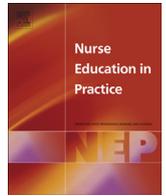




Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nejpr

Spiritual care competence for contemporary nursing practice: A quantitative exploration of the guidance provided by fundamental nursing textbooks

Fiona Timmins^{a, *}, Freda Neill^a, Maryanne Murphy^a, Thelma Begley^a, Greg Sheaf^b

^a The School of Nursing and Midwifery, Trinity College, Dublin, Ireland

^b The Library, Trinity College, Dublin, Ireland

ARTICLE INFO

Article history:

Received 4 September 2014

Received in revised form

16 February 2015

Accepted 27 February 2015

Keywords:

Nurses

Nursing

Spirituality

Spiritual care competencies

Textbooks

ABSTRACT

Spirituality is receiving unprecedented attention in the nursing literature. Both the volume and scope of literature on the topic is expanding, and it is clear that this topic is of interest to nurses. There is consensus that the spiritual required by clients receiving health ought to be an integrated effort across the health care team. Although undergraduate nurses receive some education on the topic, this is ad hoc and inconsistent across universities. Textbooks are clearly a key resource in this area however the extent to which they form a comprehensive guide for nursing students and nurses is unclear. This study provides a hitherto unperformed analysis of core nursing textbooks to ascertain spirituality related content. 548 books were examined and this provides a range of useful information about inclusions and omissions in this field. Findings revealed that spirituality is not strongly portrayed as a component of holistic care and specific direction for the provision of spiritual care is lacking. Fundamental textbooks used by nurses and nursing students ought to inform and guide integrated spiritual care and reflect a more holistic approach to nursing care. The religious and/or spiritual needs of an increasingly diverse community need to be taken seriously within scholarly texts so that this commitment to individual clients' needs can be mirrored in practice.

© 2015 Elsevier Ltd. All rights reserved.

Introduction

Spirituality as an academic discipline has been developing rapidly in the last 20 years. There is growing evidence to suggest that spiritual support improves health outcomes (Koenig, 2012). Originally steeped in religious heritage, nursing practice has, like western society as a whole, become increasingly secular.

However spiritual care provision by nurses is receiving increased widespread acceptance internationally (Rothman, 2009). A similar impetus is present within the medical profession (Koenig, 2013). The USA and Canada are leading the way in this development with spiritual care practices imbedded in quality care standards (Pesut and Sawatzky, 2006). In addition, more recently, the UK has made recommendations for the nurses' role in this area (RCN, 2011). However there are also many factors in the clinical

environment internationally that impede spiritual care delivery by the nurses including time constraints, limited understanding, lack of recognition of its importance and lack of education (Ronaldson et al., 2012; Vance, 2001). However most nurses believe that providing spiritual care to patients is important and they perceive that they have a clear role in this (Ozbasaran et al., 2011; McSherry and Jamieson, 2011; Lundberg and Kerdonfag, 2010; Lundmark, 2006). Most actually state that they are currently providing spiritual care (Ozbasaran et al., 2011; Lundberg and Kerdonfag, 2010; Lundmark, 2006) at the same time many are untrained for this (McSherry and Jamieson, 2011; Lundmark, 2006). These findings are mirrored in multiple repeated studies internationally (Cockell and Mc Sherry, 2012) and in large national UK studies (McSherry and Jamieson, 2011) and more recently for the first time in the Republic of Ireland (ROI) (Timmins, 2013). Most see referral to chaplains as a key resource (Timmins, 2013; McSherry and Jamieson, 2011).

There is a strongly held belief that spirituality applies to anyone who has the cognitive capacity to consider their experiences (Weathers et al., 2015; McSherry, 2006a). Spirituality concerns a

* Corresponding author. School of Nursing and Midwifery Studies, 24, D' Olier Street, Dublin 2, Ireland. Tel.: +353 1 8963699.

E-mail address: fiona.timmins@tcd.ie (F. Timmins).

sense of connecting with others, transcendence and finding meaning and purpose in life (Weathers et al., 2015). This notion of *meaning making* is gaining popularity as the central component of spirituality (La Cour and Hvidt, 2010). Addressing clients' spiritual needs, by supporting meaning making, connections and transcendence can alleviate suffering and provide a sense of wellbeing that may help clients deal with adversity (Weathers et al., 2015). Spiritual care is person centred and usually provided on a one to one basis. Religious care is provided according to shared understandings of a particular faith community. While spiritual care does not necessarily have to be religious, religious care ought to be spiritual (The Scottish Government, 2008 Annex A no page).

