Exploring the contribution of the EPICC Spiritual Care Competency Self-Assessment Tool in a Dutch nursing education program

1. Introduction

Over the last generations, spirituality and spiritual care have become significant areas of research in health care (McSherry et al., 2021, p. 22; Rykkje et al., 2021). The importance of spirituality comes to light in situations where distress, questions and needs concerning illness and health, care and treatment, life and death arise (Cone & Giske, 2022; Van Leeuwen et al., 2019; Gijsberts et al., 2019). Health care workers report struggling to grasp what spirituality is due to the close affiliation with religion (Jones et al., 2021; Hawthorne & Gordon, 2019; Cone & Giske, 2022; Nolan et al., 2011), which was also my own experience. Spirituality is a broad concept and literature shows many attempts to define it (Hawthorne & Gordon, 2019; Harrad et al., 2019;). In this PhD-project, the definition developed by the European Association of Palliative Care (EAPC) serves as the working definition. It states (Nolan et al., 2011, p. 88):

> Spirituality is the dynamic dimension of human life that relates to the way people (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or to the sacred.

Spirituality is multidimensional and includes (Nolan et al., 2011, p.88):

> 1. Existential challenges (e.g., questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy);
> 2. Value-based considerations and attitudes (e.g., what is most important for each person, such as relations to oneself, family, friends, work, aspects of nature, art and culture, ethics and morals, and life itself);
> 3. Religious considerations and foundations (e.g., faith, beliefs and practices, the relationship with God or the ultimate).

Spiritual caregiving is defined as follows (Van Leeuwen et al., 2020 p.9):

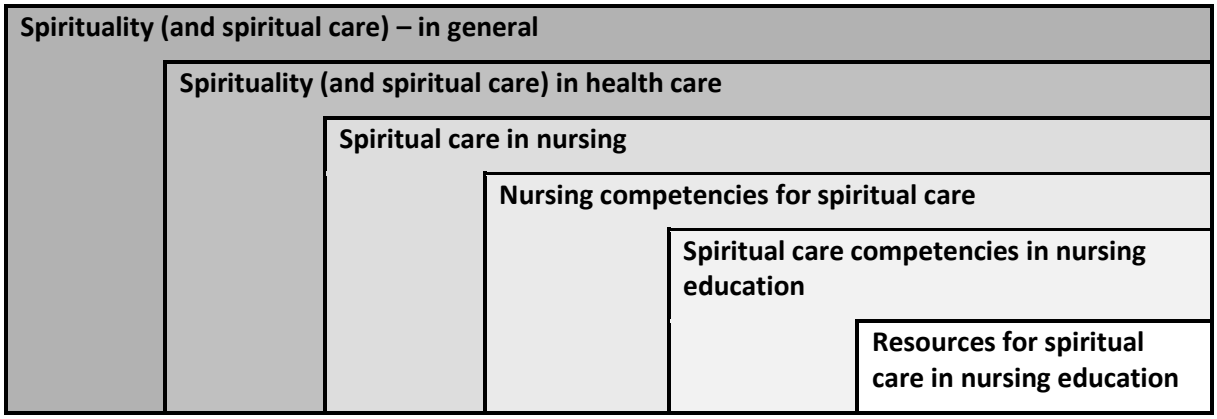
> Care which recognizes and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener.

Internationally, spirituality and spiritual care provision has been regarded as standard for 'good health care practice' by many health care practitioners, e.g. nurses, doctors, social workers, chaplains, psychologists and others (Whelan, 2019; Rykkje et al., 2021). Professional standards acknowledge the significance of whole person-centered care approaches, respecting the individuality and uniqueness of the patient (Whelan, 2019 p.168; Huber, 2011). Because of the impact spirituality has on health, every worker in healthcare should support the spiritual health of patients (Jones et al., 2021; Gijsberts et al., 2019; Damen et al., 2022; Cusveller et al., 2020).

