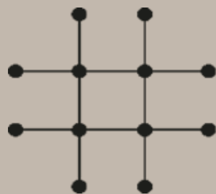
Back to the fundamentals: Reintegrating dignity and spirituality within person-centred care

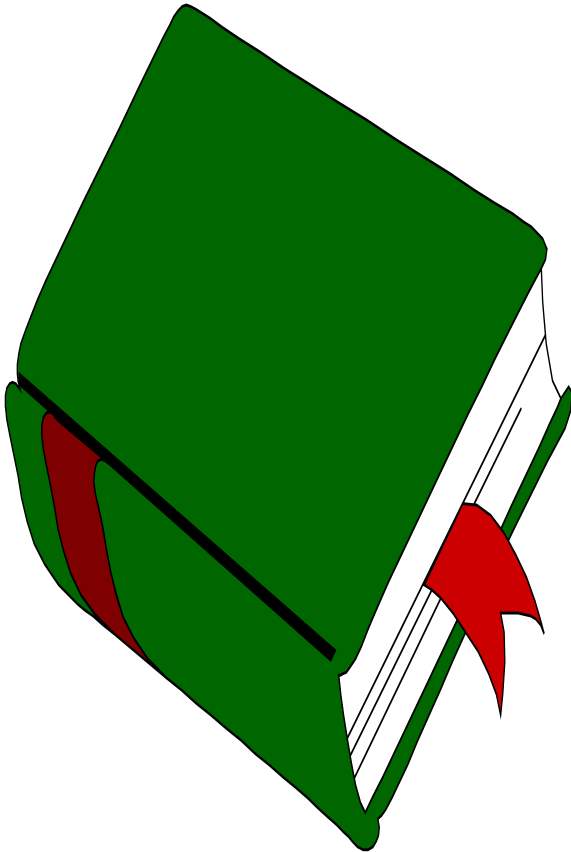
Dr Wilfred McSherry Professor in Nursing, Department of Nursing, School of Health and Social Care, Staffordshire University, University Hospitals of North Midlands NHS Trust, England, United Kingdom, ST18 0YB

Part-time Professor VID University College (Haraldsplass) Bergen, Norway

11th July 2019



A Quote



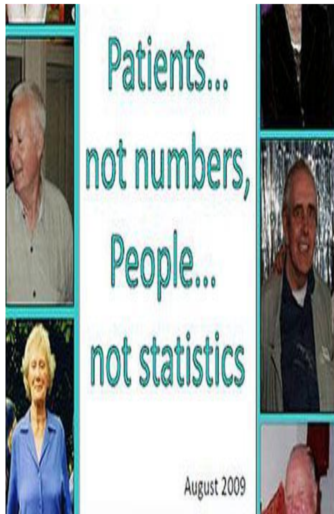
- "I would probably rather tell you about my sex life than about my spiritual life. And I'm fairly sure that you would be more scandalised to find a bible at the bottom of my briefcase than a copy of the karma sutra."
- **(Allen 1991pg 52)**

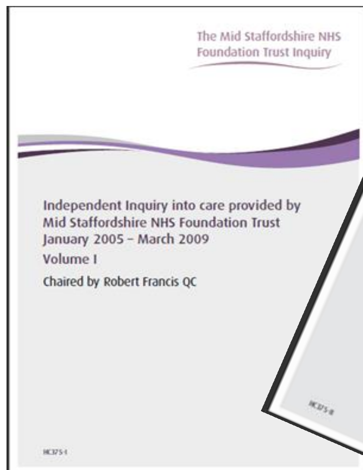
Allen C 1991 The inner light.
Nursing Standard 5 (20): 52–53

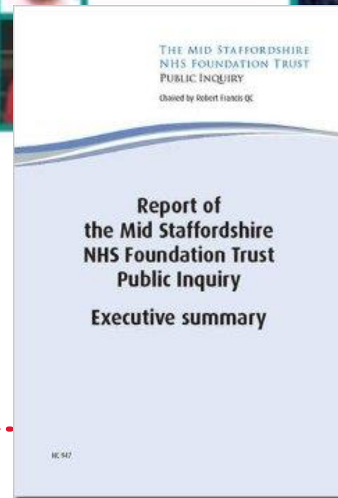
Objectives

- Demonstrate that these altruistic and humanistic aspects of the person are central to the delivery of care
- Highlight that dignity and spirituality are central to identity – an individual's own sense of purpose, values and beliefs
- Reinforce that these concepts are fundamental aspects of caring and compassionate care, integral to the concept of holistic practice and person-centred care

Recent Reports







Debate in context 2017: Adult inpatient Survey

"Since 2009, the percentage of respondents who said they were 'always' treated with respect and dignity in hospital has increased, 82% in 2017 compared with 78% in 2009. Trend analysis indicates that there has been an underlying behavioural change since 2009, where results were below expected limits, and has risen above expected limits since 2015."

2017 Adult Inpatient Survey Statistical release (2018) Available from https://www.cqc.org.uk/sites/default/files/20180613_ip17_statisticalrelease.pdf

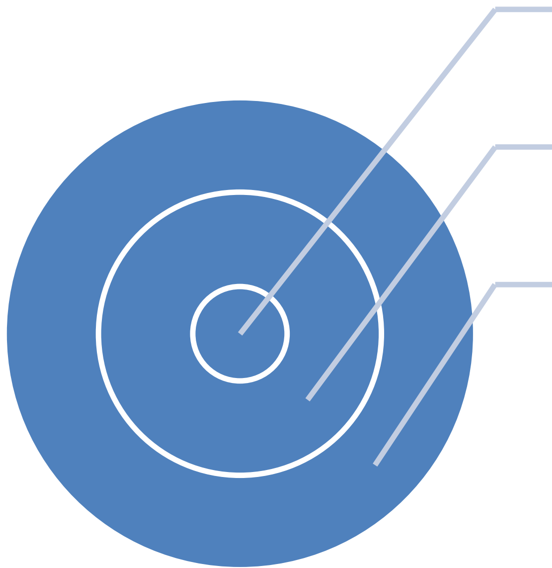
A turning point in my career

Peter, 72 years old, was known by his family and friends to like a short or two. He was admitted to hospital with an acute episode of chest pain. A diagnosis of angina was made since ECGs showed no evidence of recent infarct.

It came to light later that Peter was a practising Roman Catholic who found meaning and purpose in his beliefs. Peter had only been in hospital overnight and he had not seen his wife because she had taken herself off to their daughters 'down south' after an argument. Nevertheless she was informed by Peter of his admission into hospital and she was intending to visit as soon as possible. In the afternoon on the following day Peter was due to be discharged when he developed sudden severe central chest pain, collapsing with a cardiac arrest – resuscitation was initiated. During the resuscitation Peter's wife arrived on the ward. Unfortunately she did not see Peter before he died.

After Peter's death his wife asked if the Catholic priest had been. Inspection of the nursing notes showed that nothing in relation to religion had been entered.

Medical Model?