Homogenous religious landscapes existed in many countries internationally however these are increasingly being dismantled in response to increased religious freedom and population movement. Consequently spiritual and religious needs of client cohorts may be multifarious (Holloway et al., 2011; Radford, 2008). This is particularly the case in the ROI which has seen a vast change in the past 20 years from an almost monotheist society to a vibrant multicultural one. This change, while reflecting more closely the rest of Europe, was almost sudden in its consequence, as, unlike other more affluent countries, ROI did not experience widespread immigration until recent times. In this context nurses don't always have the required skills (RCN, 2011), a factor which has been acknowledged in the ROI and which can leave patients' spiritual needs unattended to (Radford, 2008).

At the same time great efforts have been made in the ROI to bridge this gap with the development and publication of key documents on the topic (HSE, 2009; HSE, 2011). Indeed there is a renewed focus in the ROI at a national level on holistic health and wellbeing of the nation supported by "integrated care" (DOH, 2012 p.16). There is also a growing awareness of the need to address patients' spiritual needs while in the hospital setting and that meeting these needs, ought to be supported across the health care team rather than solely being the responsibility of the chaplaincy services (HSE, 2009, 2011). The rationale for this is that in the context of growing multiculturalism and perceived increased secularism modern approaches emphasise the need for an integrated, interdisciplinary approach to supporting spiritual needs in, on a multi faith [and none] basis, something which is becoming more evident in the UK (NHS Education for Scotland, 2012; UKBHC, 2010; NHS Wales, 2010; McSherry, 2006a). This involves not only a whole team approach but also an inclusive approach that views diversity holistically, treats clients as unique and listens to their views in order to inform policy (NHS Education for Scotland, 2012; McSherry, 2006a).

Studies have found that although motivation is not lacking, nurses often lack clear direction, confidence and competence in this domain (Timmins, 2013; Ronaldson et al., 2012; McSherry and Jamieson, 2011; RCN, 2010). Furthermore there is debate as to whether nurses ought to provide spiritual support to clients without specialist training (Pesut and Sawatzky, 2006). However there is agreement that nursing students need to learn about supporting clients' spiritual needs and develop competence in this area (Attard et al., 2014; McSherry, 2006a). Spiritual competence involves becoming comfortable with one's own beliefs, ensuring that patients' spiritual needs are assessed, planning and implementing spiritual care interventions and referral to appropriate services (Van Leeuwen et al., 2009; Van Leeuwen et al., 2006).

While specific competencies with regard to spiritual care nursing are emerging internationally (Attard et al., 2014; Van Leeuwen et al., 2009; Van Leeuwen et al., 2006). these are not clearly elicited in either UK or Irish standards for the nursing profession (ABA, 2005; NMC, 2010). In the UK a systematic nursing assessment is required that addresses spiritual factors, and more

recently RCN (2011) guidance supports spiritual assessment. There are requirements in the ROI for holistic nursing practice (ABA, 2005) that fosters a spiritual environment, takes account of spiritual well-being and spiritual factors influencing health. Key to developing spiritual care competence is the fostering and development of spiritual awareness through the transmission of education within undergraduate nursing programmes. Although perhaps not clearly articulated at a national level in either the UK or Ireland, nurse's required role in this area needs to be underpinned by some attempt to promote competence in this regard. Classroom teaching is useful although there are debates as to whether or not this is the most suitable approach (Attard et al., 2014) or sufficient (McSherry, 2006b). Indeed recently a cross European study identified that up to a quarter of nursing students do not feel competent to deliver spiritual care (Ross et al., 2014). At the same time specific teaching interventions can positively affect student competence in this regard (Attard et al., 2014). Textbooks underpin much of this teaching; although peer reviewed papers are an increasingly valuable resource for students. Textbooks provide a central resource for nursing students, and whilst reading lists are often extensive, students will often rely on a small number of fundamental textbooks to inform their growing nursing knowledge. If spiritual care is to be embraced by nurses in a holistic way as part of integrated person centred care, then one would expect to find spiritual care addressed as a component of holistic nursing care within fundamental textbooks. While it is clear that requirements exist at national level for nurses to support patients' spiritual needs gaps exist in terms of specific guidance. To this end one would expect specific direction and guidance from specialist texts but also some generalised guidance in this regard in the core textbooks used by the discipline. This study considers the extent to which contemporary nursing textbooks advocate or include spiritual care competencies for nursing students in the UK and ROI.

