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Spirituality in Polish nursing and chosen tools used for its measuring – subject matter presentation based on literature review

Zagadnienie duchowości w polskim pielęgniarstwie oraz wybrane narzędzia stosowane do jej pomiaru – przedstawienie problematyki na podstawie przeglądu literatury

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A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query - a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodne z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

ZAGADNIENIE DUCHOWOŚCI W POLSKIM PIELĘGNIARSTWIE ORAZ WYBRANE NARZĘDZIA STOSOWANE DO JEJ POMIARU – PRZEDSTAWIENIE PROBLEMATYKI NA PODSTAWIE PRZEGLĄDU LITERATURY

Wprowadzenie. W dobie zjawiska jakim jest dehumanizacja medycyny całościowe podejście do chorego wydaje się czymś niezbędnym. Co więcej coraz częściej w literaturze naukowej pojawiają się teksty na temat znaczenia kompetencji miękkich oraz aspektu opieki nie o charakterze stricte klinicznym w jakości i efektywności procesów terapeutycznych. Elementy opieki duchowej w codziennej praktyce są często pomijane bądź ignorowane przez personel. Wynika to zarówno z obawy w ingerowanie w życie osobiste pacjenta, ale też z braków kadrowych, a co za tym idzie dużego obciążenia pracą personelu na dyżurze. W konsekwencji tego zdiagnozowano zjawisko jakim jest missing nursing care, które polega na pomijaniu pewnych czynności w codziennej praktyce pielęgniarskiej, aby wykonać te niezbędne, najważniejsze procedury przy chorym.
Cel pracy. Celem pracy było przedstawienie znaczenia opieki duchowej w pielęgniarskie oraz zaprezentowanie narzędzi służących do jej pomiaru.
Metoda. Metodą zaprezentowaną w niniejszym artykule jest niesystematyczny przegląd aktualnej krajowej i światowej literatury.
Podsumowanie. Zapewnienie opieki duchowej ma przede wszystkim na celu odpowiedź na wszelkie potrzeby i obawy pacjenta. Opieka ta opiera się na skutecznych umiejętnościach komunikacyjnych, poprzez które pielęgniarka buduje więź i zaufanie z chorym, a w wyniku tego pacjent chętniej angażuje się w procesy terapeutyczne i jego proces hospitalizacji można ulecz znacznemu skróceniu.

Słowa kluczowe: pielęgniarstwo, opieka duchowa, skale opieki duchowej, przegląd niesystematyczny

ABSTRACT

SPIRITUALITY IN POLISH NURSING AND CHOSEN TOOLS USED FOR ITS MEASURING – SUBJECT MATTER PRESENTATION BASED ON LITERATURE REVIEW

Introduction. In times of the dehumanisation of medicine, a holistic approach to patients seems indispensable. Moreover, there is an increasing number of scientific papers on the significance of soft competencies and the non-clinical nature of care in the quality and effectiveness of therapeutic processes. The staff often neglects or ignores the elements of spiritual care in everyday practice. It results from the concern not to interfere with the patient's personal life and from staff shortages, which entails the staff's heavy workload on duty. Consequently, a phenomenon known as missing nursing care was diagnosed, involving skipping some activities during everyday nursing practice in order to perform the indispensable, most essential procedures for the patient.
Aim. The aim of the study was to present the importance of spiritual care in nursing and to present tools for its measurement.
Method. The method is an nonsystematic review of current national and world literature.
Summary. Providing spiritual care is primarily aimed at responding to patients' needs and concerns. Such care is based on effective communication skills, through which a nurse establishes a bond and trust with the patient, and consequently, the patient is more willing to engage in therapeutic processes, so hospitalisation might be reduced significantly.

Key words: nursing, spiritual care, spiritual care scales, nonsystematic review

Even though the issue of spirituality has been mentioned in the scientific literature for decades, its universal and broadly accepted definition is still missing. Researchers attribute it to the subjective nature of spirituality, depending on the given person's mindset and interpretation of the world [1-3].

Despite a lack of consensus, the following definition of spirituality proposed by the European Association for Palliative Care (EAPC) is the most often accepted one: "*Spirituality is 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*" [4]. A similar position on the definition of spirituality was presented by the Polish Society for Spiritual Care in Medicine, which proposed a definition of spirituality as „*sphere, which includes not only religiousness, but also existential search and values that man lives*" [5].

