

Meaning of an applied educational strategy in clinical practice for spiritual competence development from nursing students' perspective

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Abstract

Background: Education and especially clinical practice seems to be important for spiritual competence development of nursing students. However, the meaning of application of specific educational strategies in clinical practice for the spiritual competence development from nursing students' perspective is currently unclear, as are the factors that influence these learning experiences.

Aim: The aim of this study is to gain insight into the meaning of an applied educational strategy in clinical practice from bachelor nursing students' perspective regarding their spiritual competence development and to identify factors that affect their learning experiences. Insight into this may help teachers and supervisors to guide nursing students in spiritual competence development.

Method: A descriptive qualitative study was conducted in the Netherlands between January and May 2016. The educational strategy consisted of an assignment regarding spiritual care. Participants were third-year bachelor nursing students who have worked at the assignment during clinical practice. Data collection was done by means of reflection reports and semi-structured interviews.

Results: The spiritual care assignment increased students' spiritual awareness, gave them tools in spiritual care provision, influenced their personal experiences and had impact on the spiritual awareness of the nursing team. Personalized perceptions, interaction with others, role models, clinical setting and preparation were factors that influenced the learning experiences of students while working on the assignment.

Conclusion: The spiritual care assignment is meaningful for spiritual competence development of nursing students. Both personal and environmental factors influence the learning experiences of nursing students while working on the assignment in several ways.

Recommendations: Peer groups should be organized in which nursing students can discuss their learning experiences. More research is needed to develop educational strategies in clinical practice focused on spiritual competencies regarding the nursing process and integration of spirituality in organisational policies.

Keywords: Clinical Practice, Nursing Education, Professional Competence, Spirituality, Students Nursing

Samenvatting

Achtergrond: Onderwijs en in het bijzonder stage, lijken belangrijk te zijn voor spirituele competentie-ontwikkeling van HBO-V studenten. Echter, de betekenis van specifieke onderwijsstrategieën in stage voor het ontwikkelen van spirituele competenties en de factoren die deze leerervaringen beïnvloeden zijn onduidelijk.

Doel: Het doel van dit onderzoek is om inzicht te krijgen in de betekenis van een toegepaste onderwijsstrategie tijdens stage vanuit het perspectief van HBO-V studenten met betrekking tot hun spirituele competentie-ontwikkeling en om factoren te identificeren die deze leerervaringen beïnvloeden. Dit inzicht kan docenten en stagebegeleiders helpen om studenten te begeleiden in hun spirituele competentie-ontwikkeling.

Methode: Van januari tot en met mei 2016 is een beschrijvend kwalitatief onderzoek gedaan in Nederland. De onderwijsstrategie bestond uit een opdracht over spirituele zorg. Participanten waren derdejaars HBO-V studenten die tijdens stage aan de opdracht over spirituele zorg hebben gewerkt. Dataverzameling is gedaan door middel van reflectieverslagen en semigestructureerde interviews.

Resultaten: De opdracht over spirituele zorg vergrootte de bewustwording van spiritualiteit bij studenten, gaf studenten handvatten om spirituele zorg te verlenen, beïnvloedde hun persoonlijke leerervaringen en had impact op de bewustwording van spirituele zorg van het verpleegkundig team. Persoonlijke percepties, interactie met anderen, rolmodellen, stagesetting en voorbereiding waren factoren die de leerervaringen van studenten tijdens het werken aan de opdracht over spirituele zorg beïnvloedden.

Conclusie: De opdracht over spirituele zorg draagt bij aan de spirituele competentie-ontwikkeling van studenten tijdens stage. Zowel persoonlijke als omgevingsfactoren beïnvloeden daarbij de leerervaringen van studenten op verschillende manieren.

Aanbevelingen: Het organiseren van intervisiegroepen waarin studenten hun leerervaringen bespreken kan een meerwaarde zijn. Meer onderzoek is nodig om onderwijsstrategieën te ontwikkelen die zich richten op spirituele competenties met betrekking tot het verpleegkundig proces en de integratie van spiritualiteit in het beleid van organisaties.

Kernwoorden: Stage, Verpleegkunde onderwijs, Professionele competenties, Spiritualiteit, Verpleegkunde studenten.

