

Spirituality in later life: a health promotion approach (education, place and policy)

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Selwyn Centre for Aging & Spirituality
Conference

17 September, 2015



Cancer Society Social & Behavioural Research Unit (SBRU)
Te Hunga Rangahau Ārai Mate Pukupuku



A probable outline

- Introduction
- What we know – spirituality is important & understood broadly
- How can we improve spiritual care?
- A health promotion approach
- What do you think?

The Secular Age

- “It is a crucial fact of our present spiritual predicament that it is historical; that is, our understanding of ourselves and where we stand is partly defined by our sense of having come to where we are, of having overcome a previous condition” (Taylor, 2007, p. 28).
- Secularity is a condition in which our experience of and search for fullness occurs: and this is something we all share, believers and unbelievers alike (Taylor, 2007, p. 19).
- Taylor, C. (2007). A Secular Age. Cambridge, Mass. , Belknap Press of Harvard University Press.

International Consensus Definition

“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. Spirituality is expressed through beliefs, values, traditions, and practices.”

Puchalski, C. M., R. Vitillo, S. K. Hull and N. Reller (2014). "Improving the spiritual dimension of whole person care: Reaching national and international consensus." Journal of palliative medicine **17**(6): 642-656. p.5

"Moving beyond clarity: towards a thin, vague, and useful understanding of spirituality in nursing care"

Some “suggest that spirituality is so diverse as to be meaningless. ... Are the critics correct in asserting that the vagueness that surrounds spirituality invalidates it as a significant aspect of care? We think not. **It is in fact the vagueness of the concept that is its strength and value. ... the vagueness and the lack of clarity around the term spirituality is actually a strength that has powerful political, social, and clinical implications.**” (p.226)

Swinton, J. and S. Pattison (2010). "Moving beyond clarity: towards a thin, vague, and useful understanding of spirituality in nursing care." Nursing Philosophy **11**(4): 226-237.

Reasonable evidence

Oxford Textbook & Koenig Handbook

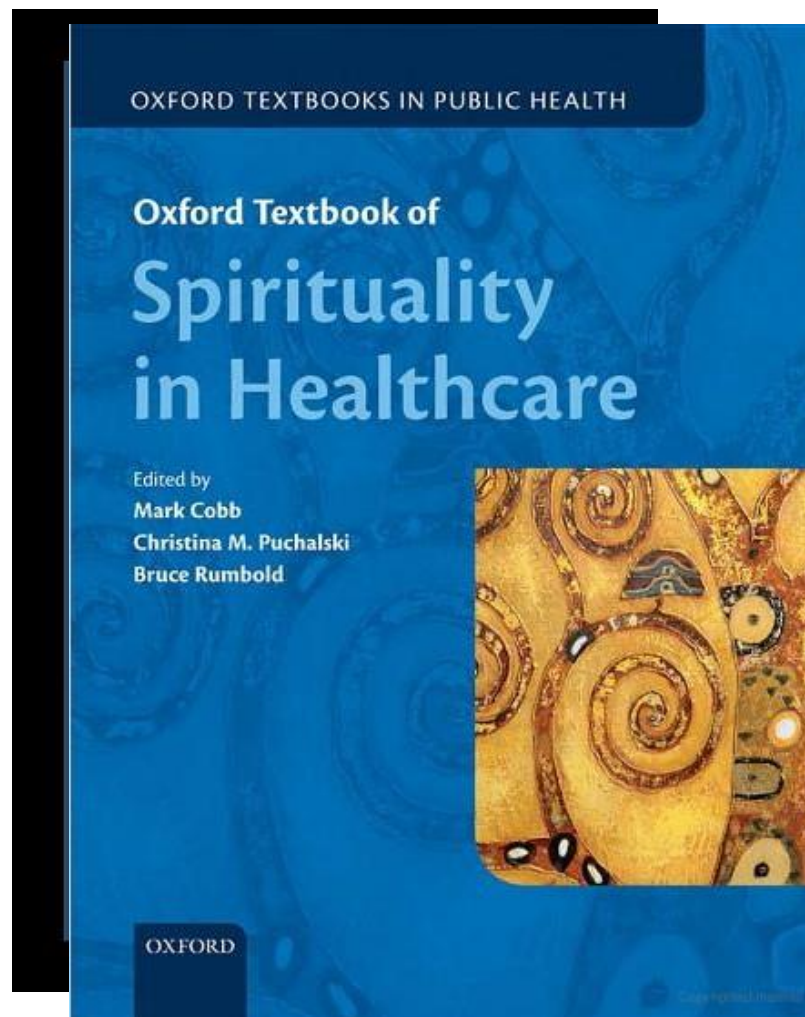
Park, C. L., A. C. Sherman, H. S. Jim and J. M. Salsman (2015). **"Religion/spirituality and health in the context of cancer: Cross-domain integration, unresolved issues, and future directions."** Cancer: n/a-n/a.

Salsman, J. M., G. Fitchett, T. V. Merluzzi, A. C. Sherman and C. L. Park (2015). **"Religion, spirituality, and health outcomes in cancer: A case for a meta-analytic investigation."** Cancer: n/a-n/a.

Jim, H. S. L., J. E. Pustejovsky, C. L. Park, S. C. Danhauer, A. C. Sherman, G. Fitchett, T. V. Merluzzi, A. R. Munoz, L. George, M. A. Snyder and J. M. Salsman (2015). **"Religion, spirituality, and physical health in cancer patients: A meta-analysis."** Cancer: n/a-n/a.

Sherman, A. C., T. V. Merluzzi, J. E. Pustejovsky, C. L. Park, L. George, G. Fitchett, H. S. L. Jim, A. R. Munoz, S. C. Danhauer, M. A. Snyder and J. M. Salsman (2015). **"A meta-analytic review of religious or spiritual involvement and social health among cancer patients."** Cancer: n/a-n/a.

Salsman, J. M., J. E. Pustejovsky, H. S. L. Jim, A. R. Munoz, T. V. Merluzzi, L. George, C. L. Park, S. C. Danhauer, A. C. Sherman, M. A. Snyder and G. Fitchett (2015). **"A meta-analytic approach to examining the correlation between religion/spirituality and mental health in cancer."** Cancer: n/a-n/a.



