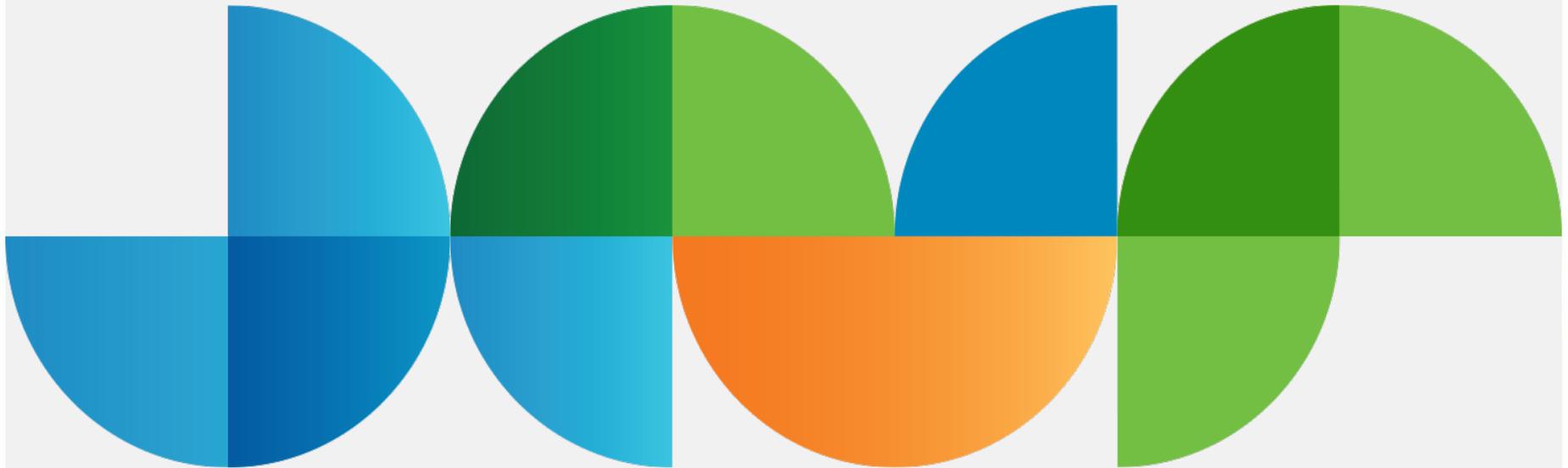




NATIONAL GUIDELINES FOR SPIRITUAL CARE IN AGED CARE



Palliative Care Australia

**Professor Colleen Doyle, Project Director
National Guidelines in Spiritual Care for Aged Care project**

A partnership between



Spiritual Health Victoria

Project management by



This project is funded by



**Australian Government
Department of Social Services**

Ageing, spirituality and palliative care

OVERVIEW

- Definition of Spirituality
- Spirituality and Ageing
- Spirituality in Palliative Care
- National Guidelines for Spiritual Care in Aged Care – development and preliminary findings

ACKNOWLEDGEMENTS

- Elizabeth Pringle, Improvement Matters Pty Ltd
- David Jackson, National Ageing Research Institute
- Australian Government Department of Social Services
- David Petty, PASCOP
- Cheryl Holmes, Spiritual Health Victoria
- Project Advisory Group

