# ‘THE PASTORAL CARE EXPERIENCES OF RESIDENTS IN SOUTH AUSTRALIAN AGED CARE FACILITIES’

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## INSPIRATION

Inspiration has been drawn from a desire to contribute
to the body of knowledge on pastoral care for the aged.

## DEDICATION

To Saint Mary MacKillop

## DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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Roger M. Porter

## ABSTRACT

The purpose of the research was to interview and report on the pastoral care experiences of residents in South Australian aged care facilities, providing an overview of these experiences in conjunction with Local, State and Federal Government policies and legislation. The research offers perspectives on how pastoral and spiritual care assists residents in aged care facilities, whilst considering Government policies.

The objectives of the project were; (1) to inquire and report into relevant aged care policies and legislation applicable to pastoral care in South Australian aged care facilities, (2) to interview, report and summarize the experiences of residents in relation to the application of pastoral care facilitation in aged care facilities. The evidence based information received from participants addressed the research objectives by providing data that assists in establishing and defining pastoral needs, relative to the current experiences of residents in South Australian aged care facilities.

The Basic Qualitative Interpretative Inquiry method was selected to collect, analyse and interpret data. Basic Qualitative Interpretative Inquiry is concerned with how individuals make meaning of a situation. Thematic Analysis provides a framework by examining themes and sub-themes arising across data. Thematic analysis is a frequent form of analysis in qualitative research.

The research found residents exhibited positive pastoral and spiritual care experiences in their residential aged care facilities. The defining characteristics of resident's positive experiences related to relationships and support. Trusting relationships together with spiritual, emotional and social support were seen as essential to effective pastoral care. Moreover, it was considered a need exists for increased research on the topic of aged care in residential facilities as the body of knowledge in the public domain is minimal.

**PROLOGUE**

## Pastoral Care

Perceptiveness of people and the issues they bear
attention to trappings and wrappings present there,
sincerity in listening and reflecting what we hear
tenderness of presence to those hurting and in fear.
Openness in hearing what is different from our view
reverence for the treasure of a life appearing askew,
affection for the beauty beneath the surface of the skin
love to dare and time to share for the soul alive within.
Compassion in the presence of a badly mangled life
acceptance of the anger and depression born of strife,
respect for all humanity and the baggage it must bear
enabling us to share the journey as we offer pastoral care.[1]

*(Author unknown)*

[1] Qld Institute of Clinical Pastoral Education, "A Pastoral Care Acrostics Poem," (2012), http://www.qicpe.com/2012/a-pastoral-care-acrostics-poem/ (accessed 30, August, 2016).

## ACKNOWLEDGEMENTS

‘Individual commitment to a group effort makes a team, a company and a society work.’ This dissertation testifies to this maxim. Accordingly, I am thankful for the efforts of many individuals in the production of this research project.

Firstly, I thank my supervisor Dr Trevor Whitney and Dr Tanya Wittwer for their time, knowledge and encouragement. Grateful thanks are also extended to the management, staff and residents of the two residential aged care facilities for their cooperation and participation in the research project.

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# CONTENTS

**CHAPTER 3: METHODOLOGY**



**CHAPTER 4: DATA COLLECTION**



**CHAPTER 5: DATA ANALYSIS**

## LIST OF TABLES

# CHAPTER 1
# INTRODUCTION

## 1.1 Introduction

Australian's contemporary ageing population calls for an increasing awareness of pastoral care issues in aged care facilities (henceforth referred to as RACF's). For the purposes of this project the research focuses specifically on two aged care facilities in South Australian. Residents in these settings require a sense of wholeness, self and spirituality for their physical, emotional, mental and spiritual wellbeing. These are issues addressed appropriately by pastoral care.

Considerable attention is given to the medical aspects of residential aged care. However, increased importance should be afforded to the spiritual attributes of aged care. Therefore, the researcher's intention is to draw attention to the spiritual, emotional, and social needs of individuals in residential care. This intention is achieved through data collection, analysis and synthesis of interviews and government documentation sources of evidence from suitable sample pools.

Accordingly, the research assesses the pastoral care experiences of residents in two unnamed RACF's. Moreover, the research project is an appraisal of residential pastoral care as an aspect of institutional ageing issues, centering on the well-being and wholeness aspects of aged care. The two participating RACF's are located in Adelaide, South Australia.

## 1.2 Purpose of the Research Project

The purpose of the research was to interview and report on the pastoral care experiences of residents in South Australian aged care facilities. The focus provides an overview of these experiences in conjunction with an assessment of Local, State and Federal Government policies and legislation relevant to the topic. Accordingly, the research offers perspectives on how pastoral and spiritual care assists residents in aged care facilities while also considering government policies.

Concerning the two objectives of the research, they can be defined as; (a) to interview, report and summarize the experiences of residents in relation to the application of pastoral care facilitation in aged care facilities, (b) to inquire and report on relevant aged care policies and legislation applicable to pastoral care in South Australian aged care facilities,

### 1.3 Defining Pastoral and Spiritual Care

Spirituality, predominantly in health care literature, is frequently viewed as synonymous with pastoral care. Thus, there are coinciding definitions on spirituality and pastoral care. The Meaningful Ageing Australia Board chose spirituality, spiritual care, pastoral care, spirituality and aging, and spiritual tasks of aging as working definitions to support their work. The respective definitions follow.[2]

"**Spirituality**: Spirituality is the way we seek and express meaning and purpose; the way we experience our connection to the moment, self, others, our world and the significant or sacred." **"Spiritual Care:** Spiritual care occurs in a compassionate relationship. It responds to our search for meaning, self-worth, and our need to express ourselves to a sensitive listener. It may include faith support, rites, rituals, prayer or sacrament." "**Pastoral Care**: Pastoral care complements the care offered by other helping disciplines while paying particular attention to the spiritual. It is focussed on healing, guiding, compassionately supporting, nurturing, liberating and empowering of people. It is person centred and holistic."[3]

"**Spirituality and Ageing**: Spirituality is an essential dimension that brings meaning to life; it is deeply associated with relationship, transcendence and hope. Increased awareness of spirituality is often seen in later life, especially through transitions, issues of health, end of life, and the need for forgiveness and reconciliation." "**Spiritual tasks of ageing**: Particular aspects of the spiritual dimension become more important for many older people. These aspects or tasks of ageing are:

[2] Meaningful Aging Australia, "About Definitions," (2016), http://meaningfulageing.org.au/definitions/ (accessed 16 December, 2016).
[3] Ibid, Meaningful Aging Australia, "About Definitions,"

Finding final meanings in life (What has my life been for? Where do I find meaning now as I grow older?); learning to transcend the disabilities and losses often experienced; affirming relationships (old and new); finding hope in the face of physical and mental deterioration and frailty." The overarching objective of spiritual care of aged individuals is to sustain them in their lifelong journey, to support and strengthen them in whatever settings of existence the individual experiences[4].

However, a precise definition of pastoral and spiritual care is difficult. For the purposes of this dissertation the researcher offers the following definition. 'Pastoral and spiritual care in an aged care setting is closely linked to fostering the spiritual, emotional and social welfare of residents, family and friends in times of need.' Moreover, a precise definition for pastoral care is wanting in aged care literature. Defining pastoral care will be fully discussed in the literature review.

### 1.4 The Research Question

The research question, titled 'The Pastoral Care Experiences of Residents in South Australian Aged Care Facilities,' was considered within the limits of the respective RACF's pastoral and spiritual care programs. The research took into account observance with Local, State and Federal government policy and legislation, particularly the conditions of the Commonwealth Aged Care Act 1997 and compliance with government Accreditation Standards.

The research question was sourced through the responses of residents to the following six questions:

1. What is your understanding of pastoral care?
2. Please describe your pastoral care experiences?
3. How have your pastoral care experiences supported your beliefs?
4. Describe how your pastoral care experiences have developed your spiritual and emotional wellbeing?
5. How helpful has pastoral care been to your life story?
6. Discuss the kind of pastoral care you would like to receive?

[4] Ibid, Meaningful Aging Australia, "About Definitions,"

The questions were responded to through interviews with residents at two aged care facilities. Twelve interviewee participants were drawn from a population pool 130 individuals. Interviews were of one hour maximum duration and conducted over a period of seven weeks from the eleventh of April to the second of June, 2016.

### 1.5 Purpose of the Literary Review

The purpose of the literature review was to provide background information on the topic of pastoral and spiritual care in respect to RACF's. Pastoral care in aged care facilities is generally associated with palliative, hospice and end-of-life issues. Accordingly, the literary review focuses on the diversity of perspectives associated with residential aged care including history, structure, facilitators and government legislation. These perspectives were considered and identified to assess the current body of knowledge on the topic in the public domain. The literature review will be discussed in chapter two.

### 1.6 Government Policy and Legislation

Government documentation for the research focused on Local, State and Federal policy and legislation. However, pastoral care policies and legislation on RACF's proved to be a Federal Government prerogative coming under the Aged care Act of 1997. The Aged care Act 1997 requires approved providers to residential aged care facilities to comply with the Accreditation Standards as set out in Australian Aged Care Quality Agency's "Results and Processes Guide" of June 2014.[5]

The most applicable Standard for residential pastoral care is, *Standard Three*. The Standards are listed in the 'Care and recipient lifestyle,' section of the Guide stating, "Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their

[5] Australian Government Australian Aged Care Quality Agency: *Results and Processed Guide, June 2014*, https://www.aacqa.gov.au/for-providers/residential-aged-care/resources/other-resources/copy_of_Resultsandprocesses.pdf, 7.

own lives within the residential care service and in the community."[6] The predominate themes in the government documentation are; interests and activities, customs, beliefs, culture, environment, emotions and support.

## 1.7 Methodology

The Basic Qualitative Interpretative Inquiry method of qualitative research was considered the most suitable for this research question, employing Thematic Analysis for data evaluation.[7] This methodology was utilized to collect, analyse and interpret data. This method was the most suitable for the objectives of this qualitative research, as qualitative case studies follow a subjective (idiographic) style, analysing individuals and groups through observation and explanation. The research's methodology is addressed in chapter 3.

## 1.8 Data Collection

Data was collected from residential facility interviews, and external documentation from government sources. For sampling purposes, residents were sourced via two participating RACF's in Adelaide. Documentation was sourced externally from Local, State and Federal legislation sources. Data collected adhered to the triangulation tenets of objectivity, reliability and validity. The data research collection is addressed in chapter four.

## 1.9 Data Analysis

Thematic analysis was employed to analyse the collected data. Thematic analysis is a frequent form of analysis in qualitative research. It focuses on identifying, investigating, and noting patterns 'themes' within data. Thematic analysis of data offered an overview of how residents interviewed at the participating aged care facilities experienced pastoral care. This data was

[6] Australian Government Australian Aged Care Quality Agency, 66.
[7] Basic Qualitative Interpretative Inquiry method is concerned with how participants make meaning of a situation. Thematic Analysis focuses on examining themes and sub-themes arising across data.

compared and correlated with government policies and legislation. Data analysis for the research is discussed in Chapter Five.

### 1.10 Significance of the Research

The research offers perspectives into how pastoral care assists residents in aged care facilities while also considering relevant governmental policy. The evidence based information received from residents addressed the research objectives by providing data that assists in establishing and defining pastoral needs. This was relative to the current experiences of residents in South Australian aged care facilities.

### 1.11 Research Ethics

As the sole researcher conducting research with human participants, the National Statement on Ethical Conduct in Human Research was studied in relation to qualitative methods of research. This Statement assists researchers in identifying ethical matters specific to the proposed research methods. As a Masters dissertation, the ethical requirements of the Flinders University's Theology Department were also met. [8]

Accordingly, ethical guidelines for interviews and documentation were followed. All interview transcripts were treated with strict confidentially and anonymity. Recording: all interviews were recorded and securely stored in a locked place at the student researcher's private residence. Recording transcripts will be destroyed at the conclusion of the project. The anonymity of the two organisations was essential for their interests, together with the confidentiality, objectivity, reliability and validity of the research project.

Notably, the ethic of 'caring' is an imperative object for research such as this. For this view of ethics and care stresses the prominence of relationship, and its bearing on nursing and pastoral

[8] National Statement on Ethical Conduct in Human Research (2007) - Updated May 2015, Section 3, *Ethical Considerations Specific to Research Methods or Fields,* Chapter 3.1, (2015), https://www.nhmrc.gov.au/guidelines-publications/e72. P.25 (accessed 8 September, 2016).

care. Any consideration of the spiritual dimension relating to the institutionalised aged in the community must observe this ethical approach to caring.[9]

### 1.12 Chapter Summary

In conclusion, it has been emphasized how an increased awareness of pastoral care issues for residents of aged care facilities in Australia's contemporary ageing population is called for. Pastoral care addresses issues faced by residents in aged care facilities. Similarly, an increased standing needs to be afforded to the spiritual aspects of such care. This research attempts to address these issues.

This chapter has offered a summary of the research project, focusing on the nature and role of pastoral care in RACF's. The research question was addressed, and the literary review's purpose discussed. The relevance of government policies and legislation were considered, together with the methodology employed, data collection and analysis, the significance of the research and the importance of research ethics related to the topic.

The research centred on interviewing and reporting the pastoral care experiences of residents in South Australian aged care facilities, providing an overview of these experiences in conjunction with Local, State and Federal Government legislation.

This is a research project with limitations, addressing a research question of major dimensions. It is therefore limited to accenting the key characteristics of pastoral and spiritual care. While the sample scope was small, the fundamentals of pastoral care work obtained from the text may be used in future studies where the salient characteristic may be refined and applied. The following Literature Review offers related works on the topic of pastoral and spiritual care in aged care settings.

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[9] Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (London: Jessica Kingsley Publishers, 2001), 19-20.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 Introduction

Pastoral care within the environment of RACF's raises questions relative to the well-being of individuals facing change and challenges in life. For example, ageing and spirituality, the spiritual dimension, and the ethic of caring. However, a definition of pastoral care in residential aged care is indistinct and yet to be fully defined. Defining issues relative to pastoral care will be discussed in section 2.3.

The intention of this literary review is the clarification of ambiguity within the context of pastoral care experiences for residents in aged care facilities. Current knowledge and findings will be offered in addition to academic and methodological contributions on the topic of residential pastoral and spiritual care.

The literature review also aims to situate the current study within the body of contemporary literature concerning pastoral care, thus providing a topic framework for the reader. Accordingly, this framework is primarily associated with ageing and the associated changes and challenges concurrent with the ageing process. Inherent within this process is the opportunity for a spiritual rediscovery journey fostered through pastoral care. Watkins focuses on this point, when stating:

> Sociologists, psychologists, and students of virtually all sciences have described the essential tasks of aging. Erikson identified the chief task of the old as achieving integrity of the ego despite internal and external assaults. But while physical and social aspects of life may be disrupted by disease or disability, religious beliefs may provide a stable context for life, helping the elder maintain personal continuity through life's transitions.[10]

Watkins further notes that individuals are not helpless in the face of change and challenge to wellbeing, with religion a key aspect of this process assisting internal continuity.

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[10] Derrel R Watkins, *Practical Theology for Aging* (Binghampton,NY:The Hawthorn Pastoral Press, 2003), 121.

The main points to be covered in this literature review relating to pastoral care in RACF's are: (a) the historical background to pastoral care, (b) defining residential pastoral and spiritual care (c) contemporary aged care facilities, (d) facilitators of pastoral care, and (e) government policies and legislation associated with organisational aged care. Notably, there has been a movement in pastoral care in recent years away from traditional religious practices to secular sources. Thus, a review of relevant literature commences with an historical background to the topic.

