



THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA



Royal Rehab

The Rehabilitation & Disability
Support Network

***"Going to a deeper
level..."***

Addressing spirituality in rehabilitation practice

Dr Kate Jones

"Mind" Special Interest Group

RACP

May 27 2020



Contributors



Recruitment of research participants, provision of support and project resources.



PhD supervision, membership of working party, and co-authorship.



PhD supervision and co-authorship.



Community of Christ Project funding.

Outline

1. Why spirituality?
2. What is spirituality?
3. How does spirituality contribute to family resilience after spinal cord injury?
4. How do rehabilitation professionals think about spirituality?
5. How can we assist rehabilitation professionals to better address spirituality? A training program



Why spirituality?

Australian Census Data

1991

- 76.6 % identified as religious (74% Christian)
- 12.1% identified as "non-religious"

2016

- 60.3 % identified as religious (52% Christian)
- 30% identified as "non-religious"

Australian Bureau of Statistics, 2017

Australian Spirituality Data

There is something beyond this life that makes sense of it all

- 46% agreed
- 36% unsure
- 18% disagreed
- Wellbeing and Security survey, Kaldor, Hughes, Black, (2010).

Spirituality and healthcare

- **74%** of patients identified as holding spiritual/religious beliefs
- Over **80%** believed health was affected by spiritual/religious beliefs
- Over **70%** thought it was helpful for staff to ask about their beliefs
- Over half (**57%**) said their beliefs had changed over time
- Of the **74%** who identified as holding spiritual/religious beliefs, only **43%** attended a place of worship or spiritual group

Hilbers, J., Haynes, A., Kivikko, J. & Ratnavyuha, D.
(2007)

Spirituality and SCI

- 28 studies over a 20 year period (1994-2013)
- Studies based in US, Canada, Europe, Middle East, Australia
- 17 quantitative studies, 11 qualitative studies
- Spirituality closely associated with
 - life satisfaction
 - quality of life
 - mental health
 - resilience

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and
Rehabilitation

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REVIEW PAPER

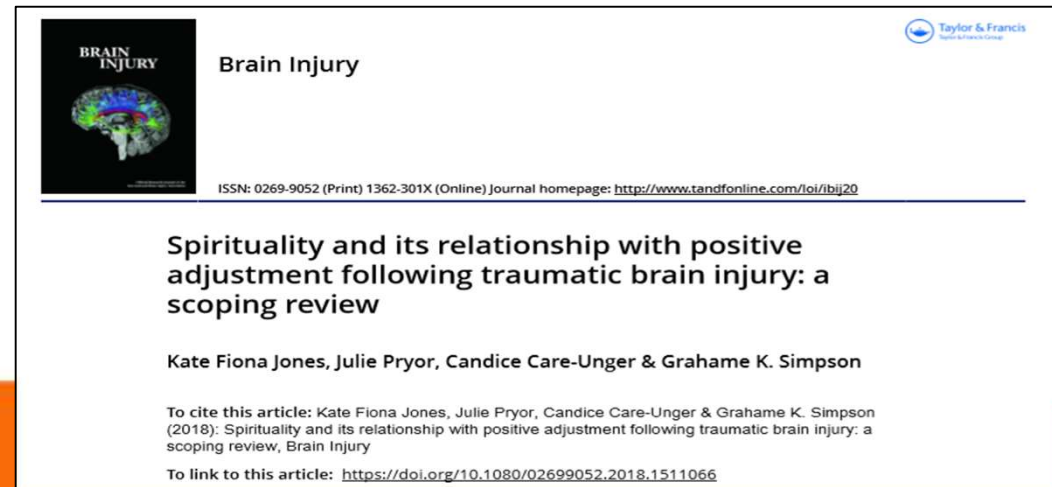
Does spirituality facilitate adjustment and resilience among individuals and families after SCI?