Methods

Methods related to the study are reported more fully elsewhere (Timmins et al., 2014). A 23item audit tool was developed by the research team to collect data. This tool had its basis in the literature on the topic and was also subjected to validity and reliability testing. Following pilot testing, four of the researchers independently assessed all available textbooks to achieve the study aims.

The aims of the study included the following:

- To identify spiritual care competencies advocated by fundamental nursing textbooks.

Specific objectives related to this paper:

- To explore definitions of spirituality and spiritual care included within fundamental nursing textbooks.
- To explore spiritual care activities advocated by fundamental nursing textbooks.
- To examine the extent to which spiritual care competencies are incorporated within fundamental nursing textbooks.

Method of data collection

The 23-item audit tool, the Spirituality Textbook Analysis Tool (STAT) was used to collect data (Timmins et al., 2014). Core competencies for nurses providing spiritual care identified by Van Leeuwen et al. (2006) were used as a theoretical framework to guide the development of questions in relation to spiritual care competence. These competencies were also recently used to guide

a large European analysis of nursing student competence in the field (Ross et al., 2014). Their use, as a basis for spiritual care giving, was confirmed in other studies on the topic (Timmins et al., 2014; Van Leeuwen et al., 2009; Lovanio and Wallace, 2007).

Content validity

Content validity was established by a panel of eight experts (Timmins et al., 2014) using criteria recommended by Polit and Tatano Beck (2012).

Reliability

A test re-test (n = 12) revealed no significance differences.

Sample

Ninety four percent of the total *Nursing and Midwifery Core Collection* list (UK) (Tomlinsons, 2010) were sampled (n = 580) (Table 1). Only those books that included references to spirituality or religion within their indexes were included in the final sample (n = 130). Thus the majority of books sampled made no references to the topic. There was one open ended item included in the survey tool entitled “any other comments” where the research team were offered an opportunity to write comments related to their analysis of the textbook.

Data analysis methods

The team utilised the Statistical Package for Social Scientists (SPSS) to analyse data. Qualitative comments were analysed using simple thematic analysis.

Findings

It is clear from the data that very few of the 130 texts had specific definitions of spirituality and in many cases the differentiation between religion and spirituality was not clear (Table 2).

Spiritual care activities and supports were not strongly advocated (Table 3) and little direction was provided in relation to specific required spiritual care competencies (Table 4).

While there was some evidence of the need for the nurse to provide spiritual care this was not consistent across the texts and indeed few people if any were assigned this particular duty (Table 4). The majority of spiritual activities were not suggested within the textbooks (Table 2) and few of the required spiritual care nursing competencies were outlined (Table 3). Spiritual care provision by doctors, nurses, chaplains or social workers was not strongly supported (Table 5). The relevance of spirituality for health care clients was not fully addressed (Table 6).

Qualitative comments revealed that the approach to the inclusion of spirituality care and spiritual competencies was inconsistent. The need for inclusion within a fundamental textbook was often driven by practical needs in the clinical area such as religious preferences that interfere with care. The approach taken within the books was often tokenistic and related to particular religious associated rituals and dietary restrictions. Examples include:

“This is a bowel continence book which briefly mentions the need for cleansing after bowel evacuation for Muslims” (16)

“[the book] refers briefly to ethical issues related to Jehovah's Witnesses refusal to treatment but minimal instructions about this” (39)

Table 1

Subjects of Books used in the study (n = 580) Classified According to *Nursing and Midwifery Core Collection* list (UK) (Tomlinsons, 2010).

