Spiritual Care in Nursing – What it Means and How it Contributes to Modern Healthcare

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VID

Greetings from Norway

VID Specialized University
V= vitenskapeleg = Scientific
I = internasjonal = International
D = Diakonal = Deaconal
- 5600 students, 560 faculties and staff
- Many campuses

Faculty of Health Sciences
- 3 campuses + online education

We offer
- Bachelor in nursing
- Post graduate education
- Master studies
- PhD in Health Sciences

Western Norway

Bergen, Norway

Areas to address:

- Why spiritual care is at the heart of nursing
- How spirituality and spiritual care are understood in nursing
- What research tells about spiritual care in nursing
- Implications for nursing education and clinical practice

Spiritual Care is part of the nurse's responsibility!

Part of Nurses' ethical code of conduct - see *ICN Code of Ethics 2021*

Within Nurses' Professional scope of practice, guidelines, and standards of practice

Integrated part of Nursing Theories – included in introductory books in basic nursing

Part of the documentation system in healthcare

Part of healthcare – whole person care

Spiritual care is part of the nurse's responsibility!

Part of our ethical conduct – ICN 2021

https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf

1.2 Nurses promote an environment in which the human rights, values, customs, religious and spiritual beliefs of the individual, families and communities are acknowledged and respected by everyone.

Research shows

- Nurses lack understanding of the spiritual domain
- Nurses keep reporting NOT feeling well prepared for spiritual care
- Nurses are unsure about what spiritual care is
- Nurses lack the professional language to talk/document about spiritual care
- Students report seeing few role models in clinical placements
- Students can improve spiritual care competencies through education

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R

Reflect individually for a few minutes….

Think about a situation

- with a patient
- or a student

that you would say was spiritual.

What makes you call it spiritual?

SPIRITUALITY

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.

The spiritual field is multidimensional:

1. **Existential challenges** (e.g., questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).

2. **Value-based considerations and attitudes** (e.g., what is most important for each person, such as relations to oneself, family, friends, work, aspects of nature, art and culture, ethics and morals, and life itself).

3. **Religious considerations and foundations** (e.g., faith, beliefs and practices, the relationship with God or the ultimate).

Spiritual Care – European Association for Palliative Care, EAPC (eapcnet.eu)

Spirituality is often the unknown and unexplored domain in healthcare.

Spirituality is central but virtually Forgotten in much of healthcare

North American Nursing Diagnosis Association (NANDA) notes that Spirituality is related to

- Meaning and purpose
- Love and belonging (connectedness)
- Hope versus hopelessness or despair
- Beliefs, values, and practices, rituals and/or faith traditions and a sense of the sacred or transcendent

Exercise on values

Values: fundamental assumptions about what makes life meaningful

Values express identity – what we stand for and what we are proud of

Write down 5 aspects that are important to you

1.

2.

3.

4.

5.

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Why is spiritual care important in nursing?

Research shows that spiritual care

- *Helps patients to cope with adversity*
- *Can give inner peace and strength*
- *Relieves suffering*
- *Increases the experience of well-being*
- *Increases hope and motivation*
- *Strengthens the feeling of belonging and experiencing love*

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Weathers, E., McCarthy, G., & Coffey, A. (2016). Concept analysis of spirituality: An evolutionary approach. In *Nursing forum*, 51(2), 79-96.

Giske, T., & Cone, P. H. (2015). Discerning the healing path–how nurses assist patient spirituality in diverse health care settings. *Journal of Clinical Nursing*, *24* (19-20), 2926-2935.

Spiritual care:
Care which recognizes and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) 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.

van Leeuwen, R., Attard, J, Ross, L., Boughey, A., Giske, T., Kleiven, T., & Mcsherry, W. (2020). The development of a consensus-based spiritual care education standard for undergraduate nursing and midwifery students: An educational mixed methods study. *Journal of Advanced Nursing*. 00, 1-14. https://doi.org/10.1111/jan.14613

What is the context for spirituality where you live?

In Norway – 5.5 million people
Reflections from a Scandinavian perspective

- 62 % + ca 8 % = ca 70 % belongs to a Christian faith community (SSB 2024)
- Few goes to church regularly – passive religious lives
- Secular discourse in society
- Muslim faith organisations ca 3,5 %
- The Humanist socisty Livsynssamfunnet ca 2,5 %
- Reports about tabu to speak about religion (Hvidt et al. 2020, Kuven & Giske 2019)
- Poorly developed language privately & professionally for spirituality – low spiritual literacy (Holmberg et al. 2021)

