

# **A CASE STUDY ON SPIRITUAL FACILITATION WITHIN A CATHOLIC AGED CARE ORGANISATION IN SOUTH AUSTRALIA**

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Spiritual facilitation within aged care organisations assists the processes and procedures for finding meaningful dimensions to life, whilst preparing for the end-of-life journey. A case study conducted at Flora McDonald Lodge, Cowandilla South Australia, addressed the policy, procedure and practice requirements for spiritual facilitation of aged persons in Catholic residential care. It was found that in a future context, purposeful care and consideration of ethnicity for the aged is the foundation for spiritual facilitation in aged care organisations, with a fundamental need to address multicultural influences present within Australian society. This article is an abridged version of a thesis submitted to the Flinders University in partial fulfilment of the requirements for the Bachelor of Theology Honours Degree, July 2013.

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**KEY WORDS:** facilitation, spiritual, aging, multicultural, care, practices.

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## **INTRODUCTION**

The ageing population in Australian contemporary society demands increasing awareness of factors influencing aged care residents. Residents in aged care organisations require a sense of wholeness and self-oriented spirituality for their physical, mental and spiritual wellbeing. The purpose of this case study was to investigate the policies, procedures and practices at a specific aged care facility, in order to conduct meaningful and innovative research on the subject of aged care spiritual facilitation within a Catholic context.

This qualitative case study assessed the spiritual facilitation policies, procedures and practices of one institution under Mary MacKillop Care SA Ltd.<sup>1</sup> The study was an appraisal of spiritual facilitation as one aspect of institutional ageing issues. The study focuses on a 'sense of wholeness' aspect of aged care. The research was conducted at Flora McDonald Lodge located at Cowandilla, South Australia (FML).<sup>2</sup>

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<sup>1</sup> Mary MacKillop Care SA Ltd 206 Sir Donald Bradman Drive, Cowandilla, SA 5033, (08)8159 7000.

<sup>2</sup> Flora McDonald Lodge, 206 Sir Donald Bradman Drive, Cowandilla, SA 5033, (08)8159 7000, 1.

## **Purpose of the Study**

The purpose of the study was to investigate spiritual facilitation of one Catholic organisation within South Australia to determine if policies, procedures and practices provided for resident spiritual needs. This was achieved by collecting and analysing data relevant to spiritual facilitation policies, practices and procedures. Flora McDonald Lodge, as part of the Mary MacKillop Care SA organisation, proved an ideal facility for these purposes.

## **What is Spiritual Facilitation?**

Spiritual facilitation in an aged care facility refers to the delivery of residents' spiritual needs. It is the action and process of finding a meaningful dimension to life, with a set of expected outcomes related to specific aspects of cultural and spiritual considerations. The delivery of these outcomes involves assessing the individual's personal beliefs, values and customs. A delivery program based on these considerations endeavours to fulfil the individual's spiritual needs. This program may or may not be of a religious nature, because spirituality is a feeling of wellbeing, wholeness, peace, love and contentment with one's self and environment. It is a whole life experience, which can be experienced in daily life.

## **The Research Questions**

The research questions were considered within the parameters of FML's policies, procedures and practices, relative to spiritual facilitation and their significance. The study took into account FML's conformity with Catholic ideals, the Accreditation Standards *Standard 3* and the requirements of the Commonwealth Aged Care Act 1997.<sup>3</sup>

The research questions relative to policies, procedures, practices addressed:

- 1) What do management staff and pastoral team understand by 'spiritual facilitation'?
- 2) How does FML assess spiritual facilitation for continuous improvement?
- 3) (a) How does FML implement spiritual facilitation for residents?  
(b) How do they assess the resident's spiritual needs?  
(c) How do they deliver the residents spiritual needs?
- 4) How does FML assess staff knowledge and skills?
- 5) How does FML educate and train staff for spiritual facilitation for all religions and cultural changes?

## **The Purpose of the Literary Review**

The literature review provided background information on the topic of spiritual facilitation. As a result, spiritual facilitation was considered from the viewpoint of aged care facilities, and the structure and content of current spiritual facilitation methods within them. Consequently, the literature review outlined the history, key terms, Government involvement,

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<sup>3</sup> Appendix A.10, 81-82.

and vision of Mary MacKillop Care SA's for Flora McDonald Lodge in regard to spiritual facilitation. Accordingly, these aspects were considered and identified to assess the current body of knowledge on the topic in the current public domain.

