Embedding Spiritual Care for All

Delivering spiritual care that encompasses your own wellbeing

Faith
in
Older
People

Foreword

'We are not human beings having a spiritual experience. We are spiritual beings having a human experience[1].'

Scotland's approach to spiritual care is a model that is recognised and respected across the world. It is widely recognised that spiritual care in Scotland has made significant developments which have contributed to its global reputation for excellent and pioneering service delivery in this area of care. Spiritual well-being is increasingly recognised as being a fundamental element of good health and a vital part of person-centred care in both health and social settings.

'Spiritual care supports people by acknowledging hopes and fears and building resilience to cope with challenging or changing circumstances. Furthermore 'it is recognised that the spiritual is a natural and integral dimension of what it means to be human'. [2]

Our health and social care workforce is our greatest resource. A workforce which is committed to the delivery of the highest quality of care which takes into consideration what matters most to people. They bring with them commitment and deeply held values and beliefs which informs the care they deliver and shapes the life of both cared for and carers.

In 2023 the Scottish Government published 'Discovering meaning, purpose and hope through person-centred well-being and spiritual care: A National Framework' which states that:

'Spiritual care can empower and benefit both carer and cared for; nurturing the individual to celebrate and flourish during times of joy and growth, supporting people to find strength and comfort during times of transition, uncertainty, and illness'.

In this resource we hope to support our workforce to explore what we mean by spirituality and how the delivery of spiritual care supports the compassionate person-centred care we all strive to deliver. Such mutually beneficial and respectful relationships must be at the heart of our health and social care system, allowing individuals to be heard and valued.

Both carers and cared for are companions travelling on a shared journey; sharing tears and laughter, our fears and our hopes. As such, spiritual care reminds us of the importance of providing care that people really value. On this journey of life it is vital that we take a holistic approach - putting people at the heart of what we do.

Mark Evans

Professional Advisor (Spiritual Care)
Scottish Government

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1 Chardin P C The Joy of Kindness
2 Harkala C Spiritual care coordinator and preceptor for Good Shepherd Hospice.

Introduction to the resource

This educational resource has been developed on behalf of the Scottish Government by Faith in Older People and supports the delivery of 'Discovering meaning, purpose and hope through person-centred well-being and spiritual care: A National Framework (2023)'.

Faith in Older People is a voluntary organisation which aims to ensure that all people, particularly older people, are enabled to celebrate meaning in their lives regardless of their circumstances or how deeply held values and beliefs have directed their life path.

In this resource we will explore the different elements which relate to the delivery of spiritual care which encompasses your own spiritual well-being together with the Scottish Government framework definition, and faith, belief and spiritual care assessment tools appropriate for a wide range of health and social care staff. The resource is illustrated with video clips from people who highlight different aspects of spiritual care including reflective questions and suggested actions together with resource lists for you to explore the topic in more depth.

This resource is based on the research undertaken in care homes; continuing care units; Scottish Universities and Further Education Colleges in relation to the understanding of spiritual care and its inclusion in the training curriculum for health and social care staff by Faith in Older People.

Underpinning National Guidelines

The National Framework states that 'Public bodies who commission care and support (including future models of social care) should ensure that services meet the physical, mental, social, and spiritual needs of service users and consider how spiritual care training and service delivery is appropriately costed and adequately resourced. The Framework should support the development and delivery of spiritual care for all health and social care students and staff and endorsed by educators and employers.

This resource can be used in several ways:

• By individuals in health or social care settings.
• In group settings within Further Education Colleges; Higher Educational Institutions or in the workplace with a tutor or senior staff guidance.
• In virtual meetings for discussion after individual study.

The aim of this resource is to develop:

A skilled workforce who can support the delivery of spiritual well-being for the benefit of those being cared for and carers.

Objectives:

•   To enable a wider understanding of the definition of spiritual care that can be transferred to the workplace and embedded into practice.

•   To ensure that those involved in the education of health and social care staff have access to resources to enable them to promote an understanding of the importance of spiritual care.

•   To encourage individuals to develop a stronger understanding of their own spiritual needs.

After completing this resource, the participant will be expected to have a broad understanding of the following:

1.   Definitions of Spirituality.
2.   National policy documents that underpin spiritual care.
3.   How spiritual care contributes to well-being.
4.   Different assessment tools that can be used in health or social care settings.
5.   Spiritual Care assets and resources available in the local community and how to use them for the benefit of all including the role of Belief and Faith Communities.

Learning styles

In preparing this resource it is understood that we all have different ways of learning, and access to different levels of learning support.

We would encourage you consider the following approaches:

•   Identify people to use as mentors and use your workplace for practical application of theoretical skills and knowledge explored in this resource.
•   Take time for self-reflection and evaluation of practical conversations.
•   If you are part of a study group, take time to discuss the issues, scenarios and videos in this resource.
•   Consider other people's perspectives and be prepared to challenge your own assumptions.

Using the interactive resource

This resource contains hyper-links to additional online resources. If you click on the link your browser will take you to that resource. If you click on a section title in the contents page, it will take you to that section - click on 'Embedding Spiritual Care for All' in the header on any page and it will return you to the contents page.

Links to external documents and websites can expire if the contents have been moved to another site. If you click a link and it comes up as an error or 'page not found', please just search the document title using your preferred search engine.

 If you click on a video box, you will be taken to the internet to view the resource. The FiOP discussion videos are all captioned.

 You can type your responses to questions, and reflections into the text boxes. Please remember to 'save as' to save your changes to your device before you close the document.

At the end of each section there is an opportunity to reflect on your learning, consider key points and actions:

 A Reflective question

 A key points summary
An Action Point: Situation; Action; Result (SAR)
Recommendation for reading

Whether you are working alone or in a study group, please do take a little time to consider these elements.

Contents

1.

Thinking about yourself

Thinking about yourself

Understanding yourself is integral to how you might feel in relation to a range of situations which you may be confronted with as you care for people. **Developing an understanding of your own spiritual needs will influence and shape the care you give to others.**

- What gives you strength?
- Where do you go if you need support?
- What matters to you however big or small?

- What qualities and values do you feel you will bring to your caring role?
- Where do you get your sense of values, what drives you, what makes you want to care for others?

These are fundamental questions which are aimed at helping you to grow your sense of confidence and comfort when supporting someone who needs to talk about illness or loss, sadness and joy. Considering these issues for yourself enables and empowers you to have confident conversations where you might otherwise avoid or ignore a person's deep needs.

To hear and to perceive what matters to someone else needs empathy, the ability to put yourself in the shoes of another, which is nurtured by knowing what is important to you.

The following outline of needs may enable self-understanding, assisting you to engage people in conversations which can then be highlighted in the patient/resident's plans for reference and development.

Spiritual needs that might be addressed within the normal, daily activity of care include:

- 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 and trust.
- The need to explore beliefs and values.
- The need to find meaning, purpose and hope.

(Scottish Government 2023)

We all have spiritual needs, even if we may not identify them in such a way.

Some questions to consider:
- What gives you a feeling of joy?
- What do you do when you are sad, disappointed or stressed?
- If you found that you had a serious health condition what would help you to cope?
- Have you ever discussed death and dying and if so, how did this make you feel?
- What would matter to you most if you could no longer do something that was important to you?

Just as spiritual care is important in the care of individuals, it can also support and sustain a compassionate workforce whose work involves caring for those going through periods of transition and change.

The Scottish Care Report 'Trees that bend in the wind' (2016) highlights the role played by staff in supporting someone's end of life journey. But this role 'has to be recognised, nurtured and valued. A greater understanding of the spiritual dimension can help increase confidence in these conversations which includes religion but acknowledges that it is so much wider as illustrated in the following extract:

'.. the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet'. (Remen, 1996)

The greatest resource health and social care services posess, and have responsibility for, is their staff. Unless they are well cared for, then those that they care for bear the consequences. The Scottish Government (2023) recognises the need to ensure that the spiritual needs of staff are met. Spiritual Care teams work in every territorial board and support staff as well as patients and carers.

Spiritual well-being along with physical, emotional and psychological needs is vital for all of us. We will now move onto how spiritual care is defined and you can consider how your own needs are reflected.

Reflective Question
How would you define your own spirituality?

KEY POINTS

Key points

• The importance of where you fit in the caring world and how that matters to you.

Action Point: Situation; Action; Result (SAR)

Think of a recent Situation where you could have taken more care of yourself:

What Actions might you have taken to ensure your own well-being?

In what way would the resulting action have made a difference to you?

Recommendation for reading:

Trees that Bend in the Wind. Scottish Care (2016)

2.

Definitions of Spirituality

Definitions of Spirituality

In the last section you looked at your own spirituality for which you gave a personal definition. We are now going to consider what that might mean for those in your care. To do this we will reflect on various definitions of spirituality before identifying what that means in practice – how does spirituality become spiritual care?

To begin with watch the following video from Huddersfield University where we see that spirituality in healthcare can play a significant part in patients' recovery.

Video from Huddersfield University

What do you think about this definition of spirituality? Note down ways in which it is put into practice.

Focus group chat:

Now we are going to meet up with Gerrie; Lorraine; Gordon; Sarah, and Caroline to listen to their definitions of spirituality and spiritual care both from personal experience and the needs of an educational curriculum:

Clip One

Clip Two

Clip Three

Clip Four

Clip Five

Clip Six

Clip Seven

PAUSE & REFLECT

Reflective Question
What are your initial thoughts on our contributors' definitions?
In which ways are they similar, or different, from your own?

The following examples of spirituality show the wide range of definitions that are presently available. This is not an exhaustive list by any means, but it may prompt you to search for others which can be found in international literature.

This statement was issued by the Scottish Government in 2002:

- **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.
- **Religious care** is given in the context of shared religious beliefs, values, liturgies, and lifestyle of a faith community.
- **Spiritual Care** is not necessarily religious.
- **Religious Care** at its best should always be spiritual.

