

Spiritual Care Education Standard



Core Spiritual Care Competences Undergraduate Nursing/Midwifery Students

Preamble

Introduction

This EPICC Spiritual Care Education Standard describes the spiritual care competences expected from undergraduate nursing and midwifery students. For every competence, the learning outcomes are described in aspects of knowledge, skills and attitudes. These competences are based on studies on spiritual care competences, which were discussed and agreed upon during the EPICC Teaching & Learning Event 1^{1,2}. It should be considered that these competences are 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:

- 1. 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).
- 2. 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).
- 3. 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 needs of 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. For that purpose, on a national level, parts of the Standard can be amended without losing its fundamental content.

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' and so on, depending on the country in which the Standard is used, along with the local context.

- Van Leeuwen, R., & Cusveller, B. (2004). Nursing competencies for spiritual care. Journal of Advanced Nursing, 48, 234-246. doi: 10.1111/j.1365.2648.2004.03192.x
- Van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D., & Jochemsen, H. (2009). The validity and reliability of an instrument to assess nursing competencies in spiritual care. *Journal of Clinical Nursing*, *18*, 2857-2869. doi: 10.1111/j.1365-2702.2008.02594.x
- Attard, J. (2015). The design and validation of a framework of competencies in spiritual care for nurses and midwives: A modified Delphi study (Doctoral dissertation). University of South Wales, UK.
- 2 EPICC Teaching & Learning Event 1 (30th October 3rd November, 2017), Zwolle, Netherlands.
- ³ EAPC (n.d.). EAPC Task Force on Spiritual Care in Palliative Care. Retrieved from: https://www.eapcnet.eu/eapc-groups/task-forces/spiritual-care. Last accessed 10/01/19.
- ⁴ NHS Scotland (2010). *Spiritual Care Matters: An introductory resource for all NHS Scotland staff.* Retrieved from https://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf. Last accessed 10/01/19.

¹ These studies are:

	COMPETENCE	KNOWLEDGE (COGNITIVE)	SKILLS (FUNCTIONAL)	ATTITUDE (ETHICAL)
1	INTRAPERSONAL SPIRITUALITY	Understands the concept of spirituality.	Reflects meaningfully upon one's own	Willing to explore individuals'
	Is aware of the importance of		values and beliefs and recognises that	personal, religious and spiritual
	spirituality on health and well-	Can explain the impact of spirituality on a	these may be different from other	beliefs.
	being.	person's health and well-being across the	persons'.	
		lifespan for oneself and others.		Is open and respectful to persons'
				diverse expressions of spirituality.
		Understands the impact of one's own		
		values and beliefs in providing spiritual care.		
2	INTERPERSONAL SPIRITUALITY	Understands the ways that persons' express	Recognises the uniqueness of persons'	Is trustworthy, approachable and
	Engages with persons'	their spirituality.	spirituality.	respectful of persons' expressions
	spirituality, acknowledging			of spirituality and different
	their unique spiritual and	Is aware of the different world/religious	Interacts with, and responds sensitively	world/religious views.
	cultural worldviews, beliefs and	views and how these may impact upon	to the person's spirituality.	
	practices.	persons' responses to key life events.		
3	SPIRITUAL CARE: ASSESSMENT	Understands the concept of spiritual care.	Conducts and documents a spiritual	Is open, approachable and non-
	AND PLANNING		assessment to identify spiritual needs	judgemental.
	Assesses spiritual needs and	Is aware of different approaches to spiritual	and resources.	
	resources using appropriate	assessment.		Has a willingness to contain and
	formal or informal approaches,		Collaborates with other professionals.	'hold' emotions.
	and plans spiritual care,	Understands other professionals' roles in		
	maintaining confidentiality and	providing spiritual care.	Be able to contain and 'hold' emotions.	
	obtaining informed consent			
4	where necessary.		Passanias assessed limitations in	Chause same resident and reserve
4	SPIRITUAL CARE: INTERVENTION AND	Understands the concept of compassion	Recognises personal limitations in	Shows compassion and presence.
	EVALUATION AND	and presence and its importance in spiritual	spiritual care-giving and refers to others as appropriate.	Shows willingness to collaborate
	Responds to spiritual needs	care.		with, and refer to others
	and resources within a caring,	Knows how to respond appropriately to	Evaluates and documents personal,	(professional/non-professional).
	compassionate relationship.	identified spiritual needs and resources.	professional and organisational aspects	(professional/non-professional).
	compassionate relationship.	identified spiritual fieeds and resources.	of spiritual care-giving, and reassess	Is welcoming, accepting and shows
		Knows how to evaluate whether spiritual	appropriately.	empathy, openness, professional
		needs have been met.	appropriately.	humility and trustworthiness in
		needs have been met.		seeking additional spiritual support.
				seeking additional spiritual support.