Summary

Introduction

Nursing students are taught to provide client-centred, so-called holistic nursing care to patients. Taking a holistic approach means that all aspects of human functioning should be considered in assessing the individual patient’s needs and in planning nursing care for that patient. The holistic approach includes attention to the spiritual functioning of patients, because that may also affect a patient’s wellbeing. Health care organisations, like the World Health Organisation (WHO) and professional nursing organizations such as the International Council of Nurses and the Dutch Nursing Organization emphasize that nurses should pay attention to the spiritual aspects of nursing care. This holistic and health-related approach is emphasized in nursing models and studies have made clear that the health problems and needs of patients may also be related to the spiritual functioning of humans. Attention to the spiritual element of human functioning within nursing has also been emphasized and proven in different nursing studies, but the lack of it has also been observed. Spiritual care in nursing is deemed important and relevant, but it seems to lack systematic attention due to various factors. One factor is that nurses are not well prepared for their spiritual care role. Authors emphasize the importance of this educational gap and conclude that more attention should be paid to research within the area of education to gain more insight into its effects. The observations mentioned above formed the start of this study with the intention of contributing to a systematic embedding of spiritual care into nursing care and education.

Chapter 1

This dissertation starts with an introduction of the subject of this study and the description of the research questions that have been investigated. Spirituality is relevant for health and health care is underlined and health care professionals should attend to it in their patient care. The concept of spirituality is clarified as a conceptual point of reference within the context of this thesis. Two approaches to the concept of spirituality can be distinguished, namely a functional and a substantial approach. Next, it is clarified why nurses should attend to spirituality in the care they provide to patients. This care will be conceptualized as spiritual care, which is understood as the care nurses provide to meet the spiritual needs and/or problems of their patients.
It is explained why there seems to be a gap between what in theory is expected of nurses regarding spiritual care and what is actually practiced. The question is raised how the nature of the task of spiritual care in nursing can become clearer, and the level of expertise which should be expected from nurses. Since nurses feel inadequately prepared there seems to be a role for nursing education. The hypothesis is raised that by obtaining a more structured form of education nurses will become more competent in providing spiritual care, noting that the evidence to support this hypothesis is still limited. This thesis will contribute to this aspect of spiritual care in nursing by exploring the content of spirituality and spiritual care in nursing and in nursing education and by investigating the learning effects. This resulted in the following research questions:

1. How has the connection between spirituality and physical health been investigated and what are the results of that investigation?
2. What role does spirituality play in patients during physical illness and treatment?
3. What competencies do nurses need to provide spiritual care?
4. How do nurses handle spiritual aspects in health care practice and can nursing competencies for spiritual be identified in their conduct?
5. How can nursing competencies regarding the delivery of spiritual care be assessed?
6. What are the effects of a newly developed educational programme for student nurses on the development of their competencies in spiritual care?
7. What are the learning effects of the educational method of thematic peer review on the development of competencies for spiritual care provision?

Chapter 2
This chapter describes a study of the connection between spirituality and health in physical healthcare. Studies on this topic were analysed on the basis of thesis focus, type of research, population, sample size, operationalization of spirituality and research results. The analysis shows that medical studies are primarily aimed at revealing a significant relationship between spirituality and health, whereas healthcare studies are aimed at describing patient convictions, experiences and needs as regards healthcare. The results of the analysed studies are presented according to a number of main themes, but fail to show unique cohesion between spirituality and health. Positive, negative or no cohesion may be concluded as a result. A comparison
between the different studies is difficult due to methodological differences. A particular problem is the operationalization of the concept of spirituality, which varies from specific religious experience to personal attitude. It is imperative that follow-up research is based on the primary issue of spirituality, so that a valid operationalization of the concept of spirituality can be distinguished from the concept of religion.

