



Review

Spirituality in pre-registration nurse education and practice: A review of the literature



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SUMMARY

Spirituality is known to be an integral part of holistic care, yet research shows that it is not well valued or represented in nurse education and practice. However, the nursing profession continues to make efforts to redress the balance by issuing statements and guidance for the inclusion of spirituality by nurses in their practice. A systematic literature review was undertaken and confirms that nurses are aware of their lack of knowledge, understanding and skills in the area of spirituality and spiritual care, and desire to be better informed and skilled in this area. Consequently, in order for nurses to support the spiritual dimension of their role, nurse education has a vital part to play in raising spiritual awareness and facilitating competence and confidence in this domain. The literature review also reveals that studies involving pre-registration are few, but those available do provide examples of innovation and various teaching methods to deliver this topic in nursing curricular.

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Introduction

Spirituality as a concept is challenging, because the term is broad and ambiguous, covering religion and a variety of beliefs and values (Heriot, 1992; Golberg, 1998), hence, a plurality of definitions (van Leeuwen and Cusveller, 2004; NHS.Scotland, 2009). Spirituality is perceived as an integral part of every person (Willard, 1998; Meyer, 2003) which makes it subjective in nature. Moreover, Stoll (1989) describes spirituality as an interrelating two dimensional concept, the vertical concerns the relationship with the transcendent/God or supreme values that guide a person's life, and the horizontal refers to a person's relationship with self, others, and the environment. However, Swinton (2006), believes spirituality is still in the process of being enlarged, while Paley (2008a,b) says the concept is 'stretched'. Nevertheless, though spirituality may not sit comfortably within nurse education and practice due to a lack of direction for educators (Timmins and Neill, 2013), such education would clarify and enable a better understanding of the concept of spirituality within holistic care. However, there appears to be a contradiction because, despite the perceived lack of direction for nurse educators around the nature of spirituality and spiritual care, Ross et al. (2014) describe how there is a plethora of spiritual/religious

care guidance and policy that affirms that spirituality is an integral part of health care policy, practice and education.

Literature Search

A systematic review which employs a rigorous method of searching, critiquing and synthesizing the literature (Aveyard, 2010) was undertaken to gain insight into the position of the spiritual dimension within nurse education and practice. A narrative review was rejected as the search strategy is usually unfocused; also the method of appraisal or synthesis may be unclear. So using keywords: spirituality in nurse education, competence and holistic care, the data bases of BNI, CINAHL and MEDLINE were accessed. The inclusion criteria were, primary research using any method of investigation relating to spirituality in pre-registration nurse education; studies post-1992, when a seminal project believed to be the first of its kind in Britain, involving adult branch nurses was carried out by Linda Ross (nee Waugh) (Waugh, 1992); English language papers with abstract, and peer reviewed were accessed and retrieved. The exclusion criteria were, post-registration nurse education; editorials and discussion papers; books and book chapters; reviews and conference papers; and, non-English papers.

The search process included the time saving device of Truncation, denoted by an asterisk (*) or a dollar sign (\$) added to the root or stem of a word to find different endings. In addition, Boolean operators 'and' and 'or' were used to include specific terms. There was a duplication of a number of articles, which were subsequently removed.

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Table 1
Search history.

