An Overview of Ward Nurses' Spiritual Care Competency: A Systematic Review

Mohamad Ashraf Mohd Asri[1], Nor'ain A. Rashid[2]*, Nur Anis Zarime[3]

[1] KPJ Ampang Puteri Specialist Hospital, 1, Jalan Memanda 9, Taman Dato Ahmad Razali, 68000 Ampang Jaya, Selangor.
[2] Department of Critical Care Nursing, Kulliyyah of Nursing, International Islamic University Malaysia, 25200 Kuantan, Pahang.
[3] Department of Islamic Studies, University Collage Yayasan Pahang, 26060, Kuantan, Pahang.

*Corresponding Author's email: norainabdulrashid@iium.edu.my
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ABSTRACT

Spirituality can be a strong and significant source of support for those who have health issues. Studies have shown that spiritual well-being can have a profound effect on a patient's mental state and psychological well-being. Patients who receive sufficient spiritual care are reportedly happier with the care and treatment they receive in hospitals and are likely to have fewer negative emotions. Although assessing spiritual needs and providing spiritual care to patients are essential components of a nurse's job, research indicates that nurses do not always execute these tasks with their patients, nor are they competent enough to provide this critical service. This literature review aims to analyze and summarize a comprehensive and thorough review of previous research, theories, and knowledge about spiritual care in relation to nurses' competence. The online search for nursing and medical journals published between 2017 and 2023, as well as the library databases, were accessed through electronic databases. The critical appraisal for the studies was conducted using the JBI Critical Appraisal Tool for Analytical Cross-Sectional Studies. Forty studies were finally included in this review. The findings extracted from the literature review made visible the following five key themes: level of spiritual care competencies, definitions of spiritual care, education and training, time management and sociodemographic factors, Nurses as the primary caregiver need to develop a high degree of competency in giving spiritual care as this will help patients meet their spiritual needs thus improving spiritual health and quality of life. Gaining proficiency in this type of practice as the patient's primary caregiver will enable patients to better satisfy their spiritual requirements, enhancing their quality of life and spiritual health.

Keywords: competency, holistic care, nurses, spiritual care

INTRODUCTION

Spiritual care, which is considered a significant part of holistic nursing care, involves nurses as frontline caregivers to fulfill patients' and their family members' emotional, psychological, and spiritual needs. Specifically, it can be defined as providing each patient with dignity and respect by respecting their values and beliefs and promoting activities that help them find purpose and hope in their pain and despair (Milan Jr. & Buenaventura, 2021). Spirituality is one of the key aspects of delivering spiritual care, which is also a fundamental dimension of human well-being. Spirituality can be interpreted as a relationship with a higher power, or an outcome of self-transcendence, and it manifests through customs, beliefs, values, and behaviors (Zambezi et al., 2022). Therefore, a specific care approach towards spirituality is necessary to have a positive impact on patient's well-being due to its potential to enhance patients' ability to cope with the illness and achieve better physical and mental health outcomes.

It is possible that patients struggle to maintain positivity when they are sick, feeling weak and helpless. Apart from family support, patients need emotional and spiritual support from the staff at the hospitals, namely the nurses who attend to them day and night. Thus, it is vital to highlight the need for nurses to be well-prepared when addressing the dimension of spiritual and religious beliefs of the patients as healthcare keeps evolving day by day, thus making its competency a fundamental component of nursing practice. Competency here refers to a set of characteristics and elements in terms of skill, management, communication, attitude, knowledge, and other aspects

(Abusafia et al., 2021). This spiritual care may also include caring for death (Saring & Ping, 2021). In palliative care settings, it highlights the need to integrate Islamic spiritual practices and rituals to improve the well-being of both patients and caregivers (Ismail et. al., 2024).

A skilled nurse would be able to meet all of the patient's needs and successfully deliver high-quality care (Abusafia et al., 2021). Recognizing the significance of spiritual care in the treatment process is a must for nurses to develop and demonstrate competencies in spiritual care. Therefore, this literature review aims to deliver and analyze a comprehensive and thorough review of previous research, theories, and knowledge about spiritual care specifically stressing nurses' competence.

The relevant studies were reviewed and processed to highlight knowledge gaps and for further justification of spiritual care competency among nurses. The literature review was summarized and guided by the following objectives:

1. To identify what is the level of spiritual care competency among nurses.
2. To understand what are the issues and contributing factors regarding spiritual care.

METHOD

Search Strategies

A systematic review was conducted in October 2023 and completed in November 2023 to search for any relevant articles published between 2019 and 2023. The search was conducted through the utilization of relevant databases and grey literature searches, specifically ProQuest, BMJ Online Journals, ScienceDirect, and Google Scholar. The search strategy employed specific keywords and terms in articles with words like 'spiritual care', 'competency', 'nurses', and 'perspectives', in conjunction with Boolean operators which are 'AND', 'OR', or/and 'NOT'. Following the evaluation of resources for title eligibility and relevant years ranging from 2019 to 2023, 1680 articles were initially discovered. However, the establishment of inclusion and exclusion criteria allowed for a more focused and targeted search.

The Inclusion and Exclusion Criteria

To execute a high-quality systematic literature review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart was utilized as a guide. The Joanna Briggs Institute (JBI) Analytical Cross-Sectional Studies Critical Appraisal Tool (Moola et al., 2017) was used to assess the quality of the article. The tool aids in assessing the quality and validity of the research studies, which consist of structured checklists with eight questions to guide the critical appraisal process (See Appendix I). It allows researchers to evaluate the methodology, results, and overall credibility of a study

In this review, only studies that are related to spiritual care are included. They can be English articles that are qualitative studies, quantitative studies, or mixed methods. In addition, articles that have been indexed in scholarly publications and full text are reviewed. Peer-reviewed articles in the databases and non-full-text articles published before 2019 are the exclusion criteria. This instrument serves as a guide for critically assessing studies and consists of an organized checklist with eight questions. The clarity of the research question, the suitability of the study design in connection to the question, the completeness of data collection, and the validity of the results were some of the criteria used to evaluate what constitutes "good quality" research. Only research that fulfilled high standards for scientific rigor was included in our study thanks to this thorough examination.

After screening the titles and abstracts, 40 articles were finally chosen. These were then further examined and the review's conclusions were drawn from them. The details of the critical appraisal for the chosen article are shown in Figure 1.

