Methods We held a seminar with the topic of 'Faith at the end of life', where we held focus groups with two questions: (1) What prevents healthcare professionals in providing effective spiritual care? (2) What can we do to change that?

Analysis and Results 63 healthcare professionals attended. They were from medical, nursing, spiritual care, social care and allied healthcare professional backgrounds. They were divided in to six groups and discussion was facilitated by an experienced professional. Themes about barriers were: lack of knowledge, lack of time and right environment, not having confidence in team members, lack of language, 'death denying culture', confusion between religion and spirituality, difficulty having an answer leading to avoidance, fear of offending, fear of communicating poor prognosis, communication skills and fear of own emotions. Themes to bring about changes were: training; identifying own spiritual needs; developing right language and communication skills; raising the profile of spiritual care; developing resources and websites, and regular reflection and support.

Conclusion Despite long-standing effort from the hospice movement, healthcare staff still struggle with the concept of spiritual care needs. Hospices need to develop targeted training programmes and reflection for staff and support non-hospice staff with resources and training.

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'HOPE' – MAKING SPIRITUAL ASSESSMENT MORE MEANINGFUL

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10.1136/spcare-2021-Hospice.66

Background On admission to Woodlands Hospice's inpatient ward, every patient has an initial assessment carried out by a nurse. A section of this assessment includes a psychosocial and spiritual component but this component was often not fully completed, sometimes resulting in delays to accessing appropriate personalised support for the patient. Our Pastoral Support Worker met with nursing colleagues and members of the Quality and Improvement team to discuss potential ideas for improving the assessment. They agreed we needed to look again at the process for assessing patients' spiritual needs and the supporting documentation.

Aims

- To support patients to identify what gives their lives meaning and purpose.
- To enhance each patient's experience of the admission process.
- Further develop holistic therapeutic intervention, individualised to each patient's needs.
- Support the improvement of mental health and wellbeing for every patient.

Methods

- Conducted a baseline of the original 'Psychosocial and Spiritual Assessment'.
- Spoke with patients and staff about how the assessment could be improved.
- Piloted a draft, patient-centred, inclusive spirituality assessment.
- Developed a spirituality care plan that reflected the needs of the patient, identified during the nurse admission assessment.
- Developed an e-learning module to support training for relevant staff.

- Re-audited the use of the revised spirituality assessment.

Results Following the results of the baseline audit which highlighted areas for improvement, we developed the 'HOPE' assessment model and accompanying care plan. The HOPE approach allows for an open-ended exploration of an individual's spiritual resources including their belief in organised religion, personal spirituality and beliefs, and their effects and subsequent evaluation.

Conclusion Supporting each patient's individual spirituality practice can be beneficial to their overall experience. The HOPE approach is particularly useful and important to understanding a patient's spiritual needs, enhancing their experience and can support the development of a personalised care plan.

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INCLUSIVE SPIRITUAL CARE FOR ALL PEOPLE RECEIVING HOSPICE CARE

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10.1136/spcare-2021-Hospice.67

Introduction The modern hospice movement was founded by Dame Cicely Saunders with a Christian religious ethos. Our spiritual care review showed society has changed while hospices remained mostly static. The review uncovered the following:

- Misconceptions about who hospice care is for, leading to inequalities in access.
- Belief, for many people, is something deeply personal and not dependant on religion.
- To avoid neglecting personal spirituality, hospice and spiritual care should be inclusive and proactive.
- Spiritual care was offered through a Christian Chaplaincy model. Patients declined with limited information about the alternative provision.

Aims

- Transition hospice spiritual care from a chaplaincy model to one inclusive of all religious and no religious beliefs.
- Clearly communicate inclusivity of spiritual care throughout the hospice to gain consistency in understanding.
- Present proactive inclusivity of spiritual care for all patients, family members, volunteers, and staff in the diversity of spiritualities today.
- Preserve formative values and ethos, from the Christian foundations of Havens Hospices.

Methods

- Be, speak, live spiritual care message in person and through communications.
- Produce policy and procedure for the breadth of the organisation.
- Recruit and train volunteers from diverse religious, spiritual and no affiliation.
- Listen and respond positively to people of all beliefs and none.
- Data analysis – demographic of patient intake compared against local census demographics.
- Self-audit against best practice guidance.
- Robust spiritual care review leading to spiritual care strategy.

Results

- Inclusive spiritual care increased through staff awareness.