### **The Church's Ideals and the Aged Care Accreditation Standards**

Catholic Church ideals relative to administering spiritual facilitation to the aged were utilized in determining residents' spiritual needs, whilst also considering the relationship between spirituality and residents' identity, life, and spiritual practices. The FML ideal is to treat all religious affinities fairly and equitably. Accordingly, the data collected addressed religious ideals administered by FML, relative to spiritual facilitation.

In terms of civil law, the Accreditation Standards (*Standard 3*) focused on the current legislation, contemporary spirituality for aged, and societal and multicultural perspectives. Thus, the Accreditation Standards reflect the Government requirements at the present point of time. These are described more fully in the literature review, in Chapter Two.

### **Methodology**

The qualitative case study method was selected as the mode to collect, analyse and interpret data. Qualitative case studies follow a subjective (idiographic) style, analysing individuals and groups through observation and explanation. Hence, this method is suitable for the objectives and expectations of this study.

The data collection process addressed three levels of provision of care relative to spiritual facilitation within FML. These levels included management, staff and pastoral team with results assessed according to FML policies, procedures and practices as they applied to each level of service. This methodology is described in Chapter Three. There were three sources of evidence used in this case study. These sources included the documentation, interviews, and questionnaires. These sources provided the opportunity for multiple checking of results. They also offered the triangulation benefits of objectivity, reliability, and validity.<sup>4</sup>

### **Data Collection**

The data collection involved gathering suitable evidence of spiritual facilitation practices currently in place at FML for analysis. These data were collected from documentation, interviews and questionnaires associated with the FML policies, procedures and practices. Data collected adhered to the tenets of triangulation for objectivity, reliability and validity. A description of the data collection methods is presented in Chapter Four.

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<sup>4</sup> Robert K. Yin, *Case Study Research Design and Methods*, 3<sup>rd</sup> Ed., (California: Sage Publications, 2003), 85-97.

## **Data Analysis**

The data analysis revealed how FML conducted spiritual facilitation and conformed to Catholic religious ideals, and Commonwealth Accreditation Standards. Furthermore, FML spiritual facilitation was analysed relative to its policies, and procedural practices.

Accordingly, the data analysis revealed how FML's spiritual facilitation conformed to Mary MacKillop Care SA Ltd., and to Catholic religious values and ideals. This analysis considered spirituality needs, identity, life, and spiritual practices for residents, as well as Government policies. Additionally, the data analysis revealed how FML spiritual facilitation complies with Commonwealth Accreditation Standards for residential aged care homes. The analysis is discussed in Chapter Five.

## **The Significance of the Research**

The results of the case study offer increased awareness on how aged contemporary Australians in Catholic institutional care deal with ageing issues. Moreover, the research showed how spiritual facilitation assisted this process relative to the peace of mind and confidence of aged residents. The results also offer insights into how religion, philosophy and an individual's outlook on life prepare the aged for end-of-life issues. These findings highlighted how the spiritual world comes increasingly into play in later years, and the significance of appropriate methods of spiritual facilitation to meet these needs.

The value of this research adds to the body of existing knowledge on spiritual facilitation for the aged in South Australia. The outcomes offer significant benefit for aged residents living in organisational care, through defining what appropriate spiritual facilitation means. Accordingly, the research has supplemented the theory on spiritual facilitation for the aged, and will offer better workplace practices and positive outcomes for residents, relatives, and staff in other ACFs of a similar nature.

## **Research Ethics**

As a sole researcher, conducting research with human participants, I studied the National Statement on Ethical Conduct in Human Research dealing with qualitative methods.<sup>5</sup> The Statement assists researchers to identify ethical matters specific to the research methods proposed. As an Honours thesis, the ethical requirements of the Flinders University Theology Department were also met. All participants gave informed consent to taking part in the study.

## **Chapter Summary**

This chapter has offered an overview of the case study, and of the nature and role of spiritual facilitation in an aged care facility; the research questions were addressed, and the literary review's purpose was discussed. The relevance of Catholic Church ideals and

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<sup>5</sup> Section 3, *Ethical Considerations Specific to Research Methods or Fields*, Chapter 3.1. [http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/e72.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/e72.pdf), p. 25.

Government Accreditation Standards, the methodology employed, data collection and analysis, the research significance, and the importance of research ethics were discussed.