TRAUMA NURSING CARE MANIKIN, Clinical Training Model, medical model ,anatomical model http://susan0540.en.hisupplier.com/product-291775-TRAUMA-NURSING-CARE-MANIKIN-Clinical-Training-Model-medical-model-anatomical-model.html

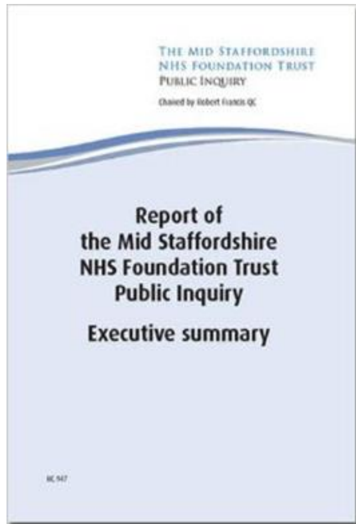
STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Frequently used terms

- Individualized care
- Holistic care
- Spiritual care
- Dignity in care
- Person-centred care
- Relationship/family centred care
- Compassionate care
- Integrated care
- Evidenced based care

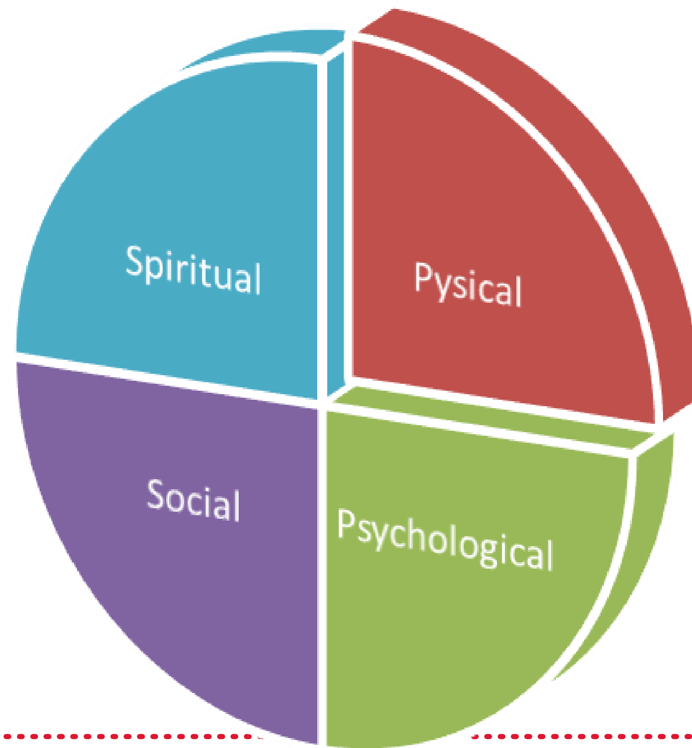
STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Public Inquiry



“ **Putting the patient first**
The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services for caring, compassionate committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights p85”

Standard representation of holistic care



STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Something there?

Hardy writes:

"It is therefore of interest that in recent years a considerable body of evidence has been accumulating in both the physical and social sciences suggesting that our spiritual nature is real and not illusory. Or many of the people I have spoken with during my research put it 'there is something'.

[he goes on to say]

… that spiritual awareness is a necessary part of our biology , whatever our religious belief or lack of them."

2006 pp xi –xii

Introduction to the Dignity Government Initiatives

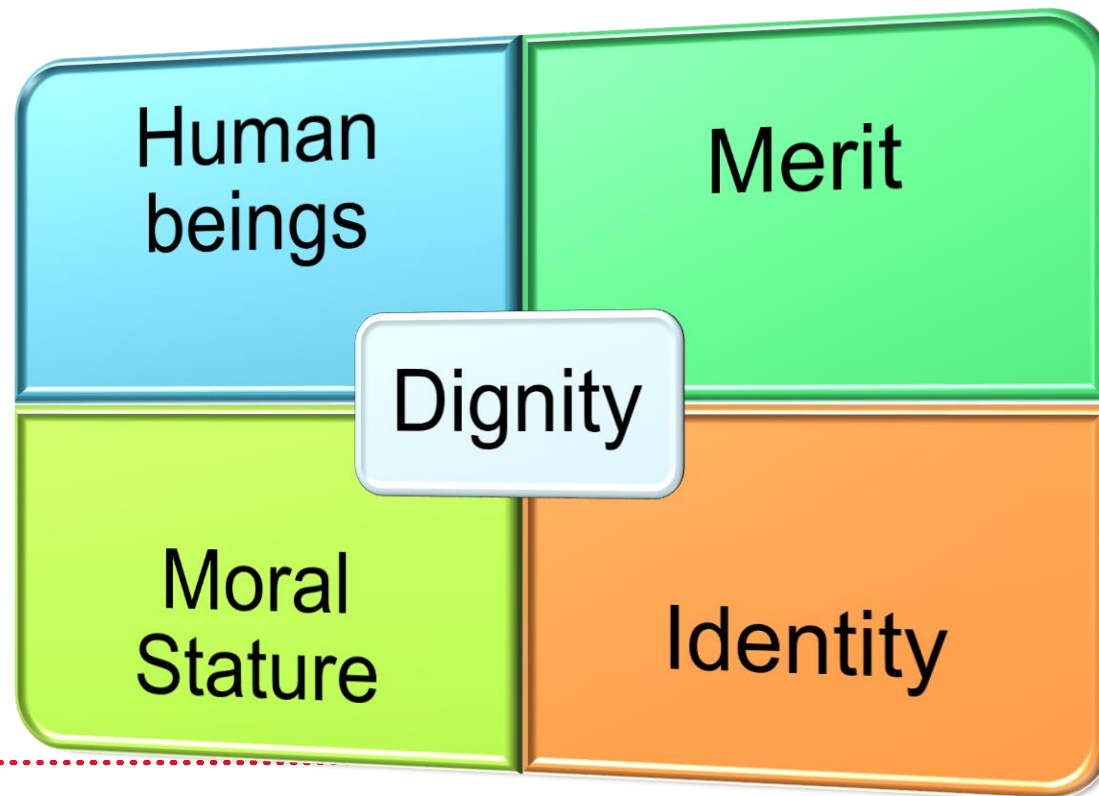
- Dignity in Care Campaign aims to **stimulate a national debate** around dignity in care and create a care system where there is zero tolerance of abuse and disrespect of older people. *(Launched in November 2006)*

- It is led by **Government in partnership with many organizations**.
- Lays out the **national expectations** of what a care service that respects dignity should value.
- Introduced **Dignity Champions** Scheme.
- Focuses on ten **Dignity Challenges**.

10 Dignity Do's

Abuse	Have a zero tolerance of all forms of abuse.
Respect	Support people with same respect you would want for yourself or a member of your family.
Privacy	Respect people's right to privacy.
Autonomy	Maintain the maximum possible level of independence, choice and control.
Person-centered Care	Treat each person as an individual by offering a personalised service.
Self-esteem	Assist people to maintain confidence and a positive self-esteem.
Loneliness & Isolation	Act to alleviate people's loneliness and isolation.
Communication	Listen and support people to express their needs and wants.
Complaints	Ensure people feel able to complain without fear of retribution.
Care Partners	Engage with family members and carers as care partners.

