

## **Readings Related to the Pastoral Care Experiences of Residents in South Australian Aged Care Facilities**

### **Abstract**

The pastoral care of residents in aged care focuses on their well-being. It attends to resident's immediate spiritual, emotional and social needs. This literary research offers a diversity of spiritual and theological perspectives. The research traces the historical development of pastoral care from its roots to contemporary aged care in residential facilities. Defining and facilitation of pastoral care within this context is considered, and government legislation appraised. The research centres on a narrative for notions and practices around the holistic care of individuals with aging issues. This is within the scope of social trends, public opinion, and policy advances.

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**KEY WORDS:** Pastoral, care, spiritual, residents, well-being, church, faith.

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### **Introduction**

Pastoral care within the environment of residential aged care facilities (RACF's) raises questions relative to the well-being of individuals facing changes and challenges in life. For example, ageing and spirituality, the spiritual dimension, and the ethic of caring. However, a clear definition of pastoral care in residential aged care is indistinct and yet to be fully defined.

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 review 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.<sup>1</sup>

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

The main points to be covered in this literary 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.

### **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 19<sup>th</sup> century, particularly in the United Kingdom and France.<sup>2</sup>

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.<sup>3</sup> Saunders' work was furthered in the United States by Elizabeth

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<sup>1</sup> Derrel R Watkins, *Practical Theology for Aging* (Binghamton, NY: The Hawthorn Pastoral Press, 2003), 121.

<sup>2</sup> Stuart Milligan and Shirley Potts, *The History of Palliative Care* (Wiley-Blackwell Chichester, 2009), 16.

<sup>3</sup> Dame Cicely M Saunders, *Cicely Saunders: Selected Writings 1958-2004* (Oxford University Press, 2006).

Kübler-Ross, and replicated throughout the world.<sup>4</sup> 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. The Canadian surgeon Balfour Mount introduced the term 'palliative care' in 1975 due to the poor standing associated with hospice institutions in France.<sup>5</sup>

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 Lavery 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.<sup>6</sup>

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.<sup>7</sup>

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

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<sup>4</sup> Elisabeth Kübler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and their Own Families* (Taylor & Francis, 2009).

<sup>5</sup> 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.

<sup>6</sup> Martin J Lavery et al., "The Resilience of Pastoral Care in Australian Catholic Aged Care Services," *Journal of Religion, Spirituality & Aging* 24, no. 1-2 (2012): 68.

<sup>7</sup> Australian Government Australian Aged Care Quality Agency, 79-80.

settings. Little attention has been given to pastoral care of older people in residential aged care settings.<sup>8</sup>

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

### **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 'chaplains 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 care is performed by chaplains and other religious professionals, usually with persons of their own faith traditions.<sup>9</sup>

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 Wilkes 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.<sup>10</sup>

Furthermore, pastoral care in relation to the aged is usually referred to in the context of spiritual dimensions, with a specific definition for pastoral care

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<sup>8</sup> Lesley Wilkes et al., "Defining Pastoral Care for Older People in Residential Care," *Contemporary nurse* 37, no. 2 (2011): 214.

<sup>9</sup> Stephen B. Roberts, *Professional Spiritual & Pastoral Care: a Practical Clergy and Chaplain's Handbook* (Woodstock, Vermont: Skylight Paths Publishing, 2012), 24-25.

<sup>10</sup> Wilkes et al., 213.

lacking in 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'.<sup>11</sup>

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.<sup>12</sup>

Additional 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.

### **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: residential aged care, and community-based aged care.

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<sup>11</sup> 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.

