

## WHAT DO NURSING STUDENTS UNDERSTAND BY SPIRITUALITY AND SPIRITUAL CARE?

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*Abstract: The assumption that nursing students have an understanding about the nature of spiritual care requires examination especially in an environment which expects nurses and other health care staff to provide spiritual care. Unfortunately there is little by way of spiritual education in nursing courses. This article describes a case study of nursing students' understandings of spirituality and experiences of spiritual education. The focus is on a particular method of data collection from the larger study, the nominal group technique, and discussion surrounds its use, analysis and findings.*

*Key words: spirituality, spiritual education, spiritual care, case study*

### Introduction

The rising interest in spirituality coupled with the expectation that health care professionals provide spiritual care stems from various sources — including public interest, policy makers and professional requirements. This interest represents a significant change to the value placed on spiritual care in health and well-being. For example, the Scottish Government Health Department (SGHD) policy documents for spiritual care in NHSScotland state that spiritual care is integral to healthcare and that all Health Service staff are spiritual care providers (SEHD, HDL (2002) 76) and SGHD, CEL (2008) 49). The SGHD recognises the need for staff to be educated in spiritual care in order to improve their provision of spiritual care and underlines their responsibility to deliver spiritual care in its broadest sense, respecting the dignity, humanity, individuality and diversity of Scottish people (NES 2009). Therefore it is incumbent on those who are involved in the education of health care students and staff to provide spiritual education.

Within the nursing profession there is a clear requirement to equip nursing students to provide spiritual care when needed. The Nursing and Midwifery Council (NMC) states in its document, Standards of Proficiency for Pre-registration Nurses, that adult nurses should have skills to meet 'the physical, psychological, spiritual and social

needs of patients' (NMC 2004, p23). Furthermore, nurses should be able to:

"Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities" (NMC 2004, p.13).

In addition newly qualified nurses should, 'provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences' (NMC 2004, p.17).

However, I noted as a lecturer in nursing that despite the NMC educational requirements and SGHD practice expectations of spiritual care provision there wasn't much spiritual education in the curriculum.

In this paper I will explore how I used empirical research to investigate this important component of nursing education, namely spiritual education. I will begin by discussing why spiritual care should be part of the nursing curriculum before moving onto deliberations over the most appropriate research design for the study. Spirituality has a complex ontology and can be considered meaningful from an immanent or transcendent metaphysical position or both. This feature of spirituality had a significant influence in my choice of research methodology as I considered the sense in which spirituality existed and how knowledge about spirituality might be gained. I will then

provide a justification for selecting case study as the methodology of choice and identify my methods of data gathering and analysis. For the purposes of this paper I will concentrate on one of the methods, the nominal group technique (NGT) in order to demonstrate how it was used and analysed as well as what it revealed.

### **Why should spiritual care be part of the nursing curriculum?**

First of all, there has been a rising interest in spirituality and spiritual care in modern nursing but few examples of spiritual education in nursing curricula. On the one hand, this apparent neglect may be due to the tendency to equate spirituality with religiosity — a legitimate concern due to nursing's historical link with the religious orders. It seems reasonable then, that in a culture which values diversity, coupled with reduced church attendance nationally, there is a professional desire to avoid any association with religion.

On the other hand, perhaps the lack of spiritual education in the nursing curriculum is a reflection of the impoverished status of nursing as an art as, despite justifications for nursing curricula to include the arts as well as the sciences, the forms of knowledge which articulate most closely with the art of nursing - the personal, ethical and aesthetic, remain overshadowed by the scientific and the technical (Carper 1978). The study detailed in this paper is a response to the shadowy existence of spirituality, in nursing curricula.

One reason for including spiritual care as part of the nursing curriculum is the belief that spirituality is a universal attribute – part of the condition of being human – which directly influences the health of us all. Possibly this rising interest in spiritual matters is a recognition that human beings constitute something more than the mind and body and this 'more than' is sometimes articulated as a sense of the spiritual. It may be that nowadays it is possible to conceive of spirituality (and spiritual care) as significant for all people *because* spirituality is no longer viewed as the sole province of the religious.

In order to provide spiritual education for others teachers must have some notions of its nature, the concept itself. Unfortunately it is problematic to investigate a concept like spirituality as it has many

different meanings and the significance of any one interpretation of the concept can vary according to individual beliefs, values and circumstance but it invariably has something to do with personal authenticity or a sense of self and identity - as Cicero states, 'For that man whom your outward form reveals is not yourself; the spirit is the true self' (De re publica bk. 6, ch 26).

