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Keywords: Collaborative inquiry, professional development, action research, programme evaluation

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EDITOR'S NOTE

by Dr. Xu Jianbin (Executive Editor)

This issue features two insightful and thought-provoking articles.

In the first article, Lui Hui Min Fionn, Ang Jingyou Ben, and Seah Lay Hoon reflect on collaborative inquiry as an alternative approach to professional learning. These reflections illuminate how collaborative inquiry can contribute to the development of professional insights and the enhancement of practices within the context of group work in social services.

Hospice care remains a relatively under-researched area in Singapore. The second article, authored by Ooi Yinn Shan, sheds light on hospice care nurses' insights into the psychosocial and spiritual needs of hospice care patients. It highlights the importance of adopting a holistic approach to hospice care.

Happy reading!

Reflections on a Collaborative Inquiry Approach to Evaluating the Brotherhood Programme

By Lui Hui Min Fionn & Ang Jingyou Ben (Thye Hua Kwan Moral Charities) & Seah Lay Hoon (NUS Social Service Research Centre)

Keywords: Collaborative inquiry, professional development, action research, programme evaluation

Introduction

Developing the professional capacities of staff in social service is a continuous endeavour that assumes heightened significance as societal challenges become more complex. Numerous avenues exist for professional development, such as participating in workshops, seminars, and conferences. While fresh perspectives, knowledge and resources for acquiring insights into novel practices are offered by these avenues, they can still be difficult to apply in practical situations (Webster-Wright, 2009).

This article aims to reflect on collaborative inquiry (CI) as an alternative approach to professional learning that has the potential to bridge the gaps between theory, research and practice. The main purpose of the CI, undertaken by the Thye Hua Kwan Moral Charities (THKMC) and Social Service Research Centre (SSR) in 2023, is to evaluate the Brotherhood programme, a group work programme for men with a history of family aggressions. A diverse team comprising a social-worker-cum-researcher, facilitators of Brotherhood and a researcher from SSR was formed to engage in this inquiry. By describing and reflecting on the different roles played by members of the team, we seek to illustrate how CI can contribute to the growth of professional insights and enhancement of practices within the context of group work in social service.

What is Collaborative Inquiry?

According to Glennie and Cosier (1994), 'Collaborative Inquiry is a method of action research which enables members of a peer group to explore their own practice, or a commonly agreed issue, in an iterative cycle of action, reflection, generalisation and planning' (p. 255). In line with its label, this research approach emphasises active participation and co-ownership of the research process by all members of the inquiry team. With a strong focus on context-specific issues, CI seeks to integrate theory with practice, empower team members, foster mutual learning and personal capacity building, maintain flexibility to adapt to emerging findings and create actional knowledge. Numerous approaches and frameworks are available for engaging in CI (see for example, Mealman & Laurence, 2002; Russ et al., 2024). Nonetheless, they have common features such as: treating CI as a cyclical process; entailing dialogical sharing, action taking and reflecting; and being grounded in the socio-constructivist perspective of learning (DeLuca et al., 2015).

This learning perspective emphasizes the importance of co-constructing deeper and shared knowledge that is built on personal practice knowledge and experiences, also known as practice wisdom, through dialogical sharing (DeLuca et al., 2015, p. 643). When conducted collaboratively between practitioners (organizational insiders) and scholars serving as

inquiry facilitator (organizational outsiders) – not essential but is the mode of operation in our case, the inquiry co-creates research insights that are both rigorous and relevant to the context of practice (Shani et al., 2023).

Reflection at both individual and group levels is a fundamental part of the inquiry process. It requires the inquirers to pay attention to and think critically about what is occurring in their practice and the impact of personal, social and cultural assumptions on their experiences (McLeod et al., 2015). This reflective practice can reveal and explain the tacit knowledge of the practitioners and, when informed by theories and existing literature, help bridge the theory-practice divide.

Background of CI

CI has been widely used to cultivate reflective practitioners among educators in the twenty-first century (DeLuca et al., 2015), including within local schools (see for example, Tan, 2014). Teachers are often faced with a constant stream of education reforms, which makes change a regular occurrence in their profession. In response to these changes, professional learning becomes crucial for teachers. CI offers a means for teachers to engage in frequent and intentional thinking and discussion about what theories suggest, the realities of classroom, the gaps between the two, and the practical strategies that can be employed to bridge those gaps (Adams, 2016).

Practitioners in the social service sector encounter similar challenges as they navigate constant change and strive to implement evidence-informed practices within the local context. As a useful framework for approaching professional development, CI has also been utilised in the sector. An example is the work of Gleenie and Cosier (1994), who have used the method to explore important issues in child protection and community care.

