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An Educational Program for Nurses to Incorporate Spiritual Care Into Clinical Practice

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Abstract

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Abstract

Spiritual well-being is associated with several positive outcomes, including a greater tolerance of the emotional and physical demands of illness. Spiritual care is a basic element of holistic nursing, yet nurses generally lack spiritual care knowledge and abilities and are often unable to satisfy patients' spiritual care needs. Therefore, nurses are in urgent need of relevant training to enhance their abilities to provide patients with spiritual care. Evidence-based education was lacking at the project site, a privately owned long-term care facility. Primary care attention was focused on the patients' physical care; however, insufficient attention was being paid to spiritual care, which resulted in neglecting a broader view of health that was inclusive of spiritual care. The purpose of this project was to determine whether a staff educational training would increase nurses' perceptions of their competencies to deliver spiritual care to patients in a long-term care setting. This project included a small sample of long-term care nurses (n = 6). The project used Watson's caring theory, which is an explanatory, middle-range theory focused on human caring. Staff nurses completed 10 items from the Spirituality Care Competence Scale (SCCS) as a pretest evaluation of spiritual care competencies. A PowerPoint was followed by a second completion of the SCCS as a posttest evaluation of training effectiveness. From pretest to posttest, participants' ratings of competencies for spiritual care delivery improved, as analyzed using descriptive statistics. The improved sense of competencies through education on the significant aspects of spiritual care may lead to nurses who affect a positive social change by providing patients with more holistic care that includes the support of their spirituality and increase their quality of life.

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Dedication

First, I humbly dedicate this project to God Almighty, the beginning and finisher of all my endeavors. Thank you for the strength to complete this project.

This paper is dedicated to my mother. She became ill when I started this journey. She never knew that I was advancing my degree. Although she never knew, she gave me the inspiration to focus on spirituality in nursing practice. She instilled compassion and spiritual values in me. Every moment that I spent caring for her was confirmation for this DNP project.

To my family members and friends who were there with me when I started this journey. You stayed with me until the very end, and I want to thank each of you for the prayers and the encouraging words. This journey was not easy, but because of you I was able to complete this wonderful accomplishment in my life. Finally, to my husband, Eugene, who has asked at least 1,000 times, “Are you almost done?” I can finally answer…. “Mission completed!!” I love each of you!

Acknowledgments

I would like to thank my amazing committee chair, Dr. Joan Hahn, for all the support and encouragement given to me during this project. I could not have done this without you. Many times, without your knowledge, I wanted to just stop and give up. However, your kind and encouraging words made me believe that I could do it because you believed that I could. Thank you from the very bottom of my heart. You were the wind beneath my wings when I felt myself falling. Your guidance and support will always be remembered. I want to also give thanks to my secondary committee chair, Dr. Lynda Crawford, for the willingness to share your professional and scholarly contribution and feedback. Again, I thank the both of you for making this evidence-based project a reality.

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Section 1: Nature of the Project

Spiritual care is that aspect of health care that attends to spiritual or religious needs brought on by an illness or injury (Roman et al., 2020). Spiritual care is facilitating an opportunity for the patient to express and discuss existential questions and to practice their spirituality according to their beliefs and preferences (Lundmark, 2005). The practice of spiritual care may address a specific religion but also may be addressed through activities such as engaging in art, music, or nature (Elk et al., 2017). Spiritual care allows a person the space to express what they are feeling while forming a bond of trust between those who share with those who listen. Examples of ways that nurses can provide spiritual care may include actively and attentively listening, asking how they may support the patient spiritually, sharing an encouraging word or thought, or simply using the gift of presence and touch (Harrad et al., 2019).

Link Between Health and Spirituality

Spiritual care is considered an essential component of healthcare (Elk et al., 2017). It has been recognized as part of holistic nursing care in promoting health and well-being (Harrad et al., 2019). Spiritual care is increasingly being recognized in the health literature as having an impact on health (see Anandarajah & Hight, 2001). Spiritual assessment and continuous spiritual care are part of The Joint Commission's (TJC) requirements for health care. Persons find that addressing their spirituality helps them maintain health and cope with illnesses, traumas, losses, and life transitions by integrating body, mind, and spirit (Gaur & Sharma, 2015). Religious and spiritual beliefs

and practices are important in the lives of many patients, yet their spiritual needs may be overlooked (Nelson, 2016).

Patients who receive adequate spiritual care reported more satisfaction with their care and treatment, as well as improved well-being and quality of life (see Elk et al., 2017; Lind et al., 2011). The reverse appeared true for unmet spiritual needs with potential for a negative impact on health, such as depression and pain (Elk et al., 2017). This suggests that patients' spiritual needs are unmet, and there seems to be lower levels of satisfaction with care received (Harrad et al., 2019). A patient may remain lost and restless until the spiritual aspects of life are addressed (Gaur & Sharma, 2015). An increasing amount of research has found that patients whose spiritual needs are not being met report lower ratings of quality and satisfaction with their care (Sharma et al., 2012).

Why Spiritual Health Is Important

Spiritual care offers many benefits, especially when a nurse offers it. One study expressed that spiritual care has positive effects on an individual's stress responses and spiritual well-being, described as "the balance between physical, psychosocial, and spiritual aspects of self, sense of integrity and excellence, and interpersonal relationships" (Cavendish et al., 2003, as cited in Zehtab & Adib-Hajbaghery, 2014, para. 2). Not providing spiritual support to patients is neglecting an important opportunity to improve patient care (Elk et al., 2017). Patients have spiritual needs and need spiritual care, and nurses have a unique opportunity to minister to these patients (Ruth-Sahd et al., 2018).

Nurse's Role in Spiritual Care

The role of nursing in spiritual care has increased in the last several decades, and research has shown that nurses consider spirituality to be very important within patient care (Elk et al., 2017). The North America Nursing Diagnosis Association (NANDA, 2004) prompted attention by nurses in practice to deliver interventions to address spirituality with the diagnosis of spiritual distress in 2002. Researchers have acknowledged that spiritual distress may occur at any time during a patient's journey, and as such, nurses should be prepared to provide spiritual care whenever it is needed, including the provision of a spiritual needs assessment (Harrad et al., 2019). In the United States, the American Nurses Association (ANA) has openly and formally embraced the notion of spiritual care in nursing education and practice as a critical component of health (Linda, 2020). However, barriers have been identified for nurses providing such care. Two important barriers cited by nurses in studies are inadequate training or lack of training and feeling underequipped to provide spiritual care (Elk et al., 2017; Lukovsky et al., 2021). Researchers have found that nurses who had received spiritual care training as part of their basic nursing curriculum and had been taught to incorporate spiritual care into the planning and delivery of care felt more competent and prepared to address spiritual issues (Ruder, 2013). This project developed staff education to improve nurse competencies in delivering spiritual care in a long-term care setting.

Religious and spiritual beliefs and practices are important in the lives of many patients, yet they may be overlooked (Nelson, 2016). Nurses have reported being uncertain about whether, when, or how to address spiritual or religious issues in a clinical

setting (Lukovsky et al., 2021; Sartori, 2010). With confidence building and practice, spiritual care can be integrated into nursing practice, thereby showing the patient that they are valued and that all their needs, not simply physical ailments, are recognized and respected as part of holistic care (Puchalski, 2013).

This Doctor of Nursing Practice (DNP) project was directed toward increasing nurses' understanding of the need to acknowledge patients' spirituality and assisting patients in meeting their spiritual needs. This evidence-based information was offered to increase nurses' knowledge and capability in assisting patients to receive the highest level of care with the incorporation of spiritual care in the long-term care setting to bring about a positive patient outcome. This project made a significant contribution to positive social change by disseminating information on spirituality that may contribute to the quality of life of patients treated in a long-term care facility. The project information provided ideas and resources for organizational decision makers to consider when implementing spirituality training for nurses. Knowledgeable health care providers, such as nurses, are needed to deliver compassionate, effective care, which includes meeting their patients' spiritual needs. The nature of this project was to develop staff education to improve nurse competencies in delivering spiritual care for nursing staff working in a long-term care facility in South Carolina.

Problem Statement

Based on my observations, insufficient attention was paid to spiritual care in the long-term care facility where this project occurred. I observed that primary attention was focused on the patients' physical care, which may result in neglecting a broader view of

health that is inclusive of spiritual care. I saw an absence of addressing spiritual needs at the bedside. I saw that the approach to addressing spiritual care was based solely on a Wednesday evening or Sunday morning service provided by different community churches. Spiritual needs were also addressed by having a chaplain visit or having someone brought in to sing songs or say a sermon. I saw patients calling out to God. Some were calling out in pain. However, others were observed just calling out for God as in a state of emotional or spiritual distress. I did not observe nurses talking to the patients about their feelings, as they were directing care only to the patients' physical needs. There was no evidence noted in nursing notes or documentation of spiritual care provided to the patients in this project facility.

Nurses must be confident in assessing and implementing spiritual care, and this care is essential in all clinical areas. However, research-based evidence demonstrates that patients' spiritual needs are not always addressed by nurses (Ledger, 2005; see Zehtab & Adib-Hajbaghery, 2014). Nurses have cited a lack of educational preparation as a barrier to including spiritual assessment and care into their practice (Hubbell et al., 2017). Nurses may be unable to respond to spiritual needs because of inadequate education or the assumption that spiritual needs should be addressed by clergy, chaplains, or other spiritual care providers (Ruder, 2013).

The practice problem addressed in the project was the lack of education provided to nurses on how to deliver spiritual care to patients in a clinical setting. In general, students and qualified nurses are aware of the importance of providing spiritual care and are hindered by a lack of education about how to best implement such care (Harrad et al.,

2019). The failure of nursing schools to integrate spiritual nursing care education into the curriculum has contributed to a lack of nurses' spiritual care ability (White & Hand, 2017).

Purpose Statement

The purpose of this project was to develop education for nurses to increase nurse competencies for providing spiritual care in a long-term care facility. The gap in practice that this project addressed was knowledge regarding spiritual training. The integration of spiritual care into nursing practice is needed to meet patients' spiritual needs as part of holistic care (Snowden et al., 2018). Research to date has demonstrated that spiritual care as an integral part of holistic nursing can be hampered if nurses experience insufficient preparation or organizational cultures fail to prioritize spiritual well-being (Barss, 2020). The three elements considered in answering the project question involved (a) evaluating nurses' current assessment of their competencies to deliver spiritual care, (b) providing education to nurses on spiritual care, and (c) determining whether training would improve nurses' rating of their competencies to provide spiritual care. The project practice-focused question (PFQ) was the following: Will a staff educational program for nurses increase their ratings on their ability to successfully perform the competencies for delivering spiritual care in a long-term care setting?

Nature of the Doctoral Project

I used evidence generated for the doctoral project following the guidelines for developing a staff education project. I used the Walden University Manual for Staff Education, which incorporated instructional design models for developing education

programs (Walden University, 2019). I also employed Watson's (2008) caring theory as a theoretical framework. Caring is central to nursing practice and promotes health beyond a simple medical cure (Watson, 2008). Watson's *Nursing: The Philosophy and Science of Caring*, which addresses how nurses express care to their patients, has four major concepts: human being, health, environment/society, and nursing. Watson's theory was relevant to my project because it promotes holistic health care. The holistic approach is about multifaceted care, often treating several ailments rather than just one illness (American Holistic Nurses Association, n.d.).

The approach to this DNP project began with searching multiple databases to identify pertinent existing research in the form of peer-reviewed articles and full-text evidence-based practice articles published during the past 15 years (2005–2020). I conducted a literature review using databases accessed through the Walden Library, including CINAHL, EBSCO, MEDLINE, ProQuest, and the Cochrane Library. Thus, the sources of evidence were drawn from research-based literature that supported spirituality in nursing practice. The project provides a concise but comprehensive review of peer-reviewed research on spiritual care in nursing practice. First, a clear definition of spiritual care sets the stage, followed by a review of research on spiritual care and nursing practice. A theoretical model is presented explaining how the incorporation of spiritual care into nursing practice influences patient outcomes. Finally, I discuss what nurses should do in light of these research findings and make recommendations in this regard for the long-term-care facility staff education project.

This project addressed the gap in practice by training nurses on ways to address spiritual needs of patients. Nurses are unable to fulfill patients' spiritual needs for a variety of reasons. Rushton (2014) agreed that the main barriers to spiritual care are difficulty in defining spirituality, lack of clear guidelines for the nurse's role in providing spiritual care, and a lack of training and education in spirituality. It is of great importance to pay attention to the different aspects of spiritual care and enforce factors that can act as facilitators in this area and remove the barriers to spiritual care (Atashzadeh-Shoorideh, 2018). This aim is attainable through educating the nursing staff at this long-term care facility.

Significance

Developing and implementing an educational program to incorporate spiritual care in nursing practice is important to numerous stakeholders including nurses, patients, families, and other health care professionals. Of the many interdisciplinary professionals involved in patient care, it is often the nurse at the patient's bedside who is the most present to engage with the patient on a spiritual level. Patients who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses. Studies have indicated that patients who are spiritual tend to have a more positive outlook and a better quality of life (Zehtab & Adib-Hajbaghery, 2014). Nurses must consider spirituality as a potentially important component of every patient's overall well-being (Sulmasy, 2002). The contribution of this doctoral project to nursing practice is that it will allow nurses to identify patients in spiritual distress and help them to resolve their spiritual problems, thus potentially improving their health.

Spirituality is reflected in everyday life. Many patients are religious, have religious beliefs and traditions related to health, and have health problems that often give rise to spiritual needs (Sulmasy, 2002). The spiritual aspects of patients will most likely influence the kind of health care that they may wish to receive. Patients, particularly when hospitalized, may be isolated from their religious communities, and, because spiritual needs often come up during this time, nurses must recognize and address those needs. Nurses should embrace not only the physical aspects of care (Sulmasy, 2002).

Today, a person may be considered a biopsychosocial unit (Sulmasy, 2002). A legitimate goal of nursing is holistic care, which means treating the whole or complete patient. Nurses should not only seek to alleviate physical pain or render physical care; they are also responsible for ministering care to the whole individual. NANDA's (2004) approved list of nursing diagnoses includes *spiritual distress*, which is described as distress of the human spirit, and disruption in the life principle that pervades a person's entire being. Spiritual distress integrates and transcends a person's biological and psychosocial nature (NANDA, 2004). The concept of spiritual distress also reflects that suffering extends beyond physical, mental, and emotional factors.

