



Thames Valley & Wessex Operational Delivery Networks  
(Hosted by University Hospital Southampton NHS Foundation Trust)

**THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK**

## Spiritual Care on the Neonatal Unit.

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	<p><a href="#">handbook%20from%20HealthCare%20Chaplaincy%20%20(3-12%202013).pdf</a></p> <p>IKN (2013) <u>Spiritual Care Nation-wide guideline, Version1.0</u>. Comprehensive Cancer Centres (IKNL), Agora spiritual care working group. Netherlands.</p> <p>Newman's Systems Model, found at <a href="https://www.bing.com/images/search?view=detailV2&amp;ccid=US4p0GzG&amp;id=1CCC793B1EF12205832477565CD8866EF67D88D0&amp;thid=OIP.US4p0GzGD RU0BAy6W-XBAHaF1&amp;mediaurl=https%3a%2f%2fnursekey.com%2fwp-content%2fuploads%2f2017%2f01%2fF000118f11-01-9780323091893.jpg&amp;exph=538&amp;expw=683&amp;q=newmans+systems+model+images&amp;simid=607992643492513175&amp;selectedIndex=6&amp;qvnt=newmans+sys tems+model+images&amp;ajaxhist=0">https://www.bing.com/images/search?view=detailV2&amp;ccid=US4p0GzG&amp;id=1CCC793B1EF12205832477565CD8866EF67D88D0&amp;thid=OIP.US4p0GzGD RU0BAy6W-XBAHaF1&amp;mediaurl=https%3a%2f%2fnursekey.com%2fwp-content%2fuploads%2f2017%2f01%2fF000118f11-01-9780323091893.jpg&amp;exph=538&amp;expw=683&amp;q=newmans+systems+model+images&amp;simid=607992643492513175&amp;selectedIndex=6&amp;qvnt=newmans+sys tems+model+images&amp;ajaxhist=0</a></p> <p>Lundberg.P and Kerdonfag.P (2010) Spiritual care provided by Thai nurses in intensive care units. <u>Journal of Clinical Nursing</u>, Vol 19, pp1121-8</p> <p>Timmins.F et (2015) Spiritual care competence for contemporary nursing practice: A quantitative exploration of the guidance provided by fundamental nursing text books. Nurse Education in practice. <a href="http://dx.doi.org/10.1016/j.nepr.2015.02.007">http://dx.doi.org/10.1016/j.nepr.2015.02.007</a></p> <p>Timmins.F and Caldeira.S (2017) Understanding spirituality and spiritual care in nursing. Spirituality series; 1. <u>Nursing Standard</u>, 25<sup>th</sup> Jan 2017, Vol 31, No 22, p50-7.</p> <p>Timmins.F and Caldeira.S (2017) Assessing the spiritual needs of patients. Spirituality series: 2. <u>Nursing Standard</u>, 15<sup>th</sup> March 2017, Vol 31, No 29, pp 47-53.</p> <p>RCN (2011) Spirituality in Nursing Care: a pocket guide. Royal College of Nursing, London, March 2011, <a href="http://www.rcn.org.uk">www.rcn.org.uk</a></p> <p>Sadeghi. N et al (2016) Spiritual needs of families with bereavement and loss of an infant in the Neonatal Intensive Care Unit. A qualitative Study. <u>Journal of Pain and Symptom management</u>. Vol 52, No 1, July 2016, pp35-42</p> <p>Yousefi.h and Abedi.H (2011) Spiritual care in Hospitalized patients. <u>Iran Journal of Nursing and Midwifery Research</u>, Winter 2011, Vol 16, No 1, pp125-32.</p> <p>Zehtab.S and Adib-Hajbaghery. (2014) The Importance of Spiritual Care in Nursing. <u>Nursing and Midwifery Student</u>, Sept 2014, Vol3, No 3, e22261.</p>
Implications of race, equality & other diversity duties for this document	<b>This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.</b>

## Guideline Title

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## 1.0 Aim of Guideline

To guide staff working across the Thames Valley and Wessex Neonatal Network, Ensuring highest quality spiritual care is offered to all babies, as well as their parents and where relevant- their extended family and friends. For accessibility, the guidelines have been collated under distinct subheadings, however, the reader is strongly advised to read the guidelines in full and to seek the advice and support of more senior or experienced colleagues in the practice setting.

## 2.0 Scope of Guidelines

<b>Thames Valley</b>	
Buckinghamshire Healthcare NHS Trust	- Stoke Mandeville Hospital, Aylesbury
Frimley Health NHS Foundation Trust	- Wexham Park Hospital, Slough
Milton Keynes University Hospital NHS Foundation Trust	- Milton Keynes General Hospital
Oxford University Hospitals NHS Foundation Trust	- John Radcliffe Hospital, Oxford
Royal Berkshire NHS Foundation Trust	- Reading
<b>Wessex</b>	
Dorset County Hospital NHS Foundation Trust	- Dorset
Hampshire Hospitals NHS Foundation Trust	- Basingstoke
Hampshire Hospitals NHS Foundation Trust	- Winchester
Isle of Wight NHS Trust	- St Mary's Hospital
Poole Hospital NHS Foundation Trust	- Poole Hospital
Portsmouth Hospitals NHS Trust	- Queen Alexandra Hospital
Salisbury NHS Foundation Trust	- Salisbury
University Hospital Southampton NHS Foundation Trust	- Princess Anne Hospital
Western Sussex Hospitals NHS Foundation Trust	- St Richard's Hospital, Chichester

## 3.0 Guideline Summary.

- It is imperative that spiritual care be recognised as an essential component of nursing care. Spiritual care by nurses is should no longer be just a fundamental expectation, but is also mandated by both professional and regulatory organisations.
- Staff should develop sensitivity for detecting signals on spiritual issues, as in practice, it may not be straightforward to determine when patients are experiencing spiritual distress and spiritual assessment is likely to be an ongoing process, rather than a specific event or checklist.
- Two preliminary questions should be asked of parents and the answer documented in a designated place. This should be asked and recorded separately for each parent- who may have very different needs and preferences.
  - 1) Whether they have a religious denomination?
  - 2) Whether they practice a faith of some kind?