Model of Dignity – Adapted from Dignity and Older Europeans (2004)



STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW

MORALITY, CREATIVITY, SPONTANEITY, PROBLEM SOLVING, LACK OF PREJUDICE, ACCEPTANCE OF FACTS

SELF-ACTUALIZATION

SELF-ESTEEM, CONFIDENCE, ACHIEVEMENT, RESPECT OF OTHERS, RESPECT BY OTHERS

ESTEEM

FRIENDSHIP, FAMILY, SEXUAL INTIMACY

LOVE/BELONGING

SECURITY OF BODY, OF EMPLOYMENT, OF RESOURCES, OF MORALITY, OF THE FAMILY, OF HEALTH, OF PROPERTY

SAFETY

BREATHING, FOOD, WATER, SEX, SLEEP, HOMEOSTASIS, EXCRETION

PHYSIOLOGICAL

Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

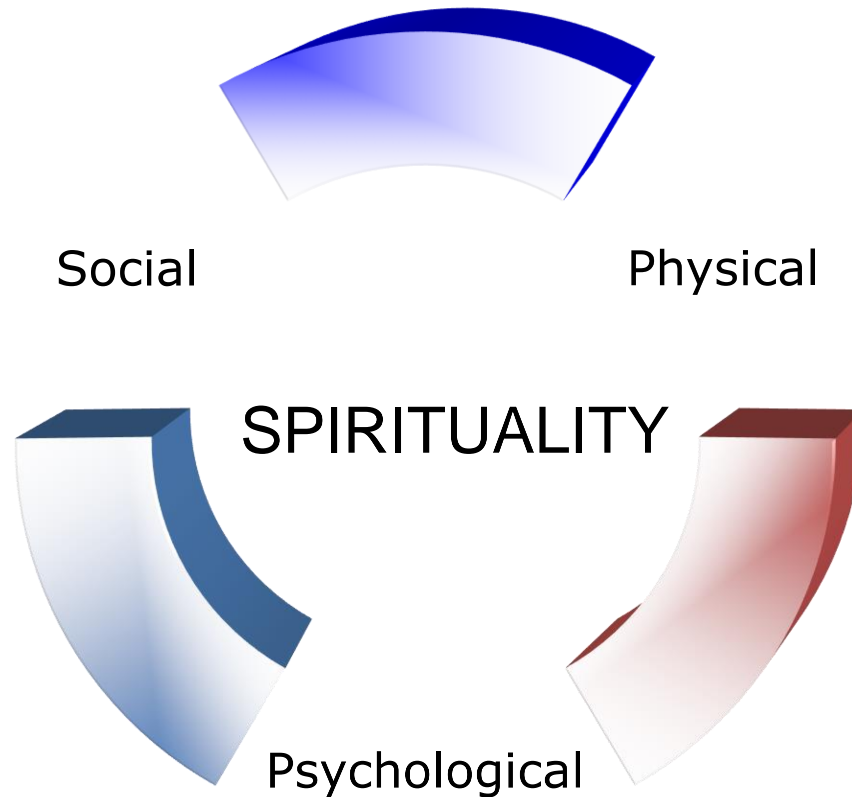
www.timvandevall.com |Copyright © 2013 Dutch Renaissance Press LLC.

Fenton's and Mitchell's definition (2002 p 21)

Dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care.

Fenton, E, Mitchell, T. (2002) Growing old with dignity: a concept analysis Nursing Older People 14 (2) 16 - 21

Spiritual and dignity preserving nursing care

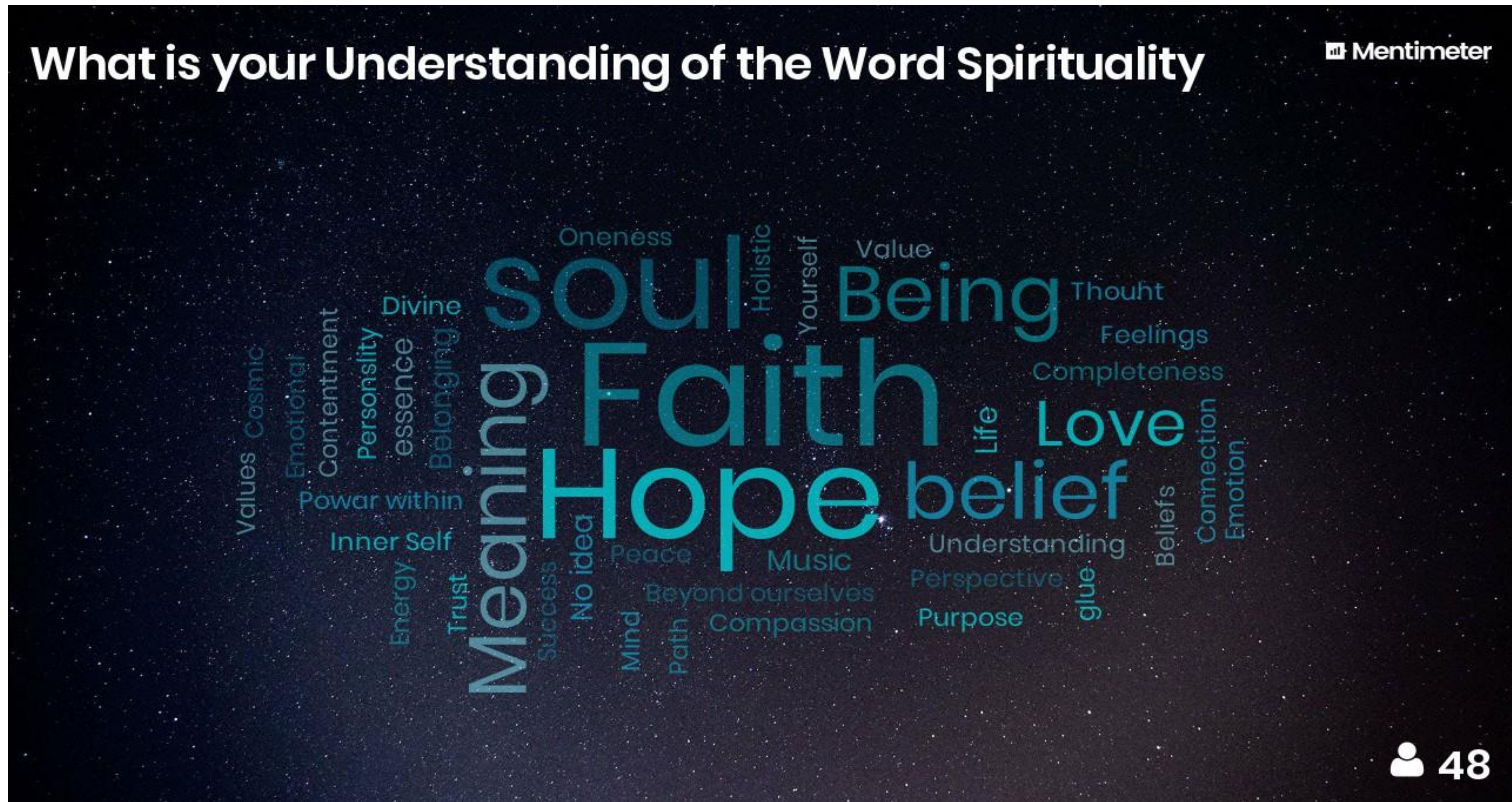


Question 2

- What is your understanding of the word spirituality?

https://www.menti.com

Responses from a recent public lecture



STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Patients' perceptions

"Well that's what I thought when I got this letter you know. Well I thought well again were back to religion!"