Supporting Conditions of CI

The following four conditions are conducive to the effective functioning of CI (Schnellert and Butler, 2014):

- (1) **Structural support:** This includes having a CI team that consists of members with different backgrounds (in our case, social workers, group work facilitators, and a researcher). It is also important that team members are willing to dedicate regular time to the inquiry process throughout its duration.
- (2) **Ownership and agency:** Inquirers should feel a sense of agency and ownership throughout the inquiry process cum learning journey. They should feel empowered to conceptualise problems, select professional resources, contextualise new ideas in practice, and monitor progress based on collective goals.
- (3) **Cultural and social/emotional support:** Building a culture of trust is crucial for the CI team to thrive. Team members must feel valued for their strengths and potential. This entails affirming one another's contributions. Apart from opportunities for the members to discuss how the inquiry agenda and new practices might be congruent with their personal values, beliefs, assumptions and experiences, attentive listening is central in the cycles of dialogue and reflection. This demands that members be conscious of power dynamics, actively share power and avoid internal competition. Language that frames the members as part of a learning community is especially helpful.
- (4) **Learning and process support:** This refers to resources (e.g., literature, conceptual frameworks, useful internet links) that inform the inquiry process and offer new ideas, tools and approaches to address the issues of interest or the inquiry agenda. Apart from knowing how to access them, it is important for members to have a say in determining what resources are relevant and useful.

Development of Evaluation Tools for the Brotherhood Programme Through CI

Background of the Brotherhood Programme

The Brotherhood programme was established in September 2019 to address the increasing number of Personal Protection Order (PPO) applications and the lack of a support group for men who have caused harm toward their loved ones. The programme's main objective is to transform perpetrators into better men, collaborators and partners by drawing on frameworks such as the Duluth framework and the family violence narrative framework and by adopting best practices in the field.

As a treatment group, Brotherhood primarily focuses on providing psychoeducation and support to its participants. The programme operates as an open group, with each series comprising a total of 12 sessions. Two of these sessions are dedicated to mentor training and planning, while the final session serves as a graduation and family day.

The programme started with only 10 participants, referred to as "Brothers", in its first series. By the fifth series, the number has grown to 57 Brothers. To date, over 80 Brothers have gone through the programme.

Context of Our Inquiry

THKMC approached SSR for the latter's research capability development (RCD) services¹ to support the evaluation of the Brotherhood programme. The CI team comprised the three authors and the group work facilitators. The first author is a social worker who was new to the programme. As she had taken on a new research portfolio, she was assigned to lead the evaluation of the programme with advisory support from the third author, a full-time researcher from SSR. In addition, the CI team also received support from another staff member, Meilinda Tan, who served as an intermediary between the team and the senior management by providing progress updates on behalf of the team.

CI serves as a useful framework for describing the collaboration between the practitioners and the external researcher. The team worked together as equal partners to develop a set of data collection tools for evaluating the programme. The team members' different expertise and experiences were actively solicited and integrated through regular discussions and reflections throughout the inquiry process. At least 14 meetings, each lasting 2 hours or more, were held by the team. Additionally, the team members engaged in preparatory work between the meetings. The following details the different roles and responsibilities of the team members:

1. The first author: As the social worker-cum-researcher of the team, her main responsibilities included sourcing and updating relevant literature and theories related to the programme and aligning them with the objectives and activities of the group work sessions and the theory of change (TOC). She also chaired the team discussions.
2. The second author and other group work facilitators (six in total): These facilitators shared the evaluation needs and contributed their extensive ground experiences and practice wisdom in conducting group work. In addition to their professional knowledge, their understanding of the profiles, backgrounds, and needs of the Brothers was invaluable in ensuring the relevance and practicality of the proposed evaluation tools.

¹ More information on SSR's RCD services can be found at <https://fass.nus.edu.sg/ssr/capability-development-service/>

3. The third author: Serving as the external consultant attached to the team, she facilitated the reflection process and provided research resources, advice, and solutions to strengthen the evaluation of the Brotherhood programme.

How CI Supports the Development of the Evaluation Tools

This article will focus on how the inquiry process led to the development of the following evaluation tools: (1) pre-post surveys for the Brothers and their family members; (2) observation rubrics for individual group work sessions; and (3) reflective journal for documenting the Brothers' experiences during and in-between sessions. The subsections below outline the roles played by the different team members in contributing to the development of these tools. As this article primarily focuses on the CI process rather than the evaluation of the programme, the tools are only briefly described to provide the context and aid in understanding the inquiry process.

