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SPIRITUALITY AND SPIRITUAL CARE IN NURSING: A LITERATURE REVIEW

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Abstract

Spirituality is a multifaceted concept with varied definitions. In the nursing literature, it is commonly described based on its significance in the lives of individuals. Exploring the perspectives of nurses, nursing students, and patients regarding spirituality and spiritual care is crucial to gain a sound understanding of how these concepts impact the nursing profession.

This literature review explored the perspectives on spirituality and spiritual care of four population groups: nurse educators, nursing students, clinical nurses, and patients. A literature search was done using worldwide databases. The 84 articles included dealt with the perceptions of nurse educators, nursing students, clinical nurses, and patients regarding spirituality and spiritual care.

The four main categories of perspectives from the nurse educators, nursing students, nurse clinicians, and patients yielded ten sub-categories: (a) meaning of spirituality and spiritual care, (b) role of spirituality and spiritual care in nursing practice, (c) role of nursing education in developing spirituality and spiritual care competence of nursing students, (d) manner of integrating spirituality and spiritual care in nursing curriculum, (e) methods of teaching spirituality and spiritual care, (f) manner of spiritual care delivery, (g) barriers and challenges to the teaching and learning of spirituality and spiritual care, (h) barriers and challenges to spiritual care delivery, (i) ways of enhancing nurse educators' competence in curricular integration and teaching spirituality and spiritual care, and (j) ways of enhancing nurses' competence in spiritual care delivery.

Nurse educators, nursing students, clinical nurses, and patients presented similar and diverse perspectives, but they all recognized the significance of spirituality and spiritual care in the profession. The information derived from this study can contribute to the existing knowledge base and spur strategies at individual and institutional levels to enhance teaching and learning of the concepts, improve practice, and promote holistic care.

Keywords: Nursing, clinical nurses, literature review, nurse educators, nursing students, patients, spiritual care, spirituality

Introduction

Spirituality is a multifaceted concept. Grounded in both conceptual and empirical studies, spirituality refers to an individual's feeling of connectedness to self, other persons, and a powerful being or nature or the world; an individual's perception of life purpose or meaning; and transcendence indicating the ability to modify the personal perspective of life including suffering. Spirituality is paramount in the life of an individual because it brings about the relief of suffering; promotes a feeling of wellbeing, adaptive capacity for life adversities, peacefulness, and strength within. Likewise, spirituality spawns a sense of hope, motivation, love, and happiness among others (Weathers, McCarthy, & Coffey, 2015).

Considering the aforementioned positive consequences of spirituality, it is necessary to cultivate patients' spirituality and meet their spiritual needs. Nurses equipped with essential competencies, resources, and opportunities can effectively provide spiritual care as an integral element of holistic nursing. Thus, it is significant to explore how well nurses are prepared for their spiritual care role, how competent nurses are in providing spiritual care, as well as the barriers and challenges nurses face as they deliver spiritual care. Likewise, as the recipients of spiritual care, patients' viewpoints on spirituality are equally important. Based on relevant literature, this article aims to unfold the perceptions of nurse educators, nursing students, clinical nurses, and patients about spirituality and spiritual care.

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Methodology

Articles were retrieved from databases such as CINAHL, MEDLINE, Google Scholar, and ProQuest. The search terms used include nurses, nursing, nursing curriculum, nursing educators, nursing students, patients, spirituality, and spiritual care. Hand searching of printed journals was also done. The literature search conducted in March 2019 yielded 84 articles that focused on the perceptions of nurse educators, nursing students, clinical nurses, and patients regarding spirituality and spiritual care. The included studies were conducted in the different countries of Europe, North America, South America, Africa, Australia, and Asia.

Nurse Educators' Perspectives on Spirituality and Spiritual Care

The literature search yielded several studies that present the nurse educators' perspectives of spirituality and spiritual care.

