

Review article

Maya Zumstein-Shaha*

Nurses' attitude toward spiritual care – a scoping review

Die Haltung von Pflegefachpersonen zu Spiritualität – ein Scoping Review

<https://doi.org/10.1515/spircare-2020-0008>

Abstract: In this paper, the nurses' attitude toward spirituality and spiritual care is explored. Spirituality constitutes a widely discussed topic in nursing and several guidelines have emerged. However, spirituality remains contentious and spiritual care is rarely provided on a regular basis. Inquiring into nurses' attitudes toward spirituality and spiritual care can be illuminating to improve the current situation. A scoping review according to Whittemore & Knafl (2005) was conducted in the databases Medline/PubMed and Google Scholar, as well as a hand search. A total of 42 publications from between 2000 and 2019 were identified, and critically appraised using reporting guidelines. For nurses, spirituality is necessary. Spirituality is inherent in nursing. Fears and apprehensions exist about addressing spirituality in nursing practice and providing spiritual care for patients. Ambiguous attitudes toward spirituality, lack of education and adequate language to address spirituality, limited recognition and lack of adequate structures are all contributing factors to these fears. Although spirituality is considered an important aspect of nursing, several impeding factors prevent addressing it in practice. Reflective practice, education and supporting structures promoting recognition are needed to improve the situation.

Keywords: Integrative review, spirituality, nursing science, spiritual care

Zusammenfassung: In diesem Artikel wird die Haltung von Pflegefachpersonen zu Spiritualität und Spiritual Care untersucht. Spiritualität ist ein breit diskutiertes Thema in der Pflege und es existieren verschiedene Guidelines. Jedoch bleibt Spiritualität ein umstrittenes Thema und Spi-

ritual Care wird selten regelmäßig angeboten. Das Untersuchen der Haltung der Pflegefachpersonen zu Spiritualität und Spiritual Care kann erhellend sein und zur Verbesserung der aktuellen Situation führen. Es wurde eine „Scoping Review“ gemäß Whittemore & Knafl (2005) vorgenommen. Dazu wurden die Datenbanken Medline/PubMed und Google Scholar genutzt, sowie eine Handsuche durchgeführt. Insgesamt wurden 42 Publikationen zwischen 2000 und 2019 identifiziert und gemäß der Publikationsguidelines von „Equator Network“ kritisch begutachtet. Pflegefachpersonen betrachten Spiritualität als wichtigen und inhärenten Teil der Pflege. Es gibt Ängste und Vorbehalte bezüglich der Thematisierung von Spiritualität in der Pflegepraxis und der Implementierung von adäquaten Angeboten. Uneindeutige Haltung der Pflegefachpersonen zu Spiritualität, Mangel an Ausbildung und angemessener Sprache, um Spiritualität zu thematisieren, begrenzte Anerkennung sowie der Mangel an adäquaten Strukturen sind Faktoren, die zu diesen Ängsten beitragen. All dies verhindert, dass Spiritualität in der Pflegepraxis angesprochen wird, obwohl sie ein wichtiger Teil der Pflege ist. Reflexive Praxis, Ausbildung sowie Anerkennung fördernde Strukturen müssen in der Praxis umgesetzt werden, um die Situation zu verbessern.

Schlüsselworte: Integratives Review, Spiritualität, Pflegewissenschaft, Spiritual Care

Introduction

In various cultures, nursing is associated with religion (Käppeli 2001). In Europe and other Western areas of the world, religious orders had a long and strong influence in nursing (Nelson 2001; Shaha 2016). Florence Nightingale herself has considered religion to be important (Allgood 2013). Subsequently, nurse scientists have continued to address religion and more recently spirituality, thereby reinforcing the age-old influence. Nursing has grappled with both spirituality and religion for decades. These discus-

*Korrespondenzautorin: Prof. Dr. Maya Zumstein-Shaha, MScN, RN, Adjunct Head of the Master of Science in Nursing Program, Bern University of Applied Sciences, Department of Health
Bern University of Applied Sciences, Department of Health,
E-Mail: maya.zumsteinshaha@bfh.ch

sions have led to various attempts at clarifying definitions, content, nurses' roles, attitudes, activities and responsibilities, as well as patient outcomes (McSherry & Cash 2004; Edwards et al. 2010).

In nursing, the term religion is associated with the belief in God or a higher power, with the institutional practice of beliefs, rites and similar activities, as well as being active within congregations and religious communities (McSherry & Cash 2004; Edwards et al. 2010). In contrast, spirituality was subjected to various concept analyses in the past decades (Buck 2006; Miner-Williams 2006; Narayanasamy 2006; Ross 2006; Sessanna et al. 2007; Pike 2011; Gaillard Desmedt & Shaha 2013; Weathers et al. 2016). Two main perspectives have emerged from these efforts. On the one hand, spirituality denotes the connectedness with God or a higher power (Reinert & Koenig 2013). On the other hand, spirituality encompasses finding meaning and searching for inner peace (Gaillard Desmedt & Shaha 2013). These two perspectives are combined in the following definition of spirituality:

a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering (Weathers et al. 2016: 93).

The term “connectedness” in this definition refers to the person's ability and desire to live and feel linked with other persons, with nature and the environment or with God or a higher power (Weathers et al. 2016: 83). Persons can “transcend” beyond their current lives, deal better with situational challenges and find ways to overcome them (Weathers et al. 2016: 91). “Finding meaning” denotes a person's ability to identify purpose and aims for life (Weathers et al. 2016: 91). Religion is generally performed within existing formal structures such as churches. Spirituality may also be performed within such structures, but can also be experienced in less formal, more individual environments such as yoga studios (Steinhauser et al. 2017).

Spirituality and religion are both considered to be intimate and individual aspects of human life persons choose for themselves as they differ concerning growth, reflexion or spiritual development. Each person is responsible for her/his own life and her/his own spiritual attitude or belief system (Visser et al. 2010).

Spiritual and religious issues are more likely to be discussed and assessed in palliative care settings or in persons with terminal disease at the end-of-life (Delgado-Guay 2014; Epstein-Peterson et al. 2015; PDQ[®] Supportive and Palliative Care Editorial Board 2018). In these contexts, open spiritual or religious questions or struggles can

be addressed (Puchalski 2001); thereby facilitating a dignified and even good death (Chochinov et al. 2011). To provide such support, a structured assessment of a person's spiritual and religious needs is recommended by trained healthcare professionals (Puchalski 2001; Edwards et al. 2010). For this purpose, healthcare professionals need to clarify their own attitudes toward spiritual and religious issues (Delgado-Guay 2014).