The study centres on Flora McDonald Lodge's capacity to meet resident's spiritual needs. The research was conducted through collecting documentation, conducting interviews and administering questionnaires to provide conclusions on FML's capacity to apply its policies, procedures and practices to the appropriate spiritual facilitation of resident needs.

## **LITERATURE REVIEW**

'Spiritual facilitation' is a term referring to the action and process of finding a meaningful dimension to life.<sup>6</sup> Spiritual facilitation requires that individual interests, customs, beliefs, cultural and ethnic backgrounds of residents in aged care facilities are valued and fostered.<sup>7</sup> This broad focus encapsulates an accreditation process that ensures the spiritual needs desired by the ageing are ultimately met, according to Government Accreditation Standards, *Standard 3* (appendix).

This literature review will address the history of religious aged care facilities in Australia, together with an explanation of the key terms associated with spiritual facilitation. The review also considers Government involvement in aged care with a specific focus on Mary MacKillop Care S.A's Flora McDonald Lodge at Cowandilla, South Australia.

### **The History of Catholic Aged Care Facilities (ACFs) in South Australia**

The History of Mary MacKillop Care SA began with the philosophy of St. Mary MacKillop whose esteem for human well-being guided her and Father Julian Tenison Woods to establish the House of Providence in 1868. Providence House afforded residential care for aged and destitute women, initially at an ACF on West Terrace. Currently, 140 years later, at what is known as Flora McDonald Lodge, Mary MacKillop Care SA continues to provide care for 84 residents, more than 60 per cent of whom are financially disadvantaged.<sup>8</sup>

### **Government Involvement in Aged Care**

Government involvement in ACFs is exhibited in issues and trends relative to capital, community care and 'user pays' options. The international trend is moving towards politically and socially acceptable models for sustainable financing and provision of residential aged care, supported housing and community care. The response in Australia to the escalating demand for aged care is comparable with international developments, especially in relation to the issue of capital for funding.<sup>9</sup>

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<sup>6</sup> Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (London ; Philadelphia, PA: Jessica Kingsley Publishers, 2001),48.

<sup>7</sup> Appendix A.10, 81.

<sup>8</sup> Appendix A.6, 16.

<sup>9</sup> Warren P. Hogan," Economic and Financial Aspects of Aged Care," *Economic Papers* Vol 24 (1) (March 2005): 18-34.

The trend towards community care is reflected in an international refocusing towards this issue, predominately through consumer preference. There is an assumption that community at-home care is less expensive than residential care. The Government cost-savings through community care are often associated with the transferring of the burden of care away from ‘the state’ and back to families. The trend to community care and ‘user pays’ funding reveals an international reversal towards citizens paying directly for a greater proportion of their aged care costs.

In South Australia, the legislation requiring the licensing of ‘supported residential facilities’ applies to all residential ACFs, without distinction between low-level and high-level facilities. This is whether or not those facilities are regulated under the Commonwealth scheme. However, the South Australian State scheme allows for an exemption from the licensing requirements and the regulation of standards of care for Commonwealth funded residential ACFs.<sup>10</sup>

### **The Vision of Mary MacKillop Care SA Ltd**

Mary MacKillop Care SA Ltd at Flora McDonald Lodge is a service of The Sisters of St Joseph of the Sacred Heart (called Josephites). The organisation provides residential care for the aged, community care and supported accommodation for individuals with intellectual disabilities together with affordable community housing.

The Sisters of St. Joseph of the Sacred Heart have been involved in aged care since their foundation at Penola in South Australia in 1866. Mary MacKillop Care SA’s mission is to offer high quality care and accommodation in the spirit of St Mary MacKillop and the founding Josephite Sisters, whilst ensuring all in their care are regarded with care, dignity and respect.<sup>11</sup> As noted by Marie Therese Foale, the Josephite Sisters ‘Rule of Life’ urged them to “take a most lively interest in every external work of charity in the gaols, poor houses and hospitals...”<sup>12</sup>

The vision for FML is to provide an aged care environment reflecting the benefits of a peace-filled Christian experience to all those who may come in contact with this ACF. A vision ensuring each individual has the opportunity to practice religion and cultural observances in a private and dignified manner. Therefore, FML provides a welcoming environment for relatives and friends, encouraging them to contribute to the care of all within the ACF. Therefore, supporting and acknowledging the value of each person's participation and commitment to life within the ACF.<sup>13</sup> Of relevance here, is the earlier discussion on the Church’s ideals in Chapter1, Section 1.6.

