



Otago Spotlight Series
Cancer Research

Psycho-social-spiritual dimensions of care

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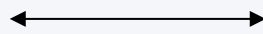
Dunedin School of Medicine

Outline

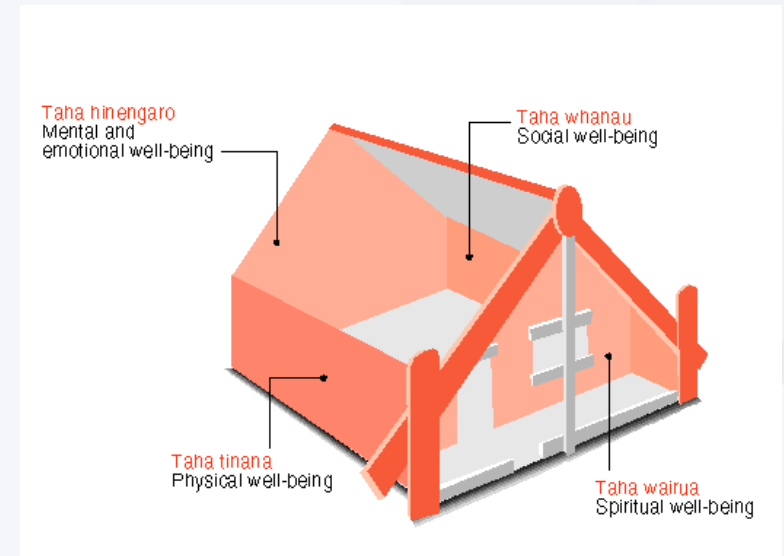
- The bio-psycho-social-spiritual model
- Spirituality in cancer care
 - What is it?
 - Latest evidence?
 - The zeitgeist?
 - So what?

