

# **SPIRITUALITY IN PRE-REGISTRATION NURSE EDUCATION AND PRACTICE: A REVIEW OF THE LITERATURE**

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# **Spirituality in pre-registration nurse education and practice:**

## **A review of the literature**

### **Abstract**

Spirituality is known to be an integral part of holistic care, yet research shows that it is not well valued or represented in nurse education and practice. However, the nursing profession continues to make efforts to redress the balance by issuing statements and guidance for the inclusion of spirituality by nurses in their practice. A literature review was undertaken and confirms that nurses are aware of their lack of knowledge, understanding and skills in the area of spirituality and spiritual care, and desire to be better informed and skilled in this area. Consequently, in order for nurses to support the spiritual dimension of their role, nurse education has a vital part to play in raising spiritual awareness and facilitating competence and confidence in this domain. The literature review also reveals that studies involving pre-registration are few, but those available do provide examples of innovation and various teaching methods to deliver this topic in nursing curricular.

### **Keywords**

Spirituality

Holistic care

Pre-registration nurses

Spirituality education

Literature review

## Spirituality

Spirituality as a concept is challenging, because the term is broad and ambiguous, covering religion and a variety of beliefs and values (Heriot, 1992, Golberg, 1998), hence, a plurality of definitions (Van Leeuwen and Cusveller, 2004, NHS.Scotland, 2009). Spirituality is perceived as an integral part of every person (Willard, 1998, Meyer, 2003) which makes it subjective in nature. Moreover, Stoll (1989) describes spirituality as an interrelating two dimensional concept, the vertical concerns the relationship with the transcendent/God or supreme values that guide a person's life, and the horizontal refers to a person's relationship with self, others, and the environment. However, Swinton (2006), believes spirituality is still in the process of being amplified, while Paley (2008) says the concept is 'stretched'. Nevertheless, though spirituality may not sit comfortably within nurse education and practice due to a lack of direction for educators (Timmins and Neill, 2013), such education would clarify and enable a better understanding of the concept of spirituality within holistic care. However, there appears to be a contradiction because, despite the perceived lack of direction for nurse educators around the nature of spirituality and spiritual care, Ross et al.(2014) describe how there is a plethora of spiritual/religious care guidance and policy that affirms spirituality is an integral part of health care policy, practice and education.

## Literature search

A systematic review which employs a rigorous method of searching, critiquing and synthesizing the literature (Aveyard, 2010) was undertaken to gain insight into the position of the spiritual dimension within nurse education and practice. A narrative review was rejected as the search strategy is usually unfocused; also the method of appraisal or synthesis may be unclear. So using key words: spirituality in nurse education, competence and holistic care, the data bases of BNI, CINAHL and MEDLINE were accessed. Inclusion criteria were, primary research using any method of investigation relating to spirituality in pre-registration nurse education; studies post 1992, when a seminal project believed to be the first of its kind in Britain, involving adult branch nurses was carried out by Linda Ross (nee Waugh)

(Waugh, 1992); English language papers with abstract, and peer reviewed were accessed and retrieved. Exclusion criteria were, post-registration nurse education; editorials and discussion papers; books and book chapters; reviews and conference papers; and, non-English papers.

The search process included the time saving device of Truncation, denoted by an asterisk (\*) or a dollar sign (\$) added to the root or stem of a word to find different endings. In addition, Boolean operators 'and' 'or' were used to include specific terms. There was a duplication of a number of articles, which were subsequently removed. Relevant titles were then selected for viewing the abstracts to confirm suitability (Table 1).

The literature search returned 29 studies (Figure 1) that met the inclusion criteria. Following a trend, most studies (14) originated from North America, and only 4 studies were carried out in the UK. Other papers came from Europe, South Africa and the Far East (Figure2) and (Table 2). A quality appraisal of the selected papers was carried out (NICE, 2012) and the analysis lead to the development of four main themes: 1) Spiritual awareness, 2) spiritual assessment, 3) competence for spiritual care, and 4) Spirituality content in pre-registration education programmes (Table 3).