## 2.2 Historical Background to Pastoral Care in Age Care Facilities

The historical background to pastoral care in aged care facilities commences with an appreciation for the story of palliative and hospice care. The term 'hospice' derives from the Latin word 'hospitium,' meaning hospitality. During the middle ages in Europe and Mediterranean regions the term was used to designate a resting place for travellers and pilgrims, offering hospitality and care for weary people, the sick and dying. Hospices waned in demand for many centuries re-emerging in the 19th century, particularly in the United Kingdom and France.[11]

The modern use of the term hospice dates from 1967 with the opening of St Christopher's Hospice in London, established by Dame Cicely Saunders.[12] Saunders' work was furthered in the United States by Elizabeth Kübler-Ross, and replicated throughout the world.[13] Their work was characterised by the birth of Saunders hospice movement, Kübler-Ross' five stages of grief model, and an emphasis on the importance of holistic palliative care in modern medicine. Canadian surgeon, Balfour Mount, introduced the term 'palliative care' in 1975 due to the poor standing associated with hospice institutions in France.[14]

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[11] Stuart Milligan and Shirley Potts, *The History of Palliative Care* (Wiley-Blackwell Chichester, 2009), 16.
[12] Dame Cicely M Saunders, *Cicely Saunders: Selected Writings 1958-2004* (Oxford University Press, 2006).
[13] Elisabeth Kübler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and their Own Families* (Taylor & Francis, 2009).
[14] David Clark, "Palliative Care History: A Ritual Process," *European Journal of Palliative Care* 7, no. 2 (2000); Donna Cross, Leanne Lester, and Amy Barnes, "Evaluating Pastoral Care," *Independence* 39, no. 1 (2014).1352-2779.

An appreciation for the historical role of pastoral care in Australian RACF's commences with faith based organisations. Regulated residential aged care in Australia is provided in the main by faith-based providers, with the Catholic Church in Australia providing one in ten of all such services. As Laverty notes:

> … Despite challenges caused by the decline in active involvement of clergy and religious and government regulatory and financial constraints, pastoral care in Catholic residential aged care is present, evolving, and thriving. Fostering a holistic pastoral environment is also essential to the viability and effectiveness of pastoral care in aged care.[15]

Historically, yet still current, is the need to offer pastoral care to a growing populace of elderly people, traditionally deemed a fundamental component of care in Australia. This need is mirrored in contemporary Australian aged care standards – for example, the 1997 Aged Care Act identifies the spiritual and cultural life of aged care individuals as an outcome that must be addressed in all residential aged care services.[16]

Furthermore, contrasted to the past, pastoral care provided by personnel specifically seen as trained in pastoral care is considered intrinsic in contemporary healthcare settings. It benefits patients and their families, the care staff, the organisation itself, and the community at large. As Wilkes notes:

> These personnel can work closely with health professionals particularly nurses in providing avenues of support for residents. The vast majority of literature on pastoral care in health care is concentrated on patients in hospital and hospice settings. Little attention has been given to pastoral care of older people in residential aged care settings.[17]

Moreover, the preponderance of research associated with pastoral care has transpired within settings other than residential aged care facilities.

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[15] Martin J Laverty et al., "The Resilience of Pastoral Care in Australian Catholic Aged Care Services," *Journal of Religion, Spirituality & Aging* 24, no. 1-2 (2012): 68.
[16] Australian Government Australian Aged Care Quality Agency, 79-80.
[17] Wilkes et al., 214.

## 2.3 Defining Pastoral and Spiritual Care for Residents in Aged Care Facilities

The notion and definition of pastoral care in residential aged care is unclear and yet to be fully defined. This is because a significant portion of pastoral care is spiritual care. A further difficulty in advancing the notion and practice of pastoral care is a lack of definitional simplicity among practitioners themselves. Thus, the terms 'pastoral care' and 'spiritual care' (and 'chaplaincy care') are similar and needing classification. Moreover, in a residential aged care context the three terms apply. Roberts's viewpoint states:

> In sum, spiritual care is the overarching category representing a domain of care comparable to 'Emotional care" that can and should be performed to a greater or lesser degree by all health care professionals. Chaplaincy care is the part of that care performed by professional chaplains. Pastoral car is performed by chaplains and other religious professionals, usually with persons of their own faith traditions. [18]

Furthermore, defining the attributes and meaning of pastoral care from the perspective of recipients, family members and pastoral care workers is difficult. Accordingly, pastoral care and spiritual care are terms viewed in this context as synonymous. This is Wilks viewpoint in stating:

> Pastoral care has been described as being with people in a time of need to promote well-being while strengthening their spirituality. Spiritual care is often seen as synonymous to pastoral care particularly in health professional literature.[19]

Furthermore, pastoral care in relation to the aged is usually referred to in the perspective of spiritual dimensions, with a specific definition for pastoral care lacking in the aged care literature. Similarly, the following defining of spiritual care by Edwards correlates with Wilks' defining of pastoral care:

> Spiritual care was about being 'present', journeying with or going through the process together and might involve accompanying patients into areas of darkness or pain. It involved physical proximity, touch, massage, or simply just sitting with, holding the patient's hand when there was nothing to say; 'transcending explicit modes of communication'.[20]

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[18] Stephen B. Roberts, *Professional Spiritual & Pastoral Care: a Practical Clergy and Chaplain's Handbook* (Woodstock, Vermont: Skylight Paths Publishing, 2012), 24-25.
[19] Wilkes et al., 213.
[20] Adrian Edwards et al., "The Understanding of Spirituality and the Potential Role of Spiritual Care in End-of-Life and Palliative Care: A Meta-Study of Qualitative Research," *Palliative Medicine* (2010): 762.

A definition of pastoral care quoted to interview participants in this research project was drawn from the University of Canberra's website titled, "What does it mean to be a pastoral care worker?" This definition offers a professional pastoral care worker's perspective, in stating:

> Pastoral care is an ancient model of emotional and spiritual support that can be found in all cultures and traditions. It has been described in our modern context as individual and corporate patience in which trained pastoral carers support people in their pain, loss and anxiety, and their triumphs, joys and victories.[21]

Further points raised in the article concerning pastoral care refer to; qualifications, clinical pastoral education, chaplaincy, health and counselling, work role, and the nature of spiritual care. However, for the purposes of this research the researcher is defining the overlapping of pastoral and spiritual care terms in the following way: Pastoral and spiritual care in an aged care setting is closely linked to fostering the spiritual, emotional and social welfare of residents, family and friends in times of need.

## 2.4 Pastoral Care in Contemporary Aged Care Facilities

The Australian aged care system extends a range of care choices to accommodate the diverse care needs of individuals. Two options for individuals considering aged care are: (a) residential aged care, and (b) community-based aged care.

Residential aged care offers support accommodation for people unable to provide for themselves in their own households. This care may be either permanent or respite. Permanent care provides personalized continuing attention to an individual's needs in a RACF. Respite is short term assistance in times of need, however may lead to permanency.[22]

Pastoral care within the context of these RACF's includes issues of; ageing and spirituality, ageism, chronological versus functional age, meaning in ageing, religious experiences, the spiritual

[21] University of Canberra, "What does it mean to be a pastoral care worker?" (2016), http://www.canberra.edu.au/current-students/canberra-students/student-support/multi-faith-centre/pastoral-care/pastoral-worker (accessed 29.07.16)

[22] Aged Care (AIHW) –"Australian Institute of Health and Welfare," (2016), www.aihw.gov.au/aged-care/ (accessed 29 August, 2016).

dimension, and the ethic of caring. The latter are referred to by MacKinlay in her chapter titled, 'An ageing society and the spiritual dimension.'[23] The following three points warrant clarification.

Ageing and spirituality, is a confronting issue for an elderly population for various reasons. As noted by MacKinlay, "The latter part of the lifespan is a time when roles important in mid-life are lost and *being* becomes more central to living than doing."[24] However, there remains potential for continued growth in the psychosocial and spiritual dimensions. There is potential for maintained advancement in the spiritual dimensions despite the waning physiological functions through ageing.

The spiritual dimension is problematic, particularly with the acceptance of spirituality for many individuals. This is partially because spirituality is awkward to quantify and measure, and secondly due to the subjective nature of spirituality. Furthermore, there is confusion in nursing distinguishing between spiritual and psychosocial needs. As MacKinlay remarks:

> Teaching and working with nurses in aged care had revealed a lack of nurse understanding of the spiritual dimension of the human being, and the particular needs for spiritual care among frail elderly people.[25]

Moreover, only a small percentage of staff employed in aged care facilities have sufficient appreciation of their own spiritualty. This is an issue demanding address.

The ethic of caring, has drawn increasing attention in recent years, particularly in relation to aged care. This view of care and ethics has highlighted the prominence of relationship. Thus, it is at the heart of pastoral care. The spiritual realm is one of innermost relationship with others. This is a role considered as belonging to clergy, yet generally ill-prepared for by health professions. There is a need for increased spirituality awareness in aged care facility staffing and professional services. Moreover, it appears little research has been conducted on the need for spiritual care of the aged. [26]

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[23] Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (Jessica Kingsley Publishers, 2001), 11.
[24] Ibid., 12.
[25] Ibid., 18.
[26] E MacKinlay, J Ellor, and S Pickard, "Aging, Spirituality and Pastoral Care," (New York: Haworth Press, 2002), 116-18.

Therefore, what pastoral care do residents need and want? Residents who were surveyed living in aged care facilities inferred the most important factor in their care was considerate and skilled staff.[27] Beneficial relationships between staff and residents necessitate staff with compassion, kindness, empathy and spiritual awareness capable of dealing with demanding settings. In some instances there may be a gap in training and awareness in need of addressing. Increased attention afforded to the aged through government and academic research may address this issue.[28]

## 2.5 Facilitators of Pastoral Care in Aged Care Facilities

Pastoral care facilitation in aged care facilities is a multi-disciplinary practice involving numerous disciplines and vocations. The primary roles are fulfilled by clergy, nurses, carers, medical professions, family, friends, and volunteers.[29]

Accordingly, pastoral and spiritual care is viewed as best delivered by a multi-team approach. As noted by Edwards, "Articles with multi-professional authorship, or which interviewed a mixed group of professional participants, concluded spiritual care could be provided by multiple team members."[30] This was because residents were often uncomfortable with formal health or social services, preferring relationships with both expected and unexpected sources, for example, family, friends and a spiritual community.[31]

Notably, there has been a steady decline of active clergy and religious involvement in the operation of aged care services in later years, particularly in Australia. A growth in the provision of multi-disciplinary services has resulted. [32] Laverty observes, particularly in relation to Catholic care, "Pastoral care is adapting to this challenge and establishing itself as a professional discipline that is able to contribute to the delivery of quality holistic care while remaining a ministry of the Catholic community."[33]

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[27] Bethany Knight, "Assuring Professional Pastoral Care for Every Nursing Home Resident," *Journal of health care chaplaincy* 8, no. 1-2 (1998): 94.
[28] Ibid., 94-95.
[29] Elizabeth MacKinlay, *Spiritual Growth and Care in the Fourth Age of Life* (London: Jessica Kingsley Publishers, 2006), 18, 41.
[30] Edwards et al.,765.
[31] Ibid
[32] Laverty et al.,78.
[33] Ibid,78.

Therefore, how do professional and non-professional groups work in multi-disciplinary pastoral and spiritual care practice with residents? This question considers the respective roles of clergy, nursing, and other expected and unexpected pastoral care workers. Accordingly, the clergy have a traditional social role in pastoral care for counselling, spiritual direction and sacraments.[34] This is particularly applicable to aged care, pastoral counselling and spiritual direction in aged care facilities. The sacraments of Eucharist, penance and reconciliation, and the anointing of the sick are of value to residents whose belief systems accept it. Priests, ministers, religious orders, and chaplains work together in serving these ends.

Similarly, nurses have customarily exercised a close personal role with elderly residents. The caring nature of nursing distinguishes its role from other serving vocations, particularly in spirituality. Nurses provide care by simply attending, evaluating and meeting resident needs. Similarly, ancillary staff, for example, carers, lifestyle assistants, cleaners, and sundry employees down to 'tea ladies' have the capacity to sustain and promote pastoral care.[35]

Other pastoral worker roles include medical professions, family, friends, and volunteers. All perform intrinsic pastoral care roles. Their collaborative roles infer the multi-disciplinary nature of pastoral and spirituality care in tending the aged and frail. The role of facility employed pastoral care workers is increasingly valued due to the lessening role of the clergy.

Furthermore, spiritual assessment, interventions and care plans are of importance to RACF's. Wallace notes on this point:

> It is important for nurses to integrate spiritual assessment and interventions into the plan of care of nursing home residents. Varying spiritual beliefs and lack of education and experience with spiritual care are barriers to implementing spiritual interventions. Providing spirituality education and experiences during nursing educational programs has the potential to increase nursing competence in this area. In addition, spiritual in-services may be appropriate for enhancing spiritual care in long-term care facilities.[36]

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[34] Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare."*The Journal of Pastoral Care*, Spring 2001,Vol.55, No.1:81-85.
[35] Ibid,
[36] Meredith Wallace and Eileen O'Shea, "Perceptions of Spirituality and Spiritual Care among Older Nursing Home Residents at the End of Life," *Holistic nursing practice* 21, no. 6 (2007): 288.

However, the depictions of spiritual care in nursing literature are limited, varying from secular notions of caring to religious oriented interventions. Therefore, with the decline in clergy numbers and the increased presence of other forms of pastoral workers there is an increased need for spiritual education in nursing to address the gap. On this point Monareng suggests that, "Lack of definition is the greatest dilemma associated with nursing practice and education, and it hampers nurses' efforts to meet their patients' spiritual needs effectively."[37] Associated with this issue are increasing multicultural influences affecting both givers and receivers of pastoral care.

## 2.6 Government Policies and Legislation

Government policy and legislation relative to the well-being of residents in South Australian aged care facilities comes under Federal Government legislation administered through the Aged Care Act of 1997. Therefore, pastoral care legislation is a Federal prerogative, apart from minor contingent Local government regulations and State government legislative Acts.

Local government regulations in South Australian for residential aged care facilities come under the *Supported Residential Facilities Regulations 2009.*[38] These regulations in turn come under the South Australian State Government *Supported Residential Facilities Act* of 1992.

Furthermore, the State Government's *Supported Residential Facilities Act 1992* legislation for South Australian comes under Federal government legislation through the *Aged Care Act of 1997.* The State Act makes provision in relation to the care of persons in certain residential facilities, and is adhered to by Local government authorities.[39]

Accordingly, Federal Government legislation embraces Local and State regulations and Acts under the *Aged Care Act 1997.*[40] Moreover, the Act requires approved providers of RACF's to

[37] Lydia V Monareng, "Spiritual Nursing Care: A Concept Analysis," *curationis* 35, no. 1 (2012): 1.
[38] Supported Residential Facilities Act 2009, https://www.legislation.sa.gov.au/lz/c/r/supported%20residential%20facilities%20regulations%202009/current/2009.210.un.pdf (accessed 5 May, 2016).
[39] Ibid., Supported Residential Facilities Act 1992, ( accessed 6/05/16)
[40]"Aged Care Act 1997," https://www.legislation.gov.au/Details/C2014C00810/Download (2016), (accessed 25, August, 2016).

comply with a number of standards known as the *Accreditation Standards*. These standards are set out under the Quality of Care Principles 2014 within the *Aged Care Act of 1997*.

Specific legislation for pastoral care is provided under the Quality of Care Principles 2014 section within the Act. However, there is no reference in the Local, State or Federal regulations and legislation to pastoral care by name. All references to the topic of pastoral care are in terms of emotional support, leisure interests and activities, or cultural and spiritual life.

