

Proposing a conceptual framework of spiritual care competence for Chinese nurses

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Abstract

Spiritual care competence of nurses is crucial to satisfy the spiritual needs of the clients, but the dearth of conceptual frameworks has hindered the clarification of the construct, especially for nurses in the People's Republic of China. This article developed a 3*3*3 matrix framework to clarify the components of spiritual care competence for Chinese nurses through the synthesis of existing empirical and theoretical work, which includes three aspects (awareness, understanding, and application) on three levels (intrapersonal, interpersonal, and transpersonal) of three contents of spirituality (namely, worldview, connectedness, and transcendence). The proposed framework can be used as a model to promote spiritual care competence of nurses in China. Adoption of the framework to guide studies would allow for the design of interventions for the attainment of this competence.

KEYWORDS

Chinese nurse, conceptual framework, spiritual care competence

1 | AIMS

Spiritual care competence of nurses is the key to ensure the quality of spiritual care but has not been clarified in Chinese context. This article aims to develop a conceptual framework of spiritual care competence (SCC) for nurses in the People's Republic of China to make this construct clear.

2 | BACKGROUND

Innate within all humans (Chirico, 2016; Deng, Deng, Liu, Xie, & Wu, 2015), spirituality is vital to health, thus an essential focus of the nursing profession. Spirituality benefits many biopsychosocial health outcomes (Agli, Bailly, & Ferrand, 2015), longevity, and health behavior (Cruz, Colet, Alquwez, Inocian, & Alotaibi, 2017), successful aging (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002), and cognitive function in old age (Fung & Lam, 2013). Meanwhile, spirituality can act as a protective factor and coping strategy when confronted with life challenges (Carnes, 2004; Ryff, Singer, & Palmersheim, 2004), and an essential resource to deal with illness (Balboni et al., 2010; Koenig, McCullough, & Larson, 2001;

Vahia et al., 2011). The underlying rationale of promoting health by spirituality may be the maintenance of whole-person balance via controlling stress and the simultaneous or sequential positive effect of reduced pressure on the cardiovascular system, neuroendocrine system, and immune function (Chirico, 2016).

As spirituality influences many people's experience, cognition, and the way they cope with difficulties in life (Agli et al., 2015; Kidwai, Mancha, Brown, & Eaton, 2014), the World Health Assembly added a spiritual dimension as an integral part of the WHO strategies for health (WHO, 1985). In the clinical area, satisfying the spiritual needs of a diverse population is essential for promoting health, preventing disease, and returning to health (Pullen, McGuire, Farmer, & Dodd, 2015). Therefore, it is essential for nurses, who work closely with clients, to possess SCC.

Unfortunately, in nursing practice, spiritual care has been underutilized (Taylor, Mamier, Ricci-Allegra, & Foith, 2017) even though most clients acknowledge the importance of spirituality and value the spiritual care offered by nurses (Ross, 2006). Nurses frequently lacked SCC and indicated that the reason was overwork (Pullen et al., 2015; Savel & Munro, 2014). Clark, Drain, and Malone (2003) reported meager ratings of satisfaction in spiritual care via a nation-wide survey of

1 732 562 clients in the USA. Taylor et al. (2017) adopted the Nurse Spiritual Care Therapeutics Scale to survey 1030 nurses online and found nurses rarely applied spiritual care therapeutics in their clinical care. Seventeen to thirty-three percent of respondents had not been implemented any spiritual assessments. Not assessing a client's spirituality and acting on that assessment might lead to a low quality of life (Ali, Marhemat, Sara, & Hamid, 2015), depression (Whelan-Gales, Quinn, Maloni, & Fitzpatrick, 2009), or high risk for spiritual distress, and could result in reduced health status (Taylor, Petersen, Oyedele, & Haase, 2015). Meanwhile, there is a fast-growing literature related to spirituality as evidenced by the number of articles in PubMed increasing from 146 in 2000 to 685 in 2019. However, the definition of spirituality remains inconsistent (He, 2017; Koenig, King, & Carson, 2012; Weathers, McCarthy, & Coffey, 2016), let alone the consistency in defining spiritual care or SCC. Thus, the conceptual framework of SCC needs clarification in order to find ways to enhance nurses' SCC and satisfy clients' spiritual needs.

