

Spirit4Carers – Promote spiritual coping of family caregivers of an adult relative with severe mental illness: development of a complex intervention

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BACKGROUND

The home-dwelling person with severe mental illness often needs support from family members who assume the role of caregivers. The performance of the role of family caregiver often leads to burden, with impact of the physical and mental health. As so, the caregiver develops coping strategies to deal with stressful situations, such as spiritual coping strategies, which are related to improvement in physical and mental well-being. The specialist nurse in mental and psychiatric health has competences aiming the promotion of well-being and mental health. No specific interventions have been found in nursing standardized languages or literature for patients having nursing diagnosis related to spiritual coping as focus.

OBJECTIVE

To develop the intervention to promote spiritual coping in the family caregivers of home-dwelling people with mental illness.

METHODOLOGY

Development of the intervention according to the development phase of the Medical Research Council's framework (MRCf) (Craig *et al.*, 2013)

**Systematic
literature
review
according to
JBI
guidelines**

**Online
Focus
Group:**

- Caregivers
- Experts

1st version
of the
intervention

Pilot testing
of the
intervention

Figure 1 – Development of the intervention

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RESULTS

The first version of the intervention was based in a Patient-Centered Spirituality Inquiry (Kristeller *et al.*, 2005) adapted to the spiritual needs and religious/spiritual coping strategies identified in the systematic literature review.

Session 1

- Neutral inquiry about spiritual/religious coping
- Adjustment of inquiry according to caregiver's response
- Inquiry about meaning in life and hope
- Inquiry about spiritual/religious coping strategies (turn to the sacred; religion; and spiritual/religious practices)
- Inquiry about resources to address the issues
- Offering assistance
- Closing of the inquiry and access availability for a subsequent session

Session 2

- Inquiry about insights regarding spiritual needs
- Inquiry about spiritual/religious coping strategies
- Inquiry about use of resources
- Active listening
- Offering assistance if needed
- Closing of the intervention and reinforce openness of the healthcare team to address these issues

CONCLUSION

A complex intervention to promote the spiritual coping was developed and it will be put to test in the feasibility/piloting phase of the MRCf. Challenges regarding online focus group were identified and further research is needed regarding the adaptation of this methodology.

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