



Spirituality as an Inner Pillar of Resilience and Meaning-Making for Palliative Care Professionals: A Phenomenological Study in Greece

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EMBRACING EVERY JOURNEY

Aim: To explore if, how and when, palliative care professionals experience, integrate, and embody spirituality in their clinical practice as members of an interdisciplinary team at a Palliative Care Centre in Greece.

Background: Spirituality is an essential yet often underexplored dimension of palliative care practice. While previous studies have highlighted its role in patient well-being, less is known about how spirituality is experienced, exercised, practiced, embodied within the sphere of clinical domain. Spirituality has been described as a resource of emotional resilience, which is so much needed when caring for patients in need of palliative care. This ongoing doctoral study addresses this gap by exploring the experiences of spirituality among palliative care professionals, within the Greek cultural context, where faith - not only of religious denomination - and existential meaning are closely intertwined.

Design, Methodology, Methods

- Interpretive phenomenological study
- **Setting** - Conducted in a Palliative Care Centre: Hospice and Home Care Service
- **Data collection:** In-depth interviews [n=19] and focused ethnography during home visits
- **Analysis:** at 1st phase Thematic Analysis (Braun & Clarke) and at 2nd phase van Manen analysis: spatiality, temporality, corporeality, relationality

Participants - Informants

- Total sample: **19 HCPs**
- Mean age: **44.1 years** (SD = 12.6; range 27–72)
- **Physicians** (n=3)
- **Nurses** (n=8)
- **Psychologists** (n=2)
- **Social workers** (n=3)
- **Physiotherapists** (n=2)
- **Occupational therapist** (n=1)

Preliminary Findings: Three overarching themes have emerged from the data across the interdisciplinary group of healthcare professionals, including physicians, nurses, psychologists, physiotherapists, and social workers.

Spirituality as a pillar of resilience:

- The first theme, **spirituality as a pillar of resilience**, captures how participants across disciplines described spirituality as a shared source of *emotional stability* and *inner strength*, supporting them in navigating the *clinical* and *emotional demands* of end-of-life care, in the face of suffering and death.
 - “It is a source that provides courage, gives hope, and becomes a form of support.” **Thallasinos, Physician**
 - “Spirituality gives you meaning, gives you hope, gives you optimism... it helps you keep going.” **Sotiris, Psychologist**

Embodied co-presence in palliative care:

- The second theme, **embodied co-presence in care**, captures how everyday clinical interactions—such as *silence*, *physical presence*, *touch*, *empathetic engagement*—were experienced by participants across disciplines as deeply spiritual. These moments of being-with the patient extended beyond technical care, opening a shared space where *existential awareness*, *connection*, and *meaning* emerged in the face of approaching death.
 - “What happens on a spiritual level is more important than what happens on a physical level.” **Kalla, Nurse**
 - “When you are with a person who knows—and you know—that they are approaching the end, something shifts deeply within the relationship.” **Alison, Physician**

Connecting Through Shared Humanity and Meaning-Making:

- This theme conceptualises spirituality in palliative care as a *relational bridge* [RELATIONALITY] between two human beings, particularly in the presence of approaching death. It reflects a shared *space* [SPATIALITY] where patients and professionals encounter one another beyond their formal roles. Spirituality emerges as a common ground where personal values and professional identities intersect, fostering deeper connections with patients and supporting a more integrated experience of interdisciplinary care. Within this space, meaning-making becomes central, as individuals—both patients and caregivers—reflect on what truly matters at the end of life.
 - “It is a personal journey toward meaning-making and self-improvement.” **Violetta, Social Worker**
 - “Near the end of life, people seem to return to things that truly mattered in their lives.” **Anthi, Nurse**

Discussion:

Findings underline spirituality as a vital yet under-acknowledged component of the inner resilience of the HCPs. Integrating spiritual awareness into staff education and reflective practice could enhance both caregiver well-being and promote patient-centred care. This study offers an emic perspective – through the lens of phenomenology - on how spirituality – when enacted and practiced by HCPs, acts as an Inner Pillar of Resilience and Meaning-Making for Palliative Care Professionals.

Conclusion:

Participants’ rich descriptions and narratives reaffirmed that engaging with patients’ spirituality and activating their own spiritual resources enhanced their sense of purpose, strengthened their compassion, and supported them in situations of suffering and dying.

References

1. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
2. van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
3. Best, M., Leget, C., Goodhead, A., & Paal, P. (2020). An EAPC white paper on multi-disciplinary education for spiritual care in palliative care. *BMC Palliative Care*, 19(1), 9.
4. Arrieira, I. C. D. O., Thofehrn, M. B., Porto, A. R., Moura, P. M. M., Martins, C. L., & Jacondino, M. B. (2018). Spirituality in palliative care: Experiences of an interdisciplinary team. *Revista da Escola de Enfermagem da USP*, 52, e03312.
5. De Luca, E., Sena, B., Butcher, K., & De Wal, L. J. (2025). Spirituality and palliative care: International models and new perspectives. *Frontiers in Sociology*, 10, 1523685.
6. Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656.
7. Sinclair, S., McClement, S., Raffin-Bouchal, S., Hack, T. F., Hagen, N. A., McConnell, S., & Chochinov, H. M. (2016). Compassion in health care: An empirical model. *Journal of Pain and Symptom Management*, 51(2), 193–203.
8. McSherry, W., Ross, L., Balthip, K., Ross, N. and Young, S. (2019). Spiritual Assessment in Healthcare: An Overview of Comprehensive, Sensitive Approaches to Spiritual Assessment for Use Within the Interdisciplinary Healthcare Team. *Spirituality in Healthcare: Perspectives for Innovative Practice*, pp.39–54. doi:https://doi.org/10.1007/978-3-030-04420-6_3.