

# Final Report

Research Project: “Validating  
Competencies for Spiritual  
Care Professionals  
Specializing in Palliative and  
Bereavement Care in  
Canada”

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**Submitted by CASC/ACSS Members:** Vivian  
Stang, Rev. Heather Koots, Rev. Dr. Peter Barnes,  
and Christine Enfield

## AUTHORS

### **Principal Investigator:**

Vivian Stang, M.A,  
Supervisor-Educator, CASC/ACSS  
Clinical Investigator, OHRI,  
The Ottawa Hospital, ON  
[vstang@toh.ca](mailto:vstang@toh.ca)

### **Co-Investigators:**

Rev. Heather Koots, MDiv,  
Certified Spiritual Care Practitioner, CASC/ACSS,  
Edmonton, AB

Rev. Dr. Peter Barnes, D Min,  
Supervisor-Educator CASC/ACSS,  
Eastern Health, NL

Christine Enfield, MDiv,  
Certified Spiritual Care Practitioner, CASC/ACSS,  
Covenant Health, Edmonton, AB

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## Table of Contents

<b>AUTHORS.....</b>	<b>2</b>
<b>ACKNOWLEDGEMENT OF FUNDERS.....</b>	<b>2</b>
<b>SPECIAL THANKS.....</b>	<b>2</b>
<b>BACKGROUND .....</b>	<b>4</b>
<b>DEFINITIONS.....</b>	<b>4</b>
<b>Spiritual Care Professionals .....</b>	<b>4</b>
<b>Palliative Care.....</b>	<b>4</b>
<b>METHODS: A TWO-PHASED PROJECT.....</b>	<b>5</b>
<b>RESULTS.....</b>	<b>6</b>
<b>Phase 1 .....</b>	<b>6</b>
<b>Phase 2.....</b>	<b>7</b>
<b>DRAFT PREAMBLE.....</b>	<b>9</b>
<b>CONCLUSION .....</b>	<b>9</b>
<b>NEXT STEPS.....</b>	<b>10</b>
<b>RECOMMENDATIONS .....</b>	<b>10</b>
<b>REFERENCES .....</b>	<b>11</b>
<b>APPENDIX 1: From Health Canada’s Framework on Palliative Care in Canada, 2018..</b>	<b>12</b>
<b>APPENDIX 2: Results Shown Using CASC/ACSS Competency Headings.....</b>	<b>13</b>

## BACKGROUND

In October 2017, the Professional Practice Commission (PPC) of the Canadian Association for Spiritual Care (CASC/ACSS) discussed whether there was a need to offer a special designation for Spiritual Care Professionals (SCPs) working in specialized fields. It was recognized that many members on the interprofessional teams have received specific training and designation in their field and agreed that the time may have come for special designation for Spiritual Care Professionals (SCPs). As such, a pilot project with the purpose outlined below was launched and the focus area chosen was palliative care.

*“Priority: Develop national core competencies for palliative care specialists ... with a goal of equipping future health care providers with the competencies and skill base to provide palliative care services appropriate to the needs of the population being served.” Health Canada’s Framework on Palliative Care in Canada, 2018<sup>1</sup>*

At that same meeting in 2017, two members of the PPC, Heather Koots and Vivian Stang agreed to begin a research project whose purpose was to update competencies required by SCPs working as experts in palliative care. Vivian Stang became the Principal Investigator. Peter Barnes and Christine Enfield joined the research team as Co-investigators, and it was quickly established that including bereavement care was an essential component of this potential specialization. They wanted to reflect a specifically Canadian context including the Recommendations of the Truth and Reconciliation Commission, and Medical Assistance in Dying legislation.

This report will describe the research project, results and recommendations.

## DEFINITIONS

### Spiritual Care Professionals

Spiritual Care Professionals (SCPs) work in a variety of settings and respond to varied requests for emotional support, spiritual and/or religious care. Many already work with clients with life-limiting illnesses and bereavement needs. Sometimes SCPs work with clients who have **very complex care needs and distressing clinical complications**.