Meaning of spirituality and spiritual care. Nurse educators' self-awareness of spirituality is essential in preparing future nursing professionals (Cone & Giske, 2012; Johnson, Cheshire, Wood, Dunn, & Ewell, 2016). Cone and Giske's (2012) study revealed that teachers' main concern was 'how to help students recognize cues and ways of providing spiritual care' and teachers resolved this concern by 'journeying with students through maturation'. Nurse educators defined spirituality as belief, relationship, love, belonging, acceptance, meaning and purpose, forgiveness, religiousness, and connection with God/higher power (Johnson et al., 2016; Riklikiene, Vozgirdiene, Karosas, & Lazenby, 2015). They believed that spiritual care should be provided by nurses and these include prayer, meditation, reading the Bible/spiritual materials, and connecting patients with spiritual leaders (Johnson et al., 2016).

Role of nursing education in developing spirituality and spiritual care competence of nursing students. Nursing education has a vital part to play in raising spiritual awareness and facilitating the competence and confidence of nurses (LaBine, 2015; Lewinson, McSherry, & Kevern, 2015). Nursing education serves as an avenue for students to apply the concepts of spirituality and spiritual care in any clinical setting (Taylor, Testerman, & Hart, 2014; Yuan & Porr, 2014). Nurse educators are responsible for helping students learn the concepts and principles necessary for safe and effective holistic patient care (Cone & Giske, 2012; Johnson et al., 2016; Meyer, 2003; Yuan & Porr, 2014).

Manner of integrating spirituality and spiritual care in the Bachelor of Science in Nursing (BSN) curricula. Spirituality and spiritual care integration to nursing curricula requires nurse educators to conduct research, promote cultural competence, facilitate early exposure, design relevant assignments, and classroom activities, make spiritual care a clinical practice

expectation, and develop a spiritual care teaching model (Baldacchino, 2015; Yuan & Porr, 2014). Cone and Giske (2018) also suggested the utilization of "Open Journey Theory" that is based on the merging of teaching and learning theories as a framework for integrating spirituality and spiritual care across all levels of nursing education. Open Journey Theory allows nurse educators to introduce and build on spiritual concepts from the simple to the complex over the course of the entire nursing program.

Methods of teaching spirituality and spiritual care to nursing students. There are available spiritual care frameworks, assessment tools, and effective educational methods to assist educators in teaching and modeling spiritual care. Narayanasamy's (2006) Actioning Spirituality and Spiritual Care Education and Training (ASSET) for spiritual care education and training provided insights into nurses' roles in spiritual care interventions. Scott (2012) affirmed that the T.R.U.S.T. model has a positive influence on nurse educators' comfort and confidence in the teaching of spiritual care. Cone and Giske (2012) suggested that nurse educators should focus on recognizing spiritual cues and making spiritual assessment and interventions more visible in teaching spiritual care to undergraduate nurses. This involves three iterative phases: raising student awareness of the essence of spirituality; assisting students to overcome personal barriers, and mentoring students' spiritual care competency. Baldacchino (2015) also presented various innovative teaching methods guided by conceptual models to enhance learning such as Benner's theory; Kolb's experiential learning theory; Gibbs' theory of reflective learning; and the ASSET model in nursing. Moreover, effective teaching starts with conducive learning environment and structure for teaching, learning, and practice of spiritual care, and nursing administration support (Bennett & Thompson, 2014; Booth & Kaylor, 2018; Linda, Klopper, & Phetlhu, 2015).

Barriers and challenges to curricular integration and teaching spirituality and spiritual care. Integrating the concept of spirituality in nursing curricula (BSN) is challenging. Ali, Snowden, Wattis, and Rogers' (2017) systematic review identified factors contributing to the difficulties in integrating spirituality in nursing education. These were: lack of ontological integration; lack in phenomenological understanding; lack of support and environmental constraints; curriculum structure and unprepared faculty. Nurse educators had strong beliefs about spirituality and its intrinsic value to patients; however, they perceived that they did not receive sufficient support and guidance in teaching spirituality and spiritual care (LaBine, 2015).