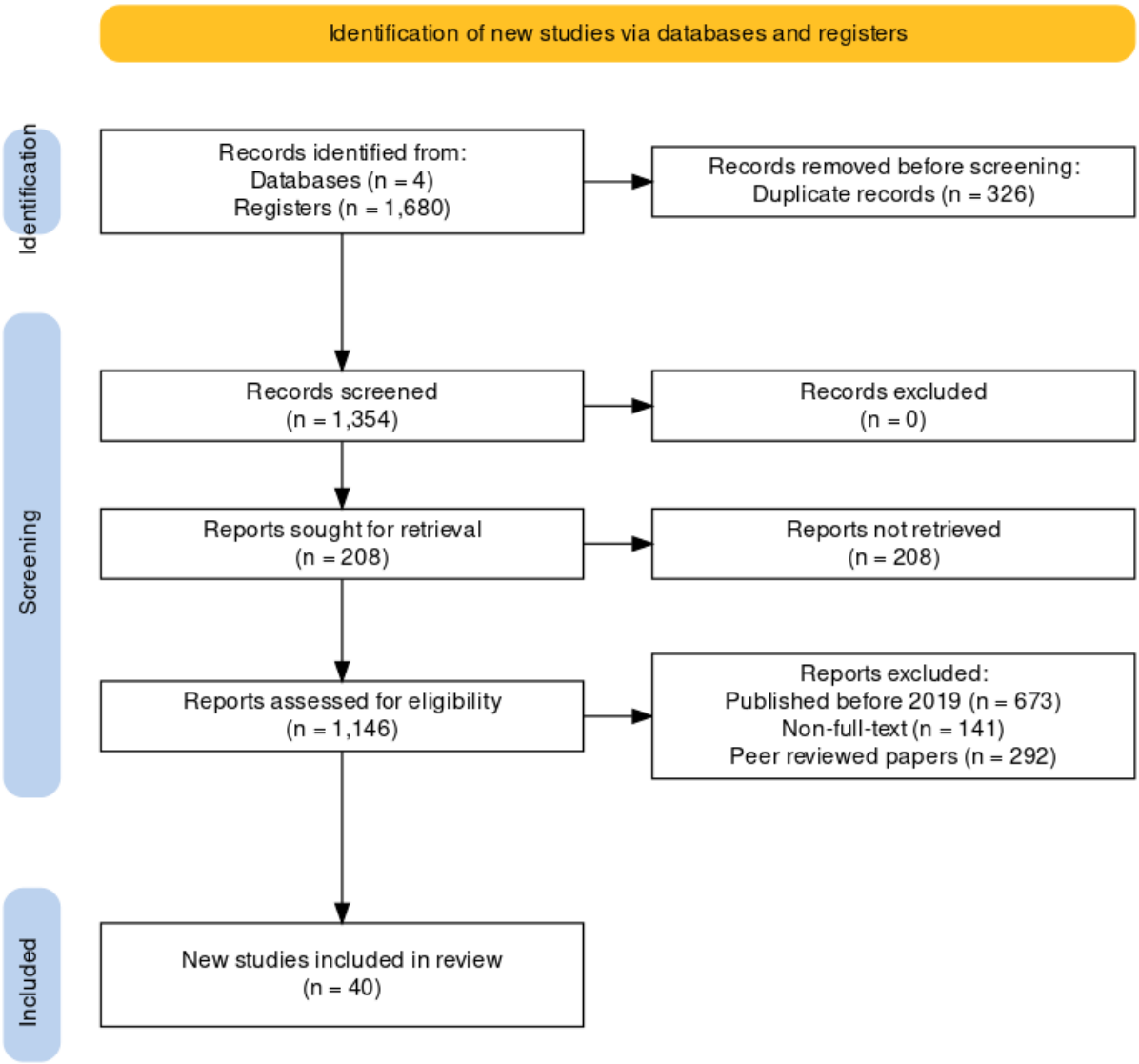

Figure 1: PRISMA flow chart

DATA ANALYSIS

To analyse the data obtained, a standardized form was used for data extraction, which involved gathering the most important information from each article, such as the study design, participant demographics, primary findings, and important spiritual care competency themes. In the data analysis phase, themes were jointly produced by the research team after the retrieved data were coded using thematic synthesis. In order to ensure a comprehensive synthesis of the literature and to develop themes, this iterative process included frequent comparison.

Three researchers worked together to choose the articles. Each person assessed the titles and abstracts for relevance based on the inclusion criteria. Arguments were settled by discussion until an agreement was achieved. By strengthening the screening procedure and lowering bias, this cooperative approach increased the validity of the selection. A comprehensive synthesis of the literature was produced as a consequence of this iterative process, with continual comparison to enhance themes. The literature review matrix is summarised in Appendix 2.

RESULTS

From the 40 studies included in this literature review, the majority of the studies were conducted in China (n=8), followed by Iran (n=5), the United States (n=4), Norway (n=4), Turkey (n=4), Taiwan (n=3), Malaysia (n=3), South Africa (n=2) and Pakistan (n=2). Only one study was found in each of the following countries; Indonesia, Korea, the Philippines, Ethiopia, Poland, and La Union. In terms of the study design, most were quantitative and cross-sectional studies. Only four were quasi-experimental studies (Hsieh et al., 2022; Ghorbani et al., 2020), non-randomized controlled trial studies (Hu et al., 2019) and pre-post study (Shamsi et al., 2022).

Next, the critical appraisal process began using the JBI Analytical cross-sectional studies Critical Appraisal Tool. Most of the articles included in this study were of high quality. However, a few articles did not give clear statements on the methodology, limitations of the study, and ethical considerations relevant to the study. The findings extracted from the literature review have emerged five key themes: level of competency in spiritual care, education, and training, clear definitions of spiritual care, time management, and sociodemographic factors.

This literature review has synthesized five main themes related to spiritual care among nurses; level of spiritual care competency, education and training, definition of spiritual care, time management and sociodemographic factors.

Theme 1: Level of Spiritual Care Competency

As mentioned earlier, competency is defined as a set of characteristics and elements in terms of skill, management, communication, attitude, knowledge, and other aspects (Abusafia et al., 2021). The domain of this study is the measurement of competency level among nurses in providing spiritual care in a hospital. As stated before, spiritual care is related to treating the patient with dignity and respect by considering their values and beliefs and promoting activities that help them find purpose and hope in their pain and despair (Milan Jr. & Buenaventura, 2021). However, the practice is futile without having enough competency as it involves the holistic care plan and progress of the patient.

In a cross-sectional study in Southwest Ethiopia, 367 nurses who participated in the study through self-administered questionnaires scored a mean score of 3.14 for spiritual care competency. This suggests that these nurses have a moderate level of spiritual care competency (Kalid Seid & Adem Abdo, 2022). These results were similar to a local cross-sectional study by Ali H. Abusafia et al. (2021) conducted in Malaysia. The questionnaire which was self-administered in the Malay language (*Bahasa Melayu*) had a maximum score of 135 and a minimum score of 27. A score of 64 or less indicates low spiritual competence while a score of 64 to 98 suggests average spiritual care. A score of 99 or higher indicates excellent spiritual competence. This study highlighted that 69.7% of staff nurses had an average level of competency. These findings concur with previous research conducted among nurses in Iran and Taiwan (Fang et. al, 2022), which showed nurses' average competency level of spiritual care.