Introduction

Historically, nurses have always provided spiritual care.¹ This is part of holistic nursing and is reflected in several international nursing codes of ethics and nursing education guidelines.²⁻⁸ Spirituality is one of the six dimensions of the concept of health as described by Huber et al.⁹ and has positive effects on health outcomes as physical wellbeing,¹⁰ mental health¹¹⁻¹³ and quality of life.¹⁴ Spirituality is a subjective concept with many different definitions.¹⁵⁻¹⁷ In this study, spirituality is defined as “the religious and/or existential mode of human functioning, including experiences and questions of meaning and purpose”.¹⁸ The premise of this definition is that every human being has to do with spirituality and that spirituality can be both religious and non-religious driven.¹⁸

Research shows that nurses often feel incompetent to provide spiritual care due to various reasons such as a lack of understanding of what spirituality means,¹⁵ uncertainty surrounding the boundaries between personal belief and professionalism¹⁹ and poor integration of spiritual care in education.^{16,20} Competencies can be defined as the ability to perform tasks with desirable outcomes, integrating cognitive, affective and psychomotor domains of practice.²¹ Spiritual competencies of nurses seems also to be influenced by age,²² gender^{23,24} and clinical setting.²⁵

To improve spiritual competencies of nurses and nursing students, education is supposed to be an important factor.^{1,22,26-28} After receiving spiritual care training, they feel more competent to provide spiritual care.^{26,28} Furthermore, patients appear to experience more support regarding their questions about the meaning of their lives and illness from nurses who have received spiritual care training.²⁸ To give direction to spiritual care education, Leeuwen & Cusveller presented a spiritual competence profile with six competencies, subdivided into three core domains:²⁹ ‘Awareness and use of self’ concerns the way nurses relate to their patients;²⁹ ‘Spiritual dimensions of the nursing process’ focuses on different phases in the nursing process;²⁹ ‘Quality assurance and expertise improvement’ focuses on the ability of nurses to integrate spirituality in organisational policies.²⁹ To develop spiritual competencies, ideally a combination of educational strategies is applied, consisting of knowledge acquisition, reflection and clinical practice.^{27,30-32} Clinical practice is fundamental, because of the opportunity to integrate theory into practice.^{30,31,33}

Despite the importance of clinical experiences, little research is done on how spiritual care education in clinical practice should be designed. In general, spiritual care education should include interaction with patients and their families under individual mentoring.³⁴ A review by Giske distinguishes four areas which appear to be essential for spiritual care learning in clinical

practice:³⁰ Learning in real-life situations is recognised as a unique opportunity to become aware that spirituality is part of everyday life;³⁰ Both teachers and students should be aware of and overcome conditions prohibiting spiritual care learning;³⁰ Learning in clinical practice should be seen in connection with the way students are prepared at school and how clinical experiences are processed and integrated into learning by post-conferences;³⁰ and the use of educational strategies is perceived as important.³⁰ Educational strategies are activities that encourage students to develop knowledge and skills. Examples of educational strategies regarding spirituality used in clinical practice are reflection reports, nursing care plans and the support from teachers.³⁰

The mentioned studies explore a mix of educational strategies, hence it is unclear what is taught at school and what is learned in clinical practice.^{30,34} The meaning of application of specific educational strategies in clinical practice for the spiritual competence development from nursing students' perspective is currently unclear, as are the factors that influence these learning experiences. Insight into this can help teachers and supervisors to guide nursing students in spiritual competence development and may contribute to development of education in clinical practice.

Aim

The aim of this study is to gain insight into the meaning of an applied educational strategy in clinical practice from bachelor nursing students' perspective regarding their spiritual competence development and to identify factors that affect their learning experiences.

Method

Design

A descriptive qualitative study was conducted at a Christian University of Applied Sciences (CUAS) in the Netherlands between January and May 2016. Qualitative research focuses on the way people make sense of their experience³⁵ and was therefore appropriate to deepen and describe the meaning of an educational strategy in clinical practice from nursing students' perspective. Data collection was applied in two phases by means of reflection reports and semi-structured interviews (Figure 1).