Pre-post Surveys

Two sets of self-reported surveys were developed: the first set aimed to assess the behaviours, skills and attitudes of the Brothers before and after each programme run; the second set of surveys, also administered before and after each programme run, sought to gather the perspectives of the family members.

The group work facilitators shared the profiles of the Brothers, how previous programme outcomes were assessed as well as the contexts under which previous rounds of evaluation were conducted. This information was vital in identifying gaps in previous evaluation and served as a foundation for the development of the new surveys.

Both the first and third authors sourced literature containing relevant and validated survey instruments that could assess outcomes based on the programme's TOC. The first author curated potentially useful survey items from the literature, which were then reviewed and critiqued by the team. The facilitators suggested likely responses from the Brothers, considered the sensitivity of certain items, provided insights on surveying family members, and offered suggestions on how to mitigate potential risks. They also provided valuable information regarding the context of the upcoming programme run that could impact survey implementation.

The meetings were facilitated jointly by the first and the third authors. The first author set the meeting agenda, ensuring the team stayed focused and on track to achieve the milestones. The third author guided the discussions, emphasizing the requirements for designing a good survey and providing guidance on data collection, processing and analysis. Drawing on her research experiences, the third author also proposed alternatives and discussed their affordances and limitations, allowing the team to assess their viability and reach a consensus on what would work best in the context of the programme.

Observation Rubrics

One concern raised by the group work facilitators was the inconsistency of the existing session notes in capturing critical observations of the Brothers and their inefficiency for documenting data that could be easily used for evaluating the programme. To address this issue, the team explored the alternatives offered by the third author, ultimately deciding to develop standardised observation rubrics to guide the documentation of session notes. Further details on the rationale and process of developing these rubrics can be found in a published research guide by Seah, Lui and Ang (2024).

The first author supported the team discussions in developing the observation rubrics by identifying a range of potential observations from the literature that aligned with the session objectives. The third author guided the discussion by sharing the mechanics of developing the rubrics, highlighting considerations needed for documenting, processing and analysing the data. She also anticipated potential challenges and offered possible solutions to the team. During these discussions, she probed the group work facilitators to clarify the expectations of the session objectives and the Brothers, articulate the intended purposes and linkages between the session activities, and share their relevant experiences. This enabled the team to assess the validity and practicality of making specific observations and determine the ones to be documented in the session notes.

The experiences of the group work facilitators were crucial in developing the criteria and descriptors for the observation rubrics. Thus far, the roles of the group work facilitators during inquiry discussions were described as a collective. In practice, they offered distinctive perspectives based on their different backgrounds, years of experiences in the sector and group work, and specific beliefs. Drawing on their varied experiences with group work and Brotherhood, the facilitators shared their observations from past runs of Brotherhood and group work in general, including the best and worst outcomes observed among group work participants and the realistic outcomes that were likely to be achieved. This allowed the team to establish different levels of performance for the criteria to be evaluated. The facilitators also shared how the debrief of the group work sessions was conducted. These insights were helpful in developing a plan to ensure the sustainability of using the observation rubrics. The first author ensured that the observation rubrics were aligned with relevant theories.

There were frequent check-ins, reviews and fine tuning of the observation rubrics, which took place outside of the scheduled CI meetings. In this process, the first author served as a bridge between the group work facilitators and the third author. For example, the first author would participate in the facilitators' session debriefs to provide support in completing the observations rubric tool. Additionally, she ensured that the observation rubric tool remained practical and relevant. Any challenges encountered during this process were then brought up either with the third author separately or during the CI meetings for further discussion and resolution.

Reflective journal

The team recognised the value of incorporating a journal as part of the Brotherhood programme, which would contain distinctive reflective tasks for the Brothers to process and document their thoughts and insights during the group work sessions. The journal would serve as an additional source of data for the evaluation process.

The first author contributed her insights gained from reviewing the Brothers' qualitative responses to past surveys from previous programme runs, which were helpful in informing the design of the journal. She also ensured that the tasks included in the journal were relevant and aligned with the programme objectives.

The group work facilitators identified the different potential uses of the journal and suggested content that would be beneficial for the Brothers to document. They also provided valuable input into how the journal could be incorporated into the group work sessions and highlighted potential challenges that might arise in collecting the journals back from the Brothers.

The third author emphasized the importance of aligning the indicators in the observation rubrics with the tasks included in the journal and suggested criteria for selecting the tasks to be included in the journal to ensure consistency with the evaluation criteria.