## **Spiritual awareness**

Spiritual awareness appears to be a necessary prerequisite to meeting the spiritual needs of patients. It indicates sensitivity (Lemmer, 2002, McEwen, 2005), e.g. towards a patient's religious background, attention to spiritual/religious conversations, also recognising spiritual cues in diverse settings (Narayanasamy et al., 2004, Giske and Cone, 2012).

In Canada, Pesut (2002) used a mixed methods study in a Christian University to investigate perceptions (awareness) of first year (n=35), and fourth year (n=18) nursing students' own spirituality and spiritual care giving. The participants answered three questions and completed a spiritual well-being scale devised by Paloutzian &

Ellison (1982), to measure the quality of their spiritual health. Students rated themselves highly for both individual spirituality and spiritual care-giving, similar to (Hoover, 2002), and were aware that spirituality did not necessarily equate to religion. Furthermore, their strong sense of personal spirituality correlates with comfort in providing spiritual care (Taylor et al., 1999), but specific education provided a broader spiritual view and increased spiritual awareness.

In order to increase senior nursing students' spiritual awareness, Baldacchino (2008a) provided a study unit on 'the spiritual dimension in nursing'. The 65 4<sup>th</sup> year participants were all Christians, and representative of the strong Roman Catholic affiliation accounting for (95%) of the Maltese population. Actioning Spirituality and Spiritual care Education and Training (ASSET) (Narayanasamy, 1999) was used for identifying the impact of the study unit. This model purports certain outcomes as a result of spirituality teaching: value clarification, sensitivity and tolerance, knowledgeable practitioner in the spiritual dimensions of nursing, competence in assessing spiritual needs, evaluating effectiveness of spiritual care, and positive nurse-patient spiritual integrity. The results demonstrated students' increased knowledge and awareness to definitions of spirituality and spiritual care. Students confirmed that facilitating patients' spiritual needs was central to holistic care.

The effectiveness of nurse educators to prepare students to provide spiritual care, was investigated by Meyer (2003), using 280 students from 12 mid-western nursing schools in the USA, 6 with a religious affiliation. Similar to Pesut (2002) there was no significant difference in relation to course content, but participants in religious institutions showed more religious commitment, and rated highly spirituality in their educational programmes. Suggestions are that there could be differences in the way educational staff deliver courses and/or their spiritual conviction. Teaching staff that are comfortable with the language of religion, and spirituality are more effective in communicating its significance to their students (Catanzaro and McMullen, 2001, van Leeuwen et al., 2008).

Spiritual awareness and spiritual care in practice was the focus of a study in Singapore by Tiew and Drury (2012). Sixteen final year student nurses, from three educational institutions, were interviewed about definitions of spirituality and spiritual

care, also spirituality education. The results showed: students' perceived that everyone has an innate spirituality, that spiritual awareness precedes spiritual assessment and spiritual care of patients. However, factors seen as influencing spiritual care were ambiguity surrounding spirituality and spiritual care, personal spiritual beliefs, and a paucity of pre-registration spirituality education. Furthermore, in support of the universality of spirituality, Tiew and Drury (2012) found that the Asian cultural perspective of these students was not a factor.

However, this was a small study and Tiew et al (2013) went on to conduct a survey of 745 student nurses in Singapore to investigate perceptions of spirituality and spiritual care, using a spiritual care-giving scale (SCGS) (Tiew and Creedy, 2012). They again found that building trust and spiritual awareness were pre-requisites for spiritual care, which concurs with McSherry et al., (2004). Participants also believed that spiritual care was vital for holistic nursing. However, Singaporean nurses are encouraged to be busy in clinical practice (Tiew et al., 2013 p4), so becoming more task-oriented, and neglecting spiritual care. Consequently, the ward culture could either encourage or discourage spiritual care (Ross, 1997 p40).