HDL (Scottish Executive Health Department, 2020 76) has now been superseded by 'Discovering meaning, purpose and hope through person centred well-being and spiritual care: A National Framework (2023). The following statements from the framework refer to spirituality and introduces us to spiritual care:

> 'Spiritual care will mean different things to different people. Depending on an individual's life stance spiritual care may be described as: pastoral care, emotional support or inner care'.
>
> 'We all have a part of us that seeks to discover meaning, purpose and hope in those aspects of our experience that matter most to us. This is often referred to as 'spirituality'; informing our personal values and beliefs, and affirming that tears, laughter, pain, and joy are all part of the human experience'.
>
> 'It is recognised that the spiritual is a natural and integral dimension of what it means to be human. Within health and social care, it is widely accepted that questions of meaning, purpose, hope (or the lack of it), identity and relationships can become acute when wellbeing and stability are challenged or threatened by illness, injury, or loss in oneself or in a loved one. At such times people often need spiritual care.'

The World Health Organisation (WHO 1998)

WHO measures quality of life in six domains, one of which is spirituality:

1. Physical Health
2. Psychological
3. Level of Independence
4. Social Relationships
5. Environment
6. Spirituality/Religion/Personal Beliefs

Until recently, health professions have largely followed a medical model, which seeks to treat patients by focusing on clinical needs and interventions and have given less importance to deeply held values and beliefs. This bio-medical or mechanistic view of patients as being only a material body, is no longer satisfactory (W.H.O. 1998). Patients and healthcare professionals have begun to realise the value of elements such as faith, hope and compassion in the healing process.

The Scottish Government (2023) affirms that **people are not merely physical bodies requiring mechanical fixing**. The value of 'spiritual' elements in wellbeing and quality of life have led to research in this field to move towards a more holistic view of health. This includes a non-material dimension, emphasising the connectiveness of mind and body. Research in such areas as psychoneuroimmunology, for example, have shown the link between how we feel and how our physical health, in this case the immune system, can be affected.

Spirituality, within health and social care settings, explores questions such as the meaning and purpose in life which are not necessarily confined to any belief system.

Spiritual care can help people maintain health and cope with illness, trauma, loss and life transitions by integrating body, mind and spirit. Once spirituality is understood in such a way, then spiritual care of a person can begin.

Over the last 20 years there has been a growing awareness of the importance of spiritual care as a core element of person centred care within health and social care. As a result, a wide range of definitions have been developed. We have provided some below for you to consider and reflect on.

The Spiritual Dimension (Ross, 1995)

Ross gives a useful definition of spirituality which depends on three component parts:

1. the need to find meaning, purpose and fulfilment in life.
2. the need for hope / will to live.
3. the need for belief and faith in self, others and God.

The need for meaning is a universal trait that is essential to life itself and when an individual is unable to find meaning they experience distress due to feelings of emptiness and despair.

Swinton's definition of Spirituality (2005)

It is important to recognise the difference between spirituality, which is the theoretical basis of spiritual care and spiritual care itself. Spirituality is defined by Swinton (2005) as a very personal ideology:

'A person's spirituality, whether religious or non-religious, provides belief structures and ways of coping through which people begin to rebuild and make sense of their lives in times of trauma and distress. It offers ways in which people can explain and cope with their illness experiences and in so doing discover and maintain a sense of hope, inner harmony and peacefulness in the midst of

the existential challenges illness inevitably brings. These experiences are not secondary to the real process of clinical diagnosis and technical care. Rather they are crucial to the complex dynamics of a person's movement towards health and fullness of life even in the face of the most traumatic illness. While this describes the spirituality of an individual, it also shows that the meaning in life the person has at a time of crisis has been built up over a whole lifetime. This may in some way enable an understanding of the coping mechanism and resilience which is dependent on building blocks of spirituality.'

Mowat and O'Neill's definition of Spirituality (2013)

'The human need for ultimate meaning in life, whether this is fulfilled through a relationship with God or some sense of another, or whether some other sense of meaning becomes the guiding force within the individual's life. Human spirituality can also involve relationships with other people.'

(Mowat H. O'Neill M 2013)

Spiritual Care Matters (2021)

Spiritual Care Matters (2021) defined spiritual care as that:

'which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support perhaps for rites or prayers or sacrament, or simply for a sensitive listener.'

Aird and O'Neill's definition of Spiritual Care (2018)

In this definition we move onto spiritual care and its aims. Aird and O'Neill (2018) conducted scoping reviews of Hospital Based Complex Clinical Care units to identify staff perception of spiritual care, and the education received which enables students to provide spiritual care in the workplace with greater confidence.

'Spiritual care aims to sustain individuals, building resilience to cope with challenging and changing circumstances and is as important for staff as it is for residents and patients... Spiritual care enhances the essence of humanness, adding a deeper dimension to the clinical actions necessary to caring.'

There are various definitions of spirituality and spiritual care for which there is no right or wrong meaning. As humans we are made up of three parts: body, mind and spirit. The body is the physical element; the mind is the emotional seat of all our aspirations and needs; the spirit is that which connects us to meaning in our lives whether it is through faith in a higher being or some other belief form. It is important to recognise that all three systems of body, mind and spirit are needed to make a person feel whole.

To neglect one part means dismembering the person, but to address all three means caring for the whole person.

Spiritual care means just that, making sure that nothing is left out. Added to that:

> **'there is strong clinical evidence to show that the immune system is more robust when a person is less stressed. Research shows that using a holistic approach of treating mind, body and spirit can aid the recovery of a patient'**
>
> (Spiritual Care Matters 2021).

Donald Macaskill (CEO of Scottish Care) said that:

> **'spirituality has to do with the heart and pulse of being human. It is the soundless language which communicates our deepest emotions of love, anger, fear and belonging.**
>
> (Scottish Care Cameo Spiritual Care is Everyone's business April 2018).

Person-centred care focuses on the **what,** spiritual care allows the focus to go much deeper and centres on the **how**, in encouraging the **golden thread** that is Macaskill's 'soundless language' of caring. In today's health environment clinical needs are often the default which means that spiritual needs are consequently forgotten (Aird and O'Neill, 2018).

As one nurse put it:

> **'basic needs are being met but not the soft stuff. It would make people feel more worthwhile if the patient's needs [spiritual] were being addressed. We prioritise physical needs all the time – we have to'.**
>
> (Aird and O'Neill, 2018).

In a later paper addressed to education of student nurses (Aird and O'Neill 2020) there was a reluctance to use the language of spiritual care:

> **'Why have we not articulated it better? We are threading it through but without calling it Spiritual Care Education and perhaps we should. Have we exchanged person centred care (PCC) language for the spiritual care language which brings a richness and depth to caring that PCC cannot as it deals with the problem of living rather than the living itself'.**

Spiritual care is an integrating aspect of holistic, person-centred care; affirming that fear, anxiety, loss and sadness are all part of the normal range of human experience within health and social care. By supporting individuals to explore challenging questions relating to change, mortality, meaning, purpose and identity we can help individuals to (re)discover core values and beliefs.

When such matters are expressed, identified and addressed, people living in care homes can experience a greater sense of enablement, personal wellbeing and resilience in the context of illness, disease and life-changing or other social issues. (My Health, My Care, My Home – Healthcare framework for adults living in care homes. Scottish Government, 2022)

Conclusion

The National Spiritual Care Framework makes it clear that individuals should be supported to make sense of life during periods of transition and change, helping them to recognise and use their personal and communal assets which would enable them to develop their own wellbeing (Scottish Government, 2023).

Defining spirituality in a medical context is challenging but not impossible. Alistair Appleby, a GP from the north of Scotland has addressed this in his article Science and Spirituality in Primary Care: Is there a common ground? Should spirituality be medicalised, or can it in fact, sit comfortably with the science of healing people. The message from these definitions show that spirituality is the essence of caring. It is not what we do for people but how we do it.

NHS Education for Scotland has produced an animation on the History of Understanding Spiritual Care:

An introduction to the Spiritual Care Service within Health and Social care settings in Scotland.

Key Points:
- Spirituality is a basic tenet of human living regardless of individual status or circumstance.
- Spiritual care is a delivered action that enables a person to rediscover their meaning of life in the presence of changed circumstances.

PAUSE & REFLECT

Reflective question:

Having read the definitions of spirituality and spiritual care, what stands out most for you?

Action Point: Situation; Action; Result (SAR)

In what Situation could you envisage delivering spiritual care?

Considering your definition of spiritual care, would this influence the Action you take?

Would the Resulting Action have been different if you had no knowledge of spirituality?

Recommendations for reading:

McRitchie I (2021) Spiritual Care Matters. National Health Education for Scotland. NES Publications

Appleby A (2025) Science and spirituality in Primary Care: Is there common ground? – BJGP Life

3.

National Standards and Frameworks which include Spiritual Care

National standards and frameworks

Providing high quality healthcare standards for people.

There are many reasons for writing standards and frameworks. Primarily, they are written to ensure standardised care and protecting those who care for them. Therefore, it is important that staff read and understand the standards and frameworks and how they apply to a person's role and place of work. Equally, care should not stay written on paper or a screen but be seen in action in accordance with the patients' wishes.

We are now going to see a clip of Lorraine, Caroline and Maureen discussing the philosophy of what matters to each person:

Clip One

Video

Clip Two

Video

Clip Three

Video

In this section we are going to examine some national documents from Scotland which have a spiritual care component. They exemplify the standards of care that is expected within the Scottish health and social care system.

What standards, strategies or frameworks are you aware of and do you use any of them in your place of work?
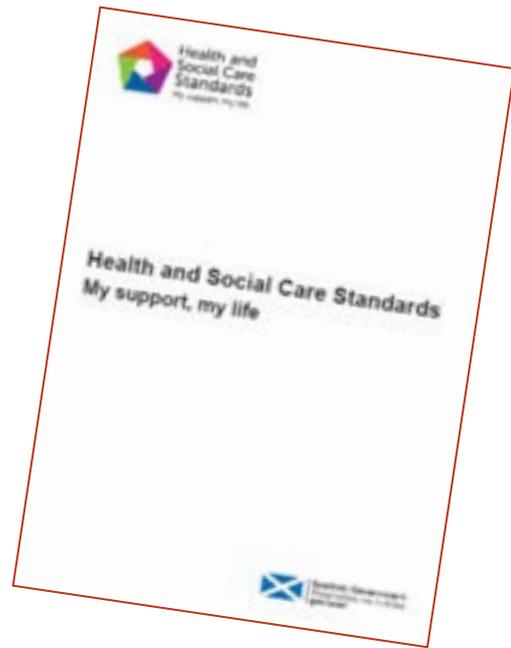
Standards and fameworks

The following standards and frameworks are applicable to Scotland at the time of writing and are set out below. Whilst all of them are relevant you may wish to choose those which are most pertinent to your area of work.

