

Spiritual Care and the crisis of values

Prof. Wilf McSherry

Professor in Dignity of Care for Older People

Objectives

- Demonstrate that spirituality and dignity are altruistic and humanistic aspects of the person central to nursing and health care practice
- Highlight that dignity and spirituality are central to identity – an individual's own personal values and beliefs
- Reinforce that these concepts are fundamental aspects of caring and compassionate nursing/healthcare, integral to the concept of holistic practice

Debate in context

- “Eighty percent of respondents reported that, overall, they were “always” treated with respect and dignity while they were in hospital, up from 79% in 2011. There was a corresponding decrease in the proportion who said this was “sometimes” the case from 18% in 2011 to 17% in 2012. Three percent said they did not feel they were treated with respect and dignity.
- Over three quarters of respondents (76%) said that they “always” had confidence and trust in the nurses treating them, an improvement from 74% in 2011. There had been a corresponding decrease in the proportion who respond “sometimes” (22% in 2011 and 20% in 2012) or “no” (4% in 2011 and 3% in 2012).

The National summary of the results for the 2012 Inpatients survey
(http://www.cqc.org.uk/sites/default/files/media/documents/20130411_ip12_national_summary_final_0.pdf)

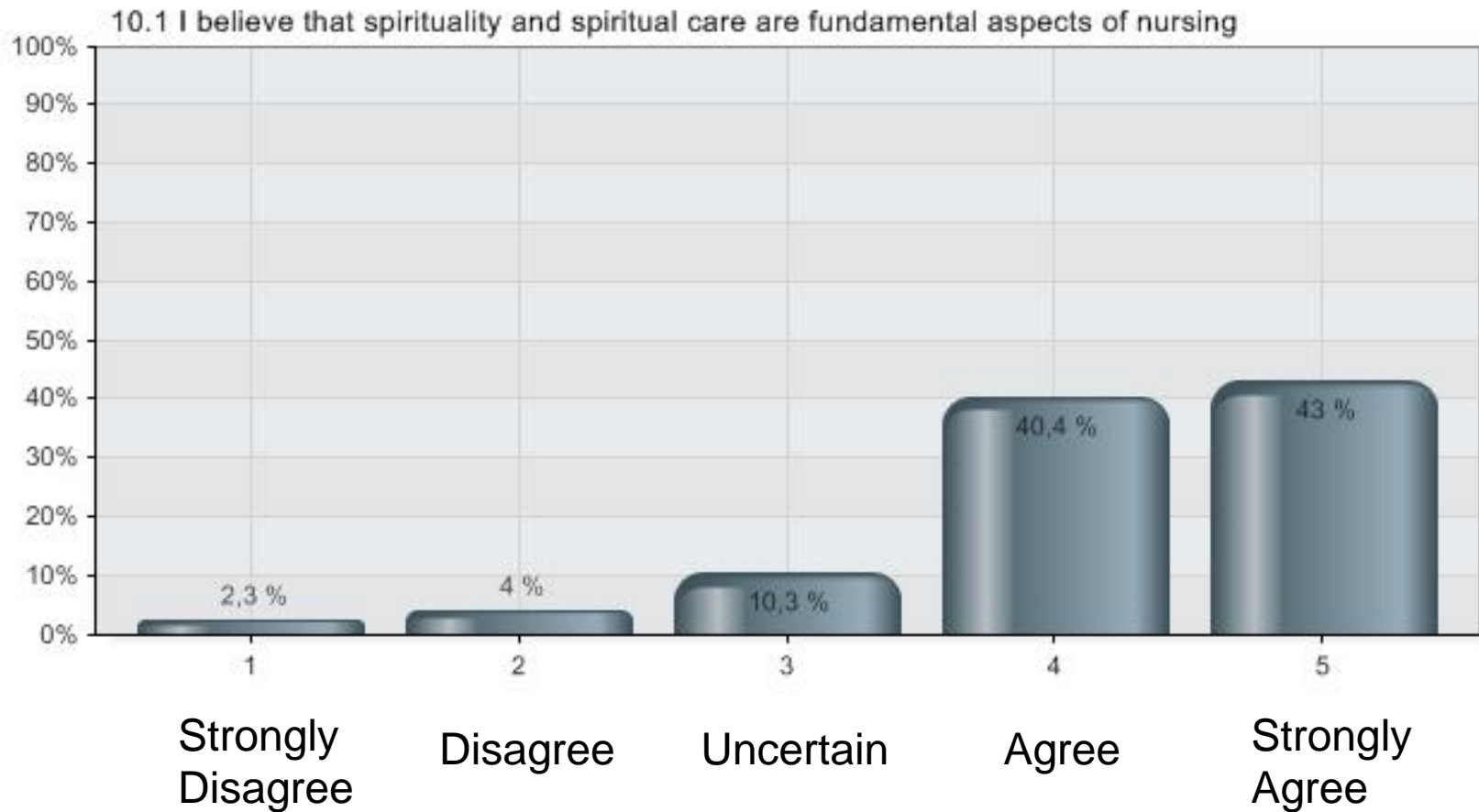
Response

- 4054 respondents
- Approximately 1.0% of RCN membership
- Members from all 3 countries (Scotland, Northern Ireland, Wales) participated
- All 9 English regions involved
- Biggest response to the survey South East 17.0%