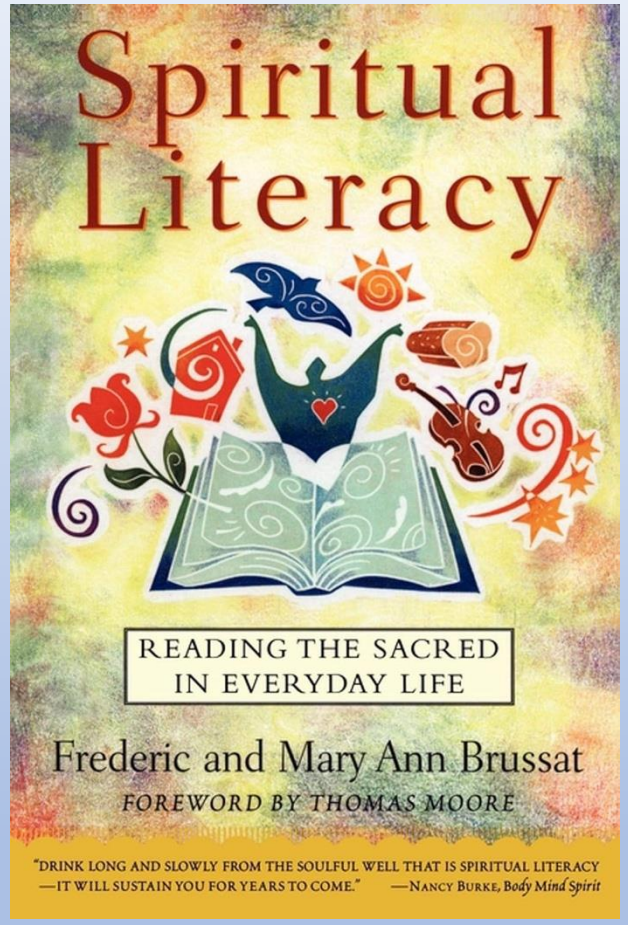
Helpful concepts from Hvidt & co in Denmark for a Scandinavian context – and possibly beyond:

- **"Restful religiosity"** when the person rests in their faith, the faith is internalized and the person's values are founded in religion
- **"Crisis religiosity"** when challenging life events such as crises and illness activates faith

Hvidt, N. C., Hvidtjørn, D., Christensen, K., Nielsen, J. B., & Søndergaard, J. (2017). Faith moves mountains—mountains move faith: Two opposite epidemiological forces in research on religion and health. *Journal of Religion and Health*, *56*(1), 294-304.

We need Spiritual literacy

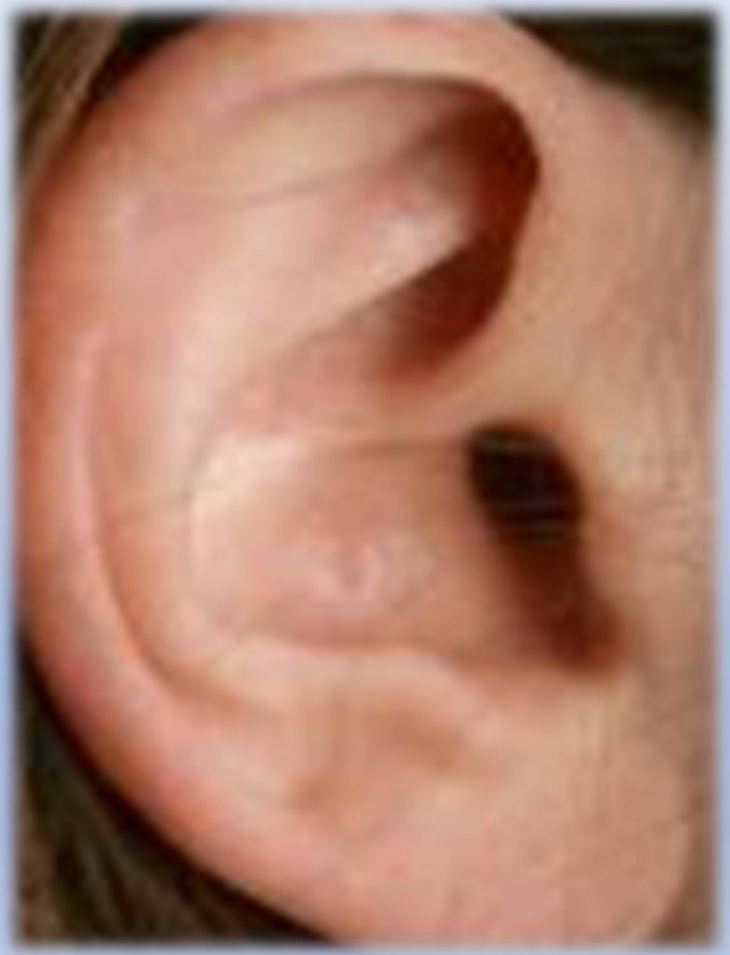
- Literacy
- Health Literacy
  - The ability to find, understand, and use health information and services to make informed decisions and take action for yourself and others
- Religious Literacy
  - To have knowledge of, and ability to understand religion
- Spiritual Literacy

