



Guidelines for Quality Spiritual Care in Health

Produced by Spiritual Health Association



Spiritual Health Association is the peak body enabling the provision of quality spiritual care as an integral part of healthcare.



Spiritual Health
Association

© Spiritual Health Association

This document is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process, nor may any other exclusive right be exercised, without the permission of Spiritual Health Association, 3 Albert Coates Lane, Melbourne, VIC 3000 Australia.

Recommended citation:

Spiritual Health Association. (2020) *Guidelines for Quality Spiritual Care in Health*. Abbotsford, Australia.

Acknowledgements

Spiritual Health Association thanks the following people for contributing to the consultation process that has produced these guidelines:

Spiritual Care Managers - members of the Reference Group:

Julie Binstead, Allied Health Manager Spiritual Care, Eastern Health, Victoria

Catherine Dawson, Pastoral Care Coordinator, Albury Wodonga Health, New South Wales

Annie Forrest, Manager Pastoral Services, St Vincent's Health, Victoria

Kāren Lunney, Manager Pastoral Care Services, Bendigo Health

David Paterson, Pastoral Care Coordinator, Northern Health, Victoria

Andrew Somerville, Coordinator of Pastoral Services, St John of God - Pinelodge Clinic, Victoria

National organisations:

Angie Dalli, Senior Policy Officer, Partnering with Consumers, Australian Commission for Safety and Quality in Health Care

Margaret Deearain, Policy Advisor, Palliative Care Australia

Faith Communities' representatives:

Stephen Delbridge, Coordinator of Anglican Health Chaplains, Anglican Diocese of Melbourne

Paul Zammit, Senior Manager, Pastoral Services, CatholicCare Melbourne

Spiritual care practitioners and management:

Russell Armstrong, Palliative Care Practitioner, Barwon Health, Victoria

Terry Ayling, Spiritual Care Service Coordinator, Gold Coast Health, Queensland

Andrew Harper, Palliative Care Practitioner, Royal Melbourne Hospital, Victoria

Paul Hueston, Coordinator Chaplaincy Services, Royal Hobart Hospital, Tasmania

Matthew Kearney, Director of Mission, St Vincent's Health Network, Sydney

Rohan Souter, Spiritual Care Co-Coordinator, Ballarat Health, Victoria

Jennifer Washington, Pastoral Care Manager, St Vincent's Health Network, Sydney

Public Consultation:

All who responded to the online survey.

Spiritual Health Association thanks **Safer Care Victoria** for their support in the development of these guidelines.

Spiritual Health Association acknowledges that our work takes place on the lands of the Wurundjeri people of the Kulin nation. We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

Foreword



I'm delighted to present the Guidelines for Quality Spiritual Care in Health (the guidelines).

The spiritual care workforce is a valued and important member of the allied health team. The importance of considering the whole person, their spiritual, emotional, physical and medical needs is paramount in providing high quality, person centred healthcare. It can also be the difference between a good or an exceptional experience for the individual.

These guidelines were developed by Spiritual Health Association and expand on the *Spiritual Care in Victorian Health Services: Towards Best Practice Framework* released in 2016.

The purpose of the guidelines is to provide policy makers, managers, health service executives and spiritual care practitioners with advice on best practice spiritual care. It explains the ten guidelines contributing to effective services and offers practical suggestions for the delivery of spiritual care.

The guidelines support a standardised and consistent approach to spiritual care and reflect the qualities of spiritual health in Australia; responsive and respectful patient centred care embracing the diverse cultures, values and beliefs of the Australian population.

Providing for and supporting a patient's spiritual health needs, when they are in our health services and often at their most vulnerable, is an important way we can support the whole person. I know for myself maintaining my spiritual and emotional health is an essential element for my overall well-being.

The guidelines are an important indicator of expectations for safe, high-quality care and effective operations for spiritual care. The guidelines align with the National Safety and Quality Health Service Standards, National Palliative Care Standards and evidence-based care. This moves spiritual care closer to achieving consistent levels of quality and safety in our Australian health care services.

The guidelines are an opportunity for health services to self-assess the safety and quality of a spiritual care service. I encourage health services to partner with and work collaboratively with their spiritual care practitioners to examine their current practice against the guidelines and explore ways to further develop effective and high-quality services for all Australians now and into the future.

