



# Spiritual care competence for contemporary nursing practice: A quantitative exploration of the guidance provided by fundamental nursing textbooks

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## ABSTRACT

Spirituality is receiving unprecedented attention in the nursing literature. Both the volume and scope of literature on the topic is expanding, and it is clear that this topic is of interest to nurses. There is consensus that the spiritual required by clients receiving health ought to be an integrated effort across the health care team. Although undergraduate nurses receive some education on the topic, this is ad hoc and inconsistent across universities. Textbooks are clearly a key resource in this area however the extent to which they form a comprehensive guide for nursing students and nurses is unclear. This study provides a hitherto unperformed analysis of core nursing textbooks to ascertain spirituality related content. 543 books were examined and this provides a range of useful information about inclusions and omissions in this field. Findings revealed that spirituality is not strongly portrayed as a component of holistic care and specific direction for the provision of spiritual care is lacking. Fundamental textbooks used by nurses and nursing students ought to inform and guide integrated spiritual care and reflect a more holistic approach to nursing care. The religious and/or spiritual needs of an increasingly diverse community need to be taken seriously within scholarly texts so that this commitment to individual clients' needs can be mirrored in practice.

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## Introduction

Spirituality as an academic discipline has been developing rapidly in the last 20 years. There is growing evidence to suggest that spiritual support improves health outcomes (Koenig, 2012). Originally steeped in religious heritage, nursing practice has, like western society as a whole, become increasingly secular.

However spiritual care provision by nurses is receiving increased widespread acceptance internationally (Rothman, 2009). A similar impetus is present within the medical profession (Koenig, 2013). The USA and Canada are leading the way in this development with spiritual care practices imbedded in quality care standards (Pesut and Sawatzky, 2006). In addition, more recently, the UK has made recommendations for the nurses' role in this area (RCN, 2011). However there are also many factors in the clinical

environment internationally that impede spiritual care delivery by the nurses including time constraints, limited understanding, lack of recognition of its importance and lack of education (Ronaldson et al., 2012; Vance, 2001). However most nurses believe that providing spiritual care to patients is important and they perceive that they have a clear role in this (Ozbasaran et al., 2011; McSherry and Jamieson, 2011; Lundberg and Kerdonfag, 2010; Lundmark, 2006). Most actually state that they are currently providing spiritual care (Ozbasaran et al., 2011; Lundberg and Kerdonfag, 2010; Lundmark, 2006) at the same time many are untrained for this (McSherry and Jamieson, 2011; Lundmark, 2006). These findings are mirrored in multiple repeated studies internationally (Cockell and Mc Sherry, 2012) and in large national UK studies (McSherry and Jamieson, 2011) and more recently for the first time in the Republic of Ireland (ROI) (Timmins, 2013). Most see referral to chaplains as a key resource (Timmins, 2013; McSherry and Jamieson, 2011).

There is a strongly held belief that spirituality applies to anyone who has the cognitive capacity to consider their experiences (Weathers et al., 2015; McSherry, 2006a). Spirituality concerns a

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sense of connecting with others, transcendence and finding meaning and purpose in life (Weathers et al., 2015). This notion of *meaning making* is gaining popularity as the central component of spirituality (La Cour and Hvidt, 2010). Addressing clients' spiritual needs, by supporting meaning making, connections and transcendence can alleviate suffering and provide a sense of wellbeing that may help clients deal with adversity (Weathers et al., 2015). Spiritual care is person centred and usually provided on a one to one basis. Religious care is provided according to shared understandings of a particular faith community. While spiritual care does not necessarily have to be religious, religious care ought to be spiritual (The Scottish Government, 2008 Annex A no page).

Homogenous religious landscapes existed in many countries internationally however these are increasingly being dismantled in response to increased religious freedom and population movement. Consequently spiritual and religious needs of client cohorts may be multifarious (Holloway et al., 2011; Radford, 2008). This is particularly the case in the ROI which has seen a vast change in the past 20 years from an almost monotheist society to a vibrant multicultural one. This change, while reflecting more closely the rest of Europe, was almost sudden in its consequence, as, unlike other more affluent countries, ROI did not experience widespread immigration until recent times. In this context nurses don't always have the required skills (RCN, 2011), a factor which has been acknowledged in the ROI and which can leave patients' spiritual needs unattended to (Radford, 2008).

