Introduction to spiritual care
WELCOME FROM HOSPICE NZ

Welcome to this training package – we do hope that you enjoy this learning experience and the information here is useful to you in your work.

We would like to take this opportunity to put this education package in context and give you some background to this overall education programme.

In 2009 the Ministry of Health and Hospice New Zealand considered the results of a national stock-take into palliative care service provision.

Nationally, there were two areas of need that required our focus;

• The need for nationally consistent education programmes that support primary palliative care providers.
• The need for revised palliative care standards and an ongoing implementation programme to ensure consistency in the quality of service regardless of locality.

It was agreed Hospice New Zealand was well placed to work on two specific projects to address these needs due to our previous experience and a recent commitment from member hospices throughout the country that these were also priorities for them.

The Minister of Health then allocated a portion of the funding that was available to address difficulties in accessing palliative care services to Hospice NZ for the two projects, this funding commenced on 1 January 2010.

The outcome of both projects will improve the quality and equity of palliative care services available to people and their families and whānau, regardless of the care setting.

This package is part of a 10 part learning series – each contributing to the overall Fundamentals of Palliative Care.

Warm regards,

Mary Schumacher
CEO, Hospice NZ
ABOUT HOSPICE NZ

Hospice NZ exists to support member hospices in their work caring for people who are dying. We are the national organisation whose primary goal is to give voice to the interests, view and concerns of our member hospices.

All hospice services throughout the country are members of Hospice NZ – 30 full members and 4 associate members.

Our purpose is to lead the hospice movement to ensure that every New Zealander has access to quality palliative care.

Our vision is that everyone with a life limiting condition and their families have access to the best possible care.

Our goals;

1. Community engagement – raise awareness and understanding of hospice care through community engagement
2. Leadership – provide national leadership, direction and support through collaboration with members and the wider sector
3. Advocacy – ensure equitable funding and delivery of hospice care
4. Workforce development – support a high performing hospice and palliative care workforce
5. Quality and standards – enhance the quality and standard of palliative care by supporting members to deliver good outcomes for patients, families and whānau.

Our organisational values are a cornerstone to our work;

• Professional
• Respectful
• Caring
• Collaborative
• Honour diversity

www.hospice.org.nz
ACKNOWLEDGEMENTS

Hospice New Zealand was assisted in developing this resource through collaboration with the hospice, primary health, hospital, aged residential care, health of older people and home based support sectors, ensuring the learning packages are ‘fit for purpose’. Both the governance and project teams represent this approach.

Hospice New Zealand wishes to acknowledge the expertise, experience and commitment of members of the Hospice New Zealand Education Governance Group and Education Working Group in developing this version of the Hospice New Zealand Fundamentals of Palliative Care education resource. We sincerely thank them and their trust boards for their contributions of knowledge and time.

The Education Governance Group, chaired by Mary Schumacher, CEO Hospice New Zealand, provided strategic advice on palliative care education and informed the planning of the education programme. The Education Governance Group members were:

Dr Michal Boyd – Senior Lecturer, Freemasons’ Department of Geriatric Medicine, University of Auckland and Gerontology Nurse Practitioner, Community Services for Older Adults, Waitemata District Health Board

Julie Haggie – CEO, Home and Community Health Association New Zealand

Dr Marion Taylor – General Practitioner, Wicksteed House Medical Centre Wanganui and Senior Medical Officer, Hospice Wanganui

Kate Gibb – Nursing Director for Older People, Population Health, Canterbury District Health Board

Dr Brian Ensor – Director of Palliative Care, Mary Potter Hospice and Clinical Advisor to the Hospice New Zealand Board of Trustees

The Education Working Group assisted Hospice New Zealand with developing the content of the education resource through clinical and technical advice, and expert content advice. The Working Group members were:

Rachel Hale – Nurse Practitioner for Older People, Matamata Medical Centre

Liz Angus – Community Team Leader, Access Homehealth Limited

Gayle Elliott – Clinical Nurse Specialist, Specialist Hospital Palliative Care Service, Southern District Health Board

Trish Fleming – Manager, Learning and Development Team, Hospice West Auckland

Jenny Blyde – Team Leader, Counselling and Bereavement Service, Hospice Taranaki

Jan Waldock – Lead Clinical Nurse Educator, Arohanui Hospice

Chris Murphy – Community Liaison and Educator, Mary Potter Hospice

Dr Oleg Kiriaev – Geriatrician and Palliative Care Consultant, Totara Hospice South Auckland and Mental Health Service for Older People, Waitemata District Health Board
Sylvia Meijer – Nurse Practitioner and Team Leader, Health of Older Adults, Central Primary Health Organisation

Anne Hampton – Nurse Specialist/Manager, Te Amo Health, Motueka (also representing Te Kaunihera o Nga Nehei Maori – National Maori Nurses Organisation)

We thank Anne Morgan, Hospice New Zealand Practice Development Advisor, for her role as content coordinator and writer of the education resource.

