

# **Spiritual Care in Hospices in Denmark:**

## Developing an intervention for hospice personnel

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## The Purpose of the Research Project:

*- to develop,  
implement,  
and quality  
assure a post  
grade course  
in spiritual  
care for  
hospice  
personnel*

# Four Phases in the Project

The project has four phases that involve the patients, relatives, and personnel in the research process.

- ❖ The two first phases centre on exploring the field of spiritual care in hospices from the perspectives of
  - ❖ 1) patients and their relatives
  - ❖ 2) hospice personnel
- ❖ The next two phases focus on developing the post grade course.
  - ❖ 3) developing and evaluating a spiritual care assessment tool
  - ❖ 4) developing and evaluating a post grade course in spiritual care



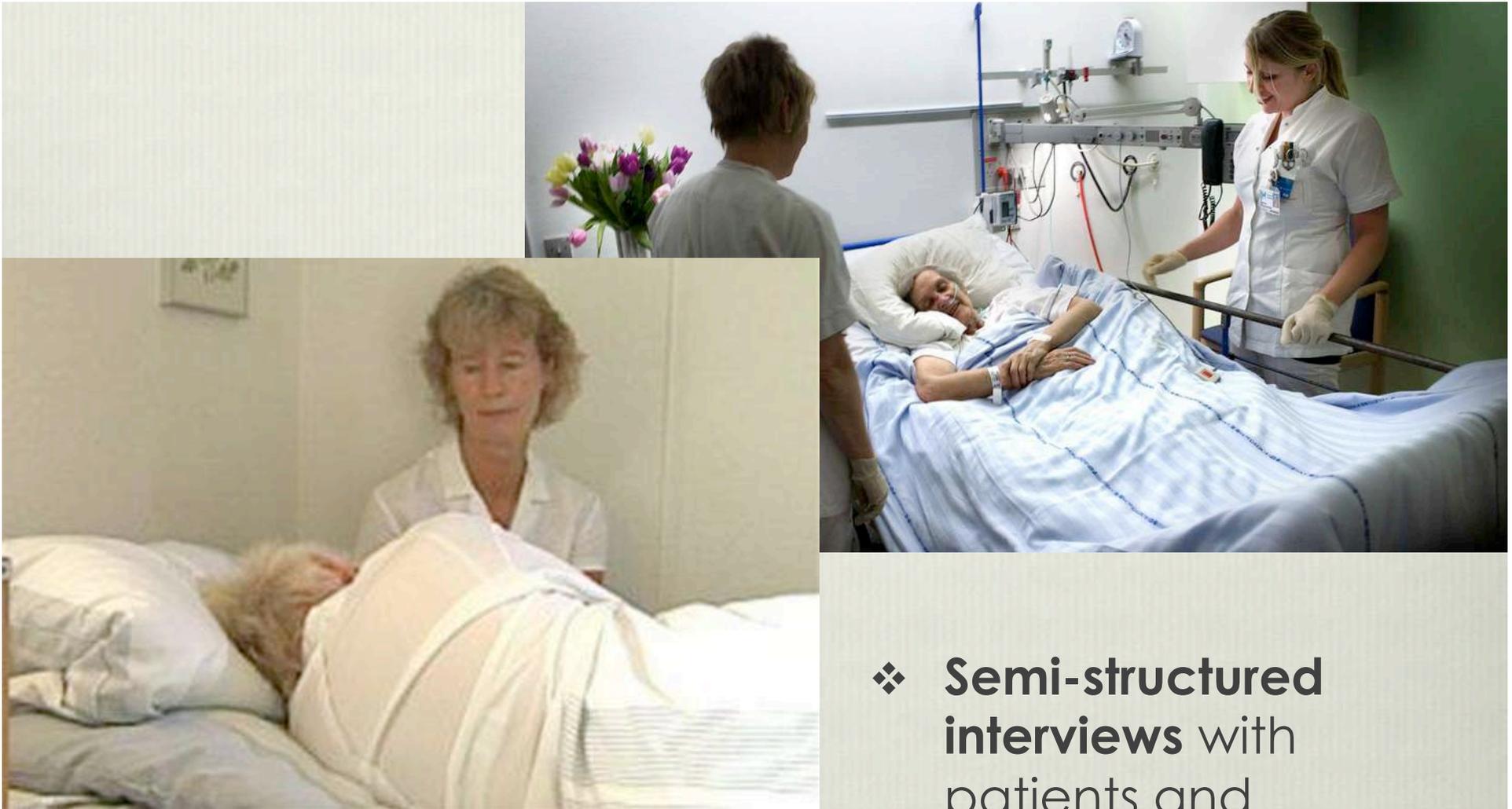
# Action Research Method

❖ **Observational studies**

❖ Researcher being present in the field, being observant, wondering and asking questions

❖ **Data:** Field notes of observations, conversations, statements, thoughts, etc.