In China and some other Southeast Asian countries, such as Thailand, Myanmar, people, including nurses, are less Christian orientated than those in Western countries (Zou & Cao, 2017). Often people in these countries cite fatalism and Karma rather than Christian beliefs to explain why one suffers from difficulties, unusual and uncontrollable situations in life (Yang, Narayanasamy, & Chang, 2012). Fewer nurses in such countries have a Christian orientation, they are likely less mindful of clients' spiritual needs compared to nurses in Europe and the Americas and may overlook a client's need for spiritual care in their practice (Dong, 2015). The lack of awareness of the spiritual needs of individuals can limit the quality of holistic care (He, 2017).

Because the concept of spirituality in China differs significantly from that in the Western context (Ng, Yau, Chan, Chan, & Ho, 2005), so does SCC. Until now, the only instrument measuring SCC, the Spiritual Care Competence Scale (van Leeuwen, Tiesinga, Middel, Post, & Jochemsen, 2009) was developed on the basis of an online qualitative, semistructured, and explorative literature review in the Dutch databases of Invert and Picarta and English databases of Medline and CINAHL (van Leeuwen & Cusveller, 2004), and was declared unsuitable for use with Chinese nurses since the foundation was the Western cultural norm (Wei et al., 2017). Thus, developing a Chinese-based framework is vital to clarify the concept among China's nurses and elsewhere where the orientation is not Christian.

TABLE 1 Definitions of spirituality from online dictionaries

No.	Online dictionary	Definition of spirituality	Key points
1	Longman Dictionary of Contemporary English (2017)	The quality of being interested in religion or religious matters.	Religious
2	Merriam-Webster (2017)	The character or state that is related to religion or religious matters; the character or state of being spiritual.	Religious Spiritual
3	Cambridge Advanced Learner's Dictionary & Thesaurus (2017)	The character that involves deep feelings and beliefs of a religious nature, rather than the physical parts of life.	Inner thought Religious Unphysical
4	English Oxford living Dictionaries (2017)	The quality of being concerned with the human spirit or soul as opposed to material or physical things.	Inner thought Immaterial/unphysical

3 | DESIGN

This article will describe the development of a conceptual framework through critical review and comprehensive synthesis of existing empirical and theoretical work.

4 | METHOD

Few studies are available on spirituality within China (Ng, Broekman, Niti, Gwee, & Kua, 2009), even fewer on the SCC of nurses, therefore, this paper will explore the components of adult spirituality from available literature, and synthesize the limited Chinese studies. Based on this, the concept of SCC will be clarified and consequently form the conceptual framework of SCC among Chinese nurses.

4.1 | Spirituality

Spirituality came from Latin "*spiritualitatem*" and French "*spiritualite*" (Online Etymology Dictionary, 2019a), meaning "quality of being spiritual." As "spiritual" related closely with "spirit," which meant "animating or vital principle in man and animals" (Online Etymology Dictionary, 2019b) in the middle-13th century, then "a nature, character" and sense of "essential principle of something" from the 1680s (Online Etymology Dictionary, 2019c), spirituality is vital to all the persons.

Starting in the 21st century, the literature on spirituality increased sharply. In PubMed alone, there were 10 066 articles through December 31, 2019.

Four definitions from online dictionaries were found through the Google search engine (see Table 1). All these definitions identified abstract characteristics such as an inner thought or an intrapersonal worldview rather than physical characteristics. Three definitions linked spirituality with religion.

Meanwhile, the terms "spirituality" combined with "concept analysis" were used to search articles within the title/abstract in the PubMed database from January 1, 2000 to December 31, 2019. Twenty-six articles were found. Seventeen were excluded because one was a corrigendum for a concept analysis (Ko, Choi, & Kim,

TABLE 2 Method, context, antecedents, attributes and consequences of concept analysis articles on spirituality (2000–2019)

