



The EPICCC Journey: Overview of the Project and Outputs

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What to expect

- Background and why EPICC is necessary
- Facts and figures from the student project
- What is the EPICC Project
- What we have developed
- Next steps

Background and why EPICC is necessary

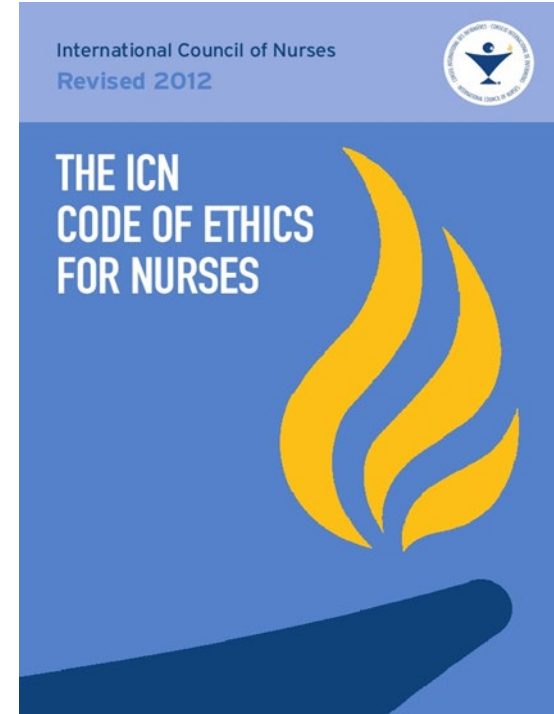
- Recent reports about standards in nursing and healthcare
- EPICC Strategic Partners experiences: practice, education and research
- Inconsistencies in nursing/midwifery pre-registration education
- RCN survey – nurses asking for more educational preparedness to deal with spiritual issues

International Council of Nurses

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering.

In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.

(ICN, 2012 p2)



Catalogue of reports

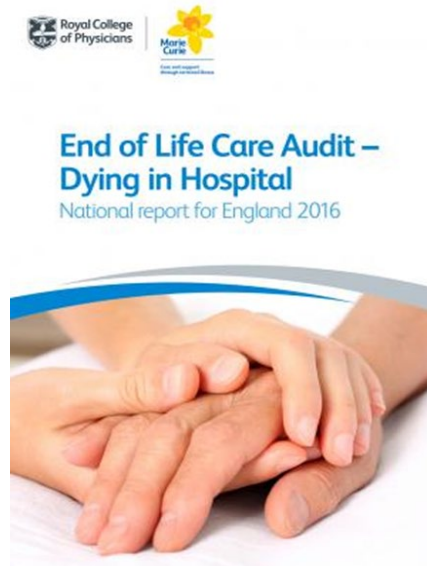


Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care



National care of the dying audit for hospitals, England

Discussions between clinicians and patients regarding spirituality in end-of-life care only occurs in 15% of cases, and in an additional 27% of cases, people important to the patient had these discussions. This suggests that only in 42% of cases the patient and those important to them were asked about their spiritual needs.



Educational Preparation (RCN, 2010)

79.3% of nurses felt that nurses do not receive sufficient education and training in spirituality (McSherry, 1997 which found that 71.8%).

79.9% indicate that spirituality and spiritual care should be addressed within programmes of nurse education.

Study from Australia

Thirty-one participants described using validated assessment tools. Twenty-four participants stated that they used the HOPE assessment tool while three participants followed Fitchett's assessment of spiritual needs. The FICA Spiritual Assessment Tool and the Palliative Care Outcome Collaboration assessment tools were each used by one participant. (p 55)

However, 65% of staff agree that they do not receive sufficient education and training in spiritual and religious beliefs (n = 239). (p 57)

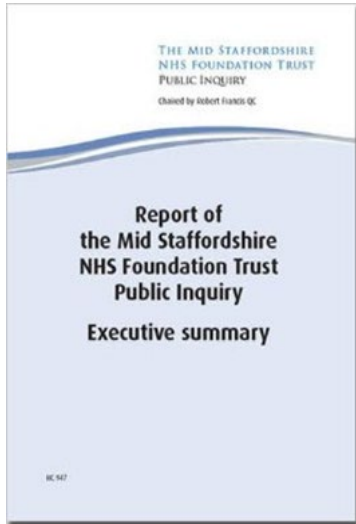
Austin, P., MacLeod, R., Siddall, P, McSherry, W and Egan, R (2017) Spiritual care training is needed for clinical and non-clinical staff to manage patients' spiritual needs. *Journal for the study of spirituality*, 7 (1). 50 -3 <http://dx.doi.org/10.1080/20440243.2017.1290031>

