

10-2012

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Recommended Citation

Cooper, K. (2012, October 02). Spiritual care missing from training. *Nursing Review*. Retrieved from <https://www.nursingreview.com.au>

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Spiritual care missing from student training

Spiritual support has a long tradition in nursing dating back to the Middle Ages but contemporary nurses often feel ill-prepared to provide this form of care in their daily practice, writes **Katherine Cooper**

Registered nurses are required to provide spiritual care according to the Australian Nursing and Midwifery Accreditation Council (ANMAC) competency standards.

For RNs to be able to provide spiritual care, they first need to be prepared to do so. This preparation ought to take place while they are enrolled in their undergraduate nursing program so that by the time they are ready to graduate, they will be competent to provide spiritual care.

The requirement of nurses to provide spiritual care is not a new expectation. Since nursing emerged as a distinct profession from medicine in the Middle Ages, nurses have provided spiritual care

as a part of holistic nursing care.

Nurses who were trained under religious orders such as the Sisters of Charity, which was founded during this time, were taught to provide spiritual care.

In subsequent centuries nursing nuns continued to be taught to provide spiritual care as a part of holistic care. Even Florence Nightingale recognised the importance of nurses providing spiritual care in her nursing reforms. Under her guidance, nursing was transformed into a profession characterised by well-trained nurses who provided care that addressed the spiritual dimension as well as the physical and emotional dimensions.

Despite the requirement to provide spiritual care, there is evidence to suggest RNs generally feel inadequately prepared for providing spiritual care and many choose not to provide it at all.

Instead, spiritual care is often referred to a chaplain or other religious workers who are deemed to be better prepared for the task.

Nurses feel inadequately prepared because they have not received the education required during their undergraduate nursing programs. They are perplexed about what the terms "spirituality" and "spiritual care" mean, confusing these with "religion" and "religious care".

This lack of preparation could be due to a few factors. One is that academics lack guidelines on how spiritual care education should be addressed in undergraduate nursing programs. This is largely because little research has been done on spiritual care education in undergraduate nursing.

The lack of guidelines for teaching spiritual care is likely to affect confidence levels among academics teaching spiritual care. Consequently, many universities have not included spiritual care in their undergraduate nursing curricula.

In addition, universities feel constrained by the need to largely devote the content of their undergraduate nursing curricula to teaching about new advances in managing disease.



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A lot of time must be spent teaching the knowledge and skills required to implement care according to these advances, based upon innovations in science and technology. The teaching required can mean other aspects of holistic care, such as spiritual care, are overlooked.

Despite these barriers, spiritual care does need to be incorporated into undergraduate nursing curricula so students are prepared to provide spiritual care by the time they complete their undergraduate education.

Teaching spiritual care would equip

students with the knowledge and skills to confidently provide spiritual care to patients in diverse clinical settings.

Nurses would be able to see that providing spiritual care is a part of their professional role and will be able to implement care that is adapted to the distinctive spiritual needs of each patient.

Education about spiritual care matters could also help to encourage the implementation of spiritual care.

Nurses who have not been educated specifically about spiritual care methods may be aware of its importance and even intend to provide spiritual care but fail to deliver it. Conversely, they may provide spiritual care based upon their own spiritual or religious beliefs, which may lead to inappropriate delivery of spiritual care. Some universities in the US, Canada, Malta and the Netherlands have recognised the need for undergraduate nursing students to be taught about spiritual care and have incorporated related content in their programs.

Researchers have found that integrating spiritual care into nursing programs

has had largely positive effects on undergraduate nursing students.

In particular, students understand spiritual care better, perceive its importance and are competent to provide it. Researchers have also noted spiritual development among students.

Since no research could be identified investigating the effect of spiritual care education upon students enrolled in undergraduate nursing programs in Australia, it is not known how Australian nursing students respond to spiritual care education.

In addition, it is unknown how many undergraduate nursing programs in Australia teach spiritual care. It is, however, apparent that Australian nursing students need help if they are to provide spiritual nursing care that is compliant with the ANMAC competency standards by the time they are ready to practise as a registered nurse. ■

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