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Integrating Spirituality into Undergraduate Nursing Curricula*

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Abstract

Nursing programs have done a commendable job keeping pace with the rapid advances in disease management. Yet, spirituality has received far less attention in nursing curricula (Keefe, 2005) and nursing students often do not have a strong foundation in this area. The purpose of this project was to integrate spirituality into the undergraduate nursing curricula and measure student outcomes related to spiritual knowledge and attitudes. Nursing faculty participated in a spirituality education program and followed this with sessions focused on integration of spiritual content into individual nursing courses. Student pre and post-tests were administered using a standard instrument to evaluate the effectiveness of the program. Significant differences in spirituality knowledge and attitudes among senior-level nursing students ($t = -3.059$, $p = .004$) were revealed. As the healthcare system becomes increasingly complex, providing students with tools to identify and strengthen inner resources is essential to patient care.

KEYWORDS: spirituality, nursing education, undergraduate

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Spirituality plays a significant role in how patients perceive their health, face challenges, manage illness, and choose to die. While nursing programs have done a commendable job keeping pace with the rapid advances in disease management, spirituality has received far less attention (Keefe, 2005). Learning to live with disease-related decline or to change unhealthy lifelong habits poses challenges that can benefit from tapping into patients' spiritual strengths. Exploring patients' beliefs, how have they accessed their internal spiritual resources in the past, and how these resources might be used to benefit patients' health are key questions.

Nursing curricula should enable students to understand spirituality in a broader context that goes beyond religious beliefs. Dossey, Keegan and Guzzetta (2004) define spirituality as "the essence of our being, which permeates our living and infuses our unfolding awareness of who and what we are, our purpose in being, and our inner resources; and shapes our life journey" (p. 91). Students need interviewing tools that can facilitate discovery of patients' spirituality, and techniques to support individual strengths that promote their health; however while spirituality plays a critical role in how patients perceive and cope with health and illness, nursing students often do not have a strong foundation in this area. The purpose of this project was to develop and evaluate a spirituality curriculum integration model in an undergraduate nursing program.

LITERATURE REVIEW

There is widespread support for the need to prepare nurses to provide spiritual care (Barnum, 2003; Cavendish et al., 2004; Greenstreet, 1999; McSherry, 2000a). Narayanasamy (1999) and Ross (1995) recommended that all patients must have the benefit of a nurse who is knowledgeable about the spiritual dimension of care in order to successfully practice holistic care. Nurses also realize that spirituality is an important part of care for which they are often ill prepared. Keefe (2005) found that more seasoned professionals are returning to graduate programs with "strong spiritual components" because they would like to be more knowledgeable to assist patients with challenges such as end-of-life and hospice decisions (p. 41). Representatives of specialty agencies such as the American Association of Critical Care, the National Hospice and Palliative Care Organization, and the Oncology Nursing Association further underscore the need for teaching students about end-of-life care that incorporates spirituality (Robinson, 2004).

Despite wide support for inclusion of spirituality in nursing curricula, in a survey of 132 baccalaureate nursing programs, Lemmer (2002) found that few

faculty define how they perceive spirituality, develop spiritual interventions to teach students, or employ faculty with sufficient knowledge to adequately teach spirituality. Even when spirituality is taught, Meyer (2003) and Pesut (2003) noted that it is difficult to assess whether faculty can make a real difference in how effectively students incorporate spirituality into patient care. Cavendish et al., (2004) however, found that nurses can learn spiritual care from basic nursing programs. Participants in their study articulated that spirituality encompasses qualities such as strength, guidance, connectedness, and a belief system that promotes health and supports practice.

Spirituality is an important element in nursing education; however there are significant challenges to educating students effectively. For example Pesut (2003) questioned, “Who is qualified to teach spirituality? and “How can spirituality best be defined and learned?” In responding to these questions, Pesut concluded that it is better to teach spirituality in a non-prescriptive manner and suggested that student and faculty perspectives on spirituality be allowed to evolve. Several researchers recommend that teaching of spirituality is more effective when faculty a) loosely define spirituality, b) identify specific topics to be taught, and c) use *real life* teaching strategies that assist nurses in developing diagnoses concerning spiritual strengths, distress, or despair (Barnum, 2003; Cavendish et al., 2004; Greenstreet, 1999; McSherry, 2000a).

