The nurses' role in supporting patients' spirituality in a secular age

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As nurses, we have had quite unique journeys regarding the importance of the nurse's role in spiritual care provision in the healthcare setting. However, palliative care provides the main context where this discussion has taken place the most. Patients receiving palliative care provide an opportunity for healthcare professionals to face finitude, which puts life in a different perspective and raises the foundational questions related to life and meaning in life. This has been described as the core element of spirituality in health. As such, expertise in palliative care nursing, for example, raises awareness of approaches within end-of-life care that place emphasis on spiritual care provision [1]. Historically experts in palliative care have emphasised that requirement for patients' spiritual needs to be addressed at this crucial life juncture [1]. National and international palliative care standards and policy typically include instruction about how to address these needs [2]. However, addressing patients' spiritual needs is described in the literature as often neglected, nonetheless, with many believing that the rise of secularity negates the need for spiritual care pro-

vision within healthcare. When teaching nursing students about spirituality within healthcare, for example, we noticed that they lacked a sensitivity to its importance with many believing it was outdated [3]. Considering the whole person care concept and practice, it is clear, that nurses need to understand how to recognise patient's spiritual needs and how to support such needs through appropriate referral and intervention [4, 5] at end of life and across the lifespan and spectrum of health care presentations. However, the preparation of nurses in the scope of spiritual nursing care is often sparse [6]. This topic competes for precious time within an ever-burgeoning curriculum and is often not prioritised, or clearly delineated in nurses' mandatory standards or educational requirements [7, 8]. For example in Poland, the competence to provide spiritual nursing care is covered in national standards for nursing education under the umbrella of competences to provide holistic nursing care and to respect the patients' rights, with inclusion of the right to pastoral care [9]. This leaves the subject receiving little attention, except in specialist areas of post graduate education such as palliative care. However, the challenge for nurses in this field is growing. Secularity increasingly means that people confront their spiritual beliefs within the hospital setting, when faced with a crisis, death, aging or life changing event, and it is often only then that deep seated beliefs begin to rise, and the existential crisis occurs [10]. This is challenging for the nurse as it causes confusion and conflict for patients' and families, many of whom are not aware of the best approach for spiritual care, given firmly held secular beliefs or lapses in the practice or belief in faith traditions [10]. This is especially so as spirituality is often conflated with religion. However, it is a broader holistic concept that transcends religion. Spirituality is concerned with how a person finds meaning, purpose and connection in life [11]. For some this involves subscribing to a religion, or a set of religious beliefs and values, while for others these beliefs and values are spiritual but not religious

[11]. Spirituality may be distinguished from religion, but for some spirituality may involve mainstream or personalised/adapted religious beliefs and practices. At the same time people are increasingly becoming what Pesut [12] termed 'fusers', in other words picking selective religious or spiritual practices depending on their needs at that time. As such, being religious and/or spiritual (or neither) is not a fixed identity [13] or necessarily consistent over time. However, this conflation of spirituality with religion is problematic. In Poland for example for spirituality the Polish word 'duchowość' is used, which has a religious - christian root [14]. Therefore, in simple connotation, when considering spiritual nursing care, religious practices are mostly discussed. However, this is changing and more complex definitions of spirituality are being taken into account in the healthcare setting. For example the Polish Society for Spiritual Care in Medicine now defines spirituality as a dimension of human life which is a reference to transcendence and other existentially important values [15]. This perspective may help to develop more specific competencies which nurses can develop during their undergraduate and postgraduate education. Nurses in practice encounter people at crucial times in their life journey (such as birth and death) [16] that are historically associated with religious traditions. However, in an increasingly secular age, there is often confusion about how best to address arising needs. The Healthcare Chaplain is often seen as the skilled navigator in this field [12]. The Healthcare Chaplain as a specialist in spiritual care provision, can enable spiritual care provision, at end of life for example, even in the context of complex spiritual and faith beliefs [17, 18]. Considering this fact, nurses need to be aware of the Healthcare Chaplain as an important resource and to be responsive to complex multi-faith and non-faith spiritual needs [19]. Increased population mobility means that many contemporary societies are increasingly multicultural resulting in diverse spiritual and religious needs [20, 17]. The result is that many nurses feel ill-equip-

