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Student nurses perceptions of spirituality and competence in delivering spiritual care: A European pilot study

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SUMMARY

Background: Spiritual care is expected of nurses, but it is not clear how undergraduates can achieve competency in spiritual care at point of registration as required by nursing/midwifery regulatory bodies.
Aims: To describe undergraduate nurses'/midwives' perceptions of spirituality/spiritual care, their perceived competence in delivering spiritual care, and to test out the proposed method and suitability of measures for a larger multinational follow-on study.
Design: Cross-sectional, multinational, descriptive survey design.
Methods: Author administered questionnaires were completed by 86% of the intended convenience sample of 618 undergraduate nurses/midwives from 6 universities in 4 European countries in 2010.
Results: Students held a broad view of spirituality/spiritual care and considered themselves to be marginally more competent than not in spiritual care. They were predominantly Christian and reported high levels of spiritual wellbeing and spiritual attitude and involvement. The proposed method and measures were appropriate and are being used in a follow-on study.
Conclusions: The following are worthy of further investigation: whether the pilot study findings hold in student samples from more diverse cultural backgrounds; whether students' perceptions of spirituality can be broadened to include the full range of spiritual needs patients may encounter and whether their competence can be enhanced by education to better equip them to deliver spiritual care; identification of factors contributing to acquisition of spiritual caring skills and spiritual care competency.

Introduction

The spiritual aspect of life is recognised as having an important part to play in health, wellbeing and quality of life. This can be seen in: work globally (e.g. WHO, 2002a); the increasing body of scientific evidence indicating that spirituality has significant mental and physical health benefits (e.g. Koenig et al., 2012) and that spiritual care is integral to patients' wellbeing (Ross, 2006; Nixon et al., 2013); the attention given to spiritual care within health services e.g. employment of hospital chaplains. A plethora of spiritual/religious care guidance, policy and education documentation is also available internationally (e.g. WHO, 2002b; NICE, 2004; Department of Health, 2009; www.palliatief.nl).

Spiritual care is expected of nurses as can be seen internationally in nursing codes of ethics (e.g.Malta Code of Ethics, 1997; International

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Council of Nurses, 2000; Nursing and Midwifery Council, 2008) and nurse education guidelines (e.g. Quality Assurance Agency for Higher Education, 2001; Kunnskapsdepartementet, 2008; NMC, 2010; V and VN, 2012). For example, in the UK, The NMC expects:

> "All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement."
>
> [NMC, 2010; p18]

Despite the inclusion of spiritual care within nurse education guidelines, there is still uncertainty as to how the subject should be formally taught and integrated within pre-registration/undergraduate nurse education programmes. Research is starting to address this question.

Defining Spirituality/Spiritual Care

Within nursing, whilst spiritual care is expected, there is no single shared definition of 'spirituality' and 'spiritual care' (McSherry and Ross, 2010). Indeed there is the view that constructing an authoritative definition of spirituality may not be possible and indeed may be unhelpful (Swinton and Pattison, 2010). Some critique spirituality and argue that it is all about psychosocial needs (Paley, 2008), however, studies done by the World Health Organization Quality of Life Spirituality, Religion and Personal Beliefs group (WHOQOL SRPB Group, 2006) have developed eight facets that can assist in distinguishing the spiritual from the psychosocial. They are: connectedness to a spiritual being or force, meaning of life, awe, wholeness and integration, spiritual strength, inner peace/serenity/harmony, hope and optimism, and faith.

In a similar vein, in order to guide nursing practice, the Royal College of Nursing (2011) summarises the main attributes of spirituality (derived from a wide range of definitions): hope and strength; trust; meaning and purpose; forgiveness; belief and faith in self, others, and for some belief in a deity/higher power; peoples' values; love and relationships; morality; creativity and self-expression.

The RCN also offers nurses guidance on the practice of spiritual care (Royal College of Nursing, 2012a,b) and quotes the following definition:

> (Spiritual care is) 'that care which recognizes and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires.'
>
> [NHS Education for Scotland, 2009; p6]

Spiritual Care Competency

Several nursing academics (van Leeuwen and Cusveller, 2004; Baldacchino, 2006) have grappled with the conceptual, theoretical and practical challenges of developing competencies in spiritual care. One of the main limitations of these investigations is the homogenous samples and the Judaeo-Christian focus (Tiew and Creedy, 2011). They do, however, raise vital questions about: the nature of spirituality; the relationship of spiritual care within nursing practice; what competence in spiritual care means and how it can be measured; and if nurses can be taught spiritual care (Bradshaw, 1997), something that many studies have called for (Ross, 1996; McSherry et al., 2008).

Spiritual care competency has been defined as the knowledge, skills and attitudes required for spiritual care delivery, and a measure of spiritual care competency has been developed (van Leeuwen et al., 2009). Emerging evidence indicates that spiritual care teaching may result in: a broadening of nurses, and in some cases students', understanding and knowledge of the complex nature of spirituality; enhanced spiritual awareness; a more client-centred approach; improved communication skills and personal impact (van Leeuwen et al., 2008; Giske and Cone, 2012; Cooper et al., 2013). Clinical practice may offer students additional opportunities for acquiring the knowledge, skills and attitudes necessary for spiritual care (Giske, 2012), but it remains to be seen what impact clinical staff acting as role models may have. Robust conclusions cannot be drawn from these studies, however, because of variation in interventions, research methods, samples and methodological rigour.

Some studies raise more fundamental questions such as to what extent personal characteristics influence how spiritual care is carried out (Ross, 1994, 1996). van Leeuwen et al. (2008) report that students' personal spirituality was the strongest predictor of perceived ability to provide spiritual care, and Taylor et al. (2008) found that it was frequency of attending religious services and spiritual experiences that contributed to students' attitude toward spiritual care. It was not whether participants were studying or working in a religious milieu, it was personal religiosity and spirituality that mattered. The importance of self-awareness and the ability to clarify personal values and beliefs are widely reported in the literature (Taylor et al., 2008; Giske, 2012) and require further investigation in relation to spiritual care.

A robust multinational study is needed to identify the factors which help student nurses/midwives to develop an understanding of the complex nature of spirituality and to acquire competency in spiritual care. Before such a study can commence it is necessary to identify and test out appropriate measures of study outcomes and the study method within an international context. Testing of the measures would also provide opportunity for the authors to capture how students' from a number of countries perceive spirituality/spiritual care and how they evaluate their competence in spiritual care; information useful to them in developing their spirituality teaching.

Method

Aims

1. To describe how student nurses/midwives perceive spirituality/spiritual care.
2. To describe how competent student nurses/midwives perceive themselves to be in delivering spiritual care.

Design

Cross-sectional, multinational, descriptive survey design using researcher administered questionnaires. This quantitative approach enabled large amounts of standardised data to be collected from entire student cohorts from 4 European countries in anonymised format in September 2010. It also provided the opportunity for the suitability of the measures and research method to be tested within a multinational context.

Sample

The target convenience sample was 618 undergraduate nursing/midwifery students at 6 universities in 4 countries (Table 1). A response rate of 86% was achieved; 531 students completed the questionnaires. Thus the findings can be considered to be representative of the target sample, but not necessarily of all student nurses undertaking nurse training in the countries included.

Participating universities were members of the European Spirituality Research Network for Nursing and Midwifery and were seeking to develop their spirituality teaching through this research. The selection also provided a mix of religious and secular universities. Ethical approval was obtained from ethics committees within each university and external organisations as required by each country. Participation of universities