The prime source for data on government legislation is the Australian Aged Care Quality Agency's "Results and Processes Guide" of June 2014. As stated in the Guides introduction:

> The Aged Care Act 1997 requires approved providers of residential aged care homes to comply with the Accreditation Standards. It is the responsibility of providers to demonstrate their compliance with the Accreditation Standards and the role of assessors to assist them to do so.[41]

The Accreditation Standards are defined in the Quality of Care Principles 2014. The Principles embrace four Standards, four Principles and 44 Expected Outcomes. The Standards assist government assessors in identifying and evaluating applicable results and processes. This data is utilized by assessors in considering the performance of residential aged care homes against the Accreditation Standards.[42]

It is only in *Standard Three* that application to the pastoral care of residents in aged care facilities can be observed. This Standard is titled 'Care Recipient Lifestyle.' The principle states:

> Care recipients 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.[43]

Within the *Standard Three* principle a number of expected outcomes apply to pastoral care. These relate to Standards 3.4, 3.7 and 3.8. Specifically: 3.4 (Emotional Support), 3.7 (Leisure Interests and Activities), and 3.8 (Cultural and Spiritual Life).

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[41] Australian Government Australian Aged Care Quality Agency, 7.
[42] Ibid., 7.
[43] Ibid., 66.

Prevailing themes in the Standards are; interests, activities, customs, beliefs, culture, environment, emotions and support. These Standards are not legislated by name as pastoral care for RACF's; however correlate with pastoral care themes in aged care settings.

## 2.7 Chapter Summary

In conclusion, this chapter has offered an overview of literature related to the topic of pastoral care experiences associated with residents in South Australian aged care facilities. It is considered methods should be developed to support the pastoral and spiritual needs of aged care facility residents. However, the research failed to adequately define the topic in this context.

The key points covered by the literature review related to the historical background to pastoral care in aged care facilities, defining pastoral care for residents in aged care facilities, pastoral care in contemporary aged care facilities, facilitators of pastoral care in aged care facilities, and government policies and legislation.

The historical background to pastoral care in aged care facilities commenced with an overview of palliative and hospice care narratives, followed by the contemporary role of hospice through innovators such as Dame Cicely Saunders, and concluding with the growth of RACF organisations in Australia.

Defining pastoral care for residents in aged care facilities drew attention to the unclear terminology of pastoral and spiritual care, with the two terms applying in residential aged care settings. Several definitions for both pastoral and spiritual care were offered in the context of comparison and evaluation. A summary of the latter concluded the term pastoral care embodied the spiritual, emotional and social characteristics of an individual's way of life.

Pastoral care in contemporary aged care facilities noted Australia's range of aged care accommodation choices. The role of pastoral care within a residential aged care context was

clarified, and confronting issues of ageing and spirituality addressed. Specific issues included ageing and spirituality, the spiritual dimension, and the ethic of caring.

Facilitation of pastoral care in aged care facilities were seen as best delivered through a multi-disciplinary workforce. The decline of clergy, religious orders and the increased interaction of professional and non-professional roles was noted, together with the need for increased workplace spiritual education. Finally, government policies and legislation relative to the welfare of aged care residents were examined. It was noted how Local and State legislation come under Federal government law. Attention was drawn to the fact that the legislation omits reference to the term 'pastoral care.' All references to the topic are in terms of emotional support, leisure interests and activities, or cultural and spiritual life.

Subsequently, the literature review addressed the relevant aspects of pastoral and spiritual care in respect to the welfare of residents in aged care facilities. An analysis of the relationship of the varying aspects of the topic was focused on, and a theoretical framework and rationale for the research attempted. Furthermore, it was concluded that a need exists for increased research on the topic of aged care as the body of knowledge in the public domain is minimal. With an ageing demographic population accompanied by rapidly changing cultural and religious shifts a demand for further research prevails relative to the pastoral care experiences of residents in South Australian aged care facilities. The next chapter considers an appropriate methodology for the research project.

# CHAPTER 3
# METHODOLOGY

## 3.1 Introduction

A suitable research methodology addresses the research design needs of a research project. In this instance, the methodology addresses the principles, procedures and practices of applied qualitative research. The methodology applied to this research relates to the pastoral care needs of residents in aged care facilities. Qualitative research theory, method and practice find expression through an appropriate methodology. As Crotty notes, "This is the research design that shapes our choice and use of particular methods and links them to the desired outcomes."[44]

The methodology selected for this research question is Basic Qualitative Interpretative Inquiry, utilizing a Thematic Analysis method for data analysis, which will be detailed in sections 3.3 and 3.4 of this chapter. Qualitative research poses 'how' and 'why' questions with their respective answer for collecting data. Accordingly, this research addresses how and why the experiences of residents in South Australian aged care facilities have pastoral care significance.

## 3.2 Research Design

Research design refers to methods of collecting data in order to gather a specific data set to address a specific research question. The research design employed for this project incorporated qualitative descriptive research, with interview and documentation sources of evidence.

Specifically, the ethnographic setting for the research included the location, place, people, culture, ethnicity lifestyle and spiritual care of a designated group of individuals. In this instance, it related to residents in aged care facilities.[45] As Gray appropriately points out, "Research design is the overall process of using your imagination as well as the strategy and tactics of science to guide the collection and analysis of data."[46]

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[44] Michael Crotty, *The Foundations of Social Research: Meaning and Perspective in the Research Process* (London: Sage, 1998), 7.

[45]Ethnography: "A branch of anthropology dealing with the scientific description of individual cultures." Dictionary.com

[46] Paul S. Gray Et Al, *The Research Imagination: An Introduction to Qualitative and Quantitative Methods* (New York: Cambridge University Press, 2007), 34.

Accordingly, the locations for the data collection were two RACF's in Adelaide, South Australia undergirded by a catholic ethos. The participating sources in the research collection were aged residents in these facilities of sound health and from varied faiths and secular backgrounds.

### 3.3 What is Qualitative Research?

Qualitative research offers opportunities for engaging and understanding research issues from the perspective of human behaviour and the motives governing such behaviour. Qualitative differs from Quantitative research in flexibility. Qualitative is more accommodating and suitable to researcher / participant interaction, thus applicable to this research.[47]

Regarding qualitative research Swinton & Mowat note, (a) It suggests that qualitative research relates to the way human beings encounter the world, (b) that qualitative research needs to be thorough and rigorous, (c) that data should be of practical value, and (d) it highlights the role qualitative research plays in data facilitation.[48]

Furthermore, four major reasons support the choice here for a qualitative methodology of data collection and analysis. These relate to matters of; meaning, primary instruments, inductivity and descriptiveness. (a) meaning; how individuals make sense of their experiences, because the researcher strives to understand how individuals construct their world and experiences,[49] (b) primary instruments; are the human instruments capable of responsiveness and adaptability, because the researcher meets the requirements of a primary instrument for data collection and analysis purposes,[50] (c) inductivity; the researcher collects data to build concepts, hypotheses or theories rather than deductively driving postulates or hypotheses to be tested, because inductivity is a process suitable to situations where there is a lack of theory or existing theory to explain adequately a phenomenon, as with end-of-life spiritual care, (d) descriptiveness; words and pictures rather than

[47] Bouma Gary D, *The Research Process* (Melbourne, Australia: Oxford University Press), 19-20,171-175.
[48] John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London: SCM, 2006), 32.
[49] Adelaide College of Divinity, Research Methods MINS9032: Learning Guide, p.21.
[50] Sharan B Merriam, *Qualitative Research in Practice: Examples for Discussion and Analysis* (San Francisco: Jossey-Bass Inc Pub, 2002), 5.

numbers are used to convey what the researcher has learned about a phenomenon, because the research question product in this instance is 'richly descriptive.'[51]

The foregoing qualitative research principles ensured the subject was systematically investigated and documented. Consequently, qualitative research supports the pastoral care experiences of residents in aged care facilities within the context of an appropriate methodology.

### 3.4 What Methodology is Appropriate for the Research Question?

Within a qualitative methodology a Basic Qualitative Interpretative Inquiry and Thematic Analysis are considered the most appropriate methods of research for this research question. This is due to their exemplifying the features of the research methods described above, and because the strategy is inductive and the outcome descriptive.[52]

The Basic Qualitative Interpretative Inquiry researcher is interested in comprehending how and why individuals make meaning of a situation. This meaning is mediated through the researcher as an instrument of inquiry, with an inductive strategy and descriptive outcome. This approach facilitates how people create reality through interfacing with their environment.[53] Thematic Analysis pinpoints, examines and records patterns (themes) within data. With collection, analysis and formulation of themes as an organic and evolving process across the period of a research.

### 3.5 Sources of Evidence

The two sources of data evidence for this research were interviews and documentation. These sources were employed for data collection offering the triangulation benefits of objectivity, reliability and validity. The advantages gained from these sources were enhanced by adhering to

[51] Ibid.5.
[52] Ibid.6.
[53] Ibid., 37-39.

three principles applicable to qualitative research. These principles are; (a) varied sources of evidence, (b) creation of a research data base, and (c) the maintenance of a chain of evidence.[54]

### 3.5.1 Interviews

Interviewing requires development, shaping and reflection of a qualitative research process. Moreover, interviews are guided conversations rather than structured queries and are inclined to flexibility due to openness of nature.[55]There are three types of interviews suitable for qualitative research; (a) open-ended interviews, (b) focused warranted interviews, and (c) case research interviews. Subsequently, the research for this project employed focused warranted interviews. The interviewees were limited to residents of the two aged care facilities, participating at their own will.[56] The number of individuals interviewed was limited to 12. All interviews were electronically recorded, transcribed and anonymous, subject to the benefits of objectivity, reliability and validity.

### 3.5.2 Documentation (external)

Documentation is ideally applicable to all qualitative research because it provides both the background and context for meaningful and systematic endeavour. In this instance, documentation was external and limited to government sources relating to policies and legislation on pastoral care in RACF's. Within Local, State and Federal levels of government it was found that all legislation comes under Federal jurisdiction, with the most valuable use of documentation being the corroboration and augmentation of evidence from other sources.

## 3.6 Research Objectivity, Reliability and Validity

The triangulation elements of objectivity, reliability and validity are essential to qualitative research. Objectivity, reliability, and validity must comply with the results of other

[54] Robert K Yin, *Case Study Research: Design and Methods* (Los Angeles: Sage publications, 2013), 120-21.
[55] Irving Seidman, *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences* (New York: Teachers college press, 2013), ix-xi.
[56] Merriam, 12-13,99.

comparative studies. Namely, would someone else obtain the same result?[57] Perakyla unites the elements of objectivity, reliability, and validity when stating, "The issues of reliability and validity are important, because in them the objectivity of (social science) research is at stake."[58]

Objectivity (or internal validity)[59] often raises negative intellectual and emotional responses as the term refers to an empirical method to avoid bias and prejudice. Prejudices are identified by acknowledging preconceived opinions. Prejudices should be addressed by openness to specific religions, race and nationalities, or minority groups.[60] The researcher's acknowledgement of 'prejudices' towards people of other cultures and institutional living has been addressed principally through consultation with individuals and a third party familiar with the research but who speaks from outside of the research project.[61]

Reliability raises the fundamental question as to whether the measurement device employed delivers recurrent matching results. Gary Bouma calls this "test-retest reliability."[62] However, reliability of observation methods is frequently questioned. For example, will a gathering of observers submit matching observations? Bouma suggests the reliability of a measure is, "that different researchers using the same measure may record different results."[63] Therefore, in this research the researcher used both interviews and documentation sources of data to test consistency.

Validity (Generalizability) concerns the extent to which findings of one research can be applied in other situations, namely the generalizability of results. External generalizability, as Maxwell notes, "… refers to its generalizability *beyond* (sic) that case, setting, or group, to other persons, time, and settings."[64] Accordingly, the researcher for this project held diligently to the elements of objectivity, reliability and validity.

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[57] Yin, 97-99.
[58] Anssi Perakyla, "Reliability and Validity in Research Based on Tapes and Transcripts," in *Qualitative Research Theory, Method and Practice*, edited by David Silverman (London: Sage Publications1998), 201.
[59] Internal validity - refers to the congruency of an individual's findings with reality (Merriam, *Qualitative Research in Practice*, 25-27).
[60] Crotty, 102-03.
[61] Lay pastoral care worker / chaplain – Jeffrey J. Wright.
[62] Gary D. Bouma, *The Research Process 4th ed*ition (Melbourne Australia: Oxford University Press, 2000), 86.
[63] Ibid., 86.
[64] Joseph Alex Maxwell, *Qualitative Research Design : An Interactive Approach*, 3rd ed., Applied Social Research Methods Series (Thousand Oaks ; London: SAGE Publications, 2013).

## 3.7 Chapter Summary

In conclusion, a suitable research methodology was sought to addresses the research design of the research project. A qualitative methodology was selected as the most appropriate for the research question's data collection and analysis, in order to assess the pastoral care experiences of residents in aged care facilities. The Basic Qualitative Interpretative Inquiry method of research was chosen for data collection with the Thematic Analysis approach considered the most appropriate for data analysis.

The methodology of the research adhered to the rigor of objectivity, reliability, and validity sources of evidence for interviews and documentation. Moreover, the research adhered to the definition and context of the Commonwealth Accreditation *Standard 3's* 'Care recipient Lifestyle.'[65]

Qualitative research within the boundaries of theory, method and practice offers a relationship centrality between analytic perspectives and methodological issues in regard to a chosen topic. In this research, adherence to these principles and practices was applied to residents, management and staff at the designated aged care home, in accordance with the methodological process employed. The next chapter addresses these sources of evidence through the data collection process.

[65]Australian Government Australian Aged Care Quality Agency, 66.

# CHAPTER 4
# DATA COLLECTION

## 4.1 Introduction

The purpose of this research project was to interview and report on the pastoral care experiences of residents in two South Australian aged care facilities providing an overview of these experiences subject to Local, State and Federal Government policies and legislation. In relation to data collection this may be defined as, "gathering data from the sample so that the research question can be answered."[66] Accordingly, in this project the collection sample includes gathering pastoral care data from interviews and external documentation sources of evidence. Moreover, interviews were conducted at two South Australian aged care facilities, located in Adelaide and external documentation sourced from government legislation.

The two patriating RACF's were of catholic ethos traditions located in suburban Adelaide, South Australia offering residential care facilities. Both RACF's extend residential aged care in modern purpose-built accredited facilities for individuals no longer able to reside at home are designed to cater for people with a variety of needs. The values of the two organisations include respect, compassion and justice guiding the organisations to deliver the highest quality services to the individuals and families they support for the provision of residential or disability care, regardless of circumstance. Dedicated and professional staff deliver a wide range of specialised services, catering for individual health, leisure and lifestyle care requirements. Additional services include on-site hairdressing salons, gyms, comprehensive allied health programs, spiritual support and palliative care services.

Data collection was difficult for this research due to ethical requirements, and procedures relating to conducting interviews in aged care facilities. However, the interview data collection process was carried out satisfactorily. Subsequently, the research employed a Basic Qualitative

[66] Alan Bryman, *Social Research Methods* (Oxford, Oxford University Press, 2012), 12-14.

Inquiry methodology for data collection with Thematic Analysis of data offering the desired results through the appropriate research design sources of evidence.

## 4.2 Sources of Evidence

Having identified the methodology for data collection the next step was to consider suitable data sources likely to secure the required information, and consequently develop the research design. The data collection sources of evidence included interviews and external documentation.[67] The interviews conformed to a structured method of collecting pastoral care data. The interview process employed standard questions assisting the comparison of responses, with interviewing procedures adhering to the variables of time, location and shared knowledge.

Furthermore, government pastoral care legislation data was collated for comparison with data collected from interviews. This was viewed with regard to the respective RACF's adherence to the Aged Care Standards and Accreditation Agency's requirements under the Commonwealth Aged Care Act of 1997.

Importantly, the Agencies most appropriate pastoral care standard is *Standard Three,* which was used as a benchmark. The Accreditation *Standard Three* Residential Lifestyle principle states, "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."[68] Specifically, the Accreditation sources of evidence focused on three of the ten expected outcomes. These three outcomes included:

1. Expected Outcomes 3.4 (Emotional Support)
2. Expected Outcomes 3.7 (Leisure Interests and Activities)
3. Expected Outcomes 3.8 (Cultural and Spiritual Life)"

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[67] Norman K. Denzin and Yvonna S. Lincoln, *The Sage Handbook of Qualitative Research*. 2nd Ed. (Thousand Oaks, California: Sage Publications, 2005), 453,663-667.
[68] Australian Government Australian Aged Care Quality Agency, 66.