At the same time great efforts have been made in the ROI to bridge this gap with the development and publication of key documents on the topic (HSE, 2009; HSE, 2011). Indeed there is a renewed focus in the ROI at a national level on holistic health and wellbeing of the nation supported by "integrated care" (DOH, 2012 p.16). There is also a growing awareness of the need to address patients' spiritual needs while in the hospital setting and that meeting these needs, ought to be supported across the health care team rather than solely being the responsibility of the chaplaincy services (HSE, 2009, 2011). The rationale for this is that in the context of growing multiculturalism and perceived increased secularism modern approaches emphasise the need for an integrated, interdisciplinary approach to supporting spiritual needs in, on a multi faith [and none] basis, something which is becoming more evident in the UK (NHS Education for Scotland, 2012; UKBHC, 2010; NHS Wales, 2010; McSherry, 2006a). This involves not only a whole team approach but also an inclusive approach that views diversity holistically, treats clients as unique and listens to their views in order to inform policy (NHS Education for Scotland, 2012; McSherry, 2006a).

Studies have found that although motivation is not lacking, nurses often lack clear direction, confidence and competence in this domain (Timmins, 2013; Ronaldson et al., 2012; McSherry and Jamieson, 2011; RCN, 2010). Furthermore there is debate as to whether nurses ought to provide spiritual support to clients without specialist training (Pesut and Sawatzky, 2006). However there is agreement that nursing students need to learn about supporting clients' spiritual needs and develop competence in this area (Attard et al., 2014; McSherry, 2006a). Spiritual competence involves becoming comfortable with one's own beliefs, ensuring that patients' spiritual needs are assessed, planning and implementing spiritual care interventions and referral to appropriate services (Van Leeuwen et al., 2009; Van Leeuwen et al., 2006).

While specific competencies with regard to spiritual care nursing are emerging internationally (Attard et al., 2014; Van Leeuwen et al., 2009; Van Leeuwen et al., 2006), these are not clearly elicited in either UK or Irish standards for the nursing profession (ABA, 2005; NMC, 2010). In the UK a systematic nursing assessment is required that addresses spiritual factors, and more

recently RCN (2011) guidance supports spiritual assessment. There are requirements in the ROI for holistic nursing practice (ABA, 2005) that fosters a spiritual environment, takes account of spiritual well-being and spiritual factors influencing health. Key to developing spiritual care competence is the fostering and development of spiritual awareness through the transmission of education within undergraduate nursing programmes. Although perhaps not clearly articulated at a national level in either the UK or Ireland, nurse's required role in this area needs to be underpinned by some attempt to promote competence in this regard. Classroom teaching is useful although there are debates as to whether or not this is the most suitable approach (Attard et al., 2014) or sufficient (McSherry, 2006b). Indeed recently a cross European study identified that up to a quarter of nursing students do not feel competent to deliver spiritual care (Ross et al., 2014). At the same time specific teaching interventions can positively affect student competence in this regard (Attard et al., 2014). Textbooks underpin much of this teaching; although peer reviewed papers are an increasingly valuable resource for students. Textbooks provide a central resource for nursing students, and whilst reading lists are often extensive, students will often rely on a small number of fundamental textbooks to inform their growing nursing knowledge. If spiritual care is to be embraced by nurses in a holistic way as part of integrated person centred care, then one would expect to find spiritual care addressed as a component of holistic nursing care within fundamental textbooks. While it is clear that requirements exist at national level for nurses to support patients' spiritual needs gaps exist in terms of specific guidance. To this end one would expect specific direction and guidance from specialist texts but also some generalised guidance in this regard in the core textbooks used by the discipline. This study considers the extent to which contemporary nursing textbooks advocate or include spiritual care competencies for nursing students in the UK and ROI.

## Methods

Methods related to the study are reported more fully elsewhere (Timmins et al., 2014). A 23-item audit tool was developed by the research team to collect data. This tool had its basis in the literature on the topic and was also subjected to validity and reliability testing. Following pilot testing, four of the researchers independently assessed all available textbooks to achieve the study aims.

The aims of the study included the following:

- To identify spiritual care competencies advocated by fundamental nursing textbooks.

Specific objectives related to this paper:

- To explore definitions of spirituality and spiritual care included within fundamental nursing textbooks.
- To explore spiritual care activities advocated by fundamental nursing textbooks.
- To examine the extent to which spiritual care competencies are incorporated within fundamental nursing textbooks.

## Method of data collection

The 23-item audit tool, the Spirituality Textbook Analysis Tool (STAT) was used to collect data (Timmins et al., 2014). Core competencies for nurses providing spiritual care identified by Van Leeuwen et al. (2006) were used as a theoretical framework to guide the development of questions in relation to spiritual care competence. These competencies were also recently used to guide

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