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## **‘Why are Spiritual Aspects of Care so hard to Address in Nursing Education?’ A Literature Review (1993-2015)**

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**ABSTRACT** Difficulties persist in conceptualising spiritual needs and understanding their relationship to religious needs and relevance to wellbeing. This review was undertaken to clarify some of these issues. It set out to establish what is already known about how issues of spiritual assessment and care are addressed in undergraduate nursing education. Using a systematic approach, a literature review covering the period 1993-2015 was undertaken. Reviewed materials were collected from mainly online sources including with searches conducted using CINHALL, SUMMON and PubMed databases, after defining keywords and inclusion and exclusion criteria. The study found that Spirituality appears to be a broad but useful category which is concerned with how people experience meaning and purpose in their lives. However, it also established that here are relatively few studies focused on how spiritual care competencies could be developed in nursing students. There is also little work exploring nursing educators’ perspectives and experiences about how to develop spiritual competencies in their students. The study concludes that further research is necessary in order to bridge the gap between aspirations and practice.

*Keywords:* Holistic care, Spiritual needs, Nursing Education

### **Background**

Health is more than the absence of disease and has been approached as the expansion of consciousness, personal growth and self-awareness (Newman, 1997, 1999). Holistic nursing care recognizes the importance of spiritual and religious care in promoting health and wellbeing (RCN 2011; NANDA 2014; RCN 2015). However, assessment and care planning do not always take these factors into account; neither are the spiritual aspects of care always made explicit in standards. In the UK, for example the regulatory body’s latest Code of Practice does not mention them (NMC, 2015). Though formal recording of religious affiliation is commonly undertaken, the assessment of spiritual needs is rarely recorded. This paper discusses challenges in incorporating spiritual care in nursing education. Although, these reflections focus on nursing education, other health care professions face similar challenges.

### **Approaching Spirituality**

Nursing philosophy revolves around the concept of “holistic care”, which makes the whole person of the patient the central focus of healthcare delivery. Person-centred care and attention to

the “spiritual” aspects of care (Watson 1999, Newman 1999) have been strongly advocated as ways of ensuring care is truly holistic. Over the last two decades there have been a number of calls to integrate spiritual care into nursing education (Narayanasamy 1993, Benner, et al, 2010, Mc Sherry and Jamieson 2011). However, despite insistence in professional standards for nurse graduates on holistic and person-centred care and Royal College of Nursing Guidance (RCN 2011, 2015), physiological dysfunction always seems to take priority over psycho-social, spiritual and existential issues.

*Spirituality, existentialism and self-actualisation:*

The issue of defining spirituality and differentiating it from religion in order to study it appears to be one of the underlying causes of confusion in this area (Rogers and Wattis, 2015). They cited a simple definition from the nursing literature which suggests that spirituality is “the essence of being and it gives meaning and purpose to our existence’ (Narayanasamy 2004). They also suggested a more comprehensive definition derived from a survey of other definitions. This characterised spirituality as “a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective experience of individuals and within communities, social groups and traditions. It may be experienced as a relationship with that which is intimately “inner”, immanent and personal within the self and others, and/or as a relationship with that which is wholly “other”, transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with meaning and purpose in life, truth and values’ (Cook 2004 cited in Cook 2013). Here, spirituality is a broad concept which includes a variety of ways of understanding the phenomenon.

A holistic approach to health and wellbeing embraces mental, spiritual and existential domains as well as physical, cultural and social processes. Spiritual and existential issues may be seen as located within the individual’s “inner self” (though some would argue that understanding of them is socially constructed). Cook’s (2004) definition allows for both these viewpoints. Spiritual and existential factors are influential resources in facilitating healing and resilience in suffering and pain (Watson 1999, Newman 1999). Human existence is embodied; but language, thought and intentionality takes individuals beyond what can be reduced to biological and physiological “facts”. Arguing from the perspective of humanistic psychology, De Carvalho (2000) asserts that self-actualization transcends mere becoming on a deterministic level by making that “becoming” an object of choice, thus enabling the development of an “authentic self”. She remarks that this sometimes occurs when facing crises such as imminent death. The same arguments can be applied to spirituality and how it may need to be adapted in the face of challenge. Developing congruence in values, belief, feelings and behaviour can be seen as a significant expression of spirituality (Dolan 1993, Bellingham et al. 1989), reflecting the focus on matters of meaning and purpose in life, truth, and values in Cook’s (2004) definition.

From an ontological perspective, Watson (1999) proposed the integration of spirituality and existential health with the psychological concept of self-actualization to support a holistic approach to wellbeing through compassionate caring. Spirituality encompasses hope, meaning, wholeness, beliefs, and being connected (Frankl, 1969; Vachon, et al, 2009), whilst existential concepts involve the individual search for meaning in life, seeking freedom and themes of finiteness (Sartre, 1956; Frankl, 1969). Existential perspectives refer to a person’s way of being and purpose in their world. Existential care enables a patient to understand and resolve existential anxiety by affirming their own unique self and overcoming their internal fears, rather than merely focusing on the physical symptoms of their illness (Tillich, 1952). These perspectives explore the influence of thinking, perception and intentionality on human actions. However, nursing care often lacks existential and spiritual care perspectives since students often do not

feel competent to approach these issues through any established nursing structure (Kenny & Ashley, 2005; Yuan & Porr, 2014; Ross et al., 2014; Lewinson, et al, 2015). Denying the authentic, valuable, personal unique self and disregarding the philosophical concepts around intentionality and personal experiences, alter the therapeutic regimen significantly. Intentionality has been identified as an essential component of the subjective reality of self and is a foundation of person-centred care in nursing (Flaming, 2004). Intentionality can be seen as affecting personal resilience as a response to illness thus modifying the illness through transforming intentionality towards life (Newman, 1997; Parse, 1998). Kierkegaard (2000) defined human existence or spiritual awareness as one's consciousness. From the phenomenological perspective a purposeful mental act (May, 1969; Searle, 1995; Zahourek, 2005) has been defined as intentionality, which has been referred to as the essence of consciousness (Zahourek, 2005) and "our imaginative participation...out of which comes the awareness of our capacity to form, to mould, to change ourselves...in relation to each other...intentionality is at the heart of consciousness" (May, 1969, p.223). However, these phenomenological and ontological perspectives are rarely acknowledged in nursing education (Benner, et al., 2010).