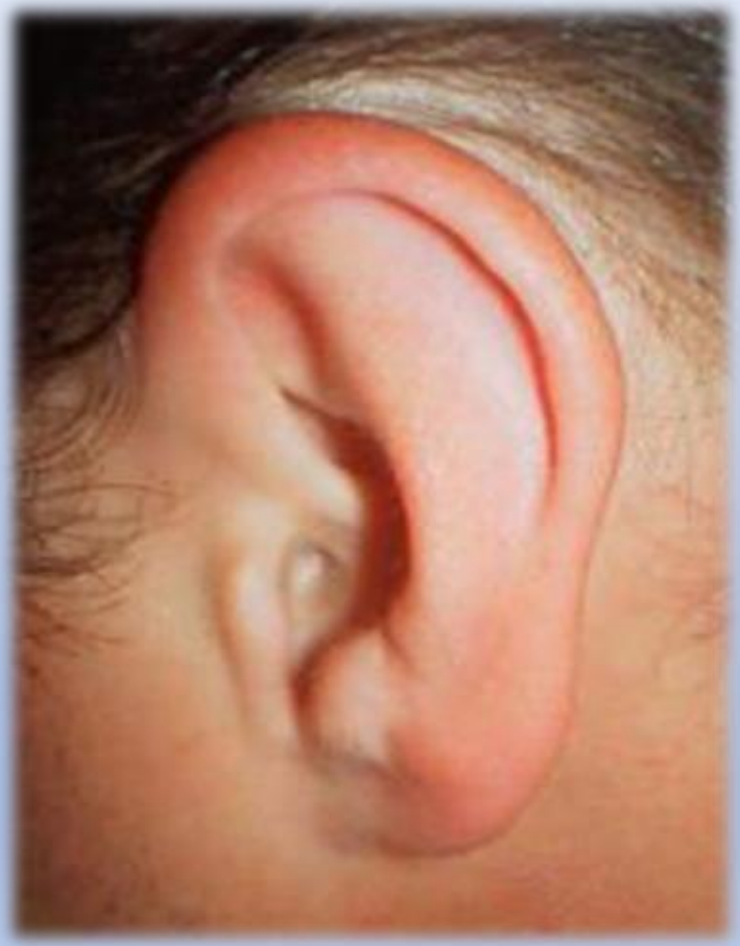


Brussat & Brussat (1998) *Spiritual Literacy. Reading the Sacred in Everyday Life*.

Giske, T., & Cone, P. (2020). Comparing nurses' and patients' comfort level with spiritual assessment. *Religions*, *11*(12), 671.

To listen with both ears





Examples of spiritual cues

Listen for persons' main concern

- Why is this happening to me?
- Who am I?
- Who loves me?
- What will happen to me?
- What is in my future?
- Am I guilty?

What is the persons' frame of reference?

What kind of

- **faith**
- **world view**
- **tradition**
- **culture**

does the person have?

Examples of spiritual cues

Listen for persons' main concern

- Why is this happening to me?
- Who am I?
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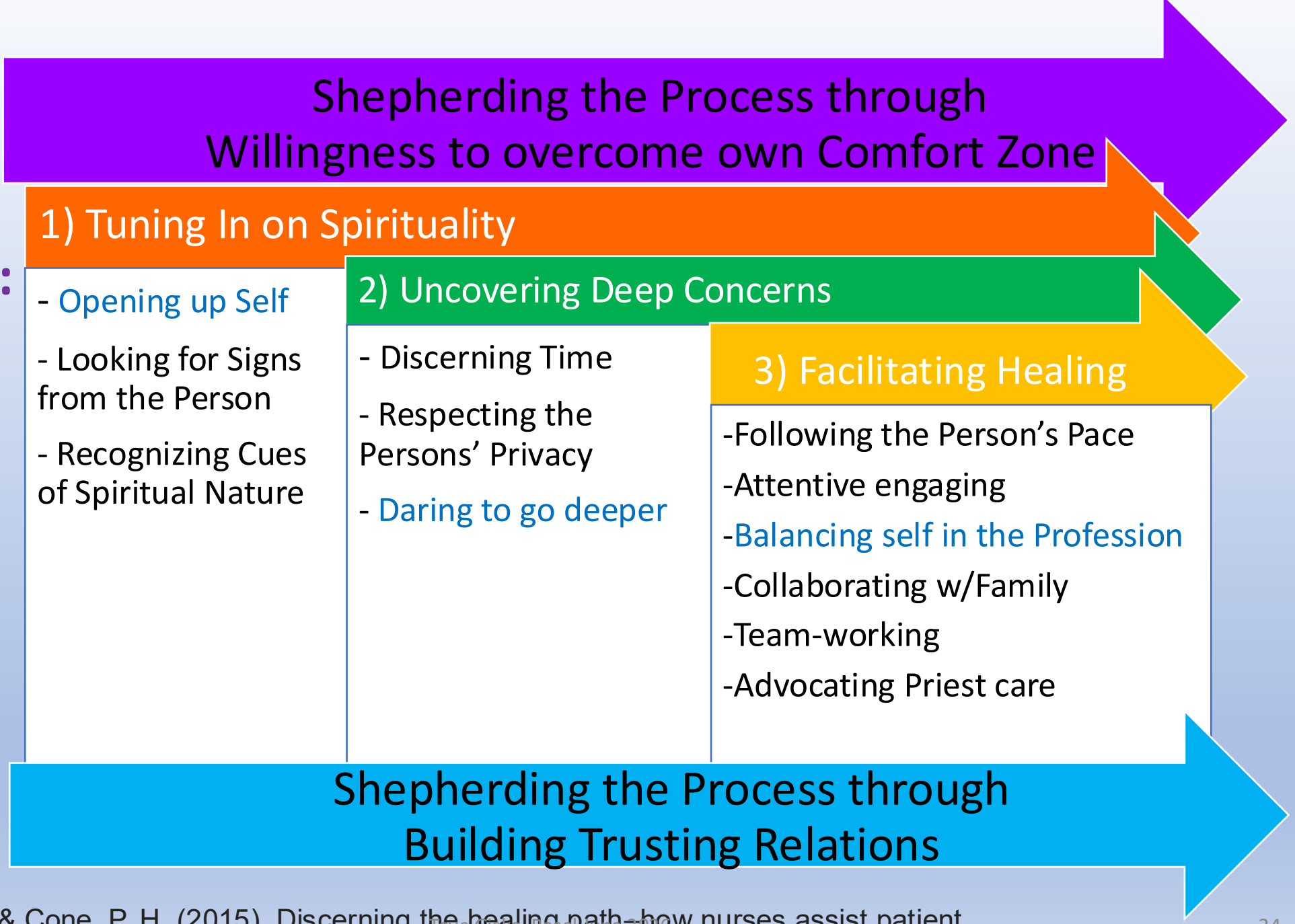
Are you a problem solver or a person journeying with?

