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Spiritual Care in Israel

An Evaluation of the Programs Funded by
the UJA-Federation of New York

Netta Bentur ♦ *Shirli Resnizky*

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Executive Summary

I. Background and Study Goals

In early 2006, the UJA-Federation of New York launched a major new funding initiative for the development and provision of spiritual care services and training programs in Israel. Prior to this initiative, the field of spiritual care was virtually unknown in Israel; no training programs were being offered and there were no formal frameworks offering services, with the exception of very limited and sporadic efforts. The 2006 initiative was a result of an earlier initiative by the Federation of to explore the potential to develop the field of Jewish spiritual care in Israel. The Federation recognized the value of incorporating spiritual care into the work they were already supporting in Israel among vulnerable populations, such as the elderly and those facing illness, trauma and bereavement, in order to provide a more comprehensive and holistic response, similar to the work supported in New York.

The aim of this report is twofold: First, to provide an in-depth, systematic overview of the current status of implementation of spiritual care programs and their development over the last three years; and second, to explore the short- and long-term future needs and directions of this new discipline and to identify current opportunities and challenges in order to better plan and promote spiritual care in Israel.

The word "spiritual" derives from the Latin *spiritus*, meaning breath, and can be interpreted as pertaining to the non-physical or metaphysical and sometimes having a bearing on moral, psychological and religious aspects of life. Some define spirituality as the "ultimate meaning and purpose of life" (Puchalski et al., 2000). Spiritual care is necessary because everyone, whether religious or not, needs support systems, especially in times of crisis. Spiritual care is about supporting individuals and helping them maintain their personal identity in a threatening situation. Its purpose is to create hope in situations of distress and loss and to produce meaningful relationships and experiences. This is particularly apparent in medical settings that usually disregard these existential components of illness and focus only on its physical aspects. Spiritual care in the medical context is provided to people with serious illnesses. Its goal is to help sick people achieve moments of peacefulness and acceptance, while contending with illness and facing death (B'Ruach, 2009). Spiritual care (or chaplaincy, as it is known in the USA and Canada) is a completely person-centered form of care; it makes no assumptions about personal convictions or life orientation and is not necessarily religiously oriented.

II. The Study Design and Description of the Report

In this study, we conducted over 80 in-depth interviews with persons involved in the development of spiritual care in Israel, including:

- ♦ Directors of training and service programs
- ♦ Leading proponents of spiritual care services
- ♦ Senior directors and stakeholders at government ministries, hospitals, nursing institutions, and voluntary organizations

- ◆ Students and graduates of spiritual care educational programs
- ◆ Patients and family members who have received spiritual care services

We also held substantial and intensive discussions with senior executives of Jewish chaplaincy and healing movements from the United States during conferences in Israel and in the US.

The report is divided into seven sections, each describing the achievements of a different aspect of spiritual care in Israel and presenting the main issues and challenges facing them. The first provides the background, drawing upon experiences in the US and Europe, and describes the context in which this new discipline has developed in Israel. The second and third sections describe the training programs and analyze feedback from students and graduates. The fourth describes the programs providing services to patients and caregivers, while the fifth presents feedback from recipients of spiritual care and attempts to explore pertinent themes. The sixth section discusses the future development of the profession in Israel from the perspective of policymakers and stakeholders. The concluding section focuses on future challenges and appropriate directions for spiritual care in Israel.

III. Summary of Findings

a. Spiritual Care Training Programs

Altogether, nine programs currently provide spiritual care training courses. Three of them offer intensive training courses for individuals aspiring to become professional spiritual care providers (*tomech ruchani*), five provide in-service training and education in spiritual care for health and social service professionals, and one offers short in-service training to health professionals and the general public, as well as conferences, retreats, and seminars.

In the three years since the programs were initiated, they have accomplished the following:

- ◆ 60 spiritual care providers have been trained
- ◆ 350 rabbis, community leaders, educators, and medical/mental-health professionals have received in-service training
- ◆ 4,000 professionals have been introduced to this new discipline at seminars, conferences, and workshops.

The directors and senior staff of the training programs invest huge efforts and resources in developing the general public's understanding of spiritual care and in explaining the essence and goals of spiritual support and its potential contribution to physical and mental health. One of the main challenges for these programs stems from the acute shortage of credentialed spiritual care providers and trainers, which substantially reduces the capacity of these programs to offer courses that focus more precisely on the principles of spiritual care.