As the health care system becomes increasing complex, there is a professional prerequisite for nurses to improve their competence in spiritual care delivery, assessment, and meeting the spiritual needs of their patients (Abbasi et al., 2014). The professional development that resulted from this project helped to increase the levels of nurses' reported competence in providing spiritual care to patients. Demonstration of the success of this training may facilitate its wider dissemination among nurses across this facility

and in other long-term care settings. The long-term desired outcome is that such training will benefit nurses by increasing their confidence to assist patients in a full holistic capacity. The project has potential to benefit patients by improving their individual spiritual well-being and performance, as well as the quality of their spiritual life. These desired outcomes will be the connective hub that promotes, facilitates, and supports purposeful actions for sustainable positive social change (Walden, 2019).

Summary

In patient care, spirituality is an ongoing issue, and addressing it in nursing is important. Spirituality is a fundamental aspect of wellness and is indispensable in nursing care (Wright, 2007). Nurses are obligated to take an active role in meeting the spiritual needs of patients. In Section 1, spiritual care was defined. I reviewed the importance of spiritual care as a recognized part of holistic nursing care in promoting health and well-being. I described positive clinical impacts when spiritual care is provided to patients by nurses and other health care providers. I highlighted the benefits of appropriate training and education for nurses on spirituality. Finally, I discussed how overlooking spiritual support to patients can lead to neglecting an important opportunity to improve patient care and thus established that education is needed. In the next section, I describe the concepts, models, and theories that I used to guide the project, my role as a DNP student in leading the project team, and the relevance of the project to nursing practice in a long-term care setting.

Section 2: Background and Content

Introduction

Spirituality is an important component of wellness for many patients, particularly those facing chronic or life-threatening illnesses. Nurses recognize that patients have spiritual needs yet report their lack of expertise on strategies for providing spiritual care (Elk et al., 2017; Lukovsky et al., 2021). Not providing spiritual support to patients is neglecting an essential opportunity to improve patient care and outcomes, as findings of research support its benefits for patients (Elk et al., 2017; Lind et al., 2011). Study findings on training in spiritual care provided to nurses have supported the benefits of such training for nurses, including increases in their ability to recognize and respond to patients' spiritual needs (Hu et al., 2019; Lind et al., 2011) by improving their competence in providing spiritual care (Attard et al., 2014; Hu et al., 2019). An observed lack of spiritual care for patients in one long-term care setting led to addressing the significant gap in educational opportunities for developing spiritual care competencies in nursing practice.

The purpose of this project was to develop education for nurses to increase nurses' readiness and ability to provide spiritual care in this long-term care facility project site. The education was geared toward increasing nurses' competencies for delivering spiritual care in this long-term care setting. The PFQ addressed was the following: Will an education program for nurses increase their level of preparedness and their rating on their ability to successfully perform competencies for delivering spiritual care in a long-term setting?

In this section, I discuss the concepts, models and theories informing the project; the project's relevance to nursing practice; the local background and context; and my role as the DNP student.

Concepts, Models, and Theoretical Frameworks

Conceptual models and theoretical frameworks provide constructs that broadly explain phenomena of interest and provide logical structures that guide the development of a study that yields knowledge for practice (Premkumar et al., 2017). Watson's caring theory is a theoretical framework that guided content development for this educational project (Riegel et al., 2018). The analysis, design, development, implementation, and evaluation (ADDIE) model served as a guide in developing, implementing, and evaluating the educational program in this project (Branch, 2009). Several key concepts were used to guide this project.

Watson's Human Caring Theory

The practice relevance of Watson's human caring theory involves a shift in thinking and approaches to patient care from a mindset of cure to one of care (Watson, 2008). The philosophy and science of this caring model have four major ideas: nursing, health, society, and the human being (Watson, 2008). The model was relevant to this project because it supported holistic nursing care. The model is a reminder that a nurse's primary purpose in clinical practice is not only to be task-oriented in attending to basic patient needs (e.g., assess vital signs, complete paperwork, administer medication), but also to help patients heal and to provide comfort by engaging in what Watson labels as the *10 Caritas Processes of caring* (see Watson, 2008). Use of Watson's theory

emphasizes holistic care and other practices to meet the spiritual care and needs of the patients. Examples of Watson's caring practices include (a) getting to know the patient, (b) practicing deep listening to be fully present, (c) asking simple yet meaningful questions, and (d) engaging in care modalities designed to enhance the patient's experience, such as the use of music and relaxation (Costello, 2018).

Spiritual care is inseparable from physical, social, and psychological care because together they serve a complete person. Watson's work is a middle-range explanatory theory because it focuses on the human components of caring and the moment-to-moment encounter between the individual providing care and the individual being cared for, especially nurses during interactions with others (Fawcett et al., 2013). Watson's caring framework has application in nursing practice with a focus on spiritual care, particularly in areas of oncology (Costello, 2018) and palliative care (Aghaei et al., 2020). Nurses in this project were encouraged to use caring as a basis to provide a sense of well-being through assessment of and support for the patients' individualized spiritual beliefs.

Jean Watson's theory of caring science and caritas processes can provide a framework for the development of caring and healing practices that can facilitate spiritual care (Costello, 2018). With education and training, nurses can learn to address patients' spiritual needs on primary levels. Nurses often state that they consider spirituality to be important in the care of their patients yet receive little training in the provision of spiritual care (Costello, 2018). Knowledge of spirituality is the main factor in nurses' ability to provide spiritual care to their patients. Bush and Bruni (2008) used Watson's

model to conduct a study that supported the integration of spiritual care in holistic palliative care nursing practice.

The Analysis, Design, Development, Implementation, and Evaluation Model

Numerous instructional design models are available for developing education programs. The manual for staff from Walden University (2019) highlights one of the most used as the ADDIE model, which guides the generic process traditionally used by instructional designers and training developers (Davis, 2013). The five steps of the ADDIE model (analysis, design, development, implementation, and evaluation) represent a dynamic, flexible guideline for building effective training and performance support tools. The model offers a flexible and systematic approach for the development of learning modules as a single component or one strategy in a multifaceted approach for training in evidence-based practices (Aldoobie, 2015). The ADDIE model has been used to develop training on the caring approach to nursing care (Hsu et al., 2014).

The ADDIE model provided me with an established method for designing a clear and effective training for nurses in the chosen facility, which allowed for the development of an education program to create effective learning experiences. The five steps of the ADDIE model as applied to this project included the following:

1. Analyze the evidence in the literature to support the need to incorporate spiritual care into nursing practice.
2. Design the program based on what evidence-based content would meet the facility's needs.

3. Develop an educational program for nurses to incorporate spiritual care into clinical practice.
4. Implement the education to offer quality training in this nursing practice area.
5. Evaluate the evidence collected before and after the training to determine improvement in nurses' rating of competencies to provide spiritual care as well as nurses' satisfaction with the educational program.

The evaluation to explore the effectiveness of the educational program for patients and families was beyond the scope of this project and will be applied in the clinical setting after the dissemination of the project.

Concepts

Holistic Nursing

Holistic nursing is nursing practice in which the goal is healing the whole person (ANA, 2013; Zamanzadeh et al., 2015). This practice recognizes the totality of the human being (i.e., the interconnectedness of body, mind, spirit, social/culture, relationship, and environment). Holistic nursing is a specialty practice that draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with people in their care. Holistic nursing is not necessarily something that a nurse does. It is an attitude, a philosophy, and a way of being (ANA, 2013). Holistic care addresses the physical, psychological, social, and spiritual dimensions of a patient (Zamanzadeh et al., 2015).

Quality of Life

Quality of life is a feeling of overall life satisfaction, as determined by the mentally alert individual whose life is being evaluated (Theofilou, 2013)

Religion

A religion is a certain organized system of beliefs (Streve-Neiger & Edelstein, 2004). It involves a set of beliefs and practices related to the issue of what exists beyond the visible world. It can also be defined as the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred (Streve-Neiger & Edelstein, 2004). Religion is the means through which spirituality is expressed through a framework of values, practices, and beliefs. For many people, religion provides the answers to essential questions about life and death. It is important to recognize that many people have their own form of religion that may not fall into the traditional models of recognized religions (Streve-Neiger & Edelstein, 2004).

Spiritual Assessment

Spiritual assessment entails measurement of a patient's health from a spiritual perspective (Cadge & Bandini, 2015). Using this process, nurses can identify a patient's spiritual need(s). The process allows information to be collected in an efficient, organized manner and then communicated to those who need it (Saguil & Phelps, 2012). A holistic approach to a patient's spiritual assessment is undertaken with the assumption that spiritual needs influence all other areas of an individual; therefore, the assessment involves examination of physical, psychological, emotional, social, and cultural components as well (Saguil & Phelps, 2012). Without a thorough and careful assessment,

effective interventions are compromised. This is true whether the individual's physical, psychological, emotional, social, cultural, or spiritual dimension is assessed (Saguil & Phelps, 2012). Spiritual assessments are not only standardized series of questions. Assessment questions are guides in exploration of each individual patient need. The process also provides a framework that allows for the identification of a patient's spiritual needs, which is the only way to reach effective nursing interventions.

Spiritual Care

Spiritual care is a natural part of total care that fits easily into the nursing process of assessment, nursing diagnosis, planning, implementation, and evaluation (Harrad et al., 2019). It can consist of anything that nurtures the human spirit in coping with a crisis. Care involves promoting an individual's personal integrity, interpersonal relationships, and search for meaning (Harrad et al., 2019). Providing spiritual care involves the ability of the health care provider to recognize and respond to the multiple aspects of spirituality encountered in patients.

Spiritual Distress

Spiritual distress is a disturbance in a person's belief system. As an approved nursing diagnosis, spiritual distress is a disruption in the life principle that pervades a person's entire being and that integrates and transcends their biological and psychological nature (Monod et al., 2010). Spiritual distress is among the most common issues of concern revealed using spiritual assessment tools and occurs when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength, and connection in life or

when conflict occurs between their beliefs and what is happening in their life (Monad et al., 2010).

Spirituality

Spirituality is associated with an inner search for enlightenment. It is a process involving unity and harmony within the mind, body, and soul (Adegbola, 2006). Spirituality is born in a person and develops in a person. It is deeply personal and involves an individual's deepest fears and aspirations.

Relevance to Nursing Practice

Spiritual care in nursing is an important part of overall health care (Curtin, 2021) and an essential part of nursing care in practice (Vlasblom et al., 2011). Historically, nursing has its roots in holistic care, with nurses defining their role primarily in spiritual terms. Florence Nightingale, one of the most influential figures for holistic nursing, was a strong advocate for spiritual care (Burkart & Hoggan, 2008). However, with the arrival of a new era involving technical care, the focus of holistic care, including spiritual care, diminished (Clarke, 2013). Today, existing literature has recently revealed that there has been a resurgence in wholeness and spirituality within nursing and in healthcare as evidenced by the publication of articles and books on the subject (Pulchalski et al., 2014). Yilmaz and Gurler (2014) reported a significant difference in the knowledge and attitudes toward spirituality of nursing students because of the integration of spirituality into the undergraduate nursing curriculum. Knowledge gaps remain in nursing practice.

Nurses may feel ill equipped to deliver spiritual care because they lack the proper training to do so. A large-scale survey of 250 nurses showed that despite being able to

recognize patients' spiritual needs, the majority felt that they lacked awareness of strategies to address these needs (Lukovsky et al., 2021). This project permitted the closure of that gap by providing spirituality training to nurses. A prominent way to address this major gap in practice was to provide appropriate education for nurses to enable them to confidently talk with patients about spiritual concerns (Nelson, 2016). The lack of education regarding spiritual care as part of caring for the patient holistically revolves from a disconnect in applying theory to practice in clinical settings. This training involves incorporating spiritual care as well as physical care in holistic nursing practice for patients to increase their quality of life. For example, patients often present to health care settings with complaints that lead to medications, tests, and treatments for the physical cause. There is a gap in practice in that providers and nurses address the physical ailment of the patient, but the patient may be suffering from spiritual issues that manifest as physical symptoms with no medical origin (Harrad et al., 2019). Most patients value their spiritual health and believe that it is just as important as their mental and physical health (Glombicki & Jeuland, 2014). This DNP project focused on the spiritual aspects of care that are often overlooked in the health care arena, building on existing evidence to support practice.

Literature Review

Attard et al. (2014) conducted a study using the Spiritual Care Competency Scale. The aim of their study was to identify the predictive effect of pre- and postregistration taught study units on the spiritual care competency of qualified nurses and midwives. The study population consisted of 111 nurses and 101 midwives. The results showed that

nurses and midwives who had participated in the study units on spiritual care scored higher in their competency on spiritual care. Although the result was not statistically significant, nurses scored higher in their overall competency in spiritual care than the midwives. Attard et al. concluded that study units on spiritual care in pre- or postregistration nurse and midwifery education may contribute to the acquisition of competency in spiritual care.

A study by Bush and Bruni (2008) explored the meaning of spiritual care as described by a group of palliative care professionals. The researchers collected data through in-depth conversational interviews that were analyzed thematically. The interviews were transcribed verbatim. The sample population for this study consisted of female palliative care professionals ($N = 8$), including nurses, therapists, and pastoral care providers recruited from a community home-based palliative care agency. The results pointed to the need for healthcare professionals to incorporate spiritual care guidelines into practice for palliative care to be truly representative of holistic health care. Bush and Bruni (2008) supported the need for spiritual care guidelines in nursing practice to be able to address the physical, psychological, social, and spiritual dimensions of patients, which are frequently overlooked.

Hu et al. (2019) conducted a study with a purpose to establish a spiritual care training protocol for nurses and to verify its effectiveness. The study used the enhancement of nurses' spiritual health as a point of entry. This study involved the development and implementation of a spiritual care training protocol to improve nurses' spiritual care. This nonrandomized study was conducted using study groups. The study

groups received one spiritual care group training session every 6 months based on routine nursing education mainly by lectures. The control group participated in monthly nursing education sessions organized by the hospital for 12 continuous months. The study population was 92 nurses recruited at a cancer treatment hospital in a single province by voluntary sign-up. The nurses were divided into two groups based on the coin toss method. The study group consisted of 45 people, and the control group consisted of 47 people. The results of the study conducted revealed that after 12 months of intervention, the nurses in the study group had significantly higher overall spiritual health and spiritual care competency scores as well as significantly higher scores on all individual dimensions compared with those in the control group ($p < 0.01$). Hu et al. concluded that nurses with spiritual health training had a better ability to recognize and respond to patients' spiritual needs. Therefore, they were more likely to proactively provide spiritual care to patients. This suggests that implementing a spiritual care protocol could improve nurses' spiritual care competency. In addition, it supports the idea that nurses with better spiritual health have a better ability to recognize and respond to patients' spiritual needs.

Van Leeuwen et al. (2009) conducted a study that contributed to the development of a valid and reliable instrument, the Spiritual Care Competency Scale. The instrument assessed nurses' competencies in providing spiritual care. The design used was a survey that consisted of a cross-sectional study. The items in the instrument were hypothesized from a competency profile regrading spiritual care. Construct validity was evaluated by factor analysis and internal consistency was estimated with Cronbach's alpha and the average inter-item correlation. In addition, the test-retest reliability of the instrument was

determined at a two-week interval between baseline and follow-up *(N* = 109). The scale was developed in the Netherlands and the participants for the study were students from baccalaureate-level nursing schools in the Netherlands (*N* = 197).

The SCCS questionnaire (van Leeuwen et al., 2009) measured six core domains of spiritual care-related nursing competencies. These domains in the SCCS (van Leeuwen et al., 2008) were labeled as (a) assessment and implementation of spiritual care (Cronbach's alpha = 0.82), (b) professionalization and improving quality of spiritual care (Cronbach's alpha = 0.82), (c) personal support and patient counseling (Cronbach's alpha = 0.81), (d) referral to professionals (Cronbach's alpha = 0.79), (e) attitude toward patient's spirituality (Cronbach's alpha = 0.56), and (f) communication (Cronbach's alpha = 0.71). These subscales showed strong internal consistency, sufficient average interitem correlations, and sufficient test-retest reliability.

A study by Lind et al. (2011) used the Avatar Likert scale to monitor patient satisfaction after spiritual care training of nurses. Participants strongly agreed that nurses addressed their spiritual and emotional needs with an increased by approximately 10% each quarter after spirituality training was given to nurses. In addition, the medical records were checked for the number of times nurses consulted with pastoral care services and how often the spiritual care plan was used. The recorded use of the spiritual care plan increased from no previous use to one to four uses per month during the first 3 months after the spiritual training. Nurses stated that they were more comfortable with assessing spirituality needs and delivering interventions for spiritual care issues after the

training. The results supported the benefits of training for both the nurses and the patients.

Riahi et al (2018) conducted a study aimed to investigate the effect of spiritual intelligence training on the nurses' competence in spiritual care in critical care units. This study allowed eight sessions of spiritual intelligence training workshops. This study was a semi-experimental with two groups with a pretest and posttest design. The scale for assessing nurses' competencies in spiritual care was completed before, immediately after, and one month after sessions in two groups. The participants were selected from nursing staff working on critical care units of teaching hospitals. The sample included 82 nurses with 40 in the experimental group and 42 in the control group. The results of this study showed that spiritual intelligence training had a positive effect on nurses' competence in spiritual care. Riahi et al. (2018) study justifies the importance of providing training to improve nurses' competence in providing spiritual care and illustrated the potential benefits to patients.

Vlasblom (2011) conducted a trial "spirituality and nursing care" training that was provided to nurses from nursing wards in a nonacademic, urban hospital. Prior to the training and 6 weeks after the training, nurses and all patients were asked to fill out a questionnaire. The results of the comparison of totals before (N = 44) and after the training (N = 31) revealed that the patients from the intervention wards experienced more receptiveness and support when asking questions about illness and meaning. Positive changes occurred in the nurses' attitudes, and their knowledge base was improved. The changes in practice displayed a significant positive change in clinical practice, such as

increased documentation of spiritual needs and a statistically significant increase in the number of referrals to the chaplains. The results indicated that training in spiritual care for nurses had positive effects on the health care that patients experienced. As a result of the spiritual training, patients had an increased feeling that nurses were supportive of their spiritual needs (Vlasblom, 2011). This study supports the benefits of training to both the nurses and the patients, and that spiritual care is an indispensable element of nursing care.

Literature Search Strategy

This literature search was conducted to support this project to examine the need for incorporating spiritual care into nursing practice. The intent was to examine literature to develop the education content based on the literature. To locate the literature for this review, I accessed the following databases in Walden University's Library: CINAHL, MEDLINE, EBSCO, Full Text, and ProQuest Nursing. The keyword search terms used were *spirituality, nursing education, spiritual practice, quality of life, spiritual assessment, spiritual care, spiritual distress, religion,* and *holistic care*. The intent was to strive to obtain current research published within the past 10 years; however, it was crucial to this project to include articles that went back as far as 15 years for reference of significant information.

My searches resulted in a total of 470 articles; however, only 48 articles were relevant to this project. I graded these articles based on the strength of the evidence presented, the currency of the evidence, and its relevance. Searching for relevant information entailed using Boolean operators, specifically the words "AND" and "OR" to

narrow the search to information that showed the relationship between spirituality and nursing practice and education. After reviewing the 48 articles, I found that 25 met the inclusion criteria and provided evidence on why spirituality training is needed, the use of spirituality in nursing and clinical practice, where spirituality training is currently used and its effects, and resources for education or training in spirituality. The eight studies that were selected to provide the background and content for the education program are summarized in the literature review matrix table in Appendix A.

Summary of Evidence

Training About Spirituality and Spiritual Care

A recent survey of 250 nurses practicing as hospice and palliative care nurses or holistic nurses found that while nurses reported ability to recognize spirituality needs of patients, over 90% felt unprepared to address palliative care (Lukovsky et al., 2021). Nurses who participated in training reported gains in competence with training (Attard et al, 2014; Hu et al., 2019; Lind et al, 2011; Riahi et al., 2018; Vlasblom et al., 2011), Study findings on training provided to nurses support the benefits to nurses. Benefits included improving their competence in providing spiritual care (Attard et al, 2014; Hu et al., 2019). Nurses reported improvement in being able to recognize and respond to patients' spiritual needs (Hu et al., 2019; Lind et al., 2011) by. The studies showed benefits to patients when nurses received training in spiritual care such as increased patient satisfaction on how their spiritual needs were addressed (Lind et al., 2011) and patients reported experienced more receptiveness and support when asking questions (Vlasblom et al., 2011).

Teaching strategies may include lectures by experts, group interventions during training that include clinical practice and case sharing (Hu et al., 2019). The SCCS questionnaire is a valid and reliable tool that is available to evaluate nurses' rating of their competence to provide spiritual care (van Leeuwen et al., 2009). Therefore, studies support that with adequate preparation, nurses will be enabled to address patients' spiritual needs and provide appropriate care.

Components of Education About Spirituality and Spiritual Care

Spiritual care is a part of holistic nursing practice, especially when engaging in palliative care that encompasses the physical, psychological, social needs and the spiritual needs which are often overlooked (Bush & Bruni, 2008). An essential element of effective training includes training nurses to recognize and respond to patient's spiritual needs (Hu et al., 2019). Assessing spirituality and the spiritual needs of patients is fundamental to providing effective spiritual care. The Joint Commission requires that nurses provide a spiritual assessment of every patient (JCAHO, 2005). Strategies to address assessments of a patients' spirituality and spiritual needs in healthcare settings can begin with a formal spiritual assessment tool (Timmins & Caldeira, 2017). An assessment tool can assist nurses to identify patients' spiritual needs and to determine whether they are experiencing spiritual distress.

The study by Lukovsky (2021) cited that the essential elements of training on spiritual care would include strategies that show respect and support; have presence and use therapeutic listening; give meaning and support purpose in life; and garner teamwork and helping patients to explore their feelings (Lukovsky, 2021). Similarly, Eldridge

(2007) expressed that by applying the following key concepts, nurses can become more comfortable with effective spiritual interventions by

- being there
- listening actively
- using touch
- encouraging prayer with the patient or allowing the patient to pray
- using inspirational music or words
- conducting an evaluation of spiritual needs

Providing spiritual care benefits the whole patient and promotes all aspects of health and healing (Eldridge, 2007).

It is important to address the challenges in providing spiritual care. The literature suggests that nurses face many challenges in today's healthcare system when it comes to spiritual care. Those challenges as: (a) the system placing focus on physical and medical care of clients, sometimes to the detriment of other aspects of care, (b) Lack of awareness among healthcare professionals about the place of spirituality and patient care, (c) Spirituality as simply religious care, (d) Nurse's lack of confidence and competence in spiritual care, and (e) Time as a factor due to nurses being asked to do more and more in less time. These barriers and challenges were addressed in the education that was developed for the nurses in this long-term care setting to improve their competencies in providing spiritual care. The evidence that supported the content and was used to develop the training is summarized in Appendix A in the literature review summary matrix table.

Local Background and Context

The project facility was located in a suburban area. This privately owned long-term care facility provides residences for both assisted living and 24-hour skilled nursing care. The project focused on an educational program for the nursing staff working in the skilled nursing care area. Skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It is health care given when you need skilled nursing or skilled therapy to treat, manage, observe conditions, and evaluate care (Medicare.gov, 2020). This project site facility has approximately 80 patients in total in the skilled care area. It renders long-term care services to the city patients, as well as from four surrounding areas. Many of the patients are well over the age of 65. The organization has two physician providers, an estimated 15 full and part-time nurses, and 10 full and part-time certified nursing assistants. The chronic diseases and conditions most often seen among the patients served in this facility includes diabetes, arthritis, cardiovascular disease, chronic pain, dementia, and stroke. The prognosis of the patients within the facility is good, and many residents have adjusted to their lives in the facility.

The mission of this facility is to deliver high-quality care to older adults and their families with dignity and respect. It is committed to caring for the oldest members of the local community. Most residents are age 65 years and older. The facility's objective is commitment to delivering high-quality care and family friendly. The facility receives a consistent four-star rating on the Five Star Quality Rating provided by Medicare, which evaluates nursing homes based on three sources of data: health inspections, staffing, and

quality measures (Centers for Medicare and Medicaid Services [CMS], 2020). The organizational leadership recognized that education on spirituality is lacking and has identified a need to provide education on incorporating spiritual care for their nurses and other staff.

In the United States, the population is aging significantly (National Institutes of Health, 2016). In the local community, there are 17 long-term care facilities. Evidence from research literature suggests that spirituality is an important component of meaning-making for many elderly patients (Duru and Williams, 2019). This project addressed how spirituality education in this facility will increase knowledge and the confidence of the nurses in providing care in this setting. After an evidence-based educational program is in place, knowledgeable nurses about spirituality in nursing practice will be able to recognize patient's spiritual health needs. They will then be able to encourage patients to identify the need to incorporate relevant spiritual practice into their activities of daily living (Green et al, 2011).

Nurses at this project site long-term care facility were suited to be involved in spiritual care because they were faced with the vulnerability of patients every day. It is in times of vulnerability that the patients reach out for spiritual care, and spiritual help. The patients may not directly say, "I need help with spiritual needs." However, in times of crisis, patients search for strength and encouragement. Regardless of the faith of the patients, spirituality is universal (International Council of Nurses, 2012).

All United States government, public, and private health care facilities and their staff fall under some form of regulatory requirements to provide opportunities for

spiritual health assessment and care as a component of holistic healthcare (Warnock, 2009). Growing consensus exists regarding the importance of spiritual assessment (Hodge, 2006). The largest health care accrediting body in the United States, TJC requires the administration of a spiritual assessment as part of the overall assessment of the patient to determine how the patient's spiritual outlook can affect his or her care, treatment, and services. This assessment should also include whether more in-depth assessments are necessary (JC, 2003). TJC has standards for spiritual care that indicates that each patient's spiritual care be assessed, accommodated, and attended to in ways that are important to them (Hodge, 2006). The stakeholders at this project site recognized the need to incorporate spiritual care in this facility's clinical practice to meet the spiritual needs of this population. The clinical practice site supported this endeavor and considered it to be a need for quality improvement.

Role of the DNP Student

My role as a DNP student was to lead in the development of an educational program to incorporate spiritual care in a clinical setting. This is consistent with DNP Essential III (American Association of Colleges of Nursing, 2008) in which a gap in practice is to be addressed with an intervention that promotes, safe; timely effective, efficient, and patient centered care. As a DNP student, I did the following:

1. Developed the objectives of the educational program. The goal was to educate on the importance of spiritual care in nursing practice. And how to assess spiritual needs and what interventions have been shown to improve spiritual health.

2. Identified the relevant evidence-based content for an educational program to be delivered to nurses and other health care professionals. This evidence-based content was presented to staff through a PowerPoint presentation.
3. Created a list of necessary educational material drawn from the extant literature and summarized the content in a literature review matrix table.
4. Developed the educational material of content.
5. Arranged for educational program implementation and evaluation with the nurse manager of the long-term care facility.
6. Completed analysis and synthesis of data to determine effectiveness of training and made recommendations.

This project is meaningful to me because I observed a need for more than basic nursing care in this long-term care facility upon observing spiritual distress of patients and lack of attention to providing spiritual care. The primary focus of care was on the physical needs of patients (e.g. activities of daily living, and administration of medications and treatments). Spirituality is of particular importance in the lives of many older adults (Malone & Dadswell, 2018). I observed that there is little to no engagement between patients and nurses regarding spiritual care at the project facility. Though every professional, including nurses, can and should provide some level of spiritual care, most are not well trained in the provision of spiritual care and are not comfortable attempting to do so (Ledger, 2005).

Role of the Project Team

In this project, the primary support was from the nursing manager of this long-term care facility. Due to COVID-19 a larger team was not feasible to participate in this project. The role of the nursing manager was to assist with this education project at the site by implementing the education program and its evaluation process.

