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The experience of health professionals in emergency settings after a course on spirituality.
A qualitative longitudinal study

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INDEX

List of tables and figures

List of abbreviations

Healthcare Professionals (HCPs)

World Health Organization (WHO)

ABSTARCT

In emergency clinical settings, health professionals can be overwhelmed, and the practical care provision might be hindered. Literature underlines the need for specific skills to develop education in emergency and critical care settings focused on health professionals' spiritual competence.

Prospective longitudinal qualitative research was carried out to evaluate a training format on spirituality. 25 semi-structured interviews to health professionals working in emergency and critical care settings, were performed before and after a delivered webinar on spirituality. Data were analyzed through thematic analysis. Results confirmed a shift in meaning in four central themes defined as: (1) definition of spirituality in personal experience; (2) how to recognize one's own spirituality and that of others; (3) the personal and professional development of one's own spirituality; (4) expectations on the training course of spirituality. Findings underline changing point of view on spirituality definition no longer exclusively associated with religious belief and self-transcendence but in addition the connection with self-care and well-being. Moreover, spirituality is recognized trough a compassionate connection with oneself, others, nature, and spiritual practices that led to a spiritual grow. The course enabled to identify specific training needs in emergency settings. Health professionals require tools to expand the personal spiritual skill and during clinical healthcare approach. Research should be integrated with multiple time sessions reflecting the integrated training format of multiple theoretical and experiential elements, discussion groups and longer-term training.

BACKGROUND

In emergency conditions, health professionals' (HPs) ability to provide safe, timely and effective care can be compromised, impacting their psychological well-being (Schneider & Weigl, 2018; Adriaenssens et al., 2015; Chen et al., 2019). As in the COVID-19 pandemic, a complex emergency highlighting the lack of attention on safeguarding the psychological health of medical and healthcare professionals, who were suddenly challenged by the emergency, several deaths, and the drastic isolation measures (Lai, 2020; Huang, 2020; Thapa, et al, 2020). A growing body of evidence raised to describe physical and psychological consequences of complex emergency in critical care settings that my affect mental health and overall work performance (Hassan et al., 2020; Lai, 2020; Huang, 2020; Albott et al., 2020). The uncertainty facing mortality raises deep questions of meaning, purpose, legacy, isolation, loss, grief, despair, hopelessness, and moral injury causing spiritual distress (Ferrell et al., 2020; Puchalski et al., 2020). Clinicians and healthcare workers who have experienced trauma and burnout showed spiritual distress. This experience affects HPs giving a sense of hopelessness in facing clinical conditions when treatments are no longer aimed at healing patients (Yang et al., 2021). They witnessed deaths of patients, as well as deaths of colleagues. Recent literature describes clinicians and nurses feel hopelessness facing the patients dying and the family's spiritual needs often unmet in critical care areas (Alazmani et al., 2021; Alquwez et al., 2021; Palmyrid, et al., 2021; Rafii et al.2015; Yang et al., 2001). In intensive care and acute care settings, the experience of facing incurable conditions, death, or even unexpected survival of the patient, require fostering spiritual growth (Atefi et al., 2014; Abu-El-Noor et al., 2016; Canfield et al., 2014; Zhang et al., 2017). The need to deepen the point of view of physicians and their perception of the spiritual experience in emergency contexts was highlighted from Best (2016) and Balboni (2013). The impact of spirituality on personal well-being seems to be the same regardless of the individual's religious beliefs (Gomez, 2005; King, 2015). Individuals acquire a sense and meaning in their working lives, this results in greater engagement, performance and reduced burn-out (Duchon et al., 2000; Majeed et al., 2019). Moreover, spiritual interventions positively affect patients' physical, mental, and emotional health (Davis-Roberts, 2008; Hollywell & Copnell, 2019; Atarhim et al., 2019). The importance of spirituality for HPs, and therefore their ability to perceive and identify the patient's spiritual needs, has been strongly addressed since this dimension has been shown to improve stress coping strategies and to play a role in burnout prevention (Doolittle, 2013). Moreover, some HPs' perception of spirituality as synonymous with religion has further inhibited the process of considering and implementing the topic within healthcare contexts (Smyth & Allen, 2011).

Nevertheless, the absence of a standard set of defining characteristics of spirituality might lead some HPs to believe that they cannot meet patients' spiritual needs (Bone et al., 2018). Likewise, the low priority of spirituality in emergency settings has also been related to the need to define spirituality and its attributes (Zhang et al., 2017). Even though the definition of health and disease (WHO, 1998; de Diego Cordero et al.,2023) incorporates spiritual definition of health, including spirituality, religiousness, and personal beliefs as fundamental dimensions to consider for quality of life (Agnihotri, 2014; Biondo, 2017; Jaberi et al. 2017). Spiritual health relies on the significant positive relationship between spirituality, well-being, and health (Bożek et al., 2020; Sanyal et al., 2020). However, there is no universally shared definition of spirituality, but there are different ways to describe it. defined as a fundamental character strength for developing positive attitudes and health.

One of the internationally consensus definition of spirituality is produced by Puchalski et al., (2001; 2009; 2014) that define spirituality is an essential element of humanity includes the individual's search for meaning and purpose, includes connection with others, self, nature, and that which is meaningful or sacred, it embraces secular and philosophical as well as religious and cultural beliefs and practices. Moreover, the concept of spiritual health is described as a part of human experience, objective, and a subset of spirituality (Selman et al., 2007).

Spirituality is experienced as a very subjective concept of the existence of every human being (Abu-El-Noor et al., 2016; Bone et al., 2018; Canfield et al., 2016; Heidari; et al., 2016; Nascimento et al., 2016; Smyth et al., 2011; Zhang et al., 2017). Conversely, to ignore any of these dimensions means ignoring the fundamental parts of humanity (McSherry et al. 2004; Narayanasamy, 2014).

Spiritual concerns, are broadly recognized by healthcare providers who strive to understand patients' spiritual and religious beliefs and practices to provide the best care (Burkhardt & Nagai-Jacobson, 2013). Studies conducted in primary health care services have shown that, in spiritually sensitive work environments, display higher levels of team performance (Duchon et al., 2020; Faro Albuquerque et al., 2014). Moreover, positive effects on organizational performance, HP's well-being and quality of life improvements and lastly the ability to make sense of social interactions (Karajas, 2010). Spirituality in HPs, especially in nursing practice, is often represented within a holistic care model (Lewinson et al., 2015) and, secondarily, as a critical personal dimension of spiritual well-being (Narayanasamy, 2014). Furthermore, positive effects on organizational performance through an improvement in the well-being of HP in their quality of life, in the ability to make sense of what is happening, in relationships with others and with the community (Karajas, 2010).

Despite this, the spiritual approach and education on spiritual care in clinical practice are overlooked in emergency settings (Baldacchino, 2015). Emergency and critical care settings models often ignore spiritual concerns focusing primarily on physical aspects, and when this happens for end-of-life

conditions, dissatisfaction rises among HPs (Canfield et al., 2014; Zhang et al., 2017). Relational difficulties are highlighted between nurses and doctors in a working climate still influenced by a robust biomedical paradigm that doesn't facilitate or value enough communication and shared decision-making (Alazmani et al., 2021; Alquwez et al., 2021; Rafii et al., 2016; Yang et al., 2001).

The Association of American Medical Colleges (AAMC) recommended that physicians bring up and discuss religion and spirituality with their patients (AAMC, 1999). Almost two decades after the appearance of first recommendations, doctors still find it difficult to initiate discussions on religion and spirituality with their patients. Social scientists have documented the relationship between spirituality and health outcomes, and research interest in the health area has recently increased (Puchalski et al., 2014; Walach, 2021).

Nevertheless only 2% of doctors would regularly enquire, whereas more than 50% never asked about religion (Abdulla, et al., 2019). It appears that doctors are generally poorly prepared to tackle this issue, both during their medical student years and later as trainees (Abdulla, et al., 2019). Physicians still need to incorporate assessment of patients' spiritual needs into medical care, considering their skills to be lacking, and consider spiritual assessment an advanced communication skill, more complex than code status discussions (Balboni, 2013). In addition, recent studies on spiritual approach and education on spiritual care in clinical practice confirmed that spirituality dimensions are overlooked in emergency settings (Baldacchino, 2015). Moreover, relational difficulties are highlighted between nurses and doctors in a working climate still influenced by a robust biomedical paradigm that doesn't facilitate or value enough communication and shared decision-making (Alazmani et al., 2021; Alquwez et al., 2021; Rafii et al., 2016; Yang et al., 2001). For healthcare professionals their spirituality can influence the way they relate to and provide patient care (Rogers, 2017; Abu-El-Noor et al, 2016; Canfield et al 2016).

Emergency and critical care settings focus primarily on physical aspects, and when this happens for end-of-life conditions, dissatisfaction rises among HCPs (Canfield et al., 2014; Zhang et al., 2017).

At the same time, HPs may be challenged by the difficult task of clarifying the concept of spirituality, and more, to differentiate it from other related concepts like religiosity, spiritual well-being and spiritual health (Weathers et al., 2016). In Western societies, shifted from institutionalized religion towards a more individualized type of religion, a personal search for meaning, a sense of self and enhanced connection with others (Puchalski et al., 2014). The separation between religiosity and spirituality has become more evident in Western contemporary societies than Eastern (Nita, 2019). Nevertheless, spirituality is still considered a concept like religion in many contexts. However, in contemporary faith traditions, it has been extended beyond religion and devout religious involvement, such as having an aim in life or being intimately connected to the divine (Koenig, 2012).

The religious and cultural background therefore influences individual practice and is associated with the willingness to take certain, and occasionally controversial, end-of-life decisions. Furthermore, a higher level of spirituality among physicians is more likely to lead to a discussion around the subject with their patients (Rasinski, et al., 2011). Since, in each culture, spirituality has different meanings and definitions based on beliefs, the worldviews of individuals, and social context (Dalmida et al., 2012; Lalani, 2020; Bash, 2004; Weathers et al., 2015).

Although it is recognized that the education of healthcare professionals should focus on holistic patient care, with attention to spiritual and existential themes throughout the program. There are few internationally Universities and higher education providers, that have added spiritual care components to their undergraduate nursing programs. Puchalski C., who was the director of the Institute of Spirituality and Health at George Washington University (GW) in 1992, was an example of addressing spirituality and spiritual care in medical education. Literature shows the need for health professionals to respond not only to the physical needs that arise at the end of life (and in the life of any disease) but also to the emotional, socio-cultural, and spiritual needs that may arise to highlight the meaning of spirituality in healthcare contexts (Baldacchino, et al., 2015; Best et al., 2016; Balboni, et al. ,2013). Evidence, show there are still few studies on models that define or intervene on the spiritual needs of health professionals, or that examine the effects of a pro-spirituality environment on teamwork and patient safety, in the absence of theoretical models shared by the scientific community (Doram, 2017).

