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Spirituality in Nursing education: Knowledge and practice gaps

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Abstract

Nursing philosophy is fundamentally based on an ethos of holistic care. However, spiritual aspects of care are often neglected. There are questions about how spirituality is currently approached and to what extent student nurses feel competent in assessing and delivering spiritual care in practice. A literature review (1993-2017) was performed, using a systematic approach. From the themes identified in the literature review, five major knowledge and practice gaps were noted in nurse education. These were: lack of ontological integration; lack in phenomenological understanding; lack of support and environmental constraints; curriculum structure and unprepared Faculty. Developing competency to deal with spiritual issues in nursing education is still a challenge. Issues of conceptual clarity and articulation around the ontological and phenomenological aspects of nursing must be addressed to prepare nurses to provide truly holistic care, including spiritual and existential issues. Adequate preparation, environmental support for both nursing educators and students, and explicit representation of spirituality in the nursing curriculum will facilitate this. An emphasis on the philosophical underpinnings of nursing care is needed to rebalance existing nursing education to embrace caring for spiritual needs as part of holistic care.

Keywords: nomothetic and idiographic knowledge, holistic, spirituality, nursing curriculum, ontology, nursing philosophy

Summary Statement

Why is this research or review needed?
- To identify the underlying knowledge and practice gaps in relating spirituality to nursing education.
- To explore how spirituality is currently approached in undergraduate nursing education and practice.
- To understand nursing students' and educators' perspectives on spirituality in teaching and practice.

What are the key findings?
- The importance of spiritual aspects of care (broadly defined as relating to the person's meaning and purpose in life) should be emphasised in nursing education.

- Nurse education should embrace the ontological and phenomenological competencies required to provide authenticity and congruency in care giving approaches.

How should the findings be used to influence education?
- A shared understanding among nursing professionals on approaching spirituality should be developed through training and mentoring.
- The importance of spirituality needs to be recognised by the standard setting and curriculum development authorities to establish its application as an essentially required element of teaching and learning.

Background

Health is more than the absence of disease and has been described as the expansion of consciousness, personal growth and self-awareness (Newman, 1997, 1999). Health and wellbeing are affected by many variables including bio-physiological, psychosocial and religio-political contexts (Eisenberg & Kleinman, 1981; Littlewood & Dein, 2000; James & Hockey, 2007). The biomedical approach seems to focus primarily on validating the patient's objective data only, rather than seeking to unfold the underlying subjective complexities of interpersonal relationships often in a multi-cultural context. This debate is grounded in the Cartesian understanding of the dichotomous nature of the human phenomenon (Daaleman et al., 2001). The role of human agency and the power of self-awareness, positive intentionality, consciousness and creativity have been considered active agents in humanistic therapeutic approaches to the subjective phenomenological interpretations of wellbeing. However, these forces have often been reported as 'unrecognised in nursing' (Whitehead, 2003, p.1). Care giving practices are still often grounded in biomedical models and interpersonal, existential and spiritual care aspects remain neglected (Daaleman et al., 2001). Holistic nursing care recognises the importance of spiritual and religious care in promoting health and wellbeing (RCN, 2011; NANDA, 2014; RCN, 2015). However, acceptance of the authentic self of a patient often remains a low priority in nursing care (Daaleman et al., 2001). Nursing standards (NMC, 2010), mention the need to include spiritual assessment in nursing education and practice. McSherry and Jamieson (2013) reported a UK survey of nurses' perceptions of spirituality and spiritual care with 4054 respondents conducted in 2010. They found that nurses struggled to conceptualise spirituality even though they recognised it as an important aspect of holistic care. They emphasised the need for more training in this area and for training to be related to practice. Including spirituality within the nursing curriculum is an important way of ensuring that nurses have the opportunity to explore what spirituality is and how to address it in practice. Prentis et al., (2014) conducted a small survey of University teachers including nursing educators with qualitative and quantitative elements. Whilst most agreed that spiritual issues were relevant in the education of health professionals only 17% reported that spirituality was covered in their teaching practice and curricula. They identified a number of obstacles and facilitators to education about spirituality. In this context, it is vitally important to explore students' perceptions and needs in this area and to identify how the curriculum can prepare students to nurse with spiritual competency.