### **Introduction**

The North American Nursing Diagnosis Association (NANDA, 2014), constituting the framework for nursing assessment in the USA, has recognized spiritual care needs. Meeting these needs can, in theory, be considered as an established part of nursing practice in many parts of the world. The NANDA framework for 2015-2017 identified spiritual distress as an essential domain that needed to be addressed in order to reduce suffering and promote wellbeing (NANDA, 2014). However, spiritual care receives little attention in nursing education across the globe (Timmins & Neill, 2013; Ross et al., 2014; Lewinson et al, 2015). In the UK, discrepancies have been identified both in academic and clinical policy documents. On the one hand, the largest professional organisation for nurses in the UK, the Royal College of Nursing (RCN), produced online resources on spirituality in nursing care for both students and practitioners (RCN, 2011, 2015). On other hand, the UK's statutory body for the regulation of nursing skills and competency, Nursing and Midwifery Council (NMC, 2015) designed a code for professional practice without specific mention of spirituality. Similar issues have been identified around the world, including in the USA, (Chan & Chung, 2004, Yilmaz & Gurler, 2014, Lewinson et al., 2015). Over the last two decades there have been a number of calls (Narayanasamy, 1993; Benner, et al., 2010; McSherry & Jamieson, 2011; Yuan & Porr, 2014; Ross et al., 2014; Lewinson et al., 2015), to integrate spiritual care into nursing education. However, there is no consensus about how this can be achieved.

Spiritual assessment is a recognised part of good nursing care (NANDA, 2014; RCN, 2015) yet there are issues in embedding spirituality within the nursing curriculum and teaching practice (Ross et al., 2014; Timmins, et al, 2014). The postulated reasons for this include conceptual complexities and the positivistic nature of existing nursing education (McSherry & Cash 2004; Benner, et al., 2010; McSherry & Jamieson, 2011). Furthermore, lack of role clarity among educators, work load priorities and personal experience contribute to difficulties in approaching spiritual care in the education of nurses (Prentis, et al, 2014). To overcome the gap between aspirations and teaching practice, it is necessary to understand how spirituality is currently approached and to what extent student nurses feel competent in approaching spiritual care assessments in practice. Here we report a systematic literature review explore the current state of knowledge and the practice gaps that affect the articulation of spirituality in nursing education.

## **Aim**

This literature review aimed to identify what was currently known about developing nursing competencies in assessing and addressing patients' spiritual care needs in undergraduate education.

## **Methodology**

A literature review covering the period 1993-2015 was performed, using a systematic approach to ensure a high level of validity and reliability (Aveyard, 2014). This approach allowed the researcher to develop clarity in designing a structural framework for navigation, investigation and interpretation of the identified study areas (Booth, Papaioannou, & Sutton, 2012). The review aimed to identify and evaluate all relevant literature that met predefined inclusion and exclusion criteria. The documentation of the inquiry process, enabled a consistent and replicable analysis and synthesis of relevant knowledge (Jesson, Matheson, & Lacey, 2011; Booth et al., 2012; Aveyard, 2014).

The search strategy included setting inclusion and exclusion criteria, deciding key terms, language(s) and period searched, and type of sources to assure the quality and rigour of findings (Booth et al., 2012). The inclusion criteria were all English language publications in indexed and peer reviewed journals (1993-2015) which addressed the key question of how undergraduate nurses were prepared to assess spiritual care needs. Online articles, reviews, reports, quantitative and qualitative studies were included provided they were peer reviewed. All "grey" materials including letters to the editor, short editorials, online books, chapters, comments and unpublished work were excluded using methodological filters. (Booth et al., 2012; Aveyard, 2014).

Online searches were conducted using CINAHL, SUMMON and PubMed databases. The following key words were used: Spirituality OR/AND spiritual care in the nursing curriculum, spiritual care AND nursing students, spiritual care AND nursing educators, spirituality OR/AND spiritual care in nursing education.

The title, abstract and (where relevant) the full text of each article was scanned to establish whether it met the inclusion criteria (Booth et al., 2012). Articles meeting the inclusion criteria, were read carefully, analysed and any relevant references that met the inclusion criteria and were not already identified were followed up and included in the analysis. Also, the review strictly focused on those studies which were evaluated in a robust way both qualitatively or quantitatively. Studies based on unpublished quantitative tools or without any robust evaluation strategies were excluded from the systemic literature review process.

Data Extraction (Fink, 1998; Booth et al. 2012; Aveyard, 2014) was based on the quality of each article (CASP, 2013). This included, commenting on the research design, sample size, methodology used, validity and reliability measures and a critique of any potential bias with reference to conclusions. The literature review also highlighted strengths and weaknesses of each study to enable discussion of the implications and further scope for research. A review grid was developed to compile the study and publication details of all selected articles. The aim of the grid development was to project the compiled data in a logical and chronological order to facilitate comprehension. Through the grid presentation, underlying themes, the scope and implications of several scholarly discussions and research studies were categorized for further evaluation using the, Critical Appraisal Skills Programme, (CASP, 2013).

