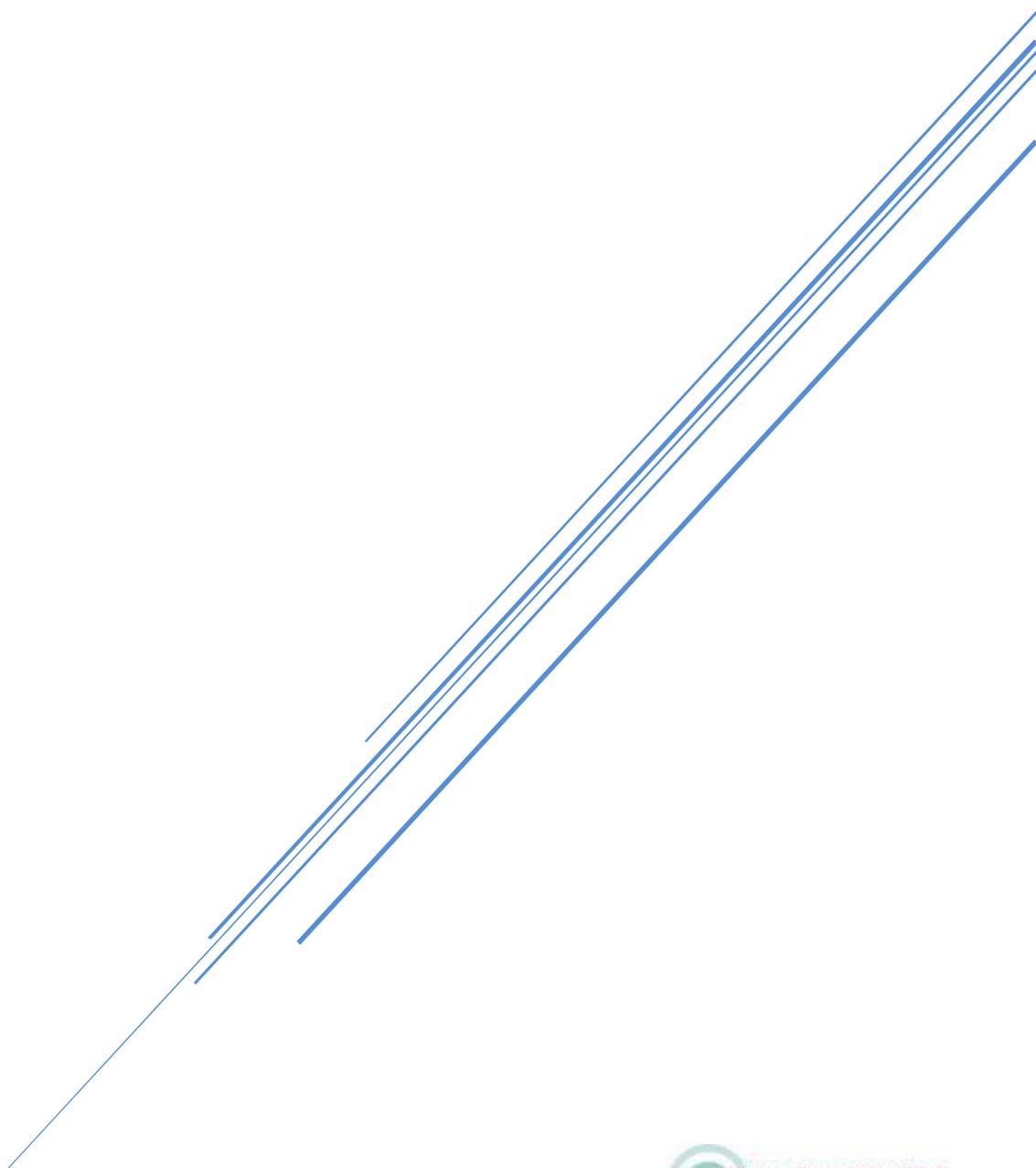


MDHB Spiritual Care Standards

Ngā Pou o Te Manaaki Wairua



MidCentral DHB
August 2021

Acknowledgement

We recognise the significant work that has gone on in developing spiritual care standards across the world. In particular, the Spiritual Care Association in the United States and closer to home, Spiritual Health Australia. Their generosity in sharing documentation and wisdom has helped us enormously in this ongoing process.

We also acknowledge that spirituality in Aotearoa, New Zealand is changing and growing. Given that, we anticipate that our standards will continue to develop, balancing international best practice with our own unique Te Whare Tapa Whā understanding and experience.

Contents

Context	3
Purpose	3
Care Outcome	3
Description of compassionate spiritual care	3
Definitions	4
Standards	5-7
References	8

CONTEXT

These standards are part of the MidCentral DHB Transforming Spiritual Care Strategy designed to integrate spiritual care as an integral part of health.