Kate Jones¹, Grahame Kenneth Simpson², Lynne Briggs³, and Pat Dorsett⁴

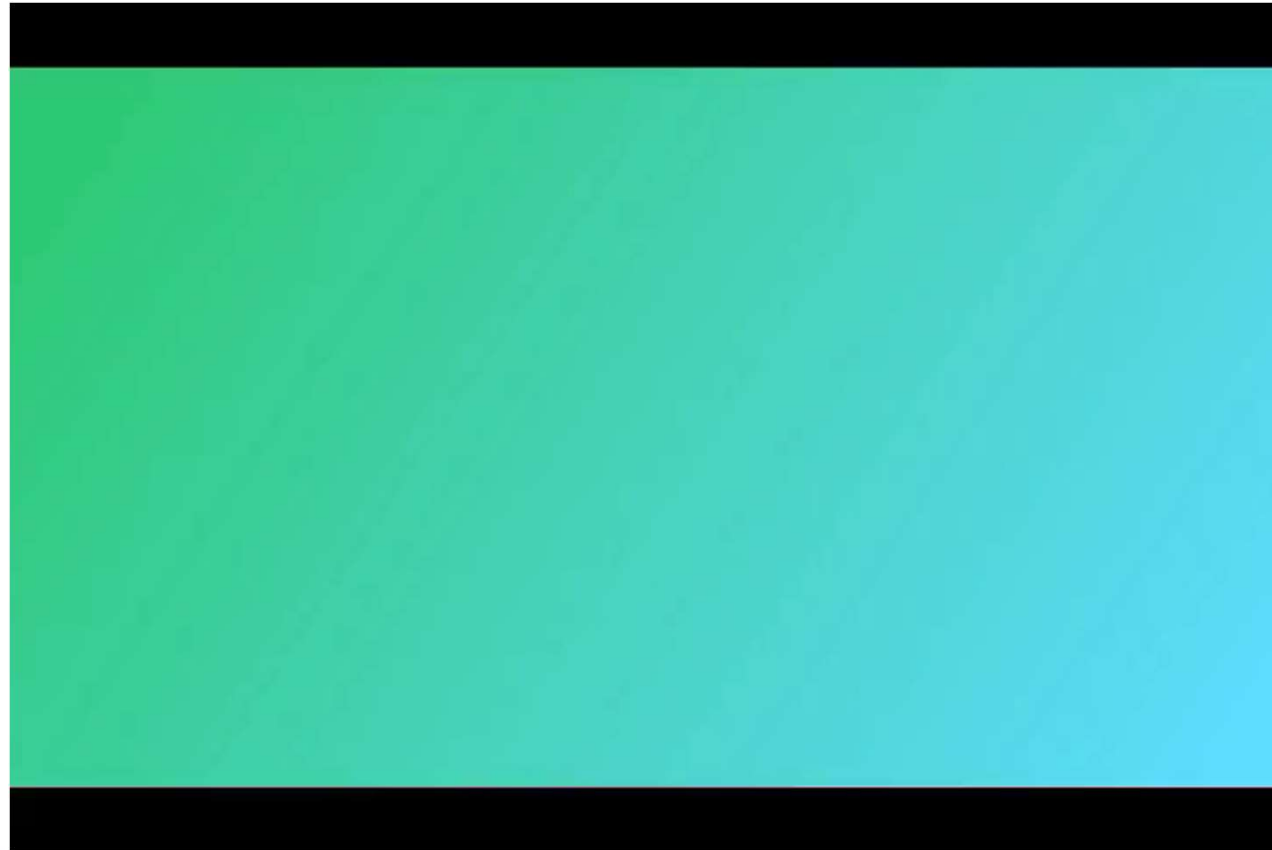
¹Spinal Injuries Unit, Royal Rehab, Ryde, New South Wales, Australia, ²Brain Injury Rehabilitation Research Group, Ingham Institute of Applied Medical Research, Liverpool, New South Wales, Australia, ³School of Human Services and Social Work, and ⁴School of Human Services and Social Work, Griffith Health Institute, Griffith University, Southport, Queensland, Australia

Spirituality and TBI

- Nine studies over a 20 year period (1997-2016)
- Studies based in USA, Canada, UK
- Eight quantitative studies, 1 qualitative study
- Spirituality closely associated with
 - psychological coping
 - physical and mental health
 - productivity
 - life satisfaction
 - functional independence
 - posttraumatic growth



Why spirituality? Shane





What is spirituality?

What is spirituality?

'the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred.'

Puchalski et al, 2009



Meaning, purpose, connectedness

"Aboriginal spirituality is defined as at the core of Aboriginal being, their very identity. It gives meaning to all aspects of life including relationships with one another and the environment. All objects are living and share the same soul and spirit as Aboriginals. There is a kinship with the environment. Aboriginal spirituality can be expressed visually, musically and ceremonially" (Grant, 2004).



Transcending meaningless

In a last violent protest against the hopelessness of imminent death, I sensed my spirit piercing through the enveloping gloom. I felt it transcend that hopeless, meaningless world, and from somewhere I heard a victorious 'Yes' in answer to my question of the existence of an ultimate purpose."

Frankl, V. (2006). Man's Search for Meaning (p.67)



Elaine





PhD topic: How does spirituality contribute to family resilience?