A hierarchy of evidence was established for each theme ensuring critical appraisal (Jesson et al., 2011; Booth et al., 2012; Aveyard, 2014) of each study identified and reducing personal bias to a minimum. Summary notes were also developed both through hand notes and online end-

note memos, to keep track of and record any excluded documents, highlighting the reasons for exclusion for future reference.

For all selected articles, the data extraction tool (Fink, 1998; Jesson et al., 2011; Booth et al., 2012; CASP, 2013) was primarily endnote software along with manual record keeping, which included tracked monitoring of the nature of each study and publication details.

## Findings

Ninety papers were originally identified and after excluding fifty two, that did not meet the inclusion criteria, thirty eight, were considered (appendix 1), No additional papers that met the inclusion criteria were identified from the references in these papers.

The following themes were identified:

- Quantitative Assessment Tools (5 studies)
- Approaches used to integrate spirituality in nursing education (19 studies).
- Views from Nursing Educators (3 studies).
- Perspectives from nursing students- (11 studies).
- Inclusion of Spirituality in Nursing Texts or Curriculum (2 studies).

Findings are presented in more detail by theme below:

### Quantitative Assessment Tools to explore Spiritual care components of learning

Various tools have been developed to inquire about the nature of students' learning experiences and attitudes towards developing spiritual care awareness. Properly developed standardised quantitative measures that are valid, reliable and sensitive to change, enable meaningful comparisons between groups and within groups over time. Even the best could be questioned because they only provide quantitative information and only measure what they measure whereas qualitative approaches may be better for developing new insights.

McSherry, Draper and Kendrick (2002) developed a Spirituality and Spiritual Care Rating Scale (SSCRS) and demonstrated construct validity and reliability. This 17 item Likert scale has been used to determine the effectiveness of integrating spirituality in the nursing curriculum. Several studies such as Wallace, Campbell, Grossman, Shea, Lange and Quell (2008), and Tiew, Creedy and Chan (2013), have used this scale and found it effective in understanding students' needs and reflections about spirituality in nursing education.

Nardi, Faan and Rooda (2011), performed an exploratory mixed-method study to develop a practice theory of spirituality based nursing to teach integrating metaphysical and spiritual aspects in nursing care. A comprehensive review of current textbooks, published papers, and research on holistic nursing and spirituality found 45 statements on personal spirituality which were converted to a Likert scale questionnaire to inquire about knowledge and application of metaphysical dimension of human health. A purposive sampling of 86 final year nursing students from two schools was taken. Cronbach's alpha ( $r = .949$ ) demonstrated the overall consistency and stability of the items in the scale. There was no significant difference in spirituality scores between the groups with an overall mean spirituality score of 128.76 (range 76 to 161) from a maximum possible score of 188. As a result, a practice theory of spirituality based nursing was developed, which could be used as a source for innovative ideas in relating metaphysical aspects of health, wellbeing and spiritual care. This study did not address how the existing curriculum addressed these needs.

Tiew and Creedy (2012), developed the Spiritual Care-Giving Scale (SCGS) to measure student nurses' perceptions of spirituality and spiritual care. A pilot study was conducted in Asia. The 35-item SCGS was administered to a convenience sample of (745) final-year nursing stu-

dents. Cronbach's alpha (0.86) demonstrated internal consistency and the test–retest reliability was high. Further studies are required to establish the sensitivity to change of this scale and whether there are any advantages in using this tool specifically within the Asian context.

### **Approaches used to integrate spirituality in nursing education**

#### *Application of nursing theories and models:*

The ASSET (Actioning Spirituality and Spiritual Care Education and Training in nursing) Model (Narayanasamy, 1999) emphasised the importance of self-awareness in nurses and patients for sustaining therapeutic relationships. This model embraces the entire nursing process from assessment to evaluation and elaborates upon competencies required to build and sustain the nurse–patient relationship on spiritual grounds. It largely explains the nurse–client relationship from a psychological perspective rather than defining it on ontological grounds. However, existential and biological perspectives were discussed in the paper, which can be viewed as a significant attempt to bring a wider understanding to articulating the concept of spirituality in nursing education. Baldacchino (2008, 2010), used the ASSET model in Malta for both undergraduate and post graduate nursing students but the studies were limited by an exclusively Judaeo-Christian orientation and lacked adequate evaluation. These studies may not be generalizable to multicultural societies.

Barss (2012a), described the development of the “TRUST” (Traditions, Reconciliation, Understandings, Searching, and Teachers) model for understanding spiritual care needs of patients. This model is anchored in experiential learning and could be useful in teaching students the importance of developing self-awareness and intentionality. However, it lacked detail on how to develop the required competencies of self-evaluation or continuous self-transformation in both learners and nursing educators. Only one study (Barss 2012b) discussing the impact of the TRUST model has been found, however owing to the small sample size and lack of multicultural perspectives, its wider applicability is questionable.

Hoover (2002), applied Watson's transpersonal caring-healing model (1999), in developing caring competences in nursing students through a 15 week module. A focus group before and after the module on caring, was used for evaluation. Findings included transformation on both personal and professional grounds. Major themes identified included the following:

- Increase in self-awareness
- Finding meaning and connecting with self and others
- Value clarification
- Increased knowledge regarding the concept of holistic care.

The study generated a broad reflective account of students learning experiences and related the caring ethos to spiritual care. However, this study did not recommend any core units to be introduced into the nursing curriculum to integrate spiritual care as a legitimate part of holistic care.

