SPIRITUAL CARE POLICY

INTRODUCTION

The NHS is committed to holistic care. This means that physical, mental, social, spiritual and religious needs should be acknowledged and met. Today health care professionals recognise that these needs cannot be viewed in isolation because they make up the whole person. Therefore the multi disciplinary team should work together to ensure these needs are met.

The aim in producing this policy is to place spiritual care within our Trust’s philosophy and thinking and to emphasise its value for patient wellbeing.

The effectiveness of this policy is dependent on its ownership by the Trust and on the support and co-operation of all members of staff.

Much is being written today in medical and nursing journals about the benefits of good spiritual care. There is huge interest in body/mind/spirit issues in our society. Heightened interest has fuelled this debate and increased awareness among health care professionals. While institutional religion is in decline interest in spiritual issues continues to grow.

This understanding of Spiritual care is under-pinned by the following statements.

- “Provider units, including NHS trusts should make adequate provision for the spiritual needs of their patients and staff.” NHS Management Executive.HSG(92)2.

- “NHS staff will respect your privacy and dignity. They will be sensitive to and respect your religion, spiritual and cultural needs at all times.” Your Guide to the NHS 2002.

- All NHS Trusts should, “Make provision for the spiritual needs of all patients and staff from all faith communities.” New Guidance DOH on NHS Chaplaincy. 2002.

- The Department of Health is committed through the NHS Plan, to support delivery of NHS services that put patients at the heart of everything they do. The cornerstone of the modern NHS is the ability to respond sensitively to the diverse nature of the communities it serves; all services, including spiritual ones, should be delivered appropriately to services users and NHS staff.
One of the key aims is to enable chaplaincy services to meet the needs of today’s multicultural and spiritually diverse society.”


The Trust already has the following policies,

- Bereavement Care
- Palliative Care Strategy 2004-2006 (Draft)
- Equality at work
- Human Rights

Which can be read as background to this policy.

The Improving Working Lives Standard is also helpful background to this policy.

Benefits of spiritual care.

“A growing body of evidence has found that spirituality enhances health. However spirituality is an elusive concept that defies clear definition.”

Spirituality and Health.

Good spiritual/religious care will help to promote a sense of well-being, self-esteem, hope, trust, value, meaning, which will reduce isolation and help patients cope with their illness.

Definitions

Spiritual

Spirituality is a broad, subjective and complex area of our human experience, which includes emotional and mental needs. Modern thinking has tended to associate spirituality with religion. Yet to adopt such a narrow approach is to exclude many people who may not share such beliefs but nevertheless have a spirituality that is real. Therefore a much broader definition is required in order to be inclusive.

“A quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning and purpose even in those who do not believe in any god. The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite and comes into focus when a person faces emotional stress, physical illness or death.”


Spirituality is not an optional extra for the religious service user but is in fact an integral part of all human beings striving to make sense of their lives and the world irrespective of the absence or presence of religious commitment. Spirituality embraces all people and all
aspects of human experience whether religious or secular, and affects everyone who delivers care in the NHS.

A check list to recognize spiritual need

Spiritual pain or distress may be recognised in the following.

- Anger - Directed at God or other people.
- Bitterness - What have I done to deserve this?
- Regret - I should have been a better person.
- Guilt/punishment - I must have done something wrong.
- Doubt - Is there really a God, really a purpose for existence?
- Fear - I am not sure there is anything after death.
- Isolation - My family/friends/neighbours/God etc. have abandoned me.
- Loss of hope - I see no future.
- Tearfulness.
- Questioning/meaning of suffering/life/death.
- Nightmares/sleep disturbance.
- In denial.
- Withdrawn.

How can we be sure that we are meeting spiritual need?

A check list of questions.

- Are we “being there” for the patient, standing alongside them in their spiritual distress, available and approachable?
- Do we provide privacy, dignity, and a secure caring environment?
- Does the patient have good symptom control and a better opportunity to explore deeper issues?
- Do we provide a listening ear to enable the expression of feelings of fear, anger etc?
- Are we giving reassurance about physical care and pain control?
- Do we show respect for patient’s integrity, worth and values?
- Are we supporting the patients’ family?
- Are the patients’ religious needs being met?
- Do, patients need help with “unfinished business.” Is there anything they need to do or say?
- Are we mindful that as physical health recedes, the spiritual dimension may grow in importance?
- Giving complete attention to a patient is spiritual care.

All of this takes time, which is always in short supply, but time must be found because failure to meet these needs hinders true human flourishing, and denies our ethic of holistic care. Feeling accepted and valued are among our deepest human needs and responding to them is the work of the whole multi disciplinary team which already has the tools to undertake spiritual care.
Religious

Religion is the ritual or liturgy we use to express and focus spiritual beliefs. This may be expressed by, and may include the following.

- Religious rites
- Prayer
- Sacraments
- Fasting
- Blessings
- Dietary requirements
- Creed
- Worship
- Code of ethics

It is the responsibility of the whole multi disciplinary team to recognise religious and spiritual needs.

Chaplains as part of the team act as a resource for the Trust in all interfaith issues. A list of local faith leaders from all the major world religions is held by the chaplains, and switchboard, and regularly updated.