    Denying the authentic, valuable, personal unique self and disregarding the philosophical concepts underlying intentionality and personal experiences, alters the therapeutic regimen significantly. Recovery, defined holistically, remains a challenge

in providing quality care (Whitehead, 2003). Nursing assessment and care planning do not always take these factors into account; neither are the spiritual aspects of care always made explicit in standards. Though formal recording of religious affiliation is commonly undertaken, the assessment of spiritual needs is rarely recorded. Although, in the UK, the Nursing and Midwifery Council's Code (NMC, 2015) recognises the importance of person-centred care, it contains no explicit mention of spiritual need. In practice, patients' spiritual care appears to have been neglected (Daaleman et al., 2001). This may be related to its relative neglect in nurse education illustrated over the past three decades by writers such as (Narayanasamy, 1993; McSherry & Draper, 1997; Ross et al., 2014; Kalkim et al., 2016).

Introduction

Discrepancies have been identified both in academic and clinical standardisation documents. On the one hand, the largest professional organisation for nurses in the UK, the Royal College of Nursing (RCN) produced online resources on spirituality in nursing care for both students and practitioners (RCN, 2011; 2015). On other hand, the UK's statutory body for the regulation of nursing skills and competency, the Nursing and Midwifery Council (NMC, 2015) designed a code for professional practice without specific mention of spirituality. Similar issues have been identified around the world, including in the USA, (Chan & Chung, 2004; Yilmaz & Gurler, 2014; Lewinson et al., 2015). Over the last three decades there have been a number of calls to integrate spiritual care into nursing education across the curriculum. However, there is no consensus about how this can be done (Narayanasamy, 1993; Benner et al., 2010; McSherry & Jamieson, 2011; Ross et al., 2014; Yuan & Porr, 2014; Lewinson et al. 2015; Caldeira, et al. 2016, Kalkim et al., 2016).

To overcome the gap between aspirations and practice, it is necessary to understand how spirituality is currently approached and to what extent student nurses feel competent in assessing and delivering spiritual care in practice. Hence, a literature review was planned to explore current knowledge and practice and identify the gaps in addressing spirituality in nursing education.

Aim

This literature review aimed to identify what was currently known about developing nursing competencies in assessing and addressing patients' spiritual care needs in undergraduate education.

Methodology

A literature review covering the period 1993-2017 was performed, using a systematic approach to ensure a high level of validity and reliability (Aveyard, 2014). An extended period was chosen deliberately so that a wide understanding of the subject area could be generated and to enable any evidence for trends towards improved education in this area to be noted. In addition, we hoped the underlying factors that influence and shape nursing education and quality care standards would be revealed.

The period initially specified was from 1993-2013. The literature search was kept up to date and repeated towards the end of the study (April 2017) to ensure full account was taken of newer work in this field.

The search strategy included setting inclusion and exclusion criteria, deciding key terms, language(s) and period searched, and type of sources to assure the quality and rigour of findings (Booth et al., 2012).

Inclusion Criteria

English language publications in indexed and peer reviewed journals (1993-2017) which addressed the key question of how undergraduate nurses were prepared to assess spiritual care needs were included. Online articles, reviews, reports, quantitative and qualitative studies were included, provided they were peer reviewed.

Exclusion Criteria

All "grey" materials including letters to the editor, short editorials, online books, chapters, comments and unpublished work were excluded using methodological filters, as those sources were not methodologically robust (Booth et al., 2012; Aveyard, 2014). Studies based on unpublished quantitative tools or without robust qualitative or quantitative evaluation strategies were excluded to maintain the credibility of the research findings (Aveyard, 2014).

Online Searches

Online searches were conducted using CINAHL, PubMed Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN), The University of Huddersfield Library Catalogue, The University of Huddersfield Electronic Library (Summon), The University of Huddersfield Repository and Google Scholar.

Key words

The following key words were used: Spirituality OR/AND spiritual care in the pre-registration nursing curriculum, spiritual care AND nursing students, spiritual care AND nursing educators, spirituality OR/AND spiritual care in nursing education.

The process of data Extraction

The title, abstract and (where relevant) the full text of each article was scanned to establish whether it met the inclusion criteria (Booth et al., 2012). Articles meeting the inclusion criteria, were read carefully, analysed and any relevant references that met the inclusion criteria and were not already identified were followed up and included in the analysis (Fink, 1998; Booth et al., 2012; Aveyard, 2014).

CASP (2013, 2017) advised on setting criteria for establishing the quality of each article for data extraction. This included, commenting on the research design, sample size, methodology used, validity and reliability measures and a critique of any potential bias with reference to conclusions. The literature review also highlighted strengths and weaknesses of each study to enable discussion of the implications and further scope for research. A review grid drawing upon the meta-summary approach illustrated by Aveyard (2014) was developed to compile the details of all selected articles (table 1)). The aim of the grid development was to project the compiled data in a logical and chronological order to facilitate comprehension. Through the grid presentation, underlying themes, the scope and implications of several scholarly discussions and research studies were categorised for further evaluation using the Critical Appraisal Skills Programme guidelines for literature review (CASP, 2013, 2017).