Burkhart and Schmidt (2012), developed a spiritual care educational and reflective program (SCERP), based on Burkhart and Hogan's Spiritual Care in Nursing Practice theory (2008). The theory recognizes spiritual care-giving as an interactive discourse in nursing practice; hence it does not consist of assessment questions and prescribed interventions, but focuses on meaning-based monitoring and compassionate care to promote hope and meaningfulness in life. The spiritual care educational and reflective program (SCERP) was evaluated for its efficacy through a pre-post-test, randomized controlled trial on nursing students (n=59). SCERP was both face to face and online for students, enabling intellectual debates and self-awareness. Reflective practices learned through SCERP, were found to be effective in developing students' competence in

understanding and approaching the spiritual care needs of patients and families. Possible weaknesses were the small numbers involved and that it was a short encapsulated programme, over a 6 week clinical experience and there was no follow up to assess whether changes persisted. Data were gathered using validated tools. The Spiritual Care Inventory (SCI, Burkhart, Schmidt, & Hogan, 2011) was used to measure the provision of spiritual care and the well validated Spiritual Well Being Scale (SWBS, Paloutzian & Ellison, 1991) was used to measure the nurses' spiritual well-being. This last scale combines two 10-item scales, one assessing "religious well-being" (RWB - relationship to God) and the other existential well-being (EWB). The SWBS showed no significant changes between the beginning and end of the course although there was a trend towards some effect on the EWB sub scale ( $p = 0.08$ ). However, the intervention group manifested higher post-test scores on the SCI. The study found student nurses eager to learn skills to provide spiritual care. It concluded that an integrated theory with a process-oriented approach might be useful in teaching spiritual care. The study was conducted in a faith-based nursing school; hence there could be a potential bias from faith perspective. (The RWB subscale of the SWBS is known to have a ceiling effect in religious people and this may explain the lack of positive change on this scale and subscale). Nevertheless, it provides a strong framework for devising and assessing further courses to develop clinical competency in spiritual care.

*Teaching and Learning Methodologies:*

Alongside nursing theories and models, some innovative methods were found that aimed to incorporate awareness of spirituality in nursing education. These included using the medium of art to prepare students for phenomenological inquiry, understanding students' own perceptions of spirituality and spiritual care, the role of nursing educators in developing required spiritual care competencies and developing certain encapsulated programmes to facilitate the understanding of spiritual care concepts based on some pedagogical approaches. A brief account of these innovative approaches is given below.

Costello, Atinaja-Galler, and Hedberg (2012) investigated if simulation could be used as a teaching and learning method when discussing spiritual care concepts with students. A pilot study was carried out with a convenience sample of fifty-two students. A quasi-experimental, pretest-posttest design was used. The validated, Spiritual Care Competence Scale (van Leeuwen, Tiesinga, Middel, Post & Jochemsen, 2009) which measures six spiritual-care-related nursing competencies, was used to measure change. The study was conducted in the simulation laboratory of a private liberal arts college in the Northeast, USA. The simulation activity was found to be effective as a teaching and learning strategy, as it allowed students to practice therapeutic communication and use the nursing assessment process on given narrative scenarios focused on spiritual distress. A statistically very highly significant change was found in the SCCS results after the module. The competencies showing improvement at a high level of significance included acknowledging spiritual needs of their patients, making referrals, in assessment of spiritual needs, and in personal support and patient counselling. Students also reported that discussing spirituality during the simulation session helped them to become more reflective in relating spiritual care to clinical scenarios. Although the generalizability of the research findings could be questioned on a number of grounds, the study could be considered as a milestone in addressing phenomenological aspects in nursing education, where subjective experiences of grief, suffering and spiritual distress were acknowledged using simulation as the teaching intervention.

Small one credit-hour courses (Baldacchino, 2008; Lemmer, 2010) were designed to develop awareness of spirituality in students along with other health care professionals to facilitate spiritual care. Such courses included transcultural, religious, ethical and psychological foundations for understanding the concept of spirituality and holistic care.



Virtual teaching methods were also proposed to teach compassionate care, empathetic communication and how to address spiritual care needs (Taylor, Mamier, Bhjri, Anton, & Peterson, 2009). A self-study programme based on a workbook with a supplemental DVD and self-report study instruments the Daily Spiritual Experience Scale, (Underwood & Teresi 2002); the Spiritual Care Perspective Scale-Revised (Taylor et al., 1999) and the Response Empathy Scale (Elliott et al., 1982) were used along with a form to collect demographic information. There were 201 participants including nursing students and registered nurses. A pre-test and post-test experimental design was used. Significant differences were seen between the before and after scores measuring attitude, ability, spiritual experience, and knowledge. The findings suggested that the self-study programme was useful for both student and graduate nurses in developing understanding about their own spirituality and understanding the spiritual care needs of their patients.

### **Views from Nursing Educators**

There is a dearth of research exploring the experiences and concerns of nursing educators in relation to spiritual care concepts in nursing education (McSherry & Draper, 1997). Only, three studies were found that addressed this area. McSherry and Draper (1997), identified certain barriers to education in this area. They included; a) the time needed to develop skills for assessing spiritual care needs of patients, b) the need for competent mentoring for students approaching spiritual care issues, c) managerial problems related to financial implications, d) the work load on nursing educationists in revising the existing curriculum and e) a lack of acknowledgement of the role of cultural diversity in this area. Although the article identified barriers with particular reference to the UK, similar issues need to be addressed in other parts of the world (Yuan & Porr 2014; Lewinson et al., 2015).

Cone and Giske (2012) used grounded theory to investigate how nurse educators prepared students to assess and address spiritual care needs. Semi-structured interviews were conducted with 19 educators from three Norwegian University Colleges, in five focus groups over the period 2008-2009. The study reported that role-modelling and mentoring supported students in developing insights concerning spirituality and spiritual care needs. However, challenges in incorporating spiritual issues in the curriculum, were not explored.

