

Abstract Preview - Step 3/4

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Topic: Psychosocial care and spirituality

Title: **What Activities Do EAPC Members Consider to Be Spiritual Care? Results from a Survey on Behalf of the EAPC Spiritual Care Taskforce**

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Text: **Background:** Palliative care seeks to attend to patients' spiritual needs, and several national or international guidelines for spiritual care (SC) have been written. However, little is known about how care providers actually implement SC guidelines in practice, nor about which specific activities practitioners understand to be SC. The implementation subgroup of the EAPC Spiritual Care Taskforce (SCTF) explored this via a scoping exercise investigating EAPC members' understandings of which activities they consider to be SC.

Methods: We piloted a survey tool with an opportunistic sample of members of the SCTF and other EAPC conference delegates. Following analysis of pilot responses, the tool was revised slightly and then made available through the EAPC website, with EAPC members emailed to request their participation. Data for the wider survey is currently being collected, and a further content analysis including all responses will be conducted in early 2016.

Results: The initial pilot-test involved 30 people: 3 Belgian, 10 Danish, 3 Dutch, 3 English, 3 Romanian, 7 Spanish, 1 Swedish, aged 37-57, with 22 women, and from a range of professions, including chaplains, nurses, psychologists, and physicians. Their experience in palliative care ranged from 0.5 to 15 years. A few respondents said they did not provide SC nor know what it comprised. Others identified a wide variety of activities as SC, ranging from personal conversations with priests or other professionals, through religious services or prayer (individually or in groups), to art therapy, acupuncture and other complementary therapies.

Conclusions: Although SC is a key element of palliative care, and national and international SC guidelines have been produced, even members of the EAPC have widely varying understandings of which activities comprise SC. In turn this may mean that its provision varies and/or is inconsistent. Greater conceptual clarity might assist practitioners to support patients in this area.

Preferred Presentation Type: **Regular abstract Submission**

Conference: 9th World Research Congress of the European Association for Palliative Care · Abstract: A-767-0013-00282 · **Status:** Submitted (checked)

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