- If a parent informs a staff member of a faith/ spiritually related objection to treatment or care, this should be documented in a designated place in both the medical and nursing record. The medical team and nurse in charge should also be informed, so that the issue can be discussed further and care planned accordingly.
- When parents express their pastoral, religious or spiritual needs and request to be referred to the chaplaincy service, this information should be recorded and action taken.
- Where referrals are made to other services or health professionals (ie chaplain/ psychologist) this should always be with the parent's explicit consent.
- Staff should ensure they know how to access the spiritual care (chaplaincy) team, both routinely and in an emergency.
- Staff should be aware of 'spiritual' facilities within their own hospital. For example Chapel/ multi faith rooms/ prayer rooms, so they can direct parents, their family and friends and work colleagues to access these, when required.
- Staff should take responsibility for their role in spiritual care. However, they should expect to be supported in this by their local unit. For example through spiritual care policies, practice guidelines, readily available cultural/ religious and spiritual information, hospital chaplaincy team and hospital chapel/ prayer facilities.

## 4.0 Guideline Framework

### 4.1 Background Information

Spiritual care in a health care setting is a subject that causes uncertainty and confusion. When health care staff discuss the concept of spiritual care they all identify that 'it is important'. However on further questioning they are then unclear what spiritual care means in the health care context and what spiritual care should encompass for them, in their work place and work role. Therefore before considering spiritual care further, it is necessary to clarify some terms for the reader.

Commonly accepted definitions include;

- Spirituality is a set of beliefs that informs living.
- For many people who are religious, spirituality refers to the soul and its protection and nurturing through life.
- 'Spirit' is the essence of the uniqueness of each person, their beliefs, values and experiences. 'It is most often understood as what gives us meaning and purpose and includes those aspects of life which enable us to be truly fulfilled, such as respect for their uniqueness, dignity, values, beliefs, aims cultural expression, or lifestyle choices, as well as those ways in which we interpret difficult times, pain, loss or bereavement.
- Spiritual care is the care of the 'spirit'.
- Spiritual care is a fundamental aspect of nursing care and attending to the spiritual needs of patients may improve their health outcomes.
- 'Religious care' is the meeting of spiritual needs, expressed through a religious belief or commitment.

Literature identifies that in general, the physical aspects of disease management are acknowledged and considered in nursing care, but that for the majority of the time, spiritual care of the patient and their extended family is often not formally acknowledged as a nursing priority. This is despite growing evidence to suggest that spiritual support improves outcomes.

Authors identify factors in the clinical environment that have been found internationally to impede spiritual care delivery by nurses. These include; time constraints, limited understanding, lack of recognition of its importance, lack of confidence and lack of education. The result of this deficit is noted by authors to result in the provision of spiritual care that is often poor quality and limited in its scope, with the quality of this care depending significantly upon the personal preferences and inclinations of the staff members caring for a patient on any particular shift.

The importance of spiritual care provision by nurses is receiving widespread acceptance internationally. A similar impetus is also noted to be present within the medical profession. So as Dunn et al (2009) write; 'As nurses spend more time with patients than any other health care provider, it is imperative that spiritual care be recognised as an essential component of nursing care. Increasingly health care providers are expected to attend to the spiritual needs of their patients. Spiritual care by nurses is no longer just a fundamental expectation, but is also a mandate by both professional and regulatory organisations.'

#### 4.2 The need for spiritual care in a neonatal setting.

- Life threatening illness, in oneself or a loved one brings about contemplation of fundamental spiritual and existential questions. Like other intensive care units, the NICU, by definition, confronts families with critical illness and the possibility of actual death of an infant. Parents may experience severe stress and suffer spiritual distress as well. (Catlin et al, 2001)
- The birth of a child is often accompanied by elation and celebration, but when a birth results in admittance to the NICU the typical emotions of joy and celebration may be tempered with anxiety and fear. Parents with a religious and spiritual world view may find their faith and spiritual lens is an important aspect of coping with their NICU experience. (Brelsford and Doheny 2016)
- A stay in hospital can involve physical needs which may be obvious but it can also involve emotional and spiritual needs, which may be less obvious and may come as a surprise.
- Spiritual needs should be acknowledged within neonatal care, whether these are for the babies, families, or the team itself. (Caldeira and Hall, 2012.)
- Nurses should consider spirituality as an important component of holistic care. During their professional career, they should expand their knowledge and understanding of spirituality and develop tools for assessment of spiritual needs.
- Managers have responsibility to ensure that spiritual care is carried out for babies, their families and to care for the team as spiritual leaders. (Caldeira and Hall, 2012.)
- Within the health care arena, there must be greater interest in the cultivation of the nurses own spirituality, as well as the creation of a hospital culture that systematically provides spiritual care throughout the entire nursing staff. Health administrators and nurse managers must support the provision of spiritual care. (Dunn et al, 2009)

#### 4.3 Assessment

Many parents' with a baby in hospital have spiritual needs and will draw upon their personal resources, as well as their family and healthcare chaplaincy services, for spiritual support. However nurses and other health care professionals should be able to identify and support parent's spiritual distress as a component of providing holistic care (Timmins and Caldeira - A, 2017.)

The primary purpose of any spiritual assessment is to identify specific spiritual care needs and formulate a plan of care- where appropriate- for parents. This can be achieved using a range of methods and is especially important where spiritual distress might be anticipated. For example in a palliative care situation, or when one or more babies is seriously ill, or in a life threatening condition.

#### Informal assessment.

- When considering whether parents or families would like or benefit from spiritual support in healthcare settings, the best approach is often for nurses or other health care professionals to ask them. This demonstrates a person centred approach to care, and means that nurses can avoid making assumptions about the patients spiritual needs and beliefs
- It is important to consider that not everyone has a spiritual or religious outlook on life. For some, even the suggestion of spiritual distress or need may be considered offensive. Many societies are becoming increasingly secular, with fewer people subscribing to formal religions. There are also varying perspectives within religions, and an increase in personal and selective approaches to spirituality.
- Two preliminary questions should be asked of parents and the answer documented in a designated place. Each parents must be asked separately, as they may have different faith or religious beliefs/ practices.

1-Whether they have a religious denomination?

2-Whether they practice a faith of some kind?