In yet another study on nurses from the medical, surgical, orthopedic, and obstetrical-gynecological departments in the Philippines**, t**he result of spiritual care competency was demonstrated in terms of assessment, planning, implementation, and evaluation. Echoing other studies, the researchers found that the staff nurses were moderately competent in providing spiritual care. Factors that influenced their level of competencies were personal, psychological, and socio-cultural (Milan Jr. & Buenaventura, 2021).

A study from China by Zhang et al. (2023) used a cross-sectional descriptive design to analyze the level of spiritual care competency among 442 community nurses. It is found that the spiritual care competency possessed by community nurses was found to be positively correlated with their level of spiritual awareness.

Thus, nurses' competency level in spiritual care is still at a moderate or average level in both local and global contexts. This would indicate that nurses need to participate in educational programs on spiritual care to increase their competency and capabilities.

Theme 2: Education and Training

Seven articles discussed the extensive lack of education and training in spiritual care practices among nurses globally (Burkhart et al., 2019; Hu et al., 2019; Fang et al., 2022; Semerci et al., 2021; Green et al., 2020; Irmak & Midilli, 2021; & Zeng et al., 2023). Most articles agreed that one of the factors that influenced nurses' contribution to spiritual care was inadequate education and training programs specifically related to spiritual care. For example, Burkhart et al. (2019) noted that nurses did not have professional training in addressing spiritual needs and they were unaware of accessible spiritual resources when needed. A similar cross-sectional study from China conducted by Zeng et al. (2023) revealed that 65.1% of 372 participants did not have any training in spiritual care.

A descriptive study by Semerci et al. (2021), was conducted in Turkey involving 128 nurses to explore their perspectives on spiritual care services. 11.4% of these nurses did not assess the spiritual needs of their patients or implement any approach to assess patients' spiritual needs, potentially due to a lack of training. However, according to the findings of this study, some nurses agreed that enhancing nurses' spiritual care competency could boost nurses' satisfaction, and decrease burnout in addition to encouraging adequate spiritual care to patients (Semerci et al., 2021).

A mixed-method study by Green et al. (2020) in the United States examined the association between spiritual care education, preparedness, competence, and frequency of provision of spiritual care among nurses. It is revealed that 40% of participants reported having received spiritual care education as part of their curriculum while 30% received spiritual care training at work. As nurses are primarily equipped to evaluate more on physical aspects of patients, a lack of spiritual education may be a barrier to holistic care. However, they also stated that they were competent in providing spiritual care, particularly in the areas of communication and respect.

Meanwhile in Turkey, Irmak & Midilli (2021) performed a descriptive correlational study on 134 nurses aiming to identify the association between nurses' spiritual care practices, perceptions, and competencies. The finding revealed that 78.1% of the nurses did not receive spiritual care education, and 95.3% did not receive spiritual care in-service training at their workplace. However, 86.7% of them indicated their interest and desire to receive spiritual care training.

Another cross-sectional study by Fang et al. (2022) on 215 oncology nurses in Taiwan suggested that lack of self-confidence and awareness of spiritual care were some of the difficulties that nurses encounter during an assessment, implementation, providing and evaluation of spiritual care**.** Therefore, nurses need to possess both the necessary skills and education in spiritual care to overcome these deficiencies. A non-randomized controlled trial study by Hu et al. (2019) measured the effectiveness of spiritual care training among oncology nurses in China. Post-intervention results showed that the group's overall spiritual health and care competency were moderately higher than before intervention, with significantly higher individual dimension scores. Thus, the researchers suggested that spiritual care training is paramount to increase competency as it improves knowledge and skills related to spiritual care.

In their study, Semerci et al. (2021) discovered that spiritual care can only be achieved by oncology nurses who are attentive to the needs of their patients and informed about the importance of spiritual care. Thus, it is anticipated that spiritual care will improve patients' quality of life and the effectiveness of the care they get.

Theme 3: Definition of Spiritual Care

Several studies agreed that nurses still lack a clear definition of spiritual care. When there is a lack of education and training in spiritual care practices, it will somehow impact the knowledge and ability to provide a clear definition and understanding of what spiritual care is. It can be seen as one of the challenges in developing spiritual care competency in the medical field as people may misunderstand the real concept of spiritual care. In addition, nurses are well aware of the difficulty in addressing uncertainty about spirituality and, consequently, spiritual care (Giske et al., 2023).

Zeng et al. (2023) found that among the 372 nurses *surveyed in China,* 77.6% had a minimal understanding of spiritual care. A qualitative study by Tao et al. (2020) also reported that the participants commonly stated that spiritual care was difficult to define. The researchers then have to provide definitions of spiritual care that include describing patient beliefs and values, offering presence, and addressing both physical symptoms and emotional needs. This study also highlighted that although healthcare providers have different ideas about what constitutes appropriate spiritual care, they all agree that spiritual care should address fundamental issues in enhancing patients' quality of life during illness. This lack of a distinct, consistent definition of spiritual care may result from a lack of professional training in spiritual care as well as unclear definitions and roles for spiritual care.

Theme 4: Time management

In many healthcare settings, the problem of not having enough time to provide spiritual care is quite a common one. Finding a suitable time to attend to patients' spiritual needs can be challenging for nurses, as they frequently struggle with a daily excessive workload. A study by Green et al. (2020) revealed that the main reason nurses provided infrequent spiritual care was because of lack of time. Similarly, another study by Burkhart et al. (2019), stated that lack of time and a task-oriented culture were obstacles that might have influenced the decision of nurses to engage patients in spiritual care practice.

Neathery et al. (2019) conducted a descriptive correlational cross-sectional study to measure spiritual perspectives, the frequency of spiritual care, and knowledge of recovery-oriented practices. They found that the most common form of spiritual care was provided after completing a task, with the caregivers remaining present to show they cared. In the previous 72 to 80 hours of patient care, nurses delivered spiritual care infrequently, typically 1-2 times or occasionally 3-6 times. The infrequent delivery of spiritual care which 1-2 times, or occasionally 3-6 times, over 72-80 hours, suggests a potential gap in awareness or training among nurses regarding the importance of spiritual care in patient recovery.

Dundar & Aslan (2022) carried out a study to evaluate the effect of nurses' levels of spirituality on the frequency with which they engaged in therapeutic spiritual care. In the descriptive study, their frequency of providing spiritual care was average in that nurses provided spiritual care just about one or two times for the whole of patients.