A hierarchy of evidence was established for each theme ensuring critical appraisal of each study identified and seeking to reduce personal bias to a minimum (Booth et al., 2012; Jesson et al., 2011; Aveyard, 2014).

For all selected articles, the data extraction tool was primarily endnote software along with manual record keeping, of the nature of each study, methodology used and publication details (Fink, 1998; Jesson et al., 2011; Booth et al., 2012; CASP, 2013, 2017).

Findings

One hundred papers were originally identified and after excluding Sixty-nine, that did not meet the inclusion criteria, thirty-one papers were considered for review. No additional papers that met the inclusion criteria were identified from the references in these papers. Each study was evaluated for its research design, sample size and assessment criteria to analyse the validity and reliability of the research findings. Details of selected research studies were compiled chronologically. Findings were categorised thematically to develop a logical review structure using CASP (2013, 2017) guidelines.

A paper based on the initial literature review 1993-2015, has already been published (Ali, Wattis & Snowden, 2015). The current paper presents an analysis of the existing knowledge and practice gaps, based on the extended literature review (1993-2017). In addition it explores and discusses the underlying issues pertaining to nursing philosophy that appear to influence the integration of spirituality in nursing education.

The literature review (1993-2017) revealed that most of the studies have been conducted on how to teach spirituality to nursing students**.** The original review found five different types of literature and table 1 summarises these updated to 2017. The categories found were: papers on quantitative assessment tools, papers about different approaches to integrating spirituality in nursing education, reviews of the inclusion of spirituality in nursing texts and curricula, views of nursing educators and students' views. This discussion paper focuses on the implications of the findings from the updated survey for nursing education and practice.

There are several knowledge and practice gaps and influencing factors which pose a challenge to integrating spirituality in nursing education. A detailed discussion of these knowledge and practice gaps is presented below.

Implications for Nursing

Knowledge and practice gap 1: Lack of ontological integration

The literature review showed that teaching strategies based on humanistic philosophy and acknowledging the need for self-awareness, compassionate caring, cultural and religious sensitivity were common approaches to teaching about spirituality (Narayanasamy, 1999a; Barss, 2012a). However, the ontological concept of being and becoming as a way of developing spiritual understanding and competency was not well explored. Being can be understood as the essence of the person, which expresses itself thorough various opportunities (Kang, 2003). With reference to nursing, actions guided by personal intentionality and reflection define the very being of nursing care (Flaming, 2004). Hence, it is vital to establish how intentionality and care-giving attitudes can be developed through nursing education. This calls for integrating ontological aspects in nursing education.

From an ontological perspective, spiritual nursing care can be seen as*, '... an intuitive, interpersonal, altruistic and integrative expression that rests on the nurse's awareness of the transcendent dimension yet reflects the patient's reality'* (Sawatzky et al., 2005, p. 30). Martinsen (2006, 2011) has characterised nursing as requiring self-commitment and invocation rather than being just a task-based profession. Martinsen further differentiates the care approaches and identifies the objective and physiological dimension of care as the recorded eye of a nurse. However, the recorded eye can only see the physiological and recordable aspects of patient's need. Hence, she emphasises

developing a perceiving eye, through which a nurse can connect with patients to understand the patient's care needs (Martinsen, 2006). Such professional commitment requires nurses' emotional openness and availability to their patients. Hence, for such emotional engagement, nurses should be prepared to understand their own ideas of self and being and to extend empathy and vulnerability to their patients' existential and ontological needs (Thorup et al., 2012).

The role of nursing educators and clinical mentors becomes very critical here to orient students to professional values, skills and competencies required to embrace the healthcare policies and caring practices. Through professional socialisation, student nurses internalise values, norms and develop an identity that is accepted by their educators, and recognised by the wider health care team members (Taylor et al., 2001). Student's professional identity is significantly influenced by the values and attitudes practiced by their educators and mentors (Johnson & Cowin, 2012). Hence, by providing mentorship and encouraging students' self-reflection, nursing educators can promote congruent nursing presence. Brown (2010) suggested that by embracing one's own imperfect self, a person can develop self-acceptance and congruency. By acknowledging personal fears and knowledge deficiencies, both nursing educators and students can be facilitated to develop a true and authentic self that could then be sensitive and available to understand others' spiritual care needs (Rogers, 2016).

The literature review identified that enabling student nurses to develop themselves vocationally required professional effort particularly with reference to developing clarity in the nursing curriculum and providing opportunities for transformative learning through reflection and mentorship.

