



Talking about spiritual matters: First year nursing students' experiences of an assignment on spiritual conversations

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ABSTRACT

Background: Spiritual care is part of holistic nursing. However, nurses have reported that their education does not sufficiently prepare them for spiritual care in practice. Few studies have reported students' perspectives on how they acquire skills and knowledge in spiritual care.

Aim: The aim of the study was to explore how first year nursing students experienced a compulsory assignment that asked them to carry out a conversation with someone about spiritual aspects of nursing care and to reflect about it in relation to nursing.

Design: The study was a qualitative content analysis of students' reflective logs.

Methods: This research analysed the reflective logs of 385 (76%) first year nursing students from one religious and one secular university in Norway. The logs were written in response to an assignment based on Stoll's assessment guide, which asked them to carry out a conversation about spiritual aspects of nursing care.

Results: Analysis yielded three main categories that characterised students' experience of this assignment: meeting oneself, beyond one's comfort zone and discovering the other.

Conclusions: Students brought few skills and little experience in spiritual care into their education, and they felt that spiritual care conversations were personal and outside of their comfort zone. It is challenging for nursing education to equip nursing students with the competence in spiritual care necessary to meet the standard set out by the International Council of Nursing.

1. Introduction

The United Nations Declaration of Human Rights (United Nations, 2017) has stated that all people are entitled to the right to choose their religion and the freedom to practice it. The International Council of Nurses (ICN) code of ethics (ICN, 2012) has stated that nurses are responsible for promoting an environment where patients' values, customs and spiritual beliefs are respected. The spiritual dimension of nursing is an established part of delivering care (Lewinson et al., 2015). As spirituality is an integral part of each individual, spiritual care is part of holistic nursing (Cooper et al., 2013). Spirituality seems to surface when a person experiences important life events and/or crises (NHS Education for Scotland, 2009). It can be challenging to define, as it is multidimensional, unique to each person and broader than an individual's religious beliefs or affiliations (Weathers et al., 2016). Spirituality can be seen as an inner strength that provides peace, meaning, purpose, fulfilment, connectedness and a relationship with oneself, others, nature and the universe or God (Ross, 2006; Cone and

Giske, 2012; van Leeuwen and Schep-Akkerman, 2015; Weathers et al., 2016). In studies where students self-report own understanding of spirituality, they indicate that they have such a broad understanding of spirituality (Ross et al., 2014; Ross et al., 2016; Lewinson et al., 2015; Ross et al., 2018).

Nurses have reported that their education has left them poorly prepared to deliver spiritual care in practice (McSherry and Jamieson, 2011; Lewinson et al., 2015). In nursing education, there is an ongoing discussion about how students learn to assess and address patients' spiritual concerns (Ross, 2006; Giske and Cone, 2012; Ross et al., 2016; Wu et al., 2016). Students have reported that there is insufficient emphasis on spirituality both in nursing education and in clinical practice (McSherry and Jamieson, 2011). Undergraduate nursing students have reported that they do not talk about spiritual care and that they encounter few nurses who discuss spiritual care with them in clinical practice (Strand et al., 2016; McSherry, 2006; Carr, 2010). Nursing students have also reported that it is challenging to be willing and to have the courage to be open to spiritual questions asked by patients and

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relatives and that there are more taboos for young people in relation to talking about faith, God and spiritual relations than there are in relation to talking about sex (Giske and Cone, 2012).