Ways of enhancing nurse educators' competence in teaching spirituality and spiritual care. The literature search failed to yield studies that directly point to effective approaches in enhancing nurse educators' competence in teaching spirituality and spiritual care. Nevertheless, several authors recommended

ways to enhance nurse educators' teaching competency based on identified barriers. The T.R.U.S.T. Model can help nurse educators to navigate ongoing barriers to the provision of evidence-based, patient-centered spiritual care (Scott, 2012). Continuous professional development by reading literature and research, attending seminars, and conferences to achieve competence and maintain high-quality holistic care is an effective strategy to enhance the teaching capability on spiritual care (Baldachino, 2015; White & Hand, 2017).

Nursing Students' Perceptions of Spirituality and Spiritual Care

The literature presents diverse views of nursing students on the concepts of spirituality and spiritual care. Students' perspectives also point to several factors that hamper or facilitate their learning towards becoming competent spiritual healthcare providers.

Meaning of spirituality and spiritual care. The included studies revealed that nursing students had differing views on the meaning of spirituality, ranging from a clear, global perspective (McSherry, Gretton, Draper, & Watson, 2008; Ross et al., 2013; Tiew, Creedy, & Chan, 2013; Wu, Liao, & Yeh, 2012), to something that is related to religion (Brown, Humphreys, Whorley, & Bridge, 2019; Folami & Onanuga, 2018; Pesut, 2002), and that which is difficult to describe (Daghan, 2017; Lewinson, McSherry, & Kevern, 2018). Interestingly, students believed that spirituality is important in nursing because of its positive impact on health and illness (Brown et al., 2019; Nardi & Rooda, 2011; Tiew & Drury, 2012).

As regards spiritual care, students described it as an integral aspect of nursing care (Aksoy & Coban, 2017; Cooper & Chang, 2016; Cruz, Alshammari, Alotaibi, & Colet, 2016; Kalkim, Madili, & Daghan, 2018) which is inherent in the nurse-patient relationship (Riklikiene, Vozgirdiene, Karosas, & Lazenby, 2015; Tiew et al., 2013). Spiritual care transcends cure (Kroning, 2018) to help patients recover from illness. Similarly, students derived benefits in providing spiritual care such as self-satisfaction (Lopez, Fischer, Leigh, Larkin, & Webster, 2014), self-efficacy (Jun & Lee, 2016), motivation, and learning (Pesut, 2002).

Students identified compassion, kindness, and an attitude of service among others as important attributes of effective spiritual care (Pesut, 2002). Spiritual care is more than a technical duty (Riklikiene et al., 2015) that extends to recognize the spiritual milieu of patients (Tiew & Drury, 2012). Likewise, students expressed that self-awareness (Briggs & Lovan, 2014), good communication skills, adequate theoretical and clinical preparation, non-judgmental attitude (Giske & Cone, 2012), genuine nurse-patient relationship, and active listening (Baldacchino, 2010) are prerequisites to the delivery of spiritual care.
Students agreed that providing spiritual care is challenging (Tiew et al., 2013). Nevertheless, they expressed that spiritual care can

be practiced through praying, meditating, being present, actively listening, showing empathy, considering individual differences, and inviting religious persons (Boswell, Cannon, & Miller, 2013; Brown et al., 2019; Cruz et al., 2016; Graham, 2008; Kalkim et al., 2018).

Methods of teaching spirituality and spiritual care. Effective strategies of teaching spirituality and spiritual care were identified in several studies. Among these were the use of reflection activities (Briggs & Lovan, 2014; Kuvena & Giske, 2019; Momennasab, Shadfard, Jaberi, Nafari, & Hosseini, 2019), and a combination of lesson method, questioning, case studies, and small group learning (Baldacchino, 2008). As regards simulation, conflicting perspectives were presented as some students considered it inappropriate (Linda, Klopper, & Phetlhu, 2015) while others agreed on its effectiveness (Connors, Good, & Goller, 2017; Galloway & Hand, 2017). Additionally, students' involvement in spiritual activities or training programs resulted to their improved perceptions of spirituality and spiritual care (Baldacchino, 2010; Booth & Kaylor, 2018; Hoffert, Henshaw, & Mvududu, 2007; O¨zveren & Kirca, 2018; Strand, Carlsen, & Tveit, 2016).