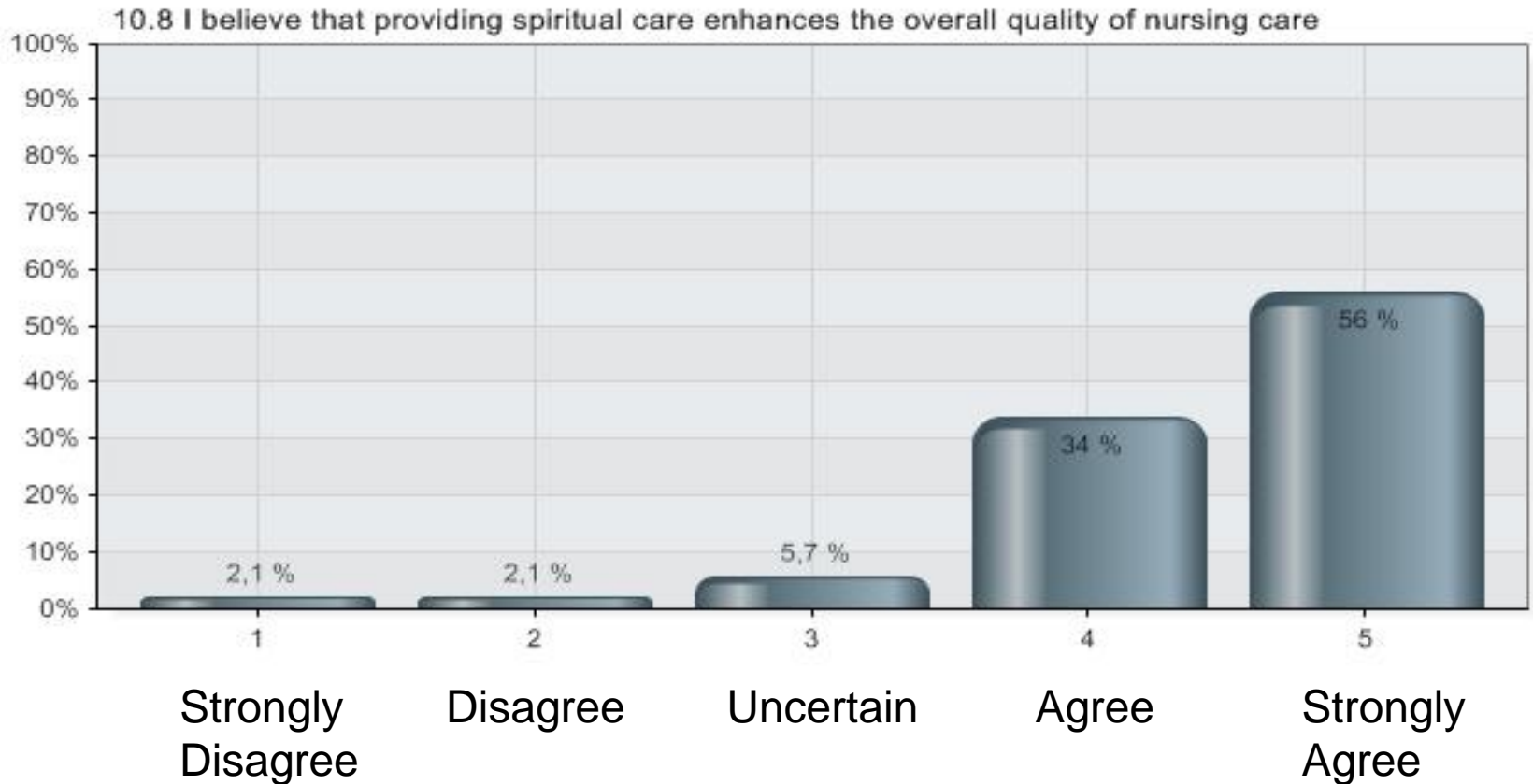
Demographic profile

- 41% respondents from NHS hospitals
- All health sectors included
- 25.4% Staff nurses
- Only 0.3% HCA/HCSW
- 0.9% students
- All main specialities/branches of nursing represented
- Age range - < 20 years - > 60 years represented largest age groups
40 – 59 years 74% of all respondents
- Males 12% and females 88%
- 92.1% identified themselves as White and 4.3% of respondents classified themselves against National Census Criteria – 3.1% not stated

Spirituality and nursing



Spirituality and quality of care



A scenario

- Question to consider as I am reading:
- Piles, C. 1990
Providing spiritual care Nurse Educator
15 (1) 36 – 41
- What is the model of care evident in the scenario?

Medical Model?



TRAUMA NURSING CARE MANIKIN, Clinical Training Model, medical model ,anatomical model
<http://susan0540.en.hisupplier.com/product-291775-TRAUMA-NURSING-CARE-MANIKIN-Clinical-Training-Model-medical-model-anatomical-model.html>

Frequently used terms in health care

- Individualized care
- Holistic care
- Spiritual care
- Dignity in care
- Person-centred care
- Integrated care

Introduction to the Dignity Government Initiatives

