

Title	Education of nurses in providing spiritual care				
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EPICC Standard Competency	General Teaching & Learning	1 Intrapersonal Spirituality	2 Interpersonal Spirituality	3 Spiritual Care: Assessment and Planning	4 Spiritual Care: Intervention and Evaluation
Teaching Group	Nursing				
Year of Teaching					
Learning Objectives	<ul style="list-style-type: none"> • Identify the spiritual needs of the patient. • Understand the concept of spirituality. • Understand the concept of care and compassion. • Redirect to other care providers: The role of a multidisciplinary team. • Be available, open and accessible. • Accept the attitudes of the patient towards providing spiritual care. • Support patient autonomy. • Identify personal limitations in providing spiritual care. <p><u>The goals of spiritual care would be to:</u></p> <ul style="list-style-type: none"> • Invite all patients to share their religious beliefs and spiritual experiences. • Ponder patients' beliefs and values. • Approach spiritual troubles (ineligibility, meaninglessness, inequity) with the spiritual sources of strength (hope, meaning, purpose). • Enable an empathic and compassionate approach. • Encourage patients to find within themselves the power of healing and/or acceptance. • Identify effective spiritual needs. 				
Strategy Description	<p><u>Lectures during the course of Palliative Medicine</u></p> <ul style="list-style-type: none"> • Getting to know different religions and beliefs. • Distinguish religion from spirituality. • Workshop: Communication skills in providing spiritual care. • Workshop: Clinical experience and spiritual awareness. • Research on the impact of spiritual care on a patient, including: <ul style="list-style-type: none"> ○ Better understanding of oneself in disease. ○ Easier acceptance of disease ○ The influence of spiritual rituals on improving the internal condition of the patient. ○ Enabling the easier transition of the dying. ○ Experiences of the patients receiving spiritual care (they said that their spirituality greatly alleviated the inability, encouraged inner peace and serenity). • Providing spiritual care is part of the bio-psycho-social approach to healthcare. • Spiritual care is an essential part of quality palliative care. • Spiritual needs, regardless of whether the patient is a believer or not. • Maintaining dignity. <p><u>The provision of spiritual care: Programme</u></p>				

	<ul style="list-style-type: none"> • Theories of nursing focused on providing spiritual care, including models of providing spiritual care: <ul style="list-style-type: none"> ○ Florence Nightingale. ○ Virginia Henderson. ○ Martha Rogers. ○ Fay Abdellah. ○ Joyce Travelbee. ○ Betty Neuman. ○ Calliste Roy. ○ Jean Watson. ○ Cornelia M. Ruland. ○ Shirley M. Moore. • Ethical issues and the provision of spiritual care in nursing integral care: <ul style="list-style-type: none"> ○ Ethical principles in the provision of spirituality. ○ Ethical obligations of nurses in providing spiritual care to the patients. • Science and philosophy in providing spiritual care. • Communication skills in providing spiritual care: <ul style="list-style-type: none"> ○ Trust. ○ Empathy. ○ Honesty. ○ Understanding. • Nurses' attitudes and evaluation in providing spiritual care: <ul style="list-style-type: none"> ○ Respect for the patient's spiritual beliefs. ○ Personal limitations to the patient's spiritual beliefs. ○ Assessment of the patient's spiritual needs. ○ Multidisciplinary approach to the patient's spiritual needs. • Competence of nurses in providing spiritual care: <ul style="list-style-type: none"> ○ Providing information on the provision of spiritual care in the institution. • The quality of healthcare in providing spiritual care: <ul style="list-style-type: none"> ○ Education of nurses in the implementation of spiritual care. • To support the patient and family in spiritual care.
Educator's Role	<p>Spiritual care is left to the personal interests of the teacher who carries out the patient's healthcare, to their will, knowledge, experience and the communication skills. In a holistic approach to a patient, the dimension of spirituality cannot be provided through healthcare because we do not have enough knowledge, we have no defined competencies of nurses in providing spiritual care. Patients who are faced with fragility, suffering and pain in the terminal phase of advanced illness express the need for spiritual care to alleviate the fear of death, emptiness, loneliness, and abandonment. The role of the teacher in providing spiritual care is to encourage students to think critically what they can do to provide adequate spiritual care. How and in what way the students will provide spiritual care to the patient depends on how much teachers will interest them in spirituality and in what way they will present it.</p>
Resources	
Learner Assessment	<p>Introducing spirituality into healthcare is something students are happy to accept and want to talk and learn about it. Catholic students are more intent on this subject. Spirituality assists family members to understand that suffering has meaning in the transiency of life.</p>
Additional Comments	<p><u>Literature about different religions</u> Presentation at the symposium on palliative care:</p>