Category name	Category number (based on page number)
Accident and emergency	1
Adult nursing	3
AIDS & HIV	4
Anaesthetic nursing	5
Anaesthetic and analgesia	7
Biological science	8
Burns and plastic	11
Cancer	12
Cardiovascular & respiratory nursing	15
Child care	18
Clinical governance	21
Clinical supervision and mentoring	23
Community nursing	26
Complimentary therapies	29
Counselling	31
Death and bereavement	34
Dementia	36
Diabetes	38
Drugs and pharmacology	41
Ear nose and throat	44
Elderly care nursing	45
Ethics and law	47
Evidence based practice	50
Gastroenterology nursing	52
Genitourinary nursing	54
Health	56
Health and safety	59
Health promotion	60
Infection control	63
Intensive care	65
Interpersonal skills	68
Learning disabilities	69
Medicine	72
Men's health	74
Mental health	75
Models, theories and philosophy of nursing	78
Neonatal nursing	81
Neurological nursing	83
Nurse practitioners	84
Nurse prescribing	86
Nursing management	87
Nursing practice	89
Ophthalmic nursing	92
Orthopaedic nursing	93
Pain	95
Palliative care	96
Practice nursing	99
Psychology	100
Quality of care	102
Rehabilitation nursing	103
Reproductive health and family planning	105
Research	106
Rheumatology	109
Sociology	110
Study skills	112
Surgery	114
Teaching, assessing and mentoring in clinical practice	117
Theatre nursing	120
Women's health	121
Wound care	123

“Refers to several religions briefly as this is a book about diabetes so there is a short explanation of dietary restrictions that apply to some religions” (41)

“This diabetes management book discusses religion fairly extensively but in relation to dietary adjustments that may be required” (12)

Table 2
Spirituality definitions.

Question (item)	Yes	No	Unclear	Not applicable	Total
1. A specific definition of spirituality is provided	49 (37.7%)	67 (51.5%)	14 (10.8%)	0 (0%)	130 (100%)
2. A description is provided regarding the specific interface between religion and spirituality	44 (33.8%)	75 (57.7%)	11 (8.5%)	66 (50.8%)	130 (100%)
3. If a definition of spirituality is included in the book please indicate if the following are mentioned; That gives life meaning purpose and connection with others	60 (46.2%)	4 (3.1%)	0 (0%)	0 (0%)	130 (100%)
4. If a definition of spirituality is included in the book please indicate if a metaphysical or transcendental phenomena are mentioned	13 (10%)	48 (36.9%)	23 (16.7%)	69 (16.7%)	130 (100%)
5. If a definition of spirituality is included in the book please indicate if it fits none of these	2 (1.5%)	29 (22.3%)	16 (11.6%)	99 (76.2%)	130 (100%)
6. Spiritual care is defined/described as providing care within an organised nursing care framework (model)	20 (15.4%)	110 (86.4%)	0 (0%)	0 (0%)	130 (100%)
7. Spiritual care is defined/described as providing care that takes account of the patients spirituality	50 (38.5%)	80 (61.5%)	0 (0%)	0 (0%)	130 (100%)
8. Please indicate whether a specific definition or description of spiritual care is provided	42 (32.3%)	88 (67.7%)	0 (0%)	0 (0%)	130 (100%)
9. Please indicate whether or not these related activities are included in relation to spirituality and spiritual care, providing nursing care that involves the chaplain or pastoral care services	46 (35.4%)	84 (64.6%)	0 (0%)	0 (0%)	130 (100%)
10. If a definition of spirituality is included in the book please indicate if a religious system of beliefs and values are mentioned	27 (20.8%)	36 (27.7%)	67 (51.5%)	0 (0%)	130 (100%)
11. If a definition of spirituality is included in the book please indicate if a nonreligious system of beliefs and values are mentioned	38 (29.2%)	26 (20%)	66 (50.8%)	0 (0%)	130 (100%)

Religious issues were often linked to cultural ones:

“Mentions links to cultural issues (with specific religions) for example [it suggests that] Muslims don't have surnames” (19)

“This is a communication book and interestingly focuses on religion but not spirituality. The first mention of religion is in relation to differences in disclosure of personal information. Many of the mentions of religion are tokenistic and also seem to overlap with cultural requirements rather than religious issues” (8)

There were also some surprising omissions:

“Interestingly there are no references to spiritual or religious terms used for the search. However under the topic “rituals” there are some references to religious services, clergy and types of religion. This is a little surprising considering the fact that this is a book on the death of a child” (20)

“This is a book entitled [x]. It has one reference to spirituality and none to religion [it is about nursing the dying patient]. The index does include items like “shroud”, “death”, “do not resuscitate” and the “dying trajectory” but no mention of the meaning that humans might ascribe to this” (40)

“This is a book on children and has only minimal discussion on religion and diet and end of life care” (10)

In some cases there was insufficient depth of discussion:

“While spirituality is mentioned it receives very little overall depth of discussion in terms of apply it to the care of those with dementia” (21)

“ This is a communication book which gives a paragraph on “race and religion” and urges consideration of this in healthcare communication but no specific details of what religions or how to approach this” (42)

“[a] short mention of “religious coping” with reference to recovery from depression in older people” (22)

Discussion

Spirituality is receiving unprecedented attention in the nursing literature (McSherry and Jamieson, 2011). Both the volume and scope of literature on the topic is expanding, and it is clear that this topic is of interest to nurses. There is consensus that the spiritual care required by clients receiving health ought to be an integrated

Table 3
Spirituality activities.

Question (item)	Yes	No	Unclear	Not applicable	Total
1. Please indicate whether or not these related activities are included in relation to spirituality and spiritual care: <i>providing a sacred space</i>	20 (15.4%)	109 (83.3%)	1 (0.8%)	0 (0%)	130 (100%)
2. Please indicate whether or not these related activities are included in relation to spirituality and spiritual care: <i>providing access to religious services</i>	46 (35.4%)	83 (63.8%)	1 (0.8%)	0 (0%)	130 (100%)
3. Please indicate whether or not these related activities are included in relation to spirituality and spiritual care: <i>providing relief of suffering</i>	48 (36.9%)	81 (62.3%)	1 (0.8%)	0 (0%)	130 (100%)
4. Which of the following approaches to spiritual assessment are recommended: <i>using an assessment tool</i> .	26 (20%)	25 (19.2%)	79 (60.8%)	0 (0%)	130 (100%)
5. Which of the following approaches to spiritual assessment are recommended: <i>open-ended questions</i>	46 (35.4%)	5 (3.8%)	79 (60.8%)	0 (0%)	130 (100%)
6. Which of the following approaches to spiritual assessment are recommended: <i>refer to chaplain/pastor</i>	31 (23.8%)	19 (14.6%)	80 (61.4%)	0 (0%)	130 (100%)

Table 4
Nurses' competencies.

Question (item)	Yes	No	Unclear	Not applicable	Total
1. Is the role of the nurse in providing spiritual care described?	47 (36.2%)	82 (63.1%)	1 (0.8%)	0 (0%)	130 (100%)
2. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>handling one's own beliefs</i> ?	33 (25.4%)	97 (64.6%)	0 (0%)	0 (0%)	130 (100%)
3. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>providing and evaluating spiritual care</i> ?	39 (30%)	91 (70%)	0 (0%)	0 (0%)	130 (100%)
4. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>addressing spirituality</i> ?	50 (38.5%)	80 (61.5%)	0 (0%)	0 (0%)	130 (100%)
5. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>collecting spiritual assessment information</i> ?	38 (29.9%)	92 (70.8%)	0 (0%)	0 (0%)	130 (100%)
6. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>discussing and planning spiritual interventions</i> ?	27 (20.8%)	103 (79.2%)	0 (0%)	0 (0%)	130 (100%)
7. Are any of the following competencies, Van Leeuwen et al. (2006) required by the nurses or recommended: <i>integrating spirituality into institutional policy</i> ?	16 (12.3%)	114 (87.7%)	0 (0%)	0 (0%)	130 (100%)
8. In your view does the book consider the provision of spiritual care as a component of holistic nursing care	58 (44.6%)	72 (55.4%)	0 (0%)	0 (0%)	130 (100%)
9. In your view does the book consider the provision of spiritual care as an adjunct of nursing care	2 (1.5%)	128 (98.5%)	0 (0%)	0 (0%)	130 (100%)

effort across the health care team. Although undergraduate nurses receive some education on the topic, this is unplanned and inconsistent across universities (McSherry, 2006b). Textbooks are clearly a key resource in this area however the extent to which they form a comprehensive guide for nursing students and nurses is unclear.

While specialist texts might address this issue comprehensively, large volumes of fundamental textbooks used by students do not appear to effectively support or endorse providing spiritual care in the health care setting in an integrated way. While some attention is paid to religion and spirituality in fundamental nursing textbooks, this appears tokenistic. There is lack of consistent definitions and conceptual clarity with regard to spirituality and spiritual care and little by way of direction for competence development. Unlike Canadian textbooks (Pesut, 2008) little attempt is made to differentiate spirituality from religion.

Specific spiritual activities that nurses can perform are not clearly outlined within the textbooks and few of the required spiritual care nursing competencies are elucidated. It would appear from these textbooks that spiritual care provision as a component of holistic nursing care is not supported. At the same time smaller studies (in Canada) indicate a much greater emphasis on spirituality within textbooks (Pesut, 2008) perhaps due to the strategic leadership within health care in this field (Radford, 2008) and a greater dominance of religious practice in this country (Paley, 2008).

While spiritual care is a specialist service, one would expect nurses to address clients' spiritual needs within the context of holistic nursing care delivery and modern approaches to integrated care (HSE, 2009; McSherry, 2006a). While turning to a specialist text is the obvious answer for students and nurses seeking

Table 5
Responsibility for the provision of spiritual care to patients.

Question (item) Please indicate what personnel are recommended to have overall responsibility for the assessment of spiritual needs as a basis for the provision of spiritual care:	Yes	No	Unclear	Not applicable	Total
1. Nurse	35 (26.9%)	95 (73.1%)	0 (0%)	0 (0%)	130 (100%)
2. Doctor	4 (3.41)	126 (97%)	0 (0%)	0 (0%)	130 (100%)
3. Social worker	11 (8.5%)	119 (91.6%)	0 (0%)	0 (0%)	130 (100%)
4. Chaplain/pastor	31 (23.8%)	99 (76.2%)	79 (60.8%)	0 (0%)	130 (100%)

Table 6
Relevance of spirituality to patients.

Question (item)	Yes	No	Unclear	Not applicable	Total
1. In your view does the book consider the provision of spiritual care as, relevant to all	57 (43.8%)	73 (56.2%)	0 (0%)	0 (0%)	130 (100%)
2. In your view does the book consider the provision of spiritual care as, relevant to some	23 (17.7%)	107 (82.3%)	0 (0%)	0 (0%)	130 (100%)
3. In your view does the book consider the provision of spiritual care as, applicable only to particular situations (like rituals around death)	21 (16.2%)	109 (83.6%)	0 (0%)	0 (0%)	130 (100%)
4. In your view does the book consider the provision of spiritual care as, applies to those with religious faiths only	6 (4.6%)	123 (95.4%)	0 (0%)	0 (0%)	130 (100%)

direction, the concern is the implicit message is when spirituality is not addressed that it is not important. While one would not necessarily expect to see mention of this topic in a pharmacology book, its omission or superficiality within books related to care of the older person, cancer nursing and communication is not consistent with current proposed approaches to care or clients' needs in this area. Although not explored in other studies of this nature (Pesut, 2008), the key role that nurses play in referring patients to a chaplain or other faith resources (Timmins, 2013; McSherry and Jamieson, 2011) is almost forgotten within these current texts.

Overall the confusion in terminology and absence of clear direction for the profession confirms the notion that there is a "...deep divide between nursing care and spiritual care" (Koenig, 2013 p.174). It is of concern that so little attention is drawn to a fundamental and key area of people's lives, while at the same time the question of religious orientation is asked of most clients' on entry to the healthcare system.

Clearly the complex multi faith society that often exists, together with nurses' lack of education in this area, means that nurses, when faced with patients' spiritual needs, may find themselves at a loss. This gap, together with limited information emerging from fundamental textbooks, means that the international community may need to consider a proactive and comprehensive approach to spiritual care support by nurses, which appears to be evidenced more clearly in Canada, the USA and Scotland (HSE, 2009). For some this might appear inappropriate for a modern secular world; however it has been established that spiritual needs potentially exist for all, even in the context of pervasive secularization (La Cour and Hvidt, 2010, McSherry, 2006a). It is important because positive consequences of addressing spiritual needs in the health care setting can be demonstrated in terms of better relationships with health professionals, improved compliance and improved illness trajectory (Koenig, 2013). Consequently more direction needs to be given at a national and international level that could formally inform nursing and quality standards and perhaps this way attention to this issue might find its way into the core textbooks for the profession.

Core central competencies such as being comfortable with one's own beliefs, spiritual assessment, planning spiritual care and referral (Van Leeuwen et al., 2009; Van Leeuwen et al., 2006) need to be integrated within textbooks that profess to address the whole person's needs. Educators have a key role in guiding and shaping direction in this regard.

Many educators are involved in writing textbooks and thus need to ensure that clients' spirituality is considered where relevant. They are also central to the appropriate education of future nurses and need to support teaching in this area with appropriate resources, drawing together a range of appropriate materials that support student learning. At the same time they need to make students aware of current deficits in fundamental textbook provisions so that they may critically reflect on their potential contribution to current and future approaches to care.

The lack of attention and tokenistic approach to spirituality and religion within current core textbooks may serve to potentiate the tokenistic approach that is often made to clients' spiritual and religious needs. If the informing frameworks (i.e. the books) address such complex issues in such a superficial and mechanistic way without any meaningful contribution to competence development how can nursing students and nurses hope to be adequately informed? Consequently what will evolve is a perpetuation of the assumptive approach to cultural/spiritual/religious needs that is evident in health care (McSherry, 2006a). Contemporary discourses indicate a compelling need to revisit core values in healthcare and place the person a heart of care. As educators of

future nurses our scholarly work needs to reflect a comprehensive approach to nursing care of the whole person, including spiritual needs.

Conclusion

While there is agreement that nurses should have guidance to provide spiritual care, it is unclear what specific curricula content prepares the nurse for this important role or how core nursing textbooks contribute to this agenda. It is evident that clear guidance is required from the nursing profession and fundamental textbooks, particularly those that are most relevant, need to support and underpin this guidance. Nurses need adequate knowledge and skills to assist patients with identifying spiritual needs and ensuring effective supports are in place. Rather than a dilute, tokenistic approach to the topic, fundamental nursing textbooks need to provide a stronger leadership role in this area.

References

- An Bord Altranais (ABA), 2005. An Bord Altranais Requirements and Standards for Nurse Registration Education Programmes. An Bord Altranais, Dublin.
- Attard, J., Baldacchino, D.R., Camilleri, L., 2014. Nurses' and midwives' acquisition of competency in spiritual care: a focus on education. *Nurse Educ. Today* epub ahead of print available at: <http://dx.doi.org/10.1016/j.nedt.2014.04.015>.
- Cockell, N., Mc Sherry, W., 2012. Spiritual care in nursing: an overview of published international research. *J. Nurs. Manag.* 20 (8), 958–969.
- DOH, 2012. Future Health- a Strategic Framework for Reform of the Health Service 2012 – 2015. The Department of Health, Dublin.
- Health Services Executive (HSE), 2009. Health Services Intercultural Guide. Responding to the Needs of Diverse Religious Communities and Cultures in Healthcare Settings. HSE, Dublin. Available online at: <http://www.hse.ie/eng/services/Publications/services/SocialInclusion/InterculturalGuide/Traditional/> (accessed 07.12.14.).
- Health Service Executive HSE, 2011. A Question of Faith: the Relevance of Faith and Spirituality in Health Care. Health Service Executive, Dublin. http://www.hse.ie/eng/services/publications/corporate/Your_Service_Your_Say_Consumer_Affairs/Reports/questionoffaith.pdf (accessed 13.09.14.).
- Holloway, M., Adamson, S., McSherry, W., Swinton, J., 2011. Spiritual Care at the End of Life: a Systematic Review of the Literature. Department of Health, London.
- Koenig, H.G., 2012. Commentary: why do research on spirituality and health, and what do the results mean? *J. Relig. Health* 51 (2), 460–467.
- Koenig, H., 2013. *Spirituality in Patient Care: Why, How, when, and what*. Templeton Foundation Press, London.
- la Cour, P., Hvidt, N.C.H., 2010. Research on meaning-making and health in secular society: secular, spiritual and religious existential orientation. *Soc. Sci. Med.* 71, 1292–1299.
- Lovanio, K., Wallace, M., 2007. Promoting spiritual knowledge and attitudes: a student nurse education project. *Holist. Nurs. Pract.* 21 (1), 42–47.
- Lundberg, P.C., Kerdonfag, P., 2010. Spiritual care provided by Thai nurses in intensive care units. *J. Clin. Nurs.* 19 (7–8), 1121–1128.
- Lundmark, M., 2006. Attitudes to spiritual care among nursing staff in a Swedish oncology clinic. *J. Clin. Nurs.* 15 (7), 863–874.
- McSherry, W., 2006a. The principal components model: a model for advancing spirituality and spiritual care within nursing and health care practice. *J. Clin. Nurs.* 15 (7), 905–917.
- McSherry, W., 2006b. *Making Sense of Spirituality in Nursing Practice*. Jessica Kingsley, London.
- McSherry, W., Jamieson, S., 2011. An online survey of nurses' perceptions of spirituality and spiritual care. *J. Clin. Nurs.* 20 (11–12), 1757–1767.
- NMC, 2010. Standards of Proficiency for Pre-registration Nursing Education. Nursing and Midwifery council, London available at: <http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf> (accessed 17.12.14.).
- NHS Education for Scotland, 2012. *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*. NHS Education for Scotland, Glasgow.
- NHS Wales, 2010. *Standards for Spiritual Care Services in the NHS in Wales 2010*. NHS, Wales.
- Ozbasaran, F., Ergul, S., Temel, A.B., Aslan, G.G., Coban, A., 2011. Turkish nurses' perceptions of spirituality and spiritual care. *J. Clin. Nurs.* 20 (21–22), 3102–3110.
- Paley, J., 2008. Spirituality and secularization: nursing and the sociology of religion. *J. Clin. Nurs.* 17 (2), 175–186.
- Pesut, B., 2008. Spirituality and spiritual care in nursing fundamentals textbooks. *J. Nurs. Educ.* 47 (4), 167–173.
- Pesut, B., Sawatzky, R., 2006. To describe or prescribe: assumptions underlying a prescriptive nursing process approach to spiritual care. *Nurs. Inq.* 13 (2), 127–134.