Summary

In Section 2, I discussed the model and theory that was used to help address the relationship between caring and spirituality. Watson's caring model was used to support the needs for holistic nursing that includes spiritual care. The ADDIE Model was utilized for nursing practice improvements. Also addressed in section two, included: Relevance to Nursing Practice, Local Background and Context, and the Role of the DNP Student. Do to COVID 19 with limited access into the project facility, the project did not consist of a project team. In the following section, I covered the project design and methods. Section three provided more on the collection and analysis of evidence, including strategies for gathering and analyzing data to evaluate project outcomes.

Section 3: Collection and Analysis of Evidence

Introduction

The problem identified at the project site was a neglected area within the realm of holistic health care provision. Nurses were addressing the physical aspects of care for their patients. They were providing needed medications, wound care, and support for activities of daily living. However, the nurses were observed to be failing to recognize and address the spiritual needs of their patients. Nurses reported feeling unprepared and lacking confidence, competence, and skills to recognize, assess, and address patients' spiritual needs (O'Brien et al., 2018). This project addressed the lack of education that was provided to nurses on how to provide spiritual care in this facility by developing staff education. The development of staff education for nurses was designed to increase competency ratings in integrating spiritual care into this long-term care practice.

Section 2 provided the background and context for the project, addressing the need to provide evidence-based content to prepare nurses in the project facility to incorporate spiritual care into practice. This training will assist patients in having their spiritual needs met by offering nurses a strong educational foundation, which will provide nurses with confidence in their competency to deliver spiritual nursing care. This is intended to be effective in improving the quality of life of the patients served in this project facility.

In Section 3, I restate the PFQ, clarify the sources of evidence, and describe the plan for the analysis of the organization's operational data collected during the

educational program. I describe the sources of evidence that I gathered and describe the system used for recording, tracking, organizing, and analyzing the evidence collected.

Practice-Focused Question

The project question was the following: Will a staff education program for nurses increase the ratings in their ability to successfully perform the competencies for delivering spiritual care in a long-term care setting? The local problem addresses that spirituality is often neglected in this clinical setting unless the patient is nearing the end of life. Assessing spiritual needs and providing spiritual support are considered essential for quality end-of-life care (Batstone et al., 2019) as well as care for those who are seriously ill or dying (Becker et al., 2013). This gap in practice was addressed by educating nurses on ways to address spiritual needs in a clinical setting across the continuum of care, regardless of whether the patient is at the end of life or not.

The purpose of this project aligned to the PFQ by incorporating the development of an educational program for nurses to increase their preparedness and ability to provide spiritual care in this long-term care facility. I observed the lack of spiritual care provided to residents of this facility. Although spiritual care is a basic element of holistic nursing, I observed that nurses were not assessing for or providing spiritual care, leaving patients' spiritual care needs inadequately addressed. A training was not available at this facility. Therefore, nurses were in urgent need of relevant training, and this project was designed to enhance their abilities to provide patients with spiritual care (Hu et al., 2019).

Sources of Evidence

Evidence gathered from the literature to develop the content for the staff spirituality educational training (see Literature Review Summary Matrix Table in Appendix A) and evidence from the data gathered using the SCCS before and after the spirituality educational training were the sources of evidence used for this project. The collection and analysis of the evidence provided an opportunity to gather information and organize collected information in a manner that was presentable and acceptable to participants as an appropriate way to address the PFQ. The evidence was used to assure that nurses receive appropriate training to develop their abilities to provide spiritual care (Wu et al., 2012) and to evaluate whether this training improves their ratings of their competencies to provide spiritual care. A Survey of Spiritual Care (SSC) by Meyer (2003) was used to determine the participant's overall evaluation of this training.

Evidence Generated for the Doctoral Project

Participants

Following approval of the Walden University Institutional Review Board (IRB), participants were provided information about the training and invited to participate during a staff meeting. The targeted population included staff nurses who have direct contact with patients daily in this clinical long-term care setting. All participants were at least 18 years of age or older and able to read, write, and speak English. The nurse participants who met the criteria were invited to participate in an educational program that was held at a staff meeting. Participants participated voluntarily and were given a consent form to review and asked to keep as their record of consent.

Procedures

The project objectives were accomplished through the development of training materials with evaluation using 10 items from a standard instrument called the SCCS questionnaire (van Leeuwen et al., 2009) used to evaluate nurses' perception of their competence in spiritual care practice before and after the training. The SCCS pre- and postquestionnaire data were used to determine training effectiveness. The SSC is a questionnaire that was used to evaluate the participants' perception of the effectiveness of the training.

Spiritual Care Competency Scale (SCCS). A study was conducted by van Leeuwen et al. (2009) to contribute to the development of the SCCS as a valid and reliable instrument to assess nurses' competencies in providing spiritual care. The participants were students from a nursing school (N = 197) who participated in a cross-sectional study. The items in the instrument were developed from a competency profile regarding spiritual care. Construct validity was evaluated by factor analysis, and internal consistency was estimated with Cronbach's alpha and the average interitem correlation. In addition, the test–retest reliability of the instrument was determined at a 2-week interval between baseline and follow-up (N = 109). The results of the scale comprised six spiritual-care-related nursing competencies.

The van Leeuwen et al. (2009) study supported validity and reliability of the scale and subscales for measuring spiritual care competency. The psychometric quality of the instrument proved satisfactory. The results showed relevance to clinical practice because the SCCS can be used to assess the areas in which nurses need to receive training in

spiritual care and can be assess whether nurses have developed competencies in providing spiritual care (van Leeuwen et al., 2009).

Permission was obtained from the creator of the SCCS instrument as required by the IRB prior to use. René van Leeuwen was contacted via email to ask permission for use of the instrument (see Appendix B). This was the only instrument that required permission for use. All other instruments used in the project were open to the public for use and were used according to guidelines in place from the developers. Ten items that were most relevant to the educational content were selected for the pre- and posttest for this project.

Implementation and Evaluation of the Educational Program. The nurse manager helped to deliver the SCCS questionnaire. Due to the outbreak of the coronavirus, the SCCS questionnaire was given to all participants to complete during a staff meeting prior to and after the PowerPoint presentation. The questionnaires were completed by the participants. The questionnaires were presented to the entire nursing staff but were completed by those who desired to take part in the project. This was voluntary participation only. There was no pay or incentive offered to complete the questionnaires or to attend the training. All staff nurses and administrative nurses were invited to participate. The participants' scores on the questionnaires were compared before and after the spirituality training to determine whether the educational intervention increased spirituality knowledge. The potential participants were not asked or allowed to participate until approval from the Walden University IRB was obtained. Required site approval from the project organization was obtained prior to data collection as well.

The nurse manager presented the information on the PowerPoint to all participants. The PowerPoint contained information on spirituality and spiritual care that could be used in this clinical setting when working with patients (see Appendix C for slides in the PowerPoint presentation). The pretest was given to the participants prior to the PowerPoint training. The posttest followed the completion of the pretest and the review of the PowerPoint training. Participants were asked their opinion of the training by completing an evaluation survey that was included in the packet. There were no incentives offered or given for participation in the project. Participation was voluntary. The test was administered immediately in the conference room preceding and following the presentation. This was performed in front of the nurse manager to ensure an accurate measure of any differences in perceived abilities.

The training material delivered through PowerPoint was based on the evidence-based literature from research. The pre and post SCCS questionnaire was the tool used to measure nurses' ratings of their abilities to provide competencies for providing spiritual care to patients (van Leeuwen et al., 2009). The pretest and posttest SCCS questionnaire consisted of 10 questions to evaluate the participants' ratings of their competencies for providing spiritual care. The 10 questions measured six core domains of spiritual-care-related nursing competencies.

Protections

In collecting data, researchers must adhere to ethical principles that protect those who participate in projects, studies, and research. These principles include protecting data confidentiality, promoting justice and fairness, and protecting and respecting the rights of

patients and participants. Protecting anonymity was achieved, as there were no personal identifiers such as names or birthdates on the pretest, posttests, or evaluation survey. Eliminating these personal identifiers in the project protected the nurses who participated in the project. An anonymous ID number was assigned to the packet of education materials to protect each participant's identification. This packet number was used for the Likert survey evaluation tool and the pretest and posttest questionnaires. All participants received a copy of the consent form with the Walden IRB approval number indicating that they were volunteers and under no circumstance were required to participate in this project prior to the beginning of the project. The nurse manager helped to ensure the delivery and the return of the training and evaluation materials. Due to COVID-19, the nurse manager notified me and set a time at which I arrived at the facility to collect the pre- and posttest. The nurse manager delivered the deidentified results of the survey and the evaluations in a sealed envelope to me at the entrance of the facility. The project findings were reported by summarizing the data in the aggregate, in a manner designed to preserve the identity of individual participants. The data collected will be kept for a minimum of 5 years on a password-protected memory stick as required by the Walden University IRB policy.

Walden University IRB approval #03-25-22-0367459 was obtained prior to the delivery of the training and the collection of pretest, posttest, and evaluation data for this project. A site agreement was obtained and submitted with the application for Walden IRB approval.

Analysis and Synthesis

Ten items from the pre and post SCCS questionnaire was used for data collection and analysis in the project. The 10 items on the SCCS were related to the PowerPoint training provided on spiritual care in nursing practice. The summary evaluation survey using a Likert scale called the SSC was used to evaluate the success of the. All answers were entered and analyzed using Microsoft Excel. I used descriptive statistics to analyze the findings on the participants' ratings of perceived competencies of spirituality on the SCCS and their perceived summary evaluation using the SSC. All participants' names remained anonymous on the questionnaires. There was no identifiable information noted on any part of the tests or survey.

Ordinal measurement using a Likert scale were used by the participants to evaluate the nurses' competencies before and after the training using a Likert scale from 1 to 5 (1 = *strongly disagree* to 5 = *strongly agree*) on 10 items rating their perception of their competencies to engage in spiritual care. The SSC was completed by each participant after the training to rate their level of agreement using a Likert scale from 1 to 6 (1 = *strongly disagree* to 6 = *strongly agree)* on 10 items rating their perception of their overall evaluation of the educational training program. To address the PFQ, I examined the results of the data analysis from the pre- and posttests to determine the impact of the education regarding the participants' ratings on their level of agreement that they could provide the competencies for the provision of spiritual care. A change in the positive direction indicated a positive change for this project.

Summary

Nursing students and professionals must receive appropriate training to develop their abilities to provide spiritual care (Li-Fen et al., 2012). In Section 3, I provided the sources of evidence-based information that was collected on the delivery of spiritual care in nursing practice. I also discussed the project design and approaches, including the participants, protection methods, data collection approach, the data supporting the SCCS tool's reliability and validity, and the plan for the analysis of data. This section focused on the gathering of information and how to organize information so that it was presentable and acceptable by the participants in the project. The information was used to educate nurses on spirituality and spiritual care in nursing practice.

Section 4: Findings and Recommendations

Introduction

The purpose of the project was to determine whether developing education for nurses would increase nurses' readiness and ability to provide spiritual care in this long-term-care facility project site. This education was geared toward increasing nurses' competencies for the delivery of spiritual care in this long-term-care setting. The PFQ addressed was the following: Will a staff educational program for nurses increase their ratings on their ability to successfully perform competencies for delivering spiritual care in a long-term care setting?

Nurses from the partner site organization who worked with long-term care patients took a pretest SCCS questionnaire, participated in a PowerPoint training provided on spiritual care in nursing practice, and took a posttest SCCS. The pre and post SCCS questionnaires were the main tools used for data collection and analysis in this project. The participants who completed the training used a Likert scale to rate the 10-item SSC to evaluate the success of the training. The project allowed me to compare the pretest and posttest results to determine whether nurses had increased ratings of spiritual care competencies after the training. The training was offered to all the nursing staff in a staff meeting. The nurses were invited to participate voluntarily in the training. The staff meeting and training were conducted during regular work hours to eliminate the barrier of not having free time after work to complete the training and questionnaires. Participants' answers to the pretest and posttest questions were anonymous, and no identifying information was collected. The data analysis included individual responses

from nurses employed full time in the project site's organization. The data were analyzed by using descriptive statistics in Microsoft Excel.

Findings and Implications

A total of six nurses participated in the training, and 100% completed the entire training, the pretest and posttest, and the course evaluation. The participants were all female, and the age of the participants was over 18 years.

The results of the pretest and posttest for the 10 items of the SCCS survey are displayed in Table 1 with the mean and standard development by item as well as the total mean score across the 10 items. I conducted a comparison of the pre- and posttest item mean items scores in the van Leeuwenhoek SCCS, to explore for a mean change in score increase after the spiritual care training at the long-term-care facility. The results showed an overall increase in Items 1–10 on the pre- and posttest survey findings. The results indicated that the overall SCCS scores were higher after the training. The mean rating change across the items was 1.25 before and after the training. This supports the notion that trainings in which nurses are familiarized with spiritual care and acquire skills in this area could be effective in improving perceptions of competency to engage in spiritual care, which may have positive effects in health care for the patient experience. Figure 1 provides a visual representation of the change in mean scores by item across the 10 items of the pre- and posttest, reinforcing that a positive direction of change was noted for all items.

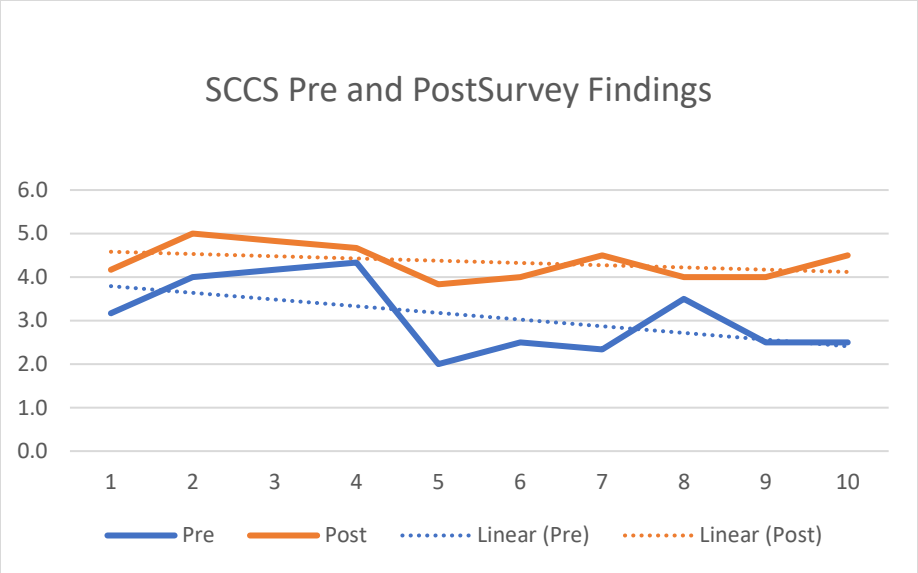
Table 1

*Spiritual Care Competency Scale Pre- and Postsurvey Findings (*N = *6)*

Items	Pre *M*	Pre *SD*	Post *M*	Post *SD*	Change in *M*
1. I am open to a patient's spiritual/religious beliefs, even if they differ from my own.	3.2	0.75	4.2	0.41	1.0
2. I am aware of my personal limitations when dealing with a patient's spiritual/religious beliefs.	4.0	0.00	5.0	0.00	1.0
3. I can listen actively to a patient's life story in relation to his or her illness/handicap.	4.2	0.75	4.8	0.41	0.6
4. I have an accepting attitude in my dealing with a patient (concerned, sympathetic, inspiring trust and confidence, empathetic, genuine, sensitive, sincere, and personal).	4.3	0.52	4.7	0.52	0.4
5. I can report orally and/or in writing on a patient's spiritual need.	2.0	0.00	3.8	0.41	1.8
6. I can tailor care to a patient's spiritual need/problem through multidisciplinary consultation.	2.5	0.55	4.0	0.00	1.5
7. I know when I should consult a spiritual advisor concerning a patient's spiritual care.	2.3	0.52	4.5	0.55	2.2
8. I can help a patient continue his or her daily spiritual practices (including providing opportunities for rituals, prayer, meditation, and reading the Bible/Koran, listening to music).	3.5	0.84	4.0	0.63	0.5
9. I can attend to a patient's spirituality during daily care (e.g., physical care).	2.5	0.55	4.0	0.63	1.5
10. Within the department, I can contribute to quality assurance in spiritual care.	2.5	0.55	4.5	0.55	2.0
Mean rating across items	3.1	0.50	4.35	0.41	1.3

Figure 1

Spiritual Care Competency Scale Pre- and Postsurvey Findings Across Items



Overall Training Evaluation

Participants completed the SSC by Meyer (2003), which served as the summary evaluation after completing the training session. The questions in the SCCS scale were used to get feedback from participants on how the training was viewed. Table 2 presents the responses from participants about the training session. The training evaluation was rated on a scale from 1 to 6 (1 = *strongly disagree* to 6 = *strongly agree*). The results of the summary evaluation by participants of the training ranged from a participation mean score of 4.7–6.0 on a 1 to 6 scale (from 4 = *agree* to 6 = *strongly agree*). The review of findings makes it clear that the participants all agreed that the training session was a needed and an informative training on spirituality. It can be revealed that nurses believed after the training that spiritual care should be a major part of the nurse's role during care.

This feedback will be helpful to support the need for future staff education and training regarding spiritual care at the project site.

Table 2

Summary Evaluation

Items	*M*	*SD*
1. The adequacy of training material is sufficient for nursing practice	5.0	0.00
2. The training environment was comfortable	6.0	0.00
3. The training material was informative	5.5	0.55
4. I will use the information obtained in practice	4.7	0.52
5. Spiritual care is an essential component of holistic nursing care	6.0	0.00
6. Spiritual wellbeing is an important part of health promotion	4.7	0.52
7. I have sufficient knowledge to conduct a spiritual assessment	5.0	0.00
8. I am able to identify spiritual distress	5.0	0.00
9. I feel adequately prepared to provide spiritual care	5.5	0.55
10. I feel spirituality is a personal matter that should be discussed with the patient	6.0	0.00
M rating	5.3	0.21

Implications of the Overall Findings in the Context of the Literature

The project results overall indicate that the participants had an improved sense of their competency and a greater understanding that spiritual care is a significant aspect of care based on pretest and posttest results. This is in line with findings by Ruder (2013) that nurses may be unable to respond to spiritual needs because of inadequate education or the assumption that spiritual needs should be addressed by spiritual advisors. After the training, participants strongly agreed that they would know when they should consult a spiritual advisor concerning a patient's spiritual care and would be able to identify spiritual distress.

The pretest results showed that the participants did not feel that they were prepared at pretest measurement to provide spiritual care for their patients. These findings align with those of Harrad (2019), who stated that in general, qualified nurses

are aware of the importance of providing spiritual care but are hindered by a lack of education about how to best implement such care.

Following the training, results revealed that nurses supported the incorporation of the spiritual dimension into their practice and acknowledged that spiritual care is a significant aspect of care. The project results showed that nurses strongly agreed that they were adequately prepared to provide spiritual care after the training. The results of this project, in showing improvement in competency ratings following training, add to evidence supporting the benefits of education on spirituality (Attard et al., 2011; Hu et al., 2019; Riahi et al., 2018). Training and competency in spiritual care are needed for nurses to support the well-being of their patients and have been shown to have benefits for both nurses and patients (Vlasblom et al., 2011).

Watson's (2008) theory of caring was used to develop the DNP project. Watson (2008) wrote that human caring requires one to be truly present in supporting the patient's belief system and enabling a personal interaction between self (nurse) and the one being cared for (patient). She expressed how caring-healing practices and genuine interaction in a teaching-learning experience are all aspects of human caring. Creating a subtle healing environment, whether it is physical or nonphysical, is the basis of Watson's theory. I recommend that nurses review the human caring theory periodically to ensure that their practice provides care to the patient's mind, soul, and spirit. This involves looking at the health of the mind, body, and spirit as a way of promoting well-being, taking a holistic approach to care. Following the training, 100% of the staff strongly agreed that the teaching environment was comfortable, that spiritual care is an

essential component of holistic nursing care, and that spirituality in a personal matter that should be discussed with patients. These findings point to the success of using this framework to guide this education on spiritual care.

Implications for Policy

Leadership established by actions can promote an entry into spiritual care, which may include competency programs, certifications, and ongoing training. Experienced spiritual care nurse leaders can be advocates for change in policy to decrease gaps in knowledge across long-term care facilities by advocating for ongoing and regular training to increase the quality of spiritual care to meet the needs of patients. This shift of knowledge into policy and practice may promote spiritual understanding, reduce health disparities globally and locally, and facilitate an opportunity for patients to express, discuss, and practice their spirituality according to their beliefs and preferences (Lundmark, 2005).

Implications for Practice

Nursing care implies care for the spiritual needs of patients. To provide this care, nurses need to be knowledgeable regarding the content of spiritual care and be able to participate in policy and decision-making discussions of spiritual care in clinical nursing practice (van Leeuwen et al., 2006). Chaplains are often available in long-term facilities, and therefore, nurses may frequently avoid providing spiritual care directly to their patients. However, with the recent COVID-19 pandemic, the provision of certain needed services for effective spiritual health care by chaplains decreased. Therefore, it would be logical for facilities to provide nurses, who have the most direct contact with patients,

with the right tools, resources, and training to provide spiritual care at the bedside. As noted in this project, adequate tools and training may enhance a nurse's confidence in providing holistic care, which includes spiritual care. The results of this DNP project may influence stakeholders to perform spirituality competency evaluations and initiate spiritual care training of nursing staff based on the identified gaps in knowledge and practice.

Implications for Future Research

Future research on spirituality training and interventions is necessary to determine how nurses can effectively participate in the practice of spiritual care. This DNP project allowed me to engage in a project to address the nurse challenges in providing spiritual care that occurred in this long-term care facility. Those challenges and barriers were addressed in the education developed for the nurses to improve their competencies in providing spiritual care. The findings of the DNP project can contribute immensely to evidence-based spiritual nursing care being provided to patients in long-term care settings. The project has provided a resolution to the decrease in competencies, preparedness, and knowledge that nurses hold to provide quality spiritual care. The competency skills found through this project can significantly increase the competencies and ease feelings of incompetency when assessing and caring for a patient's spiritual needs. The project showed that nurses have an interest in learning and providing spiritual care as revealed by the responses to the survey. Future research is needed to for further testing and validation of these findings.

A next step in spiritual care and holistic care is certification that will ensure proper training. A certificate program in spiritual care can teach nurses a skilled way of being with people. The certification can enhance nurses' spiritual awareness and help them identify the patient's spiritual needs in their journey toward wholeness. More evidence is needed to support this needed certification among nurses across practice settings.

Implications for Social Change

Spiritual care is important for nurses because addressing the spiritual needs of people has positive effects on their stress response, interpersonal relationships, and spiritual well-being. It has been expressed that spiritual care has positive effects on an individual's stress responses and spiritual well-being, described as "the balance between physical, psychosocial, and spiritual aspects of self, sense of integrity and excellence, and interpersonal relationships" (Cavendish et al., 2003, as cited in Zehtab & Adib-Hajbaghery, 2014, para. 2). An education training on spiritual care in nursing practice will provide opportunities for nurses to increase their competency ratings, which will benefit them by increasing their confidence to assist the patients in a full holistic capacity. The overall benefit is the development and confidence of nurses to provide holistic spiritual care that may have a positive impact on the patient's quality of life in long-term care. The philosophical underpinnings of nursing have positioned members of the profession well to implement spiritual interventions in practice, propel the development of theory, and build a body of evidence to promote quality of life for people with chronic illnesses (Adegbola, 2002).

Implications for Education and Training

All the participants in the DNP project agreed that spiritual health is an essential aspect of health promotion. The most challenging barriers to initiating spirituality training for this long-term care facility consisted of the knowledge needed to provide spiritual care to the patients. Stakeholders must provide appropriate resources for staff training and in-service. This can be done yearly for those nurses employed full or part time. The training can also be a part of the organization's orientation program for new hire employees. The participants agreed that they would use the information obtained from the training in practice, if provided to them. Spiritual care research has implications for staff training and education, staff motivation and health, organizational culture, best practice, quality of care, and, most importantly, the health of patients. Nurse managers and all involved in the management of nursing should use this growing body of evidence to inform their spiritual care training, planning, and delivery (Cockell & McSherry, 2012).

Recommendations

According to the results of the survey, most participants felt that they were not prepared to adequately provide spiritual care to their patients. They felt that this was something that should be the responsibility of a spiritual advisor or the facility chaplain. Therefore, I would recommend that the facility chaplain and the nurse managers provide a 60-minute training for all staff nurses yearly. Nurse managers and the facility's chaplain should perform this training together. Chaplains specialize in being companions to the human experience, serving as a quiet presence and using active listening and

compassionate interaction skills. Chaplains serve as a bridge between medicine and spirituality. Nurses specialize in the art of caring for the whole patient—physically, mentally, emotionally, and spiritually. Nurses collaborate with professionals in other disciplines. To ensure that a patient's spiritual needs are met, nurses should work with chaplains and pastoral care resources. Therefore, working together during this training could allow these individuals to address any questions that may arise concerning roles when implementing spiritual care from the nurse and chaplain perspective.

Another recommendation for future implementation of spiritual care training would include the use of the SCCS to evaluate outcomes. Finally, I recommend sharing the education training to other long-term care agencies in the surrounding areas to collaborate and share their ideas, goals, and plans. Spiritual care is essential in all clinical areas. Providing spiritual care is an important foundation of nursing and is a requirement mandated by accreditation organizations (Ruder, 2013).

The recommendations from this project are intended to improve the comfort of rendering spiritual care in nursing practice, regardless of the areas of specialty. Providing an in-house training actively involving the nurse manager and nursing staff allowed for inputs from all participants, making possible future recommendations for changes more staff friendly and acceptable.

Inclusion of Spiritual Care in Nursing Curricula

Spiritual care in nursing practice should be included as a part of the nursing curricula at all levels of nursing education. It should also be taught as part of continuous

quality education and through in-services, not only in long-term care settings, but within every healthcare organization regardless of the clinical setting.

Contribution of the Doctoral Project Team

In this project, the primary support was from the nursing manager of this long-term care facility. Due to COVID-19 a larger team was not feasible to participate in this project. The role of the nursing manager was to assist with this education project at the site by implementing the education program and its evaluation process.

Strengths and Limitations of the Project

Strengths

A strength of this project was that all of the full-time staff nurse employees volunteered to take part in the education. The nurse manager allowed me to conduct the project despite restrictions at the facility that were being maintained to promote safety during the COVID-19 pandemic. I was allowed to hold the training and to be present in the conference room following the regular mandatory staff meeting during work hours. This allowed for a reliable number of participates to partake in the training, although it was a small number. The manager presented the PowerPoint presentation and allowed me to interject during the presentation from an assigned area in the back of the room due to COVID-19 restrictions. All participants appeared to be very interested in the training as it was presented. Two employees shared their experiences encountered regarding spirituality during patient care. One staff member expressed how she often prayed with patients upon their request but admitted that it felt uncomfortable to do so at times. Another admitted that she often sang songs with her patients, and it appeared to lift both

of their spirits. Findings supported that the participants agreed that spiritual care is an important factor in the delivery of holistic nursing and therefore, they were interested in the education training to learn how to provide it as part of daily nursing practice in this setting.

Another strength was that all participants completed the entire 45-minute training and answered all the questions on the pretest and posttest quietly and independently until everyone was completed, Participants were encouraged to be honest on the pretest, admitting that they did not fully understand and felt ill-equipped to provide spiritual care. In the overall evaluation it was noted that over 90% of the participants answered that they would use the information, if it were provided to them in their daily nursing practice. Finally, realizing that the results of this training suggest that it may lead to an increase in the nurse's spiritual care competency ratings when provided evidence-based ideas and resources for this organization to consider in assisting patients to receive the highest level of care, lifts my optimism as a social change agent as I complete this DNP project.

Limitations

The COVID-19 restriction was the main limitation for this project. The facility at this time is not yet accepting visitors, and I was only allotted no more than 30 to 45 minutes in the facility for this project implementation. I was not allowed to be in close contact with the employees. Another limitation was the fact that the facility was short staffed due to staff not returning to work after COVID was presented. There were only six full-time employees on shift and one agency nurse, The agency nurse did not participate in the survey, although invited to participate. This small number limits the

generalizability of the results. The recommendation is to repeat this training with a larger number of participants and to conduct further evaluation.

Section 5: Dissemination Plan

To begin, the organization where the project occurred will be provided the results of my evidence-based project. It is hoped that the organization may adopt the training and implement staff development on the topic of spirituality in nursing care. Spirituality is an important part of life in long-term-care facilities (Elk et al., 2017). Nurses can support well-being, promote resilience, and provide opportunities for religious practice and rituals while providing patient care, yet they often report a lack of preparedness to provide spiritual care (Lukovsky et al., 2021). However, as noted in this project, presentation of an evidence-based education program may lead to nursing staff's higher ratings of their abilities to engage in competencies related to spiritual care.

Next, the project can be embraced and implemented in other practice settings through the education of nurses in the surrounding long-term care facilities on ways to attend to patients' spiritual needs. I will disseminate to other facilities throughout surrounding areas the positive findings of this project, which will allow me to share what I have learned throughout this journey.

Analysis of Self

Scholar

The DNP graduate is at the highest level of nursing education with the goal to be a social and practice change agent (American Association of Colleges of Nursing, 2006). The doctoral project allowed me the opportunity to apply scholarship to practice. A problem was identified as the lack of education provided to nurses on how to deliver spiritual care to patients in a clinical setting. Of importance is the fact that most nurses

were not fully equipped to give patient-centered spiritual care at this project site. Therefore, I conducted this project to develop an education training to build confidence and practice, and to improve nurse competencies in delivering spiritual care for nursing staff working in a long-term-care facility.

The project enabled nurses to engage with patients about spirituality in nursing practice. My growth in scholarship exhibited through the development of an education training can be used successfully to improve nurse competencies in delivering spiritual care in nursing practice, regardless of the specialty area.

As a DNP student scholar, I was enabled to recognize the gap in spiritual care as the lack in knowledge. I was able to use my scholarly education to develop training material for nurses at this facility. I was able to collect as well as analyze appropriate data to develop, deliver, and evaluate a spirituality nursing care educational training using evidence-based literature. The data derived from a sample of practicing nurses revealed a lack of knowledge in spiritual nursing care. However, nurses had a great interest in learning to address patients' spiritual needs in practice. Ultimately, this DNP project broadened my growth as a scholar by allowing me to gain confidence as a scholar to engage in using an evidence-based approach to find a deeper connection to spirituality and nursing practice.

Practitioner

This project allowed me as a nurse an opportunity to reevaluate my own spirituality and how I relate to others who require spiritual care. I found evidence-based literature that introduced tools and training materials to support nurses who are interested

in spiritual nursing care. Holistic care and spiritual healing have always been of interest to me, and I have always included them as part of my nursing care. The project only brought me closer to my passion of spiritual care and my desire to continue to search for evidence-based spiritual nursing care literature. As an educator and owner of a medical training facility, I will use this evidence to continue to educate the students whom I encounter. The project has given me courage, knowledge, and willingness to address spiritual needs of patients to increase quality of life.

Project Developer and Manager

In this project, I assumed the role of an advocate for nurses and patients for the promotion of spiritual care. I realized that nurses had gained knowledge after the training, but it will take time and patience to make changes in an organization. Additional information may be needed to increase nursing competencies that could increase the potential to deliver effective, high- quality patient care. Hence, I will continue to research and develop spiritual training tools with the confidence to manage, implement, and evaluate programs in an organization with the skills that I gained from this project.

Professional Development

This project has expanded my knowledge and facilitated my growth as a professional nurse educator. The project allowed me to develop a staff education for nurses to improve their competencies in delivering spiritual care. The project allowed me to collect and analyze data to support the importance of having nurses trained in spirituality. Given the growing recognition of the benefits of spiritual care, the findings of

this project are important to disseminate. Presenting the results of the project to a larger nursing community will be an important step in my professional development.

Summary

Nurses must consider spirituality as a potentially important component of every patient's overall well-being (Sulmasy, 2002). This project contributed to the development of spiritual care competence among nurses. The project provided nurses with training through a PowerPoint on spirituality that gave them the opportunity to explore and enhance their knowledge of spiritual care. The project included a sample of nurse participants from a facility that cared for long-term-care patients. The training that was given took approximately 45 minutes in one single session. It was offered to staff nurses immediately after a staff meeting.

The results of the project showed that participants had a better understanding and increase in competency ratings of spiritual care after they completed the training. Nurses were asked pre- and posttraining questions to rate their competencies of the following: attitude toward patient spirituality, communication, spiritual assessment and implementation of spiritual care, referral to specialist, personal support and patient counseling, and professionalization and improving the quality of spiritual care. The participants were nurses who worked with patients in a long-term care setting. The results revealed that nurses were lacking the education and training needed to provide quality spiritual care to their patients served in this facility. However, after the training, nurses did demonstrate a better understanding of spiritual care. Therefore, spiritual care training

and continuing education can be used in this facility to improve competencies and skills to provide quality holistic care.

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Appendix A: Literature Review Summary Matrix Table

Sources of Evidence	Purpose	Interventions	Sampling	Results	Implications for Training
Attard et al, (2014). Nurses' and midwives' acquisition of competency in spiritual care: A focus on education. *Nurse Education Today, 34 (*12*)*, 1460-1466.	A study conducted using the *Spiritual Care Competency Scale* aimed to identify the effect of pre-and post-registration taught study units on spiritual care competency of qualified nurses and midwives.	A purposive sample of 111 nurses and 101 midwives were eligible to participate in the study. Quantitative data were collected by the *Spiritual Care Competency Scale* (SCCS). [response rate: nurses (89%; n=99) and midwives (74%; n=75).	The study population consisted of 111 nurses and 101 midwives.	Overall nurses / midwives who had undertaken the study units on spiritual care scored higher in the competency of spiritual care. Although insignificant, nurses scored higher in the overall competency in spiritual care than the midwives.	Supports that education may contribute towards the gain of competency in spiritual care for nurses.
Bush & Bruni (2008). Contributions of Jean Watson's theory to holistic critical thinking of nurses. *International Journal of Palliative Nursing, 14* (11), 539 - 545.	Phenomenological study to explore the meaning of spiritual care as described by a group of Palliative Care professionals.	Data collected by in-depth conversational interviews that were analyzed thematically. The interviews were transcribed verbatim.	The samples for this study consisted of all female palliative care professionals (*N* = 8), which included nurses, therapists, and pastoral care recruited from a community home-based palliative care agency.	Points to the need for healthcare professionals to incorporate spiritual care guidelines into practice for palliative care to be truly representative of holistic health care	Supports the need of spiritual care guidelines in nursing practice to be able to address the physical, psychological, social, and spiritual dimensions of patients which are frequently overlooked.
Hu et al., (2019). Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *Palliative Care, 18(*1), 1-8.	The purpose was to establish a spiritual care training protocol for nurses and to verify its effectiveness. Using the enhancement of nurses' spiritual health as a point of entry, this study developed and implemented a spiritual care training protocol to improve nurses' spiritual care.	This was a nonrandomized study. The study group received one spiritual care group training session every six months based on routine nursing education mainly by lectures. The control group participated in monthly nursing	This study recruited 92 nurses at a cancer treatment hospital in a single province via voluntary sign-up. The nurses were divided into two groups based on the coin toss method. The study group consisted of 45 people and the	After 12 months of intervention, the nurses in the study group had significantly higher overall spiritual health and spiritual care competency scores as well as significantly higher scores on all individual dimensions compared with those in the control group ($P < 0.01$). Nurses with spiritual health	This suggests that implementing a spiritual care protocol could improve nurses' spiritual care competency. In addition, supports that nurse with better spiritual health have a better ability to recognize and respond to patient's spiritual needs and are more likely to proactively provide spiritual care to patients.

		education sessions organized by the hospital for 12 continuous months.	control group (wait-listed) consisted of 47 people.	training had a better ability to recognize and respond to patient's spiritual needs. Therefore, more likely to proactively provide spiritual care to patients.	Components of a training program may include (based on their training protocol): -lectures by experts -group intervention -clinical practice -case sharing
van Leeuwen et al, (2009). The Validity and reliability of an instrument to assess nursing competencies in spiritual care. *Journal of Clinical Nursing, 18(*20), 2857-69.	This study contributed to the development of a valid and reliable instrument, the *Spiritual Care Competence Scale,* as an instrument to assess nurses' competencies in providing spiritual care.	The design used was a survey. It consisted of a cross-sectional study. The items in the instrument were hypothesized from a competency profile regarding spiritual care. Construct validity was evaluated by factor analysis and internal consistency was estimated with Cronbach's alpha and the average inter-item correlation. In addition, the test-retest reliability of the instrument was determined at a two-week interval between baseline and follow-up (n = 109).	The participants were students from baccalaureate - level nursing schools in the Netherlands (*N* = 197)	This study conducted in a nursing-student population demonstrated valid and reliable scales for measuring spiritual care competencies. The psychometric quality of the instrument proved satisfactory. The spiritual care competence scale comprises six spiritual-care-related nursing competencies. These domains were labelled: 1 assessment and implementation of spiritual care (Cronbach's alpha 0.82) 2 professionalization and improving the quality of spiritual care (Cronbach's alpha 0.82) 3 personal support and patient counseling (Cronbach's alpha 0.81) 4 referral to professionals (Cronbach's alpha 0.79) 5 attitude towards the patient's spirituality (Cronbach's alpha 0.56) 6 communication (Cronbach's alpha 0.71).	The spiritual care competence scale supports that usage can be used to assess the areas in which nurses need to receive training in spiritual care and can be used to assess whether nurses have developed competencies in providing spiritual care.

				These subscales showed good homogeneity with average inter-item correlations > 0.25 and a good test-retest reliability.	
Lind et al, (2011). Effects of a spirituality training program for nurses in patients in a progressive care unit. *American Association of Critical- Care Nurses, 31*(3).	A survey of satisfaction among patients in a Cardiovascular Progressive Care Unit indicated that addressing the spiritual needs of patients is an area that could be improved. The purpose of this project was to evaluate the effect that a spirituality educational program for nurses had on patient satisfaction.	The project began with an initial survey of nursing staff regarding their perceptions and comfort with addressing spiritual issues. A 2-hour Spirituality education program was offered on a voluntary basis to staff nurses.	The spirituality educational program was pilot tested on 1 of 3 cardiovascular progressive care units in a hospital. The staff nurses in the pilot were on a voluntary basis, with each participating nurse being paid for attending. Out of a staff total of 53 nurses, 37 nurses (70%) attended the class.	Findings supported that training increased patient satisfaction with how well their spiritual needs were addressed by staff. Nurses reported greater awareness of assessment and interventions to address spiritual care following the training.	The findings support the benefits of training for both nurses and patients. Nurses are more comfortable with assessing and intervening with spiritual care issues after training. The HOPE assessment for spiritual care was introduced and the HOPE assessment was adapted as a teaching tool.
Lukovsky et al, (2021). A survey of hospice and palliative care nurses' and holistic nurses' perceptions of spirituality and spiritual care. *Journal of Hospice Palliative Nurse, 23*(1).	The purpose of this study was to assess hospice and palliative nurses' and holistic nurses' perceptions of spirituality and spiritual care. It was assumed that the standards of care for hospice and palliative nurses and holistic nurses stipulate that spiritualty is addressed within the framework of their specialties and provide education for spiritual care, thus making these nurses proficient in providing spiritual care.	This exploratory, descriptive study utilized a web-based survey to measure perception of spirituality and spiritual care giving using a modified Spirituality and Spiritual Care Rating Scale.	A convenience sample (*n* = 250) was recruited from members of the Hospice and Palliative Nurses Association and the American Holistic Nurses Association (n = 250). Descriptive statistics summarized data as well as qualitative analysis of written narratives. Content analysis of open-ended survey questions was used to identify	This study found that 100% of nurses reported that they recognized spirituality needs of patients; however, over 90% felt unprepared to address palliative care. Therefore, with adequate preparation, nurses will be enabled to address patients' spiritual needs and provide appropriate care.	This study adds to an emerging body of evidence suggesting that training in spiritual care should be an important component of the foundational nursing curriculum. Essential elements of a training on spiritual care may include: - respect and support -presence / therapeutic listening -meaning / purpose in life -teamwork -exploration of feelings

			themes until saturation.		
Riahi et al, (2018). Assessing the effect of spiritual intelligence training in spiritual care competency in critical care nurses. *Journal of Medicine and Life, 11*(4), 346-354.	A study aimed to investigate the effect of spiritual intelligence training on the nurses' competence in spiritual care in critical care units.	Eight sessions of spiritual intelligence training workshops were held. This study was a semi-experimental with two-groups with a pretest-posttest design. The scale for assessing nurses' competencies in spiritual care was completed before, immediately after and one month after sessions in two groups	Participants were selected from nursing staff working on critical care units of teaching hospitals. The sample included 82 nurses with 40 in the experimental group (*n* = 40) and 42 in the control group (*n* = 42).	Findings showed that spiritual intelligence training had a positive effect on nurses' competence in spiritual care. The development of spiritual care provided by nurses can result in various outcomes such as increased satisfaction with care in patients, reduced anxiety, and symptoms of depression during hospitalizations, reduced length of hospitalization and, in general improved quality of life.	The results of this study indicate that the inclusion of spiritual intelligence in nursing training can help nurses to pay more attention to the spiritual needs of patients. Study justifies the importance of providing training to improve nurses' competence in providing spiritual care and illustrates the potential benefits to patients.
Vlasblom et al., (2011), Effects of a spiritual care training for nurses, *Nurse Education Today, 31* (8), 790-796.	A pre-tested trial of "Spirituality of nursing care" training provided to nurses from four different nursing wards in a non-academic urban hospital conducted to evaluate the need for a spirituality training for nurses to give spiritual care the attention deserved.	Prior to the training and 6 weeks after the training, nurses and all patients were asked to complete a questionnaire. In addition to the questionnaire, the number of referrals from nurses to the chaplaincy was examined.	A sample was drawn from nurses and patients. The groups consisted of nurses from four nursing wards of Ikazia Hospital. The samples represented nurses who worked with critical and chronic care patients. A total of 51 nurses started training and 49 nurses received the entire training and followed the same training programme. Data was collected between January and June 10, 2007,	Results disclosed that there is a sound basis for the necessity of spiritual care in nursing, especially from the patients' point of view. The literature showed that there is a relationship between health and spirituality. Indication that a training in spiritual practice may have positive effects on health care that patients can experience. Compared to before (N=44 patients) and after the training (N=31 patients), the patients from the intervention wards experienced more receptiveness and support when asking questions	Supports benefits of training to both the nurses and the patients. Also, supports that spiritual care is an indispensable element of nursing care.

			with questionnaires. A total of 235 patients participated.	about illness and meaning. There were also specific changes in nurses' attitudes and knowledge changes in clinical practice such as documenting spiritual needs. In addition, the number of referrals to the chaplains from the nurses was higher.	