Donna Markham

Chief Allied Health Officer
Safer Care Victoria



“I'm delighted to present the Guidelines for Quality Spiritual Care in Health. ”

Contents

I. Purpose Statement	6
2. Background	7
3. Target Audience	7
4. Quality spiritual care	8
5. Organisational Guidelines	9
1. Spiritual care is integrated and aligned across all levels of the health service and systems	9
2. Appropriate referrals, screening and assessments ensure the spiritual and cultural needs of patients are met	9
3. Spiritual care leaders and managers contribute to leadership within the health service	10
4. Quality spiritual care is supported by evidence based research	10
5. Adequate resources support a professional and efficient spiritual care service	11
6. Spiritual care contributes to partnering with consumers	12
6. People and Culture Guidelines	13
7. Workforce planning safeguards the current effectiveness and future provision of spiritual care	13
8. Spiritual care is the responsibility of all health care staff	13
9. Spiritual care is provided by qualified and credentialled spiritual care practitioners	14
10. Spiritual care practitioners are committed to life-long learning	14
7. Conclusion	15
Appendix 1: Glossary	16
Appendix 2: Links, Tools and Templates	18
Appendix 3: Outcomes from the National Consensus Conference 2017	19
References	20

I. Purpose Statement

The *Guidelines for Quality Spiritual Care in Health (Guidelines)* provide a framework to support a consistent approach to safe and high-quality spiritual care for patients, families, carers and staff. The context for the Guidelines is the acute and sub-acute health care setting inclusive of palliative care and mental health. Other health care settings may find these of use.

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 (1, 2).

Person-centred care is integral to quality and safety in health care and spiritual care is a key component for its delivery (3).



The obligation to respond to people's diverse spiritual needs is recognised in national standards and documents including the *National consensus statement: essential elements for safe and high-quality end-of life care* (4) and the *National Palliative Care Standards 2018* (5th edition) (5). Spiritual care is therefore essential to the delivery of comprehensive care (6). These *Guidelines* provide clear steps for health services to meet these requirements.

Variations exist in the provision of spiritual care that impact availability and accessibility to spiritual care and the outcomes and experiences of consumers. The *Guidelines* acknowledge that spiritual care is the responsibility of all health care staff and emphasise the need for a qualified and credentialed spiritual care workforce to address these disparities. The role of volunteers is out of scope for this document.¹ These *Guidelines* recognise the role of professional spiritual care practitioners as part of the allied health team working within the multidisciplinary team.

Spiritual care practitioners are qualified and credentialed according to industry standards.² They are appointed and credentialed by the health service. They can be from a diverse range of beliefs, traditions, values and practices.

The *Guidelines* can be used to:

- Plan and develop a new spiritual care service
- Undertake a gap analysis of an existing service
- Inform continuous quality improvement of the service
- Assist in the evaluation of a service as part of the accreditation process
- Point to areas of research where further evidence for best practice is required
- Inform workforce planning and management for a spiritual care service.

¹ Refer to the relevant volunteer policies and procedures of your own health service

² Industry standards are set by Spiritual Care Australia
<https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies/>



2. Background

The workforce responsible for providing spiritual care has evolved over the years in response to both the changes in health care and in society more broadly, including changes to the demographics of the Australian population.³ In 2016 Spiritual Health Association produced the first document, *Spiritual Care in Victorian Health Services: Towards Best Practice Framework*, to identify best practice spiritual care for the health sector. At the end of that year, the Victorian Department of Health and Human Services recognised spiritual care as an allied health discipline (7). In 2017 the National Consensus Conference *Enhancing Quality and Safety: Spiritual Care in Health* brought together key stakeholders from across Australia to identify a nationally consistent approach to the provision of spiritual care in health (8). The conference outcomes included five principles for the design and delivery of spiritual care and ten policy statements (Appendix 3). In 2008 Spiritual Health Association conducted a survey of spiritual care in Victorian hospitals. In 2019 the survey was replicated with a significant change in the profile of spiritual care practitioners, demonstrating the diverse backgrounds of people now entering the profession.⁴ These 2019 *Guidelines for Quality Spiritual Care in Health* integrate the significant movements in the sector and increasing evidence published since 2016. The *Guidelines* are aligned to the National Safety and Quality Health Care Standards, 2nd Edition (6) and the National Palliative Care Standards 5th edition 2018 (5).

³ ABS census data 2016

⁴ <https://spiritualhealth.org.au/reports>



3. Target Audience

The primary audience for the *Guidelines* includes:

- relevant national, state and territory health departments and agencies
- health service executives
- allied health directors/managers
- safety and quality managers
- patient experience managers
- spiritual care coordinators/managers/directors
- health service accreditors.

4. Quality spiritual care

A consistent approach to the provision of best practice spiritual care in health services contributes to the delivery of quality, evidence based person-centred care. This is critical to ensure safe, professional and integrated spiritual care.

These ten Guidelines support a consistent approach for quality spiritual care. They are listed below and detailed in sections five and six.

Terms marked in **this colour** are defined in the *Glossary* and resources for the *Guidelines* are in *Links, Tools and Templates* in Appendix 2.