Theme 5: Sociodemographic Factors

Sociodemographic is a combination of social and demographic factors, including socioeconomic status, which is often measured by an individual's educational attainment, occupation, and income. Age, gender, race, religion, level of education, and years of experience are considered influences on spiritual care competency based on previous research. In a multicentre cross-sectional study among 403 nurses in Southwest Ethiopia, the ages and spiritual care training were shown to be associated with spiritual care competency (Seid & Abdo, 2022). In this study, it was also discovered that senior nurses scored lower on spiritual care competency. However, there was no significant relationship between marital status, educational level, clinical experience, and spiritual care competency.

Madu et al. (2023) conducted a study among nurses in hospitals in Indonesia to determine the association between knowledge, self-efficacy, and nurse behavior in the provision of spiritual care for school-age children. Among the 102 nurses, female nurses were commonly and more likely to be knowledgeable about spiritual care. Those who had worked for 5-10 years and had attended spiritual care training were found to be more caring. Although there was no significant association between knowledge and nurse behavior in spiritual care provision, the results revealed that gender and years of experience showed significant associations in this study.

DISCUSSION

Nurses' level of education, religious beliefs, and marital status were found to influence the level of spiritual knowledge (Zhang et al. (2023). In this study, it was found that nurses with a master's degree scored higher in the level of spiritual knowledge than those with a university degree. This is because advanced degree holders possess a broader and more solid theoretical knowledge, a greater understanding of spirituality, and exhibit calmness and assertiveness in various situations. Another study from China conducted by Han et al. (2023) also found that certain personal factors such as more years of experience as well as a higher education level were linked to improved spiritual care competency in mental health nurses. Additionally, in their study, Machul et al. (2022) stated that there was a significant association between nurses' age, seniority, and spiritual competence, as well as between religion and spiritual competence in a cross-sectional study among 343 Polish nurses.

A similar study by Semerci et al. (2021) discovered that nurses with a doctorate had better overall and mean scores on the spiritual care competency scale compared to other nurses who did not have one. The nurses' age and working years were found to have a favorable link with their spiritual care competency scores. Surprisingly, in this study, oncology nurses were inadequate in recognizing the spiritual care needs of patients and therefore, limiting appropriate education to patients. In this study, spiritual care services also are commonly referred to as religious activities. The goal of the study was to explore the meaning of life, discover the sources of morale and motivation, recognize strengths and shortcomings, and develop problem-solving abilities. It was found that the patients were mainly satisfied with the activities of these spiritual care services.

A descriptive correlation study from the Philippines conducted by Bangcola (2022) found that the more the patient and family trust the nurse's spiritual care, the better the nurse becomes at providing care. Furthermore, it was advocated that the family member's and the patient's ethnic affiliations be the same from the start. As a result, if the nurse shared the same ethnic background as the patient, nurses were more likely to understand the intricacies of the patient's spiritual needs, having been raised in the same way, and so be able to offer the necessary spiritual care required by the patient and family. Here, it can be seen that ethnicity or race played a role in nurses' competency in delivering spiritual care.

Zeng et al. (2023) found that in their study, there was a significant association in scores between genders, educational level, marital status, and degrees of knowledge of spiritual care. Nurses with a bachelor's degree outperformed everyone else, followed by junior college, technical secondary school, and a master's degree or above. This study discovered disparities in perceived professional benefits among nurses with varying levels of education. However, the results from another study revealed that the level of education, religious beliefs, and marital status influenced the degree of spiritual awareness (Zhang et al., 2023).

On the other hand, a quantitative study done by Heidari et al. (2022) revealed that Iranian nurses' spiritual care competence had no significant association with demographic variables, whereas their spiritual health had only a significant relationship with gender. It can be related to the fact that there is a significant association between

spiritual health and spiritual care competency, as well as their subscales, which were discovered by correlation analysis. In addition, the linear regression analysis revealed that nurses' spiritual health can predict their spiritual care competency.

CONCLUSION AND IMPLICATION

This systematic review aims to identify the level of spiritual care competency among nurses, and to understand the issues and contributing factors regarding spiritual care. While nurses are responsible for providing quality medical care to patients, they are also expected to deliver appropriate spiritual care to help catalyze the psychological and emotional healing process. From the review, nurses' competency level in spiritual care is still at a moderate or average level in both local and global contexts. The review has effectively brought to light several obstacles and difficulties nurses face when providing spiritual care to their patients. This includes knowledge and educational gaps, and time constraints. The frequency of spiritual care conducted by nurses was irregular due to the nurses' workload. In addition, the lack of a universally accepted definition of spiritual care is also a challenge for nurses to deliver the service. Sociodemographic backgrounds such as age, gender, religion, ethnicity, marital status, spiritual health, and working years were found to be the contributing factors to different levels of spiritual care competency among nurses.

The results from this systematic review imply that the administrators and policymakers in nursing should offer support mechanisms for these health caregivers to deliver the best services to their patients, both medically and spiritually as medication alone may not be able to totally heal those who are sick. There must be a more concerted effort to agree to a universally accepted definition of the term spiritual care, taking into account the different core beliefs and principles of different religions and practices. Nurses' workload needs to be standardized to allow spiritual care to be provided at an optimal rate for patients. The other factors that emerged from this study can also be taken into account when drafting and proposing nurses' curricula to include spiritual care. The nurses in most countries reviewed in this study seem to receive little education and training to be more competent spiritual caregivers despite some expressing their interest in increasing their skills and knowledge in spiritual care. This would indicate that there is a need for nurses to participate in educational programs on spiritual care to increase their competency and capabilities.

The findings from this study contribute to the understanding of the nurses' level of competency in spiritual care and other factors that influence it. Further research could look deeper into other reasons for the average level of competency using either a qualitative design or mixed method.

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AUTHOR CONTRIBUTION

The study design was done by MAMA and NAR. The data searching and analyzing were done by MAMA. Manuscript writing was done by NAR and NAZ.

CONFLICT OF INTEREST

The authors declare no conflict of interest for the research, authorship, and publication of this article.

DECLARATION OF STATEMENT

The second author confirms the manuscript's integrity, stating that it provides an honest, accurate, and transparent account of the reported study. No crucial aspects of the study have been omitted, and any discrepancies from the planned (and, if applicable, registered) study have been appropriately explained.

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Appendix 1:

JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies

Reviewer..... Date.....

Author ..... Year..... Record Number.....