Barriers and challenges to developing spirituality and spiritual care competence among nursing students. Personal factors such as fear and lack of confidence emerged as barriers to learning the competence of spiritual care (Boswell et al., 2017; Folami & Onanuga, 2018). These negative feelings seemed to have been amalgamated by unsupportive clinical and classroom settings. In the academe, the decreased emphasis of the concepts on spirituality and spiritual care (Graham, 2008), limited nursing modules, and nonchalant educators (Linda et al., 2015) were considered hindering factors in the students' development of spirituality and spiritual care competence. In the clinical setting, lack of role models and disruptive environment were identified as deterrents to the students' acquisition of spiritual competence (Giske & Cone, 2012; Linda et al., 2015).

Ways of enhancing nursing students' competence in spirituality and spiritual care. The provision of relevant experiences and support to the students' holistic vision of nursing are important considerations in the development of spiritual care competence (van Leeuwen, Tiesinga, Middel, Post & Jochemsen, 2008). In addition, modeling of spiritual virtues by the faculty members and clinical mentors are fundamental ways to promote spirituality and spiritual care competence among nursing students (Brown et al., 2019).

Clinical Nurses' Perceptions of Spirituality and Spiritual Care

Several studies provide evidence regarding clinical nurses' views of spirituality and spiritual care.
Meaning of spirituality and spiritual care. Studies conducted about nurses' idea of spirituality and spiritual care yielded findings indicating their difficulty describing the concepts. Nurses

failed to differentiate spirituality and spiritual care (El-Noor, 2016), provided a broad, not specific description of both concepts (van Leeuwen, & Schep-Akkerman, 2015), and were uncertain of their definitions (Ozbasaran, Ergul, Temel, Gurol, & Coban, 2011). Nonetheless, nurses defined both concepts in a religious context. Nurses associated spirituality primarily with religious elements and perceived that the provision of spiritual care entails the integration of religious beliefs or practices (El-Noor, 2016; Labrague, McEnroe-Petitte, Achaso, Cachero, & Mohammad, 2015; Ozbasaran et al., 2011).

Role of spirituality and spiritual care in nursing practice. Nurses view spirituality to be an essential facet of nursing. Nurses perceived spiritual care a significant element of holistic patient care that necessitates integration into their nursing role (Chandramohan & Bhagwan, 2015). Likewise, nurses considered that the provision of spiritual care tailored to patients' needs improves the general quality of nursing care (McSherry & Jamieson, 2011).

Specifically, nurses viewed that spirituality provides strength, comfort, and faith. Consequently, nurturing spirituality among patients receiving palliative care helps them to have better health status and to promote their acceptance of the possibility of death (Evangelista et al., 2016).

Moreover, nurses' accounts reflect that spiritual care positively alters patients' situations. Through spiritual care, patients experience relief, can face their destiny, become motivated, can achieve their goals, and have a faster recovery. Lastly, nurses perceived that the delivery of spiritual care to their patients made them feel good for meaningful work done (Giske & Cone, 2015)**.**

Manner of spiritual care delivery. The provision of spiritual care to patients involves various approaches. Nurses provided spiritual care to patients, including family members based on religious beliefs and practices. To recognize the patients' spiritual needs, the nurses used both communication and close observation of the environment. Nurses also shifted the intent of curing to the aim of comforting when they sensed that treatment seems ineffective and fails to improve the patients' health status. The nurses who became more focused on patients' spiritual needs assisted them to pray and frequently pray for them (El-Noor, 2016). Likewise, most nurses perceived prayer with or for patients, including singing religious songs as efficacious interventions (Monareng, 2013).