Similarly to spirituality, the notion of spiritual nursing care is hard to define [6]. In the nursing aspect, spirituality is related to such concepts as force majeure, a sense of unity, purpose and meaning in life, relations, and transcendence. Regardless of definition, the term is linked to the patient's health and well-being and satisfaction with the care provided [6-8]. The British *National Health Service* defines spiritual care in the following way: "*Spiritual care is 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*" [9].

The patient's spiritual needs are among the significant aspects of holistic nursing care and assessment. Furthermore, EAPC in its report on nursing care education, emphasises the significance of patients' spiritual needs in holistic care and claims that spiritual care is a vital part of nursing practice [10]. The authors focusing on spiritual care underline that it is an intrinsic element of holistic care, considering the patient's physical and mental aspects, as well as their social and spiritual aspects [6-8, 11].

International organisations such as the American Association of Colleges of Nursing, European Association for Palliative Care, United Kingdom National Health Service and Spiritual Care Association emphasise the problem of insufficient preparation of the nursing staff to provide spiritual care and recommend that nursing schools should prepare their graduates for delivering such care [4, 9, 12].

Insufficient preparation for providing spiritual care in Polish conditions is described by Zurzycka et al. [13]. The authors suggest that including spirituality-related issues in nurses' graduate and post-graduate education is vital. Moreover, they emphasise the significance of "stimulating the sensitivity of nursing practitioners and persons preparing for the job to spiritual aspects of their jobs and their own spirituality" in the area of spirituality [13]. In the context of Polish nurses, Zurzycka et al. [13] reveal that spiritual care is rarely treated as a priority in nurses' everyday work. It is attributed to organisational aspects of care and staff's discomfort related to a lack of competence in delivering such care as well as a lack of communication and cultural skills. On the other hand, Fopka-Kowalczyk M. et al. [14] in paper on the creation of a program of classes in spiritual care for medical students indicates the importance of holism and spirituality in patient care. They point out that in addition to the strictly clinical aspect, the medical care and prognosis of the patient also depend on personal, emotional and spiritual aspects. What is more, the authors of the above study indicate that the use of spiritual care in the therapeutic process has a positive effect on survival, coping with the disease, patient satisfaction with the care provided and the treatment process. In addition, it is related to the patient's subsequent compliance with medical recommendations and quality of life, reduces anxiety and the risk of depressive disorders [14].

The concept of spirituality in nursing first occurred as early as in the model proposed by Florence Nightingale, mentioning care and spirituality [15]. According to Nightingale, "*Holistic nursing focus on healing of whole person rather than caring for a separate sphere of person health like physiological aspect, and nurses are the healing agent who facilitate mechanism of healing with honor to person's individual subjective feelings*" [15, 16].

Jean Watson is the contemporary precursor of spirituality in the theory of nursing. Her theory is based on care which strictly relates to spirituality [17]. Watson indicates the problems of the contemporary world, calling the present "*the decline of the absolutes*", where the world leaves no room for metaphysical, mystic and spiritual concepts [17]. She points out that spiritual care in nursing has the function of seeking philosophical, ethical and *methodological congruence*[1] to capture the internal, unknown spiritual experience. Moreover, Watson claims that as a result of spiritual care, a patient finds his/her place in the surrounding world, and a therapeutic bond is established based on a solid relationship between the nurse and the patient [17, 18].

Understanding another person's situation without judging and being open to offer support in difficulty is a crucial aspect of spiritual care. Papers devoted to the spiritual care aspect indicate that the nursing staff's listening and showing interest suffice to satisfy the patient's needs and improve well-being [2, 19]. Well-developed communication skills help nurses listen to the patient actively, facilitate understanding of the patient's situation and needs and enable effective sharing of information concerning the therapeutic process [8, 20].

In order to deliver spiritual care consciously and effectively, a nurse shall distinguish between religiousness and spirituality. According to the Dictionary of the Polish

[1] Methodological congruence is a „fit" between the researcher's chosen methodology and his/her philosophical perspective. The chosen methodology should be aligned with the research question, data collection and sampling procedures, philosophical perspectives and seminal authors, data analysis, and findings.