## 4.3 Interviews

Interviews for data collection were sourced from two RACF sites in metropolitan Adelaide, South Australia. The total population pool was 100 residents (70 +30). Consequently, a total of 12 residents were interviewed. The reason for selecting two interview facilities for data collection purposes was to obtain a varied and suitable analysis population pool. The facilities were of religious traditions, however currently caring for residents from various faiths and secular backgrounds.

### 4.3.1 Interviews - Ethics Approval

Safeguards for ethical research and accountability were put in place as required when conducting interviews. Letters seeking permission to interview residents for the research, accompanied by a letter from the student researcher, were sent by the Head of the Flinders University Department of Theology to the CEO's of the two aged care organisations. Ethical guidelines for interviews were followed, with resident interviews arranged and approved by the respective organisations.

Moreover, each interview participant was briefed on the nature and scope of the research and advised that anonymity applied. Accordingly, all collected data relevant to interviews was treated with strict confidentiality and retained in a secure location for 5 years. No part of the research required information about age, gender, ethnic or aboriginal background that would identify individual participants. All participants gave informed consent prior to taking part in the research project.

Furthermore, ensuring the anonymity of participating organisations was essential for the interests, objectivity, reliability and validity of the research, as the respective organisations preferred anonymity. Other ethical factors included the avoidance of taking advantage of aged people's vulnerability, ensuring participants were conversant with the type and character of the work, and ensuring approval, equal opportunity and 'caring' principles were adhered to.

The 'ethic of caring' principle is an imperative object for study by researchers for the welfare of all concerned parties. This view of ethics and care stresses the prominence of relationship, and it's bearing on pastoral care and nursing. Any consideration of the pastoral care and spiritual dimension relating to the aged in the community must observe this ethical approach to caring.[69]

### 4.3.2 Interviews – Organisation

Data collection through the interview process commenced upon receiving ethics approval for the project.[70] Both aged care facility organisations were contacted and interviews arranged, with management personnel to authorize and plan the recruitment of potential resident participants. Documentation differed between organisations. One facility adhered to the Flinders University template and the other opting for their internal and format. This variation did not affect results.

### 4.3.3 Interviews – Documentation Process

When conducting interviews two documentation processes applied. These related to management and resident participation. The documentation for management approval included a research outline, abstract and permission. Documentation for resident interview participation included; an invitation to residents for participation, a letter of introduction, participant information sheet, participant consent form and an interview question sheet. This documentation augmented the participant recruitment process.

### 4.3.4 Interviews –Documentation Templates

Research templates for participant documentation included an invitation,[71] letter of introduction,[72] participant information sheet,[73] participant interview questions,[74] and the participant

[69] Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (London: Kingsley, 2001), 19-20.
[70] Appendix: 1.
[71] Appendix: 4.
[72] Appendix: 2.
[73] Appendix: 3.
[74] Appendix: 6.

research consent form.[75] Documentation adhered to Flinders University requirements for policy, procedures and practices Stationery incorporated the Flinders logo.

### 4.3.5 Interviews – Resident Participation Recruitment

Regarding the resident participation recruitment process a number of criteria applied to the basis for recruitment. These criteria included: (a) who would the participant be? (b) the basis for recruitment? (c) what component of the research would participants be involved in, and (d) eligibility criteria? Details of these criteria follow:

**(a) Who would the participant be?** Only residents within the two selected aged care facilities would be recruited.

**(b) The basis for recruitment?** Participants would be residents who had responded to research flyers pinned to facility noticeboards. Participants would have been approved as suitable for interviewing by the Residential Site Manager or a senior registered nurse in the immediate residential vicinity.

**(c) What component of the research would participants is involved in?** Participants would only be involved in interviews conducted by the student researcher.

**(d) Eligibility criteria?** Eligibility would be decided through a resident matching the inclusion criteria. The inclusion criterion considered the possible participant burdens and risks in the research. These burdens and risks included: (a) possible identification given the small population pool at one of the homes, (b) potential damage to reputation / residential security, (c) future treatment from parties concerned (d) anxiety and/or distress for interviewees, (e) feeling burdened by the contribution of their time and emotions, (f) physical and emotional vulnerability, (g) dependence on medical care, (h) ability to give informed consent, and (i) level of interest for participating in the research.

[75] Appendix: 5

Accordingly, the above criteria determined the suitability of participants. It denoted their desirability and admissibility as appropriate choices for the research. Participants complying with these criteria ensured an appropriate sampling population for data collection and analysis purposes. Upon satisfactorily meeting the forgoing conditions, as a basis for resident participation, requirements the resident interview process commenced.

### 4.3.6 Interviews – The Process

With regard to the interview process, a predetermined format applied. Two aged care organisations joined with Flinders University to investigate the pastoral care experiences of residents in aged care facilities. Potential participants were approached if they were residents in one of these facilities. It was an opportunity to participate in a research project that may improve knowledge and understanding on pastoral care matters. Participants were invited to attend an interview with the researcher at their facility at a mutually agreed location and time. The interview process consisted of presenting six questions to resident participants on pastoral care. Participants had the option to answer the questions and / or conclude the interview at any time should they desire. Involvement in the study was voluntary and participants were free to withdraw at any time during the process.

### 4.3.7 Interviews – Resident Participation Interviews

Interviews were conducted with residents at two RACF locations. Six interviews were intended to be taken at each facility. However, at the time of interviewing one of the facilities provided only one interviewee as the remaining residents were unsuitable or unavailable at the time due to infirmities or commitments. The remaining 11 participants of the required sample pool of 12 were drawn from the other location with 70 residents. The participants were volunteers of normal health; intellectually capable of meeting the cognitive requirements of the interview process, and willing to participate in the project.

This sample group, nevertheless, offered a balanced view of the pastoral experiences of residents at the respective sites. Participants were drawn from a total pool of 100 (30 +70) nursing home residents in aged care facilities within an age range of 79-98. During the interview six questions were presented to participants. All 12 interviews were electronically recorded and documented for analysis and appendix purposes. The questions presented to participants were:

(1) What is your understanding of pastoral care? (2) Please describe your pastoral care experiences? (3) How have your pastoral care experiences supported your beliefs? (4) Describe how your pastoral care experiences have developed your spiritual and emotional wellbeing? (5) How helpful has pastoral care been to your life story? (6) Discuss the kind of pastoral care you would like to receive?

The interviews were conducted over the three months of April, May and June of 2016, on weekday mornings. The time and place for the interview was decided by the participant. Interviews were scheduled for approximately one hour with slight variance. Participants were free to conclude the interview at any time.

### 4.4 Government Policies and Legislation

Documentation for the research focused on Local, State and Federal Government sources. Publications, journals and related articles were sought, however with minimal benefit to the research. However, specific reference was secured from the Australian Aged Care Quality Agency's "Results and Processes Guide" for government Accreditation Standards applicable to residential aged care facilities.[76]

The most applicable Standard for residential pastoral care was, '*Standard Three*: Care Recipient Lifestyle,' specifically, Standards 3.4 (Emotional Support), 3.7 (Leisure Interests and

[76] Australian Government Australian Aged Care Quality Agency: *Results and Processed Guide, June 2014*,

Activities), and 3.8 (Cultural and Spiritual Life).[77] Pastoral care documentation for South Australian aged care facilities proved these policies and legislation to be a Federal government prerogative. This was apart from minor contingent Local government regulations and State government legislative Acts.

### 4.4.1 Government Policies and Legislation – Local

South Australian Local government regulations for residential aged care facilities (referred to as, 'Supported Residential Facilities') and known as the 'Supported Residential Facilities Regulations 2009'[78] come under the South Australian State Government *Supported Residential Facilities Act 1992.* Accordingly, Supported Residential Facilities (SRF's) offer lodging and care services to older individuals and persons with disabilities in a group setting. SRFs are regulated by the Supported Residential Facilities Act 1992 and are privately operated.[79]

The regulations are presented in seven parts: Interpretation, licensing scheme, documentation, standards of care, staffing arrangements, management requirements, staffing requirements, facilities / hygiene and safety, and miscellaneous. The regulations Part 4 (8-15) 'Standards of Care' relate to privacy, dignity and respect; personal hygiene, nutrition, mobility, activities, medication, notification of certain events, and personal finances. Notably, Part 4 (12) is the only section of any relevance to pastoral care for aged care facility residents. The section states:

> The proprietor of a supported residential facility must ensure that a resident of the facility is not prevented from participating in an activity within or outside the facility, provided that the resident does not unreasonably infringe on the rights, peace, comfort or privacy of another person.[80]

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[77] Australian Aged Care Quality Agency, "Standards Residential Aged Care," (2016), https://www.aacqa.gov.au/for-providers/accreditation-standards (accessed 30 August, 2016).
[78] South Australian Government, "Supported Residential Facilities Regulations 2009", (2009), https://www.legislation.sa.gov.au/lz/c/r/supported%20residential%20facilities%20regulations%202009/current/2009.210.un.pdf (accessed 5 May, 2016).
[79]South Australian Government, "Supported Residential Facilities Act 1992," (1992) http://www.lga.sa.gov.au/webdata/resources/files/F5-The%20Supported%20Residential%20Facilities%20Act%201992%20-%20Guidelines%20and%20Standards%20-%20Third%20Edition%20-%20July%202011.PDF(accessed 6/05/16).
[80] Ibid.,.8.

Apart from the aforementioned section the only reference of pastoral care relevance is in Part 3 (6) Residents Contracts and Service Plans. Again, it is brief and makes no specific reference to pastoral care. Subsequently, Local government legislation makes little if any reference to pastoral care for residents in aged care facilities. This no doubt is due to aged care facilities coming under the jurisdiction of State and Australian Federal Government policy and legislation.

Neither the Local government regulations nor South Australian State Act under which they fall make reference to pastoral care of residents in RACF's.[81] Therefore it is assumed pastoral care for residents in aged care facilities is the province of church and community organisations. All legislation on RACF's comes under State legislation which comes under Federal legislation.

### 4.4.2 Government Policies and Legislation – State

South Australian State legislation for RACF' falls under the State's *Supported Residential Facilities Act 1992.* This Act makes provision in relation to the care of persons in certain residential facilities, for other purposes and adhered to by Local government authorities.[82]

The Act is presented in six divisions: preliminary, general objects and principles, administration, licensing scheme, rights of residents, and miscellaneous. A legislative history and appendix are also included. As stated in the preface to the guidelines and standards for the Act:

> Supported residential facilities continue to provide accommodation for one of South Australia's most vulnerable population groups. The residents have either a disability or a mental health illness. These guidelines are intended to ensure that standards continue to improve for these people. The Supported Residential Facilities Regulations that came into force in 2009 have introduced new standards to reflect community expectations for this style of accommodation for an increasingly vulnerable population. [83]

No specific reference is made to pastoral care in the Act. However, reference is made to emotional care in the introduction to the Operational Guideline 3: Standards of Care and

[81]Ibid., The Supported Residential Facilities Act 1992.
[82] Ibid.,
[83] Ibid., 1.

Accommodation. Section 1.1 states, "Standards of care are the most important areas covered by the guidelines." The Guidelines deal with every aspect of a resident's daily life and range from considerations associated with the physical environment to the quality of emotional care provided at a facility. Therefore, it is apparent both State and Local government policy and legislation come under Australian Federal Government legislation and law. [84]

### 4.4.3 Government Policies and Legislation – Federal

Accordingly, the pastoral care experiences of residents in South Australian aged care facilities come under Federal legislation and the *Aged Care Act 1997*. Specific legislation for pastoral care is provided under the *Quality of Care Principles 2014* section within the Act. As Stated in the Act:

> The *Aged Care Act 1997* (the Act) provides for the regulation and funding of aged care services. Persons who are approved under the Act to provide aged care services (approved providers) can be eligible to receive subsidy payments in respect of the care they provide to approved care recipients.[85]

Among the principles made under section 96-1 is the *Quality of Care Principles 2014.* These principles present the responsibilities of approved providers in delivering care and services for residential and home care. The stated principles are: (a) specify the care and services that an approved provider of residential care is to provide, (b) set out the Accreditation Standards that must be met by a residential care service to achieve accreditation, (c) specify the care and services that an approved provider of home care is to provide, (d) set out the Home Care Standards that a home care provider is expected to meet as a part of quality review. From 1 July 2014, these principles replaced the existing *Quality of Care Principles1997.*

Principles specific to pastoral care are the Accreditation Standards. The Accreditation Standards are standards for quality of care and quality of life for the provision of residential care.

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[84] Ibid.,49.
[85]Federal Register of Legislation, Quality of Care Principles 2014, https://www.legislation.gov.au/Details/F2014L00830 (accesses 16.05.16).

(Aged Care Act 1997 Division 54-2) The Accreditation Standards are detailed in the Quality of Care Principles 2014.

There are four Standards:

*Standard One*: Management systems, staffing & organisational development
*Standard Two*: Health and personal care
*Standard Three*: Care recipient lifestyle
*Standard Four*: Physical environment and safe systems

Each Standard consists of a principle and a number of expected outcomes. *Standard One* also has an 'intention' which indicates it acts as the umbrella for the other three Standards. There are 44 expected outcomes across the four Standards.

Of the four Standards the most relevant to pastoral care is *Standard Three* 'Care Recipient Lifestyle.' Of the ten expected outcomes under *Standard Three* there a three of pastoral care significance. These Standards are: 3.4 (Emotional Support), 3.7 (Leisure Interests and Activities), and 3.8 (Cultural and Spiritual Life). The principle for Care Recipient Lifestyle states "Care recipients 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."[86] Within this principle the three nominated Standards apply for the welfare (and pastoral care) of residents in aged care facilities.

> The expected required outcomes for *Standard Three* 3.4, 3.7 and 3.8 are:
>
> 3.4 Emotional Support: Each care recipient receives support in adjusting to life in the new environment and on and ongoing basis.
>
> 3.7. Leisure Interests and Activities: Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.
>
> 3.8 Cultural and Spiritual Life: Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.[87]

A key point in the preceding reference is 'fostering,' as the expected outcome results are achieved by fostering and developing the process of 'pastoral care' to these ends. Yet, there are no

[86]Australian Government Australian Aged Care Quality Agency, 66.
[87]Australian Government Australian Aged Care Quality Agency, 71, 77, 79.

specific references to pastoral care in the Standards. However, the three Standards (3.4, 3.7, and 3.8) address the pastoral care subject in a varying and open ended manner. As noted in the Introduction to the "Results and Processes Guide":

> The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its care recipients.[88]

Accordingly, the legislation for pastoral care in aged care facilities is Federal, flexible and general. Policies for pastoral care in aged care facilities are instituted by individual organisations for appropriate application using the Standards as the basic framework for implementation. Thus, the pastoral care experiences of residents are multi-tasked by government, organisations, and the community for the spiritual, emotional and social benefit of residents in aged care facilities.

## 4.5 Chapter Summary

This chapter focused on the data collection stage of the research, performed in adherence to ethical precepts. The data collection was sourced through interviews and external documentation. This process was employed to address the research question relating to the pastoral care experiences of residents in South Australian aged care facilities, conduct relevant data analysis and draw appropriate conclusions.

Attention centred on sources of evidence. These sources were interviews and external documentation. Interviews were conducted at South Australian RACF'S, and external documentation sourced from government policies and legislation. The interview process and procedures included ethics approval, organisation, documentation process and templates, basis for recruitment, and interview practice. Government policies and legislation focused on Local, State and Federal regulation and laws. Federal legislation covered Local and State aged care facilities, through the Accreditation Standards with their expected outcomes. Notably, the legislation does not specify

[88]Australian Government Australian Aged Care Quality Agency,7.

what organisations are obliged to provide but rather what should be fostered and made available if required.