Defining Spirituality

Most authors agree that spirituality includes individual and contextual elements as well as religious beliefs and practices. Pesut (2003) further defined the dimensions of an individual’s spirituality as his or her worldview, *intrapersonal* connectedness, and *interpersonal* connectedness. Dossey, et al., (2000) proposed that spirituality is “the essence of our being, which permeates our living and infuses our unfolding awareness of who and what we are, our purpose in being, and our inner resources; and shapes our life journey” (p. 91). The notion of a ‘life permeating’ quality to spirituality is supported by several other authors (Cavendish, et al., 2004; Gallia, 1996). Sawatzky and Pesut (2005) further suggested that a global philosophy of spirituality is necessary for religious, scientific, and existential attributes of spiritual nursing care to be incorporated into practice. They asserted that “spiritual care [should be] an integrative philosophy of care rather than [merely] an outcome oriented approach to nursing interventions” (p. 29).

Identifying Content

Content related to spirituality appears inconsistently in some nursing textbooks. When McEwen (2004) examined 50 books from the Brandon Hill List, chapters related to knowledge of religions and cultures, health assessment and health promotion, palliative care, and managing patients' psychosocial needs tended to contain references to spirituality. Rarely, however did texts devote an entire chapter to this key concept. Callister, Bond, Matsumura, and Mangum (2004) recommended that teaching spirituality should be done in an holistic manner that threads several themes across courses: "establishing a trusting relationship, providing and facilitating a supportive spiritual environment, responding sensitively to patients' spiritual and cultural belief systems, demonstrating caring, acknowledging the importance of 'presence' during spiritual distress," and "integrating spirituality in the plan of care (pp.163-164). Similarly, vanLeeuwen and Cusveller (2004) suggested a framework for teaching spirituality that develops students' self-awareness, therapeutic use of self, and knowledge of the spiritual dimensions within the nursing process. Six core competencies include: managing one's own beliefs, addressing the subject of spirituality, collecting information, discussing and planning how spirituality impacts a patient situation, integrating new knowledge of spirituality into policy, and evaluating outcomes of the expanded use of spirituality.

Effective Teaching Strategies

Several authors provide guidance for integrating spirituality into curricula. Gallia (1996) suggested that faculty create a teaching environment that is supportive and caring to students and act as role models for students. Others assert that students as well as faculty must integrate spirituality in their daily lives. For example, Jesuit Universities with Schools of Nursing refer to Ignatius's experiences with the *Spiritual Exercises* as the motivation, basis and mission for student community service engagement. Peck (2004) argued that experience, reflection, and action should be used as pedagogical exercises to "manifest Ignatian spirituality" (p. 33). Callahan (1997) further proposed that students use these *Spiritual Exercises* as a guide to live their lives.

Planning assignments across a variety of courses that exemplify spirituality as a lived experience was emphasized by multiple authors (Callister, et al., 2004; Catanzaro & McMullen, 2001). Catanzaro and McMullen (2001) suggested that spiritual exercises should be designed to cultivate spiritual sensitivity in students both in the classroom and clinically. Case studies and targeted assessment tools can be useful strategies (Brush, & Daly, 2000).

Spirituality increasingly appears as a topic of discussion in nursing literature, emphasizing its importance in providing quality care. Although several models and teaching strategies have been proposed, little research has been done to measure the relationship between methods and student outcomes. In this study the researchers examined an integrated approach to teaching spirituality in junior and senior courses. Changes in student knowledge about and perspectives toward spirituality were used as outcome measures to assess the effectiveness of these curricular innovations.

