“Experiential training course on spirituality for multidisciplinary palliative care teams in a hospital setting: a mixed-method evaluation”

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Research Article

Keywords: palliative care, spiritual care, oncology, interactive learning, complex intervention, comprehensive analysis

Posted Date: March 1st, 2023

DOI: https://doi.org/10.21203/rs.3.rs-2623458/v1

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Abstract

Background: There is widespread agreement about the importance of Spiritual Training Programs (STPs) for healthcare professionals caring for cancer patients, and that reflecting on one’s own spirituality is the first step. Health Professionals (HPs) working in hospitals must develop this dimension to guarantee quality of life as well as spiritual and emotional support. In this paper, we propose a possible training format and assess its implementation.

Methods: This is a Phase 0-I study that follows the Medical Research Council (MRC) framework. The program was implemented for hospital palliative care health professionals. The study included one theory lesson, three spiritual interactions, four pieces of reflective writing, and two individual follow-up sessions for each participant. The evaluation was performed according to Moore’s framework using data triangulation from 3 rounds of semi-structured interviews, reflective writing, and a meeting to validate the results from the whole group.

Results: The program was implemented according to the plan and the program components were highly appreciated by the participants. Analysis of the interviews confirmed a shift in meaning in what we defined as (1) What is spirituality?, (2) Getting spiritual experience at work, (3) Spirituality and the need for nourishment, (4) Self-reflection on one’s own spirituality. Reflective journals written by the participants confirmed the results and highlighted a) the value of time dedicated to spirituality, b) the role of other colleagues, and c) the transferability to care relationships. The training had an impact on Moore’s Level 3B.

Conclusions: Spiritual training for hospital professionals working in different disciplines is feasible. Reflecting on their own spirituality spontaneously raised the need for health professionals to have spiritual tools to care for patients. Having time dedicated to spirituality and the ongoing mentorship of Spiritual Care Professionals (SCPs) were suggested as key elements for success and to gain support from management. Future research will need to expand this Spiritual Care Training (SCT) to other Specialist Palliative Care Services (SPCSs) in a hospital setting.

Background

The European Association of Palliative Care (EAPC) White Paper defines spirituality as a multidimensional concept: “Spirituality is the dynamic dimension of human life which refers to the way in which people (individually and in community) live, express themselves and/or seek meaning, purpose and transcendence; how they connect to the moment, to themselves, to others, to nature, to the meaningful and/or to the sacred.” (1)

The EAPC White Paper addresses the issue of spiritual care education for all palliative care professionals. Better preparation can help doctors avoid being blocked by their own fears and thus heal patients and families. The White Paper encourages and facilitates high-quality, multidisciplinary, academic and financially accessible education for all palliative care staff. (1)
The Interprofessional Spiritual Care Education Curriculum (ISPEC©) was launched in 2018 in the USA and then developed in 16 other countries. (2) The goal of ISPEC© is to train doctors and chaplains in all clinical contexts, so that interprofessional spiritual care can be fully integrated and the spiritual distress of patients treated by all team members. The model this curriculum refers to was based on a generalist-specialist model derived from a consensus on spiritual care between physicians who provide generalist spiritual care and trained chaplains who provide specialist spiritual care.

A recent systematic review (3) contributed to the investigation of Spiritual Training Programs (STPs) for Health Professionals (HPs); this study provides insights into spiritual care training conducted over the last ten years. Features which facilitated training were, among others, the inclusion of chaplains, opportunities for practice and reflection, online training and having the support of management.

In the opinion of the authors, spirituality should be a competence in every setting; few experiences have been described for Specialist Palliative Care Services (SPCSs) in hospitals, with the majority of studies involving specialist nurses (4)(5)(6). In van de Geer's study (7), non-specialist palliative care professionals working in hospitals were involved; the authors found that spiritual care training in palliative care for HPs in teaching hospitals can have a positive effect on staff attitudes and competencies. Training programs were found to improve the focus on the spiritual dimension.

A multidisciplinary approach was recognized as a must-have for all spiritual training; “spirituality is everybody's business” (8); every HP should have some tools to recognize the spiritual dimension and deal with it as a team.

Ethical and legal issues were also recognized as spiritual care competencies in comprehensive spiritual training (9), but were found to be less represented topics (3).

Practical training was always advocated, with a good alternative to using patients in training courses identified as the practice of spiritual interactions between peers (10). Coaching was found to be an effective method in the education of HPs (11)(12), as well as reflexivity (13) in groups and among peers, in particular for the development of non-technical skills (14), with long-term supervision (15).

Finally, to our knowledge, Italy has not yet produced any training programs of this nature.

Considering this, the study aimed to pilot and evaluate a training intervention targeting the spiritual dimension of a group of multi-professional palliative care HPs working in hospitals in Italy.

The specific objectives of the study were:

1. Implementation of a training intervention for health professionals (doctors, nurses, psychologists, bioethicists) to increase their knowledge and skills regarding spirituality

2. The qualitative evaluation of the training course by applying the Moore's knowledge framework

**POPULATION AND METHOD**
Population and context

The study was carried out at the Arcispedale Santa Maria Nuova hospital in Reggio Emilia from November 2021 to November 2022. This is a 900-bed Italian research hospital, certified as a Comprehensive Cancer Centre by the Organization of European Cancer Institutes (OECI). The Palliative Care Unit (PCU) is a specialist hospital-based unit with no beds whose mission is to perform clinical, training and research activities in palliative care. The unit was established in 2013 and at present includes three senior physicians and three advanced practice nurses. Five psychologists from the hospital’s Psycho-Oncology Unit work with the PCU through clinical consultations, with responsibility for PCU staff training, as well as doing research and training in palliative care. The Bioethics Unit (BU) comprises two bioethicists. The purpose of the BU is to assess and promote quality of care for patients, family caregivers and healthcare professionals through research projects, educational programs and ethics consultation activities.