Organisational Guidelines 1 - 6:

1. Spiritual care is integrated and aligned across all levels of the health service and systems.
2. Appropriate referrals, screening and assessments ensure the spiritual and cultural needs of patients are met.
3. Spiritual care leaders and managers contribute to leadership within the health service.
4. Quality spiritual care is supported by evidence based research.
5. Adequate resources support a professional and efficient spiritual care service.
6. Spiritual care contributes to partnering with consumers.

People and Culture Guidelines 7 - 10:

7. Workforce planning safeguards the current effectiveness and future provision of spiritual care.
8. Spiritual care is the responsibility of all health care staff.
9. Spiritual care is provided by qualified and credentialled spiritual care practitioners.
10. Spiritual care practitioners are committed to life-long learning.

5. Organisational Guidelines

1. Spiritual care is integrated and aligned across all levels of the health service and systems

The following **governance** requirements are in place for quality **spiritual care** aligned with the National Safety and Quality Health Service Standards (NSQHS):

- an **organisational lead** for spiritual care
- a written policy that includes the spiritual care service and what users can expect from the service
- a clear organisational structure and lines of reporting through allied health or another appropriate directorate
- appointment of **spiritual care management** at an appropriate level to reflect the complexity of the health service
- spiritual care management with oversight of a qualified and credentialled spiritual care team
- an agreed written referral procedure integrated within the organisation's referral system
- consumer partnership and feedback to ensure quality improvements in spiritual care which meet the NSQHS *Partnering with Consumers* Standard (6) and Safer Care Victoria's *Partnering in healthcare* framework (9)
- spiritual care is integrated into health service systems and processes to support and deliver comprehensive care which meet the NSQHS *Comprehensive Care* Standard (6). This includes:
 - » **healthcare records** to facilitate documentation of spiritual care
 - » quality assurance systems to ensure accountability to standards
 - » discharge planning to ensure patients with spiritual care needs are linked to appropriate spiritual support in the community
 - » key committees including but not limited to: Ethics, Mission and Values, Standards, Cultural Diversity, End of Life, Palliative Care Advisory, Patient Experience, Voluntary Assisted Dying and Wellbeing.

2. Appropriate referrals, screening and assessments ensure the spiritual and cultural needs of patients are met

Spiritual care management ensures health care staff are educated in:

- **spiritual screening**
- pathways for addressing spiritual care across all health settings including palliative care and mental health
- processes for referral to the spiritual care department.

Spiritual care practitioners will:

- prioritise and respond to spiritual care referrals in a timely manner
- ensure spiritual care is provided in response to identified need
- ensure accredited interpreters are used as required, according to standards
- conduct a **spiritual assessment** and identify the appropriate ICD-10-AM/ACHI/ACS Spiritual Intervention Code (2) to inform:
 - » the spiritual care plan
 - » the overall health care plan
 - » the discharge planning of a patient.



A healthcare record “includes a record of the patient’s medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care” (6).

3. Spiritual care leaders and managers contribute to leadership within the health service

They do this by:

- aligning with and supporting the vision, values and strategic directions of the health service
- providing education and support in the domains of spiritual and cultural care
- serving as leaders in the areas of ethical decision making, values and culture
- supporting the organisation at critical times i.e. through organisational changes
- promoting and advocating for the spiritual care service (10).

Prospective spiritual care leaders and managers are identified by their upline managers through their demonstrated leadership skills, motivation and innovative practices. Once identified, prospective leaders and managers are developed through leadership mentoring, training and formation programs that include:

- integrating spiritual care within the health service
- establishing and maintaining multidisciplinary relationships
- functioning within the health service's culture, values and practices (10).

In addition, they support the organisation and health care staff through:

- one-on-one supportive conversations
- appropriate rituals including memorial services, organisational events and other community and national events e.g. ANZAC Day service
- critical incident support for individual staff
- critical support and leadership for the health service at times of internal or external crisis such as staff deaths, internal disruption from threat or violence and local and wider significant traumatic events (10).

4. Quality spiritual care is supported by evidence based research

The development of spiritual care research assists in:

- evaluating and improving the provision of spiritual care
- providing evidence for the benefits of spiritual care to patients as an important part of person-centred care
- advocating for the integration of spiritual care in a health service
- enabling future innovation and development of spiritual care practice (10, 11).

Spiritual care managers and practitioners are encouraged to initiate, participate and collaborate in research projects to ensure the delivery of quality evidence based spiritual care.

Spiritual care practitioners identify, engage in and support research by:

- developing skills in research literacy and methodology
- participating in quality improvement projects
- developing research partnerships with academics and health professionals
- participating in spiritual care cross-sector research including areas outside healthcare
- collaborating in multidisciplinary research for the health service
- being members of the Human Research Ethics Committee.