Reasonable evidence

In 2005, Stefanek et al's review of the literature said:
"The study of religion and spirituality and cancer is in its infancy. It is too early to determine what role the [R/S]

constructs play in the development of cancer and disease if measured. The results confirm that R/S is significantly though modestly associated with patient reported mental, physical, and social health.

Well over a Some. Park et al., 2015. p. 5

and many have poor or unestablished psychometric properties.
Salsman et al., 2015. p.3

These results underscore the importance of attending to patients' religious and spiritual needs as part of comprehensive cancer care. Jim et al., 2015. p. 1

Elizabeth MacKinlay on Spirituality

- Importance of own spiritual well-being
- Key themes of spirituality and aging:
 - Ultimate meaning
 - Response to meaning
 - Self sufficiency vs vulnerability
 - Wisdom and search for final meanings
 - Relationships vs isolation
 - Hope vs despair

MacKinlay, E. (2002). The Spiritual Dimension of Caring: Applying a Model for Spiritual Tasks of Ageing. *Journal of Religious Gerontology*, 12(3), 151 - 166

Some local spirituality studies – building evidence

- Spirituality in New Zealand education*
- Spirituality in New Zealand hospice care*
- Psycho-social-spiritual supportive care in cancer*
- Spirituality in ODHB oncology ward
- Spirituality in medical education*
- Spirituality in aged care
- Renal specialists & spirituality*
- Spirituality and dementia study*
- Spiritual care professional development project*
- Spiritual care in cancer care across 16 countries
- Spirituality in NZ nursing care
- Funding applications in...

But, if we know spirituality is independently important (some caveats);

We know it impacts on physical, social, mental health outcomes;

Why isn't spiritual care 'how we do things around here' in our own unique inclusive, culturally competent, patient / whanau led way?

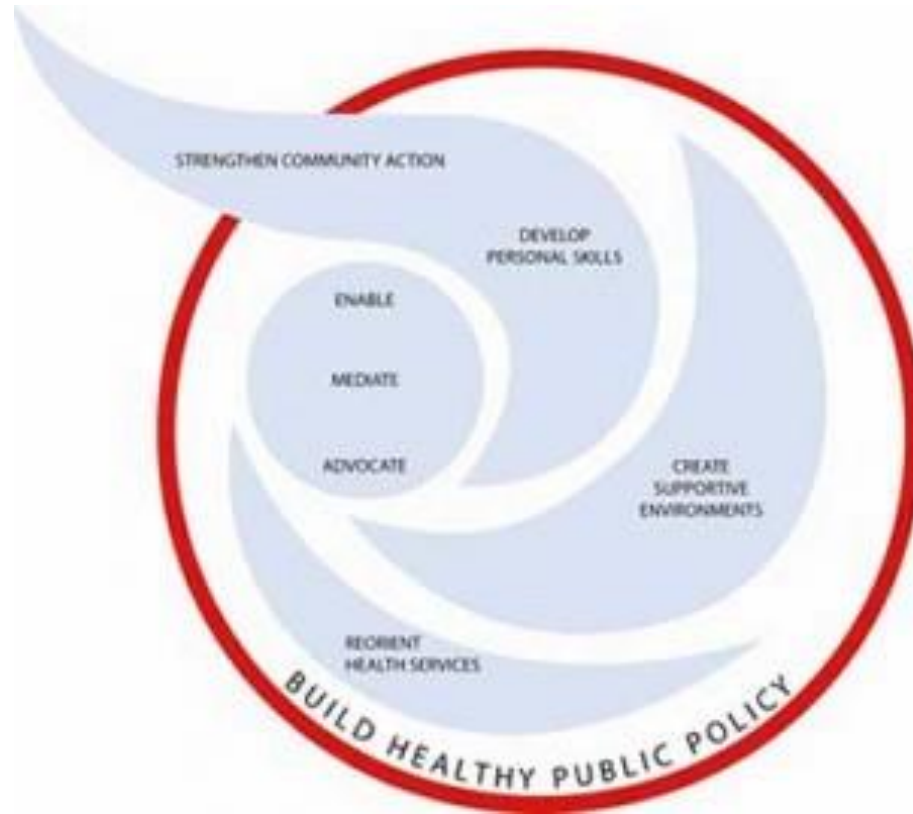
What do you think?

Spirituality in NZ Palliative/health care: – where next?

- A health promoting approach (part of the discipline of public health)
- How can public health and health promotion help to foster an environment where spirituality flourishes and spiritual care is the norm in healthy aging, end-of-life care and ultimately helps us to die well?

What is health promotion and what has it got to do with spirituality?

The Ottawa Charter for Health Promotion



Definition of Health Promotion

"Health promotion is the **process** of **enabling people** to increase **control** over, and to **improve**, their **health**"

(Ottawa Charter, 1986)

Principles of Health Promotion

- Equity (Social Justice)
- Empowerment
- Participation & partnership
- Social (and individual) responsibility for health
- Evidence-based & informed practice
- Treaty-based practice
- Broad definition of health
- Acknowledges a range of determinants of health
- Comprehensive approach to intervention

The determinants of health



Health Promotion Strategies

- Health education
- Social Marketing
- Community development/organising
- Advocacy
- Coalition building
- Organisational development
- Policy development
- Research

Ottawa Charter 1986

Health promotion strategies

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Health Public Policy

- **Build healthy public policy**
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Spirituality in Public Policy

It is here: policy, guidelines, curricula

- NZHS (2000),
- PCS (2001),
- PHO's,
- NZ State School Curricula,
- Treaty of Waitangi,
- ChCh City Council Charter
- Agenda 21 (1992),
- US JCAHO,
- Scottish NHS,
- Canada – Manitoba,
- Ottawa / Bangkok Charter (2005),
etc. etc.