❖ **Semi-structured interviews** with patients and relatives



**Focus-group interviews** with personnel



**Semi-structured interviews** with personnel

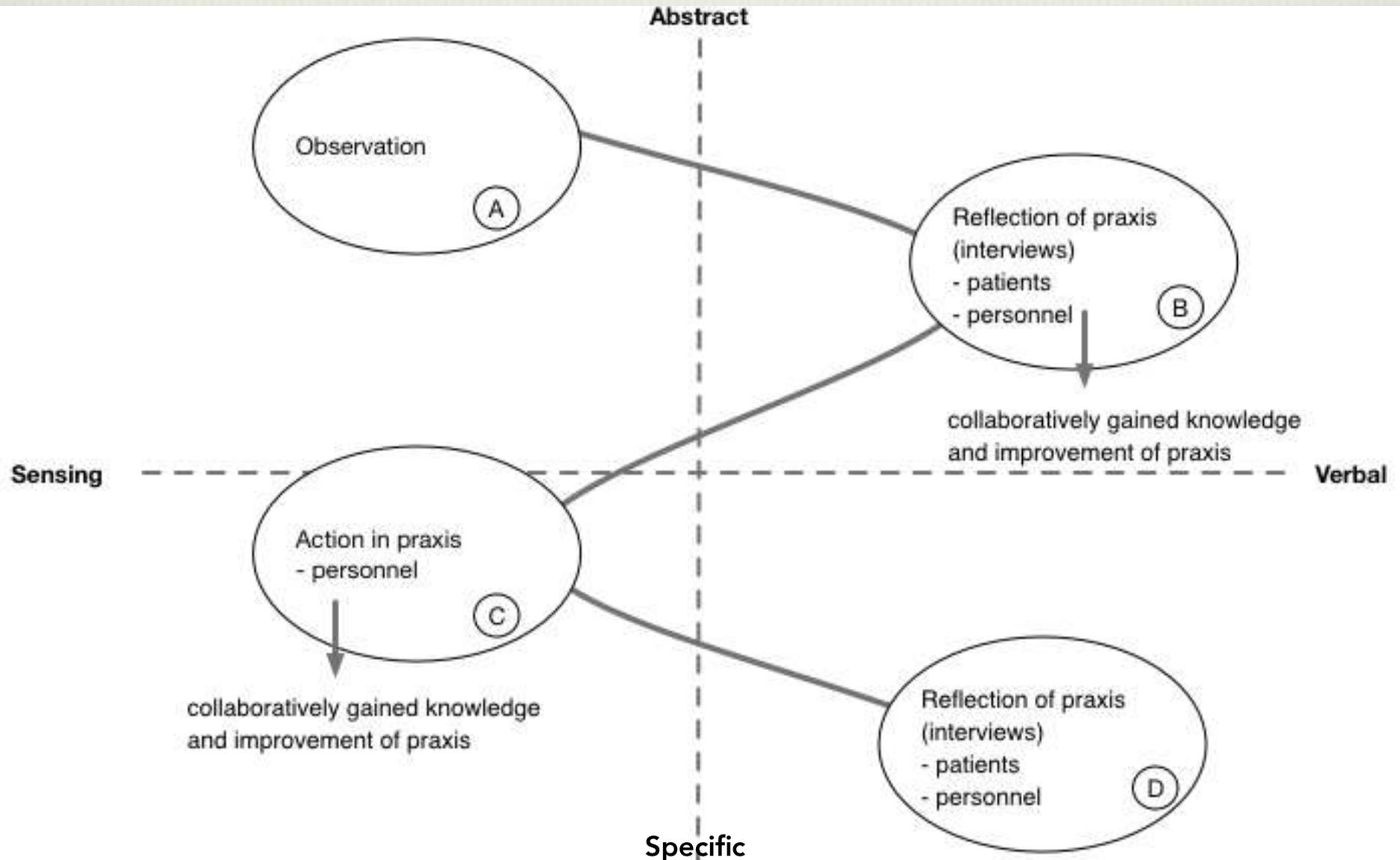




## Actions in Praxis:

- Presentation of observations and patient-statements – reflection of praxis
- Teaching on different aspects of spiritual care based on collaborative gained knowledge

# Data generating process



# Thematic Analysis

- Philosophical hermeneutics
- Existential phenomenology



# Spiritual Care from the perspective of the patients

1. Being meet with attempts of understanding
2. To be treated as a whole person
  - ❖ To be seen
  - ❖ To be heard
  - ❖ Accepting faith and existential values
3. Being allowed to contribute