All the professionals of the 3 above-mentioned units were enrolled in the study.

The training was led by two Spiritual Care Professionals (SCPs). F.L. works mainly in hospices and is a member of the Scientific Committee of the Italian Journal of Palliative Care (Rivista Italiana di Cure Palliative). M.C. works both in hospices and in a general hospital with acute and intensive care unit, and is co-author of the Core Curriculum for Spiritual Care published by the Italian Society for Palliative Care (Società Italiana di Cure Palliative) (16).

Method And Intervention

This was a Phase 0-I study. According to the Medical Research Council (MRC) framework for complex intervention (17), a training program was developed considering the limitations of the existing literature on spiritual care training for hospital SPCSs in Italy. The intervention was proposed to 3 hospital units: PCU, Psycho-Oncology Unit and BU.

The intervention

1. One theory lecture: interactive meeting with the SCPs to inform the participants about the program content (4 hours). The goal of this lesson was to introduce the professionals to the concept of spirituality (being mindful of the clinical setting). The approach was mixed: partly lecture format and partly with group work.

2. Meetings between SCPs and professionals in pairs: each pair of professionals participated in three meetings and then two individual follow-up meetings 3 and 6 months after the beginning of the training course. Before starting the meeting (warm-up activity), each pair of professionals shared: ‘what spirituality means to me’. Each meeting had a specific purpose:

   a. During the first meeting, the aim was for participants to define what spirituality means to them and what their own spirituality consists of; (45 minutes). Some guiding questions included: Do you feel spiritual? What is the importance of spirituality in your life? What importance does it have to you in terms of community? The questions were adapted from Christina Puchalski’s FICA tool. (18)
b. During the second meeting, the aim was for participants to reflect on what can contribute to developing their own spirituality; (30 minutes). Some questions included: What form did your spirituality take as a child/teenager? Is there something from that time that has not found time and space in your life since? If you think about the significant people in your life, what comes to mind concerning the theme of spirituality?

c. During the third meeting, the aim was for participants to define which measures can be implemented to maintain their spirituality and help it grow; (30 minutes). Questions from the SCPs included: How do you intend to take care of your spirituality from now on? What is empty and what is full in your spiritual life?

d. Two online follow-up meetings involved guided meditation and a free space for discussing the previous meetings. In particular, the first follow-up focused on the participants’ own spirituality and the second one on interpersonal spirituality (with patients and colleagues).

3. Individual reflective writing and discussion in pairs. After carrying out the meetings with SCPs, each professional wrote a reflective journal on the experience, answering a series of pre-defined questions in writing (15-20’) based on the literature. (19) After writing about their experience, the two professionals met and shared any details they considered relevant, reflecting further on their experience.

The training program was showed in figure 1.

The educational model used by the SCPs was based on guidelines and recognized core curricula (20)(21) (16)(2) together with personal self-reflection and spiritual growth.

All the training was carried out in an environment outside the usual place of work; for the duration of the various activities, the participants were invited to maintain an atmosphere of silence and reflection and background music was played to promote relaxation and personal concentration. The music room was used for professionals who were waiting to take part in the meetings and/or reflective writing and for those who had already completed them.

Furthermore, the meetings with SCPs were carried out via an online platform for teachers as well as in person for trainees.

We considered the training as a complex intervention with assessment (17). The overall assessment was performed using a mixed-method evaluation with concurrent triangulation. We decided to conduct a before-during-after evaluation of the training, inspired by Moore et al.’s expanded outcomes framework (22). We focused on:

- LEVEL 1 – participation
- LEVEL 2 – satisfaction
- LEVEL 3A and 3B – declarative and procedural knowledge.

Information on the objectives achieved or not achieved was collected for each component of the program, and semi-structured interviews at T1 were conducted to collect feedback on program components (see Table 3 training component feedback). We considered the program feasible if:
a) the components of the training course were appropriately identified.

b) the program was completed as planned for the 3 hospital units and all the participants.

Data collection and analysis

All the professionals were interviewed before the training started (T0) to gather information on their perceived training needs in the field of spirituality and develop the program accordingly (see table 2) Then, we planned further interviews three months (T1) and six months after the beginning of the training (T2).

We pre-planned a simple interview guide for T0.

To ensure internal consistency and to be able to evaluate changes in certain areas, the identified topics formed the basis for the subsequent interviews. Furthermore, the interviews at T1 and T2 also involved some questions regarding the training, suggestions on how to readjust the program (at T1), the participant’s perspective on the training program, and additional suggestions for any future redesign of the program (T2).

To assess participation, we gathered quantitative data from the attendance records. We considered attendance of at least 75% of the training hours for each participant as a cut-off. We then calculated the percentage attendance.

We used longitudinal qualitative interviews to assess participant satisfaction and gained knowledge to which we added the reflective journals that the participants wrote as part of the training program. The T0 interviews were recorded, transcribed verbatim, and thematically analyzed (23), and the professionals’ training expectations were defined. The other interviews were also recorded and transcribed verbatim.

Finally, we organized a meeting as requested by participants to get feedback from the SCPs. In that meeting, we validated the results from the participants.

The final dataset consisted of interviews, journals and the validation of the results by trainees, particularly to analyze how the meanings between T0, T1, and T2 changed and differed. This shift in meaning was assessed by employing the framework method (FM). (24)(25) Using the FM allowed us to connect and triangulate data within the analysis.

ST, EB and SS independently analyzed the transcripts by repeatedly reading the text, gradually extrapolating the emerging themes, grouping them and/or dividing them into categories. The researchers discussed any disagreement, and a final data allocation was determined. LG provided supervision throughout the whole process.

