

Abstract: *The Challenge of Consolation: A qualitative study of nurses' experiences with teaching and practicing spiritual and existential care for the dying*

Background: In western countries a growing proportion of older patients with incurable cancer or other chronic conditions will be in need of palliative care. As a consequence, the fiscal pressure on the secondary health care sector is increasing. To address this challenge in the Norwegian health care system, the government implemented a major health care reform in 2012 (*the coordination reform*). Downsizing specialized hospital units, the reform transferred more palliative care responsibilities to home care nursing and nursing homes in the primary health care sector, which often lack adequate nursing expertise. As a consequence, less qualified care workers as well as registered nurses must increasingly address dying patients' spiritual and existential needs in order to provide holistic palliative care.

However, international studies reveal that spiritual and existential care is frequently overlooked in most care settings and that registered nurses and other care workers often feel insecure about providing spiritual and existential care for the dying. This indicates that there is a widespread need for spiritual and existential care competency in palliative care. There is a gap in the literature concerning how nurses may alleviate dying patients' spiritual and existential suffering in their everyday practice. There is also a gap in the literature about how to best train nursing staff to provide spiritual and existential care for the dying.

Aim: The overall aim of this thesis is to illuminate the meaning of registered nurses' experiences with practicing and teaching spiritual and existential care for the dying in different Norwegian health care contexts.

Methods and design: This is a qualitative phenomenological hermeneutical study based on narrative interviews with six registered nurses in a medical-oncological unit, eight hospice nurses and one narrative focus group interview with a mobile hospice nurse teaching team.

Main results: Spiritual care was about conveying consolation, which involved facilitating a peaceful death by helping the dying to settle their practical issues, to interpret and find meaning in their suffering and to help them to restore their relationships with loved ones and to find peace with God. The nurses were deeply moved and touched by their patients' suffering and they yearned to console them. Consolation was conveyed through active presencing, existential and religious conversations, shared silence and physical touch. The nurses walked alongside the dying, sharing their suffering. This demanded courage and compassion because it exposed the nurses to their own vulnerability, mortality and helplessness.

Conclusions: The results, which indicate that consolation may be conveyed and sustained through presence and relatedness, are extremely important because nurses and care workers in end-of-life care confront intractable suffering, which cannot always be alleviated. Mobile expert nurse teaching teams that provide situated bedside teaching in spiritual care (and other relevant fields of nursing, such as i.e. geriatric nursing) may be an effective means to redress the widening gap between nursing staff quality and the demand for high quality holistic care, especially in the primary health sector in nursing homes and home care nursing

Keywords: consolation, spiritual and existential care, palliative care, health care reform, phenomenological hermeneutical method, narrative interviews, focus group, primary and secondary health care sector