	Yes	No	Unclear	Not applicable
1. Were the criteria for inclusion in the sample clearly defined?	□	□	□	□
2. Were the study subjects and the setting described in detail?	□	□	□	□
3. Was the exposure measured in a valid and reliable way?	□	□	□	□
4. Were objective, standard criteria used for measurement of the condition?	□	□	□	□
5. Were confounding factors identified?	□	□	□	□
6. Were strategies to deal with confounding factors stated?	□	□	□	□
7. Were the outcomes measured in a valid and reliable way?	□	□	□	□
8. Was appropriate statistical analysis used?	□	□	□	□

Overall appraisal: Include □ Exclude □ Seek further info □

Comments (Including reason for exclusion)

APPENDIX 2: Table of Research Summary

Type of Research Study	Authors & Country	Research Objective & Sample Size	Findings	Limitation
Prospective cross-sectional study (2023)	Han et al. (CHINA)	To explore a possible association of personal and external factors with spiritual care competency in mental health nurses. (250)	The results demonstrated that certain personal factors including a longer work experience, higher education level, as well as certain personality traits including "Openness/Intellect", "Conscientiousness", and "Agreeableness" were associated with better spiritual care competency in mental health nurses.	Cultural factors may have a strong influence on the interpretation of spirituality and also on the perception of spiritual caring behaviours, the results may not be extrapolated to mental health nurses from different cultural backgrounds. On the other hand, findings of an association of better spiritual care competency with a longer work experience, and experience of spiritual care practice, as well as previous participation in relevant educational programs were highly consistent with those of previous studies, suggesting a universality of the correlations. Second, the cross sectional nature of the study design could only provide information about the correlation between different factors and spiritual care competency rather than establish a causal relationship. Third, although the quantitative design of the current study helped to test the hypotheses of the associations of different factors with spiritual care competency in mental health nurses, it could not provide detail about individual perceptions of spiritual care as in qualitative research. Finally, while the correlations between demographic data and external factors such as education and previous training were also observed in many previous studies, only one study that also investigated the relationship between personality traits

				and spiritual care behaviours in nurses. Although the results of that study were similar, further studies are needed to verify the findings because of their preliminary nature.
Mixed method cross-sectional study (2023)	Giske et al. (USA, UK, GHANA, THE NETHERLANDS, NORWAY)	To develop and then test and validate the psychometric properties of the Tool. (4479)	Overall, the statistical findings of the Tool reveal that it is a valid tool for self-assessment and that for almost all items the item-total correlation is within acceptable limits, and discriminant validity is shown. Next to this, all but two items load on one factor, next to that all attitude items load on another factor, and Cronbach's alpha are high. One of the areas some students commented on was that they were unclear what spirituality and spiritual care meant because the terms were not defined in the Tool. Some students commented that they had not had any teaching or training about the subject. Uncertainty related to how to understand spirituality and thus spiritual care is a well-known challenge within nursing.	The response rate was probably not that high in this study because of the special circumstances due to the COVID-19 pandemic. Students were busy with providing care and/or with managing education at home, causing extra stress. With so much online education, an additional request to complete a survey with reflective questions may have been too much for them. Additionally, the invitation was only announced online, without an explanation from a teacher, so students might not have felt the solidarity with their school or with their teachers, making them less inclined to take part. Many students started to fill in the questionnaire but did not finish it. Students may have been put off by the repetitive reflective questions after each competence or there may have been too many items. However, when all data were combined, there were enough responses to analyse and validate the self-assessment Tool with statistical significance. Therefore, the results of this study may be generalisable to nursing and midwifery students in Europe and beyond, but it is not clear if this applies to qualified nurses and midwives. The students who participated may be more interested in spirituality and spiritual care than those who did not; however, that did not influence the results of this validation study.

				Unfortunately, the number of completed questionnaires per country was not enough to conduct exploratory factor analyses per country or to establish cross-cultural validity. In our future work, we aim to add more countries to improve the generalisability of the tool and to explore whether spirituality as defined in the Tool is a global concept.
Cross sectional descriptive study (2023)	Zhang et al. (CHINA)	To examine and analyse the level of spiritual care competency among community nurses. (442)	The amount of spiritual care competencies of community nurses was positively correlated with the level of spiritual awareness. Simultaneously, their level of education, religious beliefs, marital status and the degree of knowledge of spirituality were all influenced.	Even though the survey response rate (95.4%) was high, spirituality is a sensitive and nuanced subject that may have discouraged several nurses from taking part. Because the opinions of nurses who did not desire to participate are unknown, convenience sampling adds bias. Due to the geographical limits, research time constraints and other objective factors, this study only explored the spiritual care capacity of nurses in China. Future research into other regions, specialised hospitals and larger samples are required. Nursing is a female-dominated profession. Though men are not omitted, the small number of male nurses polled in this study makes analysing gender disparities unfeasible. Future studies could increase the sample size to look into gender disparities.
Cross sectional study (2023)	Hsiao et al. (TAIWAN)	To evaluate the scale's content and construct validity and internal consistency reliability. (257)	Nurses are better able to provide anticipatory grief interventions and conduct anticipatory grief counselling when they can recognize, assess, and validate anticipatory grief and enhance clients' self-expression and management skills in nursing care. Nurses usually possessed personal experience, self-awareness, traits, counselling perspective, and competency of anticipatory grief, as well as	First, this study was conducted in a single hospital, limiting the generalizability of the results. Nevertheless, the AGCCS may be used by other hospital's nurses to assess nurses' anticipatory grief counselling competency in the future and design in-service education programs.

			competency in respecting, accepting, and listening to anticipatory grief and interprofessional collaboration for anticipatory grief if their workload was low.	Second, the 53-item AGCCS was developed and tested in this study. Future studies can shorten it and test the construct validity of the shortened scale by using confirmatory factor analysis.
Descriptive correlation cross sectional study (2023)	Madu et al. (INDONESIA)	To find out the relationship between knowledge, self-efficacy, and nurse behaviour in the provision of spiritual care for school-age children in hospitals. (192)	Females are more likely to have a good knowledge of spiritual care. Research by Hassanian et al. (2014) also says that nurses have the need of developing, and responsibilities on the basis of professionals in applying knowledge in providing spiritual care to the patient. In contrast, long-serving nurses at categories 5–10 years and spiritual nursing training obtained that nurse more than once attended training related to spiritual care due to the basis of service nursing is caring. There is no significant relationship between knowledge and nurse behaviour in providing spiritual care for school age children. Self-efficacy and spiritual care training are significantly related to nurses' behaviour in providing spiritual care in the paediatric nursing room.	Not stated.
Cross sectional descriptive study (2023)	Rhyu et al. (KOREA)	To explore the mediating relationships among factors influencing nurses' spiritual care in practice and to establish a predictive path model for nurses' spiritual care in practice. (370)	Workplace spirituality and spiritual well-being predicted higher spiritual care in practice by sequentially mediating burnout and compassionate care. In this study, higher workplace spirituality in nursing predicted higher spiritual care in the practice of nurses, which was mediated by less burnout and more compassionate behaviour. In the current study, the spiritual well-being of individual nurses was also found to be an important factor in increasing spiritual care in practice by decreasing burnout and increasing compassionate behaviour of nurses. Meanwhile, in this study, the path mediated by burnout and self-efficacy from nursing workplace spirituality and	The self-evaluated survey in this study may be subject to recall and cognitive bias. In this study, all participants were working at a hospital with missions and values aligned with the Catholic religion. To increase the generalizability of the findings, future research with nurses working in hospitals with different cultures is needed. Additionally, the cross-sectional design of this study limits causal interpretation among the variables. Moreover, because spiritual care was self-evaluated by the nurses in this study, it did not reflect patients'

