

their spiritual beliefs and helping them find meaning in their illness leads to disease acceptance (Zumstein-Shaha, Ferrell, & Economou, 2020). Thus, it is important for nurses to feel prepared to participate in spiritual care and for spirituality to be integrated into palliative care delivery for all members of the healthcare team.

This session will describe a project that supports the integration of spiritual care as a component of quality palliative care through the lifespan. The project is the End-of-Life Nursing Education Consortium (ELNEC), which is a national and international education initiative to improve palliative care that provides education to nurses, advanced practice nurses, and other professionals in a train-the-trainer model so they can teach this essential information to nursing students, practicing nurses, advanced practice nurses, and other healthcare professionals at their own institutions. ELNEC was started in 2000 and over 1.4 million nurses and other healthcare professionals, representing all 50 US states, plus 101 international countries have completed a national or international ELNEC train-the-trainer course since that time. (www.aacnnursing.org/ELNEC)

Spirituality is a component of the ELNEC curriculum and will be used as an example of how to promote spiritual care as an obligation for all disciplines. This session will highlight the importance of integrating spiritual care as an essential component of palliative care and will provide an example of how a nursing education model includes this type of care.

S2-3 SPIRITUALITY AND PALLIATIVE CARE: CURRENT EVIDENCE AND FUTURE PRIORITIES?

Karen Steinhauser. *Duke University School of Medicine/Durham Veterans Affairs Medical Center, USA*

10.1136/spcare-2023-SCPSC.7

Research conducted over the past few decades has made significant strides towards illuminating the role of spirituality during serious illness. We know spirituality is integral to patient and family lives as a framework for meaning-making, coping and decision-making. When spiritual needs are met, quality of life and hospice utilization are higher and costs are lower. However, while the evidence base is growing, in quantity and rigor, the field lacks gold standard approaches to definitions, measurement and assessment. To move forward, we must improve our evidence base with regard to 1) What are the definitions of spirituality and religion, and identifying key domains of those constructs 2) What is the impact of those domains on key health care outcomes; 3) What are the unique issues associated with research design? 4) How do we best assess spiritual needs and spiritual well-being? And 5) What do we know about interventions to address spiritual and existential care distress and well-being? This paper presents a discussion of our evidence base to date with regard to these key issues. It also offers priorities for improving the evidence base of spirituality and palliative care, so that this key aspect of patient and family experience is more fully understood and met with comprehensive and rigorously approaches to care.

S2-4 PALLIATIVE CARE THROUGH THE LENS OF SPECIALIST SPIRITUAL CARE

Anne Vandenhoeck. *Katholieke Universiteit Leuven, Belgium*

10.1136/spcare-2023-SCPSC.8

Cicely Saunders, the founder of hospice and palliative care noted that caring for spiritual pain was part of palliative care. The search for meaning is a fundamental part of being human. The confrontation with finitude affects the search and experience of meaning and can possibly generate meaninglessness. Nurses, physicians, physiotherapists, social workers, psychologists all need to address what gives meaning in a person's life and how that expresses itself in values, practices, traditions and belief of their patients. Generalist spiritual care is gaining momentum in research and education. But there is also specialist spiritual care done by spiritual caregivers from diverse traditions. Why are they needed and what is their perspective on palliative care and how do they contribute to the care of palliative patients and their loved ones? In this presentation I will explore specialist spiritual care within palliative care and discuss the evidence, the practice and the outcomes of specialist spiritual care from an international perspective.

S2-5 EMBRACING A SPIRITUAL AND COMPASSIONATE CARE FOR PATIENTS LIVING WITH ADVANCED AND TERMINAL ILLNESSES WITH EXISTENTIAL AND SPIRITUAL DISTRESS

Marvin Omar Delgado Guay. *University of Texas MD Anderson Cancer Center, USA*

10.1136/spcare-2023-SCPSC.9

There is an appointed time for everything. A time to give birth and a time to die.

—Ecclesiastes 3:2

What a privilege it is to be able to touch those sacred spaces in the soul of each person in suffering that we encounter every day. Facing our own mortality while suffering a life-threatening illness might create a cascade of distressful physical, emotional, existential/spiritual and social suffering. Patients who express living with existential/spiritual distress might express a loss of the will to live or a loss of the meaning of their lives. They also express low life satisfaction and happiness; worse sleep quality; severe anxiety and depressed mood. At the same time, expressing spiritual struggles might be related to decrease physical functioning and worse survival. Those who express spiritual distress have significantly lower self-perceived religiosity and spiritual quality of life.

With any rupture in the relationships that give us meaning or purpose, no matter the cause of the rupture, our humanity suffers; our soul breaks. It is extremely important for care providers to explore and evaluate that broken soul and try to identify factors from multiple domains that promote healing processes. Embracing the spiritual care into our daily practice is a common effort and a service provided by each member