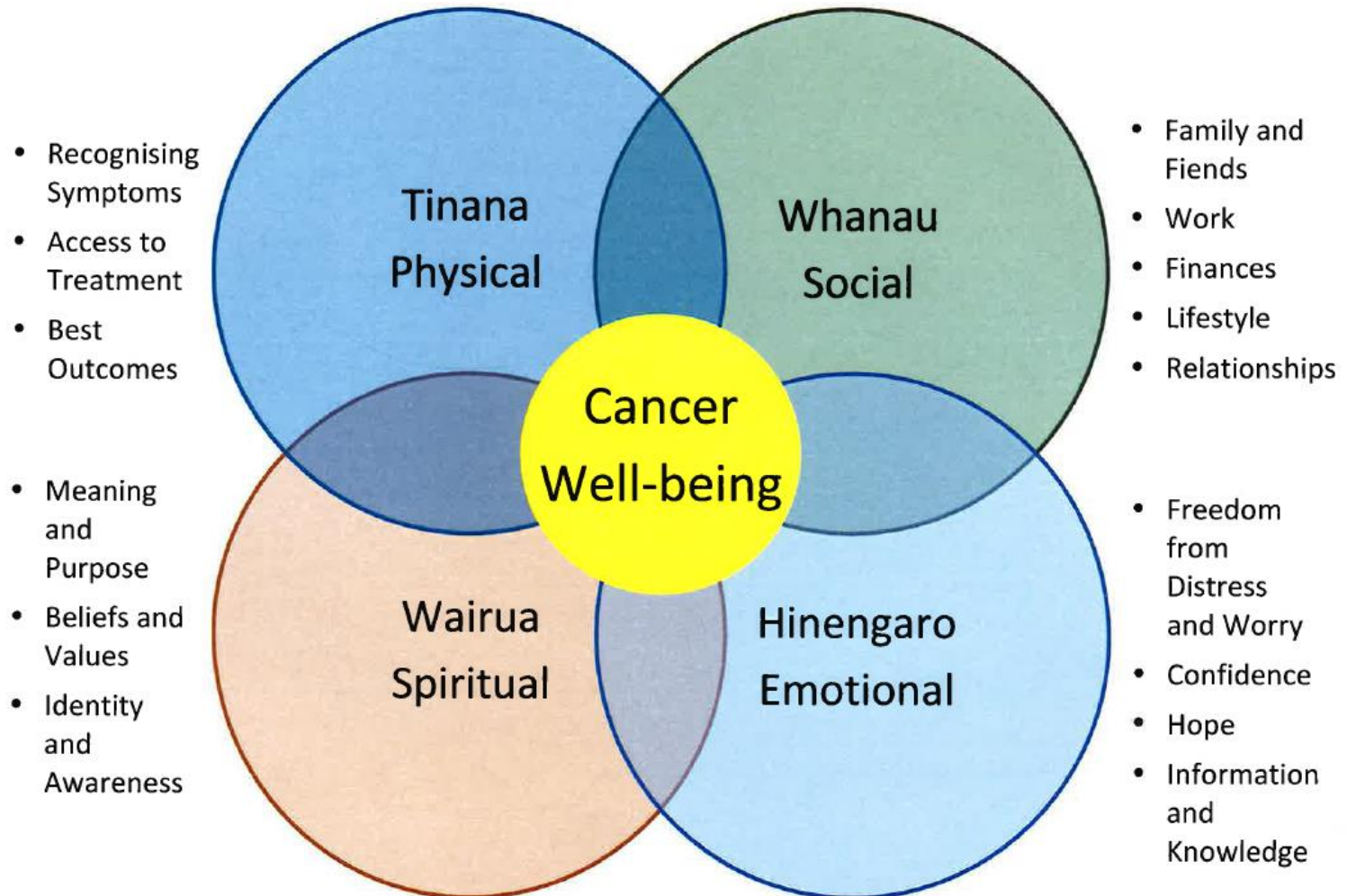
Hospice / palliative care

- Palliative care services:
 - ***integrates*** physical (*tinana*), social (*whānau*), emotional (*hinengaro*) and ***spiritual (wairua)*** aspects of care to help ***the dying person and their family/whānau attain an acceptable quality of life.*** (NZPC Strategy 2001)
- Hospice mandate includes spiritual care (Saunders 1968, WHO 2002).

NZ Aged care & spirituality

- The New Zealand *Health of Older People Strategy* (Ministry of Health, 2002) requires service providers and health professionals to take a holistic approach to the care and support of the elderly, “including consideration of physical, mental health, social, emotional and *spiritual needs* of older people” (emphasis added).

Spirituality in healthcare: CSNZ Supportive Care Model



Recent NZ Ca supportive care guidelines

“It is essential that **all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer**, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.”

Ministry of Health (2010). Guidance for Improving Supportive Care for Adults with Cancer in New Zealand. Wellington: Ministry of Health. P.46

British Medical Journal

*The National Institute for Clinical Excellence, Guidance, Supportive and Palliative Care for Adults with Cancer, published in March 2004, ..., recommends that healthcare teams ensure accurate and timely evaluation of spiritual issues through regular assessment. This reflects the **increasing emphasis on spirituality as a factor contributing to wellbeing and coping strategies.***

Speck, P. et al. (2004) "Spiritual needs in health care: May be distinct from religious ones and are integral to palliative care". BMJ Editorial.

Spiritual Care Matters

An Introductory Resource for all NHSScotland Staff

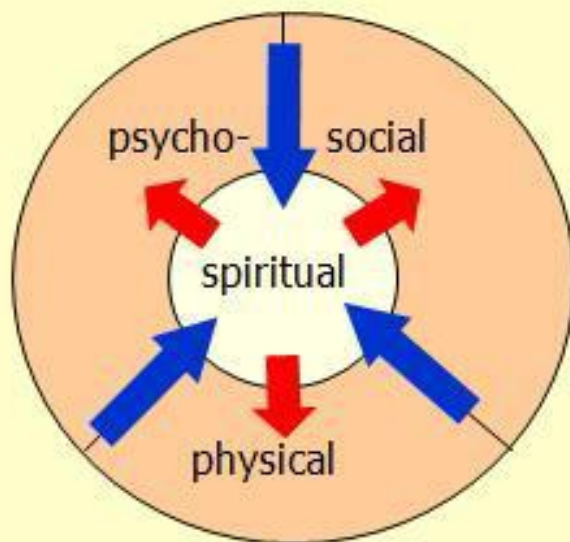


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Spiritual care: the Netherlands nation-wide guidelines (2013)