(A older lady receiving Palliative Care)

"Spirituality I think it is personal, it depends on what the individual believes for example my mother believes spirituality to be psychic, ghosts and people coming back from the dead. Where as I think it to be what religion you believe in your own aspects towards god or however it is that you worship."

(A young lady receiving medial care in an Acute Trust)

Ghosts and Ghouls

Nurses perceptions

"I think it's different to every person, to me spirituality is what makes me feel what makes me! The emotional side, the essence of living! It makes somebody feel whole. It's the sparkle. Yeah it's just Je ne sais quoi! I don't know?"

Senior Nurse working in Palliative Care

Social Worker

"I certainly don't see spirituality as belonging to a religion; I don't see it as that. And I think that probably because I don't have a practising faith at the moment. Working at the hospice and seeing people die and it just makes me doubt the existence of a forgiving merciful God. So I can't see it doesn't fit comfortably spirituality and religion to me. The chaplain and I have lots of interesting conversations and discussions, which he always wins. Because he's got lots of information and experience from the religious point of view! So you come away from these conversations feeling very dissatisfied. So it's certainly not there! It sort of experiences I think to me, things that things that you know I find meaningful, think awe the wow factor!"

Chaplain

"My current understanding is that it's three-fold! The meaning purpose aspect which is most often talked about is only part of spirituality and I would say that equally at least relationships and I still struggle to find the right word a sense of transcendence awe, wonder, mystery are also important parts of spirituality and spiritual care."

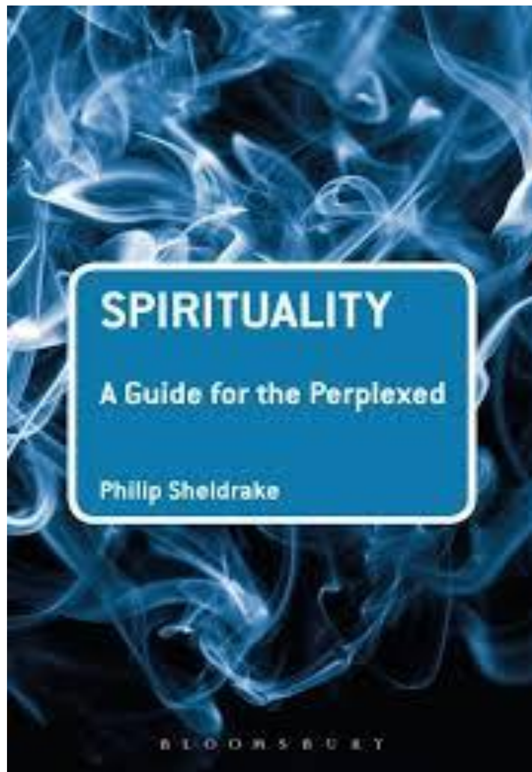
McSherry (2009)
Definition of Spirituality

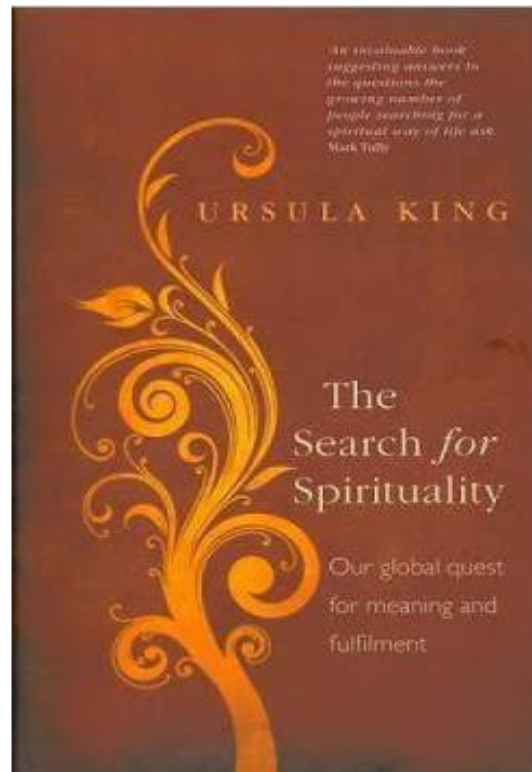
Spirituality is universal, deeply personal and individual; it goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.

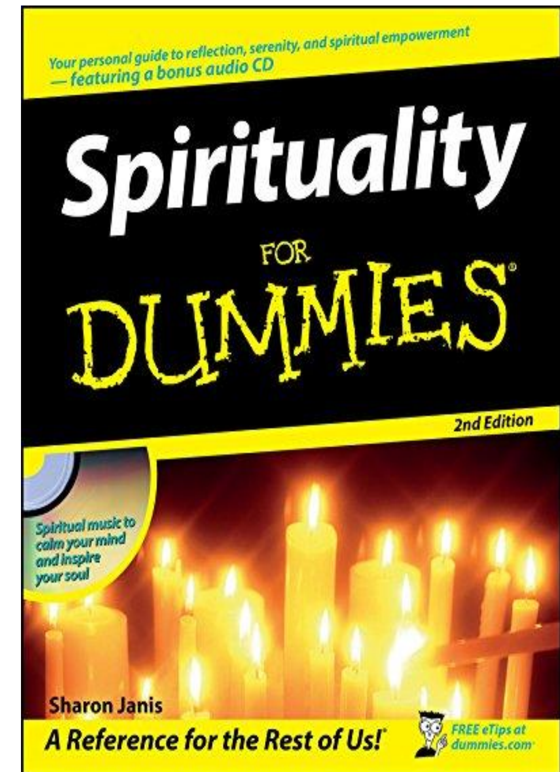
McSherry, W. Smith, J (2012 p 118) Spiritual Care In McSherry, W., McSherry, R., Watson, R. (Eds) (2012) Care in Nursing Principles values and skills Oxford University Press, Oxford

STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

A couple of useful guides

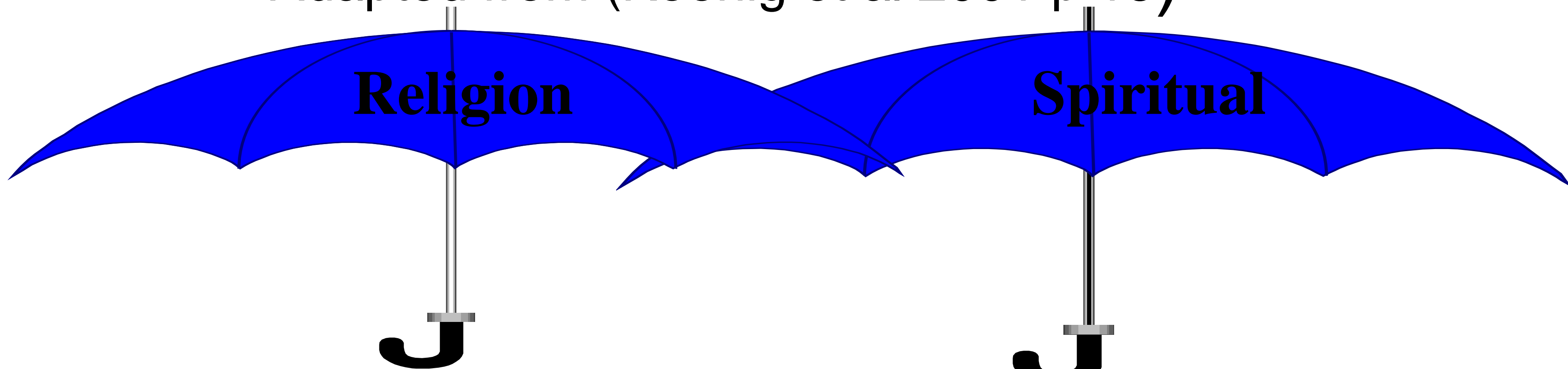






Distinguishing Religion and Spirituality

Adapted from (Koenig et al 2001 p 18)



Religion	Spiritual
Community Focused	Individualistic
Observable measurable, objective	Less visible and measurable, more subjective
Formal orthodox, organized	Less formal, orthodox, less systematic
Behavior orientated, outward practices	Emotionally orientated, inward directed
Authoritarian in terms of behavior	Not authoritarian, little accountability
Doctrine separating good from evil	Unifying, not doctrine oriented

Koenig H G., McCullough M E., Larson D B (2001) Handbook of Religion and Health Oxford University Press Oxford

STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Sheldrake (2014 p1)

"It seems that, as human beings, we are persistently driven by goals beyond mere material satisfaction to seek deeper level of meaning and fulfilment."

Sheldrake (2014) 4 typologies (Types of spirituality)

Sheldrake (2014) 4 typologies (Types of spirituality)

- **Ascetical:** liberation from material preoccupations and a deepened moral behaviour (p14. Discipline and non religious practice of meditation, mindfulness (p168)
- **Mystical:** a quest for an immediate consciousness of , or sense of a deep connection with, God or the ultimate depths of existence… way of 'knowing' that transcends purely rational analysis (p15)
- **Practical:** promotes the everyday world as the main context for following a spiritual path (pp15-16)
- **Prophetic:** while equally focused on the everyday world, goes beyond the practical service of our fellow humans in favour of social critique and commitment to social justice as a spiritual task. (p16) Finally the critical-prophetic 'type' is arguably detectable in some discussions of spirituality in relation to renewed vision of human care in the health professions…(p168).

Puchalski et al 2014 p 646

JOURNAL OF PALLIATIVE MEDICINE
Volume 17, Number 6, 2014
© Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2014.9427

Special Reports

Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus

Christina M. Puchalski, MD, MS, FACP,[1] Robert Vitillo, MSW, ACSW,[2]
Sharon K. Hull, MD, MPH,[3] and Nancy Reller[4]

Abstract

Two conferences, Creating More Compassionate Systems of Care (November 2012) and On Improving the Spiritual Dimension of Whole Person Care: The Transformational Role of Compassion, Love and Forgiveness in Health Care (January 2013), were convened with the goals of reaching consensus on approaches to the integration of spirituality into health care structures at all levels and development of strategies to create more compassionate systems of care. The conferences built on the work of a 2009 consensus conference, Improving the Quality of Spiritual Care as a Dimension of Palliative Care. Conference organizers in 2012 and 2013 aimed to identify consensus-derived care standards and recommendations for implementing them by building and expanding on the 2009 conference model of interprofessional spiritual care and its recommendations for palliative care. The 2013 conference built on the 2012 conference to produce a set of standards and recommended strategies for integrating spiritual care across the entire health care continuum, not just palliative care. Deliberations were based on evidence that spiritual care is a fundamental component of high-quality compassionate health care and it is most effective when it is recognized and reflected in the attitudes and actions of both patients and health care providers.

Introduction

Although the close connection between spirituality and health has been acknowledged for centuries, a strong emphasis on science in the practice of medicine over time has caused some to question or dismiss its potential therapeutic effects. By the early 1990s, however, hospitals and a variety of medical training programs began to recognize the role of spirituality in patient care, particularly in palliative care.[1] Since that time, the professional literature reflects growing interest in and debate about this topic.[2–6] Recent years have witnessed extensive growth in research on the ways in which spirituality can support health in the contexts of medicine, nursing, ethics, social work, and psychology. This has been especially true in the field of palliative care.[2–9] Data indicate that a focus on spirituality improves patients' health outcomes, including quality of life.[10–22] Conversely, negative spiritual and religious beliefs can cause distress and increase the burdens of illness.[23,24]

Given that global health outcomes are influenced by health care access, and considering increases in patient dissatisfaction and clinician burnout, addressing spirituality is both relevant and timely. Moreover, as the population ages worldwide, clinicians often feel ill equipped to be present to the suffering of patients and the overwhelmingly complicated medical and social issues associated with care for patients with complex chronic issues. Health care settings face challenges in providing compassionate care that focuses on honoring the dignity of each person.

Too often individuals visiting health care facilities are seen as a ''disease that needs to be fixed'' quickly and cheaply rather than as human beings with complex needs, including those of a spiritual nature. As a result, patients feel overwhelmed by the myriad tests and pharmaceuticals offered to them as ''fixes'' instead of having the opportunity to find their own inner resources of health and healing. In sum, they do not experience the care and compassion that relieves the burden and stress of illness—care they desire.[25,26] For example, a large Canadian study reported that 96.8% of patients identified "receiving health care that is respectful and compassionate'' as being very or extremely important.[27]

Palliative care, built on the biopsychosocial-spiritual model of care, has long recognized the critical role of spirituality in the care of patients with complex, serious, and

[1]George Washington Institute for Spirituality and Health, The George Washington University School of Medicine and Health Sciences, The George Washington University, Washington, DC.
[2]Caritas Internationalis Delegation to the United Nations, Geneva, Switzerland.
[3]Department of Community and Family Medicine, Duke University School of Medicine, Durham, North Carolina.
[4]Sojourn Communications, McLean, Virginia.
Accepted April 7, 2014.

After a robust and dynamic discussion with several rounds of voting, agreement was reached on the following definition of spirituality:

"Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices."

Puchalski, C, M., Vitillo, R., Hull, S, K., Reller, N. (2014) Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus, *Journal of Palliative Medicine,* 17(6): 642–656.

In summary - so what is spirituality?

Existentialism: the way individuals derive and find meaning, purpose and fulfilment in life.

Relationship: the relationships that are significant to an individual's sense of identity, health and wellbeing – these could be relationships with family, friends, the environment, community and creatures

Transcendence: a sense of something greater and beyond self this could be God, deity, supreme being or Higher Power. It could also be aspects of life that enable the individual to transcend themselves or situations.

Connection: the sense of connection individuals have within themselves, with others, the environment and for some God or higher Power

Religiosity: for some people their spirituality and worldview is based upon adherence to a specific religious teaching, doctrine and practice. These inform and influence belief, attitudes, values and behaviours.