Example of theme 1:  
Being meet with attempts of understanding

## Example of theme 1: Being meet with attempts of understanding

Male patient:

*"I try not to think to much about my situation because it doesn't change anything anyway...[...] ... off course there are people here(at the hospice) who have knowledge about what I am going through but still, they will never understand... people here are compassionate and they sometimes suffer with me... but to really understand from within, that will never happen. If they try to understand; that is fine..[...]... I am standing out here on the edge of the cliff; they are not"*

Example of theme 2:  
To be treated as a whole person

## Example of theme 2: To be treated as a whole person

Female patient:

*"They made it clear to me that here (at the hospice)are room for my values... for me it is my Christian values that carries me through it all...[...] ... they also talk with me about my faith and ask about it. They are open for the way I understand the world and my Christian values. They never question or doubt it... It is not just those personnel who also are Christians; Those that don't have any faith themselves also ask about me about my faith"*

Example of theme 3:  
Being allowed to contribute

## Example of theme 3: Being allowed to contribute

Female patient:

*“I am so sick of being the weak and I have been that for so long. It happens when you are often hospitalized. Then you become nothing but a patient; anonymous. Education, personal interests, everything just vanishes...[...]...I get up every day, take a bath, and put on clothes... I need to do that to maintain myself...[...]... my children, my family are important to me, and I am also very involved in my hobby. I still do all these things while I am here”*

# Spiritual Care from the Perspective of the Personnel



**RELATIONAL**



**EMBODIED**



**INDIVIDUALISTIC**



**VERBAL**

# Spiritual Care is Relational

*“There was this one patient; we just had to contain his silence; we should be in the room with him in silence... [...] ... for some of us it was very difficult... but it was the only way to ‘reach’ him... To get to know him, you should be present in his silence”*

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- ❖ To practice spiritual care highly involves relational abilities
- ❖ Danger of spiritual care relying on ‘personal chemistry’
- ❖ Personnel experience compassion fatigue

# Spiritual Care is Individualistic

*"We sometimes forget what illness the patients have. We see the person, not the illness... We care for who she or he is, the issues they might have...[...]...but that also means that you really have to know each person before you can give spiritual care"*

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- ❖ Seeing the patient as an individual whole person
- ❖ Spiritual Care become so individualistic (an individual 'gut feeling') that it is almost impossible to develop guidelines, common grounds, etc.

# Spiritual Care is Embodied

*“I touch their bodies,  
and often it is an  
opening for other  
things; they relax and  
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whatever... I show them  
that it is okay that I see  
their skinny bones and  
their cancer ulcer; they  
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# Spiritual Care is Embodied

*“I touch their bodies, and often it is an opening for other things; they relax and feel free to talk about whatever... I show them that it is okay that I see their skinny bones and their cancer ulcer; they shall not feel ashamed. I still see them as the person they are”*

- ❖ Caring for the body – the body is existential
- ❖ Danger of 'hiding behind' the caring for the body (a safe place for personnel)
- ❖ Important to be 'ready' for existential dialog

# Spiritual Care is Verbal

*“It wasn’t like you could ask him about dead or anything like that... [...]... but then late at night he would come up and want to drink a cup of coffee with the night nurse... I remember he said, that one should always fight to the end or you always ought to fight or something like that”*

# Spiritual Care is Verbal

*“It wasn’t like you could ask him about death or anything like that... [...]... but then late at night he would come up and want to drink a cup of coffee with the night nurse... I remember he said, that one should always fight to the end or you always ought to fight or something like that”*

- ❖ Only specific nurses address religious/spiritual issues – there is no common approach
- ❖ Personnel are in want of existential-spiritual-religious language and ‘tools’
- ❖ Do the personnel react to the ‘existential-spiritual signalling’ of the patients?

# Implications for a Post Grade Course in Spiritual Care for Hospice Personnel

- ❖ Training relational competences (empathy, mentalization, intersubjectivity, etc.)
- ❖ Caring for the personnel existentially and spiritually
- ❖ Focus on the 'vulnerable encounter' between patient and personnel
- ❖ Existential-spiritual-religious self-awareness
- ❖ Training awareness and response to patients' existential-spiritual-religious signals
- ❖ A 'tool box' to facilitate existential-spiritual-religious language



# First Course

Three elements:

1. Process on existential-spiritual themes in relation to “the vulnerable encounter” at hospice – impro theatre method
2. Personal and group reflection on “Being present”
3. Personal reflection and group-work on: “Personal meaning, spirituality, religious faith in relation to life and death”



Thank you for your attention!

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