

# **The Case for Spiritual Health Care**

Manitoba's Spiritual Health Care Partners

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This resource was developed collaboratively by Manitoba's Spiritual Health Care Partners including representatives from the following organizations:

- Canadian Association for Spiritual Care
- Catholic Health Association of Manitoba-Interfaith Health Care Association of Manitoba
- CancerCare Manitoba
- Health Sciences Centre
- Interlake Eastern Regional Health Authority
- Manitoba Multifaith Council
- Northern Health Region
- Prairie Mountain Region
- Selkirk Mental Health Centre
- Southern Health-Santé Sud
- Winnipeg Regional Health Authority

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## Introduction

Spiritual beliefs and values are important to Canadians: 79% of Canadians, including a majority of those with no religious affiliation, reportedly believe in God or a universal spirit.<sup>1</sup> In the face of physical and mental health challenges, people often rely on spiritual strengths - sources of meaning, hope, transcendence and connectedness.<sup>2</sup>

An abundance of evidence demonstrates that positive religious involvement and positive spiritual understanding are linked with enhanced physical and mental health outcomes, better coping, and greater quality of life even for those with advanced disease.<sup>3</sup> Evidence is now emerging that spiritual health care can improve the patient/client experience, patient/client safety and patient flow.<sup>4</sup>

Spiritual health care is a rapidly evolving health care discipline, reflecting a growing recognition in North America, the United Kingdom (UK), Australia, and many other countries that it is a vital component of holistic, person-centered health care. Despite evidence of its effectiveness and potential to impact the economy and efficiency of the health care system, the spiritual dimension of health is often overlooked by clinicians<sup>5</sup> and has been described by leading researchers as an untapped resource in the health care system's understanding of illness, health and healing.<sup>6</sup>

## Current context

In 2013, an international team of health care experts created recommendations for best practice in spiritual health care. Appendix 1 lists the top twelve, which includes a recommendation that spiritual health care be part of routine health care and integrated into policies for intake and ongoing assessment of spiritual distress and spiritual wellbeing.

A glossary of spiritual health care terminology is attached in Appendix 2. This international consensus freshly defines spirituality in health care as:

“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,” including religious beliefs and practices.<sup>7</sup>

The standards for holistic health care services established by Canada's Health Services Organization, formerly Accreditation Canada, consider spiritual health care to be a high priority standard in over twenty of their Service Excellence Standard Sets, including standards for:<sup>8</sup>

- Primary Care
- Medical Services
- Emergency Services
- Critical Care Services
- Mental Health Services
- Community Based Mental Health Services
- Substance Abuse and Gambling
- Hospice, Palliative and End of Life Care
- Community Health Services
- Cancer Care and Oncology

- Long Term Care Services
- Home Care Services
- Telehealth Services

These national standards for health care and social service organizations, along with Manitoba's Personal Care Home Standards, require that:

- spiritual beliefs and needs of patients/clients be addressed as part of a holistic approach to care, and
- patients/clients have access to spiritual space and care to meet their needs.<sup>9</sup>

## Spiritual health services

SHCPs are clinically trained to assess and address spiritual needs and spiritual distress as part of a health care team. They enter into a compassionate, therapeutic and strengths-based relationship in order to “journey with” patients/clients and their families. Spiritual health services also play a role in helping staff manage work-related stress; i.e. 6.4% of Winnipeg Regional Health Authority staff in 2016 reported receiving spiritual health support.<sup>10</sup> SHCPs empower patients/clients, families and staff to address spiritual questions and connect with inner and outer sources of meaning and purpose, hope and connection. SHCPs affirm values and beliefs central to a person's identity, dignity and sense of self-worth. Spiritual health care enhances resilience, improves coping with illness and hospitalization, and supports recovery.

SHCPs, sometimes called chaplains, have key expertise in compassionate presence and in facilitating spiritual and existential assessment conversations. Primary activities include:

- assessing spiritual needs and spiritual distress
- identifying spiritual strengths
- addressing existential and/or spiritual issues
- end of life and bereavement care
- supporting and promoting health care core values of integrity, caring and inclusion
- lending expertise for complex bioethical and end of life care decisions
- facilitating conversations and resolving conflicts when beliefs and practices interfere with care plans, and
- linking with community religious leaders.

Spiritual health interventions require specialized knowledge and skills and are non-intrusive, non-technological and non-pharmaceutical. Appendix 3 lists spiritual health care competencies at both the practitioner and department leader level. Effective spiritual health care:

- respects inclusion and diversity, and honours unique spiritual worldviews and fundamental values
- understands how beliefs, faith and spirituality may be intertwined with the cultural values and sacred knowledge of ethnic and indigenous groups, and
- supports the variety of ways persons seek and find meaning, hope and connection, whether spiritual, religious, agnostic or atheistic. They are never an attempt to impose or control.

Most SHCPs come from a variety of faith traditions, or none, and have post graduate level education in theology, religious studies, philosophy and ethics or equivalent as well as specialized clinical training in spiritual health care. Many SHCPs have been certified nationally by the Canadian Association of Spiritual Care's (CASC) clinical practice program known as Clinical Pastoral Education (CPE). CPE has sister training

programs throughout the United States, UK, Australia and even parts of Asia. In Manitoba, the CPE program has been affiliated with the University of Winnipeg.

A person seeking spiritual health care may require either religiously-focused care or spiritual health care from a non-religious perspective. In some settings SHCPs are trained to provide both spiritual and religious care. Where this isn't possible, a referral may be made to an appropriate form of spiritual/religious community support. With fewer people regularly attending places of worship,<sup>11</sup> community-based religious support is becoming less of an option for many. A referral to an Indigenous Spiritual and Cultural Care Provider may be made where a patient or client is seeking spiritual and cultural support, traditional medicines and Ceremonies.