Spiritual care requires nurses to be open and willing to listen to patients, to have an awareness of and ability to recognize patients' existential questions and resources and to listen to the meaning patients give to their own life stories (Giske and Cone, 2015). When nursing students meet patients in vulnerable situations, they require clinical skills, human competence and professional knowledge. Van Leeuwen and Cusveller (2004) referred to three core areas and six core competencies professional nurses need in order to provide spiritual care. The core areas were as follows: an awareness of and ability to use the self, an ability to gain access to the spiritual dimension of the nursing process and an ability to ensure the quality of spirituality in clinical practice. The six core competencies included the following: students' own faith and an ability to address the subject, collect information, plan and discuss spiritual care and to evaluate and integrate spiritual care into guidelines (van Leeuwen and Cusveller, 2004; van Leeuwen et al., 2009). Nursing education should help students to develop these competences (Cone and Giske, 2013). Nursing students' self-reported competence in delivering spiritual care is good, especially regarding attitudes and communication skills (Ross et al., 2014; Lewinson et al., 2015; Ross et al., 2016; Ross et al., 2018). In addition, their self-reported understanding of spirituality suggested a broad understanding of the concept (Ross et al., 2014; Ross et al., 2016; Lewinson et al., 2015; Ross et al., 2018).

Our many years of teaching spiritual care in both theory and clinical practice conflicts with studies where students self-report a rather high degree of spiritual care competences (Ross et al., 2014, 2016). We have found that many students have little experience in talking about spiritual matters with others and that they find it very personal and challenging to integrate into their nursing care. According to Lewinson et al. (2015) more nursing education research is needed to raise students' awareness of spirituality and to explore effective spiritual care teaching strategies. Few studies have reported students' perspectives on how they acquire skills and knowledge in practicing spiritual care (Giske and Cone, 2012; Strand et al., 2016). Therefore, we wanted to explore how first year students experienced and reflected on a conversation about spiritual issues, which they carried out with another person.

2. Method

2.1. Aim

The aim of the study was to explore how first year nursing students experienced a compulsory assignment that asked them to carry out a conversation with someone about spiritual aspects of nursing care and to reflect about it in relation to nursing.

2.2. Design

The study was a qualitative content analysis (Graneheim and Lundman, 2004) of students' reflective logs.

2.3. Sample

We invited a total of 528 first year students from four cohorts (2015–2018) to take part in the study. Students came from one secular and one Christian university college in Norway. A total of 385 students gave consent for their reflective notes to be used in this study (see Table 1). The percentage of students in each cohort who participated varied from 88 to 54%. A low response rate for the 2016 cohort was because students were invited to take part in the study during their clinical practice and fewer returned the consent form. The number of men participating in the study (9%) was representative of the number of men in undergraduate nursing studies in Norway. Students were

Table 1
Overview of students participating in the study.

| Year | Type of education | Number of students in the cohort | Number of students who participated (%) | Women | Men |
|-------|-------------------|----------------------------------|---|-------|-----|
| 2015 | Religious | 94 | 79 (84%) | 74 | 5 |
| 2016 | Religious | 169 | 92 (54%) | 86 | 6 |
| 2017 | Secular | 84 | 70 (83%) | 61 | 9 |
| 2018 | Secular | 171 | 144 (84%) | 127 | 17 |
| Total | | 518 | 385 (76%) | 348 | 37 |

between 19 and 44 years old, and 60% were between 19 and 20 years old.

2.4. Data Collection

As part of their spiritual care education, students were given the assignment to use Stoll's assessment guide (Stoll, 1979) in a conversation with someone. The four main themes in the guide were as follows: sources of hope and strength, relations between spiritual beliefs and health, religious practices and concepts of God or deity. Students decided for themselves with whom they would have this conversation, and they were encouraged to choose someone with experience in healthcare. Before they could start, students informed their chosen person about the assignment, including its purpose, and they gained permission to conduct the conversation. Students were asked to inform the person that he/she was free to decline to talk about any area that they did not want to disclose. After the conversation, students were asked to write a reflective log with a short summary of the conversation and to reflect on their experiences of carrying out the assignment. The log was to contain reflections on how they could integrate their experience into their nursing practice. The notes varied from 750 to 1500 words, and the data material amounted approximately 600 pages.

2.5. Data Analysis

We collected students' reflective notes in 2015–17 and started to analyse them in 2017. We shared anonymised reflective notes with each other and read them individually and started to code them manually before we met to share and discuss how we understood the data. We discussed initial categories and went back to re-read the material, to continue coding and condensing the material (Graneheim and Lundman, 2004). We met again and continued to discuss how to condense our data and find categories that sorted our huge material in meaningful units. First, we found four categories, which we later reduced to three categories. In 2018 a new cohort of students agreed to participate in the study, and analysing the 144 new reflective notes confirmed the three categories we had developed and thus that our data were saturated.