The data collected in this chapter will be analysed and discussed in the next chapter on data analysis. By analysing, comparing and correlating the data from the RACF's with government legislation, in conjunction with the Accreditation Standards Agency's *Results and Processes Guide*, conclusions will be drawn.

# CHAPTER 5

# DATA ANALYSIS

## 5.1 Introduction

Data analysis enables meaning to be derived from information gained from research. Accordingly, Thematic Analysis is the methodology applied to the data set in this research to present viewpoints on how pastoral care supports resident in aged care facilities. This process was actioned through resident interviews, whilst considering government policy and legislation relative to the topic.

Subsequently, a data pool of residents was drawn from the facilities of two South Australian aged care organisations and analysed .These organisations have the religious ethos of caring for residents from various faiths and secular backgrounds, and thus appropriate for sampling purposes.

Interviews and government documentation were considered the most appropriate for the research as 'grounded' to the situation. On this point Gray notes:

> No matter what interpretation is made, however, it must be 'grounded'; that is, it must be related to, and follow logically from, the evidence collected. The inclusions of a reputable study are not merely the first thoughts or ideas that occur to the researcher; they are the ones supported and sustained by the data at hand.[89]

The data analysis sources focus on 12 interviews with facility residents and government policy legislation as applied through the Federal Government's Australian Aged Care Standards for residential aged care facilities.

The main themes drawn from the interviews and documentation relate to faith, family, social networks, values and environment. Similarly, the role of individuals such as pastoral care workers, clergy, volunteers and lifestyle staff play a significant role in pastoral care of residents interviewed. Moreover, the benefit of compassionate minded staff and basic amenities such as hairdressers and

[89] Paul S. Gray et al, The Research Imagination: An Introduction to Qualitative and Quantitative Methods ( New York: Cambridge University Press,2007, 2.

gyms apply. The research focuses on the experiences of residents in aged care; however it will be found their pastoral care experiences have to be considered in the context of their life-stories.

## 5.2 Thematic Analysis

Thematic analysis is employed in qualitative research and centres on observing themes within data. The thematic analysis methodology highlights the grouping and description of data sets. It identifies implicit and explicit ideas within data rather than merely counting phrases or words in a text. Thematic analysis was applied to the data collection sources of interviews and government legislation. Thematic analysis is viewed as a useful means of depicting the complexities of meaning within a data set.[90]

Although thematic analysis was applied to the data set of this research it was modified to accommodate the restricted nature of the data collection process. This modification took the form of noting and coding words arising repeatedly in the interview dialogues and transcriptions. The degree of repetitive occurrence was interpreted as a theme. These themes were viewed as constituting the basis for identifying implicit and explicit concepts for data analysis purposes. A comparative correlation of the interviews and legislation concluded the analysis.

## 5.3 Interviews

Interviews formed an important basis for data collection. A total of 12 interviews were conducted with residents in metropolitan facilities. One facility provided only one interview participant due to unforeseen circumstances, with the other facility providing the remaining 11. All participants were volunteers, of sound minds having signed consent forms prior to proceeding. Six questions were presented at the interview sessions. Data was collected from electronic transcripts of these interviews. The data collected was analysed as follows. Interviews were deconstructed into participation demographics, participant responses to questions, participant response summaries, and

[90] Greg Guest et al, Collecting Qualitative Data: A Field Manual for Applied Research (London: Sage, 2013)13, 15, 34.

participant theme summaries. From these summaries themes and sub-themes were drawn with corresponding summaries for the pastoral care experiences of the residents in the aged care facilities. A summary of participant demographic data follows.

### 5.3.1 - Interviews –Participant Demographic Data

**Table 1 - Participant Demographic Data**

| Interviewee | Age | Gender | Location | Residency | Past Work | Religion | Health |
|---|---|---|---|---|---|---|---|
| 1 | 98 | F | Site 1 | 1 year | teacher | Catholic | Good |
| 2 | 87 | F | Site 2 | 2 ½ years | Reg. nurse | Catholic | Fair |
| 3 | 90 | M | Site 2 | 1 year | Post office | Uniting Church | Good |
| 4 | 83 | F | Site 2 | 20 years | Stenographer | Uniting C. Catholic | Good |
| 5 | 94 | F | Site 2 | 4 ½ years | Dental nurse | Methodist | Good |
| 6 | 95 | F | Site 2 | 2 months | Reg. Nurse | Anglican | Good |
| 7 | 86 | F | Site 2 | 3 years | Teacher | Anglican | Poor |
| 8 | 79 | F | Site 2 | 2 years | Housewife | Salvo… Pentecostal | Good |
| 9 | 87 | M | Site 2 | 5 years | Medical GP | Agnostic | Fair |
| 10 | 88 | F | Site 2 | 8 years | Usherette … | Catholic | Fair |
| 11 | 90 | F | Site 2 | 2 years | Secretary | Catholic | Fair |
| 12 | 89 | F | Site 2 | 2 ½ years | Typist | Catholic | Good |

**Demographic Breakdown:**

**Age:** 79-98

**Gender:** 84% female

**Location:** 83% from one location

**Residency:** 4 years

**Past work:** Medical / Secretarial / teaching

**Religion:** Catholic 50%, Anglican 17%, U/C 17%, Pentecostal 8%, Agnostic 8%

**Health**: Good 58% fair 34% poor 8%

The participant demographic breakdown indicated the majority of participants were in their 80's, female, located at one facility, 4 year duration, middle class social status, catholic and in good health. Their ages ranged from 79-98. Age had little bearing on the positive input of participants. In fact, the most lucid and informative participant was the oldest (98). Gender reflected a female majority. Of the 12 only 2 were male, however this was in accord with the data set gender balance.

The majority of participants (83%) were drawn from one location, representing 11 of the 12 participants. This was unintended and due to unforeseen circumstances. The average length of participant residency was 4 years, with a large disparity between long and short residency. The social class of participants assessed through occupation was middle to upper class. This was due to the location of the residential facilities in upper class social and economic suburbs of Adelaide. The religious denominations of the participants was predominately catholic, a reflection of both organisations' catholic heritages. Anglicans and Uniting Church denominations were equal second in participant representation, followed by a small agnostic group. The health of participants was suitable for interviewing purposes, bar the limitations of deafness in a number of individuals.

### 5.3.2 Interviews – Participant Questions

A list of questions formed the basis for interviews. Accordingly, six interview questions were presented to the participating residents, with the intention of obtaining their appreciation and experiences of pastoral care. The interview questions presented to participants were:

1. What is your understanding of pastoral care?
2. Please describe your pastoral care experiences?
3. How have your pastoral care experiences supported your beliefs?
4. Describe how your pastoral care experiences have developed your spiritual and emotional wellbeing?
5. How helpful has pastoral care been to your life-story?
6. Discuss the kind of pastoral care you would like to receive?

Some questions received in-depth responses with others yielding little data, such as those relating to the role of pastoral care in life. Notably, both unexpected and expected themes were identified. The value hairdresser and gym facilities in daily-life were examples of expected themes.

### 5.3.3 Interviews - Participant Question Summary

**Table 2 – Responses of Participants to Questions**

| **Question** | Participant Response | | | | | | | | | | | | + | - |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | % | % |
| (1)What is your understanding of pastoral care? | + | + | + | + | + | - | + | + | - | - | - | + | 67 | 33 |
| (2)Describe your pastoral care experiences? | + | + | + | + | + | + | + | + | + | + | - | + | 92 | 8 |
| (3)How have your pastoral care experiences supported your beliefs? | + | + | + | + | + | + | + | + | - | - | - | + | 75 | 25 |
| (4)Describe how your pastoral care experiences have developed you spiritual and emotional wellbeing? | + | + | + | + | + | + | + | + | - | - | - | + | 75 | 25 |
| (5)How helpful has pastoral care been to your life-story? | + | + | - | + | + | + | + | + | - | - | - | + | 67 | 33 |
| (6)Discuss the pastoral care you would like to receive? | + | + | + | + | + | + | - | + | - | - | + | + | 75 | 25 |
| Total Responses (%) | 100 | 100 | 83 | 100 | 100 | 83 | 83 | 100 | 17 | 17 | 17 | 100 | (75) | |

**Coding:** Classification of participants pastoral care experienced in positive (+) or negative (-) percentages.
Positive or negative was determined by the attitudes and the value participates, or their responses to questions.

**Comment:** The data presented horizontally in Table 2 reflects the positive or negative responses of individual participants to questions at interviews. Similarly, the data presented vertically represents the total number of residents responding to questions in positive or negative percentages. The findings disclosed the responses of participants to the six questions were evenly balanced in positive and negative terms. Six of the 12 participants answered 100 % of the questions, three answered 83%. However, three participants answered only 17%.of questions. This last group (17%) suggested

diversity in the pastoral care experiences of the participants due to losing faith, trust and desire for living. From the interview process it was found that pastoral care experiences of residents in aged care facilities encompassed their lives and life-stories. Furthermore, pastoral care was found to be related to mutuality of care.[91]

[91] 'Mutuality of Care' defined as, "Prevents the destructive objectification of the other. We are taken care of if we take care of others. It is one act and not two, and only because it is one act in real care possible"
John Patton and Bran H, Childs *Caring for Generations* (Oregon, Wipf & Stock, 2000), 224.

### 5.3.4 Interviews - Participant Response Summary

**Table 3 – A Summary of Individual Participant Responses**

| Participant | Summary |
|---|---|
| Participant 1 | A devout practicing Christian. Strong sense of giving and receiving pastoral care, regular mass / communion attender. Positive view of life. For example: "I still love to go to mass and confession." "I get as much out of giving as I receive." "Life still has much to offer me." "God has been good." |
| Participant 2 | An individual devoted to caring for others, highly intelligent, integrity, suffered greatly from a stroke in early life but positive, strong church support. For example: "My stroke has not stopped my interest and activity in life." |
| Participant 3 | A singular character, a loner, pastoral care limited to church experiences, not socially mobile, happy with current pastoral care, marriage breakdown. For example: "I don't mix much and keep to myself." " I'm happy here." |
| Participant 4 | Limited experience of pastoral care beyond the church, appreciates the Lifestyle programs, sees P.C.as a Christian approach to caring for people. For example: "The church has been my pastoral care." "Great activities here." |
| Participant 5 | A naturally positive individual loving and good, sunny personality, intelligent and diligent, positive childhood environment, little expected pastoral care yet not necessary, a generous giver, an example of mutuality of care. For example: "I love it here, and all the friendly folk." "My family and upbringing were my pastoral care." "I give a lot yet receive more in return." |
| Participant 6 | A strong women strengthened by adversity, fiercely independent, reluctant to call on charity but quick to give it, at peace with herself, a strong belief in the afterlife and joining her deceased loved ones, an individual who had received and given pastoral care in full measure, values the role of Lifestyle staff. For example: "Life has been hard but good." "I keep to myself a lot." "I know that I will be with my husband on the other side when my time comes." |
| Participant 7 | An anxious individual, academic, at odds with herself and the world, helped greatly by the Anglican church. Reliant on and values facility pastoral care. For example: "I still go to church on Sundays." "They are helpful here." |
| Participant 8 | A strong and independent individual more concerned with giving than receiving. Heavily dependent on the church. Avid Pentecostal convert. For example: "The Church has been my life." "Pentecostal saved me." |
| Participant 9 | Professional male. An individual who lost his faith after the lack of pastoral care received when his marriage broke up. Yet still looking for God. Positive. For example: " The Church abandoned me after my marriage failed." |
| Participant 10 | A pleasant individual. Good humoured and natured. Strong, intelligent, light hearted with a strong faith and belief. Pastoral care has had little influence in her past or present life. More a giver than a receiver of love and charity. For example: "I've had a lovely life full of friends and fellowship." |
| Participant 11 | Poor memory and wheelchair bound. Strong family background and faith. This has supported through life rather than expected pastoral care. Lifestyle activity programs appreciated. Dignified and independent. Positive attitude. For example: "My family have been my faith & pastoral care." "Good here." |
| Participant 12 | A stable and intelligent women with simple values, wants and needs. A simplistic appreciation of expected pastoral care. Interviewed in the hairdressing salon. The hairdresser and gym are viewed as pastoral care. For example: "I get my pastoral care here at hairdresser and the gym." |

**Coding:** pastoral care x12, Church x 5, faith x 4, life x 3, soul x 3, positive x 3, experience x 2, belief x 2, love/d x 2, God x 2, Lifestyle x 2, afterlife x 1, charity x 1, Anglican x1, hairdresser / gym x1, Lifestyle x 1.

**Themes:** The church and faith had a strong presence in most participants' lives. Charity, belief, love, soul, and God had significance. Amenities such as the hairdressers, gyms and lifestyle activities had a significant expected pastoral care function.

**Comment**: A summary of the participant responses yielded expected and unexpected results. The overarching expected results included trusting relationships; emotional, spiritual and practical support. More specifically, expected results were the role of the church and pastoral care workers (not surprising in facilities with church traditions) together with Christian values and practices such as; mass, communion, faith, hope, charity, belief and God.

The unexpected results were gleaned informally after reflection upon the interviews and the interview process. These results reflected the role of daily-life activities enhancing spiritual, emotional and social wellbeing, for example - the gym and hairdresser. Therefore, organisations offering daily-life amenities such as gym (unusual, but available at one of the two facilities surveyed) and services including hairdressers, physiotherapists, podiatrists, facility nursing and auxiliary staff were seen as inadvertently offering pastoral care services of immense value.

Another unexpected result was the realization that pastoral care can be self-serving. For example, it was observed some of the participants claiming to have received little or no pastoral care during their lives were in fact individuals who had given pastoral care to others over a lifetime. It was also apparent these were strong, intelligent and charity minded individuals with leadership qualities practicing the mutuality of care principle (*Ephesians 4:32*, "Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you").[92]

[92] Michael Coogan et al., *The New Oxford Annotated Bible with the Apocryphal/Deuterocanonical Books: New Revised Standard Version* (Oxford University Press, USA, 2007), 320.

Furthermore, participants' present-day pastoral care experiences were related to their past. Participants answered questions from a life-story perspective. The role of pastoral care in the lives of participants transcended the present having a significant bearing on their general state of mind and health. Thus, participants past and present experiences influenced their view of pastoral care. Daily-life experiences with individuals in associated roles constituted pastoral care. For example, the smile of the 'friendly tea lady' or 'caring' carer was viewed as pastoral care.