A determination of the appropriate staffing of spiritual health services requires careful assessment of the frequency, urgency and complexity of spiritual and religious needs in a given setting. Also important to consider are the competencies of SHCPs and the particular goals of and services provided by the organization.<sup>12</sup> A best practice benchmark ratio of one SHCP per 100 beds (1:100) has been used for acute care settings, but is not considered adequate where spiritual distress and end of life and bereavement needs are more urgent such as in critical care. A National Health Service in the United Kingdom, for example, uses a benchmark ratio in palliative care of 1:16.<sup>13</sup>

## Impact of spiritual health care

### Importance of spirituality in the health care system

A person's spirituality has been shown to be important in a health care setting as it impacts:

- the way people understand illness, recovery and loss, e.g. punishment by a higher power vs. normal though regrettable suffering<sup>14</sup>
- patient/client decision-making about medical treatments<sup>15</sup>, e.g. compliance with recommended treatments<sup>16</sup>
- the patient/client relationship with health care providers, e.g. trust by the patient is enhanced when spirituality is affirmed.<sup>17</sup>

Surveys done between 2012 and 2015 show that 28% of cancer inpatients, 40.8% of cancer patients undergoing chemotherapy, and 65% of older inpatients have spiritual distress, which can include loss of meaning, existential uncertainty, and/or hopelessness.<sup>18</sup> Spiritual distress is associated with physical pain, greater psychological distress, depression and risk of suicide, and diminished levels of wellbeing.<sup>19</sup>

Research shows that a health care provider's spirituality and religion, though seldom discussed with patients, can affect the care provided and can influence that provider's medical decisions, e.g. use of pain medication and contraception.<sup>20</sup>

Cultural diversity is a key characteristic of health care consumers. Spirituality is often inseparable from one's cultural identity. Newcomers to Canada access their faith community leaders as the first line of help when experiencing mental health problems.<sup>21</sup> SHCPs are trained in cultural spiritual safety and can enhance the awareness of multiple religious and spiritual perspectives for the staff team and the organization as well as provide support for the *Truth and Reconciliation Commission of Canada: Calls to Action* in the area of health.<sup>22</sup>

Spirituality and religion are important resources for coping with health challenges.<sup>23</sup> Research demonstrates that poor coping has been shown to have adverse effects on medical outcomes, both in terms of lengthening hospital stay and increasing mortality.<sup>24</sup> American studies have found that, when

spiritual needs of patients are not met, reported perception of the quality of their care and overall satisfaction with care is lower.<sup>25</sup>

Research consistently shows that a healthy, positive spirituality is linked to:

- greater quality of life (QOL) even with advanced disease<sup>26</sup>
- longer life expectancy, recovery from illness and surgery<sup>27</sup>
- ability to deal with physical and emotional pain<sup>28</sup>
- lower measured depression and anxiety<sup>29</sup> and substantially reduced risk for problematic substance use and suicide.<sup>30</sup>

Negative spiritual and religious beliefs, such as those that cause shame and excessive guilt, can cause distress, increase the burden of illness,<sup>31</sup> and can adversely affect health, especially where there is spiritual or religious struggle.<sup>32</sup>

Although studies indicate that as many as 83% of patients want their spirituality addressed in their care, especially in the case of life-threatening illnesses, serious medical conditions, and loss of loved ones,<sup>33</sup> spiritual needs tend to be unmet.<sup>34</sup> Surveys also show that physicians and nurses generally lack the competence and confidence to address spiritual needs, even in palliative care where it is a core component of best practice.<sup>35</sup>

## Economy and efficiency

Spirituality is an inner resource, available 24/7, to help patients adjust to illness, hospitalization and to transition after discharge. Spiritual resources need to be professionally identified and included in care plans.<sup>36</sup> Addressing spiritual needs can not only enhance coping and health outcomes, it has been shown to increase trust in the medical team.<sup>37</sup> Emerging research from the US indicates that spiritual health care shortens recovery and results in lower rates of death in the hospital.<sup>38</sup>

The Health Care Chaplaincy Network in the United States noted in their 2016 report on spiritual health care that “less than adequate spiritual support results in higher cost of care, as patients spend less time in hospice and have more aggressive, more costly care in the intensive care unit. The researchers [quantified] the cost savings, in 2010 (US) dollars, at \$2,114 per patient, with an even greater savings for minority patients (\$4,257) and ‘high religious copers’ (\$3,913).”<sup>39</sup>

SHCPs provide a specialized non-pharmaceutical service at a reasonable cost to the health care system, with bed ratios and salaries generally below those of nurses and other allied health professionals. They can enhance the care team’s capacity to assess and address spiritual factors that can impact health and health care decisions, and through services outlined in Appendices 3 and 4, enhance cultural safety and flow, and help staff manage stress and vicarious trauma which can hamper employee engagement and productivity and impact employee retention.

CPE (Clinical Pastoral Education) students, supervised by CASC certified teaching supervisors, supplement health services in sites where they are placed by providing spiritual care to patients, clients and their families. Each student contributes 30-40 hours/week per student of additional patient care time, freeing the time of other health care professionals who have a more direct impact on patient flow.