Language, in a psychological approach, "*religiousness is based on a system of specific convictions concerning transcendence (God, absolute) and accepting a particular system of moral rules, and pursuing their real implementation*" [21]. Spirituality, in turn, is defined as a "*set of approaches, convictions and attitudes to the realities shaping the particular form of life - God, the world of spirits, the world of humans, nature – and more broadly – to any manifestations of the being in its existence and the dynamism of becoming oneself*" [21]. The key to understanding the subject of spirituality is to distinguish it from the concept of religiosity. Many authors from the field of spiritual care point out significant differences between these concepts. They also claim that spirituality is universal, the same for all humans, regardless of their origin, culture or religion [4,5,14,22]. That is why spiritual care can be provided by believers and non-believers. Respecting the patient's system of values, their needs and expectations is crucial for spiritual care [23, 24]. In this respect, it executes a decision-making element according to the concept of Evidence-Based Practice (EBP).

EBP is defined by International Council of Nurses (ICN) as „*a problem solving approach to clinical decision making that incorporates a search for the best and latest evidence, clinical expertise and assessment, and patient preference values within a context of caring*" [25]. EBP is currently the standard in the education of nurses. It is also an indispensable stage of professionalization and independence of the profession. Its implementation should also take into account the humanistic aspect, complemented by appropriately developed communication skills and competences in the field of spiritual care [26].

Even though the significance of spiritual care in nursing has been known for many years, graduates from the major are either insufficiently prepared in this respect or do not use spiritual care too often in their clinical practice [6, 27]. Moreover, the problem with defining spiritual care and constraints preventing its providing [6] stimulate the seeking for adequate tools to evaluate the approach, knowledge and competence of students and nursing staff in this respect.

Many scales were developed, investigating spirituality from various perspectives. *The Spirituality and Spiritual Care Rating Scale (SSCRS)* authored by McSherry W. et al. [28], in the Polish adaptation [29], is among standardised tools intended for nursing students and professionals. The scale's Polish version enables self-assessment in three domains: spiritual care focused on action, spiritual care focused on emotional support and religiousness. Spiritual *Care Competence Scale (SCCS)*, authored by van Leeuwen R. et al. [30] (in Polish adaptation Machul M. et al. [31]) is another standardised tool. The questionnaire helps evaluate nurses' competencies in six domains of spiritual care, including spiritual care evaluation and implementation, spiritual care professionalisation and improvement, individual support and advice for patients, referrals to specialists, attitude to patient's spirituality and communication [30]. *Spiritual Care Intervention Provision Scale*, developed by Musa A. and Pevalin D. [32], is a tool aimed at measuring the frequency of providing spiritual care by the nursing staff in everyday practice. Yet another tool is the *Spiritual Care Giving Scale (SCGS)* by Tiew and Creedy [33], used to measure the nursing students' perception of the aspects of spirituality and spiritual care. *Nurses' Spirituality and Delivery of Spiritual Care (NSDSC)*, authored by Labrague et al. [34], is a tool dedicated to investigate the perception of one's spirituality and spiritual care delivery in the workplace.

Spiritual care poses a significant challenge for contemporary nursing practice. In addition to not teaching the competencies necessary to provide such care in pre- and post-graduate education, cultural differences [27,35] and nursing staff shortages [36] pose a significant barrier. The issue related to skipping some activities in patient care because of a lack of time or staff shortages was defined by Schubert et al. as *Rationing of Nursing Care* [37], by Beatrice J. Kalisch [38] as Missed Nursing Care and by Jones et al. [39] as *Unfinish Nursing Care*. Researchers in this area indicated that excessive workload on nurses on duty often results in conscious resignation from some areas of care. Consequently, conversation with a patient, though necessary in delivering spiritual care, is often neglected [37,40,41].

In relation to nursing staff shortages and crowded hospital departments, spiritual care is often side-lined while essential and indispensable rescue and treatment procedures supersede. In the current situation, nurses lack time to pay attention to patients' spiritual aspects and support them in difficulty. The staff focuses primarily on effective problem-solving and task-focused work to perform the scheduled and commissioned activities. Nonetheless, caring for the patient's spiritual needs is the essence of nursing, in addition to executing procedures and keeping a medical record [1,8,20,42]. Modern nursing should be characterised by a holistic approach to patients, where scientific evidence is used in the care and therapeutic process, and the humane aspects, including spiritual care, are considered. [43,44].