2.6. Ethics

We obtained ethical approval for the study from the Norwegian Data Protection Office (NSD # 49858). Each of the student cohorts received written information about the study after they had fulfilled the assignment and submitted their written logs on the learning platform. We informed students that participation was voluntary, that their reflective notes would be anonymized and that confidentiality was assured. We encouraged all students to participate, as we wanted our material to be as diverse as possible. When students returned their written consent, the teacher found the reflective log on the learning platform, made it anonymous and built a study's database for each year, which was numbered according to when we received consent to participation.

3. Results

There were no differences between the two universities (Christian and secular); however, there were some individual differences between students, which were related to their familiarity with the issues raised by the questions in Stolls' guide (1979). From the data, three main categories emerged: meeting oneself, beyond one's comfort zone and discovering the other.

3.1. Meeting Oneself

Most students had never spoken about faith and spirituality with others before, and they found the assignment challenging. They were afraid to conduct this kind of conversation and found it hard to ask questions and talk about such personal things. One student said, 'It was really frightening, I had never had such a conversation with anyone'. Another wrote, 'When I was given the assignment, my first thought was, who can I ask such personal and perhaps unpleasant questions? Personally, I found it difficult to address such questions, as I never had thought much about this earlier'.

Students were asked to choose with whom they would discuss the questions in the guide. Finding this person was difficult for most of them, because they felt the theme was private and sensitive. Most of them selected a person with whom they already had a relationship. One student wrote, 'I chose a friend. It was scary but not as scary as to talk with a stranger about such a personal subject'. Friends, family and neighbours were the most common choices. Only few students conducted the conversation with patients in nursing homes.

The majority of students preferred to speak with a person who had the same religious beliefs as themselves, because they expected a conversation with a person who had a different religious mind-set to be even more difficult. However, students who spoke to people who had different faiths to themselves reflected that this opened their eyes to the fact that people were human beings regardless of their faith and background. One student wrote, 'Perhaps the most important reflection after the conversation is that I feel that even if we do not have the same background or faith, we have many values and beliefs in common'.

Having to reflect on how preparing to ask the questions in the assessment guide led them to think through what they themselves would reply to such questions. One student wrote, 'When I was preparing for the interview I read through the questions several times. I think that when I learn something new, there is a seed that needs nutrition and light to germinate. Over time, the seed will grow and become a tree with strong branches and roots. To me, this task is a seed that has been planted'.

This self-examination required them to consider their own lives and who they were in relation to their own spiritual needs. One student wrote, 'I had to think about how I would have answered these questions myself. It made me more aware of my own point of view and what is important in my own life'. Many students reported that it was new and foreign to reflect on how they found hope and strength for themselves and to reflect on their own spirituality. This process provided an opportunity for students to make new discoveries in their own lives. They met themselves in a new way by asking themselves these questions either before or during their spiritual conversations.

Several students described their experience during the conversation as containing moments when 'time stopped'. These were moments in which students forgot about time, place, themselves and the assignment, and they became immersed in the conversation. One wrote, 'You know when time stops, so it was. Almost ironic now, since this was a home assignment, it did not feel like that. Ten minutes of compassion. That's what it was, and I meet myself as a person who could make a difference'.

In their reflective notes, students were overwhelmingly positive in relation to the learning outcomes of the conversation. Expressions like 'I would not have been without this', 'This was new to me and very

instructive' and 'I have never talked to anyone about this before' were consistent in the material.

3.2. Beyond One's Comfort Zone

Although students suggested that they learned a lot, this did not mean that the conversation was easy for them. They used words such as uncomfortable, saying that they had to go beyond their comfort zone in order to complete the assignment. One student wrote, 'I thought it was difficult to have such a conversation. I have not talked to anyone about such questions before. It really became quite uncomfortable for me'.