- ❑ Dignity in Care Campaign aims to **stimulate a national debate** around dignity in care and create a care system where there is zero tolerance of abuse and disrespect of older people. (*Launched in November 2006*)
- ❑ It is led by **Government in partnership with many organizations.**
- ❑ Lays out the **national expectations** of what a care service that respects dignity should value.
- ❑ Introduced **Dignity Champions** Scheme.
- ❑ Focuses on ten **Dignity Challenges.**

10 Dignity Challenges (Summary)

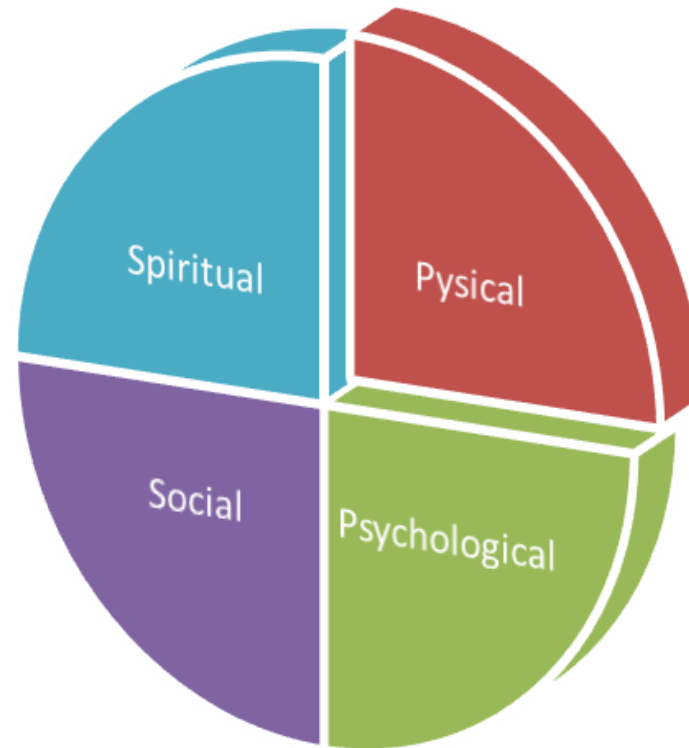
Abuse	Have a zero tolerance of all forms of abuse.
Respect	Support people with same respect you would want for yourself or a member of your family.
Privacy	Respect people's right to privacy.
Autonomy	Maintain the maximum possible level of independence, choice and control.
Person-centered Care	Treat each person as an individual by offering a personalised service.
Self-esteem	Assist people to maintain confidence and a positive self-esteem.
Loneliness & Isolation	Act to alleviate people's loneliness and isolation.
Communication	Listen and support people to express their needs and wants.
Complaints	Ensure people feel able to complain without fear of retribution.
Care Partners	Engage with family members and carers as care partners.