### Palliative Care

Palliative care emerged in Canada in the mid 1970’s and was based on models developed in the United Kingdom. Initially, palliative care specified care for those at end of life and referred mostly to patients in hospice. The definition has however broadened, and this project was based on the World Health Organization’s definition of palliative care<sup>2</sup>:

“Palliative care is an approach that improves the quality of life of persons and their families facing the problem associated with life-limiting illness, through the prevention and relief of

suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Palliative care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends to neither hasten nor postpone death
- Integrates the psychological and spiritual aspects of care (psychosocial/spiritual)
- Offers a support system to help persons live as actively as possible until death
- Offers a support system to help the family cope during the person's illness and in their own bereavement
- Uses a team approach to address the needs of persons and their families, including bereavement counselling as indicated
- Will enhance the quality of life and may also positively influence the course of illness
- Is applicable early in the course of the illness, in conjunction with other therapies that are intended to prolong life, and includes those investigations needed to better understand and manage distressing clinical complications"

This definition informed the entire research project from start to finish.

## METHODS: A TWO-PHASED PROJECT

The investigators conducted a literature review to identify existing frameworks that described competencies required for spiritual care professionals working in palliative and bereavement care. Competency frameworks from Ireland<sup>3</sup>, United Kingdom<sup>4</sup>, and our partner associations in the United States (Association of Professional Chaplains and National Association of Catholic Chaplains)<sup>5,6</sup> were reviewed. The investigators also used the competencies required by professional palliative care spiritual care providers published by CASC/ACSS member Dan Cooper et al. (2010) as one of their foundational documents<sup>7</sup>. The competency frameworks offered valuable insight and were used to draft a list of competencies which was then refined by the investigators through discussion and consensus to reflect contemporary spiritual care practice in Canada. The draft list contained thirty-eight competencies.

The investigators chose a two-phased multi-method project design (Figure 1). The project was conducted at three sites across Canada: The Ottawa Hospital Research Institute, Covenant Health Research in Edmonton, AB and Eastern Health Research in St. John's NL. All sites provided research staff to assist and Research Ethics Board approval was obtained from each site.

In **Phase one**, investigators felt it would be invaluable to include input from both patients and families who had received or were receiving palliative or bereavement care. Six patients/family members were asked to participate in individual 1:1 interviews with a Clinical Research Coordinator at two sites: The Ottawa Hospital and the Tertiary Palliative Care Unit, Grey Nuns Community Hospital, Covenant Health Edmonton. One focus group with five family members receiving bereavement care was conducted in St. John's, NL. The research question for the phase one interviews and focus group was: *Competencies are abilities, skills, knowledge, and behaviors needed for successful job performance. What key competencies are required for spiritual care professionals to specialize in palliative and bereavement care?*

The responses were analyzed for common themes. The results of phase one were incorporated into the draft list of competencies established by the investigators.

**Phase two** of the project used a modified Delphi survey, a popular method of using experts' opinions to reach consensus on the draft list of competencies. Spiritual Care Professionals (all certified and non-certified CASC/ACSS members) who were experts (five or more years' experience) in palliative and bereavement care were invited to participate in the survey. LimeSurvey, an electronic survey tool, was used to conduct the survey rounds. The research question for the modified Delphi survey was: *How unique is this competency for spiritual care professionals specializing in palliative and bereavement care?* Consensus was defined as 70% of responses falling within the same category and less than 10% rate at opposite end category on a 9-point Likert scale. The modified Delphi survey results determined which competencies would inform the proposed specialization training at such time as this was offered.