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<sup>10</sup> Peter Hanks and Lisa De Ferrari, *Regulation of Residential Aged Care Review of Legislation.*, 8.

<sup>11</sup> Mary MacKillop SA Ltd. Home – *Become Part of Our Family*. <http://www.mmcsa.org.au/home.html>,1.

<sup>12</sup> Marie Therese Foale, ‘The Sisters of Joseph: 128 Years of Care for the Aged,’ *Australasian Catholic Record* 73 no.2 (April 1996):187-194.

<sup>13</sup> Sisters of Saint Joseph of the Sacred Heart 2009, *What Are We Doing – South Australia*, <http://www.sosj.org.au/what-we-are-doing/index.cfm?loadref=135,1>.

## Summary

The literature review provided an overview of spiritual facilitation in regard to its history, politics, and vision, with an Australian focus and specifically to Flora McDonald Lodge. Importantly, the research conducted has defined, outlined and provided key terminology and context regarding Accreditation Standards, cultural and spiritual life, continuous improvement, education and staff development and spiritual facilitation. This acknowledges the limitations and the expected outcomes of the accreditation process.

Therefore, it can be stated that spiritual facilitation considers an increasingly complex array of variables ranging from resident's needs and the organisations they reside in, to the staff that attend these needs. This broad focus encompasses an accreditation process that alternatively ensures that every need desired by the ageing in regard to their spirituality is ultimately met. This process places an increasing emphasis on ACFs to comply with Accreditation Standards including spiritual facilitation, whilst considering future changes in light of social, family and ethnic cultural influences.

## METHODOLOGY

Methodology addresses the principles, procedures and strategies of applied research. Qualitative research theory, method and practice, therefore finds significant expression through methodology. These principles correlate with collection, analyses and interpretation of data. This chapter will offer an explanation of the qualitative case study, the sources of evidence, and the relevance of objectivity, reliability and validity.

The qualitative case study at FML adheres to the joint exploratory/intrinsic type of methodology. The exploratory type of case study, as noted by Pamela Baxter and Susan Jack is, "used to explore those situations in which the intervention being evaluated has no clear, single set of outcomes (Yin.2003)."<sup>14</sup> The intrinsic type as defined by Baxter and Jack (quoting Stake) note, "Stake uses the term intrinsic and suggests that researchers who have a genuine interest in the case should use this approach when the intent is to better understand the case...."<sup>15</sup> Accordingly, a qualitative case study poses 'how' and 'why' questions with their respective answers. This case study addresses how and why the policies, procedures and practices of spiritual facilitation are of importance for the residents of FML.

### What is a Qualitative Case Study?

A qualitative case study offers the opportunity to analyse issues within their respective contexts. Correctly applied this method is a valued means for research to advance theory, appraise programs, and improve interventions.<sup>16</sup> This research method enables investigation of a contextual issue by utilizing a diversity of data resources. A qualitative study ensures the

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<sup>14</sup> Pamela Baxter and Susan Jack, "Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers, *The Qualitative Report* 13, No.4 (4th December 2008):544.

<sup>15</sup> Baxter and Jack, "Qualitative Case Study Methodology, 548.

<sup>16</sup> *Ibid.*, 544.

subject is examined from a range of viewpoints; thus, permitting the subject to be revealed and appreciated from various aspects.<sup>17</sup>

### **Sources of Evidence**

Three sources of evidence were used for data collection. These were documentation, interviews and questionnaires. These sources offered the triangulation benefits of multiple checking with the advantages of objectivity, reliability and validity.

The advantages gained from these sources of evidence were enhanced by adhering to the following three principles. These principles were; (a) multiple sources of evidence, (b) the creation a case study data base and (c) the maintenance of a chain of evidence.<sup>18</sup> Importantly, the procedures for gathering each type of evidence were autonomous to safeguard appropriate utilization. The first of these sources of evidence to be employed in the case study was the collection of documentation.

### **Documentation**

Documentation is applicable to all case study topics. It takes various forms and should be the focus of specific data gathering schemes.<sup>19</sup> Examples of documentation are letters, written reports, administrative documents, newsletters and newspaper clippings. The most important use of documents is to corroborate and augment evidence from other sources.<sup>20</sup> With approval of FML, documentation was gathered from a variety of sources at FML. Thus, documentation was sourced from the FML management, the lifestyle department, pastoral care team and the reception area together with media and internet articles. Importantly, management documentation took the form of the FML policies relative to spiritual facilitation. This is discussed in more detail in the next chapter.