No	Source	Method	Context	Antecedents	Attributes	Consequences
1	Newlin, Knafi, and Melkus (2002)	Rodgers (2000) evolutionary model approach	African Americans; 20 studies from the fields of nursing, psychology, and sociology	<ul style="list-style-type: none"> Cultural influences Life adversities Faith in God Divine intervention 	<p>Four dimensions:</p> <ul style="list-style-type: none"> Central, quintessential: super power, and transcendence Internal: link with super power External: link with others or organizations Consoling: a liberating source Transformative: a source of empowerment 	<ul style="list-style-type: none"> Divine reciprocity Heightened interpersonal connectedness Emotional equilibrium Empowering change
2	Oh and Kang (2005)	Schwartz-Barcott and Kim (1993) hybrid model approach	<p>Nursing: 65 articles in theoretical phase and 5 participants in the fieldwork phase through participant observation and in-depth interviews</p>	<p>Spirit (Enablers):</p> <ul style="list-style-type: none"> Introspection/reflection; Spiritual awareness; Interconnectedness 	<ul style="list-style-type: none"> Harmonious interconnectedness (intrapersonal, interpersonal, transpersonal) Integrative energies (dynamic force, resource) Transcendence (inward, outward, upward) Purpose & meaning of life (inner values and ultimate purpose) 	Physical, psychosocial, spiritual well-being
3	Buck (2006)	Chinn and Kramer (2004) method of creating conceptual meaning	Nursing: 14 definitions from articles	<p>Three factors of spirituality:</p> <ul style="list-style-type: none"> Self-discovery (intrapersonal) Relationships (interpersonal) Eco-awareness (transpersonal) 	<ul style="list-style-type: none"> Intrinsic experience of human—Not restricted to the cognitive ability Integrates metaphysical components of ontology (the nature of being) and teleology (the ultimate purpose or end) of the individual Transcended-self Corporeal and incorporeal connection (with others, nature, and a supreme being) Possibly contain religious structures and traditions 	<p>Integrated spirituality</p> <ul style="list-style-type: none"> Intrapersonal connection Interpersonal connection Transpersonal connection
4	McBrien (2006)	Walker and Avant (1995) model	Nursing: Articles from nursing and medical database	<ul style="list-style-type: none"> Pivotal life events Search for meaning 	<ul style="list-style-type: none"> Belief and faith Inner strength and peace Connectedness 	<ul style="list-style-type: none"> Feel hopeful Transcend self Possibly guilt or inner conflict
5	Sessanna, Finnell, and	Walker and Avant (2005) method	Nursing and health-related; 90 references,	<ul style="list-style-type: none"> Not offered 	<ul style="list-style-type: none"> Intrinsic, innate, and intrapersonal: Holy, divine, 	<ul style="list-style-type: none"> Not offered

(Continues)

TABLE 2 (Continued)

No	Source	Method	Context	Antecedents	Attributes	Consequences
	Jezewski (2007)		including definitions from 10 dictionary and 4 thesaurus, 2 managerial/business, 1 medical, and 73 nursing and health-related references		transcendence, godly, immaterial, heavenly, etc.;	
					<ul style="list-style-type: none"> Extrinsic, tangible, and interpersonal: church property or revenue, clergy, prayer, etc. 	
6	Vachon, Fillion, and Achille (2009)	Braun and Clarke (2006) qualitative thematic analysis method	End of life; 71 articles published from 1996 to 2007 in PsychINFO and MEDLINE databases	<ul style="list-style-type: none"> Not offered 	<ul style="list-style-type: none"> Meaning and purpose Transcend self Transcend a higher being Mutuality and communion Faith and beliefs Hope Attitude toward death Appreciate life Reflect upon fundamental values Dynamic nature of spirituality Conscious aspect 	<ul style="list-style-type: none"> Not offered
7	Lazenby (2010)	Philosophies of the philosopher & mathematician Frege (1951) and the American physician-philosopher-psychologist James (1982)	Cancer patients; Compare the definition of "spirituality" with "religion"	<ul style="list-style-type: none"> Not offered 	<ul style="list-style-type: none"> Not offered 	Spiritual well-being
8	Weathers et al. (2016)	Rodgers (1989, 2000) evolutionary approach	Multiple disciplines; 47 studies including theoretical and empirical literature from nursing, social work, psychology, other health-related sciences, and theology	<ul style="list-style-type: none"> Having a belief system or philosophical worldview Responsible for the spirit and daily life choices Experiencing a difficult life event, for example, illness or death 	<ul style="list-style-type: none"> Connectedness Transcendence Meaning in life 	<ul style="list-style-type: none"> Suffering relief, a sense of well-being, enhanced adversity adaptation and coping, inner peace and strength Positive feelings, for example, hopeful, motivated, empowered, love, joyful, compassionate, belonging, and assurance