The position of spirituality



We need advocates and allies

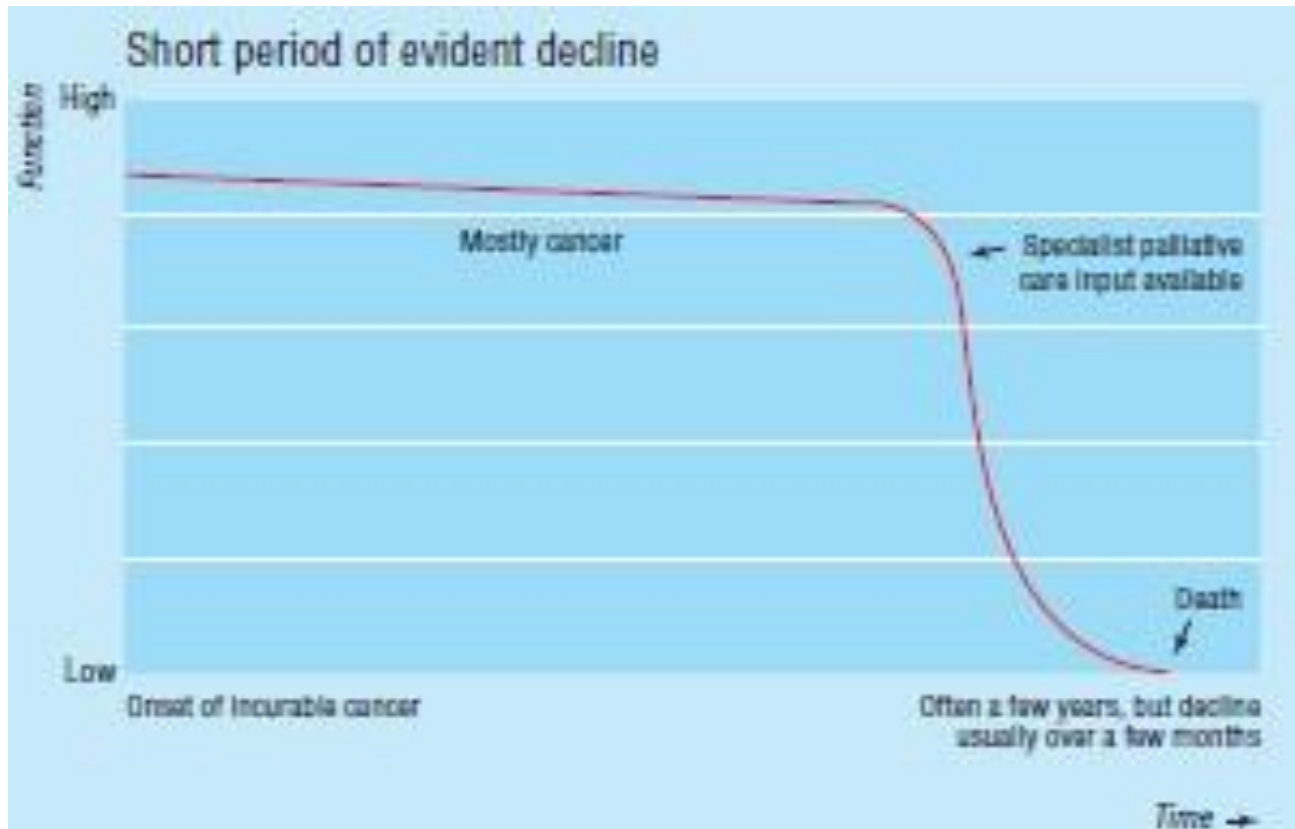
“with the cancer, I resolved that I would not waste a day, that every day I would fill with purpose and spirit”.

“I'm an atheist in the sense that I don't believe in an omnipotent, all-knowing, omnipresent creator. **That's not to say I'm not a spiritual man.** I acknowledge the mystery. In the sense that there are questions there that are not answered by simple paradigms around evidence and consistency, which is the way science works. Around values and why we're here at all”.

Sir Paul Callaghan: Kiwi visionary looks back on life

NIKKI MACDONALD DomPost website

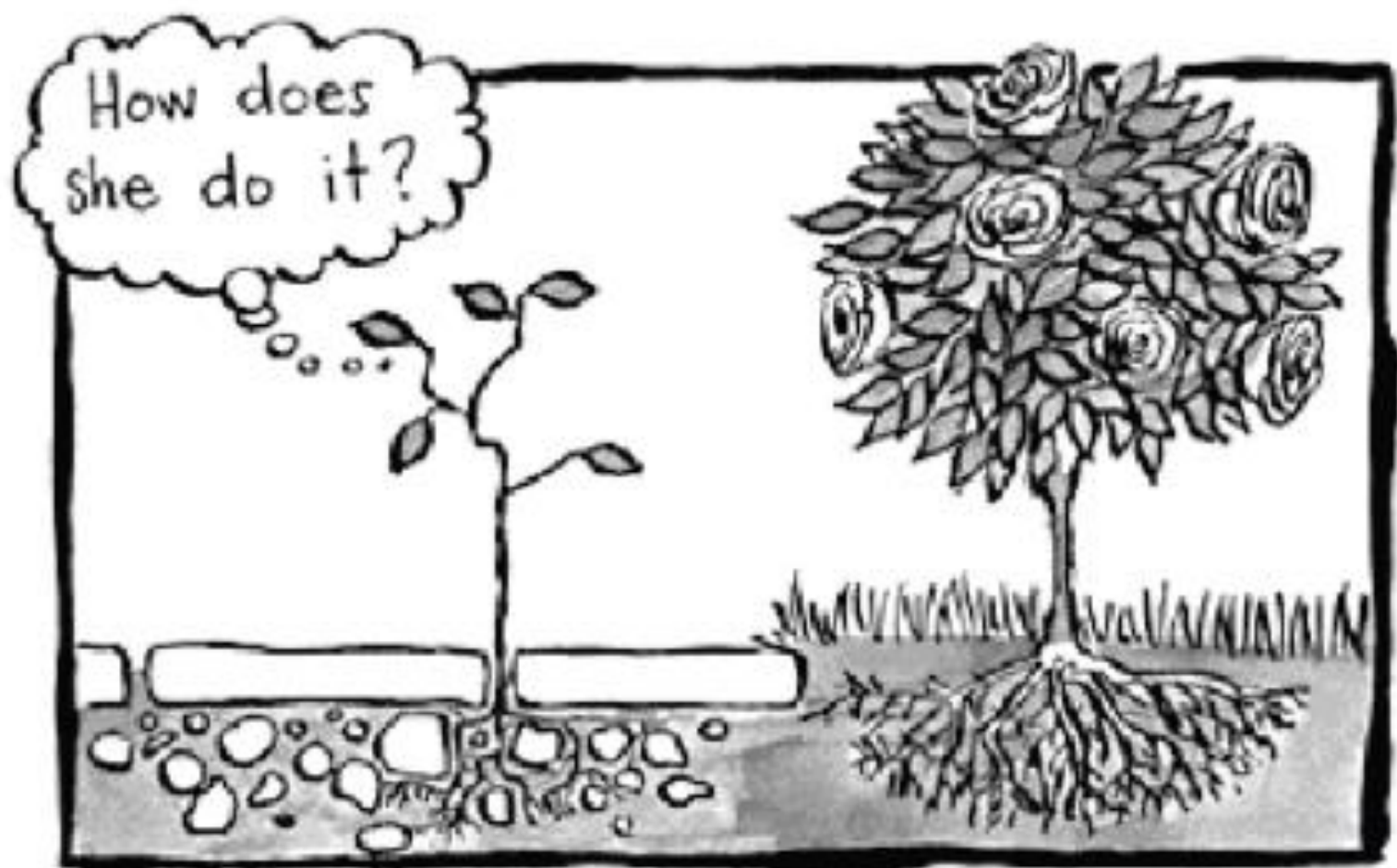
HPP – need to use the evidence (on spirituality, but from other fields)