### **Interviews**

Interviews are a valuable source of information for case studies. Interviews are guided conversations rather than structured queries and inclined to fluidity. There are three types of interviews suitable for qualitative case studies. These include; (a) interviews of an open-ended nature, (b) interviews for focused warranted occasions, and (c) interviews of a case study type structure. The case study at FML employed all three of these types of interviews.<sup>21</sup>

The categories of people interviewed at FML were selected from three spheres of spiritual facilitation within the organisation. These spheres included: management, staff (lifestyle, nursing, carers), and the Pastoral Team (clergy, chaplaincy, volunteers).

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<sup>17</sup> Paul S. Gray et al., *The Research Imagination*, 184.

<sup>18</sup> *Ibid.*, 97-106.

<sup>19</sup> Robert K. Yin, *Case Study Research Design and Methods*, 85.

<sup>20</sup> *Ibid.*, 85.

<sup>21</sup> *Ibid.*, 89-92.



## Questionnaires

Questionnaires collect information from sample sizes to generate data. The collection utilizes numerous methods, for example, questionnaires, lists of written enquiries, or face to face interviews with participating individuals. Importantly, ethical factors related to questionnaires in case studies need to be considered and adhered to. These ethical factors concern transparency of intentions with subjects, anonymity, and biographical information.

## Chapter Summary

A description of the methodology of a case study was given in this chapter because as Gary Bouma notes “Description and presentation of data will not make sense unless it is preceded by an explanation of the methodology.”<sup>22</sup>

In this study at FML, a qualitative case study methodology was employed to assess spiritual facilitation of policies, procedures and practices. This methodology adhered to the rigor of objectivity, reliability, and validity, together with the triangulated sources of evidence of documentation, interviews and questionnaires. The study worked within the definition and context of the Commonwealth Accreditation *Standard 3's* ‘Resident Lifestyle.’ Resident Lifestyle refers to the principle that, “Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.”<sup>23</sup>

Therefore, qualitative research within the boundaries of theory, method and practice offers the centrality of relationship between analytic perspectives and methodological issues in regard to its chosen topic. In this study, adherence to these principles and practices is applied to management, staff and residents at the FML aged care facility, in the light of the methodological process employed.

## DATA COLLECTION

Data collection may be defined as, “gathering data from the sample so that the research questions can be answered.”<sup>24</sup> The data collection for this study involved gathering spiritual facilitation data from FML for analysis. This data was acquired from sources of evidence associated with the FML policies, procedures and practices. These sources of evidence included documentation, interviews and questionnaires. The tenets of triangulation were adhered to during the data collection process whilst observing the principles and ethics of objectivity, reliability and validity.

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<sup>22</sup> Ibid., 220.

<sup>23</sup> Aged Care Standards and Accreditation Agency Ltd, *Accreditation Standards*  
[http://www.accreditation.org.au/site/uploads/30985\\_AgedCare\\_asenglishv1\\_3.pdf](http://www.accreditation.org.au/site/uploads/30985_AgedCare_asenglishv1_3.pdf), 1.

<sup>24</sup> Alan Bryman, *Social Research Methods* (Oxford, Oxford University Press, 2012), 12-14.

## FML Data Collection

FML is situated near the city of Adelaide and offers low and high aged care services, a secure dementia wing, respite beds and a limited number of independent living units.<sup>25</sup> Moreover, twenty-four hour nursing care is provided with allied health services provided in the nursing home and hostel.<sup>26</sup> The focus of the study was the delivery of spiritual facilitation by staff to residents at FML. 72 of a 110 staff were associated with spiritual facilitation, with the majority of the 72 working in lifestyle, caring or pastoral roles (Table 4.2.1).

## FML Policies, Procedures and Practices

FML's spiritual facilitation policies, procedures and practices were compared with data collected. This was viewed with regard to FML's adherence the Aged Care Standards and Accreditation Agency's requirements of the Commonwealth Aged Care Act of 1997.

The data collection focused on four significant areas of FML policies, procedures and practices. These areas were; (1) What do management, staff and pastoral team understand by 'spiritual facilitation,'? (2) How does FML assess spiritual facilitation for continuous improvement? (2a) How does FML implement spiritual facilitation for residents? (2b) How does FML assess the resident's spiritual needs? (2c) How does FML deliver the residents spiritual needs? (3) How does FML assess staff knowledge and skills? (4) How does FML educate and train staff for spiritual facilitation for all religions and cultural changes?