Knowledge and practice gap 2: Lack in phenomenological understanding

Many nurses experience lack of preparedness in meeting the spiritual needs of their patients due to; *'...mismatch between the expectations of education and the reality of practice'* (McSherry 2000a, p. 40). One of the underlying causes of such mismatch, is a focus on 'objective' rather than the 'subjective' truth. This has influenced learning and care approaches used to train nurses in undergraduate nursing education. Benner (1994, p.12) explained that *"... it is necessary to view patients as subjects, not objects; as either acting rationally, or irrationally due to 'causes'"*.

Several tools have been developed to quantify understanding of spiritual aspects of care. However, spirituality can never be entirely comprehended through psychometric analysis using positivistic methods of inquiry (Swinton, 2012). Positivistic inquiry methods are objective and results are based on empirical evidence that can be tested and measured. Qualitative methods explore subjective interpretations and the process of meaning-making (Robson & McCartan, 2016). Hence, qualitative methods are appropriate for inquiring into the nature of meaning-making discourse, relevant to understanding spirituality (Swinton, 2012; King & Brooks, 2017). Swinton (2012) asserts that there are different kinds of knowledge which he characterises as nomothetic and idiographic. Nomothetic knowledge is the kind that can be quantified. In scientific terms, it can be tested and falsified. Providing that appropriate methodology is used, findings from this kind of knowledge can be generalised. Idiographic knowledge is subjective and experiential. It is this later form of idiographic knowledge that is required to develop insight and understanding about spiritual care. At the personal level, this kind of knowledge is subjective and cannot be falsified, tested or generalised using quantitative methods. At a group level, it is possible to devise quantitative tools such as questionnaires to measure changes in understanding and delivery of spiritual care. A number of quantitative tools exploring students' needs and understanding

about spiritualty have been developed and used to evaluate and strengthen teaching and learning strategies in this area (McSherry et al., 2002; Tiew & Drury, 2012; Tiew & Creedy, 2012; Lopez et al., 2014).

Idiographic knowledge cannot be empirically gained using quantitative tools or measurements (Swinton, 2012; Wattis et al., 2017). Idiographic knowledge and insight can be studied using qualitative methods where the meaning- making process can be recognised and interpreted. Swinton (2012), also asserts that nomothetic knowledge which can be measured through scientific experiments may not be effective and appropriate at the personal level in gaining insights about spirituality. Quantitative methods offer a limited understanding of students' learning experiences and the factors behind the identified conceptual difficulties (Robson & McCartan, 2016). Exploring how students interpreted and expressed their experiences on quantitative scales leaves a gap in understanding. The understanding of meaningfulness, value-based knowledge and behavioural transformation can be developed using qualitative approaches (Wattis et al., 2017). Perhaps, a more integrated learning and assessment approach is required to design a competent nursing curriculum. Carl Rogers' work on developing client or person-centred care through empathy, congruence and unconditional positive regard (Rogers, 1959) is relevant here. By applying Rogerian person-centred approaches in education, students can be enabled to develop congruence, acceptance and empathy through learning facilitation and mentorship (Carlin et al., 2012). This involves developing phenomenological, subjective and inter-subjective understanding in student nurses.

Knowledge and practice gap 3: Lack of support and environmental constraints
Studies exploring students' views revealed that the existing nursing curriculum does not appear adequately to prepare nurses to connect with patients' existential and spiritual dimensions. This appears to be due to inadequate explanation, insufficient mentorship and a deficiency in articulating spirituality and spiritual care needs within the nursing curriculum (Callister et al., 2004, Yilmaz & Gurler, 2014; Timmins et al., 2014; Ross et al., 2014; Kalkim et al., 2016).

Relatively few studies were found exploring the experiences and concerns of nursing educators. However, similar challenges and anxieties were reported by nursing and other healthcare educators. These included lack of confidence, political influences on institutional policies, lack of preparedness to encounter challenges from multicultural faith systems, professional constraints, role ambiguity, workload priorities, and personal bias and experience (McSherry & Draper 1997; Timmins & Neill 2013; Prentis et al., 2014; Kalkim et al., 2016). Moreover, based on personal experiences, choice and confidence level, there were only a few educators who deliberately attempted to embrace the concept of spirituality as a legitimate item in the curriculum (Narayanasamy, 2014). Because of environmental constraints, lack of clarity in the curriculum, and personal choices, spiritualty seems to have been overlooked in teaching and learning practices.

