Understanding and improving spiritual care at SJOG

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What is Spirituality?

Spirituality is a multidimensional concept which has been developed and expanded over time. Due to it being re-defined many times in the past as well as being very subjective, it is difficult to conceptualise (Delgado, 2005). Even within academic research, the term displays various connotations alongside broad range of definitions with a limited overlap. For example, a survey of reviews conducted by McCaroll et al. (2005) gave twenty-seven explicit definitions of spirituality among which there was little agreement.

Unlike in the past, where traditional meaning of spirituality was associated with religion, contemporary scholars suggest that modern spirituality is a blend of humanistic psychology, mystical and esoteric traditions in addition to Eastern philosophy (Saucier & Skrzypinska, 2008). The emphasis is very much on the subjective experience, which integrates personal growth or transformation mostly in a context segregated from organised religious institutions. Despite that, there still appears a great deal of confusion between these two. Many people are not able to differentiate spirituality and religion, and bring their beliefs and prejudice about religion when discussing spirituality (Zinnbaue & Pargament, 2005).

There is no academic consensus over what precisely constitutes a religion (Hedges, 2015); however, it is widely considered as a socio-cultural system of designated beliefs, behaviours, practices, texts, sanctified places, ethics, and prophecies. At its core, religion is about faith – a belief in something based upon unconditional acceptance of the religion's teachings which are usually mediated by an organised religious institution. Acceptance of these teachings are taught as path to achieve the goals of salvation for oneself and others, and (if there is a God according to their religious dogma) to render due worship and obedience to God. However, this is not always the case as different religions have different understanding of salvation and God (Vergote, 1997).

Spirituality on the other hand, leans more towards "self-referral" or the internalisation of one's awareness of their soul (Sutcliffe & Gilhus, 2014). Modern scholars define it as a universal phenomenon that upholds the deepest values and meaning by which people live (Sheldrake, 2007). Spirituality involves the recognition of a feeling or sense of belief that there is something more to being human than sensory experience, and the greater whole which we are part is cosmic or divine in nature (Spencer, 2012). Furthermore, according to McSherry and Jamieson (2011) spirituality is something that connects the basic aspects of our lives, being "deeply personal, sensitive, often a hidden area of human life that applies to all people". It also involves our capacity to dig deep and find the greater meaning in life, to align ourselves with a purpose that extends beyond ourselves, to find a relationship and unity with something greater such as nature, God or transcendent (Fisher, 2011).

Although all religions argue spirituality being a facet of theirs, one can still be spiritual without being religious or a member of an organised religion. For example, the multitude of spirituality's core characteristics are not unique to spirituality such as self-transcendence, asceticism, and the recognition of one's connection were all regarded by an atheist philosopher Arthur Schopenhauer as a key to ethical life (White, 2020).

To strengthen this, according to Christopher Peterson and Martin Seligman (2004) and their 'Character Strengths and Virtues' handbook which reflects on the work of researchers in the Values in Action Classification Project (VIA) and has undertaken a systematic classification and measurement in an empirical, rigorously scientific manner; it has been shown that spirituality is one of the 24-character strengths which everyone possess in different degrees, across all cultures and nations.

With the rise of positive psychology, empirical research related to spirituality has experienced a massive boom since the early 2000's within social sciences, medicine, neurobiology, and other academic specialities and applied professions which resulted in our increased comprehension of spiritual matters and its importance to the overall well-being (Barton & Miller, 2015). In particular, religion and spirituality have been shown to be beneficial on several levels especially in relation to health conditions; however, it is important to distinguish that spiritual care is not necessarily religious, whereas religious care at its best, should always be spiritual (NHS 2009). Some of the benefits include higher life expectancy, lower blood pressure, lower rates of death from heart disease, increased success in heart transplants, reduced serum cholesterol levels, reduced levels of pain in cancer patients, reduced mortality among those who attend church and worship services and resilience against depression and anxiety (Thoresen & Harris, 2002).

Consequently, spiritual health has commonly been identified as a fourth pillar that constitutes the holistic view of health according to the World Health Organisation (Boero et al., 2005), which only further diffused spiritual care within the medical field and other contemporary sciences.

What is spiritual care?