Educational strategy

The applied educational strategy is a spiritual care assignment in clinical practice (subsequently referred to as assignment) consisting of the following four components: a theoretical orientation on spirituality, an interview with a patient about spirituality, a vision description and a reflection report (Table 1).

Population, sample and sample size

The population of interest were third-year bachelor nursing students (subsequently referred to as students) of a CUAS in the Netherlands who have worked at the assignment during clinical practice. A multistage sampling strategy³⁶ was used, consisting of two purposive samples.^{37,38} To be eligible in the first phase, students must have completed the assignment in the academic year 2014/2015 (n=74). To be eligible in the second phase, students must have worked at the assignment from September 2015 till January 2016 (n=115). The choice of participants from different study-cohorts was made due to practical considerations. All participants received identical spiritual care education. The researchers work also as teachers at the CUAS. Therefore, students who received an assessment by one of the researchers at the time of the research were excluded from the interviews (n=6). Variation³⁵ was strived for based on age,²² clinical setting,²⁵ gender^{23,24} and study-programme (e.g. full-time, part-time). Eligible participants were approached by e-mail and in the second phase also by telephone. In both phases, sampling was performed until saturation^{36,37} was reached.

Data collection

Reflection reports

In the first phase data were collected by one researcher (YS) by means of reflection reports, which students wrote for the purpose of the assignment. The reflection reports were used to explore learning experiences of students and to identify influencing factors which were deepened in the semi-structured interviews.

Semi-structured interviews

The second phase started when the first phase was completed. Semi-structured interviews were conducted by one researcher (YS) with students who had just completed the assignment. Interviews were used to discover feelings, perceptions and thoughts³⁵ and were therefore appropriate to deepen the findings from the reflection reports. Interviews were audio-taped and transcribed verbatim.³⁵ Data collection and -analysis alternated in an iterative process.³⁷

Main concepts and topic list

Topics for the interviews were based on studies about spiritual care education in clinical practice^{30,34} and on the three core domains of the spiritual competence profile,²⁹ supplemented with findings of the reflection reports (Appendix A).

Data analysis

For data analysis thematic analysis was used, which is a method consisting of six steps to contextualize how individuals render meaning to their experiences (Figure 2).³⁹ By analysing the reflection reports only the first three steps were used. Subsequently the analysis of interviews started again at step one. The findings of the reflection reports and interviews were integrated during step three. Thereafter steps four to six were completed. Theoretical sensitivity³⁷ was used to interpret the data in a meaningful way, after which a report of the worked-out themes was written. N-Vivo 11 PRO⁴⁰ was used to facilitate the analysis-process.

Ethical issues

This study was conducted in conformity with the principles of the WMA Declaration of Helsinki (version 10, 2013)⁴¹ and the Dutch Personal Data Protection Act.⁴² A non-WMO statement was given by the Medical Ethical Committee of Isala Zwolle (15.12223). The CUAS management team gave permission for recruiting students to participate in this study. This study was reported in accordance with the consolidated criteria for reporting qualitative research (COREQ).⁴³ Prior to participation in this study, participants were asked to sign informed consent. Anonymity of participants³⁷ was guaranteed. Participants could leave the study at any time for any reason if they wished to do so without any consequences.

Quality assurance

To ensure the quality of data collection the researcher (YS) performed a pilot interview with the supervisor (RL). During the interviews the researcher encouraged participants to answer freely any asked question.³⁶ To ensure the validity of the analysis process, the first five reflection reports and the first two interviews were independently analyzed and discussed by two researchers (YS, RL) until consensus was reached.³⁶ The researcher (YS) continued the analysis process and discussed the findings with the supervisor (RL). The researcher (YS) did a member check³⁵ by giving each participant in the second phase an overview of the final codes and themes to verify them. This did not change the findings. The validity of the analysis process was increased by discussing the findings in the research group.³⁵ Data triangulation³⁵ by using reflection reports and interviews contributed to the validity. Memos³⁷ were written to monitor the development of the study.

Results

Participants

In the first phase, 57 eligible participants were approached, of whom 51 provided informed consent. Reasons for not participating were not investigated. A total of 30 reflection reports were selected based on the purposeful criteria. The extend of the reflection reports varied between a half and three pages. Data saturation^{36,37} was reached after 25 reflection reports, which was confirmed by the next five reflection reports.

