

## INTEGRATING SPIRITUAL CARE AND CHAPLAINCY WITHIN PALLIATIVE CARE

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*Abstract: Within the field of palliative care recent years have seen a marked increase in chaplaincy provision, and a widening debate on how all healthcare professionals have the potential to provide spiritual care. This article gives a summary of a study day that brought together a wide range of healthcare professionals from hospices and hospitals in Scotland to discuss ways to integrate spiritual care and chaplaincy into the current settings and practice of palliative care. It draws conclusions and offers local and national agendas to take initiatives forward and sets challenges for the host organisation The Association of Hospice Chaplains in Scotland*

*Key words: chaplaincy, education, palliative care, research, spiritual care, support.*

### Introduction

The newly formed Scottish Branch of the Association of Hospice Chaplains held its first training day in March 2001. The aim was to explore ways of integrating spiritual care and chaplaincy within palliative care. The essence of the day was multidisciplinary: each chaplain being asked to bring two colleagues from other disciplines. The breadth of representation of disciplines was startling. expect- edly, there were doctors and nurses, but also social workers, medical directors, day services and hospice managers, home care sisters, research and audit staff, and lecturers in palliative care, all of whom had an interest in, understanding of, and experience in the provision of spiritual care.

The discussion sessions were open and frank and the issues raised reflected both the hospice and acute setting mix of participants. There was no silent majority often found at conferences, nor did the chaplains get to hog the discussion. ALL participants contributed.

### Summary of key areas

Refreshingly there was no need to set the ground by seeking the ever elusive definition of spiritual care, nor was it necessary to enter the spiritual/religious debate or fix the boundaries of chaplaincy. All were

taken as read by participants and are summarised in the first three key points that were identified:

- Spiritual care is important and about much more than religious care
- All healthcare professionals can and should contribute to spiritual care
- Chaplains have specialist skills and expertise and are a resource for other professions to draw on

### Spiritual care

Spiritual care was clearly identified as being individual to each person, and religion was important if it mattered to that person. Although there was recognition that all professionals and carers can provide spiritual care, it was acknowledged that not all do and that this an area professionals need help with: help in order to understand spiritual care in its broader sense, and help to work through their own spirituality.

### Specialist Skills

In terms of the specialist skills of chaplaincy it was clear that good communication skills, being comfortable in meeting other people where they are, and helping people think through the difficult questions in their search for meaning were essential skills. The resource role included the education and enabling of other professionals to develop their own understanding and skills in providing spiritual care as a natural part of their professional role.

### Hospice and hospital

Although there was much common understanding on the day, there was one key area of difference: providing spiritual care in hospices and hospitals is different!

There were three distinct features that highlighted the difference:

- The number of patients being cared for
  - The environment in which the care takes place
  - Chaplaincy input to the multiprofessional team
- Even a large hospice with 37 beds bears no comparison to a general hospital with its many wards and departments. It can be hard to get privacy and peace on a busy ward to allow an in-depth spiritual conversation with patients. Hospice staff acknowledged that regular multidisciplinary team meetings were essential for good communication. However, it is not practical for hospital chaplains to attend such meetings in the acute setting, as there are too many departments to cover, even when limiting it to those that will regularly have palliative needs.

### Providing spiritual care

The final key areas were associated with the provision of spiritual care by all staff and a recognition that:

- Spiritual care can be time consuming
- Planning may not be possible
- Spiritual care can be difficult and challenging therefore it can be ignored

Time was recognised as a key factor: making time for people, and making the time when they need it. Often with spiritual care 'the moment' is crucial, the patient chooses the time to talk, the important time for them. To offer to come back later when you have the time is often to miss the moment, and in palliative care the moment might not reoccur.

The challenging nature of spiritual care was recognised as a principal reason why it is often ignored by healthcare professionals. Being alongside someone struggling to find meaning and asking difficult questions can be a difficult place to be.

### Towards integration

Having identified the key areas, the next step was to consider how these areas could be taken forward: to integrate spiritual care and chaplaincy within palliative care.

### Sharing

Sharing the Care: One of the real strengths of the conference was its multidisciplinary nature. This was a clear example of the importance of encouraging Multi-Professional Team Working. All members of a team need to be aware of their own role and boundaries, but also recognise and value the other team members' roles and boundaries, and be aware that they can overlap. The essence of good team working is 'sharing the care'.

Sharing good practice: First of all good practice has to be identified, as do the mistakes, to ensure patient care is enhanced. Once identified good practice needs dissemination at different levels:

- At an individual level - developing good practice within individual teams
- At a local level – disseminating good practice to different care settings locally
- At a national then international level – making others aware by publication and dissemination at conferences.

### Raising the profile of spiritual Care: education

If spiritual care is to be recognised, integrated and resourced as an essential element of holistic care, its profile needs to be raised. Within palliative care patients are increasingly presenting with complex and challenging needs and there is a need to ensure that spiritual needs are not moved down the priority list. There is also a need to ensure that spiritual care is recognised and resourced in local and national health care budgets.

The main tool for raising the profile of spiritual care interestingly echoes the recent Labour party agenda for the 2001 general election: Education, Education, Education.

