REVIEWS

Teaching spirituality to student nurses

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Abstract

Since Florence Nightingale, spiritual care has been embraced in professional nursing as the integration and promotion of purpose and meaning in life. Research reports that nurses have a prominent regard for spiritual care and acknowledge that it is part of their role. The intention of this literature review is to explore effective ways for nursing faculty to teach spiritual care. This in turn will help to advance spiritually educated nurses who can rise above obstacles to providing spiritual care to clients. During the nursing formation process, spiritual care must be integrated into the nursing curricula throughout the didactic and clinical nursing education. Numerous nurses today consider themselves underprepared to meet the spiritual needs of their clients, despite nursing's past dedication to spiritual care. Research further supports the appeal of clients to have their spiritual needs addressed while hospitalized. Given the suitable resources and education, nurses can be positioned to address the spiritual care of clients. Relevant nursing education on more effective ways to teach spiritual care will enhance the delivery of this vital aspect of holistic nursing. The focus of holistic patient care is based on the Neuman systems model, where the spiritual variable considerations are necessary for a truly holistic perspective and caring concern for the patient. As part of a successful pedagogy, a course of action and theory-based approach must be translated into preparing student nurses to incorporate spiritual care into their emerging practices.

Key Words: Spiritual care, Spirituality, Holistic care

1 Introduction

Since Florence Nightingale, spiritual care has been embraced in professional nursing as the integration and promotion of purpose and meaning in life.[1,2] The attention given to spiritual care in the last two decades in nursing literature has dramatically increased.[3] Research supports that nurses see spiritual care as an integral part of nursing and meeting patient's spiritual needs as part of their role.[4–7]

Though defined in various ways, spiritual care is an essential element in nursing care services as shown by studies conducted in various countries.[8,9] There is a positive associa-tion identified between health outcomes and spirituality.[10] Further, the Joint Commission has recognized the importance of spiritual care.[11] It is acknowledged by the American Association of Colleges of Nursing and is included in the 2008 *Essentials of Baccalaureate Education.*[12] The American Nurses Association addresses spiritual care in the *Scope and Standards of Nursing Practice*,[13] *Nurses Social Policy Statement*,[14] and the *Nurses Code of Ethics*.[15] Internationally there is deliberation of spiritual care at the policy level of the World Health Organization[16] and the International Council of Nurses Code of Ethics.[17] See Table 1 for descriptions of standards and measures.

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Table 1: Standards and measures of spiritual care

The Joint Commission (2003)	Standard stipulates spiritual care be provided within a multidisciplinary environment, particularly for persons who are nearing the end of their lives.
2008 Essentials of Baccalaureate Education (AACN, 2008)	Incorporating it as a measure of patient-centered care model recognizes the significance of teaching spiritual care and spirituality.
Scope and Standards of Nursing Practice (ANA, 2004)	The art of nursing embraces dynamic processes that affect the human person, including spirituality, healing, empathy, mutual respect, and compassion.
Nurses Social Policy Statement (ANA, 2003)	Nurses partner with individuals, families, communities, and populations to address issues such as the following: physical, emotional and spiritual comfort.
Nurses Code of Ethics (ANA, 2004)	Faith, religion, and spirituality are distinct components of what defines many human communities and allow individuals to make sense of their experiences, including health and illness.
World Health Organization, (2012)	The World Health Organization looks at quality of life aspects related to spirituality, religiousness and personal beliefs.
International Council of Nurses Code of Ethics (2012)	It is the responsibility of the nurse specified in supporting an atmosphere in which the individual rights, principles, traditions and spiritual values of the individual, family and community are esteemed.

Numerous nurses today feel underprepared to meet the spiritual needs of their clients, despite nursing's past attention to spiritual care and to research that supports the wish of patients to have their spiritual requirements addressed while hospitalized.[18] If nurses have the resources and education, they may be positioned to address the spiritual care of patients more suitably. This would bring an awareness of spirituality as an essential element in the wellbeing of nurses and patients.[19] There is a growing focus on methodical teaching and management of students to prepare them to support patients spiritually.[20] Nursing students can be prepared through education to be mindful of spiritual cues and proceed with a patient-centered conversation when appropriate. A considerate, trusting student-teacher relationship and sensitive conversation can assist the student to determine what is significant to patients. As spiritual concerns are included in evaluation discussions in the clinical settings, holistic care will be enhanced.[20] Relevant nursing education on more effective ways to teach spiritual care will contribute to the enhancement of the quality of delivery of this vital aspect of holistic nursing.[21]

