

## Appendix 1 Ideas sorted into final 6 clusters

	Ideas #		Ratings of importance (median)
<b>1. Spiritual care as a part of health care</b>	1.	being an important part of general nursing	3
	2.	being an important part of general medicine	3
	3.	being a non-prioritized aspect in education of health professionals	3
	4.	being an important aspect in palliative care	4
	13.	being interdisciplinary	3
	27.	Knowing when to refer to a religious or psychological or psychiatric specialist when this is warranted	3
	29.	being an aspect of health care.	4
	34.	Attending one of the four aspects of health, along with physical, psychological and social	3
	43.	being increasingly important in modern healthcare	3
	59.	A way for health professionals to attend to problems outside the reach of conventional medicine	3
	96.	humanizing the clinic	3
	97.	highlighting the importance of an empathic approach to patients in health care	3
	98.	an insistence on taking the existential and religious thoughts, questions and dilemmas seriously in the health care context	4
	101.	a curiosity about how adherence to a religious faith influences overall health	3
	107.	being a type of care which goes beyond bio-physical and social needs	3
	112.	integrating an aesthetic dimension into health care activities	2,5
	118.	an issue relevant for both nurses and doctors	4
	122.	a field that may sometimes be given second, third or even lower priority in the health care system	3
	128.	<a href="#">an aspect of rehabilitation*</a>	4
	129.	<a href="#">an aspect of palliative care*</a>	4
	148.	being part of health care in general	4
	151.	being part of patient empowerment	3
	152.	being an area of growing focus national and international	3
Total n=24	175.	Being health promoting especially related to mental health	3
<b>2. Perceived significance</b>	5.	<a href="#">being important for many critically ill patients but not all*</a>	3
	6.	<a href="#">being an individual care*</a>	3
	7.	being a non-prioritized aspect of health care	3
	42.	being underprioritized in a materialism-oriented healthcare system	3
	44.	being something we do not know enough about.	3
	57.	being important for patients, relatives, caregivers and administrators alike.	3
	80.	Continuous and life-long learning of the professional	3
	82.	The ultimate patient-centered therapeutic activity	3
	85.	Using reflective practice in professional groups	3
	86.	<a href="#">Using supervision with supervisor and other supervisees*</a>	3
	88.	Participating in appropriate continuing professional education	3
	89.	Recognizing that spiritual care can play a fundamental role in the healing process	4
	92.	Evidence-based and further developed in qualitative research	3
	95.	being of relevance in the broader context of society and public health	3
	106.	an exploration of health care from the perspective of humans as requiring meaning in life	4
	119.	an aspect of care that is not perceived relevant by all patients	3
	121.	some overlap with psychology, psychiatry	2
	124.	being difficult to many people	3
	149.	being thought by some to be 'not my area' and 'not part of the job'	3
	153.	being an area that needs more research in a secular context	3
	154.	being an area of unknown potential	3
	155.	being a difficult area to approach in a multicultural and pluralistic context	3

	156.	that it is difficult to approach the religious aspect actively in psychiatry	3
	157.	being in need of a definition or consensus in DK context	3
	158.	being a field relevant and present in many other areas than health	2
	161.	being something that involves all parties not 'just' the patient, relatives and health professionals	3
Total n=27	179.	Being a central part of a holistic approach	4
<b>3. The role of spirituality</b>	11.	involving relatives	3
	22.	Engaging issues of faith / spirituality when relevant	4
	39.	supporting patients' relatives in the process of giving birth to a new human.	3
	41.	being "out in the open" with the relatives, even if I have no treatment or ailment for the patients' disease.	3
	45.	Chaplains' support of patients and relatives	3
	52.	taking care of the spirit of the patient	4
	53.	taking care of the spirit of the relatives	3
	54.	taking care of the spirit of the caregivers	3
	69.	Taking care of body and soul of the client, including offering the possibility of prayer	3
	72.	Regular assessment of spiritual and existential concerns of the client	4
	74.	Emphasizing the seamless connections between mind and body	3
	83.	Empowering the patient	3
	94.	conversations between chaplain and pt/relatives providing an opportunity to see ones situation and oneself as valuable in the light of a christian theology	3
	105.	an attention to the "big" questions in life	3
	123.	Thoughts about why should I live any longer	3
	126.	relationship between man and God, man and Jesus, man and man	3
	127.	being closely related to physical and psychosocial well-being	3
	150.	being an essential part of being human	3
	162.	being not necessarily religious	4
	163.	having universal aspects	4
	164.	needing to take the cultural context into consideration	3
	171.	Care for the life grapple with what is fundamentally like to be a human being	4
Total n=23	173.	Responding to the human spirit	3
<b>4. Help and support</b>	9.	nonverbal, relational communication	3
	12.	always respecting the patient's choices	3
	15.	having the time to care	3
	25.	Accepting there are not always quick fixes	3
	30.	accepting any belief system my patients/their relatives/their caregivers may hold.	3,5
	31.	supporting my patient when subjected to a serious/worrisome diagnosis	3
	32.	supporting the relatives to a patient when subjected to a serious/worrisome diagnosis	3
	35.	supporting patients in the process of dying.	4
	36.	supporting patients in crisis of health, meaning or existence	4
	37.	supporting relatives in the process of the patient dying.	4
	38.	supporting patients in the process of giving birth to a new human.	3
	58.	An honest and respectful meeting of patient and health professional	4
	60.	Letting the religious values of the patient influence treatment and care	3
	61.	Supporting a meaningful interpretation of the disease by the patient	4
	62.	Accepting that the disease paradigms of patients may differ from that of health professionals	4
	63.	Helping patients understand transcendental experiences during their disease progress	3
	71.	Helping the client to cope with the situation	4
	75.	Being impartial, accessible and available to client of all faith/belief communities	4
	81.	Being ready to take the spiritual history of the client alongside their medical history	4
	84.	Looking after your own spiritual needs in many different ways	3
	90.	Helps us to find meaning and purpose in the things we value	3
	93.	Facilitates to understand and transform suffering	3