- **Education for all healthcare professionals.** There needs to be clarity in what is meant by spirituality and spiritual care. The recognition that the phrase '*spiritual care is underpinned by our understanding of the patient as a unique person within the context of a family*' needs unpacked and explored. Education at local level is also a key factor in enabling all healthcare professionals to see spiritual care as part of their professional caring role, and to understand the role and expertise of chaplaincy.

- **Education for chaplains.** Chaplains require educational opportunities for professional development and to enhance their specialist skills - in particular a focus on issues raised by patients related to palliative care, cancer care, and other non-malignant diseases.
- **Education for managers and budget holders.** Those with the resources and responsibility for employing professionals to provide spiritual care need education to enable them to understand the importance and role of spiritual care in the wider health care picture, to enable clear expectations of the objectives of the provision of spiritual care.
- **Education for the educationalists.** Those who provide education need to be aware of the practice-related issues of spiritual care in order to develop appropriate programmes of study and to recognise chaplaincy as an experienced and informed resource for education.

The essential element to education is that it should be multiprofessional in its approach. Different professionals bring different dimensions, all enhancing each other and leading to greater understanding.

#### **Self awareness and support**

All professionals seeking to provide spiritual care at whatever level need to be aware of their own spirituality, and their skills and expertise (or lack of them). Spiritual care is challenging and demands giving of oneself in terms of energy and emotions. Health professionals need to recognise their need to care for themselves and each other. Staff support is essential.

For chaplains and other professions who work as the only professional of their discipline, there is the potential for professional isolation. Such professionals need local systems and wider networks for support.

#### **Evaluation and research**

A clear need to evaluate and research spiritual care was identified. In the modern healthcare setting spiritual care, like all care, needs to demonstrate its effectiveness if it is to be properly resourced. How effective is the delivery of spiritual care in different settings? Can the hospice model be used in other care settings? How effective is spiritual care and what does it contribute to the wellbeing of patients and their families? What is the expertise that chap-

lains have? These and other questions can only be answered and justified by research and evaluation of current practice.

#### **The way forward**

The study day evaluated very positively. Clearly the multidisciplinary format was a significant factor in stimulating a wide discussion. As seen in the above summary, it also produced many areas that would form an agenda for the future, an agenda to integrate spiritual care and chaplaincy into palliative care. But who will take the agenda forward?

#### **Nationally**

In many ways the timing of this study day was opportune. Nationally spiritual care is very much on the agenda.

The Scottish Executive:

- has funded a three year appointment of a chaplaincy training officer
- has set up a working group looking at the provision of spiritual care and chaplaincy in the NHS in which the Association of Hospice Chaplains is represented.
- is planning a conference in November 2001 for NHS Trust managers to raise the awareness of spiritual care and its provision.
- is supporting a conference by Marie Curie Cancer Care on "Spirituality: the essence of living" in October 2001.

Each of these events will help raise the profile of spiritual care, and contribute to chaplaincy education.

Furthermore, the Clinical Standards Board for Scotland is currently piloting Specialist Palliative Care Standards which should be ready by late 2001. These standards will clearly state spiritual care as an essential element of care, and establish chaplaincy as a core discipline in the multidisciplinary team. The standards will also specify the elements of spiritual care that are 'specialist' providing a basis for audit. When completed these standards will be a linchpin in the provision of specialist palliative care in Scotland.

Plans are also being made to establish a national registration scheme for chaplaincy. The scheme will ensure that chaplains are qualified, experienced, and have continuous professional development.

All these national initiatives will help in the increasing the understanding of spiritual care and chaplaincy. However, work will also need to be done by the palliative care chaplains and in local settings to take the agenda generated by this study day forward.

### **The Association of Hospice Chaplains**

In representing the palliative care chaplains the association could:

- ensure the palliative care chaplains are represented on all national initiatives relating to spiritual care, chaplaincy provision, clinical standards, and registration.
- ensure guidelines for hospice and hospital palliative care appointments are developed and made available
- ensure the inclusion of palliative care education and training in the agenda of the national training officer
- consider ways in which self awareness and support could be facilitated by further training days
- encourage research into spiritual care and chaplaincy

### **Locally**

Chaplains and those with a particular interest in spiritual care could:

- ensure spiritual care is included in local educational programmes, medical and nursing student training, and the training of other healthcare professionals. If there is a local medical school or nursing university which is teaching spiritual care, and what is being taught?

- ensure spiritual care and chaplaincy are included in staff induction programmes
- encourage hospices and palliative care teams to use the specialist palliative care standards as a basis for local audit and the provision of appropriate resources.
- develop ideas for research into spiritual care and chaplaincy.
- embrace all opportunities for multidisciplinary team working.

Chaplains in particular could:

- get involved in local groups working on standards and audit
- ensure they have personal/professional support: an identified colleague with whom to meet regularly for peer supervision, for example
- ensure regular training and professional development

### **A final word**

This study day brought together a wide range of the experience and expertise of spiritual care within the palliative care field in Scotland. The conclusions are based on the assessment of the wide range of professionals represented, and for that reason alone they are of value. However, the real value and worth of this day rests with the host organisation and participants. Where to now?

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