Barss (2012 b), explored clinical experiences of nurse educators using the TRUST model (Barss 2012a). In-depth interviews were undertaken with four nursing educators using an interpretative phenomenological approach. Participants recognized that the TRUST model was very helpful for themselves and for students in building rapport with patients and engaging in the spiritual inquiry process. However, they also identified some barriers which included; the lack of recognition of the relationship between general health and spiritual care, insufficient time for students to provide spiritual care due to prioritising physical complaints, and role ambiguity of both students and educators when offering support in cases of spiritual distress. Since, it used a phenomenological research, it was a small group study. The findings cannot be generalized because of this and because the study lacked multicultural perspectives. Nevertheless it provided helpful insights into the issues faced in addressing spirituality in education.

### **Perspectives from nursing students**

Few studies were found that inquired about the views of student nurses. McSherry, Gretton, Draper, and Watson (2008) explored the ethical basis for teaching spirituality and spiritual care to nursing students, through an exploratory longitudinal study. 176 nursing students progressing from year 1 to year 3 in the undergraduate programme participated in the study which aimed to explore changes in students' perspectives, as they progressed through their studies. Question-

naires using the validated SSCRS (McSherry et al., 2002) were used for data collection. Findings suggested that students associated spirituality with existential ideas and were uncertain about making judgements on or being instructed in spiritual matters because of fears that it would be unethical to comment on individual values and belief systems

A similar cross-sectional survey (Lopez, et al (2014), was developed to explore Australian nursing students' perceptions of spirituality, religiosity, and personal belief. A 32-item WHOQOL-SRPB questionnaire (World Health Organization Quality of Life-Spirituality, Religiosity and Personal Belief, WHOQOL SRPB Group, 2006) was used. This study sampled 483 undergraduates. Results were found to be independent of the gender of the students. Students with religious beliefs had scores that were significantly higher than those with very little or no personal belief and scores also found varied due to the academic levels and impact of learning. The study recommended that nursing students should understand their own spirituality before approaching patients' spiritual issues and those students were likely to have a range of perspectives on spirituality based on the academic levels, personal and professional exposure.

To explore the development of student nurse competencies in delivering spiritual care Ross, et al (2014) studied six universities in four European countries (Wales, Malta, Netherlands, and Norway), They used a variety of validated scales including the SSCRS (McSherry et al, 2002) and The Spiritual Care Competency Scale (SCCS, van Leeuwen et al., 2009). Students were generally found competent to approach spirituality from a humanistic perspective based on personal understanding. Some students, based on their personal values, had prior understanding about religious sensitivity; however, those students also reported that they felt less competent in approaching spiritual care needs, particularly with reference to nursing assessment and planning care. A potential bias arose from the student group being relatively homogenous with respect to (European) cultural background. The study did not explore the role of nursing educators and curriculum components in developing spiritual competencies.

Several other studies conducted on Asian nursing students identified similar concerns of limited competency and lack of preparedness in relating to spiritual care issues because of the knowledge and practice gap in nursing education (Tiew & Drury 2012; Tiew & Creedy, 2012; Cooper, Chang, Sheehan & Johnson, 2013; Lopez et al., 2014). These studies highlight the need for acknowledging spirituality, multicultural and multi-faith issues, internationally.

### **Inclusion of Spirituality in Nursing texts or curriculum**

Only two research studies were definitions around exploring the degree of inclusion of spirituality and spiritual care concepts in nursing textbooks and the curriculum. Timmins et al. (2014), studied core nursing text books (n= 580), after developing a tool, called the Spirituality Textbook Analysis Tool (STAT). In general, nursing text books were found to be consistent in offering some guidance and direction around spiritual care. However, few provided relevant detail on spirituality by discussing various definitions, exploring the relationship of spirituality to religion or discussing the role of the nurse in assessing spiritual distress or offering tools for assessing spiritual care needs in practice. The study recommended that nursing texts should be strengthened by providing a consistent focus on spirituality and including spiritual care themes. This study demonstrated the relatively poor coverage of spiritual care in nursing texts. It did not provide a thematic or conceptual analysis of the term spirituality in nursing care.

Yilmaz and Gurler (2014), explored the efficacy of a revised and integrated undergraduate curriculum compared with a traditional nursing curriculum in Turkey. A quasi-experimental post-intervention two-group design was conducted from 2009-2011 covering different academic years. A total of 130 students participated. The SSCRC (Mc Sherry et al., 2002) was used, to evaluate the impact of an integrated, spirituality focused curriculum. The intervention group consisting of students exposed to an integrated curriculum, scored significantly better on

the SSCRC than a control group, using a traditional nursing curriculum. The study emphasized the need to revise the existing nursing curriculum to integrate spiritual care. This study could be considered as a pioneering step in reconstructing a national nursing curriculum, recognizing spiritual care as an essential part of nursing education.

## Discussion

There are conceptual, philosophical, cultural, political, linguistic and epistemological challenges to understanding spirituality in nursing practice (Mc Sherry & Draper, 1997; Mc Sherry & Cash, 2004; Cockell & Mc Sherry, 2012). Spirituality is often regarded as synonymous with the institution of religion in a given society. In general terms, spirituality could be understood as a separate concept from religion (or religiosity). Religious expression (religiosity in the non-pejorative sense) can be confined to particular belief systems, a formal expression of getting connected with the sacred; institutional and measurable in terms of frequency of attending rituals and offering prayers. However, spirituality may be understood as the personal, inner, informal and emotional aspect of connecting with oneself, the environment or with the sacred (Cotton et al., 2006), and influences internal motives and resilience factors including underlying hope (Blaxter & Patterson, 1982). Though several quantitative tools have been developed to measure the existential and spiritual wellbeing of nursing students and their patients, spirituality can never be entirely comprehended through psychometric analysis using positivistic methods of inquiry.