METHODS

Faculty Development and Curricular Integration

Through a grant from the John J. Barclow Foundation, six nursing faculty participated in a weekend program entitled “Spirituality in Healthcare” offered by the Harvard University Medical School. Following the workshop, participating faculty met for two half-day retreat sessions to discuss the most appropriate integration of spiritual content into individual nursing courses. Neither the project director, nor participating faculty were given release time for attendance at the educational program or retreat sessions, but the grant provided small honoraria for all participants. At the conclusion of the retreat, the entire curriculum had been reviewed and spiritual objectives were added to individual courses as appropriate (see Table 1).

The implementation of course objectives was left to individual faculty members. Objectives were defined for both didactic and clinical settings. On the junior level, this included defining spirituality, assigned readings of clinically relevant research about spirituality, case studies, role-playing, and using an assessment tool to plan and evaluate the care provided specific to patients’ spirituality. Senior nursing students participated in a weekly turbo class, *Professional Nursing: Leadership & Management* that included two credits of theory and a one credit clinical rotation. A ‘Clinical Competency Checklist’ included a sub-objective regarding ‘assessing, analyzing, planning, intervening, and evaluating the spirituality of assigned patients.’ Class content included diagnosing spiritual concerns, prioritizing goals, and implementation plans to address patients’ spiritual needs. Definitions of spirituality were shared among students, ideas for facilitating patient-nurse interaction were suggested, and ways to promote patients’ spirituality to benefit their health were discussed. The instructor also provided clinical case studies to illustrate how spirituality can be incorporated into patient care despite the hectic day faced by nurses in many settings. Every other week, students discussed how they found time to accomplish

their clinical sub-objectives (which included spirituality) in their various patient care settings. At the end of the semester, an assigned reading prepared students for a discussion depicting the significance of spirituality in everyday patient care. Students enthusiastically participated in these discussions.

Table 1

Course Objectives

Course	Spirituality Objective
Introduction to Professional Nursing	Recognize ethical, spiritual , and legal dimensions of nursing practice
Professional Nursing	Examine the nurse's role in identifying and resolving ethical, spiritual , and legal issues related to the distribution of healthcare resources, autonomy, and other current issues in healthcare
Health Assessment	Record a comprehensive health history and physical exam, using clear and appropriate terminology, including the patient's use of alternative therapies.
Geriatric Nursing	Enhance the quality of life of older adults by assessing and managing spiritual health needs
Wellness into Illness:	Respect the self-healing capabilities of the client, and reinforce capacities and strengths
Mental Health Nursing	Incorporate holistic strategies in plan of care for clients with specific risk factors
Patterns of Illness	Discuss ways in which social, spiritual , and cultural factors can be incorporated in the planning and delivery of nursing care to patients
Nursing Women and the Childbearing Family	Increase student awareness of female clients' spiritual health needs, especially during the childbearing cycle
Professional Nursing: Leadership and Management	Integrate the spiritual health needs of patients into one's philosophy of leadership and management
Nursing of Children and Family	Designs care approaches that incorporate spiritual belief systems
Public Health Nursing	Formulate nursing care for populations with diverse social, cultural, and spiritual issues
Transition: Professional Nursing Practice	Provide safe and effective physical, psychological, and spiritual care to clients that is sensitive to their values, goals, and culture

Study Design

The following hypothesis was developed for the study: “There will be a significant difference between pre and post test scores of spirituality and spiritual care knowledge among junior and senior undergraduate nursing students.” This study was exempt from institutional review because the purpose of data collection was for program evaluation. Participation was voluntary and participant names were not recorded on the instruments. A quantitative, pre-test/post-test design study was developed to measure the effectiveness of the spirituality curriculum integration on nursing student’s knowledge about spirituality and spiritual care. In addition, a small sub-group of the sample provided written responses to questions that captured qualitative data regarding their definition of spirituality and their thoughts on how nurses could best meet the spiritual needs of their patients.