Frequently used terms

- Individualized care
- Holistic care
- Spiritual care
- Dignity in care
- Person-centred care
- Relationship/family centred care
- Compassionate care
- Integrated care
- Evidenced based care



Public Inquiry



“ Putting the patient first

The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services for caring, compassionate committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights p85”

Debate in context 2017: Adult inpatient Survey

“Since 2009, the percentage of respondents who said they were ‘always’ treated with respect and dignity in hospital has increased, 82% in 2017 compared with 78% in 2009. Trend analysis indicates that there has been an underlying behavioural change since 2009, where results were below expected limits, and has risen above expected limits since 2015.”

2017 Adult Inpatient Survey Statistical release (2018) Available from
https://www.cqc.org.uk/sites/default/files/20180613_ip17_statisticalrelease.pdf

Facts and figures from the student project

Josephine Attard PhD

- 39 competency pre-registration framework
- Reduced to 9 through 5 stage consensus process
- Reduced to 4



Pilot Study: 2010, 6 universities, 4 countries, Funded by USW

Cross-sectional, multinational, survey design

Main study: 2011-15, funded by RCN

- Longitudinal, multinational, survey
- 2193 undergraduate nurses/midwives
- 22 universities in 8 countries

(Wales UK, England UK, Scotland UK, Malta, Netherlands, Norway, Sweden, Denmark)

What is the EPICC Project?

Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through
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The Strategic Partners



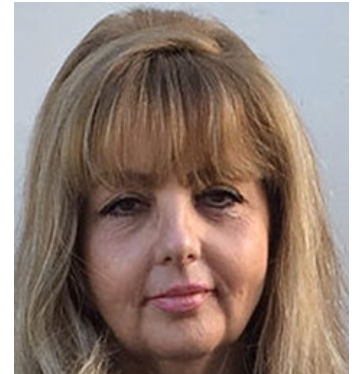
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The Strategic Partners



L-Università
ta' Malta



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Project Manager

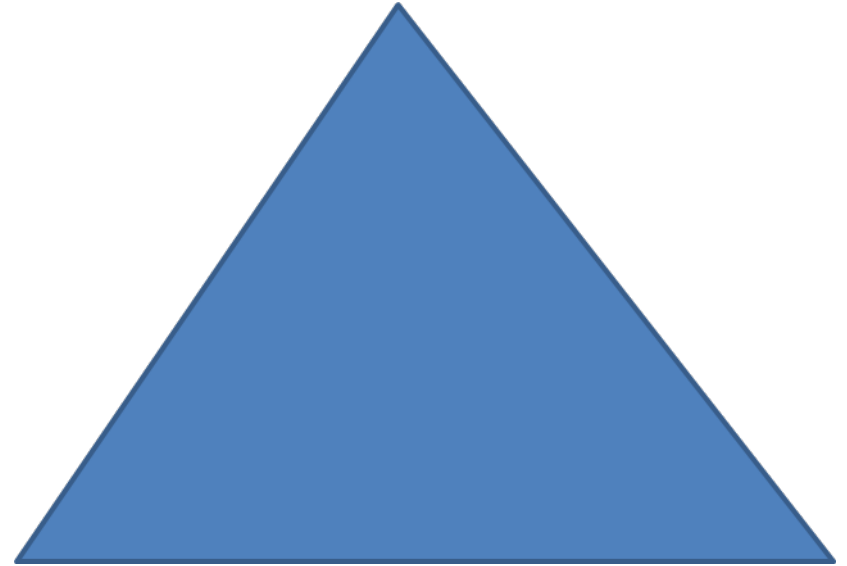


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The EPICC Triangle

- **EPICC Strategic Partners (6)**
- **EPICC Participants:** nurse educators (32) from 18 countries across Europe. This group have been provided with an intense programme of peer-support, mentorship and coaching. This level of support has built trust and respect and prevented attrition from the project.
- **EPICC Participants + (18)** : this comprises of key stakeholders, representatives from allied health professionals, patient and public groups, students and professional regulatory bodies. They have attended activities and events ensuring these are informed by a wide range of cultural, ethnic and religious worldviews. This group are from 7 countries [4 outside Europe] (UK, Netherlands, Thailand, Palestine, New Zealand, Norway, Malaysia).