Surveys



50 family dyads



Completed measures on resilience, spirituality, life satisfaction, positive and negative affect, depression and anxiety



Statistical analysis of these relationships

Surveys - correlations

Spirituality associated with:

- Increasing levels resilience
- Increasing levels positive affect
- Increasing satisfaction with life
- Lower levels of depression

Additionally for Family Members

- Lower levels of stress
- Lower levels of negative affect

Spirituality and Resilience

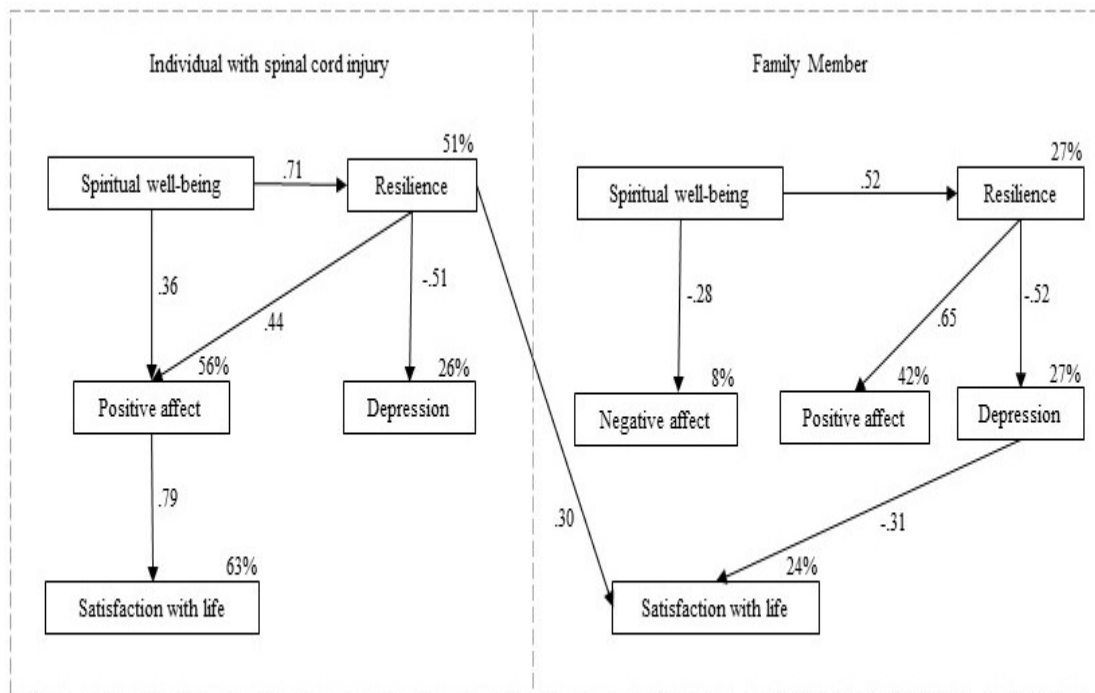


Figure 2. Model of spirituality and resilience in individuals with spinal cord injury and their family members.
Note. All significant paths with their coefficients are shown. Percent (%) represents portion of variance.

Original article

CLINICAL
REHABILITATION

A study of whether individual and dyadic relations between spirituality and resilience contribute to psychological adjustment among individuals with spinal cord injuries and their family members

Clinical Rehabilitation
1-12
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Kate Fiona Jones^{1,2}, Grahame Simpson^{2,3},
Lynne Briggs^{3,4}, Pat Dorsett^{3,4} and Malcolm Anderson⁵

Interviews



10 family dyads



Semi-structured interviews



Longitudinal



Thematic analysis

Rehabilitation Psychology

Moving Forward on the Journey: Spirituality and Family Resilience After Spinal Cord Injury

Kate Fiona Jones, Pat Dorsett, Grahame Simpson, and Lynne Briggs

Online First Publication, July 19, 2018. <http://dx.doi.org/10.1037/rep0000229>

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Jones, K. F., Dorsett, P., Simpson, G., & Briggs, L. (2018, July 19). Moving Forward on the Journey: Spirituality and Family Resilience After Spinal Cord Injury. *Rehabilitation Psychology*. Advance online publication. <http://dx.doi.org/10.1037/rep0000229>

Sample

Dyad	Family Member Relationship	Sex (ISCI)	Sex (FM)	Age (ISCI)	Age (FM)	Time Since Injury (months)	SCI Level/ ASIA	Religious Affiliation
1	Mother	M	F	19	39	11	T2 A	Christian
2	Mother	M	F	19	52	5	T10***	None
3	Father	M	M	23	41	2	C5 D	Muslim
4	Husband	F	M	63	67	4	C3 B	Catholic
5	Husband	F	M	51	55	3.5	T10***	Christian
6	Wife	M	F	66	62	5	C5 C	None
7	Wife	M	F	56	50	6	T4 A	None
8	Daughter	M	F	65	35	5	C6 D	Hindu
9	Mother	M	F	20	38	4	T1 A	None
10	Wife	M	F	67	67	4	T7 A	None/Christian

1. Sources of spirituality

Religious faith (meaning, protection, comfort)

I have someone other than what we can see or touch that I can meditate, commune, pray with or to, that I derive some meaning from (family member)

Inner spirit (the will to survive)

Oh yeah, we've had a few dry gullies and rough roads. Anyway, she still comes up smiling (person with SCI).

