



# **SPIRITUAL CARE POLICY**

**Approved by Shetland NHS Board:  
Updates approved by Shetland NHS Board:**

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**Responsible Officer:**

**Director of Service  
Improvement**

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## **SPIRITUAL CARE IN SHETLAND NHS BOARD**

In October 2002, the Scottish Executive Health Department issued NHS HDL(2002)76 *Spiritual Care in NHS Scotland*, which required each NHS Board to develop a spiritual care policy for the area they serve. The definitions used within the HDL for Religious and Spiritual Care are given below:

**Religious care** *is given in the context of the shared religious beliefs, values, liturgies and lifestyle of a faith community*

**Spiritual care** *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. Religious care, at its best, should always be spiritual.* (HDL(2002)76)

Shetland NHS Board is committed to providing holistic healthcare which is responsive to the physical, psychological, emotional and spiritual needs of its patients and staff. Appropriate spiritual, pastoral and religious care [Appendix 1] will be offered to patients, their relatives and carers and to staff. This care is available to people with or without specified religious beliefs.

### **1. INTRODUCTION**

- 1.1 Everyone, whether religious or not, needs support systems, especially in times of crisis. Many patients, carers and staff, especially those confronting serious or life threatening illness or injury, have spiritual needs and welcome spiritual care. They look for help to cope with their illness and with suffering, loss, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt. They have to deal with ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. A person who can help individuals to find within themselves the resources to cope with their difficulties can be very beneficial.
- 1.2 The particular needs of different faith groups within the area will be respected and access to appropriate support offered. It is acknowledged that in some instances this will mean contacting the relevant faith group outwith Shetland and an up-to-date list of faith

leaders outwith Shetland who can be contacted is available through the Director of Service Improvement.

- 1.3 All patients, their relatives and carers and staff have spiritual needs. Those who express their spirituality through a religious framework have the right to have their religious needs met. Spiritual care, however, is not necessarily religious and is usually given in a one-to-one relationship, being completely person-centred and makes no assumptions about personal conviction or life orientation.
- 1.4 Healthcare staff who come into contact with patients, their relatives and carers have an important role in delivering spiritual care as part of a holistic approach. Spiritual care is not an added extra but should be integrated into the normal care given. Healthcare chaplains have a specialist role in delivering spiritual, pastoral and religious care.
- 1.5 The Spiritual Care Policy for Shetland NHS Board is based on the guidance offered in HDL(2002)76 *Spiritual Care in NHS Scotland* and has been developed in line with HDL(2002)51 *Fair For All: Working Together Towards Culturally-Competent Services* and *Public Focus Patient Involvement* (2001), Scottish Executive Health Department.

## **2. BACKGROUND**

- 2.1 At present, patients are asked on admission to both hospitals whether they belong to any faith group and whether or not they require a visit from their faith representative.
- 2.2 If a visit is required, notification is sent to the relevant person so that they can arrange to visit the patient. In addition, the nurse in charge of a ward will contact a faith leader on request.
- 2.3 Church services are held weekly in the Gilbert Bain Hospital chapel and Ronas Ward in Montfield Hospital, conducted in rotation by ministers of the various local churches. In addition, the Day Hospital at Montfield has a monthly service.
- 2.4 The hospitals chaplain visits the hospitals regularly, talking with both patients and staff.

### **3. PRINCIPLES UNDERLYING THE SERVICE**

Spiritual and religious care within NHS Shetland should:

- 3.1 Address the basic human need to have a sense of peace, security and hope, particularly in the context of injury, illness or loss.
- 3.2 Be impartial, accessible and available at any time of day or night to people with or without specified religious beliefs.
- 3.3 Respect the wide-ranging beliefs, lifestyle and cultural backgrounds of the population served by Shetland NHS Board.
- 3.4 Ensure the rights of patients, their relatives and carers to be supported, when requested, by a chaplain, religious leader or faith community representative, whilst ensuring that privacy is respected at all times.
- 3.5 Never be imposed or used to try to win converts.
- 3.6 Be a significant resource for the organisation in providing holistic care which values “care” as much as “cure”.
- 3.7 Be characterised by openness, sensitivity, compassion and the capacity to make and maintain helping, supportive and caring relationships.
- 3.8 Acknowledge that spiritual care in the NHS is given by many members of staff and by carers and patients, as well as by staff specially appointed for that purpose.
- 3.9 Value diversity.

### **4. RESPONSIBILITIES OF THE SPIRITUAL CARE SERVICE**

- 4.1 The responsibilities of the spiritual care service in Shetland NHS Board will be:
  - 4.1.1 To identify and assess the level of need for spiritual, pastoral and religious care.