This approach is consistent with the teachings on holistic care as shown by the theoretical model in the Neuman model that makes spirituality explicit.[22] This conceptual model makes spirituality clear and assists students to consider patient needs in holistic terms. Holism cannot exist without consideration of the spiritual piece that gives meaning to people's lives and creates individuality. Holistic care requires that patients be looked upon as bio-psycho-social-spiritual beings with whom nurses maintain an attentive presence.[23]

Purpose

The principle reason for this review is to examine the literature for effective ways for nursing faculty to teach spiritual care. This in turn will help to increase spiritually well-informed nurses who can rise above situational barriers and be concerned about providing spiritual care to patients. Spiritual care as a measurement of practice is embraced by professional nursing. During the nursing formation process, spiritual care must be included in the curricula throughout the didactic and clinical nursing education. As part of a successful pedagogy, a learning method and theory-based approach must be translated into preparing student nurses to assimilate spiritual care into their emergent practices.

2 Review of literature

Spiritual care is perceived as a significant aspect of nursing practice by nurses. They recognize that spirituality and faith are important in many people's lives, and there are numerous and important reasons for taking them seriously as a part of clinical health care.[24] There is evidence that faith and spirituality provide important coping means in times of illness and stress, and patients want such matters to be addressed when they receive care. During the twentieth century, more than twelve hundred studies have examined the association between religious convictions and health.[24] The majority found a significant positive association between health care outcomes and spirituality.

Yet, clients state spiritual care is often insufficient.[24] Reports show that patients wish to have their spiritual needs and issues discussed in the health care setting. In a review of advanced cancer patients, 72% stated that their spiritual wants were only minimally addressed or not supported at all by the medical organization.[25] Unmet sacred needs have been linked with reduced quality of care, value of life and patient contentment with care.[26] The research consistently suggests that nurses' abilities to relate to spiritual care are weak due to poor role preparation in nursing instruction.[6, 27] By addressing spirituality and improving spiritual care, nurses have the power to improve what is recog-

nized, understood and remembered by patients while hospitalized.[28]

2.1 Spiritual care

2.1.1 Definitions

Nurses are agreeable to providing support, but find the definition of "what is spiritual care" to be challenging.[29] The literature reviewed reveals varying definitions of spirituality. It is a difficult concept to identify, which might explain why it is not consistently being taught. It may be characterized as the unifying effect and fundamental nature of humanity so that all life is manifested and recognized in an individual.[30] It has also been describe as the aspect of civilization that refers to the way individuals look for and communicate reason and sense and the way they practice connectedness to the situation, to others, to self, to the significant, to the environment or to the holy.[31]

Another definition of spirituality includes meaning and purpose in the things valued along with a search for inner freedom, wellbeing and peace of mind.[32] Loving relationships with self, others and sometimes beyond, giving a sense of belonging along with being in the present moment were included in the definition of spirituality. Spirituality is evident when patients relate to self and connect to others with love, reevaluate or trust existential beliefs, assign purpose and significance to life, find hope for their future, or express a need to understand and make sense of emotional pain and anguish.[33]

Spiritual care is most simply defined as care that enables persons to meet three central universal sacred requirements that have the potential to make people concurrently resourceful and vulnerable. The needs are meaning and purpose, love and relatedness, and forgiveness. These spiritual needs are principal to all sacred traditions and are common to all humanity.[34]

Spiritual care has also been set forth as the care nurses offer to meet the spiritual wants and/or problems of clients.[9] This practical meaning of spirituality is the one that will be used within this article. The description implies that every person is spiritual in a manner. It is assumed that non-religious, religious and secular persons can share spiritual wants though these desires may be articulated and addressed in diverse ways.[33]

Spirituality and religion are closely related for some authors, but this is not the case for everyone.[35] Both issues may overlap in practice and are important in the delivery of care.[32] Due to the fact that many individuals regard themselves to be spiritual, but not religious, it is important not to reduce the issue of spirituality to matters of religious faith when speaking with patients and to use language that is inclusive of different perspectives. Even clients who report no active religious affiliation report spiritual needs.[36] There are a growing number of Americans who are "spiritual but not religious" and may have needs that are not met by long-established pastoral care.