Spiritual care asserts the requirement to address people's personal care needs that go beyond materialistic wants and necessities. It begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires (NHS, 2009). Multiple studies show strong evidence that incorporating spiritual care into holistic treatment helps recovery and improves overall health. A study conducted by Chidarikire (2012) focuses on mental health care and the importance of spirituality in this realm which further demonstrates that when people are well cared for spiritually, they have significantly greater chance of recovery, reduces relapses, and improves the overall quality of life, both mentally and physically. Other than clinical reasons, according to NHS Scotland (2009), the factors behind an increased implementation of spiritual care in the last few decades have also been due to:

- Ethical reasons, being the right thing to do, treating people fairly and regardless of their background and beliefs.
- Legal reasons, due to regulatory framework that prohibits discrimination, therefore promoting equity and just treatment for everyone.
- Financial, due to greater satisfaction from the people receiving support or care, as well as less stress and absenteeism among colleagues.

Spirituality at SJOG

Having its foundations in Catholicism and the Hospitaller Order of Saint John of God, SJOG is devoted to helping and supporting the ones who are in need, towards the path of recovery to rehabilitate and rebuild their lives. Being part of an international family of 50,000 co-workers,

which operates in 500 centres of care across 60 countries, SJOG supports people of diverse profile. It not only provides specialist dementia care and nursing care for older people, but it also has a 450-year history in supporting people with disabilities to live how and where they choose.

In the UK, SJOG offer support to people with disabilities, those who are homeless, people subject to modern day slavery and trafficking, and older religious communities. Each month support is provided to over 1000 people, from diverse backgrounds and cultures.

It is well documented and understood in the realm of spiritual care that colleagues who have higher knowledge and awareness of their spirituality are far more equipped to offer support. Therefore, ensuring the colleagues who offer support are aware of this is important. Shah et al. (2018) demonstrated a positive correlation between individual's spiritual self-awareness and their ability to meet a patient's spiritual care needs.

Aim

In accordance to Shah et al. (2018) theoretical understanding of spirituality and spiritual care, the current study aims to assess the perception of spirituality and spiritual care across colleagues at SJOG UK. Having a greater awareness of colleagues understanding and approach to spirituality, helps inform learning, development, and training across the charity in this area.

Methods

Research design

The research used an online survey. In order to explore and understand better colleagues understanding of spirituality the survey follows both qualitative and quantitative paradigms by being comprised of self-report measures as well as open-ended questions.

Participants

Opportunity sampling was used by circulating the survey via SJOG's e-mail database. Thirty participants responded (5% of the staff number employed), however, following the preliminary data inspection one participant was removed from the analysis due to the survey incompletion. The final sample was comprised of 16 females (55.2%), 12 male (41.4%) and 1 non-binary (3.4%) with an average age of 40.14. The age range was 18-65yrs. No incentives were offered for taking part in the study.

Measures

Two self-report questionnaires were used. These were selected based on their alignment to the aims of this study and their validity. At the end of these open ended questions were asked.

Spirituality and Spiritual Care Rating Scale (SSCRS)

The first questionnaire Spirituality and Spiritual Care Rating Scale (SSCRS) is a 17-item Likert-type instrument aimed at exploring and measuring spirituality and spiritual care. The survey consists four subscales: Spirituality, Spiritual Care, Religiosity and Personalised care. The 17-item SSCRS demonstrates a reasonable level of internal consistency, having a Cronbach's alpha coefficient of 0.64 (Mcsherry, Draper, & Kendrick, 2002).

The participants were provided with number of statements and were asked to rate Strongly Agree to Strongly Disagree with each statement on a 5-point scale. A maximum score of 85 indicates greater understanding of spirituality and spiritual care, while the minimum of 17 indicates lower levels of spiritual care and spirituality.

Spiritual Care and Competency Scale (SCCS)

The second scale, Spiritual Care and Competency Scale (4-item) is a shortened version of the original 27-item Likert-type instrument developed to measure perceived competence in providing spiritual care (Hellman, Williams, & Hurley, 2015). The scale displays good internal consistency, sufficient average inter-item correlations, and good test-retest reliability. The participants were provided with number of statements and were asked to rate Strongly Agree to Strongly Disagree with each statement on a 5-point scale.

There is no scoring criteria for the SCC scale; however, lower scores indicate lower spiritual care competence, while higher scores suggest greater spiritual care competence. The highest possible score is 20, whilst the minimum score is of 4.

Open ended questions

Open ended questions explored key questions of:

- What does spirituality mean to you?

- How do you understand spirituality?
- What, if any, barriers are there to providing spiritual care?

These were posed to explore how spirituality was experienced by colleagues and how it dovetailed in their work and tease out if any barriers exist to offering spiritual care at SJOG.

Procedure

Once participants clicked on the advertised link they were redirected to the survey where they were provided with the information sheet. Participants were fully informed about the nature of the study. Subsequently, participants were asked to fill out a consent form after which they were displayed with the information enquiring about their: socio-demographic traits, and two scales (SSCRS & SCCS) followed by open ended questions. Following completion, participants were thanked. Contact details were provided in case of any questions.

Analysis

Quantitative results from the SSCRS & SCCS were analysed using descriptive statistics. Normality of the data was assessed prior to determining the central tendency of each scale.

Qualitative responses were analysed through thematic analysis in order to identify overarching patterns and themes within the data (Braun and Clarke, 2006). Thematic maps / networks were created to visualise both the fluidity and interconnectivity of the themes. Inspired by the Attride-Stirling model (2001), these thematic networks connect the basic themes within the responses, with the organising themes. Frequency tables were also implemented to highlight the most important themes within responses.

It should be remembered that in these instances where the aim is to determine themes rather than experimental significance, sample accuracy is more important than sample size (Strauss & Corbin, 1998).

Results

The table 1 presents the descriptive statistics for the above-mentioned scales. Participants scored highly on SSCRS (*M = 69.10*), but also on SSCS (*M = 16.52*) suggesting that their understanding and comprehension of spirituality, spiritual care and the competency in delivering one is relatively high. The standard deviation remains low for both of the scales (*SD = 8.80; SD = 2.92*), which further implies that the analysed data is clustered around the mean. Although these were self-reported, this was encouraging to see and indicates a positive approach to spirituality from colleagues who responded.

Table 1. Descriptive statistics for SSCR and SSC Scales.

	Mean	Max. score available	Std. deviation	N
SSCRS	69.10	85	8.80	29
SSCS	16.52	20	2.92	29

A narrative of spirituality

In order to obtain a more in depth understanding on how SJOG colleagues perceive spirituality, respondents were asked what spirituality means to them, and how they understand spirituality. Analysis shows that the main themes within the responses were self-development, connection, hospitality, belief and philosophical belief (see Figure 1) and these are described below.

Figure 1: Thematic map: 'What does spirituality mean to you?'

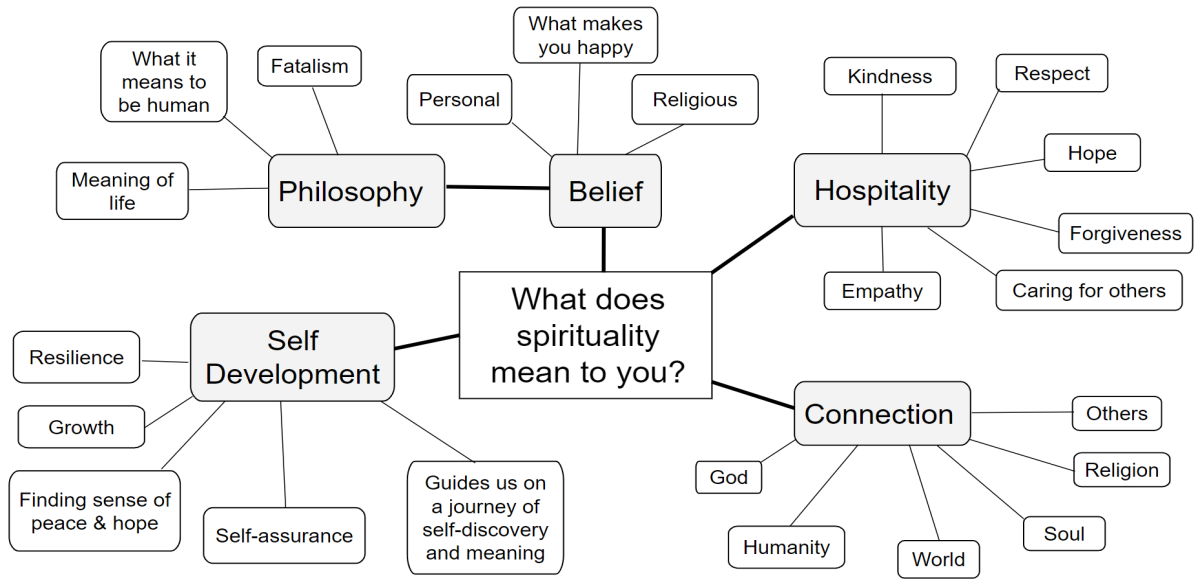

Table 2: Frequency table: 'What does spirituality mean to you?'

Theme	Frequency (n)
Personal Belief	12
Religious Belief	4
Philosophical Belief	5
Self-Development	8
Connection	10
Hospitality	8

Self-development

Eight of the respondents noted that in some ways spirituality plays a role in self-development. For some, spirituality can be understood as a tool for self-discovery, a *"power outside of yourself which directs you on a journey of understanding more about who you are"*, while others commented on the way it can develop *"resilience during hard times"* or bring about a *"sense of peace hope and trust"*, and personal growth. Through the comments that were obtained, these were personal reflections rather than being offered in relation to providing care and support.

It is important to acknowledge this. The notion of self-development may allow colleagues to be shaped by the experiences of offering support and care, learning from the people they are supporting so that the quality of support is developed through a personally reflective process. Reflective practice is a key part in the delivery of services and development of skills in care. Encouragingly that these established ways of working might be used to help develop elements of spiritual care from colleagues.

Connection and Hospitality

An overarching theme within the responses was on the connections respondents have through their understanding of spirituality. Notably, spirituality can be understood as a connection between the *"soul and non-material things"* as well as the world around them. Other connections that emerged were with God, the soul, religion, and others. One described it as an understanding of what it means to *"be in touch with your humanity".*

People support people in the services that are run at SJOG. Connection with others is part of this; we build relationship and communities. In 2019 we explored what make the life worthwhile for the people we support (Mackrill, 2019). They said that relationships are key to this. Relationships with family, friends but also our colleagues who offer support and form an extended family.

Connection and caring for others are core to this and this emerged in the theme Hospitality. SJOG Hospitaller Services has its roots in the Hospitaller Order of Saint John of God – an Order of the Catholic Church, which draws inspiration from the life, example and teaching of its founder – St. John of God. With an emphasis on hospitality, St. John of God actively sought to welcome and serve those with disabilities he found were too often on the margins.

Given this foundation to the charity, when discussing spirituality, hospitality contained subthemes

of *"kindness", "respect", "hope", "forgiveness", "empathy"* and being able to care and support others in need.

Belief and philosophy

Spirituality was described by respondents as form of belief. While 'religious belief' was the most literal theme to emerge from the responses, mentioned by 4 respondents, it stood out as having significant meaning for many of the respondents, in terms of how they understand, practice and follow their religion and/ or faith through the lens of spirituality. Twelve respondent answers covered themes such as personal belief and belief in what *"makes you happy".*

Five respondents approached the subject of spirituality and belief from a more philosophical perspective, focused around asking bigger questions. For example, sub themes emerged relating to fatalism, that spirituality is part of a belief system in which everything happens for a reason. Others noted that spirituality is a connection to *"life purpose"* and understanding the meaning of life, as well as helping people deal with the question of *"what it means to be human".* Again, this relates back to the research of Mackrill (2019) exploring a life worthwhile. In this purpose was a key theme and within a sub theme faith emerged. Although spirituality need not be related to a specific religion there is alignment here between the approach and observations of colleagues and the needs of the people supported in the services. Enhancing these links through developing effective support that within it covers spiritual care is a further element to explore.

Identifying barriers

Respondents were asked what the main barriers that impact the willingness or the quality of spiritual care being provided for the people they support. Overall, seven respondents, believe there are little or no barriers that affect the quality of spiritual care, which is the most frequently mentioned theme to emerge from respondents' answers. This is a good sign, and correlates to the quantitative results presented above. Themes did emerge which offers barriers and in doing so opportunities for improvement (see Figure 2).

Figure 2: Thematic map: 'Barriers which diminish quality of spiritual care?'