## Mental health and addictions

The Public Health Agency of Canada states that positive mental health and wellness includes a positive sense of emotional and spiritual wellbeing. Though not a panacea, spirituality has been shown to be protective against depression, risk taking and highly protective against problematic substance use and suicide.<sup>40</sup>

There is a clinically significant role for spirituality in treatment programs through the social bonds it creates. In one recent study, stronger spiritual/religious beliefs and practices were found to be directly associated with remission of problematic substance use except crack. Regular spiritual practice, especially weekly attendance at the religious services of their choice by those who have problematic substance use, is associated with significantly higher remission of addiction issues.<sup>41</sup>

Recent findings show that the hunger for transcendence/search for ultimate meaning and purpose surges in adolescence and that, once found, is a strong form of protection against risk taking and suffering in adolescence.<sup>42</sup> Those with a sense of spirituality are significantly less likely to misuse substances and be depressed as youth and young adults.<sup>43</sup>

Spirituality is recognized as a key component of a person's personal mental health recovery which is a model that builds on individual, family, spiritual, cultural and community strengths and enables a person to live a resilient and meaningful life of their choice in the community, in the presence or absence of symptoms of mental health problems and illnesses.<sup>44</sup>

Spiritual and spiritually-rooted practices, such as meditation and including mindfulness based stress reduction (MBSR), have demonstrated mental health benefits.<sup>45</sup>

## End-of-life care

Spirituality is widely understood to be a natural dimension of what it means to be human and a framework for understanding the human experience from birth through to death. Spirituality is often the central concern for those individuals experiencing chronic illness and those at end of life.<sup>46</sup>

Palliative care, according to the World Health Organization (WHO) definition, "integrates the psychological and spiritual aspects of patient care".<sup>47</sup> Research in palliative care has demonstrated that:

- religious and spiritual beliefs impact people's moral decision making, life choices, and ability to deal with life's challenges and transcend suffering,<sup>48</sup> and
- spiritual health care is associated with better patient quality of life near death.<sup>49</sup>

Studies from the US, affirmed in a 2015 Winnipeg Regional Health Authority Long Term Care Satisfaction with End-of-Life Care Survey,<sup>50</sup> show that patients want health care providers to address their spirituality, especially at end-of-life when difficult end-of-life decisions tend to present themselves, but that those needs are under-addressed by health care providers.<sup>51</sup> SHCPs, it would seem, can be a valuable resource to support spiritual needs where medically assisted dying services are requested.

## Public and preventive population health

Positive religious involvement and positive spiritual understanding are linked to healthy lifestyle practices (e.g. healthy diet, exercise, moderate alcohol use), and enhanced social support, enabling it to play an important role in health prevention and stress management as well as recovery from illness,

surgery and in mental health recovery. Those with regular spiritual practices tend to live longer.<sup>52</sup> There is evidence that people of all ages with a sense of spirituality have increased ability to weather life's difficulties, tend to be more optimistic and happier, and have a lower incidence of problematic substance use and suicide.<sup>53</sup>

Emerging research in the growing field of spirituality and psychology confirms that children with a positive, active relationship to spirituality, defined as an inner sense of relationship to a higher power (God/Creator, nature, spirit, the universe or just a general oneness of being) that is loving and guiding, have significantly more positive markers for thriving, including an increased sense of meaning and purpose.<sup>54</sup>

## Innovation to improve and sustain health care services

Spiritual health services have made some significant contributions to the sustainability of the health care system by leading or collaborating on innovation initiatives. Some examples of initiatives in the Winnipeg Regional Health Authority are as follows:

- **Cherry Blossoms Project:** an initiative to educate staff/ patients/family/visitors to be sensitive to the needs of a dying person or a grieving family when a person is recently deceased. Laminated cards depicting cherry blossoms are visual cues hung on the patient's door or room curtain. It was initiated at the Victoria General Hospital in 2015 and is steadily expanding across regional sites.
- **Code Lavender:** a "holistic care rapid response" serving providers in need of intensive emotional or spiritual support. This initiative is currently being explored by the WRHA for its value for implementation in intensive care units (ICU).
- **Three Wishes Project** initiated at Grace Hospital in 2017: an initiative that strives to bring compassionate care to dying patients and their families in the intensive care unit by eliciting and granting three wishes. American studies showed that it succeeded in improving the experiences of patients, families and clinicians in the ICU. The project successfully implemented 97.5% of the wishes requested, at a cost ranging from \$0 to \$200 per patient.
- **WRHA Indigenous Health/Health Sciences Centre (HSC) Collaborative Project** in response to the Truth and Reconciliation Committee Recommendation #22: creation of an efficient process to ensure access to smudge medicines and smudging is possible throughout HSC seven days a week.
- **Final Days of Care, a long term care program resource guide:** the WRHA Long Term Care End of Life interdisciplinary guide was developed in collaboration with Spiritual Health Services for use in the initiation and provision of individualized, holistic care for residents and the family/substitute decision maker (SDM) when a person is preparing for the final days of life.

The Catholic Health Corporation of Manitoba (CHCM) has a mandate to continue the spiritual legacy of the Catholic Sisters who founded the first hospitals in the province. Some projects created to meet this mandate include:

- **A Health Ethics Service:** assists patients, families and health care providers to identify, clarify and work through ethical concerns.
- **The Compassion Project:** offers evidence-based initiatives to nurture and strengthen cultures of compassion within health and human services, e.g. workshops for health care

and human service professionals on Mindfulness-Based Stress Reduction (MBSR) and on Mindful Self-Compassion (MSC).

## Summary

Figure 1 on the following page illustrates how benefits of spiritual health care are realized. Some other key reasons why the health care system can benefit from integrating spiritual health services, which many proponents regard as an untapped resource in our health care systems are:

- addressing spiritual needs and preferences is regarded by Accreditation Canada as integral to delivering holistic health care services;
- Canada's Truth and Reconciliation Commission's Calls to Action 18-24<sup>55</sup> point to the need for our health care system to enhance its understanding of cultural and spiritual needs of Indigenous peoples. SHCPs, with their training in inclusivity and cultural safety, can play a role in facilitating trust and respect in the health care system for traditional healing and integrative medicine;
- studies show a strong desire of health care consumers to have spirituality included in their care; and
- evidence shows that the greatest need and economic benefit of spiritual health care is in end of life care, which is becoming more urgent and costly with an aging population.