Fenton's and Mitchell's definition (2002 p 21)

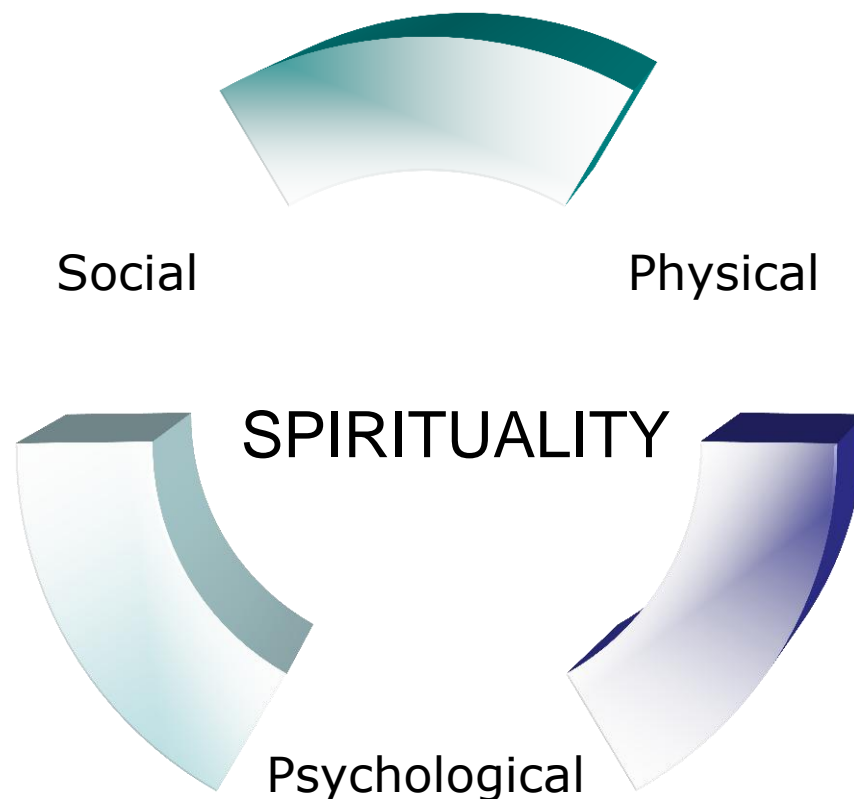
“Dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care.”

Fenton, E, Mitchell, T. (2002) Growing old with dignity: a concept analysis
Nursing Older People 14 (2) 16 - 21

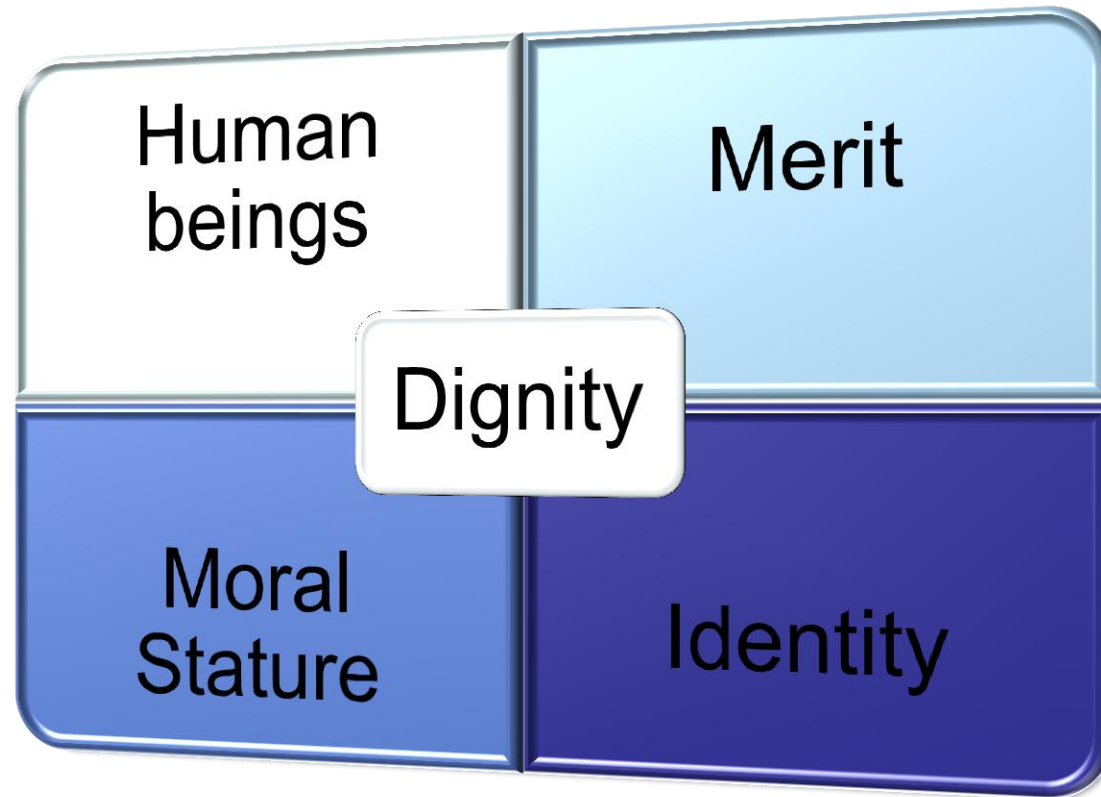
Standard representation of holistic care



