

## REFLECTION ON AN AUDIT:

### HEALTHCARE PROFESSIONALS VIEWS OF SPIRITUAL CARE

*Christiane Lehair*

*Abstract: This article describes how a process of audit can be used to clarify the perceptions healthcare professionals hold regarding spiritual care and, how they understand and practice it. The audit process was used to identify training needs and devise a programme of spiritual care. Alongside the detailed results of the audit the author, new the process of audit, gives a frank personal reflection on the experience gained and encourages readers not to be daunted by the process.*

*The Editors.*

*Key words: Audit, Spiritual Care, Staff, Chaplain, staff training,, staff roles.*

#### Introduction

Spiritual Care has been brought forward significantly on the healthcare agenda in these last years particularly in Palliative and Supportive Care.

Marie Curie Cancer Care published Spiritual Care Competencies for Specialist Palliative Care (MCCC 2003) determining four levels of Knowledge, Skills and Practice for Health Care Professionals and Chaplains. It is noticeable that the audit findings correspond to the MCCC competencies in terms of Staff acknowledging that they have a Spiritual Care role varying in knowledge and ability from one individual to another. The Staff also identified the specialist Spiritual Care role of the Chaplain towards patients, their carers, the Staff and the institution.

The findings of the audit also support the 2004 NICE guidelines to improve Supportive and Palliative Care for adults with cancer. Both audit and guidelines highlight the fact that spiritual issues come into focus when patients have life threatening illnesses as well as the need to recognise and care for these needs. Both audit and guidelines emphasise the importance of Spiritual Care training for Staff.

#### Aims

A Palliative and Supportive Care Chaplain was appointed to the Oncology/Haematology Directorate and the Palliative Care Team. The post's application stipulated that one of the post objectives would be to set up a Spiritual Care Programme for Staff, defining its form and content.

The purpose of the audit was to gather information, Staff reflections and opinions on Spiritual Care to assess their perception of a need for training in the subject, thereby testing the need for a Staff Spiritual Care programme. If such a programme were needed the audit findings would help to give a form and content to the training.

#### Method

110 questionnaires were distributed to healthcare professionals: 90 personally, 6 at a multidisciplinary meeting, 14 through the Palliative Care Staff pigeons holes. 69 (63%) questionnaires were returned.

The following table gives an account on how many questionnaires were handed out by profession, and how many were returned.

Healthcare Profession	Out	Returned
Nursing Staff	90	48 (53%)
Physiotherapists	3	3 (100%)
Occupational Therapists	1	1 (100%)
Psychological Support Staff	2	2 (100%)
Day Care Centre Coordinator	1	1 (100%)
Palliative Care Doctors	3	3 (100%)
Palliative Care Nurses	10	8 (80%)
Total	110	69 (63%)

### Questionnaire

The questionnaire posed the following questions:

1. Was Spiritual Care part of your Studies curriculum?
2. How would you describe your ability to attend to the spiritual needs of the patients, their families and close friends?
3. What do you think is the role of the chaplain and when would you call one in?
4. Would you be interested in training regarding the spiritual needs of patients and their families?

The following choices were offered:

- Religious and Spiritual Needs: what they are, what they have in common and what is specific to each of these needs
  - Cultural Needs: difference, culture, ethnic diversity
  - Indicators of Spiritual Needs and Spiritual Distress
  - Issues Around Death and Dying for Patients, their Families and Staff
  - Forgiveness - Healing - Wholeness
  - Spiritual Issues Faced by Seriously ill Patients
  - Ethical Issues
5. Comments

### Summary of findings

#### Was Spiritual Care part of your Studies curriculum?

34 (70%) Nursing Staff had received a short training in Spiritual Care. The Doctors, physiotherapists, the Day Care Co-ordinator did not received such training had not received any Spiritual Care training. The 2(100%) Psychological Support Staff had training in

existential needs and 1(100%) Occupational Therapist in Well Being.

Spiritual care was part of specialised courses: in Oncology for 1 staff, in Palliative Care for 3 and in HIV for 2. Two Staff had received some Spiritual Care input on Conferences.

#### How would you describe your ability to attend to the spiritual needs of the patients, their families and close friends?

The responses included two trends: an assessment of ability to attend Spiritual needs and/or a description of these abilities.

34(49%) staff assessed their ability to attend spiritual needs under the three categories that follow (n=34):

- Poor 13(38%)
- Basic 9(26%)
- Good 12(36%)

55(80%) staff described their ability to attend spiritual needs in the following terms (n=55):

- Listening, being there and addressing the patients' spiritual needs, 25(45%)
- Referral to the chaplain, in case of anxiety or complex spiritual issues, 15(27%)
- Difficulties in terms of lack of time, confidence and, for 21(38%)
- Resources that are helpful to attend spiritual needs: own beliefs, team and experience, 8(15%)
- Needs to be able to address spiritual needs: more knowledge, training and guidance, 8(15%)

#### What do you think is the role of the chaplain and when would you call one in?

The 69(100%) Staff saw the role of the Chaplain as follows (n=69):

- 47(68%) respondents mentioned Spiritual and Religious Care
- 31(45%) respondents referred to care around human needs and well being
- 18(26%) respondents defined a role around Death and Dying
- 9(13%) respondents saw a remit towards Staff and the institution

- 7(10%) respondents stressed a role in Holistic Care and being part of the Multidisciplinary team

They would call a chaplain in for the following reasons

- patient/family request, 38(55%)
- their own decision to refer, 13(19%)
- spiritual issues, 8(12%)
- psychological issues, 4(6%)
- complex cultural / existential issues, 3(4%)

### **Would you be interested in training regarding the spiritual needs of patients and their families?**

In 64 (93%) of responses Spiritual Care training was desired.