The chaplains regularly meet with local clergy and church groups to offer support and advice relating to patient needs and Data Protection issues.

Secularism

The majority of patients and staff make no religious observance and an increasing number of people regard themselves as having no religion. Another group of people adhere only very loosely to the religion of their upbringing and have lost touch with religious practices. People may use the terms atheist (someone who does not believe in God) or agnostic (someone who does not know or is not sure) or unbeliever, non-believer, humanist or heathen to describe themselves on official forms.

Increasingly, people and especially young people adhere to non standard beliefs such as Spiritualism, Paganism, so-called ‘New Age’ beliefs or even fictional religions. There is debate in England about the Established Church: should it be ‘dis-established’? and in France there is controversial proposed legislation to prohibit religious symbols, including clothing from schools.

Spiritual and emotional care is important to all people not only those who express a religious belief. Spiritual care encompasses humanity, thought, emotion, hope and despair regardless of colour, race or creed. Non-religious people have the same needs for reassurance and emotional support as those who have access to the traditional ‘comforts of religion’. Non believers can show the same signs of spiritual needs as listed above.

There is a strong theme of intellectual rigor in atheism and humanism. Moral, philosophical and ‘spiritual’ questions need not be addressed solely in religious terms. The Trust should not be assumed necessarily to be a Christian organisation, rather the
Trust is a public organisation committed to recognising and serving human diversity in all its forms.

Non believers may encounter particular difficulties in hospital at times of stress, including births, illnesses and death.

- Distaste for traditional religious assumptions
- Reluctance to speak to chaplains in religious dress
- Doubt guilt and uncertainty
- Embarrassment at wanting religious contacts after all
- Arranging non religious birth and funeral ceremonies
- Receiving companionship counselling and support
- Dealing with death and loss without religious symbolism

The Trust should provide appropriate emotional support for all patients and must tailor its approach to the individual patient’s needs. Assistance can be given in arranging non-standard ceremonies for funerals, vigils, and visits to the dead. The team of chaplains will assist in the support of non-religious people.

**Staff Support**

It is recognized that the spiritual needs of patients are sometimes neglected by health care professionals, who are often overstretched by the demands of their role. However the spiritual needs of health care professionals can also be neglected. Staff may be uncertain of their own spirituality, and challenged in the course of their work with questions of their own mortality. The meaning and purpose of suffering can also be issues. In some cases this leads to burnout.

The Trust already provides excellent staff support through Occupational Health, and counselling. In addition chaplains provide a listening ear, a non judgemental approach, and total confidentiality. The chaplains are always willing to see staff to offer support. We all need to be well treated in the workplace and attending to the spiritual needs of staff is as important as economic and practical issues in developing a sense of meaning and purpose in the Trust.

**The Chapel**

The Chapel, which has a special place in the life of the Trust, is a place of stillness and quiet in the busy life of our hospital. It is used for regular acts of worship, private meditation and prayer, or simply as a safe place to reflect and think, and remains open to all twenty four hours a day.

Supporting multi faith groups is important; Muslim colleagues access the Chapel for Friday prayers, and multi faith prayers have also taken place, reflecting the openness and cultural diversity of our Trust. The introduction of a prayer room for Muslims is currently under review.

Although there is no mosque or Hindu Temple in Harrogate as the multi faith groups are only 1% of the population, we are aware that meeting the religious and spiritual needs of all is important. The Trust maintains a list of all faith leaders who can be called via chaplaincy or switchboard as required.
Contacting the chaplains

A chaplain is always on call. Out of hours it is important that the switchboard is used to contact the chaplain.

During the working day the chaplaincy office can be contacted on extension 3045. If no chaplain is available a message can be left on voice mail. In an emergency contact the hospital switchboard who will alert a chaplain.

When should a Chaplain be called?

It is important to remember that chaplains are not just there for the dying. The list of spiritual and religious needs referred to can be used as an indicator of when to call a chaplain. Chaplains are always willing to respond to calls in and out of hours.

Implications of this policy are

- To ensure that all staff have sufficient and adequate training in the understanding and implications of spiritual care.
- To ensure the Trust works closely with the chaplains to provide high quality, sensitive spiritual care for all patients.
- To ensure the Trust develops a Spiritual Care Review Group to monitor and evaluate the effectiveness of the policy.

DELIVERY OF SPIRITUAL CARE

There is a widely held belief that the delivery of spiritual care is the responsibility of the chaplaincy team. However, there is a need to develop an understanding that spiritual care is the responsibility of all those who have contact with patients.

“Spiritual care goes much wider than chaplaincy. It is not only chaplains who provide it. It can, and often is, provided by every member of the health care team, if they have the sensitivity and the skills, as well as by other staff members, particularly the cleaning and portering staff, who often, by their very common sense and willingness to talk where health care staff fear to tread, provide some of the best spiritual care in our health care settings.”
( Julia Neuberger in The Spiritual Challenge of Health Care, page 7, Churchill Livingstone 1998.)

“Emerging research suggests nurses perceive themselves to be the key stakeholders in the spiritual dimension of care as they attempt to address and implement the rhetoric of holism; that is caring for all quarters of the individual: physical, psychological, social and spiritual.”
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