Along with the benefits of spiritual health care, Figure 1 illustrates some of the risks resulting where spiritual dimension of health care is not addressed. Additional risks where SHCPs are not part of health care teams are:

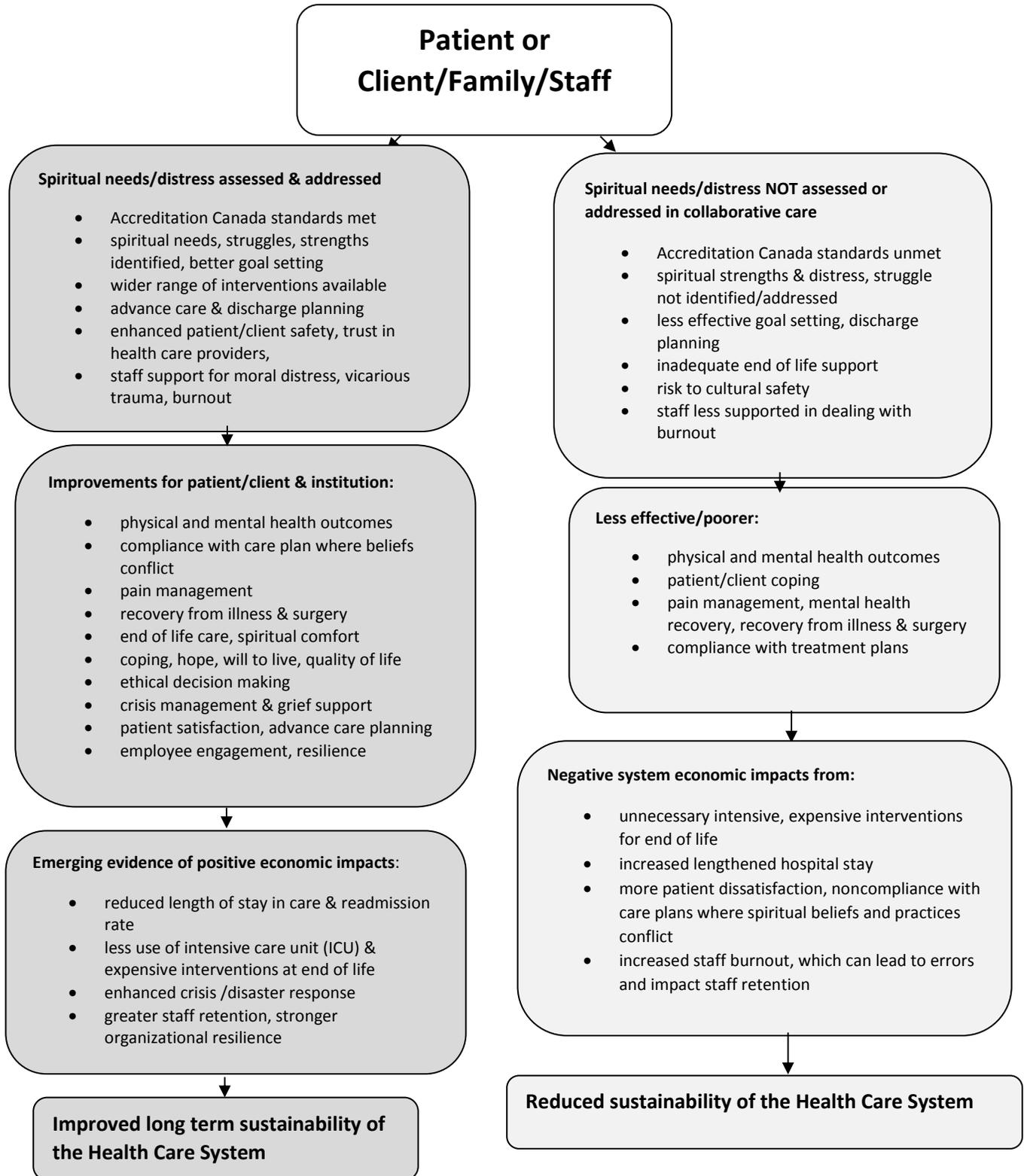
- inadequate clinical education in spiritual health care for health care professionals, and
- lack of/loss of organizational links to patients' interreligious and cultural community groups.

Although increased education and training for other members of the health care team could help to support basic spiritual needs where SHCPs are not available, other health care professionals are generally not trained to assess and address specialized and complex spiritual needs and existential concerns. Trained volunteers and community spiritual or religious leaders can support spiritual needs to a limited degree only as they are not clinically trained to assess and address the varied and complex spiritual needs that arise in a multicultural and multifaith health care setting.

## Conclusion

A holistic and patient centered model of health care requires that the spiritual needs of patients and clients accessing health care services be addressed. Spiritual health services, staffed by SHCPs with unique skills in ethical and culturally safe spiritual health assessment and intervention, are a cost-effective investment shown to improve the quality of health care, enhance internal capacity and contribute to long term sustainability of the health care system.

Figure 1: How benefits are realized: Evidence-based impacts of spiritual health care<sup>56</sup>



## Appendix 1: International Consensus Recommended Standards for Spiritual Care (Top 12)<sup>57</sup>

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.
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 inter-professional 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; health care 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.

## Appendix 2: Glossary of Spiritual Health Care Terminology <sup>58</sup>

**Chaplaincy:** Traditionally, spiritual care was carried out by a chaplain who was a member of the clergy and responsible for the conduct of religious services for an institution, such as a prison or hospital. Although the term is still used in a number of institutional settings, the term broadly accepted in Manitoba is “spiritual health care practitioner”, as it more aptly reflects the work of one who addresses spiritual needs in a health care institution as part of whole person care.

