

Résumé

**L'intégration de la dimension spirituelle
au programme de baccalauréat en sciences
infirmières des universités canadiennes**

**Joanne K. Olson, Pauline Paul, Lillian Douglass,
Margaret B. Clark, Jane Simington, et Nancy Goddard**

Le but de cette étude était d'identifier à quel point le contenu sur la dimension spirituelle est incluse dans le curriculum des programmes de baccalauréat de base en sciences infirmières des universités canadiennes. Un devis exploratoire descriptif a été utilisé afin d'obtenir des données des membres du corps professoral des écoles de sciences infirmières universitaires canadiennes. Dix-huit (62 %) des 29 écoles éligibles ont participé. Les résultats indiquent qu'il y a confusion conceptuelle et que la dimension spirituelle est rarement définie ou incorporée dans les objectifs des programmes d'étude. Cependant, elle est plus présente dans les objectifs de cours, et des méthodes créatives sont utilisées pour en traiter. Son évaluation est sporadique et limitée, et plus d'attention pourrait être portée sur cette dimension.

Mots clés : programme de sciences infirmières, spiritualité

Addressing the Spiritual Dimension in Canadian Undergraduate Nursing Education

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The purpose of this study was to identify the extent to which the spiritual dimension is addressed in Canadian university undergraduate nursing curricula. An exploratory descriptive design was used to gather data from faculty members at Canadian university schools of nursing. Eighteen (62%) of the 29 eligible schools participated. The findings indicate that conceptual confusion exists and that the spiritual dimension is rarely defined or included in curricular objectives. However, they also indicate that the spiritual dimension is more frequently evident in course objectives and that a number of creative methods are used to address it. Testing in this area is sporadic and limited. The results indicate that greater attention could be given to this dimension.

Keywords: nursing education, spirituality

Human spirituality has long been a subject of philosophical speculation and discourse. It is a well-recognized and generally accepted phenomenon in virtually all known cultural and social systems, past and present. Few would deny its existence as a dimension of human nature or fail to acknowledge its pervasive influence on human thought, behaviour, and perceptions about well-being. Although the relationship between spirituality and health remains unclear, the recent resurgence of interest in complementary sources of healing and holistic health practices is causing increased interest in the nature of this link. At the same time, ongoing concern about health care makes it imperative that potential sources of healing, including those that have been neglected or considered to be beyond modern health practices, be investigated and evaluated. Although the spiritual dimension is commonly identified as an essential component of nursing care, the literature indicates that it is not adequately or appropriately addressed in nursing education and practice.

The purpose of this national study was to identify the extent to which the spiritual dimension is addressed in Canadian university undergraduate nursing curricula and evaluated in both official languages by the Canadian Nurses Association (1995). The study was guided by two research questions: (1) *To what extent is the spiritual dimension being addressed in university basic undergraduate nursing programs?* (2) *To what extent does the*

Canadian Nurses Association Testing Services examine new graduates' knowledge of and ability to address the spiritual dimension? In this paper we report on the findings relating to the first question.

Theoretical Foundation

The theoretical foundation for this study is the relationship among the concepts of human nature, spirituality, the spiritual dimension, nursing practice, and nursing education. The nature of human beings is a concern of the discipline of nursing. Historically, nursing developed around a tradition of healing and wholeness (Barnum, 1996; Donahue, 1985) in which human beings are acknowledged to comprise spiritual as well as biological, psychological, and sociological dimensions. To achieve optimal health, all aspects of human nature, including the spiritual dimension, must be considered and nurtured. In order to provide holistic care to clients, nursing students need to learn about the spiritual dimension and be tested on their knowledge in this regard.