## Sources of Evidence

The sources of evidence addressed the FML policies, procedures and practices relative to the Accreditation *Standard 3 Residential Lifestyle* principle that, "Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community."<sup>27</sup> Specifically, the sources of evidence focused on the Accreditation *Standard 3 Expected Outcome 3.8 Cultural and Spiritual Life* which states "Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered."<sup>28</sup>

The sources of evidence for data collection were gathered from FML's Cowandilla site, South Australia, from January to March, 2013. These sources of evidence include: (1) documentation, (2) interviews, and (3) questionnaires. The data collected endeavoured to adhere to the ethical qualitative case study triangulation tenets of objectivity, reliability and validity.

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<sup>25</sup> ILU = Independent Living Unit.

<sup>26</sup> Flora McDonald Lodge, [http://www.agedcareguide.com.au/facility\\_details.asp?facilityid=15121](http://www.agedcareguide.com.au/facility_details.asp?facilityid=15121).

<sup>27</sup> Appendix A.9, 67.

<sup>28</sup> Appendix A.10, 81.

## **Organisation of Data**

Data collected was organised onto summary worksheets to aid in the analysis process. The data was organised in the three following ways; (1) documentation: a data collection documentation summary worksheet, (2) interviews: a data collected interview summary worksheet, and (3) questionnaires: a data collection questionnaire summary worksheet. This method was selected with the intent of optimising opportunities for data contrasting and comparison within the context of triangulation of objectivity, reliability and validity factors.

The data collection questionnaire summary's worksheet grouped responses into tables for cross referencing. The various staffing roles were cross referenced with the staffing levels, together with responses and return percentages. Comments were grouped into management, staff and pastoral team categories for contrasting and comparison purposes.

### **Summary**

This chapter has addressed the data collection stage of the case study carried out with strict adherence to triangulation and ethical precepts. The data collection encompassed documentation, personal interviews, and questionnaire responses. This process was employed to answer the research questions and conduct relevant data analysis. Thus, the data analysis discussed in the next chapter included comparing and contrasting the data within the FML's policies, procedures and practices (in conjunction with the Accreditation Standards Agency's report), from which conclusions were then drawn.

## **DATA ANALYSIS**

The data analysis compared and contrasted FML policies, procedures and practices with the data collected from documentation, interviews, and questionnaires. The analysis then compared these findings with the Accreditation Agency's audit assessment review report (A.A. Report) of 2011, to clarify the level of spiritual facilitation offered.<sup>29</sup>

### **Analysis of Documentation**

The documentation collected included A4 printouts and leaflets concerning FML's policies, procedures and practices. Various policies, procedures and practices were computerised. However, the development and implementation of a 'handbook' manual would assist management, staff and the pastoral team in the delivery of spiritual facilitation to residents.

Documentation on spiritual facilitation policies, entitled Cultural and Religious Customs was obtained from Management.<sup>30</sup> Regarding the spiritual facilitation policy statement, this focused on the significance of ethnic backgrounds, customs, religious beliefs and practices. Documentation endorsed the right of residents to have these concerns respected

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<sup>29</sup> Appendix A.11.

<sup>30</sup> Appendix A.8.

and acted upon. Residents were encouraged to maintain their church affiliations and cultural links with the wider community.

### **Analysis of Interviews**

The interview process was conducted at FML. A total of six interviews were conducted with representatives from management, staff and the pastoral team. The first interview with the CEO was administrative in nature and discussed the study in general. The second interview with the residential site manager sought assistance with access to documentation for analysis. The remaining four interviews with three religious Sisters representing one from management and two from the pastoral team, and the lifestyle co-ordinator were related specifically to spiritual facilitation.

### **Summary**

This chapter has analysed the data collected from the documentation, interviews and questionnaires collected from FML. The analysis was conducted so that policies and procedures could be compared against relevant practices, and the outcomes assessed. The outcomes found the procedures and practices of FML adhered to the policies, and the findings of the A.A. Report of 2011. This study provides a more comprehensive response to spiritual facilitation. For example: there could be better attendances at training sessions; there could be a 'handbook' for staff to readily access, and there could be greater awareness of non-Christian religions and cultures.