Besides facilitating activities and satisfying the patients' religious needs, nurses incorporated spiritual care into their general nursing care through physical touch, and responsiveness and intuition which made them more sensitive and subsequently addressed the patients' spiritual needs. Nurses also provided spiritual care by being present and responsive during their communication with patients (Ødbehr, Kvigne, Hauge, & Danbolt, 2015).

Furthermore, nurses resolved their foremost concern regarding how they can help their patients feel relieved through "discerning the healing path, which comprises three stages: tuning in on spirituality, uncovering deep concerns, and facilitating the healing process" (Giske & Cone, 2015, p. 2926). The nurses' willingness to overcome their comfort zone and to build a trusting relationship complemented the three stages.

Lastly, Baldacchino (2006) identified four main nursing competencies needed to deliver spiritual care. The competencies were related to nurses' role as a professional and as a person, the use of the nursing process, nurses' interaction with patients, other members of the health team and clinical/educational institutions, and ethical considerations in care.

Barriers and challenges to spiritual care delivery. Obstacles and difficulties confront nurses as they provide spiritual care. Findings of several studies indicate that nurses' education and training offered inadequate preparation for spiritual care (Alismail, 2016; Chandramohan, & Bhagwan, 2015; Centikaya, Azak, & Dundar, 2013; Wu, Tseng, & Liao, 2016; Zakaria et al., 2015). As Monareng (2013) found out, nurses encountered difficulty conceptualizing spiritual care and in distinguishing it from psychological, emotional, or social interventions. Studies provide evidence on the lack of competence of nurses in providing spiritual care (Abell, Garrett-Wright, & Abell, 2017; Adib-Hajbaghery, Zehtabchi, & Fini, 2017; Ebrahimi, Areshtanab, Jafarabadi, & Khanmiri, 2017; Farahaninia, Abasi, Seyedfatemi, Jalal, & Haghani, 2018).

Furthermore, McEwen (2005) identified personal barriers in providing spiritual care. Nurses do not perceive the spiritual needs of patients as their responsibility, rather a private matter or pastoral accountability. Nurses feel uncomfortable, uncertain, or embarrass with their spirituality and experience discomfort handling situations that cause spiritual distress such as grief, suffering, and death.

Additionally, organizational culture establishes an uncaring hospital environment that considers patients as an object for technical intervention and socially distant, and too tight hospital time that does not provide opportunities for spiritual care (Carr, 2010). All these influences impede the integration of spiritual care in clinical practice.

Ways of enhancing nurses' competence in spiritual care delivery. The findings of several studies support the need to provide nurses with a solid educational foundation and training that enable them to deliver quality spiritual care (Abell et al., 2017; Adib-Hajbaghery et al., 2017; Alismail, 2016**;** Centikaya et al., 2013; Ebrahimi et al., 2017; Giske & Cone, 2017; Herlianita, Yen, Chen, Fetzer, & Lin, 2017; McEwan, 2005; Melhem et al., 2016; Ozbasaran et al., 2011; Wu et al., 2016; Zakaria et al., 2015). Nurses also perceived the necessity of guidance and

assistance from governing bodies for them to be able to effectively address the spiritual concerns of their patients (McSherry & Jamieson, 2011).

Moreover, nurses' experiential learning, level of spirituality, and religiosity significantly contributed to their readiness to perform spiritual care role (Giske & Cone, 2017). Likewise, nurses' spirituality is the most crucial factor influencing their views of spirituality and capability (van Leeuwen & Schep-Akkerman, 2015). Thus, strategies to enhance nurses' spirituality are paramount at individual and organizational levels. Lastly, it is essential to create and nurture a workplace climate favorable for the delivery of spiritual care to patients (Albaqawi et al., 2019).

Patients' Perceptions of Spirituality and Spiritual Care

Studies shed light on the different viewpoints of patients surrounding the concepts of spirituality and spiritual care.

Meaning of spirituality and spiritual care. The findings of Fitch and Bartlett (2019) revealed that spirituality is subjective and brings about a sense of hope, strength, comfort, and support. Besides, patients perceived spiritual distress as emanating from separation from God/Higher Being, beliefs, practices, and co-believers. Additionally, the patients considered that spiritual care was received through connections with a Higher Being, priest/clergy, hospital chaplain, and with fellow believers.