**Cultural competence:** a process in which one continually strives to work effectively within the cultural context of a patient/client.<sup>59</sup>

**Cultural safety:** a process in which one continually strives to work respectfully within the cultural context of the patient/client with a recognition of the power dynamics, with a particular awareness of power imbalances. Cultural safety is an outcome that empowers others by acknowledging that all worldviews are valid and valuable.<sup>60</sup>

**Existential questions:** questions concerning human existence, the essence of what it means to be alive. In health care, these frequently involve questions about the meaning and purpose of life, death, illness and suffering.

**Mental health recovery:** Recovery is a journey of healing and growth that is owned by and unique to each individual. It builds on individual, family, spiritual, cultural and community strengths and enables a person to live a resilient, meaningful, and satisfying life of their choice in the community, in the presence or absence of symptoms of mental health problems and illnesses. It is nurtured by relationships with self and others, and by environments that provide hope, empowerment, acceptance, choices, and opportunities.<sup>61</sup>

**Person-Centred:** The person is at the centre of care. Each person deals with physical, mental, relational and spiritual parts of themselves. The care provider should understand the differences in each person’s experience of these four aspects.

**Patient/Client:** For spiritual health care, this may include patients, residents, clients, family members or other supports, community and staff.

**Religion:** Formally articulated expression of belief that is shared in a community. Religion finds its expression in rites and rituals based on the beliefs and doctrines of its followers.

**Resilience:** Ability to deal with adversity, either external adversity (e.g. difficult environmental circumstances) or internal adversity (e.g. genetic predisposition or vulnerability to mental illness).<sup>62</sup>

**Spiritual & Cultural Care Provider:** A member of the health care team who is available to patients and their families, and all region staff for spiritual and cultural support, traditional medicines and Ceremonies. All faiths are recognized.

**Spiritual Distress:** A state of suffering with impaired ability to experience and integrate meaning and purpose in life through: connectedness with self, others, art, music, literature, nature and/or a power greater than oneself.<sup>63</sup> Often is accompanied by loss of faith and/or meaning, existential uncertainty,

questioning one's ultimate worth, sense of despair, abandonment (including abandonment by a Higher Power), grief, shame and guilt, isolation and/or hopelessness.<sup>64</sup> **Complex spiritual distress** is defined as a state where multiple distress factors are identified, leading to a mental health diagnosis. The spiritual health care practitioner refers these cases to a medical practitioner or other appropriate mental health professional.

**Spiritual Health Assessments:** assessment tools, such as commonly used HOPE and FICA ©, assess the nature of faith and beliefs, the importance to the patient/client of that faith/those beliefs in the health care experience, community support and the patient/client's wishes regarding how these are to be addressed in conjunction with their care.<sup>65</sup>

**Spiritual Health Care Practitioner (SHCP):** A health care practitioner who focuses on spiritual needs and spiritual distress as part of a health care team. The SHCP enters into a therapeutic and strengths-based relationship and "journeys with" patients/clients/residents, their families and health care staff to help them connect with inner sources of meaning, hope and comfort to:

- enhance resilience and compliance with care plans
- manage grief and loss
- improve outcomes, and
- reduce staff burnout.

A SHCP may also ensure spiritual health care is available by connecting the person in care with their own clergy.

**Spiritual Health Services:** These are the particular services and actions of care offered by those who are SHCPs, sometimes locally called "chaplains". The core skills for a SHCP are self-awareness and compassionate listening. The director of the spiritual health care is ultimately the person in care.

Although the term "spiritual care" is most commonly used historically to include both health care and justice institutions, Manitoba has used the term "spiritual health care" since 2011 to more accurately reflect it as a core dimension of health care.

**Spiritual Needs:** The need to find meaning in the midst of illness and suffering; the need to affirm relationships to self, others, nature, the significant or sacred; the need for the realization of transcendent values such as hope and creativity, compassion, faith, peace, trust, courage and love.<sup>66</sup>

**Spiritual Resources:** Practices, beliefs, objects and/or meaningful relationships that people often turn to for help in times of crisis or concern, e.g. prayer, music, family, nature.

**Spiritual Well-being:** A sense of meaning, purpose, hopefulness and connectedness.

**Spirituality:** 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.

## Appendix 3: Competency Profiles for Spiritual Health Care Practitioners and Spiritual Health Services Department Leader

### Competency 1: Spiritual Health Assessments and Interventions

#### What it is:

- The ability to apply spiritual health care knowledge and skills to evaluate and identify the spiritual needs, religious needs, strengths, resources, hopes and coping strategies of patients/clients, families and staff as well as the spiritual needs and strengths of the organization.
- The ability to develop and implement person-centered interventions based on assessment, in partnership with patients/clients, families and the health care team, to meet holistic needs and achieve desired outcomes.

#### Demonstrated Behaviours (Practitioner level)

- Brings compassionate presence to the patient/client interaction.
- Demonstrates understanding of how spirituality and religion may be overlapping yet distinct constructs.
- Listens with empathy to the patient/client's story to facilitate expression of spiritual needs, religious needs, existential concerns, inner strengths, issues, desires, choices and external resources.
- Uses theoretical knowledge of basic theories, concepts, frameworks and current best practice to inform assessment and interventions.
- Demonstrates proficiency in spiritual screening, taking a spiritual history and spiritual assessment with diverse populations.
- Identifies spiritual or religious experiences, practices and beliefs that may have the potential to negatively impact health and/or care plans.
- Assesses and monitors specific risks and vulnerabilities, such as suicidality, trauma and addiction.
- Assesses and addresses spiritual distress and refers complex spiritual distress to physician or mental health professional.
- Assesses grief and loss and offers therapeutic interventions.
- Develops, implements, documents and evaluates the plan of care in collaboration with patient/client and health care team.
- Plans and provides, or facilitates: prayer, practices, rituals, ceremonies and services, including funerals, memorial services, worship services and services related to Holy Days.
- Provides or suggests literature and other resources based on the spiritual health assessment.
- Identifies and responds to spiritual and/or religious needs and supports staff and teams in identifying their internal and external resources to help them manage workplace stress.
- Responds to crisis events, external or internal, which impact the organization.
- Integrates knowledge of community-based resources into discharge planning.
- Applies specialized knowledge where applicable, such as knowledge of world religions, traditional beliefs and healing practices, spiritual development, counselling, transference, and counter-transference, trauma, grief and bereavement theories, addictions, child psychology, mental health, Dignity Therapy, Narrative Therapy, family systems, complementary therapies.