The interviews with students and graduates reveal that the programs are successfully achieving their goal of training spiritual care providers. The respondents reported that they had professionalized and had acquired a comprehensive range of tools to help them in their work and

enhance their understanding of their position. The students expressed great appreciation of their facilitators as teachers and as human beings and considered them to be important role models. They said that the challenge facing them was how to best incorporate spiritual care into the hospital and social service systems in Israel. Placing the students in jobs is a very important matter but the profession is not well known and there are few paid positions for spiritual care providers in the country. Therefore, enormous effort and human resources are currently invested in placing the students and supporting the graduates. These – evidently essential – efforts are demanding, but ultimately they contribute significantly to successful placement opportunities. Even though the facilitators attempt to prepare the staff in the field, some respondents reported they encountered ambivalence. However, graduates who are already working as spiritual care providers reported a sense of security at their places of work and said they enjoyed full cooperation from other members of staff. Graduates not currently working in the field expressed confidence in their ability to provide care to patients, but were concerned about limited paid job opportunities.

b. Programs Providing Spiritual Care Services

The UJA-Federation of New York currently funds spiritual care programs at eight organizations, through which nearly 7,000 individuals have participated or received services at least once in the past three years. The organizations have contributed hugely to raising public awareness of the value usefulness of spiritual care. Among the beneficiaries of the support are cancer patients, diabetics, people with terminal and/or chronic illness and their families, the elderly, victims of terrorist attacks, and individuals facing acute, existential problems such as transition issues, bereavement, and loss.

One challenge facing proponents of spiritual care stems from the fact that the organizations vary greatly in terms of whether they work in the community or institutional settings and whether they implement tailor-made spiritual care programs or have taken "ready-made" programs and incorporated the principles of spiritual care into them. This variation often produces inconsistencies in the definition of spiritual care and the challenge is to develop a standardized definition and terminology for spiritual care, which would be an important asset in the promotion of spiritual care to ensure its acceptance by the Israel health and social systems.

All the organizations strive to reach the broadest possible population and increase participation in their programs. They use an assortment of tools to disseminate and advertise their spiritual care activities and express a strong desire to improve and expand programs. All the respondents emphasized the acute shortage of spiritual care providers, which limits development of the discipline in Israel considerably. In addition, many directors are constrained by limited budgets and invest much of their time attempting to raise funds for the continuation of their services.

We interviewed 14 patients and/or members of their families, who were representative of a broad cross-section of Israeli society. They expressed powerful themes, including:

- ♦ The uniqueness and importance of spiritual care in a health environment often perceived as threatening and cold
- ♦ The light the spiritual care provider brings into their lives, in the context of illness, death, and loss
- ♦ The spiritual care provider's ability to engage with them in the discussion of difficult subjects
- ♦ The spiritual care providers' ability to focus on each person as an individual
- ♦ The spiritual care provider's ability to empower and/or advocate for the patient

c. Attitudes of Stakeholders and Policymakers toward Spiritual Care

In order to better understand the challenges facing the development of spiritual care in Israel, we conducted 15 interviews with a broad range of policymakers and stakeholders. These include hospital directors, nursing home directors and executives in the health and social system.

The main themes and issues raised by the hospital directors included:

- ♦ They received superlative feedback from patients, their families, and members of staff about the contribution, seriousness, and professionalism of the spiritual care providers, making them realize that spiritual care is "something special"
- ♦ They consider the promotion and integration of spiritual care to be a positive – and inevitable – development in the Israeli health and social service systems
- ♦ The UJA-Federation of New York funding for the initial implementation of spiritual care services in the hospital system has been crucial
- ♦ Concerns was expressed about future funding, especially by those who wish to expand spiritual care activities to other departments at their hospital

Aside from the hospital directors, however, most of the stakeholders and policymakers are unfamiliar with spiritual care. They have little knowledge of the discipline and virtually no direct experience. These interviews brought to light many common themes and concerns:

- ♦ Lack of knowledge and understanding about spiritual care and confusion over the difference between spiritual and religious
- ♦ Concern about how health and social service professionals will relate to spiritual care providers
- ♦ It is a challenge to introduce new ideas and programs into Israel
- ♦ Concerns about funding and the competition for limited resources from other professionals

Most of the stakeholders and executives – whether familiar with spiritual care or not – believe that the discipline has to evolve gradually, starting with the service providers, i.e., a bottom-up approach. Once sufficient momentum has been achieved, the health and social service policymakers can become more fully involved. The respondents think that it is important to continue the current funding for programs of this kind and to use them as a catalyst to inspire greater interest within the wider community and recognition of the important role of spiritual care within the health and social services.