Chapter 3
This chapter describes a focus group study of aspects of spirituality concerning illness. For this purpose experiences of patients, nurses and hospital chaplains in oncology, cardiology and neurology within the context of Dutch somatic health care were explored. The study consisted of 13 focus groups with a total of 67 participants. The results show that spirituality play various roles in patients lives during their illness. There is a wide range of topics that may have an individual effect on patients. Despite differences in emphasis, all topics play a role in different patient categories. Although the spiritual topics seem to manifest themselves more clearly in long-term care relationships, they may also play a role during brief admittance periods (such as treatment decisions). The spiritual topics that arise from this study offer care givers a framework for signalling the spiritual needs of patients. The question is not whether spirituality is a relevant focus area in care, but how and to what degree it manifests itself in individual patients.

Chapter 4
This chapter focuses on the competencies nurses need to provide spiritual care. Nursing literature from The Netherlands shows little clarity on the qualities that nurses require to provide spiritual care. A systematic review of international literature was conducted to draw together information from the nursing literature in order to formulate nursing competencies. This resulted in the description of a competency profile which has the following three core domains with six core competencies:

- ** awareness and self handling:**
  - handling own values, convictions and feelings in their professional relationships with patients of different beliefs and religions
  - address the subject of spirituality with patients from different cultures in a caring manner

- ** spiritual dimensions of the nursing process**
  - collect information about the patient’s spirituality and identifies the patient’s need
• discuss with patients and team members how spiritual care is provided, planned, and reported.
• provide spiritual care and evaluates it with the patient and team members.
• assurance and quality of expertise
  • contribute to quality assurance and improving expertise in spiritual care in the organisation.

This competency profile may help to structure future care, research and education in spiritual care by nurses. Implications of the work for future research and education are discussed.

Chapter 5
This chapter provides insight into spiritual care in nursing within the context of somatic healthcare in the Netherlands. In Dutch nursing the spiritual dimension is becoming more a focus of attention, but despite this, there is a lack of empirical data from professional practice in the Netherlands. Data for this study were collected by means of focus group interviews. The sample was made up of the specialist fields of cardiology, oncology and neurology and divided into groups of patients, nurses and hospital chaplains. Different spiritual themes emerged from the interviews. There were different expectations of the nurse's role with regard to spiritual aspects. The main themes derived from this research can be recognized as aspects of nursing competencies that are reported in chapter 4. However, the attention to spiritual aspects in the nursing process is not clear cut. It seems to be highly dependent on personal expression and personal commitment. In addition to these personal factors, the study shows that other factors (cultural, organisational, educational) also contribute to the fact that spiritual care is not systematically embedded in nursing care. The nurses' professional responsibility is discussed in this chapter.

Chapter 6
This chapter describes the development of an instrument to measure nursing competencies in spiritual care, the Spiritual Care Competence Scale (SCCS). For the measurement of the development of competencies for spiritual care the construction of a tool is important. In this study the validity and reliability of the SCCS is tested. The items for the instrument were derived from the competency profile described in chapter 4. Students from two bachelor level nursing schools in the Netherlands were assessed with the instrument. These data were used for analyses purposes.
Construct validity was determined by factor analyses. This resulted in an instrument consisting of six core domains of spiritual care-related nursing competencies. These domains were labelled as:

- assessment and implementation of spiritual care (Cronbach’s alpha 0.82)
- professionalization and improving quality of spiritual care (Cronbach’s alpha 0.82)
- personal support and patient counselling (Cronbach’s alpha 0.81)
- referral to professionals (Cronbach’s alpha 0.79)
- attitude towards patient’s spirituality (Cronbach’s alpha 0.56)
- communication (Cronbach’s alpha 0.71)

These subscales showed a good internal consistency, sufficient average inter-item correlations and a good test-retest reliability. Testing the psychometric properties of this tool for measuring nursing competencies in spiritual care among a nursing student population demonstrated valid and reliable scales. To enhance the validity and reliability on the instrument further testing in other populations is recommended.