<sup>12</sup> 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 July, 2016)

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.<sup>13</sup>

Pastoral care within the context of these RACF's includes issues of; ageing, spirituality, chronological versus functional age, meaning in ageing, religious experiences, the spiritual dimension, and the ethic of caring. The latter are referred to by MacKinlay in her chapter titled, 'An ageing society and the spiritual dimension.'<sup>14</sup> The following three of MacKinlay's 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."<sup>15</sup> 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.<sup>16</sup>

Moreover, only a small percentage of staff employed in aged care facilities have sufficient appreciation of their own spirituality. 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

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<sup>13</sup> Aged Care (AIHW) –“Australian Institute of Health and Welfare,” (2016), [www.aihw.gov.au/aged-care/](http://www.aihw.gov.au/aged-care/) (accessed 29 August, 2016).

<sup>14</sup> Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (Jessica Kingsley Publishers, 2001), 11.

<sup>15</sup> *Ibid.*, 12.

<sup>16</sup> *Ibid.*, 18.

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, and 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.<sup>17</sup>

Therefore, what kind of pastoral care do residents need and want? Resident's surveyed living in aged care facilities inferred the most important factor in their care was considerate and skilled staff.<sup>18</sup> 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.<sup>19</sup>

### **Facilitators of Pastoral Care in Aged Care Facilities**

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

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."<sup>20</sup> This was because residents are often uncomfortable with formal health or social services, preferring relationships with both expected and unexpected sources, for example, family, friends and a spiritual community.

Furthermore, 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. Lavery observes, particularly in relation to Catholic care, "Pastoral care is adapting to this challenge and establishing itself as a

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<sup>17</sup> E MacKinlay, J Ellor, and S Pickard, "Aging, Spirituality and Pastoral Care," (New York: Haworth Press, 2002), 116-18.

<sup>18</sup> Bethany Knight, "Assuring Professional Pastoral Care for Every Nursing Home Resident," *Journal of health care chaplaincy* 8, no. 1-2 (1998): 94.

<sup>19</sup> *Ibid.*, 94-95.

<sup>20</sup> Edwards et al., 765.

professional discipline that is able to contribute to the delivery of quality holistic care while remaining a ministry of the Catholic community.”<sup>21</sup>

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.<sup>22</sup> This is particularly applicable to aged care, pastoral counselling and spiritual direction in aged care facilities. The sacraments of Eucharist, penance, reconciliation, and 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.

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 spiritual 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

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<sup>21</sup> Laverty et al.,78.

<sup>22</sup> Laurel Burton, "Professional Chaplaincy: Its Role and Importance in Healthcare." *The Journal of Pastoral Care*, Spring 2001, Vol.55, No.1:81-85.



in-services may be appropriate for enhancing spiritual care in long-term care facilities.<sup>23</sup>

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."<sup>24</sup> Associated with this issue are increasing multicultural influences affecting both givers and receivers of pastoral care.

### **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 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*.<sup>25</sup> These regulations 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.<sup>26</sup>

Accordingly, Federal Government legislation embraces Local and State regulations and Acts under the *Aged Care Act 1997*.<sup>27</sup> Moreover, the Act requires approved providers of RACF's to comply with a number of standards

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<sup>23</sup> 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.

<sup>24</sup> Lydia V Monareng, "Spiritual Nursing Care: A Concept Analysis," *curationis* 35, no. 1 (2012): 1.

<sup>25</sup> 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).

<sup>26</sup> Ibid., Supported Residential Facilities Act 1992, (accessed 6/05/16)

<sup>27</sup> "Aged Care Act 1997," <https://www.legislation.gov.au/Details/C2014C00810/Download>. (2016), (accessed 25, August, 2016).

known as the *Accreditation Standards*. These Standards come 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 on 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 and the Aged Care Act of 1997 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.<sup>28</sup>

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.<sup>29</sup>

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.<sup>30</sup>

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).

Prevailing themes in the Standards are; interests, activities, customs, beliefs, culture, environment, emotions and support. These Standards are not

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<sup>28</sup> Australian Government Australian Aged Care Quality Agency, 7.

<sup>29</sup> Ibid., 7.

<sup>30</sup> Ibid., 66.

legislated by name as pastoral care for RACF's; however correlate with pastoral care themes in aged care settings.

### **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 that methods 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 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.

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