Appendix B: Permission to Use Spiritual Care Competency Scale

Article I. **Leeuwen van, R <r.vanleeuwen@viaa.nl>** Jan 26, 2021, 5:20 AM

to me

Dear Alicia,

Thank you for being interested in the SCCS. You have my permission to use it for your purpose. I only want to ask you that send me the outcomes of your study when you finished your study. I will be very interested for that.
I wish you all the best by executing it.

Maybe you are also interested to become a member (no costs) of the international EPICC network (see attachment).
Form which country are you?

Best regards,

René van Leeuwen

Professor in Nursing and Spiritual Care
Viaa University of Applied Sciences
Chair of the EPICC Network - www.epicc-project.eu
Postal Address: PO Box: 10030 - 8000 GA Zwolle – Netherlands

Appendix C: PowerPoint Presentation

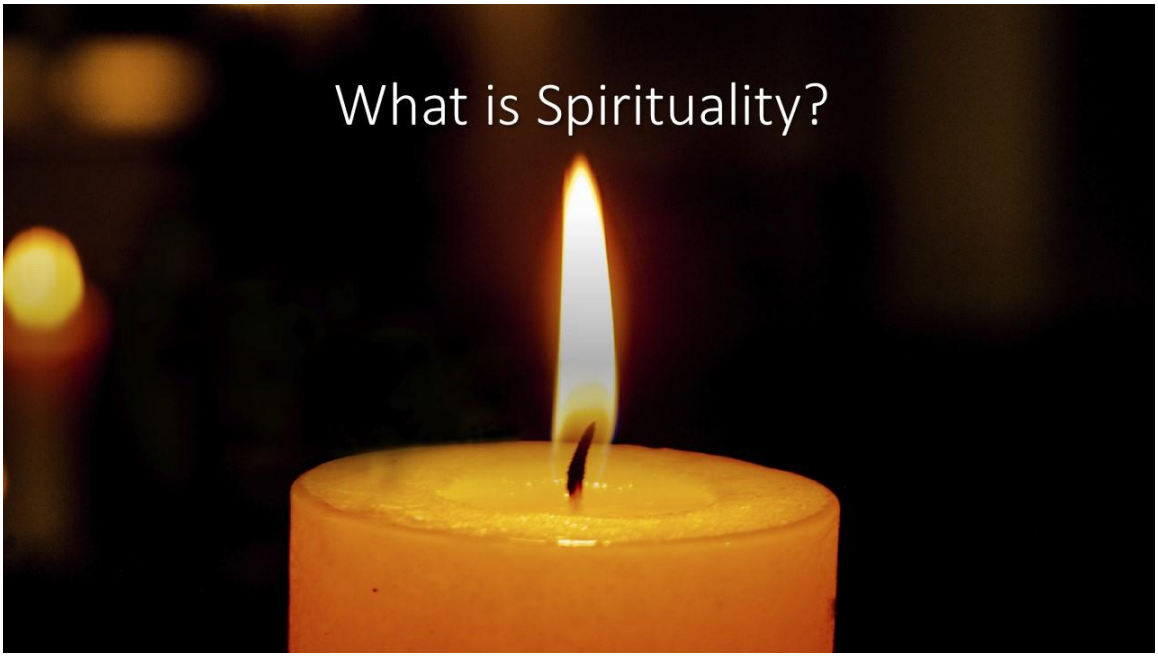
WELCOME TO THIS TRAINING

You will be asked to complete a pretest. After the pretest is completed, please enjoy the module. Once the module has been reviewed, please complete the posttest, followed by an evaluation of the training.

LEARNING OBJECTIVES

At the end of the training, the learner will be able to:
To understand spirituality vs religion

- Describe key terms and definition on spirituality.
- Identify spiritual distress and how to recognize it in patients.
- Define and discuss promoting spiritual well-being.
- Identify assessment and interventions to support patients in spiritual care practices while engaging in daily nursing care guided by Jean Watson's Caring framework



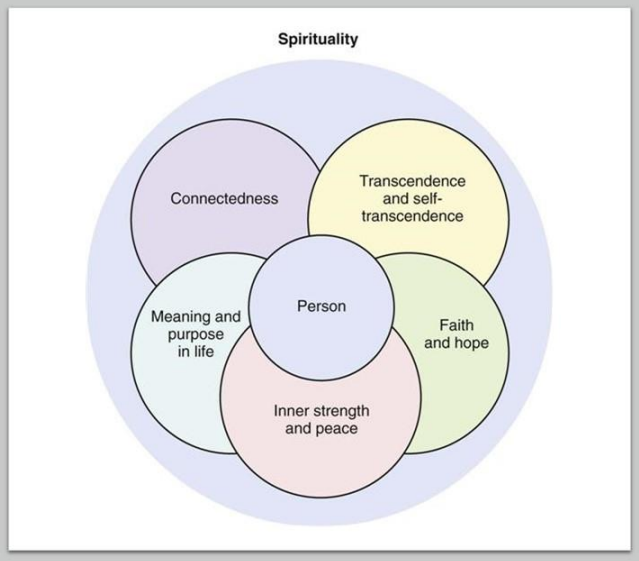
What is Spirituality?

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski et al., 2014).

Spirituality is often forgotten or considered unimportant when it comes to patient care.

Describing spirituality

- *Meaning* : Having purpose, making sense of life.
- *Value*: Having cherished beliefs and standards.
- *Transcendence*: Appreciating a dimension that is beyond self.
- *Connecting*: Relating to others.
- *Becoming*: Involves reflection, allowing life to unfold, and knowing who one is.



3 characteristics of spirituality

1. Heightened awareness of the self – one's attempt to understand the meaning and purpose of life
2. A practice of peace, joy, and unconditional love – Developing a much greater feeling of joy and peace for yourself and everyone around you
3. Focus on non-physical goals – Shift in focus to immaterial goals

(Spirituality, 2019)

SPIRITUAL NEEDS

THE NEED FOR:

- Love
- Hope
- Trust
- Forgiveness
- Valued
- Dignity
- Values
- Connecting with higher power
- Fullness of life
- Being respected

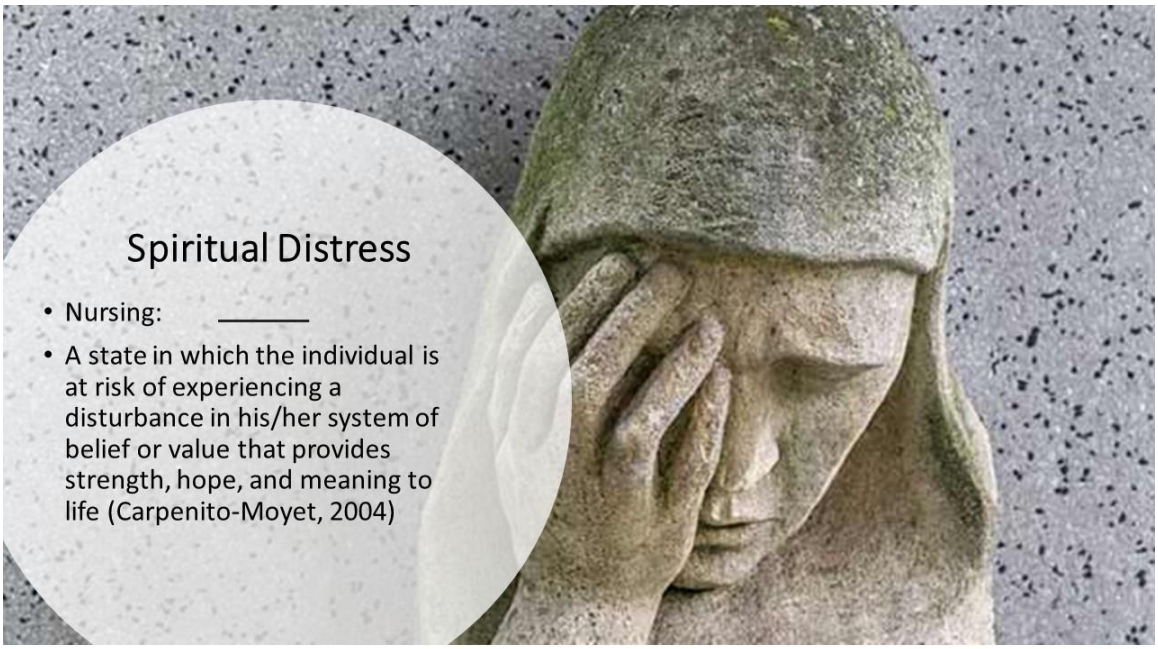
What is Religion?

Religion can be viewed as a specific set of beliefs and practices associated with a recognized religion or denomination

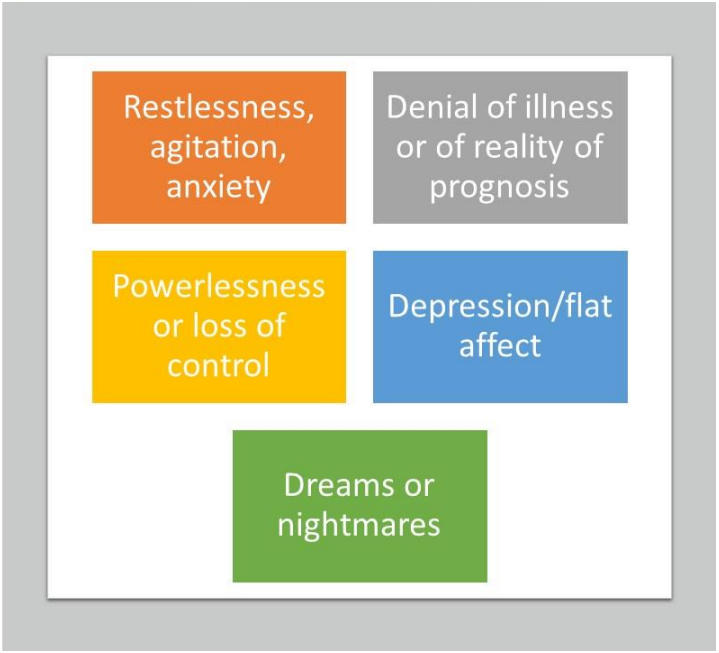
- ❑ It is "man-made"
- ❑ Addresses life, death, and after death concerns
- ❑ Provides personal as well as social identity
- ❑ Defines and determines behavioral patterns
- ❑ Teaches ritual and traditional forms of religious expressions (Shreve-Neiger & Edelstein, 2004).

Spiritual Practices

- Spirituality has different meanings for different patients. For example: Some patients may view spirituality as a connection with God and their religious beliefs. Others view spirituality as an emotional connection within themselves, the universe and other people.



Spiritual Distress "Emotional"



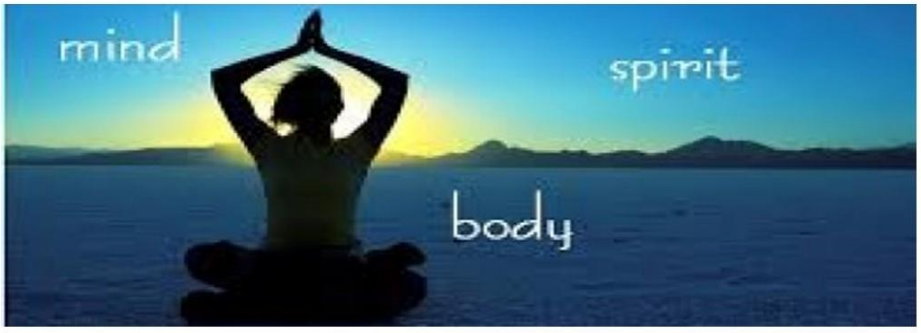
Spiritual Distress "Behavioral"

- Refusal to take medication
- Refusal with help with activities of daily living
- Power struggles with family members / care givers
- Frantically seeking advice from everyone
- Withdrawal / isolation
- Statements about not wanting to be a burden
- If active in a religious, spiritual, existential or cultural tradition, refusal to see leaders / members of the community, or stops practices

Spiritual Distress "Verbal"

- "Why me?" (Unfairness)
- "I don't want to be a burden." (Unworthiness)
- "What's the point?" (Hopelessness)
- "It's a punishment." (Guilt)
- "No one really understands." (Isolation)
- "God doesn't care." (Abandonment)
- "Why does God allow suffering?" (Confusion)
- "My life's been wasted." (Meaninglessness)

Spiritual well-being



- A feeling of being generally alive, purposeful and fulfilled (Phenwan et al., 2019).

What is Spiritual Care?

- Interventions, individual or communal, that facilitate the ability to express the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and or a higher power (Harrad et al.,2019)

Spiritual care is NOT:

- Just about religious beliefs and practices
- About imposing your own beliefs and values on another
- Using your position to convert
- A specialist activity
- The sole responsibility of the Chaplain (Harrad et al, 2019).

LINK BETWEEN SPIRITUAL HEALTH AND SPIRITUALITY

Patients who receive adequate spiritual care reported more satisfaction with their care and treatment, as well as improved well-being and quality of life (see Elk et al., 2017; Lind et al., 2011).

An increasing amount of research has found that patients whose spiritual needs are not being met report lower ratings of quality and satisfaction with their care (Sharma et al., 2012).

WHY IS SPRITUAL HEALTH IMPORTANT ?