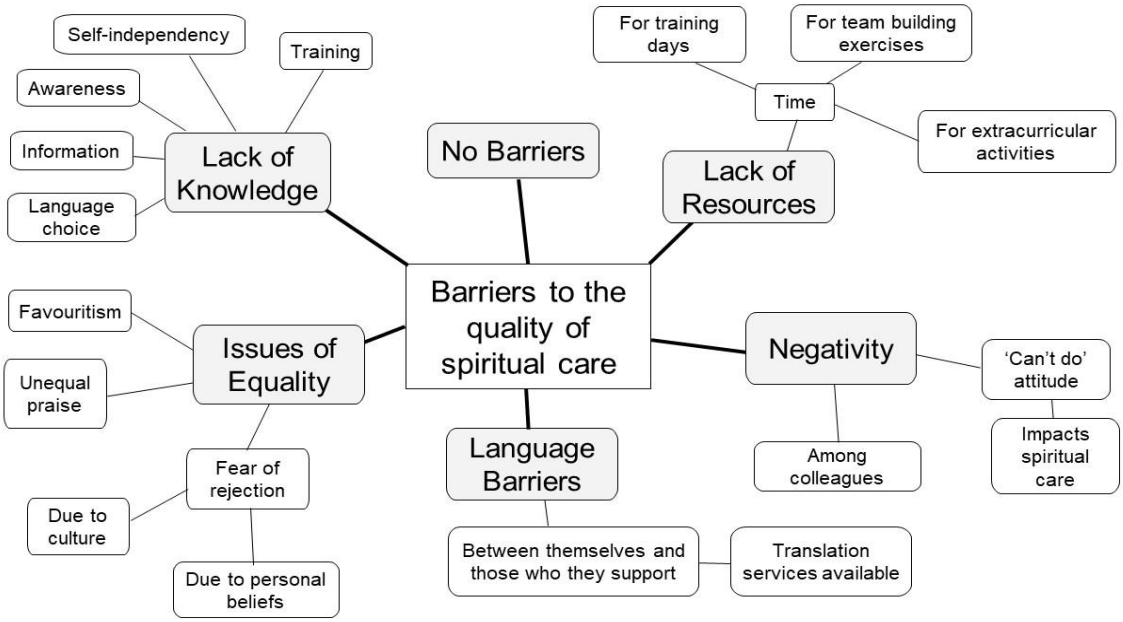

Table 3: Frequency table: 'Barriers which diminish quality of spiritual care?'

Theme	Frequency (n)
Lack of Knowledge	5
Issues of Equality	3
Language Barriers	2
Lack of Resources	3
Negativity	1
No Barriers	7

Equality and language barriers

Both colleagues who work at SJOG and the people we come from diverse backgrounds and cultures. Equality emerged as a theme, specifically around the "*fear of being rejected because of personal belief or religion*". Fears were that sensitivity is important.

Many of the people we support have English as a second language. Some respondents believe that this is a barrier to the quality of spiritual care because the differences in spoken language prohibit effective communication between themselves and those they support – a sense of connection may be difficult to achieve in certain situations. It was noted that some colleagues speak more than one language particularly in our homeless services and those who support people with lived experience of modern slavery and this does help. Equally translation services are available, for example, through use of technology, but this does pose a barrier as a form of intermediary in the support being provided. It may be that where communication poses a barrier, obstacles around equality are pronounced, as connection and hospitality are more difficult to

offer.

It was noted in responses that negativity amongst colleagues can barrier to spiritual care, such as having a pessimistic "*can't do"* attitude, which as a result impacts the quality of spiritual care being provided. The results did not provide more details on the specific details. It is possible that, along with communication barriers, knowledge and understanding are possible causes.

Lack of knowledge and resources

When talking more broadly around spirituality, a lack of knowledge around awareness, information, and choice of language related to spiritual care were noted by five different respondents (*see Table 3)*. From research presented in the introduction and the diversity of descriptions of spirituality which came from respondent, it is perhaps unsurprising. There is diverse thought on the topic and it is inherently personal to some extent.

To address this centralised training and resources might be mae available to offer a point of learning for colleagues focusing on spiritual care and what that means. This leads on to the final theme that emerged from three respondents, which was a lack of resources, in particular "*time*".

Respondents expressed that time limitations are a major barrier for planning "*training days*", or for organising "*team building exercises*" and "*extracurricular activities*" which could improve the quality of spiritual care currently provided.

Discussion and Recommendations

The presented study aimed to explore SJOG UK's understanding of spirituality and spiritual care across colleagues. Colleagues scored high on both SSCRS & SCCS which indicates a positive approach to their understanding of spirituality and spiritual care. Furthermore, according to research conducted by Shah et al. (2018), spiritual awareness positively correlates with ability to meet service users spiritual care needs. Therefore, it can also be concluded that ability and competency in delivering spiritual care is positive amongst the SJOG colleague sample.

