

## **Education needs of pastoral carers in aged residential care**

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## Introduction

One of the goals of the Selwyn Centre for Ageing and Spirituality is to provide education for those ministering to older people. In order to plan the content and structure of this education a questionnaire was sent to chaplains in aged residential care facilities (ARCFs). This is part of a wider survey to determine the educational needs of religious organizations in the area of ageing and spirituality. For the sake of brevity I will use the term “chaplain” in this report although the terms “spiritual advisor” or “pastoral care coordinator” are newer, more inclusive titles

## Method

Aged-care chaplains were located via the ARCFs affiliated with New Zealand Council of Christian Social Services (NZCCSS) and by contacting the 4 major private providers of aged care.

The chaplains or organizations were then emailed a questionnaire which was returned electronically or printed and posted back.

There are 708 long-term residential care providers listed on the NZ Ministry of Health website: 121 (17%) of these are also on the NZCCSS data base. According to the Aged Residential Care Association (2008 figures) 24% of ARCFs are in the religious and welfare sector, thus the NZCCSS list did not cover all these (Jewish ARCFs, for example).

The major (non-religious) private or not-for-profit (NFP) organizations providing ARC in New Zealand are: BUPA, MetLifecare, Oceania and Ryman, totaling 144 facilities. Thus 265 of 708 residential providers were accessed. If smaller private providers provide chaplaincy services this information would have been missed.

## Results

### Chaplains in Private Facilities

Some private or NFP employers did not know whether any of their facilities had chaplains. They helpfully emailed their organizations to find out.

Oceania (61 facilities) took over the Salvation Army and Methodist ARCFs, many of which previously employed chaplains. Some Oceania facilities still employ chaplains and some chaplains have continued on a voluntary basis.

BUPA with 45 facilities has one paid chaplain. (She is also partly employed by a non-religious private hospital in the same town). Ryman (21 facilities) and Metlifecare (17 facilities) have none.

In the private/NFP sector, the decision to employ a chaplain seems to occur at the local level; apparently each facility has autonomy in this decision and it is not directed by a central policy.

### Responses to questionnaire

There were 33 responses. Of these four (appeared to be private providers) reported having no chaplain, thus there were 29 full responses to the questionnaire. The total number of residential facilities covered by the survey was fifty two.

Summary of responses

a) General information about chaplains' activity

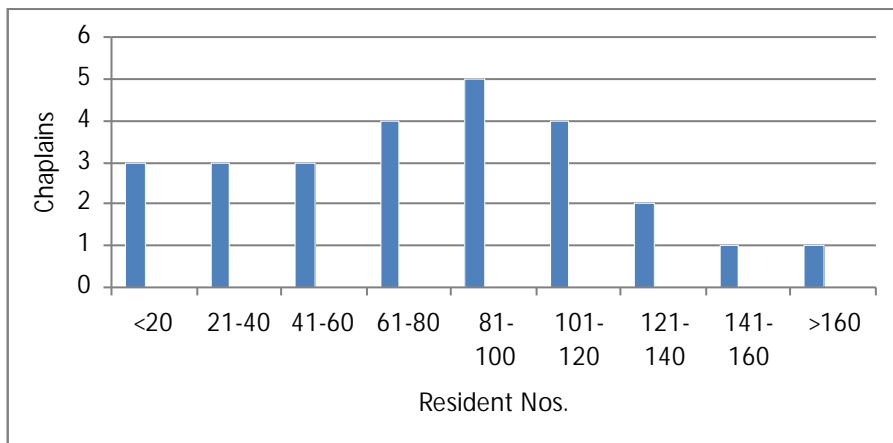
The range of the number of facilities attended per chaplain was 1-8, with 19 respondents active in only one facility, 5 in two and one in three, four, five, seven and eight.

Chaplains held services in 0 to 8 different facilities, with 18 in one, seven in two, one in four, one in five, one in eight facilities and one in none.

Comments (and numbers) indicate that some chaplains minister to more facilities than they hold services in. Some respondents described the frequency of services: ranging from "3-4 monthly" through "once a month", "once weekly in the rest home, twice weekly in the hospital" to "we have a daily mass."

The number of residents ministered to ranged from four to 250. (The person who ministered to four people worked at a hospice). Three ministered to less than 20 residents, three to 21-40, three to 41-60, four to 61-80, five to 81-100, four to 101-120, two to 121-140, one to 140-160 and one to more than 160. Three did not answer or the answer was unclear; one (quite reasonably) included staff in the numbers.

**Table 1: Number of chaplains ministering to various resident population sizes:**



Seventeen of the 34 respondents (50%) had pastoral care assistants. The number of pastoral carers working with the chaplain ranged from one to 28. (This large number was for the eight-facility chaplain.) Six had one, 3 had two, 1 had eight, 1 had nine and 3 had more than ten. Only one reported that their pastoral caregiver had had no training, the rest reported at least "some".

b) Needs of Residents

Chaplains responded "yes" or "no" to questions about the spiritual needs of the residents of ARCFs and commented on other needs. Responses to questions are listed in order of the numbers of respondents who agreed that the issues listed are significant in residential care.

