

Spiritual Care Services Nurture Well-being in a Clinical Setting During COVID-19: Aotearoa New Zealand

Amy K. B. Finiki¹

Porirua Hospital, Porirua, New Zealand
Email: amy.finiki@mhaids.health.nz

Kath Maclean²

Porirua Hospital, Porirua, New Zealand
Email: kath.maclean@mhaids.health.nz

Abstract: This paper presents the responses of two “Spiritual Pastoral Therapists” (SPTs) at Porirua Hospital in Aotearoa New Zealand during COVID-19. The responses included the creation of local safe “bubbles,” increased communication, maintaining chapel access, producing daily meditations for the employee newsletter, utilizing social media, writing letters, and using the labyrinth meditation walk. The authors record a variety of qualitative feedback from hospital staff affirming the contribution of SPT ministry in providing spiritual care services to nurture well-being among patients and hospital staff during the struggles caused by COVID-19.

Keywords: COVID-19, spiritual care, Spiritual Pastoral Therapists, chaplaincy, mental health care, New Zealand

Abstract (Māori): He kaitiaki o te taha wairua ki roto i te hōhipera i ēnei wā o te rāhui Covid-19. He kōrero tēnei hei whakamārama i ngā ‘Spiritual Pastoral Therapist’ e rua ki te hōhipera ki Porirua Aotearoa i ēnei wā o te COVID-19. He kohinga katoitoi ēnei i waihanga kia tiaki i a tātou ki roto i te hapori ia tātou e noho rāhui ana, kia piki ake ngā kōrero kanohi ki te kanohi, kia pai te kuhu ki roto i te whare karakia, kia whai wāhi mō ngā kaimahi kia tuku i ngā pānui, kia tuku atu ngā karere ki runga i te pae pāpāho, te mahi tuhi reta me te hikoi kia tau te wairua. Kia kohi i ngā korero whakahoki kia hui

1. Rev. Amy K.B. Finiki, MDiv., is a Spiritual Pastoral Therapist and CPE Supervisor at Mental Health, Addictions and Intellectual Disabilities Services (MHAIDS), Porirua Hospital in Porirua, New Zealand and a member of NZHCA and ANZACPE.

2. Rev. Canon Kath Maclean, MHSc., is a Spiritual Pastoral Therapist and CPE Supervisor at Mental Health, Addictions and Intellectual Disabilities Services (MHAIDS), Porirua Hospital in Porirua, New Zealand and a member of NZHCA and ANZACPE.

ai, a, kia pai ake to tātou nei tiaki I ngā kaimahi o te Spiritual care services. Me tiaki tātou I a tātou ano ki roto I ēnei wā taumaha o te COVID-19.

Introduction: An Island Under COVID-19 Lockdown

At the time of writing this article, New Zealand had 1,643 confirmed COVID-19 cases and 22 deaths, which is one of the lowest rates of infection and deaths anywhere among OECD countries (August 18, 2020). This was due to New Zealand entering “Level 4 lockdown” (see Table 1) from March 25, 2020 for four weeks. As per communication from our government, the lockdown would not be reviewed until the four weeks had ended, and then subsequent plans would be announced. New Zealand had clear government communication from the very beginning, and the general public were aware of what was being asked of them. Likewise, those of us that were deemed “essential workers” were given clear communication as to what was expected of us, from both our government and our employers. Most important was the understanding of “bubbles.”

Doctor Tristram Ingham, a Senior Research Fellow in the Department of Medicine at the University of Otago, Wellington, coined the phrase “bubble” while working for the Ministry of Health, in an effort to keep people feeling safe and in control of the lockdown situation, especially those

Table 1: New Zealand COVID-19 alert levels summary and descriptors

<i>Alert level</i>	<i>Description</i>
Alert level 4 Lockdown: disease is not contained	Alert level 1 is where COVID-19 is present but contained. In this phase we prepare. The basics, like border measures, contact tracing, and canceling mass gatherings are activated. Commenced since COVID-19 first arrived in NZ.
Alert level 3 Restrict: high Risk – disease is not contained	Alert level 2 is where the disease is contained but the risks are growing because we have more cases. This is when we move to reduce our contact with one another. We increase our border measures, and we cancel events. This is also the level where we ask people to work differently if they can and cancel unnecessary travel.
Alert level 2 Reduce: disease contained – risk of transmission	Alert level 3 is where the disease is increasingly difficult to contain. This is where we restrict our contact by stepping things up again. We close public venues and ask non-essential businesses to close.
Alert level 1 Prepare: disease is contained	Alert level 4 is where we have sustained transmission. This is where we eliminate contact with each other altogether. We keep essential services going but ask everyone to stay at home until COVID-19 is back under control.