- Polit, D.F., Tatano Beck, C., 2012. *Nursing Research Generating and Assessing Evidence for Nursing Practice*. Lippincott Williams and Williams, London.
- Radford, K., 2008. *Health, Faith and Equality Prepared for the Health Research Board through Building Partnerships for Healthier Society Research Award*. Health Research Board/Irish School of Ecumenics, Trinity College Dublin, Dublin.
- Ronaldson, S., Hayes, L., Aggar, C., Green, J., Carey, M., 2012. Spirituality and spiritual caring: nurses' perspectives and practice in palliative and acute care environments. *J. Clin. Nurs.* 21 (15–16), 2126–2135.
- Ross, L., van Leeuwen, R., Baldacchino, D., Giske, T., McSherry, W., Narayanasamy, A., Downes, C., Jarvis, P., Schep-Akerman, A., 2014. Student nurses perceptions of spirituality and competence in delivering spiritual care: a European pilot study. *Nurse Educ. Today* 34 (5), 697–702.
- Rothman, J., 2009. Spirituality: what we can teach and how we can teach it. *J. Relig. Spiritual. Soc. Work* 28 (1–2), 161–184.
- Royal College of Nursing, 2011. *RCN Spirituality in Nursing Care: a Pocket Guide*. RCN, London.
- Royal College of Nursing (RCN), 2010. *Patients Missing Out on Spiritual Care, Say Nurses* available at: http://www.rcn.org.uk/newsevents/press_releases/uk/patients_missing_out_on_spiritual_care_say_nurses (accessed 16.06.11).
- The Scottish Government, 2008. *Guidance on Spiritual Care and Chaplaincy in the NHS in Scotland Healthcare Policy and Strategy*. Directorate, Patients and Quality Division. Scotland CEL 49, 17th November.
- Timmins, F., 2013. Nurse's views of spirituality and spiritual care provision in the Republic of Ireland. *J. Study Spiritual.* 3, 2121–2137.
- Timmins, F., Murphy, M., Neill, F., Begley, T., Sheaf, G., 2014. An exploration of the extent of inclusion of spirituality and spiritual care concepts in core nursing textbooks. *Nurse Educ. Today*.
- Tomlinsons, 2010. *Nursing and Midwifery Core Collection*, fourth ed. Tomlinsons, London.
- UKBHC, 2010. *Code of Conduct for Healthcare Chaplains*. UKBHC, Cambridge.
- Vance, D.L., 2001. Nurses' attitudes towards spirituality and patient care. *MEDSURG Nurs.* 10 (5), 264–268.
- Van Leeuwen, L., Tiesinga, J., Post, D., Jochemsen, H., 2006. Spiritual care: implications for nurses' professional responsibility. *J. Clin. Nurs.* 15 (7), 875–884.
- Van Leeuwen, R., Tiesinga, L.J., Middel, B., Post, D., Jochemsen, H., 2009. An Instrument to measure nursing Competencies in Spiritual Care: validity and reliability of the Spiritual Care Competence Scale (SCCS). *J. Clin. Nurs.* 18 (20), 2857–2869.
- Weathers, E., McCarthy, G., Coffey, A., 2015. Concept analysis of spirituality: an evolutionary approach. *Nurs. Forum* (in press).