According to the International Council of Nurses (ICN) (2021), nurses have the duty to acknowledge and respect the patient's values and religious and spiritual beliefs (ICN, 2021). They need to be competent in providing spiritual care (ICN, 2021). Beyond respect, nurses are expected to support patients in their spiritual practices and beliefs as well in their spiritual distress and needs. That means, nurses have to possess and show integrated knowledge, skills and attitudes (ICN, 2021) to practice safely and ethically to help patients grow from spiritual distress to spiritual well-being (Jones et al., 2021; Whelan, 2019). These competences have been well described in the nursing literature (McSherry et al., 2021; Van Leeuwen et al., 2020; Ross et al., 2018). As for all areas of professional competencies, nurses need to come prepared for their role and responsibilities during their study. Hence, the ICN calls for teaching and facilitating education in spiritual care (ICN, 2021). However, research findings demonstrate a lack of integration of spiritual education in health care curricula (Rykkje et al., 2021; Whelan, 2019; Ali et al., 2018). Nurses continue to report lack of required competence and awareness for spiritual care (Rykkje et al., 2021; Jones et al, 2021; Whelan, 2019) and they have not learned how to integrate spiritual care in their work (Harrad et al., 2019; Hawthorne & Gordon, 2019; Ali et al., 2018). How educational resources, tools, and strategies contributes to the development of nurses' and other health care professionals' competencies for spiritual care remains to be explored (Jones et al., 2021; Rykkje et al., 2021).

My research is located within the areas of spiritual care in health care and nursing education. My area of interest is to explore resources for spiritual care education to build competences for spiritual care in nursing students, see Figure 1.

Figure 1. Locating the area of my research within its broader context



2. Previous research/contribution to the field

Literature indicates that increased awareness and openness toward spirituality and improved knowledge and skills related to spiritual care benefits the recipients of healthcare (Rykkje et al., 2021; Whelan, 2019; Ali et al., 2018). Much research has been carried out amongst European nurses, nurse educators and researchers since 2010 (Ross et al., 2014; Ross et al., 2016; Ross et al., 2018), which was continued in the ERASMUS+ project 20216 – 2019 and resulted in the so-called EPICC-network. EPICC stands for Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care. The aim was to develop a standard for nursing competence in spiritual care (McSherry et al., 2021). In this network VID University in Norway and my employer Viaa University in The Netherlands are participants.

The EPICC project (Van Leeuwen et al., 2020), as well as other research (Ahmadi et al., 2022; Rykkje et al., 2022; Jones et al., 2021; Ali et al, 2018; Caldeira et al., 2016) confirm the challenge to address spiritual care in nursing education. A literature review by Harrad et al. (2019) found several resources and learning strategies concerning spiritual care and assessment, like personal reflection and case discussion, clinical assignments, and classroom teaching (Harrad et al., 2019). Research indicates it is essential for spiritual care learning to raise awareness about spirituality (Rykkje et al, 2021 p. 1461;

Whelan, 2019 p. 172), so reflection is often a preferred teaching method (Cone & Giske, 2022; Van Leeuwen et al., 2021), which should be mandatory (Rykkje et al., 2021) and integrated in curricula (Ahmadi et al., 2022; Price, 2019). It remains to be explored how and why exactly such strategies and experiences of nursing students are important (Jones, et al., 2021; Price, 2019).

In 2019, the EPICC project resulted in a Spiritual Care Competence Standard with four areas of competencies: 'intrapersonal spirituality', 'interpersonal spirituality', 'assessment and planning' and 'intervention and evaluation' and outlined key areas of knowledge, skills and attitudes per competence. These competencies serve as terms of reference to assess nursing students' abilities to provide spiritual care (Van Leeuwen et al., 2020; Ross et al., 2018). On the basis of this standard a self-assessment tool for nursing students has been developed by a research team lead by the VID group Spiritual Care, Education and Practice Development (SEP) (Giske et al., 2022). This EPICC Spiritual Care Self-Assessment Tool (or 'EPICC Tool') has been tested for validity and reliability in a sample of nursing students in five countries (Giske et al, 2022). The EPICC Tool is available on the website of the EPICC- network and translated, among others, into Norwegian and Dutch, see also attachment 6B and 6C. Nursing students can use this self-assessment tool to explore their competency on spiritual care and as guidance to formulate a learning goal on how to develop in this area. Raising awareness is fundamental in spiritual caregiving (Cone & Giske, 2022; Rykkje et al., 2021; Giske & Cone, 2012). According to Hawthorne & Gordon (2019) nursing students can be supported in acquiring spiritual competence by integrating holistic nursing core concepts into nursing curricula, adopt the use of self-assessment tools that encourage students to explore their own spirituality, and engage in reflection activities. However, it is not yet known what the structural implementation of these tools in nursing curricula contributes to the development of spiritual care competence in nursing students (Ross et al., 2022).