Similarly, patients perceived spirituality within the context of religion in general, but some of them associated spirituality with morality. Patients regarded moralities as a spiritual sign that entails consideration of individual and social moral codes (Rahnama, Khoshknab, Maddah, & Ahmadi, 2012).

Moreover, patients perceived spiritual care as broader than religion and involves caring for the whole person that requires the inclusion of religious support to promote dignity. Patients reported that respect for their religious beliefs and rituals are significant components of dignified end of life (Rykkje, Eriksson, & Råholm, 2013).

Additionally, patients with advanced illnesses articulated their definitions of spirituality and spiritual distress with ease and readily gave rich examples. Also, the patients generally characterized spiritual care focused on active listening, and providing presence and assistance for them to be able to survive at present (Selby, Seccaraccia, Huth, Kurppa, & Fitch, 2017).

Spiritual needs. Patients described complex spiritual needs. The spiritual needs identified by elderly patients include those that relate to religion, finding life meaning, love and belongingness, death and dying concerns, and moral standing (Ross, 1997).

Likewise, the spiritual needs of older adults include their psychological, social, religious, and existential necessities. They need to connect with self, family, friends, Higher Being or nature, and to participate in religious activities (Gautam, Neville, & Montayre, 2019).

Spiritual care roles of health care providers. Grounded on patients' perspectives, health care providers need to perform various roles to provide spiritual care to them. Patients expect healthcare professionals to recognize persons with spiritual distress. Listening to the verbalizations of patients helps in initiating and sustaining conversations regarding spirituality. Discussions during interactions with patients should parallel their spiritual beliefs. Besides, healthcare professionals must be able to convey to the patients their recognition of the reality of the latter's spiritual struggle. Additionally, healthcare professionals must assist patients in overcoming their spiritual struggles by connecting them with proper resources or individuals (Fitch & Bartlett, 2019).

Moreover, older adults give high regard to the role of nurses in meeting their spiritual needs through appropriate spiritual care. The spiritual care provided to older adults relates with data collection, religious guidance, maintenance of family relations, provision of companionship, discussion of end of life concerns, and conduct of counseling sessions (Gautam et al., 2019).

Additionally, elderly patients generally had little expectations of spiritual care, mainly religious support from nurses. Most of the patients preferred to discuss spiritual matters with family, friends, or individuals from the religious group. However, conversation with nurses was desired by patients without family members or by those who feel awkward to talk with family members. Elderly patients concurred that nurses should meet their spiritual needs by all means possible. Likewise, some elderly considered that nurses are responsible for facilitating the provision of religious support to them (Rykkje et al., 2013).

Evaluation of the spiritual care received from health care providers. The provision of spiritual care to patients results in favorable outcomes. The findings of Torabi et al. (2018) suggest that spiritual care among adolescents positively affect their coping with cancer. Besides, the provision of care to address patients' spiritual needs positively impact their overall satisfaction on the care provided to them (Clark, Drain, & Malone, 2003; Hodge & Wolosin, 2013).

Conversely, patients identified some limitations and issues on the spiritual care delivered to them. The availability of a quiet room for reflection and prayer, awareness of hospital church services, and provision of transportation to attend church services could have better satisfied the spiritual needs of elderly patients (Ross, 1997). Additionally, patients recognized flaws in the delivery of spiritual care to them. Few patients received adequate care to meet their spiritual needs because of lack of support and recording of their spiritual concerns (Vlasblom, van der Steen, & Jochemsen, 2012). Lastly, nurses never discussed with elderly patients religious topics as desired by firm believers who expected nurses' attention to their faith (Rykkje et al., 2013).