### 5.3.5 Interviews - Theme Summary

**Table 4 – A Summary of the Participant Themes**

| | **Summary** |
|---|---|
| (1)What is your understanding of pastoral care? | 67% of participants had an understanding of pastoral care (P.C.). Many associated P.C. with the church and volunteers. A strong association and respect for the P.C. worker at the facility. 42% agreed with the Question Sheet definition of pastoral care. Key words: church, caring, Christian, God, faith, spiritual, and lifestyle. |
| (2) Describe your pastoral care experiences? | 92% of participants were able to describe their P. C. experiences. The pastoral care experiences of participants reflected a predominate role of the mass, the church, family and friends, and the residential facility. Pastoral care may take the form of a giving and receiving role. Some individuals had little appreciable P.C. throughout their lives. Key words: mass, volunteers, family and friends, support, church, staff. |
| (3) How have your pastoral care experiences supported your beliefs? | 75% of participants reported P.C. as supporting their beliefs. Most individuals needed P. C. to support their faith. P.C offered individuals a mainstay for their beliefs. P.C. supported some participants through their giving rather than receiving. Some lost faith through lack of P.C. in times of need such as marriage breakups. Strong family and friend networks negated the need for outside P.C. in some instances. Key words: need, God, faith, Christian, belief, support, mutuality of care. |
| (4) Describe how your pastoral care experiences have developed your spiritual and emotional wellbeing? | 75% of participants described their P.C experiences as developing their spiritual and emotional wellbeing. This was through a happier, more positive, sharing, and confident lifestyle. 'Learning to love the unlovable' was a significant factor. In cases where it didn't help this was due to the participant either losing faith in God or having an emotionally and spiritually supportive 'pastoral caring' family and friend network. Key words: love, God, faith, family, support, lifestyle, prayer, and spirit. |

| | |
|---|---|
| (5) How helpful has pastoral care been to your life-story? | 67% of participants found P.C. helpful in their lives. This was mainly through church, family and friends. In the cases where pastoral care had not been helpful this was due to the support of a strong family / friend network or not acknowledging the church's role in pastoral care. Notably, individuals who had provided pastoral care to others had a strong sense of receiving pastoral care. This represents a theological principal known as 'Mutuality of Care.' Theologians such as SteinhoffSmith, Vanier and Nouwen have addressed this pastoral care principle in relation to religion, Christian ministry, and counselling.[93] Key words: helpful, life, church, and family. |
| (6)Discuss the pastoral care you would like to receive? | 75% of participants were pleased with their current P.C. and wished to continue The remaining 25% were pleased with their care but unsettled in themselves and life. No negative comments from participants on facility P.C. A surprise was the mention of the hairdresser and gym. Although not noted through the interviews the amenities such as the hairdresser and gym fulfil a meaningful pastoral care role in participant's lives. They were sources of regular care and comfort particularly the hairdresser for women. Key words: continuation, lifestyle, current, hairdresser and gym. |

**Themes:** The themes presented included: church, mass, caring, Christian, God, faith, spiritual, pastoral care worker, volunteers, family and friends, support, staff, need, belief, support, love, prayer, spirit, helpful, life, continuation, current, lifestyle, hairdresser, gym.

**Comment:** Drawing data from Table 4, analysis of the six individual interview questions offered the following insights relative to themes on the pastoral care experiences of residents aged care facilities.

(**1) What is your understanding of pastoral care?** The majority of participants understood the meaning of the term 'pastoral care.' However, it was associated primarily with church and volunteers. There was a high regard for the pastoral care services of the respective residential facilities. Less expected pastoral care roles were overlooked.

**(2) Describe your pastoral care experiences?** Although some participants had difficulty in understanding pastoral care they were able to describe them. Pastoral care can be received through a giving role (mutuality of care), and in some cases experienced but not acknowledged. An example

[93] Roy Herndon SteinhoffSmith, *The Mutuality of Care* (St Louis, USA: Chalice Press, 1999).

would be the role of a ‘friendly tea lady,’ volunteer or animal in bringing comfort and care to a resident.

**(3) How have your pastoral care experiences supported your beliefs?** The majority of the participants acknowledged pastoral care as supporting their beliefs. This support was not necessarily through the church but through the love and care of family, friends and community organisations. Where individuals were not supported by the church in times of need, for example marriage breakdown, a loss of faith and belief occasionally resulted. This often led to a break with church and a drift to agnosticism.

**(4) Describe how your pastoral care experiences have developed you spiritual and emotional wellbeing?** The majority of the participants described pastoral care as developing their social, emotional and spiritual lives. This was due mainly to the assistance it rendered in times of need. The friendship they received at these times built a trust and confidence beyond understanding. This assisted in bridging the divide between the known and unknown aspects of life that brought them peace and contentment.

**(5) How helpful has pastoral care been to your life-story?** Most of the participants found pastoral care helpful during their lives and benefited from it in their present circumstances. Whether they were aware of it or not, pastoral care received in one form or another had helped them through daily-life and times of extreme need.

**(6) Discuss the pastoral care you would like to receive?** The majority of participants were pleased with their current pastoral care and wished to continue. Those ‘not pleased’ were unsettled in themselves finding the pressures of ageing demanding and difficult whatever their circumstances. The general pastoral care of residents revolved around daily-life activities of a caring, loving, supportive homely environment.

Accordingly, the main themes drawn from the interviews related to faith, family, social networks, values and environment. Moreover, mutuality of care was a significant theme. Within this framework of themes was situated the church, God, faith, spiritual, pastoral care workers, volunteers, support, staff, wants and needs, belief, support, love, prayer, helpfulness, and lifestyle staff. Additionally, activities and facilities such as hairdressers, gyms and friendly 'caring' staff were highly valued.

However, the notion and characterization of pastoral care themes in aged care remains unclear. Defining the characteristics and meaning of pastoral care from the standpoint of aged care participants, their family members and pastoral care workers is difficult due to the nature of the participants and the variety of individuals and organisations involved.

Nevertheless, the essential characteristics of pastoral care surfacing from analysis of transcribed interviews may be defined as relationships and support. Specifically, relating to trusting relationships, spiritual, emotional and social support. Moreover, the findings depicted the pastoral care worker's role as a confidante, emotional and spiritual guide, and practical supporter working within a trusting relationship.

## 5.4 Government Policy and Legislation

Analysis of government research documentation focused on Local, State and Federal policy and legislation. However, pastoral care policies and legislation on RACF's were found to be a Federal Government prerogative.

Particular reference was applied to the Australian Aged Care Standards and the Accreditation Agency's residential aged care standards. This was because the Aged care Act 1997 requires compliance by approved providers to RACF's with the Agency's Accreditation Standards. For example, "It is the responsibility of providers to demonstrate their compliance with the Accreditation Standards and the role of assessors to assist them to do so."[94]

[94] Australian Government Australian Aged Care Quality Agency,7.

The most applicable Standard for residential pastoral care is, *Standard Three*, specifically Standards 3.4 (Emotional Support), 3.7 (Leisure Interests and Activities), and 3.8 (Cultural and Spiritual Life). These three Standards come under 'Care and recipient lifestyle' with the applicable principle, "Care recipients 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."[95]

Prevailing themes in government documentation were; interests, activities, customs, beliefs, culture, environment, emotions and support. These themes related specifically to *Standard Three* (care recipient lifestyle) of the Federal aged care Standards. Although these Standards are not legislated for pastoral care application they nevertheless correlate with pastoral care requirements in RACF's.[96] The first of the three, *Standard Three* expected outcomes to be addressed from an analysis perspective is the Expected Outcome 3.4 (Emotional Support). The recently established National Guidelines for Spiritual Care in Aged Care are now essential reading in this field.[97]

### 5.4.1 Government Policy and Legislation – Expected outcome 3.4

The Expected Outcome 3.4 (Emotional Support) requires that, "Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis."[98] Results for care recipients are the focus for this expected outcome. This expected outcome is relevant to pastoral care as the foundation for pastoral care is spiritual and emotional support of individuals.

The results of the expected outcomes are management demonstrating care recipients receive; (a) adjustment to a new environment, (b) emotional status and needs are identified and met on an ongoing basis, (c) the effects of unknown events on care recipients' emotional needs are identified

[95] Australian Government Australian Aged Care Quality Agency, 66.
[96] Other relevant Standards include: Standard 1.8 Information Systems, appropriate information required – evidence of communication. Standard 2.9 Palliative Care and Standard 2:10 Nutrition and Hydration. Also, implications for how spiritual and how pastoral care is provided. Standard 4.8 Catering Cleaning and Laundry Services – fitting these to cultural and religious needs.
[97] National Guidelines for Spiritual Care in Aged Care (2015) http://meaningfulageing.org.au/national-guidelines-for-spiritual-care-in-aged-care/ (accessed 17 December,2016)
[98] Australian Government Australian Aged Care Quality Agency, 71.

and supported, and (d) care recipients/representatives confirm the support provided by the home is appropriate and effective in meeting care recipients' individual needs and preferences.[99]

The six processes considered in achieving these results relate to; (a) the processes dealing with resident support and information prior to moving into the facility, (b) how emotional needs are assessed on an ongoing basis, (c) how emotional support is planned and communicate to relevant staff, (d) how support delivery is consistent with the facility's support plan, (e) how medical officers and other relevant health professionals are involved, and (f) how the facility regularly evaluates and reviews its emotional support delivery?[100]

Accordingly, it was noted that *Standard Three* expected outcome 3.4 comprehensively addressed emotional support in individuals adjusting to the new environment of a RACF.[101] By management demonstrating care recipients were supported appropriately through the six processes the desired end result was attained through conforming to pastoral care principles.

### 5.4.2 Government Policy and Legislation – Expected outcome 3.7

The Expected Outcome 3.7 (Leisure Interests and Activities) requires that, "Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them." The focus of this expected outcome was on results for care recipients.[102]

The expected outcome results for residents in care are threefold with management demonstrating; (a) awareness of care recipients' leisure interests and activity needs, with this information offering input to leisure planning and programming, (b) processes are effective in encouraging and supporting care recipients to participate in a wide range of interests and activities of interest to them, and (c) care recipients/representatives confirm care recipients are supported to participate in activities and interests appropriate to their needs and preferences.[103]

There are five processes to be considered in achieving these results; (a) how does the home ensure regular assessments of care recipients' preferences for interests and activities? (b) how do

[99] Ibid., 71.
[100] Ibid.,71.
[101] Appendix: 7.
[102] Australian Government Australian Aged Care Quality Agency, 77.
[103] Ibid., 77.

leisure interests and activities complement and assist other care areas? (c) How does the home plan for each care recipient's interests and activities and how is this communicated to the relevant staff? (d) How are interests and activities consistent with the individual care recipient's plan? And (e) How does the home regularly evaluate and review the approach taken to ensure care recipients' participation in leisure interests and activities meets care recipients' needs and preferences?[104]

Again, it was observed that *Standard Three* expected outcome 3.7 comprehensively addressed the leisure interests and activities of individuals adjusting to the new environment of a RACF by addressing and sustaining resident's pastoral care needs.[105]

### 5.4.3 Government Policy and Legislation - Expected outcome 3.8

Expected Outcome 3.8 (Cultural and Spiritual Life) requires that, "Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered." Again, the focus of this expected outcome was on results for care recipients.

The expected outcome results for residents in care were twofold in nature with management demonstrating; (a) how its processes, systems and external relations are effective in valuing and fostering each individual care recipient's interests, customs, beliefs and cultural and ethnic backgrounds, (b) how advice from care recipients or representatives confirms they are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds.[106]

Accordingly, there needs to be consideration for a number of processes including; (a) how does the home evaluate and communicate care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds? Additionally, how does the home communicate the way this should be reflected in care and services provided? (b) how is provision for care recipients'

[104] Ibid., 77.
[105] Appendix: A.8.
[106] Australian Government Australian Aged Care Quality Agency, 79.

observation of interests, customs and beliefs planned and then communicated to relevant staff? (c) How are care and lifestyle services consistent with the plan and delivered in a way which fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds? And (d) how does the home review its practices to ensure care and services are delivered in a way that fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds?

It was noted that *Standard Three* expected outcome 3.8 comprehensively addresses the leisure interests and activities of individuals adjusting to the new environment of a RACF, consistent with pastoral care principles.[107]

Accordingly, relative to Government policy and legislation, analysis of Government documentation for the research project was assessed through the "Results and Processes Guide" of the Australian Aged Care Quality Agency. This focused on the relevance of Standards 3.4, 3.7 and 3.8 to the pastoral care of residents in South Australian aged care facilities. The focus of the analysis is clearly stated in the introduction to the Guide, where it notes:

> The Accreditation Standards are intended to provide a structured approach to the management of quality and represent clear Statements of expected performance. They do not provide an instruction or recipe for satisfying expectations but, rather, opportunities to pursue quality in ways that best suit the characteristics of each individual residential care service and the needs of its care recipients. It is not expected that all residential care services should respond to a standard in the same way.[108]

This is an essential accreditation function, for providing a basis for continuous improvement, essential to desired results. Notably, the Accreditation Standards relate uniformly for the pastoral care of residents in RACF, regardless of the care recipient's financial status or any other matter.

[107] Appendix: 9.
[108] Australian Government Australian Aged Care Quality Agency, 7.

## 5.5 Comparative Correlation of Interviews and Documentation

Data collected from interviews with residents together with documentation from government sources was compared and correlated for themes. It was subsequently established that pastoral care at facilities where interviews were conducted was in accordance with legislation, despite not being administered under the term 'pastoral care.'

Significantly, prevailing themes in both government documentation and interview transcripts were found to be; interests, activities, social, customs, beliefs, spirituality, culture, environment, emotions and support. Importantly, these themes compared strongly with existing spiritual, emotional and social concepts for pastoral care in aged care settings.

Regarding the Standards, it was found that Standards 3.4, 3.7 and 3.8 had a significant correlation with the results of the interviews. Accordingly, the Standards are applicable to care recipients in aged care facilities, adhering to the criteria that:

> Care recipients 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.[109]

In accordance with this principle are the three named government Standards and their expected outcomes relating to pastoral care in aged care facilities. These Standards address Emotional support (Expected Outcome 3.4), Leisure interests and activities (Expected Outcome 3.7), and Cultural and spiritual life (Expected Outcome 3.8). A comparison of the Accreditation Standards with the participant interviewee's follows.

### Expected Outcome 3.4 - Emotional Support

The expected outcome for emotional support requires that, "Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis."[110] These results are achieved through the RACF's management demonstrating residents are supported in adjusting to a

[109] Australian Government Australian Aged Care Quality Agency, 66.
[110] Australian Government Australian Aged Care Quality Agency, 71.

new environment, together with addressing and supporting resident's emotional needs and preferences. Interviews with participants confirmed the Accreditation Standards were being met in accordance with emotional support principles. This is supported by the following data analysis.

The responses of participants to questions (Table 2) reflect a positive adherence to the Accreditation Standards for emotional support of participants. For example, 92% of participants responded positively to Question 2, "Describe your pastoral care experiences). Conversely, only 25% responded negatively to Question 4 ("Describe how your pastoral care experiences have developed you spiritual and emotional wellbeing?")

Where pastoral care was found to be less positive was due to the influence of supportive strong family and friend relationships outside of church, social and facility assistance. However, comparison of interview themes with documentation confirmed conformity of facility functions with government policy and legislation. Themes of caring, family and friends, support, love, and helpfulness correlated with the government policy on support when adjusting to a new environment.

Accordingly, comparing legislative analysis with participant interview transcripts affirmed participants were receiving appropriate pastoral care support in adjusting to their aged care facility environment, therefore in accordance with Standard 3.4 (emotional support) and their ongoing needs and preferences.

**Expected Outcome 3.7 - Leisure Interests and Activities**

The leisure interests and activities Standards (expected outcome 3.7) require that "Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them."[111] These results are achieved through RACF's management demonstrating an awareness of participant's leisure interests and activity needs. Furthermore, that management processes are effective to this end relative to supporting individual needs and preferences.

[111] Australian Government Australian Aged Care Quality Agency, 77.

Accordingly, the transcripts from the interviews with the resident participants confirmed the Accreditation Standards were met in accordance with leisure interests and activity principles. The following analysis of interviews supports this with participant responses to questions (Table 2) reflecting a positive adherence to the Accreditation Standards for leisure interests and activities.

A summary of individual participant's responses (Table 3) indicates a cross section of characters and personalities contented with their environment and daily-living conditions. Moreover, a summary of participant themes (Table 4) shows a high degree of positive themes associated with participant leisure interests and activities being met. Predominate themes were church, mass, family and friends, support, hairdresser and gym. Comparison of the interview themes with documentation affirmed conformity of facility functions with government policy and legislation. Accordingly, the above themes correlated with the government directive on encouraging and supporting residents in a wide range of interests and activities.

Subsequently, the data analysis affirmed the participants were engaging in the appropriate leisure interests and activities associated with a positive living environment. Noteworthy, was the value residents attributed to the role of hairdressers, gyms, animals and community services. These amenities and services nurtured a normal lifestyle for residents in their daily-life regime.

**Expected Outcome 3.8 - Cultural and Spiritual Life**

Consideration of cultural and spiritual life requires that, "Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered."[112] These results were implemented and achieved through RACF's management valuing and fostering individual interests, customs, and beliefs, together with cultural and ethnic backgrounds. The interviews with the resident participants confirmed the Accreditation Standards were met in accordance with cultural and spiritual life principles. This was supported by the following data analysis.