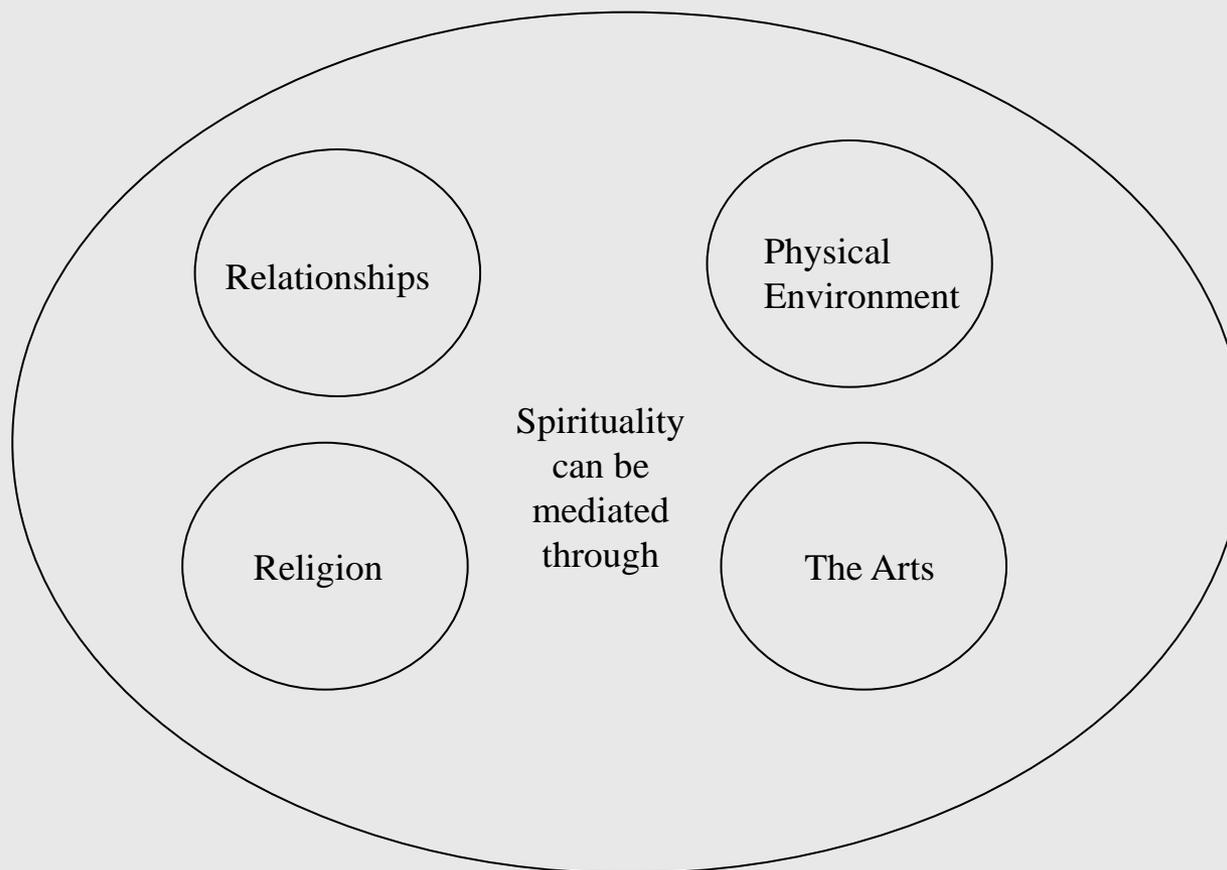
DEFINITION OF SPIRITUALITY

..the way individuals seek and express meaning and purpose

..the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

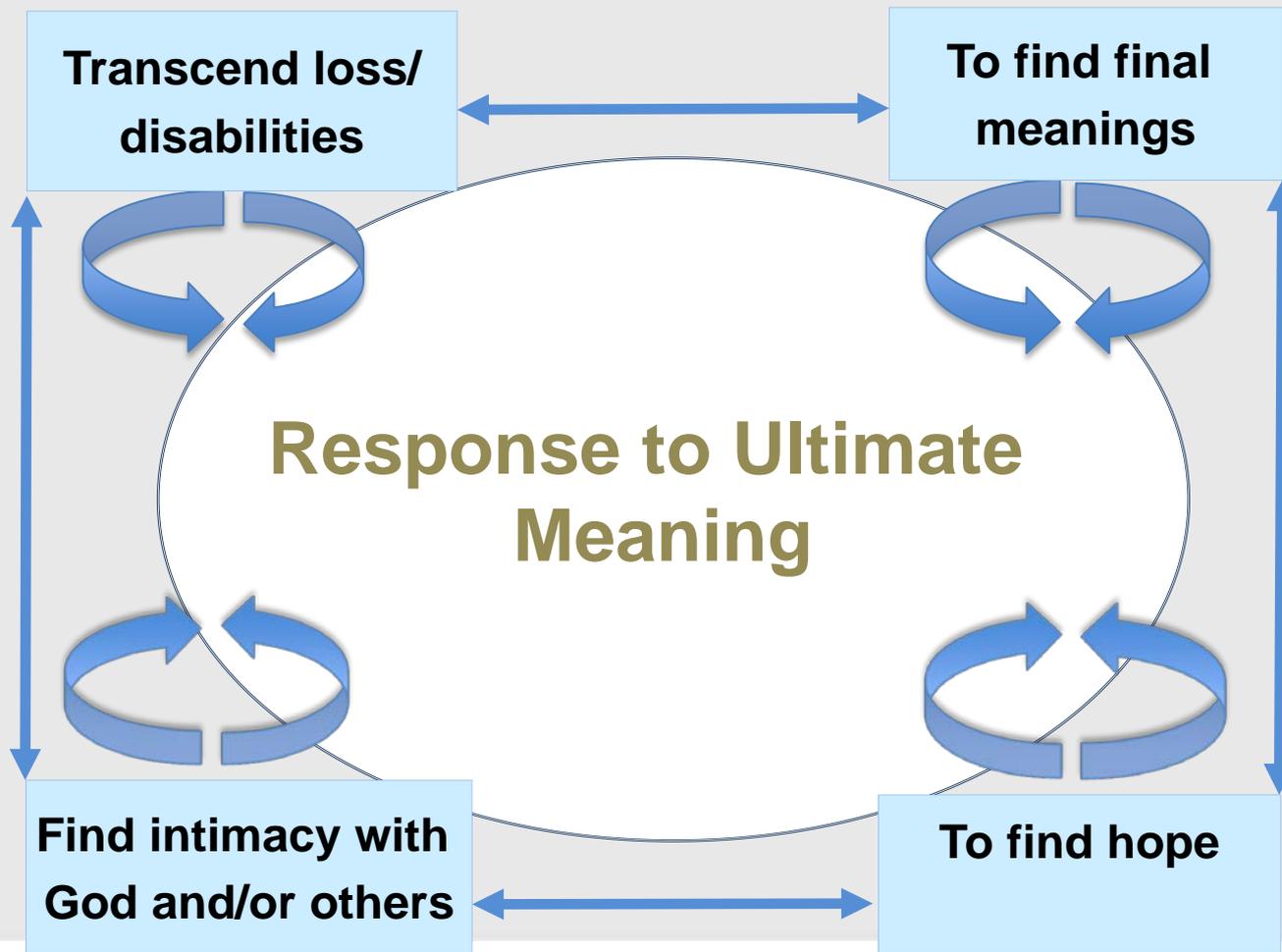
(Puchalski, Vitillo, Hull, & Reller, 2014).

MEDIATING THE SPIRITUAL DIMENSION



MacKinlay, E. (2006)

MODEL OF SPIRITUAL TASKS OF AGEING



MacKinlay,
2001 & 2007,

SPIRITUALITY IN PALLIATIVE CARE

WHO PROVIDES SPIRITUAL CARE DURING PALLIATIVE CARE?

- A study asking 125 people with serious illness or their family caregivers:
- Of 237 spiritual care providers, 41% were family/friends, 29% health care providers, 17% clergy
- Types of spiritual care activities were those that helped with relationships, understanding self/illness, specific religious or spiritual practices, insight into dying, comfort, help in coping with illness

(Hanson et al, 2008)

KEY ISSUES FOR PRACTICE

- Understanding spiritual pain and suffering
- Exploring person's sense of spiritual meaning
- Exploring attitudes, beliefs, values etc in relation to death and dying
- Affirming life and worth through reminiscence

(Ellis & Lloyd Williams 2012, p.258-259)

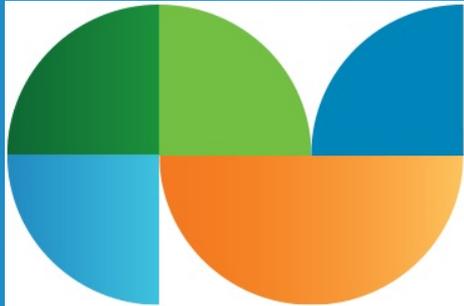
KEY ISSUES FOR PRACTICE

- Exploring hopes and fears for present and future
- Dealing with unresolved issues and relationships
- Preparing for death
- Use of symbols, rituals and rites
- Supporting families and loved ones

(Ellis & Lloyd Williams 2012, p.258-259)