Discussion

The literature review on the concepts of spirituality and spiritual care generated four main categories of perspectives: nurse educators, nursing students, nurse clinicians, and patients. Several sub-categories emerged from the main categories that include (a) meaning of spirituality and spiritual care, (b) role of spirituality and spiritual care in nursing practice, (c) role of nursing education in developing spirituality and spiritual care competence of nursing students, (d) manner of integrating spirituality and spiritual care in nursing curriculum, (e) methods of teaching spirituality and spiritual care, (f) manner of spiritual care delivery, (g) barriers and challenges to the teaching and learning of spirituality and spiritual care, (h) barriers and challenges to spiritual care delivery, (i) ways of enhancing nurse educators' competence in curricular integration and teaching spirituality and spiritual care, and (j) ways of enhancing nurses' competence in spiritual care delivery.

On the meaning of spirituality and spiritual care, the similarities and differences in the perspectives of nurse educators, nursing students, nurse clinicians, and patients indicate the complexity of spirituality and spiritual care requiring efforts to reconcile perceptions and establish a common understanding of the concepts. Timmins and Caldeira (2017) concluded that spirituality is an intricate concept that nurses fundamentally understand to provide meaningful spiritual support to patients and families. Interestingly, while clinical nurses had difficulty describing spirituality and spiritual care, patients with advanced illnesses readily provided descriptions of spirituality and spiritual distress. Perhaps the patients' experience of heightened spirituality as they cling to divine intervention and spiritual strength and comfort explains their ability in providing descriptions of the concepts easily. Experts concluded that patients tend to become more spiritual during illness because it serves as their source of hope and means of coping with their diagnosis and treatment (National Comprehensive Cancer Network, Inc., 2019).

The viewpoints of nursing students, clinical nurses, and patients reflect the relevance of spirituality and spiritual care in nursing practice. Both nursing students and clinical nurses perceived spiritual care as an essential element of holistic care. Importantly, clinical nurses and nursing students derive satisfaction from the provision of spiritual care. For patients, spiritual care helps them cope with their illness. Likewise, the receipt of spiritual care positively affects their overall satisfaction with the care provided to them. Veloza-Gómez, Muñoz de Rodríguez, Guevara-Armenta, & Mesa-Rodríguez (2016) concurred the mutual benefit of spiritual care provision on the nurse and patient.

Nurse educators and nursing students considered the importance of integrating spiritual care into baccalaureate nursing curricula. This step initially realizes the role of nursing education in developing students' spiritual competencies. Relevant nursing education prepares students to become proficient in spiritual assessment and intervention, thus enabling them to address the spiritual needs of patients. Studies indicate that nurses' competency in spiritual care develops with relevant education (Attard, Baldacchino, & Camilleri, 2014; Yilmaz, Meryem, & Gurler, 2014).

Concerning the manner of integrating spirituality and spiritual care in the nursing curriculum, the literature included in this review did not specify courses to which the concepts could be incorporated. However, nurse educators and nursing students identified varied teaching strategies. Mthembu, Wegner, and Roman (2016) supported the use of a variety of teaching strategies in enhancing students' understanding of spirituality in practice.

In terms of the manner of spiritual care delivery, nurse educators, nursing students, and clinical nurses shared comparable and somewhat differing views. Remarkably, clinical nurses shifted their care intention from curing to comforting when they perceived that treatment failed to improve the patients' health status. This move of clinical nurses complements the heightened spirituality of patients with terminal illnesses. Chochinov and Kann (2005) explained that an intensified sensitivity to the spiritual aspects of holistic care might reduce suffering and boosts the quality of time of patients on the verge of death.

Moreover, nurse educators, nursing students, and clinical nurses identified various spiritual care interventions. The most common intervention is praying with or for patients and families, followed by being present. Other religious interventions identified are reading the Bible and connecting patients with spiritual leaders. These interventions reflect that religious support is an integral component of spiritual care. The concepts of religion and spirituality seem to overlap and are interconnected (Timmins & Caldeira, 2017). Accordingly, Reinert and Koenig (2013) considered the importance of spiritual assessment within the context of patients' religious involvement, cultural beliefs and traditions, and personal desires.