Our model of health & healthcare matters

bio-reductionist

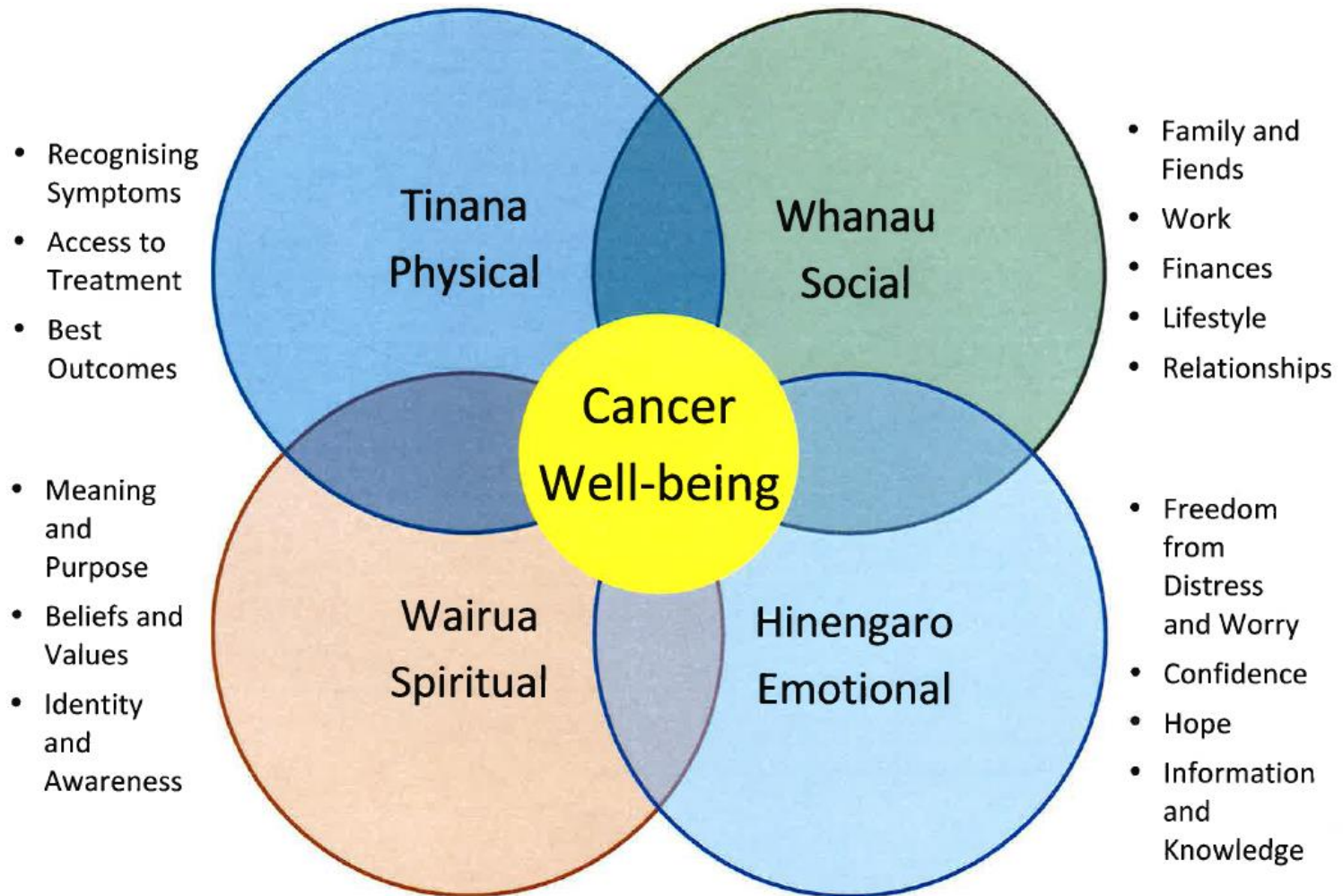


bio-psycho-social-spiritual



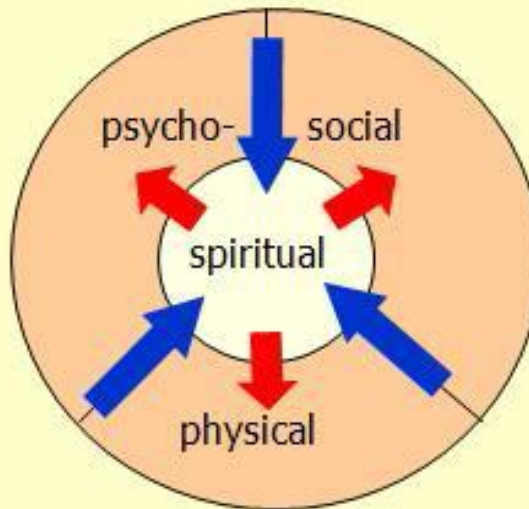
Whole person principle and approaches – holism, Total Care, Te Whare Tapa Wha, Fono Fale etc.

Cancer Society NZ Supportive Care Model



Netherlands oncology guidelines

The position of spirituality



Hospice / Palliative Care model

- Palliative care services:
 - ***integrates physical (tinana), social (whānau), emotional (hinengaro) and spiritual (wairua) aspects of care to help the dying person and their family/whānau attain an acceptable quality of life.*** (NZPC Strategy 2001)
- Hospice mandate includes spiritual care (Saunders 1968, WHO 2002).

Spirituality in cancer care

- What is it?
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What is spirituality?

Map of the terrain.

Spirituality means different things to different people. It may include (a search for):

- one's ultimate beliefs and values;
- a sense of meaning and purpose in life;
- a sense of connectedness;
- identity and awareness;
- and for some people, religion.

It may be understood at an individual or population level.



Egan, R., R. MacLeod, C. Jaye, R. McGee, J. Baxter and P. Herbison (2011). "What is spirituality? Evidence from a New Zealand hospice study." *Mortality* 16(4): 307-324.

What is spirituality?

