

Originalia

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Facilitating Learning of Spirituality in Midwifery

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Zusammenfassung: Obwohl es beachtenswert viel Literatur zur spirituellen Begleitung am Lebensende gibt, findet sich wenig in Bezug auf die Bedeutung von Spiritualität im Kontext der Geburt und Geburtshilfe. Auch die Lehrangebote dazu sind begrenzt. Der Artikel richtet das Augenmerk auf diese Thematik und will die zukünftige Diskussion und Forschung vorantreiben. Dabei werden Konzepte zur Ausbildung in Spiritualität bei Pflegeberufen und besonders in der Hebammenausbildung im 21. Jahrhundert diskutiert.

Die bisherige Literatur wird mit ihren disparaten Thesen vorgestellt: Unterschiedlich wird darin die Frage beantwortet, ob Spiritualität überhaupt gelehrt werden sollte, wenn man beispielsweise voraussetzt, dass sie ein Teil der Persönlichkeit ist und also auch dem Hebammenberuf inhärent sein sollte. Bei der Begleitung der Frauen wird immer die besondere Situation der Schwangeren und Gebärenden zu berücksichtigen sein, die durch die Wandlung der Persönlichkeit als eine spirituelle Erfahrung gekennzeichnet ist. Was ist Spiritualität? Kann sie überhaupt akademisch unterrichtet werden? Da es in der Tiefe um die Anerkennung des Heiligen geht, bedarf es einer größeren Entfaltung der eigenen Persönlichkeit, um die Bedürfnisse anderer zu erkennen. Der Vorschlag, dass diese Ausbildung durch die Kirche erfolgt, ist nicht befriedigend, da diese auf das Christentum reduziert ist.

Neuere Arbeiten weisen auf das Konzept einer Ausbildung hin, die insbesondere kreative Methoden in die Lehre integriert. Gemeinsam mit der Pflege- und Sozialwissenschaftlerin Mary Mitchel hat die Autorin ein Spektrum kreativer Methoden wie Video, Musik, Aroma, Erzählungen für das Lernen der spirituellen Begleitung im Kontext der Hebammenarbeit entwickelt. Der Erfolg zeigt, dass Hebammen das Gelernte in ihre Berufspraxis integrieren können. Spirituelle Begleitung für alle Frauen aus ganz unterschiedlichen Kulturen anzubieten, erfordert weitere Forschung sowie die Entwicklung neuer Modelle in der Ausbildung.

Schlüsselwörter: Spiritualität, Schwangerschaft, Geburtshilfe, Bildung

Abstract: Though there has been considerable discussion in the literature around spirituality at the end of life there remains little relating to childbirth. In addition facilitation of learning around the subject is limited. The aim of this article is to raise awareness of these issues and promote future discussion and research.

Keywords: Spirituality, pregnancy, midwifery, education

1 Introduction

The aim of this article is to address the facilitation of learning around spirituality in relation to midwifery and midwifery care. This is problematic in that there remains little discussion about spirituality and spiritual care in academic circles or in practice. Even less is around education for spiritual care and particularly in midwifery. Some questions will be asked as to why this is the case and hope that this will prompt some discussion. The article will consider some of the concepts related to spirituality and explore the current limited literature around educating for spiritual care in health situations and relate this to midwifery practice.

2 Concept of Spirituality

In order to enable students and others to learn about spirituality some thought must be given to the concepts surrounding spirituality and spiritual care. Within nursing and midwifery practice globally it is expected that care will be provided 'holistically', with recognition of the centrality of the service user (NMC 2009; ICM 2014). By implication midwives should understand the concept of holism and the links with spirituality and how it impacts on pregnancy and childbirth. The paradigm of holism however is also problematic in that the term is often used without unpacking the meaning. In some places it is used to mean 'holistic provision of care' using a multitude of different 'professionals' (Leathard 1994) whereas in other places it is implied that the individual practitioner will care for the individual person in a way that recognises

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their ‘holistic’ needs (McEvoy & Duffy 2008). Understanding the place of spirituality of the individual in this context is therefore required. John Swinton (2001) highlighted that the principle of holistic care lies in recognising the unity and interdependence of the mind, body and spirit and the social needs of a person. Eastern concepts of spiritual care involve recognition of the holistic need of the person in the complexity of their lives with an aim to establish meaning, peace, acceptance and balance (Chan et al. 2006). With nursing frameworks, especially around end of life care, spiritually based care has been a valued aspect for many years (Rogers 1970; Cobb & Robshaw 1998; Robinson et al. 2003; McSherry 2006; Watson 2008). Yet in midwifery, the start of life, there remains limited research and education or debate (Hall 2001; Mitchell & Hall 2007; Crowther & Hall 2015).

