In 2014, The Little Company of Mary Health Care Ltd, through its Calvary Hospitals, began a major research project into the efficacy of pastoral/spiritual care using a Patient Reported Outcome Measure (PROM).

**RESEARCH AIM**

The aim was to ascertain whether the pastoral/spiritual care provided by pastoral care practitioners (PCP) was deemed by the patient to be an effective component of their overall health experience regardless of their stated religious/spiritual outlook.

The validated tool to be used was Snowden, A., Telfer, I., Kelly, E., Mowat, H., Bunniss, S., Howard, N. & Snowden, M (2012).

The research objectives were:

- To establish the effectiveness of the spiritual care provided to patients as reported by patients and/or their family member/carer
- To correlate the patient reported outcomes to the patient’s stated religious/spiritual outlook
- To use the feedback to inform the delivery of spiritual and pastoral care at the service site

It was hypothesised that patients would find a pastoral care intervention from a trained PCP helpful and meaningful to their healthcare, regardless of their stated spiritual or religious profile.

As with many research projects, everything took longer than expected and the project was around four years from initial email to journal publication.

Seven Calvary Hospitals across the Southern and Eastern coasts of Australia took part and almost 500 surveys were returned with a response rate of 21%, considered acceptable for a mail-in survey going to an older demographic with this type of questioning.

“Are pastoral care interventions effective in improving the overall wellbeing of patients as reported by the patient or family member/carer?”

**Project co-authors:**

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FAITH OR NO FAITH PASTORAL CARE IS VALUED

Across the board, results indicated that patients felt that, regardless of religious/spiritual preference, they benefited from a visit by a PCP. The patient reported outcomes included: being able to be honest with oneself, a sense of peace, a better perspective on illness, less anxiety and felt more in control. The five factors of the Pastoral Care visit that related to significantly higher patient’s overall outcomes were:

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THE METHOD

Using the Lothian PROM, patients were asked to score their feelings using a 5-item scale for during a pastoral care visit, after a visit and statements that described themselves now. The Lothian PROM was identified as having good face content and validity. With the permission of the authors, it was adapted to the Australian context by replacing the word “chaplain” with “pastoral care practitioner”. Demographic questions were added as was a free text response relating to how the PCP’s input affected the writer.

Scores were combined. Internal reliability and consistency tests were conducted and statistical models used to determine the factors that contributed statistically significantly to overall outcomes of pastoral care visits. Variables were also assessed against patient’s stated spiritual/religious outlook. Ordinal Logistic Regression was conducted as well as odds rations, 95% confidence intervals and p-values. Content analysis was undertaken on the open-ended questions.

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1. having more Pastoral Care visits (p<0.5 OR 0.778, CI 0.17-1.38);
2. the patient was able to talk about what was on their mind (p<0.01, OR1.48, CI 0.58-2.37);
3. they had something to be hopeful about (p<0.01 OR1.18, CI 0.51-1.85);
4. the visit focused on decisions about the patient’s healthcare (p<0.05, OR0.70, CI 0.05-1.35); and
5. a belief in God/Higher Being (p<0.01, OR 1.01, CI 0.43-1.71).

Point 2 has been further validated by the data from this study contributing to a larger data set by one of the PROM’s original authors, Austyn Snowden, on the value of specialised spiritual care listening in contributing to improved health outcomes for patients. Snowden, A., Lobb, E., Schmidt, S., Swing, A. Logan, P. and Macfarlane, C.; ‘What’s On Your Mind? The Only Necessary Question in Spiritual Care, 2018, Journal for the Study of Spirituality.

The PROM had a twofold aim – to contribute to the wider research about the value of pastoral care and to improve service delivery at each site and to date, all sites have worked on projects based on particularly the free text information from their own site, which were a rich source of data for pastoral care delivery at each specific hospital.

LARGEST OF ITS KIND

This project is, as far as the researchers know, the largest of its kind in this field in Australia to date, and possible in the world and we are extremely pleased to be able to both add to the body of research, to provide some specifically Australian research and to work to both validate local practice and to work to improve practice as needed. A quote from one of the survey forms sums up why pastoral and spiritual care continue to be a vital part of healthcare:

“At the end of one’s life, medical care with chemical preparation is not enough – spiritual care becomes even more important. In fact, it is essential to be able to survive without being permanently damaged.” A Patient in the ACT.


“i want a super fund that acts in my best interests.”

Sarah Tooke, HESTA member

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