(Continues)

TABLE 2 (Continued)

No	Source	Method	Context	Antecedents	Attributes	Consequences
9	Ko, Choi, and Kim (2017b)	Rodgers (2000) Evolutionary concept analysis	Fifty-seven (37 Korean, 20 English) studies in theology, medicine, counseling & psychology, social welfare, and nursing	<ul style="list-style-type: none"> Socio-demographic character Religious belief Psychological character Health-related status 	<p>Two dimensions, eight attributes:</p> <ul style="list-style-type: none"> Vertical dimension: intimacy and connectedness with God; holy life and belief Horizontal dimension: relationship with self (self-transcendence, life meaning and purpose, self-integration, self-creativity); relationship with others/neighbors/nature (connectedness, trust) 	<p>Positive:</p> <ul style="list-style-type: none"> Vertical dimension: God-centered life; Horizontal dimension: relationship with self (joy, hope, wellness, inner peace, and self-actualization); relationship with others/neighbors/nature (love life and expand the love to neighbors and the world); <p>Negative:</p> <ul style="list-style-type: none"> Guilt; Inner conflict; Loneliness; Spiritual distress

2017a), two focused on children's spirituality (Smith & McSherry, 2004) and spirituality in medical education (Nahardani, Ahmadi, Bigdeli, & Arabshahi, 2018), and the other 14 did not analyze this concept. The method, context, antecedents, attributes and consequences of the remaining nine articles are listed in Table 2. Among them, three analyses used the evolutionary model approach (Ko, Choi, & Kim, 2017b; Newlin et al., 2002; Weathers et al., 2016 and adapted by Rodgers [1989, 2000]), and two (McBrien, 2006; Sessanna et al., 2007) followed the Walker and Avant method (1995, 2005). Similar diversity appears in the antecedents, attributes, and consequences, such as the number of dimensions ranged from two (Sessanna et al., 2007) to eleven (Vachon, Fillion, & Achille, 2009).

To obtain the inclusive and structured components of the concept, all the critical points of the definitions from these concept analyses were coded and classified further (Table S1).

Each category was extracted from one key point corresponding to the partial content of the definition. For example, the first article by Newlin et al. (2002) defined spirituality first as "faith in an omnipotent, transcendent force" (p. 65), indicating the value was extracted and classified to a transpersonal worldview. It meant that the individual had a belief in a higher power or force, which was beyond all others (individual, another individual or groups of persons) and was all-powerful.

To structure the categories of spirituality in Table S1, we established a matrix of intra-, inter-, and transpersonal with a worldview, connectedness, and transcendence (Table S2). The worldview mainly indicated the viewpoints of meaning and purposes in life for the individual, others, and higher power or nature, namely, the value system of an individual. As nearly all of the concepts underpinning in this analysis came from a Western context, so did the structure of the concept.

Spirituality is influenced by culture (Sinclair, Pereira, & Raffin, 2006; Taylor, 2001) and expressed in diverse ways based on culture and to some extent religion (Taylor et al., 2015). According to the latest statistics from the State Administration for Religious Affairs of China (2014), only 7.7% (0.1 billion) of Chinese living in China had a religious affiliation. Yuen, Lee, and Leung (2016) found that nearly 70% of Chinese-speaking adolescents in Hong Kong had no religious beliefs.

Meanwhile, despite being dominated by secular thinking (Yuan & Porr, 2014), Chinese people are influenced by the dramatic social changes of globalization (Mou, 2017). Also, the philosophies of Confucianism, Buddhism, and/or Daoism are deeply embedded in Chinese people. However, many Chinese people may not be aware of or want to acknowledge the influence of these philosophies on their lives (Hsu, O'Connor, & Lee, 2009; Lee & Yang, 1998; Woo, 1999; Yuan & Porr, 2014). China is a multi-cultural country with ethnic Han and 55 other minority groups, creating a unique culture within China (Bowman & Singer, 2001).