Meaningful connectedness

They are my life (family member)

The Natural world (sense of perspective)

I've always noticed birds but I just like nature, yeah really we're not the only beings on the planet and that's what it is....



2. Sources of spirituality tested

Religious faith

What have we done wrong?

Inner strength

Can I go on?

Meaningful connectedness

Who will 'be there' for me?





3. Meaning making responses

Religious faith

*Prayer for healing – a call to someone 'upstairs'
And yeah, I love him too...cause...he gave me a
second chance*

Inner strength

A test to overcome/ comparison with others

Meaningful connectedness

*Now I can see that when push comes to shove Mum
is going to be there for me*

4. Key outcomes

Gratitude

It's made me realise ...(I'm) just lucky to be here...I should be dead.

You have to thank Him (God) for everything.

Hope

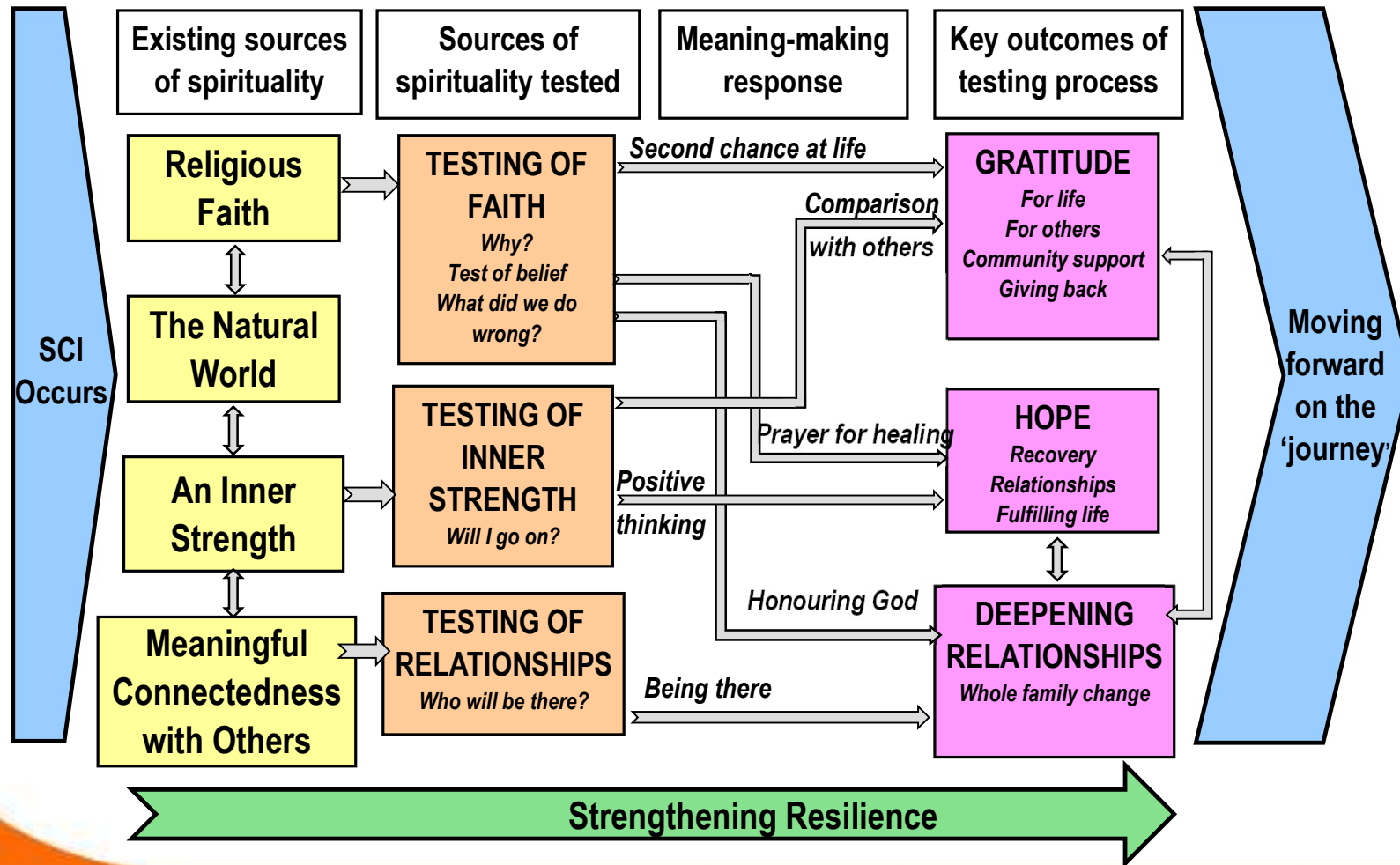
My hope is that God will be with us on the journey

Deepening relationships

I've always felt loved and valued by Mum, but I can see it in a different light now. Like it's a better love, I feel more close to Mum.