Through the collaborative efforts of the team, the pre-post surveys, the observation rubrics and the reflective journal were developed to collect data for evaluating the Brotherhood. The first author proceeded to evaluate the programme with the data collected from the evaluation tools and provided the team with updates on the findings and areas that require refinement and follow-up in relation to subsequent group work sessions and evaluation. The stewardship provided by the first author, the input from the group work facilitators, and the guidance of the third author all played a crucial role in ensuring that these evaluation tools were meaningful, aligned with the programme theories and overall evaluation framework and sustainable in practice.

Reflections on the CI process

In addition to the tangible deliverables of the inquiry, which include the evaluation tools mentioned above, the team experienced personal and professional growth throughout the process. The reflections of the authors below highlight the learnings and benefits that they derived from their involvement in the CI process.

Reflections of the First Author

Often, research or programme evaluation conducted at Social Service Agencies may be an afterthought or done for its own sake. Not having research as a priority, coupled with potential gaps in research expertise, could further alienate social work practitioners from engaging in research. I had previously perceived this as a daunting task, but the inquiry process has positively shaped my experience. Now research can be enjoyable and collaborative, especially through this process of co-creating knowledge. As the process involves multiple iterations of refinement and review, it makes more pragmatic sense regarding the division of work and utilization of expertise, whether it be practice wisdom or academic expertise.

The inquiry process expanded my view in revisiting what constitutes meaningful outcomes. This is even more important in the context of group work, where various perspectives about reliable and valid research, best practices from facilitators, and what matters most to participants need to be accounted for. In particular, the dialogues to articulate indicators helped the various parties to have a common focus in developing clear and measurable metrics for the indicators of the programme. Following the inquiry, the pre-post tests are more intentional with the objectives and outcomes that the programme aims to achieve. It is exciting to see how evaluation is integrated as part of the process in conducting group work- not only at the beginning and end, but continuously throughout feedback loops. Because the process provided invaluable resources and opportunities to review and reflect about bridging practice and research, my learning experiences have developed my practical capacity for data collection and analysis as well as for disseminating insights gained from evaluating Brotherhood to academia or practitioners.

Reflections of the Second Author

As a practitioner, I appreciate the incorporation of the practitioner's voice in the inquiry process. I was able to share the mission of Brotherhood, the theories, and steps to reach them. The inquiry process employed a methodology that allowed us to further expand and deepen our thinking. This project involved year-long discussions among us. It was a valuable learning process that helped us become more evidence-informed.

One key factor that contributed to the meaningfulness and fruitfulness of the meetings was that the first and third authors asked questions with curiosity and respect. This created a safe psychological space that facilitated the open discussion of

challenging and difficult questions. For example, two common questions I was asked were: 'How would this activity achieve the session outcome? How would this activity demonstrate the theory?' The inquiry process offered a much-needed reflexive space for me to enhance my professional growth and sharpen my judgement. For example, I am better able to self-evaluate the group activities, be more strategic about the effort and work we need to put in and adjust or remove activities that may not be necessary. As a practitioner, I want to know if my effort is worthwhile: Does it help participants? How does it help them?

This inquiry process not only helped practitioners deliver an effective programme, but also enhanced practitioners' evaluation capability. For instance, using the revised session notes helped to sharpen practitioners' planning, delivering, and measuring of the progress. In planning, the revised session notes served to link session activities and processing questions to session objectives, which helped practitioners stay on track with the objectives and evaluate how the objectives were met. Another impactful outcome of this inquiry process is that it refined how practitioners conducted debriefing. The utilization of the observation rubric tool facilitated more purposeful debriefing as it allowed practitioners to gauge each participant's developmental journey and behavioural outcomes. This was helpful in preparing for subsequent sessions. Using the indicators was also instrumental in developing and sharpening practitioners' group work competency, in as much as it helped practitioners link the practice to objectives and the evaluation and reflect on what could be improved for future sessions and series. Prior to the inquiry, practitioners had observed positive results of the brothers' change, but were unable to explain what factors might have contributed to the change. The inquiry process enabled practitioners to explain explicitly the effectiveness of Brotherhood to participants, the community and stakeholders.

Reflections of the Third Author

I found it fascinating to discover how my previous training as an educator and my experience working with teachers as a researcher were highly relevant and applicable to the inquiry process. Drawing from my background in education, where I frequently designed lesson plans and developed performance rubrics for assessing learners, I was able to apply these skills when working on the session notes for Brotherhood and creating the observation rubrics.

