

A systematic review to identify the outcomes and results of spiritual care education provided to healthcare professionals

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Review questions

- Which training objectives can be identified?
- Which methods are applied in teaching spiritual care?
- Which performance assessment /course evaluation methods are used?
- Which predicted outcomes or/and measured results based on course evaluation, performance assessment, or other effectiveness markers can be outlined?

Literature search

Original Papers in English & German

Population: Undergraduate and postgraduate healthcare professionals, who provide their services within the field of medical care.

Intervention: Any form of spiritual care education provided to healthcare professionals in academic or clinical settings.

Comparison: Educational goals and teaching methods.

Objective: To outline the predicted outcomes or/and measured results based on course evaluation, performance assessment, or other effectiveness markers.

Results

The main objectives

- developing trainees' sensitivity towards their own spirituality
- clarifying the role of spirituality in healthcare
- preparing trainees for spiritual encounters

Teaching methods

lectures, presentations, learning through dialogue, non-verbal approaches, multimedia learning, spiritual history taking, Verbatim, discussion rounds, problem based learning, assigned readings, written assignments, role plays, simulation, retreat, mentoring, guest speakers, fieldtrips, practical experience

Performance assessment

37% (n=17) performance assessment conducted
59% (n=27) no performance assessment
20% (n=9) competencies applied in patient care

Course evaluation techniques

58% (n=21) written evaluations
22% (n=8) validated measurement tools
19% (n=7) oral feedback

Advantages in individual approach

- awareness about spirituality
- recognition of individual spirituality
- broadened professional scope
- understanding the need for sensitivity towards the diversity of beliefs among the patients/families
- how to relate more meaningfully to patient/family
- see the relevance of spiritual history taking
- rise in (self-estimated) spiritual care competencies

Advantages in clinical care practice

- success in integrating a spiritual care plan
- increase in pastoral care calls
- increase in filed reports about spiritual questions and needs in patients
- utilization of spiritual screening tools
- increase in multidisciplinary spiritual care provision
- better working atmosphere

Additional effectiveness markers

- (short term) health benefits in trainees
- change in patients' responsiveness

Fig.1: The final search algorithm.

- educat\$
- train\$
- teach\$
- coach\$
- supervision\$
- seminar\$
- lectur\$
- workshop\$
- curricul\$
- round\$
- school\$
- tutor\$
- or/1-12

AND

Spiritual\$ Adj2

- care
- healing
- guidance
- therapy
- treatment
- supervision
- history
- care in medicine
- future
- needs
- counsel\$
- or/15-24

Religio\$ Adj2

- care
- healing
- guidance
- therapy
- treatment
- supervision
- history
- care in medicine
- future
- needs
- counsel\$
- or/25-36

Study selection

12529 records identified through database searching

2 records identified through other sources

4912 records after duplicates removed

752 records screened

690 records excluded

62 full-text articles assessed for eligibility

16 articles excluded based on consensus

46 studies included in final synthesis

Fig.2: The trial flow.

Databases

The Cochrane Central Register of Controlled Trials
MEDLINE (1946 to 2013 Week 27)
PSYCINFO (to 2013 Week 27)
EMBASE (1974 to 2013 Week 27)
CINAHL (to 2013 Week 27)
ATLA (1949 - May 2013)
Web of Knowledge/Science (to 2013 Week 27)
ERIC (1966 to Week 27 2013)
Assia (1987 to 2013 Week 27)
Social Service Abstracts (1979 to 2013 Week 27)

Data extraction process

- Preliminary Data Extraction
- Thematic Content Analysis
- Narrative Synthesis

Any further questions?

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