

Title	Spiritual dimensions of care: Developing an educational package for hospital nurses and nursing students				
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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, midwifery				
Year of Teaching					
Learning Objectives	<ul style="list-style-type: none"> • Demonstrate an understanding of the concept of spiritual care. • Identify specific communication skills to support spiritual care delivery for patients. • Outline specific resources available to support patients' religious faith needs. • Apply specific frameworks to case study scenarios to assess and manage patients' spiritual needs appropriately. • Understand the spiritual competencies required to inform spiritual care provision in health care practice. 				
Strategy Description	<ul style="list-style-type: none"> • Rogers' (1996) Humanistic Theory of Learning: Person-centred approach to learning, whereby the emphasis is on the participation, self-evaluation, and the absence of threat in the classroom. The relationship is safeguarded by genuineness, empathetic understanding, trust, and acceptance. • ASSET Model Actioning Spirituality and Spiritual Care Education and Training model (ASSET) (Narayanasamy, 1999): Encompasses an approach that outlines the structure, content, process of learning, and outcome of education that are utilized by several educational interventions for nurses and midwives cited in the literature. • Carper's (1978) ways of knowing was used to conceptualize the development of knowledge during the workshop. • Spiritual competencies as outlined by Van Leeuwen and Cusveller: <ul style="list-style-type: none"> ○ Handling one's own beliefs. ○ Addressing spirituality. ○ Collecting spiritual assessment information. ○ Discussing and planning spiritual interventions. ○ Providing and evaluating spiritual care. ○ Integrating spirituality into institutional policy. • Definitions of spirituality were drawn from a concept analyses performed by Sessanna et al and Weathers et al. <ul style="list-style-type: none"> ○ Spirituality is distinguished from religion but can incorporate religious beliefs for some people. ○ It can be a religious or non-religious system of beliefs and values. ○ It is something that gives life meaning and purpose to people's lives. ○ It provides a sense of connectedness to things or with others. ○ It is a transcendental phenomenon. • Meaning making, however, was the overarching term used to describe spirituality (Narayanasamy, 2004). This meaning making is a human feature that subsumes religious/non-religious beliefs and is popular in secular culture (la Cour & Hvidt, 2010). Spirituality was also acknowledged as a cultural aspect of humanity. 				

	<ul style="list-style-type: none"> • The main topics for the education (see below) were selected from the literature review, national guidance, and guidance on spiritual care developed by the Royal College of Nursing (RCN) in the United Kingdom. This latter leaflet was utilised within the workshop and provided as a resource. Program duration varied within the literature from 1 hour to 28 hours. As this varied within the literature, with no consensus emerging, 4 hours was deemed sufficient time to cover the basic course requirements, while not taking too much time from staff. <ul style="list-style-type: none"> ○ Session 1: Definitions and understandings of spirituality. Individual ideas on spirituality. ○ Session 2: Exploring skills required to develop in order to provide spiritual care. ○ Session 3: Understanding religious faiths and needs. ○ Session 4: Frameworks for identifying patients' spiritual needs and introduction to the concepts of planning, intervention, and evaluation of patient's spiritual care.
Educator's Role	<ul style="list-style-type: none"> • Facilitator of the four-hour workshop.
Resources	<p><u>Process/teaching methods</u></p> <ul style="list-style-type: none"> • PowerPoint presentations supported with handouts. Logos and photographs used within the PowerPoint presentation were selected to reflect a holistic, secular (rather than religious) view of spirituality. Those to accompany session 3 (understanding religious faiths and needs) were suitably chosen for appropriateness and so as not to cause offence. For example, Christian artifacts (such as crosses/churches) were deliberately not selected as representative media, rather more overarching representation was sought. • Brainstorming. • Questioning. • Case studies analysis. • Small group discussions. • Sharing of clinical experiences. • Self-reflective exercise on personal spirituality.
Learner Assessment	<p>A pre-designed questionnaire: the SSCRS (McSherry) was developed as the spirituality pre-test and post-test tool (SPPT) for the intervention. The SSCRS was chosen because of its potential cultural sensitivity for the population under scrutiny. The SSCRS had also undergone previous rigorous testing and development and has been used in several international studies. Permission was obtained from the author to use and adapt this tool. The questionnaire is specifically directed toward measuring nurses' attitudes toward spirituality and spiritual care. Nurses have consistently demonstrated increased positive attitudes and increased awareness following the workshop.</p>
Additional Comments	<p>This teaching is also planned for use with undergraduate nurses, and a plan for this teaching (using the same outline structure as above) has been agreed within the team. There is a plan (resource dependent) to develop this as an online resource for nursing students as follows:</p> <ul style="list-style-type: none"> • The nature of the course will be participative, with students encouraged to actively contribute to each session by commenting videos. • Session 1: Considers definitions of spirituality and individual ideas on spirituality. <ul style="list-style-type: none"> ○ Three 5-minute scripted video recordings of <i>recognised international experts on the topic</i>. • Session 2: Explores skills needed to develop to support spiritual care delivery and will focus on specific communication skills.