Another important issue raised was the accreditation and professionalization of the spiritual care providers. Stakeholders and policymakers feel that in order to fully integrate spiritual care into the health and social services, there needs to be professional training and official credentialing. All stressed the urgent need to take steps to ensure that spiritual care providers be included in the register of professions and given formal recognition in Israel. This would require a formal and professionally recognized training program that would be officially licensed in the same way as other paramedical professions.

IV. Future Directions for the Development of Spiritual Care in Israel

The report proposes a possible framework for the future development of spiritual care in Israel. Based on the interviews and our evaluation, it seems that there are two basic approaches to implementing spiritual care and integrating it more fully into Israel's social and healthcare systems:

- ♦ Consolidating and professionalizing the profession in Israel
- ♦ Broadening the scope of spiritual care, so that stakeholders become familiar and comfortable with the idea.

With the vital support of the UJA-Federation of New York, spiritual care is evidently being developed in Israel at the right time and suits the current Israeli zeitgeist and interest in the existential and spiritual dimensions of Judaism. The initial foray into spiritual care has introduced thousands of professionals and recipients to a virtually unknown field through individual care, conferences, seminars, and workshops.

Among the steps that could be considered for future development of spiritual care in Israel:

- ♦ Appointing a steering committee for the development of training programs for spiritual care in Israel whose members have the appropriate academic and professional credentials
- ♦ Designing a curriculum for the training of spiritual care providers that is suited to the Israeli culture and meets the academic standards required in other parts of the world
- ♦ Identifying one or more academic institutions in Israel recognized by the Council for Higher Education that will accept the curriculum
- ♦ Creating in one of the organizations a position for introducing spiritual care and for coordinating all these important developmental and organizational academic and training activities
- ♦ Developing and implementing placement system for spiritual care trainees and graduates and establishing spiritual care as a profession that is similar to other recognized allied medical health professions
- ♦ Developing a substantial, active cadre of spiritual care providers in Israel by providing training fellowships in the US, providing additional intensive CPE (clinical pastoral education) courses in Israel, and devising an accelerated individual training program for the few people currently involved in promoting the discipline in Israel. These may help increase the number of spiritual care providers in Israel in the short term

- ♦ Raising and promoting awareness of spiritual care by implementing model demonstration projects to facilitate broad exposure of the discipline, constitute a model for others, and serve as way of disseminating information about the role of the spiritual care provider. Once stakeholders have been introduced to the value of spiritual care, they will be more likely to find future funding for such programs. Without this initial experience, they are unlikely to fund such an innovative program
- ♦ Endeavoring to gain official recognition from various government agencies, which will allow spiritual care services to be provided within the health and social system. There is a need to develop a higher public profile and visibility in order to get professional recognition from the ministries, policymakers, and stakeholders. The most appropriate way for getting it is through grass-roots development of spiritual care (meaning bottom-up approach). This is about creating the need for spiritual care in the many services so that the various government agencies will have to formally recognize the field. It is unlikely that these government agencies will take the initiative on spiritual care until it is shown to be a useful part of the system.

V. Conclusions

Within a very short space of time, there has been a remarkable growth of spiritual care programs in Israel. In a little under three years, thousands of individuals, professionals, and recipients of care have been exposed to the discipline. With their knowledge and expertise, as well as their critical funding of numerous programs, the UJA-Federation of New York's Caring Commission, through the Health, Healing and Hospice Taskforce has been instrumental in the development of Jewish spiritual care in Israel. Their efforts included an initial survey of the field, identifying relevant agencies and cultivating leadership to develop the field, facilitating a shared learning and planning process, creating opportunities for Israelis to benefit from the New York/North American experience in collaboration with NAJC and the National Center for Jewish Healing and encouraging networking towards the development of an umbrella organization/coalition to advance the field.

Among the directors of programs and institutions, students and rabbinical trainees, and recipients of care, there is a genuine excitement about the potential value and impact of spiritual care and those currently involved believe that spiritual care is being implemented in an appropriate manner for the Israeli social context.

Spiritual care has begun to develop roots within the health and social services system in Israel, but it is still in its infancy. The implementation process needs to continue apace, with care and consideration given to the best way of gaining acceptance for spiritual care within the health and social services systems. In this report, we have set out some ideas and methods to continue the many achievements already made.

Spiritual care provides the potential for shared existential connections and meeting places among the sheer vibrancy and diversity of Israeli society. It needs to be an integral part of health

and social services. Many of those already involved in the implementation of spiritual care feel that the language of spiritual care needs to enter the health and social service culture of Israel, and that all individuals, irrespective of religious or cultural affiliation must be provided with a way to express their fears and hopes during times of illness and distress.