Since spirituality is the central core of the existential dimensions of human beings (Chiu et al. 2004), HPs should be encouraged to be aware of their own spirituality and to integrate spiritual care into their own practice and continuing medical educational (Rogers et al., 2020; Best et al. (2020).

Scientific Relevance

This study is a preliminary evaluation of the role about spirituality concern on healthcare professionals in emergency medicine in Italian context. Allowing possible revision of hospitals and local healthcare services policies to promote the psycho-social-spiritual well-being of HCPs. Prevent their psychological discomfort deriving from interventions in health emergencies and influence the performance of the work team in the quality of care provided. It could also help improve the assessment of the approach to spiritual care and spiritual well-being that hospital and community primary care organizations have in different cultural contexts.

Hospitals and local healthcare services policies could benefit on relationship-centered care and the higher quality of provision of healthcare. useful to provide elements to support a training course on spirituality.

AIM

The main goal of this study was to explore the changes in the meanings that are assigned to one's spirituality in health professionals before and after a specific course on spirituality in healthcare. Second examining the need for spirituality-related education reported by healthcare professionals. The third objective is to assess a brief experimental teaching program focused on spirituality education for healthcare professionals.

METHODOLOGY

Design

Prospective longitudinal qualitative research was carried out (Neale, 2020) across HPs working in emergency and critical care settings. Longitudinal qualitative methods are becoming increasingly used in the health service research (Thomson, et al., 2003). It answers to a qualitative question about the lived experience of change, or sometimes stability, over time (Saldaña,2003; Calman et al., 2013). Our research question is: what changes does an introductory course on spirituality make to the experience of spirituality for healthcare professionals working in emergency settings?

Participants selection is based on sharing a particular experience and are then followed over repeated intervals in order to mirror experience knowledge after a training course (Smith Battle, et al., 2018, Neale et al., 2016). Training is the intervention followed from Moore models' (2009) focusing on the declarative knowledge (Level 3a) (table 1). The degree to which participants state how to do what the training activity instructed them to do is what is understood. It is conceptual framework of an ideal approach to planning and assessing continuing medical education that is focused on achieving desired outcomes.

Level	Outcome	Definition
1	Participation	The number of physicians and others who registered and attended
2	Satisfaction	The degree to which the expectations of the participants about the setting and delivery of the CME activity were met
3	Learning	Changes in the knowledge, skills, and attitudes of the participants; the development of competence
4	Performance	Changes in practice performance as a result of the application of what was learned
5	Patient health	Changes in the health status of patients due to changes in practice behavior
6	Population health	Changes in the health status of a population of patients due to changes in practice behavior

Table 1. Levels of an Outcomes-Based CME Evaluation Model (Table 13-1, page 251).

Sampling and recruitment

Purposive sampling was based on the opportunity to recruit participants. This monocentric research was performed from the Department of Medicine and Surgery, University of Parma in the Italian context. It was addressed to HCPs working in Emergency Department (ED) or during the COVID19 emergency. Were included HCPs and students in emergency-urgency specialization or qualification as experts in emergency and critical areas; participants who attended the scheduled time for the initial project. HCPs who are not engaged in emergency contexts and those who are enrolled in a specialized training course in emergency-emergency and critical care less than a year were excluded. Before recruitment an information note describing the study, and an informed consent to the processing of personal data will be delivered to participants. Recruitment to time point T0 started the 1st of February 2023 and was completed to 24th of April 2023. The second time point T1 began on September 1st, 2023 and was finished by the end.

Data collection

Data were collected with semi-structured interviews method. A technique that is commonly utilized for qualitative research in healthcare settings (Taylor 2005; Gill et al., 2008). A script for interviews was created, and the questions were created to encourage participants to share their personal experiences, including feelings and emotions, and often focus on a particular experience or specific events (Moser & Korstjens, 2018). Is free to develop themes that arise during an

interview and that he considers important to understand the opinion of the respondents, even if not explicitly provided for (Corbetta, 2015).The framework interviews were formulated by considering the global consensus-derived definition of spirituality provided by Puchalski (2009): *"Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices."* Integrated with element of models' course on interprofessional spiritual education to health professions (Puchalski, 2012; 2020).

The goal of the semi-structured interview schedule was to investigate the spiritual dimension of the participants' experiences working in emergency and critical care areas.

The framework interview was divided in two separate guides aim to explore four central themes (before attending training at time point T0 and after training at T1) (supplementary file):

i.) definition of spirituality in personal experience;

ii.) how to recognize one's own spirituality and that of others;

iii.) personal and professional development of one's own spirituality;

iv.) expectations on the training path.

Each interview was recorded in both audio and video through online platform (Microsoft Teams) and lasted between 30 and 50 minutes.

Procedure

The longitudinal qualitative methodologies can be particularly useful in assessing interventions (Holland, J. 2007). In this study participants were followed up a training course (intervention) after a period of two time point T0 and T1 of data collection. The sessions scheduled over a flexible time frame with the same participants over 4 months, enrolled in two session webinar training on spirituality (Table 2), according to the research purpose and based on relevant literatures (Sun et al., 2020; Lipstein et al.2015, Artioli et al., 2019).

- *Time point_T0 baseline (interview) supplementary file 1.* Took place from 1st February 2023 to 24th of April 2023. Demographic characteristics were investigating gender, age, professional role, career, type of settings. Interview focused on participants' beliefs and attitudes regarding the spirituality concept, and spiritual experience related to spirituality in personal history, daily life and professional experience (supplementary file).

- *Intervention delivered (training course) see table 2 below. "Experimental training course on spirituality education for health professions"*. Two webinar formats were provided on the 26th of April and the 3rd of May. Methodology was based on reviews of continuing education meetings, workshops, and internet-based learning in the health professions (Cook et al., 2008; Giguère et al., 2020). Presentation methods are used when learning objectives call for knowledge acquisition: when learners need to learn "what to do" (declarative knowledge Level 3a) the acquisition and interpretation of facts knowledge presented should be a description of the performance standard, the information that supports it, and methods central to the performance of the skill. Predisposing activities were designed based on andragogy principles to enable self-directed learning and increase engagement, understanding, and application of new content (Knowles et al., 2014). Activities provided participants with opportunities to apply and reinforce learning (Michie et al., 2011) and search for and find resources for learning about the performance issue they want to address. Interactive large group were performed with learning components such as enabling participants to add new knowledge to existing knowledge and connect concepts to their own work were informed by transformative adult learning (Michie et al., 2011) and experiential learning concepts (Kolb et al., 1984). Enabling activities help who are ready to address a teachable moment by supplying them with knowledge related to the performance issue they are concerned about, along with opportunities to use that knowledge in "authentic" settings resembling their work circumstances.

- *Time point T1 (interview) see supplementary file:* from June 2023 to September 2023. Qualitative evaluation at time point T1 after training course, was flexible (at 1 month, 2 month, 3 month or 4 month) based on availability of participants. It took place focusing on central theme framework (supplementary file). The researcher asked additional questions to examine the course's quality approval and relevance.

Table 2. Training course

EXPERIMENTAL TRAINING COURSE ON SPIRITUALITY EDUCATION FOR HEALTH PROFESSIONS		
INTERVENTION COMPONENT (WHAT)	**MODE OF DELIVERY (HOW)**	**RATIONALE (WHY)**
Content presentation	Teaching course on spirituality education more or less than four hours in two sessions webinar: 1st webinar April 26th: "Spirituality as a health dimension", 2nd webinar May 3rd, 2023: "Spirituality and health". The program: consensus definition of spirituality; spirituality in the lives of healthcare professionals; spiritual assessment tool; spiritual practice exercise. Trainer: philosopher, medical doctor student Method: interactive, large-group discussions.	Education courses primarily is designed for an interdisciplinary audience of clinicians from different professions (Medicine, Nursing, Social work, Psychology, Physical therapy, Occupational Therapy, Physician Assistant, etc.) (Balboni et al., 2022; Borneman et al., 2010; Puachalski et al., 2009; 2010; 2014; 2020; Sulmasy, 2002). It aim to give an overview to define spirituality in healthcare as a part of professional development and self-care engagement.
Activities	1.Synchronous activities. Were designed as small group work; self-reflection group activities encouraged to reflect on their experience during home learning activities. 2. Home learning activities. Self-study materials and self-care activities to wellness in daily life. 3. Triggers questions and self-care spiritual practices	"Spiritual or reflective practices can grow out of the search for our spirituality. Practices can come out of our lives in a faith or other spiritual community or perhaps of our own personal making. Spiritual or reflective practices are beneficial when they are a regular and integral part of our life (Puchalski, et al., 2012). Compiling a guide diary, learners of the training course will be able to document whether: they have encountered changes in attributing meaning to their own spirituality and in their relationship with patients (Puchalski, et al., 2012).

Data analysis

In this longitudinal qualitative study, data followed a "trajectory analysis" focuses on changes from the size and complexity of a longitudinal qualitative data set makes it necessary to condense or summarize the data into manageable proportions and synthesize them into new configurations, while ensuring that these condensed readings maintain the integrity and meaning of the original data (Calman et al .2013). Researchers use a predefined coding scheme and let interpretative categories emerge from the data. This approach is also called ex-post or inductive (Hsieh, 2005). The analysis of the qualitative data generated as part of this study is guided by Braun and Clarke's (2006; 2012; 2013; Terry et al., 2017) thematic analysis framework.

The process included six phases Braun & Clarke's (2006):

i.) familiarize yourself with the data reading and rereading the data.

ii.) The process of coding generates labels that identify important aspects of the data relevant to answering the research question (after coding the entire data set, collating codes, and extracting relevant data).

iii.) Identifying significant broader patterns of meaning by searching for themes, examining codes, and collating data relevant to each candidate theme.

iv.) Reviewing themes, checking the candidate themes against the data set, to determine that they tell a convincing story that answers the research question. Themes may be refined, split, combined, or discarded.

v.) Defining and naming themes. Developing a detailed analysis of each theme; choosing an informative name for each of them.

vi.) Writing up. Weaving together the analytic narrative and data extracts and contextualizing the analysis in relation to existing literature.

Thematic analysis (Braun & Clarke, 2006) undergone recommendations of Calman et al. (2013). The method involves two researchers independently analyzing the transcripts by repeatedly reading the text, gradually extrapolating emerging themes, grouping them and/or dividing them into key content themes. Through an iterative process, during the analysis, the researchers verify that, from time to time, the main themes of the contents that compose them are consistent with the transcription data and identify significant sentences that condense and represent the meaning of the themes and the subthemes identified and the main themes. Data will be analyzed cross-sectionally at each time point to generate a summary of the cross-sectional thematic analysis, which will form the basis for the member checking and interview guide at T0 and T1. The elements addressed in the T0 interview schedule will always form the basis for interviews to ensure coherence of the study. Interviews will be always analyzed cross-sectionally, and codes will be reviewed, organized, and reorganized into

themes and sub-themes. The methodological analysis process will be guaranteed through the supervision of a third-party researcher external to the study.

For longitudinal qualitative research carried out with professionals, once the themes have been extrapolated, any change in meaning (meaning shift) will be highlighted compared to what was expressed by the professionals before and after the training intervention.

The COREQ (Consolidated criteria for Reporting Qualitative Research) was used to ensure we provided sufficient methodological detail and analysis for rigor and credibility (Tong et al., 2007)

Rigor

Data triangulation, which involved participants with different professionals' characteristics, and data analysis by different researchers were the methods used to guarantee quality.

Furthermore, methodological rigor in study was ensured using strategies to address: *i.) credibility; ii.) dependability; iii.) transferability and vi.) confirmability* (Gibbs et al., 2007; Morse, 2015). Criterion of *credibility* research was guarantee through: team members experienced in and trained in qualitative research; debriefing with the research team promote critical evaluation and reflection on data collection and analysis; prolonged engagement between the researcher and research participants, building trust and enhancing engagement with interviewees; rigorous of the interview transcripts and analysis was according to the Braun and Clarke (2006) thematic analysis framework; coding, process and annotation functions to detail decisions relating to analysis. *Dependability* transparent reporting of study protocol enables assessment of the research process and future replications of the study. Member checking of interview transcripts and cross-sectional results at each timepoint to support validation of transcripts and study results, promoting more in-depth discussion of cross-sectional findings at subsequent timepoints. *Transferability* the use of participant quotations to illustrate and support analysis and interpretation of the data. *Confirmability* gained by reflexive process to explore the influence of the researcher at each step of the research process.

Ethical Considerations

The protocol research receives approval from the Research Ethic Board (REB) for the ethics of non-medical research on the person in the meeting of 19th January 2023, (Point 6. Request for opinion 6-2023). This study will be conducted in compliance with the ICH E6 guidelines for GCP and the principles of the Declaration of Helsinki, as well as the Italian and European reference laws and standards for the conduct of clinical trials and in compliance with current Italian regulations in relation respect for privacy (Legislative Decree 30 June 2003, n. 196, "Code regarding the protection

of personal data"). Written consent to participate in the course evaluation was obtained from all participants before course onset. Participation in the course evaluation was voluntary and not connected to course performance; no monetary compensation was awarded.

RESULTS

Sample characteristics

A total of 25 HCPs enrolled to the study attended time point-T0 and completed intervention assignment. Some course participants may have accessed the webinar recordings after the webinar and viewed them asynchronously; those numbers are not reported. Attendance at time point-T1 decreased by over n.3 participants (12%). The features of the participants are shown in table 3. Most of them (60%), belonged to female gender. About half the sample (52%) were nurses, the 36% physicians, and the 12% psychologist. A large majority work in Anesthesiology Critical Care and Pain Medicine Division (36%) and Intensive Care Unit -ICU- (28%). Response rates from the health company resulted mostly from Azienda Ospedaliero-Universitaria Parma (56%), center of the research. With the same adherence resulted: Tor Vergata General Hospital (8%), Azienda USL Piacenza (8%), Vittorio Emanuele Hospital, Gela (8%), ASST Niguarda, Milano (8%), AULSS 1 Dolomiti, Belluno (8%), Arcispedale Santa Maria Nuova, Reggio Emilia (8%).

Table 3. Participant characteristics

Variable	N	%
Gender		
Male	10	40%
Female	15	60%
Age (years)		
23-30	5	20%
31-40	11	44%
41-50	5	20%
51-67	4	16%
Professional role[a]		
MD-Surgeon	1	4%
MD	3	12%
MD- student	5	20%
CCN-RN	10	40%
CCN- student	3	12%
EM-Psy	3	12%
Career [b]		
Early-career	5	20%
Mid-career	10	40%

Senior	10	40%
Type of settings [c]		
118	3	12%
Anesthesia and Intensive Care	9	36%
ER	3	12%
ICU	7	28%
General Surgery Unit	3	12%

[a] Professional role: Medical Doctor- MD; Registered Nurse - RN; Critical Care Nursing - CCN; Emergency Psychologist- EM-Psy

[b] Emergency Department -ED: Early-career: in training or < 2 years; mid-career: 2-10 Years; senior > 10 years of experience in the role

[c] Emergency Department -ED and: Intensive Care Unit-ICU; 118-Local Emergency Service; Emergency Room- ER

Participants quotations extract was coded in defined and isolate as countable, in type of text, identification code, number in progressive sense of the extract (e.g. Int. Cod. 20.4, meaning Interview identification code Cod. participant quotation 20.4) shown below in table 4.

Table 4. Participant Code

CODE	ROLE
1	NURSE
2	PSY*
3	MD**
4	NURSE
5	NURSE
6	NURSE
7	NURSE
8	NURSE
9	NURSE
10	NURSE
11	NURSE
12	NURSE
13	NURSE
14	MD STUDENT
15	NURSE
16	MD STUDENT
17	NURSE
18	MD

19	MD STUDENT
20	MD
21	MD STUDENT
22	MD
23	MD STUDENT
24	PSY
25	PSY
* Psychologist ** Medical Doctor	

The coding and label theme process followed the research question and framework in exploring HCPs experience:

1 DEFINITION OF SPIRITUALITY IN PERSONAL EXPERIENCE
2 HOW TO RECOGNIZE ONE'S OWN SPIRITUALITY AND THAT OF OTHERS.
3 THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ONE'S OWN SPIRITUALITY
4 EXPECTATIONS ON THE TRAINING COURSE OF SPIRITUALITY

The researchers were able to fully comprehend the experiences of the participants during the intervention due to iterative thematic analysis. We focused our analysis on emerging themes, but also on emotions and meanings that the participants attributed to their statements. In doing so, we could search for any possible changes in meanings attributed to that phenomenon from before to after the training. The overall process was supervised by an external expert of qualitative methodology.

Table 5. Meaning shifts before and after a training on spirituality

THEMES				
Sub-themes before training T0	**FROM**	**MEANING SHIFT Central theme**	**TO**	**Sub-themes after training T1**
1.1 Spirituality is linked to the concept of faith in religious beliefs. 1.2 Spirituality is a personal and inner dimension 1.3 Spirituality is beyond the physical dimension.	1Spirituality is a religious, transcendent, and inner dimension	DEFINITION OF SPIRITUALITY IN PERSONAL EXPERIENCE	1. Spirituality a dimension of self-transcendence and personal growth connected to religion and well-being	1.1 Spirituality guides' action 1.2 connection to well-being 1.3 self-care in everyday life
2.1 Empathic and human relationship with oneself, the other and the community 2 2. Confidential engagement in patient suffering . 2.3" Self-reflection"	2.Human closeness, with oneself and others.	HOW TO RECOGNIZE ONE'S OWN SPIRITUALITY AND THAT OF OTHERS.	2. mindful connection with oneself and others	2.1. Feel the connection with yourself, others, emotions, religion, and nature. 2.2 Realize and become aware of what is spiritual in emergency and urgency. 2.3 Observing and paying attention to everyday life, and healthcare relationship .
3.1 Search for meaning, of self and context. 3.2 Spiritual is share and with patients and colleagues	3.Self-conscious compassionate others	THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ONE'S OWN SPIRITUALITY	3. Compassionate connection with oneself, others, and nature	3.1. Research for meaning and spiritual practice 3.2 Changing the point of view to connect with yourself, patients, and colleagues

4.1Bring a specific training. 4.2 Learn different perspectives.	4.Support training with experts.	EXPECTATIONS ON THE TRAINING COURSE OF SPIRITUALITY	4. need of a specific training in emergency	4.1. Personal growth training and reflection groups. 4.2 Formation on relational and spiritual communication skills.

THEME 1: "DEFINITION OF SPIRITUALITY IN PERSONAL EXPERIENCE"

Before training in T0 the principal theme: " Spirituality is a religious, transcendent and inner dimension" emerged from three sub-themes: (1.1.) "Spirituality is linked to the concept of faith in religious beliefs"; (1.2) "Spirituality is a personal and inner dimension"; (1.3) "Spirituality is beyond the physical dimension" (Table 5).

In the first sub-theme participants refers to religious experience in personal history di give a definition of spirituality (Table 5).:

'*...I would associate it as I said to a more religious aspect. But, that is, I realize that maybe one is a vision a little reductive...' (Int.T0_Cod. 19.13);*

'... To have a chance to give religious comfort is something absolutely very spiritual…' (Int.T0_Cod. 16.9).

In the second sub-theme spirituality is defined as an inner and personal dimension as participants express (Table 5).:

'... That is, I see it as a very inner and personal dimension, which then everyone builds on themselves…' (Int.T0_Cod. 1.5)

; '*... therefore, I would see more a part of a personal spirituality, therefore a more personal sphere…' (Int.T0_Cod. 9.3).*

"... I find it easier to define spirituality for me as something that lives within me, it is intrinsic..."(Int.T0_cod.10.2);

"... to a more personal dimension of mine, in which... I think a lot more about... the things that happen, that surround me, both in private life but especially at work, since I am more in touch with spirituality seems to me more at work than in private life..." (Int.T0_cod. 13.4);

"…is specific to the person and his inner life." (Int.T0_cod.25.13).

In third sub-theme participant affirm that spirituality is defined as a non-religious, personal faith dimension that goes beyond the physical sphere, beyond realm (Table 5):

'... something that is a little out of everyday reality, we say every day from material reality… (Int_T0_Cod. 19.9),

"I see it as a bridge...a bridge between… mhm …the earthly dimension... everyday life and..... that is, my earthly dimension is something I cannot imagine beyond this bridge..." (Int.T0_cod.15.3);

"But I see it as a sphere, going beyond our physical sphere. It's something ... that we cannot physically touch, as instead our physical part but that, in many moments of our life, it makes itself felt." (Int.T0_cod.9.3);

"…situations ... that you touch with the hand of life make you maybe think that there might be something else…" (Int.T0_cod.11.13),

"Spirituality is a relationship with something that goes beyond what is present on earth, and encompasses what is materially visible, palpable, and sensible."(Int.T0_cod.16.3)

After training the first central theme referred the definition of spirituality given by participants in their experience : "Find a connection to well-being in life". This theme is expressed in three sub-themes:(1.1) Spirituality guide's action; (1.2) connection to well-being; (1.3) self-care in everyday life(Table 5).

In first sub-theme participants describe the spirituality as a guide in personal daily life and professional experience: *"... first of all I was able to work from a more technical point of view, in a better, more fluent way ..." (Int.T1_cod.4.8)*;

"I have reflected on how the role of spirituality is intrinsic in our lives is therefore regulating, whose function ... to keep us in very wide tracks, probably established by a higher entity than something like that, where obviously our singularity influences extremely in collaboration with what was spirituality and therefore our inner self, perhaps even hidden, rational. I think this is one of the answers I've been working on lately..." (Int.T1_Cod.7.2).

"It affects me at work because I think, I mean, I have that conviction, that hope that something will help me, guide me in my work, despite my skills, help me in making choices, in acting, yes." (Int.T1 cod. 11.3).

The second sub-theme highlighted the relation to spirituality linked self-care:

"*…is helping me to live, I do not say lightly, because in short, it is not possible in my opinion lives in a totally serene these situations but to feel a little less the burden of ... these moments" (Int.T1_cod19.7);*

" spirituality today is a dimension not concrete, that you cannot touch, in short. which are part of everything that gives meaning to my being and my acting both personal and professional. It's all those activities that make me feel better."(Int.T1 cod.8.3);

"... In my opinion it is a close approach anyway, that is I see something quite, that is personal in which you take the time to work on yourself ..." (Int.T1_cod.1.9);

"... stop to reason, to take care a little 'more of yourself from the spiritual point of view, mental, helps anyway to be ready for everything else, yes, it helps to be ready, because anyway if we do not take care of our mind, of our being, we cannot take care of others..." (Int.T1_cod.12.9.).

" I felt to say a more serene word, I think I felt less the weight of the situation. I think that at some point it is also necessary to accept not some sort of limitation of our possibilities anyway and anyway compared to something inevitable". 19.24

In the third sub-theme participants describe spirituality as the close relationship with nature and a more connection with oneself (Table 5):

"mi stia aiutando a vivere, non dico alla leggera, perché insomma, non è possibile secondo me vive in maniera totalmente serena queste situazioni però a sentire un pò meno il peso no di …questi momenti" (Int.T1_cod19.7);

"... In my opinion it is an intimate approach anyway, that is I see something quite, that is personal in which you take the time to work on yourself ... (Int.T1_cod.1.9)";

" Do something in everyday life that every day makes you feel good. And that has for me can be eh. It may also be, for example, that I know the prayer..." (Int.T1_cod.21.2);

'... to empathize, to see things from a different point of view and then also then approach in a different way..."(Int.T1_Cod. 19.4);

'... I feel spiritual contact with nature or listening to my emotions even in collective moments like concerts … ' (Int. T1_Cod. 6.2);

'… have communicated that they have managed to establish, say a connection on the common level and sharing certain points of view let's say that I think it has helped us all to then make the best choices for the patient …' (Cod. 19.23).

THEME 2: "HOW TO RECOGNIZE ONE'S OWN SPIRITUALITY AND THAT OF OTHERS."

Before training the principal theme is: "Human closeness, with oneself and others", that highlighted a deep understanding of the patient and oneself trough the empathic relationship. This theme emerges from three sub-themes describing the spirituality experience as the connection between people: (2.1) Empathic and human relationship with oneself, the other and the community; (2.2) "Confidential engagement in patient suffering": (2.3) "self-reflection." (Table 5):

In first sub-theme participants describe one's spiritual experience as something help to the understanding of oneself, others, and the context, as shown from the following quotation." (Table 5):

"... eh... I would say, well, I think that the situation comes mainly, that is, as a first association maybe that related to... to its own meaning of... that is to excuse, to... to the attribution that I give..." (Int.T0_cod.13.4);

In the second sub-theme participants experience one's spirituality in the relationship with the patients and families: *"... spirituality ... communication with relatives..." (Int-T0_cod.8.2); "thanks to empathy I associate with the whole area of spirituality, to try to put me in the place of ... and ... and it helps me to be probably more... try to be more... human, more... closer."(Int.T0_cod. 8.8);*

"I think, and I am deeply convinced of what I am saying, that beyond the development of technical skills, essential, but beyond that, the maximum satisfaction for the nurse is to

establish this relationship with the patient, I speak for myself... the patient waiting for you, being able to see in the other." (Int.T0_cod.7.11 ."

"... and that... and that... in some way it helps me to understand what surrounds me and especially myself, for what surrounds me I mean everything, that is from the context, to people, to relationships, to the meaning I can give to events."
(Int.T0_cod.10.2; "it is spiritual to respect the relatives of the person who died…" (Int.T0_cod.16.9)

In the third sub-theme participants mentioned self-reflection is an experience that helps recognize spirituality in one's personal and professional behavior:

"... and that...in some way helps me to understand what surrounds me and especially myself, for what surrounds me I mean everything, that is from the context, to people, to relationships, to the meaning that I can give to events." (Int.T0_cod.10.2);

*"... eh... I would say, well, I think that the situation comes mainly, that is, as a first association maybe that related to... its own meaning of... that is to excuse, to... to the attribution that I give..." (Int.T0_cod.*13.4);

"…It is also a moment of reflection, of contact…is to look for a meaning." (Int.T0_cod.19.10)

After training the central theme is: "Self-awareness development" resulted from three sb-themes: (2.1.) Feel the connection with yourself, others, emotions, religion, and nature; (2.2) "Realize and become aware of what is spiritual in emergency and urgency"; (2.3)"Observing and paying attention to everyday life, in healthcare relationship" (Table 5).

In first sub-theme after training participants give more attention to own feeling and stay connected longer in the state of reflection:

"…I think it's spiritual to realize that you're okay in one place at a time. And then to become aware of our feelings..." (IntT1_cod.6.2);

"reflecting, realizing a little bit of this feeling of mine, it was first of all nice to be able, to have perceived this type of connection and somehow made me feel even a little useful, support and definitely so it positively affected my perception of the assistance on that shift and obviously motivated me to pay more attention to this kind of thing." (Int.T1 Cod_ 4.6);

"The awareness of being part of something out of our control is itself a huge step towards, first the empowerment of ourselves, because it makes us less responsible, less anxious if you can say so. As for our possible destiny, this is one of the answers I would say in the meantime…It can help you to have an overall view of the world of people, of the much sharper and more realistic collectivity, can help us to be less selfish less profiteers. Yes, we are aware that everything we do is for the good of ourselves and others. If we do good for others, this good is also reformed on us, because we are helping not a single person, but an entire whole, a whole mechanism. Well, that might help." (Int.T1_cod .7.7);

"If you are in a predisposed mode, here is to pay attention and seize that moment eh, in other cases you take it a bit like an expression, an exclamation... the moments when you feel a moment more predisposed, you grasp it more easily, so as I noticed is that in fact, Eh there is, there have been cases that have me a little too. Remembered my being a believer she is my having this double weapon …" (Int. T1_cod.24.3).

Second sub-theme refers to experience in professional context of one's spirituality:

"...reflecting, realizing a little bit of this feeling of mine, it was first of all nice to be able, to have perceived this type of connection and somehow made me feel even a little useful, support and definitely so it positively affected my perception of the assistance on that shift and obviously motivated me to pay more attention to this kind of thing." (Int.T1 Cod_ 4.6);

"I thought about how the role of spirituality is intrinsic in our lives is therefore regulator, whose function is not to command us with a wand, obviously to address us 100% but to keep us in very wide tracks, probably established by a higher body than something like that, where obviously our singularity influences extremely in collaboration with what was spirituality and therefore our inner self, perhaps even hidden, rational. I think this is one of the answers I've been processing lately."(Int.T1_Cod.7.2);

"I make a little more case of it, because by making a journey of faith also my personal and I feel it and I perceive it, that there are times when I rely more on faith, at times when I lean less on faith in my personal life and Generally not and I noticed how actually…" (int T1 cod 24.3);

Third sub-theme became aware to own spiritual experience require requires connection to routine actions to facilitate reflection:

"*so if I have to think about a modification of my thinking, I think it's things that... are aspects that you can live in everyday life... even in moments not dedicated..." (Int.T1cod 11.2);*

"So I've researched a lot of humanity to bring both to the patient, and that I did every day, and to he relative who is almost a stranger have more to do with the machinery than the rest is so I maintain that spirituality, Except first of all have respect for the person you have in front of. Already for me that and spirituality, because it is once respect, apart from creating a bond and trust that then the patient will give you a compliance that not even the pharmacological part can sometimes givet… looking at who I am, looking at, what they also ask of you, being able to use all the resources I have for me, even those spirituality, because anyway it is a union of things that then leads the patient to feel good at both level ... (int. T1 5.1);

" a walk listening instead to my music that and gives me joy and takes away my ugly thoughts. Reading that also detaches me from reality and into another world. And then daily prayer in my own way. We said, not having a real religion, not having grown up with a real religion. I believe in something I said last time and therefore I pray, but in my own way. I also wrote something perhaps a little more banal, however coloring pre-printed drawings, always listening to the music, the melody. Spiritual that I had found. On the other hand, some things I've been able to do in interaction with other people this month I've been able to open up to a colleague, especially one who is also becoming a friend. Eh, asking her also explicitly sometimes what spirituality is for you, since I am opening myself to this new world for me and arouse with her to...Int.T1 cod.8.5)

THEME 3: "THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF ONE'S OWN SPIRITUALITY"

Before training the principal theme: "being compassionate with self and others" two sub-themes were identified: (3.1) human relationship with oneself, the patients, and the community; (3.2) spiritual is share with patients and colleagues. They also find that the compassionate with collogue is felt as a spiritual thing (Table 5).

In first sub-theme participants consider spiritual give attention to the human relation with oneself, the patients:

"*I must say that it helps to live... I, that is, I believe that it helps to live in a much more serene way any kind of difficulty, that is, when you find people who have the good fortune to have, I am mee spiritual area so developed".* (Int.T0_cod. 23.5)

In second sub-theme participants consider the own spiritual development during the relationship with patients and colleagues. During sharing moment moments of discussions with teams' colleagues. Otherwise, during multidisciplinary decisions there is improvement for the group and the patient:

"*…spirituality... that part that brings everything together... tries to make sense of the whole... if it can also agree all these various parts... in discordance between them*..." (Int.T0_cod.10.3);

"*Spiritual is arguing, talking. Try to understand the event because if you talk about something really related to a particular event, what were the reasons. How you reacted with reactions. What you did following the event and possibly rework together*." (Int. T0_cod.17.7); "*Respect, help, reciprocity towards colleagues, is spiritual ehm, respect of people, of all those who are within your department and of colleagues who are outside and who ask you for help"* (Int.T0_cod.16.9);

"*ehm… try to find a common line without hindering each other..."* (Int.T0_cod.18.9)

After training principal theme is: "Spiritualty develop through a compassionate reflection" , in which two sub-themes were developed: (3.1)" Research meaning practices and spiritual practice " and (3.2) "Changing the point of view to connect with yourself, patients, and colleagues" (Table 5).

In first sub-theme participants affirm the way they develop spiritual dimension trough activities of meditation, contact with the nature, pray, contemplations, space of reflection:

"*Eh, let's say that with the help of these practices that I said before I managed … to detach even more the... professional .... person. So, trying not to bring home this maybe malaise that I felt at work or distress. So I actually thank... who gave me the chance to do this work with myself because it really helped me a lot. And I think that by cultivating it even more because it's been really short, I can improve as a person, certainly, but also as a professional*."(Int.T1 cod 8.16);

" *then the word experience comes to mind… I found in the group works that were proposed and that therefore gave the essence of how the comparison and the experience of this dimension that must be a little put into play and must be a little exercised*."(Int.T1_ cod 25.3);

"*..things that maybe... don't come... cut out within a moment dedicated to spirituality, whether religious or not, but are also daily situations that are lived in everyday life, even simple things... so if I have to think about a modification of my thinking, I think it's things that... are aspects that you can live in everyday life... even in moments not dedicated..."* (Int.T1cod 11.2);

"*I believe it takes years and years of spiritual reflection to arrive at an awareness and an ability to explain these perfect arguments All these factors have me reflect, as they were all elements that are part of a possible spiritual project, as we can call something higher than us not understood, but that can also affect ourselves*..." (Int.T1 cod 7.5);

"... among the various practices that I tried to implement I managed to go alone, which usually did not happen, in a naturalistic place, in a lake with headphones to hear the music I found on the Internet, which helps in the search for this spirituality ..." (Int.T1_cod.8.5*);*

"when the (teacher) also said in tasks listen to music rather than read something else, then you think about it, you say well, because it doesn't have to be a spiritual activity, that no, that is, you are still in a moment of yours when you do something that is good for you" (Int. T1_cod 1.4).

Second sub-theme still is present after training that participants consider the personal al professional spiritual development through relationship with collogues. Moreover, is considered also the mindful connection with yourself, patients:

" ... I would say silence probably, I think it was helpful to find myself alone to reflect in a favorable environment, on certain aspects, on certain events and on the general concept of spirituality ... (Int.T1_cod.6.3);

" ... I found in the group works that were proposed that gave the essence of how the comparison and the experience of this dimension that must be a little put into play and must be a little exercised..."(Int.T1_cod.25.3);

"So to put aside those conflicts that we can very well... nobody says they are friends within the Operative Units... but we must be colleagues, therefore professional, put aside our... our ego and improve in short."(Int.T1_9.5);

"To keep more in mind, like, the point of view of the other people you interact with... um... that there are more ways to see things that is not only ours, to reflect on things, which then refers a little' also spirituality but then to consider spirituality in others but also in their reflections, as detaching a little' from our point of view, here, considering more that also that of the others, with which you interact in some way".(Int.T1_cod.11.4);

"So... as far as colleagues , I... let's say that I have a little captured the ways that they have, that I like a lot or in any case from which I think I can learn; so I tried to draw the positive aspects of the colleagues who are close to me because working in a team I am always in contact with practically three colleagues, so with the others I did a little bit more effort simply for the fact because I work there too few days and so I cannot well, say, to catch these things. Ah... with the patients... unfortunately sometimes I think it depends a lot on... from my personal sphere, in the sense that I realize that I should keep my private life separate from my working life, but unfortunately sometimes if one has thoughts in his private life sometimes he also takes them to

work; therefore, on that I am trying a lot to improve, in the sense that I would try to ....” (Int.T1_13.5)

Theme 4: “EXPECTATIONS ON THE TRAINING COURSE OF SPIRITUALITY”

Before training emerged the principal theme “need of support training with experts” from two sub-themes were identified: (4.1) bring a specific training and (4.2) learn different perspectives(Table 5).

In the first sub-theme according to the participants, too intense and technical work, added to the time factor, are priorities at the expense of understanding the spiritual dimension that goes into the background:

“we don’t think about it so much eh, we compile a checklist and we have absolved the problem but in reality we only opened it. On this, in my opinion, we must bring back focus. But not so much as believers, ... in the profession of care, of health, of profession of help towards those who care, you must make it present, it must be kept in mind, then you, each of us, has its own beliefs, more or less strong but if you take care of a person, this need that maybe is not main, but there is, it must be considered and I must put him in a position to decide what he wants to do, whether he wants to be involved by someone or not, one can also say I don’t care and closes there, or another can say instead that he wants, Talking to a reverend or any professional... of whatever faith it is..." (Int.T0_cod.11.6);

“...I don’t care about the methods you can use if they are online dating, if you see in presence if they are webinars, if they are .... I expect something effective and that in the end, regardless of the instrument used, let me say, today I feel enriched...” (Int.T0_cod.16.3)”;

“...maybe with some extra advice you can manage even better.”(Int.T0_cod.18.4);

“...meetings, even I do not say formative, but in short, of comparison, here on certain aspects that surely can be seen from different perspectives…” (Int.T0_cod.19.4)”;

“...a way to educate thought, I tell myself that you will learn but some way....” (Int.T0_cod.20.8)”

In second sub-themes participants expectations about spirituality training, are directed towards the actualization of the concept of spirituality. The participants say they need tools to be able to know and respond to the different spiritual needs presented by patients belonging to different

cultures and religious faiths. They believe it is useful to know the different beliefs belonging to religions. So to speak of a spirituality in the context of a critical area requires experts such as priests, psychologists who know how to give different tools and perspectives (Table 5):

> *"A basis in religion ... should be taught but also taught ... what led him maybe to choose the role of the doctor and what specific discipline mhm I do not know if there is a particular spirituality ..." (Int.T0_cod.22.8);*
> *" advice on how to deal, that is, how we say to control your own emotionality ehmm in certain contexts where you are often alone and have to face an emergency situation."* (Int.T0_cod. 18.13);

> *"I always think that it must be a very practical, very concrete training, the operators need them, to talk so much Nurses, doctors really need to be heard, so very very experiential. No more than theoretical. And where everyone can also build an image of common spirituality." (Int.T0_cod 2.11).*

After training was investigated the same areas regarding the expectations for a training course on spatiality for HCPs in emergency. The principal theme was: "training experience providing specific tools in emergency" that passing by sub-theme: (4.1) "Personal growth training and reflection groups" and (4.2) "training relational skills and spiritual communication ". In first sub-theme participants express the need to discuss about situation in debriefing groups with experts on specific events like decision making, spiritual approach with the patient and family in critical clinical condition (Table 5):

> *"... how to improve towards the patient, so a more careful, more accurate care."(int.T1cod.9.4);*

> *"spirituality or at least this approach can be carried out with people who do not have a Religious creed in the strict sense and therefore be able to point the mirror at those parts, those with those questions, with that possibility to orient that is not only the religious creed, but can also be other forms of spirituality, spirituality, I come to mind all the examples that we have been given in the article, so own experiences with groups with volunteers... The Community has in common interiority."(Int.T1 cod.25.3)*

In the second sub-theme participants reports the need to communication skills in the healthcare relation, through specific training education during graduate course. For example knowledge about

techniques about spiritual need, trainings on different kind of culture and religious beliefs. Sone quotes are reported:

> *"spirituality or at least this approach can be carried out with people who do not have a Religious creed in the strict sense and therefore be able to point the mirror at those parts, those with those questions, with that possibility to orient that is not only the religious creed, but can also be other forms of spirituality, spirituality, I come to mind all the examples that we have been given in the article, so own experiences with groups with volunteers... The Community has in common interiority."(Int.T1 cod.25.3);*

> *" have more tools for a training that gives me more tools and that can also measure the effectiveness or not, beyond the smile of the thing, but that is measurable and on what I have been able to convey to the person I work with, So here's that yes, the measuring instruments to see. To make it in quotation marks objectionable, because after that they cannot say that it does not exist, because since we must measure everything." (Int.T1 cod.5.7);*
> *"Then surely giving concrete examples could be very useful and then, in a second place, giving tools, different tools that then every person imagines... of the tools a person can use to expand this spiritual world of ritual activities. That would be very, very useful. Also simply group meetings. Then moments of meeting."(Int.t1 cod.8.10)*

Meaning shift findings

The main themes at T0 and T1 were cross-sectional compared to verify the presence of changes (meaning shift) in HP's spiritual experience before and after the training.

From the first principal theme at T0: "Spirituality is a religious, transcendent, and inner dimension" to theme in T1: "Spirituality a dimension of self-transcendence and personal growth connected to religion and well-being"a consistent meaning shift is referred(Table 5). The meaning shift underline the change of point of view on the definition of spirituality no longer exclusively associated with religious belief but also recognizing that spirituality helps to stay in connection with self-care and well-being.

In the second central theme, referred to identify one's spirituality in personal and professional experience from theme at T0: "Human closeness, with oneself and others" to theme "Self-awareness develops by focusing attention with spiritual practice" (Table 5). Consistent reported meaning shift was confirmed by participants. Change in spiritual experience during triggered course activities was discovered through self-reflection and of human closeness, with oneself and the other after training.

After the period of training course, the participants say they have realized what is spiritual in their behaviors. Being connected to the activities of life enabled them to become more aware and recognize spirituality in themselves and others.

In third central theme participant before training, describe the personal and professional development of spirituality through: “being compassionate with self and others” and from: “spiritual grow develops through research meaning” (Table 5). Meaning shift is reported a perception of a difference in personal spiritual experience. Participants say that the reflection and meaning discovery in what happens in daily life and at work gives them more closeness to emotions. This is defined from participants as spiritual behavior. Reported gratitude to discover owns spiritual connection and the connection with the spirituality of patients. Emphasize on patients’ relationship of closeness with intimate and familiar people is described as a spiritual grow.

In four central themes on participants expectations on the training need no consistent meaning shift arise. Between theme from: “need of support training with experts”, to: “training experience providing specific tools” participants reported specific training need in emergency settings(Table 5). Expectations on the training course of spirituality rise from a need of support heled by experts in intensive care and emergency often associated with the concept of end of life to death and suffering. In particular

DISCUSSION

This study aims to explores changes in the meanings that are assigned to one's spirituality in emergency HPs before and after a specific course on spirituality. Finding was consistent in meaning shift given to spirituality definition. The specific literature knowledge provided during the training could explain a change to spiritual definition considered connected to well-being. The activities that were assigned during the course may have helped develop new knowledge about spirituality. A growing inner self-reflection ability and a major connection with peers, family, and community heightened sense of spirituality (Kearney et al., 2009). As evidenced in the literature spirituality is considered a health dimension of human being (Balboni et al., 2017; Holt et al., 2009; Jafari et al., 2013; Salsman et al., 2015;). The awareness of one's spiritual dimension may develop skills and competency which helps individuals to overcome life challenges as confirmed in literature (Muelhausen et al.202; Heidari et al., 2016). Instead, is broadly difficult to distinguish the concept of spirituality from other related concepts such as religiosity, spiritual well-being, and spiritual health (Weathers et al., 2016). Spirituality, in the study of the construct, together with religiosity, was found to be positive predictors of spiritual well-being as literature shows (Kim-Prieto, 2018).Therefore

spirituality should be defined broadly to be inclusive of religious, philosophical, existential, or personal beliefs, values, and practices, and centered on patient preferences.