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REFERENCES

1. Cawley N. An exploration of the concept of spirituality. Int. J. Palliat. Nurs. 1997;3 (1): 31-36.
2. Jaberi A, Momennasab M, Yektatalab S, et al. Spiritual Health: A Concept Analysis. J. Relig. Health. 2019; 58(5): 1537-1560.
3. Martsolf DS, Mickley JR. The concept of spirituality in nursing theories: differing world-views and extent of focus. J. Adv. Nurs. 1998; 27(2): 294-303.
4. European Association for Paliative Care. Spiritual Care. Available from: https://www.eapcnet.eu/eapc-groups/reference/spiritual-care.
5. Polskie Towarzystwo Opieki Duchowej w Medycynie. Avaliable from: https://ptodm.org.pl/
6. Harrad R, Cosentino C, Keasley R, Sulla F. Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. Acta Biomed. 2019; 90(4-s): 44-55.
7. Yardley S, Walshe C, Parr A. Improving training in spiritual care: a qualitative study exploring patient perceptions of professional educational requirements. Palliat. Med. 2009; 23(7): 601-607.

8. Selman LE, Brighton LJ, Sinclair S, et al. Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: A focus group study across nine countries. Palliat Med. 2018; 32(1): 216-230.
9. NHS Education for Scotland, Spiritual Care Matters. An Introductory Resource for all NHS Scotland Staff. 2009. Available from: https://www.nes.scot.nhs.uk/media/23nphas3/spiritualcaremattersfinal.pdf
10. Paal P, Leget C, Goodhead A. Spiritual care education: results from an EAPC survey. Eur J. Palliat. Care. 2015; 22(2): 91-95.
11. Caldeira S, Carvalho E, Vieira M. Spiritual distress-proposing a new definition and defining characteristics. Int. J. Nurs. Knowl. 2013; 24(2): 77-84.
12. Spiritual Care Association. Available from: https://www.spiritualcareassociation.org/.
13. Zurzycka P, Czyżowicz K, Radzik T. Opieka duchowa powinnością w praktyce pielęgniarskiej – zarys problematyki. Problemy Pielęgniarstwa. 2017; 25(3): 210-214.
14. Fopka-Kowalczyk M, Groves R, Larkin P, et al. A training programme for medical students in providing spiritual care to people with advanced diseases and their loved ones: A case study from the Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Toruń, Poland. Frontiers in Cardiovascular Medicine.2022; 9: 909959.
15. Awalkhan A, Muhammad D. Application of Nightingale Nursing Theory to the Care of Patient with Colostomy. Eur. J. Clin. Biomed. Sci. 2016; 2(6): 97-101.
16. Dossey B. Florence Nightingale and holistic nursing. Imprint. 1910; 52(2): 58-60.
17. Watson J. Nursing's global covenant with humanity – Unitary caring science as sacred activism. J. Adv. Nurs. 2020; 76(2): 699-704.
18. Watson J, Smith MC. Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development. J. Adv. Nurs. 2002; 37(5): 452-461.
19. Christensen K, Turner de S. Spiritual care perspectives of Danish registered nurses. J. Holist. Nurs. 2008; 26(1): 7-14.
20. Klimasiński M, Ziemkiewicz M, Neumann-Klimasińska N. Patients' spiritual needs are important in everyday clinical practice. Medycyna Paliatywna. 2017; 9(4): 210-217.
21. Słownik Języka Polskiego. Available from: https://sjp.pwn.pl/.
22. Krok D. Religijność a duchowość - różnice i podobieństwa z perspektywy psychologii religii. Polskie Forum Psychologiczne. 2009; 14(1): 126-141.
23. Motak D. Religia - Religijność - Duchowość. Przemiany zjawiska i ewolucja pojęcia. Zeszyty Naukowe Uniwersytetu Jagiellońskiego. 2010; 10: 201-218.
24. Surzykiewicz J. Religia, religijność i duchowość jako zasoby osobowe i kapitał społeczny w pedagogice społecznej/pracy socjalnej. Pedagogika Społeczna. 2015; 1(55): 23-70.