**Demonstrated Behaviours (Leader level)**

- Ensures excellence in the team's ability to perform spiritual health assessments and intervention.
- Identifies and responds to the spiritual needs of departmental staff.
- Identifies spiritual needs and strengths of the organization and makes recommendations for initiatives that will address those needs.
- Organizes responses to crisis events, external or internal, which impact the organization.
- Advocates for allocation and equipping of dedicated space for meditation, reflection, smudging, ritual and religious services.

## Competency 2: Communication

### What it is:

- The ability to convey information respectfully and clearly by listening openly, considering others' point of view and responding accordingly.
- The ability to share information and ideas in a clear, concise and organized manner with individuals and groups in compliance with organizational reporting requirements and professional, legal and ethical requirements.

### Demonstrated Behaviours (Practitioner level)

- Employs communication strategies that include active listening and Appreciative Inquiry through use of words, body language and empathy.
- Demonstrates awareness of blocks to effective communication. Identifies language and cultural barriers and accesses interpretive and cultural services as appropriate.
- Communicates effectively as a member of the interdisciplinary team.
- Documents spiritual health assessments and interventions. Follows up in a timely manner.
- Maintains confidentiality in verbal and written communication.
- Expresses ideas in writing in a clear, concise and organized manner.
- Exhibits effective instruction and presentation skills.
- Explains concepts and practices in language that is accessible to the audience.
- Educates team members in an open and constructive way regarding perspectives that could lead to cultural/spiritual/religious misunderstandings.
- Manages and diffuses conflictual situations involving patients/clients, families and staff.

### Demonstrated Behaviours (Leader level)

- Builds and maintains networks for support of initiatives.
- Fosters an atmosphere of open dialogue with departments and the organization.
- Adapts communication style and approach to specific audience to achieve understanding.
- Maintains clear communication, taking steps to share information, priorities, and lessons learned with others.
- Manages and mitigates conflict within the team and in other departments within the organization when requested.
- Identifies and engages consultants when necessary to support team.

### Competency 3: Collaboration and Partnerships

**What it is:**

- The ability to foster and maintain collaborative and accountable working relationships with the interdisciplinary team, management, external organizations and community stakeholders in order to facilitate holistic care.

**Demonstrated Behaviours (Practitioner level)**

- Functions within one's own scope of practice and demonstrates understanding of the scope of practice of other health care disciplines.
- Makes appropriate referrals to other professionals and partners.
- Participates in interdisciplinary team meetings, multifamily and community groups.
- Educates others about the role and function of spiritual health services and the indicators for a spiritual health referral.
- Serves as a liaison between patient/client, health care team and community.
- Demonstrates understanding of group/team dynamics and uses this understanding to promote cohesiveness and decision-making ability.
- Collaborates effectively with members of the health care team to enhance the effectiveness of person-centered care.
- Facilitates crucial conversations in order to encourage a beneficial resolution of family or team conflicts.
- Lends expertise to complex bio-ethical and end of life care decisions to ensure holistic care and assist patient/client flow.
- Analyzes, manages and negotiates conflicts when beliefs/practices influence care plans and patient/client flow.

**Demonstrated Behaviours (Leader level)**

- Plans regularly scheduled staff meetings to update staff regarding organizational developments and to develop and monitor departmental goals and initiatives.
- Hires strategically in order to enhance the effectiveness of the team. This includes hiring for diversity of culture as well as skill set, ensuring that all core competencies are met.
- Solicits ideas and opinions from team members to help form specific decisions or initiatives.
- Collaborates to implement new initiative throughout the organization.
- Monitors for effectiveness the processes and protocols by which referrals are made to and from spiritual health services.
- Advocates for spiritual health services representation on strategic committees.

## Competency 4: Inclusivity, Diversity and Cultural Safety

### What it is:

- The ability to integrate knowledge of diversity<sup>1</sup>, cultural safety, human rights, the history and legacy of residential schools, Truth and Reconciliation<sup>2</sup>, the dynamics of power and privilege and current social realities to support, respect, practice and promote the worth of each individual through delivery of equitable spiritual health care.

### Demonstrated Behaviours (Practitioner level)

- Supports access to person centered care of all patient/clients, demonstrating inclusivity and showing empathy, respect and appreciation for diverse groups,<sup>3</sup> religions, philosophies and spiritual paths.
- Maintains critical self-awareness of how one's spiritual and religious background, values and beliefs, attitudes, perceptions and assumptions impact one's clinical practice.
- Demonstrates cultural sensitivity to the physical, emotional and spiritual boundaries of others with an understanding that beliefs, faith and spirituality are intertwined with the culture of all ethnic groups and Indigenous people.
- Maintains an understanding of spiritual perspectives, religions, worldviews, cultures, philosophies, beliefs and practices for birth, life, health and wellness, illness, dying and death.
- Maintains or acquires knowledge of Indigenous spirituality and health practices necessary to serve the needs of patients/clients.
- Ensures rituals and ceremonies of diverse religions and spiritual paths are facilitated.
- Ensures sacred spaces are culturally and spiritually safe for all.
- Monitors own communication and behavior with respect to diversity and inclusion.
- Recognizes, monitors and navigates the power differential inherent in the health care system and the professional relationship.