[112] Australian Government Australian Aged Care Quality Agency, 79.

The responses to Table 2 reflect a positive adherence to the Accreditation Standards for cultural and spiritual life principles. Notably, 75% of participants responded positively to the questions (3&4) relating to beliefs and spirituality. A summary of individual participant's responses (Table 3) reflects a strong and positive valuing and fostering of resident's cultural and spiritual life. A summary of themes (Table 4) reflects a high representation of positive themes associated with participant leisure interests and activities being met. The themes of church, Christian, God, faith, spiritual, mass, belief, love, prayer, and spirit correlated with the government directive on valuing and fostering cultural and spiritual life.

Consequently, the data analysis affirmed the participants were engaging in an appropriate cultural and spiritual life where individual interests, customs, beliefs and cultural and ethnic backgrounds were valued and fostered. Although government documentation made no direct reference to pastoral care in the three Standards referred to above all related to the role of pastoral care themes in the lives of residents in aged care facilities despite a differing in terminology.

## 5.6 Chapter Summary

In conclusion, analysis of collected data focused on deriving meaning from the interview and documentation sources of evidence. Specifically, obtaining meaning from the participants demographic data, interviews, and government documentation. A modified thematic analysis methodology was applied due to the constrained nature of the data collection process. Interviews were conducted at two Adelaide suburban residential aged care facilities. A comparison and correlation of interviews with relevant documentation was realized.

A demographic data analysis of participants showed the majority of individuals in their 80's, female (90%), located at one facility, of 4 year residency duration, of middle class social status, catholic and in good health. Themes identified through the interviews were found to be both expected and unexpected. The expected pastoral care themes included church, faith, family, friends,

facilities, attitudes, values, and environment. Within this context resided; God, spiritual, clergy, pastoral care workers, volunteers, support, and staff.

Examples of unexpected themes were the value of hairdressers, gyms and daily-life amenities. Moreover, the trusting relationship role of pastoral care workers and staff as confidantes, spiritual / emotional guides, and practical supporters were viewed essential to pastoral care. Moreover, lifestyle staff and their associated lifestyle therapy programmes ensured the pastoral care well-being of residents by providing interesting and motivating programs and activities.

Themes identified in the interviews compared significantly with government accreditation standards. This included a strong relationship with Standards 3.4, 3.7 and 3.8 which respectively relate to emotional support, leisure interests and activities, together with cultural and spiritual life.

However, the concept and characterization of pastoral care themes in aged care facilities appears indistinct. For the reason that defining the characteristics and meaning of pastoral care is difficult due to the nature of the participants and the diversity of individuals and organisations involved. Nevertheless, the essential traits of pastoral care may be described as related to trusting relationships, spiritual, emotional and social support. Moreover, the incidental role of amenities such as hairdressers and gyms together with the benefits of care expressed in terms of the mutuality of care concept add additional dimensions to pastoral care in aged care facilities.

The data analysis conducted in this chapter will be summarised and discussed in the next chapter where conclusions will be drawn on the research conducted. Accordingly, by evaluating the previous chapters final observations and findings will be presented on the pastoral care experiences of residents in south Australian aged care facilities.

# CHAPTER 6
# CONCLUSIONS

The purpose of this research project was to interview and report on the pastoral care experiences of residents in South Australian aged care facilities. Insufficient research is considered to have been afforded to this topic in the past, as the majority of literature on pastoral care is concerned with palliative, hospice and hospital care. The research provides an overview of these experiences in conjunction with Local, State and Federal Government policies and legislation. Accordingly, this chapter draws conclusions from the research conducted.

The research was limited by the nature of the topic. These limitations related a confined data pool, the majority of participants being drawn from one source, and the restriction of residential facilities to catholic heritages. Consequently, the findings are offered on the basis of a broader cohort of participants leading to a more definitive data outcome.

Therefore, the research was restricted to the main traits of pastoral and spiritual care in aged care settings. While the data pool for participants was small, the basics of pastoral care work resulting from the research may contribute to future studies where the relevant attributes are advanced and employed. Thus, the intention of the research was to initiate advancement on this aspect of pastoral and spiritual care for the aged.

Conclusively, it was found residents were presenting positive pastoral and spiritual care experiences in their residential aged care facilities. The defining characteristics of these experiences related to relationships and support. Trusting relationships together with spiritual, emotional and social support were found to be essential to effective pastoral care. Furthermore, it is believed a need exists for increased research on the topic of aged care in residential facilities as the body of knowledge in the public domain is minimal.

The two objectives of the research were firstly, to interview, report and summarize the experiences of residents in relation to the facilitation of pastoral care in aged care facilities. And

secondly, to inquire and report on the relevant aged care policies and legislation applicable to pastoral care in South Australian aged care facilities, and thirdly to draw conclusions.

Initially, when defining pastoral care, consideration should be accorded to spiritual care, as the two terms are considered synonymous. However, it is essential to note that government legislation makes no reference to pastoral care per se. Therefore, current pastoral care legislation is defined under terms such as; emotional support, leisure interests and activities, and cultural and spiritual life.[113] Notably, the language of the accreditation standards reflects a more universally applicable understanding of pastoral care than inferred by the religious bodies. Thus, a precise definition for pastoral care is wanting in the public domain and aged care literature.

The research question was addressed through interview and documentation sources of evidence. These sources were actioned through RACF's in Adelaide, together with Local, State and Federal Government legislation. The first source of data collection emanated from interviews. The data collected at these interviews was gathered from responses to a set of questions. The interview procedure utilized standard questions facilitating the evaluation of responses. The interviews adhered to a coordinated method of collecting pastoral care data.

The second source of data collection stemmed from external documentation. The documentation took the form of legislation drawn from Local, State and Federal governments. This was performed in order to correlate RACF interview results with Australian government Accreditation Standards administered by the Australian Aged Care Quality Agency under the Aged Care Act of 1997.

Specifically, the Agencies applicable pastoral care standard is *Standard Three.* The Accreditation *Standard Three* care recipient lifestyle principle states, "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." The three expected outcomes from

[113] Australian Government, Australian Age Care Quality Agency, 71, 77, 79.

organisations adhering to this principle refer to emotional support, leisure interests and activities, and cultural and spiritual Life.

By comparing and correlating pastoral care data from interviews with the relevant government documentation it was established that both were in accord.[114] The main correlating themes between interview transcripts and documentation were; interests, activities, customs, beliefs, culture, environment, emotions and support. These themes compared favourably with the spiritual, emotional and social principles for pastoral care in aged care facilities.

Under the *Standard Three* legislative documentation are the government's expected outcomes, referred to as Standards 3.4, 3.7 and 3.8. These Standards are directly applicable to the interview findings regarding the pastoral care of residents in aged care. The three Standards address Emotional support (3.4), Leisure interests and activities (3.7), and Cultural and spiritual life (3.8).

Comparison of the Accreditation Standard 3.4 with the participant interviewee transcripts confirmed the Standards were being met in regard to pastoral care in the context of emotional support. Similarly, a comparison of interviews with Standard 3.7 expected outcomes confirmed Standards were met in accordance with leisure interests and activity principles. Correspondingly, the interviews with participants confirmed Standard 3.8 was met in accordance with cultural and spiritual life principles. Thus, it was established all three Accreditation Standards were met by the two residential aged care facilities surveyed. Moreover, these findings indicate residents interviewed in these South Australian aged care facilities experience pastoral care that is in accord with expectations laid out in government documentation.

However, government documentation was found to omit any direct reference to pastoral care in the three Standards. This was despite all three Standards relating to the role of pastoral care in the lives of residents in aged care facilities. It can therefore be concluded pastoral care was inferred within government legislation, without being termed as such.

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[114] Data Analysis chapter - 5.5 Comparative Correlation of Interviews and Documentation, 55-59.

From this summary it can be acknowledged that both expected and unexpected pastoral and spiritual care themes and traits were found and identified. Expected themes related to the role of church, faith, family and friends, and the residential facility. Unexpected themes were associated with amenities such as the hairdressers, gyms, lifestyle activities and 'friendly tea-ladies' in the daily-lives of residents. Moreover, pastoral care traits were seen as related to trust and support, particularly spiritual, emotional and functional support. Notably, church and sacramental themes were more prevalent in these facilities than would be expected in secular facilities due to the religious heritages of the participating organisations.

Furthermore, this research may offer new insights on pastoral and spiritual care in aged care facilities. Specifically, in respect to the contemporary understanding of spirituality, 'mutuality of care,' the role of family and friends, and the value of lifestyle therapy and caring staff.

Relative to spirituality and its interpretation amongst aged care residents, the contemporary view of spirituality within this environment has changed. Spirituality is no longer considered the province of the church and religion, with society perceived as slowly moving away from conventional religion and yet closer to spirituality. Spirituality is increasingly viewed as unfettered by dogma and creed. This was supported by the number of participants ceasing to rely on organised religion however still holding spiritual beliefs as part of their pastoral care experiences.

The principle of care termed 'mutuality of care' was defined as a major finding. Whilst not overtly mentioned by participants it appeared from the content of responses participants offering pastoral care to others in the present and past were noticeable inclined to require pastoral care themselves. Thus, pastoral care may be viewed as having a mutuality relationship between interacting individuals. This mutuality sustains the well-being of the individual providing pastoral care so that they no longer require the same level of pastoral care as those receiving it.[115]

[115] Roy Herndon SteinhoffSmith, *The Mutuality of Care* (St. Louis, MO: Chalice Press, 1099), 1-3.

Correspondingly, where participant family and friend networks were strong there was less reliance on church affiliations. Thus, pastoral care was not seen as the sole domain of the church, but accessible from a range of differing and diverse sources. For example, church, family and friends, government welfare agencies and residential care facilities. This indicates pastoral care may be sustained by a variety of sources the individual interacts and engages with.

The worth of lifestyle therapy and caring staff in aged care facilities was also found to be highly valued. Of particular relevance to resident's wellbeing was the role of lifestyle department staff and activity programmes. The advantages of this function through lifestyle therapy activities was seen as essential to the pastoral care of residents in aged care facilities. This was due to their enhancing meaning, inspiration and motivation to the lives of the aged and frail in their care. Similarly, caring and compassionate staff complement the pastoral and spiritual care function within a facility by fulfilling an unofficial pastoral care role by fostering emotional, social, spiritual relationships and support.

This research has established how residents in RACF' experience pastoral and spiritual care. Pastoral care is viewed as essential to the well-being of these residents. The main interview and documentation themes related to faith, family and friends, with overarching qualities of trust and support. The role of staff and volunteers was valued. The contribution of facility amenities such as hairdressers and gyms in daily life was undervalued.

Therefore, pastoral care was found to extend beyond the bounds of the topic and individuals current circumstances to embrace their whole-of-life relationship with others. The role of pastoral and spiritual care for residents of aged care facilities is considered imperative for their spiritual, emotional and social well-being. The church and clergy will continue to exert a strong pastoral presence; however the role of government, aged care organisations and the community may increase significantly due to changing socio, religious and cultural influences.

Pastoral care was traditionally the province of the church and clergy in aged care settings. Contemporary aged care reflects an increasing government and secular organisational role with the associated governmental Accreditation Standards, although still not defined unequivocally as pastoral care within legislative policy. This absence of pastoral care terminology suggests a secular governmental viewpoint. However, the Accreditation Standards comply with prevailing pastoral care themes. Future research is warranted in exploring the relationship between those who provide and receive pastoral and spiritual care in all capacities.

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# APPENDICES

## Appendix 1: Ethics Approval.



# 6889 SBREC Final approval notice (30 March 2016)

Human Research Ethics

Wed 30/03/2016 12:54 PM

To:Roger M Porter (rogerporter777@hotmail.com) <rogerporter777@hotmail.com>;

Cc:Trevor Whitney <trevor.whitney@flinders.edu.au>;

Importance: High

1 attachment (614 KB)

6889 CONDITIONAL APPROVAL CLARIFICATION;

Dear Roger,

The Chair of the Social and Behavioural Research Ethics Committee (SBREC) at Flinders University considered your response to conditional approval out of session and your project has now been granted final ethics approval. This means that you now have approval to commence your research. Your ethics final approval notice can be found below.

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## FINAL APPROVAL NOTICE

| | |
|---|---|
| Project No.: | **6889** |
| Project Title: | The Pastoral Care Experiences of Residents in South Australian Aged Care Facilities |
| Principal Researcher: | Mr Roger Maxwell Porter |
| Email: | rogerporter777@hotmail.com |
| Approval Date: | 30 March 2016 |
| Ethics Approval Expiry Date: | **30 April 2020** |

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided.

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**RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS**

1. **Participant Documentation**
   Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

   - all participant documents are checked for spelling, grammatical, numbering and formatting errors. The

## Appendix 2: Letter of Introduction


Rev. Dr Trevor Whitney
Department of Theology
School of Humanities and Creative Arts
Faculty of Education, Humanities & Law

GPO Box 2100, Adelaide SA 5001
Tel: (08)841 68420
trevor.whitney@flinders.edu.au

### LETTER OF INTRODUCTION

Dear Sir / Madam

This letter is to introduce Roger Porter who is a Masters of Theological Studies student in the Theology Department / School of Humanities and Creative Arts at Flinders University. Roger will produce his student card, which carries a photograph, as proof of identity.

Roger is undertaking research leading to the production of a dissertation or other publications on the subject of, 'The Pastoral Care Experiences of Residents in South Australian Aged Care Facilities.' The project offers perspectives into how pastoral care assists residents in aged care facilities while also considering Government policy.

Roger would like to invite you to assist with this project by agreeing to participate in an interview with him**.** The interview would be at your aged care facility residence or suitable location of your choice. This would be on one occasion for a maximum of one hour. Participants will be given the option of reviewing and editing individual interview transcripts.

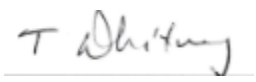
Be assured that any information provided will be treated in the strictest confidence. None of the participants will be identifiable in the resulting dissertation, report or other publications. You are, of course, entirely free to discontinue your participation in the interview at any time or to decline to answer particular questions. However, participants are advised that while no identifying information will be published, anonymity cannot be guaranteed.

Roger will need to make a tape recording of the interview. He will use the recording in preparing his dissertation. This recording will be made on condition that your name and identity is not revealed under any circumstances. Roger will seek your consent, on the attached form to ensure this.

Any enquiries you may have concerning this project should be directed to Roger at the address above or email port0156@flinders.edu.au. Alternatively contact myself, the Rev. Dr Trevor Whitney, by e-mail on trevor.whitney@flinders.edu.au .

Thank you for your consideration and assistance.

Yours sincerely



(Rev. Dr Trevor Whitney)

Chaplaincy Co-ordinator, Uniting College for Leadership and Theology, Adelaide College of Divinity, Flinders University.

**Appendix 3: Information Sheet**


# INFORMATION SHEET

## Dissertation

THE PASTORAL CARE EXPERIENCES OF RESIDENTS
IN SOUTH AUSTRALIAN AGED CARE FACILITIES

**The Researcher:**

Roger Porter is a Master of Theological Studies student at Flinders University, and well qualified in residential aged care having worked in administration and lifestyle therapy roles over a twenty year period. Roger is a Justice of the Peace and a pastoral care team volunteer at a leading residential aged care facility. Roger's supervisor is the Rev. Dr Trevor Whitney; a Chaplaincy Co-ordinator for Flinders University, and an institutional disability chaplain including aged and nursing facility pastoral care.

**A description of the project:**

The project is a dissertation titled, 'The Pastoral Care Experiences of Residents in South Australian Aged Care Facilities.' The project will offer perspectives into how pastoral care assists residents in aged care facilities while also considering Government policy. The project is supported by the Theology Department / School of Humanities and Creative Arts at Flinders University.

