Research Centre

RESEARCH ON THE RUN

Dying, Death, and Grief

Actions to improve spiritual care at the end of life in secular healthcare settings

Using nine organizational-level Principles and practices to support spiritual care at the end of life identified in organizations with spiritual foundations, we explored and identified opportunities, processes, and barriers for supporting high-quality spiritual care in secular healthcare settings.

February 2020 https://research.sehc.com

Key learnings

Combining the nine Principles and focus group findings emerged as three main themes, including barriers, facilitators, and processes to improve spiritual care: Place, People, and Time.

Eleven elements organized as immediate, shorter term, and longer term actions can be applied by secular healthcare organizations to improve and expand spiritual care at the end of life.

Project overview

The purpose of this research was to identify ways that spiritual care at the end of life could be supported better in secular healthcare organizations.

The research extends Holyoke and Stephenson's (2017) nine organizational-level Principles and practices to support spiritual care at the end of life. That study explored how healthcare organizations, with a specific spiritual foundation, support spiritual care for people who are dying and their families. Nine organizational-level Principles and aligned practices for high-quality spiritual care emerged that might be applied in secular organizations:

- 3 Principles identify where and how spiritual care fits with the other aspects of palliative care
- 3 Principles guide the organizational approach to spiritual care, including considerations of assessment and of sacred places; and
- 3 Principles support the spiritual practice of care providers within healthcare organizations.

This study looked to identify how the Principles could be implemented at the organization level, practice level, and individual level in secular settings where care, for people who are dying and their families, is provided. We also looked to identify what barriers to, or facilitators of, implementation might exist within secular settings.

What did we do?

Focus groups were conducted with health and spiritual care workers in secular hospitals, hospices, and home care in four Canadian cities. During the focus groups, two videos on the Principles and examples of spiritual care in action were presented as a way to generate discussion on their experiences with delivering spiritual care and identifying any ideas on how to implement the Principles. Focus groups were recorded and thematically analyzed according to a qualitative research method called Framework Analysis. We developed a working analytical framework, which mapped the barriers, facilitators and processes identified in the focus groups against the nine Principles and practices. From this framework, the research team derived implementable actions, organized as immediate, shorter term, or longer term.

What did we find?

The framework had three main themes, and included the barriers, facilitators and processes:

- Place: elements that enable a sacred space (physical and imagined) in any setting for any person;
- People: involvement and practice that support a holistic approach to spiritual care; and
- Time: investing time in and for spiritual care, often in stark contrast to systemic pressures of the healthcare system.

From these main themes, eleven corresponding elements were identified:

- A separate room/space available to healthcare staff with a quiet, calm, reflective, and inclusive atmosphere;
- Inclusive spaces for everyone involved in spiritual care through easy and direct access;
- Acknowledgement that spirituality means different things to different people, and reaches beyond the moment of death;
- A common understanding of spiritual care;
- Include volunteers consistently and authentically as important members of the spiritual care team;
- Consider the person who is dying and the family as the "unit" of spiritual care and in control of their spiritual needs;
- Staff and volunteers need practical and ongoing training to evoke vocation and be good spiritual care providers;
- Staff need to share the emotional load through consistent dialogue;

- Staff and volunteers need real time support for reflective practice;
- Spiritual care (including people's spiritual pain) is seen as equal priority to physical care at all levels of the organization;
- Flexibility and adaptability are a baseline requirement for good spiritual care provision.

Additionally, immediate, shorter term and longer term implementable actions were identified that could be applied by secular healthcare organizations to improve and expand spiritual care at the end of life. Three examples of these implementable actions include:

- Raise awareness and educate staff on different understandings and expressions of spirituality (Place and setting - shorter term)
- Ask volunteers to spend extended time with people who are dying and their families (People – immediate)
- Develop a journal approach incorporating the elements of "total pain" and invite family members to contribute to the journal (Time – longer term)

Innovative approach:

The analysis of the focus group data and the nine Principles enabled the research to go beyond simply identifying areas of opportunity for improvement, and identified areas for action by explicitly outlining what implementable actions exist, how they can be implemented, and timelines associated with them.

IMPACT: How will we move Knowledge to Action?

We are currently developing a manuscript for publication to share the analysis and the implementable actions on high quality spiritual care in secular settings.

With this work, health care organizations across the continuum can apply this framework to identify immediate, shorter term and longer term actions to improve and expand spiritual care at end of life in accordance with the nine organizational-level Principles and practices.

About our researchers

Dr. Paul Holyoke, Director, SE Research Centre, paulholyoke@sehc.com

Justine Giosa, MSc, PhD(c), Manager of Research Operations, SE Research Centre, justinegiosa@sehc.com

Dr. Barry Stephenson, Department of Religious Studies, Memorial University, bstephenson@mun.ca

Katherine Rizzi, MHIS

How was this research funded?

This research is being funded by the SE Research Centre.

About the SE Research Centre

SE Health has made a strategic commitment to research – $13 million over 13 years. The SE Research Centre conducts impact-oriented health services research and evaluation to synthesize, generate, translate, adapt and directly apply scientific evidence in the design, delivery and evaluation of person- and family-centred health and social care services. At the SE Research Centre, we study the needs of people, their caregivers, and health care providers, to develop innovative solutions to tough health and social care problems.

The SE Research Centre has four fields of research and evaluation: *Aging in Society; Dying, Death and Grief; Health and Care Experiences; and Models of Care Delivery*

We see possibilities everywhere.