1.   Discovering Meaning, Purpose and Hope through Person Centred Well-being and Spiritual Care: Scottish Government Spiritual Care Framework and Delivery Plan June 2023
2.   Scottish Government Volunteering Action Plan 2022
3.   Scottish Government Cancer Strategy 2023-3033
4.   Scottish Government Health and Social Care Standards March 2022
5.   Scottish Government My Health, My Care, My Home – Healthcare framework for adults living in care homes June 2022
6.   Scottish Government National Workforce Strategy for Health and Social Care in Scotland 2022
7.   Scottish Government: Recovering our Connections 2023-2026 The National Social Isolation and Loneliness plan Published 2023
8.   Scottish Government Mental Health and Wellbeing Delivery Plan 2023-2027 Published 2023
9.   Health Improvement Scotland Standards of Care for Older People with Frailty (2024)

To read more about each document click on the cover image and you will be taken to a summary.

Cancer Strategy for Scotland 2023-2033

Health and Social Care Standards
My support, my life

Scottish Government
Healthcare framework for adults living in care homes
My Health – My Care – My Home

June 2022

National Workforce Strategy for
Health and Social Care in Scotland

Mental Health and Wellbeing
Delivery Plan 2023-2025
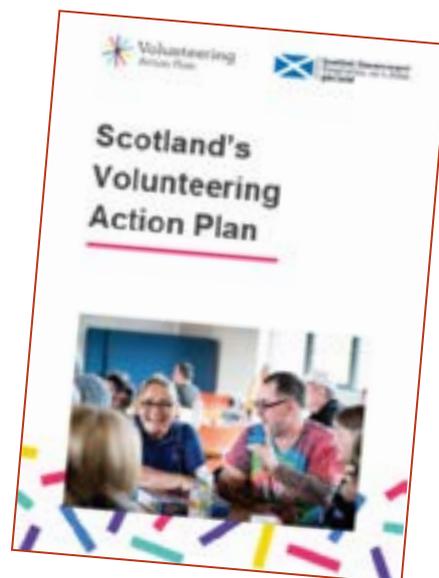
Conclusion to National Standards and Frameworks:

The underlying message from all of these frameworks and guidelines is that someone's values and beliefs, culture or life stance are important aspects in supporting the delivery of person-centred care - allowing people to be who they want to be and to receive care in the most appropriate way for them. We must learn to listen without judgement; observe intentionally; consider the tasks of the day not as mere tasks to be done but as mutual acts of service to one another.

There will always be developing Frameworks and Policies and therefore students should check the relevant emerging policies that will underpin their spiritual care understanding for the areas in which they are working.

KEY POINTS

Key Points:
- Frameworks and policies are written by the relevant groups to enable you to deliver evidence-based care in the best way possible with guidance gathered from amongst specialist people across the country.
- Frameworks and policies can only help you if you read them and assimilate them into practice.
- Frameworks and policies underpin every facet of your working day so that you do not feel isolated or alone.

Reflective question:

Of all the frameworks and policies listed which one or ones best suits your place of work and why?

Action Point: SAR

Take three spiritual care principles from the framework or policy which you might find in your work Situation.

Consider the Action you might take to incorporate this principle into your practice.

What Results might you see from integrating this principle into your practice?

Recommended Reading:

The Perennials: the Future of Ageing **https://www.ipsos.com/en-uk/perennials-future-ageing**

4.

A skilled and compassionate workforce

A skilled and compassionate workforce

Question: How can you, how can I, how can we develop this approach in ourselves and others?

While in theory we all understand the benefits of self-care, we do not necessarily link it to our own spiritual needs. Others, such as those in the Aird and O'Neill paper (2018) felt they needed more support, particularly managers who could then offer better support to their staff. 'I am absorbing staff issues as well as patient worries so need support myself.'

Gerrie, Sarah, Caroline and Gordon talk about the importance of learning to understand and care for oneself to feel valued and whole in the workplace:

Clip One

Clip Two

Clip Three

Clip Four

Clip Five

Clip Six

Clip Seven

Video ▶

Clip Eight

Video ▶

Clip Nine

Video ▶

Clip Ten

Video ▶

Developing a culture of feeling safe to speak and having the confidence to 'not know' is counter-cultural but embedding this in a working life pattern will enable managers to lead with empathy and enable staff to learn the art of difficult conversations without accumulating heartache.

The following two scenarios in care homes show narratives where all members of the team are involved in the wrap around care of the human heartbeat.

Scenario 1

Sarah, a student health care worker was assigned to a care home after her first block in college. She was asked to make a bed up for a client arriving within the next few minutes. The client arrived on a trolley to wait in the corridor while Sarah finished making the bed. However, when Sarah went out to the trolley the client had died. Sarah was extremely upset, blaming herself for not having been quick enough and went home that afternoon upset.

Sarah lived at home with her parents and told her mother that she could never go back to the home and wanted to give up the course there and then. However, her mother guided her to the notes that she had been given in the college, and in particular the lecture on death and dying. She asked Sarah to read over them and work out for herself if she had done everything that they had talked about in college. This made Sarah feel better, but she was unsure if she wanted to return to work at the care home.

Sarah's mum phoned the care home and explained that Sarah had come home feeling very upset, with feelings of guilt at not having been prepared for the client and then the shock of sudden death.

The care home manager was very understanding and told Sarah to take the morning off work and come in at lunchtime. She was to come to the manager's office, and they would sit down and talk through the whole episode. Sarah felt supported, recognising that this scenario would be repeated many more times in her working life, but each time she would have a little more experience to build on and hopefully support others.

Questions:

Where would you find spiritual care in this scenario?

What would have happened if the manager had ignored Sarah's feelings and asked her to come straight back to work without any discussion?

Scenario 2

Reflection and debriefing are the foundational platform on which all spiritual care rests. Spirituality is an additional sense, which takes time and care to develop. Integrating this into a full curriculum is a challenging proposition, but as the next scenario shows it is much more about the golden thread that pulsates through all our caring, not just confined to one discipline:

Mrs Smith was an elderly lady in her nineties who had become a resident in the care home nine months previously. She had entered the routine life of the care home and was an engaging person, although a little forgetful. Sadly, she contracted pneumonia and was approaching the end of her life. Her family were with her most of the time, talking to her and holding her hand. The manager phoned the family and advised them that Mrs Smith was now in the final hours of her life. The first person at her bedside was her granddaughter who was a local GP. She sat beside the bed quietly crying at the thought of her grandmother's death.

Outside the room, in the corridor, the domestic cleaner was hoovering, but when she saw the granddaughter who we will call Lucy, she switched the hoover off and came into the room. The domestic placed her hand on Lucy's shoulders asked if Lucy was 'ok' and then simply sat with her. A little while later, Mrs Smith's daughter arrived and the domestic left.

In that moment both Lucy and her mother felt comforted, supported and loved by the humanity and compassion of another human being. Some weeks later, Mrs Smith's daughter was remarking on the beauty of such compassion and said that she hoped that domestic would not get into trouble for being so explicitly tacit in her understanding.

Questions:

Why would Mrs Smith's daughter worry about an employee displaying such compassionate humanity?

It is important to be aware of professional boundaries. So can you explain the appropriateness of tacit understanding which allows human contact?

How would you have dealt with Lucy's sadness if you had gone into Mrs Smith's room?

Summary

It is important to note that something as simple as talking through a scenario can provide effective healing to personal fears and challenges. Looking after yourself has an impact on the care that you give.

This resource highlights the importance of understanding spirituality both for staff and those for whom they care. It is important that staff guard against 'burn out' should engaging in holistic care become too challenging for their own values and beliefs. It is important that we are able to recognise when additional support would be of benefit.

Going a little deeper

Since spiritual care is about acknowledging vulnerability as well as encouraging resilience in the face of challenge and change, it is just as important for staff as it is for patients (Spiritual Care Matters 2020) who will then feel respected and valued for their contribution in the care of others. Some of the following evidence underpins this section of spiritual care of ourselves and online course are available on TURAS as well as the Faith in Older People website.

Scottish Care Cameo Spiritual Care is Everyone's business April 2018:

Developing spiritual care is a two-way process of recognising personal ways of coping, understanding individual motivation and strengths, giving staff a keener appreciation to develop this additional sense. Equally our organisations and systems need to acknowledge the importance of spiritual care and how it sustains both cared for and carers. This includes how reflection is included in daily practice, creating a space to consider how the events of the day have made an impact on them, or developing group reflective practice for mutual support. The latter would need careful guidance to ensure that the process is supportive and constructive not critical or dismissive.

Beck I Törnquist A Broström L Edberg A 2012 Having to focus on doing rather than being — Nurse assistants' experience of palliative care in municipal residential care settings International Journal of Nursing Studies 49(4) pp 455–64:

When staff, residents, clients or patients are given permission to speak or listen with knowledge and understanding, there is a palpable change in the atmosphere created by the giving of education and the receiving of learned outcomes. This paper examined the palliative care experiences of nursing assistants in a Swedish nursing home. They noted that these assistants had the shortest education yet the closest contact with older people's death and dying. Recognising that spiritual care was important but was so often overridden by clinical care caused moral and emotional distress. Interestingly the nursing assistants felt that during the last few days of a patients' life it was the relatives that needed their support, similar to their care of the patient, but had limited training in how to meet those needs. This was an emotionally demanding task for which they lacked competence. Dealing with their own emotions, recognition and support of their work appeared to give them strength to carry on, yet they all stated that managers never gave them recognition. The paper concluded that more support was needed to provide learning on death and dying.

