pastoral Care Practitioner	26 (19)
	Denominational Chaplain	21 (15)
	Pastoral Care Worker	20 (14)
	Chaplain	18 (13)
	Pastoral Care Associate	3 (2)
	Other	15 (11)
	Sub-total	**103 (75)**
Total		**138 (100)**

The table below shows how the shift in language has changed the titles used by spiritual care staff.

2019		
Management or Staff	**Position Titles**	**Number of staff using title (%)**
Spiritual Care Management	Pastoral Care Coordinator	8 (9) ↓
	Pastoral Care Manager	5 (5) ↓
	Spiritual Care Manager	3 (3) ↑
	Spiritual Care Coordinator	7 (7) ↑
	Sub-total	**23 (24)**
Spiritual Care Staff	Pastoral Care Practitioner	12 (13) ↓
	Spiritual Care Practitioner	28 (30) ↑
	Denominational Chaplain	8 (9) ↓
	Pastoral Care Worker	18 (19) ↑
	Chaplain	1 (1) ↓
	Pastoral Care Provider	1 (1) ↑
	Other	3 (3) ↓
	Sub-total	**71 (76)**
Total		**94 (100)**

Delivery of Spiritual Care

Funding

The percentage of hospital and faith community funded positions increased slightly between 2008 and 2019, however the 'other' category decreased.

The table below shows the funding source for paid staff for both 2008 and 2019.

Funding Source	Number (%) 2008	Number (%) 2019
Hospital	65 (68)	64 (75)
Faith Community	20 (21)	19 (22)
Other	10 (11)	2 (2)

While hospitals were not asked to provide the number of full-time equivalent staff, the number of hours reported were used to determine an equivalence.

In 2008 the number of hours reported equated to:

- 45.3 FTE spiritual care staff paid by the hospital and
- 21.2 FTE paid by the faith communities.

In 2019 the number of hours reported equated to:

- 51.9 FTE spiritual care staff paid by the hospital and
- 18.6 FTE paid by the faith communities.

This is a 15% increase from 2008 to 2019 in the number of FTE paid by the hospital and a 15% decrease in the number of FTE paid by the faith communities.

Spiritual care activities

The surveys attempted to capture how spiritual care is provided by the range of spiritual care providers involved in the delivery of spiritual care services. The results of this question are difficult to interpret as increases and decreases may relate more to changes in the numbers of providers in the different categories rather than changes in the way spiritual care is delivered. The language is also problematic. In 2008 'universal visits' was used in place of 'routine visits'. How these were interpreted and whether they are investigating the same concept is not clear. Noting the limitations, assigning providers to specific wards has increased across all categories and suggests this is seen as an effective model for the delivery of spiritual care.

The table below shows the different activities undertaken by category of spiritual care provider *(2008 data shown in red)*

Types of Spiritual Care activities to Patients/Families	**By Hospital paid staff (%)**	**By Faith community paid staff (%)**	**CPE interns (%)**	**Students (%)**
One-to-one	24 (56) 24 (69) ↑	18 (45) 14 (42) ↓	6 (15) 7 (25) ↑	3 (9) 2 (8) ↓
Groups	16 (37) 14 (40) ↑	12 (30) 6 (18) ↓	4 (10) 3 (11) ↑	1 (3) 0↓
Routine visits	14 (33) 17 (49) ↑	6 (15) 10 (30) ↑	4 (10) 5 (18) ↑	2 (6) 1 (4) ↓
Assigned to specific wards	13 (30) 17 (49) ↑	4 (10) 8 (24) ↑	7 (18) 11 (39) ↑	3 (9) 3 (12) ↑
Referral only	6 (14) 6 (17) ↑	3 (8) 8 (24) ↑	1 (3) 1 (4) ↑	0 0 -
Faith based visits	3 (7) 9 (26) ↑	20 (50) 13 (39) ↓	0 0 -	1 (3) 1 (4) ↑

Facilities for Spiritual Care Services

Name of the Department

In 2008 there was no question in the survey about the name of the department, as the language of pastoral care and chaplaincy was in common use.

Given the changing language in the last decade, a question was added in 2019 to ascertain whether the change in language had impacted naming of the department.