Source: Ardern (2020). For further details, see NZ Government (2020a).

people with disabilities (Mulligan, 2020). The idea was pitched to the government and was then adopted by Prime Minister Jacinda Ardern in her March 21, 2020 news briefing about New Zealand's movement into Level 4 Lockdown. The "bubble" consisted of those with whom you were living at the time of the lockdown. If you were an essential worker, your bubble extended to your work environment. We were asked to be vigilant, be kind, stay in our bubbles, and speak with our colleagues about their bubbles so that we kept everyone safe. Communication was essential. The New Zealand Government's COVID-19 alert levels are summarized in Table 1.

Background

In 2019, the "Mental Health, Addictions and Intellectual Disability Service" (MHAIDS) at Rātonga-Rua-O-Porirua (Porirua Hospital) employed Rev. Amy Finiki and Rev. Kath Maclean as full-time hospital "Spiritual Pastoral Therapists" (SPTs). We, Amy and Kath (co-authors of this article), are Clinical Pastoral Education (CPE) Supervisors with a combined hospital pastoral care ministry of over 40 years. Previously contracted as chaplains, as SPTs we have now fully integrated spiritual care into all areas of MHAIDS, along with all the associated rights and responsibilities, including: access to clients; electronic and paper notes; multidisciplinary team meetings; special patient reviews; allied health team meetings; clinical ethics advisory group; clinical governance groups; and most recently COVID-19 governance and managerial planning for the service. The service spans the lower North Island of Aotearoa New Zealand, encompassing three different District Health Boards, as well as specialized national services for the entire country. While SPTs can be regularly found in Porirua, they are often sent out into the community or other areas requiring their specialized expertise.

In addition to the above, SPTs at MHAIDS regularly carry out services for clients, staff, and families, including: spiritual assessment and follow-up; pastoral care; spiritual resourcing; supervision; clinical pastoral care education; weekly chapel services; daily drop-in center; prayer hotline; and 24/7 on-call coverage. This model is unique in Aotearoa New Zealand. During the COVID-19 lockdown, each unit in our hospital established their own bubbles. This kept clients, staff, and their families safe. There were no visitations from outside the hospital, and non-essential services such as contracted staff or trade staff were *not* allowed on campus. The hospital completely isolated itself. We quickly realized that we were in uncharted territory, so we switched gears and became intentional in reaching out especially to those staff who were getting quite anxious about their changing roles, the safety of clients, and their own families.

The Essential Ministry of Presence and Visibility

Porirua Hospital Chapel or *Karakia I Te Koraha* (“Prayer in the Wilderness”; see Figure 1) is regularly open from 9am–4pm Monday through to Friday. Proudly, the chapel doors are the only unlocked doors on our campus. This did not change during lockdown, but everything else did. Two weeks before the Level 4 lockdown period, SPTs were invited to attend COVID-19 “governance and managerial planning” meetings. Often, the SPTs were asked to open or close with a meditation or prayer. As part of the team, we were privy to daily phone meetings and communication that was essential to the health and safety of our campus. This communication lasted until we moved to Level 2 on May 13, 2020.

While the chapel was open to all bubbles on campus, SPTs were visually present every day by taking walks on the campus, utilizing our labyrinth meditation walk (Figure 2), and keeping our doors open to any bubbles who wished to visit, with rigorous cleaning afterward. When things were particularly grim, we played dance music and invited others to dance in the chapel. Each week, the themes in the chapel were changed to bring new life into an already anxious setting, including flowers, colors, and various prayers that could be offered for our campus and beyond. We made a large chalkboard that announced the day and date every day on one side, as well as an inspirational message on the other. Many staff were encouraged by these messages as they took their bubbles out for daily walks, making



Figure 1: Porirua Hospital Chapel or *Kakakia I Te Koraha* (“Prayer in the Wilderness”)



Figure 2: Porirua Hospital Chapel labyrinth meditation walk

comments such as, “It’s so hard to remember what day it is, thanks for your daily reminders” (MHAIDS Support Worker³). We found that the needs of our regular clients lessened, as staff and management support began to increase. This support was provided both on the phone and face to face, at a safe distance.

Many of our regular meetings were moved to using Zoom, such as the multidisciplinary and governance meetings. Our “Clinical Ethics Advisory Group,” where Amy is a member, was very busy during this time, seeing more cases during lockdown than in our average year. We also kept in regular contact with our volunteers and Sunday service regulars by writing letters. One of the largest changes for us was writing meditations for the daily employee newsletter.

