Nursing claims to use holistic and person-centred models of care. This means paying equal attention to an individual’s physical, psychological, social and spiritual needs. While many nurses may feel comfortable addressing the more concrete aspect of people’s lives, spirituality is still seen as a something of a taboo.

The relevance and place of spirituality and spiritual care in nursing have been debated both within and outside the profession. Despite these differing opinions and positions there is no doubt that spirituality is now recognised as a fundamental aspect of nursing practice in the UK and beyond.

**Survey**

In March 2010 the Royal College of Nursing undertook an online survey of its members’ perceptions of spirituality and spiritual care (RCN, 2010). The survey was carried out over three weeks and more than 4,000 members completed it. It is the largest survey of its kind conducted within the international nursing community and the findings affirm that nurses working in a wide range of sectors and clinical settings, all of whom are undertaking diverse roles, consider spirituality to be an essential element of nursing practice.

Caution is needed as the response was very low, accounting for just 1% of the RCN membership. However, while the findings are not generalisable or representative of all nurses, they do provide some very valuable insights into respondents’ opinions and practices in these areas.

**Evidence**

Just over 83% of respondents agreed that spirituality and spiritual care are fundamental aspects of nursing care. Ninety per cent believed providing spiritual care enhances the overall quality of nursing care and more than 95% indicated they had encountered patient(s) with spiritual needs during the course of their nursing practice.

Interestingly, more than 92% of nurses indicated only “sometimes” being able to meet their patients’ spiritual needs. This figure seems high, but this may have been a result of the wording of the question rather than a true representation of practice.

Most nurses felt they required more education and training on matters associated with spiritual aspects of patient care and that the Nursing and Midwifery Council could do more to guide nursing practice in these areas. Despite this recognition of the need for more guidance, the new NMC Code (NMC, 2015) makes no reference to the spiritual dimension.

More than 2,000 comments were provided and analysis of these revealed many nurses were very tolerant and accepting of people’s personal beliefs. There was an acute awareness to treat all people individually and sensitively. Some participants expressed concern about the lack of guidance around the relationship between their personal beliefs and professional practice and the impact this may have on the delivery of nursing care.

It could be suggested that a failure to address the spiritual aspects of nursing may lead to the introduction of nursing models that are not truly holistic and person-centred, going against the recommendations in the Francis report (Francis, 2013).

**Implications**

The findings from the survey provide valuable insight into nurses’ perceptions of spirituality and spiritual care, raising questions about how or whether nurses should be prepared educationally to support patients with this fundamental dimension of nursing practice.

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**References**


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