LB analyzed the reflective journals for each participant using the previously developed framework. This process allowed triangulation of the data and consolidation of the results.

Finally, the framework gave researchers a longitudinal perspective, highlighting recurrent and evolving themes in interviews carried out with HPs at different times, and identifying any differences in meanings/perspectives.
Thirty-six interviews were conducted, and 35 journals were produced and analyzed.

**Results**

**Quantitative feasibility data**

The training program was implemented as planned. Twelve participants attended the training, representing the 3 units of PCU, Psycho-Oncology and BU at our hospital. Their characteristics are summarized in Table 1.

Table 1

Attendance was 100% of the training hours for each participant.

Qualitatively, most trainees were happy with the duration of the training, while 2 professionals who attended meetings at the end of the day suggested some changes.

The theory lesson was considered not to be detailed enough, with some suggestions to add some concepts and a reading list between T1 and T2 and for the future.

Most trainees criticized the reflective writing, saying that it was too rigid and not spontaneous.

Two trainees out of twelve criticized the silent time/personal time, because without any framework, they found it difficult to maintain the silence.

The online follow-up sessions were very much appreciated.

Table 2

Trainees’ expectations are reported in table 3 and, according to the final meeting to validate the results, these expectations were totally fulfilled.

Table 3

The T1 and T2 interviews gave rise to some suggestions on how to modify the ongoing training and any future training; some references and a reading list were provided by the SCPs and a final face-to-face meeting was planned in November 2022, 6 months after the last online follow-up.

Several trainees requested to continue and intensify the monthly exchanges with SCPs in the future.

Table 4

**Qualitative data**

Analysis of the semi-structured interviews before the training, after the 3 days of training and at the end of the follow-up sessions, and of the reflective journals, led us to identify four overarching themes (Table 5): (1) What is spirituality?, (2) Getting spiritual experience at work, (3) Spirituality and the need for nourishment, and (4) Self-reflection on one's spirituality.
These themes emerged with different meanings and nuances (defined within the sub-themes) in relation to pre-training and post-training data collection.

Table 5

**Theme 1: What is spirituality?**

As the first result of the training, we observed a shift in meaning from what we called “the personal dimension” of spirituality, made up of specific knowledge and personal values, to a spirituality consisting of “listening to oneself” (T1) and finally to the acknowledgment of the “personal background” that influences a person’s approach to spirituality (T2).

This emerging theme was consistent with the adopted FM theme “understanding the concept of spirituality”.

“I recognized my colleague's and my own spiritual aspects more thanks to the course” (code 2.2 T1)

“Spirituality is an awareness of oneself” (code 8.5 T1)

From T0 to T2, the personal component of spirituality acquired more recognition, and it was possible to observe a development in awareness of the HPs’ own spiritual dimension, which was “reawakened” at the end of the course.

“The course "awakened" senses I had known in the past” 12.8 t2

“I discovered religion again through meditation” 11.12 T2

“The course reopened the door to the spirituality I experienced 20 years ago” 7.1 T2

Spirituality, perceived as very tangible and as “Life itself” at T0, acquired an attitude of openness to other people (“Listening to others” T1) and even more at T2, to the absence of judgment in relationships with peers (“Others as they are”).

The FM theme “gaining awareness of the importance of understanding one's own spirituality before addressing the spiritual needs of others” was confirmed by these results.

“Spirituality is a dialogue with others, not just with yourself” 7.4 T1

“It's important to listen to yourself in order to be able to listen to others” 8.4 T1

“The face-to-face meetings improved our friendships; in an environment outside the hospital, they have allowed us to "see" each other as we are” 12.6 T2

Moreover, even though the perception of spirituality was quite broad (including nature and experienced through the 5 senses) from T0, at T2 the concept of spirituality had become “pervasive”, often including a search for meaning and connection with God and faith.
“I understood that everything is spirituality, it belongs to the individual, it is personal and not the same for everyone” (code 5.5 T2)

“...the seasons, the sun, the fresh air when I go for a run... it’s laughing, crying, hugging my children, cooking for them. Spirituality is everyday life, being present in actions with body and soul” (code 6.4 T2)

Theme 2: Getting spiritual experience at work

This training course involved units specializing in palliative care, where the experience of spirituality is often already felt in relationships at work. In this way, it seemed that what was already there (“experiencing spirituality as a connection with others”) was strengthened after the course in what we called a “greater focus on patient spirituality”. (T1)

“I understood how an awareness of your own spiritual dimension leads to identifying it more in others” 3.18 T1

“After the course, I focused more on listening to patients”, 1.6 T1.

Consequently, at T2 the professionals started to express the need for more “spiritual care tools”, some of which (e.g., making time, active listening) they found and experienced personally during the training.

“IPOS (PROMS use in palliative care) could be used as a trigger tool to talk about spirituality (search for the meaning of life)” (code 12.14 T2)

“...what is important to the patient? what makes the patient feel good? These are trigger questions for the spiritual dimension” (code 9.30 T2)

“The course has provided me with useful resources that I will draw on” (code 8.1 T2)

At T0, professionals recognized the workplace as a place to cultivate spirituality, taking care of themselves. After the 3-day course, they recognized a team connection to the spirituality of colleagues and patients.

“After the course, we worked with the team on patient spirituality, everyone doing their own bit” 1.7 T1

“I understood how the spiritual dimension arises from mutual exchange” 12.3 T1

At T2, this openness to the spirituality of their peers emerged and, at the same time, an ongoing dialogue and sharing with colleagues and those closest to them was identified, a phenomenon we called the “circularity of spirituality”.