Spiritual and dignity preserving nursing care

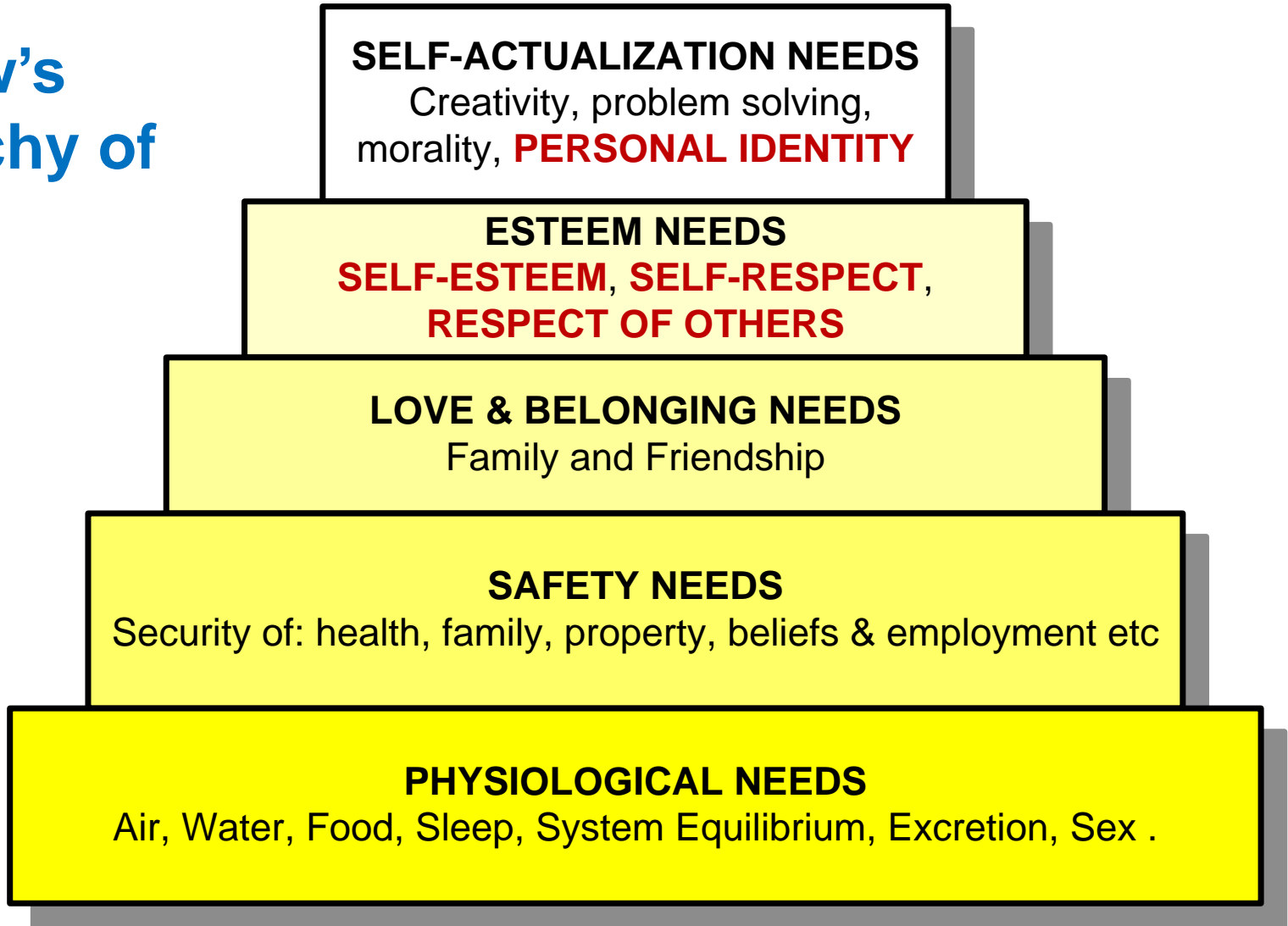


Model of Dignity – Adapted from Dignity and Older Europeans (2004)