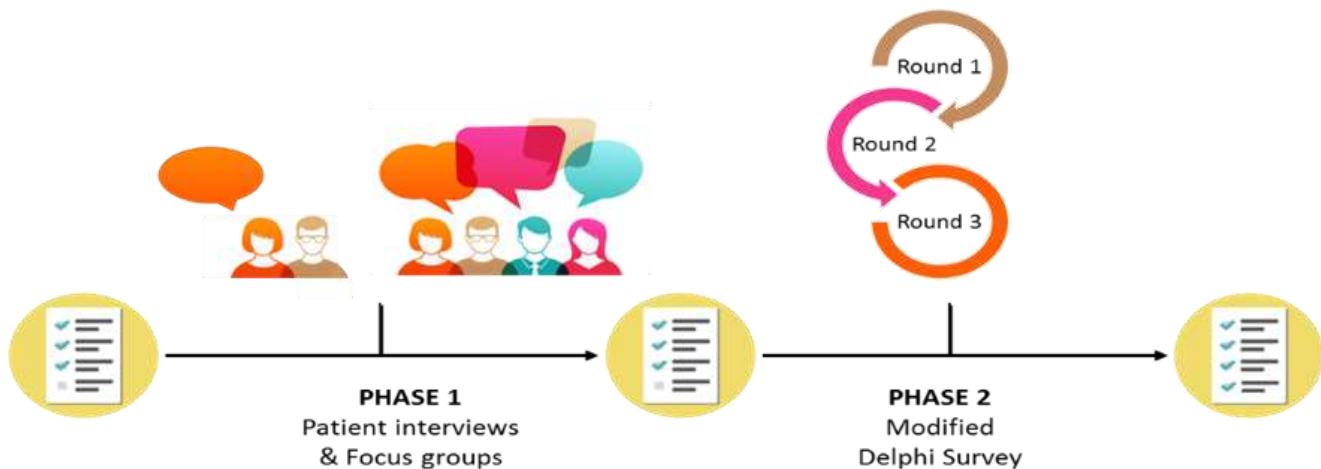


Figure 1. Two-phase multi-method study design

## RESULTS

### Phase 1

Key words from the focus group results are presented in Figure 2 as a word cloud. The results of the thematic analysis of the 1:1 interviews and focus group were compared to the list of draft competencies taken from the literature review (n=38). One theme identified by patients/family members was not included in the literature and was added to the draft list of competencies: *Provides continuity of care to palliative and bereavement clients in order to create a therapeutic relationship*. Also noteworthy is that the wording of three of the existing draft competencies was revised to incorporate the feedback from patients/families. For example: kindness, trustworthiness, caring and compassion are key behaviours needed for professional spiritual care providers' successful job performance.



*Figure 2. Word cloud from Phase 1 Focus Group in St. John's, NL*

## Phase 2

Twenty-two Spiritual Care Professionals, all CASC/ACSS members with an average of 16.5 years of experience working in palliative and/or bereavement care participated in the modified Delphi survey. These experts represented six provinces and 95% of them had a Master's degree. 45% of participants were over the age of 60 and 73% of them were women. Three rounds of the modified Delphi survey were conducted. After all rounds, consensus had been reached on 8 competencies. A follow-up meeting with the expert Spiritual Care Professionals (CASC/ACSS members) was conducted to make a final determination on 2 competencies that were very close to achieving consensus. This vote resulted in one more competency achieving consensus. Figure 3 shows the overall results.