However, when being confronted with a life-limiting disease and becoming aware of the finitude of life, the significance of spirituality may arise or become reinforced (Lee & Loiselle 2012; Gaillard Desmedt & Shaha 2013; Zumstein-Shaha & Alder 2018). Despite the important role of spiritual and religious issues at the beginning of the trajectory of a life-limiting disease, only assessing religious affiliation in persons with any healthcare problem is standard. More elaborate assessments of spiritual and religious needs do not happen systematically. Barriers include lack of knowledge about spirituality and spiritual care among nurses, as well as conflicting attitudes toward spiritual and religious issues (Zumstein-Shaha & Alder 2018). To improve the current situation, it seems important to better understand nurses' attitudes toward spirituality and spiritual care by drawing on relevant literature. It will then be possible to determine ways to improve the provision of spiritual care in nursing.

Methods

For this purpose, a scoping review as described by Whittemore & Knafl (2005) was conducted. This type of review is advocated to identify and appraise existing evidence on a specific phenomenon in order to obtain clarification or to explore theoretical or methodological issues. Scoping reviews entail a thorough literature search and the inclusion of various types of publications. Thus, the phenomenon under study can be appraised from various angles.

Literature search

Two databases were searched, namely Medline/PubMed and Google Scholar, which cover a large range of publications of various types, e.g., peer-reviewed publications and grey literature. The following MeSH-terms and keywords were employed with BOOLEAN operators or database specific operators: spirituality, attitude, nurses. Publications about terminal and end-of-life care including patients receiving palliative care were excluded, along with any publications on children and adolescents. Similarly,

publications targeting nursing students were excluded to focus predominantly on addressing spirituality and providing spiritual care by nurses in acute clinical practice. For the Google search, limits were placed to provide results published between 2009 and 2019. Publications with the keywords in the title were retained and explored further. Hand search was used to further identify relevant publications.

Data extraction and analysis

All retained literature was reviewed and data regarding the nurses' attitude toward spirituality and spiritual care was identified and extracted. Research studies were assessed by using the Equator-Network reporting guidelines (Equator Network 2020: online). Thematic analysis was applied (Tuckett 2005).

Results

Overall, the search yielded more than 1500 publications.

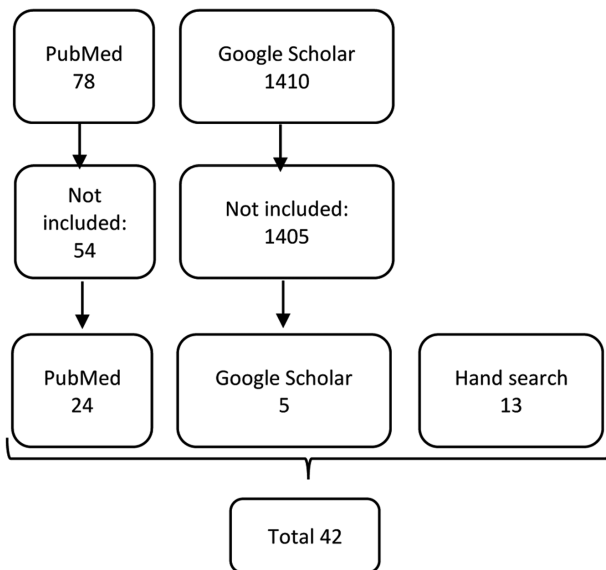


Figure 1: Flowchart Types of publication and quality

A total of 42 publications were reviewed. Notably, publications were issued from various countries around the world with six publications from Iran.

Table 1: Overview of countries of origin

Regions	Countries	Amount
North America	Canada	3
	USA	12
Europe	Ireland	3
	Malta	1
	Netherlands	1
	Norway	2
	Sweden	1
	Turkey	1
	UK	8
Middle East	Iran	6
	Oman	1
Far East	Malaysia	1
	Hong Kong	1
	Taiwan	1
Total		42

Most publications involved nurses (n=25). Patients and various healthcare professionals were considered in five publications and three publications included various healthcare professionals (e.g., physicians, care workers or social workers). About one third of the publications (n=12) were reviews or editorials, where sample sizes could not be identified in detail.

Table 2: Types of studies

Approach	Design	Amount
Quantitative	Surveys, cross-sectional studies	15
	Post-hoc study	1
	Secondary analysis	1
	Mixed method studies	2
Qualitative	Grounded theory, phenomenology, stories, etc.	8
	Case report	1
	Critical analysis, historical study, discussion paper	3
Literature reviews	Systematic and other literature reviews	8
Editorials	Editorial	3
Total		42

