

CLiP

15 minute Worksheet



Psychological needs

9: Spirituality

Introductory level

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Aim of this worksheet To consider the importance of spiritual and religious care and the care of patients, relatives and carers.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

Joe is a 59yr old man who is divorced. He has 1 daughter, his son died in childhood. He describes himself as having had a religious upbringing, but the death of his son challenged his faith and he has not been to church since that time. He considers himself. To be a caring and compassionate father and has a wide circle of friends. His love of gardening and being outdoors has helped him through difficult times. He has recently been diagnosed with inoperable lung cancer.

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INFORMATION PAGE: Issues around Spirituality

Spiritual and Religious Care is recognised to be an important element of good Palliative Care that needs to be taken seriously. (need a reference) However it is clear that in practice many health care workers struggle to understand the nature of Spiritual and Religious Care and how to turn theory into practice. In 2010, the Royal college of Nursing commissioned a survey on Spirituality. One member of the college responded by saying:
“Spiritual Care is a fundamental part of nursing currently much neglected through ignorance and misunderstanding”
RCN 2011

A person’s spiritual and religious nature is seen as being very personal and there are often anxieties around causing offence. For many people Spirituality is something that is not considered of importance until they face a time of crisis.
“Often it is not until crisis, illness ... or suffering occurs that the illusion (of security) is shattered ... illness, suffering ... and ultimately death ... become spiritual encounters as well as physical and emotional experiences”
(Ganstrom in Hitchens, 1988) RCN 2011

What is Spiritual and Religious Care?

In order to meet the Spiritual and Religious needs of patients, carers and staff it is important that we are clear about what Spirituality and Religion is. Here are some definitions for you to look at:-

Spirituality:

- *“The need to give and receive love ; the need to be understood; the need to be valued as a human being; the need for forgiveness, hope and trust; the need to explore beliefs and values ;the need to express feelings honestly; the need to express faith or belief; the need to find meaning and purpose in life”* Narayanasamy 1991 (Nurse and Writer)
- *“Spirituality is universal, deeply personal and individual: It goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.”*
- *“Spiritual needs are the 4th domain in holistic care alongside physical; psychological and social needs. Spirituality helps well being – it is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation.”*

Spiritual care is not necessarily religious.

Religion:

- Is the way in which some people give expression to their Spirituality.
- The purpose of most religious traditions is in part to enable people to achieve as far as possible a state of well being in relation to God (Deity), to self and to others.
- Rites and Rituals are a central part of Religious Life and it is important that the specific Religious Needs of individuals are addressed as part of their care as this enables them to give expression to what they believe.
- Is about a Community and its beliefs and practices. Religious care needs to be given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community which might be exclusive as well as inclusive in nature.

True or false

- 1) **F** Joe identifies family, friends, outdoors and gardening as important to his ability to cope with difficult situations. Maintaining access to these things/people will be crucial in helping him feel valued and respected.
- 2) **T** Joe indicates that a religious faith has been part of his upbringing. His diagnosis might unearth topics that he explored when his son died. He might find talking to someone from a faith community about his doubts and questions helpful.
- 3) **F** Closed questions are unlikely to allow Joe to express his feelings. In contrast, open questions allow to say what he feels. For example, it may help to ask about what helps Joe cope with difficult situations and people who he might find helpful to speak to.
- 4) **F** Individuals (patients and staff) often feel awkward or embarrassed talking about spiritual and religious matters. Fears and perceptions about Church and their attitude to people who have doubts or have stopped going.

Meeting spiritual and religious needs involves

- Being observant: a) looking for verbal and non-verbal clues about what gives people meaning and purpose in their lives, and b) looking for signs of distress – anger, sadness, bitterness, regret
- Being serious about people’s views ... even if they do not make sense in your world view.
- Taking time, to listen and to attend to individual needs. Spiritual and religious care is about “Being” not just “Doing”
- Not being afraid to raise the questions about individuals needs ... you might miss the opportunity to enable people to do what they need to do.
- Responding appropriately to people’s needs ... including referring to other’s who can help if you feel out of your depth.

Reflect

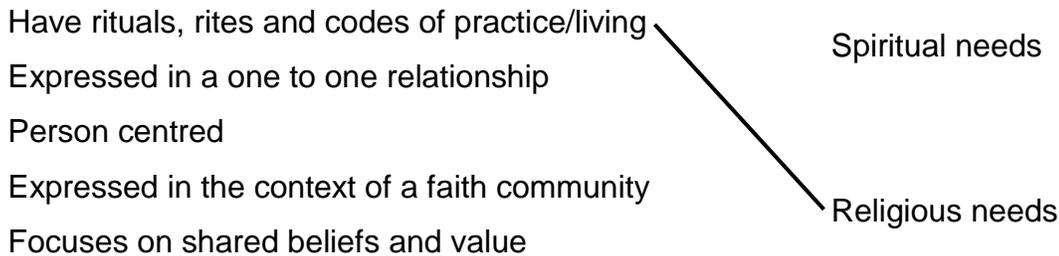
What words would you associate with Spirituality and /or Religion?

Underline spiritual words and **circle** religious words

faith	anxiety	compassion	emotion	acceptance
creativity	hope	baptism	love	value
communion	purpose	family	social	self awareness
feeling	trust	peacefulness	walking	sunshine
sense of well being		reading	self worth	warmth
forgiveness	prayer	sense of being	understanding	pictures
music	comfort	meaning	ritual	freedom

Reflect

Consider whether the following statements correspond to spiritual needs, religious needs or both (the first is done for you)



True
or
False

- | | | |
|---|------|-------|
| 1. It would help Joe to focus on his new diagnosis. | True | False |
| 2. Thinking about his son's death could be helpful | True | False |
| 3. Specific, direct questions will help Joe explain his needs | True | False |
| 4. Clinical professionals are usually comfortable asking questions about spirituality | True | False |

FURTHER ACTIVITY: Spirituality

Think about a conversation you have had with a patient recently. How could you have better addressed their spiritual and religious Needs.

FURTHER READING: Spirituality

Key documentation

- Albers G. Echteld MA. de Vet HC. Onwuteaka-Philipsen BD. van der Linden MH. Deliens L. Content and spiritual items of quality-of-life instruments appropriate for use in palliative care: a review. *Journal of Pain & Symptom Management*. 2010; 40(2): 290-300.
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- Smith T. Gordon T. Developing spiritual and religious care competencies in practice: pilot of a Marie Curie blended learning event. *International Journal of Palliative Nursing*. 2009; 15(2): 86-92.
- Spiritual & Religious Care Competencies for Specialist Palliative Care (2003) www.mariecurie.org.uk/healthcare
- Spiritual Care at the End of Life: a systematic review of the literature (2011), Universities of Hull, Staffordshire and Aberdeen
- Taylor E.J. (2003) 'Spiritual needs of patients with cancer and family caregivers'. *Cancer Nursing* 26, 260-266.
- The Spiritual Challenge of Health. Eds: Mark Cobb and Vanessa Robshaw Churchill Livingstone/1998. ISBN 0-443-05920-9.
- Yardley SJ. Walshe CE. Parr A. Improving training in spiritual care: a qualitative study exploring patient perceptions of professional educational requirements. *Palliative Medicine*. 2009; 23(7): 601-7.

Further information resources:

Colleagues; Chaplains and Chaplaincy Departments; Multi Faith Calendar's/Resource sites



Current Learning In Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk