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A European, Collaborative Standard for Spiritual Care Competences for Undergraduate Nursing/Midwifery Education

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Background: Many nursing and midwifery regulatory and educational bodies require nurses/midwives, at point of registration, to be able to address the personal, religious and spiritual beliefs of their clients as part of holistic care. Nurses continue to report that they are poorly prepared through their nursing education to assess and address spiritual concerns of patients (Giske & Cone, 2015; McSherry & Jamison, 2013). How learners acquire these skills, is not clear. Research to date highlights that the teaching students receive is important in their learning about spiritual/person centered care; however, there is a great deal of inconsistency in how this topic is addressed in nursing education throughout Europe (Cone & Giske, 2017; Ross et al., 2014).

Purpose: The purpose of the study was to develop an innovative, flexible, and dynamic matrix for pre-registration nursing and midwifery education as well as to identify resources and develop strategies to inform professional regulatory bodies and key stakeholders using the EPICC survey results.

Methods: A core group of 30 European nurse researchers from 19 countries across Europe collaborated to study how undergraduate nursing and midwifery students understand spirituality and develop spiritual care competences throughout their bachelor studies (Ross et al., 2016; Ross et al., 2018). On this evidence, nurse educators from this group were awarded a European grant to develop a collaborative European standard for spiritual care competence and a matrix explaining the context in which spiritual care competencies develop and can be implemented, *Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care* (EPICC).

The survey results of 3,175 undergraduate nursing and midwifery students enrolled at 21 universities in 8 countries in September 2011 who were recruited via convenience sampling were examined thematically. Students completed the surveys across four occasions: start of course (n=2193), year two (n=1182), year three (n=736), and end of course (n = 595) between 2011 and 2015. Survey results were content analyzed and thematically coded from November 2017 – July 2018 by a collaborative subgroup of nurse educators from six universities (located in Malta, the Netherlands, Norway, and the United Kingdom). Through a consensus method, the subgroup collaborated to co-produce, test, refine, and agree a set of spiritual care competencies, a spiritual care matrix, and a toolkit providing educational resources and strategies for different educational and practice settings.

Results: At study completion, subjects (n=595) were female (89%) older than 21 years of age (89%), religious (27%) of which the majority (62%) were Christian, and had less than one year of health care experience. The four spiritual care competences with the knowledge, skills and attitudes were:

1. Intrapersonal spirituality,
2. Interpersonal spirituality,
3. Assessment and planning in spiritual care, and
4. Intervention and evaluation of spiritual care.

The standard matrix for spiritual care education was determined to be comprised of four key factors related to the:

1. Students entering into nursing/midwifery education,
2. Teaching and learning environment in the university,
3. Student as a person, and
4. Clinical environment, which is the context in which students develop their spiritual care competences.

The toolkit comprising of educational resources is available at the EPICC

Website <http://blogs.staffs.ac.uk/epicc/>

Implications: A collaboratively developed matrix for spiritual care education facilitates standardized teaching and learning for undergraduate nursing students across diverse cultural and social groups focused on measurable and replicable competencies, which can be utilized globally in nursing.

Conclusions: In order to meet the unmet needs of patients, spiritual care education must be enhanced and the inconsistencies in spiritual care education in Europe addressed. The study results and toolkit inform the process and ease the implementation of enhanced spiritual care education. The provision of the toolkit facilitates spiritual care nursing education throughout Europe and around the world.

Title:

A European, Collaborative Standard for Spiritual Care Competences for Undergraduate Nursing/Midwifery Education

Keywords:

Nursing education, Spiritual care and Spiritual care competencies

References:

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Abstract Summary:

Participants will learn about the process and products of European co-production of four spiritual care competences for nursing education, a matrix explaining key factors in spiritual care education to enhance spiritual care competencies and examples of educational tools.

Content Outline:

Background and significance

1. Many nursing and midwifery regulatory and educational bodies require nurses/midwives to be able to address the personal, religious and spiritual beliefs of their clients
2. Nurses continue to report that they are poorly prepared through their nursing education to assess and address spiritual concerns of patients (Giske & Cone, 2015; McSherry & Jamison, 2013).
3. Research to date highlights that the teaching students receive is important in their learning about spiritual/person centered care
4. Inconsistency in how students learn about spiritual/person centered care throughout Europe (Cone & Giske, 2017; Ross et al., 2014).
5. How students learn about spiritual/person centered care throughout Europe not clear.

Study purpose

1. To collaborate across Europe to develop an innovative, flexible, and dynamic matrix for pre-registration nursing and midwifery education as well as to identify resources and develop strategies to inform professional regulatory bodies and key stakeholders.

Methods

1. Design: Descriptive qualitative
2. Sample: 3,175 undergraduate nursing and midwifery students enrolled at 21 universities in eight countries in September 2011 recruited via convenience sampling

3. Students surveyed across four occasions about how undergraduate nursing and midwifery students understand spirituality and develop spiritual care competences throughout their bachelor studies
 1. Start of course (n=2193),
 2. Year two (n=1182),
 3. Year three (n=736), and
 4. End of course (n = 595) between 2011 and 2015 (Ross et al., 2016; Ross et al., 2018).
4. Core group of 30 European nurse researchers from 19 countries across Europe collaborated to content analyze and thematically code surveys
 1. Subgroup of nurse educators from six universities (located in Malta, the Netherlands, Norway, and the United Kingdom) collaborated using consensus method to co-produce, test, refine, and agree on
 1. Spiritual care competencies
 2. Matrix, and
 3. Toolkit providing educational resources and strategies for different educational and practice settings

Results

1. Subjects (n=595) were female (89%) > 21 years of age (89%), religious (27%) and with < one-year health care experience (62%).
2. Standard matrix for spiritual care education determined to be comprised of four key factors:
 1. Students entering into nursing/midwifery education,
 2. Teaching and learning environment in the university,
 3. Student as a person, and
 4. Clinical environment, which is the context in which students develop their spiritual care competences.
3. Four competences with the knowledge, skills and attitudes related to
 1. Intra-personal spirituality,
 2. Interpersonal spirituality,
 3. Assessment and planning in spiritual care, and
 4. Intervention and evaluation of spiritual care
4. Toolkit of educational resources is available at EPICC

Website <http://blogs.staffs.ac.uk/epicc/>

Implications

Collaboratively developed matrix for spiritual care education facilitates standardized teaching and learning for undergraduate nursing students across diverse cultural and social groups focused on measurable and replicable competencies, which can be utilized globally in nursing.

Conclusions

1. In order to meet the unmet needs of patients, spiritual care education must be enhanced and the inconsistency in spiritual care education in Europe addressed.
2. Study results and toolkit inform spiritual care education process and ease the implementation of enhanced spiritual care education.
3. Toolkit provision facilitates spiritual care nursing education throughout Europe and world

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Author Summary: Dr. Giske is a nurse, educator and researcher with a special interest in spiritual care from a patient and nursing viewpoint, and from a teaching- learning perspective. She has published nationally and internationally on this subject. She is also the president of Nurses Christian Fellowship International and thus has an interesting in how nursing is practiced in a diversity of settings.

Second Author

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Author Summary: Dr. Cone is a nurse/educator/researcher with a longtime interest in nursing spiritual care, having begun spiritual care research in 1993. A 2008 Fulbright grant allowed her to conduct research in Norway with Dr. Giske, and a 10-year collaboration resulted in the development of four grounded theories, seven joint publications, and presentations in 15 countries. An intramural grant from Azusa Pacific University enabled us to conduct a 2014 study among nurses and hospitalized patients.