McSherry, W. (2016) Reintegrating spirituality and dignity in nursing and health care: a relational model of practice In Tranvåg, O, Synnes, O, McSherry, W. (2016) (Eds) Stories of Dignity within Healthcare: Research, narratives and theories, M&K Publishing, Keswick. Chapter 6 pages 75 - 96

RCN (2010) Spirituality is about:

- Hope and strength
- Trust
- Meaning and purpose
- Forgiveness
- Belief and faith in self, others and for some this includes a belief in a deity/higher power
- Peoples values
- Love and relationships
- Morality
- Creativity and self expression

For me spirituality is absent when:

- It devalues, diminishes the identity of the person, leading to a violation of their dignity

- Leads to an intentional destruction of human life, communities, societies, environments, natural world

- Ideologies that are divisive, oppressive, disempowering, promoting propaganda that lacks sensitivity and respect for equality diversity and fundamentally upholding of human rights

Extract from the award-winning short film: **What do you see?**

- Film produced by Amanda Waring based on the poem 'Crabbit Old Women' by Phylis McCormack.

- https://www.youtube.com/watch?v=MTcopj6dYWQ

For more information about the poem see:
http://en.wikipedia.org/wiki/Crabbit_Old_Woman

"We get treatment in the hospital and care in the hospice"

Treatment

Scientific

Proficient

Technical Competence

Detached

Robotic

Cold

Care or more precisely caring

Warm

Time

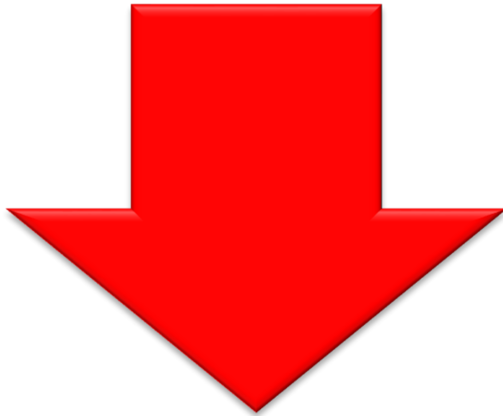
Presence

Valued

Accepted

Recognise the person

Hard and Soft Nurse

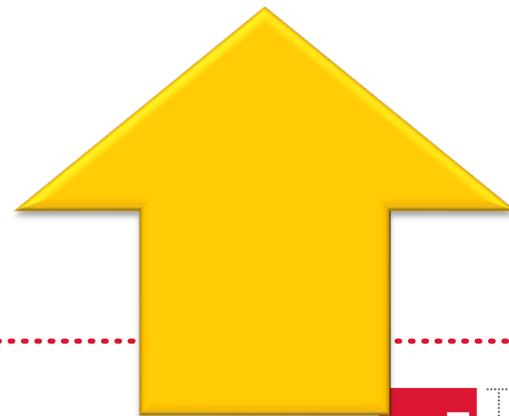


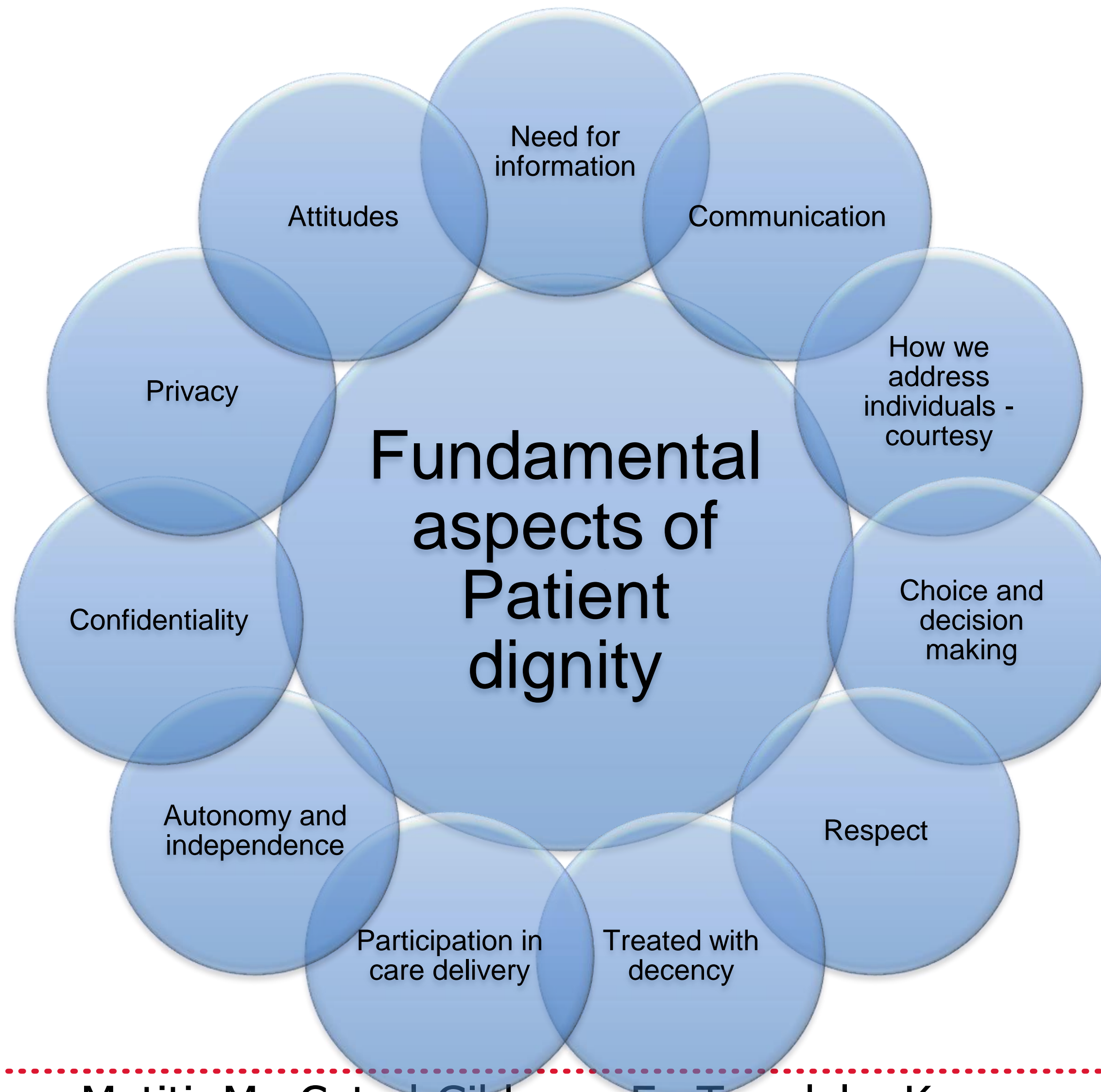
Hard

- Proficient
- Technical Competence
- Detached
- Robotic
- Cold

Soft

- Warm
- Time
- Presence
- Valued
- Accepted
- Recognise the person





Adapted from Matiti, M., Cotrel-Gibbons, E., Teasdale, K. (2007) Promoting patient dignity in healthcare settings. *Nursing Standard*. 21 (45) 46-52.