			spiritual well-being to spiritual care in practice was not significant.	viewpoints on spiritual care in practice.
Cross sectional study (2023)	Zeng et al. (CHINA)	To investigate nurses' perceptions of spirituality and spiritual care and perceived professional benefits in China and reveal the relationship between them. (372)	In this study, most of the nurses (77.6%) had a minimal understanding of spiritual care, and more than half (65.1%) had no training in spiritual care. There were significant differences in NPPBQ scores between different genders, different educational backgrounds, different marital statuses, and different levels of understanding of spiritual care. Nurses with a bachelor's degree scored the highest (137.87 ± 19.38), followed by junior college, technical secondary school, and a master's degree or above. This study showed that there were differences in perceived professional benefits among nurses with different education levels. Our results show a significant positive correlation between nurses' perceptions of spirituality and spiritual care and their perceived professional benefits.	Not stated.
Quasi-experimental study (2022)	Hsieh et al. (CHINA)	To validate the effects of a scenario-based spiritual care courses on spiritual care competence among clinical nurses. (138)	The between-subject effects showed that the experimental group had significantly higher scores related to spiritual beliefs and spiritual behaviour engagement (SPS) and self-evaluated spiritual care competence (SCCS) and more positive spiritual care perspectives (SCPS-R) than the control group at three months after adjusting for covariates. These results emphasised that the scenario-based spiritual care educational program enhances nurses' spiritual perspective, positive spiritual care perspective, and spiritual care competence. In addition, improvements in positive spiritual care perspectives from immediately after to three months post program were also seen. This may be attributed to the effects of the scenario-based spiritual care educational	First, this quasi-experimental study without randomization may compromise internal validity; however, matching was used to overcome this issue. Second, the experimental group had fewer nurses than the control group, despite our best efforts to recruit participants and study period postponement during the COVID-19 pandemic. Third, this study recruited participants from three branches of a large medical foundation, which may limit generalisation of results to other populations. Selection bias cannot be ruled out, although covariates were controlled by statistical analysis.

			program.	Fourth, a change in spiritual care behaviour of the experimental group after the educational program in the unit may have affected other unit nurses in the control group.
Mixed method pilot study (2022)	Cone & Giske (NORWAY)	To evaluate use of the Tool among mental health staff, and secondly to describe the views on spirituality and spiritual care of healthcare personnel working in a Norwegian mental health institution and to identify their knowledge, skills, and attitudes related to spirituality and spiritual care of patients in their workplace. (24)	Assessment and planning for spiritual care have only a moderately strong correlation to intra- and inter-personal spirituality, but these relationships are still very significant ($p < 0.05$). Attitudes, knowledge, and skills in spiritual care assessment and planning naturally relate to one's ability to intervene and evaluate in a strong and significant way, which also makes sense, but it is good to see this confirmed. The Cronbach alpha for this pilot was fairly high, which was consistent with its original parametric testing, demonstrating the overall reliability of this spiritual self-assessment tool.	Not include demographic data that could reveal participant identities, so we had only six questions. The issue of gender is not really a useful one since nursing is a female dominated profession, but men tend to move into the higher stress or intensity areas like intensive care, emergency nursing, and mental health. One ward had half the participants. The recruitment efforts were made through the institutional leaders and the leaders of each ward. One ward leader was very interested in the study and encouraged staff on that ward to participate. This emphasises the role of leadership in research where gatekeepers provide access to participants. Those who become engaged and interested in the project may recruit more participants; moreover, if we want role models in healthcare, leaders also need development (Jenkins et al., 2020). This has implications for researchers, especially in areas where limited studies have been conducted on sensitive topics or with particularly vulnerable people groups.
Cross sectional study (2022)	Fang et al. (TAIWAN)	To evaluate the validity and reliability of the spiritual care competency scale (SCCS) for oncology nurses in Taiwan.	Some of the challenges nurses faces are lack of self-confidence, lack of awareness of spiritual care and perceptions of the patients' inability to provide spiritual care. Nurses must have the skill and expertise as well as the spiritual care knowledge for patients in order to improve the service	The SCCS demonstrates satisfactory results of validity and reliability. The SCCS instrument is effectively used to assess the competence of oncology nurses, which can be used as an indicator of the hospital to determine the

		(215)	they give. In order for nurses to have knowledge on spiritual care, the SCCS questionnaire can be developed and used as a nurse's guide for assessing spiritual care competency, further we can provide training protocols to train them. The Taiwanese version of the SCCS instrument has proven to be valid and reliable for nurses to evaluate their skills and competencies in meeting the spiritual needs of patients.	quality of spiritual care in nurses.
Qualitative descriptive study (2022)	Morland et al. (NORWAY)	To investigate healthcare professionals' understanding of spiritual care in one nursing home. (13)	Healthcare professionals with different religious and cultural backgrounds understand spiritual care as an essential part of everyday nursing. Safeguarding spiritual care is not just a task for nurses, but for all nursing home personnel, meaning that all staff must have the ability to learn that the patient has spiritual needs. This research clearly illustrates that spiritual care is often an unknown concept for assistant nurses and healthcare support workers.	The research was conducted in one nursing home. The understanding and analysis of the word spiritual care as being the same as good care or caring care can be considered a weakness, and it might seem like a thin line to conclude that spiritual care is the same as good fundamental care.
Quantitative descriptive cross-sectional study (2022)	Zambezi et al. (SOUTH AFRICA)	To determine family members' preferences of the spiritual care practices that they require from the nurses working in ICUs. (47)	The most preferred spiritual care practice was for nurses to provide family members with quiet time and space. The need for undisturbed time during an illness is fundamental for reflection and spiritual rejuvenation, a respite that brings calm to both patients and family members. The second most preferred spiritual care practice was for nurses to share humour with family members. The item of wanting nurses to listen to stories about their life events was the third most highly preferred spiritual care practice for family members. The benefits of integrating art in spiritual care includes that of patients and their family members finding meaning in their illnesses and being able to express their emotions, which are seen to impact on their spiritual well-being. Interestingly, the need for the	The onset of the COVID-19 pandemic resulted in a small sample size, in one hospital, therefore limiting representation to the general family member population. However, the methodology was applied rigorously and the researchers wanted to share the findings of essential research conducted in the field of spirituality in intensive care units.

