



PARACELSUS
MEDIZINISCHE PRIVATUNIVERSITÄT



WHO Collaborating Centre for
Nursing Research and Education

Spiritual care competencies for palliative care specialists

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VOCI PENTRU CEI ÎNCĂTUȘATI DE SUFERINȚĂ

20 de ani de Îngrijire Paliativă

Brașov, Romania 2018

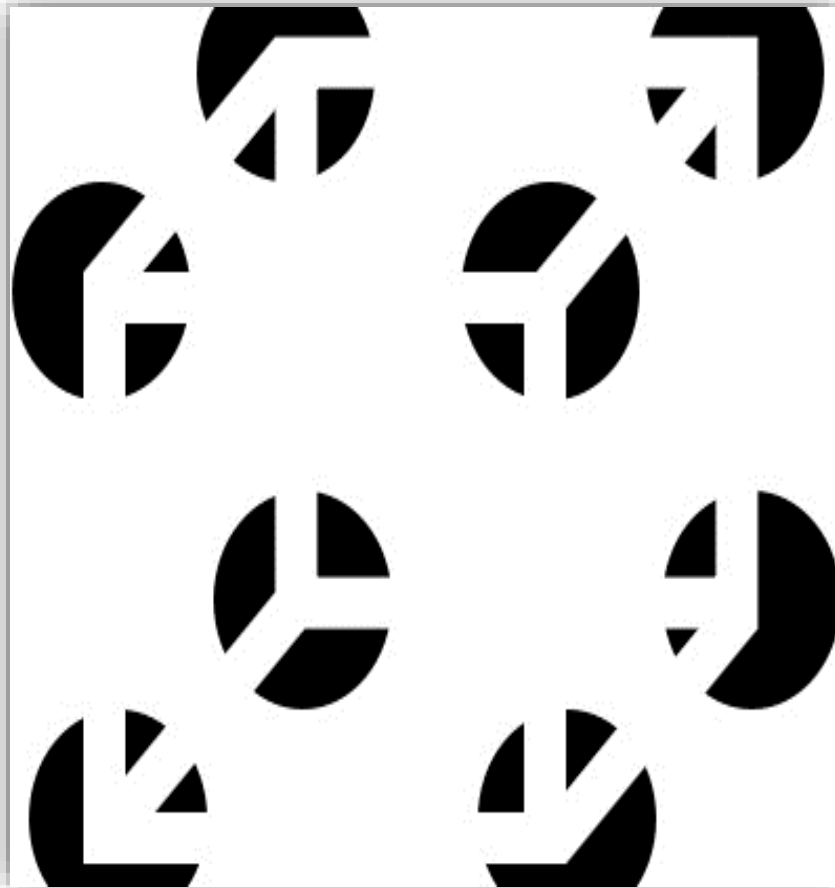
Spiritual Dimension

“The spiritual dimension is understood to imply a phenomenon that is not material in nature, but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings, particularly ennobling ideas. [...] The spiritual dimension plays a great role in motivating people’s achievement in all aspects of life” (WHO1991, online).

People looking for help and support



Becoming Visible



Maurice Merleau-Ponty
(1908-1961)

Through involvement in the world – being-in-the-world – the perceiver tacitly experiences all the perspectives upon that object coming from all the surrounding things of its environment, as well as the potential perspectives that that object has upon the beings around it.

Telling stories

Stories with their tropes help people to say more than they thought themselves capable of articulating.

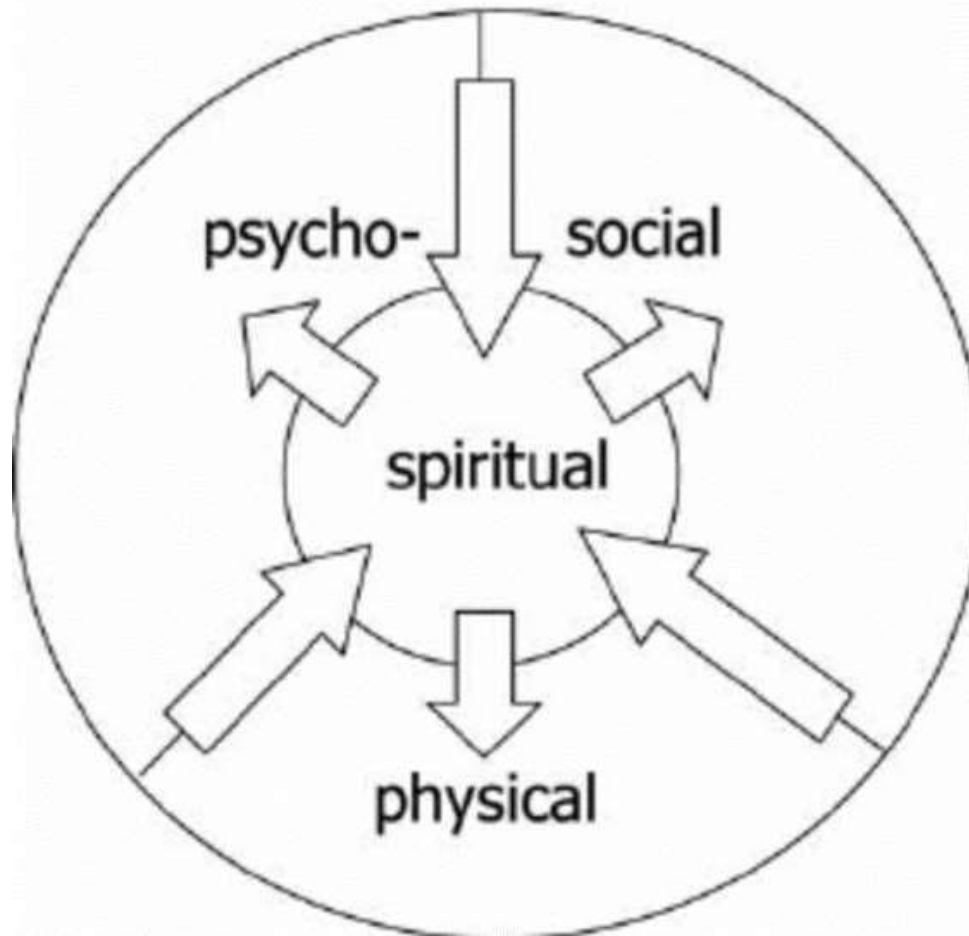
Part of the aesthetic pleasure of stories comes from feeling allowed access to the limits of what can be said.