Literature Review

Definitions of Spirituality and Related Terminology in the Nursing Literature

In the nursing literature, the terms *spirit*, *spiritual*, and *spirituality* are often used interchangeably. The word *spirit* comes from Hebrew, Greek, and Latin words for breath, suggesting that spirit is essential for life (Price, Stevens, & LaBarre, 1995). While there is no one authoritative definition of spirituality, defining themes emerge in the literature. Researchers including Goddard (1995), Hungelmann, Kenkel-Rossi, Klassen, and Stollenwerk (1985), Karns (1991), and Macrae (1995) view it as a *harmonious interconnectedness to God, self, others, and nature*. Burkhardt and Nagai-Jacobson (2002) suggest that spirituality is ultimately about *relationships*, while Clark (2000) adds that it is *an experience of being in relationship*. Burkhardt and Nagai-Jacobson (1994), Byrne (1985), Haase, Britt, Coward, Leidy, and Penn (1992), Keegan (1994), and others describe spirituality as *the core of an individual: an animating, creative and unifying force*. Reed (1991) and Taylor and Ferszt (1990) describe it in terms of *having a sense of purpose and life direction*, Mansen (1993) and Salladay and McDonell (1989) as a *developmental process*.

It is important to distinguish spirituality and the spiritual dimension of human beings from the concept of religion (Emblen, 1992). The word *religion* has its roots in the idea of binding things together (Bowker, 1997). Religion often functions to link the human spiritual dimension with the concept of spirit as larger than the human spirit. This more transcendent

appreciation of spirit can have implications for how life is lived in relationship with that which transcends one's own spirit. This spiritual relationship is often described as spirituality. It can be said that all religions include elements of spirituality, but religion is not the only way to understand or access spirituality. A person who is described as a spiritual person might not necessarily be a religious person, and vice versa (Nolan & Crawford, 1997).

The Spiritual Dimension of Human Beings

In a recent publication, Burkhardt and Nagai-Jacobson (2002) discuss the universal nature of spirituality: "By virtue of being human, all people are spiritual, regardless of whether or how they participate in religious observation" (p. xiii). It follows that all humans possess a spiritual dimension. Some authors describe the spiritual dimension as the mainstream of life (Dickinson, 1975; Stoll, 1979; Yura & Walsh, 1982), such that the absence of spiritual well-being can negatively affect the other dimensions. Though the concept of spiritual dimension seems vague, difficult to define, and complex, it has been regarded as the central, unifying dimension of an individual (Farran, 1989) and as the central "artery" that permeates, energizes, and enlivens all other dimensions (Brewer, 1979). For this study, the spiritual dimension is defined as *the animating energy that forms the core of all human beings; the real person; the active, living, and continually unfolding core of the individual; the part that does not die, that provides meaning and purpose in life, that transcends, permeates, and influences all other human dimensions: physical, psychological, and social. The spiritual dimension is expressed through relationship with God (however defined by the individual), self, others, and nature.*

The Spiritual Dimension in Nursing Practice

Researchers have examined clients' perspectives of spiritual needs and spiritual care (Martin, Borrows, & Pomillo, 1976; Simsen, 1985; Stallwood-Hess, 1969). Even though clients believe that nurses have a responsibility to address the spiritual aspects of their care, they indicate that nurses do not consistently respond to these needs (Dettmore, 1984; Fish & Shelley, 1983; Highfield, 1992; Reed, 1991; Soderstrom & Martinson, 1987). Clients report that in times of illness they often experience feelings of fear, doubt, and loneliness and express concerns about the meaning and purpose of life and their relationship to God and others (Martin et al.; Stallwood-Hess). They consider their spiritual needs of great importance (Simsen) and report a desire for the following nursing interventions: listening, "being there," and referral to clergy when appropriate (Kealy, 1974; Martin et al.; Stallwood-Hess).

Research findings indicate that nurses are aware that clients have spiritual needs. Further, many nurses believe it is in their scope of practice to respond to these needs. Waugh (1992) and Piles (1986), respectively, found that 94.4% and 87.6% of their respondents believed that nurses, in addition to clergy, should participate in spiritual care. It seems, however, that nurses have limited knowledge about how to respond to spiritual needs and therefore a limited ability to help clients in this area (Highfield & Cason, 1983; Kealy, 1974; Piles, 1986; Waugh). Conversely, when nurses unknowingly address the spiritual dimension, clients report a profound and sustained healing effect (Hood Morris, 1995).

While nurses appreciate and acknowledge the importance of spiritual care in their practice, it has been suggested that they neglect this area of care, for several reasons. They admit to confusion about the nature of spiritual care (Price et al., 1995) and hesitancy about introducing the “non-scientific,” spiritual realm into science-based nursing care (Price et al.) and believe they lack the knowledge necessary to address the spiritual dimension (Chadwick, 1973; Piles, 1986).