Articles encompassing both "spirituality" and "Chinese" in the title or abstract were searched in PubMed within the publication dates of January 1, 2000 to May 13, 2018 to explore spirituality in Chinese people within the medical and nursing field. Ninety-one papers were identified initially. Eighteen were deleted as irrelevant to spirituality after carefully reviewing the titles. The abstracts and articles of the

remaining 73 articles were read thoroughly. Only three original definitions of spirituality were extracted (Chiu, 2001; Mok, Wong, & Wong, 2010; Ng et al., 2005). Other definitions were borrowed from others' or were a definition of another relevant concept, such as, spiritual needs (Deng et al., 2015; Hsiao, Gau, Ingleton, Ryan, & Shih, 2011; Lin et al., 2015). One additional original definition was found from the reference list of a related article (Chao, Chen, & Yen, 2002). The method, context, definitions, or themes or essence of these four definitions are listed in Table S3. Exploration of the structure of the concept was accomplished through the analysis, coding, and classification of all the components of the definitions, themes, or essence and presented in Table S3.

Comparison of Western and Chinese definitions of spirituality reflected that the emphasis within a Chinese context was more on individual inner peace through connection and harmony with self, others, and nature or a superior being. Moreover, the categories of spirituality which covered in Chinese people were mostly intra-, inter- and transpersonal connectedness and transcendence, with the worldview embraced inside these two contents. Thus, the categories of Chinese definitions of spirituality are similar to those in Western countries, but the focus and the components are different.

Based on the analysis of these definitions, the concept of spirituality in the Chinese context is defined as an integration of three levels (intrapersonal, interpersonal, and transpersonal) of three contents (worldview, connectedness, and transcendence). The worldview concentrates on the individual's viewpoints about self, others, a higher being or nature, especially upon the meaning of life; connectedness means a linkage with self, others, and a higher power or quality; and transcendence indicates going beyond the relationship with self, others, and current suffering or confusion.

4.2 | Spiritual care competence

SCC is the ability to provide spiritual care; therefore, competence is reviewed first.

4.2.1 | Competence

The word *competence* was derived from a French word *compétence*, which found its root in a Latin word *competentia*, meaning "adequate range of capacity or ability, sufficiency to deal with what is at hand" from 1790 (Online Etymology Dictionary, 2019d). Around 1824, this concept became popularly used (Valloze, 2009) and English Oxford Living Dictionaries (2019) defines it as "the ability to do something successfully or efficiently."

Gonczi (1994) provided three ways to clarify competence: (i) exploring through task-related skills; (ii) involving all the essential attributes of effective performance; or (iii) defining collectively the general attributes (that is, knowledge, skills, and attitudes) that are elements of professional practice. The third way proposed by Gonczi (1994) is more structured and feasible to achieve and consistent with

the structure of SCC of Hodge as a set of knowledge, attitudes, and skills related to spirituality (Hodge, 2004). Meanwhile, this defining way (Gonczi, 1994) also aligns with the definition of the Australian Nursing and Midwifery Council (ANMC) (2006, p. 10) that competence of the registered nurse is "The combination of skills, knowledge, attitudes, values, and abilities that underpin effective and superior performance in a profession/occupational area."

As spirituality is an abstract concept, to define all the skills and abilities that are necessary to understand and implement the care for spirituality is difficult. Therefore, the application will be adopted instead, which embraces both skills and abilities. Attitudes overlap or intersect with values, and spirituality has the intrinsic characteristic, so awareness is more suitable than attitudes for spirituality. Understanding is more appropriate than knowledge of spirituality. Thus, competence in this study could be identified in three aspects: awareness, understanding, and application.

4.2.2 | Spiritual care competence

By the analysis of spirituality, competence, and spiritual care above, SCC should incorporate awareness and understanding of clients' spiritual needs, and application of appropriate interventions to promote their spiritual well-being.