Du Plessis et al., (2013) in a qualitative phenomenological study in South Africa, engaged 18 final year psychiatric students in home visits within a faith community to gain experience in psychiatric community nursing. Both participants and families were of the Christian faith. It was recognised that during the practice experience, spiritual care occurred indirectly as part of their role in, caring with respect, active listening and empathy, similar to suggestions by Clarke (2013 p98). Nevertheless, the researchers concluded that some spiritual needs might be overlooked.

## **Spiritual assessment**

According to McSherry (2010 p61) spiritual assessment is an enquiry about the health and well-being of an individual. And the NMC (2010) state that nurses must

carry out comprehensive patient assessments including regard for spirituality (p18), and respond to these needs.

So a pertinent study by Hoffert et al (2007), involving 38 1<sup>st</sup> year students looked into enhancing their ability and comfort level to perform spiritual assessment. The method involved, a seminar covering spirituality, religiosity, assessing and providing spiritual care, also a spiritual assessment tool developed by the researchers. The results indicated that the educational programme made a positive difference in students' knowledge, and comfort with performing spiritual assessment.

Conclusions drawn from Hoffert et al (2007) are that spirituality is complex and perhaps intimidating, therefore, specific education and experience is required to build students' competence and confidence, a view supported by Greenstreet (1999) and Narayanasamy (1999). Furthermore, Baldacchino (2008a) suggests, a combination of knowledge and skills from a targeted course would embolden competence to deliver spiritual care. However, Meyer (2003) found that students' personal faith/belief contributed favourably to their ability to provide spiritual care.

Graham (2008) explored the preparedness of nursing students to assess patients' spiritual needs. This mixed methods study conducted in the USA, involved 24 participants from a Christian institution. The project employed O'Brien's (2008) spiritual assessment scale, a seminar covering religion and spirituality, assessing patient's spiritual needs and providing spiritual care, also an interview questionnaire. The results revealed that: Students' personal beliefs also affirmation from colleagues had a positive influence on their nursing care (Catanzaro and McMullen, 2001, Sawatzky and Pesut, 2005), and simple actions e.g. presence constitutes spiritual intervention (Jackson, 2004, Wallace et al., 2008). Furthermore, students recognised the importance of learning spiritual competence for spiritual care (Van Leeuwen and Cusveller, 2004), and the necessity of assessing patients' spiritual needs (McSherry and Watson, 2002, Cavendish et al., 2004). However, participants felt there was insufficient emphasis on spirituality in nursing education and clinical practice (Callister et al., 2004, McSherry and Jamieson, 2011).

## Spiritual competence

Nurses need to acquire relevant competences to practice as registered practitioners (e.g. (Nursing and Board, 1997) (DH, 1999, ICN, 2012, NMC, 2008, NMC, 2010). Moreover, Van Leeuwen and Cusveller (2004) suggest that spiritual care is related to all facets of a nurse's competence, suggesting that it is not a stand-alone activity but an integral part of regular nursing care. Research relating to spiritual competencies in nursing and holistic care is sparse. However, Meyer (2003) suggests that the strongest predictor of perceived capacity to provide spiritual care results from a student's own personal spirituality, but targeted courses are believed to cultivate competence (Baldacchino, 2008a).

In the Netherlands Van Leeuwen et al., (2008) using a quasi-experimental longitudinal study, investigated the effectiveness of nurse education to development spiritual competence. Participants were 97 Christian student nurses from two Christian nursing schools; half were in the intervention group and the remainder the control group. A questionnaire which included items from the Spiritual Competence Scale (Van Leeuwen et al., 2007), was completed by participants before and after the research. No significant statistical difference in the students' self-assessed competencies were found at the beginning, but after six weeks students in the control group differed positively in attitude towards patients' spirituality, spiritual care, and referral to professionals. However, at the conclusion of the study and four months later, the intervention group perceived themselves to be more competent, and this was attributed to the time they had to internalise spiritual care needs. Nevertheless, perceived competence is questionable (van Leeuwen et al., 2008 p2778), as it could be an indication of increased self-confidence. So how best to measure spiritual competences needs to be addressed. The study further reinforces the suggestion that a nurse's own spirituality influences their awareness and competence to provide spiritual care, which concurs with Myer's (2003) findings. Nevertheless, the clinical area is where theory is translated to practice, and competent skill levels are developed. Therefore, theoretical knowledge may become dormant without clinical follow-through.