This belief is not new. For example, correspondence may be found in Rudolf Otto's (1950) theory of 'The Idea of the Holy' in which he contends that the human predisposition for numinous experience is not just a characteristic of some individuals but of all people (Baldacchino & Draper 2001). With Hay & Hunt reporting in 2000 that 76% of their national sample claimed a personal awareness of a spiritual or religious experience it would seem that many in the UK believe that spirituality is part of being human and indeed that spirituality may be a universal attribute.

Nurse educators who advocate that spirituality should be part of learning to nurse often justify their position by using similar notions about spirituality. For example McSherry & Draper (1998, p. 688) emphasise spirituality as central to holism, holism being a vital tenet of nursing philosophy. Spirituality they say is 'a unifying force at the foundation of holistic philosophy' and they believe that unless nurses can provide spiritual care, they will be unable to engage in holistic care.

Similarly Harrison & Burnard (1993) assert that if nurses are to provide holistic care that is sensitive to the spiritual dimension of patients then they must learn to attend to the spiritual needs of patients. Bradshaw (1997) and Wright (1997) share the view that spirituality is an integral part of being human and also that all aspects of life are inter-related. To neglect a patient's spiritual needs then could have a detrimental effect on other aspects of their lives such as their physical or emotional or social well-being. If a person's spirituality has an influence on their physical or mental health then it seems appropriate for nurses to view spiritual care as part of their practice.

However if spiritual care is to be an integral part of nursing education, we need to examine what constitutes ethical spiritual education in recognition that spiritual care has just as much scope for variation in quality as any other kind of nursing care. There is the

risk of perceiving spirituality (and the provision of spiritual care) as a virtue and definitions of spirituality can be extremely optimistic. For example Murray & Zentner's (1989, p. 259) definition of spirituality is used widely in health care texts:

“A quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in any god. The spiritual dimension tries to be in harmony with the universe and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness or death”.

But a person's spirit can also turn from these esteemed qualities and we don't need to look too far to find a lack of inspiration, a sense of meaninglessness or disharmony within oneself, others and our environment. This presents us with an even more pressing incentive to find worthwhile ways of teaching and learning about spirituality. Recent and worrying global conflicts have spurred us on to find meaningful spiritual education as such events violate beliefs about the intrinsic dignity of human life. There is a need to find ways of defusing conflict which arises when different beliefs, religions, values and perhaps cultures supersede the intrinsic worth of being human. In putting spirituality on the curriculum agenda it is hoped to raise awareness of the various manifestations of the human spirit in the belief that spiritual education should help develop the admirable qualities of spirituality and restrain those which harm ourselves and others.

The subjective nature of spiritual matters makes this an undeniably contestable and difficult subject to teach but as Glen (1995, p.175) states:

“To educate one needs to attend to what students think and value – not because one approves but because otherwise the most powerful thoughts and values they possess, affecting all others, can be left untouched”.

Spirituality has undergone substantive concept analysis within various academic disciplines such as theology, education and medicine — and nursing is no exception to this exposition (Ross 1997; Swinton 2001; Coyle 2002; Grosvenor 2006). Including spiritual education in the nursing curriculum is subject to the same professional requirement

as any other subject vying for space in the curriculum – there must be evidence based justification for its inclusion. And so we move onto the second part of this paper about the conduct of my investigation into nursing students' experiences of spiritual education.

## Research design

With the clear expectation from the NMC (2004) that nurses ought to be able to assess patients' spiritual needs and the rising interest in spiritual matters in the nursing literature as well as among the general UK population (Hay & Hunt 2000) it seemed important to investigate nurses' understandings of spirituality and experiences of a spiritual education intervention.

There were 4 groups of students participating in the study amounting to 54 students in total. For 3 of the groups, teaching took place in classrooms within the university setting while a 4<sup>th</sup> group was taught in a seminar room in a local NHS trust hospital. Authorisation for the conduct of the study was sought and acquired from the university's departmental research ethics committee. All data were collected during the course by way of teaching methods that were also used as a means for data collection. These included the nominal group technique (NGT), reflective group interviews (RGI), reflective journals (RJ) and student evaluation questionnaires.

