
Core Competencies for Spiritual Health Care Practitioners

Created by Manitoba's Spiritual Health Care
Partners

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Introduction

Background

Spirituality is the essence of our humanity.

- Viktor Frankl

Spiritual health care has evolved rapidly since the 1990s and is now considered an essential component of holistic, person-centered health care in North America, the United Kingdom (UK), Australia, and many other countries around the world. In Canada, Manitoba is respected as a leading province in spiritual health care policy. It was the first province to develop a spiritual health care strategic plan in 2012 and has employed a spiritual health care coordinator since 1998. Manitoba stakeholders, such as the Manitoba Multifaith Council (MMC), the Interfaith Health Care Association of Manitoba (IHCAM), and the Canadian Association for Spiritual Care (CASC) – Manitoba Region, provide consultation on provincial spiritual health care policy and advocate for the advancement of spiritual health care to address the spiritual health needs of Manitobans. The Manitoba region of CASC plays a significant leadership role at the CASC national level.

This document is an update from the previous spiritual health care document created in 2011. In August, 2016 through to June, 2017, a group of spiritual health care stakeholders, together with the Mental Health and Addictions Branch within Manitoba Health, Seniors, and Active Living, collaborated to develop updated competencies that reflect current best practices in spiritual health care. The 2017 Core Competencies will better enable Regional Health Authorities (RHAs) to recruit, select, and manage the performance of Spiritual Health Care Practitioners and ensure that spiritual health care services across the health care regions of Manitoba are consistent, evidence informed, and safe.

Spirituality, Spiritual Health, and Spiritual Health Care

Spirituality can be defined as 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.¹ It can be distinguished from **religion**, which is an organized set of beliefs and practices that is designed to guide its members in how to live and worship. Religion is one of the many ways individuals explore and express their spirituality. Spirituality tends to be universal and personal, and not necessarily tied to any particular religious tradition. The Glossary of Spiritual Health Care Terminology in Appendix 1 further defines this and other terminology relevant to this document.

¹ 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. <https://doi.org/10.1089/jpm.2014.9427>

Spiritual health addresses the wholeness of what it means to be a human being. An important component of holistic health care is to be aware that spirituality impacts health in many ways, including how people understand health and illness.²

In caring for the whole human being there is need to focus on each of the four aspects of what makes a person human. The most visible aspect is the physical body. The second aspect is less visible and encompasses our thinking through engaging our minds. The third aspect is feeling, which emerges in emotions and forms the dynamic of our relationship. And the fourth aspect is the spiritual.

Spiritual health care is rooted in the need to address existential concerns that often arise in times of crisis and change. These are reflected in the most basic questions of life such as:

- Why me? Why us?
- What caused this?
- What do I do now? How can I go on?
- Who am I now? How do we live with this?
- What does it mean to our family?
- What about finances, work, the future?

The role of a **Spiritual Health Care Practitioner** is to listen closely to such questions to help people understand the spiritual dimension of change and help them find and affirm meaning, purpose, connection, dignity, self-worth, and hope when they are faced with health challenges. This may happen through interventions that involve story, ritual, nature, creativity, and/or simple appreciation for the miracle of life. Addressing the spiritual and religious needs of healthcare consumers has been shown to enhance health services by increasing their resilience, improving coping, and supporting physical and mental health recovery during these times of crisis and change.³

Spiritual health care respects the dignity and worth of each person and appreciates all ways individuals seek and find meaning and connection, whether spiritual, religious, philosophical, agnostic, or atheistic. It is also inclusive of culture, ethnic background, age, gender identity, sexual orientation, ability/disability, social disadvantage and other characteristics. Effective spiritual health care understands that spirituality may be intertwined with the cultural values and sacred knowledge of ethnic groups and Indigenous people.

Recognition of the Spiritual Dimension in Health Care Standards

Spiritual health care is formally recognized as a critical component within health care systems. In 2013, an international team of leading health care experts created recommended standards for spiritual care moving forward, including a recommendation that

² Government of Manitoba (2017). *Spiritual health care*. Retrieved from <http://www.gov.mb.ca/healthyliving/mh/spiritualhealth/index.html>

³ Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *Psychiatry* 201, 2012, 1-33. DOI: 10.5402/2012/278730; Puchalski, C. M., et al. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642-656. DOI: 10.1089/jpm.2014.9427

spiritual health care be part of routine health care and integrated into policies for intake and ongoing assessment of spiritual distress and spiritual wellbeing.