5. Adequate resources support a professional and efficient spiritual care service

Resourcing includes staffing, budget, facilities and material resources, technology and information.

Budget

The organisational lead approves the budget for the spiritual care department to fund:

- the employment of **qualified and credentialled spiritual care practitioners**
- up to date technology and resources
- facilities for spiritual care activities as described below
- promotional material/marketing collateral to promote awareness and accessibility
- books, journals and other resources to meet the spiritual needs of patients and health care staff.



A universal sacred space is ‘a welcoming and harmonious sanctuary of peace and spirituality where everyone can feel safe and comfortable to engage in their spirituality’ (29).

Facilities and Material Resources

The organisation, through the spiritual care management, ensures the provision of facilities and material resources to enable spiritual care including:

- a welcoming safe space for contemplation and reflection, prayer and meditation (see following section on Universal Sacred Space for more detail)
- an adequate viewing room adjacent to the mortuary, designed in consultation with the spiritual care department
- a dedicated office space with:
 - » privacy for confidential staff conversations
 - » secure storage for confidential documents
- access to meeting rooms for:
 - » confidential meetings with patients and families
 - » supervision of practitioners
 - » team meetings
- up to date computers with access to the internet/intranet and to the patient database
- access to the healthcare records or data system for documenting patient interventions.

Universal Sacred Space

Dedicated **universal sacred spaces** play a central role in the provision of spiritual care. The organisational lead ensures the provision of a dedicated, welcoming and safe space that can be used by all patients, families and staff.

The sacred space is inclusive, flexible and will cater for:

- quiet meditation, contemplation and reflection
- prayer
- private and group rituals
- public worship, ceremonies and events
- diverse cultures, beliefs, practices and traditions.

The spiritual care department's office is in close proximity to the universal sacred space so that practitioners can monitor the space and support people using the space as required.

The organisational lead supports meaningful use of the universal sacred space by providing:

- comfortable furnishings including chairs, meditation cushions, prayer mats
- adjustable lighting with natural light and an external window
- security cameras near the entrance as required
- duress alarms
- multiple exit doors
- a hearing loop
- comprehensive audio and multimedia equipment with recording capacity for oral, music and visual presentations
- music resources
- universal, permanent symbols
- portable symbols
- sacred and spiritual texts
- ablution facilities
- preparation space with access to water and changing facilities
- access to garden where possible.

When reviewing or developing a universal sacred space, the organisational lead consults with the spiritual care manager, consumers, staff and the wider community to:

- identify the anticipated uses of the space
- honour spiritual diversity
- provide a quiet and meaningful space
- ensure physical and cultural accessibility for all users
- safeguard user privacy and safety
- ensure the space has functionality and is fit for purpose
- provide clear signage and information about the universal sacred space
- arrange for the ongoing maintenance of the space.

6. Spiritual care contributes to partnering with consumers

Spiritual care is committed to compassionate and respectful person-centred care and partners with patients in the design and delivery of their spiritual care so that their needs are met. This partnership is facilitated by:

- relationship building with the patient and patient's family and carers to establish trust and to understand and respond to a patient's spiritual needs
- shared decision making to determine a patient's preferences, expected outcomes and application of appropriate interventions
- shared responsibility to support a patient's self-care and to identify and connect them with appropriate spiritual resources (7, 9).

Spiritual care practitioners seek feedback from patients and their families regarding their spiritual care experience as part of quality improvement and to inform evidence-based practice.

6. People and Culture Guidelines

7. Workforce planning safeguards the current effectiveness and future provision of spiritual care

Spiritual care management plan for the staffing and capability of the spiritual care workforce through **workforce planning**.

Spiritual care management includes staffing levels as part of the Workforce Plan and budget, based on current research and data (12).

The diversity of the spiritual care workforce should be reflective of the diversity of the patient population and the needs identified by patients.

A Workforce Plan is developed by spiritual care management to:

- strategically respond to growth and changes within a health service
- improve the effectiveness of the current spiritual care staff by identifying the capabilities of staff
- identify any gaps that there may be in the spiritual care workforce
- plan for the future of the spiritual care workforce
- provide a current and future budget for the spiritual care department
- develop business cases to address staffing levels and needs (13).

Succession planning is undertaken as part of workforce planning. Spiritual care requires people who:

- demonstrate spiritual maturity and emotional intelligence
- meet the minimum requirements for certification as specified by industry standards.

Spiritual care managers work with their staff to plan for staff retirement, resignation, promotion and organisational restructure. This includes:

- identifying potential replacements from within the team (including casual workers)

- ensuring that staff are upskilled through training and mentoring to address capability gaps
- intentional transferring of knowledge and skills to other members of the spiritual care team.