ETHICAL CONSIDERATIONS

- Dying at home, residential care facility or hospice
- Advanced Care Directives
- Euthanasia
- Changing from treatment to palliative care
- Sharing of information across the team
- Proselytizing
- Resourcing
- Changes in spiritual views contrary to family wishes



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NATIONAL GUIDELINES

The need for this project is based on six key reasons:

- Spiritual needs increase with age
- Links with other standards/guidelines and projects
- Spiritual care is essential to quality of life and well-being
- Consistent understanding of spirituality and spiritual care
- A model of spiritual care to reflect diversity
- Harnessing the role of spiritual care in improving outcomes

DEVELOPMENT OF THE GUIDELINES

- Expert Group – Delphi process
- Consultation process (interviews, focus groups, survey)
- Literature review
- First draft developed
- Pilot – in home care and residential care
- Evaluation of pilot
- 2nd draft - comment/submissions/survey early 2016
- Final version available July 2016 from PASCOP website

GUIDELINES AND PALLIATIVE CARE

- Guidelines will be applicable for the provision of spiritual care to older people:
 - Living in residential aged care
 - Living in their own home, as well as day centres
- Principles will be developed for particular populations and contexts including:
 - Palliative care
 - Aboriginal and Torres Strait Islander communities
 - CALD, LGBTI, mental health, veterans etc

Progress so far – Preliminary findings

LITERATURE REVIEW SCOPE

- How is spiritual care defined?
- What spiritual needs exist for older people?
- What tools/guidelines are currently used to support spiritual care of older people in care?
- What effect does the use of guidelines have on quality of spiritual care provision?
- What is important when providing pastoral or spiritual care?

SEARCH STRATEGY

- Key words: spirituality, spiritual care, pastoral care, residential care, aged care, healthcare
- Searched: Cinahl, medline, psychinfo, amed, Cochrane, embase, ebscohost, social care online, proquest
- 11,000 records returned, exclusion process led to 548 since 1994, of which 335 judged relevant

LITERATURE REVIEW FINDINGS

- Definition of what is spiritual care and what spiritual care is and is not.
- Spiritual care is everybody's job.
- All organisations need access to expert spiritual care.
- Spiritual care - multidisciplinary and interdisciplinary and include families.

- All staff should be aware of their own spirituality and aware of their limitations.
- Spiritual assessment and re-evaluation are essential to spiritual care.
- Spiritual care has to be part of a care plan
- Assessment instruments that are consistent across health settings

- Evidence shows access to spiritual care can improve mental health
- Cost studies about the benefit of providing spiritual care are lacking
- Existing guidelines that include domains about spiritual care are very simplistic.
- Existing spiritual care guidelines are general, and are not aged care - specific. (Doyle & Jackson, 2015)

WHAT FORMAT FOR THE GUIDELINES?

- Clinical practice guides – short, evidence-based information sheets, recommendations with grades of evidence
- Longer clinical practice guidelines (eg Chronic Heart Failure Guidelines)
- Structured protocols
- Position statements
- Information papers
- Guidelines for a palliative approach for aged care in the community setting (391 pages, two 33 page summaries)

Stakeholder consultations

Preliminary findings

Methods for collecting stakeholder input:

- Individual interviews
- Focus groups
- Anonymous survey
- Request for submissions

CONSULTATION FINDINGS

- Perceptions of spirituality vary
- Spiritual needs can arise at any time
- All staff should have a basic awareness of spirituality
- There should be a whole-of-organisation commitment to spiritual care
- Spiritual needs should be incorporated into care planning and assessment
- Spiritual indicators are as important as quality measures
- Spirituality should be part of leisure, lifestyle and activities
- Referrals should be made to specialist spiritual workers

Next steps

- Analysis of stakeholder consultations
- Expert group invited to Delphi rounds
- Compilation of draft guidelines using stakeholder consultation results, literature review and expert consensus
- Pilot and evaluation
- Revision and submission to Dept by June 2016

HAVE YOUR SAY

- Complete the survey by 11 September
<http://nationalguidelines.pascop.org.au/>
- Make a submission on the second draft early in 2016

Contact the project manager:

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MORE INFORMATION

Visit the PASCOP website

www.pascop.org.au

Or contact

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