“The “circularity of spirituality” ... I understood the importance of this inside-out and outside-in of spirituality” (code 8.13 T2)

“...deepening your spirituality is like a bridge which connects us as human beings and operators to patients” (code 6.36 T2)
Finally, looking at the spiritual experience at work, we observed a shift from a position of “openness without judgment, including in the role of carer” to a deeper listening to patients about their suffering (at T1). Gradually, throughout the process and fully at T2, trainees perceived themselves as spiritual tools through deep listening and connection.

“Being in touch with your own spirituality also allows you to be in touch with suffering and death” (code 8.3 T1)

“for those that are suffering greatly, reconnecting with their human nature, including through the relationship with the professional is precious, divine” (code 9.33 T2)

“Connection” and relating to others is a way to be a “spiritual tool” in the professional context of palliative and cancer care.

**Theme 3: Spirituality and the need for nourishment**

Many trainees already cultivated some spiritual practices, nurturing their own spirituality.

After the course, the increased attention to the HPs’ own spirituality triggered the need for nourishment, including through experiencing new forms of spirituality and new practices.

Examining one’s own spiritual dimension was recognized as giving a feeling of well-being and the course renewed the participants’ attention to their personal spirituality.

“I felt the need to talk about and nurture my spirituality by sharing it with others” (code 1.9 T1)

“In the practice of silent retreats, in observing, in taking some time and space without having to fill in every gap”. (6.13 T1)

“I have rediscovered an idea of spirituality linked to recollection, prayer, contemplation, listening” (8.7 T1)

This increased self-awareness of participants’ spiritual dimension led to what we termed the “Need to find one’s own way of working on oneself” at the end of the course.

“Everyone has to work on himself, in a personal way, in his own way” (code 9.17 T2)

“By now I own this spirituality and it’s up to me to decide whether to develop it or not” (code 8.22 T2)

**Themes 4: Self-reflection on one’s own spirituality**

Participants mainly started the course with a utilitarian view of spirituality, trying to “understand the use of spirituality”.

Throughout the training program, participants acquired a greater confidence in this dimension, widening their perception of spirituality.

“I understood that time and space (for spirituality) can be found in daily life” (code 6.10 T1)
“I hadn’t nurtured my spirituality for a long time, and then picked it up again after the course” (code 8.6 T1)

“The course increased my attention to spirituality, also applying it to personal difficulties as I would have done in the past” (code 10.5 T1)

Most trainees expressed a sense of gratitude for being able to practice and work on self-development.

“Thinking how lucky we are to live our daily lives; that is spirituality” (code 4.15 T2)

“I learned gratitude at the end of the conversation with the other professionals” (code 5.13 T2)

“For me it was a privilege, a blessing to take this course in the workplace” (code 2.4 T2)

Reflecting on personal spirituality led to the need to keep spiritual awareness high.

“The course kept a strong focus on the human and spiritual dimension” (code 9.15 T2)

On the other hand, the increased familiarity with the topic revealed a phenomenon we called “spirituality fatigue” and “difficulty of applying to daily work”.

“I wanted to look deeper into some personal aspects of spirituality, but so far I haven’t been able to” (code 7.30 T2)

“It is challenging to put into practice what I learned on the course” (code 8.10 T2)

“I struggle to cultivate spirituality on my own” (code 5.27 T2)

Both positive and negative aspects showed, however, an “increased ability to self-reflect” on this dimension and confirmed the theme of the adopted FM.

Analysis of the Reflective Writing (RW) mostly confirmed the data from the interviews and the FM (see table 6). Moreover, through this analysis it was possible to develop a reflection on the various components included in each phase of the training.

After the first RW, trainees felt closer to colleagues.

“My ‘partner’ enriched my point of view because she brought reflections that were different from mine; in any case, it was a way to get to know her better and feel closer to her; there was a nice moment of closeness. (1)”

The active listening exercise was carried out in pairs and this was gradually recognized as an important tool for spiritual care.

“It was a sort of training on my ability to interact with patients/family members/colleagues” (3)

After the second RW, an awareness of the HPs’ own relationship with spirituality and with spiritual references emerged. This was often a new reflection; at other times, participants recovered some previous knowledge they had set aside.
“I believe that the objective of the questions posed by the speakers, including in relation to childhood, was to trigger something in me to rediscover and recognize this part of me.”

The transferability to clinical practice was recognized, for instance, when thinking about using the same questions used in the training with patients.

“I always find the questions proposed to us from time to time interesting, for myself and for patients”

Both the first and the second RW showed an impact on Moore’s Level 3B, based on the self-assessment of patients. This subject of transferability is an overarching theme.

In the third RW, the need to explore new spiritual practices emerges, which was consistent with theme 3 from the interviews (“Spirituality and the need for nourishment”).

“What I'll take home is the fact that there are so many activities I can use to increase my spirituality, and that I can ‘create’ others to help me to find answers to my questions about the meaning of life”. (5)

Finally, after the fourth RW, self-reflection and awareness of one’s own spirituality was achieved through “closing the circle” and opening the path to continue the HPs’ personal journey.

“It was an important moment to close the circle and take stock of what it meant to me and at the same time open up new perspectives on how to use these "breakthroughs" of mine in the future” (7)

The need to explore a spiritual dimension in daily work was also developed, both through sharing with colleagues and by perceiving more confidence in meetings with patients and families.

“The most practical lesson I will take home is the realization that every day, in every moment, we have to work on our own spirituality and that of the people around, often even without fully realizing how we can be a tool for others to reflect on this aspect too, which I consider very personal /intimate.” (4)

“I have certainly become more open to the possibility of spiritual care in my in-hospital palliative care team” (11)

In addition to these, the RWs highlighted 3 overarching themes.

1- Value of time dedicated to spirituality – several participants felt that one of the most important components of the training program was “simply” the possibility of feeling justified and even obliged to take time out from the daily work tasks to work on their own spirituality.

