



Spiritual Health
Victoria

BUILDING CAPACITY FOR SPIRITUAL CARE AND WELLBEING

*Analysis of the training package offered to
mental health workers in East Gippsland in 2015*

Spiritual care: Creating more compassionate, person-centred health care

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BACKGROUND & RATIONALE

The East Gippsland Mental Health Initiative (EGMHI) was established in 2011 following a special funding grant from the Victorian Government. Snap Inc. was nominated as the lead agency to facilitate various community capacity programs in the region. Snap Inc. on behalf of EGMHI engaged Spiritual Health Victoria (SHV) to design and facilitate a training program with an aim to build capacity amongst a broad range of mental health workers to support their client/patient's spiritual care needs.

This report seeks to evaluate the training and make appropriate recommendations to improve outcomes for participants of any subsequent training.

METHODOLOGY

Pre-training questionnaire

SHV conducted a pre-training survey to capture the thoughts and understanding of participants in relation to the words 'spirituality' and 'spiritual care' as they relate to their job role and place of work. The questionnaire was an adapted version of the pre-training questionnaire developed by Royal College of Nursing (RCN) London in 2010. Part 1 & 3 of the survey used Likert scale questions, whilst Part 2 & 4 utilized multiple choice options. The combined four parts of the questionnaire captured participant's views on spirituality, spiritual care and demographic information including age, gender and job role. Religious background and or spiritual beliefs were also asked of participants. Provision was made for open reflections and comments at the end of the survey.

The pre-training surveys were distributed to a total of 46 participants upon registration into the one day workplace training offered by SHV to Snap Inc. on behalf of EGMHI. The training program was titled 'Building Capacity for Spiritual Care and Wellbeing' and specifically targeted those people whose work places them in contact with clients or patients who have a lived experience of mental illness. Surveys were either emailed directly back to SHV, or collected from the participants on the day of the training. 70% of pre-training surveys were completed and returned to SHV. See Appendix 1 for data breakdown.

Post Training Evaluations

The post training evaluation was designed to collect feedback from the participants of a one day training program delivered on five separate occasions to a total of 46 workers over June

and July 2015. Survey respondents were mainly mental health professionals working full or part-time in the East Gippsland Region of Victoria. The post training evaluations were completed at the end of the training and 44 out of a possible 46 were returned.

The evaluation form included questions pertaining to demographic information (see appendix 2), five Likert scale questions with 'other specify' options and four open-ended questions. The evaluation pro forma is an in-house document designed by SHV.

Six month post-training evaluation

In February 2016 a short five question survey monkey tool was emailed to the 46 participants. Three questions utilized the Likert scale question format and others gave the option for the respondent to elaborate on their answer if they chose.

OUTCOMES/ANALYSIS

Pre-training

The majority of participants in the pre-training questionnaire understand spirituality and spiritual practice to be far broader than specific religious ritual. The survey revealed 100% of people agreed that spirituality extends beyond going to a church or a place of worship. On average respondents indicated 74% of the time that 'spirituality' included concepts of: finding meaning in life events, having a sense of hope, contributing to feeling at peace with oneself and the world, personal friendships and relationships and can include areas such as art, creativity and self-expression.

91% of people understood 'spiritual care' to include showing kindness and concern when offering care, giving support and reassurance in times of need and having respect for privacy, dignity and the religious/cultural beliefs of a person.

84% of respondents believe that spirituality and spiritual care are fundamental aspects of health care.

90% of respondents indicated that they have encountered a client/patient with spiritual needs. They discern these needs most commonly by utilizing their skills in listening and observing, sensing and hunching, information derived directly from the person and via referral documentation.

When asked if they felt able to meet a client/patient’s spiritual needs the responses fell into the categories of 89% ‘sometimes’ and 11% ‘never’. This data indicates a strong need for training and support.

48% of people stated they have no religion. When asked if they consider themselves to be spiritual 77% responded yes. Therefore those with no religious background, were statistically, just as likely to incorporate spirituality into their lives as those with a religious background.

The data suggests that the majority of people have a sound understanding of the concepts of spirituality and spiritual care. There was less outright agreement around an understanding when it came to forgiveness and the need to be forgiven, or whether spirituality involved a belief in a God or Supreme Being.

The majority felt that training and education of worker skill set deficits in the area of client/patient spiritual and religious issues should be addressed. On average 65% of people felt that Government Health Departments and health care provider organisations should provide clear guidance around this.

Post-training

Respondents nominated the following reasons for participation noted in percentages.

Interest in spirituality	23%
Learn more about spirituality	18%
Improve client/patient outcomes	18%
Recommendation	18%
Reinforce existing belief	16%
Not specified	7%

A sample of participant responses recorded in the open comment section of the evaluation form can be viewed in Appendix 3. Responses generally support the top three listed reasons, as noted above that people stated as their reason for attending the training, i.e. having an interest in spirituality, wanting to know more and a desire to improve the quality of their client/patient outcomes.

In response to the question of how do you rate the training program, 59% of participants nominated that they were 'very satisfied', 39% 'satisfied' and 2% recorded a 'very dissatisfied'.

The things that contribute to satisfaction included being offered resources and information that support a pre-existing and new understanding of spirituality. Suggestions to improve the training included more in-depth knowledge, information specific to different faith groups and belief systems. Other suggestions included the provision for more discussion, role-plays and guided meditation. Whilst others nominated a preference for time to be set aside for networking and relevant service mapping in the region.

When the participants were asked if they felt more equipped to respond to the religious and spiritual needs of people experiencing mental illness, 93% stated 'yes', with 2% 'not sure' (stating they would like further intensive training) and 5% saying 'no' because they already felt equipped before training.

This finding highlights and supports the value of the training program. Reflecting back to the pre-training questionnaire 89% of respondents 'sometimes' felt confident and 11% stated 'never' when previously considering working with people with their spiritual care needs in mind. This could be considered a very positive shift in the participant's perception of their abilities to meet client/patient spiritual care needs after engaging in the training program.

Six month post-training evaluation

A total of eleven participants (23.9%) responded to the six month post training evaluation with 80% indicating that the training continued 'to improve client/patient outcomes'. 90% reported that they were either 'very comfortable' or 'moderately comfortable' talking about spiritual wellbeing or spiritual matters with clients/patients. Respondents indicated that the training prompted further exploration/reflection on their own spirituality (81.81%) while 72.73% responded that they would be interested in further training in this area.

One of the respondents who provided further comments wrote,

'Due to encouraging a chronically suicidal person to explore their spirituality, this person is now stating that they love life and is thanking me immensely for the guidance.'

RECOMMENDATIONS

1. To redesign the post evaluation training form so that it more closely aligns with the pre-training questionnaire. This will enable direct comparison of data, i.e. have specific ideas or beliefs changed as a result of participation in the training?
2. The post training data (collected immediately after the training and at a six month interval) indicates that the small pilot group who undertook the training had a positive experience. They believe their ability to address and meet the spiritual care needs of their client/patient group has improved, noting in particular the outstanding outcome achieved by one worker with a chronically suicidal person. These outcomes indicate that offering this or similar training would be very beneficial to other workers in the mental health cohort.
3. Some suggestions were made about ways in which improvements could be made to the training. It is felt that because this was a small pilot, offering the training again in its present format will enable the collection of more data that either supports or negates the need to adjust the format.

APPENDIX 1: BREAKDOWN OF RESPONSES TO PRE-TRAINING QUESTIONNAIRE

Part 1: What are your thoughts and understanding of the words spirituality and spiritual care? (Likert rating scale and responses reflected in % scores)

- a) *I believe health workers can provide spiritual care by arranging a visit by an employed Spiritual Care Practitioner or the patient's own religious leader if requested*
65% agree, 19% neutral, 16% disagree
- b) *I believe health workers can provide spiritual care by showing kindness, concern and cheerfulness when giving care*
91% agree, 3% neutral, 6% disagree
- c) *I believe spirituality is concerned with a need to forgive and a need to be forgiven*
45% agree, 31% neutral, 22% disagree
- d) *I believe spirituality involves only going to Church/Place of Worship*
100% disagree
- e) *I believe spirituality is not concerned with a belief and faith in a God or Supreme Being*
44% agree, 25% neutral, 31% disagree
- f) *I believe spirituality is about finding meaning in the good and bad events of life*
75% agree, 6% neutral, 19% disagree
- g) *I believe health workers can provide spiritual care by spending time with a client/patient by giving support and reassurance especially in time of need*
91% agree, 3% neutral, 6% disagree
- h) *I believe health workers can provide spiritual care by enabling a client to find meaning and purpose in their illness*
66% agree, 22% neutral, 12% disagree
- i) *I believe spirituality is about having a sense of hope in life*
84% agree, 6% neutral, 10% disagree

- j) *I believe spirituality is to do with the way one conducts one's life here and now*
78% agree, 13% neutral, 19% disagree
- k) *I believe health workers can provide spiritual care by listening to and allowing clients/patients time to discuss and explore their fears, anxieties and troubles*
78% agree, 19% neutral, 3% disagree
- l) *I believe spirituality is a unifying force which enables one to be at peace with oneself and the world*
69% agree, 19% neutral, 12% disagree
- m) *I believe spirituality does not include areas such as art, creativity and self-expression*
15% agree, 15% neutral, 70% disagree
- n) *I believe health workers can provide spiritual care by having respect for privacy, dignity and religious and cultural beliefs of a client/patient*
90% agree, 7% neutral, 3% disagree
- o) *I believe spirituality involves personal friendships and relationships*
68% agree, 7% neutral, 25% disagree
- p) *I believe spirituality does not apply to Atheists or Agnostic*
15% agree, 10% neutral, 75% disagree
- q) *I believe spirituality includes people's morals*
79% agree, 9% neutral, 12% disagree

Part 2: Tell us about your role

1. *Have you ever encountered a client/patient with spiritual needs?*
90% yes 10% no
2. *How do you identify client/patient's spiritual needs? (Top four responses by ticks)*
Listening/observing 22, Client/patient 19, Sensing/hunching 8, Referral document 7
3. *How frequently do you encounter client/patient spiritual needs?*
(Responses by number of ticks)
Daily 7, Weekly 6, Monthly 8, Yearly 2

4. Which of the following are spiritual needs? (Responses by number of ticks)

Meaning/purpose	30
Hope/strength	27
Forgiveness	25
Love/relationships	24
Trust	23
Personal beliefs	23
Spiritual practices	21
Creativity	17
Other	7

5. Do you feel that you are able to meet your clients/patient's spiritual needs?

89% Sometimes 11% Never

Part 3: What action do you feel is required?

a) *I believe spirituality and spiritual care are fundamental aspects of health care*

84% agree, 7% neutral, 3% disagree

b) *I believe health workers do not receive sufficient education and training in spiritual and religious beliefs*

56% agree, 34% neutral, 10% disagree

c) *I believe spirituality and spiritual care should not be addressed within the programs of health worker training and education*

10% agree, 30% neutral, 60% disagree

d) *I believe Government Health Departments should provide clear guidance and support for health workers to deal with spiritual and religious issues*

57% agree, 27% neutral, 16% disagree

e) *I believe that health care provider organisations should provide clear guidance and support for health workers to deal spiritual and religious issues*

73% agree, 20% neutral, 7% disagree

Part 4: Please tell us about yourself and your role

1. Which best describes your employer?

Hospital	17%
Community Health Centre	17%
NGO	35%
Private Practice	4%
Emergency Services	10%
Other	17%

2. Which of the following best describes your job?

Community Practitioner	35%
Healthcare Support Worker	35%
Nurse Practitioner	6%
Social Worker	24%

3. What is your main field of practice?

Adult Care Hospital	6%
Child/Youth	6%
Primary Care/Community Health Centre	10%
Learning Disabilities	10%
Mental Health	50%
Management	9%
Education	9%

4. How many years have you been qualified as a professional in your field?

0-12 months	14%
1 -5 years	30%
5 -10 years	30%
10-15 years	3%
15 + years	23%

5. What is your religion?

None	48%
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Christian	45%
Buddhist	7%

6. *Do you consider yourself a spiritual person?*

Yes	77%
No	23%

**If yes, do you have a regular spiritual/religious practice? (Responses by number of ticks)*

Values/compassion	20
Nature	16
Family/friends	16
Friendship/volunteer	14
Meditation/prayer	12
Sacred music	11
Contemplation	9
Self-awareness	8
Faith/tradition	8
Reading scripture	7
Cultural activities	5
Rituals	4
Pilgrimage/retreat	3

7. *Participants by gender*

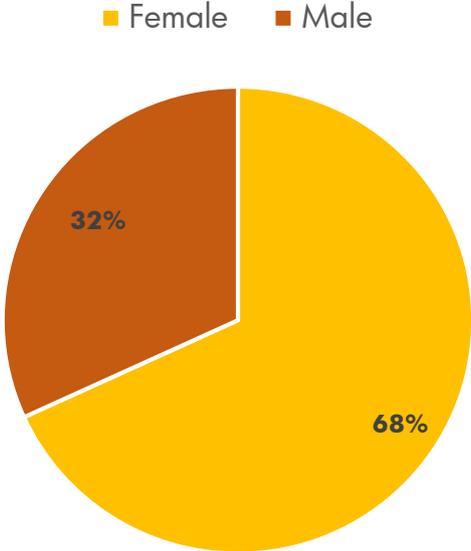
Female	68%
Male	32%

8. *Participants by Age Groupings*

21-29	3
30-39	3
40-49	9
50-59	6
60+	11

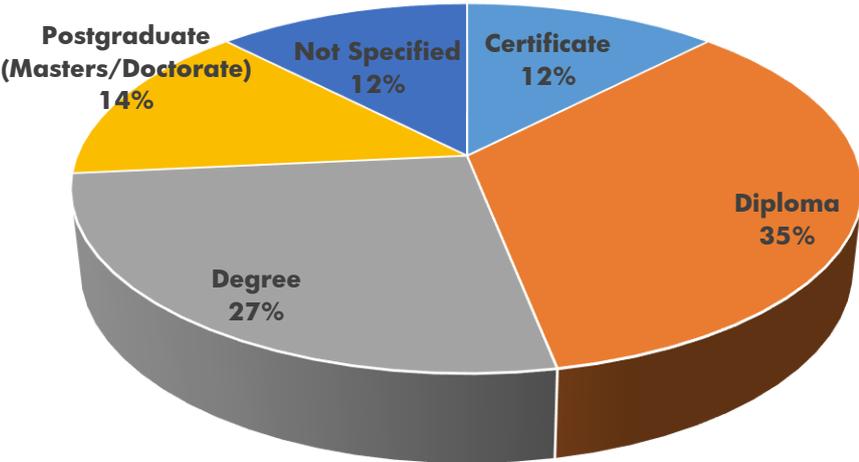
APPENDIX 2: POST TRAINING EVALUATION DEMOGRAPHIC INFORMATION

Gender



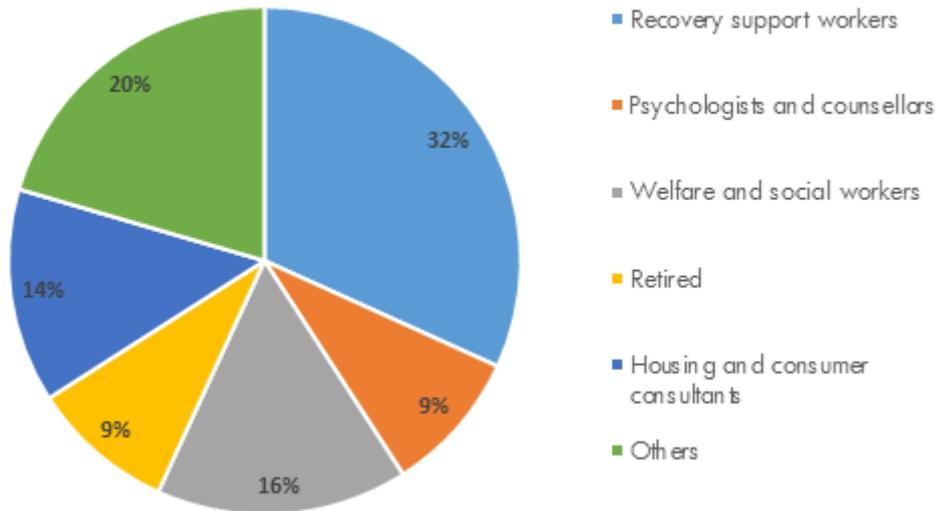
Graph 1

Qualification



Graph 2

Occupation



Graph 3

APPENDIX 3: PARTICIPANT COMMENTS RECORDED ON POST-TRAINING EVALUATIONS.

'Reinforced my understanding of spirituality.'

'I loved the explanation of what spirituality can be to different people and the difference between spiritual emergence and spiritual crisis.'

'It was so inclusive.'

'Broadened my understanding of spirituality is relation to nature.'

'Useful information for work and personal purposes.'

'It was shown to me a whole new (for me) meaning of spirituality.'

'Learn more about being sensitive to people's individual belief in the spiritual.'

'Much clearer picture of the diversity of spirituality and spiritual beliefs.'

'I have realised I am a very spiritual person. I really appreciate day to day things.'

'By defining spirituality, it re-enforced my own beliefs and the way I work with people.'

'Resources current and relevant.'

'I don't work with clients much, but feel more empowered to ask about spirituality.'

'I have strategies for working with clients and understanding their spiritual needs/views.'

'Explanation of how spirituality can be embedded without compromising our boundaries and work practices.'

'Affirmation of my current techniques and provision of alternative ideas for development.'

'My knowledge has grown immensely and widened my horizon.'

'The course focused on a modern view of spirituality.'

'Training gave insight into change with support available.'

'I now feel like I understand what spirituality is.'

'I now understand what spirituality is and why we need it.'

APPENDIX 4: SOME RESPONSES TO SIX-MONTH POST TRAINING SURVEY

Question 1: Thinking back to the training you completed in mid-2015, is there anything that you recall as being significant to you and your learning?

'Emphasis on holistic approach to health and healing.'

'How spiritual health is treated within mental health generally.'

'Well presented, very interesting conversations and a great trainer.'

'Exchanging thoughts with others at the training.'

'Being well rounded and having empathy for clients.'

'The facilitated conversations around spirituality and what it looks like for each person.'

'The connection between values exploration and spirituality.'

'That spirituality still seems to remain in the domain of religion.'

'Working with a broad section of the community and understanding spirituality from many view-points.'

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