Van Leeuwen et al., (2009) also looked at developing student nurses' competence in providing spiritual care, using qualitative analysis of reflective peer-review journals.



The 39 senior students were from two Christian nursing schools in the Netherlands. Students' reflection showed increased spiritual awareness and development of confidence from involvement in clinical practice. However, they sometimes felt inadequate and afraid of saying the wrong thing when they were unable to answer patients' questions. Nevertheless, students felt content and encouraged to be engaged in spirituality conversations, but some thought they had to suppress their own faith when supporting patients with different beliefs. This raises issues of conflict between personal convictions and professional practice, similar to findings by McSherry and Jamieson (2011).

An innovative two-week placement in Lourdes, with seriously ill and disabled people, was offered to six 3<sup>rd</sup> year adult branch students from a UK University (Purdie et al., 2008), to increase their holistic caring skills. The experiential learning, relied on the role experience has in the learning process, also focus groups gave students insight into the development of the nature of caring. Students emphasised they had time to develop trusting meaningful relationships, which improved their listening skills, understanding of compassion and holistic care. Similarly, Baldacchino (2010) involved a group of 7 undergraduate students, on placement in Lourdes, and found that team working, holistic care, trustful nurse-patient relationships, and personal spirituality were developed. Although these two studies were very small, they suggest that students' competence to deliver spiritual care does not rest predominantly on classroom education.

To this end, Tiew et al (2013), believe that , individual reflection, spiritual guidance, experiential activities and in-depth discussion in the clinical setting, are more effective than mere class-based activities. Further support for experiential spiritual care learning comes from Catanzaro and McMullen (2001), who observed positive results, from teaching strategies in a community experience course. They concluded that, the home setting and affiliation with a religious congregation, promote an environment conducive to spiritual support.

## **Spirituality content in pre-registration educational programmes**

The question of how best to introduce spiritual aspects into nurse education programmes remains mainly unanswered (Greenstreet, 1999), and Paley (2008 b) argues that nurses should not be obliged to undertake spirituality education because it may increase their discomfort about the topic. However, this view seems rather exclusive and narrow, as studies show that nurses are in favour of receiving spirituality education to equip them to meet the spiritual needs of patients in a better way (Baldacchino, 2008b, McSherry and Jamieson, 2011).

In the UK, McSherry et al., (2008), involved students across all branches of nursing, and looked into the ethical basis for teaching spirituality. During the 1<sup>st</sup> year of training, 135 students completed a questionnaire which incorporated questions relating to the ethics of teaching spirituality into the Spirituality and Spiritual Care Rating Scale (SSCRS McSherry, 2000b) The results showed that most students made links between spirituality and existentialism (meaning, purpose and fulfilment in life), and they felt that spirituality was relevant to everyone. However, students with more qualifications differed negatively in their opinion. Perhaps, the intangible nature of spirituality, was overshadowed by the more tangible and scientific aspects of nursing. Additionally, participants felt they had a right to their own views about spirituality, and that lecturers should not pass judgement.

Wallace et al., (2008) investigated the integration of spirituality education into undergraduate curricula. The participants (n=67) were involved on a spirituality course with classroom and clinical placement.

On the evidence of paired t-tests for pre and post-test scores using the SSCRS (McSherry, 2000b), there was an increase in agreement that, spirituality is more than a belief and faith in God or a Supreme Being. This was attributed to the students' awareness of different ways of addressing spiritual issues, as indicated by Pesut (2002). There was less agreement that, arranging a visit from the hospital chaplain, or the patient's religious leader, constitutes provision of spiritual care.