This review highlighted the need to include spirituality in mainstream nursing courses. Several nursing theories, models and encapsulated programmes have been discussed that have attempted to bridge the “knowing-doing gap” in nursing education. Indubitably, the prioritisation of positivistic care approaches over humanistic care, a lack of transcultural awareness and financial and time constraints affect nursing education and practice. Whilst, theories and models have been developed that focus on spiritual and existential domains (Narayanasamy, 1999; Barss, 2012a), only a few research studies have demonstrated the impact of integrating spiritual care in nursing education. Moreover, these interventions were generally short term and encapsulated in nature. A broader and more generally applicable approach is needed, as proposed by Yilmaz and Gurler (2014).

Relatively few studies were found exploring the experiences and concerns of nursing educators. However, similar challenges and anxieties were reported by nursing and other healthcare educators. These included lack of confidence, political influences on institutional policies, lack of preparedness to encounter challenges from multicultural faith systems, professional constraints and work load priorities, personal bias and experience. (Mc Sherry & Draper 1997; Timmins & Neill, 2013; Prentis, et al., 2014)

Studies exploring students’ views revealed that the existing nursing curriculum does not appear to adequately prepare nurses to connect with patients’ existential and spiritual dimensions. This appears to be due to inadequate explanation, insufficient mentorship and deficiency in articulating spirituality and spiritual care needs within the nursing curriculum (Yilmaz & Gurler 2014; Timmins et al., 2014; Ross et al., 2014).

Hence, integration of social and humanities courses such as philosophy, phenomenology, anthropology and art could be one way of developing these competencies in students (Benner, et al., 2010; Yuan & Porr, 2014). More research is needed into whether and how these and other approaches can be incorporated into an already crowded nursing curriculum. What is clear is that humanity and spirituality should not be crowded out by a purely mechanistic and industrialised approach to care.

### **Limitations**

Based on the inclusion criteria, relevant search results were identified to avoid any personal bias. However, all search results were further filtered and analysed. There were several hits, where the title and abstract fulfilled the inclusion criteria, but no text was found online. Only those articles were selected for further analysis where a complete online text could be accessed, without any copyright issues.

### **Conclusion**

Acknowledging spirituality opens a new horizon of competency in nursing education. However, more research is required to understand the causes of knowledge and practice gaps and how spiritual care competencies can be developed. Spiritual care is recognized as a genuine aspect of holistic care. However, there are major issues in approaching spirituality in practice. Here we have briefly discussed some of the possible reasons for this including the complexities surrounding the concept of spirituality, the dominant “mechanical” biomedical healthcare culture and the issues of working in a multicultural society all of which may help explain why this area is so hard to address in practice. Also, there is a dearth of research identifying the required competencies for nursing educators in preparing nurses competent to identify and respond to spiritual care needs (Cone and Giske, 2012). At present, there is a deficiency in understanding how the competencies to address the spiritual care needs of patients are developed in student nurses through nursing education (Leeuwen, et al. 2008). In addition, with reference to the existing nursing curriculum, Benner, et al, (2010) claimed that current nursing education does not adequately prepare nurses to connect with patients’ existential and spiritual dimensions. Although the Nursing and Midwifery Council Code (NMC, 2015) recognizes the importance of person-centred care, the final version of the Code contains no explicit mention of spiritual needs. They may be embraced under the heading “Prioritise People” in the phrase “Make sure that people’s physical, social and psychological needs are assessed and responded to” but it would be helpful if the Code was more specific. In practice, patients’ spiritual care appears to have been neglected (Daaleman et al. 2001). This may be related to its neglect in nurse education (Narayanasamy 1993, Ross et al, 2014). Furthermore, the Mid-Staffordshire Hospital Inquiry report (Francis 2013) described a culture in which nurses and other clinicians failed to recognise the human needs of patients, including aspects of person centred care. This reflects a significant failure in addressing these needs within the provision of health and social care and in the education of healthcare professionals.

### **Further research**

Indubitably, further work is required to explore the nature of the knowledge gaps, philosophical constructs and educational initiatives needed to overcome this persistent defect in holistic care.

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**Appendix 1: Table 1 Summary of main studies considered chronologically organized:**

Year/ Author	Purpose of the study	Type of study/ Information	Findings, strengths and limitations
1997 Mc Sherry and Draper	To explore how to integrate spirituality in nursing education and practice.	Expert Opinion	Explored factors shaping the role and status of nursing in society and influencing the institutional inclinations to integrate spiritual factors. <b>Theme:</b> Conceptual analysis of the term spirituality
1999 Bush	Journaling as a tool to develop understanding of spirituality	Reflective Paper	Applied theoretical knowledge and principles but no research method was used to measure the effectiveness of the intervention. <b>Theme:</b> Teaching and learning Approaches
1999a Narayana-samy	Proposed “ASSET” Model linking self-awareness to recognition of spiritual factors	Expert opinion	This model was recognised and used by Baldacchino (2008, 2010) in developing study units for undergraduate and graduate nurses. <b>Theme:</b> Nursing Model on Spiritual care
1999 Greenstreet	Explored the concept of spirituality in nursing education	Literature Review from 1970-1999	Identified challenges to teaching spirituality in nursing. Limited exploration of how concepts of spirituality were embedded in nursing curriculum. Lacked student perspectives. Did not explore pedagogical issues. <b>Theme:</b> Conceptual analysis of the term spirituality
2000 Mc Sherry	Explored debates surrounding teaching of spirituality in nursing education.	Expert Opinion	Presented a critical analysis of both historical and traditional teaching and learning approaches to integrate spirituality in nursing education. Did not consider philosophical and transcultural issues adequately. <b>Theme:</b> Teaching and learning approaches