However, the reasons behind this lack of discussion appear to be manifold. One argument may be that spirituality is inherent in midwifery already. Another may be that as the concepts of spirituality and spiritual care are so hard to define and therefore are a challenge to fit into the current ‘evidence-based’ culture of health care. In a paper that reviewed studies around education for spirituality in the nursing undergraduate curriculum the definitions of spirituality and spiritual care was identified to be complex (Cooper et al. 2013). Links were identified between religious belief and spirituality, but not exclusively, with religion regarded as a way of expression of spirituality (McSherry 2006). Lack of education and assumption that the terms are not mutually exclusive remains and may provide a barrier to progressing holistic care. A further review by Laurence Lephed (2014) identifies the multi-dimensional nature of spirituality that includes integrative energy, values and belief, journeying, connection, and searching for meaning and purpose. It further highlights the complexity through how it is expressed. It is stated that, as a result of this, spirituality for the individual should not be ‘boxed’ and each person should be recognised for their individual expression of spirituality (Crowther & Hall 2015).

Within current midwifery this ‘fits’ into the paradigm of ‘woman-centred’ care and the recognition of the individual and her needs. The evidence that highlights the transformative process of the self that takes place through pregnancy (Bergum 1989; Nelson 2002; Parratt 2002; Hocking 2007) demonstrates how birth is a meaningful powerful event, and a time of change for women. Further studies demonstrate how women experience pregnancy and birth as spiritual events (Carver & Ward 2007; Jesse et al. 2007; Clark Callister & Khalaf 2010). The indication is that through the transformation women will be in a place

where spiritual enlightenment may occur (Clark Callister & Khalaf 2010; Crowther et al. 2014).

Spirituality has also been identified as “concerned with a search for meaning and working at the edge of the unknown” (McCormack & Titchen 2014: 3). Within pregnancy and birth women are often looking for meanings within their experiences and midwives are consistently working at the borders of life and death; of working in the unknown.

Others have identified that the spiritual meanings also extend to health care professionals attending birth (Crowther & Hall 2015). Therefore, it is evident that spirituality is a relevant aspect of midwifery care and should be included within education or research.

3 Educational Principles

Where does spirituality fit into current higher education programmes? As indicated above, the acceptance of such a ‘nebulous’ concept to be a valid aspect in nursing and midwifery curriculum is not common-place. Within theologically or philosophically based programmes the concepts will be freely debated in academia. It has recently been highlighted that the frameworks for healthcare evidence are seen as more ‘scientific’. ‘Soft’ subjects are not seen as measurable and therefore not valued according to current models of scientific evidence. Yet there needs to be an increasing recognition of the student as a human being, especially in career paths that lead to the care of people. In the UK a more ‘values-based’ selection process for students is expected (HEE 2014) following high profile cases where care for individuals has been lacking (Mid Staffordshire NHS Foundation Trust Inquiry 2010; Kirkup 2015). Through this, a lack of dignity and respect in health care as a whole was identified and midwifery specifically in a further report (Birthrights 2013) with an expectation now that education needs to instil these values with more depth (Morad et al. 2013). In some areas discussion around ‘humanisation’ of the nursing curriculum is taking place (Scammell et al. 2012) providing a values base from which a more ‘person-centred’ approach may be introduced at an early stage.