However, as someone who is not experienced in group work, I recognised the importance of seeking expertise in the content area of the Brotherhood programme, particularly the underlying theories and practice wisdom. It was thus imperative for me to read up on the theories and elicit the practice wisdom of the group work facilitators. Eliciting their expertise proved to be one of the most challenging aspects of the inquiry for me, but it was also the most enriching. It was challenging because of the difficulty in bringing practitioners' tacit knowledge into conscious awareness. To support their reflections, I adapted the group facilitation skills I gained from previous inquiry experiences with teachers. Working with school practitioners in the past also made me appreciate the importance of being sensitive to the needs of the social service practitioners and of creating a safe space to engage in the inquiry. The safe space allowed the practitioners to develop ownership in the inquiry process and to challenge their current assumptions and practice to co-construct new insights and ways to effectively monitor and evaluate the group work. The process of eliciting their practice wisdom was particularly enriching to me as their reflections provided me a firsthand account of the rationale, planning and implementation of an established group work programme. This experience greatly enriched my professional learning and reinforced my belief in the value of adopting a CI approach when working with other practitioners.

In my interactions with practitioners across social services agencies and from attending seminars and conferences in the social service sector, it is not uncommon to hear about the needs for research publications as a form of validation. However, doing this CI project reminded me that there is so much more to research than journal publications. While publishing

research in peer-reviewed journals is a commendable goal, an overriding focus on this aspect may unintentionally overlook the immense opportunities for learning that research by practitioners can offer. For instance, would prioritizing findings that are deemed publishable come at the expense of exploring areas that might be more relevant to practice but less likely to be published? Would the pressure to publish lead to less flexible research process at the expense of adaptive learning and collaborative engagement essential for meaningful professional growth? Would the time and effort dedicated to conforming to strict publication standards, navigating the peer-review process, and addressing reviewer feedback discourage beginner researchers from developing a passion for research? Would documentation of the learning and sharing with fellow practitioners via informal settings, seminars and conferences bring the importance of collaboration and inquiry to the forefront as much as, if not more than, journal articles that are often written in highly technical language and published behind paywalls? These are questions that may be worthwhile for us to think through and reconsider whether it might be ultimately more productive to think of research as a means rather than just as an end.

Summary of Advantages and Disadvantages of CI

As the individual reflections above testify, CI, in bringing people of different backgrounds together to engage in research, promotes professional learning. It does so by exposing the inquirers to different expertise, perspectives, and experiences, and by challenging each other's ways of thinking and assumptions. Critical reflections also surface strengths and areas for improvement. The focus on problem-solving allows the team to collectively address complex challenges during the research process that would otherwise be overwhelming for an individual. By incorporating literature and theories and aligning them with the team's practical experiences, new methods and strategies are generated that are not just relevant and robust but also actionable. These approaches inspire innovation and drive continuous improvement in one's own practice. Finally, CI fosters teamwork and enhances communication skills, thereby cultivating a supportive work environment.

However, it is important to acknowledge that implementing CI can be time-intensive and resource dependent. The availability of resources such as access to literature, data, expertise and organisational support can impact the feasibility of CI in certain settings. Engaging in CI can also be complex, requiring clear objectives, structured processes, and facilitation skills to ensure effective collaboration and meaningful outcomes. If conflicts and power dynamics are not properly managed, they may hinder progress and consensus building. Hence, careful planning, a commitment to competency development and supportive organisational processes are crucial to ensuring the success of CI.

Closing Remarks

In a collaborative inquiry, any research insights gained are not intended to be universally applicable. What matters most is that the knowledge gained is valid and useful for our specific situation and can inform our practice (Gleennie & Cosier, 1994). While the understanding we have developed may not have universal applicability, this does not diminish the value of the inquiry process for us. Through the dialogic sharing and reflection processes, we have come to recognise the importance of tapping into our tacit knowledge and complementing it with rigorous research and collective wisdom. This CI process has enhanced our ability to articulate our practice knowledge, engage in critical reflection, revise our approaches, and effectively disseminate what we have learned. This resonates with Gould (2000)'s concept of a learning organization, which emphasizes that 'learning is not limited to training events or courses but is a set of processes located within the organisation' and that learning involves 'purposive engagement with practice' (p. 586). The learning we gained stays with us long after the process has concluded. We hope that by sharing our experiences and insights from this CI, we have piqued your interest in this approach.