In the second phase, 23 eligible participants were approached based on the purposeful criteria, nine of whom participated in the interviews. A frequent reason for not participating was time investment in a busy study period. The interviews lasted approximately 28-42 minutes and took place at CUAS. Data saturation^{36,37} was reached after seven interviews, which was confirmed by the following two interviews. Table 2 shows the participant characteristics.

Findings

The results will be divided into findings regarding the meaning of the assignment and findings regarding the influencing factors which affect students' learning experiences.

Meaning of the spiritual care assignment

Four main themes regarding the meaning of the assignment from students' perspectives were identified: increasing awareness, spiritual care, personal experiences and impact on the spiritual awareness of the nursing team.

Increasing awareness

Many students indicated that the assignment increased their spiritual awareness. It helped students to see patients in a holistic perspective and to look beyond the first impression of a person. They learned that spirituality is broader than religion.

"But now I noticed that it is not only about the patient's convictions. The spiritual variable also applies to the significance which the patient attributes to his life and to what happens in it." (Reflection Report (RR)9)

Some students indicated that the assignment encouraged them to think about their own spirituality.

"Spirituality is a broad aspect for me. I think of religion, valuable situations and relationships with others." (RR23).

Spiritual care

The assignment gave students tools to communicate with patients about spirituality. Tailored care, taking time for someone and using communication skills like listening were mentioned as important.

"I have discovered that I have a predisposition to offer solutions or conclusions, but noted how good it is to merely listen." (RR27)

Some students noted to consider it important to take stock of patients' spirituality, norms and values, in order to bring them in line with other nursing care aspects.

"But I think that sometimes it can be good for the other care, to know what is important for someone." (RR2)

A few students indicated that collaboration with a minister had added value in spiritual care provision. Mainly to learn more about their work and to be aware of the possibility to consult with them.

"I enjoyed the collaboration with the minister." (Interview (I)4)

Personal experiences

Prior to the assignment, some students were sceptical about performing an interview about spirituality, caused by inhibitions about the concept of spirituality, the frame of the assignment, personal insecurity and uncertainty about how to execute the assignment. Ultimately, most students found it valuable, because they learned that spirituality implies more than religion and they experienced it as satisfying when patients reported that they were happy to talk about things that are really important to them.

"I noticed that he appreciated the conversation very much". (I2)

Because of these positive experiences, students expressed the desire to provide spiritual care in their careers.

"I think that this assignment has been very important for my future career." (RR5)

Furthermore, some students suggested that they grew in their professional role, by finding a balance between their personal and professional boundaries.

"It is different to talk with friends and family, than with a patient." (I7)

Finally, some students noted that their vision about spirituality has become more tangible, particularly paying more attention to the importance of spiritual care and the role of nurses.

Impact on the spiritual awareness of the nursing team

Students usually discussed the assignment with their supervisor or the nursing team. They noted that the assignment also made the nursing team on their part more aware of spiritual care, although not all nurses were receptive regarding the subject. Some students indicated that they may have improved the expertise of the nursing team regarding spirituality by telling about their experiences.

“During my clinical practice, I found that this was quite new for them.” (I4)

Influencing factors

Five major factors affected the learning experiences of students by working on the assignment. These are personalized perceptions, interaction with others, role models, clinical setting and preparation.

Personalized perceptions

Many students indicated that their perceptions about spirituality, influenced by personal belief, upbringing, personality and cultural background, affected their learning experiences. Some students had to overcome their own spiritual frame of references to become open to patients' spirituality. Others indicated that these personal factors caused a positive attitude towards spiritual care.

“I know from my personal belief that it is important for people to give meaning to religion.” (RR13)

Particularly the older students noted that their learning experiences were influenced by life experience; They dared to discuss more things with patients than when they were younger.

“Life experience makes it easier to talk about those things.” (I4)

Some students stated that an open attitude towards patients and spirituality was important. It makes it easier to connect with patients.

“People notice very quickly if you are interested or not.” (I5)

Interaction with others

A number of students indicated that it was worthwhile to discuss with their teacher or fellow students how the assignment could be performed.