To evaluate the program’s effectiveness in improving nursing student’s knowledge of spiritual care among older adults, pre- and post-tests were administered using a standard instrument. The *Spirituality and Spiritual Care Rating Scale (SSCRS, McSherry, 2000b)* was used to measure students’ knowledge about spirituality and spiritual care. The SSCRS is a 17 item tool with a 5-point Likert-like scale that asks respondents to choose an answer from strongly disagree (1) to strongly agree (5), based on their opinion about the item. Construct validity was tested on a sample of 549 nurses. The factor analysis indicated that each of the 17 instrument items significantly loaded onto one of four factors: spirituality, spiritual care, religiosity, and personalized care. Thus the factor analysis supported a four construct scale with a total reliability of .64 (McSherry, 2000b). This measure quantitatively evaluated student’s knowledge of spirituality and spiritual care. However, quantitative analysis on the topic of spirituality provides limited insight. Consequently, qualitative questions were also posed to a sub-sample of junior-level students (n=13) addressing their definition of spirituality along with their suggestions for how nurses might best meet the spiritual needs of their patients in order to more fully capture their perspectives on this topic.

RESULTS

Paired t-tests were used to compare pre-test and post-test measures of student scores on the SSCRS for junior and senior students before and after the curriculum integration year. In Table 2 the pre- and post-test scores and the t-test results for each group are outlined. Significant differences ($p < .05$) were found between the pre-test and post-test scores on the Spirituality SSCRS for the Senior-level students only ($t = -3.059, p = .004$).

Table 2

Paired t-test Results of Pre-test and Post-test Measures of Student Scores on the Spirituality and Spiritual Care Rating Scale (SSCRS)

Group		Mean	SD	t	p
Juniors	Pre-test (N=33)	X = 62.61	SD = 5.33	--	--
	Post-test (N=33)	X = 64.39	SD = 4.55	t = -.985	p = .332
Seniors	Pre-test (N=34)	X = 61.35	SD = 3.82	--	--
	Post-test (N=34)	X = 64.26	SD = 4.05	t = -3.059	p = .004*

* p < .01

Further analysis revealed significant changes in the response of each group to individual items in the SSCRs. Junior level students demonstrated a significant *decrease* in agreement with the following statement: “I believe nurses can provide spiritual care by arranging a visit by the hospital chaplain or the patient’s own religious leader if requested” (t=3.48, p=.001). Students also demonstrated significantly *less* agreement over the course of the semester with the statement: “I believe spirituality is concerned with a need to forgive and a need to be forgiven.” (t=2.71, p=.010). There was a significant *increase* in agreement with the statement, “I believe spirituality is not concerned with a belief and faith in a God or Supreme Being” (t=-2.12, p=.041); this may be understood in light of their awareness of other ways to address spiritual issues. The students also demonstrated a significant *increase* in agreement with the statement, “I believe spirituality does not include areas such as art, creativity, and self-expression” (t = -2.21, p = .034).

The response of Senior-level students to individual items concerning how a nurse can provide spiritual care also changed in response to the spirituality curriculum integration. These students demonstrated greater agreement with each of the following statements: “I believe nurses can provide spiritual care by....”

- “...spending time with a patient giving support and reassurance especially in time of need” (t = -2.73, p = .010).
- “...enabling a patient to find meaning and purpose in his or her illness” (t = -3.19, p = .003).
- “...listening to and allowing patients time to discuss and explore their fears, anxieties and troubles” (t = -3.187, p = .003).

- “...having respect for privacy, dignity and religious and cultural beliefs of a patient” ($t = -3.42, p = .002$).

In addition, these same students showed a significant increase in their agreement with two other statements: “I believe spirituality is about having a sense of hope in life” ($t = -2.26, p = .031$) and “I believe spirituality is a unifying force which enables one to be at peace with oneself and the world” ($t = -2.73, p = .010$). The results also showed that, by the post-test, students agreed significantly *less* with the following statement: “I believe spirituality does not apply to atheists and agnostics” ($t = 2.51, p = .017$).

Supplementing the quantitative data from the Spirituality and Spiritual Care Rating Scale, a sub-sample of junior-level students ($n=13$) completed a qualitative questionnaire addressing their definition of spirituality along with their suggestions for how nurses might best meet the spiritual needs of their patients. There were 10 females and three males in the group, ranging in age from 20 to 50 years. There was also a range in marital status (seven were single, five were married, and one was divorced), and educational background (two had no degrees past high school, two had an Associate’s degree, nine had a Bachelor’s degree, and two had a Master’s degree). While two of the students had no experience in health care, seven had more than two years experience; one student had been working in the healthcare field for 10 years.