8. Spiritual care is the responsibility of all health care staff

All health care staff can identify and support patients' spiritual needs as part of person-centred health care (14). Health care staff are educated to have the capacity and confidence to undertake spiritual care (15, 16).

Education and training include the following topics:

- **spirituality** and spiritual care practices
- spiritual screening and support
- how to make appropriate referrals to spiritual care practitioners (17, 18).

Spiritual care practitioners collaborate with other health professionals by:

- attending multidisciplinary team meetings, case conferences and family meetings
- sharing knowledge and information that contributes to patient care and the care plan
- educating staff regarding the spiritual and cultural practices of patients
- advocating for a patient when needed
- attending to staff wellbeing
- contributing to a work environment in which staff are encouraged to develop shared purpose (7).

9. Spiritual care is provided by qualified and credentialed spiritual care practitioners

All spiritual care practitioners meet the requirements for certification according to industry standards.⁵

Spiritual care practitioners are employed directly by the health service.

In some cases, health services have a formal Memorandum of Understanding with external entities for the provision of spiritual care.

Recruitment of Spiritual Care Practitioners

The organisational lead employs qualified and credentialed spiritual care practitioners to:

- meet the identified needs of the health service
- meet the complexity and diversity of patients' needs.

To ensure the employment of qualified and credentialed spiritual care practitioners by the health service, the organisational lead always directly employs practitioners:

- who meet the requirements for certification as specified by industry standards
- at the appropriate award classification and remuneration levels consistent with their qualifications and capabilities as per industry standards (6, 16, 17)
- aligned with State and Territory awards and employment legislation.

In addition, where the health service has a Memorandum of Understanding with an external entity, the organisational lead:

- endorses providers recommended by the external entity after health service credentialing processes have been completed.

The organisational lead:

- uses best practice recruitment processes for all appointments
- ensures the scope of practice for all spiritual care practitioners is outlined in their position descriptions.

⁵ Industry standards are set by Spiritual Care Australia <https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies/>

10. Spiritual care practitioners are committed to life-long learning

External Professional Supervision

Spiritual care practitioners meet the requirements for professional supervision as specified by industry standards.⁶ Regular one-on-one external professional supervision is provided by an accredited supervisor as per industry standards.⁷ External professional supervision is separate to the internal supervision provided by the health service's organisational lead or spiritual care management.⁸

External supervision ensures a spiritual care practitioner:

- is accountable in their work practice
- provides quality spiritual care
- has good self-care.

Spiritual care practitioners will be pro-active in arranging their supervision.

The health service supports external supervision by:

- permitting practitioners to attend supervision during working hours.

Supervision may be funded by the health service or by the spiritual care practitioner depending on the health service's policy and employment conditions.

Performance Reviews

In addition to regular professional supervision, practitioners participate in performance reviews with their upline manager. Performance reviews ensure accountability for service delivery and continued development. As a member of the health service's staff, spiritual care practitioners are reviewed annually (6).

Professional Development

Spiritual care practitioners meet the professional development requirements of the health service and the requirements for maintaining certification as per industry standards.

⁶ Industry Standards are set by Spiritual Care Australia <https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies/>

⁷ Industry Standards are set by the Australian and New Zealand Association for Clinical Pastoral Education <https://anzacpe.com/standards-committees/> and the Australasian Association of Supervision <https://www.supervision.org.au/aaos-policies/>

⁸ For links to accredited supervisors see Appendix 2

7. Conclusion

Four primary drivers have influenced the revision of these guidelines:

1. The outcomes of the *National Consensus Conference, Enhancing Quality and Safety: Spiritual Care in Health 2017*;
2. The recognition of spiritual care as an allied health discipline;
3. The evidence of the contribution of spiritual care to person-centred care, positive patient experiences and outcomes documented by research published in peer reviewed articles, reports, books and by spiritual care organisations.⁹
4. The publication of the 2nd edition of The National Safety and Quality Health Service (NSQHS) Standards and the 5th edition of the National Palliative Care Standards 2018.

Additional resources and tools will be made available to ensure these guidelines can be implemented to fulfil the purposes for which they were written.

It is time to ensure that safe and high-quality spiritual care services are accessible and available in all Australian health services.

⁹ For links to organisations supporting research and evidence for spiritual care see Appendix 2



It is time to ensure that safe and high-quality spiritual care services are accessible and available in all Australian health services.



Appendix I: Glossary

Governance

The Governance Institute of Australia defines governance:

“Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance” (19).

Healthcare Record

A healthcare record “includes a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care” (6).