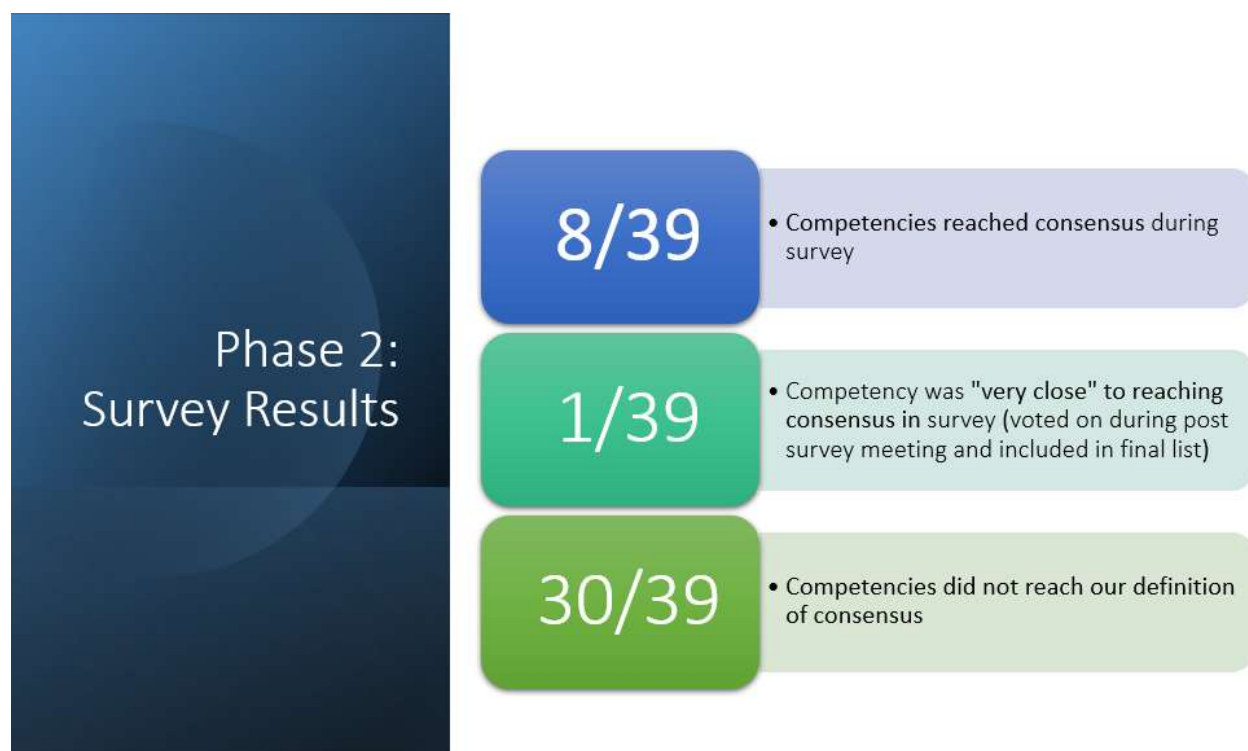


Figure 3. Overall results from modified Delphi survey

## Nine Competencies

The nine competencies can be situated within eight domains of palliative and bereavement care as follows:

### Principles of Palliative Care

Reflects on and engages with suffering which is part of the process of living with a life-threatening illness, a functional disability, awareness of death, grief and bereavement.

### Research, Education and Evaluation

Educates others by integrating current research of best practices in spiritual care in the delivery of palliative and bereavement care.

### Leadership

Participates in and advocates for the development of regional, provincial and national palliative and bereavement care initiatives.

### Cultural Safety

Demonstrates sensitivity to culture, religion and spirituality related to total pain, suffering, loss and grief.

Endeavors to understand serious illness, death, grief and bereavement from First Nations, Inuit, Metis individual and family perspectives.



### Loss, Grief and Bereavement

Assesses for and facilitates rituals to assist with life changes, dying, grief and bereavement.

### Optimizing Comfort and Quality of Life

Utilizes spiritual care skills to enable transformation at key transitional moments for those living with life-threatening illness and bereavement.

### Communication

Communicates and advances an integrated knowledge of psycho-social-spiritual perspectives in palliative and bereavement care.

### Spiritual Assessment and Care

Incorporates the spiritual and emotional dimensions of human development into the practice of palliative and bereavement care.

## DRAFT PREAMBLE

Based on these results the four investigators drafted a preamble to emphasize that these advanced practice competencies are most suited for the work of Spiritual Care Professionals who are already certified. The preamble is based on the Marie Curie Cancer Care competencies (UK Framework)<sup>4</sup>.