The purpose of this study was to describe and explore nursing students' understanding of spirituality and spiritual care and to evaluate the impact of an educational intervention on their understanding of spirituality and spiritual care. To that end the aims of the study were to:

Design a short course in spirituality sensitive to the learning needs of nursing students at different stages of their educational and professional development.

Explore the ways that students considered their understanding of spirituality and spiritual care had developed, if at all, as a result of participating in the short course.

Examine nursing students' understanding of spirituality through their personal and professional accounts.

Explore the personal abilities that students thought they required in order to provide spiritual care.

I hoped that this study would shed light on the effectiveness of learning about spirituality and spiritual care in the classroom. This was achieved through an examination of the ways in which students considered that they had developed their understanding of the subject by undertaking the course. In other words, as aims 1 and 2 indicate, what did students think they had learned about spirituality and spiritual care and how did the teaching methods help them to learn? Other intended outcomes of this study are embodied in aims 3 and 4. These were to develop an understanding of students' views on spirituality and spiritual care including which personal abilities students considered enabled the provision of spiritual care.

The intended outcomes of the study, the nature of the subject matter itself and the context of the study all influenced my decision to use a qualitative investigative methodology and case study was selected as the most suitable approach.

Before I could embark on my investigation I had to ask two pertinent questions. First of all, in what sense does spirituality exist? Secondly, how can knowledge about spirituality be gained?

### **Ontological stance: in what sense does spirituality exist?**

The increasing societal and professional interest in spiritual matters, particularly as they relate to health and well-being, suggests that many, though not all, people believe in the reality of the noumenal. Further, the beliefs that people hold provide a stimulus for health care professionals and educators to explore how these ideas affect individuals when sick or well. It is a material world but it may be also – for all we know – a super empirical world where the transcendent element of spirituality is real.

It is helpful to draw on metaphysical constructs of reality here because they illustrate how spiritual reality might be perceived quite differently. Metaphysics may be described as the investigation of the world, or of what really exists, generally by means of rational argument. This reality may be either *transcendent* in that what really exists lies beyond the reach of ordinary experience (as in the picture of the world supplied by supernatural religion) or

*immanent*, in that reality consists of the objects of experience.

It was not the business of this study to judge whether spirituality exists in the transcendent metaphysical sense of a non-material entity or whether spirituality is confined to peoples' personal, biological and social worlds. In this latter sense spirituality fits more with the immanent understanding of metaphysics. It is possible, however, to highlight that spirituality may be viewed quite differently by different people and this difference can be illustrated by considering how two contrasting philosophical positions, realism and idealism, signify the nature of the spiritual.

From a realist standpoint, unobservable phenomena have an existence which can be used to explain the functioning of observable phenomena and so, for the realist, spirituality might exist as an external reality independent of beliefs and understanding (as in the miraculous stories some students told).

On the other hand, the idealist would contend that spirituality is only knowable through the human mind and socially constructed meanings (for instance, we make god in our image).

For the purposes of this study I wished to capture data that informed how students thought the spiritual dimension exists. As illustrated above, spirituality may be seen in a transcendent metaphysical sense akin to Platonic realism or it may be thought to reside solely in the socially constructed world. The view that I took at the outset of this study was to keep an open mind as to how spirituality may be thought to exist. In being open to either or both of these interpretations from participants I could remain more faithful when representing their views.

### **Epistemological Position: How can knowledge about spirituality be gained?**

As discussed above, descriptions of spirituality often include a holistic sense of the individual. If a holistic lens is applied to the nature of being human other sources of knowledge and truth become important such as personal beliefs, values and experience. Knowledge about spirituality fits mainly (though not exclusively) within the personal and aesthetic kinds of knowledge which cannot be captured within the

parameters of wide generalisations evident in the positivist paradigm (Swinton 2001).

Clearly an inquiry which seeks to explore the complexity of peoples' beliefs about spirituality is unlikely to correspond with a positivist view of the world as access to those regions of peoples experience requires a research approach that seeks to view participants as subjects rather than objects of study.

Also, I began this study unsure if students held any ideas at all about the spiritual dimension never mind whether they might have any commonality of understanding of the issues and so my intent was to explore and describe rather than control. Therefore in order to gain insight into participants' understandings relating to the personal and experiential nature of learning about spirituality I turned to the interpretative research paradigm.

## Case Study

Woods & Catanzaro (1988, p.553) convey the key characteristics when they describe case studies as: "intensive, systematic investigations of a single individual, group, community, or some other unit, typically conducted under naturalistic conditions, in which the investigator examines in-depth data related to background, current status, environmental characteristics and interactions among individuals, groups, and communities".