25. ICN. Closing the gap: From evidence to action. 2012; Available from: http://www.icn.ch/publications/2012-closing-the-gap-from-evidence-to-action/.
26. Kincheloe DD, Stallings Welden LM, White A. A Spiritual Care Toolkit: An evidence-based solution to meet spiritual needs. Journal of clinical nursing 2018; 27(7-8): 1612-1620.
27. Hughes B, DeGregory C, Elk R, et al. Spiritual Care and Nursing: A Nurse's Contribution and Practice. Spiritual Care Association, 2017. Available from: https://www.spiritualcareassociation.org/docs/resources/nurses_spiritual_care_white_paper_3_22_2017.pdf
28. McSherry W, Draper P, Kendrick D. The construct validity of a rating scale designed to assess spirituality and spiritual care. Int. J. Nurs. Stud. 2002; 39(7): 723-734.
29. Panczyk M, Iwanow L, Dobrowolska B, et al., Validation Study of the Revised Spirituality and Spiritual Care Rating Scale (SSCRS): A Cross-Sectional Survey in Poland. Preprints. 2022: 2022020030.
30. van Leeuwen R, Tiesinga LJ, Middel B, et al. The validity and reliability of an instrument to assess nursing competencies in spiritual care. J. Clin. Nurs. 2009; 18: 2857-2869.
31. Machul M, van Leeuwen R, Ozga D, et al. The level of spiritual care competence of Polish nurses and the psychometric properties of the spiritual care competence scale (SCCS). BMC Nursing 2022; 21: 106.
32. Musa A, Pevalin D. Development of the Arabic Spiritual Care Intervention-Provision Scale. J. Clin. Nurs. 2016; 25(15-16): 2275-2284.
33. Tiew L, Creedy D. Development and preliminary validation of a composite Spiritual Care-Giving Scale. Int. J. Nurs. Stud. 2012; 49(6): 682-690.
34. Labrague L, McEnroe-Petitte DM, Achaso Jr RH, et al. Filipino Nurses' Spirituality and Provision of Spiritual Nursing Care. Clin. Nurs. Res. 2016; 25(6): 607-625.
35. Wittenberg E, Ragan S, Ferrell B. Exploring Nurse Communication About Spirituality. Am. J. Hosp. Palliat. Care. 2017; 34: 566-571.
36. White M, Peters R, Schim S. Spirituality and spiritual self-care: expanding self-care deficit nursing theory. Nurs Sci. Q. 2011; 24(1): 48-56.
37. Schubert M, Glass TR, Clarke SP, et al. Validation of the Basel Extent of Rationing of Nursing Care instrument. Nurs Res. 2007; 56(6): 416-424.
38. Kalisch B. Missed nursing care: a qualitative study. J. Nurs. Care Qual. 2006; 21(4): 306-313.
39. Jones T, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. Int. J. Nurs. Stud. 2015; 52(6): 1121-1137.
40. Uchmanowicz I, Kirwan M, Riklikiene O, et al., Validation of Polish version of the Basel Extent of Rationing of Nursing Care revised questionnaire. PLoS One. 2019; 14(3): e0212918.
41. Papastavrou E, Andreou P, Efstathiou G. Rationing of nursing care and nurse-patient outcomes: a systematic review of quantitative studies. Int. J. Health Plann Manage. 2014; 29(1): 3-25.
42. Gijsberts M, Liefbroer A, Otten R, et al. Spiritual Care in Palliative Care: A systematic Review of the Recent European Literature. Med Sci (Basel). 2019; 7(25): 25.
43. Timmins F, Murphy M, Neill F, et al. An exploration of the extent of inclusion of spirituality and spiritual care concepts in core nursing textbooks. Nurse Educ. Today. 2015; 35(1): 277-282.
44. Belowska J, Panczyk M, Zarzeka A, et al. Promoting evidence-based practice - perceived knowledge, behaviours and attitudes of Polish nurses: a cross-sectional validation study. Int. J. Occup. Saf. Ergon. 2020; 26(2): 397-405.

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