“I got the tip from my teacher to determine the methodology behind spiritual care provision.” (I9)

Some students indicated that their supervisor affected the way the assignment was experienced. Some students experienced minimal coaching, but others experienced assistance with practical issues or in overcoming personal insecurities.

“And she said, “You can do that very well. I see how you communicate with people. It will be fine!” This helped me to overcome my uncertainty” (15).

Finally, students experienced it as easier to communicate with patients who were open about their spirituality than with patients who were reticent about the subject.

“And she was very open, which makes it easier.” (19)

Role models

Students declared to learn from observing how others provide spiritual care. Colleagues, supervisors and ministers were mentioned as role models.

“I am going to observe the way she does things (...) And then I saw: ah, so this is an alternative way to tackle things.” (11)

Clinical setting

Students stated that the clinical setting influenced the way they could accomplish the assignment. The amount of time students could spend on the interview and the amount of contact moments students had with patients were mentioned as major factors.

“It was very difficult because these were often short conversations.” (13)

Preparation

Many students indicated that reading literature about the subject helped to recognize spirituality in practice and to get ideas of how the assignment could be executed.

“I thought it was good to immerse myself first in the theory.” (12)

Some students indicated that preparation of the interview by means of three questions helped them to be well-prepared, while others experienced it as an obstacle to engage in a natural dialogue with patients.

“Beforehand I rather liked the idea, for it gives a framework, for yourself as well, of how you would like the interview to go. And yet, during the actual interview it made an artificial impression on me.” (15)

Earlier work experience or other preparatory education were mentioned as influencing factors. Some students experienced the assignment therefore as nothing new, while others indicated their previous experiences gave more profundity.

"I think that is why I had more background information about spirituality and therefore I possibly put more effort into it" (I9)

Discussion

This study shows that the assignment increases students' spiritual awareness, gives them tools in spiritual care provision, influences their personal experiences and has impact on the spiritual awareness of the nursing team. Personalized perceptions, interaction with others, role models, clinical setting and preparation are factors that influence the learning experiences of students while working on the assignment.

Literature suggest that spiritual awareness is an important prerequisite to provide spiritual care.^{27,29} This study shows that the assignment increased students' spiritual awareness and helped them to see patients in a holistic perspective. This is consistent with studies which found that the use of educational strategies in the nursing program provides a broader view on spirituality^{44,45} and helps students to become sensitive to patients' spirituality.⁴⁶ It is remarkable that students just by working on the assignment in their third study year discovered that spirituality is broader than religion, although they received theoretical spiritual care education in the first two study years. This seems to confirm that the use of explicit educational strategies in clinical practice is essential to create this awareness in nursing students.³⁰ It is conceivable that including the assignment earlier in the nursing program will increase spiritual awareness at an earlier stage.

Students stated that the assignment gave them tools to communicate with patients about spirituality. Giske concluded that clinical practice is a unique opportunity to learn how to connect to patients.³⁰ This study indicates that the interview about spirituality stimulates students to make this connection and encourages them to use their communication skills.

Based on the aforementioned results, it may be concluded that the assignment contributes to competencies related to spiritual awareness²⁹ and the collection of information about patients' spirituality and needs.²⁹ The contribution to other competencies of the spiritual competence profile²⁹ seems to be limited: Hardly any student indicated that the assignment contributed to providing, planning and evaluation of spiritual care with patients and the nursing team²⁹ or to the integration of spirituality in organisational policies.²⁹ Therefore, explicit educational strategies focused on these competencies would be a valuable addition to the current assignment.

This study corroborates the findings from studies regarding the importance of role models in creating a positive learning environment for spiritual care learning in clinical practice.^{22,33,47} Simultaneously, several studies signalled a lack of role models regarding spiritual care provision in clinical practice.^{30,32} It is essential for both school and clinical settings to address the importance of role models. In this study, some students mentioned the discussion about their learning experiences with teachers or fellow students as worthwhile. This corresponds with Giske & Cone, who found that sharing experiences with teachers and fellow students might help students in spiritual care learning.³² The use of peer groups might be valuable to discuss spiritual care experiences. Sharing perceptions and experiences can help in processing them and to develop a broader perspective on spirituality.⁴⁸ Moreover, it gives teachers the possibility to mentor students in their professional role and to act as role models when these are lacking in clinical practice.³³

Most students experienced the assignment as valuable and the interview about spirituality as satisfying. They expressed the desire to pay attention to spiritual care in their careers. This is worthwhile, because nurses' attitude towards spirituality plays an important role in their providing of spiritual care in health care practice.⁴⁸ Personal perceptions about spirituality affected students' learning experiences, which is consistent with McSherry,⁴⁹ who found that perceptions of each individual influenced their understanding of spirituality. Being aware of the influence of these perceptions may support teachers and supervisors to coach students and to help overcome barriers during spiritual care learning in clinical practice.

