

Does Religion have a place in hospitals?

David Glenister¹, Martin Prewer²,

1 Dept of Pastoral Care & Chaplaincy, Royal Melbourne Hospital, Parkville, Vic, 3050 david.glenister2@mh.org.au

2 Dept of Pastoral Care & Chaplaincy, Royal Melbourne Hospital, Parkville, Vic, 3050 martin.prewer@mh.org.au

BACKGROUND

Victorian hospitals routinely collect patient information under the heading 'Religion'. Yet there is no contemporary data on what this means to patients and their care. There is currently a significant gap in patient data. Survey of RMH data indicated 20-25% of RMH inpatients had no Religious Identifier recorded on admission. Of those that did have an Identifier, 76-79% of patients nominated a specific religion and the remaining 21-24% nominated 'No Religion'. Further, Pastoral Care staff report that most patients are receptive to explicit spiritual care, usually within their own faith tradition but also for some whether or not they identified with a particular religion, suggesting that religion and spirituality is important during times of hospitalisation. This patient-centred view suggests that hospitals need to improve the recording of Religious Identifiers to enable provision of appropriate spiritual care. To do so will require improved understanding of the role of spirituality in ill-health, hospitalisation and holistic healthcare. This study will explore patient views, choices and experience, to better inform healthcare system responses.

METHODS

This is a mixed method study. Quantitative data will be collected on patients' choice of Religious Identifier and types of spiritual care requested. Qualitative data will involve interviewing selected and consenting inpatients, with both open-ended and closed questions, on the significance of their religious or spiritual identity, its effect on their illness and hospital experience, and the implications for the healthcare they receive. The study will therefore build a profile of patients' Religious Identifiers (the 'label') and link data to patient experiences of illness and hospitalisation, how their spirituality is relevant, and how they could be assisted by the healthcare system.

RESULTS

This study is at the Protocol stage, to be implemented by Dec 2015.

DISCUSSION

Expected outcomes include evidence that supports improved early identification of patient religion and spirituality in hospitals, and improved understanding of spirituality in healthcare from patients' perspectives.