There were good reasons for selecting case study as a strategy. Case study is an established comprehensive approach to research, particularly educational research, and I wished to evaluate an educational experience (MacDonald 1974; Simons 1987; Bassey 1999). Although Yin (1994) argues against attempting to locate case study within a particular paradigm, it is mostly, though not exclusively, associated with qualitative research (Guba & Lincoln 1989; Stake 1995). Jones & Lyons (2004) point out that case study permits a flexible response to the area under examination so that the researcher is not limited by early preconceptions but can adapt to the research experience.

At the outset, I was very uncertain as to the nature of students' experiences of spirituality as a personal phenomenon and spiritual care as a professional construct - the case study approach allowed me to

continue to explore the area of study and remain with that uncertainty. As a heuristic endeavour, case study provided a lens to facilitate discovery of how students perceive and learn about the phenomenon of spirituality. Thus the case was an on-going concern and the boundary of the case was revealed as the study unfolded.

The rationale for adopting a case study strategy was also guided by the following:

1. Case studies are a useful way to explore phenomena about which little is known or understood (Robson 1993; Jones & Lyons 2004). Little was known about teaching and learning within the specific context of spirituality and spiritual care in nurse education and this study enabled both exploratory and evaluative investigation of this phenomenon.
2. Case studies are particularly useful when studying a unique, singular situation in depth, and where a great deal can be learned from a few exemplars of the phenomenon in question (Simons 1987). Stake (1995) believes that case study is strongly associated with the uniqueness and wholeness of the individual. Spirituality is a personal dimension, unique to each individual, associated with holism and often hidden from examination. A deep investigative approach was required to tap into the hidden nature of spirituality and spiritual care.
3. Case study is a strategy which is characterised by the use of multiple sources of evidence to inform the phenomenon under investigation (Robson 1993; Yin 2003). One account from a class of students about their experiences of learning about spirituality and spiritual care would have been interesting but it would have fallen short of Stake's (1995) essential purpose for case study - that is to maximise what can be learned. In this study data were collected in several different ways and participant accounts were drawn from all 4 participant groups. Maximising what could be learned was best achieved by collecting data from several groups of students undertaking the same course and using a variety of methods of data collection.

So case study was chosen for its flexibility and because it allows for uncertainty and the use of multiple methods of data collection and analysis. Also it is used widely in educational research and is a useful

way to explore phenomenon about which little is known or understood.

### Nominal Group Technique: Data collection, analysis and discussion of findings

The NGT took place in the first teaching session and provided data which helped to address one of the aims of the study, that is, to examine nursing students' understanding of spirituality and spiritual care. It was important to gather data which addressed this aim early on in the course as students' understandings of spirituality were key to the learning and research process. Three groups took part in the NGT. A total of 49 students completed the NGT which included 38 undergraduate third year nursing students; 6 undergraduate fourth year nursing students and 5 in-service students.

The nominal group data were collected, analysed and guided by Moore's (1987) procedure for the nominal group technique as illustrated below:

#### Silent generation of ideas in writing

The question 'What are spiritual needs?' was read aloud and class members were asked to list their responses.

#### Round-robin recording of ideas

Each member of the class was asked for one idea and these were recorded on a flip-chart. Hitchhiking on other ideas was encouraged. Discussion, elaboration or justification were not encouraged.

#### Serial discussion of the list of ideas

The class was invited to comment on each item on the flip-chart and discussion continued until all items were clarified.

#### Voting

Each student selected 5 items that were most important to her or him. They were then listed on a card and rank ordered. The votes were recorded on the flip chart in front of the group.

The results from the NGT are illustrated in Tables 1-3.

**Table 1:** Nominal group technique: Year 3 pre-registration students (38)

Question: What are spiritual needs?

Prioritisation of needs	Score
1. Respect for wishes and autonomy	84
2. Being understood	73
3. To love and be loved, feeling of belonging to someone	69
4. Feeling uplifted	58
5. Need for comfort and space	51
6. Communication	42
7. Expression of meaning and/or purpose	29
8. Holism	26
9. Spirituality common to all whether religious or not	24
10. Meditation and/or prayer	22
11. Understanding conscious/sub-conscious	14
12. Opportunity to see priest/minister	13
13. Dietary requirements or dietary observance	10
14. Expressing sexuality	8

**Table 2:** Nominal Group Technique: Year 4 undergraduates (6)

Question: What are spiritual needs?