### Demonstrated Behaviours (Leader level)

- Demonstrates an understanding of principles of equity and inclusion in health care as well as of relevant legal and ethical responsibilities, such as human rights legislation and the Truth and Reconciliation Report's Calls to Action.
- Promotes patient/client access to quality spiritual health care and Indigenous health services where appropriate and works toward reducing barriers to equitable care.
- Supports effective multifaith, intercultural dialogue and develops a common ground for further communication.
- Works to create an environment designed to promote equity, inclusion and excellence.
- Ensures that there are appropriate sacred spaces and resources to address diverse spiritual, religious and cultural needs.

<sup>1</sup> Diversity is inclusive of culture, ethnic background or origin, religion or spirituality, age, gender identity, sexual orientation, ability/disability, socio economic status, social disadvantage and other characteristics protected under *The Human Rights Code* of Manitoba.

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<sup>3</sup> Supra. f. 7.

## Competency 5: Personal, Spiritual and Professional Development

### What it is:

- The ability to assess the possible effect of one's personal spirituality, beliefs, values and assumptions in relationship to the patient/client so as to fully understand the patient's/client's needs and provide person-centred care.
- The ability to develop a plan for personal, spiritual and professional growth, self-awareness and self-understanding.

### Demonstrated Behaviours (Practitioner level)

- Maintains a well-articulated awareness of one's own understanding of spirituality, religion, spiritual health and how to offer spiritual health care in a diverse clinical setting.
- Maintains a personal spiritual and reflective practice to support self-awareness, compassionate presence, as well as personal and spiritual growth.
- Reflects spiritually, theologically and/or philosophically on one's own professional practice.
- Engages in ongoing critical self-reflection on one's clinical practice competency.
- Maintains a practice of self-care.
- Makes a plan for ongoing professional development and spiritual renewal.
- Utilizes personal and professional support, consultation and supervision for the purposes of spiritual and personal development.
- Maintains active membership in a professional association relevant to spiritual health care.
- Meets continuing education requirements of one's professional association relevant to spiritual health care.
- Keeps abreast of research and professional developments regarding spirituality and religion in health care.
- Strives to achieve a standard of excellence; is conscientious and thorough.

### Demonstrated Behaviours (Leader level)

- Identifies areas and opportunities for personal, spiritual and professional development of staff through performance conversations.
  - Regularly scans the environment to keep abreast of emerging developments in the broader work context.
  - Constructively challenges, when needed and appropriate, the understanding of the value and role of spiritual health care in the provision of holistic person-centered care.
- Works to build a diverse and inclusive workforce. Supports staff continuing education that enhances culturally safe spiritual health care.

## Competency 6: Leadership

### What it is:

- The ability to optimize the capabilities of the spiritual health services team to meet current and future needs of the health care system, especially regarding the spiritual dimension of health care. It includes modeling, leading and supporting individuals or teams to enhance performance and professional growth. At the highest level, it includes planning for future needs in alignment with organizational strategies.

### Demonstrated Behaviours (Practitioner level)

- Models and promotes the mission, vision and values of the organization.
- Takes initiative in identifying and addressing opportunities to improve spiritual health services, including volunteer capacity.
- Contributes creativity and innovation to spiritual health services.
- Embraces change and acts as change agent within the culture of the organization.
- Provides professional support to promote the spirituality of the organization and the humanization of the workplace.
- Promotes the role of spiritual health care throughout the health care system.

### Demonstrated Behaviours (Leader level)

- Regularly and systematically manages direct job performance.
- Facilitates team effectiveness and manages team dynamics.
- Coaches for competency by facilitating the ongoing development of individual and departmental knowledge, skills, abilities and attributes.
- Understands the strategic plan of the organization and develops a departmental strategic plan and goals in line with organizational goals and direction.
- Reviews and develops strategic initiatives, as required, that facilitate the mission of the organization throughout the facility and into the community.
- Enhances capacity on the team by hiring to ensure current and future organizational competency in spiritual health care.
- Provides leadership in the development and integration of spiritual health services and their role in supporting the spirituality of the organization and the humanization of the workplace.
- Demonstrates knowledge of change management processes.
- Ability to implement required behaviours to support change.
- Manages to budget. Uses resources responsibly.

## Competency 7: Ethical Behaviour & Practice

### What it is:

- The ability to practice spiritual health care in a manner congruent with professional, legal and ethical codes of practice and relevant policy, reflecting the values of equity, justice, compassion, and demonstrating respect for all.

### Demonstrated Behaviours (Practitioner level)

- Protects confidentiality and demonstrates knowledge and understanding of Manitoba's *Personal Health Information Act*.
- Demonstrates personal and professional identity and integrity within one's scope of practice to facilitate relationships of trust.
- Articulates and maintains clear, appropriate and therapeutic boundaries.
- Follows/abides by professional and legal codes of ethics relevant to the spiritual health care practice.
- Demonstrates ability to differentiate personal beliefs, morals and values from others (patients/clients and staff). Does not promote his or her own values or beliefs when interacting with patients/clients or staff.
- Upgrades knowledge of ethics through continuing education.
- Recognizes what is in the interest of safety and/or required by law and/or the professional code of ethics and reports as required.
- Identifies systemic oppressions that are in violation of human dignity, human rights and/or the professional code of ethics, and raises concerns at appropriate level.
- Identifies legal and ethical issues encountered in one's practice, teaching and research.
- Serves on ethics committees as available in one's facility/workplace/region as required.
- Serves as an ethics resource alongside other health care team members; promotes ethical reasoning.
- Demonstrates academic integrity in research and writing.
- Demonstrates basic knowledge of biomedical ethics to support patients/clients in making health care decisions.
- Recognizes when an ethical situation exceeds one's scope of practice and makes a referral.
- Practices responsible use of resources.