Furthermore, a change in the general state of health of professionals could be detected reported by noticing a perception of well-being. Study confirms that spiritual dimension impacts people's overall health and well-being (Atarhim et al., 2019).

Spirituality was triggered towards oneself others during training by activities to participants. The health professional must have an awareness of the spiritual dimensions of their own lives and then be supported in the practice of compassionate presence with patients through a reflective process (Puchalski, Ferrell, et al., 2009). Resources are suggested that might enable participants to find greater meaning in their profession, as shown by Puchalski et al., (2009; 2012) in studies dealing with the incorporation of spirituality in medical education. In this study, spiritual self-related experiences may have led specific effect on the change in attributing meaning to one's own experience. Allowing time for participants to the development of new resources. As findings shows, the mindful connectedness with oneself and others makes pay attention to the purpose in life, job or a vocation, that helps find meaning in work and challenge to grow (Buetow, 2022).

So, spirituality is recognized as well as from being in an empathic relationship with themselves and the patient also from being present and actively listening to themselves and the needs of patients and colleagues. Spirituality is an intrinsic HPs' values for a humanistic-based approach to care (Abu-El-Noor et al., 2016; Canfield et al., 2016). Further, inner self-reflection, connection with peers, family, and community heightened sense of spirituality (Kearney et al., 2009). Spirituality is proposed as a way for participants to reconnect with their professional values to serve those who suffer. Many healthcare providers recognize feelings of satisfaction and gratitude and enhanced appreciation of spiritual and existential domains of life because of their relationship with patients.

Moreover, personal, and professional development of spirituality could be explained due to participants growing resources in spiritual practice. Draw meaning and purpose from spiritual experience was associated with improvements in mental health status (Giannone et al., 2017).

The search of meaning in compassionate healthcare assistance and in colleagues team discussion, were reported also after training was already reported before training. As reported in literature from McBrein (2010) explain spirituality may help individuals to interpret crisis in a growth-producing way, and as a result illness may be used as a means of spiritual growth. But it is possible that encourage spiritual contemplative practice could have led a spiritual grow. Evidence supports that having a reflective or spiritual practice regular in daily practice, integrate into professional life (e.g., basis of call, stress management, honoring patients, compassion), gratitude practices prayer, meditation, contemplative, practices, ritual, movement, relational, creative (Puchalski & Guenther,

2012) influence spiritual health and well-being. These kinds of activities inspire participants take care of themselves. Spiritual wellness and its associated techniques are frequently taught at home and play a crucial role in the healthy exploration of spirituality (Raghuveer, et al., 2022).

Finally, expectations on the training course highlight that health professionals in emergency settings lack of supports facing ethical dilemmas and end-of-life cultural and religious issues referred to have effects on their job satisfaction. To address complex spiritual concerns, discussion groups should incorporate a virtue-based ethics approach. Additionally, confidential space for compassionate listening at the work site, offering opportunities for off-site retreats, providing resources for referrals are needed. In recent years in particular after the COVID-19 pandemic, a growing body of evidence in literature pointed attention to explore healthcare professionals experience on spiritual well-being and in particular in emergency settings (Isbell, et al., 2020; Alquwez et al. 2022; Roshani et al., 2023). But there is still a medically driven care predominantly focusing on physical needs is no longer appropriate and there is growing awareness of the importance of attending to all health dimensions of the individual and providing attention to the spiritual health dimension.

The attempt to link spiritual education training in HCPs in relation to patient-cencentered care outcomes is not a new concept (Tanzi et al., 2023). Many studies have applied spiritual care training addressed to palliative healthcare context (Artioli et al., 2019). Instead, many emergency and critical care nurses believe that spiritual care is important to their clinical practice, but there are still several barriers to addressing patients' spiritual needs. The general impression of health professionals is that more training and resources are needed on this topic, confirmed from the recent literature (de Diego-Cordero, et al., 2023).

Strength and Limitation

One of the strengths of this study was that the sample included all healthcare providers in emergency settings (including physicians, nurses, psychologist, and medical and nursing student). Additionally, the first experimental spirituality training course was provided to healthcare professionals working in emergency settings. Otherwise, the most important limitation of the present study was the adherence of participants, which was caused by the small number of hospitals in the study area. Considering the quantity, quality, and consistency of evidence for the short- and long-term effects of training course on HCPs knowledge changes , the strength of evidence is low. But significant to say that there have been changes in giving meaning to one’s own experience that should be supported by the training course provided.

CONCLUSION

This study highlights HPs training need to develop spiritual related self-care knowledge, and attention to stress management in emergency working settings. As shown in this study the compassionate connection with oneself and others, led a growing perception of well-being. Moreover, the course enabled to identify specific training needs in emergency settings to expand the personal spiritual skill during clinical healthcare approach. Considering the increasing the importance of spirituality and health and the most effective way to address this aspect of health in medical education and clinical care (Puchalski, 2012). Healthcare policy should provide opportunities to spiritual development in HPS education on spiritual in health, and to patient spiritual engagement in healthcare emergency.

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Supplementary file 1:

UNIVERSITÀ
DI PARMA

DIPARTIMENTO DI MEDICINA
E CHIRURGIA

CONSENSO INFORMATO ALLA PARTECIPAZIONE ALLA RICERCA - ADULTI

Gentile dott./ssa,

Lei è invitata/o a prendere parte a una ricerca longitudinale qualitativa condotta nel quadro del progetto di dottorato in scienze mediche e chirurgiche traslazionali di cui è responsabile il prof. Leopoldo Sarli del Dipartimento di Medicina e Chirurgia, dell'Università di Parma

Prima di decidere se partecipare è importante che abbia tutte le informazioni necessarie per aderire in modo consapevole e responsabile.

Le chiediamo di leggere questo documento e di porre a chi le ha proposto questo studio tutte le domande che ritiene opportune.

Presentazione dello studio

Nei contesti clinici di emergenza e urgenza, le professioni sanitarie possono essere sopraffatte da un alto livello di stress e l'effettiva fornitura di assistenza potrebbe essere ostacolata (Garlet, 2009). Lo scopo di assistere pazienti ad alto rischio di morte, con esigenze sanitarie critiche e urgenti potrebbe essere compromesso. Un'emergenza complessa come la pandemia di COVID-19, infatti, ha messo in luce la scarsa attenzione alla salvaguardia della salute psicologica degli operatori sanitari e medici, improvvisamente messi alla prova dal numero di decessi e dalle drastiche misure di isolamento (Hassan et al., 2020; Lai, 2020; Huang, 2020; Albott et al., 2020).Le capacità spirituali in tali condizioni di criticità si sono rilevate per gli operatori sanitari importanti nell'alleviare lo stress e la sofferenza mentale degli stessi operatori sanitari, dei pazienti e delle loro famiglie (Chirico, et al 2020; Koss-Chioino, 2019).

Consentire la sperimentazione di nuovi percorsi formativi potrebbe implementare le abilità volte a gestire il benessere spirituale degli operatori sanitari, prevenire il loro disagio psicologico derivante dagli interventi nelle emergenze sanitarie e influenzare le prestazioni dell'équipe di lavoro nella qualità delle cure erogate.

Obiettivo

Si intende valutare l'impatto di un corso di formazione sul miglioramento delle conoscenze riguardo al concetto di spiritualità nella relazione con sé stessi e nella relazione di cura con il paziente. La raccolta dei dati avverrà attraverso la somministrazione di interviste semi-strutturate e diari autosomministrati.

La partecipazione allo studio

Il progetto "***studio qualitativo longitudinale sul corso di formazione /educazione sulla spiritualità per professionisti sanitari"*** comporta la sua adesione ad una formazione online, sulla spiritualità, rivolto a medici e infermieri che lavorano in dipartimenti di Emergenza e Urgenza. Il corso sarà tenuta da una esperta internazionale nell'ambito della ricerca e studio della spiritualità in ambito sanitario dr. Christine Puchalski del George Washington Institute for Spirituality and Health (GWish).

UNIVERSITÀ
DI PARMA

DIPARTIMENTO DI MEDICINA
E CHIRURGIA

Informativa per il trattamento di dati in un progetto di ricerca

Lei è invitato a prendere parte ad uno studio che si propone di valutare e indagare l'impatto di un breve corso di formazione sulla spiritualità in professionisti sanitari. In relazione a sviluppo di conoscenza e di competenze, con valutazione qualitativa effettuata prima, dopo l'intervento formativo e a follow up, utilizzando il modello di Moore (2006; 2018) di valutazione della ricaduta della formazione. Il responsabile scientifico dello studio è prof. Sarli Leopoldo, del Dipartimento di Medicina e Chirurgia dell'Università di Parma. Le caratteristiche dello studio e le sue modalità di svolgimento sono descritte nel dettaglio nel documento: *"Consenso informato alla partecipazione alla ricerca- adulti".*

Soggetti del trattamento e le finalità

I soggetti destinatari sono medici e infermieri che lavorano presso l'azienda ospedaliero universitaria dell'Ospedale Maggiore di Parma, nei reparti di emergenza e urgenza.

Questo studio, è promosso dall'UNIVERSITÀ DEGLI STUDI DI PARMA Dipartimento di Medicina e Chirurgia (in seguito identificato anche come "il Titolare"), con sede in via Università 12, 43121 Parma – email: protocollo@unipr.it. In qualità di Titolare del trattamento, tratterà i Suoi dati personali soltanto nella misura in cui siano indispensabili in relazione all'obiettivo dello studio, nel rispetto di quanto previsto dalla normativa vigente in materia di protezione dei dati personali: Regolamento UE 2016/679 (GDPR), D.lgs n. 196/2003 "Codice in materia di protezione dei dati personali" come modificato dal D.lgs n. 101/2018 e conformemente alle disposizioni di cui alle autorizzazioni generali dell'Autorità Garante per la protezione dei dati personali.

Il Responsabile della ricerca è Sandra Rossi, dottoranda in scienze mediche e chirurgiche traslazionali, domiciliato per la sua carica presso la sede dipartimento di medicina e chirurgia dell'Università di Parma, padiglione 27, Via Gramsci 14, Parma.

Il Responsabile per la Protezione dei dati (RPD-DPO) cui potrà rivolgersi per questioni relative al trattamento dei Suoi dati personali, raccolti nell'ambito dello Studio oggetto della presente informativa e all'esercizio dei diritti ivi connessi è contattabile ai seguenti recapiti: dpo@unipr.it, dpo@pec.unipr.it

Ai sensi della normativa sopra citata il trattamento dei Suoi dati personali da parte dei soggetti autorizzati al trattamento coinvolti nello Studio, sarà improntato al rispetto dei principi di cui all'art. 5 del GDPR e, in particolare a quelli di liceità, correttezza, trasparenza, pertinenza, non eccedenza e in modo da garantire un'adeguata sicurezza dei dati personali.