The contribution of spirituality towards family resilience after SCI



Staff Focus Groups

2 groups

12 participants

Multi-disciplinary

Semi-structured interview

ARTICLE



The role of spirituality in spinal cord injury (SCI) rehabilitation: exploring health professional perspectives

Kate Fiona Jones^{1,2} · Pat Dorsett ^{2,3} · Lynne Briggs^{2,3} · Grahame Kenneth Simpson^{2,4}

Received: 4 March 2018 / Revised: 5 April 2018 / Accepted: 6 April 2018
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What are the hurdles?

- ❖ Not embedded in our process
- ❖ You can't measure it!
- ❖ We forget about it
- ❖ It's uncomfortable to discuss
- ❖ Lack of time



Summary of PhD findings

- Spirituality is important and strongly associated with a range of other positive outcomes.
- There are a range of different sources of spirituality that clients and their family members may draw upon
- We are not doing a lot to address spiritual needs in rehabilitation
- We can do more!





How do staff think about spirituality?

Rehabilitation health professionals’ perceptions of spirituality and spiritual care: The results of an online survey

Kate Fiona Jones^{a,e}, Julie Pryor^{a,b,*}, Candice Care-Unger^a and Grahame Kenneth Simpson^{c,d}

Sample N=125

Discipline	Number (%)
Nursing	84 (67.2)
Social Work	17 (13.6)
Physiotherapy	5 (4.0)
Medical	4 (3.2)
Occupational therapy	4 (3.2)
Psychology	3 (2.4)
Speech pathology	2 (1.6)
Recreation therapy	1 (0.8)

Sample

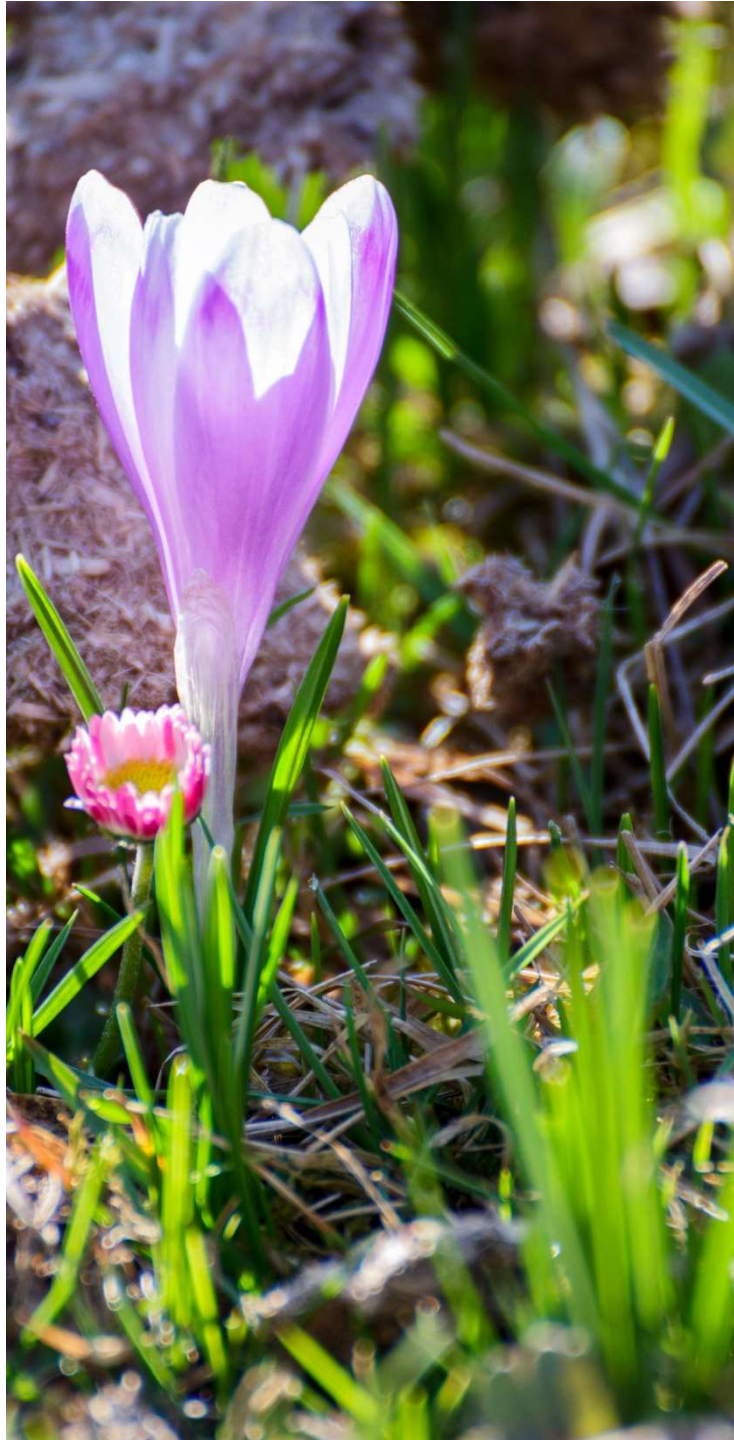
Religious Affiliation	Number (%)
Christian	86 (68.8)
None	28 (22.2)
Hindu	5 (4.0)
Buddhist	2 (1.6)
Muslim	1 (0.8)
Other	2 (1.6)