Map of the terrain

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”

Puchalski, C. M., R. Vitillo, S. K. Hull and N. Reller (2014). "Improving the spiritual dimension of whole person care: Reaching national and international consensus." Journal of palliative medicine **17**(6): 642-656. p.5

Spirituality in cancer care

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Reasonable evidence

Met [In 2015] the results confirm that R/S is significantly though modestly associated with patient reported mental, physical, and social health. Park et al., 2015. p. 5

measures." Salsman et al., 2015. p.2

Well over a hundred measures of R/S have been used in research, and many have poor or unestablished psychometric properties. Salsman et al., 2015. p.3

These results underscore the importance of attending to patients' religious and spiritual needs as part of comprehensive cancer care. Jim et al., 2015. p. 1

Some local spirituality studies – building evidence

- Spirituality in New Zealand hospice cancer care*
- Psycho-social-spiritual supportive care in cancer*
- Spirituality in ODHB oncology ward
- Spirituality in medical education*
- Spirituality in aged residential care
- Renal specialists & spirituality*
- Spirituality and dementia study*
- Spiritual care professional development project*
- Spiritual care in cancer care across 16 countries
- Spirituality in NZ nursing care
- Spirituality in the Salvation Army Bridge Programme
- Funding applications in...

Māori aged 15 years and over, Southern DHB/NZ, 2013

	Southern DHB				New Zealand		
	Estimated number	%	(95% CI)		%	(95% CI)	
Importance of spirituality							
Very / quite	11,000	37.5	(31.0,	44.1)	48.7	(47.4,	49.9)
Somewhat	4,500	15.7	(11.2,	20.2)	17.0	(16.0,	18.0)
A little / not at all	14,000	46.8	(39.8,	53.8)	34.3	(33.1,	35.5)

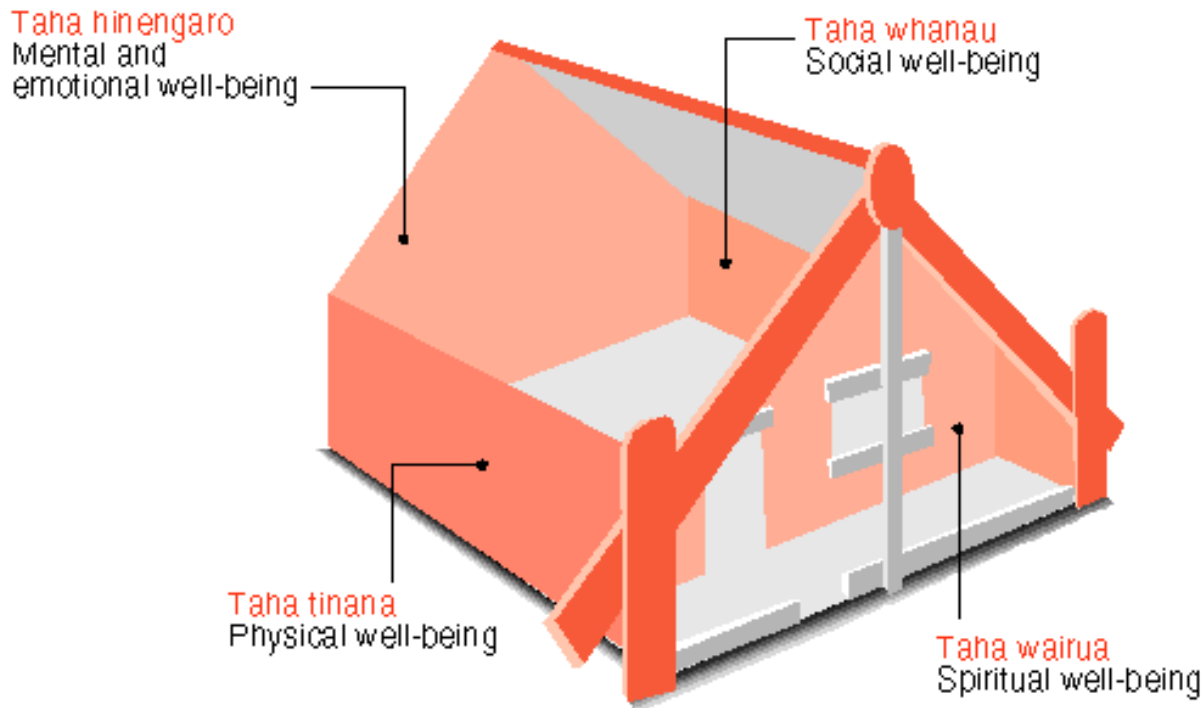
“Spirituality was very, quite, or somewhat important to just over half of Southern Māori (53%).”

