

Managing Conversations around Spirituality

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We are complex creatures!



Valuing The Whole Person

“Patients may view their condition or illness in the context of how they view other aspects of their life, which may not be explained adequately through a biopsychosocial approach alone.

The human elements of compassion, hope and understanding, the relationship between carer and cared for can be a crucial element of the healing process...
Providing resources for people to receive pastoral, spiritual and religious care plays a part in this...”

(Introduction: NHSE Chaplaincy
Guidelines 2023)

The Evidence

There is a recognised link between the respect for dignity, spirituality and good patient experience.

(McSherry, W., 2012 http://www.ecrsh.eu/mm/McSherry_Keynote.pdf)

“There is a growing body of evidence that appropriate spiritual care has an immediate and enduring benefit for those utilising it.”

(NHSE Chaplaincy Guidelines 2015: 7)

The Challenges

- Pastoral /spiritual wellbeing needs often missed in clinical assessment
- Confusion about what is being assessed.
- Lack of ease with how to speak of spirituality, culture, belief or life philosophy.
- Lack of understanding that spiritual wellbeing is a key factor in resilience.
- Lack of information or understanding about what can be offered for support.
- Discussion about patients' spiritual / cultural / religious needs often poorly documented.

Snapshot Poll

1. How often do you explore with a patient or their relatives about their pastoral or spiritual support needs?
2. What would prompt you to explore pastoral / spiritual support needs?
3. How comfortable do you feel asking patients/relatives whether they have any pastoral /spiritual support needs?
4. Do you have services or resources you can refer to for your Patient's / their relatives' pastoral & spiritual support needs?

Spiritual Wellbeing - Definitions

- *“The human search for meaning, hope, and purpose in life and death”* (Royal College of Nursing)
- *The dynamic dimension of the human self*
 - *How we find meaning & purpose.*
 - *How we live in relation to the bigger picture of life.*
 - *How we connect to self, others, the world*
 - *How relate to what is significant / sacred*

(European Assoc. of Palliative Care - EAPC- Spiritual Care Taskforce)

Spiritual Pain & Distress

- *“Spiritual pain is the result of the experience of illness which may threaten an individual with spiritual disintegration, isolation and the loss of meaning.”*

(Scottish Intercollegiate Guidelines Network guidelines 106 - 2008)

- Spiritual pain has all the aspects of total pain.
 - **Physical** - new relationship with body in illness and impending end of life.
 - **Social** – reviewing and engaging important relationships.
 - **Psychological** – working through thoughts, worries, fears.
 - **Faith / Belief / Philosophy** – exploring beliefs / philosophy in relation to new situation being faced.

(Assell 1991; NCCN 2003; Kellehear 2009)

Spiritual Pain on the Clinical Journey

- Points on the clinical journey when spiritual pain and distress can be heightened:
 - Diagnosis, Prognosis, Chronic Conditions
 - Pre and Post Hospital Admission
 - Disease progression or recurrence
 - Decisions about treatment options or Advance Care Planning
 - Decisions about care options and transition to places of care
 - Terminal phase – pre – bereavement
 - Death and bereavement experience for family / friends etc...
- Anticipating need and providing or signposting to appropriate resources to assist patients and carers as a key part of holistic care.

KHFT Model for Assessment

How is the person coping ?

What are their thoughts / concerns about the days/weeks ahead?

Where do they draw their support, strength?

Is there anything we can do to help?

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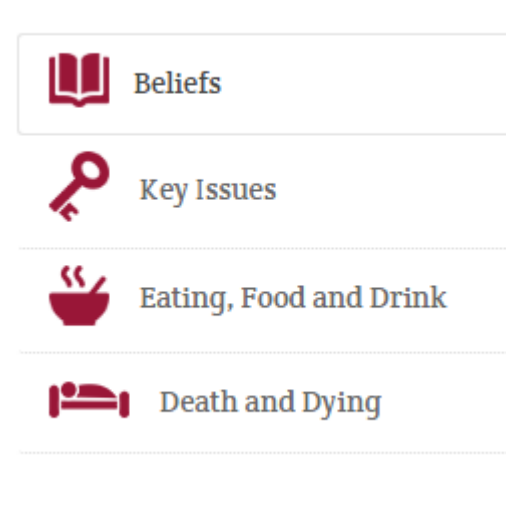
Cultural & Religious Information

- Not always reliably documented!
- Significant importance for things such as:
 - Diet
 - Observances
 - Restrictions (e.g. blood products, medications)
- “I am not religious” (NB: still have pastoral / spiritual needs)
- “I used to be...but don’t go toany more” *

Religious Needs App



www.openingthespiritualgate.net



Spiritual Wellbeing & Support History

- More involved and dynamic approach.
- Focus is not on *what* faith /beliefs/ philosophy / culture patient has, but *how* this *functions* to help patient cope with crisis of ill health.
- Just as the medical history grows and changes as a result of diagnosis and treatment plans, so the spiritual history needs to be revisited.
- Referral for pastoral/spiritual support may be offered.

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Possible Interventions:

Pastoral support – someone to talk with
Spiritual support – exploring life questions / issues
Rites, rituals, spiritual practices, interests, hobbies
Family support
Staff support groups or workshops

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Identifying The Support Required

- **Who is Requiring the Support?**
 - Patient / Family / Staff?
- **Confidential Listening & Counsel**
 - Hopes & Goals / Guilt & Despair / Anger & Frustration / Grief & Loss
 - Beliefs / Philosophies / Doubts / Existential Questions
- **Practical & Ceremonial Needs**
 - Reconnection with interests, hobbies, relationships
 - Contact with local communities.
 - Ceremonies/Rituals/Symbols/Sacraments/Spiritual Practices
 - Finalising Personal Affairs e.g. Wills, LPA's, Social Services etc..
 - Preparing Funeral & Memorial Services
- **Bereavement Support**

Disease Progression & Dying

- We must strive to identify and meet the multi-dimensional needs of people with progressive disease.
- Dying is a multi-dimensional experience.
- It is not just a physical demise.
- This requires a multi-disciplinary approach.
 - Dr Scott Murray GP & Researcher Edinburgh University

Building Robust Support



Supporting what
makes
you...YOU
and me...ME!



Thank You!