

Training multidisciplinary Spiritual care to doctors and nurses in Dutch teaching hospitals

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20344

Source

Nationaal Trial Register

Health condition

Implementation of the first consensus based guideline on spiritual care in the Netherlands, published in 2010, developing it to a practices based or evidence based level. Keywords: palliative care, spiritual care, education primary caregivers, effect; palliatieve zorg, spirituele zorg, scholing primaire zorgverleners

Sponsors and support

Primary sponsor: MCL Academy, Medical Centre Leeuwarden, Comprehensive Cancer Centre The Netherlands (IKNL), Agora, National Centre for Palliative Care, National Association of Healthcare Chaplains (VGVZ)

Source(s) of monetary or material Support: Medical Centre Leeuwarden
Comprehensive Cancer Centre The Netherlands (IKNL)
De Friesland Innovatiefonds
Private funding:
Benevolentia
Het Diaconessenhuis Leeuwarden
Deo Volente

Intervention

Outcome measures

Primary outcome

For patients:

- better understanding of their spiritual attitudes and interests (SAIL), spiritual needs and problems, better support, higher quality of care

For caregivers:

- lower values with respect to barriers to spiritual care
- higher values with regard to spiritual care competencies (Spiritual Care Competence Scale)

For chaplaincy teams:

- knowledge of the needs and problems (barriers) of primary caregivers with the implementation of the guideline on spiritual care
- quality standards for spiritual care training programmes for hospital staff

Secondary outcome

Patients:

- physical, psychosocial and spiritual profile of in hospital palliative patients

Caregivers:

- religious, philosophical, spiritual profile (spiritual attitude and interests)
- dominant learning styles (Kolb)

Hospital chaplains:

- knowledge of possibilities to integrate spiritual care in multidisciplinary working process

Study description

Background summary

The development of modern palliative care (PC) challenges primary caregivers and medical institutions to react not only on the physical, psychological and social symptoms of dying patients and their proxies. The WHO definition of PC includes responding to the spiritual problems and needs of patients and families confronted with a life threatening disease. Many authors consider spiritual care a core component of PC(5). After a decade of theoretical discussion concerning the concept of spirituality and the spiritual dimension in modern healthcare a growing number of publications shows growing consensus on defining spirituality and required actions of primary caregivers in PC. The recent pan-European survey on research priorities (5) by members of the Taskforce on Spiritual Care of the European Association for Palliative Care shows as top three of research priorities on spiritual care in PC: need to develop and evaluate conversation models, screening tools for identifying spiritual needs and spiritual interventions. Prevalent themes not present in the designated list of research priorities in the survey include research to improve staff education and investigate staff attitudes to spiritual care.

The Dutch multidisciplinary guidelines for PC practitioners contain a unique multidisciplinary guideline on spiritual care (Leget 2010), recently translated in English. Implementation of this guideline is just emerging, validated tools and educational programmes still lack.

In a multicentre prospective action research study the content of a pilot education programme on spiritual care in PC for doctors and nurses will be formulated on expert opinion and patients preference, and tested/given by local trained hospital chaplains in a multicentre trial of 8 Dutch teaching hospitals. The effects on the competence of the primary caregivers will be measured as well as the spiritual wellbeing of their patients before and after following the educational programme.

Publication of the results in 4 papers in international peer reviewed scientific journals.

Study objective

Training clinicians in spiritual care based on the multidisciplinary guideline has a positive effect on caregivers competencies in spiritual care and on the spiritual wellbeing of palliative patients.

Study design

Group 1

Isala Zwolle

Maasstad Ziekenhuis Rotterdam

Medisch Centrum Leeuwarden

01-01-2014 start first phase (3 hospitals)

01-02-2014 pre-tests of the multidisciplinary clinical teams an 5-10 palliative patients in their

department, as well as 5-10 palliative patients on a department that is not trained (no intervention arm).

February-March 2014 Pilot training spiritual care

April-May 2014 first post-tests of the multidisciplinary teams and palliative patients

September-October 2014 second post-tests of the multidisciplinary teams.