STAFFORDSHIRE UNIVERSITY THE CONNECTED UNIVERSITY

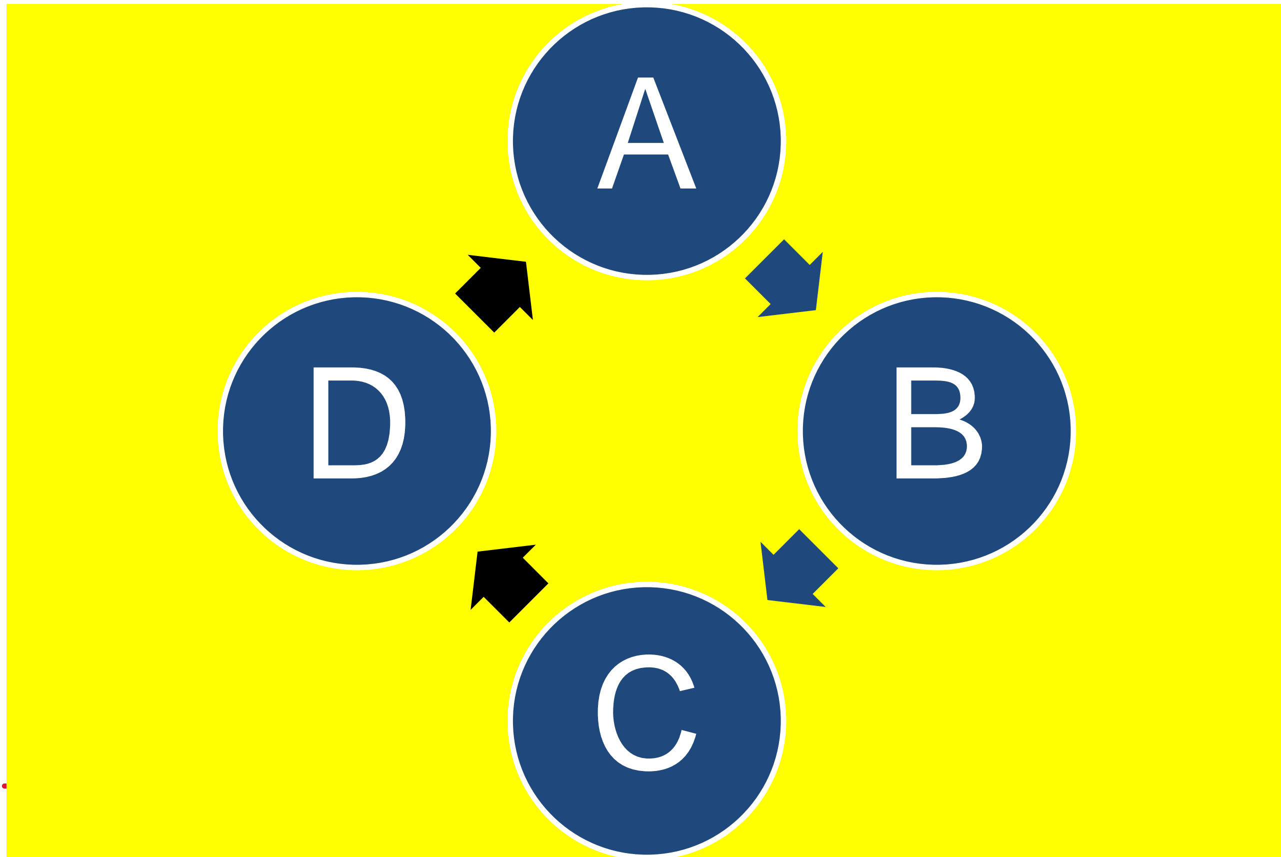
Harvey Chochinov, O.M, M.D., PhD, FRCPC

University of Manitoba
Director, Manitoba Palliative Care Research Unit
Cancer Care Manitoba

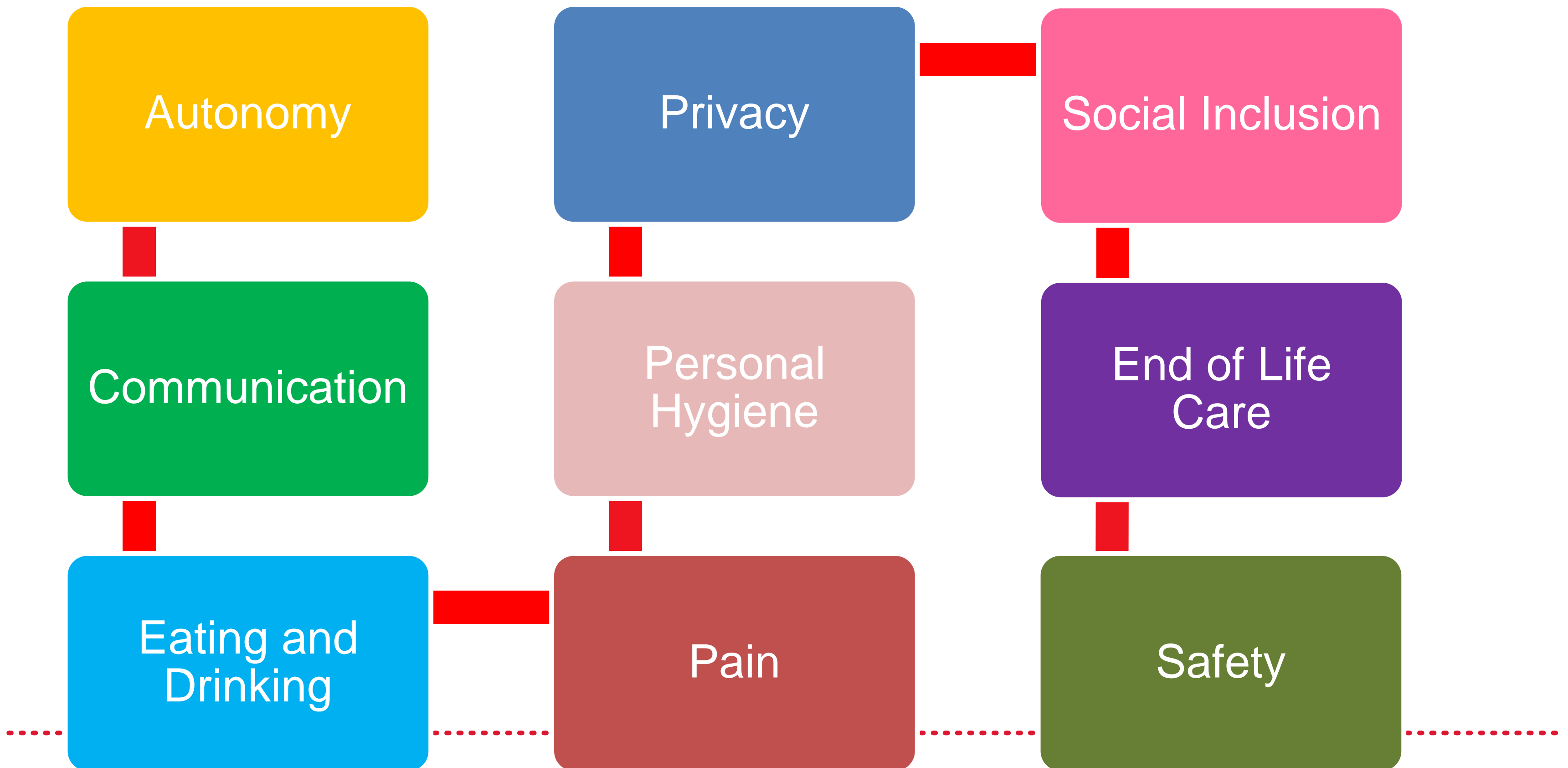
Chochinov, H, M. (2007) Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. British Medical Journal 335, 184-187.

STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Dignity conserving care



Dignity Domains



Dignity in Care Indicator Tool

2011 privacy and dignity survey with date CQUIN Jan12 ____ V4 (3936 - Activated, Traditional).pdf - Adobe Reader

File Edit View Window Help

3 / 3 95.4% Tools Sign Comment

- [ ] Yes, sometimes
- [ ] No

Q20. Have staff enquired about your religious and spiritual beliefs?

- [ ] Yes
- [ ] No
- [ ] Don't know/ Can't remember

Q21. Have you been given sufficient support to practice your religious or spiritual beliefs?

- [ ] I do not want or need to practice my religious or spiritual beliefs whilst in hospital
- [ ] Yes, always
- [ ] Yes, to some extent
- [ ] No
- [ ] Don't know / Can't remember

Q22. How clean were the ward bathrooms and toilets that you used?

- [ ] Very clean
- [ ] Fairly clean

- [ ] Yes, minimal disturbance
- [ ] No

If YES, what was the cause of this noise?

STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

Conclusion

- Continue in our drive to re-establish and safeguard, our core values and principles of caring
- Spirituality and dignity remind us to focus our attention on the individual – the person, not the medical condition or treatment
- Institutions and organisations and indeed wider society must value the contribution of our health and social care workforce
- There must be a open, honest and transparent culture where integrity, honesty and sensitivity flourish

STAFFORDSHIRE UNIVERSITY
THE CONNECTED UNIVERSITY

The EPICC Journey: Overview of the Project and Outputs

Professor Wilfred McSherry

Countries represented

- United Kingdom:
England, Scotland, Wales,
(Northern Ireland)
- Croatia
- Czech Republic
- Norway
- Netherlands
- Poland
- Turkey
- Ireland
- Malta
- Denmark
- Germany/Austria
- Belgium
- Ukraine
- Greece
- Spain (mainland + Gran Canaria)
- Portugal
- Lithuania
- Sweden
- China
- Malaysia
- Thailand
- Palestine
- New Zealand

What have we developed

- Established the EPICC Network (Launch 1 & 2 July Cardiff)
- Developed a Gold Standard Matrix for Spiritual Care Education and Adoption Toolkit
- Developed a Website and online repository

Spiritual Care Education Standard

Core Spiritual Care Competencies for Undergraduate Nursing/Midwifery Students

Preamble

Introduction

This EPICC Spiritual Care Education Standard describes the spiritual care competencies expected from undergraduate nursing and midwifery students. For every competence, the learning outcomes are described in aspects of knowledge, skills and attitudes. These competencies are based on studies on spiritual care competencies[1], which were discussed and agreed upon during the EPICC Teaching and Learning Events 1 and 2[2]. It should be considered that these competencies are practiced within a compassionate relationship and founded in a person-centred and reflective attitude of openness, presence and trust, that is fundamental for nursing and midwifery as a whole.

Spirituality

EPICC has adopted the European Association for Palliative Care (EAPC)[3] definition of spirituality and an adapted version of its definition of spiritual care (to reflect wellbeing as well as illness), which were derived from international consensus work in palliative care.

Spirituality: *"The dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred."*

The spiritual field is multidimensional:

1. Existential challenges (e.g., questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).
2. Value-based considerations and attitudes (e.g., what is most important for each person, such as relations to oneself, family, friends, work, aspects of nature, art and culture, ethics and morals, and life itself).
3. Religious considerations and foundations (e.g., faith, beliefs and practices, the relationship with God or the ultimate).

Spiritual care

'Care which recognises and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires' (adapted from [4]).

Cultural context

The content and application of the EPICC Spiritual Care Education Standard should be considered within the cultural context and the language of the country in which it is used.

Terminology

Throughout the EPICC Spiritual Care Education Standard, the terms 'person and individual' is used. These terms refer to the 'patient', 'client', 'service user', 'pregnant woman', 'carer', 'family member', 'relative', 'care recipient' and so on, depending on the country in which the Standard is used, along with the loca context.

[4] NHS Scotland (2010). *Spiritual Care Matters: An introductory resource for all NHS Scotland staff.* Retrieved from https://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf. Last accessed 18/02/19.

Co-funded by the Erasmus+ programme of the European Union

	COMPETENCIES	KNOWLEDGE (COGNITIVE)	SKILLS (FUNCTIONAL)	ATTITUDE (BEHAVIOURAL)
1	**INTRAPERSONAL SPIRITUALITY** Is aware of the importance of spirituality on health and well-being.	- Understands the concept of spirituality. - Can explain the impact of spirituality on a person's health and well-being across the lifespan for oneself and others. - Understands the impact of one's own values and beliefs in providing spiritual care.	- Reflects meaningfully upon one's own values and beliefs and recognises that these may be different from other persons'. - Takes care of oneself.	- Willing to explore one's own and individuals' personal, religious and spiritual beliefs. - Is open and respectful to persons' diverse expressions of spirituality.
2	**INTERPERSONAL SPIRITUALITY** Engages with persons' spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices.	- Understands the ways that persons' express their spirituality. - Is aware of the different world/religious views and how these may impact upon persons' responses to key life events.	- Recognises the uniqueness of persons' spirituality. - Interacts with, and responds sensitively to the person's spirituality.	- Is trustworthy, approachable and respectful of persons' expressions of spirituality and different world/religious views.
3	**SPIRITUAL CARE: ASSESSMENT AND PLANNING** Assesses spiritual needs and resources using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent.	- Understands the concept of spiritual care. - Is aware of different approaches to spiritual assessment. - Understands other professionals' roles in providing spiritual care.	- Conducts and documents a spiritual assessment to identify spiritual needs and resources. - Collaborates with other professionals. - Be able to appropriately contain and deal with emotions.	- Is open, approachable and non-judgemental. - Has a willingness to deal with emotions.
4	**SPIRITUAL CARE: INTERVENTION AND EVALUATION** Responds to spiritual needs and resources within a caring, compassionate relationship.	- Understands the concept of compassion and presence and its importance in spiritual care. - Knows how to respond appropriately to identified spiritual needs and resources. - Knows how to evaluate whether spiritual needs have been met.	- Recognises personal limitations in spiritual care giving and refers to others as appropriate. - Evaluates and documents personal, professional and organisational aspects of spiritual care giving, and reassess appropriately.	- Shows compassion and presence. - Shows willingness to collaborate with and refer to others (professional/non-professional). - Is welcoming and accepting and shows empathy, openness, professional humility and trustworthiness in seeking additional spiritual support.

THE CONNECTED UNIVERSITY