Nurse Perspective: How to alleviate suffering?

Discerning the healing path



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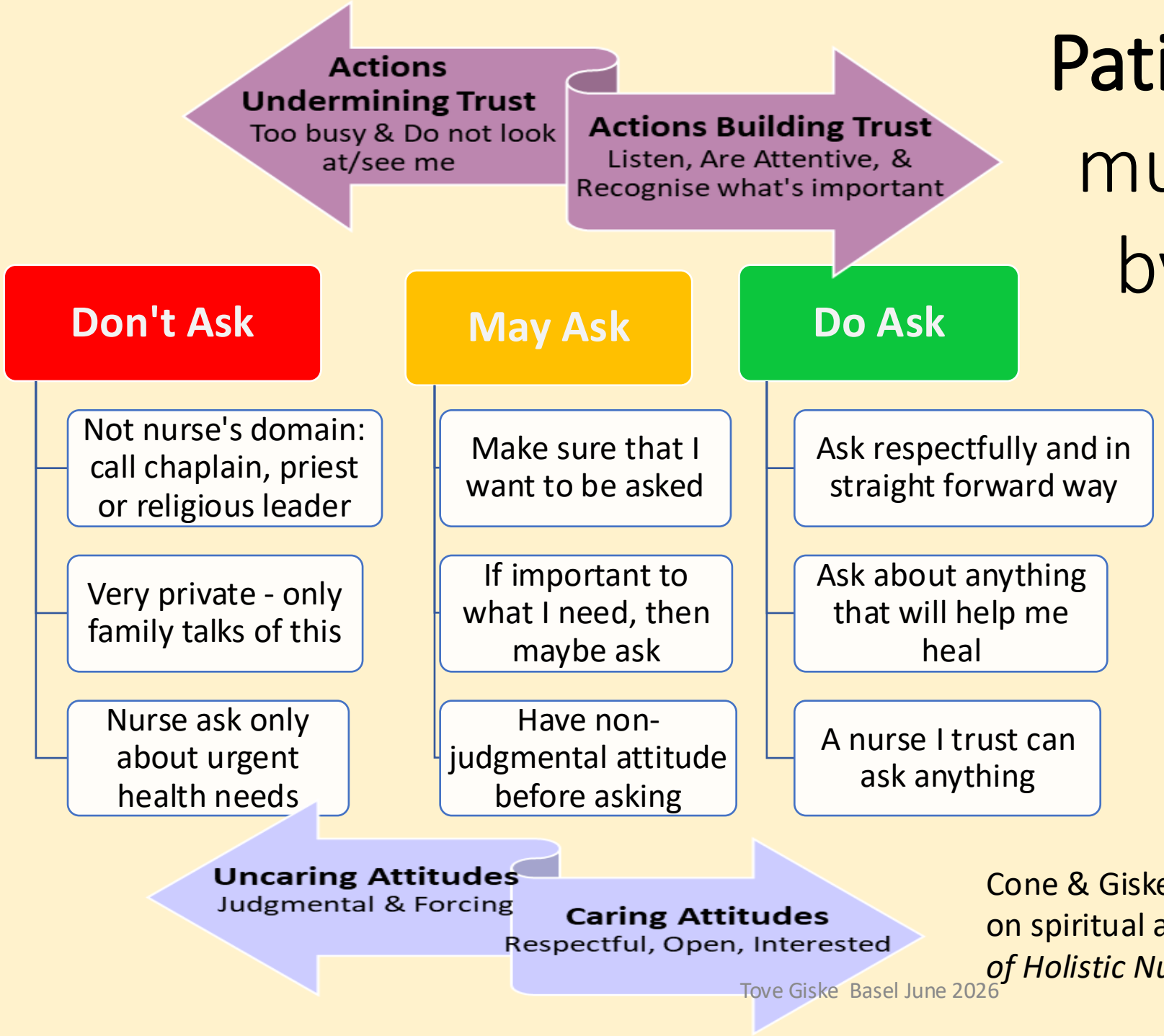
Patient Perspective - must be identified by the nurse



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How to provide Spiritual Care?

Minsitry of Presence

Awareness, sensitivity, genuine engagement, empathic, vulnerable/open, dwelling in time

Minsitry of Words

Be open to listen & talk about spiritual/ or religious concerns, offer support, & respond to their requests (pray, read holy text, etc.)

Ministry of Action - for or with the person

Facilitate spiritual activities, provide quiet time/space, right food, caring touch, facilitate contact with family, friends, collaborate/refer to spiritual/psych counsellor

Carson VB (2011) What is the Essence of Spiritual Care? JCN, July, p.173.

The art of asking questions

Comparison of nurses and patients regarding questions they were comfortable asking vs. being asked

Preferred open questions:

- Who/what supports you when you are ill?
- What do you rely on in times of illness?

Liked these questions the least:

- How integrated are you in a spiritual community?
- Would you like to explore religious matters with someone?

Giske, T., & Cone, P. (2020). Comparing Nurses' and Patients' Comfort Level with Spiritual Assessment. *Religions*, 11(12), 671

2Q-Sam

1) What is most important for you right now?
2) How can I help?

These questions are open and can help identify any patient need in the spiritual domain!

Ross & McSherry (2018) Two questions that ensure person centred spiritual care.
Nursing Standard, 7 November 2018.

Learning about Spiritual Care Education

Learner Approach

– Opening up to Learning

Teacher Approach

– Journeying with Students

Teaching & Learning Combined

– Open Journey Theory

Research relevant for NURSING EDUCATION

Ross, L., et al. (2022). Development of a spiritual care education matrix: Factors facilitating/hindering improvement of spiritual care competency in student nurses and midwives. *Nurse Education Today*, *114*, 105403.