“Spiritual Care Professionals specializing in palliative and bereavement care have a high level of expertise in areas such as total pain, the complex spiritual and religious needs of patients/families/carers facing life-limiting illness, and those confronting bereavement particularly complex grief. Further, these experts support the ethical and existential conversations that arise when confronting life-limiting illness and bereavement.

In addition, Spiritual Care Professionals function as members of an interprofessional team. As reflective practitioners they have a clear understanding of their own personal beliefs and journey with and focus on their client’s needs and agendas. They liaise with external resources as required, and act as a resource for the support and education of health care professionals and volunteers”.

## CONCLUSION

The work contexts of many CASC/ACSS members require them to be “generalist” Spiritual Care Professionals, providing care to a wide variety of clients. Other SCPs’ work contexts may be highly specific such as hospice, specialized palliative care units or bereavement counselling centers. Regardless of the context, SCPs will encounter clients who have complex needs related to living with a life-limiting illness. As identified in Health Canada’s Framework on Palliative Care (2018), **as the complexity of needs of**

**clients increases so too does the need for specialized skills in palliative and bereavement care.**<sup>1</sup> (See Appendix 1)

Any certified SCP working with clients who have complex and persistent palliative and bereavement care needs could benefit from further professional development education in order to provide the impeccable care these clients deserve.

## NEXT STEPS

- Investigators submit article for publication.

## RECOMMENDATIONS

- The Professional Practice Commission take steps to adopt the nine competencies as official “Competencies for CASC/ACSS Certified Spiritual Care Professionals Specializing in Palliative and Bereavement Care.”
- CASC/ACSS undertake a focused public relations campaign to inform Health Canada and other stakeholders (Pallium Canada, Canadian Hospice Palliative Care Association, Quality End of Life Care Coalition Canada, Covenant Health Palliative Institute, etc.) of the study and adoption of these competencies by the Association.
- The Professional Practice Commission supports the development of a curriculum and explore how CASC/ACSS Learning Management System can offer a pilot education module for certified Spiritual Care Professionals based on these nine palliative and bereavement competencies.
- The Professional Practice Commission consider the above in light of recent (2020) advanced certification in palliative care and hospice offered by the National Association of Catholic Chaplains and the Association of Professional Chaplains in the US<sup>8</sup>.
- The CASC/ACSS Board consult with Nîmâwin, ᓄᐱᐃᐅᐅ the CASC/ACSS Truth and Reconciliation Working Group regarding the competencies and next steps for this project.

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## APPENDIX 1: From Health Canada’s Framework on Palliative Care in Canada, 2018

The following figure is a conceptual model of **level of need of care** for a person living with life-limiting illness, aligned against health care provider involvement. The base of the triangle represents the majority of individuals receiving palliative care, who require minimal specialist care, and whose symptoms can be managed effectively in home and community settings by their primary health care teams, caregivers and through community supports.

This majority can benefit from a “palliative approach to care”, which integrates core elements of palliative care into the care provided by non-specialists. As the complexity of needs increases, the health care providers become more specialized, but the number of people requiring this level of care is lower. This minority of people at the top of the triangle require the skills of palliative care specialists, often provided in the hospital or hospice setting.