In Canada, accreditation service excellence standards for health care, along with Manitoba's Personal Care Home Standards, require health care facilities to ensure:

- spiritual beliefs and needs of patients/clients are addressed as part of a holistic approach to care; and
- patients and/or clients have access to spiritual space and care to meet their needs.⁴

What Are Competencies and Why Are They Important?

A Spiritual Health Care Practitioner is someone who focuses on people's spiritual and religious needs in a healthcare institutional setting as part of a health care team. The designation has evolved from the role of chaplain, which traditionally designated a member of the clergy. Most Spiritual Health Care Practitioners have post-graduate level training in theology, religious studies, or equivalent and are often trained and certified by the Canadian Association of Spiritual Care's (CASC) Clinical Pastoral Education (CPE) Program. With this specialized education, Spiritual Health Care Practitioners are able to provide spiritual health care that is non-intrusive, non-technological, and non-pharmaceutical.

The Spiritual Health Care Practitioner enters into a therapeutic and strengths-based relationship and journeys with patients and clients, their families, and health care staff to help address spiritual questions and connect with inner and outer sources of meaning, purpose, hope and connection. Spiritual Health Care Practitioners affirm values and beliefs central to a person's identity and sense of self-worth. A Spiritual Health Care Practitioner may also ensure spiritual health care is available by connecting the person in care with their own clergy/faith/spiritual leader.

Competencies have been defined as "observable abilities, skills, knowledge, motivations or traits defined in terms of behaviours needed for successful and sustained job performance".⁵ Some of the competencies are transferable (i.e., empathetic listening, leadership) while others are specific to spiritual health services (i.e., identifying spiritual needs and carrying out interventions, teaching workshops on spirituality and health). These well-defined competencies will give Spiritual Health Care Practitioners confidence in their ability to deliver spiritual health services at a high level,⁶ help in their professional development, and clarify a career path for the profession.

This document outlines the following eight core competencies for spiritual health care professionals:

Competency 1: Spiritual Health Assessments and Interventions

⁴ Accreditation Canada. (2017). *Review our standards*. Retrieved from <https://accreditation.ca/review-our-standards>

⁵ The University of Winnipeg. (2014). *Leadership competencies*. Retrieved from <https://www.uwinnipeg.ca/hr/docs/performance/Leadership%20Competencies%20-%20Feb%2020%202014%20-%20Final.pdf> p.3

⁶ Cobb, M., Puchalski, C. M., & Rumbold, B. (Eds.). (2012). *Oxford textbook of spirituality in healthcare*. New York: Oxford University Press.

Competency 2: Communication

Competency 3: Collaboration and Partnerships

Competency 4: Inclusivity, Diversity and Cultural Safety

Competency 5: Personal, Spiritual and Professional Development

Competency 6: Leadership

Competency 7: Ethical Behaviour and Practice

Competency 8: Research

Each of the eight competencies are divided into two levels – the Practitioner level and Leader level – that outline the behaviours associated with the competency. The Leader level also includes the behaviours associated with the Practitioner level for each competency.

Competency Profiles for Spiritual Health Care Practitioners and Spiritual Health Services Department Leader

Competency 1: Spiritual Health Assessments and Interventions

What it is:

- The ability to apply spiritual health care knowledge and skills to evaluate and identify the spiritual needs, religious needs, strengths, resources, hopes and coping strategies of patients/clients, families and staff as well as the spiritual needs and strengths of the organization.
- The ability to develop and implement person-centered interventions based on assessment, in partnership with patients/clients, families and the health care team, to meet holistic needs and achieve desired outcomes.