2.1.2 Nursing role

Spiritual care, in its historical nursing context, was strongly related to exercising a Christian vocation in serving human needs.[37] Students were trained to care for the body, mind and spirit in early hospital-based nursing schools. The nursing profession has given up many of its religious links to become principally a secular profession with instruction often taking place in university settings.[38]

Studies appraised whether nurses are equipped to offer spiritual care. Of 132 baccalaureate nursing programs in the United States, the greater part of the programs included the concept of a spiritual dimension in their curriculum but few defined spiritual nursing care or spirituality.[39] In addition there was an uncertainty about faculty knowledge and comfort with teaching spirituality.[39] Nurses may not be educationally ready to provide spiritual care as this study suggests. It demonstrated how the nursing curriculum might need to discover how the spiritual aspect is addressed.

It has been inferred that nurses' competencies for providing spiritual care may be weak due to poor role training in nursing instruction.[6, 27] There are diverse perspectives on spiritual care, which focus around the question of whether spirituality and spiritual care should be 'taught' to nurses or if it is referring to something 'picked up'. When spirituality and spiritual care are only "picked up" and not openly included in the education, the danger is that spiritual attentiveness may not be engendered or developed.[6] Additional writers also stress the need for instruction.[40, 41]

Nurses convey a feeling of not being ready to meet the spiritual needs of their clients, even though nursing is historically rooted in providing spiritual care. However, research supports the desire of patients to have the sacred aspects of their lives addressed while hospitalized.[18] Nurses can be prepared to engage in the spiritual care of clients, if given the proper tools. This would bring an awareness of spirituality that is a vital element in the wellbeing of nurses and their patients.[19] There is a growing focus on methodical teaching and management of students to prepare them to assist patients' spiritually.[20] Nursing students can be prepared through education to recognize and act on spiritual cues. Making spiritual assessments and interventions more obvious in the clinical practice will facilitate student learning. As spiritual concerns are included in post conferences in the clinical settings, holistic care will be enhanced.[20]

2.1.3 Situational barriers to providing spiritual care

It is important to examine what students and nurses reveal as hindrances to providing spiritual care. Situational barriers to providing spiritual care include insufficient time,[28] the be-

lief that patient's spirituality is personal, complexity in distinguishing proselytizing from spiritual care, and difficulty in meeting needs when spiritual beliefs were not the same as the nurse's beliefs. Additionally, studies indicate that some of the other barriers include lack of colleague and management backing, lack of privacy to sustain patients' wishes, and insufficient education.[3, 7, 42, 44]

Studies indicate that there is confusion among nurses over whose responsibility it is to offer spiritual attention. Nurses are inclined to identify that it is the duty of the chaplain and state the job and purpose of the two fields in spiritual care are not clear.[9] These factors in total may impede supporting a client's faith as one component of holistic nursing care of clients.

2.1.4   *Expressions of spiritual care and interventions*

Nurses are in a unique position to augment spirituality by considering the human experience of every person. This can be accomplished through a therapeutic connection typified by the ability to be present and give of self. Meaningful spiritual interventions that have been identified by patients include care, comfort, coping, connectedness, listening, reassurance, presence, and prayer.[45] Even if prayer has not been a characteristic part of their daily way of life, people who face a health emergency or disaster may turn to prayer for console.[46]

Reports verify communication about spirituality to be a vital element of spiritual care. Nurses repeatedly recognize therapeutic conversation, empathic listening, and facilitation of client articulation of spiritual beliefs and outlook as important aspects of spiritual care.[47] Communication is a central part of spiritual communications, while nurses identify numerous other 'interventions' in their collection of spiritual care therapeutics.[48]

The range of spiritual interventions also includes mindfulness and related cognitive therapies, reflective reading, art, music, opportunities for prayer and religious worship, and referral for specialist help from chaplaincy services.[32] It is inevitable that these interventions will sometimes be implemented by colleagues who are unconvinced or even antagonistic to this approach. Nonetheless, the goal remains that the importance of spirituality and addressing spiritual needs will be incorporated in the pathway of care regardless of a caregiver's negative views.

Wright and Neuberger[19] see spiritual care as part of enhancing the healing environment. A context where patients see gardens, feel pets, watch flowers bloom, look at beautiful paintings, are cared for in a calm and restful atmosphere all enhance spiritual care. All nurses can call for the improvement of the physical environment for patients and staff.