“Having reflected on the things that emerged, and having understood some parts of myself better, I feel that spirituality was always part of my life. Looking at this in more depth through a dedicated day with my team was enriching and moving (1)”

2- The role of others in spirituality – At T1, the active listening exercise led participants to reflect on and understand the pivotal role of others (in this case their colleagues) in working on one’s own spirituality. In the second and third RW, many commented on coming to recognize diversity as an enrichment and the value of
the absence of judgment. Lastly, in the final RW, connection with others was often described as a spiritual practice. This led many participants to establish a “space” to develop spirituality with their professional partner.

“A space has been created, with my partner, which we can enter and stay in times of need. (10).”

1. Relevance of spirituality to relationships / transferability to care relationships; the act of practicing spirituality through the training (active listening, reconnecting to one’s roots and one’s own spiritual references, openness towards other practices, and an attitude of non-judgment and of welcoming diversity) led participants to see themselves as spiritual care tools, to feel greater ease in interviews, to share this dimension in a team and even to improve team relationships.

“I believe was useful to me and achieved the objective of making me move from personal to interpersonal spirituality, with colleagues and with patients (11)

**Discussion**

The present work describes the piloting of a new training program on spirituality for specialist palliative care services in hospitals along with its evaluation.

All components of the training program were feasible as planned and there was some negative feedback from participants as established by a Phase 0-I study according to the MRC framework.

If we consider the five key areas for developing skills in interpersonal spirituality identified by Jones et al. in their systematic review (3), we can show how Moore et al.’s assessment, our results, and the spirituality skills intertwined in this training program. Those areas address:

i. understanding the concept of spirituality.

ii. recognizing the importance of the spiritual dimension in patient care.

iii. gaining awareness of the importance of understanding one’s own spirituality before addressing the spiritual needs of others.

iv. valuing the importance of self-care.

v. an increasing ability to self-reflect.

Points i) and ii) relate to LEVEL 3A (the degree to which participants state what the training intended them to learn) of Moore et al., while points iii), iv) and v) concern LEVEL 3B (the degree to which participants state how to do what the training intended them to learn how to do).

We identified a theme that we called *self-reflection on one’s own spirituality* corresponding to an “increased ability to self-reflect”.

This level was achieved after passing through *What is Spirituality?* (corresponding to 2 FM themes “Understanding the concept of spirituality” “Gaining awareness of the importance of understanding one’s own spirituality before addressing the spiritual needs of others”), *Getting spiritual experience at work*
(corresponding to “Recognizing the importance of the spiritual dimension in patient care”) and **Spirituality and the need for nourishment** (corresponding to “Valuing the importance of self-care”).

Moreover, using the FM allowed us to connect and triangulate data within the analysis.

Data triangulations showed that there was an impact on the Moore's Level 3B. An increased ability to self-reflect on spirituality and to value the importance of self-care was identified.

Regaining contact with one’s own spirituality and broadening the perception of spirituality itself has led to a greater need for nourishment, a greater need for sharing with colleagues and a need for spiritual care tools.

The spiritual dimension of a specialist multidisciplinary PCU in a hospital was, first of all, reawakened by the course: spirituality was present and already being cultivated by trainees, but the course helped everybody to recognize their spiritual roots and they consciously expanded the connection to patients and colleagues. The course enriched the participants with a broader search for meaning, transcendence, and a more pervasive vision the spiritual dimension of the group. The themes of gratitude, greater attention to the spiritual dimension and a greater need for sharing during work emerged after the course. The difficulty of finding space and time to develop this dimension during work arose and the need to consciously and systematically provide opportunities for this kind of work in a healthcare environment was suggested.

Our study followed the recognized recommendation on SCTs by recent studies; the main objectives of spiritual care training should be developing trainees’ sensitivity towards their own spirituality, clarifying the role of spirituality in healthcare and preparing trainees for spiritual interactions. (26) (3) (27) (28) (29) (30)

Working on personal spirituality is essential and some authors suggest that it is even more important than doing training on spirituality. (31)

In our study, the trainees went from intrapersonal spirituality to interpersonal spirituality (engagement with the other person’s spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices), with colleagues, patients and people close to them. This result was confirmed in the Daudt et al. study, where the theme of connection and team building was witnessed by EDUC participants working in a hospice (30).

Moreover, our results regarding the experiential learning of real-life spiritual interactions between multidisciplinary peers with SCPs trained in deep listening, as well as silence and establishing connection as a spiritual care tool in a work environment were confirmed in other studies (30). This was also recognized by trainees in the RW, who often talked about the importance of the experiential component of the program, enriched by exercises that expanded the sense of gratitude and the importance of others in developing one’s spirituality. In addition, it was also recognized how the training was not, in fact, a traditional, notional form of training but rather a practice of spiritual guidance. This is important as this is what is also required of HPs in relation to patients and families.

As Paal et al. study said (26), spiritual care is much more about attending the patient by being present and listening than “delivering the message”.
One of the major strengths of our training program was the multidisciplinary aspect; spiritual care can be delivered, to some extent, by all healthcare professionals. For this reason, interdisciplinary education in spiritual care delivery has been promoted through the interprofessional spiritual care model (2), (27); the course contributes to the development of a common language between different disciplines on spirituality, as also suggested by the significant convergence between connection and gratitude, the most frequent words present in the RW and semi-structured interviews at T2.

The multidisciplinary team had already come across the spiritual dimension in their daily work and had recognized it before the course. However, a supportive work environment after the course contributed to the practice of spiritual care by the entire team and as a team, and this continued after the course by encouraging them to talk about spiritual care together at a weekly meeting.

Albuquerque et al. (32) already noted that the organizational culture is a determining factor in working on spirituality.