An argument could be that these values should be inherent in nursing and midwifery frameworks anyway and this is nothing new. Individuals’ motivations behind choosing to join a ‘caring’ profession are not well understood, but something may have been shifted through expectation that nursing and midwifery are now degree-based professions on the whole in many countries. In the

UK the move into Higher Education Institutions (HEI) in the 1990's provided an extreme period of change for nursing and midwifery educators that led to role conflict around their working practices (Barton 1998). Extensive self-development of educators was required to achieve degree status for themselves in order to match the levels of the students they were to teach. This has continued with many HEI requiring PhD level now as an initial qualification. For midwifery there was also a need to adapt to larger group sizes and changed teaching styles according to the resources available. It is argued that midwifery education became part of a 'patriarchal archetype' where subjects became compartmentalized and led to an increasing 'reductionist' approach to midwifery care. (Davies 2004: 144). If this is the case the principles of how students are taught should be explored in order to create students who can 'humanely' care for others, as well as facilitate 'deep' learning (Freshwater & Stickley 2004). The use of large group teaching has become the norm in HEI as a cheap resource. Yet it remains questionable if this is the best way for creating midwives for the 21st century (Anderson & Davies 2004)

The writings of John Heron (1992) and Peter Reason (1993) focus on the humanity and value of the person participating in inquiry. Depth of the inquiry leads to acknowledgement of the sacred. This illustrates the recognition of the adult learner as an individual being brought into a place of self-understanding that is beyond current forms of lecturing. It aims to facilitate growth of the student. Use of holistic aspects to learning that recognise the individual and provide opportunity for reflection appear to enable greater self-development leading to increased understanding of the needs of others (Mitchell & Hall 2007; Baldacchino 2008; Burkhart & Schmidt 2012). It is evident that such deep learning is a challenge within large classes.

Within this context spirituality as a concept is a challenge to fit into current educational processes. In order to facilitate learning around spirituality, there is a need to enable a curriculum and sessions that will be meaningful to the student in order for them to transfer this meaning into practice situations (McSherry 2006). Yet within a holistic paradigm spirituality is embedded in everything and part of the care for every individual. Ann Bradshaw (1997) suggested that recognition of the spiritual is integral to care and therefore, it does not need to be taught separately. Unfortunately, the argument could be applied to many subjects such as psychology or even compassion. Nevertheless, these are now requiring more dedicated input. Laurence Lephherd (2014: 7) argues that "as spirituality is so fundamental

to everyone" that healthcare professionals would be able to "assist immediately" should patients raise spiritual issues without needing to refer to others. To reach this point, understanding of spirituality should be facilitated at every opportunity to enhance the meaning for the students, and different educational methods may enable the meaning to be enhanced. Meredith et al. (2012) raise the question if spirituality can be taught. The use of a multi-disciplinary training package with self-selected participants who may therefore have an interest already, an increased self-awareness and confidence and ability to provide spiritual care were demonstrated. Hence, some evidence for increased self-learning through education being feasible is available. Within the UK organisations have provided educational resources to enable transfer of learning to practical situations for nurses. Currently, there is no similar resource for midwives (NHS Education for Scotland 2010; RCN 2011).

4 Research on Spirituality Education for Nurses and Midwives

At present there is limited exploration of spirituality in midwifery practice and education in HEI across the world. However, there have been some papers that have examined these issues in relation to nursing. Review papers have considered the available international evidence and identified how education in preregistration nursing may help to raise spiritual awareness in nursing students; as well as aid competence and confidence within practice (Cooper et al. 2013; Timmins & Neill 2013; Lewinson et al. 2015). The latter review discovered few papers that provided evidence of measured outcomes of teaching. However, those identified demonstrated some positive effects on the students, though could not be generalised or recommended widely due to some weaknesses in methodological approach. The Lesline Lewinson et al. (2015) review gave a broader view of the research literature and concluded that education around spirituality does increase students' comprehension of the concept and enables them to transfer their understanding of meaning into caring for patients. However there is minimal evidence on the best way of educating students, and educators are continually challenged by defining the concepts.

Cooper et al. (2013) also recognised the lack of education around spirituality, particularly in undergraduate programmes. They identified a need of collaboration with Chaplains to provide the education. However, chaplains are often seen as only meeting 'religious' needs which

may provide a barrier to their inclusion. In addition, some educators may think that ‘handing it over’ to the chaplain will mean that they will not have to address the subject more widely. Therefore, Wilf McSherry (2006) argues that teamworking should be encouraged. The review also identified a need for spiritual self-awareness to be included in the education. Awareness should also be raised in relation to any adverse effects that teaching the subject could promote as well as consider ethical and cultural issues (Cooper et al. 2013). All three reviews identify the potential bias of the studies as all tended to have a religious leaning towards Christianity. Within a diverse society such teaching may therefore be inappropriate. Studies related to educating health care students around different approaches to spirituality are lacking and may be related to religious belief. A study interviewing nursing students about spirituality within an Asian context identified a similar educational lack, though the students expressed similar views to those in other studies (Tiew & Drury 2012).