Countries represented

- United Kingdom:
England, Scotland, Wales,
(Northern Ireland)
- Croatia
- Czech Republic
- Norway
- Netherlands
- Poland
- Turkey
- Ireland
- Malta
- Denmark
- Germany/Austria
- Belgium
- Ukraine
- Greece
- Spain (mainland + Gran Canaria)
- Portugal
- Lithuania
- Sweden
- China
- Malaysia
- Thailand
- Palestine
- New Zealand





THE EPICC
Journey...

Transnational meeting 1. Jan 2017. Netherlands



Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through
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Multiplier event 1: Staffordshire, 19-20 April 2017



Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care



Teaching and learning event Netherlands Oct/Nov 2017



Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care



Teaching and learning event Malta Sept 2018



Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through
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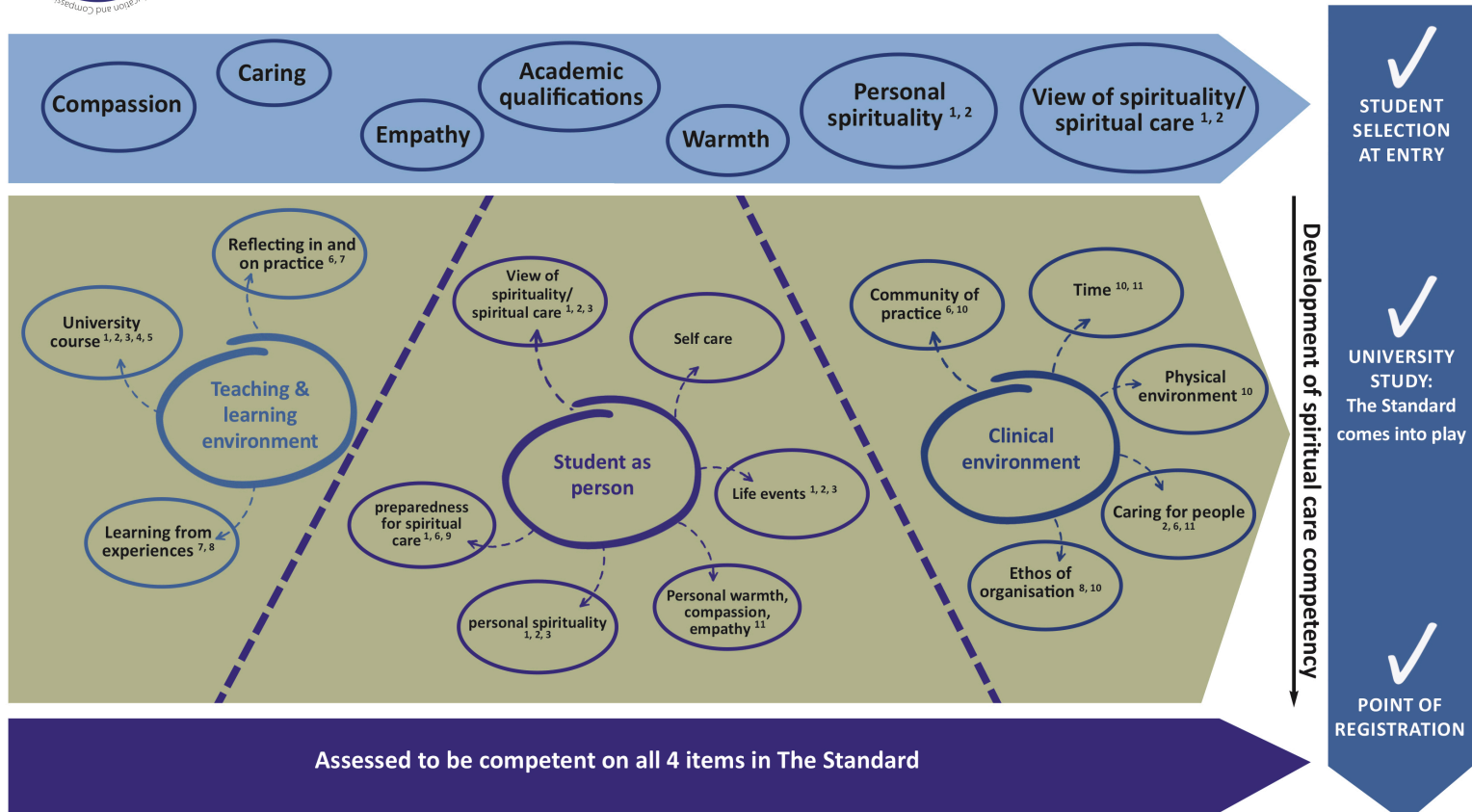
What have we developed