Recurrent themes identified in the students’ definitions of spirituality accurately reflect the main principles associated with spiritual care and included: *Awareness of Self, Values, Perspective or Balance, Connection, Coping, Well-being, Finding Meaning or Purpose, and Hope*. Knowing one’s inner self and the values that motivate an individual were considered by some to be necessary for recognizing spiritual needs. The act of addressing these spiritual issues was seen by one student to be “what gives them/brings them a point of balance in their life through turmoil,” and by another to allow them to “be able to find the good in bad situations.” Several students cited the importance of relationships between a patient and others: “a personal connection that one has to themselves, others, the world around them, and potentially a supreme being.” Spirituality can be “what the patient relies on to help them cope with their situation...it is any method or idea that they use as strength,” which ultimately affords them a sense of relief, security, and well-being or peace. One individual saw spirituality as something which could “protect against anxiety, loneliness, depression, and can help patients make sense of their psychiatric and medical conditions.” While some students mentioned organized religion as an expression of spirituality, others argued that it “doesn’t have to mean that you go or belong to a church,” or even believe that there is a God. Spirituality, in a larger sense, was seen as “the search for

understanding life's ultimate questions and the meaning and purpose of living," and that specific life events (such as illness) can serve to "guide us towards a greater understanding of that purpose." Finally, one student felt that "spirituality for these patients is based upon their having hope, hope for tomorrow, hope for the future."

Students offered a variety of thoughts about how nurses could meet the spiritual needs of their patients; one student felt that it first required having "specific education in spirituality, as well as understanding their own feelings about the issue." Five overall themes emerged from the responses: *Listening, Understanding and Respecting Your Patient, Facilitating, Responding, and Being a Resource*. Most students found it crucial to begin the assessment by "listening to patients talk about the things that are most important to them." Students felt that the nurse must be aware of his or her own biases, since the most effective responses were arrived at "by respecting and trying to understand whatever beliefs the patient has." *Facilitating* fostered the patient's efforts in "finding out about themselves" and "helping patients maintain a relationship to a higher being and to identify meaning and purpose in life." Students also identified more active responses by the nurses, depending on individual patient choices: "If religion is their form of spirituality, it might be helpful to contact their priest or church figure to arrange for them to visit. Or if meditation is their form of spirituality... it might be helpful to talk with them about arranging quiet time for them to have for reflection." It was also suggested that the nurse may best meet the patient's spiritual needs by simply serving as a "guide... directing them to available spiritually oriented resources."

DISCUSSION and LIMITATIONS

The findings from this study partially supported the hypothesis in that some significant differences between pre- and post-test scores of spirituality and spiritual care knowledge among junior and senior undergraduate nursing students were found. The results of this study support the missions of clinical specialty agencies such as the American Association of Critical Care, and the National Hospice and Palliative Care Organization that advocate for incorporation of spiritual interventions into nursing care, especially at the end of life. The study also supports the curricular work proposed by several authors promoting the integration of spiritual interventions and sensitivity clinically in the classroom (Callister, et al., 2004; Catanzaro & McMullen, 2001; Cavendish, et al., 2004; Peck, 2004). Philosophical ideas postulated by both Gallia (1996), and Sawatzky and Pesut (2005) that faculty teach from a holistic perspective in a "supportive and nurturing environment" and "find balance in one's life" in order to act as role

models for students were incorporated into the curricular interventions and aided the success of this project. The findings of this study were important because they provide information about the successful integration of spiritual teaching strategies and their impact on student's spiritual knowledge and perspectives. While there is a great deal of literature illustrating the presence of spirituality among patients and the relationship between spirituality and health, there remains a dearth of research evaluating the effectiveness of spiritual education in clinical practice.