The Spiritual Dimension in Nursing Education

Although there is increasing literature focusing on the spiritual aspects of nursing, limited research attention has been given to the spiritual dimension in nursing education. In examining 120 randomly selected undergraduate programs accredited by the National League for Nursing in the United States, Piles (1980, 1986) found the spiritual dimension to be minimally addressed. In a study conducted with undergraduate nursing students in Hawaii, Simington (1996) found that students with higher levels of spiritual well-being were more willing than those with lower levels to care for elderly patients. Hitchens (1988) discovered that students tended to project themes from their own faith, values, and life experiences onto patient-care situations. Further, she found that critical life experiences, rather than length of nursing practice, was the main factor in determining how students planned care for the spiritual dimension. There appear to be no studies examining how the spiritual dimension is addressed in Canadian nursing education.

Method

An exploratory descriptive design was used to gather data from undergraduate faculty representatives of Canadian university schools of nursing. A questionnaire¹ was designed to address the first research question: *To what extent is the spiritual dimension being addressed in Canadian uni-*

¹ The questionnaire developed for this study is available from the authors upon request.

versity basic undergraduate nursing programs? Specific open-ended questions focused on how the spiritual dimension is conceptualized, integrated, and evaluated in curricula. A panel of nurse educators established content validity. Pilot testing was conducted at one of the participating universities. No revisions were required and the data of the pilot test became part of the overall data. The questionnaire was then translated from English to French by a francophone co-investigator.

Procedure

After ethical approval had been received from the Faculty of Nursing Ethics Review Committee, all Canadian universities that offered basic baccalaureate nursing programs and held membership in the Canadian Association of University Schools of Nursing were invited to participate. All correspondence and study materials were in the language(s) of instruction of the university. Each dean or director was sent a letter introducing the study and asking that two faculty contacts for each year of their program be identified. Follow-up phone calls were made to obtain the names of the faculty contacts. Once names were confirmed, one contact for each year of the program was randomly selected. These faculty members became the research sample and were sent an information letter and questionnaire. The letter asked participants to complete the questionnaire in collaboration with colleagues teaching in the same year of the program. Although discussion groups were suggested as an appropriate method for obtaining data, each participant was given flexibility in determining how to solicit input from colleagues. Follow-up reminders were sent by e-mail.

Data Analysis

To facilitate combined data analysis of the questionnaire, French-language responses were translated into English by one francophone member of the research team and then translated back into French by another. The results were discussed by the two francophone members to ensure agreement on the English translation to be used by the team.

Using descriptive statistics and content analysis, data were analyzed to identify trends in the extent to which the spiritual dimension is addressed in nursing curricula. Four researchers participated in this process in order to allow for full discussion and broad consensus.

Findings

Participation Rate

Eighteen of the 29 schools invited to participate (62%) returned completed questionnaires. Thirty-nine individual faculty members partici-

pated in the survey. Thirty-one questionnaires were completed in English and eight in French. The participants reported gathering data from 130 other teachers of basic baccalaureate nursing courses at the invited schools.

Regional participation included seven out of 10 schools (70%) in the western provinces (British Columbia, Alberta, Saskatchewan, and Manitoba), seven out of 13 schools (54%) in the central provinces (Ontario and Quebec), and four out of six schools (67%) in the Atlantic provinces (New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador). The participation rate by language was as follows: two of the three schools using only French as the language of instruction, 15 of the 24 schools using only English as the language of instruction, and one of the two schools using both English and French as the language of instruction.

Conceptualization of the Spiritual Dimension

Of the 39 respondents, 26 (66.66%) stated that the term *spiritual dimension* was not defined in their education program. Of these, four indicated that students and faculty were encouraged to personally define the spiritual dimension. For example, one respondent stated:

Students learn that there are many definitions. We do not purport that there is only one definition. The documents describing the philosophy of the nursing school refer to wholeness, a body-mind-spirit unity. Students are introduced to various definitions of health in their nursing courses. Most of these definitions integrate a body/mind/spirit; a few integrate body/mind/spirit/environment. Our program is based on viewing the "lived experiences" of individuals, families etc. in a holistic manner. Therefore the spiritual dimension is whatever the person states it is. It is not defined in one curriculum guide.