This PhD- project's contribution to existing research is to implement and explore the mandatory use of the EPICC Tool in the nursing education at Viaa University. Outcomes of this study could be relevant to other health care professionals and educators, such as chaplains, general practitioners (family doctors), social workers and others (Whelan, 2019; Rykkje et al., 2021; Jones et al., 2021; Damen et al., 2022; Cusveller et al., 2020).

3. Research questions

The main objective of this PhD-project is to explore how the implementation of the EPICC Tool in a nursing education contributes to the development of spiritual care competencies in nursing students.

The three research questions are:

1. What are the strengths and challenges regarding spiritual care competencies reported by nursing students in five countries testing the EPICC Tool?

2. What are the nursing students' experiences regarding their development of spiritual care competencies when using the mandatory EPICC Tool implemented in their education?

3. What results does the EPICC Tool report about the development of spiritual care competencies in nursing students when implemented in nursing education?

4. Theoretical perspectives

Learning a (nursing) profession is facilitated by competency-based education, which appeals to knowledge, skills and attitudes needed to perform tasks in the (future) profession (ICN, 2021; Merriënboer, 2019; Paal et al., 2014). In the curriculum of Viaa University this learning process is shaped by the Four-Component Instructional Design Model (4C/ID model) (Merriënboer, 2019). In

short, this model presents at the beginning a picture of what the student should be able to do at the end of the education. During education, substantive building blocks are offered and process-based reflection moments are used to determine what is needed to achieve the final level (Merriënboer, 2019).

In order to structure those process-based reflections on professional competencies, Viaa University included a so-called Personal Professional Development-line (PPD-line). Throughout the four-year bachelor nursing program at Viaa University, students are monitored and supported in their personal and professional development, in groups of 12 students, led by the same tutor over the four years (PPD-tutor). 'Scaffolding' (Merriënboer, 2019; Kurt 2020b) is the theoretical concept used in the PPD-line, which is the gradual release of responsibility, that allow students to gain independence in learning tasks as they reach their goals (Kurt, 2020b). This type of learning process is based on the Socialcultural Theory of Vygotsky (Kurt, 2020a; Kurt, 2020b), the core of which is, that learning occurs after reflection on the current level of development in close proximity of more knowledgeable others, such as a PPD-tutor or peers (Kurt, 2020a, 2020b; Wong, 2023).

The emphasis on reflection on spiritual competencies in the PPD-line is due to the holistic Neuman Systems Model (Merks & Verberk, 2021; Neuman, 1996), a 'grand nursing theory', which is the 'blueprint' lying below the Bachelor Nursing curriculum of Viaa. It states spirituality is a variable of being human present in every situation of nursing (Merks & Verberk, 2021), consequently reflection on spiritual competencies is necessary to develop professionally. This reflection is supported by the EPICC Tool.

5. Method(s)

Research Question 1 (RQ1)

When testing the EPICC Tool with an online questionnaire about the knowledge, skills and attitudes belonging to the four competencies of spiritual care, open questions were added to explore students' self-reported strengths and challenges regarding spiritual care. In total, 323 nursing students from the US, Ghana, the Netherlands, Norway, and the UK (England and Wales) completed their self-assessment (Giske et al., 2022) and provided rich data, which were analyzed with the reflexive thematic analysis (RTA) approach (Braun and Clarke, 2019). Results are published (Cone et al., 2023).

Background for Research Question 2 (RQ2) and Research Question 3 (RQ3)

In the mandatory part of the curriculum, the PPD-line, students have to study theories that help them grow in personal aspects to become leaders of their own development and achieve professional competencies, in group meetings they engage in discussions and role play, besides having one-on-one meetings with their PPD-tutor. In the 1st year students meet 12 times with their group and 4 times individually with the PPD-tutor. In the 2nd year they continue to meet, but less often, namely 6 times with the group and 3 times individually with the tutor. In the 3rd and 4th year are no group meetings, but they have at least 1 meeting with the tutor per year. If necessary, more meetings may be requested on a voluntary basis, which is made visible in Table 1.

Table 1. Overview of PPD-line in education with group- and individual meetings

PPD-line	**Group sessions/year**	**Individual meetings with PPD-tutor / year**	**Optional individual meetings with PPD- tutor/ year**
Year 1	12	3	Based on student needs
Year 2	6	2	
Year 3	0	1	
Year 4	0	1	

Based on the results of Cone et al. (2023) and the advices of a participatory action research (Hovius et al., 2023) and after approval of the Board of the Viaa Academy of Health Care the EPICC Tool is implemented in the PPD-line as a mandatory tool for self-assessment, reflection and discussion. In year 3, a link is made with an internship assignment to transfer spiritual care directly to the clinical setting. During education are six moments of self-assessment with the EPICC Tool from Year 1 to 4. Each moment is followed by a meeting with the PPD-tutor, a reflection assignment or clinical assignment, which is visualized in Table 2.