			nurses to arrange for a chaplain to visit family members was a least preferred practice in the current study.	
Pre-post study (2022)	Shamsi et al. (IRAN)	To investigate the effects of an online SC training program on psychiatric nurses' competencies in SC and the integration of clients' R/S into mental healthcare. (95)	According to the findings, SC training improved the psychiatric nurses' self-reported scores in competencies of nurses in SC and integration of the clients' R/S into mental healthcare significantly with a very large effect size. According to the intervention group members, the training program could provide an opportunity for them to review their spiritual needs. According to the qualitative results of this study, the participants reported high levels of satisfaction with the online courses and their educational contents, while maintaining a decrease in the perceived barriers of integration of R/S into practice. Most participants preferred online courses and stated that they would not have completed the program if it had been in person due to some problems and limitations, such as a lack of time and resources. The participants also suggested some measures to improve the quality of these training programs: providing more educational information, case examples, discussions with peers, advanced and up-to-date topics by revising the curriculum content, organised syllabi, and longer and richer programs, setting the platform for conducting and developing future research, establishing continuous education courses for healthcare providers, and designing specific training curricula for students and trainees in the mental healthcare fields.	Given that the obtained results are limited to nurses working at a psychiatric hospital, the generalizability of the findings should be performed with caution. Moreover, evaluating the effectiveness of SC training was conducted based on self-assessment tools that may not provide a real picture of psychiatric nurses' levels of competencies in SC and integration of clients' R/S into mental healthcare. Further studies are needed to assess the generalizability of the findings to other groups of healthcare providers through larger samples and longer follow-up periods. Future studies should evaluate training programs related to SC competencies using mixed methods.
Descriptive correlation study (2022)	Bangcola (PHILIPPINES)	To capture information on the variables that were assumed to have an	The more the patient and family trust the nurse's spiritual care, the more competent the nurse becomes in giving care. In addition, the family member's and the patient's ethnic	Not stated.

		influence on the older persons' spiritual well-being and to test the hypotheses concerning the existence of significant relationships between the variables under investigation. (117)	affiliation was proposed to be the same at the outset. Hence, if the nurse had the same ethnic affiliation as the patient, he or she was more likely to understand the nuances of the patient's spiritual needs having been raised the same way and thus, be able to better provide the appropriate spiritual care needed by the patient and the family.	
Cross sectional study (2022)	Seid & Abdo (ETHIOPIA)	To evaluate the current state of spiritual care competence and the factors that influence it among nurses in Southwest Ethiopia. (403)	According to the findings, the mean score for a nurse's spiritual care competence was 3.14. This indicates that there is a moderate level of spiritual care competence among nurses in southwest Ethiopia. Another notable element of this research was the identification of spiritual competence-related characteristics. As a corollary, age, and training in spiritual care were found to be related to spiritual care competency. The current study found that older nurses had lower spiritual care competence scores. The findings of this study demonstrated no significant relation between marital status, educational level, clinical experience, and spiritual care competency.	The study used self-reported data from nurses, which could have resulted in social desirability bias. The results may not be generalizable to other Ethiopian hospitals and medical centres because the study was limited to five hospitals in southwest Ethiopia. Because the research was cross-sectional, causality could not be determined.
Cross-sectional study (2022)	Heidari et al. (IRAN)	To investigate if the spiritual care competence of nurses is related to their spiritual health. (172)	Spiritual care competence of nurses showed no significant relationship with demographic characteristics and their spiritual health had a significant relationship with gender only. Correlation analysis revealed a significant relationship between spiritual health and spiritual care competence and their subscales. Moreover, the linear regression analysis indicated that the nurses' performance regarding spiritual health can predict their spiritual care competence.	The main limitation of this study was the reluctance of the nurses to participate in the study. It seems that the COVID-19 crisis intensified the situation as a result of the work overload and other consequences on nurses.

Cross-sectional study (2022)	Machul et al. (POLAND)	To analyse the level of spiritual competence of professionally active nurses in Poland and, additionally, to analyse the psychometric properties of the Spiritual Care Competence Scale (SCCS) (343).	Significant correlation was found between nurses' age, job seniority and spiritual competence, and between religiosity and spiritual competence.	A limitation of the study stems from the fact that the scale was tested on a homogenous group of nurses who declared to be Christian. They did not represent the non-denominational population or any denomination other than Christianity in Polish society. The nurses came from only two, eastern, regions of Poland. Moreover, since SCCS is a self-reported instrument which records subjective self-assessment of nurses, this may result in response bias.
Cross-sectional study (2022)	Sohail et al. (PAKISTAN)	To validate the SCCQ in a Muslim society, and to analyse whether the respective spiritual care competencies differ with respect to gender, profession, and spirituality, and how these relate to job related indicators such as hours of work per week and job satisfaction. (294)	The highest scoring competences were Dealing with patients/Communication competences, which were highest in nurses, while Team Spirit" scored lowest. These Team Spirit issues address regular exchanges regarding the staff's own spirituality, exchange in the team about spirituality in patient support and their spiritual needs, and a "great openness" to the topic of spirituality. This may indicate that the participants are not used to addressing these issues and may feel unfamiliar to doing so. In this study, health care professionals stated that they are able to tolerate the pain and suffering of their patients, as they may assume that this is part of their professional life. However, they also assume that their own spirituality shapes their dealings with others/sick people, even when they may feel unfamiliar to talk about these issues. Nevertheless, staff's responses indicate that they take care that the religious characteristics of patients from other religious communities are adequately considered, indicating that they see these issues as important in a hospital setting.	Not stated.
Descriptive	Dundar &	To evaluate	In this study, it was found that	The study was conducted