Supplementary file 3: self-observation diary

Diary

If you follow these triggers questions and spiritual practices, take note of any reflections or practical actions that could be considered spiritual in your personal and professional actions.
The self-observation period is flexible from minimum 2/3 weeks.
The diary will be collected at the end of the T1 phase during which we will conclude the study with an interview of return of the journey made by October 2023.

1. Take note about your spiritual side by putting more attention to things, situations that give you inspiration in work and private life, through connection with others, nature, religion. If you pay attention to what inspires you

2. Take note about your spiritual side by paying more attention to things, to situations that give you inspiration in work and private life, through connection with others, nature, religion. If you pay attention to what inspires you

3. Take note if in your personal and professional life you carry out actions to cultivate spiritual development such as: *participate in spiritual or faith groups; attend spiritual teachers, spiritual friends and small groups of confrontation and mutual support; meditate; cultivate contemplative practices; pray; read sacred texts or sources of inspiration; practice gratitude; do retreats; exercise; write; produce art; appreciate the beauty of nature; study things far from our working life (Puchalski, et al., 2012)*

4. Take note of how spiritual development activities affect your well-being.

5. Take note of the activities or practices that you have discovered that can enhance your spirituality.

6. Observe if there are different aspects of your professional activities that relate to spirituality.

7. Be mindful if the same things you see and meet every day are forming a different perspective on spirituality.

8. Take note if you are able to recognize the spiritual aspect in both others and yourself.

Supplementary file 4: E-mail text participants recruitment

Alla sua cortese attenzione,

la contatto in qualità di dottoranda, seguita dal prof. Leopoldo Sarli, della scuola in Scienze Mediche e Chirurgiche Traslazionali, del Dipartimento di Medicina e Chirurgia (DiMeC) dell'Università di Parma. Le proponiamo una collaborazione allo: *"Studio qualitativo longitudinale del corso di formazione educazione sulla spiritualità per professionisti sanitari",* di cui allego il protocollo ed informative. Può leggere il protocollo al seguente link: (…….)

La partecipazione alla studio prevede la sua adesione alle seguenti fasi:

1 step = intervista pre-intervento formativo di circa 15/20 min. (online), potrà scegliere data e fascia oraria dal file al seguente link (……)
Appena ricevuta la vostra adesione Le arriverà l'invito alla riunione su TEAMS.

2 Step= 2 Incontri di formazione online dal titolo: " La spiritualità del professionista, nell'assistenza sanitaria". In data: **26/4/23 e 3/5/23** dalle 15:00 alle 17:30 modalità online su piattaforma TEAMS.

3 Step= intervista post-intervento formativo di circa 15/20 min. (online) entro ottobre 2023 da concordare;

e raccolta diario di automonitoraggio dei discenti.,

Prima di aderire allo studio vi chiediamo di compilare i moduli privacy:

- Link informativa sul trattamento dei dati personali link (…….)
- Consenso informato (link (….)

Nell'attesa di suo cortese riscontro, rimango a disposizione per ulteriori chiarimenti.

Cordialità
Sandra Rossi
Cell. 338 1136042
sandra.rossi@unipr.it

Supplementary file5: Interiew Guide T0

TRACCIA di Intervista semi-strutturata per il professionista a T0

Istruzioni per l'intervistatore

Prima di iniziare l'intervista richiedere il consenso e fare firmare il modulo apposito.
L'intervista, focalizzata ad effettuare una auto-valutazione della propria dimensione spirituale, è costituita da 4 sezioni volte a esplorare 4 temi fondamentali:

1. **Cosa è la spiritualità**
2. **Come riconoscere la propria spiritualità verso di sé e nella relazione di cura**
3. **Come sviluppare la propria spiritualità**
4. **Aspettative sul percorso formativo**

Per ogni area sono riportate alcune domande esemplificative.
Nel condurre l'intervista, è opportuno che l'intervistatore faccia riferimento alle domande riportate. Ciò nondimeno, ai fini del buon andamento dell'intervista, è fondamentale che essa si svolga in un clima basato sull'ascolto non giudicante e sulla fiducia reciproca. Per questo motivo, le domande possono essere poste anche in un ordine diverso da quello presente nel testo e, in ogni caso, devono essere utilizzate il più possibile a partire da quanto espresso a livello verbale e non verbale dall'intervistato. Per lo stesso motivo, le domande possono essere di volta in volta variate e riformulate sulla base di quanto accade durante la relazione comunicativa.
Al termine dell'intervista, controllare di avere affrontato tutti gli argomenti previsti.

Introduzione all'intervista
In questa fase è utile cercare di mettere il più possibile l'intervistato a proprio agio, ringraziandolo di avere accolto l'invito e dando la disponibilità a fornire chiarimenti.
Esempi di domande:

Grazie per essere qui.
Rispetto alla email che hai ricevuto, c'è qualcosa che non è ancora chiaro?

Domanda di apertura dell'intervista

Pensando alla dimensione spirituale, in generale, dei professionisti sanitari, per la sua esperienza, quali possono essere secondo lei, gli elementi che ne fanno parte?

(si cerca di affrontare il tema della spiritualità in modo un po' indiretto riferendosi inizialmente a una idea che il professionista può essersi fatto della dimensione spirituale degli altri professionisti…)

1. Cosa è la spiritualità per te
Queste domande sono una guida per iniziare un colloquio circa la spiritualità della persona con una maniera il più possibile rispettosa.
Si possono modificare le domande affinché si adattino alla situazione personale di ogni intervistato.

Esempio di domande
E pensando alla sua personale spiritualità, vuoi provare a descrivere cosa è?
(Mi potrebbe fare un esempio di quanto ha descritto?)
Mi vuole raccontare come sente a parlare della tua spiritualità?

(in questa area si cerca di approfondire significati, elementi costituenti la spiritualità della persona, cercando di capire se riguarda più una dimensione cognitiva/riflessiva, o emotiva e di vissuto, esperienziale o altro..)

2. Come riconoscere la propria spiritualità verso di sé e nella relazione di cura

Queste domande aiutano, partendo anche da zero, a comprendere come il professionista possa essere più o meno in grado di prendere contatto con la propria spiritualità e di riconoscerne i costituenti.
Le risposte a queste domande possono aiutare a capire qual è il livello di contatto con le proprie dimensioni più interiori ed eventualmente il livello di conforto che la persona vive parlando di spiritualità o vivendola consapevolmente.

Esempi di domande:

In questo momento della sua vita, in quali momenti cerca di avvicinarsi alla tua spiritualità?
Con quali modalità si avvicini alla sua spiritualità?
Come vive questi momenti di attenzione alla sua dimensione spirituale?

(con queste domande si cerca di capire se la persona si sente a suo agio nel parlare di spiritualità, se è in grado di riconoscere questa dimensione nella sua vita e qual è il livello di consapevolezza rispetto alla sua spiritualità; inoltre si può approfondire quali modalità utilizza per avvicinarsi e prendere contatto con la propria dimensione spirituale..)

3. Come 'curare' e sviluppare la propria spiritualità

Queste domande aiutano a capire come e se la persona è disposta a prendersi cura e a sviluppare la propria dimensione spirituale e quali sono le modalità che eventualmente predilige.

Esempi di domande

Anche in relazione alle cose che ci siamo detti, in che modo pensa di poter contribuire a sviluppare la sua spiritualità?
Se è qualcosa che stai già facendo, mi potrebbe raccontare come?
Quali eventuali risultati le sembra di avere raggiunto?
(con queste domande si cerca di approfondire se la persona ha già cercato di prendersi cura della propria spiritualità e con quali modalità lo ha fatto; inoltre, ci interessa capire se intende proseguire in questo o iniziare con proposte concrete, anche cercando di capire se si ha consapevolezza di possibili risultati raggiunti o che si prevede di raggiungere)

4. Aspettative sul percorso formativo

Questa domanda ci permette di capire come si pongono i professionisti interessati di fronte a questa proposta formativa molto personalizzata e che propone un percorso individuale al professionista.

Esempio di domanda:
Mi vorrebbe dire come ha vissuto la proposta di un corso di formazione sulla spiritualità per professionisti?
Cosa si aspetta?

(Con questa domanda si cerca di capire come si pone il professionista nei confronti di un corso sulla spiritualità e a partecipazione molto attiva del discente. Interessa esplorare attese, desideri, idee, ma anche timori, preoccupazioni che i professionisti possono avere rispetto al corso di formazione sulla spiritualità….)

Domanda finale:

Esempio:
Ci sono altre cose che le sono venute in mente durante la nostra intervista?

Chiusura dell'intervista

In questa fase si conclude l'intervista, si ringrazia e si chiede la disponibilità ad un ulteriore incontro.

Informazioni demografiche

saranno raccolte attraverso la scheda partecipante di seguito riportata:

SCHEDA PARTECIPANTE

Codice _____

Età .....

Genere M F

Professione.....

Anni di attività in contesti di emergenza /urgenza.....

Setting dell'intervista .....

Durata dell'intervista .....

Supplementary file 6: Interiew Guide T1

TRACCIA di Intervista semi-strutturata per il professionista a T1

Istruzioni per l'intervistatore

Prima di iniziare l'intervista richiedere il consenso e fare firmare il modulo apposito.
L'intervista, focalizzata ad effettuare una auto-valutazione della propria dimensione spirituale, è costituita da 4 sezioni volte a esplorare 4 temi fondamentali:

5. **Cosa è la spiritualità**
6. **Come riconoscere la propria spiritualità verso di sé e nella relazione di cura**
7. **Come sviluppare la propria spiritualità**
8. **Aspettative sul percorso formativo**

Per ogni area sono riportate alcune domande esemplificative.
Nel condurre l'intervista, è opportuno che l'intervistatore faccia riferimento alle domande riportate. Ciò nondimeno, ai fini del buon andamento dell'intervista, è fondamentale che essa si svolga in un clima basato sull'ascolto non giudicante e sulla fiducia reciproca. Per questo motivo, le domande possono essere poste anche in un ordine diverso da quello presente nel testo e, in ogni caso, devono essere utilizzate il più possibile a partire da quanto espresso a livello verbale e non verbale dall'intervistato. Per lo stesso motivo, le domande possono essere di volta in volta variate e riformulate sulla base di quanto accade durante la relazione comunicativa.
Al termine dell'intervista, controllare di avere affrontato tutti gli argomenti previsti
Introduzione all'intervista
In questa fase è utile cercare di mettere il più possibile l'intervistato a proprio agio, ringraziandolo di avere accolto l'invito e dando la disponibilità a fornire chiarimenti.
Esempi di domande:

Grazie per essere qui.
Rispetto alla email che hai ricevuto, c'è qualcosa che non è ancora chiaro?

Domanda di apertura dell'intervista

Pensando alla formazione che ha svolto sulla spiritualità nei professionisti sanitari, ci può dire come è cambiata la sua concezione e significato attribuito alla spiritualità?