Note. Other: Jedi, Hindu/Buddhist

Do you consider yourself a spiritual person?



Weighted average 7.22



Understanding spirituality

- a search for **meaning** and **purpose**
- about one's sense of **identity**
- linked to **hope** and **positivity**
- a personal belief system which can be expressed through **faith-based** practice
- connection with **nature**
- a deeply **personal** experience
- about the good life and **care or compassion** for others.

Who is responsible for providing spiritual care?

	Responses N (%)
All health care professionals	102 (81.6)
Chaplain	80 (64.0)
Social Worker	58 (46.4)
Nurses	54 (43.2)
Psychologists	53 (42.4)

What barriers prevent staff addressing the spiritual needs of patients in your rehabilitation service?

	Response N (%)
Need more training	97 (79.5)
Not enough time	90 (73.8)
Personal discomfort	74 (60.7)
Prefer to refer on to others	55 (45.1)
It is not my role	41 (33.6)
Risk of discrimination	34 (27.9)
Workplace policy	9 (7.4)

Which tools, training, or education are most necessary in order to offer spiritual care to rehabilitation patients?

	Response N (%)
Basic knowledge and skills in recognising spiritual issues	115 (92.0)
Knowledge of different religions and spiritual practices	88 (70.4)
Training or education in basic communication skills	89 (71.2)
Understanding of other world views	75 (60.0)
Awareness of one's own beliefs	70 (56.0)
Consulting with a trained chaplain/Minister of Religion	42(33.6)



How can we assist staff to better address spirituality?

Program Content

1. Online self-study
module (1 hour)

Videos of former
clients talking about
their sources of
spiritual strength.

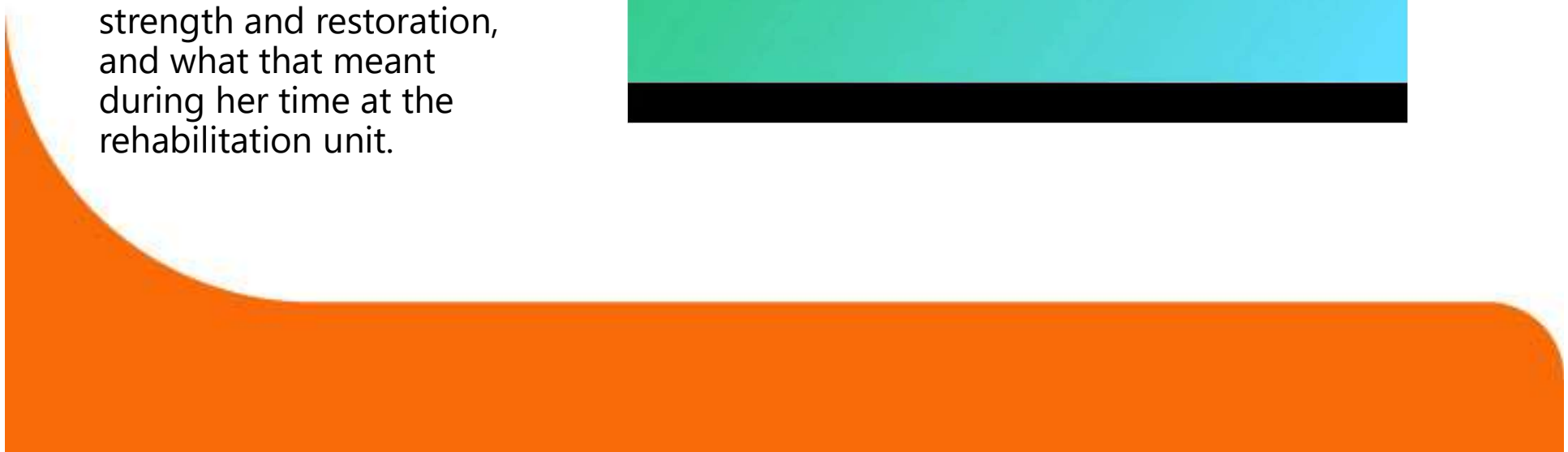
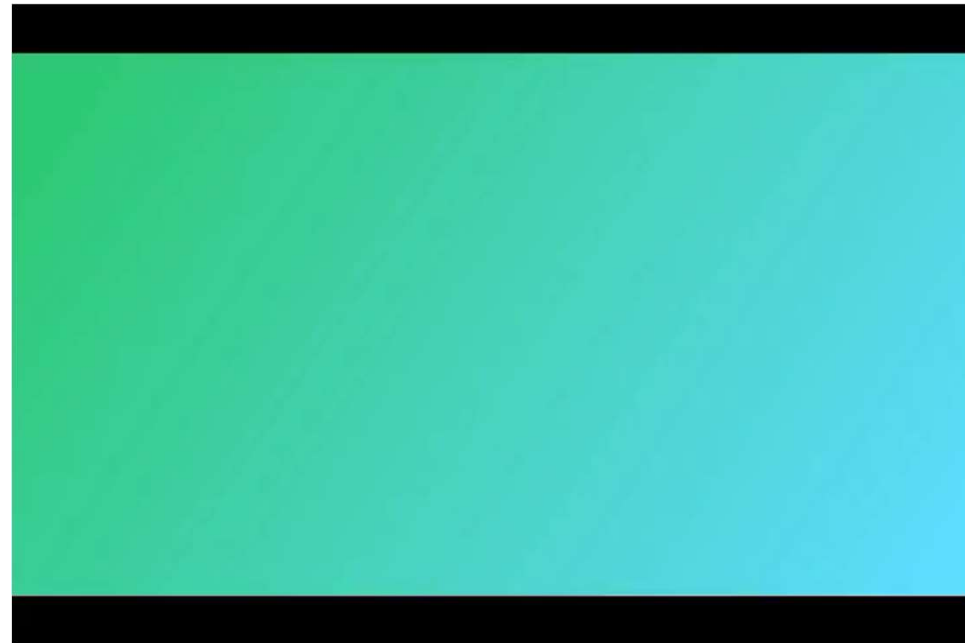
2. Workshop
(1.5 hours)