Kuven B Giske T 2019 Talking about spiritual matters: First year nursing students' experiences of an assignment on spiritual conversations Nurse Education Today Vol 75 April pp 53-57:

This paper examines the use of spiritual care conversations in practice when nurses can give permission to the client or patient to speak about existential issues, those conversations which go beyond the clinical care. They discovered that most nurses are insufficiently prepared for these conversations.

It was into these issues of unpreparedness that the Scottish Government Spiritual Care Framework spoke, reminding educators, managers and staff of their responsibilities in this area. Here are some statements from the 2023 document:

> 'Spiritual care is everyone's business and is included in the professional standards of many disciplines within the health and social care workforce. All staff have a role to play in ensuring that the spiritual needs of individuals are recognised and met. The extent to which this is part of an individual's practice will vary depending on their role and work context, but it does mean that everyone working across health and social care requires some level of knowledge and understanding of spiritual care'. (p19)

> 'Developing compassionate leadership approaches helps leaders hear and reflect on what staff are telling them and take necessary action to support development and help address challenges. An example of this is the use of regular reflective practice. Leaders trained in VBRP® have reported a positive impact on their ability to engage with staff, deal with highly challenging conversations, support clinical reflection and elicit professional learning without blame'. (p21)

> 'Values Based Reflective Practice: VBRP® aims to help staff stay connected to their own values and beliefs, helping them to thrive at work and learn and grow by sharing their experiences in a safe, structured reflective space. VBRP® uses the principles of reflective practice to support practitioners deliver safe, effective, and person-centred care'. (p13)

During the Aird and O'Neill (2018) research many nurses felt that they did not feel confident about dealing with difficult conversations with patients, but when they did have support and training, they felt much more empowered in their roles. As one nurse commented:

[more education] 'would help the patient to have their needs met. It would increase my confidence particularly at end-of-life situations or when discussing difficult issues when some people do turn to faith. It is difficult to talk about faith but can encompass the wider spiritual care needs.

And another:

'I don't know what I need, but know I need something'.

Scottish Government is meeting this need head on, with recommendations in the Spiritual Care Framework (2023):

Recommendation 11

'The Scottish Government and NHS Education for Scotland should explore with professional bodies how spiritual care can be embedded into standards for workforce education, training and practice'.

Recommendation 12

'NHS Education for Scotland and the Scottish Social Services Council should work with partners, including education providers and service users, to support the development of spiritual care knowledge, skills and understanding across the workforce. This will include enhancing the spiritual care elements with their respective programmes and curricula and promoting access to appropriate educational resources.'

The Scottish Social Services Council **Learning Zone** and NHS Education Scotland's **TURAS Learn** site are online platforms where all health and social care staff can access health, wellbeing and social care tools and learning resources.

Care home staff can select from a wide range of relevant tools and resources developed specifically to meet the education and training needs of those working in the care home environment. These resources support informal learning, specialist training, induction of new staff and the delivery of learning programmes by employers and critically the formal qualifications required for SSSC registration.

KEY POINTS

Key Points:
- Education is key to the confidence needed to deliver spiritual care.
- Debriefing and pastoral care supervision on a regular basis provides a platform for developing the additional sense of spirituality.

Reflective question:
Where in your working life can you see a sense of spirituality being effective or more effective?

Action Point: SAR

Think back to that particular Situation. Can you see a pattern that has developed in dealing with these situations?
What Action would you like to put into place that would change that pattern?

Having put that action in place, look back over the past month and document any Results from that plan.

Recommended Reading:
Scottish Government Spiritual Care National Framework 2023

5.

The importance of Faith and Belief communities

The importance of Faith and Belief communities

In 2021 the World Health Organisation (Winiger and Peng-Keller) conducted a piece of research which examined the history of evolving international links between health and religion over the past fifty years. These links show that right across the world there is a vast religious affiliation between world health and spirituality in all social, cultural and economic settings.

If you wish to read further on this subject and the World Health Assembly that became the turning point for international religion and health linkage **follow this link**

The Scottish Government Spiritual Care Framework states that:

'To date spiritual care services have been delivered primarily within the domain of health boards. In Scotland, specialist spiritual care remains a hospital-based service with limited services in community settings. There is a growing awareness that spiritual care should be provided in wider care settings; ensuring people get the right care, in the right place at the right time'.

Therefore, responding to the religious and cultural needs of patients in care settings is not an option but essential. To do this empathetically and well requires at the very least a basic understanding of the range of different faith communities and their needs, routines and requirements. This range takes in not just religion but also the different communities without faith or belief, making our society the diverse culture that exists within the nation.

The Scottish Government Spiritual Care Framework emphasises the importance of religion and culture as being central to a person's wellbeing as seen in the following recommendation:

Recommendation 10:

'Health and social care providers should engage with local belief communities, to enable dialogue between staff, spiritual care providers and community groups to better understand the needs of different faith communities which could increase understanding and benefit practice'.

Awareness of these needs has been highlighted for many years, but the imperative is to view them in the light of equalities which is aimed at promoting cultural competence and to prevent discriminatory practice. This applies both to patients and to the workforce.

> **'As societies become more diverse, so within healthcare increasing emphasis is rightly being given to the particular needs and requirements of the individual patient - not only in relation to their clinical needs but to their cultural, religious and spiritual needs. For hospitals (and care homes) are places where people struggle to hang on to their individuality amid clinical procedures … Failing to pay proper attention to the individual – for example their dietary needs, whatever their religion or not; how they would like to be addressed increases their sense of loss of control and vulnerability'.**
>
> (Susan Hollins, NHS Healthcare Chaplain in England)

In previous chapters we have discussed definitions of spirituality, but it is also important to view the needs of patients in the wider context of different faiths and cultures.. You do not have to be an expert, but it is important that you know the kind of questions to ask and to whom to refer should someone ask for specific belief or faith support.

Professor John Swinton describes religion:

> **'Religion asks deep questions about the very nature of human beings, their identity and place within the world, the purpose and meaning of human life, and the destiny of humankind. Organised religions are rooted within a particular tradition which engender their own narratives, symbols and doctrines that are used by adherents to interpret and explain their experiences of the world. As such religion provides a powerful world view and specific framework within which people seek to understand, interpret and make sense of themselves, their lives and daily experiences'.**

All religions include an appreciation of something more than this material world and all share the core moral code of the Golden Rule which is **'do unto others as you would have them do to you'**.

Spiritual care is everyone's business but so is understanding the core elements of religion and personal faith. There have been several studies to consider the benefits of spiritual care, religion and faith in relation to improved health. Whilst caution is advised there is a view that the relationship is a positive one and is

supported by the Royal College of Psychiatrists in relation to mental health and by the National Institute for Health and Care Excellence in relation to palliative care. The Nursing and Midwifery Council and the Royal College of Nursing also stress the importance of nursing staff taking the patient's spiritual and religious needs into account in any assessment.

Research shows that using a holistic approach of treating body, mind, and spirit can aid the recovery of a patient.

There are a number of resources available to support health and social care staff consider the religious and cultural needs of individuals in their care. For example NHS Education for Scotland's publication 'A Multi-Faith Resource for Healthcare Staff' sets out important requirements for most faiths.

What you need to consider:

- **Does the person have specific dietary needs**
- **Are there washing and hygiene rituals that need to be known**
- **Are there worship rituals of which you should be aware**
- **The impact of religious beliefs on medication**
- **What about modesty issues**
- **Death customs**
- **Birth customs**

Whilst the focus has been on the health service the same issues pertain to social care whether in residential care or care at home. It is perhaps even more important to recognise these issues in a residential setting, as this is the person's home for some time and the ability to sustain their religious practices adds to their sense of resilience and identity. It is a source of comfort, especially if there is contact with their faith community. Care homes abide by the same equality guidelines and standards.

The over-arching advice is **'when in doubt – ask the person'** as in the helpful booklet used by carers '**What Matters to You?**'

KEY POINTS

Key Points:
- Faith and belief are part of but not wholly the essence of spirituality.
- We have a responsibility to be aware of the multi-faceted faith and no faith panorama of our communities that we serve.

Reflective question:

How has this made you think about your own attitude to different religions and beliefs?

Action Point: SAR

Think of a Situation where religious needs have had or could have an impact on the care you deliver? What Action can you take to ensure that someone's religion or belief is recognised and supported? How does the Result of involving different faith communities' impact on client care?

Recommended Reading:

National Health Education for Scotland A Multi-Faith Resource for Healthcare Staff. NHS Education Resources in relation to Religion and Belief can be found on the NHS Education **TURAS website**

6.

Assessing Spiritual Care Needs

Assessing Spiritual Care Needs

The Scottish Government Spiritual Care Framework recommends that:

> **'Health and social care providers should ensure that spiritual aspects of care are assessed, recorded and regularly reviewed within care plans in all health and care settings and services.'**
>
> (Recommendation 1)

The Scottish Social Services Council Code of Practice states that social care workers must:

> **'maintain clear, accurate and up-to-date records in line with policies and procedures relating to my work'.**
>
> (SSSC March 2024)

And the Nursing and Midwifery Council (2025) states that nurses must:

> **'Keep clear and accurate records relevant to your practice'.**

This practice for Health and Social Care Workers extends not only to clinical recording but to all events, processes or engagements with patients and clients. Spiritual care assessment is a necessary part of recording.

The Spiritual Care Framework stresses that health is inclusive of body, mind and spirit and should be part of any assessment. This requirement is also incorporated into many professional standards. This is not always easy given that staff see individuals in different settings of hospital and social care, and patients and residents present with different backgrounds and different conditions with various clinical or caring responsibilities.

Spiritual care is a sensitive issue. It requires careful listening to elicit the important stories people need to tell. There is perhaps more urgency in an acute setting to ensure that, at the very least, some key elements of someone's spiritual needs are highlighted, in relation to 'what matters to you'. In a residential setting there is perhaps more time that could be devoted to hearing someone's story.