- The answer from many parents may be 'No', to these questions, but from the discussion around these two questions staff should ensure from the time of admission, that any clinical/ medical care does not compromise the parent's spiritual or religious beliefs. For example;
  - Objections to treatment or care
  - Everyday customs
  - Worship needs
  - Privacy and dignity
  - Customs/ procedures around significant life events. (ie birth) (See world faiths booklet)
- Parents may express their spiritual needs by raising spiritual topics, showing a reverence for spiritual items, celebrating a spiritual season in their tradition, raising existential questions about life or the afterlife.
- Where a parent's spiritual needs are more personal, the assessment process might be more complex and ideally based on an established therapeutic relationship between the nurse and parent.
- In practice, it may not be straightforward to determine when patients are experiencing spiritual distress and spiritual assessment is likely to be an ongoing process, rather than a specific event or checklist.

Examples of possible informal screening questions are listed below. It would not usually be appropriate to ask parents all the questions listed. Rather in the context of conversation, relationship and/ or shared caregiving for their baby, the nurse/ nursery nurse may take an opportunity to bring up the topic, or enquire into a parent's spirituality.

- How does the parent keep going day by day?
- What helps the parent get through the healthcare experience?
- How has the baby's birth/ admission affected the parent and their family?
- Who or what provides the parent with strength and hope?
- Does the parent use prayer in their life?
- How does the parent express their spirituality?
- How would the parent describe their philosophy of life?
- What type of spiritual or religious support does the parent desire?
- What is the name of the parent's clergy, minister, chaplain, pastor, rabbi, Iman?

- What does suffering mean to the parent?
- What are the parent's spiritual goals?
- Is there a role of the church/ synagogue, temple, mosque in the parent's life?
- How does faith help the parent cope with their baby's illness?

#### Formal assessment

In healthcare settings most patient care plans are based on standardised assessment tools, therefore assessing and screening spiritual needs can be incorporated into a standardised assessment. Examples of three tools are shown below;

<p><b>SPIRIT</b></p> <p>S: <b>Spiritual</b> belief system  P: <b>Personal</b> spirituality  I: <b>Integration</b> with a spiritual community  R: <b>Ritualised</b> practices and restrictions  I: <b>Implications</b> for medical Care  T: <b>Terminal</b> events planning.</p>
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<p><b>FICA - Spiritual Assessment Tool</b></p> <p>An acronym that can be used to remember what is asked in a spiritual history is:</p> <p><b>F: Faith</b> or Beliefs  <b>I: Importance</b> and influence of spiritual life in the patient's life  <b>C: Community</b> – spiritual community and support  <b>A: Address</b> - How does the patient wish spiritual issues to be addressed in his or her care?</p> <p>Some specific questions you can use to discuss these issues are:</p> <p><b>F:</b> What is your faith or belief?  Do you consider yourself spiritual or religious?  What things do you believe in that give meaning to your life?</p> <p><b>I:</b> Is it important in your life?  What influence does it have on how you take care of yourself?  How have your beliefs influenced your behavior during this illness?  What role do your beliefs play in regaining your health?</p> <p><b>C:</b> Are you part of a spiritual or religious community?  Is this of support to you and how?  Is there a person or group of people you really love or who are really important to you?</p> <p><b>A:</b> How would you like me, your healthcare provider, to address these issues in your healthcare?</p>
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## HOPE

**H**-sources of hope strength, comfort, meaning, peace, love and connection

**O**- the role of organised religion for patients

**P**-personal spiritual practices

**E**-effects on medical care and end of life decisions.

Examples of questions for the HOPE approach to spiritual assessment.

**H:** Sources of hope, meaning, comfort, strength, peace, love and connection

We have been discussing your support systems. I was wondering, what is there in your life that gives you internal support?

What are your sources of hope, strength, comfort and peace?

What do you hold on to during difficult times?

What sustains you and keeps you going?

For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?

If the answer is "yes," go on to O and P questions.

If the answer is "no," consider asking: was it ever? If the answer is "Yes, " ask: What changed?

**O: Organized religion**

Do you consider yourself part of an organized religion?

How important is this to you?

What aspects of your religion are helpful and not so helpful to you?

Are you part of a religious or spiritual community? Does it help you? How?

**P: Personal spirituality/practices**

Do you have personal spiritual beliefs that are independent of organized religion? What are they?

Do you believe in God? What kind of relationship do you have with God?

What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

**E: Effects on medical care and end-of-life issues**

Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relations with God?)

As a doctor, is there anything that I can do to help your access the resources that usually help you?

Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?

Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?

Are there any specific practices or restrictions I should know about in

#### 4.4 Implementing spiritual care.

It is important for nurses to be aware of the different components of spiritual care. They have been described using the ABCDE acronym, seen in the table below.

Table 1. ABCDE approach. (Caldaeira and Timmins. 2017)

Assessment	Being	Collaboration	Diagnosis	Ethics
Observation Questioning Use of spiritual assessment tools	Presence Listening Touching Feeling	Healthcare team Family Other resources	-Identify the indicators of spiritual distress. -Recognise the risk factors associated with spiritual distress -Evaluate the outcomes	Be respectful Be truthful Maintain confidentiality Provide dignity-preserving care

Several competencies can be involved in the delivery of effective spiritual care. Up to six are identified in the recent nursing literature. These are summarised below;

Table 2. Six Core Competencies of Spiritual Nursing Care. (Caldaeira and Timmins. 2017)

Competency	Description
Handling one's own beliefs	The nurse understands their own spiritual beliefs, or lack of beliefs, and does not impose these on others. There is acceptance that beliefs vary between individuals.
Addressing spirituality	The nurse addresses the patient's spirituality as an important aspect of care.
Collecting spiritual assessment information	The nurse asks the patient about their spiritual practices and beliefs, and the extent to which they relate to health.
Discussing and planning spiritual interventions	The nurse discusses spiritual interventions with the patient and their family, as well as with the healthcare team, to develop an individual care plan for the patient.
Providing and evaluating spiritual care	The nurse provides spiritual care and evaluates how the interventions were important in maintaining the patient's health and well-being.
Integrating spirituality into institutional policy	The nurse provides care in accordance with institutional policy and has an important role in providing evidence-based care. Research emphasises that spirituality is an important dimension of care, therefore nurses should be committed to the quality and updating of institutional guidelines and policy in this area.

If spiritual assessment identifies that a patient is experiencing spiritual distress, appropriate spiritual care interventions should be provided.