The Essential Ministry of Peace, Inclusivity, and Breath

Leading up to the lockdown, the hospital’s daily employee e-newsletter, which is sent to approximately 6,000 people over the lower North Island, became more clinical and ominous. The people in our world were anxious and concerned. On the very first day of Level 4 lockdown, we, as the SPTs at Porirua Hospital Chapel, sent in our first meditation to the newsletter, the Gaelic blessing “Deep peace” (World Prayers, 2020a). We immediately received messages of gratitude from our colleagues. Consequently, we felt the need to continue our outreach, and so the next day we wrote and submitted another contribution on the topic, “Pausing to breathe.” On the third

3. Mental Health Addictions and Intellectual Disability Service Support Worker.

day, we attempted a play on words to lighten the stringent messages, but promptly received a message that “no one was in a joking place right now” and “can you please quickly send something more serious, it’s a great idea and we can call it ‘Daily meditations.’”⁴ With 15 minutes to get something in, and excitement that we had a daily slot in the newsletter, we transcribed “A Buddhist prayer for peace” (World Prayers, 2020b) from our chapel wall, which we then submitted. This day was a helpful learning lesson for us in what was needed around the District Health Board (DHB).⁵

Over the course of the lockdown, we submitted a total of 53 daily meditations, with only four sourced from our own library. Each morning, we would meet for theological reflection. This reflection could include anything we encountered, from the feelings of our families, who we talked to on the phone, the evening news broadcast, or even the way people were driving that day. In our reflections, we openly discussed our feelings and wondered what our colleagues needed to nurture their spirituality. This practice became a holy and revitalizing act for us both. Based on our discussion, we presented themes to one another and then wrote our daily meditation, careful to be inclusive of all walks of life as well as belief systems. For example, the name of God was only invoked once when we used the serenity prayer. Otherwise, God may have been implied but was never named, as we believed it to be most important for our colleagues to nurture their own spirituality during this onerous time.

Our meditations included themes such as: peace; stretching ourselves; walking gently with ourselves and others; encouragement; calm; the weather; season changes; preparations; limitations; change; breath; personal resources; professionalism; apprehensions; illusion; grounding; being; moods; feelings; focus; grief; and teamwork. Almost daily, we received positive feedback from our colleagues all over the area, most of whom were unknown to us. Some of the comments we received were as follows.

Just a quick note to say it is lovely to read your daily meditations in the *Daily Dose* newsletter. As healthcare professionals we are prone to rushing around all shift doing task after task, so when I read your lovely meditations I am reminded to slow down, remain in the present, and increase my mindfulness. I always enjoy them. (RN Emergency)

4. Email from *Daily Dose* newsletter, March 30, 2020.

5. District Health Board (DHB): the NZ Government Ministry of Health has 20 District Health Boards across New Zealand, each governed by a board of eleven personnel, four of whom are appointed by the Ministry of Health and seven publicly elected by the community. The DHBs are responsible for providing or funding the provision of health services in their district, although some disability and health support services are funded nationally by the Ministry of Health.

I just wanted to pass on my sincere gratitude to Amy and Kath for the beautiful and inspiring messages you are putting in the *Daily Dose*. I really hope this can continue in some way post-COVID. It is wonderful to have our spiritual well-being acknowledged and nurtured in such a gentle and inclusive way. (Senior Management Team)

You make me stop and breathe ... I'm listening to you every day... I pause and I breathe, thank you! (Senior Management Team)

I just needed to send you both a big thankyou for the daily meditations that you have provided. It has been something that I have looked forward to every day. You have captured the changing emotion of this whole experience so well and each meditation has rung so true to the feelings that I have personally experienced during the last eight weeks.

Thank you again, your daily writings have definitely made a difference in my world. ☺ (Charge Nurse)

I wanted to express my thanks and appreciation to you for the awesome reflections you have been delivering to us on a daily basis for the past many weeks. I have always looked forward to your reflections which have been so on point and emotional, and full of sincerity and warmth. Definitely a calm within the storm. Well done to you both. (Service Provider)

I wanted to take the opportunity to thank you both for your wonderful meditations. I have never been an admirer of meditations at all until COVID-19; however, I found myself looking forward to reading your lovely snippets of hope and inspiration. Thank you both again for sharing your time and kindness. (Capability and Safety Advisor)

Further Reflections

Like other spiritual care services internationally (e.g., Drummond & Carey, 2020; Peacock, 2020), we felt the need around the hospital and the country to nurture spirituality, yet we were unaware of the positive impact we would have on others. As the weeks continued, we began sharing the daily meditations on our social media pages as well, with similar positive feedback and requests to share with other teams around the world. This has been a humbling and empowering experience that highlights the need for each person to find a way to nurture their spiritual selves in the way they best see fit. Each one of us has a foundation in something, yet no two foundations are the same. As SPTs, we are in a unique position to nurture spiritual foundations in others.