Robson B, Purdie G, Simmonds S, Waa A, Rameka R, Brownlee G. 2015. *Southern District Health Board Māori Health Profile 2015*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. p.5

Spirituality in cancer care

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Spirituality in healthcare: Māori contribution



Spirituality in healthcare: Māori Contribution

“Taha wairua is generally felt by Māori to be the most essential requirement for health”. (Durie, 1999)

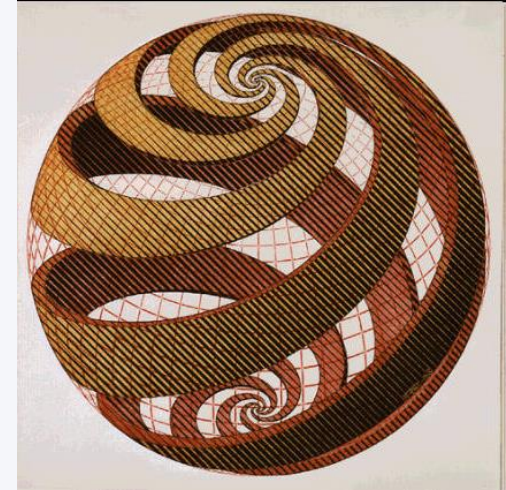
“Without a spiritual awareness and a mauri (spirit or vitality, sometimes called the life-force) an individual cannot be healthy... .” (Durie, 1999)



Spirituality in healthcare: the zeitgeist

Spirituality and Religion

- Contested
- Low attendance/rise of 'nones'
- Disentwining thesis: growth of contemporary spiritualities
- "I'm spiritual, not religious"



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So what: demographics & plurality

- NZers getting older (mostly) and more multicultural.
- The long dying: move from communicable to chronic diseases dominating death (Murray, S. et al. 2005)
- Spiritual plurality & democratization



Spiritual Care Matters

An Introductory Resource for all NHSScotland Staff



Contents

	Page
Foreword	
Knowledge and Skills Framework and Equality and Diversity Impact Assessment	5 5
Chapter 1: Introduction	6
1.1 The spectrum of spirituality	6
1.2 Quotations	7
1.3 National healthcare policy in Scotland	9
1.4 Purpose of document	11
1.5 Why spiritual care is necessary and important	13
1.6 Spiritual care – is happening already	14
Chapter 2: Spiritual care: a key concept	19
Chapter 3: Religious care	27
Chapter 4: Communication and relationships	31
Chapter 5: Spiritual history taking and the use of stories	35
Chapter 6: Looking after one's own spiritual well-being	40
Chapter 7: Reflective practice	44
Chapter 8: Bereavement and loss	47
Chapter 9: Spirituality, equality and diversity	52
Chapter 10: Organisational spirituality	55
Chapter 11: Use of chaplaincy and spiritual care services (referral)	59
Appendix 1. KSF Dimensions and Titles	62
Appendix 2. Steering Group Members	63

NZ Cancer supportive care guidelines

“It is essential that **all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer**, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential.”