One study noted how institutions are implementing new graduate nurse residency programs to increase the skills and comfort of the novice nurse as they move to practice. These programs could further support and sustain novice nurses with considering the significance of spirituality.[28] Being present and listening to patients was clearly identified as a struggle by these nurses. A possible approach to empower nurses and increase spiritual care is through education and providing skills to practice holistically. One skill would be for nurses to finish spiritual assessments as a piece of the nursing admission history. These assessment questions have the potential to allow for genuine communication to assist the nurse in engaging the client and focusing on spiritual needs.

Table 2: Ways to teach the significance of spirituality to nursing students

• Give a comprehensive understanding of what is meant by spirituality, its connection to health and wellbeing and how to deliver spiritual care.
• Use methodical teaching to prepare students to assess patients spiritually.
• Educate students to recognize and act on spiritual cues.
• Keeping a respectful and therapeutic relationship and sensitive communication can assist students to discover what is significant to the client.
• Make spiritual assessment and interventions more obvious in the clinical practice.
• Have students finish a spiritual assessment as a piece of the nursing admission history.
• Discuss spiritual concerns in pre and post-conference.
• Teach students what has been identified as meaningful spiritual interventions such as: care, comfort, coping, connectedness, listening, reassurance, presence, prayer, religious worship and referral for chaplaincy services.
• Communicate cognitive therapies that can be used for spiritual interventions: mindfulness, reflective reading, art and music.
• Promote a calm and restful healing environment as part of spiritual care such as allowing patients to see a garden, feel pets, watch flowers bloom or look at beautiful paintings.
• Implement graduate nurse residency programs to increase skills and comfort of the novice nurse that includes the significance of spirituality.

2.2   Spiritual care education

2.2.1   *Self-awareness*

Nurses are in an environment where they have responsibilities to meet the spiritual wants of both clients and their family unit. It can be a place of intense emotions related to life and death and the exploration of meaning where the health team is constantly confronted by suffering and hope.[49] In order to meet these needs, education needs to support personal development. In the framework of spiritual care, there should be an increased emphasis on education that promotes

the nurse's own spirituality.[50] The greatest predictor of students' aptitude to provide spiritual care is a perception of their own personal spirituality.[51] Students must first assess their own spirituality before they can relate in any way to someone else's spiritual need.

Nursing instructors need to convey to their students that prior to care for their patients' spiritual needs, they must be aware of and take care of their own spiritual needs.[52–54] This can be done within a busy nursing curriculum by making occasions for students to spend time in quiet and solitude. This allows students to refocus and replenish their own souls. The goal is to allow time to spend reflecting on their experiences, taking a break from the business of nursing school, and refreshing their spirits so they can best care for all their patients' requirements. Faculty encouraging students to reflect on their clinical experiences, education and course work enhances spiritual development for the student.[53]

Table 3: Supporting self-awareness

- Support personal development that promotes the nursing student's own spirituality.
- Teach students to be aware of their own needs.
- Encourage quiet and solitude to replenish the student's soul by reflecting on experiences and refreshing their spirits.

2.2.2 Teaching spiritual care

Spiritual needs must be anticipated, responded to and integrated with cultural diversity and spiritual viewpoints as the nurse assesses spiritual needs and provides patient care. The nurse who tries to engage with a person's spirituality must do so without assumptions about what his or her spirituality may be or what spirituality means to the patient.[55] Thus, believers may have spiritual needs that include sacred needs and agnostics and atheists may still have spiritual needs.[44] These values may be drastically different from the ideals of the nurse. Endeavoring to give care without this appreciation of distinctive values can risk giving discourteous care.[46] On the other hand, having sincerity to learn about the wishes and the means of the patient as a whole person shows genuinely respectful care. The obligations to provide respectful care remain whether or not patients have an interest in spiritual care. A patient should never have to doubt if his or her nurse would offer considerate care because the nurse's beliefs are dissimilar from the patients. When a patient trusts the nurse, they will recognize that their care will not be in jeopardy because of conflicting spiritual or religious practices, or because they have none.[46]

2.2.3 Transformative learning

For dealing with cognitive and affective learning, dialogue is fundamental. Greater integration of content and longer lasting and meaningful learning for students will occur when there is the mixture of cognitive and affective learning.[56] A safe environment for students to articulate their mind-set, lack of understanding, and biases is provided in the pre- and post conferences. These times afford the chance for students to listen to other's point of view. They are given the opportunity to explore and discuss spirituality. The conclusion of this practice is students recognize spirituality is a worldwide occurrence. The individual student needs not only information about spirituality but also excellent communication ability.[20] Growing personal maturity and self-awareness develops an understanding of how one's own life story impacts vulnerability and strength. Transformative learning is promoted by ongoing evaluation by the clinical faculty of student spiritual care practices.