PURPOSE

The standards provide a framework for MDHB staff to work within when assisting people to access their own wairua/spiritual resources that give meaning and purpose to their life. This will be achieved through assessment, compassionate listening and therapeutic support so that their beliefs, traditions, values and ways of expressing those are upheld and engaged in the healing process.

CARE OUTCOME

The person and their whānau experience care that meets their unique wairua/spiritual needs and preferences in a safe, comfortable and timely manner. People's beliefs, traditions, values and ways of expressing those in the healing process are honoured within the bi-cultural partnership as expressed in Te Tiriti o Waitangi.

DESCRIPTION

Compassionate spiritual care includes:

1. Assessment to identify spiritual orientation, needs and preferences. This includes how someone experiences connectedness to the moment, self, others, nature, and the significant or sacred.
2. Therapeutic interactions that support people to cope with and integrate loss, grief, disability, illness and pain.
3. Encouraging/enabling people's access to what gives comfort, strength, meaning and purpose to their own life, eg: rituals, spiritual resources, whānau, support people, pets, objects or activities.
4. Expressing patience, warmth, kindness and a resolve to address suffering in ways that matter to the person.
5. Facilitating access to the Pastoral/Spiritual Care Team, Pae Ora, representatives of faith traditions or other identified spiritual supports.
6. Enabling access to universal sacred spaces.
7. Staff education about spiritual traditions and practices, and spiritual assessment so that all health care providers are knowledgeable about the options for addressing patients' spiritual needs.
8. Recognising and respecting the uniqueness of each person's beliefs, traditions, values, practices, and experience.

DEFINITIONS

Spirituality: 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. Spirituality is expressed through beliefs, values, traditions and practices.

Puchalski, et al., 2014

For Māori, the terms 'wairuatanga' or 'wairua' are used to speak of the spiritual dimension and things pertaining to the spirit of an individual or living being (as in the 'wairua' or spiritual essence of each living thing). However, whilst these terms are used by many Māori they are often not well understood by much of New Zealand society. Wairuatanga can be viewed as being interrelated to everything and as a fundamental aspect of health and wellbeing. Values, beliefs and practices related to wairua are considered an essential cornerstone of Māori health and well-being. *Egan et al, 2013*

Spiritual Care (Clinical Definition): Spiritual care is the provision of assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources. *Spiritual Health Australia Capability Framework, 2020*

Spiritual Care (Non-clinical Definition): Spiritual care can help you feel more connected with yourself, other people or to something beyond. It is about the beliefs, traditions, values and practices that are important to you. Spiritual care supports what gives meaning and purpose to your life. *Spiritual Health Australia Capability Framework, 2020*

Compassionate care: A virtuous response that seeks to address the suffering and needs of a person through relational understanding and action. *Sinclair et al., 2016*

Spiritual suffering: An all-encompassing, dynamic, individual phenomenon characterised by the experience of alienation, helplessness, hopelessness & meaninglessness in the sufferer that is difficult for them to articulate. *Best et al, 2015*

Pastoral Care complements the care offered by other helping disciplines while paying particular attention to the spiritual. It is focussed on healing, guiding, compassionately supporting, nurturing, liberating and empowering of people. It is person centred and holistic. *Adapted from Dr Bruce Rumbold Meaningful Ageing*

Spiritual Care Practitioners/Chaplains are people with acknowledged education, formation, experience or leadership in one or more of the world's varied faith, philosophical, spiritual, cultural, ethnic traditions, along with education and experience in related disciplines like counselling or pastoral care.

Sacred objects, places, events, processes or happenings are dedicated or set apart for spiritual respect, devotion or spiritual activities.

Best Practice Standards	Indicators: <i>how</i>	Measures: <i>what's been done</i>
<p>1: Person-Centred</p> <p>The person and their whānau experience spiritual care that addresses their needs, hopes and desires.</p>	<p>The person and their whānau:</p> <ol style="list-style-type: none"> 1. experience person-centred pastoral/spiritual care that addresses needs and/or suffering 2. have access to their taonga; precious objects, people, pets, environment, tikanga, rituals and traditions to support healing 3. have spiritual distress, orientation and needs identified through the use of agreed assessment tools 4. are referred, when appropriate to the Pastoral/Spiritual Care Team (PSCT) 	<ol style="list-style-type: none"> 1. PSCT can evidence weekly reflective practice to ensure patient-centred care 2. PSCT undertake an annual review week during which feedback on how needs are being met is sought from patients 3. Annual feedback conversations with ward staff and ADONs to support use of assessment tools 4. Number and pattern of referrals to PSCT are monitored and regularly reported to Organisational Leadership Team (OLT).
<p>2: Management and Planning</p> <p>Spiritual care is planned, integrated and aligned across all levels of the health system.</p>	<p>There will be:</p> <ol style="list-style-type: none"> 1. governance that aligns spiritual care to the MDHB strategic plan 2. spiritual care is embedded through quality and innovation initiatives, MDT involvement, critical incident management, research and ethics committees 3. ongoing partnering with Pae Ora Maori Health Directorate to ensure we provide a tailored response to identified needs, both individual and corporate. 	<p>Evidence that:</p> <ol style="list-style-type: none"> 1. the MDHB Transforming Spiritual Care Strategy is incorporated in the MDHB Strategic Plan 2. the Spiritual and Compassionate Care Implementation Group (SCCIG) is active and reports to OLT <ol style="list-style-type: none"> i) the PSCT are aligned to clusters ii) the PSCT has an Associate Director of Nursing (ADON) as clinical partner 3. regular meetings and ongoing interaction with Pae Ora.