Introduction of the
framework and the
opportunity to practice
using it in a role play
situation

The natural world

Sue

Sue sustained a SCI and ABI while on holiday in Hawaii. She is married to Rob and they have three daughters. Here she speaks about what the natural world means to her as a source of strength and restoration, and what that meant during her time at the rehabilitation unit.



SOAR: A Spiritual Care tool*



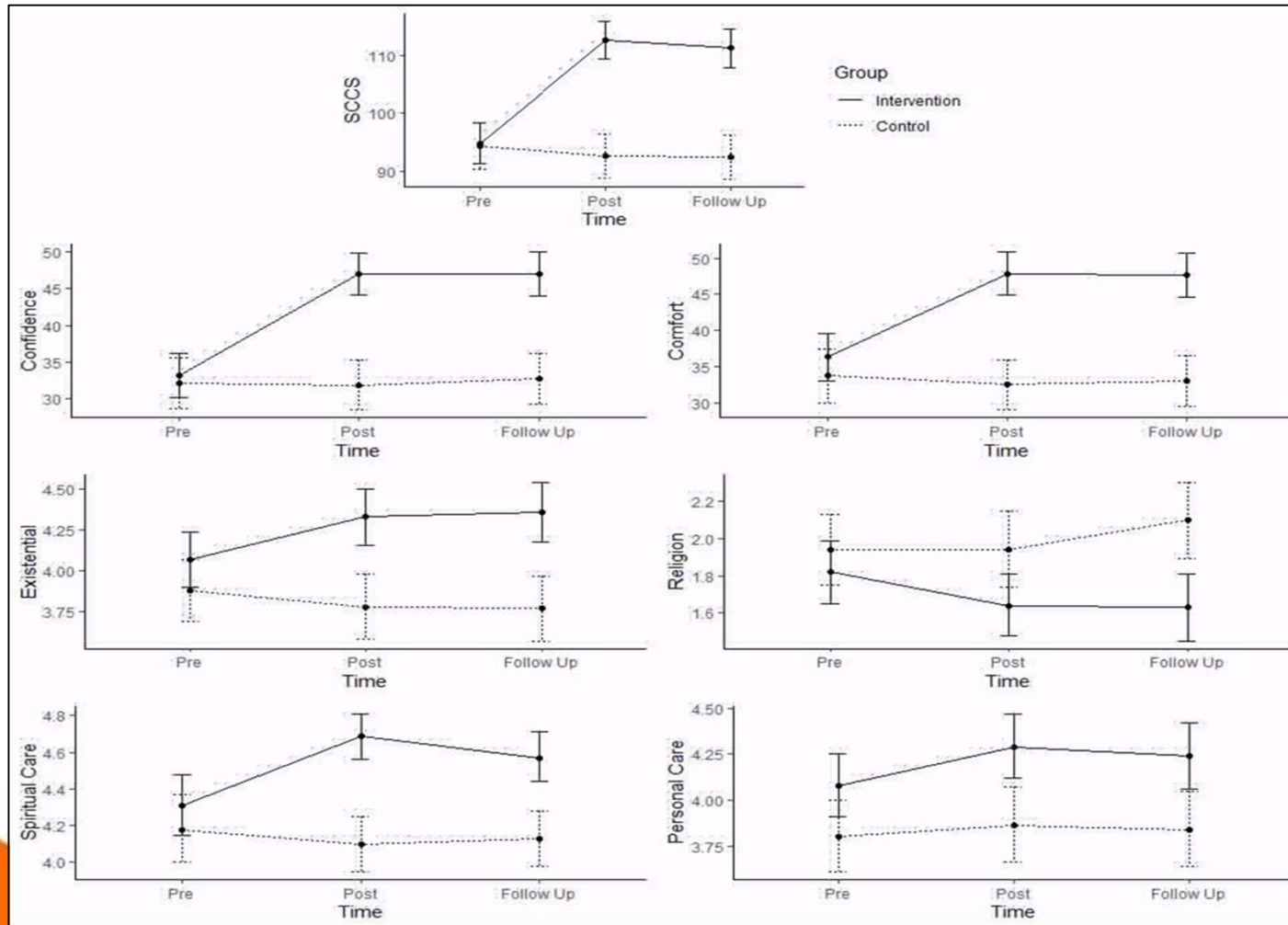
- What is a Source of spiritual strength, meaning, hope, or joy in your life, or has been in the past?
- Are their Others who you share this with/connect with?
- How can healthcare professionals Assist you to access these sources of spiritual strength?
- How Relevant is this for you/how important is it?