But then, at some point in the best-told stories, narrative also allows the unsayable just to be, in its silence.

(Frank 2010: 167)

Spiritual Care in Palliative Care

The position of spirituality



Spirituality

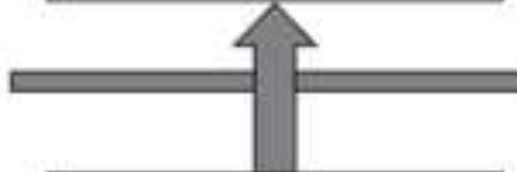
Spiritual/Heavenly Realm



Material/Earthly Realm

a) 'Ancient' Worldview

Spiritual/Heavenly Realm



Material/Earthly Realm

b) 'Spiritualist' worldview



Material/Earthly Realm

c) 'Materialist' Worldview

Spiritual/Heavenly Realm

Material/Earthly Realm

d) 'Theological' Worldview



e) 'Integral' Worldview



f) 'Integral' Worldview with transcendent dimension

Wattis et al. 2017

Spiritual Care Competencies

- (1) Demonstrate the reflective capacity to consider the importance of spiritual and existential dimensions in their own lives
- (2) Integrate the patients' and families' spiritual, existential and religious needs in the care plan, respecting their choice not to focus on this aspect of care if they so wish
- (3) Provide opportunities for patients and families to express the spiritual and/or existential dimensions of their lives in a supportive and respectful manner
- (4) Be conscious of the boundaries that may need to be respected in terms of cultural taboos, values and choices

Gamondi et al. 2013

Barriers! Barriers! Barriers!

- Definitions
- People do not want (do not know how) to talk about spirituality
- Documentation
- Spiritual Care, Pastoral Care und Psychology – what is the difference?
- Spiritual Care Interventions have an impact and come with risks
- Need for integrated (cheap) training
- ...

**White paper on
professional education
in spiritual care -
Recommendations
from the EAPC Spiritual
Care Reference Group
2018: 1. Expert Round**

Revisions! Revisions!

- Gamondi competencies need to be modified to make them more accurate and timely
- Who are generalists, specialists etc., in this context and who are the members of the multidisciplinary teams that so many regions do not have yet
- How to operate with words spiritual, religious and existential
- ...

**White paper on
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2018: 2. Expert Round**

Lack of spirituality in workplaces

- I am stressed out, everything has to happen right now!
- I feel like drowning, there is so much to do!
- I need to get the numbers right!
- I must be productive!
- The pressure is too high!
- I have no time or resources!

We live in a Knowledge Worker Age but operate our organizations in a controlling Industrial Age model that absolutely suppresses the release of human potential...
(Stephen Covey The 8th Habit 2006, p.15).

Find your voice to inspire others, so that they can find their voice!

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EDITORIAL

WILEY

Spiritual leadership as an emergent solution to address transform the healthcare workplace

Healthcare environments are increasingly demanding environments rendering nurses a vulnerable group experiencing a high degree of stress due not only through exposure to high patient acuity but also by understaffing, limited support, and long working hours (Hart, Brannan, & De Chesnay, 2014). Understaffing means that some nursing care activities may be missed, thus adding to frustrations

staff to enable them to deliver compassionate care (Hayter, 2013) alongside of effective working (Hauck, Winsett, & Kuric, 2013). To change the work environment managers need training and long-term support to adopt and maintain a compassionate leadership style (McKee, Johnston, & Massimilian, 2006; Riess, Kelley, Bailey, Dunn, & Phillips, 2012; Seppälä, Hutcherson, Nguyen, Doty, & ... 2014). The ...