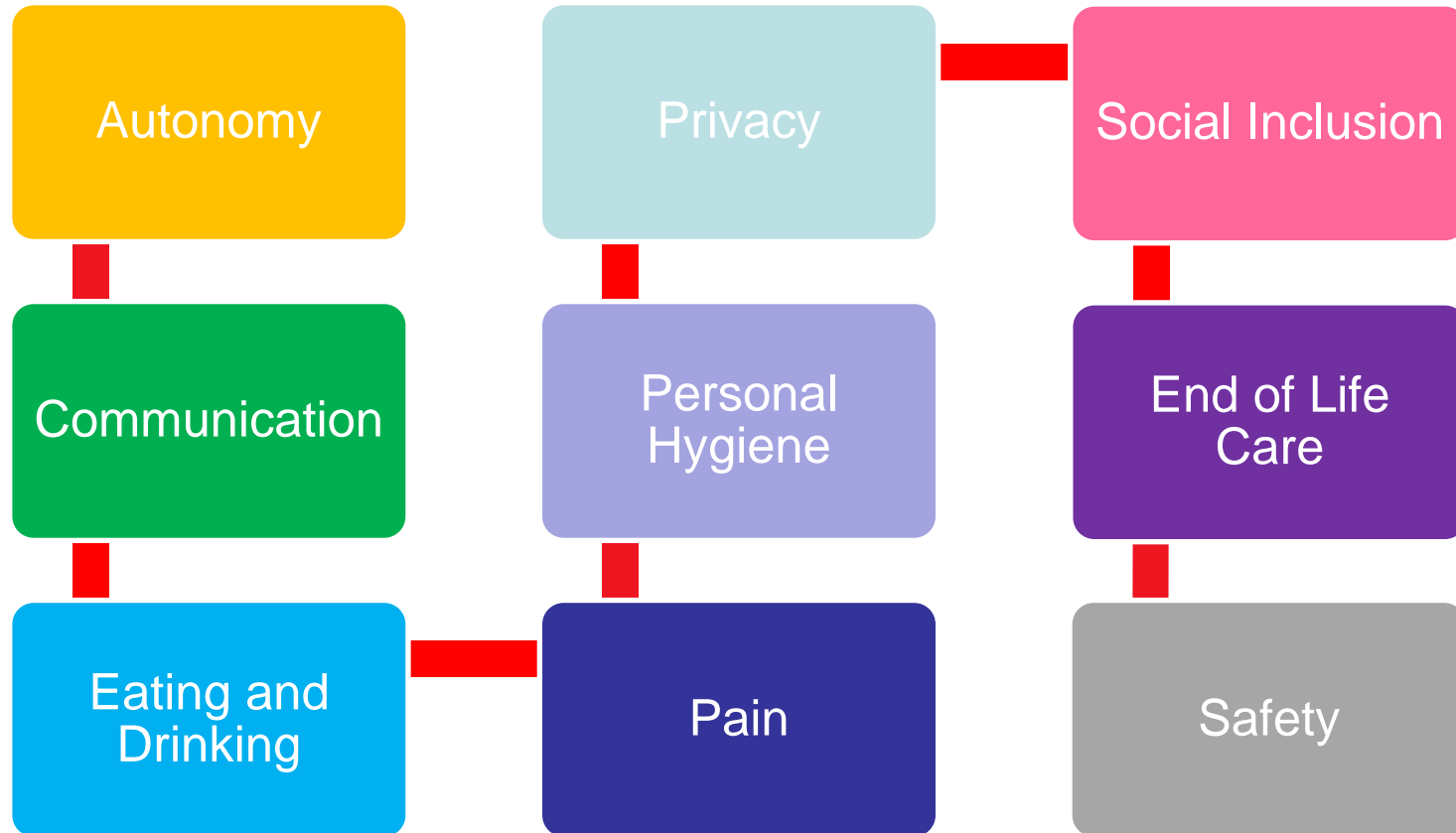


Older Peoples' Personal Needs

Maslow's Hierarchy of Needs



Dignity Domains



Dignity in Care Indicator Tool



The Shrewsbury and Telford Hospital



NHS Trust

McSherry (2009) Definition of Spirituality

Spirituality is universal, deeply personal and individual; it goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.

McSherry, W. Smith, J (2012 p 118) Spiritual Care In McSherry, W., McSherry, R., Watson, R. (Eds) (2012) Care in Nursing Principles values and skills Oxford University Press, Oxford

RCN (2010) Spirituality is about:

- Hope and strength
- Trust
- Meaning and purpose
- Forgiveness
- Belief and faith in self, others and for some this includes a belief in a deity/higher power
- Peoples values
- Love and relationships
- Morality
- Creativity and self expression

“We get treatment in the
hospital and care in the
hospice”