The analysis results concluded all FML policies, procedures and practices conformed fully to the Catholic Church's ideals and the aged care Accreditation Standards, together with the principles and values of spiritual facilitation. However, the analysis results suggest future changing social trends will demand increased attention to a number of issues. Namely, issues relating to spirituality, culture and palliative care. These issues will impact on ACFs through an increased awareness of spirituality, diversity of religions, a multicultural population, and an increased demand for palliative care services.

### **QUESTIONS**

This chapter addresses the four research questions dealing with how FML assesses various aspects of spiritual facilitation. The research questions relate to: continuous improvement, implementation, knowledge and skills, together with education, training and staff development. The analysis found that at this point of time FML conforms in delivering spiritual needs to residents and conforms partially in delivering cultural needs. Accordingly, conclusions and recommendations are made from the findings in this study. Moreover, an overview of responses to future social and cultural trends is also included based on the following presented questions:

## **What do management, staff and the pastoral team understand by ‘spiritual facilitation’?**

Spiritual facilitation is understood by management, staff and pastoral team as comprehending a resident’s individual interests, customs, and beliefs. Together with their cultural and ethnic backgrounds being valued and fostered within their cultural and spiritual life. It means responding to the requested and perceived wants and needs of the individual. Spiritual facilitation in an aged care facility refers to the delivery of resident’s spiritual needs. It is the action and process of finding a meaningful dimension to life, with a set of expected outcomes related to specific aspects of cultural and spiritual considerations.

## **How does FML assess spiritual facilitation for continuous improvement?**

Currently, FML spiritual facilitation focuses on maintaining its performance in accordance with the Accreditation Results and Processed Guide. The results of this study correspond with the A.A. Report, which showed management had improved resident lifestyle, and encouraged staff and residents to contribute to the FML’s pursuit of continuous improvement in relation to *Standard 3*.<sup>31</sup> The A.A. Report accredited the FML with conforming to the expected outcomes for *Standard 3*. My study showed how spiritual facilitation was producing these at FML in regards to policies, procedures and practices.

## **How does FML implement spiritual facilitation for residents? a) How do they assess the resident’s spiritual needs b) How do they deliver the residents spiritual needs?**

The analysis showed how FML policies, procedures and practices assessed and delivered spiritual needs. FML addresses these considerations, as described below, regarding; (a) the policies (b) the procedures and (c) the practices.

(a) The policy: At present, the FML policy on ‘Cultural and Religious Customs,’<sup>32</sup> endorses the rights of residents to maintain their culture, customs, religious beliefs and practices. For example, a chapel is provided on the site for Christian residents, and residents of other religions are encouraged to maintain affiliation with their own respective churches through the services of the pastoral care team. Similarly, non-Christian residents receive help from the pastoral care team.

(b) The procedure: Regarding the procedures for spiritual facilitation. Firstly, FML provides counselling for spiritual well-being. Secondly, there is the fostering of calmness and oneness with God and furthermore, opportunities for Mass, rosary, Holy Communion are provided for Catholics; with additional liturgical choices for other faiths, which may need to be broadened in the future due to multiculturalism, as discussed previously.

(c) The practices: Spiritual facilitation practices were implemented through the lifestyle department and pastoral care team. A lifestyle volunteer program brought numerous people onto the site for various spiritual facilitation roles. For example, through art, discussion groups, hand massage; religious activities of other faiths. Religious services and

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<sup>31</sup> Appendix A.11.

<sup>32</sup> Appendix A.8.

activities are available for faiths other than Catholic such as the Coptic Orthodox Church.<sup>33</sup> Nursing care plans, lifestyle programs and the pastoral care team identify and cater for both spiritual and cultural situations.

Accordingly, FML may consider expanding their approach to assessing and delivering spiritual needs, due to anticipated demographic changes affecting social, religious and cultural aspects of residents' lives. This is because potential changes in ethnic staff and resident ratios will pose managerial and staffing challenges. For example, ratios of increasing numbers of individuals from non-Christian faiths entering the ACF as staff and residents. Furthermore, changing social perceptions of the Church, religion and spirituality will also impact on future management policies procedures and practices.<sup>34</sup> For example, individuals who have ceased practicing their traditional Roman Catholic faith, yet still have broad spiritual needs.

### **How does FML assess staff knowledge and skills?**

In relation to staff knowledge and skills, varying responses were found in regard to how FML assesses these issues with particular reference to further education and staff development. These responses suggest FML policies and procedures need additional resources including education and training programs to address this need. For example, a cultural and spiritual 'handbook' on spiritual facilitation would be helpful. Increased attendance at systematic training of staff and volunteers would also be helpful. The handbook could be available as a print copy for ready access and as computer print-outs for individual ready reference.