Knowledge and practice gap 4: Curriculum structure and unprepared Faculty
Students reported a lack of confidence in their competency and felt they had not been properly prepared by their educators to address this area (Ross et al., 2014). Also, students recognised the need to explore their own spirituality before learning to approach others (Lopez et al., 2014). Quantitative and qualitative studies have been conducted to develop knowledge about students' and educators' understanding of the place of spirituality in nursing education. Van Leeuwen and Cusveller (2004) have developed a

list of nursing competencies for spiritual care. However, there is a dearth of research identifying the required competencies for nursing educators in preparing nurses competent to identify and respond to spiritual care needs (Cone & Giske, 2012). There is a deficiency in understanding how the competencies to address the spiritual care needs of patients can be developed and there is no standardised teaching practice or explicit representation of spirituality in undergraduate nursing education (Caldeira et al., 2016).

Conclusion

This literature review has identified a need to rebalance nursing education to embrace evidence for the importance of 'subjective' interpersonal meaning-based aspects of care as well as the more traditional 'objective' positivistic evidence-based approach to diseases. Nurses are not as well-prepared for the ontological role of a care provider, as they are for the tasks involved in disease management (Benner et al., 2010). This transformation can only be achieved if nursing graduates can be enabled to develop the required competencies and motivation to understand and connect with patients in order to address spiritual care needs in a person-centred way (Rogers, 2016). Also, it requires strong nursing standards based on sound philosophical underpinnings, to guide the curriculum structure. Nursing education and learning needs in this area need to be identified and addressed from the ontological and phenomenological perspectives of holistic nursing care (Frisch, 2003).

Conceptual clarity about spiritual care needs to be established with an educational framework and explicit recognition of spiritual care in required standards. This would facilitate a shift from a task-focused mechanical approach to nursing to a truly holistic and person-centred approach which gave equal importance to spiritual care. Due to a focus on narrowly-defined 'evidence-based' practice, care practices often appear to be mechanical representations of the health 'industry' (Francis, 2013). An emphasis on spiritual care could help restore the balance between technical care and the healing aspects of interpersonal care. Integration of social humanities courses such as philosophy, phenomenology, anthropology and art could be a way of developing these competencies in students (Callister, et al. 2004; Kenny & Ashley 2005; Benner, et al., 2010; Yuan & Porr, 2014; Bennett &Thompson, 2015). More research is needed into whether and how these and other approaches can be incorporated into an already crowded nursing curriculum. What is clear is that humanity and spirituality should not be overlooked in favour of a purely mechanistic and dualistic approach to care.

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Appendix

Table 1: Summary of Literature review (1993-2017)-
(This is an updated version of Literature review 1993-2015; cited in Ali, et al. (2015).

Year/ Author	Purpose of the study	Type of study/ Information	Findings, strengths and limitations
1993 Narayanasamy	The need of preparing nurses on adequate educational grounds to address spiritual care needs of their patients was established	A small survey study	The study highlighted that nurses do acknowledge patients' spiritual needs but find lack in confidence to address spiritual care needs. **Theme:** Teaching and learning approaches
1994 Ross	Need analysis to train nurses for spiritual care competency	Expert opinion	Emphasised on exploring how and what to be taught to nurses to be competent in spiritual care. **Theme:** Teaching and learning approaches
1997 Bradshaw	Need analysis on preparing nurses for spiritually competent care.	Expert opinion	Argues whether spirituality can be taught to students or spirituality is personal and vocational. **Theme:** Teaching and learning approaches
1997 McSherry and Draper	To explore how to integrate spirituality in nursing education and practice.	Expert Opinion	Explored factors shaping the role and status of nursing in society and influencing the institutional inclinations to integrate spiritual factors. **Theme:** Conceptual analysis of the term spirituality.
1999 Bush	Journaling as a tool to develop understanding of spirituality	Reflective Paper	Applied theoretical knowledge and principles but no research method was used to measure the effectiveness of the intervention. **Theme**: Teaching and learning Approaches
1999a Narayanasamy	Proposed "ASSET" Model linking self-awareness to recognition of spiritual factors	Expert opinion	This model was recognised and used by Baldacchino (2008, 2010) in developing study units for undergraduate and graduate nurses. **Theme**: Nursing Model on Spiritual care
1999 Greenstreet	Explored the concept of spirituality in nursing education	Literature Review from 1970- 1999	Identified challenges to teaching spirituality in nursing. Limited exploration of how concepts of spirituality were embedded in nursing curriculum. Lacked student perspectives. Did not explore pedagogical issues. **Theme:** Conceptual analysis of the term spirituality
2000 McSherry	Explored debates surrounding teaching of spirituality in nursing education.	Expert Opinion	Presented a critical analysis of both historical and traditional teaching and learning approaches to integrate spirituality in nursing education. Did not consider philosophical and transcultural issues adequately. **Theme:** Teaching and learning approaches
2002 McSherry, et al.	Developed spirituality and spiritual care rating scale (SSCRS), to determine the effectiveness of integrating spirituality in the nursing curriculum.	SSCRS (17 item Likert scale)	Validity and reliability tested. Lovanio and Wallace (2007), Wallace et al. (2008), and Tiew et al. (2013) found this scale effective understanding students' needs and reflections whilst integrating spirituality in nursing education. **Theme:** Quantitative Approaches
2002 Pesut	To explore how undergraduate nursing students, perceive spirituality and spiritual health and relate it to spiritual care.	An exploratory study.	The study was conducted in a private Christian nursing institution; the study was strongly influenced by Christian theology and of limited application in a multi-cultural setting. The validity of 20 item scales used to assess quality of spiritual health was not established. **Theme:** Teaching and learning Approaches