1. Factors strongly & consistently correlated (4 times) with self perceived spiritual care- competency:

- Students' own spirituality
  (spiritual wellbeing : JAREL r range 0.15–0.33, $p < 0.01$),
  Spiritual attitude & involvement (SAIL r range 0.29–0.41, $p < 0.01$)
- Students' perception of spirituality/spiritual care
  (SCCRS, r range 0.32–0.55 $p < 0.01$),
  Holding a broad view was preferred

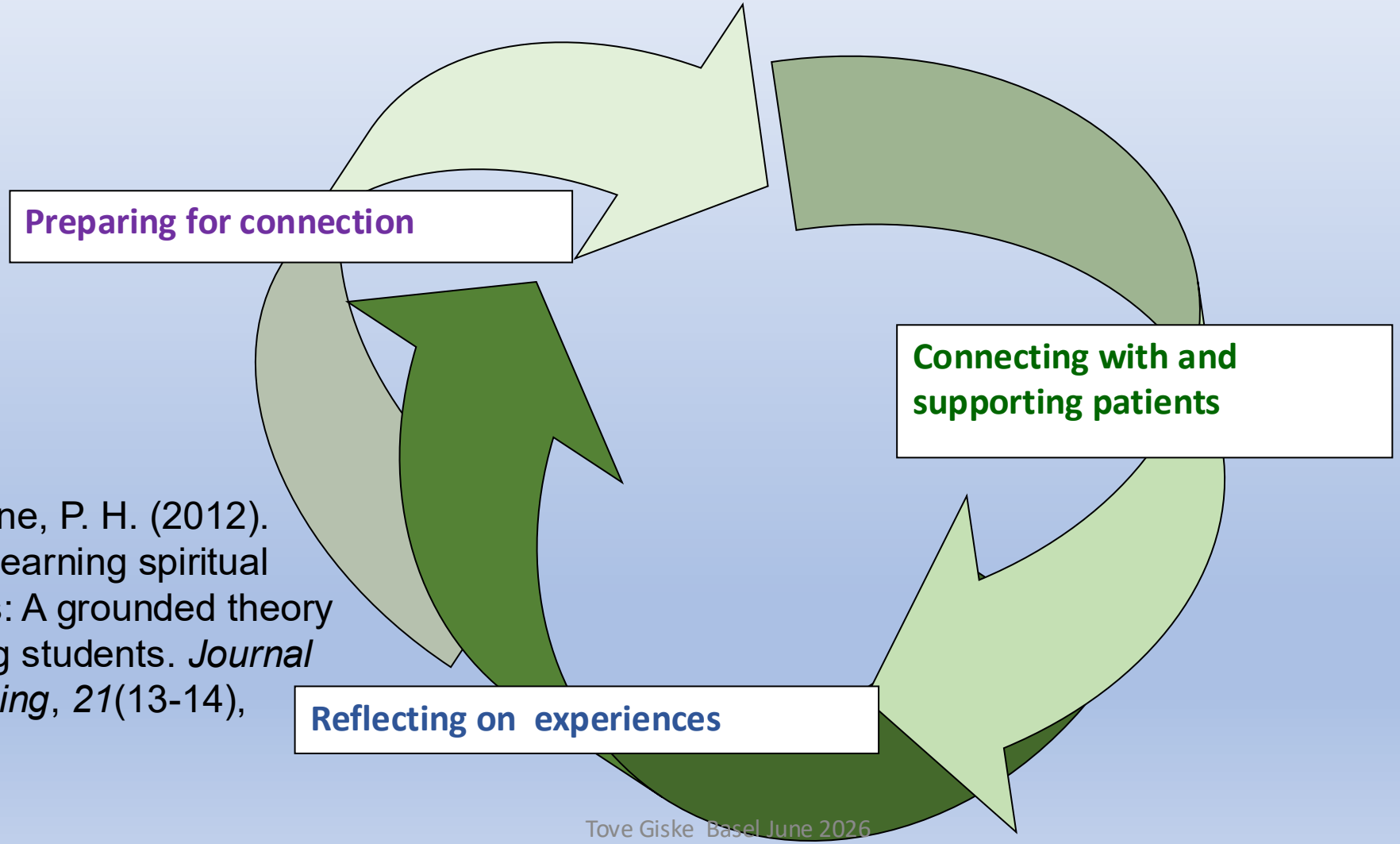
2. Factors inconsistenty and weaker correlated with perceived competency:
Religion, practice of spiritual/religious activity, age, previous health care experiences, experience of life events

3. Perceived spiritual care competency develpes over time
(SCCS, 0.4 increase from year 1 to end of course, $p < 0.01$)

4. Caring for patients, teaching, opportunities for discussion, and experiences of personal life events were identified by students as important in learning spiritual care

Opening up to Learning spiritual care: Student focus

- 3 intertwined phases begin with preparation for spiritual care
- Learning develops as a iterative spiral throughout the nursing training