| Keywords | BNI | CINAHL | MEDLINE |
|--|--|--|--|
| Spiritual* and education and student nurs* | Sourced 28 Selected 11 Discarded 17 | Sourced 26 Selected 5 Discarded 21 | Sourced 29 Selected 3 Discarded 26 |
| Spiritual* and education and student nurs* research | Sourced 18 Duplicates 11 Discarded 7 | Sourced 1 Discarded 1 | Sourced 17 Discarded 17 |
| Spiritual* and education and undergraduate or baccalaureate nurse | Sourced 12 Selected 6 Duplicates 2 Discarded 4 | Sourced 142 Duplicates 2 Discarded 140 | Sourced 104 Discarded 104 |
| Spiritual* and education and undergraduate or baccalaureate nurse research | Sourced 12 Duplicates 8 Discarded 4 | Sourced 14 Duplicates 2 Discarded 12 | Sourced 14 Duplicates 1 Discarded 13 |
| Spiritual* and education and nurs* and holistic care | Sourced 28 Selected 1 Duplicates 7 Discarded 20 | Sourced 22 Duplicates 3 Discarded 19 | Sourced 32 Selected 1 Duplicates 2 Discarded 29 |
| Spiritual* and education and nurs* and holistic care and research | Sourced 12 Selected 1 Duplicates 6 Discarded 5 | Sourced 6 Duplicates 1 Discarded 5 | Sourced 22 Duplicates 3 Discarded 19 |
| Spiritual* and education and nurs* and competence | Sourced 6 Selected 1 Duplicates 3 Discarded 2 | Sourced 10 Duplicates 1 Discarded 9 | Sourced 35 Duplicates 2 Discarded 33 |
| Spiritual* and education and nurs* competence and research | Sourced 4 Selected 1 Duplicates 3 | Sourced 6 Discarded 6 | Sourced 22 Discarded 22 |

Relevant titles were then selected for viewing the abstracts to confirm suitability (Table 1).

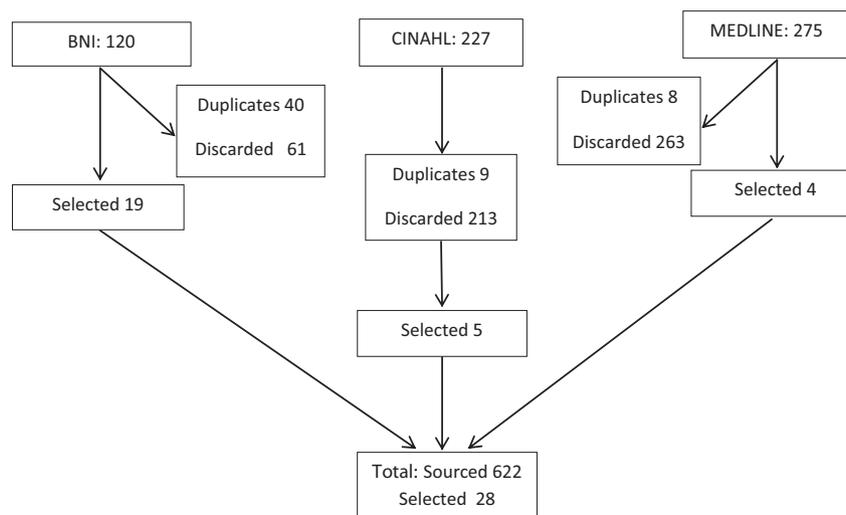
The literature search returned 28 studies (Fig. 1) that met the inclusion criteria. Following a trend, most studies (13) originated from North America, and only 4 studies were carried out in the UK. Other papers came from Europe, South Africa and the Far East (Fig. 2 and Table 2). A quality appraisal of the selected papers was carried out (NICE, 2012) and the analysis led to the development of four main themes: 1) spiritual awareness, 2) spiritual assessment, 3) competence for spiritual care, and 4) spirituality content in pre-registration education programmes (Table 3).

Spiritual Awareness

Spiritual awareness appears to be a necessary prerequisite to meeting the spiritual needs of patients. It indicates sensitivity (Lemmer, 2002; McEwen, 2005), e.g. towards a patient's religious background,

attention to spiritual/religious conversations, also recognising spiritual cues in diverse settings (Narayanasamy et al., 2004; Giske and Cone, 2012).

In Canada, Pesut (2002) used a mixed methods study in a Christian University to investigate perceptions (awareness) of first year ($n = 35$), and fourth year ($n = 18$) nursing students' own spirituality and spiritual care giving. The participants answered three questions and completed a spiritual well-being scale devised by Paloutzian and Ellison (1982), to measure the quality of their spiritual health. Students rated themselves highly for both individual spirituality and spiritual care-giving, similar to Hoover (2002), and were aware that spirituality did not necessarily equate to religion. Furthermore, their strong sense of personal spirituality correlates with comfort in providing spiritual care (Taylor et al., 1999), but specific education provided a broader spiritual view and increased spiritual awareness.

**Fig. 1.** Summary of selected studies.

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