2002 Hoover	To evaluate the impact of a module on caring based on Watson's transpersonal caring-healing model (1999), with significant emphasis on spirituality.	Focus group interviews taken from 25 students, before and after the course implementation.	The study finding demonstrated an increase in self-awareness, finding meaning in connecting with self and others, value clarification and increased knowledge about holistic care. However, the study lacks in recommending potential courses to be integrated in nursing curriculum to put due emphasis on spiritual care aspects while recognising compassionate care as an expression of integrating spirituality in nursing education. **Theme:** Teaching and learning approaches
2004 Callister, L. C., et al		Survey from 132 BScN students in USA.	Students views on the integration of spirituality in nursing education was gathered. Curriculum review presenting different courses and integration of spirituality in one of US college of nursing was presented. Detailed account of teaching and learning strategies used by only one college was presented as an exemplary case. This study could be useful to develop integrated nursing curriculum as several course structures were shared. Further researches would be required to confirm its validity and application. **Theme:** Nursing Curriculum
2005 Kenny & Ashley	To recognise the need of a specialised course for integrating spirituality in paediatric nursing education. The results showed that some of the challenges of delivering spirituality are common to both adult and children's nursing.	A Questioner was developed	Specialised curriculum is recommended to address spiritual care needs of children and their family. A valuable contribution exploring students' perspectives and needs to bring innovation in existing UK undergraduate curriculum. Validity of questioner developed is questionable as well. A small student sample from one UK university, more researches in this aspect could inform the needs and perspectives. **Theme:** Nursing Curriculum
2007 Mooney and Timmins	To teach and incorporate spiritual concepts in an innovative way.	Focus group study	Along with class room teaching activity, nursing students were taken out on a museum visit to engage in a reflective activity to comprehend spiritual aspects through the medium of creative Art. The article gives little description of the nature of spiritual themes covered in the teaching sessions prior to the museum visit. The underlying philosophical structures anchoring the teaching marked this study as a significant step in approaching spirituality from a phenomenological perspective. **Theme:** Teaching and learning approaches
2008 Wallace et al.	The purpose of this project was to integrate spirituality into the undergraduate nursing curricula and measure student outcomes related to spiritual knowledge and attitudes.	A quantitative, (pre-test/post-test) and qualitative study based on SSCRS (McSherry *et al.*, 2002)	Significant differences in spirituality knowledge and attitudes among senior-level nursing students observed. Hence, study recommends that, A) concept of spirituality should be threaded throughout the curriculum, from the first to the final year courses. B) Nursing educator should be encouraged and supported for taking specialised workshops on understanding and approaching spiritual ideas. C) Transcultural studies, world religion, and courses on diverse value beliefs

