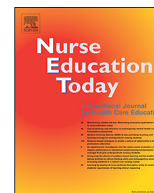
Nurse Education Today 67 (2018) 64–71

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt



Nursing and midwifery students' perceptions of spirituality, spiritual care, and spiritual care competency: A prospective, longitudinal, correlational European study

Linda Ross[a,*], Wilfred McSherry[b,c,d], Tove Giske[d], René van Leeuwen[e], Annemiek Schep-Akkerman[e], Tiburtius Koslander[f,1], Jenny Hall[g,2], Vibeke Østergaard Steenfeldt[h], Paul Jarvis[a]

[a] School of Care Sciences, Faculty of Life Sciences and Education, University of South Wales, Glyntaf Campus, Pontypridd, Wales CF37 4BD, UK
[b] Department of Nursing, School of Health and Social Care, Staffordshire University, Blackheath Lane, Stafford ST18 0AD, UK
[c] University Hospitals of North Midlands NHS Trust, Newcastle Road, Stoke-on-Trent ST4 6QG, UK
[d] VID Specialized University, Ulriksdal 10, 5009 Bergen, Norway
[e] Christian University of Applied Sciences Viaa, Grasdorpstraat 2, 8012 EN Zwolle, The Netherlands
[f] Halmstad University, Kristian IV: väg 3, Halmstad, Sweden and Campus Varberg, Otto Torells gata 16, 432 44 Varberg, Sweden
[g] Faculty and Health & Applied sciences, University of West of England, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD, UK
[h] University College Absalon, Center for Nursing and Bioanalytics, Trekroner Forskerpark 4, 4000 Roskilde, Denmark

ARTICLE INFO

Keywords:
Midwifery education
Nurse education
Spirituality
Spiritual care
Spiritual care competency
Spiritual care education

ABSTRACT

Background: Nurses and midwives care for people at some of the most vulnerable moments of their lives, so it is essential that they have the skills to give care which is compassionate, dignified, holistic and person-centred. Holistic care includes spiritual care which is concerned with helping people whose beliefs, values and sense of meaning, purpose and connection is challenged by birth, illness or death. Spiritual care is expected of nurses/midwives but they feel least prepared for this part of their role. How nursing and midwifery students can be prepared for spiritual care is the focus of this study.

Objectives: 1. To describe undergraduate nursing and midwifery student's perceptions of spirituality/spiritual care, their perceived competence in giving spiritual care and how these perceptions change over time. 2. To explore factors contributing to development of spiritual care competency.

Methods: Prospective, longitudinal, multinational, correlational survey design. A convenience sample of 2193 undergraduate nursing and midwifery students (69% response rate, dropping to 33%) enrolled at 21 universities in eight countries completed questionnaires capturing demographic data (purpose designed questionnaire) and measuring perception of spirituality/spiritual care (SSCRS), spiritual care competency (SCCS), spiritual well-being (JAREL) and spiritual attitude and involvement (SAIL) on 4 occasions (start of course $n = 2193$, year 2 $n = 1182$, year 3 $n = 736$, end of course $n = 595$) between 2011 and 2015. Data were analysed using descriptive, bivariate and multivariate analyses as appropriate.

Results: Perceived competency increased significantly over the course of students' study which they attributed to caring for patients, events in their own lives and teaching/discussion in university. Two factors were significantly correlated with perceived spiritual care competency: perception of spirituality/spiritual care, where a broad view was preferable, and personal spirituality, where high spiritual wellbeing (JAREL) and spiritual attitude and involvement (SAIL) scores were preferable.

Conclusions: We have provided the first international evidence that perceived spiritual care competence is developed in undergraduate nursing and midwifery students and that students' perceptions of spirituality and personal spirituality contribute to that development. Implications for teaching and learning and student selection are discussed. The study is limited by attrition which is common in longitudinal research.

* Corresponding author.
E-mail addresses: linda.ross@southwales.ac.uk (L. Ross), w.mcsherry@staffs.ac.uk (W. McSherry), tove.giske@vid.no (T. Giske), r.vanleeuwen@viaa.nl (R. van Leeuwen), a.schep@viaa.nl (A. Schep-Akkerman), jhall1@bournemouth.ac.uk (J. Hall), vst@pha.dk (V.Ø. Steenfeldt), paul.jarvis@southwales.ac.uk (P. Jarvis).
[1] Present address: Elsebergsv 3, 459 31 Ljungskile, Sweden.
[2] Present address: Centre for Excellence in Learning, Bournemouth University, Executive Business Centre, 89 Holdenhurst Road, Bournemouth, UK, BH8 8EB.

https://doi.org/10.1016/j.nedt.2018.05.002
Received 7 November 2017; Received in revised form 4 April 2018; Accepted 1 May 2018
0260-6917/ © 2018 Elsevier Ltd. All rights reserved.

1. Background

The nursing and midwifery professions provide care for people across the lifespan trajectory in a diverse range of settings at significant times of their lives such as at birth and death. How they care for people at such times may leave a lasting impression, therefore, it is imperative that nurses/midwives have the necessary skills and competence to provide care that is safe, holistic and person-centered and is delivered with respect, dignity and compassion.

The European Commission (2010) highlights the importance of the spiritual, religious and cultural aspects of people's lives to their sense of wellbeing, and recommends that the caring professions are educated in this respect; nurses and midwives are obvious examples. The route to registration as a nurse/midwife in most countries is after a period of study at an academic institution involving a combination of academic study and clinical practice, each with their associated forms of assessment (e.g. International Council of Nurses, 2012). Nurses/midwives are expected to be competent in caring for the whole person (body, mind and spirit e.g. Schuurmans, 2012, International Confederation of Midwives, 2014), but there is emerging international evidence indicating that they feel inadequately prepared for spiritual care (e.g. Schep-Akkerman and Leeuwen, 2009 [Netherlands], Egan et al., 2017 [New Zealand]).