Currently a longitudinal quantitative cohort study is being undertaken across many countries. It is measuring development of competence of student nurses and midwives over a four year period using survey data extracted at different points across the students’ programme (Ross et al. 2014). The different ways that students will be taught across the different sites of the study will make it a challenge to isolate and analyse the best methods of teaching. In addition it is yet to identify if there is difference between the perceptions of spirituality by student midwives compared to student nurses.

A module related to spirituality attended by nursing and midwifery students in Malta appeared to make some difference to the nursing students, but not to the midwives (Attard et al. 2014). The quantitative study included a cohort of students on the programme and measured responses using the Spiritual Competency Scale (van Leeuwen et al. 2009). However, only eleven midwives were noted to have completed the study or the teaching, which may reflect their perception of the module. If the module is not specific enough to them (i. e. Midwifery) then students can be reluctant to engage if the application to their professional group is not apparent.

Evidence on education for spiritual care is clearly limited. Therefore, it is a challenge to establish how much spiritual care is being effected in practice situations (Attard & Baldacchino 2014). Across health care there has developed more of a ‘tick-box’ culture in order to provide evidence that something has been done. For students these ‘tick-boxes’ are competencies which are a measurement of achievement. In Malta a Delphi study explored the development of competencies for nurses and midwives

(Attard 2014). These are yet to be tested in practice, and this may not be applicable to midwifery practice where the concepts of women and family centred and individualised care are underpinned by the recognition of the individual which includes a ‘whole person’ framework (Crowther & Hall 2015).

As indicated previously there have been few studies that address midwifery education. A study in Ireland considered the attendance at an art gallery in order to develop understanding of the concepts of spirituality (Mooney & Timmins 2006). In a small education study (Hall & Mitchell 2007) we identified that student midwives were able to transfer their understanding of spirituality into the placement area. Anecdotally this was repeated by other students who received the sessions. These studies will be explored further later in the paper.

It is clear from the current limited evidence that education and spiritual issues are beneficial to nursing students and enable development of understanding that they can then apply to practice. Limited evidence is available to consider the impact on student midwives. However the ‘best methods’ for education remain unclear and more work needs to be carried out, using exploring studies within a more diverse framework.

5 Positive Principles of Education from the Heart

Tricia Anderson (2005) writes about the need for education to spread the ‘magic’ of birth. It is regarded as one of the most powerful and meaningful events of a woman’s life (Belenky et al. 1997). Birth however does not sit in isolation from the rest of the pregnancy continuum or from the context of a woman’s life. There is value in addressing spirituality within a holistic paradigm that relates to the whole life of the woman and her family. Education that places learning within this context will enable students to develop a greater understanding of spiritual meaning to the individual.

It has been questioned whether training courses can educate people for spirituality and suggested that the part they play is small in comparison to the need for an individual to commit to “ongoing spiritual practice and awakening” (Wright 2005: 12). The responsibility for education to model a values-based respectful relationship to students is highlighted by Janice Clarke (2013) and suggests these are ‘spiritual’ qualities. It is further argued that there should be a spiritual quest for students with flexibility and consciousness raising; a multidisciplinary approach

with introduction to bodies of literature. Programmes should ‘seek not only to impart knowledge but also introduce the nurse to a particular way of viewing the world’ (Swinton & Pattison 2010). The argument is that there is a need instil the qualities of spirituality more effectively in students. For student midwives there is a requirement at the point of registration to be safe in practice, but also to be skilled communicators and have the right attitudes for the role (Butler et al 2008). ‘Right’ attitudes are difficult to create through traditional university methods, but it has been argued that they may be enhanced through increasing creativity that encourages ‘self-growth’ and a desire for ‘wholeness and good’ (Steiner 2002: 101).