Group 2

Antonius Ziekenhuis (Nieuwegein)

Gelre Ziekenhuizen (loc. Apeldoorn)

Isala Zwolle

Maasstad Ziekenhuis Rotterdam

Martini Ziekenhuis Groningen

Medisch Centrum Leeuwarden

Rijnstate Ziekenhuis Arnhem

St. Franciscus Gasthuis Rotterdam

01-08-2014 start first phase (8 hospitals)

01-09-2014 pre-tests of the multidisciplinary clinical teams and 5-10 palliative patients in their department, as well as 5-10 palliative patients on a department that is not trained (no intervention arm).

October-November 2014 Pilot training spiritual care

December 2014 first post-tests of the multidisciplinary teams and palliative patients.

June 2015 second post-tests of the multidisciplinary teams.

Tools:

Patients:

- inclusion: SPICt/OPZIS

- demographics
- general information on religious and spiritual affiliation
- Symptoms: Utrecht Symptom Diary USD
- Spiritual Attitude and Interest List SAIL
- CQ questions from NIVEL quality indicator tool concerning spiritual care

Caregivers:

- demographics
- general information on religious and spiritual affiliation
- professional attitude
- barriers for spiritual care
- spiritual attitude and interests (SAIL)
- spiritual care competences (SCCS)
- learning styles (Kolb LSI 3.1)

Intervention

Pilot training spiritual care (1 or 2 lessons of 90-120 minutes) to primary caregivers in teaching hospitals, based on requirements formulated by 33 experts in the field of palliative and spiritual care in the invitational research conference November 4th 2013 at the Comprehensive Cancer Centre in Enschede.

Contacts

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Eligibility criteria

Inclusion criteria

Teaching hospitals are admitted to the trial when:

- the teaching hospitals (not university hospitals) is member of the Stichting Topklinische Ziekenhuizen
- it has an active policy to develop palliative care intramural, using specialist teams of trained nurses and physicians and quality tools (e.g. carepathway for the dying phase)
- the chaplaincy team is committed to the palliative care improvement programme
- the chaplaincy team sees it as its responsibility to develop spiritual care within that process
- at least one of the chaplains is trained to develop spiritual care (followed Masterclass Spirituality in Palliative Care)
- multidisciplinary teams of primary caregivers that treat and care for palliative patients in hospital setting
- palliative patients that meet the OPZIS criteria (translation of Supportive or Palliative Care Indicator Tool, Edinburgh)

Exclusion criteria

- university hospitals
- non-teaching hospitals
- no active improvement programme on palliative care
- untrained chaplaincy staff

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-06-2013
Enrollment:	400
Type:	Anticipated

Ethics review

Positive opinion	
Date:	25-04-2014
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL4437
NTR-old	NTR4559
Other	RTPO/MCL : nWMO22

Study results

Summary results

(1) Leget C, Staps T, van de Geer J, Mur-Arnoldi C, Wulp M, Jochemsen H. Richtlijn Spirituele zorg. In: De Graeff A, van Bommel JMP, van Deijkck RHPD, Krol R, Oldenmenger WH, Vollaard EJ, editors. Palliatieve zorg, Richtlijnen voor de praktijk. Utrecht: Vereniging van Integratie Kankercentra VIKC; 2010. p. 637-662.

(2) van de Geer J, Leget CJW. How spirituality is integrated system-wide in the Netherlands Palliative Care National Programme. Progress in Palliative Care 2012(20):98-105.

(3) van de Geer J, Gijsberts MJHE, Jansen-Segers MJ. Spirituele zorg. In: de Hosson SM, De Graeff A, Netters FJS, Verhagen CAHHVM, editors. Utrecht: De Tijdstroom; 2012. p. 333-342.

(4) van de Geer JZ,T.H.

Multidisciplinaire spirituele zorg, ontwikkelingen in de palliatieve zorg met relevantie voor het beroepsprofiel van de geestelijk verzorger. In: Smeets WV,K.C., editor. Handboek Spirituele zorg in de palliatieve zorg Utrecht; Accepted.

(5) Selman L, Young T, Vermandere M, Stirling I, Leget C. Research Priorities in Spiritual Care: An International Survey of Palliative Care Researchers and Clinicians. J Pain Symptom Manage 2014(0).