

Spiritual Care Training for Front Line Workers in Long Term Care

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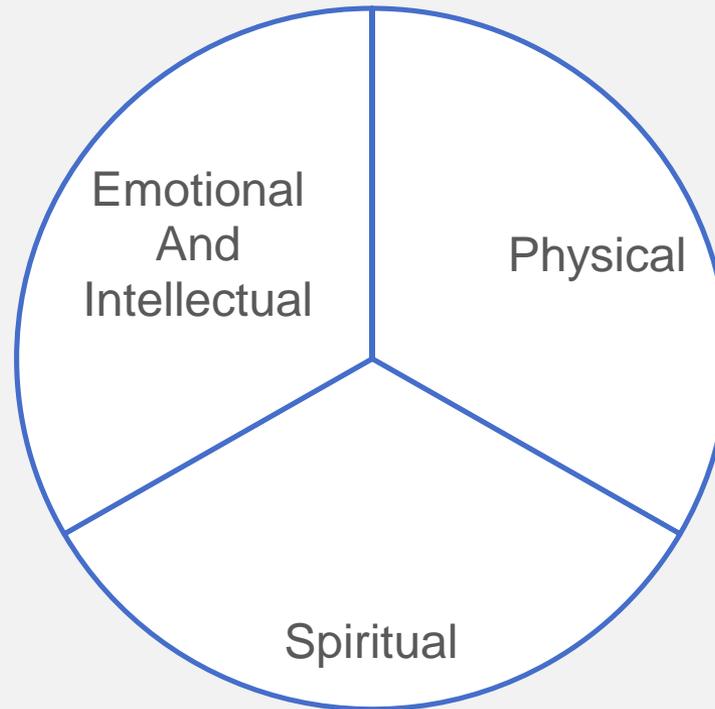
Palliative Care in Long Term Care

1. Focus of palliative care is changing
2. Goal is for people to die in their own homes, if at all possible
3. Long Term Care Homes are deemed a person's home
4. Importance of Front Line Workers (including Personal Support Workers) in providing spiritual care

Relationships between Residents and Staff

- Front Line Workers provide 80% of the direct care of residents in long term care
- Front Line Workers may have daily or weekly contact with the resident's family members, friends and significant others
- Research indicates that residents and Front Line Workers develop a bond that they describe as being “family” like

Holistic Health Model



Change in Spiritual Care Needs When Death is Near

- Impending confrontations with death may prompt a person to engage in spiritual reflection
- Spiritual care is regarded as very important for many terminally ill patients
- Growing separation of the concepts of spirituality and religion

Religion

“is more about systems, a social institution that is joined or organized by individuals who share the same beliefs, traditions and rituals.”

- Is characterized in many ways by its boundaries

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Spirituality

“ May be used by those who wish to move beyond institutional religions, and can be defined as a personal search for meaning and purpose in life, which may or may not be related to religion”

- there is difficulty in defining its boundaries

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Spirituality

- Embedded in everyday life
- Plays out in daily interactions and used as a daily support
- Seen in the manner in which physical care was provided
 - Kindness, empathy, compassion, respect, sensitivity, comfort, warm acceptance and gentleness, treating a stranger like family
 - Could involve partnership with residents, sharing decisions, offering choice and support, respect for the dignity uniqueness and nobility of human life

Spirituality

- Seen as building trusting, intimate, meaningful healthcare giver-patient relationships
 - Therapeutic and healing
 - Should extend to family and friends
 - Could involve facilitating connections to community and social supports
 - Being present
 - Journeying with
 - Physical proximity, touch or simply just sitting with, holding the resident's hand
 - Listening to stories
 - Genuine desire to understand

Spirituality

- Studies have shown that palliative residents have similar needs and desires as they face the end of their lives.
- Sharing stories
 - Meaning of their lives
- Expressing Gratitude
 - For their lives, family members etc.
- Relationships
 - With self and others
 - With nature and music
 - With God, a higher being, something 'other'

Relationship with Self (for the resident)

1. To feel, and have affirmed, some sense of control over decisions and daily activities
 - Sense of self-worth
 - Values, wholeness and understanding
 - Self-acceptance and peace

Relationships with Others

1. To experience meaningful relationships
 - Companionship
 - Ability to give and receive love
 - Sense of being able to contribute to others

Relationship with Nature and Music

1. Being in touch with beauty of nature
2. Music can be uplifting and create inner peace

Relationship with God or a Higher Being

1. Feeling protected or safe
2. Feeling comforted and peaceful
3. Feeling less lonely or anxious

Possible Interventions

RESIDENT

1. Encourage story telling – Life Review
2. Touch
3. Music or Snoezelen® Room
4. Reading – poetry, meditations, prayers
5. Pictures
6. Ritual
7. Conversation
8. Writing letters to family/friends
9. Recording feelings
10. Hospice Northwest Volunteers
11. Community Supports

Possible Interventions

SELF

1. Awareness of your own loss history
2. Awareness of your own belief system
3. Awareness of what brings you comfort
 - Nature
 - Exercise
 - Meditation
 - Music
 - Reading
 - Ritual
 - Friends
 - Counsellor

Possible Interventions

TEAM

1. Monthly support sessions
2. Sympathy Cards
3. Memorial Services
4. Debriefing as needed
5. Ritual (ie. Blessing of a Room)

Possible Interventions

Family / Friends

1. Pamphlets (Examples)

- Food for Thought
- Someone You Love Is Dying
- Easing the Pain
- Miles to Go
- Information to Help You In Your Grief

2. Books

- Final Gifts
- The Next Place
- Heaven Is Real
- Parting

3. Memory Books

4. Ritual

5. Stories

Conversation Aids

1. Who is the most important person in your life?
2. What is the most important event you remember?
3. What is your most memorable experience?
4. What are you grateful for, and why?
5. Who or what makes you feel happy or at peace. Why?
6. How do you want to be remembered?
7. How do you express emotions like love, fear, anger?
8. Where or when do you experience peace in your life?
(nature/family, etc.)
9. What brings you comfort when you are in pain or afraid?
10. From what source do you draw strength in order to cope?

Questions for further thought...

1. What is my scope of practice in providing spiritual care?
2. How do I know when to contact a spiritual care specialist?
3. How, where and when do I document spiritual care activities?
4. Other?

References

- Edwards, et al., *Palliative Medicine, The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: a meta-study of qualitative research*, <http://pmj.sagepub.com/>, July 2010

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