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Exploring Home Care Nurses' Perspectives on Psychosocial and Spiritual Needs in Palliative Care: A Qualitative Study at a Hospice in Singapore

By Ooi Yinn Shan, Senior Medical Social Worker, Assisi Hospice

Keywords: Home palliative care, psychosocial needs, end-of-life support, spiritual care, nurse perspective

Abstract

This qualitative study explored the perspectives of home care nurses at a hospice in Singapore regarding the psychosocial and spiritual needs of palliative care patients. Employing a phenomenological approach, the study sought to uncover the complex interplay between different dimensions of well-being in patients confronting life-limiting illnesses. Through semi-structured interviews and thematic analysis, six overarching themes emerged, illuminating the emotional, social, and spiritual aspects of patients' experiences and needs. These findings provide valuable insights that hold the promise of informing tailored interventions, programmes, and initiatives to enhance the quality of palliative care services.

Introduction

The World Health Organisation (2022) estimates that approximately 56.8 million people require palliative care annually, but only slightly more than 14% of them receive it. Palliative care, defined as specialized medical care, focuses on enhancing the overall well-being of patients with life-limiting illnesses and their families. Four main domains of needs—physical, psychological, social, and spiritual—are identified as crucial aspects of quality palliative care (Corr & Corr, 2013; Ferrelle et al., 2018; Onyeka, 2010). The aim of palliative care is to improve the quality of life for patients facing life-limiting illnesses by focusing on pain management, symptom control, and psychosocial and spiritual support (Meyers et al., 2011). Holistic palliative care, covering these four domains of needs, is often summarized in terms of the quality of life—indicators of individuals' well-being and satisfaction with current functioning (Chibnall et al., 2004; Ferrell, 1996).

Lloyd-Williams (2008) defined psychosocial care as a holistic approach that addresses psychological, emotional, social, spiritual, and practical concerns and needs of patients and their families, on top of their physical needs. While the physical symptoms of illness are often readily apparent and addressed, the psychosocial and spiritual dimensions, which are equally important, can be more challenging to assess and manage (Chochinov et al., 2011). Understanding and addressing these dimensions require a holistic approach that acknowledges the interconnectedness of physical, emotional, social, and spiritual well-being (Hui et al., 2014).

This study focused on a hospice in Singapore. In this hospice's home palliative care, every patient is assigned to a palliative care nurse who will be the primary case manager for the patient. If a patient is assessed by a nurse as having psychosocial issues, he or she will be referred for medical social work intervention. Hence, it is important to understand nurses' perspectives on the perceived psychological, social, and spiritual (PSS) needs of patients in palliative home care settings to ensure that

patients receive timely and accurate care. In Singapore, understanding and addressing the psychosocial and spiritual needs of patients in home palliative care settings remain underexplored. Against this backdrop, this exploratory study aimed to elucidate home care nurses' perspectives on the psychosocial and spiritual needs of home palliative care patients.

Literature Review

Psychological distress, encompassing depression, anxiety, and existential anguish, emerges as a prominent concern among palliative care patients (Breitbart et al., 2018; Lloyd-Williams et al., 2013). Studies have highlighted the prevalence of psychological distress among palliative care patients, including fears surrounding death and loss of autonomy, feelings of burdening loved ones, pervasive loneliness, a sense of purposelessness or hopelessness, unresolved grief, and regret over missed opportunities (Kissane & Yates, 2018). Additionally, palliative care patients may experience shame if their dignity or coping expectations are unmet (Kissane & Yates, 2018). The deleterious effects of depression and anxiety extend beyond psychological implications, exacerbating physical symptoms, diminishing quality of life, and impeding effective coping mechanisms (Hoermann et al., 2022).

Spirituality is closely correlated with quality of life, and illness can trigger spiritual and existential issues (Puchalski, 2012). Existential distress, characterized by a profound loss of meaning and purpose, is commonly experienced by palliative care patients, which further amplifies their psychological suffering (Vehling & Kissane, 2018). Palliative care patients often experience spiritual distress, marked by deep inner questioning and a loss of meaning and purpose in life (Quinn & Connolly, 2023). This unresolved spiritual suffering may exacerbate the pain experience (Puchalski 2012) and lead to increased emotional distress, diminished quality of life, and difficulty coping with the illness experience (Pearce et al., 2012). Additionally, religious and spiritual beliefs can significantly influence how individuals perceive and cope with illness and death (Beng et al., 2013).

While existing research has extensively examined the psychosocial and spiritual needs of palliative care patients, there is a lack of research focusing specifically on the perspectives of home care nurses on these needs. Home care nurses play a vital role in providing support and care to patients and their families in the community setting (Waldrop et al., 2011). They often develop close relationships with patients and have a unique vantage point to observe and address their psychosocial and spiritual needs (Doumit et al., 2020).