Table 2. Operationalization of data collection with EPICC Tool within the PPD- line and clinical practice

Data collection	**EPICC Tool assessment**	**Followed up by**	**Ending in assignment**
1	PPD Year 1, before lesson 9	Classroom Q and A about spiritual care concepts Prepare meeting with learning goal regarding spiritual care	Meeting with PPD-tutor
2	PPD Year 2, before lesson 1	Prepare meeting with learning goal regarding spiritual care	Meeting with PPD-tutor
3	PPD Year 2, after lesson 6	Write and reflect about development spiritual competencies and prepare learning goal next year regarding spiritual care	Reflection assignment for PPD- tutor
4	Year 3, semester 1/2 before start clinical practice period	Prepare clinical assignment about spiritual care in clinical setting	Reflection assignment and meeting with faculty and/ or preceptor
5	PPD Year 3, end of semester 2	Write and reflect about development spiritual competencies and prepare learning goal next year regarding spiritual care	Reflection assignment for PPD- tutor
6	PPD Year 4, end of semester 2	Prepare meeting with reflecting on spiritual competencies and prepare learning goal for spiritual care	Meeting with PPD-tutor

Giske et al. (2022) and Cone et al. (2023) provide both quantitative and qualitative data of 323 nursing students from five countries having used the EPICC Tool once. These data will be used as baseline. The population of those studies reported great similarity in outcomes of the EPICC Tool and self-reported strengths and challenges regarding spiritual care competencies (Cone et al, 2023; Giske et al, 2022) which makes the Dutch Bachelor Nursing students of Viaa University comparable to that population.

Research Question 2 (RQ2)

When students of Year 2, 3 and 4 have used the EPICC Tool at least twice, they will be interviewed (after informed consent) individually with semi-structured in-depth interviews (N=6 per year, N= 18 in total) about their experiences with the EPICC Tool in the PPD-line, during academic season 2024/2025. Semi-structured interviews will be appropriate, because of the personal development of the individual student (Verhoeven, 2022; Eelderink, 2020). Their input will be analyzed qualitatively

with the RTA method (Braun & Clarke, 2019; Verhoeven, 2022) to explore factors that promote (and not promote) teaching and learning spiritual competence during their education using the mandatory EPICC Tool.

Research Question 3 (RQ3)

During academic seasons 2023/2024 and 2024/2025, student scores using the EPICC Tool in the PPD-line in Year 1 to 4 will be monitored. The result is a quantitative semi-longitudinal dataset of student development as reported by this self-administered self-assessment online survey. Demographic information such as year of study, age, gender, pre-education and religious affiliation will be collected to explore differences in self-score in this group (Ross et al., 2022; Price, 2019). These questions have been added as optional questions. Using software package SPSS, descriptive statistics will be applied to report the self-scores of students. As with the survey for RQ1, three open questions will be added to the questionnaire in order to collect qualitative input from the students about their development. These will be analyzed also with the RTA method (Braun & Clarke, 2019; Verhoeven, 2022) to investigate factors that (may or may not) contribute to the development of spiritual care (Rykkje et al., 2021; Wong, 2023).

In Table 3 is given a summary of the three studies of this PhD-project.

Table 3. Summary of studies

Research question	**Respondents**	**Methods**	**Analysis**	**Publication**
1. What are the strengths and challenges regarding spiritual care competencies reported by nursing students in five countries testing the EPICC Tool?	Bachelor nursing students in five countries (n=323)	Cross-sectional survey including open-ended questions	Descriptive quantitative analysis of scores and background variables with SPSS Reflexive thematic analysis (RTA) of open questions	Article published in Nursing Open (Cone et al., 2023)
2. What are the nursing students' experiences regarding their development of spiritual care competencies when using the mandatory EPICC Tool implemented in their education?	Dutch bachelor nursing students at Viaa University from Year 2, 3 and 4 (n=18)	Cross-sectional individual semi-structured in-depth interviews	Qualitative analysis (RTA) of transcribed interviews	Article in Journal of Advanced Nursing, Journal of Clinical Nursing, Journal of Nursing Education and Practice or Nurse Education Today as first author
3. What results does the EPICC Tool report about the development of spiritual care competencies in nursing students	Dutch bachelor nursing students at Viaa University from Year 1 to 4 (~250 p/y)	Longitudinal online survey (two years) including open-ended questions	Descriptive quantitative analysis of scores and background	Article in Journal of Advanced Nursing, Journal of Clinical Nursing, Journal of Nursing Education and

when implemented in nursing education?			variables with SPSS Qualitative analysis (RTA) of open questions	Practice or Nurse Education Today as first author