Students who followed the assessment guide point by point felt that the conversation became rigid and did not open up towards deeper conversation. When those students had completed the questions in the guide, they felt relief and became more relaxed. Some students were able to listen more openly to what the person told them and follow up their answers more professionally: 'When I had finished the questions in the guide, I became more relaxed, and then, we could have a more normal conversation. It was good for me, I became more comfortable'. When students were able to release themselves from the assessment guide, the conversation flowed better than it had done previously, and they were not so far outside their comfort zone, even if the topic was unfamiliar. One student expressed, 'I quickly realized that it was not so easy to relate to every point in the assessment guide, so I allowed the conversation to flow more naturally back and forth'. When students managed to free themselves from the assessment guide and listen to what the other said, the guide became a helping tool, and the conversation became more like a dialogue.

Students reflected on their own role during the conversation and how the assignment provided an opportunity for them to learn how they could become more comfortable asking patients questions about hope, meaning and their faith. One wrote, 'Next time, I will ask less leading questions, give the person more room to think, a short break, silence, give some kind of tacit encouragement and elaborate more without asking'.

Fewer than ten of the 385 students wrote that this was a conversation they were comfortable to carry out. One of these students wrote, 'I like such conversations, talking about the important things in life. I often do so with my friends, because it is about life'. However, students commented that the conversation extended their perspective on spiritual care and spiritual needs and that they became more ready to enter into such conversations than they had been before. One student wrote: 'I was very surprised that it did not feel unnatural or strange but rather educational and thoughtful'. Before this assignment, spiritual questions were something they had associated with beliefs and religion, but during this assignment, many discovered that spiritual needs and resources were broader than religion and were important in people's lives, and one expressed, 'I discovered that older people are not necessarily religious, the family means a lot and spiritual needs are more than religiosity'. The vast majority of students reflected that they had acquired a broader understanding of spiritual care, learning that it was not just a topic of importance for people who have a religious faith but that it is applicable to all people regardless of their cultural background or philosophy of life. This discovery made it easier and more natural to talk about spiritual matters with others and to ask such questions in the future. One student wrote, 'I learned that spiritual care involves so much more than religious relationships, and although I was very uncomfortable with this task, I think it will be easier for me next time'. Students who were not religious themselves saw the benefit of training on conversations about spiritual needs, 'I know I'm uncomfortable talking about existential needs and beliefs, since I'm not religious myself'.

Although this assignment was something most students felt resistance towards, an overwhelming majority of students described it as a positive experience. One wrote: 'I thought it was nice to have this conversation. It sounds strange but I became happy, humble and sad

because I had to challenge myself to meet the other’.

In most reflective notes, students wrote that they had developed more self-confidence to talk to others about spiritual care. One student wrote, ‘I’m glad I got this task because I’ve taught myself to ask the big questions and really come across another person’. They also reflected on the feeling that the conversation seemed to be more important for the patients/the other than it was for themselves. One student wrote, ‘I also thought it was nice to see how this person brightened up when I asked, almost a bit like: It’s going to be so lovely to finally talk deeply with someone, and that made a big impression on me’.

3.3. Discovering the Other

Students commented that it surprised them that the person to whom they talked was open and willing to share about what they themselves saw as private and difficult topics. In many cases, it seemed like it was easier for the other person to talk about this topic than it was for students. One student wrote, ‘When I first started asking questions, it was luckily easier than I had expected. She answered what she could and did not seem to be affected at all by the questions. It made it a bit easier for me to be relaxed’.

They learned that when they invited someone to talk about hope and strength, it became a much deeper conversation than the students had anticipated. One student wrote, ‘The conversation led me to a deeper understanding of how she thinks and what matters to her in her own life’. Another wrote, ‘I got to know the person on a deeper level and could better see what he needed’.

Many students chose to have the conversation with a person with whom they already had a personal relationship. After the conversation, most of them saw the person differently. They felt that they had connected with them on a deeper level and that the conversation had brought them closer. ‘I thought that I knew this person very well, which proved not to be right’. Another student who spoke with a friend wrote, ‘We never talk about feelings, hope and faith. And I think this gave us an opportunity to get closer to each other’.