### Person’s Needs vs. Relative Workforce Involvement

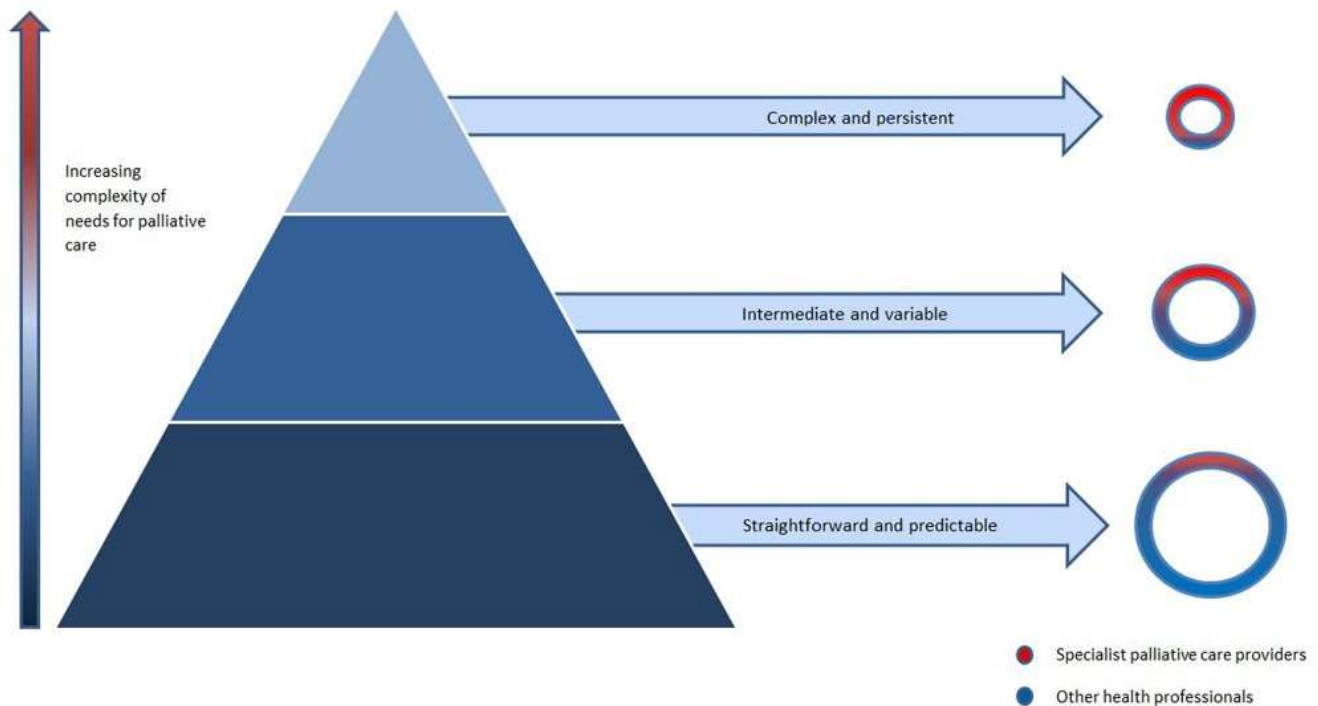


Figure developed by Palliative Care Australia, for the Palliative Care Service Development Guidelines, January 2018. It was kindly shared with Health Canada for the Framework on Palliative Care in Canada.

## APPENDIX 2:

This option shows the same nine competencies under the CASC/ACSS competency headings of Knowledge and Professional Skills

### **Knowledge**

Communicates and advances an integrated knowledge of psycho-social-spiritual perspectives in palliative and bereavement care.

Demonstrates sensitivity to culture, religion, and spirituality related to total pain, suffering, loss and grief.

Endeavors to understand serious illness, death, grief, bereavement from First Nations, Inuit, Metis individual and family perspectives.

Educates others by integrating current research of best practices in spiritual care in the delivery of palliative and bereavement care.

### **Professional Skills**

Reflects on and engages with suffering which is part of the process of living with a life-threatening illness, a functional disability, awareness of death, grief and bereavement.

Participates in and advocates for the development of regional, provincial and national palliative and bereavement care initiatives.

Assesses for and facilitates rituals to assist with life changes, dying, grief and bereavement.

Utilizes spiritual care skills to enable transformation at key transitional moments for those living with life-threatening illness and bereavement.

Incorporates the spiritual and emotional dimensions of human development into the practice of palliative and bereavement care.