			should be integrated within nursing education. A well-structured study, however, briefly discusses the curriculum innovation to suggest a way forward. **Theme:** Quantitative approaches/ Teaching and learning Approaches
2008 McSherry, et al.	To explore the ethical basis of teaching student nurses about the concepts of spirituality and spiritual care.	Exploratory longitudinal design. Progressing students from year 01- year 03 undergraduate programme. A questionnaire incorporating the Spirituality and Spiritual Care Rating Scale used.	Response rate of 76.7% was achieved on the SSCRS. Spirituality was majorly perceived as related with existential phenomenon of human life. Several uncertainties and anxieties were reported by students on inquiring whether spirituality could be taught. The study findings cannot be generalised due to limited cohort size and sampling. Students perspectives gathered by qualitative exploration are required to study the nature of issues for further proposals. **Theme:** Students' perspectives
2008 Baldacchino	To develop awareness of spirituality in students to facilitate spiritual care.	Study unit developed.	A study unit on the spiritual dimension in care was designed and introduced but not fully evaluated. Course content could be a useful re- source for developing future module on spirituality and holistic care. **Theme:** Teaching and Learning Approaches
2008 van Leeuwen et al.	To study the effect of a course for nursing students on developing competence in spiritual care.	Quasi-experimental crossover design (pre–post-test). The Spiritual Care Competence Scale, Cronbach's alpha 0·82, (van Leeuwen et al. 2007) was used	Student groups (Control and intervention) were found confident and improved in spiritual care proficiency. The study has the strengths of quantitative design in measuring change and difference in assessing student's spiritual care competency, but students' self-perceived competencies could be argued based on same religious background. **Theme:** Quantitative Approaches
2009 Taylor et al.	To study how attitudes toward spiritual care, changed from before to after, a self-study programme on spirituality.	201 nursing students and RNs, independently completed the mailed self-study programme Study was evaluated on the basis of self-report study instruments (i.e. Daily Spiritual Experience Scale, Spiritual Care Perspective Scale-Revised, Response Empathy Scale, Communicating for Spiritual Care Test, and Participant form.	A pre-test and post-test, pre-experimental design was used to study attitudinal shift toward spiritual care, ability to create empathic verbal responses after going through the self-study programme. The finding suggests that to an extent the self-study programme was useful for both student and graduate nurses in developing understanding about their own spirituality and understanding the spiritual care needs of their patients. However, the validity and transferability of such a self-study programme could be challenged in terms of human touch over virtual grounds to teach and explore spirituality and spiritual care needs in nursing. **Theme:** Teaching and Learning Approaches.
2011 Nardi, Faan and Rooda	To develop a practice theory of spirituality based nursing to teach integrating	Exploratory mixed-method study. A comprehensive	A practice theory was developed to teach spiritual and metaphysical aspects of nursing care. However, this study does not adequately address

	metaphysical and spiritual appropriation in nursing care.	review of current textbooks, published papers, and research on holistic nursing and spirituality, 45 statements on personal spirituality converted to Likert scale questionnaire.	the existing curriculum needs with reference to knowledge and practice gaps, to integrate metaphysical and spiritual care approach in nursing students. **Theme:** -Conceptual analysis of the term spirituality -Teaching and Learning Approaches
2012 Barss	Describes the development of "TRUST" model for understanding spiritual care needs of patients.	Expert Opinion	Limited competencies were mentioned with reference to nursing educators to enable self - evaluation or continuous self-transformation as a major teaching and learning component in nursing education. No further research validating the impact of the TRUST model found. **Theme:** Teaching and Learning Approaches. Nursing Model
2012 Cone and Giske	To study how nurse educators, prepare students to learn to assess and care for spiritual needs.	Grounded theory based on semi-structured interviews with 19 educators	Found role-modelling and mentoring supported students' development of insights concerning spirituality and spiritual care needs. Curriculum issues (facilitators and barriers) not explored. **Theme:** Nurse Educators' Perspectives
2012 Giske and Cone	To explore undergraduate nursing students' perspectives on spiritual care and how they learned to assess and provide it.	Grounded theory, Data collected through semi-structured interviews at three Norwegian University Colleges in eight focus groups with 42 undergraduate nursing students.	Students highlighted the need to integrate existential and spiritual components more explicitly in nursing education. Evaluative discussions on clinical interventions and role-modelling by nursing educators were appreciated. **Theme:** Nursing Students' perspectives
2012 Giske	To explore how nursing students learned about spiritual concepts in clinical studies.	Literature review (1980-2012)	Only 10 articles were identified over 30 years. The study identified the following factors: learning through real-life clinical experiences; use of specific teaching and learning methods; self-awareness regarding spiritual needs and support from nurse educators. **Theme:** Teaching and Learning Approaches
2013 Timmins F Neill F	To evaluate the content and delivery outcomes of teaching spirituality in nursing education.	Literature review 2007-2012. 3 papers were examined indicating 2 researches in USA and one in Malta.	Approaches found rooted majorly on religiosity factor. Does not provide sufficient studies carried on globally, to generalise the quality and impact of such studies. **Theme:** Teaching and Leaning approaches
2013 Cooper K, Chang E, Sheehan A, Johnson A	To explore the impact of spiritual care education on nursing students	Literature review (1993-2011)	The article provides a literature review on how spiritual care aspects are integrated in nursing education (1993-2011). Also, it discusses some studies exploring the perception of nursing student on learning spiritual care components. This study proposes the need of further nursing researches to explore integration and impact of