Demonstrated Behaviours (Practitioner level)

- Brings compassionate presence to the patient/client interaction.
- Demonstrates understanding of how spirituality and religion may be overlapping yet distinct constructs.
- Listens with empathy to the patient/client's story to facilitate expression of spiritual needs, religious needs, existential concerns, inner strengths, issues, desires, choices and external resources.
- Uses theoretical knowledge of basic theories, concepts, frameworks and current best practice to inform assessment and interventions.
- Demonstrates proficiency in spiritual screening, taking a spiritual history and spiritual assessment with diverse populations.
- Identifies spiritual or religious experiences, practices and beliefs that may have the potential to negatively impact health and/or care plans.
- Assesses and monitors specific risks and vulnerabilities, such as suicidality, trauma and addiction.
- Assesses and addresses spiritual distress and refers complex spiritual distress to physician or mental health professional.
- Assesses grief and loss and offers therapeutic interventions.
- Develops, implements, documents and evaluates the plan of care in collaboration with patient/client and health care team.
- Plans and provides, or facilitates: prayer, practices, rituals, ceremonies and services, including funerals, memorial services, worship services and services related to Holy Days.
- Provides or suggests literature and other resources based on the spiritual health assessment.
- Identifies and responds to spiritual and/or religious needs and supports staff and teams in identifying their internal and external resources to help them manage workplace stress.
- Responds to crisis events, external or internal, which impact the organization.
- Integrates knowledge of community-based resources into discharge planning.

- Applies specialized knowledge where applicable, such as knowledge of world religions, traditional beliefs and healing practices, spiritual development, counselling, transference, and counter-transference, trauma, grief and bereavement theories, addictions, child psychology, mental health, Dignity Therapy, Narrative Therapy, family systems, complementary therapies.

Demonstrated Behaviours (Leader level)

- Ensures excellence in the team's ability to perform spiritual health assessments and intervention.
- Identifies and responds to the spiritual needs of departmental staff.
- Identifies spiritual needs and strengths of the organization and makes recommendations for initiatives that will address those needs.
- Organizes responses to crisis events, external or internal, which impact the organization.
- Advocates for allocation and equipping of dedicated space for meditation, reflection, smudging, ritual and religious services.

Competency 2: Communication

What it is:

- The ability to convey information respectfully and clearly by listening openly, considering others' point of view and responding accordingly.
- The ability to share information and ideas in a clear, concise and organized manner with individuals and groups in compliance with organizational reporting requirements and professional, legal and ethical requirements.

Demonstrated Behaviours (Practitioner level)

- Employs communication strategies that include active listening and Appreciative Inquiry through use of words, body language and empathy.
- Demonstrates awareness of blocks to effective communication. Identifies language and cultural barriers and accesses interpretive and cultural services as appropriate.
- Communicates effectively as a member of the interdisciplinary team.
- Documents spiritual health assessments and interventions. Follows up in a timely manner.
- Maintains confidentiality in verbal and written communication.
- Expresses ideas in writing in a clear, concise and organized manner.
- Exhibits effective instruction and presentation skills.
- Explains concepts and practices in language that is accessible to the audience.
- Educates team members in an open and constructive way regarding perspectives that could lead to cultural/spiritual/religious misunderstandings.
- Manages and diffuses conflictual situations involving patients/clients, families and staff.

Demonstrated Behaviours (Leader level)

- Builds and maintains networks for support of initiatives.
- Fosters an atmosphere of open dialogue with departments and the organization.
- Adapts communication style and approach to specific audience to achieve understanding.
- Maintains clear communication, taking steps to share information, priorities, and lessons learned with others.
- Manages and mitigates conflict within the team and in other departments within the organization when requested.
- Identifies and engages consultants when necessary to support team.

Competency 3: Collaboration and Partnerships

What it is:

- The ability to foster and maintain collaborative and accountable working relationships with the interdisciplinary team, management, external organizations and community stakeholders in order to facilitate holistic care.

Demonstrated Behaviours (Practitioner level)

- Functions within one's own scope of practice and demonstrates understanding of the scope of practice of other health care disciplines.
- Makes appropriate referrals to other professionals and partners.
- Participates in interdisciplinary team meetings, multifaith and community groups.
- Educates others about the role and function of spiritual health services and the indicators for a spiritual health referral.
- Serves as a liaison between patient/client, healthcare team and community.
- Demonstrates understanding of group/team dynamics and uses this understanding to promote cohesiveness and decision-making ability.
- Collaborates effectively with members of the healthcare team to enhance the effectiveness of person-centered care.
- Facilitates crucial conversations in order to encourage a beneficial resolution of family or team conflicts.
- Lends expertise to complex bio-ethical and end of life care decisions to ensure holistic care and assist patient/client flow.
- Analyzes, manages and negotiates conflicts when beliefs/practices influence care plans and patient/client flow.