Nonetheless, in order to obtain a more in depth understanding on how SJOG colleagues perceive spirituality, open-ended questions were employed and analysed via thematic analysis. When asked 'What does spirituality mean to you?', themes which were the most re-occurring were Personal Belief (n=12); Connection (n=10); Hospitality (n=8); Self-development (n=8); and Philosophical Belief (n=5). Four participants linked Spirituality to a Religious Belief. Thus, the qualitative results are congruent with quantitative results as it further reveals colleagues ability to distinguish spirituality and religion.

The literature review provided in the introduction asserts a positive correlation between higher level of intercultural knowledge (religion in particular) and ability to provide spiritual care. The current results can also imply that SJOG colleagues' ability in delivering spiritual care is not solely limited or dependent on their intercultural knowledge and awareness.

When asked to name some 'Barriers which can diminish the quality of spiritual care' key areas were a lack of knowledge; Issues of Equality; Language barriers; Lack of resources. Although, the

final results seem promising and are revealing of positive SJOG's understanding and approach to spirituality and spiritual care there are ways to further increase effectiveness by tackling the mentioned barriers.

It is not clear whether respondents felt they require more intercultural training as they feel insecure or incompetent in providing spiritual care to members of different culture and religion. Or if these 5 respondents feel they do not know how to meet their spiritual care needs of people support; and thus feel they lack knowledge in providing spiritual care in general. However, within the "Equality and Language" barrier it was disclosed that the feeling of being misunderstood/judged or rejected because of the personal belief/view can act as an barrier. Perhaps, this can be attributed to the "lack of knowledge". Readily available interpreter services are always recommended to be used; however, it can still be very difficult to fully mitigate this barrier (Fatahi & Krupic, 2016).

Recommendation: knowledge and equality and language barriers can be addressed by:

- Providing resources on what spiritual care is, academic definitions and how this can be applied in practice
- Resources and inter cultural training on how to address spiritual needs across different cultures

Resources was cited as a barrier in meeting the spiritual needs the people supported. The theme of excessive workload, burnout, lack of time and resources for organising and attending various forms of trainings and team building exercises was reoccurring.

Professionals who support people who have been traumatised are also at risk of developing a range of psychological conditions. When developing SJOG's trauma informed care pathway, Brezeanu (2022) observes that training and workforce development through teaching and language techniques improves the quality of support offered. It can also be argued that this helps build resilience across those working to support people.

It is important to consider how this can be monitored. Maslach Burnout Inventory can be helpful way for supporting workers to assess whether they are experiencing burnout (Maslach, Jackson & Leiter, 1997). Using this in supervisions might help start conversations about work and the support being offered that colleagues may find difficult to bring up. Similar to this Samaritans who offer debriefing session to all volunteers who offer support.

A positive workplace culture that promotes tolerance and openness is very important as those offering support should be provided with support network and able to disclose any concerns (Weiner, 2021). All colleagues have supervisions monthly along with team meetings and ad hoc meetings can be arranged in all services.

Recommendation: resource barriers can be addressed by:

- Internal network of colleagues providing guidance on spiritual care need
- Continued space to offer reflective practice in teams and individually in order to develop skills
- Having spiritual care resources available during induction period so that colleagues can apply these in practice from the day they offer support

Limitations

The study sampled a relatively small proportion of SJOG colleagues and of those who did take part all work in our homelessness and modern day slavery services. A sample from our disability and older community services would be desirable to ensure the theme distilled here reflect colleagues working in those contexts.

The self-reported questionnaire, while useful, did not provide the level of detail that some of the topics the research has uncovered deserves. A follow up study to explore these would allow deeper insights to be gained. These would them allow the iteration of materials, resources and processes that should be created in response to the recommendations set out here.

Conclusion

Exploring spiritual support at SJOG has been a fruitful exercise. It has allowed the reflection on what spiritual care is, the definition and a how this is interpreted by our colleagues in service. Due to the breadth of the people we support and the different culture that each person come from, development of resources to guide colleagues on offering spiritual support is needed. This not only helps improve the support on offer, but develops skills that help establish resilient teams across our services.

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