Treatment

Scientific

Proficient

Technical Competence

Detached

Robotic

Cold

Care

Warm

Time

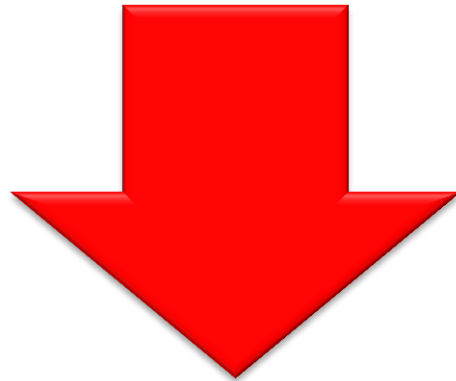
Presence

Valued

Accepted

Recognise the person

Hard and Soft Nurse



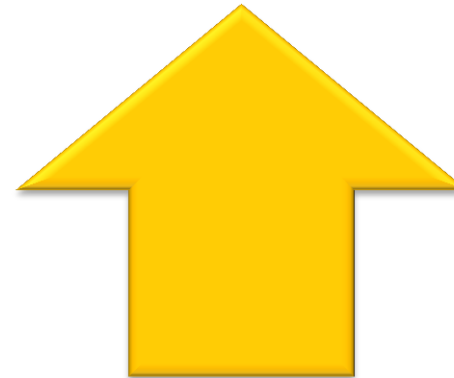
Hard

- Proficient
- Technical Competence
- Detached
- Robotic
- Cold

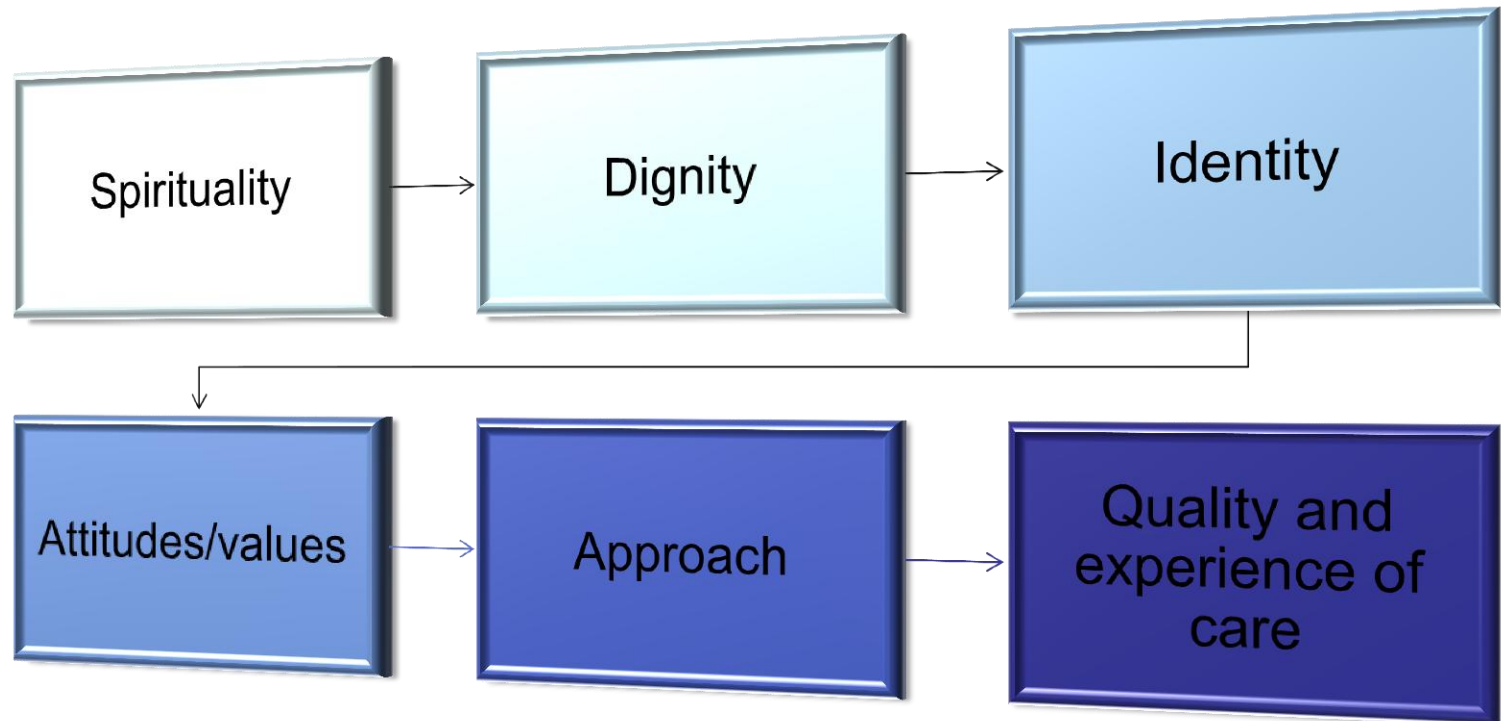


Soft

- Warm
- Time
- Presence
- Valued
- Accepted
- Recognise the person



Relational model

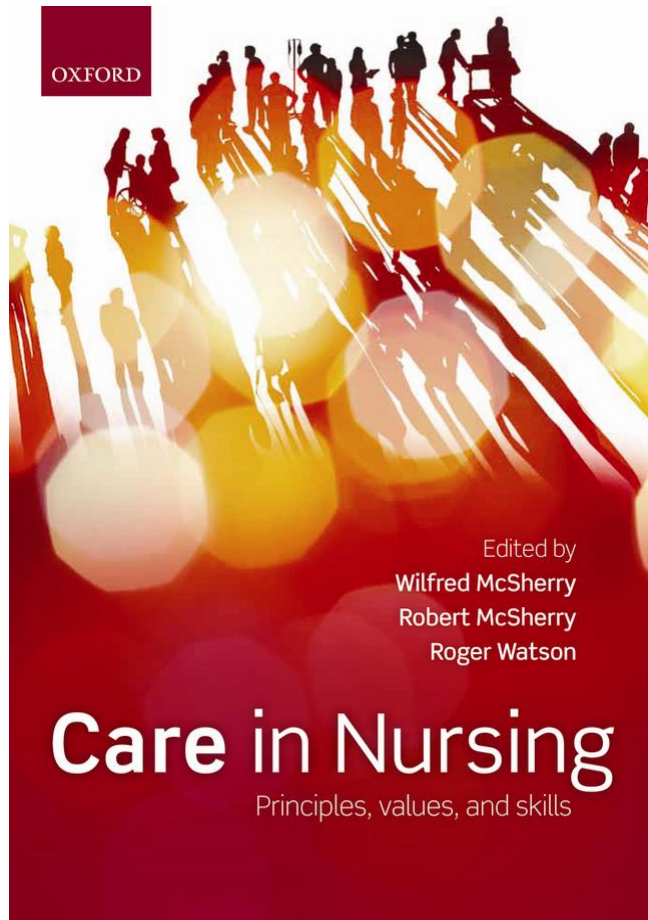


Conclusion

- Continue in our drive to re-establish and safeguard, our core values and principles of caring
- Spirituality and dignity remind us to focus our attention on the individual – the person, not the medical condition or treatment
- Institutions and organisations and indeed wider society must value the contribution of our health and social care workforce
- There must be a open, honest and transparent culture where integrity, honesty and sensitivity flourish

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