

**Aim** The aim of this study was to explore oncology nurses' understanding of spirituality, in anticipation of a greater understanding of this elusive area.

**Method** Using a qualitative cross-sectional design, inspired by a grounded theory approach, a non-probability purposive sample of seven nursing staff took part in a focus group and individual semi-structured interviews. The participants varied in age, grade and years of oncology experience.

**Results** The main findings showed the majority of nurses cited lack of time and not knowing what to say as significant barriers to giving spiritual care. The emotional impact on the nurse providing spiritual care was also identified as a burden, causing stress and feelings of inadequacy. Lack of education and training produced fear and anxiety. However, spiritual care was seen as a collective responsibility. The nurses wished to raise spiritual awareness and to deepen their own awareness in this important area.

**Conclusion** Results suggest that despite the recognition of the importance of care in this area, nurses find difficulty in providing spiritual care to patients. Recommendations arising from the study include an education programme for nurses to increase the skills and confidence in undertaking spiritual assessment and enabling them to provide spiritual care.

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### WHOSE JOB IS IT ANYWAY? MEETING THE SPIRITUAL NEEDS OF PEOPLE AT THE END OF LIFE

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**Introduction** Spiritual care is a key element of palliative care. In the UK, NICE guidelines state that spiritual care should be offered as an integral part of care. Patients should have opportunities for their spiritual needs to be assessed and it is important for those assessing need to be highly attuned to the spiritual dimension of care. However, the results from the National Care of the Dying Audit (Round 2) in the UK show that this spiritual need is still not being met. Spiritual needs can be more urgent at the end of life.