Nonetheless, spending time with patients, giving support and reassurance, enabling them to find meaning and purpose in their illness constituted spiritual care. In addition, listening to and allowing patients to discuss and explore their fears,

anxieties and troubles, as well as respect for privacy, dignity and patients' religious/cultural beliefs, were considered to be spiritual care. These could be seen as fundamentals of nursing, and therefore integral in everyday nursing care (Clarke, 2013 p116). However, participants did not think art, creativity and self-expression, had anything to do with spirituality, which runs contrary to research by Mooney and Timmins (2007). Furthermore, students thought spirituality applied to atheists and agnostics.

In a qualitative exploratory descriptive design, Olson et al., (2003) looked into the extent to which the spiritual dimension is addressed by lecturers in 18 Canadian undergraduate nursing programmes. The 39 participant lecturers completed a questionnaire, in which 26 of them stated that the term, 'spiritual dimension', was not defined in their education programme. Nevertheless, lecturers found that spirituality could easily be integrated in their programmes, and were aware that such elements were already present, but undefined. The Olson et al., (2003) investigation was small, in terms of a national study for Canada, but revealed an awareness by some institutions that, spirituality needs to be included in their curricula.

Lemmer (2002), investigated 250 institutions offering baccalaureate nursing programmes in America, to explore how spirituality was being taught. Participants completed a 25 item Likert scale survey and a checklist, covering teaching on spiritual care. A subsequent Likert scale relating to attitudes that may influence teaching spirituality was supplemented with two open-ended questions.

The majority of programmes (81.5%), integrated spirituality throughout the curriculum, and some programmes (15.9%) delivered an elective spiritual care course. Most of the teaching was classroom based, and there was no significant difference in the amount of time assigned to the teaching of spirituality. In terms of attitudes, most lecturers believed that spirituality was a part of nursing care, and that it can be taught. The conclusion was that, teaching staff, have an important part to play in nurses' understanding of their spiritual care role, which agrees with Catanzaro and McMullen (2001).

When considering the nature of spirituality in senior baccalaureate nursing students, Nardi and Rooda (2011), chose a mixed-methods study involving 86 senior nursing students from two American programmes. Most participants were Christian (79%). A spirituality scale questionnaire was used to determine the extent to which participants were aware of spirituality, also assessing patients' spiritual needs.

Most participants agreed that spiritual care, was a basic part of nursing and that caring for the spirit is equally important as meeting other needs. Additionally, awareness of one's spirituality was an asset for supporting patients' spiritual needs, as indicated by Baldacchino (2008a). Overall, findings suggested that correct awareness of the spiritual needs of patients results in effective spirituality-based nursing care (Nardi and Rooda, 2011 p262).

Efficacy of a self-study programme to teach spiritual care, was the attention of Taylor et al., (2008). This was to enable nurses to talk with patients in a spiritually healing way, as well as investigate how such learning develops. Students used interactive workbooks to practice skills, test understanding or gain personal insight. It was found that students increased their attention to spiritual care, and were empathetic to patients' spiritual experience or spiritual pain, supporting the suggestion proposed by Bradshaw (1997) that spiritual care is more to be **more** caught than taught.

Given that there is no concrete definition for spirituality, and the difficulties of teaching large groups of undergraduate student nurses, Mooney and Timmins (2007) in the Republic of Ireland devised a course to enhance students' engagement with the concept of spirituality. Students were given spiritual themes as prompts to select a piece of art work in a gallery that they perceived as spiritual in nature. They then wrote the reason/s for their choice, and later discussed the same in a focus group.

The experience enabled students to: recognise spiritual dimensions of everyday life, see spirituality through others' impressions of art, develop a deeper awareness of the meaning of spirituality, realise that spirituality transcends traditional religions, and spirituality enhances the nurses' role.