The resident care plan addresses staff knowledge and skills for resident needs.<sup>35</sup> However, in the future FML may give further consideration to issues such as workplace performance, resident satisfaction, family and community feedback to address staff knowledge and skills. Changing spiritual needs will require addressing the decline in religious vocations, and the role of lay chaplaincy in ameliorating the effect on spiritual services.

The predicted increases in the multicultural aged care sector over the next forty years will affect all aged care organisations.<sup>36</sup> Consequently, the knowledge and skills of the sector's workforce will require further training and staff development. Moreover, immigration will present a population consisting of different cultures, faiths, customs and beliefs entering aged care. Thus, immigration will present subsequent spiritual and cultural changes. Accordingly, it is recommended that FML broaden their range of staff knowledge and skills, mindful of Australia's increasing multicultural social mix and ageing population.<sup>37</sup> Significantly, the decline in priestly vocations will necessitate lay staff and volunteers assuming increasing responsibility for spiritual and pastoral activities.

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<sup>33</sup>The Coptic Orthodox Church is located nearby and attended by Greek residents.

<sup>34</sup> Donald T. Rowland, *Population Aging: The Transformation of Societies* (New York: Springer, 2012), 95-97.

<sup>35</sup> Appendix A.10, 81-82.

<sup>36</sup>Trends in Aged Care Services, Section 3- 'Future Demand for Aged Care Services', p.47, 49.  
[http://www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0010/83386/05-chapter3.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0010/83386/05-chapter3.pdf).

<sup>37</sup>Aged Care Workforce Committee Australia, *National Aged Care Workforce Strategy* (Canberra ACT: Australian Government Department of Health and Aging, 2005), 11, 20-22, 30.

## **How does FML educate and train staff for spiritual facilitation for all religions and cultural changes?**

Analysis of how FML educates and trains staff for spiritual facilitation suggested the need to consider changing individual interests, customs, and beliefs. Currently, FML educates and trains staff for spiritual facilitation in accordance with *Standard 3* requirements. Accordingly, FML meets the requirements in the following two ways: Firstly, by demonstrating management and staff have the knowledge and skills required, such as systems and processes for legislative requirements, a training needs analysis, and performance appraisals. Secondly, education and training through the provision of competency assessments, resident and staff surveys, and audits.

In the future, predicted changes in the aged care population will require increased attention to personalised training for spiritual facilitation. This could be conducted through the next two A.A.Report projects as required for continuous improvement, based on future cultural and spirituality needs. Importantly, these projects could anticipate future policies, procedures, documentation, and computer programs suitable for the changing of spirituality needs in aged care environments.

Additionally, the introduction and implementation of a staff cultural and spiritual handbook would assist the training and development of existing and new staff for these cultural and spiritual changes. Increased encouragement for staff attendance at public lectures on subjects related to spirituality, facilitation and palliative care would also be advantageous for staff across all disciplines.

## **CONCLUSION**

In conclusion, spirituality and its facilitation centre on life's meaning, optimism and preparing for the end-of-life journey. The conclusions suggest purposeful care and consideration of ethnicity for the aged will be increasingly the foundation of spiritual facilitation in aged care organisations in the future.

Consequently, an ageing population requires individual spiritual care and on-going corroboration to augment the positive ageing process. This process is manifested in the esteeming and nurturing of individual interests, customs, and beliefs in conjunction with cultural and ethnical backgrounds. Although there is a public perception that the needs of residents in ACFs are not being met in some instances this systematic and cautious study has highlighted how residents *do* retain their cultural and spiritual lives fully within a residential aged care facility.

Subsequently, addressing a person's spiritual care involves a process through which an organisation's policies, procedures and practices offer appropriate management, staff and pastoral support. Therefore, this process must consider the spiritual and cultural needs of individuals in aged care. The findings of this study illustrate how FML is achieving this

outcome. This achievement reflects the high standing at FML in caring for the aged in our community.

Moreover, the achievements correspond with the Commonwealth Accreditation Standards and Mary MacKillop's vision and goals for aged care. However, the increasing nature of multiculturalism in aged care will necessitate that aged care organisations, such as Flora McDonald Lodge, will increasingly need to address the differing multicultural and spiritual needs of their residents in the future.

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