

Supporting the spiritual care needs of those who are nearing the end of life

Key points for health and social care staff during the Coronavirus (COVID-19) pandemic

This guidance is designed to help health and social care staff meet the spiritual care needs of people who are approaching the end of life during the COVID-19 pandemic. It cannot provide detailed information on every belief community; rather it outlines key points and principles, and signposts to where you can find more specific information as required.



Spiritual Care

- + Spiritual care is a core aspect of holistic, person-centred care and should be available to everyone regardless of their views or background in an equal and fair way. Spirituality means different things to different people. It can, but does not always, include one's personal beliefs or religious faith. It can also include attitudes and values.
- + Restrictions put in place due to COVID-19 may prevent families, representatives of the belief communities or local chaplains from offering usual forms of spiritual support to those who are sick or dying. This might cause people to find themselves without their usual networks and hence they may find it more challenging to engage in practices or rituals aligned to their beliefs.
- + Not knowing what to say, or the fear of saying the wrong thing, could lead health or social care professionals to avoid conversations about spiritual care altogether. However, asking some simple questions about a person's beliefs and wishes can provide comfort not only to the person who is dying, but also those who are close to them. Failure to acknowledge such needs may contribute to a person's sense of isolation and distress. It can also be upsetting for families, and can add to their grief, if they feel that their relative's spiritual care needs were not met.

How can you support someone's spiritual care needs?

- + As a health and social care professional, the communication, compassion and empathy skills you already use on a day-to-day basis to give physical and emotional care can be used to support someone regarding their spiritual care.
- + Everyone's spiritual care needs are different, so ask the person you are caring for what is important to them and what you can do to help. If a person cannot communicate with you themselves, ask their family or those closest to them. Use interpreting services where necessary and practical.
- + Don't make assumptions about what you think a person's views, beliefs or wishes will be; even people from within the same faith group may have different perspectives.



What could you say?

- + Knowing where to start with a conversation about spiritual care can be a bit daunting. Questions like these may be useful:
 - ▶ “What matters to you?” or
 - ▶ “Are there any belief or cultural requirements which are important to you and that we should be aware of?”
- + Various practical tools also exist that can help regarding questions you could ask.
- + When talking about spiritual care needs, the person’s views and beliefs may well be different from your own. However, that does not need to be a barrier to you supporting them.
- + Actively listen to what the person wants to say in a non-judgemental way, and don’t dismiss any concerns they may have.



Two examples of practical tools are FICA¹ and HOPE²

- F Faith, Belief, Meaning
 - I Importance and Influence
 - C Community
 - A Address in care
- and
- H Sources of hope, meaning, comfort, strength, peace, love and connection
 - O Organized religion
 - P Personal spirituality and practices
 - E Effects on medical care and end-of-life issues

Some examples of questions in the HOPE tool are:

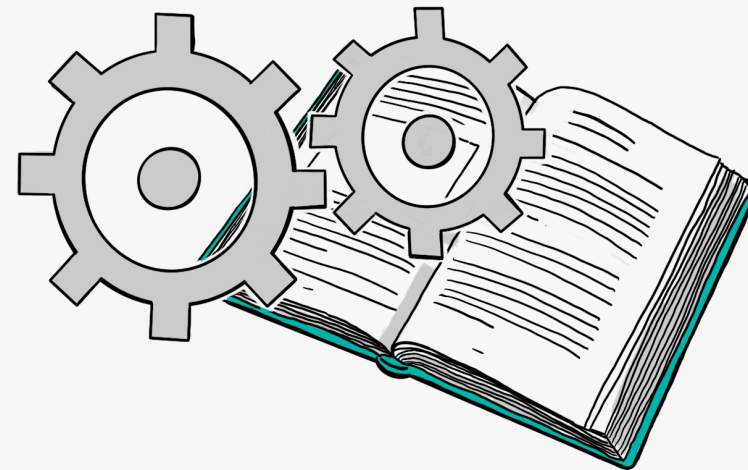
- ▶ “What are your sources of hope, strength, comfort and peace?”
- ▶ “What do you hold on to during difficult times?”
- ▶ “Are there any specific practices or restrictions I should know about in providing your medical care?”

Rituals and practices around the time of death

- + There may be particular cultural traditions or faith rituals and practices that are important to people at end of life or to families around the time of a death. Try to establish what these are and explore different, new or creative ways to fulfil them within the constraints of the COVID-19 pandemic.
- + If there are limitations on what can be achieved, acknowledge that this may be upsetting for the person who is dying, their family and you as a health or social care professional. Be open and honest about how current circumstances are affecting the way things would usually be done.
- + In light of COVID-19 restrictions, some faiths have developed alternative rituals and prayers that can be used and read aloud to people who are sick or dying. Use video or telephone calls to facilitate rituals and the reading of prayers with families or faith leaders where this is possible. Alternatively, some health and social care staff may themselves feel comfortable to read these to people who are dying.

Where can you get additional help and support?

- + Consider contacting your organisation's spiritual care lead or healthcare chaplain who are part of the wider healthcare team. Each Health Board and hospice in Scotland provides a spiritual care service staffed by healthcare chaplains.
- + Even if they aren't able to attend in person, they can be a source of advice, guidance and support for you, the person who is dying and their family. They can also help to put you in touch with other spiritual care leaders in the community.
- + The COVID-19 pandemic may impact your own spiritual and emotional wellbeing; it is important to take care of your own spiritual needs in whatever way is most meaningful for you.





In summary

Everyone's spiritual care needs are different. Restrictions due to the COVID-19 pandemic may make supporting these more challenging. However, evidence shows³ that meeting spiritual care needs has a positive impact on outcomes, so balancing all aspects of care and trying to find time and ways to enquire about people's spiritual wellbeing is important.

Where families are bereaved, knowing that those close to them have had their spiritual care wishes considered and supported as much as possible before they die can give comfort.

Further Resources



NHS Education for Scotland: A Multi-faith Resource for Healthcare Staff | <https://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf.pdf>



NHS Education for Scotland's Support around Death website | <http://www.sad.scot.nhs.uk/atafter-death/faith-spirituality-and-cultural-considerations/>



Marie Curie website - Information on providing spiritual care | <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/individual-needs/spirituality-end-life>

References



¹ Borneman, T., Ferrell, B. and Puchalski, C., 2010. Evaluation of the FICA Tool for Spiritual Assessment. *Journal of Pain and Symptom Management*, 40(2), pp.163-173 | <https://www.sciencedirect.com/science/article/pii/S0885392410003258>



² Anandarajah, G. and Hight, E., 2001. Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment. *Am Fam Physician*, 63(1), pp.81-89 | <https://www.aafp.org/afp/2001/0101/p81.html>



³ Religion and Belief Matter - An Information Resource for Healthcare Staff | <https://www.nes.scot.nhs.uk/media/3722/religionandbelief.pdf>