

## **Report of the closed and open sessions of the Taskforce Spiritual Care, 7 and 9 May 2015**

### **Closed session: 7 May 2015**

Closed session TF as a part of the Meeting of the Global Network for Spirituality and Health (GNSAH) in collaboration with dr. Christina Puchalski. Aim of this meeting is to investigate where both groups can help each other and collaborate more closely in developing initiatives that aim at a better integration of spiritual care in healthcare.

Carlo introduced the Taskforce Spiritual Care to the members of GNSAH. He told about the work of the three groups - research, education and implementation - and presents the co-chairs of them. See also <http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare.aspx>.

There are about 300 members in the TF LinkedIn group from all over the world. Everyone who is interesting is welcome! Make an account via [www.Linkedin.com](http://www.Linkedin.com) or join the group directly if you are LinkedInmember yet, click [here](#).

### **Research group Planned aims 2013-15:**

- 1) To continue to facilitate networking and collaboration between clinicians and researchers interested in SCPC
- 2) To make an inventory of current, recent and imminent research on SCPC in EU to facilitate collaboration and networking and identify gaps in current research; present findings at EAPC congress 2015 and host inventory on EAPC website
- 3) To identify and evaluate existing SCPC guidelines (using 'AGREE' evaluation instrument)
- 4) To continue to work on the theoretical basis/framework of SCPC research and publish White Paper on this
- 5) To educate and support chaplains as researchers of SCPC

Further plans: To join a worldwide study. Margareth Holloway did a literature search. She found many studies were methodologically substandard. But the study of Holloway (2010) has gaps. Aim is to do the study thoroughly over in 2015/2016.

#### Needs:

- A. global research agenda
- B. clinical relevance of the studies
- C. studies based on the needs of patients and their relatives.

### **Education group goals for Copenhagen:**

- 1) To contribute to the quality of the spirituality program on EAPC congresses
- 2) To make accessible and exchange successful training programs
- 3) To develop core content in teaching spirituality to non chaplaincy-professionals
  - definition issues; basic understanding of SCPC (professional)
  - spiritual needs, assessment tools,
  - spiritual needs and resources of carers
  - spiritual culture in teams
- 4) To promote spiritual issues as a mandatory element to all disciplines
- 5) Preparation of training materials based on Marie Curie SC competencies across 4 levels of NICE

Main question: What is 'good education' on spiritual care?

**Call:** Study proceeds via an inventory launched in October 2013, which can still be filled in. **Please do!**  
<http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare/Educationenquiry.aspx>,  
Eventually there is the wish to publish a White Paper on Spiritual Care Competencies

**Need:** a link with broader education research in the global network and a connection with Gwish.

Remark: In Australia much research has been done about training on spiritual care  
([megan.best@sydney.edu.au](mailto:megan.best@sydney.edu.au)) .

**Implementation goals for Copenhagen:**

- 1) Continue the series of papers on SCPC in specific countries in the EJPC.
- 2) Conducting a survey exploring existing practices of spiritual care and related activities/services to obtain detailed data on the current situation across Europe (and hopefully also beyond Europe).

**Call:** Researchers and SC experts are invited to write an article (1100 words) about implementation of spiritual care at the end of life in their country for European Journal of Palliative Care. So far articles from UK, Italy, Netherlands, Germany, Finland, Estonia have been published.  
Coming soon are hopefully: Spain, Poland, Ireland, Denmark, and many others.  
Alongside with the article a blog post (additional 700 words) via the EAPC-website is offered.  
Please contact: [piret.paal@med.uni-muenchen.de](mailto:piret.paal@med.uni-muenchen.de)

**The state of affairs**

Attend session PS 19 (or see the abstract book) during the EAPC Congress for the state of affairs at the three issues.

**Introduction GNSAH by Dr. Christina Puchalski**

GNSAH is aiming for a worldwide policy change: what is needed to achieve that goal?  
To collaborate more closely in developing initiatives that aim at a better integration of spiritual care in healthcare. Dr. Puchalski underlined the importance of collaboration and the sharing of information i.a. via Gwish.

WHO recommendation can work as a stimulant to realize more attention for spiritual care in healthcare. GNSAH is broader than palliative care. We have to influence policy makers.  
Mission GNSAH, see <https://smhs.gwu.edu/gwish/about/message>

After these introductions all participants of the meeting introduced themselves.

**Open session: 9 May 2015, 13.00 – 14.00.**

More than 80 people participated in the open session of TF Spiritual care. Many researchers, a lot of doctors and nurses and spiritual caretakers/chaplains.

Carlo introduced the TF spiritual care for newcomers. Because of the time the introduction is short. More information is available in the report of the closed session on May 7<sup>th</sup> and on the website <http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare.aspx>.

**Research:**

Need:

- 1) Appropriate research tools
- 2) Recommendations which tools can be useful if you want to engage with in spiritual care

**Education:**

Need:

- 1) More information needed about the teaching methods
- 2) Consensus needed, what are spiritual care competencies for different professions
- 3) Aiming for better evidence by using different approaches and research methods

**Implementation:**

Need:

- 1) Stories about implementation of spiritual care at the end of life in different countries. **Mail** Piret Paal [piret.paal@med.uni-muenchen.de](mailto:piret.paal@med.uni-muenchen.de)
- 2) Try out a palliative tool in other countries than UK and Spain. Join Bella Vivat and Maria Teresa Garcia. They will publish about this tool in the next two years.