ped to deal with patients' spiritual needs in practice, even though, they evidently recognise such needs, and try their best to provide spiritual care [21]. Lack of knowledge and variances in the nurse's role in providing spiritual care, needs to be addressed to ensure that nurses have adequate knowledge, skills and attitudes, competencies, to assist patients with spiritual needs [6]. There needs to be a greater national and European leadership role in this specific area [22]. One example of leadership activity in this field is the recent four standardised European competencies, which were developed for nurses and midwives and launched in 2019 at the conclusion of a European Erasmus funded project [23, 24]. These competencies require nurses firstly to be aware of intrapersonal spirituality (an awareness of the importance of spirituality on health and well-being). Interpersonal spirituality is also required (engaging with a person's spirituality and acknowledging individual, cultural world views and practices). Nurses are also expected to be competent in spiritual care assessment and planning to assess patients' spiritual needs in addition to spiritual care intervention and evaluation (in order to be positioned to respond to spiritual needs, providing resources within a caring, compassionate relationship) [23, 24]. While these competencies are new in terms of their presentation to both nursing and midwifery populations, it is hoped that they will be integrated across all healthcare settings in Europe and beyond to strengthen and guide essential spiritual care. These four competencies will help to guide nurses in all healthcare settings including acute hospital care enabling them how best to provide patients with spiritual care. Spiritual care intervention, which ultimately may be the most important of EPICC competencies, involves the nurse or midwife responding firstly with compassion [25]. The nurse also needs to consider the patient's beliefs and values and offer relevant care to create a stronger connection between the patient and nurse. Spiritual care can also involve the provision of or access to religious support [25]. However, while there are international and European guidelines that support the provision of spiritual care to patients, inconsistencies and absent guidelines for the provision of spiritual care at a national level in each European country, means that spiritual care provision, as a component of holistic nursing care, remains invisible in many cases [26]. For example, there are no national nursing standards or position statements for spiritual care in nursing prepared by professional nursing bodies in Poland, which results in a variety of actions undertaken by nurses at the bedside mostly provided intuitively without systematic assessment of patients' spiritual needs and professional response to what was diagnosed in this assessment [27]. Standards and Requirements for undergraduate and postgraduate education in the Republic of Ireland (ROI) [7] provide little specific direction in relation to spiritual care provision to patients. Similarly, in the United Kingdom there is no explicit reference to the word spiritual in the Nursing and Midwifery Council Code [28] detailing expectations and standards for professional practice. These issues surrounding a lack of standardisation and across countries with regards to spiritual care are addressed in detail by Ross et al [29]. Standardized approaches to care in this area need to be developed, supported by relevant policy guidelines as well as educational interventions. Seeking to uncover and understand this area and the nurse's role in it, in an increasingly secular society is vital. The current lack of knowledge and confidence that may exist in the nursing discipline may hamper nurse's attempts in this domain. Now that the profession has clear guidance and definitions of spirituality as proposed by the EPICC project [23], we are in a good position to move forward. However, education in relation to spirituality, religion, spiritual care, and spiritual assessment are also required [30-32]. One important emerging tool for nurses, is the brief screening tool developed by Ross and McSherry [33]. This practical two question model, termed '2Q-SAM' encourages patients to express their spiritual needs without being subjected to a broad range of que-

stions that they may find taxing. These questions are: What's most important to you now? and How can we help? There is a great need for health care professionals to know and understand spiritual assessment methods which demands an individualised person centred approach that is practical, in keeping with time available, patient friendly and aligned to context to respect the patients belief system and to negotiate relational caring with patients as a means of advancing spiritual care interventions. One first step in this direction is the recent Erasmus Plus Project "From Cure to Care. Digital Education and Spiritual Assistance in Healthcare" [34]. This project seeks to address the requirement for nurses to receive education in spiritual care provision to address diverse human needs that arise, often as an existential crisis, in healthcare. In order to inform nursing curricula further, and in keeping with best practice [30]. This Erasmus Plus project builds on the EPICC project by developing an E-Learning programme that will be piloted within the delivery of the project to support the development of two key sets of competencies that are often absent from the nursing curricula: digital competencies, and religious-spiritual competencies within a multicultural perspective [35]. In addition to building on international spiritual care competencies [23], this project will develop open online resources that will help nurses to support patients' religwious and spiritual needs of patients in contemporary multicultural societies [35]. The nursing profession recognizes its role in the provision of spiritual care to patients in conjunction with the Healthcare Chaplain, as the nurse constitutes a key person in the healthcare setting in relation to spiritual care provision. Nurses overall are positively disposed towards the provision of spiritual care and recognize that patients have distinct spiritual needs. The current level of spiritual care provision by nurses is unknown. Larger studies reveal that most nurses engage in spiritual care [31, 36, 37] however this is largely based on experience rather than education and training. Much spiritual intervention is undocu-

mented, with many nurses not taking account of peoples' spiritual needs within their care. However, there is a need to move beyond theoretical abstraction in spirituality to practical application and integration at all levels of healthcare [38, 39]. These two important Erasmus Plus projects are providing the profession with sound advice and evidence to support the integration of spiritual care across all healthcare settings. With confidence and optimism we look forward to the times ahead where there will be greater understanding and adoption of all the competencies required by nurses to provide spiritual care. These competencies will result in greater awareness of the need to provide spiritual care and greater access to educational resources that support spiritual care delivery by nurses in often diverse and challenging healthcare settings.

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