- Established the EPICC Network (Launch 1 & 2 July Cardiff)
- Developed a Gold Standard Matrix for Spiritual Care Education and Adoption Toolkit
- Developed a Website and online repository



The Gold Standard Matrix for Spiritual Care Education:

The cultural, social and political environment in which spiritual care competency develops (the 'amniotic sac')



¹ Ross et al (2016) ² Ross et al (2018) ³ Ross et al (2014) ⁴ Ross & McSherry (2018) ⁵ Ali et al (2018) ⁶ Giske & Cone (2012) ⁷ Weeks et al (2017) ⁸ Ross & McSherry (2010) ⁹ RCN Survey (2011) ¹⁰ Ross (1994) ¹¹ Clarke (2013)

REGISTER



The Gold Standard Matrix for Spiritual Care Education

Narrative to the Matrix

Introduction

This narrative accompanies the figure: 'The Gold Standard Matrix for Spiritual Care Education'. There are many definitions of a Matrix. EPICC defines it as:

'The cultural, social and political environment in which spiritual care competency develops'

How to use the Matrix?

On the right, the downward blue arrow illustrates the student journey from selection through to registration as a nurse/midwife.

STUDENT SELECTION

The way in which student nurses and midwives are selected varies across countries. For example, Ireland and Norway select on the basis of academic qualifications. Other countries, such as the UK, look for additional caring qualities such as compassion, empathy and warmth.

Personal spirituality of students, and their views on spirituality/spiritual care, impacts their development of spiritual care competency^{13, 21} prompting consideration of selecting students based on these attributes.

THE ENVIRONMENT IN WHICH SPIRITUAL CARE COMPETENCY DEVELOPS

Spiritual care competency does not develop in isolation. It develops within a complex and dynamic environment (or 'amniotic sac'), which includes: **(a) the teaching and learning environment, (b) the student as a person, and (c) the clinical environment.**

Teaching & learning environment

Our research has highlighted factors that students said helped them in learning about spiritual care in university, such as: group discussions and having the chance to reflect on their beliefs/values, clinical experiences and life events^{15, 2, 3, 4, 5}.

Our research has also emphasised the importance of preparing personally and professionally⁶ by learning from experiences; learning to know what's right and doing what's right in uncertainty¹⁷, and seeking to get the right balance between the art and science of nursing and midwifery practice⁶⁸.

We have also found that students reflecting in, and on, practice (what went well/less well) is important in developing spiritual care competency together with clinical supervision and mentoring^{6, 7}.

Student as a person

Our research has demonstrated that students who scored highest in perceived spiritual care competency viewed spirituality and spiritual care broadly, not just in religious terms (SSCRS).

Students also scored highly on personal spirituality (spiritual wellbeing [JAREL] and spiritual attitude/involvement [SAIL]) and reported experience of personal life events (although weakly correlated with perceived competency)^{11, 2, 3}.

Students demonstrated preparedness for spiritual care^{11, 61} (something that many qualified nurses say they lack⁹³). Patients tell us that other attributes, such as personal warmth, compassion and empathy are also important for spiritual care. As spiritual care requires the ability to contain and deal with emotions, self-care is important.

Clinical Environment

Many factors influence students' spiritual care competency development in the clinical environment.

Caring for people (patients/clients) in clinical practice provides students with real life experiences and helps them to gain a deeper understanding of the complexity of spiritual care^{12, 61}.

The leadership style of the nurse in charge (micro level), together with whether practice is task-oriented or person centred⁴¹, will influence to what degree students feel they can provide spiritual care. The ethos can infiltrate through the organisation as a whole (macro level) and will affect whether a student feels affirmed or undermined. Spiritual care can be seen as an 'add-on' (in which case there may not be time, especially if there is short staffing¹⁰⁰), or as integral to good nursing care (care given in a way that is spiritual¹²¹). How the wider and multi-professional team operates¹⁰⁰, together with role models (good and bad)⁶⁵ students see on a daily basis can also help or hinder spiritual care competence development of students.