- 4.1.2 To support staff as they provide spiritual care to patients, their relatives and carers, both in hospital and in the community.
- 4.1.3 To participate in training programmes for clinical and non-clinical staff, students, and in staff induction.
- 4.1.4 To offer spiritual, pastoral and religious care as part of the multi-disciplinary team by visiting, listening to and supporting patients, their relatives and carers and staff.
- 4.1.5 To offer religious ministries and acts of worship at the bedside or other appropriate places.
- 4.1.6 To provide suitable space for worship, meditation and reflection in hospitals in Shetland.
- 4.1.7 To establish and maintain links between Board staff and local faith communities and to facilitate confidential referral of patients, with their knowledge and agreement, to their own faith community representative.
- 4.1.8 To ensure adequate on-going training, supervision and support for all chaplains and spiritual care staff.
- 4.1.9 To contribute to healthcare service planning, development and delivery in Shetland NHS Board, including joint planning between healthcare and other agencies.

## **5. SPIRITUAL CARE MANAGER AND COMMITTEE**

- 5.1 The Board's nominated Spiritual Care Manager is the Director of Service Improvement. The role of the Spiritual Care Manager is to:
  - Represent the interests of the service provider in the management of the local system of appointment and review;
  - Be a member of the Spiritual Care Committee;
  - Have regular contact with the Lead Chaplain
- 5.2 The Spiritual Care Committee meets at least twice a year with membership as shown in Appendix 2. Additional Meetings can be

held as and when required at the discretion of the Chair. The Committee will prepare an Annual Report

- 5.3 The Spiritual Care Committee will prepare an annual departmental report for the Board and will actively seek feedback from faith communities and its other constituent members.

## **6. REVIEW OF THE POLICY**

This policy will be reviewed in 2008.

## APPENDIX 1

### GLOSSARY

#### **Religious Care**

*Religious care* is given in the context of the shared religious beliefs, values, liturgies and lifestyle of a faith community.  
(HDL (2002)76 Spiritual Care in NHS Scotland)

#### **Spiritual Care**

*Spiritual care* 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. Religious care, at its best, should always be spiritual.  
(HDL (2002)76 Spiritual Care in NHS Scotland)

#### **Pastoral Care**

*Pastoral care* has traditionally been used to describe the caring work of the church. In recent years the use of the term has been extended into the secular field and is commonly used in healthcare, education and other areas of practical care and support (e.g. pastoral counselling). Within the *spiritual care* context it describes the support offered to people at their most basic level of need, supporting and nurturing their spirituality. It is often very practical, characterised by openness, sensitivity, compassion and the capacity to make and maintain attentive, helping, supportive and caring relationships.

#### **Chaplain**

*Chaplain* is a commonly used title in the Christian faith community for those who provide spiritual, pastoral and religious care in healthcare settings. Other faith communities may wish to use other appropriate titles. In this policy, the word *chaplain* is used, but should be understood to include all those whose main function is to provide spiritual, pastoral and religious care.



## **APPENDIX 2**

### **SHETLAND NHS BOARD SPIRITUAL CARE COMMITTEE**

Shetland NHS Board will establish a Spiritual Care Committee (which should meet at least twice a year) to support the integrated planning and delivery of spiritual care services within Shetland.

#### **The remit of the Committee will be to:**

- provide advice on and a forum for fully developing Shetland NHS Board's spiritual care policy and overseeing its implementation and review.
- promote the integration of Spiritual Care in the daily aspects of NHS care provision.
- maintain partnership between local service providers, spiritual care staff and local faith communities.
- provide an advisory function to those giving spiritual care.
- oversee the process for the appointment of spiritual care staff.
- receive the annual departmental report and seek feedback from faith communities, and constituent members.

#### **Membership**

Membership will comprise representatives from:

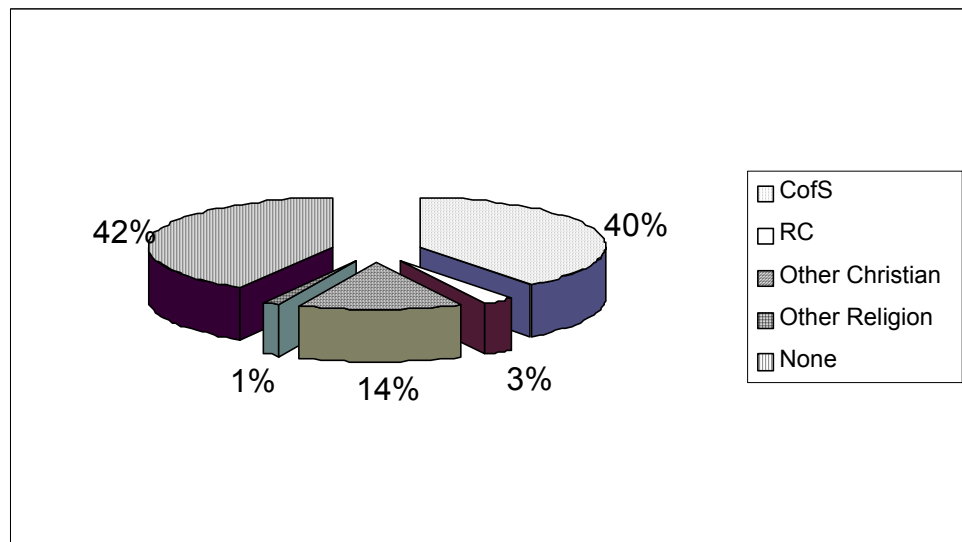
- the main faith communities in Shetland
- patients or members of the public
- NHS staff with an interest in spiritual care
- the Lead Chaplain
- the Spiritual Care Manager appointed by Shetland NHS Board (who will act as Chair)
- two lay members
- other NHS managers with responsibility for Spiritual Care

### APPENDIX 3

#### FAITH GROUPS IN SHETLAND NHS BOARD AREA

(Source 2001 Census)

Figures are percentages of total population



**Original Policy Approved at a Meeting of Shetland NHS Board on 6 September 2005**

**Updates following the August 2006 Management Review Approved at a Meeting of Shetland NHS Board on 5 September 2006**

## 1. Rapid Impact Checklist Spiritual Care Policy

<p><b>Which groups</b> of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> <li>• minority ethnic people (incl. gypsy/travellers, refugees &amp; asylum seekers) ✓</li> <li>• women and men ✓</li> <li>• people in religious/faith groups ✓</li> <li>• disabled people ✓</li> <li>• older people, children and young people ✓</li> <li>• lesbian, gay, bisexual and transgender people ✓</li> </ul>	<p>Other groups:</p> <ul style="list-style-type: none"> <li>• people of low income ✓</li> <li>• people with mental health problems ✓</li> <li>• homeless people ✓</li> <li>• people involved in criminal justice system ✓</li> <li>• staff ✓</li> </ul>
<p>N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</p>	<p>What positive and negative impacts do you think there may be? Which groups will be affected by these impacts?</p>
<p>What impact will the proposal have on lifestyles? For example, will the changes affect:</p> <ul style="list-style-type: none"> <li>• Diet and nutrition?</li> <li>• Exercise and physical activity?</li> <li>• Substance use: tobacco, alcohol or drugs?</li> <li>• Risk taking behaviour?</li> <li>• Education and learning, or skills?</li> </ul>	<p>None</p>
<p>Will the proposal have any impact on the social environment? Things that might be affected include</p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Employment (paid or unpaid)</li> <li>• Social/family support</li> <li>• Stress</li> <li>• Income</li> </ul>	<p>None</p>
<p>Will the proposal have any impact on</p> <ul style="list-style-type: none"> <li>• Discrimination?</li> <li>• Equality of opportunity?</li> <li>• Relations between groups?</li> </ul>	<p>The policy is for people of all faiths and none. It could be negative for those who feel their particular Spiritual need is not met</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions?</li> <li>• Working conditions?</li> <li>• Pollution or climate change?</li> <li>• Accidental injuries or public safety?</li> <li>• Transmission of infectious disease?</li> </ul>	<p>None</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> <li>• Health care</li> <li>• Transport</li> <li>• Social services</li> <li>• Housing services</li> <li>• Education</li> </ul>	<p>Positive – Experience of service Negative - Poor access to non-Christian worship space may be an issue</p>

<u>Rapid Impact Checklist: Summary Sheet</u>	
<p style="text-align: center;"><b>Positive Impacts (Note the groups affected)</b></p> <p>All groups: as part of good holistic healthcare, appropriate spiritual, pastoral and religious care offered to all enhances the care given and received.</p>	<p style="text-align: center;"><b>Negative Impacts (Note the groups affected)</b></p> <p>Access to worship and chaplaincy for non-Christian faith groups is an issue locally.</p>
<p><b>Additional Information and Evidence Required</b></p> <p>Consultation with the local faith community and BME groups on the policy and it's impact. Consider consulting more widely e.g. LGBT groups.</p>	
<p><b>4. Recommendations</b></p> <p>Spiritual Care Committee to express view on 3. (above)</p>	
<p><b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b></p> <p>Full EQUI may be required following initial consultation</p>	

**Manager's Signature:**

**Date: 19<sup>th</sup> July 2005**