6. Research ethics assessments

In this PhD- project, nursing students are involved as respondents. Before each assignment with the online EPICC Tool, students and tutors are informed that aggregated and anonymized data will be used for the evaluation of developing competencies of spiritual care during their education. For students who do not want to take part in the study, there are no repercussions. They will be offered to fill in the EPICC Tool on paper. The researcher is not an educator in the PPD-line, so there are no conflicts of interests with students nor educators. Research policy at Viaa University prohibits a researcher from relating data to individual students. In order to follow the progress of individual students, data gathered by the online survey for the semi-longitudinal study will be anonymous traceable with a personal formulated code, which doesn't say anything to the researcher. Individual interviews with students will be held after informed consent (Verhoeven, 2022).

Ethical approval for RQ1 was obtained in all five countries according to the regulations in each country. Ethical approval will be applied in Norway from SIKT for RQ2 and in the Netherlands for RQ2 and 3 according to Viaa policy. Written approval of the study has been given by the Board of Viaa University. Approval implies compliance with university policy. A data management plan will be submitted to the relevant coordinator at Viaa University. Furthermore, the PhD-student is to be supervised by the leader of the Viaa research group Spirituality & Nursing Care, Dr. Bart Cusveller, including peer-review by the research team, at the start, middle and end.

7. Relevance to the PhD program

Teaching students professional practice of spiritual care in relation to their personal religion and values brings this PhD-projects into the area of 'Diaconia, Values and Professional Practice'.

- Diaconia: Viaa University is a Christian University, that comes from the 'diaconal tradition of nursing', that is 'caring for the vulnerable and weak'. More than half of the students have a Christian background.
- Values: in accordance with national and international nursing codes and standards, nurses carry personal responsibility and accountability for ethical nursing practice including caring for patients and families values and belief systems (ICN, 2021 code 2.1).
- Professional Practice: spirituality is multidimensional with existential, value based and religious considerations (Nolan et al., 2011) and relevant to every health care worker, as mentioned before. Giving spiritual care and respect to religious and spiritual beliefs is a contribution to interprofessional practice in health care, chaplaincy and social work (ICN, 2021 code 1.2 and 1.8; Whelan, 2019; Rykkje et al., 2021; Jones et al., 2021; Damen et al., 2022; Cusveller et al., 2020).

8. Thesis type

The thesis will be article based, each article answering one research question (Table 3). The first has been published, the second article should be submitted by the end of 2024, and the third by the end of 2025. Relevant journals for publications are Journal of Advanced Nursing, Journal of Clinical

Nursing, Journal of Nursing Education and Practice, and Nurse Education Today. The dissertation will be prepared in 2026.

9. Progress plan (including stay abroad)

Before application for this PhD study, the candidate's work already started in 2020, as a fellow of the first supervisor's research group in Norway and the second supervisor's research group in The Netherlands. The publishing of RQ1 has been completed in Nursing Open as a second author. Given the PhD-student's expertise and appointment in this research context, it is reasonable to expect three more years suffice to finalize the PhD-study with the required coursework and international experience, and articles on RQ2 and RQ3 as first author.

Table 4. Planning of studies PhD

Studies PhD	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027
RQ1 Test (Art 1)					
Coursework					
RQ2 Interviews (Art 2)					
RQ3 Tool (Art 3)					
Dissertation					

Starting September 1st, 2023, completion of the dissertation would take place by the end of 2026. In short, see Table 4 and for more details, see attachment 4 of the planning of the PhD-project, including all the preparation for this PhD in 2020-2022. This shows two meetings for supervision per year, which are in-person meetings on-site in either Norway of The Netherlands; in addition regular supervision meetings will be held online. Initial plans for staying abroad are discussed, and relevant universities to visit that carry out spiritual care research related to education are in Dublin, Belgium, Portugal, Salzburg or California.

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