



# Draft Spiritual Care Education Standard

Core Spiritual Care Competences Undergraduate Nursing/Midwifery Students



*Drafted during the EPICC Teaching & Learning Event 1 in Zwolle, The Netherlands, from October 30<sup>th</sup> till November 3<sup>rd</sup> 2017.*

## Pre amble

### Introduction

This EPICC draft standard for spiritual care education describes the spiritual care competences that are expected from undergraduate nursing and midwifery students. For every competence the learning outcomes are described in aspects of knowledge, skills and attitudes. These competences are based on studies regarding spiritual care competences and further discussed and agreed upon during the EPICC Teaching & Learning Event 1<sup>1,2</sup>. This standard describes the specified spiritual care competences. It should be considered that these competences are founded in a person-centered and reflective attitude of openness, presence and trust, that is fundamental for nursing and midwifery as a whole.

### Spirituality

Within the context of this EPICC standard the definition of spirituality is used that through international consensus is defined by the European Association for Palliative Care (EAPC). In this definition spirituality is described as<sup>3</sup>:

The dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred.

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<sup>1</sup> These studies are:

- Leeuwen R van & Cusveller B (2004). Nursing competencies for spiritual care. *Journal of Advanced Nursing*, 48(3), 234-46.
- Leeuwen R van, Tiesinga LJ, Middel B, Post D and Jochemsen H (2009). The validity and reliability of an instrument to assess nursing competencies in spiritual care. *Journal of Clinical Nursing*, 18, 2857-2869.
- Attard, J. (2015) *The design and validation of a framework of competencies in spiritual care for nurses and midwives: A modified Delphi study*. Doctoral dissertation University of South Wales UK.

<sup>2</sup> This Teaching & Learning Event 1 took place from the 30th of October until the 3rd of November 2017 in Zwolle, The Netherlands.

<sup>3</sup> Source: <http://www.eapcnet.eu/Themes/ProjectsTaskforces/EAPCTaskforces/SpiritualCareinPalliativeCare.aspx>



The spiritual field is multidimensional:

1. Existential challenges (e.g. questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).
2. Value based considerations and attitudes (what is most important for each person, such as relations to oneself, family, friends, work, things nature, art and culture, ethics and morals, and life itself).
3. Religious considerations and foundations (faith, beliefs and practices, the relationship with God or the ultimate)  
(<http://www.eapcnet.eu/Themes/ProjectsTaskforces/EAPCTaskforces/SpiritualCareinPalliativeCare.aspx>, extracted from website 01-06-2017).

### **Spiritual care**

Within the context of this EPICC Standard spiritual care is described as: that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires<sup>4</sup>.

### **Cultural context**

The content and application of the Spiritual Care Education Standard should be considered within the cultural context and the language of the country in which it is used. For that purpose, on a national level, parts of the standard can be amended without losing its fundamental content.

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<sup>4</sup> Source: NHS Scotland (2010). Spiritual Care Matters. An introductory resource for all NHS Scotland Staff.  
<http://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf>



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Competencies	Learning Objectives		
	Knowledge	Skills	Attitudes
1 Recognise the <b>importance</b> of the spiritual dimension that sustains physical and mental well-being.	Understand the concept of spirituality Can explain the impact of spirituality upon physical and mental health.	Listen and interact authentically recognising the unique spirituality of each patient.	Be open and respectful to the diverse nature of spirituality.
2 Value knowledge and experience as important elements in dealing with the patients/clients' and their families <b>existential questions</b> .	Is familiar with and understands the ways that patients/clients and families use the specific set of indicators to express important life questions.	Recognise and respond sensitively and compassionately to important life questions.	Appreciate what is important for that person.
3 Be aware of own spirituality and <b>use of self</b> as a resource for spiritual care.	Understand your own values and beliefs, own strengths and limitations, and be aware of the impact of this on your own practice.	The ability to reflect meaningfully upon your own values and beliefs. Recognise that personal values and beliefs maybe different from others.	Shows a willingness to explore beyond your personal comfort zone.
4 Acknowledge and respect the patients/clients' <b>diverse cultural world views</b> , beliefs and practices in relation to your own spirituality.	Knows the philosophy of different world views and cultures in relation to health. Has knowledge of main aspects of common religious world views and their dynamics (profile synopsis, care of the ill, and dying, role icons/symbols, maternal/pediatric).	The ability to interact with patient/client about care related expectations in a meaningful dialogue.	Be open, approachable and respectful.
5 Demonstrate <b>availability, authenticity and presence</b> throughout the patients/clients' journey within a caring and compassionate relationship.	Understand the concepts of availability, authenticity and presence Understands the concepts of caring and compassion.	Listen and interact authentically to patient language Create and foster a caring relationship with the patient/client. Building on trusting relationships.	Adopts a caring compassionate empathetic presence Being respectful, non-judgemental, inclusive, open, approachable, welcoming and accepting.



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6 Respect the patients/clients' right to make <b>informed decisions</b> about their care and treatment in line with their spirituality.	Can explain legal and ethical aspect of informed decision making and patient/client autonomy.	Acquitting and reflecting knowledge to respond appropriately in relationship with patient/client.	Shows respect and is non-judgemental.
7 <b>Document and share</b> spiritual information about the patient/client in a confidential manner within the multi-disciplinary team.	Know other professionals roles regarding spiritual care, expertise and tasks of multidisciplinary team members in spiritual care.	Apply spiritual assessments and collaborate with other disciplines to document this collaboration.	Is aware of own role and limitations and shows willingness to collaborate.
8 Use informal/formal assessments to identify patients/clients' <b>spiritual resources</b> and <b>spiritual needs</b> , and plan spiritual care.	Know assessment methods to signal spiritual needs. Know signs of spiritual needs/distress and resources	Observation and communication (active listening). Recognizing and reflecting on spiritual needs and distress . Identify resources that enable the nurse/midwife to establish spiritual care. Being able to perceive and seek clarity.	Shows courage to be vulnerable Adopts openness, attentiveness and acceptance.
9 Provide appropriate spiritual care and make timely <b>referral</b> for additional spiritual support to relevant others if necessary.	Know what limitations/barriers exist for spiritual care (personal, professional and organisational) Know what others or resources exist to refer.	Reflection on and responding to limitations/barriers, Communicate with other disciplines. Gather information on additional spiritual support.	Shows professional humility and willingness to collaborate Shows trustworthiness in seeking additional spiritual support.