Issue	Answers out of 29 with relevant comments.
Loneliness	29
Adjustment to residential care	28 <ul style="list-style-type: none"> <li>• Losing their independence-from home or hospital to one room</li> <li>• conflict among residents</li> <li>• concern for residents who have died</li> <li>• loss of ability to host family if they pop in for a cuppa</li> </ul>
Grief and loss	27
Finding meaning / purpose	27
Adjustment to mental change	27
Adjustment to physical changes	26 <ul style="list-style-type: none"> <li>• Concerns about their own diminishing mobility</li> <li>• Loss of hearing makes them feel isolated</li> <li>• Physical frailty difficult for some to adjust to</li> </ul>
Meeting spiritual needs	26 <ul style="list-style-type: none"> <li>• the opportunity to talk about whether here is life after death</li> <li>• Image of God-who is the God they do or don't believe in etc.</li> <li>• let go and let God, to accept</li> <li>• Hope vs. despair</li> </ul>
Answer to question of suffering	22
Facing death	22 <ul style="list-style-type: none"> <li>• these (suffering and death) are all part of daily life in our rest home</li> </ul>
Missing church fellowship	20 <ul style="list-style-type: none"> <li>• we encourage our residents to go to their own church if possible</li> </ul>

Other comments are grouped and listed in order of occurrence:-

Family issues:

“Broken relationships”,

“estrangement, family fighting”,

“concern with what will happen to the family after their death”,

“loneliness when family have moved them close to them but away from friends”.

One rest home has a wing for Maori and Pacific families who eat together and even stay overnight.

Resolving past hurts / forgiveness :

"Being at peace with decisions made in the past."

"Hurts experienced in church years ago."

"Abuse suffered as a young person and never spoken of till now."

Need for non-judgemental listening / acceptance

"I think of all the needs, the one of wanting to be known, loved and accepted is still the pressing one."

" All of my residents just long for someone to have the time to sit and listen to who they are, where they came from , what their beliefs and values are and not to be judged."

"People need time and individual conversations... I only scratch the surface."

Other

"I have found most of the wonderful people I deal with accept so gracefully the changes in life",

"denial of their own needs."

"the young elderly... who have come in because of stroke or other health issues."

### c) Providing Pastoral care in ARCFs

The responses to a question asking about particular issues around providing pastoral care in ARCFs are grouped as follows:

Getting residents ready for services: Comments made about staff helpfulness in getting residents to services were either positive e.g.

"I am very fortunate that most staff see the importance of residents attending church services and make sure they are ready at the chapel in plenty of time."

"Getting residents ready for services was a problem before, but the home management is now attending to it more regularly and in the last 6 months I have noticed that a staff is now assigned to wheel them in."

or negative e.g.

"It is a nightmare getting residents to the service. This is sometimes due to staff being unavailable when required to help, but in my case many times it is to do with their own personal feelings towards chaplaincy and God."

"Some residents arrive late for services and provision must be made to accommodate them and make them feel at home so that they don't think they're a nuisance."

"Getting those who attend services to the Chapel is quite an issue. I live nearby so I go to the home to bring residents to the service."

There were sometimes conflicts in timing of services e.g.

"Conflict of timing between the service times and the hairdresser at the rest home."

"Fitting in with other activities at residential facilities can be an issue sometimes."

### Relationship with staff

Some chaplains thought that staff did not understand or appreciate their role.

“I look forward to having the opportunity to explore with staff their understanding of spirituality, either in informal conversations or in in-service training (a new chaplain)

“the hegemony of the clinical... so it’s very important for us to hold the value of spirituality / religion and educate staff about pastoral care.”

Sometimes communication about residents was inadequate

“Communication is a problem.”

“would wish to be informed of impending death.”

“Being advised when bereavement occurs. Not always kept informed in this regard.”

### Family issues

“Needs of families, adjusting to having a family member in care and at the time of death.”

“I even wonder if their families are aware that their relation attends the evening service.”

### The need to be an advocate

“Residents often lack an “advocate” or someone independent who can help them work through issues of care, family issues, finances etc. This is clearly an area where a chaplain can be of great assistance-but again there is the time factor. This means that this service cannot be offered to the extent that it perhaps would be desirable.”

### Representing values of Christian organizations

There is a need for chaplains to retain and rely upon Christian values despite the demands of providing care in an institution.

“It falls to us to call people back to our central values from time to time in the face of expedience/convenience.”

“As I work in a Christian charitable trust we are able to be overt about the place of spirituality and religious practices in the wellbeing of older people.”

### Other issues

These included having access to quality supervision, concerns about the ageing of local church members who support the chaplain and one chaplain spoke of the isolation he feels working in a private residential complex. There was a concern for the ongoing care of residents when the pastoral care team was unavailable.