## Possible spiritual care interventions for staff to consider;

- Therapeutic use of self
- Listening to parents
- Conversing with parents
- Healing presence
- Touch- where appropriate.
- Use of humour.
- Allow parent space to cry.
- Allow parent space to be silent.
- Opportunity to reminisce/ talk about deceased baby/ sibling.
- Intuitive sense- to recognise opportunity for a spiritual conversation.
- Call parents own pastor/ chaplain/ Imam
- Connect parents with local chaplain/ clergy
- Offer to call family members
- Offer to connect parent with other parents on neonatal unit who may have similar faith/ spirituality- and are comfortable and emotionally stable enough to connect with other parents.
- Offer to contact chaplaincy team to offer spiritual guidance regarding difficult decisions.
- A unit should ideally have an 'Open Visiting Policy'. However, the unit visiting policy should allow flexibility for 'visitors' who are providing spiritual support/ care for the baby and family. For example allowing someone else to visit the baby in their place- whilst parent takes 'time out'. Or allowing extended periods of visiting from 'significant others' whether family or not.
- Give parents a spiritually nurturing environment where possible. For example offer undisturbed time next to baby, offer privacy with screen to provide private time not 'on view' with the baby.
- Allow parents to have items of significance at the cot side (wrapped in plastic, as appropriate for hygiene reasons. Facilitate this through informing parents of this choice, rather than expecting them to ask for it.
- Remember to treat the baby with dignity at all times, to emphasize and acknowledge the baby's value and worth. Take care to use screens for medical procedures, maintaining confidentiality, handling baby very gently and 'lovingly' rather than in a 'utilitarian' way.

## Suggestions that parents may want to consider doing.

- Read Bible/ other holy book.
- Whisper truths of faith into baby's ear- self or via Imam or Muslim elder.
- Pray(er) of blessing- by parents or via chaplaincy, with others.
- Baptism of baby- via chaplaincy.
- Displaying important item at baby's bed side (ie-photograph, religious image/ icon, prayer, glass angel, religion item.) These will often need to be sealed into a plastic bag for hygiene reasons
- Invite supportive friends or family member for longer visits- for support of parents for spiritual/ emotional support.
- Calling family members for support/ listening/ update.
- Prayers/ blessing/ memorial service for loved ones - perhaps if twin or siblings of multiples has died.
- Expressing creativity- perhaps to make something for the baby or for the time on the unit (ie knitting, making quilt, making cot card, writing blog or diary, mindfulness, adult colouring, taking daily photos, baby foot prints, writing poetry- perhaps for or about the baby.)
- Taking time away from the unit. Possibly meals out, night at home.
- Time with psychologist/ counsellor/ parent listeners.
- Displaying family photograph/ pictures done by siblings or similar at baby's bedside- to humanize baby's bed space and emphasise belonging to their family.

#### 4.5 Best practice in spiritual care.

- Spiritual care should be viewed as ongoing and not just on admission. Staff should make the effort to monitor and identify different spiritual concerns as they arise.
- Spiritual care is inadequate if only provided when the patient requests it.
- Staff should remember that failure to address spiritual needs may add to the parent's suffering.
- Staff should develop sensitivity for detecting signals on spiritual issues
- In an attentive conversation matters can be clarified for both parties
- A first step is to realise that statements made by patients/ parents/ families seldom have a singular meaning, but usually contain layers of meaning.
- Spiritual care is more likely to occur when nurses are aware of their own spirituality and personal spiritual perspectives.
- Providers should make every effort to request and record data about religion and belief.
- All parents should be asked if they wish to declare their religion or belief and have this recorded. This should be asked and recorded separately for each parent- who may have very different needs and preferences.
- When parents express their pastoral, religious or spiritual needs and request to be referred to the chaplaincy service, this information should be recorded and action taken.
- All parents should be fully informed how their information is intended to be recorded, used and shared and of their right to consent to such processing.
- Where referrals are made to other services or health professionals (ie chaplain/ psychologist) this should always be with the parent's explicit consent.
- When relevant parents should be given access to the most suitable chaplain to meet their pastoral, spiritual or religious needs.

#### 4.6 Staff responsibility.

Staff have to take responsibility for their role in spiritual care. However, they should expect to be supported in this by their local unit.

Local units should provide;

- Spiritual care policies.
- Practice guidelines for spiritual care.
- Access to up to date religious/ cultural/ spiritual practice information- this can be via internet or e learning etc.
- Orientation for staff to existence of local hospital facilities and information on accessing the chaplaincy team, both routinely and in an emergency situation.

Staff should take responsibility by;

- Having an awareness of the spiritual care dimension in patient care.
- Respecting the equality and diversity agenda and Trust Policy with respect to spiritual care needs.
- Being familiar of the means by which the spiritual care (chaplaincy) team can be accessed, both routinely and in an emergency.
- Being aware that other alternative sources of support may be accessible for parents, via chaplaincy. For example Muslim Imam, Jewish Rabbi, Sikh Granthi.
- Being aware of facilities within their own hospital. For example Chapel/ multi faith rooms/ prayer rooms.
- Being an active part of the team monitoring and identifying different parental spiritual concerns as they arise.

#### 4.7 Documentation.

- Two preliminary questions will be asked of parents (whether they have a religious denomination? and whether they practice a faith of some kind.) The answer must be documented in a designated place, so that the information can be easily accessed by all members of the health care team.
- The answers given by EACH parent must be also documented in a way that allows each parent's response to be identified separately. Because two parents may have very different opinions and religious/ spiritual needs, which cannot be acknowledged or acted upon if the differences are not clearly identified to staff caring for a baby.
- If a parents informs a staff member of a faith/ spiritually related objection to treatment or care. For example refusal to allow blood transfusions, or to receive medication with a porcine origin, this should be documented in a designated place in both the medical and nursing record, where it can be easily accessed by all of the health care team. The medical team and Nurse in Charge should also be informed, so that the issue can be discussed further and care planned accordingly.