	110.	supporting the patient in unfolding life despite illness or suffering	4
	111.	supporting the patient in finding an inner feeling of well-being	4
	125.	care of happiness and sadness of life	3
	131.	Willingness to confront death non-evasively	4
	168.	offering a transformative perspective	3
	172.	Care of issues related to what humans live and die for	4
	176.	emphasizing existential communication with patients	4
	177.	attention to individuals' spiritual, religious and existential needs	4
	182.	Making time for listening to existential or religious thoughts	4
	184.	comforting the relatives to my patient when they are afraid and sad	3
	190.	taking the time to discuss existential or religious questions	4
Total n=34	191.	dealing with patients' questions, challenges, struggles, concerns etc. of an existential and/or religious nature related to health situations	4
<b>5. Quality in attitude and actions</b>			
	8.	verbal communication	3
	10.	Touching	2
	14.	being together with the patient	3
	17.	always respecting the patient's suffering	4
	20.	Mercy	3
	21.	Charity	3
		Obtaining basic information about the patient's background, including meaning or faith orientations	3
	28.		3
	33.	asking my patients about how they feel.	4
		being "out in the open" with the patient, even if I have no treatment or ailment for their disease.	3
	40.		3
	48.	Love	3
	49.	Approval	3
	50.	transforming fear	4
	55.	asking my colleagues how they feel	3
	56.	asking my colleagues how they make meaning of what's happening around them	3
	64.	Meeting the other as a human being	4
	66.	Acknowledge of the life situation of the client	3
	70.	Awareness of relationships with all creation	2
	73.	Being inclusive and accepting of human difference	3
	77.	An appreciation that all silences do not need to be filled immediately	3
	91.	Encouraging us to seek peace with ourselves, others and what lies beyond	4
	117.	stepping into the patients place	3
	139.	Helping to Induce hope	3
	140.	Helping to forgive	3
	141.	Helping to accept	4
	142.	Exploring the patient's needs	4
	160.	being inclusive rather than exclusive	3
	178.	being attentive of patients' non-verbalized needs	3
	180.	Offering help yet respecting a refusal	3
	183.	comforting my patients when they are afraid and sad	3
	185.	comforting the caregivers to my patient when they are afraid and sad	3
	186.	Offering advice and help yet respecting a refusal	3
	187.	trying to understand and learn about any belief system my patients/their relatives/their caregivers may hold.	3
	188.	Acknowledging and supporting the personal dignity of the client	3
	189.	making time for listening to existential or religious thoughts	4
Total n=35	192.	Addressing and being respectful to patient values and beliefs	4
<b>6. Relationship</b>			
	16.	human equality between health professionals and patients	3
	18.	being brave as a health professional	3
	19.	Sharing of your own self	3
	23.	A certain spirit with which we engage in our work	3

	24.	Showing empathy	3
	26.	Drawing on one's own spiritual resources to provide spiritual care	3
	46.	Tenderness	3
	47.	Understanding	3
	51.	holding the hands of a patient in need of a hand to hold.	3
	65.	Allowing periods of silence in conversation	3
	67.	Being an important dimension in the meeting between professional and patient*	3
	68.	Being able to learn from the client	3
	76.	Being wholly present with the client	3
	78.	Relationships are characterized by honesty	3
	79.	Active listening to the client - demanding concentration as well as sensitivity and skill	3
	87.	Always having a close introspective look at oneself i.e. witness approach	3
	99.	a curiosity about how thoughts about death influence overall health	3
	100.	a curiosity about how perceptions of a good life influence overall health	3
	102.	a curiosity about how religious practices can influence overall health	3
	103.	a curiosity about how differences in views on existential questions can influence the delivery of health care	3
	104.	a curiosity about how differences in views on existential questions can influence the reception of health care	3
	108.	Attention and presence	3
	109.	Sensitivity	3
	113.	dealing with the patient's preferences	3
	114.	integrating creativity and intentiveness in providing individualized care and treatments	2
	115.	being in doing	2
	116.	Trust	3
	120.	a field where professionals' boundaries should be respected, too*	3
	130.	being open-minded, inclusive, listening - not indicating	3
	132.	Being present	3
	133.	self-reflexivity	3
	134.	Curiosity	3
	135.	Openness	3
	136.	exploring the patient's resources	3
	137.	Awareness of own vulnerability	3
	138.	Offering yourself as relational resource	3
	143.	Exploring a patient's feelings of fullness	3
	144.	Offering a relational home	3
	145.	Helping towards finding a home world	3
	146.	Intersubjectivity	3
	147.	I-thou relationship	3
	159.	an openness to the importance of the individual worldview of patient and health professional	4
	165.	having the courage to being present in the midst of suffering	3
	166.	having to do with enabling the other to express his or her suffering	3
	167.	deep listening and allowing silence	3
	169.	relating to being able to sense the other	3
	170.	improvisation and openness to what is	3
	174.	Compassionate relationship	3
Total n=49	181.	Acknowledging and supporting the personal dignity of the client	3

\* ideas that were moved from one cluster to another based on consensus at the validation meeting.