

Abstract Preview - Step 3/4

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Category: Spirituality

Title: What do palliative care practitioners understand to be spiritual care? Results from an international survey on behalf of the EAPC Spiritual Care Taskforce

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Text: Background

Little is known of the detail of the activities which palliative care practitioners understand as spiritual care (SC). The Implementation subgroup of the EAPC Spiritual Care Taskforce therefore designed and conducted a survey to explore practitioners' current understandings.

Aims

To explore how clinicians and others working in palliative care understand SC, and investigate relationships between respondents' understandings and their professional and sociodemographic characteristics.

Methods

After initial piloting, an online survey ran for one month. Respondents were sourced via a circular email to all EAPC members, social media, and "snowballing" (individuals sharing the link with colleagues). Quantitative data were analysed using descriptive statistics, and free-text responses thematically. We then tested hypothesised relationships between respondents' characteristics and emergent themes.

Results

On survey closure 528 palliative care professionals had responded, working across the world, from Northern Europe (42%), Australasia (6%), Central/South America (3%) to Africa (1%). Respondents were 68% female, 35% aged 46-55, and 66% said they engaged in personal religious and/or spiritual practices. Most, regardless of their own faiths or religious or spiritual activities, addressed the issue of similarities and differences between religion and spirituality in their responses; mainly distinguishing between these, although a few equated them. A wide variety of other themes emerged, including engaging in personal conversations with patients and/or their families, through collective or individual prayer or provision of religious or other pastoral or counselling services, to music or art therapy, or complementary therapies. Only 28% followed any guidelines for SC.

Conclusion

SC is a key element of palliative care, but even members of the EAPC have widely varying understandings of which activities comprise SC, and relatively few follow guidelines for its provision.

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