The Staff selected the Spiritual Care Topics they wanted training on, as follows (n=64):

- 43(67%) Spiritual Issues Faced by Seriously ill Patients
- 41(64%) Religious and Spiritual Needs
- 37(58%) Issues Around Death and Dying
- 36(56%) Cultural Needs
- 33(52%) Indicators of Spiritual Needs / Distress
- 25(39%) Forgiveness - Healing - Wholeness
- 24(37%) Ethical Issues

### **Comments**

This section was completed by 26 Staff (n=26)

- 11 (42%) Staff felt that Spiritual Care is a valuable component of care yet also underestimated
- 9 (35%) Staff commented on the Chaplaincy service as dealing appropriately with referrals and on the role of the chaplain as being meaningful.
- 5 (19%) Staff reiterated that they wanted training
- 2 (1%) Staff indicated that they needed guidance and more understanding as regard to spiritual need

### **Conclusion**

This audit has shown that Healthcare Professionals on the whole value Spiritual Care and its contribution in the care of the whole person as well as the role of the Chaplain yet there is uneasiness around

this subject. Oncology Staff and even more so Palliative Care Professionals are aware and try to address spiritual needs yet it is a difficult task and leads to feelings of inadequacy. An unexpected effect of the audit was that it put Spiritual care firmly on the agenda through out the process.

The respondents to the questionnaire indicate that the training they had received was brief or did not exist and a waste majority would welcome further training in this discipline. The audit gave pointers to the type of training needed:

- Short sessions to take into account time and work constraints and the needs of the various Professionals
- The sessions would consist of brief inputs on different aspects of spiritual care followed by time for discussion/ reflection on practice

The audit results have been disseminated widely to managers, the training and practice development team, through meetings and the Directorate audit forum. This information and networking activity has generated demands for training:

- By wards, The Palliative care Team and a School of Nursing
- On the training and development ongoing programme for nurses and on the communication and cultural awareness 4 days programme (for all professionals), both on Directorate level

## **Personal Reflections**

### **Difficulties and opportunities**

I embarked on this venture because my evaluator suggested producing a questionnaire to establish if a Spiritual Care Programme for Staff was needed. After two months of wrestling with this idea, I decided to use the questionnaire to help me define a Spiritual Care Programme. I devised a Staff questionnaire which I hoped was straightforward and would take no more than 10 minutes to complete. In the actual writing of the questionnaire came the realisation that the project was viable. The high rate of responses motivated me to write up the results and the Directorate Lead Nurse advised on its form: an audit.

This project was something completely new for me. I did not know anything about questionnaires and audits. The Staff consulted were sceptical about the

efficiency of using questionnaires. Yet once the questionnaire was produced they were positive and advised on the wording. I took one thing at a time, and in doing so, the next step became obvious. Once the difficulties were worked through they became opportunities.

### **Working with others**

The whole audit process was a great opportunity to meet Staff, listen to their views and hear their questions and opinions. I had a number of informal discussions with Staff about their personal and professional convictions. At a ward hand over the distribution of the questionnaires gave rise to a discussion about the difficulties Staff encountered in attending the spiritual needs of a dying patient. I also worked with Chaplaincy colleagues, my supervisor, colleagues from the Oncology Directorate and Palliative Care Team who advised me and supported me in my work.

### **Was it worth the work?**

This project took a fair amount of time and effort to complete. It has been worthwhile as it has produced the opportunity for teaching, raised awareness and given information about Spiritual Care, and is an ongoing process. The audit has been an invaluable tool in developing my role as part of the wider professional team in the Oncology Directorate and the Palliative Care Team. It has made me more 'professional', with a defined and identifiable remit along

side the other healthcare professionals of the multidisciplinary team.

The form of the questionnaire (using open questions) and the personal approach engaged the Staff and therefore a lot of quantitative data was generated. This data was difficult to analyse yet it gave a first hand view on the opinions and needs of the Staff I am working with and was instrumental in devising the form and content of the teaching. If I were to do another audit I would define a clearer method of conducting the audit, a clearer time frame and ameliorate my method of data analysis. Yet at the same time it is through wrestling with the various issues that I found creative ways forward.

*Christiane Lehair is Macmillan Palliative and Supportive Care Chaplain in Guy's and St Thomas' NHS Foundation Trust, London*

### **References**

- LEHAIR C. 2003 *Unpublished Report on an Audit on Staff Knowledge, Practice and Training Needs in Spiritual Care*. Guys' & St. Thomas' NHS Foundation Trust, London.
- MCCC 2003 *Spiritual and Religious Care Competencies for Specialist Palliative Care*. Marie Cancer Care. London.
- NICE 2004 *Improving Supportive and Palliative Care for Adults with Cancer Manual*. National Institute for Clinical Excellence. London