

SPIRITUAL CARE IN NHSSCOTLAND

A MANAGER'S RESPONSE

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'Spiritual Care in NHSScotland' carries forward key emphases of earlier policy documents, regarding patient centred services, patient involvement, and culturally appropriate services. It reflects the values of openness, respect, accountability and inclusion. The challenge is to reflect upon the values which underpin change, and to apply them to create a positive spiritual environment within healthcare. The guidelines are welcomed as moving in the direction of a truly person centred NHS.

Introduction

In "Our National Health, a Plan for Action, a Plan for Change", the Scottish Executive committed to developing a patient centred approach to care. An important element of this approach is the provision of appropriate spiritual support to patients, their families and the staff who care for them.

This commitment was reinforced in the policy document, 'Patient Focus and Public Involvement' published in December 2001(SEHD 2000), which charges the NHS with developing new ways of involving patients and the public as equal partners in their own care, and in the development of health services for the future. This is a major culture change for the NHS, moving away from the idea of doing things 'to' patients to doing things 'with' patients and underpinned by the values of openness, transparency, accountability, respect and inclusion.

'We are trying to achieve:

- *A service where people are respected, treated as individuals and involved in their own care.*
- *A service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services.*
- *A service designed for and involving those who use the service.*

In addition the guidance makes specific links to the policy guidance Fair for All : Working towards cul-

turally competent services (SEHD 2001) which is a welcome acknowledgement of the need to provide services appropriate to the diversity of cultures who make up our communities.

It is also encouraging to see the guidelines make the distinction between *religious* and *spiritual* care , with spiritual care defined as that which *is usually given in a one-to-one relationship, is completely person-centred and makes no assumptions about personal conviction or life orientation.* This fits entirely with a person-centred approach to developing patient-focussed services.

In this article I am particularly interested in reflecting on the values and principles which underpin this work and how they also apply to the guidelines on chaplaincy and spiritual care. A patient-focussed quality service built for the future needs of our communities.

Why focus on values?

We know that people take more interest in their own health and that of their community when they are involved in their own care and in the planning and delivery of local health services. We know that people often ponder difficult questions about their own existence often only when they are faced with illness. We know that a move away from a medical model of care to a more holistic model of care improves health. This model of care embraces the indi-

vidual's spiritual needs, as well as their physical, mental and social needs.

The NHS values are based on:

- Openness and accountability
- Respect and inclusion
- Innovation and continuous improvement
- Quality and best value

In developing the guidance the working group acknowledged that spirituality means different things to different people, and that the current model of provision of chaplaincy services has tended in the past to focus on *a person who delivers spiritual care* rather than on *a hospital (or care setting) offering spiritual care*. My understanding of the new guidance is that it challenges us to be aware of the boundaries between these two concepts.

It would seem that the real challenge is to ensure the values of a patient-focussed service are applied within the multi-faith community in which we live. How do we include lay involvement, the patient's voice and all faiths or those with no defined faith in developing a *positive spiritual environment in which patients are well cared for and staff find fulfilment in their work* (NHS HDL 2002)

The Questions

What are these values and what are we asking of staff and the NHS as an organisation?

At the simplest level we are asking staff to respond to people as individuals. At a more complex level we are asking staff and the organisations in which they work to be consistently grounded in the value of treating people as individual, treating them with respect and listening to their views, rather than treating 'patients' or 'cases' or 'diseases' within a system. This is a complex change which requires support at all levels.

Doesn't this seem incongruous given that most of us came into the health service to 'care' for people? But in reality the organisation that is the NHS is a multi faceted, complex organisation built on the basis of science and medical dominance and runs largely on the basis of an organisational focus rather than on a people focus. In addition not all health services in the future will be provided from a hospi-

tal. The move to community health services highlights the need for a change in thinking and a change in the way we relate to people who use the services.

It is interesting to reflect on the work of Carl Rogers (1991) and others who have worked in the person-centred tradition within counselling practice. This tradition focuses on the core conditions required for healing in a therapeutic relationship which enshrine a way of being with self and others which has the profoundest implication for the understanding of human nature and of human destiny. The conditions of *empathy, congruence and unconditional positive regard* demanded of the practitioner reflect a commitment of self awareness, self exploration and a dedication to understanding the others world and accepting people in all of their humanness. This seems entirely relevant to the provision of a spiritual care service.

What does this then mean for the implementation of the guidance on spiritual care?

In pondering this question it may be that I pose more questions than answers!

The guidance clearly sets out the role of NHS Boards and local service providers. My reading of these from a professional viewpoint is that they are part of the overall change agenda for modernising the NHS. From a personal viewpoint I read with some concern that the guidelines could be interpreted as new language for the same type of service.

There may be a danger of reducing the change to training people to take on parts of the chaplains role. Whilst the emphasis on the involvement of staff and patients in the future design of spiritual care is obviously welcome, and indeed crucial, in shaping service to meet the needs of the future there is no emphasis on the values which will underpin this change. Links could easily be made to widening the perspective to include integration with work already ongoing within the service around training staff in person-centred planning; the provision of advocacy and volunteering to patients and people who use the services in the community.

- How will a broader role take account of innovative approaches outwith a traditional chaplaincy led model?

- How will continuity of spiritual care be provided across a patient's journey – is there scope for involving lay people in developing models for the future?
- Will NHS Boards pick up the challenge to embrace the guidance as part of a wider diversity strategy for the NHS of the future?
- Is the provision of spiritual care a health improvement issue?
- How will staff be supported to provide spiritual care to a wide range of clients, will they have the time and freedom to explore a person-centred approach which includes spiritual needs?

These are some of the questions I ponder as I reflect on the guidance as it stands today. I am encouraged by the direction of the guidance and hopeful in the service moving to a person-centred approach to care

as the way the NHS will relate to the communities it serves in the future.

References

- SEHD 2000 *Our National Health, a Plan for Action, a Plan for Change*. Scottish Executive Health Department, Edinburgh
- SEHD 2001 *Fair for All: Working towards culturally competent services*, Scottish Executive Health Department, Edinburgh
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