### Demonstrated Behaviours (Leader level)

- Completes all Manitoba provincial health ethics course requirements as needed in addition to accredited ethics coursework at the undergraduate or graduate level.
- Practices respectful use of authority inherent within the position.
- Supports the organization's ability to meet the Accreditation Canada standards for ethics.
- Serves as a member of the organization's ethics committee as required.
- Serves as a resource to the organization regarding medical or organizational ethical dilemmas.
- Ensures that the spiritual health services team members practice according to their professional code of ethics and receives ongoing bioethical and organizational ethics education.
- Accesses ongoing training in biomedical and organizational ethics.
- Provides leadership in reviewing medical or organizational ethical dilemmas.

## Competency 8: Research

### What it is:

- The ability to review and understand research as integral to professional functioning. It includes the ability to search out and evaluate current spiritual health care and related resources for knowledge translation.

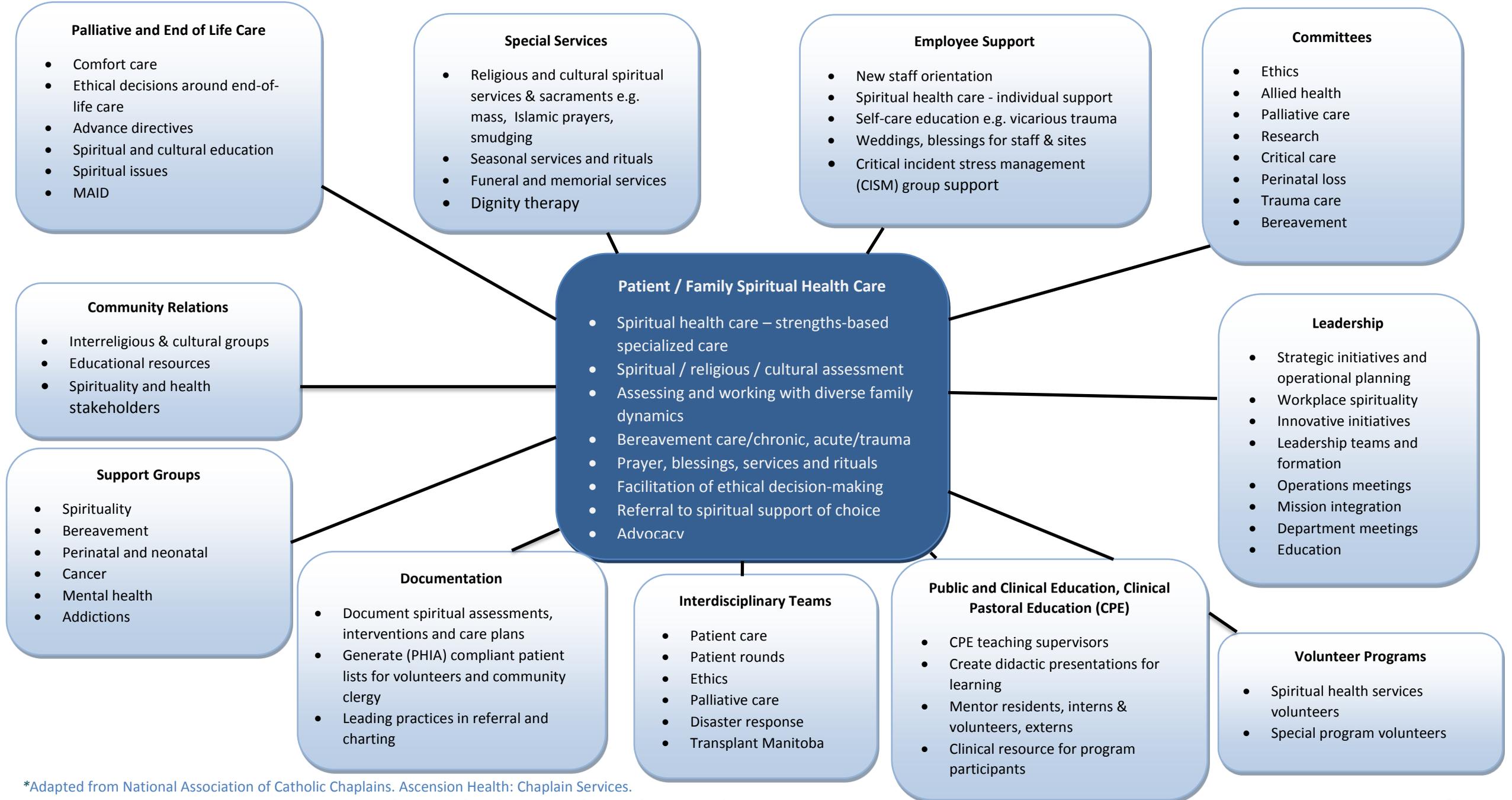
### Demonstrated Behaviours (Practitioner level)

- Keeps abreast of research and professional developments regarding spirituality and religion related to clinical practice.
- Seeks out research opportunities to enhance practice.
- Uses appropriate methodologies and established ethical protocols if/when conducting research.
- Subjects one's findings as required and appropriate to professional peer review if/when conducting research.
- Interprets, evaluates and applies research to support or improve evidence-based practices.
- Seeks opportunities to develop research skills or advanced practice skills as needed.
- Uses computers and other technologies effectively, as required.

### Demonstrated Behaviours (Leader level)

- Extracts, interprets and applies data from workplace measurement/data collection tools (personal and departmental data).
- Determines areas of research and collaborative projects.
- Encourages ongoing research-based knowledge by assignment to staff that demonstrate interest and skill in research.
- Serves as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations and informal discussions both internally and externally.
- Leverages existing partnerships and resources to support research on best practices to enhance consistency in best practice in the delivery of holistic person-centered health care.

## Appendix 4: Spiritual Health Care Services Chart\*



\*Adapted from National Association of Catholic Chaplains. Ascension Health: Chaplain Services.  
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## End Notes

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