Of the 42 hospitals who responded, 8 hospitals used spiritual care in the title, e.g. Spiritual Care Department (19%), 9 hospitals used pastoral care in the title, e.g. Pastoral Care Department (21%), and 8 hospitals used both, e.g. Pastoral and Spiritual Care Services (19%). Six hospitals responded that it was not applicable (14%) and twelve hospitals reported they do not have a department (32%).

Facilities in 2008 & 2019

In comparison with data from the 2008 survey, there was a slight increase in the number of sacred spaces and offices and decrease in chapels and prayer rooms.

Table below shows the types of facilities available.

Type of facility	**Number (%) 2008**	**Number (%) 2019**
Office space	27 (61)	29 (67)
Meeting or common room	25 (57)	25 (58)
Chapel	18 (41)	15 (35)
Prayer or quiet room	24 (55)	22 (51)
Sacred space	17 (39)	19 (44)

Information Support Systems in 2008 & 2019

The number of spiritual care departments with computers accessing internet and Microsoft office remained the same. There was an increase in computers with access to client details, up to 65% of hospitals. This may reflect the increased expectation that spiritual care practitioners will document in patients' medical records.

Table below shows the IT systems available.

Facility	**Number (%) 2008**	**Number (%) 2019**
Computer with internet access	27 (66)	27 (63)
Computer with access to Microsoft Office	27 (66)	27 (63)
Computer with access to client details	19 (46)	28 (65)

Communication between Spiritual Care Practitioners and Other Healthcare Providers

Spiritual Care Practitioners main mode of communicating with other healthcare providers is via one-to-one interactions.

In 2019 the client records question was split between Paper Based Medical Records and Electronic Medical Records. 21 hospitals reported using Paper Based Medical Records (49%)

and 16 reported using EMR (37%). 10 hospitals reported that the question was not applicable, and 10 answered 'other' (23%).

Table below shows means of communication (2008 data in red)

Communication type	Number (%) 2008	Number (%) 2019
Incidental one-to-one	31 (71)	29 (67)
Client records	21 (47)	
Team Meetings	20 (46)	22 (51)
None	7 (11)	

Coding system used to record spiritual care

The surveys addressed the question of coding in different ways from 2008 to 2019 reflecting the changes that have occurred in the field and the increased knowledge generated by the development of the Spiritual Care Minimum Dataset and publication of the Spiritual Care Minimum Dataset Framework (2015). Both surveys did ask about the use of the ICD-10-AM/ACHI/ACS Spiritual Care Intervention Codes (called Pastoral Care in 2008) to record visits. In 2008 five of the responding hospitals reported using the codes (11%). In 2019 nineteen of the responding hospitals reported using the codes (44%).

Reporting spiritual care activities

The reporting lines for spiritual care are not consistent and spiritual care continues to report to a range of positions. In 2008 seven percent of spiritual care departments reported directly to the CEO and in 2019 there were no departments with this line of reporting. In 2008 34% of respondents reported to a Director and most commonly this was to the Director of Nursing (7) with the Director of Mission also referenced (4). Six percent reported to the Manager Allied Health. In 2019 35% reported to a Director which included Director of Nursing (4), Director of Allied Health (5) and Director of Mission (6). Twelve percent also reported to the Manager Social Work.

Frequency of Reporting

Most of the reporting frequencies have remained the same, excepting the annual category which dropped to 2%.

Table below of reporting frequency.

Timing of reports	Number (%) 2008	Number (%) 2019
Weekly	1 (3)	0
Monthly	18 (45)	18 (42)
Quarterly	2 (5)	2 (5)
Annually	4 (10)	1 (2)
N/A	16 (40)	17 (40)

Other reporting mechanisms

The last two mechanisms for reporting in the table below were added in 2019 and hence there is no data from 2008. Quality of Care may align with the CQI reports (Continuing Quality Improvement).

Report types	**Number (%) 2008**	**Number (%) 2019**
Staff evaluations	19 (48)	21 (49)
CQI reports	17 (43)	
Financial reports	15 (38)	13 (30)
Annual reports	12 (30)	14 (33)
None	15 (38)	15 (35)
Accreditation		22 (51)
Quality of Care		23 (53)

Volunteers

What do volunteers do?