#### 4.8 Resources.

- Parents and staff should have 24 hour access to Chaplaincy/ Spiritual Care team.
- Parents and staff should have 24 hour access to a chapel/ multi faith/ prayer room.
- There should be basic items of religious significance available on the unit for immediate access. For example;
  - A copy of the Bible/ Qur'an/ Torah or other mainstream faith writings.
  - Equipment to facilitate emergency or planned baptism. Such as a copy of the words and actions required to baptise a baby, blank baptism certificates, white blanket/ white clothing for baptisms.
  - White shroud for Muslim burials and preparation of the body.
- There should be temporary space identified for private parental prayer /meditation on the unit, when it is not possible for a parent/ staff to access hospital communal facilities. For example a baby is critically ill.
- Basic cultural / religious/faith information should be available on the unit for immediate access. For example printed copies of guideline documents, or directs links to guidelines/ documents posted onto designated unit computer or hospital intranet.
- Space to enable privacy for spiritually distressed parents. This may be facilitated by the use of screens, reallocation of a clinical space or availability of a separate 'quiet room'.

#### 4.9 Ensuring ethical and professional practice.

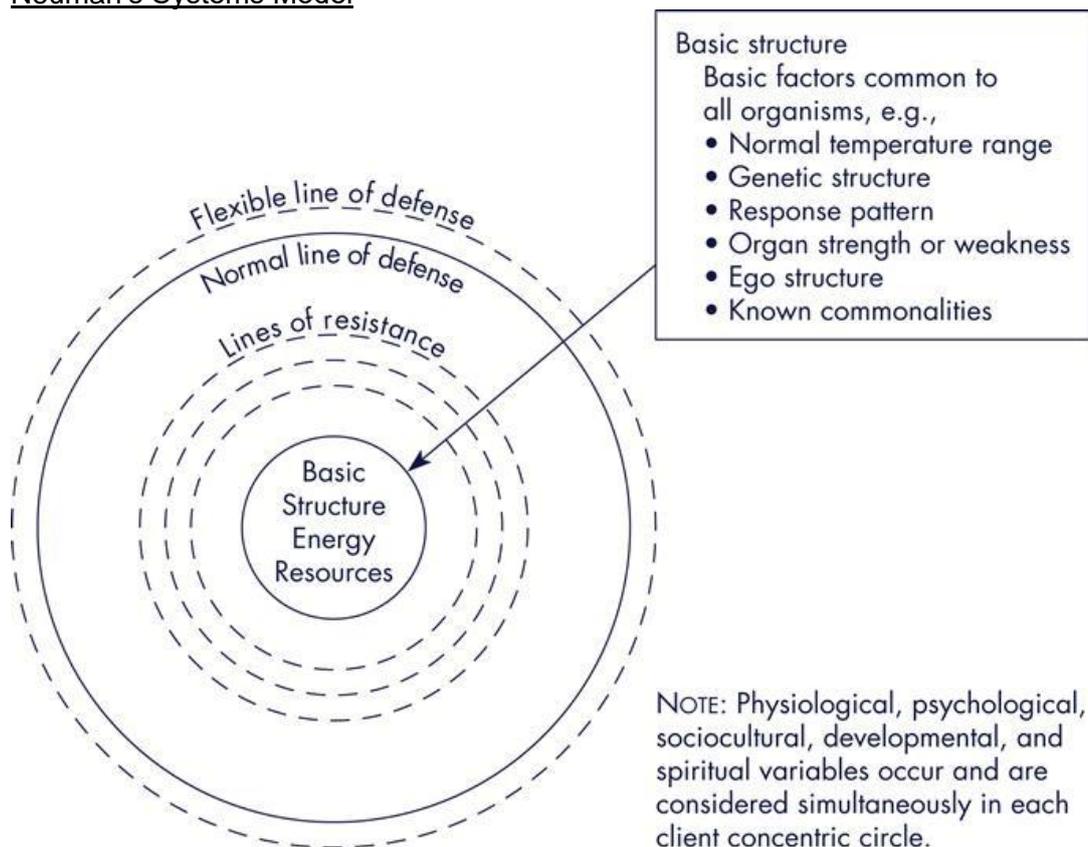
- It may become apparent that the parent requires some intervention to support them with their spiritual or religious beliefs. It is important that there is no compromise between nursing staff's personal beliefs and professional practice. So before taking any action the following should be considered:
  - has the intervention been initiated by the parent?
  - has clear consent been given?
  - does it comply with professional codes of practice?
  - does it comply with employer's codes of practice?
  - is it safe and appropriate?
  - is it likely to cause offence?
  - do you feel comfortable?
  - do you have sufficient knowledge and skills?
  - is there adequate support and supervision for you and the parent?

- When action is taken staff should ensure that there is thorough documentation in the nursing record. This should include what actions a parents may have requested, and what actions were taken by nursing staff and the outcome(s) of any intervention.

#### 4.10 Models of care.

- Spiritual care must be integrated into the nursing curriculum.
- Neuman's Systems model is the leading nursing model to acknowledge spirituality and spiritual care. It identifies that spiritual variables are necessary for a truly holistic perspective and caring concern for the patient. It is considered to be useful for teaching spirituality to nursing students.

#### Neuman's Systems Model



#### Appendix 1.

From Basic Religious Information. HCC (2013)

## **Jehovah's Witness**

### Beliefs

No Holy Trinity. God is the Father, while Jesus Christ is His son, a separate person. The Holy Spirit is God's motivating force. Do not participate in nationalistic ceremonies (e.g. saluting the flag), and do not give gifts at holidays or celebrate traditional Christian days.

Believe that after world is restored to state of paradise; beneficiaries of Christ will be resurrected with healthy, perfected physical bodies, and will inhabit earth.

### Daily Practices

Prayer and reading of Scriptures.

### Dying and death

Death is a state of total unconsciousness. Euthanasia forbidden. Autopsy acceptable if legally required. Donation of body or organs is a personal choice.

### Facilitating practices

Be sensitive to strong religious beliefs opposing use of blood or blood products. Encourage patient or family to consult with congregational elders or to contact the local JW Hospital Liaison Committee for assistance.

### Food

Avoid food that contains blood.

### Health

Likely to be strongly opposed to blood transfusion. Medications from blood products may not be acceptable. Use of extraordinary means to prolong life or right to die is individual choice.

### Holy days and festivals

Meetings are held 3 times a week in local Kingdom Halls with focus on education. Weekly meetings in homes. Most important meeting of the year is a congregational celebration of the memorial of Christ's sacrificial death.

### Pregnancy and birth

Abortion and artificial insemination by a donor are forbidden. Birth control is an individual choice. No infant baptism.