Best Practice Standards	Indicators: <i>how</i>	Measures: <i>what's been done</i>
<p>3: Resourcing</p> <p>Spiritual practices are enabled through adequate resources.</p>	<p>The organisation, in partnership with key stakeholders, ensures:</p> <ol style="list-style-type: none"> 1. the ongoing provision of a qualified and professional spiritual care staff 2. the provision of adequate funding streams, technology, facilities, promotions, education, research and other resources required by the Pastoral/Spiritual Care Team 3. a shared sacred space for use by all. 	<p>Evidence that:</p> <ol style="list-style-type: none"> 1. there is a full team of Pastoral/Spiritual Care staff 2. areas of vulnerability and need are highlighted and escalated through PSCT's annual planning day 3. there is ongoing movement towards achieving an inclusive, flexible, visible, inspirational sacred space.
<p>4: Professional Workforce</p> <p>Spiritual care is supported by an effective spiritual care workforce.</p>	<p>Pastoral/Spiritual Care Team are:</p> <ol style="list-style-type: none"> 1. professionally qualified and credentialed according to industry standards, eg: New Zealand Healthcare Chaplains Association, Spiritual Care Australia 2. engaged in weekly reflective practice <ol style="list-style-type: none"> i) supervised external to the organisation to ensure accountability, quality and self-care ii) supported through ongoing performance review and professional development. 3. A spiritual care workforce plan outlines professionalism, diversity, staffing levels and spread of capabilities. 	<p>Evidence that:</p> <ol style="list-style-type: none"> 1. each Pastoral/Spiritual Care Team member has a completed annual performance appraisal with a professional development plan 2. development goals are met including professional development, reflective practice and external supervision 3. MDHB works with key stake holders to ensure a spiritual care workforce plan is in place.

Best Practice Standards	Indicators: <i>how</i>	Measures: <i>what's been done</i>
<p>5: Research, education and staff support</p> <p>Quality spiritual care includes being proactive in research, education and staff care.</p>	<p>The Pastoral/Spiritual Care Team:</p> <ol style="list-style-type: none"> 1. initiate, participate and collaborate in research projects designed to evaluate and improve services and promote future innovation and practice development 2. provide staff education focusing on all aspects of the spiritual care strategy, spiritual assessment and spiritual care practices 3. provide staff support through wellbeing initiatives, reflective practice, therapeutic engagement, memorial services and rituals, critical incidents, organisational and community events. 	<p>Evidence that:</p> <ol style="list-style-type: none"> 1. projects are reported through six monthly reports to OLT 2. staff education programmes including participant evaluations are ongoing 3. there are regular surveys of staff involved in reflective practice, Simply Meditate, NETP, education in Wards and units, individual and group consultations.

REFERENCES

- Best, Megan & Aldridge, Lynley & Butow, Phyllis & Olver, Ian & Webster, Fleur. (2015). Conceptual analysis of suffering in cancer: A systematic review. *Psycho-oncology*. 24. 10.1002/pon.3795.
- MidCentral District Health Board, Transforming Spiritual Care Strategy, 2016
- Egan R, Cayley, S., Moeke Maxwell, T., Holmes, A., Waldegrave, C.,. Spirituality and Well-being: Discussion Paper, 2013
- Meaningful Aging Australia, <https://meaningfulageing.org.au/definitions/>
- MidCentral District Health Board Transforming Spiritual Care Strategy, 2016
<http://www.midcentraldhb.govt.nz/Publications/AllPublications/Documents/MDHB%20Spirituality%20Strategy.pdf>
- Ministry of Health, Māori health models – Te Whare Tapa Whā, <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: reaching national and international consensus. *Journal of palliative medicine*, 17(6), 642–656. <https://doi.org/10.1089/jpm.2014.9427>Puchalski, et al., 2014
- Sinclair S, McClement S, Raffin-Bouchal S, Hack TF, Hagen NA, McConnell S, Chochinov HM. Compassion in Health Care: An Empirical Model. *J Pain Symptom Manage*. 2016 Feb;51(2):193-203. doi: 10.1016/j.jpainsymman.2015.10.009. Epub 2015 Oct 26. PMID: 26514716.
- Spiritual Health Association, Capability Framework for Spiritual Care Practitioners in Health, 2020
<https://www.spiritualhealth.org.au/standards>