Murray, S. A., Kendall, M., Boyd, K., & Sheikh, A. (2005). Illness trajectories and palliative care. *BMJ*, 330(7498), 1007-1011. doi: 10.1136/bmj.330.7498.1007

Supportive Environments

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services



©hris Morgan 1994

cxmedia.com

The spiritual environment in New Zealand hospice care: identifying organisational commitment to spiritual care

Richard Egan,¹ Rod MacLeod,² Chrystal Jaye,³ Rob McGee,⁴ Joanne Baxter,⁵ Peter Herbison⁶

For numbered affiliations see end of article.

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ABSTRACT

Objectives Spiritual matters naturally arise in many people who have either a serious illness or are nearing end-of-life. The literature shows many examples of spiritual assessments, interventions and care; however, there is a lack of focus on organisational support for spiritual care. We aimed to ascertain the structural and operational capacity of New Zealand's hospices

spiritual care while hospice based research and publications often dominate and lead Western spirituality and health literature.³ Exact numbers for end of life care provision by New Zealand hospices are difficult to ascertain. The best estimate is approximately half of those who died had some contact with a hospice based on 2012 figures that note New

Egan, R., R. MacLeod, C. Jaye, R. McGee, J. Baxter and P. Herbison (2014). "The spiritual environment in New Zealand hospice care: identifying organisational commitment to spiritual care (in press)." *BMJ Supportive & Palliative Care*.

Spiritual care audit

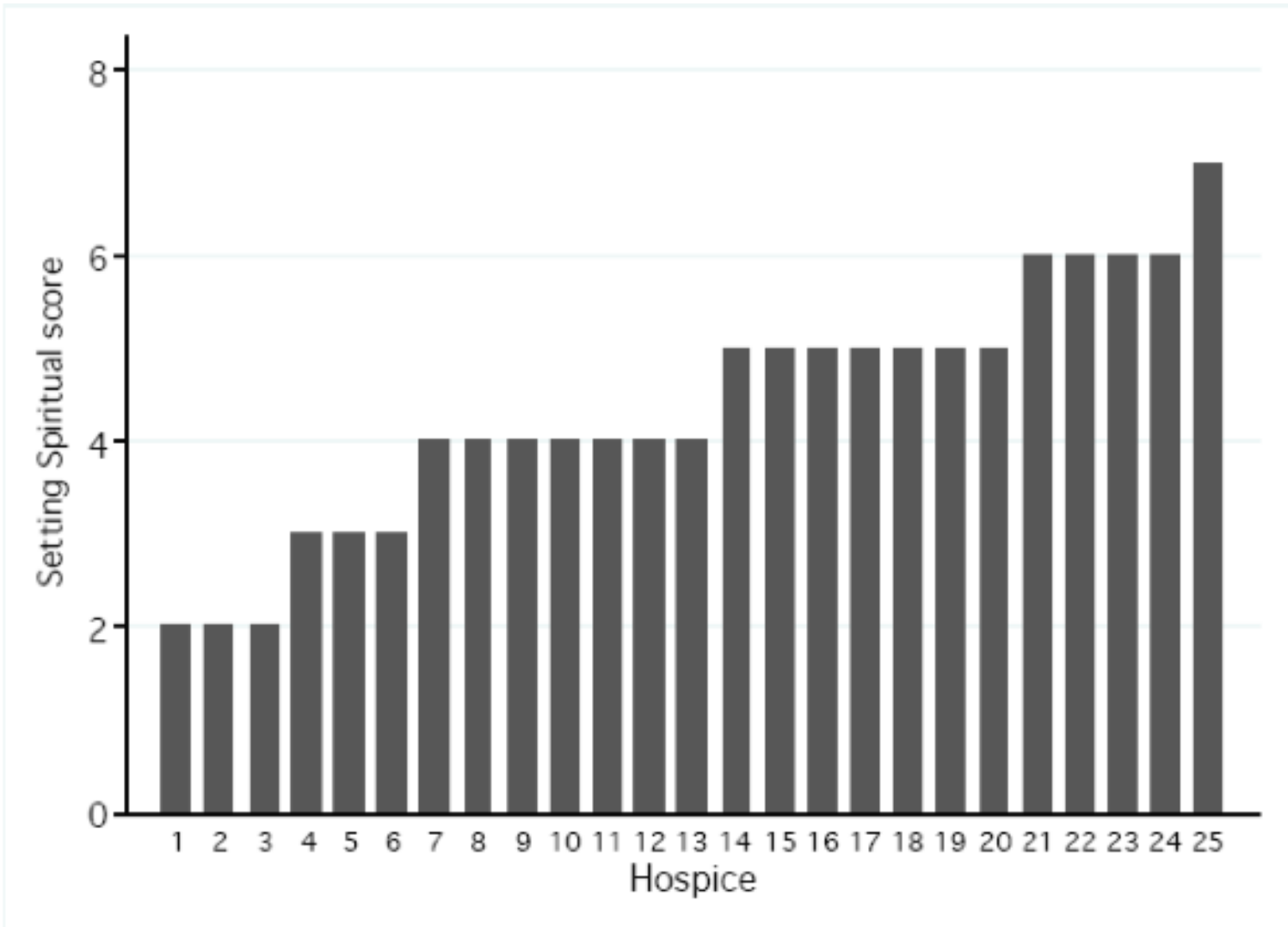
Measure

- Paid chaplain / spiritual carer
- Chapel / quiet room available
- Staff Spiritual Support
- Spiritual Care Policy
- Spiritual Professional Development
- Spiritual Resources
- Formal Spiritual Assessment
- How important is spirituality in your hospice?