	<p>‘Competences of nurses in providing spiritual care’ (Vuletić, Juranić, Mikšić, & Rakošec, 2014).</p> <p><i>Summary</i> Spirituality is, in the wider sense, the mark of the spiritual dimension of man, unlike his physical and psychological dimensions. It means the achievement of the highest quality of the whole being through which is possible to realize the personality. A man expects from the spirituality the answer to spiritual search and help in the fulfilment of the fullness of life. Spirituality speaks of the things that everyone cares about: purpose and meaning of life, peace, health, happiness, love, life and death. Spiritual nursing is defined as the help provided by nurses with respect to the religious and existential needs of the sick, including their questions about experience of meaning and purpose of existence. The competence of nurses in providing spiritual care integrates the cognitive, affective and psychomotor skills of good nursing practice, and it depends on the attitude of the nurses towards the spirituality of the patient. The literature mentions that the success of spiritual care depends on the sensitivity and empathy of the nurse. Empathy is an indispensable factor in health care and nurses use it daily in their work. Spirituality and spiritual care are increasingly emerging in health care and are an important factor in patient care.</p> <p>‘Spiritual needs of patients in palliative care’ According to the powerlessness of medicine to respond effectively to the growing number of lethal outcome of the diseases, in recent years occurs an intense and urgent need for the establishment of palliative medicine, hospice movement and therapeutic applications of spiritual care. To the patients with progressive incurable diseases should be allowed holistic relieve of physical pain and psychological suffering with the medical and spiritual care, to enhance the quality of remaining life and allowance of dignified dying. One of the main goals of palliative medicine is reflecting in holistic approach of psychosocial support to patients, by developing a sense of security, trust and faith to the interdisciplinary team, who care for terminal patients and their loved ones.</p>
<p>References</p>	<p>American Academy of Hospice And Palliative Medicine (2006). Statement on clinical practice guidelines for quality palliative care. Retrieved from http://aahpm.org/quality/quality-guidelines</p> <p>Attard, J. (2015). The design and validation of a framework of competencies in spiritual care for nurses and midwives: A modified Delphi study. Doctoral dissertation, University of South Wales, UK.</p> <p>Daaleman, T. (2012). A health services framework of spiritual care. <i>Journal of Nursing Management</i>, 8, 1021-1028. doi: 10.1111/j.1365-2834.2012.01482.x</p> <p>Green, S. O., Ferrell, B., Borneman, T., Puchalski, C., Uman, G., & Garcia, A. (2012). Integrating spiritual care within palliative care: An overview of nine demonstration projects. <i>Journal of Palliative Medicine</i>, 15, 154-162. doi: 10.1089/jpm.2011.0211</p> <p>National Consensus Project For Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care (2009). Retrieved from http://www.nationalconsensusproject.org</p> <p>National Quality Forum (2006). A national framework and preferred practices for Palliative and Hospice Care: A Consensus Report. Retrieved from http://www.Qualityforum.org/publications/reports/palliative.asp</p> <p>Rakošec, Ž., Mikšić, Š., Juranić, B., Batinić, L. (2015). Psychometric characteristics of Croatian version of the Daily Spiritual Experience Scale. <i>Religions</i>, 6, 712-723. doi: 10.3390/rel6020712</p>

- Sulmasy, D. P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *The Gerontologist*, 42, 24-33. doi: 10.1093/geront/42.suppl_3.24
- Swinton, J. (2001). Spirituality and mental health care: Rediscovering a 'forgotten' dimension. London: Jessica Kingsley Publishers.
- Travado, L., Grassi, L., Gil, F., & Martins, C. (2010). Do spirituality and faith make difference? Report from the Southern European Psycho-Oncology Study Group. *Palliative & Supportive Care*, 8, 405-413. doi: 10.1017/S147895151000026X
- Van Leeuwen, R., & Cusveller, B. (2004). Nursing competencies for spiritual care. *Journal of Advanced Nursing*, 48, 234-246. doi: 10.1111/j.1365-2648.2004.03192.x
- Van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D., & Jochemsen, H. (2009). The validity and reliability of an instrument to assess nursing competencies in spiritual care. *Journal of Clinical Nursing*, 18, 2857-2869. doi: 10.1111/j.1365-2702.2008.02594.x
- Vuletić, S., Juranić, B., Mikšić, Š., & Rakošec, Ž. (2014). Palliative care and medical-spiritual needs of terminally patients. *Bogoslovska Smotra*, 84, 881-906. Retrieved from https://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=197805
- World Health Organization (2004). Palliative Care: Symptom management and end of life care. Retrieved from http://www.ftp.who.int/htm/IMAI/Modules/IMAI_palliative.pdf