Introduction
This collaborative research project in Australia engages six pastoral care departments, experienced researchers from La Trobe University, and Spiritual Health Victoria, a peak body facilitating the integration of spiritual care into whole patient care. As far as we are aware it is the first such project undertaken in this country. The three stage project will incorporate an initial scoping study, followed by a pilot study and then full trial of questions, aiming to assess the expectations regarding practice and outcomes of stakeholders across the spectrum. Stage three will be an action research process, individualised to meet the specific needs and gaps identified at each facility.

Background
- Spiritual care can add value to patient/family wellbeing in the healthcare system (Puchalski et al., 2014).
- There are well known interventions and some comprehensive assessment tools, but measuring outcomes is more problematic.
- Some patient reported outcomes for spiritual care have been developed (Snowden et al., 2012).
- The relationship between patient and practitioner views of outcomes also needs consideration, and the difficulties in articulating these have also been reported (Handzo et al., 2015).
- Common interventions add value across facilities, but some also have specialised needs and programs (Fitchett et al., 2011; Flannery et al., 2012).

The Participating Facilities

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Type</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>St John of God Bendigo (general hospital in regional city, population 100,000)</td>
<td>Private Hospital (Not for profit)</td>
<td>122</td>
</tr>
<tr>
<td>Royal Melbourne Hospital (general hospital)</td>
<td>Public - government funded</td>
<td>1000+</td>
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<tr>
<td>Royal Children’s Hospital (paediatric hospital)</td>
<td>Public - government funded</td>
<td>335</td>
</tr>
<tr>
<td>Austin Hospital (general hospital)</td>
<td>Public - government funded</td>
<td>980</td>
</tr>
<tr>
<td>St Vincent’s Public Hospital (Catholic influenced general hospital)</td>
<td>Public - government funded</td>
<td>880</td>
</tr>
<tr>
<td>Peter MacCallum Cancer Hospital (specialist cancer hospital)</td>
<td>Public - government funded</td>
<td>100+</td>
</tr>
</tbody>
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The latter 5 are all located in central or suburban Melbourne (population 4.1 million). These hospitals are also tertiary teaching hospitals.

Outline of Research Methodology

STAGE 1 - SCOPING
Semi-structured interviews exploring:
- What is spiritual care?
- How is it provided in your facility?
- Is it effective?
- Where are the gaps?

Participants:
- 1 venue - patients & families
- 5 venues - all levels of staff

DATA ANALYSIS ➔ QUESTIONNAIRE DEVELOPMENT

STAGE 2 - QUESTIONNAIRES
- Pilot small numbers across 2 sites
- Circulate final questionnaire across all cohorts in each participating facility

DATA ANALYSIS ➔ IDENTIFYING GAPS AT EACH FACILITY

STAGE 3 - INDIVIDUAL ACTION RESEARCH PROJECTS
- Selecting an identified gap
- Planning and executing a process to fill this gap
- Evaluation of the revised process
- Refining as required

IMPROVED OUTCOMES FOR SPIRITUAL CARE PROVISION

Progress to Date
- Small grant application $10,000
- High risk human research ethics application submitted for Stage 1 interviews of patients and family members – accepted
- Multi-site, low risk human research ethics application for interviews with staff members - accepted
- Staff interviews now in process
- Patient and family member interviews to start soon

Next steps
- Analysis of interview data for stage 1
- Application for a more substantial grant to assist with stages 2 and 3
- Development and pilot of questionnaire for stage 2
- Data analysis for stage 2 and development of stage 3 individual action research projects at each site during 2017.

References

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