Interprofessional Spiritual Care in a Neuro-Palliative Homecare Team

Lessions learned for sustainable integration of spiritual care

ERZBISCHÖFLICHES ORDINARIAT MÜNCHEN

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Background: In neuro-palliative care, there is growing awareness of the importance of spiritual care. In the palliative care paradigm, spiritual care is both the responsibility of specialised chaplains and a joint responsibility of the entire team. Currently, there is a lack of evaluated models for the implementation of this claim.

Aim: Building on the insights from the Homecare ALS pilot project, the KOmpASS project aims to establish spiritual care as a specialised and cross-disciplinary competence within an interprofessional team and to evaluate its implementation. The lessons learned may help other teams in palliative contexts to integrate spiritual care successfully and sustainably.

Timeline

- **05/2021** Project launch
- **02/2023** Chaplain joines the team
- **06/2024** Project end
- **04/2025** Project launch
- **Today**
- **03/2029** Project end

Project „Homecare ALS“ – Evaluation

Measures I: What we did

A) Assessing the spiritual needs of the target group

Persons with ALS (pALS) and their caregivers filled out the Spiritual Needs Questionnaire (SpNQ).

The data was analyzed and published (Brandstötter et al. 2025).

B) Home visits

All team members (pyhsicians, nurses, social workers, chaplain) offered home visits to ALS Patients and their caregivers.

Visits were usually conducted solo, but in some cases by a team of two. Figure 1 shows the proportions of the chaplain‘s visits.

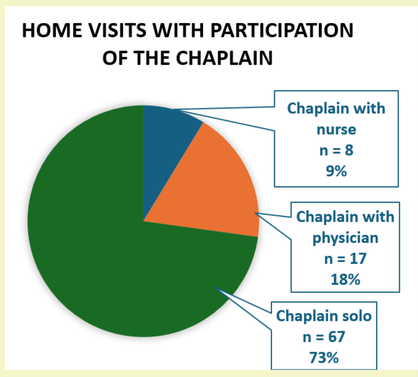

Fig. 1: Chaplain‘s home visits

C) Interviews with team members

All team members were asked about their experiences during the project. One key focus was the integration of chaplaincy. Findings were published (Bublitz et al. 2025)

Project „KOmpASS“

Measures II: What we are doing

A) Targeted spiritual care supply for team members

The chaplains offers

- a short educational module during onboarding and
- joint home visits with new team members.

B) Assessing and adressing spiritual needs

The SpNQ is offered to individual patients and caregivers. All team members are gaining experience in working with this tool.

C) Charting and evaluating spiritual processes

Effective ways of including spiritual care in documentation are being experimented with.

Measures III: What we want to do

A) SpECI Training for all team members

A SpECI (Spiritual / Existential Care interprofessionell) training deepens existing skills to better understand existential and spiritual issues and provide professional support. It is based on an interdisciplinary, non-denominational approach that focuses on the individual needs of those affected (speci-deutschland.de).

B) Monitoring effects of spiritual care interventions

Patients and caregivers will be asked about their perception of the team‘s spiritual care efforts.

C) Tele-spiritual care encounters

Digital options for spiritual support for individuals and experimenting with open online group formats.

D) Interviews with team members

As part of further evaluation, a study on the team members‘ experiences with spiritual care is planned.

Results: What we have learned

Spiritual needs

pALS and their caregivers „maintain stable and distinct spiritual needs over time […]. While pALS emphasize generativity and inner peace needs, caregivers primarily focus on finding inner peace, which they value even more than pALS.“

(Brandstötter et al. 2025).

Chaplain‘s integration

Team members appreciate the close collaboration.

pALS report that openness to spiritual issues is important to them.

Within the team, awareness is growing that many spiritual needs do not require the presence of a specialized chaplain but can be adressed by all members.

Perspectives for developing the role of the chaplain

Fig. 2 shows the strengths and challenging aspects of the collaboration model as they were reported by the team members.

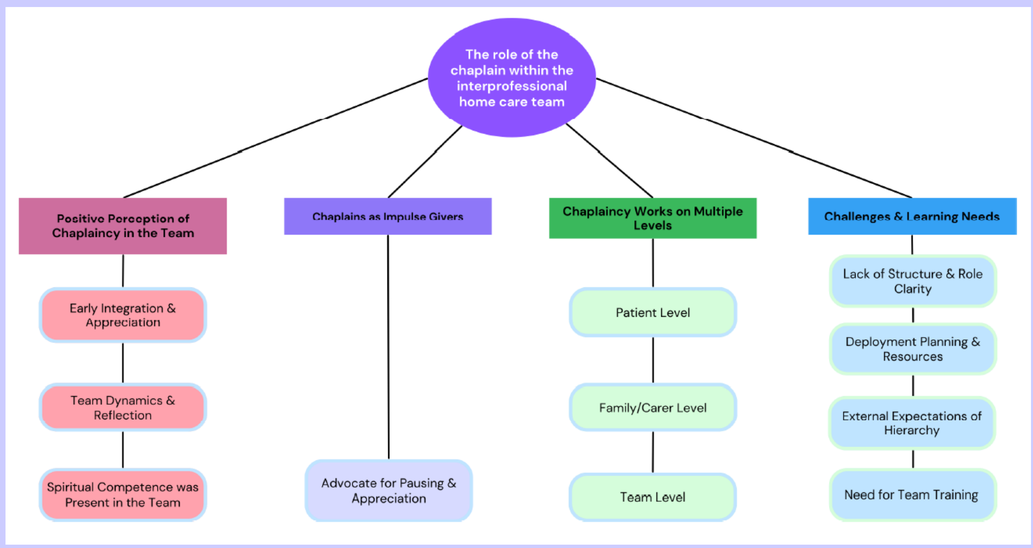

Fig. 2: Findings on the chaplain‘s role (Bublitz et al. 2025)

Key insights:

⇒ Allowing space for spiritual issues increases work satisfaction for all team members.

⇒ For their future work, team members are requesting additional spiritual care training.

Recommendation:

Looking to implement spiritual care in your team?

Try these 4 steps to start

1. Start asking your patients!

The following wording may be helpful:

"Physical changes naturally affect one's inner life as well. It can be a relief to talk about questions, doubts, or wishes related to your spirituality or faith. Are you interested in doing so?"

2. Give your team members permission to dedicate time to these conversations!

3. Make an effort to find a professional chaplain for your team!

4. Allocate time and space to share and reflect on your experiences with spiritual care as a team!

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Literature cited:

Brandstötter, C., Büssing, A., Eham, M., Littger, B., Lorenzl, S., Memmel, M., Paal, P., & Bublitz, S. K. (2025). Assessment of the spiritual needs of people with Amyotrophic Lateral Sclerosis and their caregivers. Journal of Pain and Symptom Management, S088539242500051X. https://doi.org/10.1016/j.jpainsymman.2025.02.012

Bublitz, S., Littger, B., Lorenzl, S., & Paal, P. (2025). “The Chaplain was Part of the Team and Not Just a Component you Bring in Occasionally”: Exploring the Role of Chaplaincy in an Interprofessional Neuropalliative Outpatient Team. Health and Social Care Chaplaincy. https://doi.org/10.1558/hscc.33259