**The purpose of the project:**

The purpose of this project is to interview and report on the pastoral care experiences of residents in South Australian aged care facilities, providing an overview of these experiences in conjunction with State and Federal Government policies and legislation.

**The project objectives are:**

1. To inquire and report into relevant aged care policy and legislation applicable to pastoral care in aged care facilities.
2. To interview, report and summarize the experiences of residents in relation to the application of pastoral care facilitation in South Australian aged care facilities.

**THE NATURE OF THE TASK:**
**What will you be asked to do as a participant?**
You will be invited to attend a one-on-one interview with a student researcher (Roger) who will ask you six questions about your pastoral care experiences in your aged care facility. You will assist the project by agreeing to be involved in the interview in your aged care residence or a suitable

location which covers certain aspects of this topic. The interview will take a maximum of one hour on one occasion. The interview will be recorded using a digital voice recorder to assist with collecting and analysing data. After recording, the interview will be typed-up, stored as a computer file and destroyed upon finalisation of results. Participants will be given the option of reviewing and editing individual interview transcripts.

**What benefit will you gain from being involved in this project?**
Participants may benefit by being heard on these matters and feeling rewarded for having contributed to research in this area.

**Will you be identifiable by being involved in this project?**
We do not need your name and you will be anonymous. Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the researcher (Mr Roger Porter) will have access to. Information in hardcopy and on audio tape will be stored in a locked cabinet in the Rev. Dr Trevor Whitney's office at Adelaide College of Divinity, Brooklyn Park South Australia and kept for 5 years. Your comments will not be linked directly to you. However, participants are advised that while the researcher can protect confidentiality and no identifying information will be published, anonymity cannot be guaranteed.

**Are there any risks or discomforts if you are involved?**
The researcher anticipates few risks from your involvement in this project. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the researcher. Participants will be given the opportunity to review and/or edit interview transcripts prior to publication. Free Internal and external counselling services may be accessed by participants, e.g., The Residential Site Manage of the facility, Centacare Catholic Family Services (08) 8210 8200, and Relationships Australia - My Aged Care 1800 200 422.

**How do you agree to participate?**
Participation is voluntary. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw from the participation at any time without effect or consequences. Informed consent can be obtained. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and return it to me, Roger Porter.

**How will you receive feedback?**
Outcomes from the project will be summarised and given to you by the researcher.

**Thank you . . .** *Roger*

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Theology Department
Flinders University
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*This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 6889). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.*

**Appendix 4: Invitation**

THE PASTORAL CARE EXPERIENCES OF RESIDENTS
IN SOUTH AUSTRALIAN AGED CARE FACILITIES

# Invitation

Hello, my name is Roger Porter and I would like to invite you to join with me in a Flinders University student project on pastoral care at your residential aged care facility.

The project I am leading is on pastoral care for residents in aged care facilities such as yours. The purpose of the project is to interview and report on the experiences of residents relative to their pastoral care. It is anticipated the results will contribute to research of value and benefit to the residents, discipline and the community.

I am a Master of theological studies student and have worked in aged care for twenty years in administrative and lifestyle therapy roles. I am a volunteer on the pastoral care team at an aged care facility, and a Justice of the Peace.

Should you be interested in participating in the project, I would be pleased to hear from you to arrange a suitable time to be interviewed. Please call Jenny on (08)841 68420 between 9-3pm to register your interest.

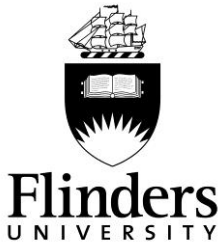
With Thanks,

*Roger*

Date … / … / …

(For notice board and on-site distribution)

**Appendix 5: Consent Form**




**CONSENT FORM FOR PARTICIPATION IN RESEARCH**

**by interview**

THE PASTORAL CARE EXPERIENCES OF RESIDENTS
IN SOUTH AUSTRALIAN AGED CARE FACILITIES

I ….....

being over the age of 18 years hereby consent to participate as requested in the Letter of Introduction and Information Sheet for the research project on, 'The Pastoral Care Experiences of Residents in South Australian Aged Care Facilities.'

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to an audio recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
   - I may not directly benefit from taking part in this research.
   - I am free to withdraw from the project at any time and I am free to decline to answer particular questions.
   - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
   - Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
   - I may ask that the recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
6. I agree / do not agree* to the tape/transcript* being made available to other researchers who are not members of this research team, but who are judged by the research team to be doing related research, on condition that my identity is not revealed.* *delete as fitting.*
7. I have had the opportunity to discuss taking part in this research with a family member or friend.

**Participant's signature……Date……...**

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

**Researcher's name…….**

**Researcher's signature……..Date…….**

*NB: Two signed copies should be obtained. The copy retained by the researcher may then be used for authorisation of Items 8 and 9, as appropriate.*

8. I, the participant whose signature appears below, have read a transcript of my interview participation and agree to its use by the researcher as explained.

**Participant's signature……Date……...**

9. I, the participant whose signature appears below, have read the researcher's report and agree to the publication of my information as reported.

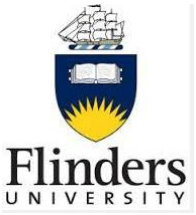
**Participant's signature……Date……...**

☐ Please tick this box if you would like to review and /or edit interview transcripts prior to project completion

☐ Please tick this box if you would like a copy of the results once the study is complete. (You may request a copy of the results at a later date even if you do not tick this box)

The consent form will be provided and returned by hand to potential participants by the Student Researcher – Roger Porter

**Appendix 6: Interview Questions**




THE PASTORAL CARE EXPERIENCES OF RESIDENTS
IN SOUTH AUSTRALIAN AGED CARE FACILITIES

**Residential Aged Care**
**Participant Interview Questions**

1. What is your understanding of pastoral care?

2. Please describe your pastoral care experiences?*

3. How have your pastoral care experiences supported your beliefs?

4. Describe how your pastoral care experiences have developed your spiritual and emotional wellbeing?

5. How helpful has pastoral care been to your life story?

6. Discuss the kind of pastoral care you would like to receive?

(Please answer the questions relative to pastoral care received at your aged care facility.)

Thank you for your participation . . .

(**Roger Porter -** student researcher)

☐ N.B. Would you like to receive feedback on my findings?

* **Pastoral care** is an ancient model of emotional and spiritual support that can be found in all cultures and traditions. It has been described in our modern context as individual and corporate patience in which trained pastoral carers support people in their pain, loss and anxiety, and their triumphs, joys and victories. (University of Canberra - http://www.canberra.edu.au/current-students/canberra-students/student-support/multi-faith-centre/pastoral-care/pastoral-worker. Accessed 21.01.16)

**Appendix 7: -** ***Standard Three***

Australian Government
Australian Aged Care Quality Agency

## Expected outcome 3.4 Emotional support

This expected outcome requires that:
***Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis.***

The focus of this expected outcome is **'results for care recipients'**.

**Results**

 Management demonstrates care recipients are supported in adjusting to the new environment.
 Management demonstrates care recipients' emotional status and needs are identified and met on an ongoing basis.
 The effects of unknown events on care recipients' emotional needs are identified and supported.
 Care recipients/representatives confirm the support provided by the home is appropriate and effective in meeting care recipients' individual needs and preferences.

**Processes**

Consider:

 What support and information does the home provide to care recipients before moving into the home to help prepare them for life in the residential aged care home?
 How does the home assess care recipients' emotional needs when moving into the home and at regular intervals? For example, does the home:
- complete care recipients' emotional profiles on their existing support needs and preferences
- respond to critical episodes, for example, family crises, deaths within the home, change of environment
- record each care recipient's history, current situation, transfer information and any adjustment needs to life in the home
- consult care recipients/representatives and others (for example, social workers or chaplains), about emotional support needs and preferences
- identify care recipients at risk of requiring additional emotional support such as on an anniversary or historical event?

 How is emotional support planned and communicated to relevant staff? For example:
- How is the care recipient provided with an orientation to the home?
- Is extra support provided during the settling-in period?
- Are ongoing actions for progressive adjustment used?
- Is the role of family and significant others considered in orientation and the ongoing lifestyle plan for the care recipient?

 Is emotional support delivered consistent with the home's plan?
 Are concerns about emotional health referred to the care recipients' medical officers and other relevant health professionals?
 Does the home regularly evaluate and review the way emotional support is delivered to determine its effectiveness in meeting the needs of the care recipients? For example, does the home:
- ensure staff are competent and monitored to meet the

emotional needs of x are recipients including in relation to the use of assessment tools and methods of facilitating emotional support
- ensure each care recipient's ongoing emotional needs and preferences are identified
- assess the effectiveness of current strategies
- monitor assessment tools for effectiveness and appropriateness?

**Links to related expected outcomes**

 *Expected outcomes of Standard Two*

Poor and inappropriate management of emotional support may affect the provision of health and personal care services to care recipients, for instance, it may increase the prevalence of challenging behaviours and pain, or decrease appetite and effectiveness of palliative care programs.

 *Expected outcomes 3.9 Choice and decision-making and 3.10 Care recipient security of tenure and responsibilities, and other expected outcomes of Standard Three*

The provision of information for ensuring care recipients understand their rights and feel secure in the home may have a positive impact on care recipients moving into the home. Likewise, enabling care recipients to make choices and decisions about their lifestyles may assist with adjustment to the new environment.

**Appendix 8:** ***Standard Three***



## Expected outcome 3.7 Leisure interests and activities

This expected outcome requires that:
***Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.***

The focus of this expected outcome is **'results for care recipients'**.

**Results**

 Management demonstrates it is aware of care recipients' leisure interests and activity needs and this information provides input to leisure planning and programming.

 Management demonstrates its processes are effective in encouraging and supporting care recipients to participate in a wide range of interests and activities of interest to them.

 Care recipients/representatives confirm care recipients are supported to participate in activities and interests appropriate to their needs and preferences.

**Processes**

Consider:

 How does the home ensure regular assessments of care recipients' preferences for interests and activities? For example, is there:

- consultation with care recipients/representatives and others (for instance, diversional therapists or activities coordinators), in all aspects of decision-making regarding care recipients' activities and leisure needs
- consideration of specific cultural or spiritual needs
- an assessment of the current and previous history of interests and activities for each care recipient
- any barriers to participation, for example, cognitive, communication, sensory, dexterity and mobility problems?

 How do leisure interests and activities complement and assist other care areas?

 How does the home plan for each care recipient's interests and activities and how is this communicated to the relevant staff? In particular the plans may include:

- physical, cognitive, social and spiritual activities as appropriate and could include group or one-on-one activities
- consideration of other care needs and preferences
- any assistive devices required to allow participation
- any support functions required, for example, use of taxis and other transport or ensuring appropriate membership fees are paid
- any strategies to overcome barriers to involvement.

 Are interests and activities consistent with the individual care recipient's plan? For example, do plans include information regarding:

- access to leisure interests and activities throughout the week as appropriate to the care recipient's needs and preferences
- support for care recipients to attend and participate in activities as indicated
- a varied program of leisure activities encompassing the

needs and preferences of care recipients?

 Does the home regularly evaluate and review the approach taken to ensure care recipients' participation in leisure interests

Results and activities meets car recipients' needs and preferences? This includes:

- the monitoring of staff practices which are then improved as appropriate including in relation to the use of assessment tools, equipment, and methods of facilitating participation in interests and activities
- the evaluation of the effectiveness of the programs such as through review of individual and group attendance, observation of involvement in activities (active/passive) and care recipient/representative feedback.

**Links to related expected outcomes**

 *Expected outcome 1.6 Human resource management*

There should be appropriately skilled and qualified staff sufficient to ensure care recipients can participate in interests and activities of interest to them. The specific rostered hours of staff should take into account care recipient needs and preferences.

 *Expected outcome 1.7 Inventory and equipment*

It is expected that appropriate equipment and supplies are accessible to ensure care recipients can participate in interests and activities of interest to them.

 *Expected outcome 2.13 Behavioural management*

The use of leisure activities may be one strategy considered by a home when managing and preventing the challenging behaviours of care recipients. An environment in which care recipients are restless may also indicate an inadequate recreational activities program and boredom.

 *Other expected outcomes of Standard Two*

Care recipients' physical and cognitive needs should be considered when assessing the leisure needs of each care recipient. Expected outcomes such as 2.13 Behavioural management, 2.14 Mobility, dexterity and rehabilitation and 2.16 Sensory loss should therefore be considered.

 *Other expected outcomes of Standard Three*

Other aspects of care recipient lifestyle should be promoted and may be enhanced through the provision of leisure activities, for instance, activities should be culturally and spiritually appropriate, should be in accordance with needs and choices, should promote dignity, should promote participation in the community as preferred by the care recipient, and where able, may provide a form of emotional support.

**Appendix 9:** ***Standard Three:***


## Expected outcome 3.8 Cultural and spiritual life

This expected outcome requires that:
***Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.***

The focus of this expected outcome is **'results for care recipients'**.

**Results**

 Management demonstrates its processes, systems and external relations are effective in valuing and fostering each individual care recipient's interests, customs, beliefs and cultural and ethnic backgrounds.

 Advice from care recipients/representatives confirm they are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds.

**Processes**

Consider:

- How does the home assess and communicate care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds? How does the home communicate the way this should be reflected in care and services provided? For example, is there:
  - consultation with care recipients/representatives or others, for example, spiritual or cultural advisors
  - consideration of past and current cultural (including cultural aspects not necessarily related to ethnicity or country of origin), religious, spiritual and ethnic practices
  - consideration of customs and religions that might affect the way care recipients view some procedures (for example, stoma care and injections)
  - identification of requirements to support each care recipient's ongoing cultural and ethnic needs
  - identification of language assistance required for effective communication
  - identification of food and drink needs and preferences
  - identification of leisure interest and activity needs and preferences?

 How is provision for care recipients' observation of interests, customs and beliefs planned and then communicated to relevant staff? This includes:

- appropriate community activities
- recognition of commemorative or special events
- appropriate catering requirements
- observation of particular holy or special days.

 Are care and lifestyle services consistent with the plan and delivered in a way which fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds? This includes:

- access to appropriate service or support staff such as interpreters
- support to attend and participate in activities as indicated in the plan
- particular religious or spiritual requirements during illness or end stages of care
- involvement of culturally specific

groups.

- How does the home review its practices to ensure care and services are delivered in a way

that fosters and values individual care recipients' interests, customs, beliefs and cultural and ethnic backgrounds? For example:
  - Are staff practices monitored and improved as appropriate including in relation to the use of assessment tools and methods of valuing and fostering individual interests, customs, beliefs and cultural and ethnic backgrounds?
  - Are links with cultural and community groups developed and encouraged?
  - Is the effectiveness of the program/s evaluated?
  - Are assessment tools monitored for effectiveness and appropriateness to ensure assessment of each care recipient's individual sense of culture and spirituality is accurately identified?

**Links to related expected outcomes**

- *Expected outcome 1.8 Information systems*

The home should have systems in place to ensure effective communication with care recipients from all cultural and linguistic backgrounds.

- *Expected outcomes of Standard Two*

Components of expected outcome 3.8 Cultural and spiritual life affect the performance of all expected outcomes relating to health and personal care, especially expected outcomes 2.9 Palliative care and 2.10 Nutrition and hydration.

- *Other expected outcomes of Standard Three*

Cultural and spiritual considerations are inherent in all expected outcomes of Standard Three, for instance, the facilitation of leisure activities should be culturally appropriate, choice and decision-making should take into account ethnic (including language) and cultural backgrounds, care recipients should have access to appropriate community groups as requested and if possible, and emotional support should be relevant to the cultural and other beliefs of the care recipient. Aspects of expected outcome 3.8 Cultural and spiritual life are also encompassed in the Charter of care recipients' rights and responsibilities.[8]

- *Expected outcome 4.8 Catering, cleaning and laundry services*

The home should have systems in place to ensure care recipients are provided with meals appropriate to their cultural backgrounds.