(si cerca di affrontare il tema della spiritualità in modo all'idea che il professionista può essersi fatto della dimensione spirituale degli altri professionisti dopo la formazione sul tema)

1. Cosa è la spiritualità per te

Esplorazione sul significato attribuito alla propria conoscenza della spiritualità e in generale sul significato del concetto di spiritualità dopo il corso di formazione

Esempio di domande

Pensando alla sua personale spiritualità, ci può dire come la descriverebbe oggi ?
(Mi potrebbe fare un esempio di quanto ha descritto?)

2. Come riconoscere la propria spiritualità verso di sé e nella relazione di cura

Queste domande aiutano, a comprendere dopo il corso sulla spiritualità come il professionista possa essere più o meno in grado di prendere contatto con la propria spiritualità e di riconoscerne i costituenti.
Le risposte a queste domande possono aiutare a capire come cambia il livello di contatto con le proprie dimensioni più interiori dopo il corso di formazione sulla spiritualità.

Esempi di domande:

Dopo aver frequentato il corso sulla spiritualità come si avvicina alla propria spiritualità?
Come vive questi momenti di attenzione alla sua dimensione spirituale?

(con queste domande si cerca di capire come rispetto a prima la persona si sente a suo agio nel parlare di spiritualità, se è in grado di riconoscere questa dimensione nella sua vita e qual è il livello di consapevolezza rispetto a prima della sua spiritualità; inoltre si può approfondire quali modalità utilizza per avvicinarsi e prendere contatto con la propria dimensione spirituale..)

3 Come sviluppare la propria spiritualità

Queste domande aiutano a capire come e se la persona è disposta a prendersi cura e a sviluppare la propria dimensione spirituale dopo il corso di formazione sulla spiritualità.

Esempi di domande

Anche in relazione alle cose che ci siamo detti, in che modo pensa di poter contribuire a sviluppare la sua spiritualità?

Quali eventuali risultati le sembra di avere raggiunto?

(con queste domande si cerca di approfondire se la persona ha già cercato di prendersi cura della propria spiritualità e con quali modalità lo ha fatto; inoltre, ci interessa capire se intende proseguire in questo o iniziare con proposte concrete, anche cercando di capire se si ha consapevolezza di possibili risultati raggiunti o che si prevede di raggiungere)

4. Aspettative su prossimi percorsi formativi

Questa domanda ci permette di capire come i professionisti considerano la prosecuzione della formazione sulla spiritualità.

Esempio di domanda:

Mi vorrebbe dire come ha vissuto la formazione sulla spiritualità?

Cosa ritiene sia stato rilevante per la sua comprensione della spiritualità ?

Come valuta la rilevanza di questo corso di formazione per lo sviluppo delle sue competenze personali e professionali?

Ritiene che proseguire la formazione sulla spiritualità possa esserle di aiuto nel gestire la relazione con il paziente? In che modo ?

Ha suggerimenti per una formazione futura?

(Con questa domanda si cerca di capire come si pone il professionista nei confronti della propria spiritualità dopo il corso di formazione. Interessa esplorare attese, desideri, idee, rispetto alla prosecuzione della formazione sulla spiritualità….)

Domanda finale:

Esempio:

Ci sono altre cose che le sono venute in mente che ritiene siano utili aggiungere?

Chiusura dell'intervista

In questa fase si conclude l'intervista e si ringrazia

Informazioni demografiche

saranno raccolte attraverso la scheda partecipante di seguito riportata:

SCHEDA PARTECIPANTE

Codice _____

Età .....

Genere M F

Professione.....

Anni di attività in contesti di emergenza /urgenza.....

Setting dell'intervista .....

Durata dell'intervista .....

Supplementary file 7
Codebook single interview time point T0 (some extracted)

CODE	Quotaition	CODE
8.4	*Light that maybe gives serenity, that ... takes away some shadows, so reassuring.* *Which can be more or less strong, more or less large, depending on the situation.*	spirituality associated with religion; undefined; spitiruality to live; personal spirituality; spirituality has no name; spirituality as I believe; spirituality as an aid in private and professional life, help to face and overcome; spirituality concerning death, the end of life, communication with relatives; spirituality as an emotional dimension.
8.5	*Then, on a perhaps more personal level, the loss of my dad ... it was perhaps a mhm moment, being unique, in the sense that I had not had other losses ... It was a moment that made me ask a lot of questions, about everything. Mhm... especially about death, about post-death. I mean... He asked me questions ... about the future, but they concern the present. And ... the same questions that I sometimes ask myself in my professional life.*	spirituality associated with religion; undefined; spitiruality to live; personal spirituality; spirituality has no name; spirituality as I believe; spirituality as an aid in private and professional life, help to face and overcome; spirituality concerning death, the end of life, communication with relatives; spirituality as an emotional dimension.

Supplementary file 8
Codebook single interview time point T1 (some extracted)

CODE	Quotaition	CODE
1.3	*A clear definition in the head. I don't have it yet, but I would say that everything that can be good for mental health, not in a psychological sense. But to feel good about yourself, I would say I would put it in the spiritual sphere.*	good for mental health feel good about yourself
1.4	*when he also said in tasks listen to music rather than read something else, then you think about it, you say well, because it doesn't have to be a spiritual activity, that no, that is, you are still in a moment of yours when you do something that is good for you*	listen to music/rethink/feels good

Supplementary file 9

Table Codebook interview sample T0 (some data extraction)

Theme	Sub-theme	Code
1Spirituality is a religious, transcendent, and inner dimension	.1 Spirituality is linked to the concept of faith in religious beliefs. 1.2 Spirituality is a personal and inner dimension 1.3 Spirituality is beyond the physical dimension.	'...I would associate it as I said to a more religious aspect. But, that is, I realize that maybe one is a vision a little reductive...' (Int.T0_Cod. 19.13); "… I find it easier to define spirituality for me as something that lives within me, it is intrinsic..."(Int.T0_cod.10.2); "I see it as a bridge...a bridge between… mhm …the earthly dimension... everyday life and..... that is, my earthly dimension is something I cannot imagine beyond this bridge..." (Int.T0_cod.15.3);
2.Human closeness, with oneself and others.	2.1 Empathic and human relationship with oneself, the other and the community 2 2. Confidential engagement in patient suffering . 2.3" Self-reflection"	"... eh... I would say, well, I think that the situation comes mainly, that is, as a first association maybe that related to... to its own meaning of... that is to excuse, to... to the attribution that I give..." (Int.T0_cod.13.4); "I think, and I am deeply convinced of what I am saying, that beyond the development of technical skills, essential, but beyond that, the maximum satisfaction for the nurse is to establish this relationship with the patient, I speak for myself... the patient waiting for you, being able to see in the other." (Int.T0_cod.7.11); "... eh... I would say, well, I think that the situation comes mainly, that is, as a first association maybe that related to... its own meaning of... that is to excuse, to... to the attribution that I give..." (Int.T0_cod.13.4);
3.Self-conscious compassionate others	3.1 Search for meaning, of self and context. 3.2 Spiritual is share and with patients and colleagues	I must say that it helps to live... I, that is, I believe that it helps to live in a much more serene way any kind of difficulty, that is, when you find people who have the good fortune to have, I am mee spiritual area so developed". (Int.T0_cod. 23.5) "…I don't care about the methods you can use if they are online dating, if you see in presence if they are webinars, if they are .... I expect something effective and that in the end, regardless of the instrument used, let me say, today I feel enriched..." (Int.T0_cod.16.3)";
4.Support training with experts.	4.1Bring a specific training. 4.2 Learn different perspectives.	".... I expect something effective and that in the end, regardless of the instrument used, let me say, today I feel enriched..." (Int.T0_cod.16.3)"; "Understand if we operators, in some way we need it on us And then well, this yes, that is, but, I repeat, in my opinion it is impossible to detect a need of that kind, but maybe in other contexts you, that is you have two minutes more to understand that too." (Int.T0_cod.1.14);

Supplementary file

Codebook interview sample T1 (some data extraction)

TEMA (eventuale)	Sotto-tema	stralcio
. spirituality a dimension of self-transcendence and personal growth connected to religion and well-being	1.1 Spirituality guides' action 1.2 connection to well-being 1.3 self-care in everyday life	*"It affects me at work because I think, I mean, I have that conviction, that hope that something will help me, guide me in my work, despite my skills, help me in making choices, in acting, yes." (Int.T1 cod. 11.3).* *"... In my opinion it is a close approach anyway, that is I see something quite, that is personal in which you take the time to work on yourself…" (Int.T1_cod.1.9);* *"... In my opinion it is an intimate approach anyway, that is I see something quite, that is personal in which you take the time to work on yourself ... (Int.T1_cod.1.9)";*
2. mindful connection with oneself and others	2.1.Feel the connection with yourself, others, emotions, religion, and nature. 2.2 Realize and become aware of what is spiritual in emergency and urgency. 2.3 Observing and paying attention to everyday life, and healthcare relationship .	In first sub-theme after training participants give more attention to own feeling and stay connected longer in the state of reflection:*"...I think it's spiritual to realize that you're okay in one place at a time. And then to become aware of our feelings..." (IntT1_cod.6.2);* *"If you are in a predisposed mode, here is to pay attention and seize that moment eh, in other cases you take it a bit like an expression, an exclamation... the moments when you feel a moment more predisposed, you grasp it more easily, so as I noticed is that in fact, Eh there is, there have been cases that have me a little too. Remembered my being a believer she is my having this double weapon …" (Int. T1_cod.24.3).* *"On the other hand, some things I've been able to do in interaction with other people this month I've been able to open up to a colleague, especially one who is also becoming a friend. Eh, asking her also explicitly sometimes what spirituality is for you, since I am opening myself to this new world for me and arouse with her to...Int.T1 cod.8.5)*
3. Acompassionate connection with oneself, others, and nature	3.1. Research for meaning and spiritual practice 3.2 Changing the point of view to connect with yourself, patients, and colleagues	" *then the word experience comes to mind… I found in the group works that were proposed and that therefore gave the essence of how the comparison and the experience of this dimension that must be a little put into play and must be a little exercised*."(Int.T1_ cod 25.3); *" … I found in the group works that were proposed that gave the essence of how the comparison and the experience of this dimension that must be a little put into play and must be a little exercised..."(Int.T1_cod.25.3);*
4. need of a specific training in emergeny	4.1. Personal growth training and reflection groups. 4.2 Formation on relational and spiritual communication skills.	*" have more tools for a training that gives me more tools and that can also measure the effectiveness or not, beyond the smile of the thing, but that is measurable and on what I have been able to convey to the person I work with, So here's that yes, the measuring instruments to see. To make it in quotation marks objectionable, because after that they cannot say that it does not exist, because since we must measure everything." (Int.T1 cod.5.7);* *"... how to improve towards the patient, so a more careful, more accurate care."(int.T1cod.9.4);*