Demonstrated Behaviours (Leader level)

- Plans regularly scheduled staff meetings to update staff regarding organizational developments and to develop and monitor departmental goals and initiatives.
- Hires strategically in order to enhance the effectiveness of the team. This includes hiring for diversity of culture as well as skill set, ensuring that all core competencies are met.
- Solicits ideas and opinions from team members to help form specific decisions or initiatives.
- Collaborates to implement new initiative throughout the organization.
- Monitors for effectiveness the processes and protocols by which referrals are made to and from spiritual health services.
- Advocates for spiritual health services representation on strategic committees.

Competency 4: Inclusivity, Diversity and Cultural Safety

What it is:

- The ability to integrate knowledge of diversity⁷, cultural safety, human rights, the history and legacy of residential schools, Truth and Reconciliation⁸, the dynamics of power and privilege and current social realities to support, respect, practice and promote the worth of each individual through delivery of equitable spiritual health care.

Demonstrated Behaviours (Practitioner level)

- Supports access to person centered care of all patient/clients, demonstrating inclusivity and showing empathy, respect and appreciation for diverse groups,⁹ religions, philosophies and spiritual paths.
- Maintains critical self-awareness of how one's spiritual and religious background, values and beliefs, attitudes, perceptions and assumptions impact one's clinical practice.
- Demonstrates cultural sensitivity to the physical, emotional and spiritual boundaries of others with an understanding that beliefs, faith and spirituality are intertwined with the culture of all ethnic groups and Indigenous people.
- Maintains an understanding of spiritual perspectives, religions, worldviews, cultures, philosophies, beliefs and practices for birth, life, health and wellness, illness, dying and death.
- Maintains or acquires knowledge of Indigenous spirituality and health practices necessary to serve the needs of patients/clients.
- Ensures rituals and ceremonies of diverse religions and spiritual paths are facilitated.
- Ensures sacred spaces are culturally and spiritually safe for all.
- Monitors own communication and behavior with respect to diversity and inclusion.
- Recognizes, monitors and navigates the power differential inherent in the health care system and the professional relationship.

Demonstrated Behaviours (Leader level)

- Demonstrates an understanding of principles of equity and inclusion in health care as well as of relevant legal and ethical responsibilities, such as human rights legislation and the Truth and Reconciliation Report's Calls to Action.
- Promotes patient/client access to quality spiritual health care and Indigenous health services where appropriate and works toward reducing barriers to equitable care.
- Supports effective multifaith, intercultural dialogue and develops a common ground for further communication.
- Works to create an environment designed to promote equity, inclusion and excellence.
- Ensures that there are appropriate sacred spaces and resources to address diverse spiritual, religious and cultural needs.
- Works to build a diverse and inclusive workforce. Supports staff continuing education that enhances culturally safe spiritual health care.

⁷ Diversity is inclusive of culture, ethnic background or origin, religion or spirituality, age, gender identity, sexual orientation, ability/disability, socio economic status, social disadvantage and other characteristics protected under *The Human Rights Code* of Manitoba.

⁸ Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action* Winnipeg, Manitoba. 2015, 1-20. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf.

⁹ Supra. f. 7.

Competency 5: Personal, Spiritual and Professional Development

What it is:

- The ability to assess the possible effect of one's personal spirituality, beliefs, values and assumptions in relationship to the patient/client so as to fully understand the patient's/client's needs and provide person-centred care.
- The ability to develop a plan for personal, spiritual and professional growth, self-awareness and self-understanding.