Project funding from the Ministry of Health has been invaluable in assisting with the development of this programme. Hospice New Zealand gratefully acknowledges the partnership and support of the Ministry.
Introduction to spiritual care

Teaching time: 1 hour

**LEARNING OUTCOMES**

At the end of the session the participants will be able to;

1. Discuss what spirituality means
2. Explain why spiritual care is important
3. Describe how to provide quality spiritual care
4. Outline how to make a spiritual assessment
5. List local resources available to support spiritual care
SPIRITUALITY IN PALLIATIVE CARE

Health professionals are encouraged to recognise spirituality as a fundamental element to the human experience of health, illness and healing (Puchalski et al, 2009). Spirituality comes from the Latin for ‘breath of life’. However, ‘modern health care is technically and scientifically rich, yet spiritually poor’ (Wright, 2008).

All staff have the potential to offer spiritual care. Each meeting with a person with a life limiting condition offers a chance to attend to the spiritual needs of that person; the need to be treated with dignity, the need to be “heard” and the need to have any spiritual distress noticed and addressed appropriately. The depth at which a staff member addresses any needs which reveal themselves for attention will vary according to the capabilities and training of the staff member.

All staff might be expected to offer basic spiritual care with some members of the inter-disciplinary team, who have had additional training, able to offer more focused spiritual care. Where there is a specialist spiritual care provider the deeper spiritual issues which emerge can be addressed and specialist care provided.

Spiritual distress at the end of life has the potential to impinge on physical and psychosocial wellbeing, thereby decreasing quality of life. There is evidence to suggest that patients and their carers welcome the opportunity to discuss their spiritual needs (Egan et al 2010).
Personal reflection prior to Introduction to Spiritual Care

To become more aware of our own spirituality we need to know our own story, then we can more readily ‘authentically accompany another.’ Take some time to find a place where you feel comfortable and relaxed and reflect on the following questions. Make some notes as we will have some general discussions during the session. You will only share what you feel comfortable sharing.

How do you feel about your own spirituality? (Who am I? Why am I here? What is life about?)

What does spirituality mean to you?

Consider your life experience and values and therefore what values and beliefs you bring to the bedside/organisation/board

What and/or who gives ultimate and central meaning, purpose and connection in your life?
What makes your life meaningful?


What does it mean to be ‘present’ for patients and families?


What value does your organisation place on spirituality and how do you feel you can contribute to this?


KEY REFERENCES

Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1305900/

Introduction to spiritual care

Fundamentals of palliative care

Learning outcomes

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Models of care
Cultural considerations at the end of life

- What are the attitudes, values and beliefs you bring to your practice?
- What are your rituals around spirituality?
- What is the organisational culture?
- Discuss the important role of the family at this time

Adapted from Waitemata Palliative Care Education Programme 2011

What is spirituality?

Spirituality

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. (Puchalski, Ferrell et al 2009, p887).
Introduction to spiritual care

Spirituality in healthcare

- Expression of spirituality is uniquely personal
- An expectation of patients from healthcare professionals
- An important component of health care
- Gives meaning and hope to people with life-limiting illness

Spiritual wellbeing

- Sense life has meaning
- Sense of inner peace
- Compassion for others
- Appreciation of diversity
- Connectedness
- Contentment

Spiritual conversation

- How are you making sense of what is happening to you?
- What support do you have?
- Are you able to find peace in what is happening to you at the moment?
- It’s been a pretty interesting life for you. I’d be interested to know what the highlights/lowlights have been for you.
How do we provide quality spiritual care?

- Provide presence
- Encourage open communication
- Encourage exploration of beliefs
- Help the person, family and whanau complete unfinished business

Where do I get help

- Talk to your colleagues
- Discuss with chaplain
- What local resources are available?

Conclusion

- One size doesn’t fit all
- As healthcare workers we need to explore our own spirituality in order to support the people we care for