It was found that our course as planned proved feasible and was highly appreciated by the participants. It achieved the aim of reflecting on the spiritual dimension and spontaneously encouraging trainees to practice spiritual care with colleagues and patients. Future research will be needed to expand on this SCT to other SPCSs in a hospital setting

**Strengths and limitations**

Data triangulation (i.e., combining interviews, reflective journals and feedback) increased the validity of the study findings.(33)

Data collection (feedback on the training components) took place at the same time as the training, allowing the joint creation of the training course between teachers and trainees.

At the same time, the small and homogeneous nature of the group represents a limitation to the generalizations of the findings, and the significant interest of the participants in spiritual issues could be a bias.

A performance assessment of professionals’ behaviors has not yet been carried out (Moore's Level IV-V) as recommended by the literature. On the other hand, the aim of the study was to work on the personal spiritual dimension, which is independent from work performance.

Some of the trainees are among the authors. To limit the potential for bias, external researchers were also included as supervisors to monitor the results.

**Conclusions**

It was found that the provision of spiritual training for hospital professionals from different disciplines was feasible. Reflecting on their own spirituality spontaneously raised the need for HPs to have spiritual tools to care for patients. Having time dedicated to spirituality and the ongoing mentorship of SCPs were suggested
as key elements for success and support by management. Future research will be needed to expand this SCT to other SPCSs in a hospital setting.

**Abbreviations**

HP Health Professional  
SCP Spiritual Care Professionals  
STP Spiritual Training Program  
RW Reflective Writing  
EAPC European Association of Palliative Care  
ISPEC Spiritual Care Education Curriculum  
OECl Organization of European Cancer Institute  
PCU Palliative Care Unit  
BU Bioethics Unit  
ICU Intensive Care Unit  
MRC Medical Research Council  
FM Framework method  
SPCS Specialist Palliative Care Service  
SC Spiritual Care  
SCT Spiritual Care Training  
PC Palliative Care

**Declarations**

**Ethics approval and consent to participate**

The study was approved by the Ethics Committee of Reggio Emilia on August 11, 2021 (no. 2021/0100931) and was conducted in accordance with the Declaration of Helsinki (http://www.wma.net/e/policy/b3.htm). Informed consent was obtained from all subjects involved in the study. Written informed consent was obtained from the participants to publish this paper.

**Consent for publication**
NOT APPLICABLE

Availability of data and materials

The data presented in this study are available on request from the corresponding author. The data are not publicly available for ethical reasons.

Competing interests

The authors have no competing interests to declare.

Funding

This study was partially supported by the Italian Ministry of Health – Ricerca Corrente Annual Program 2024

Authors’ contributions

Conceptualization, G.A. and S.T.; methodology, L.G., G.A, LG B; validation, S.T. and S.S.; formal analysis, S.T.,E.B. S.S, LG.B.; investigation, S.T.,G.A., LG.B.; data curation, LG.B, S.T.; writing—original draft preparation, S.T.; writing—review and editing, all authors.; supervision, L.G.; project administration, S.T. and S.S. All authors have read and agreed to the published version of the manuscript.

Acknowledgements

The course participants for their attitude and kindness.

References


Tables

Table 1: Trainees characteristics

<table>
<thead>
<tr>
<th>AGE</th>
<th>GENDER</th>
<th>PROFESSION</th>
<th>EXPERIENCE IN PC (YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>F</td>
<td>psychologist</td>
<td>15</td>
</tr>
<tr>
<td>45</td>
<td>F</td>
<td>nurse</td>
<td>6</td>
</tr>
<tr>
<td>55</td>
<td>F</td>
<td>physician</td>
<td>1.5</td>
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<tr>
<td>41</td>
<td>F</td>
<td>physician</td>
<td>7</td>
</tr>
<tr>
<td>43</td>
<td>F</td>
<td>nurse</td>
<td>1</td>
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<tr>
<td>46</td>
<td>F</td>
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<td>7-8</td>
</tr>
<tr>
<td>27</td>
<td>F</td>
<td>bioethicist</td>
<td>3-4</td>
</tr>
<tr>
<td>38</td>
<td>F</td>
<td>bioethicist</td>
<td>7</td>
</tr>
<tr>
<td>41</td>
<td>F</td>
<td>psychologist</td>
<td>7</td>
</tr>
<tr>
<td>35</td>
<td>F</td>
<td>nurse</td>
<td>5</td>
</tr>
<tr>
<td>40</td>
<td>F</td>
<td>physician</td>
<td>6</td>
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<tr>
<td>39</td>
<td>F</td>
<td>psychologist</td>
<td>5-6</td>
</tr>
</tbody>
</table>
Tab 2 feasibility table; evaluation of training components
<table>
<thead>
<tr>
<th>Components</th>
<th>Implemented</th>
<th>Duration as planned</th>
<th>Timeline as planned</th>
<th>Trainee attendance</th>
<th>Qualitative feedback from participants (codes) T1</th>
<th>T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory lesson</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>Very much appreciated; limited content but clear (1,2,8) and “sensitive” (6) Need more references (3)</td>
<td>Useful to reorganize some concepts (code 11, code 8) No improvement in knowledge with this lesson (code 10)</td>
</tr>
<tr>
<td>Spiritual interactions between SCPs and 2 HPs</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>The most cited words were significant (1,2,4,8,12) and very touching (2,6). Some trainees expressed an initial embarrassment (3,4,8) due to the intimate and sensitive nature of the topic. The sharing of their personal views about spirituality with their peers without judgment and with attentive listening by the SA was perceived as very natural and rich (5,6,8) The different style of the SA was very much appreciated (11,12)</td>
<td>The discussions in pairs and then individually with a teacher was very moving, and allowed us to work on this dimension (code 1) The discussions with others were more effective than self-reflection (code 4,8) exchanges with colleagues were appreciated, which was not a given (code 4, 7)</td>
</tr>
<tr>
<td>Spiritual interaction between SCPs and</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>felt that the follow-ups were very useful,</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Reflective writing</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>The majority of trainees criticized this modality saying it is too rigid and not spontaneous (1,3,4,5,6,7,9). Others found it useful to discover some insights and share them with colleagues (8,11,12). felt reflective writing was too rigid and not spontaneous (code 11,single comment)</td>
<td></td>
</tr>
<tr>
<td>Discussion between peers on RW</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>The trainees who talked about this aspect all gave positive feedback about the discussion, the perceived listening by colleagues, the help in find the meaning of the RW (2,3,4,5,8,11,12). Only one (10) didn't find it so useful</td>
<td></td>
</tr>
<tr>
<td>Personal time</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>All trainees appreciated the personal time and used it according to their own feelings: listening to relaxing music (1), praying (4), eating slowly (3), meditating (5), walking in nature (6), reading spiritual lectures (7), taking photos (8). Only 2 moments of silence or exercises (too standardized) were less appreciated (code 4,11). felt that the moments of emptiness were an opportunity for enrichment when you are more open to</td>
<td></td>
</tr>
</tbody>
</table>
trainees criticized the silent time because without any framework they found it difficult to maintain silence, and it didn't not work for them (8,10).