Several limitations were identified in this study. Data missing from the post-test decreased the final number of participants for the analysis, and the relatively small sample size may account for why significant differences in knowledge were not found in both groups. Seniors may be more likely to show differences in knowledge attained because they were exposed to more complex clinical situations in which patient's spiritual needs may have been more evident (e.g. critically ill infants, children, and adults) than juniors. In contrast, junior students had completed only half of their clinical experience at the time of post-testing.

Faculty found that the spiritual component was easily integrated in didactic and clinical settings, and that often they were already including elements of spiritual assessment and care without defining it as such. Faculty felt that the added content enhanced their teaching, and appeared to improve student outcomes. Finding resources to make these curricular changes may be easier in a faith-based institution where the vision and mission have a focus that encompasses a spiritual dimension. However, spirituality is a key component in nursing and should be incorporated into every program.

CONCLUSION

Spirituality as part of the healing process is an area of the curriculum that may be easily overlooked. Developing knowledge and skills to work with spiritual and religious issues that arise with patients and families should be an integral part of the educational experiences of student nurses. Providing students with working definitions of spirituality will help to raise their consciousness of this important area of assessment. Further, making it part of the routine health assessment and incorporating it as a thread throughout the clinical courses of the program will provide opportunities for assessment, planning, and evaluation of spiritual care.

Integrating spirituality into the curriculum requires a strong commitment from the administration of both the School of Nursing and the University as a

whole. This concept should be threaded throughout the curriculum, from the first to the last course, providing students with opportunities along the way for practice and reflection. Lack of knowledge, confusion about the nurse's role in providing spiritual care, and not being in touch with one's own spirituality are all factors that should be addressed to insure that students have the skills to assist patients with spiritual needs (Callister et al., p. 160).

Resources must be provided to educate faculty members. Travel money for conferences, funding for consultants, and stipends and/or release time for faculty to work on curriculum revision are all essential elements to success. Providing dedicated time for group work will be essential as faculty explore their own spirituality, identify student resources, develop case studies and create simulated scenarios for students.

The school of nursing where this project took place is in the process of acquiring funds specifically for faculty development. This will include working in conjunction with the university Center for Academic Excellence to set up a faculty learning community that will provide time and resources for curricular development in these areas. One component will include incorporating a simulation-focused pedagogy throughout the curriculum.

Although teaching clinical skills can be technologically focused, simulated scenarios can also incorporate critical thinking, decision making, collaboration, and communication skills. Increasing the complexity of a scenario could involve developing an issue specific to spiritual distress. Examples include: the patient who receives a life-threatening diagnosis; parents of an infant in the Neonatal Intensive Care Unit (NICU) recognizing a poor prognosis; or a distraught wife of a patient that dies related to an unsuccessful resuscitation attempt. All of these situations would provide opportunities for nursing faculty to discuss, role-model, and allow students to practice spiritual assessment and care. Nursing educators have a variety of opportunities to incorporate more dynamic, simulation-focused pedagogy into their teaching repertoire. Teaching spiritual assessment and care via simulation is uncharted territory.

Integration of core religion, philosophy and ethics courses can enhance and support spirituality in the nursing curriculum, and provide opportunities to expand and enhance student knowledge of world religions, other cultures, and beliefs different from their own. Creating partnerships with other departments on campus, such as Counseling Services and Campus Ministry can broaden the resources available for guest speakers and curriculum integration. Outreach to members of the community and health care agency personnel may be a useful

way to gain resources and establish collaborative efforts to benefit patient care. For example, a rabbi might be asked to come speak to students about end-of life issues in the geriatric course, or the chaplain from a local hospital could be invited to discuss working with parents in the NICU in the Maternal-Child nursing course.

The purpose of this project was to integrate spirituality into the undergraduate nursing curricula and to measure student outcomes related to spiritual knowledge and attitudes. Finding ways to call upon spirituality may enhance quality of care and give patients additional support as they attempt to cope with health and personal challenges throughout life. Research that measures the relationship of pedagogical methods on student attitudes, knowledge, and integration into patient care is needed. The effect of spiritual interventions on patient outcomes is also an area that needs further investigation.

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