A limitation in this study is the fact that almost all participants were committed Christians. Therefore, the sample is not representative for the entire population of nursing students. To what extent this biased the results might be examined by a follow-up study including a sample of nursing students with various spiritual backgrounds. Due to practical reasons, data analysis was partially done by one researcher. To ensure the validity of the data analysis, the findings were discussed with the supervisor and the research team which resulted in a more specific formulation of a few themes. Strengths in this study are the use of member check and data triangulation.

This study confirmed Giske's conclusion that educational strategies are important for spiritual care learning in clinical practice.³⁰ The assignment is useful to raise spiritual awareness²⁹ in students and to develop competencies regarding the collection of information about patients' spirituality and needs.²⁹ The development of additional educational strategies regarding competencies in the core domains 'spiritual dimensions of the nursing process'²⁹ and 'quality assurance and expertise improvement'²⁹ is necessary to support students to provide spiritual care in the entire area of spirituality. The understanding of the factors that affect learning

experiences of students can help teachers and supervisors to guide nursing students in spiritual competence development in clinical practice and to help students to overcome barriers during their learning process.

Conclusion

This study shows that the assignment, is meaningful for spiritual competence development of nursing students in clinical practice. The assignment increases students' spiritual awareness, gives students tools to provide spiritual care, influences their personal experiences and increases the spiritual awareness of the nursing team.

Personal factors influence students' perceptions about spirituality and therefore their views on the assignment; Interaction with others and the presence of role models are experienced as encouraging factors for spiritual care learning; Clinical setting and preparation affected learning experiences of students in several ways, depending on circumstances during clinical practice and personal preferences.

Recommendations

A recommendation to improve the assignment is to organize peer groups in which students can discuss their learning experiences while working on the assignment. Furthermore, it should be investigated if including the assignment earlier in the nursing programme will increase spiritual awareness of nursing students at an earlier stage. Students mentioned the interaction with teachers about the assignment as worthwhile. Therefore, it should be investigated how teachers can encourage students in an effective way to develop spiritual competences during clinical practice. More research is also needed to develop educational strategies in clinical practice focused on the core domains 'spiritual dimensions of the nursing process'²⁹ and 'quality assurance and expertise improvement.'²⁹ This allows students to acquire competencies in the entire spiritual domain²⁹, which enables them to integrate spiritual care within the whole nursing care in order to improve spiritual care provision for patients.