Organisational Lead

A senior manager, director or executive in a health service who is responsible for several areas including the spiritual care department. Spiritual care management would report directly to this role.

Performance Reviews

“Performance enhancement or review is an ongoing process where a staff member's performance and development are discussed and reviewed against an agreed plan” (20).

Qualified and Credentialed spiritual care practitioners

Spiritual Care Australia sets the industry standards for spiritual care practitioners in health care:

<https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies/>

Spiritual care practitioners are appointed and credentialed by the health service. They can be from a diverse range of beliefs, traditions, values and practices.

Senior Spiritual Care Practitioner

A senior spiritual care practitioner practices at the SCA Certified Advanced Membership level and functions as a Level 3 or 4 practitioner in the Spiritual Health Capabilities Framework (7).

The Level 3 Practitioner:

- functions in a specialist role
- can lead or coordinate a Spiritual Care team in a Level 2 health care context¹⁰
- contributes to the education of staff and spiritual care practitioners.

The Level 4 Practitioner:

- works in a tertiary context
- is able to lead and manage a Spiritual Care Department
- provides vision and direction
- implements strategies and initiatives
- facilitates the education/training of spiritual care practitioners.

¹⁰ Level 2 health care provides a single stream and/or restorative care service maintaining function in patients with less complex needs. For further information see: *Planning for the future of Victoria's sub-acute service system: A capability and access planning framework* State Government of Victoria, Health Department, 2012 p.8.

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 (1, 2).

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 (1, 21).

Spiritual Care Management

Spiritual care is managed by different roles and at different levels depending on the complexity and size of the health service. Management can be at a director, manager or coordinator level.

Spiritual Screening and Assessment

Spiritual screening generally takes place on admission of a patient. Health care staff ask the patient questions regarding their spirituality, and whether the patient has any specific spiritual or cultural needs. The screening may include how important their spirituality is to their coping or as a source of strength, and whether this is currently supporting them. This screening may then generate a spiritual care referral (22-24).

A professional spiritual care practitioner will then conduct a **spiritual assessment** of a patient by gathering and evaluating indepth information regarding the patient's spirituality, cultural and emotional needs and resources (25). Spiritual assessments are fundamental to a spiritual care practitioner's practice and delivery of quality spiritual care (10, 25). Spiritual care practitioners will assess patients to ensure spiritual care is provided in response to identified need. Validated, evidence based spiritual assessment tools will be used. An example of an evidence-based quantifiable spiritual assessment tool is the PC-7 Spiritual Assessment Model (26). There has been some work towards developing a spiritual assessment tool for the Australian context but more is required (27, 28).

Once a spiritual assessment has been conducted, the spiritual care practitioner will generate a plan of care with interventions and expected outcomes (23).

Spirituality

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred (1).

Spirituality is subjective and can be expressed in different ways by individuals and communities. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to existential questions, such as: Why is this happening to me? To whom do I belong? Does my life have meaning? What happens after we die? (7)

Universal Sacred Space

A universal sacred space is "a welcoming and harmonious sanctuary of peace and spirituality where everyone can feel safe and comfortable to engage in their spirituality" (29).

Workforce Planning

Workforce planning is defined in the Auditor General Victoria Report as "determining and shaping the capacity and capability of the workforce that is needed to achieve an organisation's goals and directions" (30).

The State Government of Victoria State Services Authority (SSA) also describes workforce planning as "a tool for planning how future staffing and skill needs will be met" through recruitment, development of staff and succession planning (13).

Appendix 2: Links, Tools and Templates

Professional Supervision and Accredited External Supervisors

For Spiritual Care Australia's policy on Professional Supervision:

- <https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies/>

For accredited supervisors in Australia:

- Australian and New Zealand Association of Clinical Pastoral Education <https://anzacpe.com/about/>
- Australasian Association of Supervision <https://www.supervision.org.au/member-search/>

Research and Evidence

For information on the contribution of spiritual care to person-centred care and positive patient experience and outcomes:

<https://www.transformchaplaincy.org>
<https://spiritualcareassociation.org>
<http://chaplaincyinnovation.org>
<https://www.spiritualcareaustralia.org.au>
<http://www.spiritualhealth.org.au>
<https://www.pastoralezorg.be/page/erich>

Leadership Training

For Safer Care Victoria's leadership development programs see:

- <https://bettersafercare.vic.gov.au/our-work/leadership-development>

For other leadership training programs in Victoria see:

- Department of Health and Allied Health Leadership Programs in Victoria in *Strategies for allied health leadership development: enhancing quality, safety and productivity final report 2016* (31)
- Vic Health's Leadership in Allied Health webpage <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/ministerial-advisory-committee>.

Also see the equivalent in other Australian states.

