

An investigation of the feasibility of spirituality assessment and intervention in aphasia: exploring the use of SHALOM and WELLHEAD.

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Background

Spiritual aspects of aphasia rehabilitation are poorly understood (1), though identified within adjustment (2). Existing spiritual health assessments have not been used with people with aphasia, and no structured program to facilitate intervention has been documented, despite acknowledgements that spirituality is important in health and wellbeing (3,4,5) and distinct from quality of life (6).

Method

A PPI Steering Group comprising five people with aphasia shaped the research cyclically, agreeing a spirituality definition comprising: 'Meaning and purpose'. The feasibility study used mixed methods to investigate the accessibility and acceptability of a spiritual health assessment chosen by them, SHALOM (7) and WELLHEAD, a spirituality toolkit originated by Mumby (8). WELLHEAD evolved in collaboration with the Steering Group and Hospital Chaplain, incorporating an interview framework with word and picture resources, visual analogue patient reported outcome measures, and goal setting for spiritual growth.

A convenience sample of 10 people with aphasia discharged from speech and language therapy was recruited with NHS ethical approval, including diverse aetiologies, aphasia severity, ages and religious backgrounds. They completed a two-hour session using SHALOM, the WELLHEAD toolkit and a feedback questionnaire within video-recorded interviews. Quantitative results from all three components were integrated with a qualitative thematic analysis in NVivo 11 including numerical and descriptive summaries verified by the participants, feedback interview transcripts and field notes with reflections. The thematic analysis was systematically verified by an independent collaborator to improve rigour. Feedback from participants was further verified by incorporating their comments from reviewing the overall findings.

Results

Quantitative and qualitative feedback evaluated the materials positively. Thematic analysis supported the linguistic and cognitive accessibility of SHALOM and WELLHEAD, and their acceptability from diverse religious perspectives. There was also widely reported impact including perceived benefit with life changes being initiated. Modifications to the materials and procedures were identified by participants and incorporated.

Further in-depth quantitative and qualitative analysis of the WELLHEAD interviews constituted a case series, exploring themes from the neutral terms of 'WIDE, LONG HIGH and DEEP' and detailed

scores from SHALOM. 'Belief' 'Faith' and Religion' were disambiguated. Initial insights emerged for understanding how people with aphasia experienced spirituality.

Discussion

Establishing the psychometric properties of SHALOM and WELLHEAD requires a larger sample. A pilot intervention study with additional measures would investigate potential impact. There is clear potential for wider application of WELLHEAD in diverse settings and populations.

Conclusions

This preliminary work lays foundations for spiritual assessment and intervention in aphasia.

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