However, Seymour (2006) engaged 54 students in a qualitative case study, using a variety of classroom teaching methods to discover the value of nursing students'

experiences of spiritual education. The course gave students the opportunity to discuss and explore the meaning of spirituality and spiritual care, and learn from the spiritual care experiences of their colleagues. This helped them to reflect on how they had met spiritual needs in the past. Students appreciated that the teaching increased their understanding of spirituality and spiritual care, but that providing this care could be challenging. Consequently, this course confirmed that spirituality and spiritual care can be learnt in a classroom.

In order to enhance the knowledge and understanding of spiritual care among student nurses, Lovanio and Wallace (2007) piloted a spirituality-focused project. The researchers selected 10 nursing students in their first clinical experience who had an interest in spirituality, and paired them with 10 residents in a faith-based care home. Pre-test/post-test evaluations using the SSCRS (McSherry, 2000b) were completed. After pre-test, students attended a 3-hour presentation about spirituality in nursing, and a weekly clinical conference, where they had opportunity to discuss definition of religion and spirituality, holistic nursing, and interventions they implemented. Post-test revealed that the project broadened the students' concepts of spirituality, and reinforced the idea that spirituality can be taught.

In Canada, Barss (2012) studied the preparedness of nurse educators to enable nurses to provide evidence-based, non-intrusive spiritual care. The researcher developed a model consisting of: Traditions, reconciliation, understandings, searching, and teachers (T.R.U.S.T) (Barss, 2012 p2), to integrate spiritual care into holistic nursing practice. This phenomenology study involved 4 teachers. What transpired was that the participants felt the T.R.U.S.T. model made it easier to build rapport with patients about spiritual matters. It also fostered confidence and consistency for student nurses to deliver spiritual care.

Employing grounded theory with 42 participants in Norway, Giske and Cone (2012) looked at how student nurses learn to assess and provide spiritual care. The participants' main concern was, 'how to create a professional relationship with patients and maintain rapport when spiritual concerns were recognised'. The students resolved this by, 'opening up to learning spiritual care' (Giske and Cone, 2012 p2006). This consisted of an interactive spiralling process of spiritual care involving: preparing for connection, connecting with and supporting, and reflecting on

experiences. The researchers suggest that, ongoing evaluation in relation to students' spiritual care in practice would encourage transformative learning (Giske and Cone, 2012 p2013).

A further study by Cone and Giske (2013), explored teachers' understanding of spirituality, and how to prepare undergraduate nursing students to recognise spiritual cues, and learn to provide spiritual care. This grounded theory project with 19 participants, found that 'Journeying with Students through Maturation' resolved their main concern. This involved raising awareness of the essence of spirituality, assisting students to overcome personal barriers, and mentoring students' spiritual care competency. The conclusion was that it is necessary to be explicit, with a continuous input throughout nursing programmes to prepare students to recognise and act on spiritual cues (Cone and Giske, 2013).

The paucity of literature on spirituality education in child branch nursing lead Kenny and Ashley (2005) to conduct a qualitative study, using themes from spirituality in adult nursing. Twenty one child branch lecturers completed a questionnaire, and the answers were compared with conclusions from the adult literature. Similarities found were that spirituality and religion were interchangeable but that spirituality could be expressed through religion, individuals with a strong religious belief were more likely to engage in religious practices, spirituality was often recognised through emotional care, and spiritual care was often prioritised in death and dying circumstances. Emphasis was made that in children's nursing, the family were considered the 'main drivers' for recognising spiritual needs and realising spiritual care. Respondents felt that communication was the most important skill to have, while academically, seminars, lectures and directed reading were identified as desired learning for spirituality matters.

## **Discussion**

From the literature review it is seen that only one study included all branches of nursing (McSherry et al., 2008), with the majority representing the Adult branch (the largest). However, this does not fully explain why the smaller branches of nursing

internationally have not engaged more in the debate on spirituality in pre-registration education.