- Spiritual care offers many benefits when offered by nurses
- One study expressed that spiritual care has positive effects on an individual's stress responses and spiritual well-being described as "the balance between physical, psychosocial, and spiritual aspects of self, sense of integrity and excellence, and interpersonal relationships"

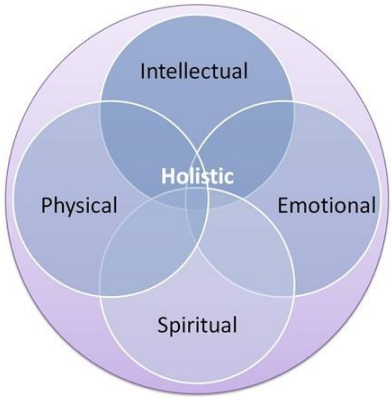
(Cavendish et al., 2003, as cited in Zehtab & Hajbaghery, 2014, para 2).

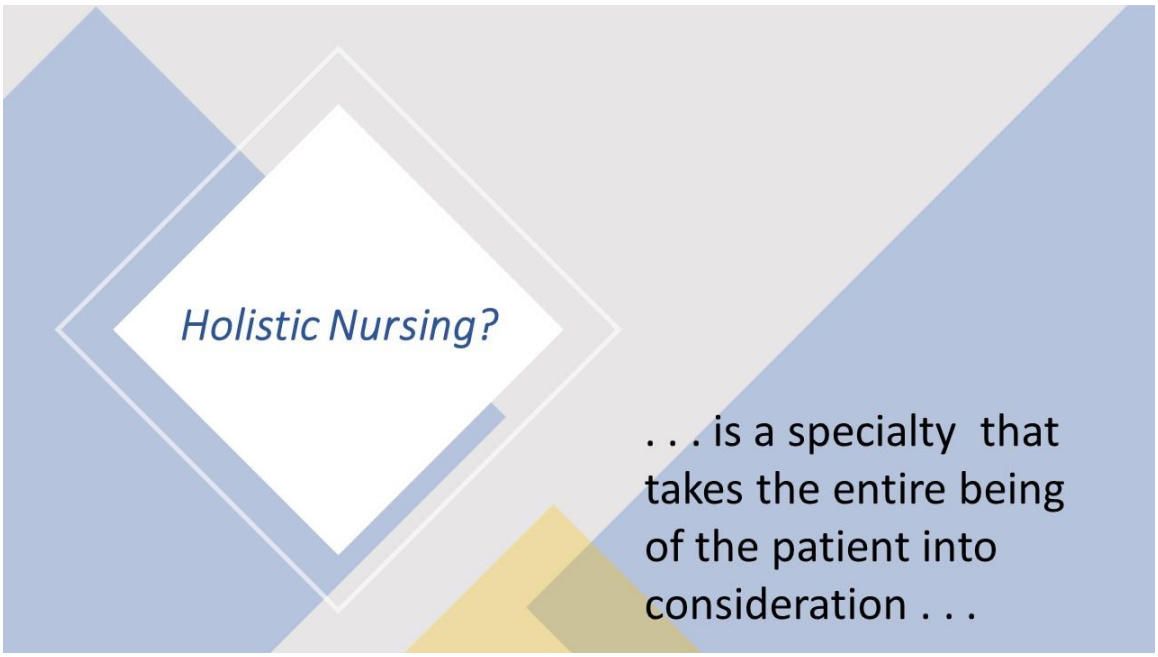
THE NURSE'S ROLE IN SPRITUAL CARE

Spiritual Caring

- Nurses must develop awareness of the love, purposefulness and healing when caring for patients
- The spiritual form of the inward life is fundamental and gives rise to the inherent unity of the person as a unique individual

What is holistic care???





NURSES' PERSPECTIVE

Spirituality is often an unrecognized component of nursing, which is unfortunate because spirituality is essential part of nursing practice

Health care and spirituality may not be obvious to some, since healthcare and scientific knowledge foundations have existed separately from religion, although nursing and medicine have their origins in religion and spirituality (Young & Koopsen, 2011).

Illness, stress, and loss can trigger profound spiritual questions in patient's lives that address the very core of one's humanity (Taylor, 2007).

Nurses and patients experience a very spiritual bond, and it results from the sharing of intimate life journeys such as a birth, death, life threatening illnesses, emotional turmoil and issues that arise during healing (Young & Koopsen, 2011).

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

Major Elements of the Caring Theory

- Carative factors, evolving into Caritas factors
- Transpersonal Caring Relationships
- Caring occasion/Caring moment

Jean Watson's Caring Theory

Human Caring Nursing theory Example

- A nurse caring for a patient's body by administering proper medication and attending to the patient's wounds.
- A nurse caring for the patient's mind by discussing depression and easing the patient's mind of worrying factors.
- A nursing caring for the patient's spirit by showing that she cared, and that the patient was valued.

CARING OCCASION / MOMENT

- A caring occasion is the moment when the nurse and another person come together in such a way that an occasion for human caring is created
- Both persons come together in a human-human interaction
- The one caring for and the one being cared for are influenced by the choices and actions decided within the relationship

What Do Patient's Want?

- Research shows that 2/3 of patients would welcome questions regarding their spirituality during their health history
- Research has also shown that when a patient's spiritual needs are met, they experience a greater quality of life (Galek, 2005).

Spiritual Nursing Values

- ❖Compassion
- ❖Loving and kindness
- ❖Patience
- ❖Tenderness
- ❖Spiritual heart
- ❖Peacefulness
- ❖Human dignity
- ❖Ethical
- ❖Cultural diversity
- ❖Calmness
- ❖Self-care

Compassion / Loving Kindness

- Compassion

-Described as the heartfelt experience of the other's misery which thereby, drives a person to provide compassion. It also encompasses graciousness, joyfulness and peacefulness

- Loving Kindness

-Loving kindness can be expressed as a person's expression of unreserved benevolence and kindness to one another. This feeling arises through a deeply held awareness of infinite love and a transcendent reality in which a person wishes to share with others.

Tenderness

- Tenderness

-Tenderness is important in practice as it suggests to being a beautiful description of an unexpected encounter of nurse with her own tenderness in a highly pressured practice setting and its deep appreciation by a chronic or acutely ill patient.

Why do Assessments?

- Offers voice to spiritual needs
- Enhances inter-disciplinary cooperation
- Mandated by Joint Commission for long term care

Spirituality: Assessment

✓Include a Spiritual Assessment at the beginning of care

✓Provide a continual assessment throughout plan of care

✓Participate with the patient to address their personal spiritual needs, adapting as needed

Nurses must assess for spiritual needs of patients with an open mind and be able to assist patients in exploring their needs from a broad perspective (Hermann, 2007).

A MODEL OF SPIRITUAL CARE ASSESSMENT (HOPE Assessment Model)

- One approach to a spiritual assessment is entitled **HOPE**

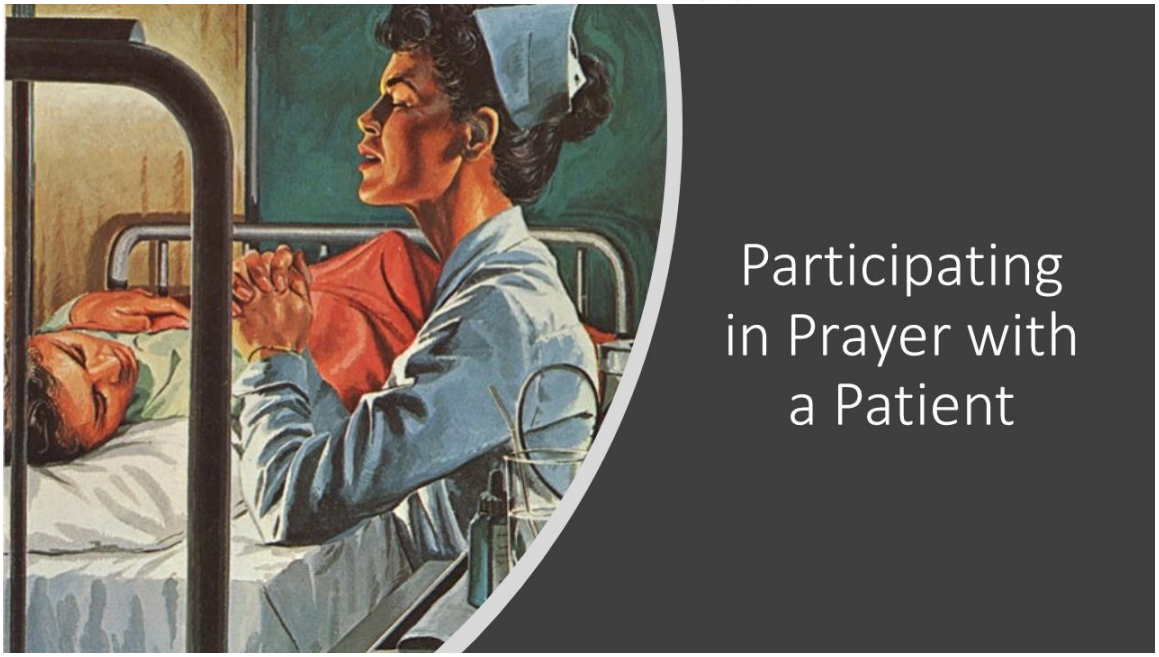
H – Sources of hope, strength, comfort, meaning, peace, love, and connection

O – The role of organized religion for the patient

P – Personal spirituality and practices

E – Effects on medical care and end-of-life decisions (Saguil & Phelps, 2012)

A Spiritual Intervention



AMERICAN NURSES ASSOCIATION

Health Teaching and Health Promotion

- The nurse provides health teaching and addresses spirituality regarding a healthier lifestyle.
- The nurse uses health promotion and teaching methods to address readiness to accept or learn spirituality.

Ethics

- The nurse maintains confidentiality
- The nurse acts as a client advocate
- The nurse delivers spiritual care in a nonjudgmental way and is sensitive to patients' spiritual needs.

Outcomes Identification

- Involves the patient in formulating expected outcomes from spiritual interventions
- Modifies expected outcomes based on evaluations of patients' spiritual needs.
- Includes a time frame for attaining measurable goals

Summary of Evidence About Spiritual Care

- Patients emotional and spiritual needs are important strong evidence shows that lack of attention to these needs affect health outcomes. Therefore, it is apparent that emotional and spiritual needs should be considered for a component of overall health quality (Mills, 2017)
- Data analysis reveals a strong correlation between the "degree to which nurses addressed spiritual needs" and overall patient satisfaction.
- Improvements through additional resources, appropriate referrals to chaplains, and a team of dedicated nursing staff to improving patients' spiritual care (Mills, 2017)

Recommendations

- Spiritual Care can be implemented with a team effort from all disciplines
- Nurses may consult with other disciplines or refer when needed
- Employee yearly spiritual care training
- Employee yearly in-service on spiritual care
- Employee yearly in-service on cultural diversity

Potential Spiritual Outcomes

- Spiritual care can help patients with healing and limit suffering
- Spirituality may enhance one's quality of life while delivering a sense of meaning and purpose. Spirituality is an inspiration to self and others
- Comfort can be found in spiritual relationships with self, others, or a higher power
- All patient's spirituality journey is unique and may not be easily understood by all
- Although patient's spiritual needs are difficult to measure, it is fundamental for nurses to identify these needs
- Nurses need to be aware of their own spirituality so they can provide optimal care while they are caring and nurturing their patient's spiritual needs

Conclusion

- Spirituality is a part of the care that nurses provide. This training suggests spiritual values as a model that is useful in assisting nurses to reach an understanding of spirituality and a spiritual approach to nursing practice.

QUESTIONS TO REFLECT ON FOR YOURSELF

- In what ways do you feel that spirituality affects health and healing?
- Do you believe in the mind-body-spirit connection?
- Has this training changed your perspective on spirituality in nursing practice in this long-term care facility?

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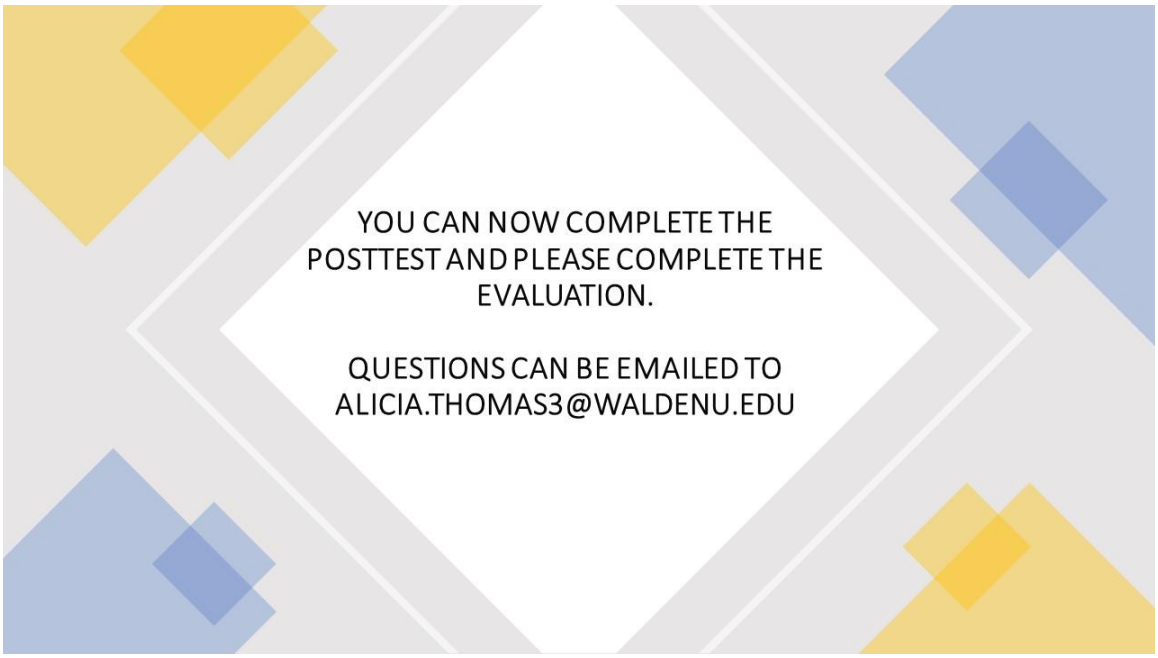
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