“At the end of the service, I take each one’s hand in turn giving them the peace. Every now and then someone would stop me to say “I am scared” or “worried” or simply cry. Then I take a few minutes asking if he/she would like me to pray with him/her and that is just what they want, to be prayed for. I wonder if they have any access to a clergy to call and ask for a prayer before they go to bed if they feel troubled.”

## A. Educational Needs

The second part of the questionnaire asked about the educational needs of the chaplain. Twenty-two chaplains would like more education in ageing and spirituality, three did not think they needed this and four were uncertain.

“Education always helps, especially in those areas if one is serving as a chaplain.”

“I’m a trained minister and spiritual director and have attended 4 CAPS courses and read E. MacKinlay books; feel I’m up to speed with ministering to the aged.”

### Learning needs of pastoral carers.

Some felt that pastoral carers would benefit from more education, e.g. “looking to future when sisters no longer in fulltime ministry, I see an ongoing need for relevant information.”

The respondents listed the following topics relevant to pastoral care assistants:

- A widening of viewpoint from religion to spirituality – appreciating difference, culture, ethnicity religious or no religion.
- Helping older people maintain or regain self-worth, dignity, wellbeing
- Increased sensitivity to needs: “are not always sensitive to residents’ needs i.e. when not to pray, just listen.”
- Dementia: how to communicate
- Clinical responsibilities: such as entering clinical notes in residents’ files.

General comments on education included the need for discussion and group work, good, experienced speakers and the reluctance of some pastoral caregivers to attend training.

### Learning needs of chaplains

Learning needs of chaplains	Answers out of 29 with relevant comments
Finding meaning	21 <ul style="list-style-type: none"> <li>• finding meaning as we age, “hope vs. despair”</li> </ul>
Faith and the ageing body / mind	21 <ul style="list-style-type: none"> <li>• how to best communicate with those with dementia. I currently find that playing old hymns for those with a Christian belief ministers to them. But how do you minister to those of no faith?</li> <li>• how depression is best handled when a person is rightly grieving the loss of all they have known</li> <li>• effects of medication</li> <li>• Understanding how very frail people think or perceive things, those in wheelchairs, unable to express themselves because</li> </ul>

	they get breathless...
Life review / spiritual reminiscence	19
Grief and loss	18 <ul style="list-style-type: none"> <li>• providing pastoral care to families at the time of death and ensuring staff don't smother them.</li> <li>• pastoral care of the terminally ill</li> <li>• dealing with suicides of adult children, both recently and in the past</li> <li>• men's grief</li> </ul>
Loneliness	17
Working in residential care	15
Biblical responses to ageing and suffering	14

#### Particular learning needs listed by chaplains

Dementia and communicating with people with dementia or other mental health issues was highest on the list of additional comments. Respondents were also interested in further training in spiritual assessment, development of empathy and information about skills and resources (including suitable liturgy and prayers) for helping people access their spirituality. Several wanted to know how best to support non-Christians and one about dealing with confidences e.g. confession of a criminal offence. There were general comments about education: e.g.

“learning needs to be ongoing”,

“new ideas from other people's experience”,

“as a hospital chaplaincy assistant we get regular training in relevant issues, which is helpful to attend when I am able.”

#### PREFERRED EDUCATIONAL FORMATS

Most respondents preferred a single-day course for education. This was followed by support groups for shared learning between peers. There was little interest in small group learning at parish level, short courses over several days or evenings, post-graduate distance or local learning or individual supervision

#### SUMMARY & DISCUSSION

Contractual regulations require the provision of spiritual care to ARCFs (ARCC 2009-2010). These are audited by review of policy documents, data collected from the assessment of residents on admission their care plans, and interviews with residents, families and staff.

Most spiritual provision seems to come from local mainline church ministers visiting, but people from different denominations are available on call and families sometimes take their relatives out to church (C. Cumming, Auditor, personal communication, June 2, 2010).

The replies received represent 19.6% of the facilities surveyed. Whether this reflects a poor response or a paucity of chaplains is not clear. There appear to be few chaplains employed by the larger private residential-care providers.

The second half of this study will question local churches about the extent of their involvement with the ARCFs in their geographic area. A further survey asking all ARCFs how they meet residents' spiritual needs is planned.

This survey gives a snapshot of chaplains' views of the spiritual needs of people in aged residential care in New Zealand. Loneliness, adjusting to residential care, grief and loss, coping with mental and physical frailty and loss of independence, meeting spiritual needs and resolving family and past issues are important. The vital importance of non-judgemental listening was noted.

There is interest from most of this group in learning more about ageing and spirituality. The preferred format is a one day course, followed by support group / shared learning amongst peers.

It is evident that some respondents are already highly qualified in this area and it would be useful to harness their skills.

#### Reference

The Aged Residential Care Contract (MOH2009) specifies that facilities will "assist the meeting of each Subsidised Resident's social, spiritual, cultural and recreational needs" D 41c (p.34). and must develop policies on "Spirituality and counseling, including availability of chaplaincy" D5.4 q (p.35).

[www.moh.govt.nz/olderpeople](http://www.moh.govt.nz/olderpeople) Long term residential care, list of registered providers.

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