Prioritisation of needs	Score
1. Love, family and friendship	23
2. Belief in god/ higher being	16
3. = Inner peace	11
4. = Self-awareness and worth	11
5. The touch of someone that you love, comfort	8
6. = Hope when there seems to be none	5
7. = Need to belong and to be accepted	5
8. Need to make sense of our lives	3
9. = Someone to share your thoughts with	1
10. = Respect	1
11. = Music/theatre, places of worship/history	1

**Table 3:** Nominal Group Technique: In-service students (5)

Question: What are spiritual needs?

Prioritisation of needs	Score
1. Friendship and love	27
2. Faith – in God and in self	21

3. Peace of mind	13
4. Supportive relationships (includes HCP)	8
5. Prayer (communication and asking for help in suffering)	6
6. Reflection	5
7. Guidance	4
8. Religious observances	0

The tables reveal that the NGT proved a useful means of finding out how students characterised spiritual needs early on in the study. As discussed above there are many definitions of spirituality and spiritual needs (McSherry and Draper, 1998) and some suggest that spirituality is so subjective in nature that it is indefinable (Martsolf & Mickley; 1998; Chuengsatiansup, 2002).

As evidenced in the results from the NGT this variety of meanings was true for the participants. However on collating and analysing the results it became apparent that there was a degree of consistency between the three groups both in terms of their identification of spiritual needs as well as the order of priority. For example, although the groups sometimes used different words to express a particular spiritual need, the idea of the importance of loving personal relationships with others was variously expressed.

Group 1 used phrases such as, ‘to love and be loved, feeling of belonging to someone’ and ‘being understood’; Group 2 highlighted ‘love family and friendship’ and the ‘need to belong and to be accepted’, while Group 3 concurred by signifying ‘friendship and love’ and ‘supportive relationships’ as key spiritual needs. Faith, hope or belief in oneself and/or God were priorities for Groups 2 and 3 while Group 1 emphasised the importance of ‘feeling uplifted’. Affective qualities such as the need for comfort and peace were also identified across the groups. The ethical principle respect for persons was considered significant by Groups 1 and 2 as depicted by terms such as ‘self-awareness and worth’, ‘respect for wishes and autonomy’ and ‘the expression of meaning and/or purpose’. The value placed on religious practices too was common to all groups with meditation, prayer, dietary observances and places of worship mentioned although it is interesting to note that, on the whole, religious practices came near the bottom of the list of priorities.

The results from the NGT indicated that students were able to provide answers to the question ‘what are spiritual needs?’ Further the groups demonstrated areas of similarity and common understandings of the value placed on certain aspects of the spiritual dimension. The literature on assessing spiritual needs also supports the participants’ understandings of spiritual needs. So for example, Emblen & Halstead (1993), Govier (2000), and Kellehear (2000) all purport categories of spiritual needs which include relationships, affective qualities and religion as significant spiritual needs.

The NGT was a useful and quick way of encouraging each student to focus on the concept of spirituality and generated beliefs and meanings from individual students in a group response (Cohen et al, 2000). While it provided data of ideas about spirituality that each group of students found important these ideas required more in-depth exposition. This was undertaken through an analysis of the data arising from both the reflective group interviews and the reflective journals. This qualitative data underwent constant comparative analysis, a technique often associated with grounded theory and analysis resulted in categories being grouped together to form major categories or themes. The collection, analysis and discussion of findings from the qualitative data may be worthy of a future paper (Seymour, 2006).

### Concluding comments

The major findings from the study were that students held a variety of ideas about spirituality and spiritual needs, that it is possible to learn about spirituality and spiritual care in the classroom, that ideas about spirituality and spiritual needs were evident in students’ thinking and experiences and that providing spiritual care was challenging for students. Having undertaken this study I am convinced of the value of highlighting spiritual care in health care curricula and it is both illuminating and encouraging to work alongside others, such as chaplains, who are involved in spiritual and pastoral education. When others are suffering, it is our spirit that helps us respond with care and compassion and we owe our students and the patients they care for, the opportunity to develop not just in mind but in spirit too. Caring for others requires a great deal of knowledge and understanding — and even more love.

“Wisdom tells me I am nothing. Love tells me I am everything. Between the two my life flows” — Sri Nisargadatta.

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