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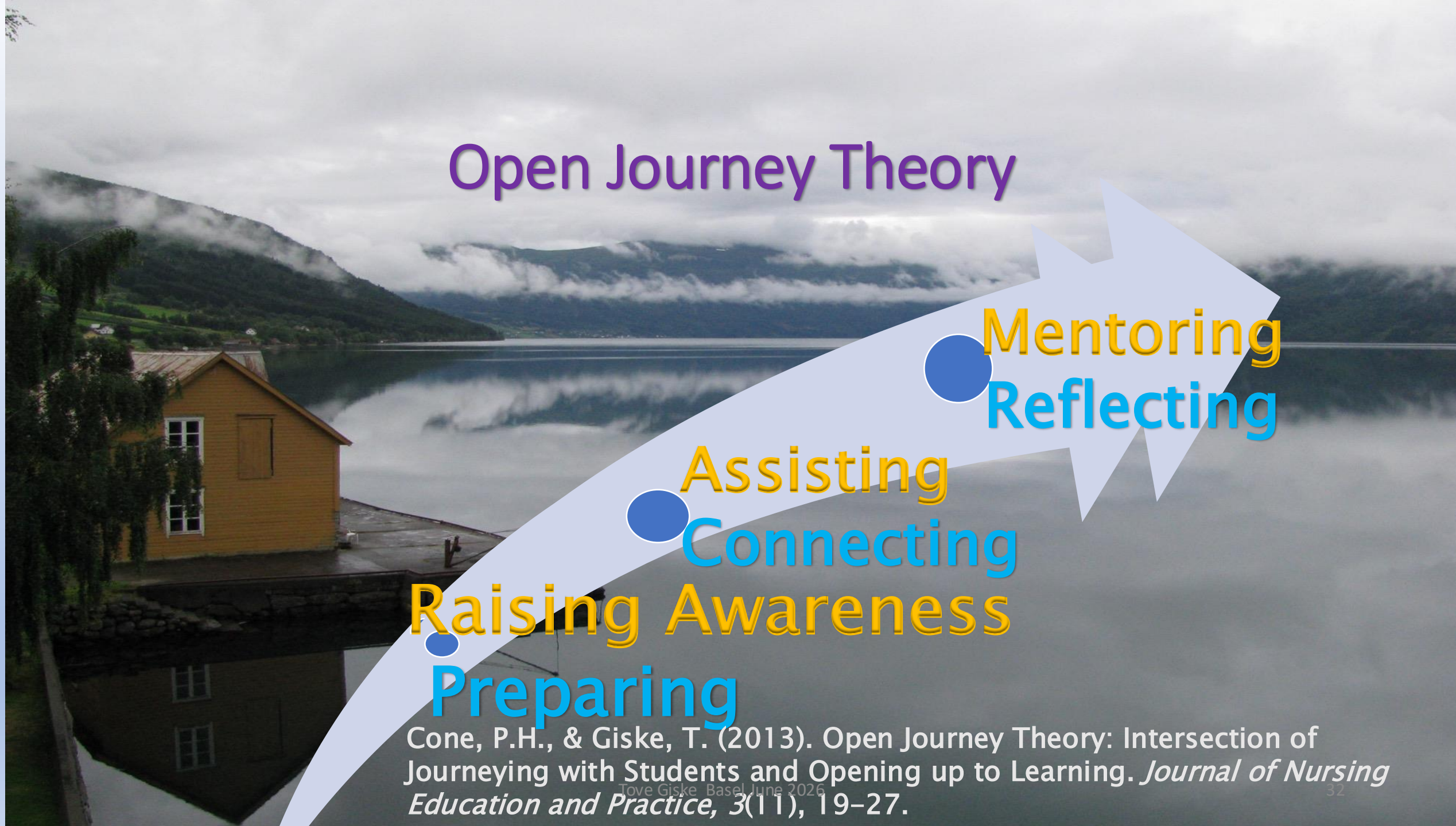
Journeying with Students through Maturation in Spiritual Care

Cone, P.H., & Giske, T. (2012). Teaching spiritual care – A grounded theory study among undergraduate nursing educators. *Journal of Clinical Nursing*, *22*, 1951–1960.



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Promote spiritual care in nursing practice & education by:

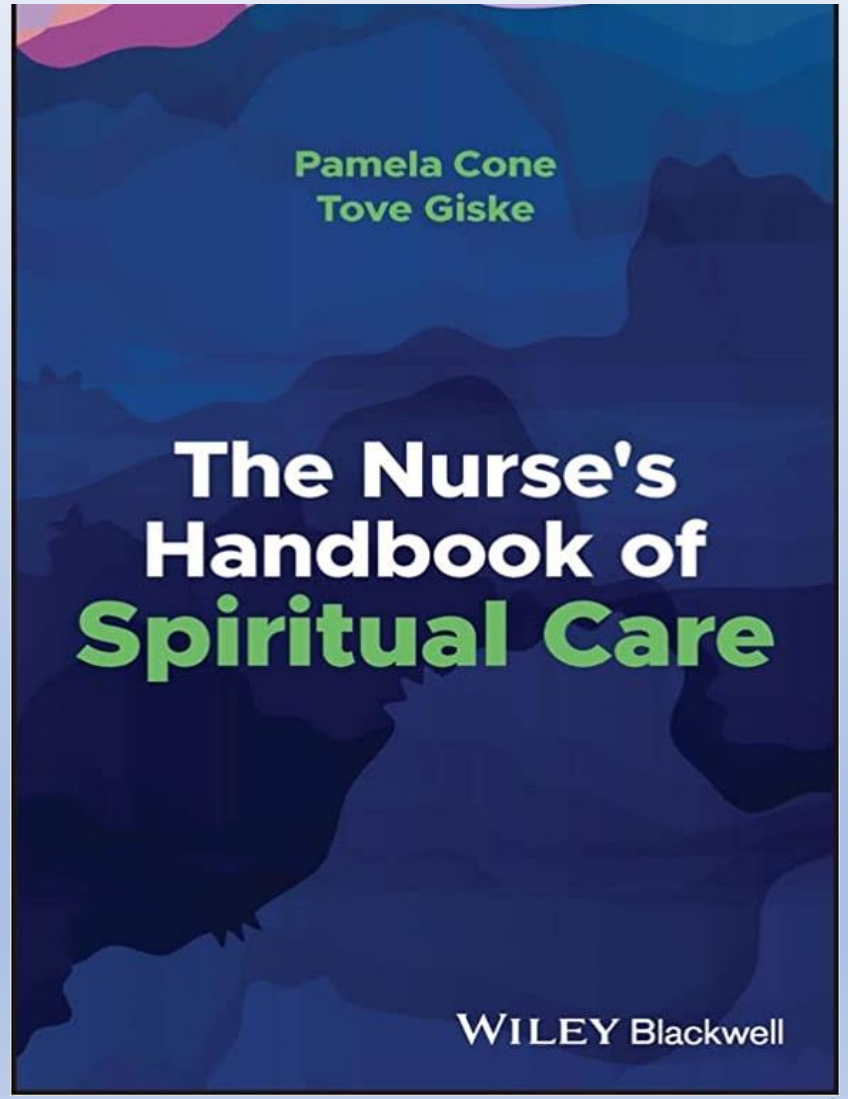
- Recurrent focus threaded through entire education
- Use reflective exercises & activities relevant to an area
- Make SC part of exams & clinical evaluations
- Use scenarios in healthcare work settings of various types to raise SC awareness

