

The Importance of Spiritual Care in Nursing

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Dear editor,

As nurse researchers, we were studying Iranian nurses' competencies in spiritual care recently. Using a self-directed instrument, we surprisingly found that nurses have low acquaintance with the spirituality concept and how to provide spiritual care.

Similar to other caring activities and procedures, spiritual care improves people's spiritual well-being and performance as well as the quality of their spiritual life. Spiritual care has positive effects on individuals' stress responses, spiritual well-being (ie, the balance between physical, psychosocial, and spiritual aspects of self), sense of integrity and excellence, and interpersonal relationships (1). Spiritual well-being is important for individual's health potential and the experience of illness/hospitalization can threaten optimum achievement of this potential. Professional nursing embraces spiritual care as a dimension of practice. There are many indications that spiritual care is considered to be a nursing responsibility but there is a lack of role clarity. There is no agreed definition of what is meant by "spiritual", "spiritual need", and "spiritual care"; moreover, there are few guidelines for spiritual caring in nursing practice (2). Nurses' practice patterns in the area of spiritual care can be grouped into two categories including religious and nonreligious interventions. Religious interventions include treating patients' religious beliefs without prejudice, providing them with opportunities for connecting with God and expressing their values and beliefs, helping them practice their religion, and referring them to clerical and religious leaders. Nonreligious interventions include nurses' presence for patients and their families, making direct eye contact when communicating with patients, sympathizing with patients and their families,

listening to patients and their families attentively, and having love and enthusiasm for patients (3). Despite importance of spiritual care, nurses have expressed a need to learn how to provide spiritual care. Integrating spiritual care into nursing curricula could meet that need during the nurse formation process (4). Nurses' knowledge of spiritual care is poor and they need specific information on how to meet patients' spiritual needs. The freely expressed experiences suggest that nurses do aim to provide spiritual care; however, it is often adversely affected by several physical, professional, and personal barriers. Expressed difficulties regarding the provision of spiritual care include lack of education, time constraints, and being too busy. In addition to being a valuable part of total patient care, spiritual care interventions promote a sense of well-being for nurses; however, the concept of spirituality needs to more clearly articulated and increased knowledge is required in order to identify patients' spiritual needs (3). Educators may have an important role in the learning process; thus, preparedness of the educators in the teaching of this dimension of care is necessary at both faculty and clinical practice. Reflective teaching methodology including group discussions, critical incident analysis, keeping diaries, role-play, online discussions to allow ongoing mentoring of students beyond class hours, and self-reflection are recommended. In fact, they enable transferring learning into clinical practice with the potential of minimizing the divergence between the theory and practice of spiritual care (5). Spiritual care education in Iranian nursing is subtle, ambiguous, informal, and nonprogrammable. In a recent study in Iran, Tazakori et al. reported that due to the lack of relevant contents in the nursing curriculum, educators are trying to be role models for their students; in turn, nursing student also experience and understand spiritual care informally with continuous presence in clinical practices

and observing the behaviors of the educators and others (6). Therefore, we propose to integrate the spiritual care concept in the nursing curriculum in Iran.

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