A greater percentage of volunteers are reported to have access to orientation in the 2019 survey, however fewer access multidisciplinary team meetings. Participation in in-services and hospital committees remained consistent.

Table below shows activities volunteers participate in.

Activities	**2008**	**2019**
Orientation	9 (23)	13 (36)
Inservice	10 (25)	9 (25)
Multi-disciplinary team meetings	3 (8)	1 (3)
Hospital committees	3 (8)	3 (8)

Overall there was an increase in reported spiritual care activities provided by volunteers, but particularly in provision of groups and faith-based visits. There has also been an increase for volunteers in providing care through the model of assignment to a specific ward.

Table below shows activities volunteers provide.

Types of Spiritual Care activities to Patients/Families	**2008**	**2019**
One-to-one	18 (44)	19 (51) ↑
Groups	4 (10)	9 (24) ↑
Routine visits (Called 'universal' in 2008)	5 (12)	11 (30) ↑

Assigned to specific wards	8 (20)	11 (30) ↑
On-call service (Not asked 2008)		6 (16)
Referral only	4 (10)	5 (14) ↑
Faith based visits (Called 'denominational' in 2008)	13 (32)	20 (54) ↑

Hours provided per week

There has been no significant change in the hours of spiritual care provided by volunteers.

Table below shows a comparison of the hours of spiritual care provided by volunteers.

Type	**2008**	**2019**
Facility based spiritual care volunteer	219	200
Faith community volunteer or pastoral visitors	123	180

Selection Criteria

The 2019 results show an increase in formal selection criteria such as police check (96%), working with children check (75%) and spiritual care experience (71%). Results for a unit of CPE remained consistent at 25%, and a letter of standing from a faith community decreased slightly.

Table below shows comparison of selection criteria used for appointment of volunteers.

Selection Criteria	**2008 N=27 (%)**	**2019 N=29 (%)**
Letter of good standing from faith community	22 (82)	20 (71)
Police Check	24 (89)	27 (96)
Personal life experience	17 (63)	20 (71)
Spiritual care experience (Called 'pastoral' in 2008)	14 (52)	20 (71)
Minimum 1 unit of CPE	7 (26)	7 (25)
Working with children check	9 (34)	21 (75)

Supporting volunteers

Of the 47 hospitals that reported volunteer programs in 2008, 22 hospitals reported that volunteers participated in a facility orientation process (71%). Of the 30 hospitals that reported a volunteer programs in 2019, 26 hospitals reported that volunteers participate in the hospital orientation process (87%).

Resources available to volunteers

The number of hospitals reporting volunteer resources has remained fairly consistent across most categories, except for spiritual care volunteer standards which decreased and evaluation materials which increased.

Table below with resources available to volunteers.

Resources	**2008**	**2019**
Support/supervision	21 (81)	22 (81)
Training/education	17 (65)	18 (67)
Position description / Roles and responsibilities document	16 (62)	18 (67)
Volunteer handbook	17 (65)	18 (67)
Spiritual care volunteer standards (Called 'pastoral' in 2008)	11 (42)	9 (33)
Evaluation material	8 (31)	12 (45)

Conclusion

The comparison of survey results from 2008 to 2018/19 demonstrate a number of changes in the field. The shift in language from pastoral care and chaplaincy to spiritual care can be seen in the titles given to departments and in the position titles for practitioners. A significant change has taken place in the faith affiliation of paid practitioners and this is important in the capacity of the sector to reflect and respond to the increasing diversity of beliefs, values, practices and traditions of the Victorian population.

While there have been a number of changes, the comparison of results demonstrates that too little progress has been made in significant areas. There has been little change in a decade in the number of paid positions in Victorian hospitals with only a small increase in the number of Coordinating positions. Both faith communities and hospitals continue to provide funding for positions at similar levels. Clarity in funding models and roles and responsibilities for employers and employees is needed. Reliance on volunteers has continued with little change in the resources, support and expectations.

Further explorations are needed to understand the types of volunteers, their scope of practice and how they might best contribute to quality spiritual care provision. In the context of this data, it is clear that more work needs to be undertaken to identify and implement best practice spiritual care models that include governance structures and delivery of spiritual care.