### Rituals or ceremonies

Adult baptism. No special rituals for sick or dying.

### Spiritual instruments, structure and symbols

Nil

## **Christian - Protestant**

\*Numerous Christian groups

\*Mainline denominations include: Baptist, Christian (also Disciples of Christ, Churches of Christ), Episcopalian (also Anglican), Lutheran, Mennonites (also Amish), United Methodist, Presbyterian, Reformed, and United Church of Christ. Beliefs

Jesus of Nazareth is the son of God. Emphasis on Scripture/Holy Bible as word of faith and life. Groups vary widely in how literally they adhere to Scripture. Traditionally two Sacraments- Baptism and Communion. Community worship important.

Daily Practices

Prayer, Scripture reading.

Dying and Death

Organ donation, autopsy, burial or cremation usually individual decisions. Euthanasia beliefs vary from individual decision to religious restrictions. Body to be treated with respect.

Facilitating Practices

Ask patient and family what practices they support. Provide privacy as needed.

Food

No restrictions.

Health

In most denominations, decisions about blood, blood products, vaccines, biopsies, amputations and transplants are an individual choice. Prayer, anointing, Eucharist or other rituals may be important.

Holy Days and Festivals

Traditional Christian holidays and observances

Pregnancy and Birth

In most denominations, decisions about genetic counseling, birth control, fertility tests, and artificial insemination are an individual choice. Some denominations may have restrictions. Baptism of infants practiced in some denominations; others may desire blessing or dedication ritual.

Rituals or Ceremonies

Prayers for healing and comfort of the sick, commendation of the dying, personal prayer, Sacraments.

Spiritual instruments, structure and symbols

Bible, Cross  
Many mainline denominations ordain both men and women while some conservative denominations may have only male leadership.

## **Christian - Roman Catholicism**

\*Roman Catholicism is the largest group in the US. Because many Roman Catholics in the US are immigrants, practice may be heavily culture and ethnicity dependent.

Beliefs

Strong tradition of liturgy (ceremony).  
Emphasis on practices (usually termed, sacraments), including: baptism, Eucharist, prayers for the sick, holy orders, marriage, confirmation and confession/penance.  
Dedication to creeds (formulated statements of beliefs).  
Belief in Apostolic succession in leadership, meaning leaders are male successors of the original apostles of Jesus.

Daily Practices

Prayers at table, bedside and other times.  
May desire daily Eucharist or attendance at Mass.  
Use of sacramentals or aids in the spiritual life, such as rosary beads/prayer, holy images, candles, etc.

Dying and Death

Belief in life after death.  
Persons experiencing grave suffering and/or approaching death are usually encouraged to compare their suffering to that of Christ's.  
Sacrament of the Anointing of the Sick very important for the seriously ill, frail and elderly. Used to be called Last Rites.  
Autopsy and Organ Donation acceptable.  
Body to be treated with respect.  
Wakes encouraged- usually in a funeral home the day before the funeral.  
Funeral Mass is the norm but can be replaced with a funeral version of Liturgy of the Word.  
Graveside service is also typical.

Facilitating Practices

Ask patient and family about preferred practices.  
Ask about rituals and needs such as Eucharist/Communion or anointing.  
Provide for privacy as needed.

Food

Traditional Catholics may fast and/or ask for sacramental confession prior to receiving Eucharist and may wish to avoid meat on Fridays, especially during season of Lent; offer to provide fish instead.  
No general dietary restrictions.

Health

Blood and blood products acceptable.  
May wish major amputated limb to be buried in consecrated ground.  
Sacrament of the Sick (anointing by a priest)

may be very important.  
May believe suffering is part of one's fate or punishment from God.

#### Holy days and festivals

Traditional Christian holidays as well as observance of special holy days when attendance at Mass is viewed as an obligation.  
Holidays such as Christmas and Easter are celebrated as a season, not only for one significant day.

#### Pregnancy and Birth

Natural means of birth control only.  
Abortion and sterilization prohibited.  
Artificial means of conception are discouraged.  
Baptism of infants may be required and urgent if prognosis is grave.

#### Rituals or Ceremonies

Attending mass (worship) on Sunday and Holy Days, sometimes daily.  
Observing sacraments.  
Praying the rosary (beads to aid in saying prayers).  
Lighting candles.  
Be aware of cultural differences in observance and practice, especially in the large and growing number of Spanish speaking communities.

#### Spiritual instruments, structure and symbols

Rosary (prayer beads).  
Holy water.  
Incense.  
Saints, especially Mary the mother of Jesus and saints associated with healing.  
Jesus pictures and statues; crucifix (cross with corpus of Jesus).  
Name of Jesus is important.  
Only (male) priest can offer Sacraments.  
Leadership includes priest (Father), deacon (Mr. or Deacon), nuns (Sister) and brothers (Brother), whom all have taken vows, as well as Eucharistic ministers (lay-men and women who bring Eucharist/communion); chaplains, both men and women, who are specially trained and certified.

## Islam (Muslim)

The religion is "Islam". Those who practice this religion are "Muslim". The Five Basic Principles of Al-Islam/Beliefs

*Shahadatain* (Declaration of Faith) - To declare there is only one God, Allah, and that Muhammad is his messenger.

*Salat* (Prayer/ Worship) - Muslims must pray five times a day. The Qur'an is the final revelation to Humanity.

*Zakat* (Charitable Contributions) - Requires that once a year a Muslim is to give at the rate of 2.5% to a charitable cause.

*Sawm* (Fasting) - Participate in the month long fast of Ramadan, in which they restrain from food, drink, and sex during daylight hours.

*Hajj* (Pilgrimage to Mecca) - If in good health and with enough money, one must make the pilgrimage to Mecca once in their lifetime.

### Beliefs

One God, or Allah, is most important principle.

Complete submission to God.

Prophet Muhammad and Holy Qur'an.

A judgment day and life after death.

Commitment to fast during the holy month of Ramadan: abstaining from food, drink, sexual intercourse and evil intentions and actions.

Commitment to attempt a pilgrimage to Mecca (in Saudi Arabia) at least once in life.

Duty to give generously to poor people.

Belief in Oneness of God.

Belief in His Angels.

Belief in His Books (All the revealed Scriptures).

Belief in His Messengers (All of them).

Belief in Hereafter (Life after Death).