Range

- Yes / no
- Yes / no
- Yes / no
- Yes / no
- Annual / no, occasionally
- 4 or more of 10 options
- Always – Often / sometimes-never
- Extremely – moderately / not at all- a little bit

Spirituality Setting Score



Strengthen community action

- Build healthy public policy
- Create supportive environments
- **Strengthen community action**
- Develop personal skills
- Reorient health services

Health
Promoting
Palliative Care



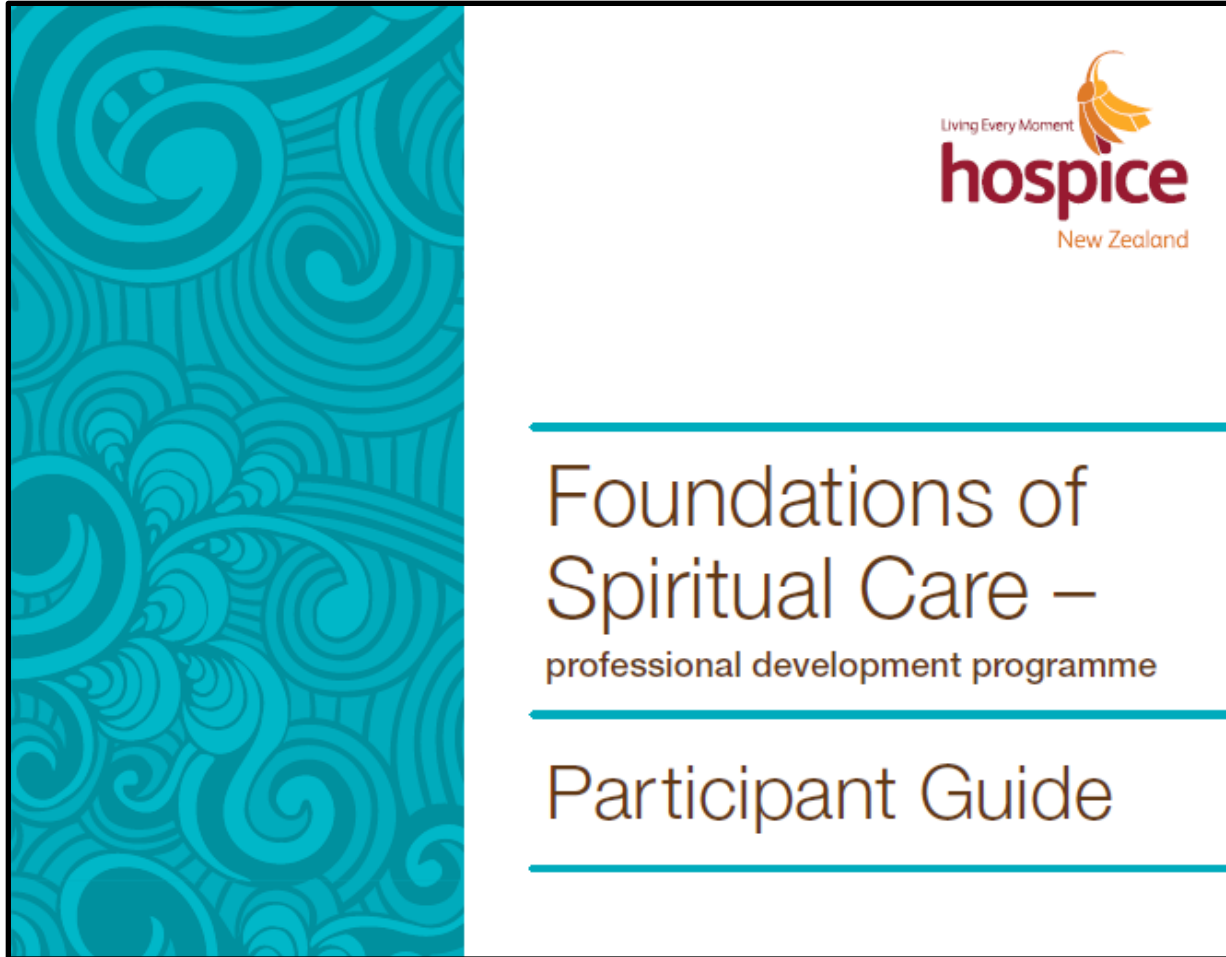
Allan Kellehear

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Develop personal skills

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- **Develop personal skills**
- Reorient health services

Spiritual Care



Delivering spiritual care: a resource to train hospice staff in New Zealand

Anne Morgan, Rod MacLeod, Mary Schumacher and **Richard Egan** describe how an educational programme was developed in New Zealand for the wider hospice team aimed at improving staff's understanding and knowledge of spirituality and spiritual care. One of its differences is that it incorporates the Māori world view

The hospice mandate is unequivocal; addressing the spiritual needs of patients is a core aspect of care, and yet

important than, other health domains. Cicely Saunders said that *'attention to the achievements that a patient could still make in the face of his*

Spiritual care training - impact

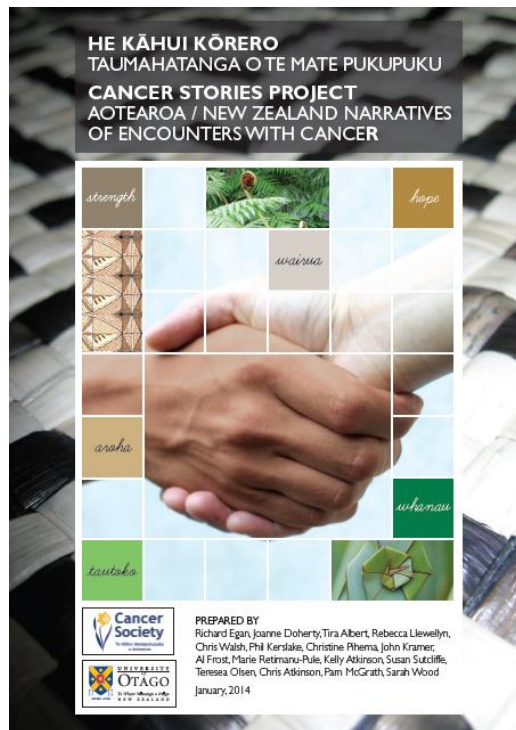
- Hospice New Zealand training – results on the way (see Morgan et al, 2015)
- Systematic review (Paal et al, 2015) suggested training:
 - improved spiritual health
 - reduced work-related stress and burn-out
 - “the spiritual care training also improved the working atmosphere” (p.26)
- Morgan A, MacLeod R, Schumacher, M, Egan R. (2015). How do we best meet the spiritual needs of people we care for? *European Journal of Palliative Care*. 22 (3), 130-132 (accepted for publication).
- Paal, P., Y. Helo and E. Frick (2015). "Spiritual Care Training Provided to Healthcare Professionals: A Systematic Review." *Journal of Pastoral Care & Counseling* 69(1): 19-30.