Further, nurse educators, nursing students, and clinical nurses described spiritual care interventions that parallel with the spiritual needs expressed by patients. According to Gallison, Xu, Jurgens, and Boyle (2012), the nurses' spiritual competencies must match the patient's needs to optimize the provision of spiritual care. However, interventions to address patients' spiritual need for moral standing were not explicitly identified. Nurses' recognition of the patients' spiritual needs is paramount to the provision of appropriate spiritual care. Ku (2017) suggested that thorough patient assessment is essential for spiritual care delivery.

Nurse educators and nursing students pinpointed barriers and challenges to the teaching and learning of spirituality and spiritual care. Nurse educators' lack of preparation, understanding, support, and guidance in teaching the concept deterred them from performing their roles. On the other hand, nursing students

identified the lack of emphasis on the concept of spirituality in the nursing program. The nurse educators and nursing students identified organizational and individual barriers in teaching and learning spirituality and spiritual care. These barriers demand effective strategies suited at the organizational and individual levels. As recommended by Wallace et al. (2008), a strong commitment from the academic institution is crucial for the curricular integration of spirituality.

The barriers and challenges to spiritual care delivery as identified by clinical nurses are categorically educational, personal, and institutional. The nurses' shortcomings, as recognized by the patients, reveal a lack of competence in providing spiritual care. Approaches to overcome these barriers and challenges foster the successful provision of spiritual care to patients. Gallison et al. (2012) emphasized the need to address personal and system-related barriers to meet the spiritual needs of patients.

There are several ways of enhancing nurse educators' competence in curricular integration and teaching of spirituality and spiritual care. The use of relevant approaches to enhance competence can produce nurse educators who are excellent resources for students' learning. Catanzaro and McMullen (2001) affirmed that the integration of spirituality into the curriculum starts with nurse educators.

Clinical nurses and nursing students identified various ways of enhancing nurses' competence in the delivery of spiritual care. The implementation of different strategies offers greater opportunities for nurses to acquire proficiency in providing spiritual care that redounds to patients' benefit. Besides, being competent in spiritual care enables clinical nurses to serve as role models for nursing students. Giske (2012) pointed out that nursing students observe clinical nurses' activities on spiritual care, from assessment to documentation.

Conclusions and Recommendations

Nurse educators, nursing students, clinical nurses, and patients presented similar and diverse perspectives on the meaning of spirituality and spiritual care. They recognized the significance of spirituality and spiritual care in nursing practice as well. Significantly, nurse educators and nursing students considered the importance of integrating spiritual care into baccalaureate nursing curricula.

Nurse educators and nursing students identified approaches for incorporating spirituality and spiritual care in classroom and clinical settings but not specific to any nursing course. Besides, no single strategy was acknowledged to be the most effective method of teaching the concepts, and various strategies were suggested instead.

Concerning the manner of spiritual care delivery, clinical nurses, nursing students, and nurse educators identified various ways of providing spiritual care to patients. Significantly, the different

spiritual interventions paralleled with the spiritual needs described by patients. Moreover, nurse educators and nursing students identified organizational and individual barriers and challenges to the teaching and learning of spirituality and spiritual care. Similarly, clinical nurses reported educational, personal, and institutional barriers and challenges to spiritual care delivery. Besides, patients recognized nurses' flaws in the delivery of spiritual care to them.

Finally, several ways were described by nurse educators to enhance their competence in curricular integration and teaching spirituality and spiritual care. Also, clinical nurses and nursing students suggested various ways of improving their capabilities in the delivery of spiritual care.

Research-based strategies to enhance nurse educators' competence in teaching spirituality and spiritual care are essential. Nurse educators must maximize the strategies, resources, and models and minimize barriers to teaching the concepts and subsequently develop nursing students' competencies. Moreover, both academic and healthcare institutions must employ strategies that enhance clinical nurses' spiritual competencies and equip them with resources and opportunities to deliver spiritual care. Lastly, nurses must work closely with patients to meet their spiritual needs.

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