What is clear from research is that assessing spiritual care is not a tick-box exercise but rather a developing

narrative of the things that matter to someone and attentive listening when undertaking caring tasks. It is essential that staff receive training in making a spiritual care assessment to ensure that the subject of the assessment feels safe, and the staff member feels informed and confident.

An example of a conversational narrative emerged from research undertaken by Faith in Older People in a continuing care unit:

One of the nurses told us how individuals felt more able to talk to staff about issues such as death and dying and what would happen to them when they were having a bath or having a quiet time with a staff member. We called it the 'sink moment' or 'sync moment'. It required the attentive listening of the staff member but importantly to record the conversation in the person's spiritual care assessment - what emotion or need had been identified by the individual.

Because there is little understanding of spiritual needs, the assessment forms tend to remain empty or only stating what faith someone comes from. They tend not to include details which provide people with hope or comfort - ranging from what food someone likes or dislikes; what routines are important; how they like to be dressed and so on. Perhaps they wish to pray before having breakfast or put on their lipstick before emerging for the day.

Recording insights into a spiritual care plan is essential. But it is equally important to review that plan on a regular basis and ensure it does not remain static. It may well evolve as a person's circumstances change and their desire to ask questions might increase.

A spiritual care assessment is developed through conversation and exploration in which attention is paid to human experience which is often intangible, but which affect body and soul, belief and faith, suffering and hope and the meaning of life, loss and death.

This video is an example of how a spiritual care assessment could beconducted

Spiritual Assessment in Healthcare

The 2025 NMC competencies for registered nurses expects nurses to **'carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement'**. This can be followed using various tools for assessment.

The use of spiritual care assessment tools can be an aid in offering person centred care to the individual. There is a plethora of tools available for various settings and disciplines.

- The tool FACT (La Rocca-Pitts 2012), **F**aith, **A**vailability, **C**oping and **T**reatment, is used in the acute setting by chaplains and explores five areas of spirituality as present narrative rather than history taking.

- FICA, (1996) **F**aith and belief; **I**mportance; **C**ommunity; **A**ddress in care) on the other hand, is a spiritual history tool developed by Puchalski et al (1996) which can be used in all health care settings. Four themes on a handy card can produce a wealth of information from the patient, setting the scene for individualised care.

- The HOPE questions (Puchalski 1999) develop the spiritual theme within the FICA tool.

Some tools such as the Touro Institute spiritual assessment, essentially a training guide, can only be used for those with a personal belief in God. Power (2006) argues that sensitivity is required when using any form of spiritual assessment tool due to the vulnerability of the patient setting and the relationship that is required prior to asking such intrusive questions. It may be more appropriate for clinical settings to have a choice of tools that can be patient specific (Aird and O'Neill 2018).

Earlier in this chapter it was highlighted that the opportunity to undertake a spiritual care assessment could be different in a care home as a resident was likely to be living there for some time. This could allow the narrative in someone's life to emerge gradually and for more interaction between the person, a key staff member and a family member or friend.

Professor John Swinton and Dr Harriet Mowat developed a project entitled the **'Purple Bicycle'**. Whilst it is intended to provide spiritual support and succour to older people it is a very relevant and imaginative way of engaging appropriate people in a spiritual care assessment.

It comprises 6 steps which most staff in care homes should be familiar with, including listening, life story and reflection.

The Six Steps are:

1. **Building the picture**

2. **Finding an attentive community**

3. **Gathering stories**

4. **Reflecting on stories**

5. **Making a spiritual plan**

6. **Reflecting, reviewing, revisiting**

The engagement of the individual with a key worker and a chosen family member or friend, enhanced the process and enabled the building of relationships and a sense of belonging. To make the process work well attention must be paid to each of the steps outlined above. Careful thought should be given to how best to take these steps in individual circumstances.

The Purple Bicycle workbook was generated by Aberdeen University and is available from Faith in Older People which successfully piloted it with five care homes and one church (director@fiop.org.uk).

Defining Spiritual Distress

Whilst we should spend time identifying what gives meaning and hope to someone, it is also important that we recognise spiritual distress which according to the Hospice and Palliative Nurses Association, is defined as a disruption in a person's belief or value system. The National Palliative Guidelines for Scotland, define spiritual distress as:

> **'the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, nature, or for some, a power greater than oneself.'** (2024)

These guidelines give a very helpful evaluation of signs and symptoms that might be present when experiencing spiritual distress. It reiterates the need to document these signs and gives advice as to how to deal with the situation at the time, or who to refer to in the event of need.

Physical experience is life. When physical experience is challenged, our spiritual selves are also challenged. In a hospice situation, a life-altering illness, death of a close loved one, and financial hardship related to care are some of the challenges pervading our public lives and strike at our spiritual core.

We should be attentive to the warning signs which can include:

- Sadness, anger, despair, anxiety
- Questioning people and institutions, such as clergy, practitioners, helping entities.
- Continuously questioning the meaning of their suffering.
- Asking "Why now?" and "Why me?"
- Expressing a feeling of emptiness, loss of direction, abandonment.
- Acting out of their usual character

KEY POINTS

Key Points:
- Spiritual care assessment requires careful listening.
- Recording insights gained through listening enhances and deepens person-centred care.

Reflective question:

What are the key learning elements in relation to spiritual care assessment?

Action Point: SAR

In what Situation would you be carrying out a spiritual care assessment?

What is the specific Action or tool you would you use to carry out a spiritual care assessment?

How would the Result of that action affect the care of your patient?

Recommended Reading:

Signs and Symptoms of Spiritual Distress. Crossroads Hospice & Palliative Care

Care for spiritual distress (existential crisis). Right Decisions Health Improvement Scotland authored by Mark Evans (2024)

7.

Spiritual Care Resources

Spiritual Care Resources

One of the simplest methods of effective spiritual care is found in the workplace, whether that is out in the community or in a clinical setting. Listening to a personal narrative (Spiritual Care Matters 2021) is a therapeutic activity that involves everyone. As the person assumes control of their own story so the listener can gather information about their life story, providing a backdrop to enable deeper understanding of the present situation and the person's response to their individual circumstances. Learning to listen takes practice and may require a course in listening. VBRP is one resource that is free and available at any time as previously described..

Other resources that are available in clinical settings are listed in the Resource Register. The Health Care Chaplaincies that exist in every Health Board are there for staff as well as clients. It is worth finding out where the Chaplaincy Centre is located and who is on the team.

Local community resources can be found in every village, town and city. They range from Community Centres who run various groups such as Keep Fit for all ages; walking groups; mental health groups; Renew spaces. There are local food hubs which are for a cross section in society and act as places of meeting where people can share their lives. These spaces become beacons of hope, places of safety and sometimes refuge. Some churches have become warm spaces, with coffee shops and Food Larders attached. Libraries and leisure centres are places for brain agility and physical activity, providing hope for the future. Men's Sheds; chess clubs; Evergreen clubs; art groups all provide a similar resource. These bring like-minded people together, who will share a common theme and in so doing prevent isolation and loneliness.

Recognise the fact that these local groups and resources are not just for patients, clients or residents of homes, but also for staff of all grades. In using these resources, you are responding to the needs of your own wellbeing. Check out what is around you and utilise all you can find for the wellbeing of yourself and your clients.

A national Register for Spiritual Care Resources can be found on the following pages, and at this link:

Register for Spiritual Care Resources

Resources in Spiritual Care Education for Health and Social Care workers in Higher Education Institutions in Scotland 2020

The following list of resources available as a spiritual care educational resource (SCE) have been collated following a scoping review on an identified group of HEIs, to ascertain the extent to which spiritual care is a part of the curriculum in nursing.

The following is not by any means an exhaustive list, but the authors hope that it will give an overall picture of what is readily available to module leaders when creating SCE modules or standalone lectures.

Many of the resources can be used in the form of discussion forums, student led awareness groups or information regarding specialist lecturers. Also included are various models of learning which encompass SCE, all of which are in alphabetical order.

Authors: Ruth Aird QGN ONC MSc Ed Maureen O'Neill BA(Hons), DMS
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PLEASE NOTE: Links to external documents and websites can expire if the contents have been removed or moved to another location. If you click a link and it comes up as an error or 'page not found', please just search for the document title using your preferred search engine.

Spiritual Care Education Resource	Information
ASSET (Actioning Spirituality and Spiritual Care Education and Training) model of learning Narayanasamy A 1999 Nurse Education Today 19 (4) pp 274-285	Narayanasamy' s ASSET Model (1999) was developed in response to the need for clearer direction in the delivery of SCE for nurses. It is a standalone module using blended learning applying knowledge and skills in the practical setting. The list of resources which accompany this model are all dated pre 1999, although Narayanasamy' s own work was republished in 2001. Abstract and paper available through Open Athens at: https://www.sciencedirect.com/science/article/abs/pii/S0260691799906378
Biopsychosocial-Spiritual Model of learning Sulmasy, D 2002 The Gerontologist A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life The Gerontologist The Gerontological Society of America Vol. 42, Special Issue III, 24–33	This model is used as a way of approaching a complete understanding of a persons' wholeness. First initiated by George Engel in 1977 and later adopted in 1996 by White, Williams and Greenberg. It was then developed by Sulmasy (2002) into a model of restoration of right relationships within the body. Interestingly his meaning, value and life statements correspond particularly with the pandemic in 2020: Dying raises questions of value, often subsumed under the term dignity; questions of meaning are often subsumed under the word hope. Questions of relationship are often expressed in the need for forgiveness. To take this further: to die believing that one's life and death have been of no value is the ultimate indignity; to die believing that there is no meaning to life, suffering, or death is abject hopelessness. To die alone and unforgiven is utter alienation. Sulmasy examines various ways of assessing spiritual needs, attitudes to stressful life events in order to find those that are best able to facilitate the patient's spiritual healing at the end of life. Complete article available at: https://academic.oup.com/gerontologist/article/42/suppl_3/24/569213

