Aims To review the literature around ‘uncertainty’ in palliative care social work. To understand the perspectives of palliative care social workers, drawing on their experiences of dealing with uncertainty. Do they confidently hold positions of ‘safe uncertainty’ with patients and families? What are the benefits of doing so? Why is the pull of ‘safe certainty’ so strong and how can we overcome this as professionals?

Methods A mixed methods approach consisting of a literature review followed by a focus group (n=8) will be used to explore the shared views and experiences of palliative care social workers (May – June 2023). A reflexive thematic analysis (Braun, Victoria. Thematic analysis: a practical guide. 2021) will then be used to identify themes and patterns (July 2023).

Results The results of the literature review will be used to develop a set of focus group questions. Following the analysis stage, initial results will be shared with the participants so they can comment on their descriptive validity and reliability. Any feedback will be incorporated into the final write-up.

Conclusion It is hoped that the findings will help palliative care social workers to define their unique contribution to end-of-life care more accurately, to not only support their own sense of value and identity, but to help them share it with other members of the multidisciplinary team.

Conclusions SQ has proved to be extremely helpful in explaining what spiritual care is, a notoriously difficult thing to define. Clinicians have grown in confidence in delivering spiritual care and in understanding distinctions between different support services. Referrals to the Spiritual Care Team come more regularly from those who have been exposed to the concept of SQ. SQ as a working model has improved the job satisfaction of the Spiritual Care Team enabling them to have more clarity about what they do.

P-142 HOW MIGHT THE UNDERSTANDING AND PRACTICE OF SPIRITUAL INTELLIGENCE (SQ) IMPROVE HOLISTIC CARE?

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Background Spiritual intelligence (SQ) – ‘The intelligence with which we address and solve problems of meaning and value’ (Zohar & Marshall. Spiritual Intelligence: the ultimate intelligence. 2000). There is a growing awareness in the commercial world of the benefits of a spiritually intelligent workforce, and a number of training courses are now available. However, in a hospice setting SQ has yet to gain a wide understanding. Such an understanding can be useful in developing the healthcare workforce. (Price. Nurs Manage. 2008; 15(5): 28–33), help clinicians deliver good spiritual care (Karimi-Moonaghi, Gazerani, Vaghee et al. Iran J Nurs Midwifery Res. 2015;20 (6):665–9), and enable leaders to take a soul-centred approach to their work, functioning from a sense of inner peace (Wright. Nurs Stand. 2012; 26(41):18–20). SQ has been shown to improve the efficiency of organisations and it is thought that, within a hospice, it has the potential to help the workforce focus on a shared purpose, bridge the clinical/non-clinical divide, improve job satisfaction (Heydari, Meshkinyazd, Soudmand. Iran J Psychiatry. 2017;12(2):128–133) and make burnout less likely (Khosravi, Nikmanesh. Iran J Psychiatry Behav Sci. 2014;8(4):52–6). Spiritual Intelligence could be seen as a reimagining for the twenty-first century of the spiritual roots of the hospice movement.

Aim To raise awareness of SQ and to grow a more spiritually intelligent workforce within a hospice setting.

Methods We have built the concept of SQ into our spiritual care training of staff and volunteers. The Head of Spiritual Care uses the concept in inductions for staff.