Evaluation of program (n=36)



- **Significant increases at post and follow-up for intervention group (n=**
 - Level of confidence
 - Level of comfort
 - Level of spiritual care competency
 - Understanding of spirituality as an existential construct
- **No significant increases for control group**

Intervention vs Control



Most significant change



“It has helped me to be more aware of the breadth and depth of the term ‘spirituality’. To recognise in others that whilst they may not have a religious faith they still have a sense of well-being and connectedness that requires care, nurture and support and that we as health professionals can provide directly, support or facilitate. I appreciate more the concept of the ‘whole person’”.

“Spirituality is Everybody’s Business”

Interviews with staff



Over-arching theme: “Spirituality is everybody’s business”

Sub-themes

- i) increased awareness of the nature of spirituality
- ii) realisation of the importance of spirituality to clients
- iii) a desire to keep spirituality on the radar
- iv) identifying barriers to providing spiritual care
- v) incorporating spirituality into practice
- vi) recognising spirituality as personally meaningful

Increased awareness



“anything that can help someone through”

“this all-encompassing thing that you know transcends everything else”

“at the core of what makes that person tick”

“support for your soul, for your being”

“what makes them feel like life is worth living”

Realisation of the importance of spirituality

"I do feel it's helpful to think about things that are really important and meaningful for the person ... and whether that will be a motivating factor to get them to do the things that will help them exercise"

"And so we kind of got in the discussion you know about how music makes her feel and does it uplift her and that kind of thing and she said 'yeah' you know she's loved singing and it was something that she really enjoyed".

Keeping spirituality on the radar



“they’re not going to come to you with a placard that says ‘I’m a spiritual person’ and I think that’s probably been of the biggest challenges for me is just to ... be more aware that that can come onto the radar”.

“I think the change is ... for me the label spirituality I think it’s something that I’ve been doing in my practice in terms of so what gives you meaning, how are you getting through this, what’s important to you ... yes this is spirituality”.

Barriers

"I kind of still get the feeling that the physical side is people's focus..."

"I'd got so clinically minded, impairment based that it was actually refreshing to hear"

"I think the change is ... for me the label spirituality I think it's something that I've been doing in my practice in terms of so what gives you meaning, how are you getting through this, what's important to you ... yes this is spirituality"

Incorporating spirituality into rehabilitation



"I do ask very generally open ended questions, I don't think I've actually used the word "spirituality" with people um and that's just something I'm very mindful of; it's trying to pitch the language to the client or to the family member in a way that they're not kind of put off".

"it's more than just finding out, it's sort of going to a deeper level in that conversation with the client"

Recognising spirituality as personally meaningful



"I've not considered myself probably a deeply spiritual person but then some of the examples that were brought to us, I could really identify with them and so it makes me think about what, what my spirituality is ... it makes me feel that I can relate to people in a different way in terms of spirituality than I had before".

Where to from here?

A holistic approach to
rehabilitation

- Bio-psycho-social-spiritual
model
- Understanding and
awareness
- Safe space
- Small practice changes





[For feedback, information or questions:
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