Te Whatu Ora
Health New Zealand
Te Tai Tokerau

28 July 2022

[redacted]

Tēnā koe

Official Information Act Request

You have asked for a copy of our current Spiritual Care policy.

On 1 July 2022 Northland DHB, along with all district health boards (DHBs) in New Zealand, ceased to exist. The 20 DHBs were disestablished and their functions were merged into Te Whatu Ora - Health New Zealand, which now leads the day-to-day running of the system for the whole country. As you will note the attached policy is Northland DHB's policy. It continues to apply to the services we provide in Te Tai Tokerau/Northern Region.

We support the open disclosure of information to assist public understanding of how we deliver our services. This includes proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been provided to you. Personal or identifying information will be redacted from any response published online. If you consider there are good reasons why this response should not be publicly available we will consider your views.

If you have any questions regarding our response to your information request please contact me.

Ngā mihi

Tracey Schiebli
Interim District Director
Te Tai Tokerau / Northern Region

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

Spiritual Care

Purpose

Northland District Health Board (Northland DHB) recognises that if patients/clients require the provision of services related to spiritual care which take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Maori, consistent with our obligations under the Code of Health and Disability Services Consumers Rights (1996) and the Treaty of Waitangi. The purpose of this document is to describe the services and code of practice for the provision of spiritual care in Northland DHB facilities.

Scope

This policy applies to all Northland DHB staff, patients/clients/tangata whenua and families/whānau.

Principles

- Access for patients and relatives and staff within Northland DHB who request access to spiritual care for personal visiting, spiritual and sacramental ministration and counselling
- Hospital chaplains are appointed for the pastoral and spiritual care of all patients and staff
- Patients/clients may also request the services of a religious person of their own choice

Hospital chaplains:

- Hospital chaplains, appointed by the Interchurch Council for Hospital Chaplaincy, must also be approved by a representative from Northland DHB
- Honorary staff status is accorded to the Hospital chaplains, and as such they are members of the multi- disciplinary teams of staff employed at Northland DHB
- Hospital chaplains will be available for ministry to all patients, family/whanau and staff
- As appropriate the Hospital chaplains will conduct religious services
- The Hospital chaplains will be included in orientation and in-service education to promote the role of chaplaincy in the hospital
- Contact may be made anytime through the hospital telephonists

Volunteer chaplains/chaplaincy assistants:

- Members of churches, approved by their own denominations, selected and trained by the Hospital chaplains and endorsed by the Interchurch Council for Hospital Chaplaincy to provide chaplaincy assistance may be approved by the customer services manager or operations managers of District Hospitals to work under the direction of the Hospital chaplain
- Any disputes regarding the approval of chaplains or volunteer chaplaincy assistants are to be directed through Human Resources

Religious visitors:

- Religious visitors may visit patients during visiting hours and at other times when requested by that patient
- Religious visitors who are not Northland DHB approved chaplains or volunteer chaplaincy assistants, may not make unsolicited visits to patients
- All religious visitors shall perform the duties of their office quietly and in such a manner as not to disturb others and must withdraw if requested to do so by any member of the medical or senior nursing staff
- Northland DHB policy on volunteers and voluntary agencies apply to religious visitors

Hospital chapel/quiet room/area for spiritual care

- An area will be designated as an area for spiritual care at any of Northland DHB Hospitals
- Management of the quiet room/chapel/ area for spiritual care shall be the joint responsibility of the operations manager/customer services manager and the Hospital chaplains
- When requested, they will try to make available in the quiet room/chapel/area for spiritual care resources which reflect the needs values and beliefs of different religious and spiritual groups

Offering spiritual care

Clinically we define 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

Practically spirituality is:

The Spirituality Flower was coproduced by the Tees, Esk & Wear Valley NHS trust (UK) and service users to represent views on spirituality and as a way to explore spiritual or religious needs.

Northland District Health Board	
Document Owner: Customer Services Team Leader	**Version:** 6.0
Authorisers: Customer Services Manager	**Last Updated:** Oct 2020
Identifier: CD05056	**Next Review:** Oct 2023
If printed, this protocol is valid only for the day of printing or for the duration of a specific patient's admission: 25 July 2022	

How do we go about spiritual care?

Patients say that they would like people who care for them to demonstrate the following qualities:

- 'Start from where I am, not from where you think I am'
- Empathy (that means getting inside somebody's world and understanding what it is like for them)
- Quality time (that doesn't have to mean a lot of time, but does mean time without distractions)
- Attention to the somebody's emotions, culture, identity and dignity
- Seeing someone as having strengths as well as needs
- 'Working with' rather than 'doing to' a person

These qualities are especially important when we are talking about spirituality and Northland DHB would hope that you can expect to find them demonstrated by all our staff and volunteers.

Active listening

Active listening is the spiritual carer's tool of choice but it can also be a weapon! People can easily disclose more than they intended when they are actively listened to; try to respect an individual's boundaries.

- Attentive but relaxed
- Appropriate eye contact
- Keep an open mind
- Don't leap to solutions
- Show that your listening, verbal and non-verbal
- Empathise
- Wait for natural pauses
- Clarify
- Summarise
- Non-verbal cues
- What is not being said
- Respond appropriately and with integrity

References

- Code of Health & Disability Services Consumers' Rights 1996, Right 1
- Northland DHB Policy: Volunteers/Community Organisations
- Puchalski, C.M., Vitillo, R, Hull, S.K., and amp; Reller, N. (2014). Improving the spiritual dimension of whole person care: reaching national and international consensus. Journal od palliative medicine, 17 (6), 642-656 doi: 10.1089/jpm.2014.9427

Acknowledgements
Waikato DHB, A Guide for Volunteer Chaplaincy Assistants