Thirteen respondents (33.33%) indicated that their school had a definition of the spiritual dimension. Of these, two said the definition was similar to the study definition, three provided definitions with no reference to an author or theorist, and eight used definitions from the literature — Neuman's (1989) definition (two respondents), a definition influenced by Watson (1988) (one respondent), and definitions by other authors not considered nursing theorists (five respondents).

Three respondents indicated that their school's definition of the spiritual dimension differed from the study definition. One wrote:

Your definition places greater emphasis on the spiritual nature of the human being — ours seems to be more about the individual's comprehension of spirituality for and within themselves.

The remaining two respondents indicated that their definition did not include the idea of transcendence nor assume that the spiritual dimension permeates and influences all other dimensions.

The data reveal three significant findings pertaining to conceptualization of the spiritual dimension. First, opinions varied on the importance of addressing the spiritual dimension. For example, one respondent wrote:

I believe there is some inconsistency in our faculty; we have the tendency to believe that spirituality is a private matter yet we see its importance in a person's health.

Second, there was evidence of conceptual confusion surrounding the terms *spiritual dimension*, *spirituality*, and *religion*. For example, here are the comments of two respondents:

I'm not sure if nurses should promote spiritualism. Probably nurses should acknowledge and accept the client's perspective. Nurses should certainly not promote religions.

I find the spiritual dimension of nursing care to be neglected in practice and in discussions with students. I find I need to facilitate discussion to help students go beyond the strict (and limiting) framework of organized religion.

Data analysis revealed further evidence of conceptual confusion. Some responses to questions about the spiritual dimension related more to religion than to spirituality. For example, when asked to identify methods used to facilitate learning about the promotion of spiritual health, one respondent stated, "Students are encouraged to learn about clients' diverse religious backgrounds." And when asked in which required courses the spiritual dimension was addressed, another respondent stated that students were required to take religious studies courses.

The third finding is that the spiritual dimension was sometimes subsumed under other concepts such as culture, healing, or the psychosocial dimension, rather than viewed as a distinct dimension. Following are the comments of three respondents:

Spiritual aspects of nursing care are addressed in relation to client and family experiences related to health and illness within the context of culture

The concept of healing includes spirituality.

The spiritual dimension is subsumed under the psychosocial dimension.

While all of these concepts may be interrelated, they are not necessarily identical.

Curricular and Course Objectives

Two questions focused on curricular and course objectives. Regarding curricular objectives, respondents from four schools (22.22%) unequivocally indicated that their curriculum included objectives focusing on the spiritual dimension, while respondents from 14 schools (77.78%) could not identify specific objectives. The four schools that responded positively — three in the western provinces and one in the Atlantic provinces — provided sufficient evidence that their curricular objectives addressed the spiritual dimension directly or indirectly. Respondents from two of the four schools gave examples of objectives that reflected a specific religious worldview, while the other two did not comment on any particular religious influence. For example, one respondent identified a curricular objective as

[to] prepare graduates to provide holistic care based on a knowledge of physiological, psychosocial, cultural, spiritual, and environmental dimensions, and a respect for people's right to participate in their own health care.

Another made non-specific references to spirituality and religion:

...develop awareness of one's own values and relationship to spirituality... begin to understand the ways in which religion and spirituality are expressed... appreciate the role of spirituality in health crisis and transition.

While seven schools (38.89%) did not have course objectives addressing the spiritual dimension, 11 schools (61.11%) did have such course objectives. The four schools that reported having curricular objectives were among the schools also reporting the existence of course objectives. Examples of course objectives addressing the spiritual dimension include: “identify common assumptions about spirituality,” “describe common spiritual struggles of dying persons,” “outline the components of a spiritual assessment,” and “discuss ways of supporting individuals who are spiritually struggling.”

When asked about required nursing courses addressing spiritual issues, some respondents indicated that the topic was woven throughout all nursing courses while others identified specific courses. Because most respondents answered generally as opposed to identifying specific courses, we are unable to report quantitative data on this topic. At two schools, religious studies were required courses, while respondents from other schools indicated that electives in anthropology, ethics, theology, and philosophy were frequent choices. These findings indicate that a minority of schools identify objectives related to the spiritual dimension

in their curricular and course objectives. It is apparent, however, that spiritual aspects of nursing are addressed in both classroom and clinical courses, even in schools for which no program or course objectives relating to the topic were identified.