Table 3: Overview of all consulted publications

Authors	Purpose	Methods	Results
Bakir et al. (2017), Turkey	Identifying intensive care nurses' experience and perception of spirituality and spiritual care	<ul style="list-style-type: none"> – Survey of N=145 ICU nurses – University hospital in Turkey – Using the Spirituality and spiritual care rating scale (SSCRS) 	<ul style="list-style-type: none"> – Participating Muslim nurses (60 % women) – 44 % with spiritual care training – High perception of and sensibility to spirituality (57.62 points +/- 12.00 points) – 64 % nurses engaged in spiritual care
Baldacchino (2006), Malta	Identifying the main nursing competencies for spiritual care in nurses	<ul style="list-style-type: none"> – Mixed methods study – N=77 (surveyed) and N=14 (interviewed) nurses caring for patients with myocardial infarction in Malta 	<ul style="list-style-type: none"> – Nurses as professionals and individuals – Delivering spiritual care along the nursing process – Nurses' communication with patients, interdisciplinary, team and clinical/educational organizations – Safeguarding ethical issues in care
Batthey (2012), USA	Reviewing the literature on perspective and attitude of nurse managers, nurses and other healthcare professionals toward spiritual care	<ul style="list-style-type: none"> – Literature review 	<ul style="list-style-type: none"> – Spiritual care: part of medical and nursing role – Many nursing theories on spirituality and spiritual care – Differing physician and nurse education on spiritual care – Requirements and criteria for spiritual care through accreditation agencies and professional codes – Spiritual care guidelines too broad – Gap between existing structures, guidelines and implementation in daily care
Biro (2012), Canada	Identifying similarities, differences, and gaps concerning good nursing and spiritual care	<ul style="list-style-type: none"> – Literature review – N=31 publications in nursing – Keywords: good nursing, spiritual care and spirituality 	<ul style="list-style-type: none"> – Attitude influenced by: <ul style="list-style-type: none"> o Beliefs on good nursing, individual values and societal currents o Knowledge, communication skills o Capacity of constructing a trustworthy relationship o Management responsibilities
Blanchard et al. (2012), USA	Evaluating a quality improvement initiative of nursing/chaplain collaboration on the early identification of spiritual distress in oncological patients and if necessary, referral	<ul style="list-style-type: none"> – Post-hoc evaluation – N=10 nurses of an oncology unit – Intervention: nurses trained to use a 2-question screening tool on admission to determine patients at risk for spiritual distress 	<ul style="list-style-type: none"> – Patients (n=14) screened and referred by n=6 nurses (4 nurses did not participate), – 4/14 patients identified as being at risk for spiritual distress → referral to chaplains
Castledine (2005), UK	Identifying the problems associated with a nurse's negative attitude towards spirituality and spiritual care	<ul style="list-style-type: none"> – Case report involving the nursing code of ethics 	<ul style="list-style-type: none"> – Nursing code of ethics, recommending respect of patients' spirituality and need for spiritual care – Being disrespectful impairing nursing care – Leading to job loss
Chiang et al. (2016), Taiwan	Determining the impact of nurses' personal spiritual health on their attitudes toward spiritual care, professional commitment, and caring	<ul style="list-style-type: none"> – Cross-sectional survey – N=619 nurses – Using the Spiritual Health Scale-Short Form, the Spiritual Care Attitude Scale, the Nurses' Professional Commitment Scale, and the Caring Behaviours Scale 	<ul style="list-style-type: none"> – Nurses' spiritual health positively influences professional commitment and caring

Table 3: (continued)

Authors	Purpose	Methods	Results
Cockell & McSherry (2012), UK	Describing nursing research into spiritual care published between 2006 and 2010	<ul style="list-style-type: none"> – Systematic review – N=80 publications from CINAHL database – Keywords: 'spirituality' OR 'spiritual care' AND 'nursing' and involving healthcare practitioners 	<ul style="list-style-type: none"> – Nursing education – Care of healthcare practitioners, including nurses – Descriptive and correlational research – Assessment tools used in research – Palliative care and oncology – Culture and spiritual care research
Cone & Giske (2018), USA and Norway	Identifying nurses' comfort level in assessing spiritual matters and the questions used for spiritual assessment	<ul style="list-style-type: none"> – Mixed methods survey – N=172 Norwegian nurses – Using the Nurse Spiritual Assessment Questionnaire (NSAQ) including 3 open-ended questions 	<ul style="list-style-type: none"> – Spirituality is a private matter – Nurses with training or preparation in spiritual care: <ul style="list-style-type: none"> o Consider addressing spirituality important o Demonstrate high comfort levels for providing spiritual care
DeKoninck et al. (2016), USA	Describing APNs' integration of spirituality into clinical practice	<ul style="list-style-type: none"> – International survey, – N=136 Advanced Practice Nurses from the US, the UK, Germany, Austria and Switzerland, – Using a modification of the Taylor's Nurse Spiritual Care Therapeutics Scale 	<ul style="list-style-type: none"> – 93 % nurses believe that patients have spiritual care needs – 60 % of the nurses provide spiritual care – Training promotes spiritual care practices without involvement of clergy
Epstein-Peterson et al. (2015), USA	Identifying the provision of spiritual care to patients with advanced cancer from the perspective of the patients, the nurses and the physicians	<ul style="list-style-type: none"> – Survey – N=75 patients with advanced cancer – N=339 oncology nurses and physicians – Using specific questions for spiritual care provision and the Multidimensional Measure of Religiousness and Spirituality instrument 	<ul style="list-style-type: none"> – Patients are moderately spiritual to very religious compared to nurses or physicians – Spiritual care provision is unsystematic and seldom – Frequently, professionals provide: <ul style="list-style-type: none"> o Encouraging or affirming beliefs (20 %) o Spiritual history taking (10 %) o Chaplaincy referrals (16 %) – Spiritual care is positively perceived by patients – Spiritual care training is associated to a variety of spiritual practices
Farahaninia et al. (2016), Iran	Reporting the association between attitude toward spirituality and spiritual care practices among nurses in a university hospital	<ul style="list-style-type: none"> – Correlational study – N=166 nurses – Using the Spiritual Perspective Scale (SPS) and the Nursing Spiritual Care Perspective Scale (NSCPS) 	<ul style="list-style-type: none"> – Nurses have a high level of spirituality and a highly positive attitude toward providing spiritual care
Garrison et al. (2013), USA	Determining the challenges in providing spiritual care to hospitalized patients	<ul style="list-style-type: none"> – Survey – N=120 nurses – University medical centre in New York – Using the Spiritual Care Practice (SCP) 	<ul style="list-style-type: none"> – Spirituality is inherent to nursing and nurses consider themselves to be spiritual – 96 % nurses respond to patients' spiritual needs whereas only 48 % of the nurses provide spiritual practices – Patients' spirituality is private – Barriers: <ul style="list-style-type: none"> o Insufficient time and inadequate spiritual assessments o Difficulty distinguishing proselytizing from spiritual care o Difficulty meeting needs when spiritual beliefs are different from the nurses' own

Table 3: (continued)