Reorient health services

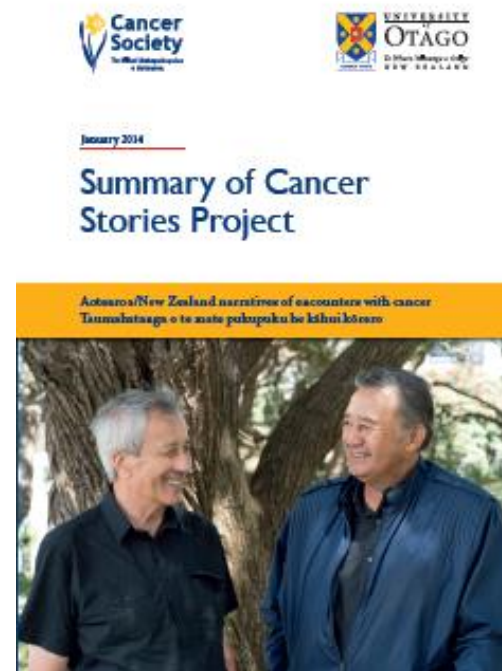
- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Asset approach: NZ Cancer Stories project 2013/14

Full Report



Plain English Summary



“The need for improved communication and cultural and spiritual care was highlighted by many participants.”

“It becomes a really spiritual journey and you learn about who you are as a person and know who you are...” (Maree).

How spirituality is understood and taught in New Zealand medical schools

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(RECEIVED March 14, 2013; ACCEPTED May 12, 2013)

ABSTRACT

Objectives: The objective of this research was to explore how spirituality is currently understood and taught in New Zealand Medical Schools.

Methods: A mixed methods design was used to explore this in Australia (n = 14) and a separate

A good death?

GRATTAN
Institute

September 2014



Box 1: What is a good death?¹⁶

- To know when death is coming, and to understand what can be expected
- To be able to retain control of what happens
- To be afforded dignity and privacy
- To have control over pain relief and other symptom control
- To have choice and control over where death occurs (at home or elsewhere)
- To have access to information and expertise of whatever kind is necessary
- To have access to any spiritual or emotional support required
- To have access to hospice care in any location including home, not only in hospital
- To have control over who is present and who shares the end
- To be able to issue advance directives that ensure wishes are respected
- To have time to say goodbye, and control over other aspects of timing
- To be able to leave when it is time to go, and not to have life prolonged pointlessly

¹⁶ Smith (2000)

A good death?

Box 1: What is a good death?¹⁶

“To have access to any spiritual or emotional support required”

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¹⁶ Smith (2000)

SPIRITUAL CARE ADVISORY GROUP

Terms of Reference

1. PURPOSE/BACKGROUND

As a result of the groundwork already done at Palmerston North Hospital on broadening out the concept of spirituality, the Interchurch Council on Hospital Chaplaincy (ICHC) the direct employer of chaplains are keen to partner with MidCentral District Health Board (MDHB) in the development of a Spiritual Care Advisory Group to:

- i. improve the level and quality of spiritual care for patients, family/whanau and staff;
- ii. add value to the existing chaplaincy service; and
- iii. develop new ways of working collaboratively to meet changing conditions.

2. RESPONSIBILITIES/FUNCTIONS/EXPECTED OUTCOMES

Overall the purpose of the group is to ensure spirituality becomes an integral part of healthcare at MDHB. This will involve:

- i. ensuring spiritual care is developed and integrated across MDHB sites;
- ii. advising the chaplaincy team about needs and priorities to be incorporated into a strategic work plan;
- iii. acting as champions for initiatives relating to spiritual care and the work of the chaplaincy team;
- iv. supporting the chaplaincy team during a change and development phase in consultation with ICHC and its Local Service Provider Committee (LSP).

3. MEMBERSHIP/REPRESENTATION

Last Name

First Name DOB .. / .. / ..

Address

Phone Mobile

MY ADVANCE CARE PLAN

(Page 1 of 4)



[ACP] “could start to open up some of the doors if you’re talking about what patients really want” (Nurse).

Final Comments

How Can We Improve Spiritual Care?

Another public health model

- Upstream Issues
- Midstream Issues
- Downstream Issues



Spirituality in (public) health

It's difficult, but

“ By ignoring the spiritual dimension of health, for whatever reason, we may be depriving ourselves of the leverage we need to help empower individuals and populations to achieve improved physical, social, and mental health.”