Chapter 7

This chapter contains the results of a study regarding the effectiveness of an educational programme for nursing students on developing competence in the provision of spiritual care and factors that might influence the effects. This study employed a quasi-experimental longitudinal observational design (pre-test and post-test). The subjects were third-year students from two bachelor degree nursing schools in the Netherlands. The educational intervention consisted of a training module on spiritual care. Competencies were measured by the Spiritual Care Competence Scale (SCCS). Two vignettes were added with the purpose of assessing the quality of the students’ analyses of care cases with a spiritual component. After finishing the training module (6 weeks after baseline) statistical significant changes for the intervention group were shown on two of the six subscales of SCCS. Over time (after 20 weeks) the whole cohort showed statistical significant differences in all six subscales of the SCCS related to baseline. Regression analyses showed internship as a negative predictor for the subscales ‘assessment and implementation of spiritual care’, ‘professionalization and improving the quality of spiritual care’ and ‘personal support and counselling of patients’. Experience of spiritual care during internship and a holistic vision of nursing showed as positive predictors on, respectively, the subscales ‘personal support and counselling of patients’ and
‘referral to professionals’. Comparison of student analyses of the vignettes showed a statistically significant difference in the analyses of the vignette with explicit spiritual content in favour of the intervention group.

The outcome raises questions about the content of education in spiritual care, the personal role of spirituality for the student, the measurement of competencies and the student’s opinion of spiritual care in relation to the systematic place of spiritual care within nursing and within nursing curricula.

The results provide nurse educators with an insight into the development of competencies for spiritual care within education and how to measure those competencies.

Chapter 8
This chapter describes the learning effects of thematic peer-review discussion groups on developing nursing students’ competence in providing spiritual care. It also discusses the factors that might influence the learning process. The method of peer review is a form of reflective learning based on the theory of experiential learning. It was part of an educational programme on spiritual care in nursing for third-year undergraduate nursing students from two nursing schools in the Netherlands. Reflective journals (n = 203) - kept by students throughout the peer-review process - were analysed qualitatively and grouped into themes. The analysis shows that students reflect on spirituality in the context of personal experiences in nursing practice. In addition, they discuss the nursing process and organizational aspects of spiritual care. The results show that the first two phases in the experiential learning cycle appear prominently, they are ‘inclusion of actual experience’ and ‘reflecting on this experience’. The phases of ‘abstraction of experience’ and ‘experimenting with new behaviour’ are less evident. Related factors to these findings (developmental stage of the student and the role of the tutor) are being discussed in this chapter.

Chapter 9
This final chapter provides a general discussion of the dissertation. After summarizing the main results methodological and conceptual reflections are given. From a methodological perspective spoken it is concluded that the internal validity and
reliability of results is guaranteed by the way the various studies are conducted and confirmed. Generalizability of the results is discussed in this chapter related to the samples used. It was concluded that the subjects included in the research might not be representative for the whole population in all respects. Whether that led to a certain bias in the results can only be answered by follow-up research that includes participants with other religious (spiritual) and educational backgrounds.

The Spiritual Care Competence Scale (SCCS) was found to be a robust, valid and reliable scale.

To confirm this validity and reliability further testing is necessary in other populations of nurses and in other areas than physical health care. To investigate the generic character of the SCCS testing in non-nursing populations such as physicians, paramedics and social workers would be interesting.

Conceptual reflections are made in this chapter regard the connection between spirituality and illness and health and health care. The use of models of spiritual categories and of spiritual care in nursing is discussed. The expectations of the nurse’s role is also been discussed as well as the influence of the nurses’ own spirituality and spiritual experiences on the way they handle spiritual care in practice.

Within this context the competence approach to spirituality and spiritual care are also discussed, which makes clear that a reflective competence of the nurse is important in spiritual care. In this chapter the limitations of professional responsibility in spiritual care nursing is discussed too. Suggestions are given for the integration of professional and personal aspects of the nurses’ responsibility in spiritual care. The role of institutional health care policy is also been discussed.

Finally the impact of education on competency development in the area of spiritual care is discussed, regarding the content of the educational programme, the assessment of competencies and the role of the teacher. Lastly, recommendations are given for follow up research.