10TH EUROPEAN CONFERENCE ON RELIGION, SPIRITUALITY AND HEALTH

RECORD OF SPIRITUAL NEEDS IN REFERRALS TO PALLIATIVE CARE UNITS IN THE COMMUNITY OF MADRID

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Background

Spiritual needs are a core dimension of holistic palliative care, yet their identification remains challenging. Spanish studies have reported difficulties among professionals in recognising these needs, limiting systematic assessment and documentation. In the Community of Madrid (Spain), the Single Referral Document (SRD) is the standardized instrument used to record physical, psycho-emotional, social and spiritual needs of patients referred to Palliative Care Units (PCU). Evaluating its use in routine practice may help identify gaps in early, comprehensive assessment.

Aim

To determine how often spiritual needs are documented in the SRD during referrals to a PCU and to analyse their association with other clinical and psychosocial variables.

Methods

A retrospective descriptive study with a temporal (longitudinal) component was conducted by reviewing all SRDs referring patients to a PCU in 2019, 2020 and 2022. Records were examined for documentation of spiritual and psychosocial needs, along with variables such as oncological disease, cognitive impairment, awareness of diagnosis and prognosis, estimated life expectancy, advance directives and confidentiality agreements. Descriptive statistics and Chi-square or Fisher's exact tests were used.

Results

A total of 1.159 admissions were analyzed. 52.4% were men and 47.6% were women, with the majority over 66 years old (77.1%). Most admissions (84.7%) corresponded to oncology patients.

Table 1. Recorded spiritual needs (total and by year)

		Year			
		2019	2020	2022	Total
Recorded spiritual needs	Yes	18 (5.7%)	17 (4.1%)	11 (2.5%)	46 (4%)
	No	296 (94.3%)	393 (95.9%)	424 (97.5%)	1113 (96%)
	Total	314 (100%)	410 (100%)	435 (100%)	1159 (100%)
Types of recorded spiritual needs	Why me?	1 (0.3%)	6 (1.5%)	1 (0.2%)	8 (0.7%)
	Existential distress	11 (3.5%)	12 (2.9%)	6 (1.4%)	29 (2.5%)
	Low self-steem	2 (0.6%)	3 (0.7%)	1 (0.2%)	6 (0.5%)
	Guilt	1 (0.3%)	0	0	1 (0.1%)
	Other	3 (0.1%)	1 (0.2%)	3 (0.7%)	7 (0.6%)
	Total	18	22	11	51

Table 2. Relationship between spiritual and psychoemotional needs

		Spiritual need		
		No	Yes	Total
Psychoemotional need	No	551 (49.5%)	4 (8.7%)	555 (47.9%)
	Yes	562 (50.5%)	42 (91.3%)	604 (52.1%)
	Total	1113 (100%)	46 (100%)	1159 (100%)

Additionally, significant associations were observed between the recording of spiritual needs and the patient's awareness of their diagnosis and prognosis ($p < 0.001$), as well as the caregiver's awareness ($p = 0.01$). Associations were also found with the existence of an advance directives document ($p = 0.002$) and the presence of a conspiracy of silence ($p = 0.001$).

Conclusion

In the Spanish context, these findings underscore the need to strengthen professionals' training in identifying and assessing spiritual needs and to promote the use of validated, internationally recognised tools—such as the Spiritual Needs Questionnaire (SpNQ)—to support more systematic and early evaluation within referral processes.

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