About 30 of the students spoke with patients in nursing homes. Many of them wrote that they had gained a deeper understanding of older people’s thoughts and opinions, and several noted that it was sad that nurses did not take the time for such conversations more often. One student wrote, ‘It made me think of those who do not have family so close. As nurses, we become their support network, a role we must show great respect for’. Another wrote, ‘I think spiritual care is a rare topic, but I think it would be nice to normalize this type of conversation, especially in nursing homes and other institutions’. A third wrote, ‘That the spiritual would mean so much to a person in a nursing home, I had not believed, and I see it is often overlooked in everyday life at the nursing home’.

Students who talked with patients in nursing homes reflected on the needs and thoughts of older people. One student wrote, ‘The patients reflect over so much, and I have not thought about it before. But I should, because they are people’. Another expressed, ‘I discovered more about the patient than I could imagine in advance. It was an important conversation for me too’. Throughout their conversations, students suggested that they became familiar more with the other person, which made them discover the other in new ways.

4. Discussion

Our study showed that Norwegian nursing students brought very little experience of spiritual care into the study and that they evaluated their skills in speaking about spiritual aspects with other people as low. Our findings were different from those reported in a pilot study by Ross et al. (2014), in which undergraduate students considered themselves more competent than not regarding spiritual care. A longitudinal, correlational study in eight countries in Europe found that undergraduate students’ perceived competence in spiritual care increased significantly

over the course of their study, and they attributed this to caring for patients, events in their own life and teaching and discussion in the classroom (Ross et al., 2018).

Most of the 385 students in our study felt that the questions in the assignment were personal, scary and outside of their comfort zone. Other studies from Norway have also reported that talking about spiritual matters with others is seen as taboo (Giske and Cone, 2012; Ødbehr et al., 2015; Giske and Cone, 2017). This raises an important challenge for nursing education as to how we can equip nursing students to practice according to the ICN’s (2012) requirement, which involves promoting an environment in which the values, customs and spiritual beliefs of patients and their families are met. Real care is about the whole person, and only when spirituality is embedded in nursing care can we claim that our care is holistic and person-centred (Cooper et al., 2013; Lewinson et al., 2015). Patients’ need for spiritual care can promote health and preserve dignity; therefore, nurses must be aware of patients’ spiritual expressions (Rykkje et al., 2013).

Students experienced the reported assignment as very challenging. This raised the question of whether spiritual care training should be voluntary or compulsory for undergraduate nursing students. If it was voluntary, then the resistance and discomfort students might feel beforehand could cause the students who most need such training to avoid it. The discoveries reported by students in our study were similar to those reported by first year nursing students in Haugland and Giske’s (2016) study which reported a change in students’ motivation from external to internal after taking part in compulsory activities to learn person-centred care in nursing homes.

By providing students with an assignment to explore and practice spiritual care conversations in real life situations, they were given an opportunity to develop confidence in speaking with patients about spiritual issues (Strand et al., 2016). Such an assignment can be a good start, and mentorship and role modelling by teachers and nurses in clinical practice could help students to continue to overcome personal and professional barriers (Cone and Giske, 2012; Giske and Cone, 2012; Strand et al., 2016.)

5. Conclusion

Students in this study brought few skills and little experience in spiritual care into their education. They felt that spiritual care conversations were personal and outside of their comfort zone. It is a challenge for nursing education to equip all nursing students with the spiritual care competence they need in order to meet the standard set out by the ICN (2012). To develop such professional competence in spiritual care, students need to experience and reflect on real life situations.

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Conflicts of Interest

The authors declare no conflicts of interest for this study and report.

Author Contributions

The design of this study and ethical approval: TG, BMK. Data collection: TG, BMK. Data analysis: BMK, TG. Preparing, drafting and critically editing the manuscript: BMK, TG. Both authors have read and

approved the final manuscript.

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