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Assessing the context for best practices: Institutional setting for health care spiritual support in Estonia

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A bstract: Spiritual support has gained the attention of researchers for its potentially positive effect on health. In Estonia the provision of spiritual support is uneven and functions in three different models. To help the development of spiritual support, we have previously looked at the socio-cultural context where spiritual support has to function in Estonia. The current paper is a next step towards defining the context of our clinical pastoral care and wider spiritual support. The aim is to offer an informational basis for creating an adaptable model of spiritual support provision that would best fit our socio-cultural and institutional characteristics. The paper addresses the medical staff's knowledge about and attitudes towards spiritual support. The data originates from the research conducted in 19 Estonian hospitals during 2015-2016. Quantitative questionnaire was combined with opened questions and sent to recipients (doctors, nurses, care-givers, clinical psychologists and social workers) electronically. The results show that respondents consider spirituality and/or religion to be beneficial factor in health care, and mark that medical staff should be aware of patient's spiritual/religious beliefs. Respondents are willing to co-operate with a professional pastoral care-giver, but would like one to be officially part of the staff not so much to be invited from outside. Respondents also expect consultation and internal trainings from a pastoral caregiver in various topics. The fact that spiritual support is not financed by the state budget funds raises the question about explaining the benefits of spiritual support is not financed by the state budget funds raises the question about explaining the benefits of spiritual support to the institution's management.

## Biography

Liidia Meel is a PhD student in Tartu University Faculty of Theology (subject: clinical pastoral care and interdisciplinary team work). She has the master's degree in social work from Tallinn University (Estonia) and has worked as a health care social worker in North Estonia Medical Centre's oncology department and palliative care project. She has also applied higher education in pastoral care from the Institute of Theology of the Estonian Evangelical Lutheran Church, and has worked as a clinical pastoral councellor in Tartu University Hospital's oncology-haematology department.

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