Demonstrated Behaviours (Practitioner level)

- Maintains a well-articulated awareness of one's own understanding of spirituality, religion, spiritual health and how to offer spiritual health care in a diverse clinical setting.
- Maintains a personal spiritual and reflective practice to support self-awareness, compassionate presence, as well as personal and spiritual growth.
- Reflects spiritually, theologically and/or philosophically on one's own professional practice.
- Engages in ongoing critical self-reflection on one's clinical practice competency.
- Maintains a practice of self-care.
- Makes a plan for ongoing professional development and spiritual renewal.
- Utilizes personal and professional support, consultation and supervision for the purposes of spiritual and personal development.
- Maintains active membership in a professional association relevant to spiritual health care.
- Meets continuing education requirements of one's professional association relevant to spiritual health care.
- Keeps abreast of research and professional developments regarding spirituality and religion in health care.
- Strives to achieve a standard of excellence; is conscientious and thorough.

Demonstrated Behaviours (Leader level)

- Identifies areas and opportunities for personal, spiritual and professional development of staff through performance conversations.
- Regularly scans the environment to keep abreast of emerging developments in the broader work context.
- Constructively challenges, when needed and appropriate, the understanding of the value and role of spiritual health care in the provision of holistic person-centered care.

Competency 6: Leadership

What it is:

- The ability to optimize the capabilities of the spiritual health services team to meet current and future needs of the health care system, especially regarding the spiritual dimension of health care. It includes modeling, leading and supporting individuals or teams to enhance performance and professional growth. At the highest level, it includes planning for future needs in alignment with organizational strategies.

Demonstrated Behaviours (Practitioner level)

- Models and promotes the mission, vision and values of the organization.
- Takes initiative in identifying and addressing opportunities to improve spiritual health services, including volunteer capacity.
- Contributes creativity and innovation to spiritual health services.
- Embraces change and acts as change agent within the culture of the organization.
- Provides professional support to promote the spirituality of the organization and the humanization of the workplace.
- Promotes the role of spiritual health care throughout the health care system.

Demonstrated Behaviours (Leader level)

- Regularly and systematically manages direct job performance.
- Facilitates team effectiveness and manages team dynamics.
- Coaches for competency by facilitating the ongoing development of individual and departmental knowledge, skills, abilities and attributes.
- Understands the strategic plan of the organization and develops a departmental strategic plan and goals in line with organizational goals and direction.
- Reviews and develops strategic initiatives, as required, that facilitate the mission of the organization throughout the facility and into the community.
- Enhances capacity on the team by hiring to ensure current and future organizational competency in spiritual health care.
- Provides leadership in the development and integration of spiritual health services and their role in supporting the spirituality of the organization and the humanization of the workplace.
- Demonstrates knowledge of change management processes.
- Ability to implement required behaviours to support change.
- Manages to budget. Uses resources responsibly.

Competency 7: Ethical Behaviour & Practice

What it is:

- The ability to practice spiritual health care in a manner congruent with professional, legal and ethical codes of practice and relevant policy, reflecting the values of equity, justice, compassion, and demonstrating respect for all.

Demonstrated Behaviours (Practitioner level)

- Protects confidentiality and demonstrates knowledge and understanding of *Manitoba's Personal Health Information Act*.
- Demonstrates personal and professional identity and integrity within one's scope of practice to facilitate relationships of trust.
- Articulates and maintains clear, appropriate and therapeutic boundaries.
- Follows/abides by professional and legal codes of ethics relevant to the spiritual health care practice.
- Demonstrates ability to differentiate personal beliefs, morals and values from others (patients/clients and staff). Does not promote his or her own values or beliefs when interacting with patients/clients or staff.
- Upgrades knowledge of ethics through continuing education.
- Recognizes what is in the interest of safety and/or required by law and/or the professional code of ethics and reports as required.
- Identifies systemic oppressions that are in violation of human dignity, human rights and/or the professional code of ethics, and raises concerns at appropriate level.
- Identifies legal and ethical issues encountered in one's practice, teaching and research.
- Serves on ethics committees as available in one's facility/workplace/region as required.
- Serves as an ethics resource alongside other health care team members; promotes ethical reasoning.
- Demonstrates academic integrity in research and writing.
- Demonstrates basic knowledge of biomedical ethics to support patients/clients in making health care decisions.
- Recognizes when an ethical situation exceeds one's scope of practice and makes a referral.
- Practices responsible use of resources.