Workforce Planning

Australian Public Service Workforce planning guide and Templates, Australian Public Service Commission <https://www.apsc.gov.au/workforce-planning-guide>

Government of Victoria State Services Authority, *Workforce Planning Toolkit: A Guide for Workforce Planning in Small to Medium Sized Victorian Public Sector Organisations*, (13) <https://vpssc.vic.gov.au/resources/workforce-planning-toolkit/>

Health Victoria <https://www2.health.vic.gov.au/health-workforce/strategy-and-planning/workforce-data-and-planning>

New South Wales Health Department provides a blueprint for the strategies for a workforce plan in *The Health Professionals Workforce Plan 2012-2022* <https://www.health.nsw.gov.au/workforce/Pages/default.aspx>

Government of South Australia provides a guide - *Working it Out: Workforce Planning Guide for the public sector* <https://publicsector.sa.gov.au/wp-content/uploads/28062017-Working-it-Out-Workforce-Planning-Guide-Final.pdf>

Workforce Plan Template:

Defining the workforce

Purpose

Objectives

Context

Environment

- Internal
- External

Internal spiritual care department structure

- Professional spiritual care practitioners
- External entity providers
- Other

Current spiritual care staff qualifications

Current spiritual care service workforce profile

Proposed spiritual care service workforce profile

- Recommendations

Proposed future spiritual care workforce profile

External benchmarking data

Internal benchmarked financial data

Conclusions.



Appendix 3: Outcomes from the National Consensus Conference 2017

Principles for design and delivery of spiritual care services

1. Spiritual care is integrated and coordinated across all levels of the health system in Australia

Safe and quality spiritual care services require a systems approach to integration and coordination. Spiritual care is incorporated into accreditation processes, integrated within safety and quality systems and frameworks, and embedded in health policy.

2. Spiritual care is available for all people

Spiritual care is inclusive of all people and responsive to needs across the whole organisation. Spiritual care informs the ethos and culture of the organisation and contributes to the embodiment of organisational values.

3. Spiritual care is provided by a credentialled and accountable workforce

Spiritual care is provided by a skilled and competent workforce working within a clearly designated and defined scope of practice managed by a national professional association. Professional practitioners work as integral members of multidisciplinary teams.

4. Spiritual care is a shared responsibility

Spiritual care is an essential component of person-centred care. All health care workers are knowledgeable about the options for addressing spiritual needs as part of person-centred care. Appropriate referrals are made to ensure spiritual, religious and cultural practices are facilitated.

5. Research is conducted on the contribution, value and effectiveness of spiritual care

Research is undertaken to inform the provision of best practice spiritual care and the development of education and training pathways.

Policy statements

1. There is a paid professional spiritual/pastoral care workforce in hospitals.
2. All health professionals receive training about spiritual care.
3. All patients are offered the opportunity to have a discussion of their religious/spiritual concerns.
4. All patients have an assessment of their spiritual needs.
5. Patient's values and beliefs are integrated into care plans.
6. Information gathered from assessments of spiritual needs is included in the patient's overall care plan.
7. Families are given the opportunity to discuss spiritual issues with health professionals.
8. Faith communities are recognised as partners in the provision of spiritual care.
9. Spiritual care quality measures are included as part of the hospital's quality of care reporting.
10. Hospitals provide a dedicated space for meditation, prayer, ritual or reflection available for all people. Spiritual care is inclusive of all people and responsive to needs across the whole organisation (8).