Belief in the Day of Judgment.

Belief in Reward and Punishment.

### Daily Practices

May engage in prayer 5 times a day facing Mecca (dawn, mid-day, mid-afternoon, sunset, night); face, hands and feet are washed before prayer. Do not interrupt or walk in front of patient when he/she is saying prayers unless it is an emergency. Days of observance occur throughout the Muslim lunar calendar.

## Dying and Death

Death is controlled by God's plan.  
 Euthanasia or any attempt to shorten life prohibited.  
 Organ or body donation acceptable.  
 Autopsy permitted only for medical or legal reasons.  
 Confession of sins and begging forgiveness often occurs in presence of family upon death.  
 Important to follow five steps of burial procedure which specifies washing, dressing, and positioning of the body. First step is traditional washing of the body by Muslim of same gender.  
 As moment of death approaches, Islamic Creed should be recited.  
 Grief expressed by shedding tears, but forbidden to wail, beat breast, slap face, tear hair or garments, or complain or curse.

The *Janazah* Prayer (Prayer for the deceased) must be said in Arabic and led by a male- an Imam is preferred. This process should take place within 72 hours after death. Therefore, a death certificate should be signed quickly to facilitate the process.

## Facilitating practices

Explore what practices are most important to patient/family.  
 Be aware that some customs prohibit handshakes or any contact between genders.  
 Female patients may want a female physician.  
 Be aware of language barriers.

## Food

*Tayyib*: what is good, pure, clean, wholesome, nourishing, pleasant and tasteful.  
*Halal*: what is lawful and allowed for Muslims to eat.  
*Halal Diet*: Pork, and some shellfish prohibited; alcohol is possibly prohibited. Only vegetable oil to be used.  
 Any food invoked by a name besides God's may be prohibited.  
 Children, pregnant women, and those who are ill are exempt from fasting laws, however may resist and need support from faith group/leader.  
 May only eat with right hand, which is considered to be the clean hand.

Health	<p>No restrictions on blood or blood products, medications, amputations, organ transplants, or biopsies.</p> <p>Most surgical procedures permitted.</p> <p>Doctors are seen as helpers of God's will.</p> <p>Abortion is prohibited except in cases of rape, incest and if the life of the mother is threatened. A fetus is considered a human being after 25-week gestation.</p>
Holy Days and Festivals	<p>Fasting during the month of <i>Ramadan</i> is included in the 5 pillars of Islam and is considered to be a spiritual obligation.</p> <p>Fasting happens from sunrise to sunset. The ill and children are exempt from fasting, but they may join anyway if safe to do so.</p> <p><i>Jum'ah</i> Prayer (Congregational Prayer) held every Friday, the Holiest Day for Muslims and takes place at noon prayer. One may not work during this time.</p> <p>Islamic days are based on the lunar calendar. Muslims do not work on two Holy days during the year; 1) <i>Eid-ul-Fitr</i> (Celebration of the Fast Breaking)- this is held on the first day of the ninth month of the lunar calendar. 2) <i>Eid-ul- Aha</i> (Celebration of the Sacrifice of Abraham) - a three day celebration beginning on the 10th day of the twelfth month called <i>Dhul Hijjah</i>.</p> <p>These Holy days consist of prayer and a short sermon in congregation followed by food, entertainment, feeding of the poor and visiting the sick and shut-in.</p>
Pregnancy and birth	<p>At 25 weeks gestation the fetus is considered a living human being. Before and after that period there are no abortions, except if the Mother's life is threaten. In any case it is the decision of the Mother</p>
Rituals and Ceremonies	<p>There are many cultures in Islam that have their own particular rituals and ceremonies such as facing the east before death, but there are religious rituals and ceremonies that cross all cultural lines such as; A Akika (New born ceremony) naming the child within 7 days of birth with family and friends.</p> <p>Chapter 96 (Yasin) is read to the sick. The declaration of Faith is said at the end-of-life by patient. Washing, shrouding and Janazah Prayer (Funeral Service) and burial are done with-in 72 hours of death.</p>

Spiritual instruments, structure and symbols Muslims turn to the Kaaba (House Built to Worship One G-D) to pray 5 times a day, when the direction is known, although they can pray in any position or direction if dictated by circumstances. There are no symbols or signs that represent Islam except the Holy Qur'an.

### Sunni

Sunni roughly means “words and actions” or example of the Prophet Muhammad. Believe that when the prophet Muhammad died, it was his wish that the next leader would be elected. Abu Bakr, Muhammad’s closest friend, was elected. Believe the caliphs (leaders) of Islam should continue to be elected (and they are).  
85% of Muslims are Sunni.

### Shia

Shia roughly means, Party of Ali. Believe that when the prophet Muhammad died, it was his wish that Ali, his cousin and son-in-law, would be the new caliph. Believe that the caliphs (leaders) of Islam should continue to be direct descendents of the Prophet Muhammad. Shia Muslims choose to ignore the elected Sunni leaders, and instead follow their own leaders, direct descendents of Muhammad called Imams. 15% of Muslims are Shia. Iran and Iraq are the only countries that have a majority of Shia Muslims. Shia Muslims are the minority in the rest of the Islamic world. Can also be found in Pakistan, Azerbaijan, Afghanistan, India and Syria. Some Shia Muslims pray only 3 times a day; all Sunni Muslims pray 5 times a day.

## Judaism

All believe:

There is one all-powerful God who created the universe.

God communicated the commandments to Moses on Mount Sinai, they are written in the Torah.

Commitments, obligations, duties, and commandments to religion have priority over rights and individual pleasures.

Sanctity of life overrides nearly all religious obligations. Therefore, the sick are exempt from normal fasting requirements.

Major Jewish Movements:

Orthodox

Conservative

Reform

**Note-** In describing a person's religious affiliation, be aware that there are Orthodox Jews and (Eastern) Orthodox Christians both often referred to as "Orthodox". Likewise, someone who labels themselves as "Reform" is Jewish. Someone who labels themselves as "Reformed" is Christian.

Orthodox Jews believe in:

Strict and traditional interpretation of the Torah.

Strict and traditional interpretation of laws and commandments.

That the Torah is divine and unalterable.

Following of the code of Jewish Law.

Conservative Jews believe in:

Acceptance of traditional and modern religious observances.

Conservation of Jewish tradition, but also changing to fit modern times.