Research has underscored the significance of culture in end-of-life care and its impact on palliative and end-of-life services (Long, 2011). While the prevalence and implications of psychosocial and spiritual distress are well-documented, understanding how cultural factors shape these experiences is crucial. Studies have illuminated that cultural beliefs, values, and practices profoundly influence individuals' perceptions of illness, death, and coping mechanisms, as well as their preferences for care (Leong et al., 2019; Selman et al., 2014). Several studies have explored the role of culture in palliative care, highlighting the importance of culturally sensitive approaches. For example, in certain Asian cultures, there may be a strong emphasis on family involvement in decision-making and a preference for non-disclosure of terminal diagnoses (Chambers et al., 2005). In Singapore, where diverse ethnic and religious groups coexist harmoniously, it becomes imperative to explore how cultural factors intersect with the psychosocial and spiritual needs of palliative care patients. The unique cultural and social landscape of Singapore, coupled with its aging population and increasing demand for palliative care services, underscores the need for localized research to inform culturally sensitive and holistic care approaches.

This study aimed to address the above-stated gaps by exploring the perspectives of home care nurses at a hospice in Singapore. By gaining insights into nurses' experiences and perspectives, this study can contribute to a more comprehensive understanding of the psychosocial and spiritual needs of palliative care patients in Singapore, as well as the challenges and facilitators in addressing these needs within the home care setting.

Methodology

This study employed a qualitative phenomenological approach to explore the lived experiences and perspectives of home care nurses regarding patients' psychosocial and spiritual needs. The phenomenological approach is well-suited for gaining an in-depth understanding of human experiences and the meanings individuals ascribe to these experiences (Creswell & Poth, 2018). Through this approach, the study sought to capture nurses' insights into patients' psychosocial and spiritual needs within the home care setting.

Sampling

The study utilized a purposive sampling strategy to recruit participants at a hospice in Singapore who could provide rich and relevant information about the phenomenon under investigation. One of the sampling criteria specified that participants must be home care nurses employed at this hospice with at least one year of experience in providing palliative care services in home care settings. This criterion ensured that participants had sufficient experience and insights into the psychosocial and spiritual needs of patients receiving home care services. Three home care nurses from this hospice were recruited, representing a diverse range of racial backgrounds. Specifically, participants consisted of two individuals of Malay ethnicity and one individual of Chinese ethnicity. Moreover, efforts were made to ensure geographical diversity by recruiting nurses from three distinct zones of coverage across Singapore: East, West, and Central. This approach contributed to the capture of a broad spectrum of perspectives and experiences, enriching the depth and breadth of the study's data.

Data Collection

This study selected semi-structured, one-on-one interviews as the data collection method. The interviews followed a predetermined interview guide, which included open-ended questions designed to elicit detailed accounts of nurses' perspectives on patients' psychosocial and spiritual needs. The interviews were conducted in a private and comfortable setting to ensure confidentiality and allow participants to share their experiences freely. All interviews were audio-recorded with the participants' consent to ensure accurate data capture and facilitate verbatim transcription. The verbatim transcripts served as the primary data source for subsequent analysis.

One-on-one interviews were selected as the data collection method for several reasons. First, interviews would enable direct interaction with participants and provide them with a safe space to share the rich and details accounts of their experiences. Second, semi-structured interviews allow for an in-depth exploration of participants' experiences while providing flexibility to probe for additional insights and clarifications (Kallio et al., 2016). The semi-structured nature of the interviews would afford flexibility to explore emergent topics and probe for deeper insights, while ensuring a consistent focus on the research objectives. Third, the use of open-ended questions would encourage participants to express their experiences in their own words, minimizing potential researcher bias. Fourth, audio-recording the interviews would facilitate the accurate and comprehensive capture of participants' narratives, ensuring the integrity of the data for subsequent analysis.

Data Analysis

Thematic analysis following Braun and Clarke's (2006) reflexive approach was employed to identify themes and subthemes. Thematic analysis is a flexible and widely used method for identifying, analysing, and reporting patterns or themes within qualitative data. It involves systematically coding the data to identify recurring themes and patterns, which are then organized into overarching themes that capture the essence of the data. This approach emphasizes the importance of reflexivity and researcher subjectivity in the analysis process, encouraging researchers to critically engage with their data and interpretations.

Results

The thematic analysis revealed six overarching themes that offer insights into the experiences and perspectives of home care nurses regarding patients' psychosocial and spiritual needs in palliative care.

Psychological and Emotional Impact and Needs

This theme highlights the significant psychological and emotional challenges faced by patients with life-limiting illnesses. According to participants, patients experienced a range of emotions, including sadness, anxiety, fear, anger, and despair, as they grappled with their diagnosis and prognosis. Patients often experienced existential distress, struggling to find meaning and purpose in the face of their illness. However, some patients exhibited acceptance.