References

1. Puchalski C, Vitillo R, Hull S, Reller N. Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*. 2014;17:642-56.
2. The Independent Hospital Pricing Authority. Reference to Changes for ICD-10AM/ACHI/ACS Eleventh Edition. Darlinghurst: The Independent Hospital Pricing Authority; 2019.
3. Australian Commission on Safety and Quality in Health Care. Patient-centred care: Improving quality and safety through partnerships with patients and consumers. Sydney, Australia: Australian Commission on Safety and Quality in Health Care; 2011.
4. Australian Commission on Safety and Quality in Health Care. National Consensus Statement: essential elements for safe and high-quality end-of-life care. Sydney; 2015.
5. Palliative Care Australia. National Palliative Care Standards 5th edn. Canberra: Palliative Care Australia; 2018.
6. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2017: ACSQHC; 2017.
7. Spiritual Health Victoria. Capability framework for spiritual care practitioners in health services. Melbourne: Spiritual Health Victoria; 2016.
8. Spiritual Care Australia and Spiritual Health Victoria. National Consensus Conference Report. Enhancing Quality and Safety: Spiritual Care in health. Melbourne: Spiritual Care Australia and Spiritual Health Victoria; 2017.
9. Horvat L. Partnering in healthcare: A framework for better care and outcomes. Melbourne: Safer Care Victoria State Government of Victoria; 2019.
10. ACPE: The Standard for Spiritual Care & Education, The Association of Professional Chaplains, Canadian Association for Spiritual Care, National Association of Catholic Chaplains, Neshama: Association of Jewish Chaplains. The Impact of Professional Spiritual Care. Canada; 2018.
11. Fitchett G. Recent Progress in Chaplaincy-Related Research. *Journal of Pastoral Care & Counseling*. 2017;71(3):163-75.
12. National Health Service. NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual and Religious Care. United Kingdom: NHS; 2015.
13. State Government of Victoria State Services Authority. Workforce planning toolkit: A guide for workforce planning in small to medium sized Victorian public sector organisations. Melbourne: State Government of Victoria State Services Authority; 2006.
14. Holmes C. Towards National Consensus: Spiritual Care in the Australian Healthcare Context. *Religions* 2018;9(379).
15. Austin P, Macleod R, Siddall P, McSherry W, Egan R. Spiritual care training is needed for clinical and non-clinical staff to manage patients' spiritual needs. *Journal for the Study of Spirituality*. 2017;7(1):50-63.
16. Best M, Leget C, Goodhead A, Paal P. An EAPC white paper on multi-disciplinary education for spiritual care in palliative care. *BMC Palliat Care*. 2020;19(9).
17. HealthCare Chaplaincy Network. What Is Quality Spiritual Care in Health Care and How Do You Measure It? : HealthCare Chaplaincy Network; 2016.

18. Healthcare Chaplaincy Network. Scope of Practice. HealthCare Chaplaincy Network; 2016.
19. Governance Institute of Australia. What is Governance? 2019 [Available from: <https://www.governanceinstitute.com.au/resources/what-is-governance/>].
20. State of Victoria Department of Health and Human Services. Allied health: credentialling, competency and capability framework (Second Edition) Melbourne; 2016.
21. Meaningful Ageing Australia. ConnecTo. Melbourne, Australia: Meaningful Ageing Australia; 2017.
22. King SD, Fitchett G, Murphy PE, Pargament K, Harrison DA, Loggers ET. Determining best methods to screen for religious/spiritual distress. *Supportive Care in Cancer*. 2017;25(2):471-79.
23. Handzo G. The Process of Spiritual/Pastoral Care. In: Roberts RSB, editor. *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*. Woodstock, Vermont: Skylight Paths; 2012.
24. Jones K, Pryor J, Care-Unger C, Simpson G. Development and evaluation of a staff training program on spiritual care practice within a rehabilitation context. Australian Association of Social Workers Conference; Adelaide; 2019.
25. Balboni TA, Fitchett G, Handzo GF, Johnson KS, Koenig HG, Pargament KI, et al. State of the Science of Spirituality and Palliative Care Research Part II: Screening, Assessment, and Interventions. *Journal Pain Symptom Management*. 2017;54(3):441-53.
26. Fitchett G, Pierson AL, Hoffmeyer C, Labuschagne D, Lee A, Levine S, et al. Development of the PC-7, a Quantifiable Assessment of Spiritual Concerns of Patients Receiving Palliative Care Near the End of Life. *Journal of Palliative Medicine*. 2019.
27. Drummond DA, Carey LB. Assessing Spiritual Well-Being in Residential Aged Care: An Exploratory Review. *Journal of Religion and Health*. 2018.
28. Lepherd L, Rogers C, Egan R, Towler H, Graham C, Nagle A, et al. Exploring spirituality with older people: (I) rich experiences. *Journal of Religion, Spirituality & Ageing*. 2019.
29. Garg S. Coming together a universal sacred space. Corcoran College of Art + Design; 2010.
30. Auditor General Victoria. Meeting our future Victorian Public Service workforce needs Victoria. Auditor- General. Melbourne Government Printer; 2004.
31. Joubert L, Boyce R, McKinnon F, Posenelli S, McKeever J. Strategies for allied health leadership development: enhancing quality, safety and productivity. Melbourne; 2016.

Further Information



Spiritual Health
Association

Phone: (03) 8610 6327

Website: www.spiritualhealth.org.au

Email: office@spiritualhealth.org.au

Address: 3 Albert Coates Lane, Melbourne, VIC 3000



We believe that when spiritual needs are recognised and responded to as an integral part of person-centred care, an essential contribution is made to people's health and wellbeing.

Your comments are important to us

Feedback on how you are using this Spiritual Health Association publication in your organisation helps us to improve the quality of our resources.

We welcome your comments and invite you to email them to:
office@spiritualhealth.org.au



Guidelines for Quality Spiritual Care in Health