Demonstrated Behaviours (Leader level)

- Completes all Manitoba provincial health ethics course requirements as needed in addition to accredited ethics coursework at the undergraduate or graduate level.
- Practices respectful use of authority inherent within the position.
- Supports the organization's ability to meet the Accreditation Canada standards for ethics.
- Serves as a member of the organization's ethics committee as required.
- Serves as a resource to the organization regarding medical or organizational ethical dilemmas.
- Ensures that the spiritual health services team members practice according to their professional code of ethics and receives ongoing bioethical and organizational ethics education.
- Accesses ongoing training in biomedical and organizational ethics.
- Provides leadership in reviewing medical or organizational ethical dilemmas.

Competency 8: Research

What it is:

- The ability to review and understand research as integral to professional functioning. It includes the ability to search out and evaluate current spiritual health care and related resources for knowledge translation.

Demonstrated Behaviours (Practitioner level)

- Keeps abreast of research and professional developments regarding spirituality and religion related to clinical practice.
- Seeks out research opportunities to enhance practice.
- Uses appropriate methodologies and established ethical protocols if/when conducting research.
- Subjects one's findings as required and appropriate to professional peer review if/when conducting research.
- Interprets, evaluates and applies research to support or improve evidence-based practices.
- Seeks opportunities to develop research skills or advanced practice skills as needed.
- Uses computers and other technologies effectively, as required.

Demonstrated Behaviours (Leader level)

- Extracts, interprets and applies data from workplace measurement/data collection tools (personal and departmental data).
- Determines areas of research and collaborative projects.
- Encourages ongoing research-based knowledge by assignment to staff that demonstrate interest and skill in research.
- Serves as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations and informal discussions both internally and externally.
- Leverages existing partnerships and resources to support research on best practices to enhance consistency in best practice in the delivery of holistic person-centered health care.

APPENDIX 1: Glossary of Spiritual Health Care Terminology¹⁰

Chaplaincy: Traditionally, spiritual care was carried out by a chaplain who was a member of the clergy and responsible for the conduct of religious services for an institution, such as a prison or hospital. Although the term is still used in a number of institutional settings, the term broadly accepted in Manitoba is “Spiritual Health Care Practitioner”, as it is more aptly reflects the work of one who addresses spiritual needs in a healthcare institution as part of whole person care.

Cultural competence: a process in which one continually strives to work effectively within the cultural context of a patient/client.¹¹

Cultural safety: a process in which one continually strives to work respectfully within the cultural context of the patient/client with a recognition of the power dynamics, with a particular awareness of power imbalances. Cultural safety is an outcome that empowers others by acknowledging that all worldviews are valid and valuable.¹²

Existential questions: questions concerning human existence, the essence of what it means to be alive. In healthcare, these frequently involve questions about the meaning and purpose of life, death, illness and suffering.

Person-Centred: The person is at the centre of care. Each person deals with physical, mental, relational and spiritual parts of themselves. The care provider should understand the differences in each person’s experience of these four aspects.

Patient/client: For spiritual health care, this may include patients/clients, residents, family members or other supports.

Religion: Formally articulated expression of belief that is shared in a community. Religion finds its expression in rites and rituals based on the beliefs and doctrines of its followers.

Spiritual Distress: A state of suffering with impaired ability to experience and integrate meaning and purpose in life through: connectedness with self, others, art, music, literature, nature and/or a power greater than oneself.¹³ Often is accompanied by loss of faith and/or meaning, sense of despair, abandonment, isolation and/or hopelessness. **Complex spiritual distress** is defined as a state where multiple distress factors are identified, leading to a mental health diagnosis. The Spiritual Health Care Practitioner refers these cases to a medical practitioner or other appropriate mental health professional.

¹⁰ Government of Manitoba. (2012). Health and the human spirit: Shaping the direction of spiritual health care in Manitoba. Retrieved from www.gov.mb.ca/healthyliving/mh/docs/health_human_spirit.pdf

¹¹ IWK Health Centre Province of Nova Scotia. (Spring 2006). Cultural competence for primary health care: A DVD and discussion guide for Nova Scotia. Retrieved from http://healthteamnovascotia.ca/cultural_competence/CCGuideLR.pdf

¹² Adapted from Winnipeg Regional Health Authority’s *Framework for action: Cultural proficiency and diversity*. (p. 14), Winnipeg, MB: WRHA. 2012 and National Aboriginal Health Organization’s *Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educator*. (p. 18), Ottawa, ON. Retrieved from <http://www.naho.ca/publications/culturalCompetency.pdf>.

