

SPIRITUAL CARE IN NHSSCOTLAND

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Context

The Scottish Executive Health Department has issued guidance requesting that spiritual care policies be developed by the NHS to ensure that responsive and sensitive services are available for patients, relatives and carers.

Background

The Patient's Charter (1991) set out a universal standard of care and respect to be adopted by all NHS staff. It states that all patients can expect NHS staff to acknowledge their spiritual needs and aspirations and be sensitive to the wide variation in values and cultural backgrounds of their patients. In support of this, the NHS is expected to make every effort to provide for the spiritual needs of patients and staff.

The Health Department has become aware of the growing body of research and opinion which highlights the importance of managing spiritual distress and recognising the spiritual needs of both staff and patients in the NHS.

Until recently, spiritual care has been seen as something provided by the chaplain or appropriate minister, mainly to patients, and spirituality has been seen as a predominantly religious issue. However, spirituality is now taking on a broader definition that alludes to the well-being of the carer and cared for, encompassing the intangibility of the soul and spirit as well as the tangibility of the body. At a time when an increasing number of people have no formal links with organised religious bodies, yet claim a personal faith and interest in spiritual matters, it falls increasingly to chaplains to give spiritual care.

It is worth noting that, against a background of a shorter patient stay in hospital and a decreasing number of long-stay patients, the number of whole-time chaplains/spiritual caregivers has increased in recent years. This reflects recognition that the NHS must provide holistic care for its patients – physical, mental, social and spiritual. Spiritual needs encompass hope, inner peace, a need to be valued, help to cope with fears and anxieties and to finding meaning in illness.

A number of initiatives have been designed to better focus support for the spiritual needs of patients and NHS staff. Briefly, these involve:

- funding a national Healthcare Chaplaincy Training and Development Unit to provide chaplaincy/spiritual care training on a more systematic basis
- rolling out pilot work being undertaken by the University of Dundee and others on a programme of education in spiritual issues for healthcare workers
- funding research into the impact of spiritual care on the health and well-being of patients, carers and staff

With the support of a multi-faith spiritual care in the NHS Steering Group, comprehensive guidance has been developed to assist the NHS in considering the spiritual requirements of staff, patients and their carers and a policy on the provision of spiritual care will be prepared by all NHS Boards and Trusts. HDL(2002)76 was issued on 28 October 2002. This guidance was developed in recognition of the importance of spiritual well-being in the delivery of patient-focused care.

A national conference was held on spiritual care in the NHS in November 2001 and smaller scale events have taken place throughout Scotland by the Healthcare Chaplaincy Training and Development Unit. The Department is funding

research into the value of spiritual care in health and social care and a training programme for NHS staff that require support in the delivery of spiritual care. For further information please contact Rev Chris Levison at chris.levison@chaplains.co.uk or 0141 201 5392 or Laura Ross at laura.ross@scotland.gsi.gov.uk or 0131 244 2378.

SCOTTISH EXECUTIVE NHS HDL (2002) 76

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Dear Colleague

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Summary

1. This letter accompanies guidance which requires NHS organisations to develop and implement spiritual care policies that are tailored to the needs of the local population.

Background

2. The Report of a Working Group on Spiritual Care in the NHS was issued for consultation in Summer 2001 and was discussed at the NHS Scotland Spirituality in Health and Community Care Conference of November 2001. This Guidance is based on that Report and was the subject of further consultation with key stakeholders during the spring and summer of this year.

Action

5. Chief Executives of NHS Boards are required to develop and implement a spiritual care policy for their Board area that complies with this guidance. This policy should be submitted to Miss Laura Ross (at the address below) by 30 May 2003.

6. Chief Executives of NHS Trusts are required to develop and implement a local plan for a spiritual care service that complies with the overarching Board policy. This plan should be submitted to Miss Laura Ross by 30 September 2003.

7. Local progress in adopting the final guidelines will be assessed on the Scottish Executive Health Department's behalf by the Healthcare Chaplaincy Training and Development Unit. Assessment will be carried out on the basis of relative progress made by organisations.

Yours sincerely
Anne Jarvie
Chief Nursing Officer
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