Introduction

This narrative accompanies the figure: 'The Gold Standard Matrix for Spiritual Care Education'.
There are many definitions of a Matrix. EPICC defines it as:

'The cultural, social and political environment in which spiritual care competency develops'

How to use the Matrix?

On the right, the downward blue arrow illustrates the student journey from selection through to registration as a nurse/midwife.

STUDENT SELECTION

The way in which student nurses and midwives are selected varies across countries. For example, Ireland and Norway select on the basis of academic qualifications. Other countries, such as the UK, look for additional caring qualities such as compassion, empathy and warmth.

Personal spirituality of students, and their views on spirituality/spiritual care, impacts their development of spiritual care competency[1, 2] prompting consideration of selecting students based on these attributes.

THE ENVIRONMENT IN WHICH SPIRITUAL CARE COMPETENCY DEVELOPS

**Spiritual care competency does not develop in isolation.
It develops within a complex and dynamic environment (or 'amniotic sac'), which includes:
(a) the teaching and learning environment, (b) the student as a person, and (c) the clinical environment.**

Teaching & learning environment

Our research has highlighted factors that students said helped them in learning about spiritual care in university, such as: group discussions and having the chance to reflect on their beliefs/values, clinical experiences and life events[1, 2, 3, 4, 5].

Our research has also emphasised the importance of preparing personally and professionally[6] by learning from experiences; learning to know what's right and doing what's right in uncertainty[7], and seeking to get the right balance between the art and science of nursing and midwifery practice[8].

We have also found that students reflecting in, and on, practice (what went well/less well) is important in developing spiritual care competency together with clinical supervision and mentoring[6, 7].

Student as a person

Our research has demonstrated that students who scored highest in perceived spiritual care competency viewed spirituality and spiritual care broadly, not just in religious terms (SSCRS).

Students also scored highly on personal spirituality (spiritual wellbeing [JAREL] and spiritual attitude/involvement [SAIL]) and reported experience of personal life events (although weakly correlated with perceived competency)[1, 2, 3].

Students demonstrated preparedness for spiritual care[1, 6] (something that many qualified nurses say they lack[9]). Patients tell us that other attributes, such as personal warmth, compassion and empathy are also important for spiritual care. As spiritual care requires the ability to contain and deal with emotions, self-care is important.

Clinical Environment

Many factors influence students' spiritual care competency development in the clinical environment.

Caring for people (patients/clients) in clinical practice provides students with real life experiences and helps them to gain a deeper understanding of the complexity of spiritual care[2, 6].

The leadership style of the nurse in charge (micro level), together with whether practice is task-oriented or person centred[4], will influence to what degree students feel they can provide spiritual care. The ethos can infiltrate through the organisation as a whole (macro level) and will affect whether a student feels affirmed or undermined. Spiritual care can be seen as an 'add-on' (in which case there may not be time, especially if there is short staffing[10], or as integral to good nursing care (care given in a way that is spiritual[11]). How the wider and multi-professional team operates[10], together with role models (good and bad)[6] students see on a daily basis can also help or hinder spiritual care competence development of students.

Where there is lack of peace, quiet and privacy, it may hinder the delivery of spiritual care[10]. Often the clinical environment can be a turbulent and unpredictable place with competing demands and tensions between medical and holistic models of practice[10]. If there is emphasis on the biomedical model[10] then the main focus may be on 'doing' rather than 'being'. In other words, a focus on the science rather than the art[4] of nursing, and on measurable outcomes rather than the quality of care or the patient experience. It may be difficult to provide spiritual care in an organisation where the biomedical model prevails.

ASSESSED TO BE COMPETENT IN SPIRITUAL CARE AT POINT OF REGISTRATION

The student will then be assessed as to whether they have met the 4 competencies (outlined in the EPICC Spiritual Care Education Standard) before they register. Questions to considered here include:

(1) Who assesses whether the competences have been met (the student themselves, university lecturer, clinical supervisor, or all three)?

(2) Should the competencies be mapped against the 3 or 4 years of the degree (e.g., competency 1 during year 1, competency 2 during year 2, competencies 3 and 4 during year 3 and/or 4?).

References

[1] Ross, L., Giske, T., van Leeuwen, R., Baldacchino, D., McSherry, W., Narayanasamy A, … Schep-Akkerman A. (2016). Factors contributing to student nurses'/midwives' perceived competency in spiritual care. *Nurse Education Today, 36*, 445-451. doi: 10.1016/j.nedt.2015.10.005

[2] Ross, L., McSherry, W., Giske, T., van Leeuwen, R., Schep-Akkerman, A., Koslander T, … Jarvis, P. (2018). Nursing and midwifery students' perceptions of spirituality, spiritual care, and spiritual care competency: A prospective, longitudinal, correlational European study. *Nurse Education Today, 67*, 64-71. doi: 10.1016/j.nedt.2018.05.002

[3] Ross, L., van Leeuwen, R., Baldacchino, D., Giske, T., McSherry, W., Narayanasamy, A., … Schep-Akkerman, A. (2014). Student nurses perceptions of spirituality and competence in delivering spiritual care: A European pilot study. *Nurse Education Today, 34*, 697-702. doi: 10.1016/j.nedt.2013.09.014

[4] Ross, L., & McSherry, W. (2018). Two questions that ensure person-centred spiritual care. *Nursing Standard, 33*, 78-80. Retrieved from https://rcni.com/nursing-standard/features/two-questions-ensure-person-centred-spiritual-care-137261. Last accessed: 09/04/19.

[5] Ali, G., Snowden, M., Wattis, J., & Rogers, M. (2018). Spirituality in nursing education: Knowledge and practice gaps. *International Journal of Multidisciplinary Comparative Studies, 5*, 27-49.

[6] Giske, T., & Cone, P. (2012). Opening up to learning spiritual care of patients: A grounded theory study of nursing students. *Journal of Clinical Nursing, 21*, 2006-2015. doi: 10.1111/j.1365-2702.2011.04054.x

[7] Weeks, K., Coben, D., Lum, G., & Pontin, D. (2017). Developing nursing competence: Future proofing nurses for the changing practice requirements of 21st century healthcare. *Nurse Education in Practice, 27*, A3-A4. doi: 10.1016/j.nepr.2017.08.020

[8] Ross, L., & McSherry, W. (2010). Considerations for the future of spiritual assessment. In W. McSherry and L. Ross (Eds.), *Spiritual assessment in healthcare practice* (pp. 161-172). Keswick, Cumbria: M&K Publishing.

[9] Royal College of Nursing (2011). *RCN spirituality survey 2010*. Retrieved from https://www.rcn.org.uk/professional-development/publications/pub-003861. Last accessed 09/04/19.

[10] Ross, L. A. (1994). Spiritual aspects of nursing. *Journal of Advanced Nursing, 19*, 439-447. doi: 10.1111/j.1365-2648.1994.tb01105.x

[11] Clarke, J. (2013). *Spiritual care in everyday nursing practice. A new approach*. London: Palgrave Macmillan.