Authors	Purpose	Methods	Results
Narrative Inquiry in Bioethics (2014), USA	Through narratives of persons' own experiences, challenges, benefits, and pitfalls of integrating religion with medical and nursing practice are demonstrated	<ul style="list-style-type: none"> – Call launched by the Narrative Inquiry in Bioethics – N=12 stories – n=3 stories by nurses 	<ul style="list-style-type: none"> – Repeat visits lead to an established therapeutic relationship, and the nurse's personal growth – Offering of specific religious services as a Christian nurse leads to exposure towards other healthcare professionals, which raises fears – Clarifying one's own professional attitude toward spirituality and spiritual care is recommended to become comfortable in declaring one's attitude towards patients – Helpful introductory line: Do you find prayer or meditation helpful?
Karimollahi et al. (2017), Iran	Identifying barriers of implementing spiritual care	<ul style="list-style-type: none"> – Qualitative study – N=10 nurses, N=22 patients, N=3 family members – Using interviews 	<ul style="list-style-type: none"> – Barriers to addressing spirituality and providing spiritual care: <ul style="list-style-type: none"> o Self-preservation o Not wanting to incur negative effects for oneself o Being afraid for one's own safety
Kavosi et al. (2018), Iran	Determining nursing managers' attitude to spirituality and spiritual care in hospitals	<ul style="list-style-type: none"> – Cross-sectional study – N=110 nurse managers (8 matrons, 37 supervisors and 65 head nurses) – Using the Spirituality & Spiritual Care Rating Scale (SSCRS) 	<ul style="list-style-type: none"> – Nurse managers consider spirituality (4.01 ±0.35) and spiritual care (4.03±0.78) to be important – Age, gender and work experience are significant influencing factors (p<0.05)
Kazemipour & Mohd Amin (2012), Malaysia	Describing the association between workplace spirituality dimensions and organisational citizenship behaviour (OCB) among nurses through the mediating effect of affective organisational commitment	<ul style="list-style-type: none"> – Survey – N=305 nurses – Using Milliman's Workplace Spirituality Scale, the Organisational Citizenship Behaviour Scale (OCB) by Podsakoff et al., and the Meyer and Allen Organisational Commitment Scale 	<ul style="list-style-type: none"> – Workplace spirituality includes meaningful work, a sense of community and an alignment with organisational values – Workplace spirituality is positively associated with OCB – Affective organisational commitment mediates the impact of workplace spirituality on OCB
Kevern (2012), UK	Exploring the necessary conditions for spiritual care that nurse managers may provide	<ul style="list-style-type: none"> – Critical analysis – Using a model drawn from social psychology of religion 	<ul style="list-style-type: none"> – Various religious and spiritual commitment exist depending on personal beliefs and being aware/cognisant of these beliefs – Nurses with clarified religious and spiritual values for themselves, or nurses who are generally open are more inclined to provide spiritual care, out of their own volition or when nudged
Labrague et al. (2016), Oman	Describing Filipino nurses' spirituality and provision of spiritual nursing care	<ul style="list-style-type: none"> – Cross-sectional study, – N=245 nurses from the Philippines – Using the Nurses' Spirituality and Delivery of Spiritual Care (NSDSC) 	<ul style="list-style-type: none"> – Nurses have moderate to high levels of spirituality (item 7: 4.87, SD = 1.36, and item 8: 4.88, SD = 1.34, respectively) – Nurses use spiritual practices for themselves (item 26: 3.16, SD=1.54) – Nurses refer patients to chaplains or similar places (item 25: 2.92, SD = 1.59) – Nurse's spirituality is significantly associated with understanding spiritual nursing (r = .3376, p ≤ .05) and delivery of spiritual nursing care (r = .3980, p ≤ .05) – Good understanding of spiritual nursing care results in spiritual nursing care delivery (r = .3289, p ≤ .05)

Table 3: (continued)

Authors	Purpose	Methods	Results
van Leeuwen et al. (2006), Netherlands	Exploring spiritual nursing care and recommending ways for its promotion	<ul style="list-style-type: none"> – Qualitative study – N=30 nurses, N=25 patients and N=12 chaplains – Using focus group interviews 	<ul style="list-style-type: none"> – Nurses' role in spirituality is unclear, but is important to show respect and not being judgmental about different view – However, the personal attitude toward and knowledge of spiritual care influences whether nurses provide it or not – More experienced nurses are more likely to provide spiritual care – Spiritual care is a 'calling' and can involve: Being 'sensitive', 'human', 'warm', 'patient', 'caring', 'careful', 'well-informed', and 'involved' – Nurses want to find solutions, are touched by patients' suffering, which leads to introspection
Lundmark (2006), Sweden	Identifying and testing factors influencing spiritual care attitudes	<ul style="list-style-type: none"> – Survey – N=67 oncology and radiation therapy staff, n=40 nurses – Using a researcher-developed questionnaire based on literature 	<ul style="list-style-type: none"> – Providing spiritual care is important, but happens unsystematically – Nurses lack confidence in their own performance – Influencing factors are: 'Non-organized religiousness', 'degree of comfort while providing spiritual care', 'belief in God', 'belief in life after death', 'organized religiousness', 'profession', 'perceived degree of education in spiritual care'
Markani et al. (2018), Iran	Determining the association between oncology nurses' spiritual wellbeing and their attitudes toward spiritual care based on the Neumann's systems model	<ul style="list-style-type: none"> – Correlational study – N=130 nurses from 12 different hospitals – Using the Oncology Nurses Spiritual Wellbeing Scale, the Oncology Nurses' Spiritual Care Attitudes Scale, the Palouzian and Ellison Spiritual Wellbeing Scale, the Tylor et al. Spiritual Care Perspective Scale 	<ul style="list-style-type: none"> – Age and spiritual wellbeing are associated with oncology nurses' attitudes towards spiritual care – Work-history, age, years of service and spiritual wellbeing explain 32.5 % of the variance in nurses' attitude towards spiritual care – Nurses' spiritual wellbeing is positively associated with their attitude to spiritual care ($\beta= 0.450$)
McBrien (2010), Ireland	Determining nurses' spiritual care in accident & emergency wards	<ul style="list-style-type: none"> – Qualitative descriptive study – N=10 nurses – Using semi-structured interviews 	<ul style="list-style-type: none"> – Spiritual care is considered essential and an inherent part of nursing – Offering spiritual care contributes to nurses' personal growth – Concerns exist about implementation of spiritual care in emergency settings
McSherry (2006), UK	Presenting the principal components model – based on empirical studies – that helps raise awareness of some of the structural, organizational, cultural and personal concerns that may prevent the advancement of spirituality within health care	<ul style="list-style-type: none"> – Qualitative study, i.e., Grounded Theory – N=53 interviewees: nurses (n=24), chaplains (n=7), social worker (n=1), occupational therapist (n=1), physiotherapists (n=2), patients (n=14), members of the public (n=4) – Using semi-structured interviews 	<ul style="list-style-type: none"> – 6 components to the principal components model: <ul style="list-style-type: none"> o individuality, inclusivity, integrated, inter/intra-disciplinary, innate and institution

Notably, only one publication reported the evaluation of an intervention as quality improvement (Blanchard et al. 2012). Select nurses were trained to implement a screening tool to determine levels of spiritual distress and need for referral. Considering the quality improvement checklist SQUIRE (Equator Network 2020) all relevant items were reported, indicating an initiative of high quality. For a total of four literature reviews, details on the search process and extraction were provided. Considering the PRISMA reporting guidelines on systematic reviews, only the publications by Pike (2011) and Ross (2006) conformed. All other reviews missed one or more required reporting item (Musgrave & McFarlane 2003; Miner-Williams 2006; Battley 2012; Biro 2012; Cockell & McSherry 2012; Reimer-Kirkham et al. 2012). The qualitative studies predominantly aimed at providing a thorough description of the nurses' attitude toward religion or spirituality and spiritual care. Only one study (Ødbehr et al. 2015) fulfilled all criteria required by the SRQR. All other qualitative studies did not conform to the reporting guideline standard (McSherry 2006; van Leeuwen et al. 2006; Tanyi et al. 2009; McBrien 2010; Reimer-Kirkham et al. 2012; Tirgari et al. 2013; Cone & Giske 2018). Overall, no high-level evidence study was included in this review. Most studies demonstrated reporting gaps that could indicate limited quality.

Searching for the nurses' role in providing spiritual care

One overarching theme emerged, namely that nurses are interested in spirituality and spiritual care. Exercising their own spirituality and providing spiritual care to patients when needed, were considered elements of "good nursing care" (Biro 2012). However, many problems existed. Nurses were limited in their abilities to use their spirituality, to make room for patients' and families' spirituality and to provide spiritual care (Swinton 2006; Gallison et al. 2013; Karimollahi et al. 2017). The nurses' role in providing spiritual care remained vague. Referrals to professionals, such as chaplains or priests, constituted a minimum response to patients' spirituality and needs (van Leeuwen et al. 2006; Epstein-Peterson et al. 2015; Labrague et al. 2016).

Subsequently, the sub-themes "spirituality is important"; "competencies and abilities to providing spiritual care"; "provision of spiritual care by nurses"; and "barriers to providing spiritual care" are presented.

Spirituality is important

Generally, nurses identified as being spiritual themselves (Stranahan 2001; Musgrave & McFarlane 2003; Kevern 2012; Labrague et al. 2016), with moderate to high levels (Farahaninia et al. 2016; Bakir et al. 2017). For most nurses, spirituality was inherent to nursing (Lundmark 2006; Wong et al. 2008; Tanyi et al. 2009; Biro 2012; Reimer-Kirkham et al. 2012; Taylor & Mamier 2013; Labrague et al. 2016).

Competencies and abilities to providing spiritual care

Guidelines for addressing spirituality in nurses or patients and for providing spiritual care were considered broad and were seldom essential elements in daily practice (Battley 2012). The International Council of Nurses' code of ethics was one such basis for determining and evaluating the quality of nurses' spiritual care or of addressing their own or the patients' spirituality (Castledine 2005).

Competencies for providing spiritual care included managing the individual and professional parts, employing the nursing process in spiritual care, communication and being sensitive to ethical dilemmas. With such competencies, nurses were more likely to address patients' and families' spirituality, and to provide spiritual care when having clarified their own spiritual attitude and identified gaps in their abilities to provide this care. The nursing process as a critical thinking tool was a way for nurses to assess patients' and families' spirituality and identify problems. Nurses could develop or employ and evaluate adequate spiritual care interventions. Learning to communicate about spiritual care to other healthcare professionals, patients and families was necessary. Nurses needed standards and guidelines about ways of keeping patients' and families' confidential comments and of transferring essential information to other healthcare professionals (Baldacchino 2006; Battley 2012).

Although spirituality was perceived to be an individual and private matter, training was helpful. With education, nurses were better able to detect problematic issues related to spirituality such as spiritual distress, and organize referrals to chaplains or other supportive services (Blanchard et al. 2012; DeKoninck et al. 2016; Cone & Giske 2018).

Provision of spiritual care by nurses

Addressing spirituality was critical to patients and families, and they welcomed it (van Leeuwen et al. 2006; Targari et al. 2013; Epstein-Peterson et al. 2015). However, the nurses' role in spiritual care was not clearly delineated (van Leeuwen et al. 2006). The principal components model offered ways to identify roles across different healthcare professionals toward spiritual care (McSherry 2006). It was considered key to identify and include relevant stakeholders. Institutions needed to offer space for exercising spirituality. Healthcare professionals needed to have time and a role, and to obtain recognition for addressing spirituality and providing spiritual care (Miner-Williams 2006; McBrien 2010; Kevern 2012; Kavosi et al. 2018). It was recommended that institutions adopt a stance regarding spirituality, which could be based on existing nursing theories, models and philosophies such as the Principal Component model by McSherry (2006), the Careful Nursing philosophy by Meehan (2012), the Neuman's Systems Model by Betty Neuman or Transcultural Nursing by Madeline M. Leininger (Battey 2012). The list could be continued, however, the Neuman's Systems Model was found to promote nurses' abilities to address spirituality and to provide spiritual care in practice (Markani et al. 2018).

In institutions, nurse managers played a key role in addressing spirituality in patients and in providing spiritual care through guidance and ensuring the necessary requirements. It was important that nurse managers were trained in spirituality. Nursing departments with high time pressure such as accident and emergency departments, required supportive nurse managers (McBrien 2010; Kevern 2012; Kavosi et al. 2018).

Adequate organisational structures were necessary such as considering spirituality as inherent and indispensable to nursing, providing space to conduct spiritual care, the (nursing) management accepting the time spent on spiritual care, and addressing the outcomes obtained by spiritual care (Lundmark 2006; Pike 2011; Cockell & McSherry 2012; Kevern 2012; Narrative Inquiry in Bioethics: Editors 2014; Kavosi et al. 2018). Considering spirituality and offering spiritual care could become a political statement (Reimer-Kirkham et al. 2012).

Specific situations were more likely to call forth spiritual crises, such as: being diagnosed with a life-limiting disease, having experiences of previously painful or traumatic hospitalisations, being asked to implement major life-style changes, or experiencing loss of independence and impaired self-esteem (Sweat 2011).

Spiritual care practices encompassed a variety of activities. Providing comforting presence to patients and fa-

milies, laying a comforting hand on the person, and listening to patients and their families' comments were only a few of these activities (Ross 2006; Sweat 2011). Other practices included talking about broadcasted religious services, engaging in prayer, or engaging in discussions on death (Narrative Inquiry in Bioethics: Editors 2014; Ødbehr et al. 2015). Persons with healthcare problems wanted to feel involved, to be respected and treated with dignity. Nurses were perceived to provide such care and to be sensitive toward the patients (van Leeuwen et al. 2006; Meehan 2012).

Addressing spirituality in patients was found to be beneficial. Nurses were more committed to the healthcare institution. Patients experienced less spiritual distress and could recover more quickly (Musgrave & McFarlane 2003; Miner-Williams 2006; Ross 2006; Blanchard et al. 2012; Kazemipour & Mohd Amin 2012; Chiang et al. 2016).

Barriers to providing spiritual care

Patients' spirituality was rarely addressed in nursing care and spiritual care was seldom offered in a structured and systematic way. Assessments to determine spirituality in patients and the need for spiritual care existed but were considered inadequate and rarely employed in nursing practice (Stranahan 2001; Lundmark 2006; Ross 2006; McBrien 2010; Reimer-Kirkham et al. 2012; Taylor & Mamer 2013).

In nursing, religion and spirituality were viewed as separate entities. Contentious confusing discussions ensued. Spirituality was not addressed, and spiritual care was not facilitated. In contrast, contention could result in increased apprehensions, making concept clarification critical (Swinton 2006; Pike 2011; Reimer-Kirkham et al. 2012; Pesut 2016).

Addressing spirituality could be viewed as a breach in privacy, and as such could be potentially harmful (Reimer-Kirkham et al. 2012; Gallison et al. 2013; Ødbehr et al. 2015). Nurses and nurse managers were reticent in addressing spirituality, as they felt insufficiently prepared (Reimer-Kirkham et al. 2012). Additional knowledge and skills were desirable (Stranahan 2001; Baldacchino 2006; Zakaria Kiaei et al. 2015). Nurses with more work experience were better able to deal with spirituality and to provide spiritual care (Ross 2006; Kazemipour & Mohd Amin 2012; Cone & Giske 2018; Markani et al. 2018). When addressing spirituality and providing spiritual care, nurses experienced personal growth and a higher commitment to the job and the institution (McBrien 2010; Timmins & McSherry 2012; Markani et al. 2018).

Some nurses had bad experiences in the past when addressing spirituality or providing spiritual care. Similarly, nurses wanted to protect themselves (Tanyi et al. 2009; Karimollahi et al. 2017). Addressing spirituality could lead to talking about death and finitude of life. Nurses tended to avoid these themes out of unease (Lundmark 2006). To overcome such barriers, clarifying attitudes and beliefs towards spirituality and spiritual care was recommended. Thus, nurses could be better able to recognise these aspects in patients and to feel more prepared in discussing these issues (Swinton & McSherry 2006; Wong et al. 2008; Taylor & Mamier 2013).

Discussion and recommendations

Spirituality was considered important and needed to be addressed by nurses (van Leeuwen et al. 2006; Targari et al. 2013). This perspective was referring to the close ties between nursing and religion and spirituality (Käppeli 2001; Alligood 2013; Shaha 2016). However, there remained conflicting attitudes and unresolved issues in nurses. Spirituality could contribute to fear and uncertainty in nurses. Thus, spirituality was not addressed systematically in nursing practice (Lundmark 2006; Ross 2006; Pike 2011; Pesut 2016). This was interesting as nurses considered themselves to be spiritual (Farahaninia et al. 2016; Bakir et al. 2017). There was evidence that some nurses felt comfortable addressing spirituality, and demonstrated a high level of spiritual well-being themselves (Chiang et al. 2016; Labrague et al. 2016; Cone & Giske 2018). This could be due to supporting management – nurse managers and existing structures (Kazemipour & Mohd Amin 2012; Kavosi et al. 2018) – or to healthcare institutions publicly committing to spirituality (Tanyi et al. 2009).

Several barriers were identified. Spirituality was considered a private matter (Visser et al. 2010). On an individual level, each nurse was required to clarify her/his own beliefs of spirituality. Such an introspective work improved nurses' perception of spirituality. They were more at ease in addressing spirituality in patients (Biro 2012; Kevern 2012; Labrague et al. 2016). Spirituality was facilitated when nurse managers had a positive attitude (Kazemipour & Mohd Amin 2012; Timmins & McSherry 2012; Kavosi et al. 2018). Education about spirituality and training in spiritual care were supportive and facilitating (Stranahan 2001; Blanchard et al. 2012).

Guidelines could provide direction to nurses and other healthcare professionals in healthcare institution (Battey 2012). However, the nurses' role and that of other

members of the interprofessional team needed to be well delineated to promote spirituality and spiritual care (van Leeuwen et al. 2006; Tanyi et al. 2009; Timmins & McSherry 2012).

In nursing, the various definitions on spirituality were considered problematic. The resulting discussion was too broad (Pike 2011; Reimer-Kirkham et al. 2012; Pesut 2016). Adopting one specific definition and abiding by it, was supportive for spirituality (Weathers et al. 2016). Similarly, having the term “religion” in relation to “spirituality” delineated could be helpful. There was evidence that nurses did not fully comprehend the term “spiritual care”, and recognise all aspects of spiritual care (Lundmark 2006; Miner-Williams 2006; Meehan 2012; Epstein-Peterson et al. 2015).