	<ul style="list-style-type: none"> ○ Three 5-minute scripted video recordings of the interdisciplinary team interacting with patient and/or family when spiritual issues are identified (a) at end of life (palliative care), (b) after breaking bad news, and (c) care of the older person. ● Session 3: Reviews religious faiths and needs for patients who are acutely sick and at the end stage of life. <ul style="list-style-type: none"> ○ One 5-minute scripted video recording of the interdisciplinary team interacting with patient and/or family from a minority faith when spiritual issues are identified (a) at end of life (palliative care), (b) after breaking bad news, and (c) care of the older person. ● Session 4: Identify frameworks to access and manage the spiritual needs of the patient. <ul style="list-style-type: none"> ○ One 5-minute scripted video recording of how to identify patient’s spiritual needs using identified spiritual assessment framework. <p>These videos can be enhanced by video annotating software. This will add interactive elements (pop up questions/images/text) within the video frame as the video plays. The software analytics will also provide feedback on how students interact with the video content. The transformation from watching passively to actively engaging with video will deepen understanding and help students understand key concepts.</p>
<p>References</p>	<p>Carper, B.A. (1978). Fundamental patterns of knowing in nursing. <i>Advances in Nursing Science</i>, 1(1), 13-24.</p> <p>la Cour, P., & Hvidt, N. C. H. (2010). Research on meaning-making and health in secular society: Secular, spiritual and religious existential orientation. <i>Social Science and Medicine</i>, 71, 1292-1299.</p> <p>McSherry W. (1998). Nurses’ perceptions of spirituality and spiritual care. <i>Nursing Standard</i>, 13(4), 36-40. doi: 10.7748/n21998.10.13.4.36.c2537</p> <p>Narayanasamy, A. (1999). ASSET: A model for actioning spirituality and spiritual care education and training in nursing. <i>Nurse Education Today</i>, 19, 274-285. doi: 10.1054/nedt.1999.0637</p> <p>Narayanasamy A. (2004). The puzzle of spirituality for nursing: A guide to practical assessment. <i>British Journal of Nursing</i>, 13, 1140-1144. doi: 10.12968/bjon.2004.13.19.16322</p> <p>Royal College of Nursing (RCN). (2011). <i>Spirituality in Nursing Care: A Pocket Guide</i>. London: Royal College of Nursing.</p> <p>Rogers, A. (1996). <i>Teaching Adults</i> (2nd Ed). Philadelphia, PA: Open University Press.</p> <p>Sessanna, L., Finnell, D., & Jezewski, M. A. (2007). Spirituality in nursing and health-related literature. <i>Journal of Holistic Nursing</i>, 25, 252-262. doi: 10.1177/0898010107303890</p> <p>Timmins, F., Neill, F., Quinn-Griffin, M., Kelly, J., & De La Cruz, E. (2014). Spiritual Dimensions of Care: Developing an educational package for nurses in the Republic of Ireland. <i>Holistic Nursing Practice</i>, 28(2): 106-123. doi: 10.1097/HNP.0000000000000015</p> <p>Van Leeuwen, R., Tiesinga, L. J., Post, D.M., & Jochemsen H. (2006). Spiritual care: Implications for nurses’ professional responsibility. <i>Journal of Clinical Nursing</i>, 15, 875-884. doi: 10.1111/j.1365-2702.2006.01615.x</p> <p>Weathers, E., McCarthy, G., & Coffey, A. (2015). Concept analysis of spirituality: An evolutionary approach. <i>Nursing Forum</i>, 51(2), 79-96. Doi: 10.1111/nuf.12128</p>