Where there is lack of peace, quiet and privacy, it may hinder the delivery of spiritual care¹⁰⁰. Often the clinical environment can be a turbulent and unpredictable place with competing demands and tensions between medical and holistic models of practice¹⁰⁰. If there is emphasis on the biomedical model¹⁰⁰ then the main focus may be on 'doing' rather than 'being'. In other words, a focus on the science rather than the art⁴¹ of nursing, and on measurable outcomes rather than the quality of care or the patient experience. It may be difficult to provide spiritual care in an organisation where the biomedical model prevails.

ASSESSED TO BE COMPETENT IN SPIRITUAL CARE AT POINT OF REGISTRATION

The student will then be assessed as to whether they have met the 4 competencies (outlined in the EPICC Spiritual Care Education Standard) before they register. Questions to considered here include:

- (1) Who assesses whether the competences have been met (the student themselves, university lecturer, clinical supervisor, or all three)?
- (2) Should the competencies be mapped against the 3 or 4 years of the degree (e.g., competency 1 during year 1, competency 2 during year 2, competencies 3 and 4 during year 3 and/or 4)?

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Spiritual Care Education Standard

Core Spiritual Care Competencies for Undergraduate Nursing/Midwifery Students

Preamble

Introduction

This EPICC Spiritual Care Education Standard describes the spiritual care competencies expected from undergraduate nursing and midwifery students. For every competence, the learning outcomes are described in aspects of knowledge, skills and attitudes. These competencies are based on studies on spiritual care competencies⁴, which were discussed and agreed upon during the EPICC Teaching and Learning Events 1 and 2⁵. It should be considered that these competencies are practiced within a compassionate relationship and founded in a person-centred and reflective attitude of openness, presence and trust, that is fundamental for nursing and midwifery as a whole.

Spirituality

EPICC has adopted the European Association for Palliative Care (EAPC)³ definition of spirituality and an adapted version of its definition of spiritual care (to reflect wellbeing as well as illness), which were derived from international consensus work in palliative care.

Spirituality: "The dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred."

The spiritual field is multidimensional:

- Existential challenges (e.g., questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).
- Value-based considerations and attitudes (e.g., what is most important for each person, such as relations to oneself, family, friends, work, aspects of nature, art and culture, ethics and morals, and life itself).
- Religious considerations and foundations (e.g., faith, beliefs and practices, the relationship with God or the ultimate).

Spiritual care

"Care which recognises and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires" (adapted from ⁴).

Cultural context

The content and application of the EPICC Spiritual Care Education Standard should be considered within the cultural context and the language of the country in which it is used.

Terminology

Throughout the EPICC Spiritual Care Education Standard, the terms 'person and individual' is used. These terms refer to the 'patient', 'client', 'service user', 'pregnant woman', 'carer', 'family member', 'relative', 'care recipient' and so on, depending on the country in which the Standard is used, along with the local context.