As we write this, we are finding ourselves looking at another partial lockdown. We have been watching what has occurred around the world and New Zealand is taking no chances. As with the last time we were in this position, we will keep alert and attempt to recognize what is needed around us. We will listen with open ears to the call that is being articulated. We will act. We are already aware that spirituality will need encouragement, and we will find ways for this to be achieved. We are currently working on putting our meditations into book form and look forward to sharing these with others who may find them useful.

Conclusion

As previous research in Aotearoa New Zealand has indicated, providing spiritual care services to nurture well-being within mental health and disability services is challenging (Carey & Del Medico, 2013). To follow a call is not something one does without trust and foundation in our own spirituality, especially as we often have no idea where that call will take us. In a presentation to CPE supervisors during the COVID-19 pandemic, Dr. Michael Paterson, Director of the Institute of Pastoral Supervision and Reflective Practice, commented, “I have come to recognize that doctors and nurses are of course important, but nurturing spirituality is essential ... we cannot continue to downplay ourselves as leaders in that speciality” (Paterson & Kelly, 2020). In the Māori Health Model, *Te Whare Tapa Whā*, nurturing spiritual well-being is as essential as physical, mental, and family well-being (NZ Government, 2020b). Still, spirituality is often put to one side and forgotten.

As SPTs at Rātonga-Rua-O-Porirua (Porirua Hospital), we have been able to integrate spirituality into all areas of hospital life. This has taken time, prayer, and action ever since the department started in the 1960s. Being hospital employees has helped with our integration. During the first wave of the COVID-19 pandemic, we were able to recognize the call to step up for our colleagues and create a ministry of holding, of peace, calm, breath, and of nurturing spirituality for people who may have never known that they needed that kind of nurturing. We became a constant, inclusive voice of presence. No one was forgotten or overlooked. Everyone was prayed for and everyone was loved. This is our ministry.

Acknowledgments

The authors wish to acknowledge the editorial contribution of Rev. Meg Burton (Free Churches, UK), Rev. Dr. Lindsay Carey (Palliative Care Unit, La Trobe University, Melbourne, AU), Rev. Carl Aiken (Emeritus Chaplain, Royal Women's and Children's Hospital Adelaide, AU), Rev. Wyatt Butcher (Ecumenical Chaplain, Specialist Mental Health Services, Canterbury District Health Board, NZ), Rev. Dr. Noel Tiano (Chaplain, Kenepuru/Porirua Hospital, NZ), Kuni Shepherd (Kaumatua of MHAIDS), plus Sarah Tremain and Gaius Rewiti for their editorial assistance.

References

- Ardern, J. (2020). *PM Address – COVID-19 Update*. Official website of the New Zealand Government, March 21. <https://www.beehive.govt.nz/speech/pm-address-COVID-19-update>
- Carey, L. B., & Del Medico, L. (2013). Chaplaincy and mental health care in Aotearoa New Zealand: An exploratory study. *Journal of Religion and Health*, 52(1), 46–65. <https://doi.org/10.1007/s10943-012-9622-9>
- Drummond, D. A., & Carey, L. B. (2020). Chaplaincy and spiritual care response to COVID-19: An Australian case study – the McKellar Centre. *Health and Social Care Chaplaincy*, 8(2). <https://doi.org/10.1558/hsc.41243>
- Mulligan, J. (2020). The creator of the “bubble.” *Afternoons with Jesse Mulligan*, July 3. <https://www.rnz.co.nz/national/programmes/afternoons/audio/2018753426/the-creator-of-the-bubble>
- NZ Government (2020a). *COVID-19 Alert system overview*. Wellington: New Zealand Government. <https://covid19.govt.nz/covid-19/alert-system/alert-system-overview>
- NZ Government (2020b). *Te whare tapa whā*. Wellington: New Zealand Government. <https://covid19.govt.nz/health-and-wellbeing/te-whare-tapa-wha>
- Paterson, M., & Kelly, E. (2020). COVID-19: Interruption or fertile soil for learning? Zoom presentation to CPE supervisors, June 4. Australian and New Zealand Association of Clinical Pastoral Education.
- Peacock, G. (2020). Mental health chaplaincy in the UK during COVID-19: A personal reflection. *Health and Social Care Chaplaincy*, 8(2). <https://doi.org/10.1558/hsc.41803>
- World Prayers (2020a). “Deep peace” Gaelic blessing. https://www.worldprayers.org/archive/prayers/invocations/deep_peace_of_the_running.html
- World Prayers (2020b). A Buddhist prayer for peace. <https://www.worldprayers.org/archive/prayers>