Spiritual Care Education Resource	Information
Conversation Ready	This is a framework for improving End-of-life care and is a white paper enabling healthcare organisations and clinicians to provide respectful end of life care that is concordant with patient stated goals, values, and preferences. The framework is relevant whether you are a leader in a large hospital, a social worker in the community, a doctor in a clinic, or a palliative care nurse in a skilled nursing facility. Further information at: https://www.ihi.org/resources/tools/how-talk-your-patients-about-end-life-care-conversation-ready-toolkit-clinicians
CRUSE Bereavement Care Scotland	An on-line training course Bereavement and Loss for NHS Scotland, commissioned by the Scottish Government Health Directorates, has been undertaken by more than 10,000 NHS Scotland staff and can be made available to other organisations and groups. Grief Awareness Training, helping professionals to raise their knowledge and awareness of bereavement issues, is regularly delivered to a wide variety of audiences, including solicitors, care homes, health, and social care staff. Available at: https://www.crusescotland.org.uk/training/connecting-communities/
Death Café	Inspired by a Swiss sociologist Bernard Crettaz, Jon Underwood was the founder of Death Café, a social franchise and irregular event, now held worldwide, to open up a frank discussion of death over tea and cake. The first café was in London in 2011 from which he and his mother produced a guide to running Death Café. There have been more than 4800 in 51 countries. It is now being used as a teaching model to enable students to discuss the question of death in a secure and safe environment. The students choose their topic for discussion from a 'menu' of starters, mains, and dessert. Tragically Jon died of a brain haemorrhage at the age of 44. For further details: https://deathcafe.com/

Spiritual Care Education Resource	Information
Digital Stories	Engaging students in constructivist learning of which one example can be found at: http://nursingeducation.lww.com/blog.entry.html/2019/04/03/utilizing_digitalst-OShD.html
Eden Alternative Model of learning William T 1999 Life Worth Living: How someone you love can still enjoy life in a nursing home: The Eden alternative in Action	Community living which turns an institution into a home using the paradigm of joy, love, and hope. Spiritual care is not overt, and neither is it named, but it is stamped across the whole philosophy. The foundation of Edenization has been used in some HEIs to teach students how to care, particularly for older people, who are called Elders, not because they are older, but because of the mature and experienced knowledge that they can bring to a community. Those who care for them are in their space at the Elder's invitation, not because the carer should be there. Information found at: https://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy/#:~:text=The%20Eden%20Alternative%20%C2%AE%20focuses,care%20of%20the%20human%20body
Faith in Older People (FiOP) Spiritual Care Matters: online learning	This educational resource is based on and supported by Spiritual Care Matters (NES, 2012). As an eLearning course it has been piloted and well received in Care Homes and is now available to all health and social care workers across Scotland at: https://www.faithinolderpeople.org.uk/ Spiritual Care Matters is an online learning course designed to promote, recognise, respect, and support the spiritual well-being of older people. The course is an introduction to spiritual care, exploring how spiritual care is defined, what it means in practice and why it matters. The course is made up of 5 x 30 minute 'lessons' that you receive in a daily email. Each 'lesson' consists of a short Audio Podcast (this is a mini broadcast), a practical task and some questions to help you reflect on your learning. The course uses Open Badges to recognise learning for ongoing staff development.

Spiritual Care Education Resource	Information
One Step at a Time	Faith in Older People – One Step at a Time: an on-line, interactive training resource for faith communities on dementia and spiritual care. Available to all health and social care workers across Scotland at: https://www.faithinolderpeople.org.uk/
Frouzandeh' s model of learning Frouzandeh, N Aein F Noorian C 2015 Introducing a spiritual care training course and determining its effectiveness on nursing students' self-efficacy in providing spiritual care for the patients Journal of Education and Health Promotion 4 (34) Published online	Frouzandeh (2015) training course was trialled and evaluated in Iran using blended learning which taught nurses how to alleviate spiritual tension in patients. Prior to this model being launched there had been no concept of SCE within the curriculum. The evaluation showed a marked improvement in the confidence of nurses to offer and promote spiritual care amongst patients. Abstract available at: https://www.semanticscholar.org/paper/Introducing-a-spiritual-care-training-course-and-on-Frouzandeh-Aein/76e3d4049c484dc16cc09869c3dbd561b66936ed
Huunuu Cards	A series of cards that create big conversations in three easy steps: Talk; Plan; Share. Used by some HEIs as a resource for discussion groups. https://www.huunuu.com/
Janki foundation based in the UK	Free mobile App offers meditations as 'antidote' for stressed healthcare professionals and carers. Called Happidote. Module 7: Spirituality in healthcare Exploring spirituality and healing / Spiritual care in practice. https://www.jankifoundation.org/

Spiritual Care Education Resource	Information
NHS Spiritual Care Teams	NHS Boards in Scotland have spiritual care training programmes, developed in response to requests for training from various disciplines and units and provided by the chaplaincy teams. Some provide this in conjunction with HEI's. Examples of training are as follows: a) Medicine of the Elderly – 'Spirituality at the End of Life' Continuing Professional Practice Development – The Final Act of Care – 'Spiritual and Religious Care – Multi-Cultural and Religious Diversity Issues' b) Foundation In Critical Care – 'Spirituality in the ICU Setting' c) Palliative Care – 'Spirituality in Palliative Care' d) Weekly staff induction – face to face introduction to the Spiritual care team for all new NHS staff e) Paediatric nursing staff – mandatory updates: Spiritual Care in situations of loss and bereavement f) Paediatric health care support workers – mandatory update: Spiritual Care in situations of loss and bereavement g) The Spiritual care team can act as professional supervisors for a range of student placements: medical students; nursing students. The Spiritual care team can facilitate group staff support and debrief sessions at the invitation of medical and nursing staff in particularly complex or traumatic cases. The team can offer one to one support for staff e.g. after complex and challenging cases, following personal bereavement or the death of a close colleague. All these are subject to availability in the different health boards in Scotland. You should contact your local health board for further information.

Spiritual Care Education Resource	Information
McSherry Dr W Making Sense of Spirituality in End of Life Care 2015	A report for Staffordshire University with power point presentation. It points to the importance of 'educational preparedness' and the need for a comprehensive and holistic assessment which includes spirituality. It includes a helpful spiritual taxonomy and a spiritual assessment acronym. It concludes with a recognition that while many health professionals already possess the skills to undertake spiritual care, the knowledge needs to be refined and purposeful. Ppt available at: https://www.slideserve.com/silver/the-challenges-of-teaching-spirituality-in-palliative-care-powerpoint-ppt-presentation#google_vignette
McTaggart I Munro G Rogerson E Martingdale L 2012 Learning about Spiritual Care: It Matters! Journal of Healthcare Chaplaincy 15 (1)	A small e-learning unit (GLIDER™) aimed at all healthcare workers who have contact with patients and their families was developed in partnership with the University of Dundee and NHS Tayside, supported by NHS Greater Glasgow and Clyde, funded by NHS Education Scotland. GLIDER: provided by the Council of Deans of Health, was delivered over 6-8 weeks in the first year of pre-reg course with four key elements: 1. Spiritual Care Matters Document 2. Reality practice-based scenarios 3. Online discussion boards based on a film. 4. Interactive element linking theory and practice The GLIDER™ has now been refined and used as part of the undergraduate nursing programme at the University of Dundee whilst currently being considered for inclusion in both the medical and dental school undergraduate programmes as part of the university's commitment to interprofessional learning. Further information at: https://councilofdeans.org.uk/case-study/spiritual-care-matters-e-learning-unit/

Spiritual Care Education Resource	Information
NHS Education for Scotland (NES) Host for: Values Based Reflective Practice	Spiritual Care is person centred care which seeks to help people (re)discover hope, resilience, and inner strength in times of illness, injury, transition, and loss. Values Based Reflective Practice, otherwise known as VBRP®, is a model which has been developed by NHS Scotland to help staff deliver the care they came into the service to provide. It does this by promoting regular inter-disciplinary group reflection through using community space which aims to provide: •Information and a source of support to those trained in facilitating VBRP® sessions •Advice for those wishing to find out more about VBRP® and signposts to local information •Information for managers considering utilising the principles of VBRP® within their organisation. VBRP® can be used by anyone working in health and social care and is applicable across all disciplines and professional groups. VBRP® uses the principles of reflective practice to enable practitioners to understand and recognise their personal and professional value and by doing so supports them in delivering safe, effective, and person-centred care. Further information at: https://learn.nes.nhs.scot/21027/person-centred-care-zone/spiritual-care-and-healthcare-chaplaincy/values-based-reflective-practice

Spiritual Care Education Resource	Information
NHS Education for Scotland (NES) Host for: Community Chaplaincy Listening Service	The Community Chaplaincy Listening service, through active listening, seeks to build resilience and enhance wellbeing; allowing individuals to tell their story in the presence of those who have particular spiritual expertise. Healthcare Chaplains help individuals to explore questions and seek meaning in their story as they try to deal with life and its transitions. The Listeners do not have the answers but take seriously the questions people are asking and can often help the individual 'hear' what they are saying themselves. This enables people to discover their own way forward which offers the potential for transformation and change - thereby supporting positive self-management and promoting wellbeing. Contact for further details: https://volunteer.scot/organisations/0011p00002gSDRKAA4/community-listening-service

Spiritual Care Education Resource	Information
NHS Education for Scotland (NES) Host for: Religion and Belief Matter: An information resource for all Healthcare Staff	Written in 2008 for the purpose of raising awareness and provide links between religion, spirituality, and health. The vulnerability of people when they are ill should be protected by those who care for them, who in turn require understanding and knowledge in all areas of physical, mental, and spiritual aspects. This resource covers: What are religious needs and what is the link between religion and health? Why respond to them and who responds and what is the evidence base for responding? What Health boards can do and what is the relevant legislation? Available at: https://www.nes.scot.nhs.uk/media/bxoddw5x/religionandbelief.pdf
NHS Education for Scotland (NES) Host for: A Multi-Faith Resource for Healthcare Staff	Produced for NHS Scotland, this resource describes and discusses all the main faith and belief groups in Scotland. It shows the religious and cultural diversity of six million people and was developed to underpin the guidelines for the spiritual care policy of patients within the NHS. It covers all the following areas: Introduction • Attitudes to healthcare staff and illness • Religious practices • Diet • Fasting • Washing and toilet • Ideas of modesty and dress • Death customs • Birth customs • Family planning • Blood transfusions, transplants, and organ donation. Available at: https://www.nes.scot.nhs.uk/media/ay4je0io/multi-faith-resource-for-healthcare-staff.pdf