	COMPETENCIES	KNOWLEDGE (COGNITIVE)	SKILLS (FUNCTIONAL)	ATTITUDE (BEHAVIOURAL)
1	INTRAPERSONAL SPIRITUALITY Is aware of the importance of spirituality on health and well-being.	<ul style="list-style-type: none"> - Understands the concept of spirituality. - Can explain the impact of spirituality on a person's health and well-being across the lifespan for oneself and others. - Understands the impact of one's own values and beliefs in providing spiritual care. 	<ul style="list-style-type: none"> - Reflects meaningfully upon one's own values and beliefs and recognises that these may be different from other persons'. - Takes care of oneself. 	<ul style="list-style-type: none"> - Willing to explore one's own and individuals' personal, religious and spiritual beliefs. - Is open and respectful to persons' diverse expressions of spirituality.
2	INTERPERSONAL SPIRITUALITY Engages with persons' spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices.	<ul style="list-style-type: none"> - Understands the ways that persons' express their spirituality. - Is aware of the different world/religious views and how these may impact upon persons' responses to key life events. 	<ul style="list-style-type: none"> - Recognises the uniqueness of persons' spirituality. - Interacts with, and responds sensitively to the person's spirituality. 	<ul style="list-style-type: none"> - Is trustworthy, approachable and respectful of persons' expressions of spirituality and different world/religious views.
3	SPIRITUAL CARE: ASSESSMENT AND PLANNING Assesses spiritual needs and resources using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent.	<ul style="list-style-type: none"> - Understands the concept of spiritual care. - Is aware of different approaches to spiritual assessment. - Understands other professionals' roles in providing spiritual care. 	<ul style="list-style-type: none"> - Conducts and documents a spiritual assessment to identify spiritual needs and resources. - Collaborates with other professionals. - Be able to appropriately contain and deal with emotions. 	<ul style="list-style-type: none"> - Is open, approachable and non-judgemental. - Has a willingness to deal with emotions.
4	SPIRITUAL CARE: INTERVENTION AND EVALUATION Responds to spiritual needs and resources within a caring, compassionate relationship.	<ul style="list-style-type: none"> - Understands the concept of compassion and presence and its importance in spiritual care. - Knows how to respond appropriately to identified spiritual needs and resources. - Knows how to evaluate whether spiritual needs have been met. 	<ul style="list-style-type: none"> - Recognises personal limitations in spiritual care giving and refers to others as appropriate. - Evaluates and documents personal, professional and organisational aspects of spiritual care giving, and reassess appropriately. 	<ul style="list-style-type: none"> - Shows compassion and presence. - Shows willingness to collaborate with and refer to others (professional/non-professional). - Is welcoming and accepting and shows empathy, openness, professional humility and trustworthiness in seeking additional spiritual support.

⁴ NHS Scotland (2010). *Spiritual Care Matters: An introductory resource for all NHS Scotland staff*. Retrieved from <https://www.nhs.uk/media/3737/spiritualcaremattersfinal.pdf>. Last accessed 18/02/19.



EPICC Adoption Toolkit

Learning strategies for spiritual care education in nursing and midwifery

The purpose of this EPICC Adoption Toolkit is to provide access to a range of teaching and learning strategies that can be used to support curriculum review and change in undergraduate nursing and midwifery education across Europe and beyond.

Currently 25 strategies (in order of presentation within this Adoption Toolkit):

1. Personal belief life view/faith history training in nursing education
2. Spiritually competent practice in health and social care: Face to face teaching
3. Spiritual dimensions of care: Developing an educational package for hospital nurses and nursing students
4. Student experience of learning about spirituality through the medium of art
5. Case study of how to address and assess a patient
6. How to conduct a conversation about spiritual needs
7. Spirituality in midwifery
8. Nursing the individual
9. Spiritual care in nursing
10. Value clarification
11. How to draw your life-tree
12. When does the 'spiritual' come into focus?
13. Spiritual care in nursing
14. Assessment of spiritual needs through clinical situations
15. Insider-experiences focusing on one of three dimensions (self-reflective part), I try to include in lectures: 1. Knowledge, 2. Practices, 3. Self-reflexion.
16. Education of nurses in providing spiritual care
17. Spiritual care teaching using multimedia
18. Spiritual history taking
19. Exploring patients' spirituality by use of the Diamond Model
20. Training/workshop in attention for spirituality of yourself and the other, and spiritual care
21. The patient interview
22. Minor (30 ECTS elective) 'Link Nurse Spiritual Care'
23. A practical model for spiritual assessment and person centred care: The 2Q-SAM
24. How to maintain spiritual care competences in clinical studies/practice
25. How to introduce the Spiritual Health Programme (SHP) to my patients. How I maintain my own Spiritual connection so that I am a more caring and compassionate nurse practitioner.

EPICC needs you!

- Become part of the EPICC Network – that we will launch today
- Use the EPICC outputs (and give us your feedback):
 - a) Standard for Spiritual Care Education
 - b) Spiritual Care Matrix and Narrative
 - c) Toolkit
- Use the website and repository
- Buy the EPICC Book to be published end of 2019 with Springer

Stay connected

Erasmus project link <http://ec.europa.eu/programmes/erasmus-plus/projects/eplus-project-details-page/?nodeRef=workspace://SpacesStore/763f7149-604f-4edb-a4a4-0cee162739b0>

EPICC Website: <http://www.epicc-project.eu/>

EPICC Participants Facebook page:
<https://www.facebook.com/groups/1958250327790157/>