There are other methods besides conventional teaching techniques such as lessons and seminars to enhance nursing students' awareness about the fundamental nature of spirituality. It was found that self-reflection exercises, case studies and small group discussions to augment learning were all effective methods.[45] Self-reflection exercises gave the opportunity for students to become attentive of their own spirituality and the quality of their nursing practice. Case-studies give the student the opportunity to think and reflect and solve simulated or real problems in the secure atmosphere of the classroom. This gave the student time to think and reflect before they are confronted with the experience.[57] Reflection on case studies may connect the gap between practice and theory and may help students become critical thinkers and practitioners.[58] Diverse teaching methods such as lessons, self-reflection, and case studies can be used to shed light on the student-centered process of teaching the spiritual dimension of patient care.[44]

One report investigated whether a self-study program can improve knowledge about communication skills and also if communication skills for spiritual care giving can be learned in like manner.[33] Findings suggested after completing a self-study interactive workbook, improvements toward attitude in spiritual caregiving, in knowledge about spiritual care communication, and skills in responding empathetically to spiritual pain were positively impacted. Additional findings showed improvement occurred irrespective of whether the learner worked at a religious institution or not and whether they were a registered nurse or student.[33]

An additional approach utilized is to expose students to literature on spirituality. Students were asked to research an aspect of spirituality that relates to health. This cognitive strategy when combined with the affective strategy of journaling and reflection seemed to facilitate personal transformation and validated spirituality as an important dimension of nursing practice.[52]

It should further be noted that in contrast to the expression of physical complaints such as pain, spiritual needs might be hidden.[44] Therefore, nursing students need to be taught as-

sessment strategies. They can be taught interviewing skills and tools. Students may be taught different methods to obtaining a spiritual history. One approach has gained wide acceptance.[59] Patients are invited to answer the following four questions:

(1) Do you consider yourself spiritual or religious?
(2) How important are these beliefs to you and do they influence how you care for yourself?
(3) Do you belong to a spiritual community?
(4) How might health care providers address any needs in this area[59]?

Table 4: Methods for teaching spirituality

- Lessons, seminars and small group discussions to augment learning are found to be an effective method.
- Self reflection exercises give the opportunity for students to become attentive to their own spirituality and the quality of their nursing practice
- Case studies give the student opportunity to think, reflect and solve simulated or real problems in the secure atmosphere of the classroom.
- Role-playing in conjunction to case studies is helpful to integrate the interventions in a safe and supportive environment.
- Self-study programs can improve knowledge about communication skills.
- Expose students to literature on spirituality, which can be combined with journaling and reflection to facilitate personal transformation and validate spirituality as an important dimension of nursing practice.

Regardless of the specific method, nursing students can be taught to be skillful nurses with sensitive approaches for patients to reveal what they want their caregivers to know.[46]

3 Summary and conclusion

It can be concluded that nursing education is inclined to have a certain positive effect on the spiritual competency of nurses. Studies show that student nurses improve communication skills, experience some kind of personal influence, enhance their spiritual awareness, and develop a more holistic patient centered approach as their knowledge increases about spirituality and spiritual care. Diverse teaching methods can be used to shed light on the student-centered process of teaching the spiritual dimension of patient care. Nursing educators must choose methods to prepare students to recognize spiritual cues in diverse settings. It is helpful to integrate all this with assignments where students' practice spiritual assessment and interventions in a safe and supportive environment. Through self-reflection, students can develop their aptitude to attend to their own spirituality and allow them to be more responsive to the spirituality of others. Holism cannot exist without attention to the spiritual aspects that give meaning to peoples' lives and create individuality.

Despite the mandates to include spiritual care from all the organizations in Table 1, the literature reviewed reveals that there is lack of agreement about what spiritual care consists of and how it can best be taught. Recently published concept analyses of spiritual care are leading toward definitions of this elusive concept. Only when deliberative, planned inclusion of spiritual assessment and care exists within nursing program curricula will there be a base for the needed research into the most effective teaching methods to equip nurses with the knowledge, skill and confidence they need to provide this care.

Conflicts of Interest Disclosure
The author declares that there is no conflict of interest statement.

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