Spiritual Care Education Resource	Information
NHS Education for Scotland (NES) Host for: Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff 2021	Seminal work on Spiritual Care resources in Scotland (2012) which visits all the topics concerning the question why spiritual care is necessary and important. Can be used in tandem with the multi-faith resource manual as it underpins the definition of spiritual care and the robust research that accompanies the rationale for education and delivery in the NHS. Gives message to educators and methods of learning such as narrative and reflection. Complete document to be found at: https://www.nes.scot.nhs.uk/media/xzadagnc/spiritual-care-matters-an-introductory-resource-for-all-nhsscotland-staff.pdf
NHS Education for Scotland (NES) Host for: Compassionate Connections Programme	An educational resource that combines stories and learning guides providing a rich panorama of people living real lives. Visual aids, learning sessions and lesson plans are all available for both health and social care students and post registration CPD. Resources are free for those who become part of the community of the knowledge network. Available at: http://www.knowledge.scot.nhs.uk/compassion.aspx
Nolan, M Professor Sheffield University Relationship Centred Theories	Prof Nolan has been working on the value of relationships between people which are the fundamental basis of care. Although this is born out of gerontology he feels that it is transferable across the ages. A framework of learning and vimeo is available at: https://core.ac.uk/download/pdf/99946.pdf

Spiritual Care Education Resource	Information
Norwegian Partnership model of learning Strand K Carlesen L Tveit B 2016 Nursing students' spiritual talks with patients – evaluation of a partnership learning programme in clinical practice Journal of Clinical Nursing 26 pp1878-1886	Developed by Strand et al (2016) this model was a mixture of didactic teaching and reflective groups particularly addressing questions of an existential nature raised by patients that nurses could not answer. After evaluation, this study concluded that the learning model had the potential to increase nurses confidence in delivering spiritual care by being able to answer questions of life. For abstract and institutional login: https://onlinelibrary.wiley.com/doi/10.1111/jocn.13497
Palliative Care model of learning Best M Leget C Goodhead A Paal P 2020 BMC Palliative Care 19 (9) An EAPC (European Association for Palliative Care) white paper on multi-disciplinary education for spiritual care in palliative care	This model addresses spiritual care in an end of life setting. It was a reworking of Gamondi et al (2012) model of SCE which developed modules as standalone or incorporated into existing modules. Multi-disciplinary learning led by a Chaplain with facilitated self-reflection blended with an understanding of spiritual care and the tools required for spiritual assessment. For pdf: https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-019-0508-4
Patient Voices	Using reflective digital storytelling to unearth first person stories that use compelling and motivational insight driving organisational change, growth, and success. Available at: https://www.patientvoices.org.uk/
RCN Domains and competencies for Advanced Practitioner's (2018)	Spiritual Competencies are listed from 7.9 – 7.14 in its document. While this is not a model in itself it does list six areas of SC which makes the presumption that an advanced nurse practitioner is able to assess spirituality for a patient in their care and then provide respectful and appropriate information to fulfil a patient's needs. Competency framework available at: http://aape.org.uk/wp-content/uploads/2015/02/RCN-ANP-guidance-document-2008.pdf

Spiritual Care Education Resource	Information
Roper Logan Tierney model of nursing Williams, B 2015 The Roper-Logan-Tierney model of nursing: A framework to complement the nursing process Nursing 45 (3) pp24-26	A practice centred theoretical model grounded in realism and accessibility. In 1929 Jean Piaget advanced developmental theory in psychology, underlying it with the philosophy of pragmatism. Roper, Logan, and Tierney used Piaget's theory to formulate a model of nursing now widely used. It was Roper (Edinburgh University) who first devised a model to answer the question 'What is nursing?' during the 1970s. Logan refined the model with Tierney and the results were published in 1980 as The Elements of Nursing. Over the years this has been further refined in line with current thinking to facilitate teaching and learning, patient assessment and care planning. Abstract with institutional access: https://journals.lww.com/nursing/Citation/2015/03000/The_Roper_Logan_Tierney_model_of_nursing__A.9.aspx
RCN (2011) Spirituality and nursing care: a pocket guide. RCN, London	Written by Professor Linda Ross this is a helpful pocket booklet that illustrates the need for on the go knowledge of SC. Available at: http://www.elament.org.uk accessed October 2020
Ross Competency Framework Attard J Ross L Weeks K 2019 Design and development of a spiritual care competency framework for pre-registration nurses and midwives: A modified Delphi study Nurse Education in Practice Vol 39 pp.96-104	This framework details 54 competencies for spiritual care and the development of this into a framework for learning. Seven spiritual care domains were evaluated positively in Malta and subsequently trialled in 19 countries. It is able to transcend through all modules as a threaded approach rather than the standalone module. Pdf download available at: https://www.researchgate.net/publication/335067035_Design_and_development_of_a_spiritual_care_competency_framework_for_pre-registration_nurses_and_midwives_A_modified_Delphi_study

Spiritual Care Education Resource	Information
Reed's Spiritual Perspective Scale 1987 Reed P 1987 Spirituality and well-being in terminally ill hospitalised Adults Research in Nursing and Health 10 (5) pp335-344	Spiritual Perspective Scale (SPS; Reed 1987): a 10-item self-report scale of the saliency of spiritual beliefs and behaviours in many different aspects of the participant's life; 6-point Likert scale format; the scale was developed primarily for assessing the elderly, in a nursing context, but gave an ability to meet patient spiritual needs. Article available through institutional login: https://onlinelibrary.wiley.com/doi/epdf/10.1002/nur.4770100507
SAGE and THYME Developed by Manchester University NHS Foundation Trust 2018	SAGE & THYME is a mnemonic that acts as an aid memoire for a structured conversation with a person in distress or with concerns. 'SAGE' gets the user into the conversation and 'THYME' gets them out. This is a structured spiritual care resource enabling the healthcare worker to assess the situation quickly and with empathy. It is based on the evidence behind effective communication skills: Setting – Ask – Gather – Empathy – Talk - Help - You – Me – End. The SAGE & THYME foundation level workshop is taught to 30 participants in 3 hours using three trained SAGE & THYME facilitators, using group work, a presentation and conversation rehearsals. Available at: http://www.sageandthymetraining.org.uk/sage-thyme-model-and-benefits-1
Spiritual Care Competencies for Chaplains (2020) UK Board of Healthcare Chaplains	This details a Higher Education programme for healthcare chaplains across the UK. Four domains describe expectations of a registered healthcare chaplain focusing on spirituality and spiritual care, assuming that any religious needs will be met in the context of appropriate spiritual care. This has been included as it broadly follows the spiritual conceptual framework expected of nurses in training and could be helpful when discussing SCE. https://www.ukbhc.org.uk/for-employers/standards-competencies/

Spiritual Care Education Resource	Information
Spiritual Transition model of learning Warrender D MacPherson S 2018 Making Sense: Death, dying and mental health Palliative Care within Mental Health: Ethical Practice Ch 23 pp324-337	Shows how mental distress may move through five stages before once again living a meaningful life. It discusses denial, social disengagement, and the subject of social death, when a person is viewed as less socially valuable, compared with biological death. The five key components of Spirituality: meaning; value; transcendence; connecting; becoming are modelled as the driver for nursing care, individually or corporately. Article available for full download at: https://rgu-repository.worktribe.com/output/249221/making-sense-death-dying-and-mental-health
Spiritual Well Being Scale Paloutzian R and Ellison Bufford R 2002 Journal of psychology and theology 19(1) pp56-70	A scale used in psychology to determine the spiritual well-being of a person which has translated well into the nursing situation. Spiritual Well-Being Scale (SWB; Ellison 1983): developed as a general indicator of the subjective state of well-being, the SWB provides an overall measure of the perceived spiritual quality of life in two senses: religious and existential. It consists of 20 items on a 7-point Likert scale, with two subscales. Article available for full download at: https://www.researchgate.net/publication/232527349_The_Spiritual_Well-Being_Scale
Nurse Spiritual Care therapeutics Scale Taylor E Mamier I 2015 Western Journal of Nursing Research Vol 37 (5) pp 679-694	An instrument to assess spiritual care by nurses. This paper assesses the use of such spiritual care instruments and others. Full article available for download at: https://journals.sagepub.com/doi/10.1177/0193945914530191
Talking About Spirituality in Health Care Practice White G (2006) Published by Jessica Kingsley	Jessica Kingsley publishes a range of books on spiritual care

Spiritual Care Education Resource	Information
Ten Essential Shared Capabilities for Mental Health Practice: Learning Materials (Scotland) 2011 National Health Education for Scotland	Para 2.3 Religion, belief, and spiritual care short discussion and then an activity following which relates to mental health and sexual orientation. The resource gives good guidance on mental health and wellbeing and is used by most HEIs in Scotland. Available at: https://www.elament.org.uk/media/1207/10_essential_shared_capabilities__2011_version_.pdf
What Matters to You?	A resource from NES and Scottish Government that has been individualised to each area in Scotland. It asks the questions of individuals in order to assess and understand the person centred care that matters to an individual. Available at: https://www.whatmatterstoyou.scot/
Wit (Film)	This film by Mike Nichols starring Emma Thomson studies the end-of-life journey of an academic diagnosed with stage 4 Ovarian Cancer. The English Professor, who has unwittingly studied John Donne for the whole of her life, draws on his approach to death to enable her to cope with the painful extent of her existence which is essentially in chosen isolation. The final scene shows the absolute compassion of a single visitor and professional relationship from a nurse. It is deep and profound, requiring reflective discussion.