4.2.3 | Awareness

To be sensitive to the clients' spiritual needs and capable of assessing them comprehensively. Nurses should develop the awareness competence of the clients' spiritual needs, as awareness is the precondition and determinant of spiritual care (Deng et al., 2015; Sawatzky & Pesut, 2005). The awareness should cover not only clients' spirituality and spiritual needs but also the spirituality of nurses to avoid confusion with or imposition on the clients' spirituality. Through awareness, the clients' spiritual needs could be acknowledged in advance to prevent nurses and other health care professionals being passively

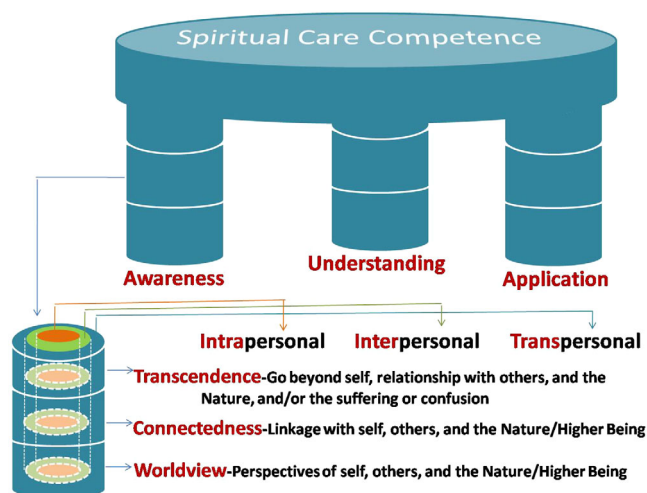


FIGURE 1 Conceptual framework of spiritual care competence

enlightened by an unexpected crisis in the clients' spiritual life (Leonard & Plotnikoff, 2000). To raise awareness, nurses need to know more about diverse culture and religion (Hsiao et al., 2011), should be whole-heartedly present with clients (Plotnikoff, MDiv, & Dandurand, 2018; Savel & Munro, 2014) to grasp the fleeting expressions of the client's spiritual needs, and bracket their own to respond to the clients' (Plotnikoff et al., 2018).

4.2.4 | Understanding

To empathically comprehend the spiritual needs of clients, simultaneously or following awareness, nurses need the ability of perception to identify these spiritual concerns. Also, nurses should be conscious of their values, which serve as one's guiding principles and expressed as ultimate concerns about purpose, meaning, and existence (Zhang et al., 2014) and not impose them on the clients. Otherwise, the nurse may offend and break rapport with clients.

4.2.5 | Application

To implement spiritual care, implementation of all the relevant knowledge or skills in individualized attention is critical. Edwards, Pang, Shiu, and Chan (2010) concluded from a systematic review that spiritual care permeated all aspects of care, which could be seen from the manner of care delivered, such as being present, accompanying, listening, connecting, creating openings, and mutual sharing. To achieve spiritual care, caregivers must have the capacities to apply several skills (e.g. communication skills, caring attitude, therapeutic methods) into practice, which could support clients and empower them to satisfy their spiritual needs.

5 | CONCLUSIONS

Based on this review, spirituality has three levels (intrapersonal, interpersonal and transpersonal) and three aspects (worldview, connectedness, and transcendence). SCC is a set of awareness, understanding, and application related to spirituality. Therefore, referring to the defined structure of Hodge and Bushfield (2006), the conceptual framework of SCC could be constructed and depicted in Figure 1.

The core is SCC, which is composed of three integrated aspects (abilities of awareness, understanding, and application). For each element, there are three levels (intrapersonal, interpersonal, and transpersonal level) of three contents of spirituality (worldview, connectedness, and transcendence).

6 | RELEVANCE FOR CLINICAL PRACTICE

Based on this proposed conceptual framework, the components of SCC are constructed and clarified, which could be adopted to develop

a useful instrument to assess the nurses' competence level of spiritual care in China. Meanwhile, this framework could pave the way to generate targeted initiatives to promote the SCC of Chinese nurses according to the result of the assessment. Also, the framework could be used as a blueprint to design and evaluate relevant training programs to enhance SCC among clinical nurses. Though spiritual care is just mentioned in "Palliative care practice guideline (Trial)" by National Health and Family Planning Commission (2017) in China, it is likely that an awareness of the importance of SCC will increase, which will lead to more comprehensive evidence-based practice guidelines. All these endeavors will help to advance progress in the discipline and result in better health outcomes.

To summarize, we developed a conceptual framework of SCC and expected it to enrich the knowledge of the nurses and subsequently enhance nursing practice. Based on this framework, the development of valid instruments and effective interventions could transform holistic nursing in China and benefit the clients. The framework itself will also need further verification.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

AUTHOR CONTRIBUTIONS

Study design: Y.C. and W.K.

Data collection: Y.C. and M.P.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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