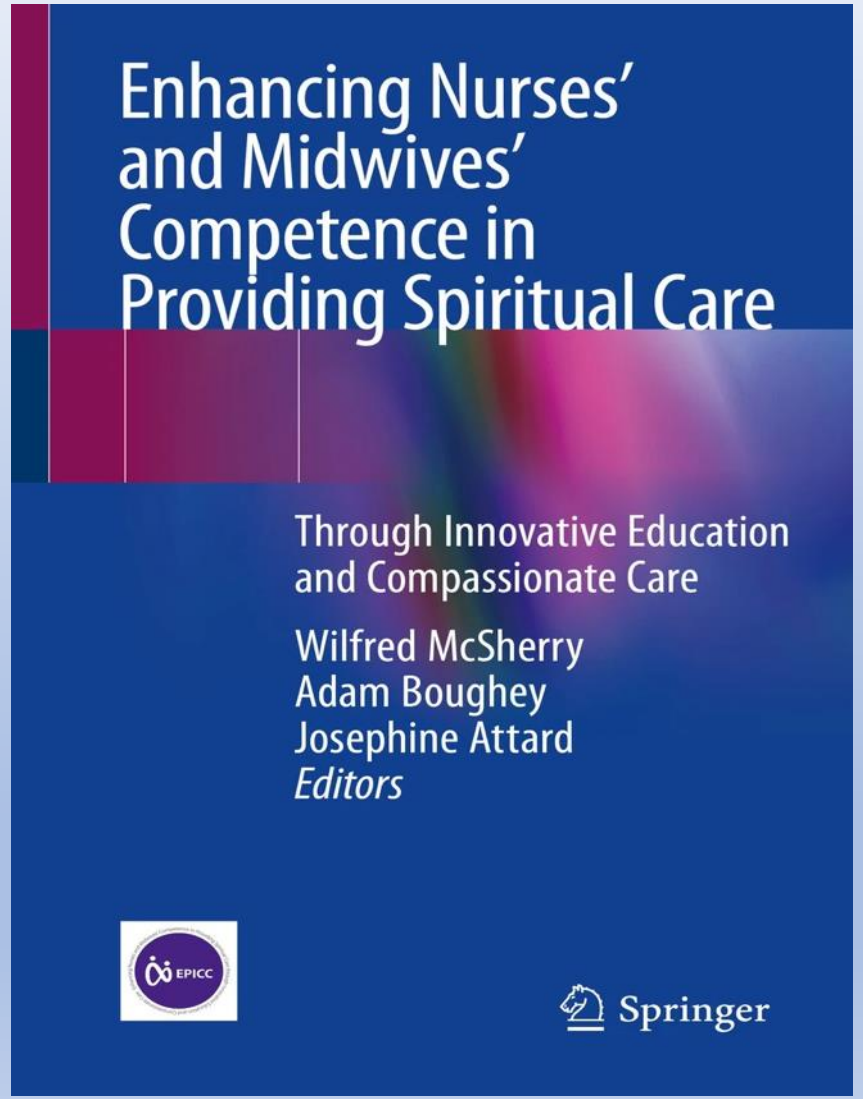
- Rykkje, L., Søvik, M. B., Ross, L., McSherry, W., Cone, P., & Giske, T. (2021). Educational interventions and strategies for spiritual care in nursing and healthcare students and staff: A scoping review. *JCN*

Ways to promote spiritual care in your workplace

- Part of continued education
- Interprofessional collaboration
- Leadership responsibility to foster person centered care # task oriented
- Spiritual care champions
- Promote role models

Resources


Pamela Cone
Tove Giske
The Nurse's Handbook of Spiritual Care
WILEY Blackwell


Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care
Through Innovative Education and Compassionate Care
Wilfred McSherry
Adam Boughey
Josephine Attard
Editors
EPICC
Springer

ERASMUS+ project
2016 –19

58 researches, educators, stakeholders from 21 European countries

Professor Wilfred McSherry, England

Professor Tormod Kleiven, Norway

Professor Linda Ross, Wales

Associate Professor Josephine Attard, Malta

Professor Rene van Leeuwen, Netherlands

Professor Tove Giske, Norway

From workshop in Malta, 2018.