Reform Jews believe in:

Freedom to interpret the Torah and choose religious observances.

Beliefs

Majority of Jews unaffiliated-Judaism can be seen as identity and not faith system.

Orthodoxy is the most fundamental of the movements-adhering to Written and Oral Laws.

Conservatives see revelation as divinely inspired and contains a large tent between Orthodoxy and Reform.

Reform sees revelation as interpreted by the individual in a dialogue between Jewish history and contemporary wisdom.

Other smaller movements generally fall on the more liberal side although there is a branch loosely known as Ultra Orthodox.

Daily Practices

Orthodox- May pray three times daily- ideally in community. Less open to non-liturgical prayer life.

Conservative-Daily prayers valued.

Individual approaches can vary.

Reform- prayers are valued- can be more open to multi-faith and prayers at bedside.

Dying and Death

Belief in life after death accepted by Orthodox and Conservative; Reform acknowledges as part of tradition but allows for individuals to form their own belief system.

Persons experiencing grave suffering and/or approaching death are usually encouraged to connect with community (all denominations) and pray appropriately to denominational beliefs.

Prayers for sick can be an important part of faith in illness for those who celebrate their Judaism in a religious fashion. The most

common prayer used in this context is called micheberach.  
 Autopsy and Organ Donation acceptable to the Conservative and Reform movements and smaller segments of Orthodoxy.  
 Always have families in touch with their rabbi.  
 Body to be treated with respect. Family may want to stay with the body until it is removed by the funeral director.  
 Burial recommended as soon as possible.  
 Cremation either prohibited or discouraged.  
 Graveside and funeral home services are typical.

#### Facilitating Practices

Ask patient and family about preferred practices.  
 Provide for privacy as needed.

#### Food

Orthodox and many Conservative will need kosher-certified food.

#### Health

Blood and blood products acceptable.  
 May wish major amputated limb to be buried in consecrated ground.  
 Consult Rabbi with issues of tube feeding and life support.

#### Holy days and festivals

Rosh Hashanah- Jewish New Year (Solemn).  
 Yom Kippur-Fast (no eating or drinking); Day of Atonement.  
 Sukkot- Weeklong festival of Tabernacles.  
 Channukah- eight day festival of lights.  
 Purim-Preceded by Fast of Esther (no eating or drinking) holiday of the Book of Esther.  
 Pesach/Passover- Week long Holiday of Freedom.  
 Shavuot/Pentecost- Holiday of revelation.  
 Asara B'tevet, Tzom Gedalia, Shiva Asar B'Tamuz and Tisha B'Av- fast days (no eating or drinking) of mourning.  
 NOTE- be in touch with rabbi to facilitate religious celebration in a healing environment- especially around fasting.  
 Sabbath and Holy Days can be days where electricity is not used(Orthodox)- consult with Rabbinic authority

Pregnancy and birth	Orthodox- Consult Rabbinic authority about birth control. Other denominations are more liberal. All denominations allow abortion to save the mother- consult
Rituals or ceremonies	Rabbinic and other authorities. Synagogue/Temple attendance. Lighting candles before Sabbath and Holidays. Be aware of cultural differences in observance and practice, especially in the large and growing number of Spanish speaking communities.
Spiritual instruments, structure and symbols	Electric Sabbath Candles can be meaningful

## **Sikhism**

\*Mostly from Pakistani and Indian region of Punjab Beliefs

God is formless, eternal, and unobserved.  
God is the supreme Guru, revealed as guide and teacher throughout the World.  
Reincarnation as a cycle of rebirth.  
Tension exists between God's sovereignty and human free will.  
Salvation is liberation from the cycle of rebirth. Salvation can be achieved through disciplined meditation and spiritual union with God.  
Ideal life is one of work, worship and charity.  
Equality of all people.

Daily Practices	Private worship twice daily: Morning and night. Following of the 10 Sikh gurus (enlightened leaders) and the Holy Scriptures.
Dying and Death	Body is bathed, dressed, and cremated. Floor is washed and covered with white sheets; shoes taken outside the room.
Facilitating practices	Provide privacy. Respect wearing of religious objects; do not remove without permission.

Food	Fasting not accepted as a religious practice, although can be observed for medical reasons.
Health	Adult members have made a vow never to cut the hair on any part of their body.
Holy Days and Festivals	Meet as a congregation for prayer service and common meal on six primary holidays.
Pregnancy and Birth	<p>Child is often named by opening the <i>Guru Granth Sahib</i> (book of collected religious writings) at random; the first letter of the first verse on the left- hand page becomes the first initial of the child's name.</p> <p>There are no particular rituals connected with the birth of a child in the Sikh community. Some sections of the Sikhs recite the five verses of the Morning Prayer, <i>Japji Sahib</i> into the ears of the newborn child.</p> <p><i>Gurthi</i>: A respected, intelligent and favorite member of the family gives a drop of honey to the new born child so as to give the child his characters later in life. This is not a ritual and it mostly takes place in the hospital itself.</p> <p><i>Shushak</i>: When a child is born into the Sikh fold, the maternal grandparents gift him a package called <i>Shushak</i>, which consists of clothes for the child and his family, a spoon, glass, and a bowl for the child, money and gold ornaments for the child according to their financial status.</p>
Rituals and Ceremonies	<p>Sikh Baptisms (Amrit).</p> <p>Naming Ceremonies.</p> <p>Birth Ceremonies.</p>
Spiritual instruments, structure and symbols	<p>Guru Granth Sahib, collection of religious writings, is the "Living Word" and instruments, the "Living Guru" or teacher. A turban may be worn as a symbol of personal sovereignty and symbolizes responsibility to others.</p> <p>Symbolic objects include wooden comb, cloth around chest, and iron bracelet which must never be removed.</p> <p>Local leadership consists of elected committee of 5 elders.</p> <p>Khanda, which reflects certain fundamental concepts of the faith (looks like two swords crossed with a circle overlapping).</p>

**Version Control (add when final draft agreed and ready for ratification):**

<b>Version</b>	<b>Date</b>	<b>Details</b>	<b>Author(s)</b>	<b>Comments</b>
Draft Version1	December 2018	New Guideline	Thames Valley Neonatal ODN Quality Care Group.	Reviewed by lead nurses and Practice Development Leads.
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