Because of the time we split up in subgroups to make concrete plans for next year.

Research led by Peter Speck:

Peter: There were 2 recent literature reviews: Mark Cobb en Cochrane review by Margareth Holloway. He is curious about the reasons why studies dropped out. What were the criteria? Many studies have found methodologically substandard. It is a difficult field of research.

Attention for research in PS 15 by Mieke Vermandere (Belgium), Bella Vivat (UK) and Shane Sinclair (Canada). See the abstract book!

Peter tells more about generating an International Evidence Base for Spiritual Care in the session PS 19. See the abstract book!

**Problems:**

- 1) Some tools are good for research but not for practice (eg. tiring).
- 2) Not all tools applicable and not culturally transferable
- 3) Not at all stages same instrument possible. More and other needs during the time, changing process.

**Questions now:**

- 1) What tools do you want for use on the bedside and which one in research?
- 2) What are the experiences with spiritual history tools, assessment tools, etc?

3) What kind of research are you doing / preparing?

**To do by all participants:**

Send your (ideas about a) research proposal/project to Marijke Wulp, [mwulp@agora.nl](mailto:mwulp@agora.nl). She ensures that the connection is made with the chairs and coordinators.

Examples mentioned during the session:

- The screening of spiritual needs by GPs (Belgium, Denmark) and spiritual caretakers (The Netherlands) give problems of the same kind. You have to screen in a (very) short time. Which instrument you can use? You can include nurses in screening (The Netherlands)?
- In Australia they also use electronic screening in the area of spiritual care.
- How can you involve philosophical practice in palliative care? Use of existential phenomenology? (Finn Hansen, Denmark)
- What is the role of a spiritual caretaker in a consultation team?
- Qualitative study in Norway about existential meaning at the end of live (Sigrid Helene Kjørven)
- Study about suffering in Denmark. Many difficulties. She goes talking with Australia.

**Education led by Piret Paal & Carlo Leget**

What is planned is a white paper that answers the questions:

1. What are the core aims of spiritual care education?
2. Is it helpful to make a difference between basic spiritual care and specialized spiritual care?

**To do by all participants:**

1. Which training methods work? Get more insight in teaching/learning methods that work. Teaching SC is usually a mix of interaction and theoretical knowledge, but does it really work?
2. Take a step back and try to isolate evidence based competencies? To proceed a Delphi method (involving experts to discuss in group meetings ) or literature review might be needed.
3. For a white paper we need fundamental decisions about the use of concepts, the language, framework, e.g. should we talk about skills, knowledge and attitudes or should we adopt some other approach, what is sensitivity, how to achieve the long-term effects in SC education, etc.
4. Submit the form:  
<http://www.eapcnet.eu/Themes/Clinicalcare/Spiritualcareinpalliativecare/Educationenquiry.aspx>  
[X](#)

Conclusion:

First of all: There is a need for clear aims and goals of the paper. Definition spirituality of the Taskforce is following the working definition of Puchalski. We do not see a need to revise it at the moment.

**Implementation led by Bella Vivat and Teresa Young**

- Everybody is encouraged to join EAPC Spiritual Care Taskforce LinkedIn Group as a way to introduce ourselves and share information.
- We previously agreed to conduct a scoping study to identify the range of current understandings of spiritual care, since before we begin to address any recommendations for what spiritual care is and how it should be implemented, it would be helpful to have an idea of what kinds of activities and interventions care providers currently consider to be spiritual care.

- A survey tool (questionnaire) has been developed and pilot-tested in the UK (in English) and in Spain (with fluent English speakers). This questionnaire intentionally does not provide a definition of spiritual care interventions, so respondents can choose to define activities/interventions such as music therapy, art therapy, drama therapy, writing therapy, Reiki or other complementary therapies etc. as spiritual care as and if they think appropriate.

**To do by all participants:**

- The questionnaire will be circulated to the group for comments/feedback, and optional completion, as follows:
  1. Feedback and any comments regarding phrasing, terminology, layout, etc., particularly where problems might arise for less fluent English speakers and/or for translation
  2. If any group member does not think there are any major problems with the current version of the tool, then those who consider that they and/or their organisation provide spiritual care or an equivalent activity by a different name can also complete the questionnaire as relevant to them
- Responses to be returned to Bella Vivat ([b.vivat@ucl.ac.uk](mailto:b.vivat@ucl.ac.uk)) or Teresa Young ([Teresa.young2@nhs.net](mailto:Teresa.young2@nhs.net)). BV and TY will compile the comments and amend the questionnaire as/if necessary, and then re-circulate it for translation, if required, and distribution.
- Distribution:
  - The study is focused on spiritual care in palliative care at this point. Members of the group can distribute to any individual or services involved in the provision of palliative care in their country.
  - Encourage snowballing – i.e. respondents passing the questionnaire onto any other person/people they think are also suitable respondents who might be interested in completing the survey.
  - We will also see if it is possible to make the tool available for online completion on the EAPC website, and email EAPC conference delegates to ask if they would like to participate in the study.
  - If a translated copy is used, national representatives will be asked to translate free text comments into English.

Countries of subgroup members (additional to UK and Spain): Belgium, Brazil, Denmark, Germany, Israel, Netherlands, Romania, Sweden

Bunnik, June 2015

Marijke Wulp