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Figures and tables

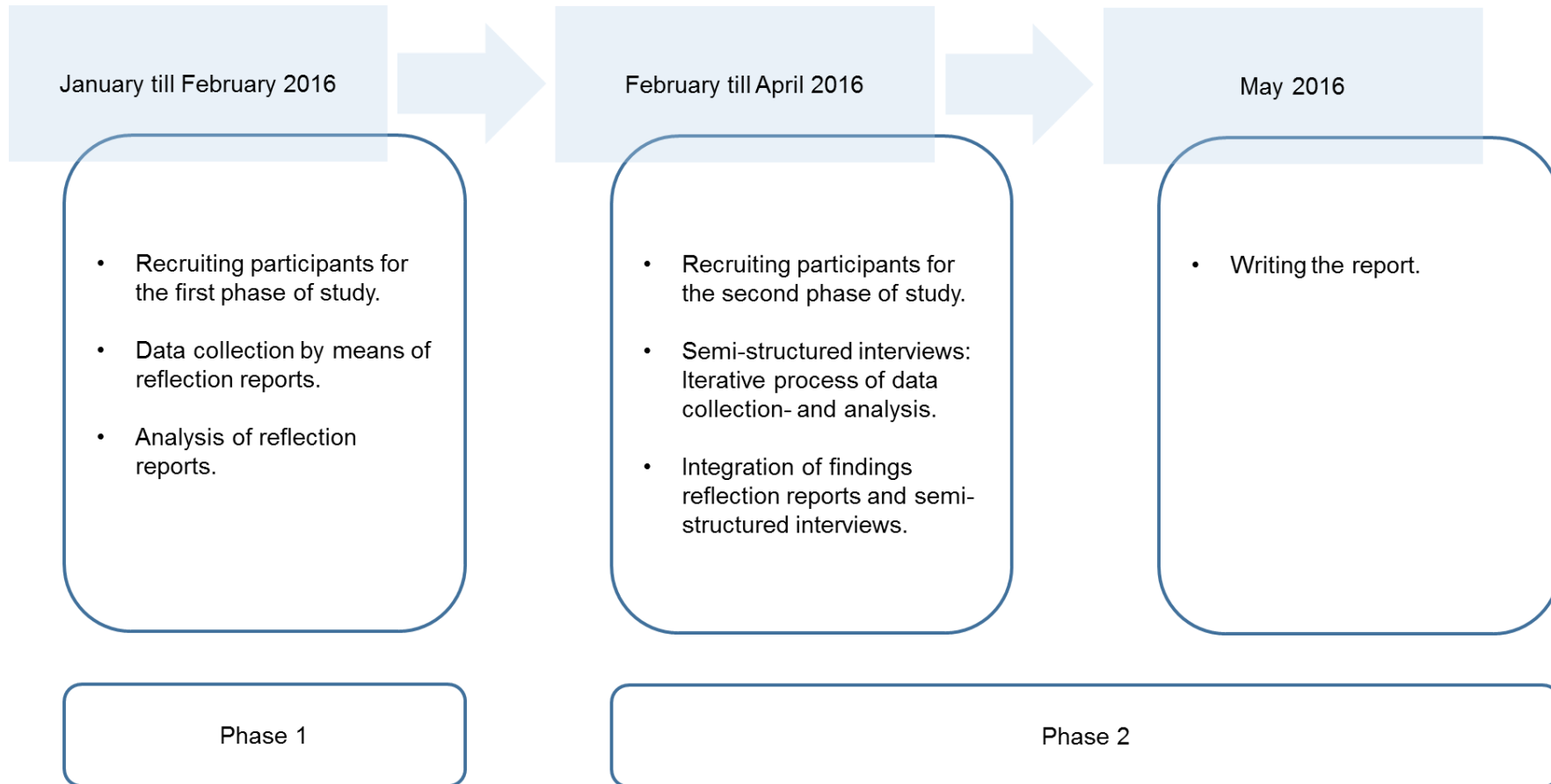


Figure 1: Time flow-chart

Table 1: Spiritual care assignment

The spiritual care assignment at which nursing students work during clinical practice consist of four components:

1. A theoretical orientation of the concept of spirituality and the spirituality issues and interventions regarding the clinical setting. The concept of spirituality should be defined and existential themes and problems which are relevant for the clinical setting should be described. At least two Dutch or English research papers should be used in this description.
2. The establishment of maximal three questions that the student can use to explore patients' spirituality. These questions should be based on the literature and discussed with the supervisor. On the basis of this three questions, students should interview a patient about spirituality and write a report about the content of the conversation.
3. A description of students' vision on spirituality, the consequences for care and the role of the nurse regarding spiritual care. Here the integration of theory and practice must be made explicit.
4. A reflection report in which nursing students reflect on their learning experiences. Students are allowed to give their own interpretation on the content of the reflection reports. There are no specific requirements at which the reflection report should meet.

Phase 1: Analyzing of reflection reports

Step 1

- Copy and anonymization of reflection reports.
- Read and re-read the reflection reports to become familiar with them.

Step 2

- Analyzing reflection reports by using open coding.

Step 3

- Sorting codes in potential themes until saturation was reached.

Phase 2: Analyzing of interviews and integration of findings from reflection reports and interviews

Step 1

- Making verbatim transcripts of the audio-taped interviews.
- Anonymization of the verbatim transcripts.
- Read and re-read the transcripts to get in touch with the data.