Methods Used to Facilitate Learning

Thirty-six out of 39 respondents (92.3%) identified specific methods used to facilitate learning about the spiritual dimension. Each of these respondents identified multiple methods, such as spiritual assessment guides, lectures, group work, discussion, talks by guest speakers including clerics, videos, readings, case studies, clinical conference discussions, faculty role-modelling, self-reflection, story-telling, meditation, and journal writing. One respondent wrote:

Through use of a narrative assignment [students] examine how their perspective (values and beliefs) facilitates or constrains the development of a relational narrative with the other.

Another described role-modelling:

There is a strong focus on instructor initiated discussions — critical thinking questions, offering presence, showing acceptance of diversity, cultural differences/beliefs, using touch, creativity, prayer, respect, making referrals, and attending to the importance of rituals. I discuss spirituality and spiritual concerns with the students' clients with the students looking on.

Some respondents discussed strategies that encourage students to explore the beliefs and values of others: "I encourage the students to enter imaginatively into the world of each religious tradition we study"; "Students do a critical analysis of situations presented in a video tape on the end of life issues. They compare their own attitudes and beliefs on life and death with those presented in the film." One respondent described the use of various methods for facilitating learning about the spiritual dimension:

The main facilitative method is based upon establishing a relationship with the client. Getting to "know" the client and with the development of trust, it is believed the client will share the spiritual aspects of life that are important for the nurse to know.

Methods Used to Evaluate Learning

When asked to describe methods used to evaluate student learning about the spiritual dimension, respondents from eight schools (44.4%) reported that no specific method was used. In the remaining schools, knowledge in this area was evaluated primarily within clinical courses, by means of

clinical evaluations, reflective journals, and post-clinical conferences. Five schools used classroom examinations as a means of evaluation and three schools used class assignments.

Discussion

The results of this study reveal the extent to which the spiritual dimension is being addressed in Canadian undergraduate nursing education. It can be assumed that when there is faculty consensus about a content area being highly valued, that content will appear in curricular objectives. The findings therefore indicate that only a small proportion of schools include the spiritual dimension among their curricular objectives. The findings also suggest a lack of consensus on the importance of the spiritual dimension as well as conceptual confusion about spirituality and religion in nursing schools. Addressing the spiritual dimension is viewed by some as crossing over into the religious realm and thus as inappropriate because they consider religion a personal matter. There is evidence that some educators view the spiritual dimension as a part of the psychosocial dimension. While a more thorough discussion of historical and societal factors related to this viewpoint would be helpful, such a discussion is beyond the scope of this paper. Suffice it to say that if it is believed that a spiritual dimension exists, whether separate or subsumed under another dimension, nursing has an obligation to address it in nursing practice. Failure to do so will make it difficult for nursing to claim that it is holistic in its approach to the care of human beings.

It is puzzling to note that even when curricular objectives at a given school do not specify the spiritual dimension, many of the courses do include such objectives. The responses regarding individual courses indicate that some faculty members have integrated the spiritual dimension into their theoretical and clinical teaching while others have not. This finding gives rise to concern that the inclusion or exclusion of the spiritual dimension will become a haphazard matter and has implications for students and their future practice. For example, is the practice of nurses who have been educated in the spiritual dimension different from that of other nurses? Do patients perceive a difference in terms of the care they receive?

The findings of this study indicate that some faculty members are using creative and diverse methods to promote learning about the spiritual dimension in classroom and clinical settings. The extent to which these faculty members are working in isolation, without the support of their colleagues and curricular frameworks, remains unclear. Is there open discussion on the spiritual dimension and its place in nursing education and practice? Forty-four percent of the schools surveyed did not evalu-

ate student learning concerning the spiritual dimension. What message does this give to students about the place of spirituality in nursing practice? An area for further research would be students' perceptions regarding their learning about the spiritual dimension.

The results of this study show that it is time to seriously engage in a dialogue about the spiritual dimension in nursing education. The conceptual confusion in this area, and its possible impact on nursing practice, is a concern for nurse educators and researchers alike. Nursing educators may be in a good position to take the leadership in generating debate and developing clarity in this area.

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