There is potential in the use of more creative methods to encourage self-development and to increase a holistic philosophy for education (Bass 2007; Titchen & Higgs 2001). The use of art has been considerably utilized within a therapeutic context. The use of art and drawing has been found to enable expression of emotion and feelings that are often difficult to articulate (Kearney & Hyle 2004). Art has also been shown to enable greater reflexivity (Bryans & Mavin 2006). It is also suggested that the use of creative arts may illustrate the spiritual side of a person (Allen 2005; Burkhardt & Nagai-Jacobson 2002: 173).

The limited evidence available suggests value in enabling students to explore artistically in order to develop a more holistic approach to care.

6 Use of Creative Methods

In recent years the use of more creative methods has been described as a way of exploration in midwifery (Jackson & Sullivan 1999; Anderson & Davies 2004; Davis 2007; Hall & Mitchell 2007; Uppal et al. 2014). An Australian project showed how creative arts could be integrated into midwifery education, demonstrating how beneficial this was to the students (Jackson & Sullivan 1999). However evaluation of the student experience of the use of arts was limited.

Elaine Uppal et al. (2014) reported in the Birth Rites project the use of art to develop students understanding of pregnancy and birth. A small group of students were enabled to participate in creating art. The project highlighted students’ perceptions that ‘student midwifery isn’t just taught and learnt through text books’. A study in Ireland enabled students to explore the concepts of spirituality through taking them to view an art gallery and subsequently asked them about their learning experiences (Mooney & Timmis 2006). The authors used focus

groups to discuss the students’ learning. This method enabled the students to see through the ‘eyes of others’ and a deeper awareness and connection with the art. Being exposed to art in this way appeared to stimulate empathetic responses as well as recognition of spiritual dimensions in everyday life that the students would relate to midwifery practice.

As explored previously, education should also be linked to the concepts of making ‘meaning’ and connections for the individual students in order to understand the concepts of spirituality. In tandem with my colleague Mary Mitchell I developed sessions that intended to provide student midwives with a greater understanding of the concepts of spirituality and the application to the pregnancy continuum. Creative methods were used including video, music, aroma, and storytelling combined with the opportunity for student to express beliefs through creating art (Cameron 1993). We conducted a small study that had two aims: firstly, to develop an understanding of student’s views on the meaning of birth through the examination of the creative work the student midwives had produced during the session. Secondly, the value and effectiveness of the teaching method through an open-ended questionnaire (Mitchell & Hall 2007). The students recognised spirituality as being significant to pregnancy and childbirth and were able to apply it to their practice. They also identified that the creative methods enabled this reflection.

I have used such methods further with qualified midwives (Hall 2012) and in different situations with nurses and educators. The midwives in this study valued the opportunity that the creative methods gave for space and time to meaningfully reflect deeply on themselves in the context of their professional role which then gave increased insight into their practice. The art also triggered group discussion and reflection. As an educator it is a fascinating experience to see the art work produced and the meanings attributed to them accompanied by the application to practice that develops.

7 Future Developments

It is evident from the literature and current practice that the subject of spirituality is still lacking from learning and teaching within much of formal education for student midwives and midwives. Whether it is ‘hidden’ is not known and more research and scholarly work is required to explore the issues across childbirth and midwifery practice. Dialogue needs to increase around the relevance

of spiritual meaning to women and their families. There should also be further discussion about the spiritual meanings to midwives and the other staff at birth (Hall 2012; Crowther 2014). The evidence also points to the lack of cultural diversity in relation to the studies currently related to spirituality. The understanding and awareness of the spiritual needs of women from many backgrounds is required in order to provide care that meets everyone's needs.

In order to provide effective education, more work needs to be carried out on how best to facilitate learning around spirituality. It is evident from experience that the use of creative methods is beneficial to aid reflective practice and has a relevance to understanding and application of spirituality. However, more research evidence is required to facilitate other educators to use these methods.

8 Conclusion

The aim of this paper has been to discuss the relevance of spirituality at the start of life and in midwifery practice in order to consider education around the subject. There remains a reluctance to discuss the subject among midwives and educators and I hope this will have provoked some questions and response. There is much more discussion required in to enhance application of spiritual care practice for all women in all cultural groups and for creation of models within educational programmes.

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