Social Impact and Needs

This theme uncovers the profound impact of illness on patients' social relationships and support networks. Participants noted significant changes in patients' social interactions and relationships, including strained family dynamics, heightened social isolation, and feelings of profound loneliness. With increasing caregiving needs, the relationships between caregivers and patients could become strained, exacerbated by financial strains due to treatment costs and the loss of income. Additionally, patients facing terminal illness might transition from physical interactions to relying on social media for connection. These changes often resulted in patients experiencing shifts in their roles and identities within their families and communities, leading to feelings of loss and disconnection.

Dreams, Aspirations, and Fulfilment

This theme centres on patients' hopes, dreams, and aspirations for the future. Despite facing life-limiting illness, many patients expressed a desire to pursue their goals and make the most of the time they had left. Participants observed patients setting goals and milestones for themselves, whether it be spending time with family, traveling, or pursuing creative endeavours. Nurses played a supportive role in helping patients identify and work towards their goals, providing encouragement and practical assistance.

Information Needs

This theme focuses on patients' needs and preferences for information. Participants highlighted the importance of providing patients with accurate and timely information about their illness, treatment options, and available resources. Patients often had questions and concerns about their symptoms, medications, wound care, and care plans, requiring clear and concise explanations from their healthcare providers. Participants observed that equipping patients with comprehensive information,

including details about their diagnosis and disease trajectory, facilitated their coping with illness and terminal care, as it provided a sense of anticipation and preparedness for what lay ahead.

Religious and Spiritual Needs

This theme reveals patients' religious and spiritual beliefs and practices as sources of solace and resilience. Participants perceived it as challenging to discern patients' religious and spiritual needs yet observed them drawing upon their faith and spirituality to navigate the trials of illness. Even among patients without explicit religious affiliations, there remained a need for spiritual fulfilment, albeit not tied to any specific religious doctrine but rather a belief in a higher power. Terminal illness often disrupted patients' religious practices, such as prayers, by causing physical changes. Health-related challenges tended to impact their belief in religion. Some felt anger towards their faith and perceived their terminal illness as a form of punishment. Nonetheless, engaging in religious rituals, meditation, or seeking spiritual guidance provided a profound sense of serenity and acceptance for some patients. Participants acknowledged the importance of honouring and supporting patients' religious and spiritual needs, though they encountered difficulty in discerning these needs amidst other psychosocial and spiritual concerns.

Interconnectedness

This theme highlights the overall importance of recognition that patients' psychosocial and spiritual needs are interconnected and as important as their physical needs. Participants acknowledged that addressing patients' emotional, social, and spiritual well-being is crucial for providing comprehensive and holistic care. They emphasized the need for a multidisciplinary approach, collaborating with various healthcare professionals and support systems to address the multifaceted needs of patients in palliative care.

These themes collectively capture the complex interplay of psychological, emotional, social, and spiritual dimensions that home care nurses encounter when caring for patients with life-limiting illnesses. The findings underscore the importance of adopting a holistic and patient-centred approach to addressing the multifaceted needs of patients in palliative care settings.

Conclusion

This study explored the psychosocial and spiritual dimensions of palliative care by investigating the perspectives of nurses. The study employed a qualitative phenomenological approach to delve into the experiences of nurses working with palliative care patients to gain a nuanced understanding of patients' psychosocial and spiritual needs. The identification of six overarching themes provides a valuable insight into the complex interplay between psychological, social, and spiritual factors in the lives of palliative care patients.

Limitations of this study include the relatively small sample from a single hospice, which may restrict the generalizability of findings. Additionally, the study's sole focus on nurses' perspectives may exclude the viewpoints of other healthcare professionals and patients themselves, thereby limiting the understanding of the broader context.

Conceivably, this study lays the groundwork for future research endeavours aimed at understanding palliative care patients' perceived PSS needs. Future studies can build upon the study's findings to deepen the understanding of how palliative care patients experience and navigate the psychosocial and spiritual aspects of palliative care. This process of inquiry would not only enrich the knowledge base but also inform the development of more tailored and holistic approaches to palliative care delivery.

Ultimately, amplifying the voices of both nurses and patients in the discourse surrounding PSS needs in palliative care would contribute to fostering a more compassionate, patient-centred approach to end-of-life care. Through continued research and collaboration, palliative care professionals including social workers and nurses can strive to ensure that every individual facing life-limiting illness receives the comprehensive support and care they deserve, which address not only their physical symptoms but also their emotional, social, and spiritual well-being.

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