KEY POINTS

Key Points:

- There are many resources available for spiritual care in whatever area you are working.
- Be aware of the accessible resources that exist in your community.

Action Point: SAR

In your Situation can you identify a chaplain or NHS Spiritual Care Team to speak with about their role?

Can you identify the Action you would take if a patient asked you a 'difficult to answer' question?

How can you adapt your learning from this resource into Results in your place of work?

8.

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Bibliography and resource library

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- Faith in Older People: Scottish Voluntary organisation. This resource is built on the research undertaken in care homes; continuing care units; Scottish Universities and Further Education Colleges in relation to the understanding of spiritual care and its inclusion in the training curriculum for health and social care staff.

- NHS Education for Scotland

- Stakeholders particularly Professor Austyn Snowden's team from Edinburgh Napier University also including all those who agreed to be filmed in conversation.

- Video commentators:

  Caroline Dean   Scottish Care
  Geri Douglas Scott   Registered Healthcare Chaplain and Celebrant
  Lorraine Allan   Educator and Registered Healthcare Chaplain
  Sarah Rhynas   Edinburgh University Lecturer in School of Nursing
  Gordon Strang   Registered Healthcare Chaplain

Authors

Ruth Aird Registered General Nurse MSc in Higher Education
Maureen O'Neill OBE; BA (Hons); DMS; Faith in Older People
Ian Noble MSc, DipSw; Editor and Learning Resource layout design

Annex: Policy Frameworks

Scottish Government Spiritual Care Framework and Delivery Plan 2023:
Discovering meaning, purpose, hope through person centred spiritual care: National Framework

This document sets out a framework for understanding and enabling people through times of crisis and ongoing challenges in their lives. It gives permission to health and social care workers to engage with all peoples of faith and no faith, at the ground root of their worries, anxieties and existential questions which often arise in times of life changing events. The document also, crucially, enables educationalists to create their own framework of spiritual care education which is appropriate for their student platforms. Embedded within this framework is the recognition that staff support, particularly in terms of education, is essential for the delivery of spiritual care.

Published in 2023 the National Framework has a number of recommendations specific to a national understanding on spiritual care education:

Recommendation 12. NHS Education for Scotland and the Scottish Social Services Council should work with partners, including education providers, the third sector and service users, to support the development of spiritual care knowledge, skills and understanding across the workforce. This will include enhancing the spiritual care elements within their respective programmes and curricula and promoting access to appropriate educational resources.

Recommendation 15. As the content of the National Induction Framework continues to be developed by Scottish Social Services Council and NHS Education for Scotland, learning and guidance on spiritual care should be included, to support social care workers to be equipped and confident to provide spiritual care in their new roles.

To read full document follow this link: **https://www.gov.scot/publications/discovering-meaning-purpose-hope-through-person-centred-well-being-spiritual-care-national-framework/**

Scottish Government Volunteering Action Plan 2022

> **'Volunteering brings enormous benefits and enjoyment, increasing social and civil participation, empowering communities, and reducing loneliness and isolation. It can also improve mental and physical health, supporting the development of job and life skills, and fostering a greater sense of belonging.'**
> Shona Robinson Cabinet Secretary for Social Justice, Housing and Local Government (April 2022).

Spiritual care for volunteers comes in the form of resilience (p13) and community learning (p16) where learning is critical to achieving. While spiritual care is not explicit and there is no mention of faith groups which do form a large section of volunteering in our communities, it does underpin the learning required for volunteers to be able to carry out their duties.

To read full document go to **https://www.gov.scot/publications/scotlands-volunteering-action-plan/**

Cancer Strategy for Scotland 2023-2033 Scottish Government

This framework works through eleven ambitions, two of which are directed at a sustainable and skilled workforce (no 6), and person- centred care for all (no 7). The first ambition will ensure that all staff are appropriately trained and given maximum support for mental health and well-being. The second ambition encompasses dignity and respect, while maintaining individuals through carefully listening to the things that matter most to people. This will enable and support people in making decisions, ensuring that people can undertake actions to help them.

To read full document **https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/**

Scottish Government Health and Social Care Standards March 2022:

Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles: dignity and respect; compassion; inclusiveness; responsive care; support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated (p3). The standard that holds closest to spiritual care is compassion. This enables carers to understand the sensitivity required to care for others; to accept each other whatever the needs. Support should also be given to discuss significant changes in a person's life which includes death or dying or life changing circumstances.

This is a very helpful document in giving permission to carers to speak into a situation with sensitivity and also enables educators to plan learning accordingly.
To read full document **https://www.gov.scot/publications/health-social-care-standards-support-life/**

RETURN TO SECTION 3

Scottish Government My Health, My Care, My Home – Healthcare framework for adults living in care homes June 2022

This document sets out a framework for adult care in homes and has the six principles of Realistic Medicine at its heart (p6). Realistic Medicine practises honesty and truth for the patient, relatives and staff which result in values- based healthcare, ensuring that unnecessary or unwanted tests or treatment do not take place. The requirements of those living in care homes go beyond physical health, and include social, psychological and spiritual care needs (p8) as indicated in the wheel of wellbeing diagram:

The Wheel of wellbeing diagram in the text shows that people have a range of health and wellbeing needs that extend across relationships with family and friends. These include psychological and social needs, in addition to environmental needs and basic biological needs.

Fundamental to health and wellbeing is the need to engage with meaningful activities such as emotional and spiritual needs which is greatly influenced by the local environment, the community living in the care home, carers, families and friends (p12).

Psychological wellbeing and spiritual support:
Upholding people's psychological wellbeing and connections to a spiritual life are fundamental principles of person-centred care. Knowing 'what makes life worth living' and facilitating support for everyone's right to live according to their beliefs and fulfil their emotional, psychological and spiritual needs start from confident conversations with the person and those close to them. Their wishes should be reflected and upheld and regularly reviewed via their plan. Cognitive stimulation and connections with the wider community can be significant in maintaining a spiritual life, family and intergenerational connections or a passion for music as a vital starting point.

This document points out the importance of regular psychological and spiritual assessment, as beliefs, needs and care changes over time. The health and wellbeing of the workforce is of equal importance to that of those living in care homes. The needs of staff should be addressed, and they should feel supported as they deal with difficult and traumatic experiences. The range of supports put in place in Lanarkshire are captured in this recent **video** by the Lanarkshire Care Home Wellbeing Group.

To read full document **https://www.gov.scot/publications/health-care-home-healthcare-framework-adults-living-care-homes/**

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Scottish Government National Workforce Strategy for Health and Social Care in Scotland 2022

This Workforce Strategy sets out a national framework to achieve the Governments vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do (p2). A workforce development programme delivered by NHS Education for Scotland (NES) aims to increase capacity and capability to provide psychological therapies and interventions for the Health and Social Care workforce. This programme includes national and local delivery of training and supervision in psychological therapy and interventions.

Nurture and action require improved training and support for staff at all levels, an inclusive culture where staff feel comfortable disclosing personal information ensuring there is a clear reporting process so any incidents of discrimination or violence and aggression, regardless of protected characteristics, is dealt with appropriately (p59). There is a short-term action with ongoing development and evaluation of a National Wellbeing Programme that seeks to support the mental health and wellbeing of the Health and Social Care workforce (p68).

To read full documents follow this link: **https://www.gov.scot/publications/national-workforce-strategy-health-social-care/**

Scottish Government: Recovering our Connections 2023-2026 The National Social Isolation and Loneliness plan Published 2023

Following on from the Scottish Household Survey in 2020 (p7) Scottish Government developed four strategic priorities for action:
1.   To empower communities and build shared ownership
2.   To foster positive attitudes and tackle stigma
3.   To create opportunities for people to connect
4.   To support an infrastructure that fosters connection.

This document highlights the need for spiritual care amongst the general population. By this we mean the care that embraces kindness to humanity, compassion, love, generosity of spirit as well as practical help. But it is important to balance statistics with people's expectation of their lives which will differ according to culture, background, approach to life.

Intergenerational dialogue has a vital role in ensuring that different generations talk to each other to tackle the shared challenges of exclusion and isolation (p19). The three areas that the government has identified would also be seen in the faith communities:

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Befriending can open up a range of activities and lead to increased self-esteem and self-confidence.

Volunteering is known to create a positive impact in tackling SIAL for both the volunteers and the communities they serve.

Physical activity has substantial mental as well as physical health benefits, providing opportunities for social interaction, and can help older adults to maintain mobility and self-sufficiency for longer (p20).

To read full document **https://www.gov.scot/publications/recovering-connections-2023-2026/**

Scottish Government Mental Health and Wellbeing Delivery Plan 2023-2027 Published 2023

Some of the improved outcomes that the Scottish Government wishes to see include:

- Improved quality of life for people with mental health conditions, free from stigma and discrimination.
- Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.
- A diverse, skilled, supported and sustainable workforce across all sectors.

The Inequality Action table (Appendix 1) cites religion, belief and faith as one of the groups impacted by inequality. The Spiritual Care Framework from Scottish Government has been cited in this delivery plan to show the important contribution that faith communities can play in engaging with different groups.

To read more follow this link: **https://www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025/**

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Health Improvement Scotland Standards of Care for Older People with Frailty (2024)

These standards were written by Health Improvement Scotland to improve care for older people living with frailty receiving health and social care. It gives standards for both living and dying well in all areas of physical and mental health as well as those who are actively involved in caring. In the UK the chronological marker for older age is 65, although biologically this may be reassessed. The organisations that adhere to these standards will be ensuring that older people will have all the care and support they need to enjoy their lives.

Standards 8 and 11 specifically address person centred care within which should sit spiritual care and action.

Standard 8: This should enable people to take part in meaningful and stimulating activities allowing them to be respected and valued. Open and compassionate conversations enable people to deal with questions about the future, death and dying.

Standard 11: When in hospital, older people living with frailty receive safe, effective, person-centred care.

To read more follow this link: **https://www.healthcareimprovementscotland.scot/publications/ageing-and-frailty-standards/**

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