

RESEARCH ON THE RUN

End of life care

Organization-level best practices to support spiritual care

Best-practice end of life care incorporates spiritual care, but how can secular organizations support and deliver it? The results of this study provide nine ways.

Key Learnings

All healthcare organizations struggle with supporting spiritual care, even those with spiritual or religious foundations.

But Nine Principles for organization support for spiritual care emerged from meetings with hospice programs across North America with spiritual foundations. These can be applied by leaders in secular settings.

Three Principles place spiritual care in the overall picture, 3 guide the approach to spiritual care, and 3 support the spiritual practice of care providers.

Project overview

In caring for people with terminal illness, needs, concerns, and questions of a religious, spiritual, or existential nature are usually present. In spite of recognizing the importance of spiritual care, modern hospice palliative care has struggled to provide this care at end of life.

The fact that both the medical model and the organization and delivery of health care have distanced themselves from religion has led to a situation where, at the practical level, it is recognized that spiritual care is required, but at the organizational, managerial, and cultural level, there are few supports for delivering such care.

We set out to find organizational-level practices that could be adopted in secular settings to support frontline providers in delivering spiritual care in the context of end of life care.

What did we do?

Over the course of several months in 2014, we visited four hospice programs, each with an explicit religious/spiritual context: the Catholic Hospice in Miami, Florida; the Zen Hospice Project in San Francisco, California; the Salvation Army Agapé Hospice in Calgary, Alberta; and, the Jewish Hospice Program of Jewish Family & Child in Toronto, Ontario. Though framed and informed by religious traditions, each of these hospice programs is inclusive, serving a diverse range of persons.

Using digital video, we interviewed staff, volunteers, and bereaved family members, at these hospice palliative care programs. The interviewees' own definitions of spiritual care guided the interview questions and their responses. We analyzed the responses over the course of the visits, and used the digital recordings to help sort the emerging themes.

What did we find?

On the basis of the interviews and the subsequent analysis, 3 “foundational” principles of quality end of life spiritual care, and 6 “enabling” principles, were identified, and for each, we identified practices that illustrated the principles in action.

Foundational principles that influence the organization of spiritual care

1. Quality spiritual care incorporates the spiritual into every other aspect of hospice palliative care.
2. More profoundly than in any other area of care, quality spiritual care is guided and directed by the dying person and the family.
3. Hospice palliative care is fundamentally a vocation, and the work is inherently spiritual.

Principles that enable a high-quality approach to spiritual care by care providers

4. Quality spiritual care requires care providers to allow spiritual questions and issues to emerge.
5. Quality spiritual care entails the act of “witnessing.”
6. Quality spiritual care considers place as sacred.

Principles enabling the spiritual care practices of care providers

7. Quality spiritual care includes rituals and times dedicated to marking transitions and processing experiences.
8. Quality spiritual care involves creating and sustaining relationships beyond those typical between co-workers.
9. Quality spiritual care emphasizes the role of volunteers, whose presence and work reinforces and ensures that hospice palliative care is grounded as vocational and spiritual.

Innovative approach

Instead of looking for gaps in healthcare organizations' approaches to spiritual care, we examined the practices in hospices that have intentional and purposeful strengths in spiritual care. This allowed us to find practices that now may be adapted to secular settings.

We also used digital video to conduct and analyze the interviews, and this has provided a rich source of material to illustrate the findings – the principles and the best practices – in ways that complement printed materials. This has been helpful in engaging people in discussions about how the findings can be used to influence practice and leadership.

IMPACT: How are we moving Knowledge to Action?

- We have conducted focus groups in secular settings to identify which of the Principles (and the associated practices) are most feasible to act on, and the results of that work will be reported separately
- We have developed a three-hour workshop for spiritual care leaders in healthcare organizations to help them examine how to influence their own organizations; the workshop was tested at the Canadian Association for Spiritual Care conference in 2015
- We will be developing video and written resources to help organizations work through the findings and implement practices to support spiritual care better

Who are the researchers?

- Dr. Paul Holyoke, Director, Saint Elizabeth Research Centre

- Dr. Barry Stephenson, Assistant Professor, Religious Studies, Memorial University
- Dr. Peter Barnes, Director, Bereavement Services, Eastern Health, St. John's
- Susan Morgan, Chaplain, Saint Elizabeth
- Dr. Doreen Westera, Professor Emerita, School of Nursing, Memorial University

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For more information about this project, please see our webpage:

www.saintelizabeth.com/research

Or contact: paulholyoke@saintelizabeth.com

About the Saint Elizabeth Research Centre

Saint Elizabeth has made a strategic commitment to research — \$10 million over 10 years.

At the Saint Elizabeth Research Centre, we study the needs of people, their caregivers, and health care providers to develop innovative solutions to improve health and care experiences across the continuum for more effective approaches to care. The Research Centre has four areas of focus: integrated care and transitions, end of life care, caregivers, and person and family centred care.

Our goal is to improve people's health and care. We work on innovative solutions for tough problems.

We see possibilities everywhere.