Qualitative & quantitative methods based on Delphi method (2026 – 2019)

van Leeuwen, R., Attard, J., Ross, L., Boughey, A., Giske, T., Kleiven, T., & McSherry, W. (2021). The development of a consensus-based spiritual care education standard for undergraduate nursing and midwifery students: An educational mixed methods study. *Journal of Advanced Nursing, 77*(2), 973-986

- **EPICC Spiritual Care Educational Standard with Core Spiritual Care Competencies for Undergraduate Nursing/Midwifery Students**
- EPICC Toolbox
- Matrix
- See www.epicc-network.org

The Erasmus+ EPICC project (2016 – 19)

	COMPETENCIES	KNOWLEDGE (COGNITIVE)	SKILLS (FUNCTIONAL)	ATTITUDE (BEHAVIOURAL)
1	**INTRAPERSONAL SPIRITUALITY** Is aware of the importance of spirituality on health and well-being.	- Understands the concept of spirituality. - Can explain the impact of spirituality on a person's health and well-being across the lifespan for oneself and others. - Understands the impact of one's own values and beliefs in providing spiritual care.	- Reflects meaningfully upon one's own values and beliefs and recognises that these may be different from other persons'. - Takes care of oneself.	- Willing to explore one's own and individuals' personal, religious and spiritual beliefs. - Is open and respectful to persons' diverse expressions of spirituality.
2	**INTERPERSONAL SPIRITUALITY** Engages with persons' spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices.	- Understands the ways that persons' express their spirituality. - Is aware of the different world/religious views and how these may impact upon persons' responses to key life events.	- Recognises the uniqueness of persons' spirituality. - Interacts with, and responds sensitively to the person's spirituality.	- Is trustworthy, approachable and respectful of persons' expressions of spirituality and different world/religious views.
3	**SPIRITUAL CARE: ASSESSMENT AND PLANNING** Assesses spiritual needs and resources using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent.	- Understands the concept of spiritual care. - Is aware of different approaches to spiritual assessment. - Understands other professionals' roles in providing spiritual care.	- Conducts and documents a spiritual assessment to identify spiritual needs and resources. - Collaborates with other professionals. - Be able to appropriately contain and deal with emotions.	- Is open, approachable and non-judgemental. - Has a willingness to deal with emotions.
4	**SPIRITUAL CARE: INTERVENTION AND EVALUATION** Responds to spiritual needs and resources within a caring, compassionate relationship.	- Understands the concept of compassion and presence and its importance in spiritual care. - Knows how to respond appropriately to identified spiritual needs and resources. - Knows how to evaluate whether spiritual needs have been met.	- Recognises personal limitations in spiritual care giving and refers to others as appropriate. - Evaluates and documents personal, professional and organisational aspects of spiritual care giving, and reassess appropriately.	- Shows compassion and presence. - Shows willingness to collaborate with and refer to others (professional/non-professional). - Is welcoming and accepting and shows empathy, openness, professional humility and trustworthiness in seeking additional spiritual support.

Aims of SEP – Excellent network in research at VID Specialized University

- To become an internationally acknowledged Centre of Excellence for spiritual care education
- Develop models to strengthen the learning process in clinical placements
- Bring in a Global South perspective; build collaboration with School of Nursing at Christian University in North Haiti

WP 4: To develop and test the EPICC Spiritual Care Educational Standard into a Self-assessment Questionnaire and promote the use of it.

Leader: Professor Tove Giske
Time frame: 2020 – 2023

Working group:
Associate Professor **Britt M Kuven**, Western Norway Univers
Associate Professor **Venke Ueland**, University of Stavanger,
Associate Professor **Bodil Bø,** University of Stavanger
Professor **Wilfred Mc Sherry,** UK
Professor **Pamela Cone**, CA
Professor **Linda Ross**, Wales
Professor **Rene van Leeuwen**, Netherlands

Translation

Testing & revision of the questionnaire

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Spiritual Care Self-assessment Tool

1= Completly disagree, 2= Disagree, 3= Neither agree nor disagree, 4= Agree, 5= Completely agree

Competency 1. INTRApersonal spirituality Is aware of the importance of spirituality in health and well-being					
Knowledge: I understand the concept of spiritual care	1	2	3	4	5
Knowledge: I can explain the impact of spirituality on a person's health and well-being across the lifespan for myself and others	1	2	3	4	5
Knowledge: I understand the impact of my own values and beliefs in providing spiritual care	1	2	3	4	5
Skills: I reflect meaningfully upon my own values and beliefs and recognise that these may be different from other persons' values and beliefs	1	2	3	4	5
Skills: I take care of my own well-being	1	2	3	4	5
Attitudes: I am willing to explore my own and personal, religious, and spiritual beliefs	1	2	3	4	5
Attitudes: I am open and respectful to persons' diverse expressions of spirituality	1	2	3	4	5

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Conclusion

- Spirituality is an important domain in nursing and it is broadly understood.
- Spiritual Care is the responsibility of the nurse.
- Spiritual Care includes presence, active listening, identifying the issue, and taking action.
- It takes couge to provide whole person care.

Thank you for your attention

References

Cone, P.H., & Giske, T. (2012). Teaching spiritual care – A grounded theory study among undergraduate nursing educators. *Journal of Clinical Nursing*, *22*, 1951-1960.

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