<table>
<thead>
<tr>
<th>External context</th>
<th>yes</th>
<th>yes</th>
<th>yes</th>
<th>100%</th>
<th>Highly appreciated by 8 trainees, for the natural environment and for the day-long duration. One trainee also underlined the respect for other people to maintain a quite space (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>yes</td>
<td>yes</td>
<td>100%</td>
<td>8 trainees talked about the duration, which they were happy with. Two, who had the spiritual meeting at the end of the day, found that they had too much free time to fill (10, 6)</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: trainins’expectations al T0
<table>
<thead>
<tr>
<th>THEMES (codes)</th>
<th>QUOTATIONS (codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To better understand one's own spirituality (2,3,5,7,8,10,11)</td>
<td>...to understand if my idea of spirituality, what I told you, can be considered spirituality or simply a way of life (2)</td>
</tr>
<tr>
<td></td>
<td>to help me understand my personal “stuff” better (3)</td>
</tr>
<tr>
<td>Knowing how to evaluate / recognize / cure the spiritual suffering of patients (2,7,4,8,9,10,11)</td>
<td>“Spirituality can have a significant effect on the patient. How can I use my idea of spirituality as a resource and apply it to patient suffering?” (2)</td>
</tr>
<tr>
<td></td>
<td>“I expect enrichment from a professional point of view” (7)</td>
</tr>
<tr>
<td>Being able to discuss a topic like this with other people (3,7)</td>
<td>“I am very interested in the experience of dialogue...as I said before... it is something that I lack experience in and I am not confident with it. I really prefer to listen” (7)</td>
</tr>
<tr>
<td>No expectations (1,6)</td>
<td>whatever happens will be useful (1)</td>
</tr>
<tr>
<td>Training intended as enrichment regardless of the application (6,12)</td>
<td>I don't think my expectations are so important, but what I can learn is still important (12)</td>
</tr>
</tbody>
</table>

Tab 4: suggestions to improve the training course from interviews at T1 and T2
<table>
<thead>
<tr>
<th>T1</th>
<th>Improved during the course</th>
<th>T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting feedback from SCPs at the end of the day</td>
<td>No</td>
<td>confirmed</td>
</tr>
<tr>
<td>Planning a monthly appointment like this one</td>
<td>No</td>
<td>confirmed</td>
</tr>
<tr>
<td>Having some references to study/check</td>
<td>Yes</td>
<td>confirmed</td>
</tr>
<tr>
<td>Changing the order of spiritual interactions during the day</td>
<td>No</td>
<td>Having experiential training with patients</td>
</tr>
<tr>
<td>Having a warm-up exercise always before the interactions</td>
<td>No</td>
<td>The constant presence of SCP in daily work</td>
</tr>
<tr>
<td>Having more time dedicated to theoretical knowledge</td>
<td>No</td>
<td>Avoiding online meetings</td>
</tr>
</tbody>
</table>

Table 5: meaning shift from T0 to T2
<table>
<thead>
<tr>
<th>Sub-themes T0</th>
<th>Themes T0</th>
<th>Themes T1</th>
<th>Sub-themes T1</th>
<th>Themes T2</th>
<th>Sub-themes T2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Spirituality?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. is the cultivation of personal values</td>
<td>Personal concept of spirituality</td>
<td>Listening to oneself</td>
<td>Spiritual dimension was confirmed</td>
<td>Recognition of a personal background</td>
<td>Personal component of s.</td>
</tr>
<tr>
<td>S. is something intimate / personal / private</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The starting point</td>
</tr>
<tr>
<td>S. as self-knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reconnection with one’s own spirituality</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The substance of S.</strong></td>
<td>S. as Life</td>
<td>Listening to others</td>
<td>Spirituality is listening to oneself and to others</td>
<td>Others</td>
<td>Seeing others as they are</td>
</tr>
<tr>
<td><strong>The spiritual experience is in life itself</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. as a dynamic dimension</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nature</strong></td>
<td>S. as meaning</td>
<td>S. is sense, meaning</td>
<td>S. is pervasive</td>
<td>Pervasive concept</td>
<td>S. as a search for meaning</td>
</tr>
<tr>
<td>Five Senses are S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Getting spiritual experience at work