			spiritual care education on nursing students in Australia. Lacks conceptual clarity in relating aim and findings. **Theme:** -Nursing Students' Perceptive
2013 Tiew et al.	To determine the integration of spirituality in curriculum, and effectiveness of a focused student education project	Descriptive cross-sectional study using Spiritual Care Giving Scale SCGS (Tiew and Creedy, 2012)	Could be useful to relate with multi-cultural perspective. Previous UK and USA based similar studies were compared to declare the congruency in findings from Asian perspective. However, the reliability and validity of the newly developed SCGS (Tiew and Creedy, 2012) tool could be challenged. **Theme:** Nursing Students' perspectives
2014 Lopez et al.	To explore Australian nursing students' perceptions on spirituality	A cross-sectional survey was conducted - A 32-item WHO-QOL-SRPB questionnaire was used.	The study marks that nursing students should understand their own spirituality before approaching patients spiritual care aspects. However, the findings found based on comparing gender, and making judgments on spiritual articulation based on religious affiliations. Hence, leaves this study in very narrow position to validate and generalise the aim of this study. **Theme:** Nursing Students' Perception
2014 Timmins et al.	To explore the degree of inclusion of spirituality and spiritual care concepts in core nursing textbooks by going through all nursing and midwifery core books (n= 580). Perceptions of spirituality.	Spirituality Textbook Analysis Tool (STAT) developed and validated.	This study identifies that nursing texts should be strengthened by providing consistent focus and inclusion of spiritual care themes. **Theme:** Nursing Texts, Documents reviews
2014 Narayanasamy	To emphasis upon the need of integrating spirituality in nursing education as a response to emerging multicultural and diverse religious and cultural needs in UK.	Review article	The paper highlights the ambiguity and discrepancies in governmental policies and structural issues overlooking the issues of ethnic plurality with reference to spiritual care needs of NHS patients. The review calls for integrating spirituality in nursing education by acknowledging the spirit equality and antidiscrimination in the multi-cultural society. **Theme:** Nursing Curriculum, Teaching and learning approaches.
2014 Yilmaz and Gurler .	Explores the efficacy of a revised and integrated undergraduate curriculum compared with a traditional nursing curriculum in Turkey.	A quasi-experimental post-intervention two-group design was conducted from 2009-2011 covering different academic years. A total of 130 students participated.	The intervention group consisting of students exposed to an integrated curriculum, scored significantly better on the SSCRC than a control group, using a traditional nursing curriculum. The study emphasised the need to revise the existing nursing curriculum to integrate spiritual care. This study could be considered as a pioneering step in reconstructing a national nursing curriculum **Theme:** Nursing Text books and Curriculum
2015 Lewinson, et al.	Identifies various scholarship and clinical approaches developed to	Literature review (2002-2014)	A comprehensive review on studies done in various parts of the world. Provides inclusive review on both educational and clinical practices developed to

	related spirituality in undergraduate nursing education.		integrate spirituality in nursing education. Lacks in approaching spirituality from ontological perspective. **Theme:** Teaching and Learning approaches
2015 Bennett V., Thompson M.L.	To explore effective teaching strategies for nursing educators to integrate spirituality in nursing education.	Literature review	Several challenges and barriers in teaching spiritualty in nursing education are recognised. The paper reviews different teaching and learning strategies that may be useful for developing confidence and preparing nursing educators to relate spiritual care components in nursing courses. **Theme:** Teaching and Learning approaches
2016 Kalkim et al	To explore student nurse's perspectives on spirituality and spiritual care in Turkey	Descriptive survey using nursing student sociodemographic form, form on nursing students' knowledge and practices of spirituality and spiritual care, and the Spirituality and Spiritual Care Rating Scale.	SSCRS credibility as Turkish version was established. Cronbach's alpha coefficient was 0.76 and the alpha coefficient reported for this study was 0.82. Multiple linear regression analysis identified the impacts of variables. 0.05 was set as the level of significance. Inadequate integration of spirituality in nursing education was reported by nursing students. knowledge and practice gap, time and work constrain along with lack of clarity from nursing educators were identified as major challenges. however, based on personal experiences and belief systems students found addressing and relating to spiritual care needs. The study was conducted using purposive sampling in one school of nursing, hence its generalization and reliability is questionable. **Theme:** Knowledge and practice gap, perspectives of student's nurses.
2016 Caldeira S., et al	To explore how spirituality is addressed in undergraduate nursing curricula across Portuguese and Brazilian nursing schools in 2014-2015.	Cross-sectional, descriptive, and survey research, electronic questionnaire sent via email.	129 email responses from nursing educators received. Several curricular units identified encompassing spirituality. However, varied content and teaching approached were used. it was concluded that spirituality is poorly addressed in clinical practice. Although, the importance of teaching spirituality was recognised in undergraduate nursing education, however no standard or established curriculum was found in nursing schools. **Theme:** Nursing curriculum, View from Nursing educators.

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