Step 2

- Analyzing transcripts by using open coding.

Step 3

- Sorting codes in potential themes until saturation was reached.
- Extending or deepening the existing themes from the reflection report analysis with the findings from the interviews.

Step 4

- Defining the themes by analyzing the data within them and identifying the essence of what the themes are about.

Step 5

- Giving each theme a name that shows the essence of the theme.

Step 6

- Writing a report of the worked-out themes.

Figure 2: Schematic representation of the data analysis process.(39)

Table 2: Participant characteristics

First phase of study (N = 30)	
Study programme	% (n)
- Full-time	90.0 (27)
- Part-time	10.0 (3)
Gender	
- Men	0.0 (0)
- Women	100.0 (30)
Clinical practice setting	
- Home care	46.7 (14)
- Mental health care	16.7 (5)
- Hospital care	36.7 (11)
<hr/>	
Age	M (SD)
- Full-time students	21.2 (1.11)
- Part-time students	28.7 (5.03)
- Total	21.9 (2.84)

Second phase of study (N = 9)	
Study programme	n
- Full-time	4
- Part-time	5
Gender	
- Men	1
- Women	8
Clinical practice setting	
- Home care	3
- Mental health care	3
- Hospital care	3
<hr/>	
Age	M (SD)
- Full-time students	20.3 (1.89)
- Part-time students	38.4 (12.56)
- Total	30.3 (13.11)

M = Mean, SD = Standard Deviation

Appendix A

Topic list and Interview guide

Research question: What is the meaning of an applied educational strategies in clinical practice regarding spiritual competence development from nursing students' perspective and which factors influence these learning experiences?

Topic	Main question	Examples of questions
Educational strategy	What is the meaning of the spiritual care assignment regarding spiritual competence development?	<ul style="list-style-type: none">- What did you think of the spiritual care assignment?- What were positive aspects of the spiritual care assignment?- And what were negative aspects of the spiritual care assignment?- What was the value of the theoretical orientation of the topic spirituality?- How did you experienced the interview with a patient about spirituality on the basis of three prepared questions?- How did you experienced it to formulate your own vision on spirituality? Where was your vision based on?- How did you experienced the support from school while working on the spiritual care assignment?- Did you discuss the spiritual care assignment with your supervisor?- To what extent did the spiritual care assignment influenced your feeling of competence to provide spiritual care?

- Did you met people who were a role-model of how you can provide spiritual care during your clinical practice? What was the meaning of those persons for your learning experiences?
- What are in your opinion possibilities to improve the spiritual care assignment?

The nursing process	<p>What is the meaning of the spiritual care assignment regarding spiritual competence development?</p> <p>Which factors influences the learning experiences?</p>	<ul style="list-style-type: none"> - What do you mean by spiritual care provision? - What was the meaning of the spiritual care assignment for you spiritual competence development? - Which factors influenced your learning experiences while working on the spiritual care assignment during clinical practice?
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'Real-life' situations	<p>What is the meaning of real-life situations during clinical practice regarding spiritual care development?</p>	<ul style="list-style-type: none"> - How did you provide spiritual care during clinical practice? - What does it mean to you to provide spiritual care in real-life situations during clinical practice?
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Awareness and use of self	<p>What is the impact of the spiritual care assignment on spiritual awareness and the attitude with which spiritual care is provided?</p>	<ul style="list-style-type: none"> - What was the contribution of the spiritual care assignment on your spiritual awareness? - What was the contribution of the spiritual assignment to the extent you dare to discuss spirituality with
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patient with different cultural- or spiritual backgrounds?

- How did you experienced discussing spirituality in relation to your own values and beliefs?
 - Did your vision on spirituality change during clinical practice? If so, how?
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Quality assurance and expertise improvement

What is the contribution of the spiritual care assignment to students' competences regarding quality assurance and expertise improvement in the area of spirituality?

- To what extent did the spiritual care assignment contribute to your competencies to improve the quality of spiritual care?
 - To what extent did the spiritual care assignment contribute to your competencies to improve the expertise of the nursing team in the area of spirituality?
-

Are there things you want to talk about in the area of spiritual care that not have been addressed yet?