¹³ Herman, H. T. & Kamitsuru, S. (2014). *NANDA international nursing diagnosis: Definitions and classification 2015-2017*, 10th edition. Oxford UK: Wiley Blackwell, p. 372. Eric J. Hall, Brian P. Hughes, and George H. Handzo, *Spiritual Care: What it Means, Why it Matters in Health Care*. Health Care Chaplaincy Network, October 2016, 7-13. Retrieved from <http://files.constantcontact.com/511297de301/1c955cdb-bf40-4bef-bb56-6bce02f51dc5.pdf?ver=1476887863000>;

Spiritual Health Assessments: assessment tools, such as commonly used HOPE and FICA ©, assess the nature of faith and beliefs, the importance to the patient/client of that faith/those beliefs in the health care experience, community support and the patient's /client's wishes regarding how these are to be addressed in conjunction with their care.¹⁴

Spiritual Health Care Practitioner (SHCP): A health care practitioner who focuses on spiritual and religious needs and spiritual distress as part of a health care team. The SHCP enters into a therapeutic and strengths-based relationship and “journeys with” patients/clients/residents, their families and health care staff to help them connect with inner sources of meaning, hope and comfort to:

- enhance resilience and compliance with care plans
- manage grief and loss
- improve health outcomes, and
- reduce staff burnout.

A SHCP may also ensure spiritual health care is available by connecting the person in care with their own clergy/faith/spiritual leader.

Spiritual & Cultural Care Provider: A member of the health care team who is available to patients/clients and their families, and all region staff for spiritual and cultural support, traditional medicines and Ceremonies. All faiths are recognized.

Spiritual Health Services: These are the particular services and actions of care offered by those who are SHCPs, sometimes locally called “chaplains”. The core skills for a SHCP are self-awareness and compassionate listening. The director of the spiritual health care is ultimately the person in care.

Although the term “spiritual care” is most commonly used historically to include both health care and justice institutions, Manitoba has used the term “spiritual health care” since 2011 to more accurately reflect it as a core dimension of health care.

Spiritual Needs: The need to find meaning in the midst of illness and suffering; the need to affirm relationships to self, others, nature, the significant or sacred; the need for the realization of transcendent values such as hope and creativity, compassion, faith, peace, trust, courage and love.¹⁵

Spiritual Resources: Practices, beliefs, objects and/or meaningful relationships that people often turn to for help in times of crisis or concern, e.g. prayer, music, family, nature.

Spiritual Well-being: A sense of meaning, purpose, hopefulness and connectedness.

Spirituality: 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.

¹⁴ George Washington Institute for Spirituality and Health. (2017). FICA spiritual assessment tool. Retrieved from <http://smhs.gwu.edu/gwish/clinical/fica>

¹⁵ Adapted from *Spirituality in nursing: Standing on holy ground* by Margaret O'Brien. Sudberry, MA: Jones & Bartlett, 1999 and Lorraine Wright, *Spirituality, suffering and illness: Ideas for healing* (p. 82), Philadelphia: F.A. Davis, 2005.

APPENDIX 2: Manitoba's Spiritual Health Care Partners

This resource was developed collaboratively by Manitoba's Spiritual Health Care Partners including representatives from the following organizations:

- Canadian Association for Spiritual Care
- Catholic Health Association of Manitoba-Interfaith Health Care Association of Manitoba (CHAM-IHCAM)
- CancerCare Manitoba
- Health Sciences Centre
- Interlake Eastern Regional Health Authority
- Manitoba Multifaith Council
- Mental Health and Addictions Branch, Manitoba Health, Seniors and Active Living
- Northern Health Region
- Prairie Mountain Health
- Selkirk Mental Health Centre
- Southern Health-Santé Sud
- Winnipeg Regional Health Authority