Ministry of Health (2010). Guidance for Improving Supportive Care for Adults with Cancer in New Zealand. Wellington: Ministry of Health. P.46

From research to policy and practice



He Anga Whakaahuru

Supportive Care Framework

For Sector Feedback August 2015

SPIRITUAL CARE ADVISORY GROUP

Terms of Reference

1. PURPOSE/BACKGROUND

“the purpose the of the group is to ensure spirituality becomes an integral part of healthcare at MDHB”

Overall the purpose of the group is to ensure spirituality becomes an integral part of healthcare at MDHB. This will involve:

- i. ensuring spiritual care is developed and integrated across MDHB sites;
- ii. advising the chaplaincy team about needs and priorities to be incorporated into a strategic work plan;
- iii. acting as champions for initiatives relating to spiritual care and the work of the chaplaincy team;
- iv. supporting the chaplaincy team during a change and development phase in consultation with ICHC and its Local Service Provider Committee (LSP).

3. MEMBERSHIP/REPRESENTATION

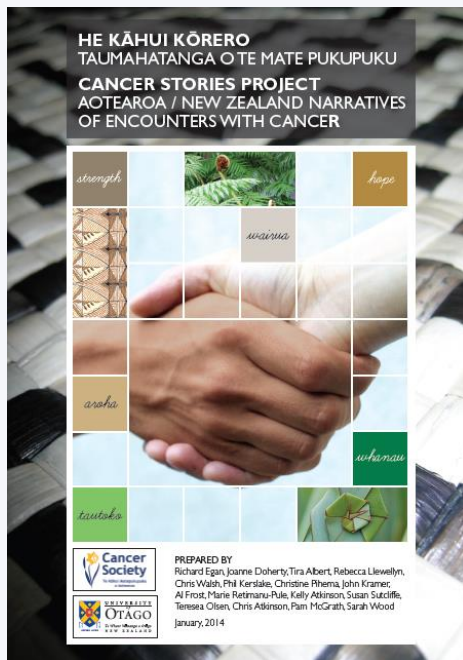
Foundations of Spiritual Care –

professional development programme

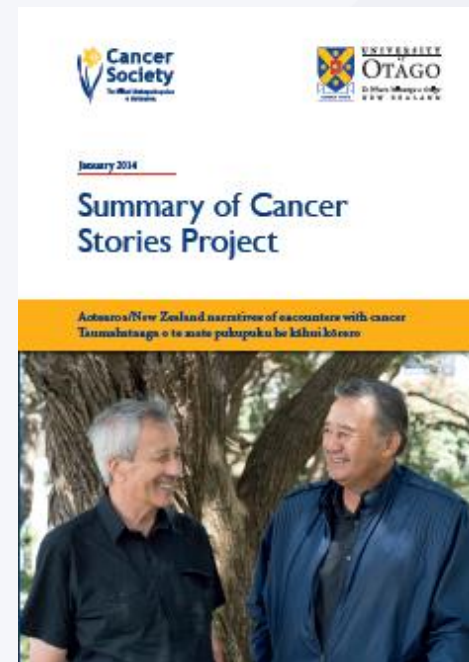
Participant Guide

NZ Cancer Stories project 2013/14

Full Report



Plain English Summary



“The need for improved communication and cultural and spiritual care was highlighted by many participants.”

“It becomes a really spiritual journey and you learn about who you are as a person and know who you are...” (Maree).

Limitations

“we are dealing with a field of experience where there is not a single conception that can be sharply drawn”

(William James 1901)

"So much depends on our perspective, and on the evidence on which we draw."

(Eckersley 2004)

‘Ko te Amorangi ki mua, ki te hapai o ki muri’

**‘Place the things of the spirit to the fore,
and all else shall follow behind’**

(Takitimu whakataauaki (proverb), (Payne, Tankersley, & McNaughton (Ed), 2003, p. 85)

“you need your spirit to heal your body and be strong to overcome the cancer and the treatment.” (Māori participant, Cancer Stories Project, 2014)

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