Some limitations need to be addressed. The literature search was limited to only two databases. It is possible that relevant publications were omitted. Several publications were found, but only a small number was considered relevant for the purpose of this paper. By broadening the focus of this paper to include spirituality in palliative and end-of-life contexts, the nurses' attitude could be described more fully. The reviewed publications represented many different cultural contexts. However, it is notable that more publications hailed from a European background. Only one publication specifically included nurses from a German-speaking background (DeKoninck et al. 2016). It seems important to obtain a more detailed view on nurses' attitude toward spirituality and spiritual care in the German context. Thus, it will be possible to formulate specific recommendations to improve nurses' attitude in this field for the German context. In addition, only one intervention study was identified (Blanchard et al. 2012). It could be interesting to compare nurses' attitude toward spirituality between healthcare institutions advocating spirituality publicly and those that do not. Clarifying spiritual care also seems important and to determine educational formats that prepare nurses better for the patients' and families' needs.

Conclusion

Spirituality is important in nursing. However, nurses have various attitudes towards it and, thus, do not provide spiritual care on a regular, systematic basis. Improvements are needed on an individual level, in healthcare institutions and within nursing science.

Author contributions: The author accepts responsibility for the entire content of this submitted manuscript.

Research funding: None declared.

Competing interests: Authors state no potential conflict of interest.

Ethical approval: The conducted research is not related to human use.

Literature

- Allgood MR (2013) *Nursing theorists and their works*. St. Louis, MO: Mosby.
- Bakir E, Samancioglu S, Kilic SP (2017) Spiritual experiences of Muslim critical care nurses. *Journal of Religion and Health* 56:2118–2128.
- Baldacchino DR (2006) Nursing competencies for spiritual care. *Journal of Clinical Nursing* 15:885–96.
- Bathey BW (2012) Perspectives of spiritual care for nurse managers. *Journal of Nursing Management* 20:1012–1020.
- Biro AL (2012) Creating conditions for good nursing by attending to the spiritual. *Journal of Nursing Management* 20:1002–1011.
- Blanchard JH, Dunlap DA, Fitchett G (2012) Screening for spiritual distress in the oncology inpatient: a quality improvement pilot project between nurses and chaplains. *Journal of Nursing Management* 20:1076–1084.
- Buck HG (2006) Spirituality: concept analysis and model development. *Holistic Nursing Practice* 20:288–292.
- Castledine G (2005) Senior nurse who demeaned the spiritual beliefs of patients and staff. *British Journal of Nursing* 14:745.
- Chiang YC, Lee HC, Chu TL, Han CY, Hsiao YC (2016) The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring. *Nursing Outlook* 64: 215–224.
- Chochinov HM, Kristjanson LJ, Breitbart W, McClement S, Hack TF, Hassard T, Harlos M (2011) Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomised controlled trial. *Lancet Oncology* 12:753–762.
- Cockell N, McSherry W (2012) Spiritual care in nursing: an overview of published international research. *Journal of Nursing Management* 20:958–969.
- Cone PH, Giske T (2018) Integrating spiritual care into nursing education and practice: Strategies utilizing Open Journey Theory. *Nurse Education Today* 71:22–25.
- DeKoninck B, Hawkins LA, Fyke JP, Neal T, Currier K (2016) Spiritual care practices of advanced practice nurses: a multinational study. *Journal for Nurse Practitioners – JNP* 12:536–544.
- Delgado-Guay MO (2014) Spirituality and religiosity in supportive and palliative care. *Current Opinion in Supportive and Palliative Care* 8:308–313.
- Edwards A, Pang N, Shiu V, Chan C (2010) The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: a meta-study of qualitative research. *Palliative Medicine* 24:753–770.
- Epstein-Peterson ZD, Sullivan AJ, Enzinger AC, Trevino KM, Zollfrank AA, Balboni MJ, VanderWeele TJ, Balboni TA (2015) Examining forms of spiritual care provided in the advanced cancer setting. *American Journal of Hospice and Palliative Care* 32:750–757.
- Equator Network (2020) Enhancing the QUALity and Transparency Of health Research (EQUATOR). Reporting guidelines for main study types (Online). (Zitierdatum: 12.11.2020), abrufbar unter: <https://www.equator-network.org/>.
- Farahaninia M, Seyedfatemi N, Abbasi M (2016) Relationship between attitude toward spirituality and attitude and performance of spiritual care among nurses. *European Psychiatry* 33 (Supplement):S1–S644.
- Gaillard Desmedt S, Shaha M (2013) Le rôle de la spiritualité dans les soins infirmier: une revue de littérature. *Recherche en Soins Infirmiers* 115:19–35.
- Gallison BS, Xu Y, Jurgens CY, Boyle SM (2013) Acute care nurses' spiritual care practices. *Journal of Holistic Nursing* 31:95–103.
- Käppeli S (2001) Compassion—a forgotten tradition of nursing? *Pflege* 14:293–306.
- Karimollahi M, Abedi H, Yousefy A (2017) Self-preservation in both sides: pathology of spiritual care in Iran. *Journal of Religion and Health* 56:77–88.
- Kavosi A, Taghiabadi M, Mohammadi G, Yazdi K, Shirdelzadeh S, Nasiri H, Roohi G, Shariati A, Rahmani H, Mollaei E, Aryaeefar M (2018) Nursing managers attitude toward spirituality and spiritual care in Khorasan Razavi Province hospitals in 2016. *Electronic Physician* 10:6571–6576.
- Kazempour F, Mohd Amin S (2012) The impact of workplace spirituality dimensions on organisational citizenship behaviour among nurses with the mediating effect of affective organisational commitment. *Journal of Nursing Management* 20: 1039–1048.
- Kevern P (2012) Who can give 'spiritual care'? The management of spiritually sensitive interactions between nurses and patients. *Journal of Nursing Management* 20:981–989.
- Labrague LJ, McEnroe-Petitte DM, Achaso RH, Cachero GS, Mohammad MR (2016) Filipino nurses' spirituality and provision of spiritual nursing care. *Clinical Nursing Research* 25:607–625.
- Lee V, Loiselle CG (2012) The salience of existential concerns across the cancer control continuum. *Palliative and Supportive Care* 10:123–133.
- Lundmark M (2006) Attitudes to spiritual care among nursing staff in a Swedish oncology clinic. *Journal of Clinical Nursing* 15: 863–874.
- Markani AK, Yaghmaei F, Khodayari Fard M (2018) Relationship between oncology nurses' spiritual wellbeing with their attitudes towards spiritual care providing based on Neuman System Model: Evidences from IRAN. *Journal of Caring Sciences* 7: 113–118.
- McBrien B (2010) Nurses' provision of spiritual care in the emergency setting – an Irish perspective. *International Emergency Nursing* 18:119–126.
- McSherry W (2006) The principal components model: a model for advancing spirituality and spiritual care within nursing and health care practice. *Journal of Clinical Nursing* 15:905–917.
- McSherry W, Cash K (2004) The language of spirituality: an emerging taxonomy. *International Journal of Nursing Studies* 41:151–161.
- Meehan TC (2012) Spirituality and spiritual care from a Careful Nursing perspective. *Journal of Nursing Management* 20: 990–1001.
- Miner-Williams D (2006) Putting a puzzle together: making spirituality meaningful for nursing using an evolving theoretical framework. *Journal of Clinical Nursing* 15:811–821.
- Musgrave CF, McFarlane EA (2003) Oncology and nononcology nurses' spiritual well-being and attitudes toward spiritual care: a literature review. *Oncology Nursing Forum* 30:523–527.