<table>
<thead>
<tr>
<th>S. is the connection with others, feeling oneself in the relationship with others</th>
<th>Experiencing s. as a connection and exchanging with each other</th>
<th>Experiencing s. as greater attention to the s. of the patient</th>
<th>Being able to identify the patient’s spiritual needs</th>
<th>Spiritual care tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolerance, not judgment, closeness to others</td>
<td>Openness without judgment, including in the role of carer</td>
<td>Listening to oneself helps listening to suffering and death</td>
<td>Paying more attention to the s. of patients thanks to their awareness of their own s.</td>
<td>Professional area as a space to cultivate spirituality</td>
</tr>
<tr>
<td>Healing as a tool to nourish one’s own spirituality</td>
<td>The workplace is the place to cultivate s.</td>
<td>Team connection to the s. of others (colleagues, patients)</td>
<td>Connection to each other (friends / colleagues / patients)</td>
<td>Circularity of s. (colleagues, patients, close people)</td>
</tr>
</tbody>
</table>

*Healing as a tool to nourish one's own spirituality*

*The workplace is the place to cultivate spirituality*

*Team connection to the spirituality of others (colleagues, patients)*

*Connection to each other (friends / colleagues / patients)*

*Circularity of spirituality (colleagues, patients, close people)*

*Desire to investigate spiritual dimension even in people close to you*

*S. it must be shared / discussed with colleagues*
<table>
<thead>
<tr>
<th>Sub-themes T0</th>
<th>Themes T0</th>
<th>Themes T1</th>
<th>Sub-themes T1</th>
<th>Themes T2</th>
<th>Sub-themes T2</th>
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</thead>
<tbody>
<tr>
<td><strong>Spirituality and the need for nourishment</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Spiritual practices</td>
<td>Taking care of your spirituality</td>
<td>More attention to oneself. Active need for nourishment</td>
<td>New forms of nourishment for that person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training your spirituality</td>
<td></td>
<td></td>
<td></td>
<td>Feeling the need to nourish their own spirituality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well-being perceived when approaching the spiritual dimension</td>
<td>Renewed attention to one's personal spirituality</td>
<td>Having acquired greater awareness of the spiritual dimension</td>
<td>Need to find one's own way of working on oneself</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spiritual practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spirituality fatigue</td>
<td>Struggle to find time and space to cultivate spirituality</td>
<td>Theoretical purpose to nourish, not applied</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-reflection on one's own spirituality</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Understanding the use of your spirituality.</td>
<td>Acquisition of greater confidence with one's s.</td>
<td>Idea of s. confirmed gratitude</td>
<td>Expansion</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questioning of one's spirituality</td>
<td>Keeping spiritual awareness high</td>
<td>Familiarity with the topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual awareness</td>
<td>Difficult to apply in workplace</td>
<td>Spirituality fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tab 6. Themes, sub-themes and overarching themes in RWs
<table>
<thead>
<tr>
<th>Themes and sub-themes T1</th>
<th>Themes and sub-themes T2</th>
<th>Themes T3 and sub-themes T3</th>
<th>Themes and sub-themes T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing closeness with colleagues.</td>
<td>Becoming aware of your own spirituality</td>
<td>Exploring spiritual practices</td>
<td>Being in control of the situation</td>
</tr>
<tr>
<td>Getting to know each other better</td>
<td>Seeing your own evolution</td>
<td>Recognizing and rediscovering your own range of practices</td>
<td>Greater self-awareness</td>
</tr>
<tr>
<td>Working in pairs leads to openness.</td>
<td>Recognizing common themes</td>
<td>Recognition of possible multiplicity</td>
<td>Importance of storytelling</td>
</tr>
<tr>
<td>The connection can be fast.</td>
<td>Spirituality as acceptance of oneself and others</td>
<td></td>
<td>Thinking about the past to think about the future</td>
</tr>
<tr>
<td>Enrichment through diversity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicing listening</td>
<td>Reconnecting with/finding your spirituality in order to help yourself</td>
<td>Nourishing spirituality</td>
<td>Contextualizing spirituality in the context of work</td>
</tr>
<tr>
<td>Experiencing the feeling of being listened to intently</td>
<td>Importance of nurturing spirituality</td>
<td>Working on yourself to improve care relationships</td>
<td></td>
</tr>
<tr>
<td>Feeling welcomed</td>
<td>Reconfirming resolutions/commitments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of the absence of feedback</td>
<td>Opening a &quot;space&quot; with a partner</td>
<td>Being non-judgmental of patients</td>
<td></td>
</tr>
<tr>
<td>Making room for each other</td>
<td></td>
<td>Professional as a spiritual healing agent</td>
<td></td>
</tr>
<tr>
<td>Learning to value listening to yourself</td>
<td></td>
<td>Team sharing of the theme and of a common language</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Greater ease in talking with patients and family members</td>
<td></td>
</tr>
<tr>
<td>Improving relationships with colleagues through the habit of non-judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying listening and talking as spiritual practices</td>
<td>Recognizing and welcoming spirituality in others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From personal to interpersonal spirituality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting others through spirituality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giving value to emptiness</td>
<td>Being aware of the approach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirituality as emptiness: accepting this</td>
<td>Match between thought/experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of listening and being heard.</td>
<td>Not being a learner/peer exchange</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overarching themes**

<table>
<thead>
<tr>
<th>Role of others in listening to yourself</th>
<th>Role of others in influencing spirituality</th>
<th>Role of others: discussions with other people broadens the mind</th>
<th>Role of others: spirituality passes through the relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of others in recognizing one's own spirituality</td>
<td>Role of others in self-exploration, for the interweaving of experiences</td>
<td>Role of others in recognizing oneself and broadening the mind</td>
<td>Role of others in enrichment through diversity</td>
</tr>
</tbody>
</table>
Possible transferability to the care relationship

Learning to value your time

Desire to spend time rethinking the past and rediscovering spiritual practices

Importance of setting aside time: gratitude for feeling justified in spending this time in this way

Time needed to listen

Importance of creating moments of emptiness

Figures

Figure 1
The training program