<p>2002 McSherry, et al</p>	<p>Developed spirituality and spiritual care rating scale (SSCRS), to determine the effectiveness of integrating spirituality in the nursing curriculum.</p>	<p>SSCRS (17 item Likert scale)</p>	<p>Validity and reliability tested. Lovanio and Wallace (2007), Wallace et al (2008), and Tiew et al (2013) found this scale effective understanding students' needs and reflections whilst integrating spirituality in nursing education. <b>Theme:</b> Quantitative Approaches</p>
<p>2002 Pesut</p>	<p>To explore how undergraduate nursing students perceive spirituality and spiritual health and relate it to spiritual care.</p>	<p>An exploratory study.</p>	<p>The study was conducted in a private Christian nursing institution; the study was strongly influenced by Christian theology and of limited application in a multi-cultural setting. The validity of 20 item scales used to assess quality of spiritual health was not established. <b>Theme:</b> Teaching and learning Approaches</p>
<p>2002 Hoover</p>	<p>To evaluate the impact of a module on caring based on Watson's transpersonal caring-healing model (1999), with significant emphasis on spirituality.</p>	<p>Focus group interviews taken from 25 students, before and after the course implementation.</p>	<p>The study finding demonstrated an increase in self-awareness, finding meaning in connecting with self and others, value clarification and increased knowledge about holistic care. However, the study lacks in recommending potential courses to be integrated in nursing curriculum to put due emphasis on spiritual care aspects while recognizing compassionate care as an expression of integrating spirituality in nursing education. <b>Theme:</b> Teaching and learning approaches</p>
<p>2007 Mooney and Timmins</p>	<p>To teach and incorporate spiritual concepts in an innovative way. Along with classroom teaching activity, nursing students were taken out on a museum visit to engage in a reflective activity to comprehend spiritual aspects through the medium of creative Art</p>	<p>Focus group study</p>	<p>The article gives little description of the nature of spiritual themes covered in the teaching sessions prior to the museum visit. Nevertheless, the underlying philosophical structures anchoring the teaching marked this study as a significant step in approaching spirituality from a phenomenological perspective. <b>Theme:</b> Teaching and learning approaches</p>

<p>2008 Wallace et al</p>	<p>The purpose of this project was to integrate spirituality into the undergraduate nursing curricula and measure student outcomes related to spiritual knowledge and attitudes.</p>	<p>A quantitative, (pre-test/post-test) and qualitative study based on SSCRS (Mc Sherry <i>et al.</i>, 2002)</p>	<p>Significant differences in spirituality knowledge and attitudes among senior-level nursing students observed. Hence, study recommends that, A) concept of spirituality should be threaded throughout the curriculum, from the first to the final year courses. B) Nursing educator should be encouraged and supported for taking specialized workshops on understanding and approaching spiritual ideas. C) Transcultural studies, world religion, and courses on diverse value beliefs should be integrated within nursing education. A well-structured study, however, briefly discusses the curriculum innovation to suggest a way forward. <b>Theme:</b> Quantitative approaches/ Teaching and learning Approaches</p>
<p>2008 Bal-dacchino</p>	<p>To develop awareness of spirituality in students to facilitate spiritual care.</p>	<p>Study unit developed.</p>	<p>A study unit on the spiritual dimension in care was designed and introduced but not fully evaluated. Course content could be a useful resource for developing future module on spirituality and holistic care. <b>Theme:</b> Teaching and Learning Approaches</p>
<p>2008 van Leeuwen et al.</p>	<p>To study the effect of a course for nursing students on developing competence in spiritual care</p>	<p>Quasi-experimental crossover design (pre-post-test).</p>	<p>The Spiritual Care Competence Scale, (van Leeuwen et al. 2007) was used. The study has the strengths of quantitative design in measuring change and difference but the applicability of quantitative methods to explore students level of competency, is questionable. <b>Theme:</b> Quantitative Approaches</p>

<p>2009 Taylor et al.</p>	<p>To study how attitudes toward spiritual care, changed from before to after, a self-study programme on spirituality.</p>	<p>201 nursing students and RNs, independently completed the mailed self-study programme. Study was evaluated on the basis of self-report study instruments (i.e. Daily Spiritual Experience Scale, Spiritual Care Perspective Scale-Revised, Response Empathy Scale, Communicating for Spiritual Care Test, and Participant form.</p>	<p>A pre-test and post-test, pre-experimental design was used to study attitudinal shift toward spiritual care, ability to create empathic verbal responses after going through the self-study programme. The finding suggest that to an extent the self-study programme was useful for both student and graduate nurses in developing understanding about their own spirituality and understanding the spiritual care needs of their patients. However, the validity and transferability of such a self-study programme could be challenged in terms of human touch over virtual grounds to teach and explore spirituality and spiritual care needs in nursing.</p> <p><b>Theme:</b> Teaching and Learning Approaches.</p>
<p>2010 Lemmer</p>	<p>Discussed the need of revising nursing curriculum to integrate notion of spirituality in nursing education.</p>	<p>Reflective Paper on one credit- hour course especially designed for health care Providers</p>	<p>The course elements included transcultural, religious, ethical and psychological foundations for understanding the concept of spirituality, the study lacked critical philosophical engagement with mind body interaction, understanding human nature and spiritual needs.</p> <p>The course was conducted in a Catholic College where only ten students was enrolled for the entire course and thus on reliability and validity ground Lemmer's research and proposed outcome lacks the scope of generalization.</p> <p><b>Theme:</b> Teaching and Learning Approaches</p>