- Narayanasamy A (2006) The impact of empirical studies of spirituality and culture on nurse education. *Journal of Clinical Nursing* 15:840–851.
- Narrative Inquiry in Bioethics: Editors (2014) Introduction: religion in medical and nursing practice. *Narrative Inquiry in Bioethics* 4:189–190.
- Nelson S (2001) *Say little, do much: nurses, nuns, and hospitals in the nineteenth century*. Philadelphia: University of Pennsylvania Press.
- Ødbehr LS, Kvigne K, Hauge S, Danbolt LJ (2015) A qualitative study of nurses' attitudes towards' and accommodations of patients' expressions of religiosity and faith in dementia care. *Journal of Advanced Nursing* 71:359–369.
- PDQ® Supportive and Palliative Care Editorial Board (2018) *Spirituality in Cancer Care (PDQ®): Health Professional Version*. Bethesda, MD: National Cancer Institute.
- Pesut B (2016) There be dragons: effects of unexplored religion on nurses' competence in spiritual care. *Nursing Inquiry* 23: 191–199.
- Pike J (2011) Spirituality in nursing: a systematic review of the literature from 2006–10. *British Journal of Nursing* 20:743–749.
- Puchalski CM (2001) The role of spirituality in health care. *Proceedings (Baylor University. Medical Center)* 14:352–357.
- Reimer-Kirkham S, Pesut B, Sawatzky R, Cochrane M, Redmond A (2012) Discourses of spirituality and leadership in nursing: a mixed methods analysis. *Journal of Nursing Management* 20:1029–1038.
- Reinert KG, Koenig HG (2013) Re-examining definitions of spirituality in nursing research. *Journal of Advanced Nursing* 69: 2622–2634.
- Ross L (2006) Spiritual care in nursing: an overview of the research to date. *Journal of Clinical Nursing* 15:852–862.
- Sessanna L, Finnell D, Jezewski MA (2007) Spirituality in nursing and health-related literature: a concept analysis. *Journal of Holistic Nursing* 25:252–262; discussion 263–264.
- Shaha M (2016) The science of nursing – What it is about and its development. *VSH-Bulletin*:3–8.
- Steinhauser KE, Fitchett G, Handzo GF, Johnson KS, Koenig HG, Pargament KI, Puchalski CM, Sinclair S, Taylor EJ, Balboni TA (2017) State of the science of spirituality and palliative care research part I: definitions, measurement, and outcomes. *Journal of Pain and Symptom Management* 54:428–440.
- Stranahan S (2001) Spiritual perception, attitudes about spiritual care, and spiritual care practices among nurse practitioners. *Western Journal of Nursing Research* 23:90–104.
- Sweat MT (2011) How can I give spiritual care to patients in ICU? *Journal of Christian Nursing* 28:50.
- Swinton J (2006) Identity and resistance: why spiritual care needs 'enemies'. *Journal of Clinical Nursing* 15:918–928.
- Swinton J, McSherry W (2006) Editorial: critical reflections on the current state of spirituality in nursing. *Journal of Clinical Nursing* 15:801–802.
- Tanyi RA, McKenzie M, Chapek C (2009) How family practice physicians, nurse practitioners, and physician assistants incorporate spiritual care in practice. *Journal of the American Academy of Nurse Practitioners* 21:690–697.
- Taylor EJ, Mamier I (2013) Nurse responses to patient expressions of spiritual distress. *Holistic Nursing Practice* 27:217–224.
- Timmins F, McSherry W (2012) Spirituality: the Holy Grail of contemporary nursing practice. *Journal of Nursing Management* 20:951–957.
- Tirgari B, Iranmanesh S, Ali Cheraghi M, Arefi A (2013) Meaning of spiritual care: Iranian nurses' experiences. *Holistic Nursing Practice* 27:199–206.
- Tuckett AG (2005) Applying thematic analysis theory to practice: a researcher's experience. *Contemporary Nurse* 19:75–87.
- van Leeuwen R, Tiesinga LJ, Post D, Jochemsen H (2006) Spiritual care: implications for nurses' professional responsibility. *Journal of Clinical Nursing* 15:875–884.
- Visser A, Garssen B, Vingerhoets A (2010) Spirituality and well-being in cancer patients: a review. *Psycho-Oncology* 19:565–572.
- Weathers E, McCarthy G, Coffey A (2016) Concept analysis of spirituality: an evolutionary approach. *Nursing Forum* 51:79–96.
- Whittemore R, Knafk K (2005) The integrative review: updated methodology. *Journal of Advanced Nursing* 52:546–553.
- Wong KF, Lee LY, Lee JK (2008) Hong Kong enrolled nurses' perceptions of spirituality and spiritual care. *International Nursing Review* 55:333–340.
- Zakaria Kiaei M, Salehi A, Moosazadeh Nasrabadi A, Whitehead D, Azmal M, Kalhor R, Shah Bahrami E (2015) Spirituality and spiritual care in Iran: nurses' perceptions and barriers. *International Nursing Review* 62:584–592.
- Zumstein-Shaha M, Alder J (2018) Welche Fachpersonen zeigen sich in der Literatur zuständig für die spirituellen Bedürfnisse von Patientinnen und Patienten mit einer neuen Krebsdiagnose? *Spiritual Care* 7:281–291.