The numbers of qualitative and quantitative studies were fairly similar (13 and 12 respectively) with the rest (4) of mixed methods. However, most studies (18) engaged Christian students/Christian institutions which could introduce bias to the findings.

Nurses are required to carry out comprehensive assessments taking into account the patient's spirituality (WHO, 2002, NMC, 2010), but this activity may be challenging because of the ambiguous nature of spirituality (Narayanasamy, 2004, Pike, 2011).

The literature suggests that, spiritual awareness is necessary for spiritual assessment (Pesut, 2002, Baldacchino, 2008a, Tiew et al., 2013), and specific education on spirituality provide a broader view of diverse beliefs (Tiew and Drury, 2012, Wallace et al., 2008) and enabled students to grow in terms of sensitivity to their personal spiritual agendas (Baldacchino, 2008a).

Although Tiew et al (2013) suggest that an understanding of spirituality and spiritual care did not necessarily influence practice, Hoffert et al., (2007) and Giske and Cone (2012) discovered that spirituality education enabled students to be more knowledgeable and comfortable performing spiritual assessments. In addition, Taylor et al., (1999) and Graham (2008) found that Students with a strong sense of personal spirituality felt comfortable and confident providing spiritual care.

Nevertheless for nurses to fulfil their role in delivering spiritual care, researchers such as Van Leewen and Cusveller (2004) advocate competence in this area, and spirituality education appears to impact upon students' development of perceived competence for spiritual care (van Leeuwen et al., 2008), although some students felt a conflict between personal convictions and professional practice (Van Leeuwen et al., 2009).

The need for spiritual care education is supported by the literature (Simsen, 1988, Ross, 1996, Maddox, 2001, McSherry et al., 2008, Baldacchino, 2011), nonetheless, it is challenging to raise awareness, develop competence and confidence for delivering spiritual care (Catanzaro and McMullen, 2001, McEwen, 2005). Research also shows that a variety of teaching methods should be considered for both

classroom and clinical practice (Seymour, 2006, Mitchell and Hall, 2007, Mooney and Timmins, 2007, Taylor et al., 2008, Baldacchino, 2010), in order to enrich content and cater for different learning needs, for example, self-study spirituality programme (Taylor et al., 2008), experiential spirituality education (Purdie et al., 2008, Baldacchino, 2010). However, experiential learning was limited to small groups of students and had a religious bias, also there are cost implications of making this available to all students.

Although some institutions were aware that spirituality should be included in their curricula, this was not an established practice (Olson et al., 2003). Nevertheless, teaching staff have an important part to play in nurses' understanding of their role to deliver spiritual care (Lemmer, 2002, Cone and Giske, 2013), and nurses agree that spiritual care is a fundamental part of nursing and was as important as meeting other needs (Nardi and Rooda, 2011).

The review shows that, students perceive that spirituality education enabled them understand more about this concept and saw that it goes beyond religion. Furthermore, they recognised that spirituality could be located in the everyday things of life, and now paid more attention to patients' understanding and expression of spiritual need. In addition, spirituality augmented their role as a nurse and they would reflect on the spiritual care they gave. However, students realised that spiritual care could be challenging.

## **Conclusion**

This literature review affirms the spiritual dimension of nursing as an established concept, and nurses are aware of this aspect of their role. However, they require adequate education to fulfil this fundamental part of their role, in order to truly deliver holistic nursing care. Accordingly, more research is needed in the area of spirituality in nurse education, to raise awareness of spirituality and justify its consistent inclusion in programmes of nurse education. In addition, teaching content and strategies for the delivery of this topic needs further exploration to offer other good ideas for nurse educators.



Even though education per se is important, the on-going preparedness of nurses to respond to spiritual care needs in practice is questionable, and needs to be investigated. This would give some insight into the theory-practice integration of spirituality, and demonstrate the long term value and effectiveness of spirituality education. The benefits for nurses would be a contribution towards them achieving holistic care in everyday nursing practice.

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