<p>2011 Nardi, Faan  and Rooda</p>	<p>To develop a practice theory of spirituality based nursing to teach integrating metaphysical and spiritual appropriation in nursing care.</p>	<p>Exploratory mixed-method study. A comprehensive review of current textbooks, published papers, and research on holistic nursing and spirituality, 45 statements on personal spirituality converted to Likert scale questionnaire.</p>	<p>A practice theory was developed to teach spiritual and metaphysical aspects of nursing care. However, this study does not adequately address the existing curriculum needs with reference to knowledge and practice gaps, to integrate metaphysical and spiritual care approach in nursing students. <b>Theme:</b> -Conceptual analysis of the term spirituality -Teaching and Learning Approaches</p>
<p>2012 Barss</p>	<p>Describes the development of "TRUST" model for understanding spiritual care needs of patients.</p>	<p>Expert Opinion</p>	<p>Limited competencies were mentioned with reference to nursing educators to enable self-evaluation or continuous self-transformation as a major teaching and learning component in nursing education. No further research validating the impact of the TRUST model found. <b>Theme:</b> Teaching and Learning Approaches. Nursing Model</p>
<p>2012 Cone and Giske</p>	<p>To study how nurse educators prepare students to learn to assess and care for spiritual needs.</p>	<p>Grounded theory based on semi-structured interviews with 19 educators</p>	<p>Found role-modelling and mentoring supported students' development of insights concerning spirituality and spiritual care needs. Curriculum issues (facilitators and barriers) not explored. <b>Theme:</b> Nurse Educators' Perspectives</p>

<p>2012 Giske and Cone</p>	<p>To explore undergraduate nursing students' perspectives on spiritual care and how they learned to assess and provide it.</p>	<p>Grounded theory, Data collected through semi-structured interviews at three Norwegian University Colleges in eight focus groups with 42 undergraduate nursing students.</p>	<p>Students highlighted the need to integrate existential and spiritual components more explicitly in nursing education. Evaluative discussions on clinical interventions and role-modelling by nursing educators were appreciated. <b>Theme:</b> Nursing Students' perspectives</p>
<p>2012 Giske</p>	<p>To explore how nursing students learned about spiritual concepts in clinical studies.</p>	<p>Literature review (1980-2012)</p>	<p>Only 10 articles were identified over 30 years. The study identified the following factors: learning through real-life clinical experiences; use of specific teaching and learning methods; self-awareness regarding spiritual needs and support from nurse educators.  <b>Theme:</b> Teaching and Learning Approaches</p>
<p>2013 Timmins F Neill F</p>	<p>To evaluate the content and delivery outcomes of teaching spirituality in nursing education.</p>	<p>Literature review 2007-2012. 3 papers were examined indicating 2 researches in USA and one in Malta.</p>	<p>Approaches found rooted majorly on religiosity factor. Does not provide sufficient studies carried on globally, to generalize the quality and impact of such studies. <b>Theme:</b> Teaching and Learning approaches</p>



<p>2013 Cooper K, Chang E, Sheehan A, Johnson A</p>	<p>To explore the impact of spiritual care education on nursing students</p>	<p>Literature review (1993-2011)</p>	<p>The article provides a literature review on how spiritual care aspects are integrated in nursing education (1993-2011). Also, it discusses some studies exploring the perception of nursing student on learning spiritual care components. This study proposes the need of further nursing researches to explore integration and impact of spiritual care education on nursing students in Australia. Lacks conceptual clarity in relating aim and findings. <b>Theme:</b> -Nursing Students' Perceptive</p>
<p>2013 Tiew et al</p>	<p>To determine the integration of spirituality in curriculum, and effectiveness of a focused student education project</p>	<p>Descriptive cross-sectional study using Spiritual Care Giving Scale SCGS (Tiew and Creedy, 2012)</p>	<p>Could be useful to relate with multicultural perspective. Previous UK and USA based similar studies were compared to declare the congruency in findings from Asian perspective. However, the reliability and validity of the newly developed SCGS (Tiew and Creedy, 2012) tool could be challenged. <b>Theme:</b> Nursing Students' perspectives</p>
<p>2014 Lopez et al</p>	<p>To explore Australian nursing students' perceptions on spirituality</p>	<p>A cross-sectional survey was conducted - A 32-item WHO-QOL-SRPB questionnaire was used.</p>	<p>The study marks that nursing students should understand their own spirituality before approaching patients spiritual care aspects. However, the findings found based on comparing gender, and making judgments on spiritual articulation based on religious affiliations. Hence, leaves this study in very narrow position to validate and generalize the aim of this study. <b>Theme:</b> Nursing Students' Perception</p>

<p>2014 Timmins et al</p>	<p>To explore the degree of inclusion of spirituality and spiritual care concepts in core nursing textbooks by going through all nursing and midwifery core books (n= 580). Perceptions of spirituality.</p>	<p>Spirituality Textbook Analysis Tool (STAT) developed and validated.</p>	<p>This study identifies that nursing texts should be strengthened by providing consistent focus and inclusion of spiritual care themes. <b>Theme:</b> Nursing Texts, Documents reviews</p>
<p>2014 Yilmaz and Gurler</p>	<p>Explores the efficacy of a revised and integrated undergraduate curriculum compared with a traditional nursing curriculum in Turkey.</p>	<p>A quasi-experimental post-intervention two-group design was conducted from 2009-2011 covering different academic years. A total of 130 students participated.</p>	<p>The intervention group consisting of students exposed to an integrated curriculum, scored significantly better on the SSCRC than a control group, using a traditional nursing curriculum. The study emphasized the need to revise the existing nursing curriculum to integrate spiritual care. This study could be considered as a pioneering step in reconstructing a national nursing curriculum <b>Theme:</b> Nursing Texts, Documents reviews</p>
<p>2015 Lewinson, et al.</p>	<p>Identifies various scholarship and clinical approaches developed to related spirituality in undergraduate nursing education.</p>	<p>Literature review.(2002-2014)</p>	<p>A comprehensive review on studies done in various parts of the world. Provides inclusive review on both educational and clinical practices developed to integrate spirituality in nursing education. Lacks in approaching spirituality from ontological perspective. <b>Theme:</b> Teaching and Learning approaches</p>