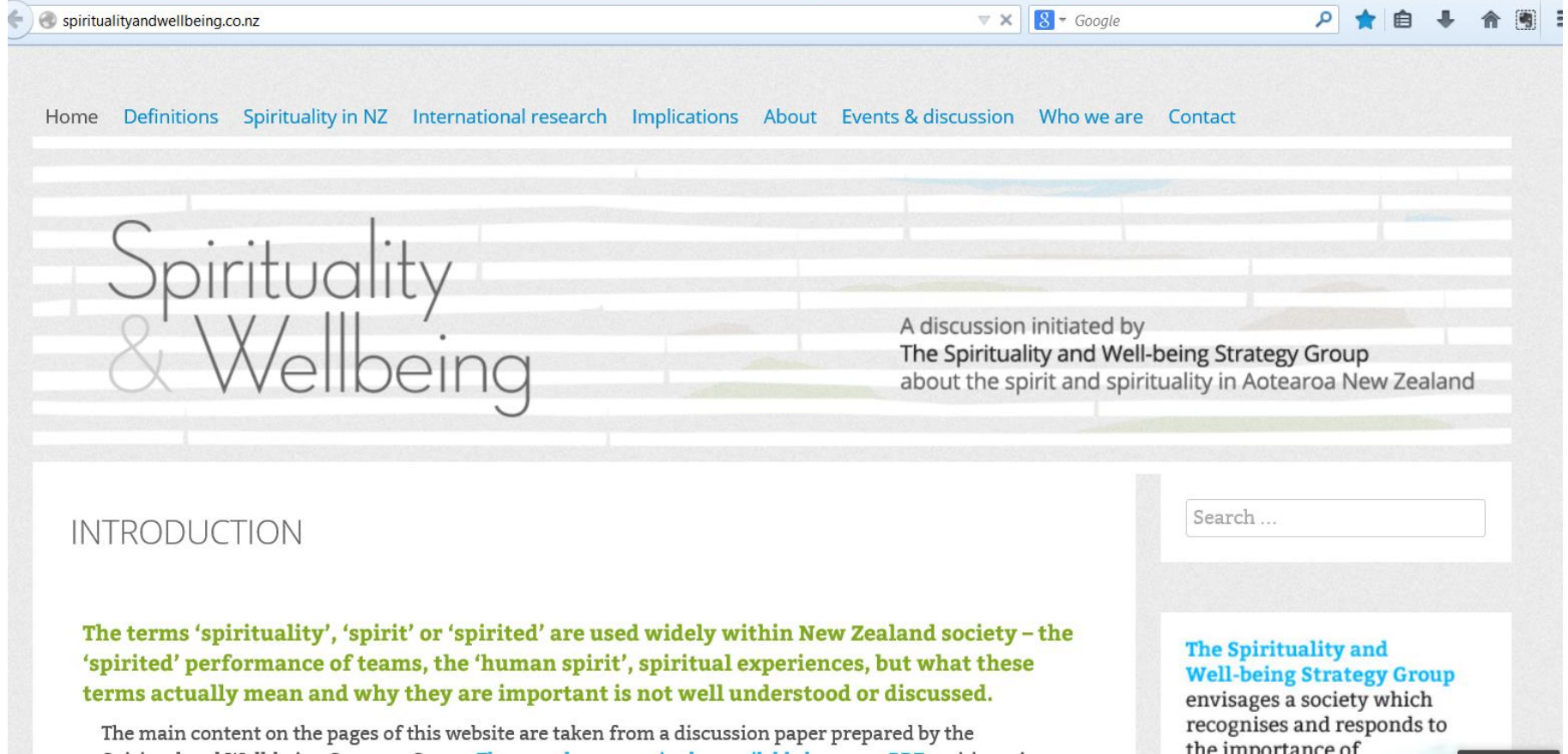
- Vader, JP. (2006) “Spiritual health: the next frontier” European Journal of Public Health, Vol. 16, No. 5, 457

Spirituality in healthcare : the zeitgeist

Spiritual Vacuum / Gap?

- Growth of meaninglessness.
- Materialism not enough?
- Individual and Societal issue (a Public Health issue)
- Re-emergence





Dr Richard Egan: Lecturer, Department of Preventive & Social Medicine, University of Otago

Simon Cayley: CEO Bishop's Action Foundation

Dr Anna Holmes: Clinical Senior Lecturer, Department of General Practice, University of Otago

Dr Tess Moeke-Maxwell: Research Fellow, School of Nursing, Faculty of Medical and Health Science, Auckland University

Dr Chris Perkins: Director Selwyn Centre for Ageing and Spirituality

Charles Waldegrave: Coordinator Family Centre Social Policy Research Unit, Anglican Social Services, Hutt Valley.

Take home messages

Spirituality:

- A fundamental and seminal part of healthcare (and potentially PH/HP)
- PH/HP reminds us of equity, Treaty & and upstream approaches
- A growing issue in a fragmented world
- Context/zeitgeist: spiritual needs growing – important questions about heroic treatment, euthanasia/PAS, care options
- Public health and health promotion offers a way to bring the public along with us and to help embed spirituality into healthcare
- Further NZ research needed

Comments or questions

‘Ko te Amorangi ki mua, ki te hapai o ki muri’

**‘Place the things of the spirit to the fore,
and all else shall follow behind’**

Takitimu whakatauaiki (proverb)

(Payne, Tankersley, & McNaughton A (Ed), 2003, p. 85)

Otago : University

THANK YOU



Recommended Standards for Spiritual Care

1. Spiritual care is integral to compassionate, person-centered health care and is a standard for all health settings.
2. Spiritual care is a part of routine care and integrated into policies for intake and ongoing assessment of spiritual distress and spiritual well-being.
3. All health care providers are knowledgeable about the options for addressing patients' spiritual distress and needs, including spiritual resources and information.
4. Development of spiritual care is supported by evidence-based research.
5. Spirituality in health care is developed in partnership with faith traditions and belief groups.
6. Throughout their training, health care providers are educated on the spiritual aspects of health and how this relates to themselves, to others, and to the delivery of compassionate care.

Recommended Standards for Spiritual Care

7. Health care professionals are trained in conducting spiritual screening or spiritual history as part of routine patient assessment.
8. All health care providers are trained in compassionate presence, active listening, and cultural sensitivity, and practice these competencies as part of an interprofessional team.
9. All health care providers are trained in spiritual care commensurate with their scope of practice, with reference to a spiritual care model, and tailored to different contexts and settings.
10. Health care systems and settings provide opportunities to develop and sustain a sense of connectedness with the community they serve; healthcare providers work to create healing environments in their workplace and community.
11. Health care systems and settings support and encourage health care providers' attention to self-care, reflective practice, retreat, and attention to stress management.
12. Health care systems and settings focus on health and wellness and not just on disease.

Source: Puchalski, C. M., R. Vitillo, S. K. Hull and N. Reller (2014). "Improving the spiritual dimension of whole person care: Reaching national and international consensus." *Journal of palliative medicine* **17**(6): 642-656.

Spirituality and Medical Education

Association of American Medical Colleges (AAMC) guidelines / objectives.

With regard to spirituality and cultural issues, before graduation students will have demonstrated to the satisfaction of the faculty:

- *The ability to elicit a **spiritual history**.*
- *...*
- *...*
- ***Knowledge of research data ...***
- *An understanding of, and respect for, the **role of clergy and other spiritual leaders**, ...*
- ***An understanding of their own spirituality ...***

{Puchalski, 2006}.