1.1. Educational preparation

The late 1990s saw an emerging rhetoric about the importance of the educational preparation of nursing and midwifery students for delivery of spiritual care (e.g. Ross, 1996; McSherry et al., 2008). Recently, Lewinson et al. (2015) undertook a systematic review of the literature on spiritual care preparation in pre-registration nursing programmes internationally. The review identified 28 international studies which reinforces what is already known; that nurses and midwives feel least prepared for spiritual care and they want further training. The review also reported studies, limited by small sample sizes and cross-sectional design, suggesting that nurse education programmes may raise students' spiritual awareness and may develop their confidence in engaging with spiritual care (e.g. Attard et al., 2014).

Over the last two decades, there has been a growing realization, underpinned by a strong evidence base, of the importance of spiritual care for health and wellbeing (e.g. Koenig et al., 2012) reflected in its inclusion in the work of international health bodies (e.g. World Health Organization (WHO, 2002), the European Association for Palliative Care [EAPC] http://www.eapcnet.eu/ no date). However, despite a proliferation of research indicating that spiritual care is important to patients/clients internationally (e.g. Balboni et al., 2017; Selman et al., 2017), the utilization and application of research findings within practice seems to be patchy outside of palliative care. For example, in England, a national audit (Royal College of Physicians, 2016) found that the 'personal, religious and spiritual beliefs' of people who were at end of life was consistently poorly addressed within acute hospitals. The reasons for this are unclear but two contributory factors may be staff feelings of inadequacy in dealing with spiritual issues and lack of training (Royal College of Nursing, 2011). This sense of unpreparedness extends to Europe (Schep-Akkerman and Leeuwen, 2009), New Zealand ($n = 472$, Egan et al., 2017) and to other healthcare professionals in Australia ($n = 437$, Austin et al., 2017). Answers to the questions raised by Ross back in 1996 (p40) about whether 'nurses who had been taught spiritual care were any better at giving it than those who were not' and about how spiritual care should be taught, have still not been adequately answered.

A possible explanation for this slow progress may be because spirituality assumes low priority in already packed education programmes (Lewinson et al., 2015). This situation is not helped, for example in the UK, by mixed messages given by the professional regulatory body, the Nursing and Midwifery Council (NMC). The NMC states that nurses should be competent in spiritual care at point of registration (NMC, 2010), yet it is reluctant (Smith, 2015) to include spirituality within its Code of Practice (NMC, 2015), despite: calls for its inclusion (McSherry and Ross, 2015); international evidence that spiritual care is important to patients (Koslander et al., 2013) and pregnant women (Bélanger-Lévesque et al., 2016); evidence (cited above) of benefits to health and wellbeing. In other countries, such as Norway (NSF, 2016) and Denmark (Ministry of Higher Education and Science, 2016) governments use terms like 'humanity', 'culture' and 'dignity' rather than 'spirituality'. Reluctance to embrace spirituality more explicitly may be because of the persisting misconception that spirituality is synonymous with religion making it professionally and politically contentious. Additionally, spirituality and spiritual care are not easy to measure so may not be valued by health care administrators whose focus is on measurable outcomes.

1.2. The meaning of spirituality

There has been considerable debate internationally across disciplines about the precise meaning of spirituality and the need for/possibility of reaching a definition (e.g. Swinton, 2006). Internationally the WHO (2002) identifies 8 domains of spirituality which are reflected in definitions adopted in healthcare practice in the USA (Puchalski et al., 2014), in the UK (RCN, 2012) and in Europe by the EAPC. The EAPC offers the following definition which guided this investigation:

"Spirituality is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred.' (http://www.eapcnet.eu/ no date).

Spiritual care is at the heart of everyday nursing/midwifery practice (Clarke, 2013). It is a core value running through nursing/midwifery practice. Nurses/midwives have been calling for over two decades for education to prepare them for spiritual care (RCN, 2011; Lewinson et al., 2015). The questions of what that education should look like and what ingredients are necessary for development of spiritual care competency are as yet unanswered. Whilst spiritual care competences have been developed in the UK for chaplaincy (NHS Education Scotland, no date) and for palliative care (Marie Curie, no date.), this work has just begun for nurses and midwives (Baldacchino, 2006 [Malta], van Leeuwen et al., 2009 [Netherlands], Attard et al., 2014 [Malta]) and requires further development.

This paper reports the findings of a study which starts to shed some light on these questions. It builds on a previous cross-sectional pilot survey of 531 undergraduate nursing and midwifery students from four European countries (Ross et al., 2014, 2016) which highlighted that personal spirituality of the student and how they view spirituality were factors correlated with their perceived competency in spiritual care. What is not currently known is whether these findings hold in a larger more culturally diverse student sample, whether spiritual care competency develops during preparatory nurse/midwifery courses of study, and what factors enhance development of competency.

2. Aims

1. To describe how nursing and midwifery students perceive spirituality and spiritual care and how this changes over time.
2. To describe how competent nursing and midwifery students perceive themselves to be in delivering spiritual care and how this changes over time.
3. To explore the factors contributing to development of perceived spiritual care competency.

3. Methods

The study was designed as a prospective, longitudinal,

Download English Version:

https://daneshyari.com/en/article/6846728

Download Persian Version:

https://daneshyari.com/article/6846728

Daneshyari.com