study (2022)	Aslan (TURKEY)	the effect of nurses' levels of spirituality on the frequency with which they engaged in therapeutic spiritual care. (560)	the nurses scored a total of 43.21±8.73 points on the NSCTS and that they provided spiritual care at an average frequency. Most nurses had used spiritual care therapeutics one to two times in the previous two weeks. In this study, it was found that the most frequently provided type of spiritual therapeutic was 'remaining with a patient after completing a task to show caring, offering to pray with a patient, and listening to patients' spiritual concerns.' The least frequently provided therapeutic intervention was 'arranging for a chaplain to visit a patient,' which approximately two-thirds of the nurses participating in the study were observed not to provide. It was determined that a nurse's own spirituality is an important factor that positively affects the frequency with which he or she provides spiritual care therapeutics. This study also found that the relationships between the mean NSCTS score with age, gender, marital status, educational status, work unit, and years of experience in nursing were statistically non-significant.	only with nurses working in one university hospital in eastern Turkey; thus, the results cannot be generalised to the entire society. Moreover, as almost all of the Turkish population is Muslim, the research was conducted with Muslim nurses, and nurses from other religions were not included. It was determined that the spirituality of the Muslim nurses affected the frequency with which they provided spiritual care.
Descriptive cross-sectional study (2022)	Karaman et al. (TURKEY)	To determine the relationship between spiritual well-being of patients with the spiritual care levels of nurses. (205)	Considering that the maximum attainable score on this scale is 85, it cannot be said that the nurses had a good level of spiritual care. The patients included in our study were found to have a good level of spiritual well-being. A large majority (89.4%) of patients in our study stated that their nurses provide spiritual care. This is an extremely favourable and important finding, as spirituality is known to have positive effects in terms of individuals' questioning their health and/or illness behaviours, adapting to changes, acquiring the ability to overcome problems, and finding the power and hope to recover.	It was done at only one university hospital; thus, its generalizability was limited. Furthermore, the design and sample selection were also representing study limitations. Another limitation was that the results of this study were based on nurses and patients' individual self-reporting. Nevertheless, the authors believe that the data collection tools were used and were useful in evaluating patients' spiritual well-being and nurses' perceptions of spiritual care.
Qualitative study (2022)	Baharudin & Nurumal	To explore patients' and	It signified that compassionate and values-driven care during	The study is limited by the setting and the sampling

	(MALAYSIA)	family members' experience in receiving spiritual care in the ICU. (25)	the hard times of being critically ill or having family members with critical illness is highly needed. In the first theme, the participants in this study viewed spirituality as the inner part of themselves that submits to God and considered critical illness as God's test for them. The second theme emphasised on the clinicians' conduct and the dynamics of ICU treatment. It further underscores the importance of information and the discourse surrounding it. Patients and family members expressed the need to be close and support each other during the critical illness.	strategy. Firstly, it has to be acknowledged that the study was conducted in the ICU of government hospitals in the southern state of Malaysia. It might be that ICU patients and families who live in other states or private hospitals have different experiences. Secondly, the interviews were conducted soon after the patients were discharged from ICU. It could be that the patients were still having ICU syndrome. There is a need for further longitudinal research into the patients and family experiences to examine the change of their experiences and spiritual needs over time.
Multicentre cross-sectional study (2021)	Guo et al. (CHINA)	To investigate the status of spiritual care competencies among clinical nurses and their relationships with psychological capital. (1717)	The study shows a positive relationship between psychological capital and spiritual care competencies of clinical nurses. Strengthening nurses' psychological capital could improve their spiritual care competencies. Implications for nursing managers: Nurse managers and hospital administrators should better understand the value of psychological capital for nurses' capacity development. Effective interventions need to be implemented separately or combined with spiritual care education programmes to improve nurses' psychological capital and spiritual care competencies.	Not stated.
Cross-sectional study (2021)	Abusafia et al. (MALAYSIA)	To assess the competence of Malaysian nurses toward providing spiritual care and identify the relationship between nurses' spiritual care competence and their	The study showed that 69.7% of staff nurses had an average level of competence toward providing spiritual care for the patients (M=95.44, SD=4.34). The highest mean difference among the domains was personal support and patients counselling (MD=5.789), while the lowest mean difference was assessment and implementation of spiritual care (MD=1.258). Furthermore, there was no significant relationship between spiritual	The usage of self-reported measures. The self-reported measures could have specific high response biases, which could have decreased the acquired data accuracy. However, the participants were aware that their identity and names were not involved in the study, which can reduce the bias in response and increase the confidence and honesty of participants in

		sociodemographic factors. (271)	care competence and sociodemographic factors (gender, age, marital status, educational level, nurses' experience, race, religion, and previous participation in training spiritual care programs). The competence of nurses toward providing spiritual care was also at an average level.	answering the questionnaire. Secondly, this study was carried out in one hospital only, which might limit the ability to generalise the results to other hospitals in Malaysia. However, it is important to note that there was enough sample size obtained which strengthened the conclusions and findings of the study.
Descriptive analytical study (2021)	Jafari & Fallahi-Khoshknab (IRAN)	To evaluate Iranian nurses' competence in providing spiritual care and its relationship with their Spiritual Well-Being. (158)	The authors reported that the nurses were competent in providing spiritual care to their patients. Nurses who reported a higher level of spiritual well-being felt more competent in providing spiritual care compared with the nurses who reported low level of spiritual well-being.	In the present study, the self-report method was used to investigate the nurses' Spiritual Well-Being and competence in providing spiritual care. For further participation and accuracy in response, the objectives of the research explained to participants. Furthermore, participants have enough time to respond to questionnaire items. In addition, participants ensured that data remained confidential in all stages of the study.
Descriptive study (2021)	Semerci et al. (TURKEY)	To determine the spiritual care competence of oncology nurses and their perspectives on spiritual care services. (128)	As a result of this study, it was found that the total and subscale mean score of spiritual care competency scale of nurses who had doctor's degree was higher than others. It was found that nurses who think that spiritual care services' activities were effective for patients had high spiritual competencies. A positive relationship was found between the age and working year(s) of the nurses and their spiritual care competency scores. According to the results of this study, it can be said that oncology nurses are insufficient in assessing the spiritual care needs of patients/caregivers and providing the necessary guidance. The oncology nurses were not aware of the activities carried out by spiritual care specialists, while approximately half of the nurses stated that these specialists carried out activities such as therapeutic	One of the most important limitations of this study is including only nurses who are members of the Turkish Oncology Nursing Society. This issue limits the generalisation of the study results. Furthermore, the duration of the presence of spiritual care services is different in hospitals where oncology nurses work. This situation may affect the experiences and perspectives of nurses about spiritual care services.

			interviews, prayers, and training with patients/ caregivers. According to the results of this study, spiritual care services are generally known as religious activities, but spirituality is not only a paradigm related to religion, the purpose of these services is carrying out to question the meaning of life, discover the sources of morale and motivation, identify strengths and weaknesses, and develop problem-solving skills. In this study, nurses stated that spiritual care specialists met the needs of patients/caregivers, and patients/caregivers were mostly satisfied with these services' activities. Furthermore, nurses reported that caregivers benefited from these services during bereavement. Oncology nurses' being sensitive and knowledgeable about the necessity of spiritual care for cancer patients will enable them to provide spiritual care and make holistic care possible. In this way, it is predicted that spiritual care will increase the efficiency of the care applied to the patients and increase the patients' quality of life. 11.4% of the nurses in this study did not evaluate the spiritual needs of the patients/ caregivers. The fact that nurses do not use any method to evaluate the spiritual needs of patients/ caregivers may be due to their lack of training. The results of the studies show that improving nurses' spiritual care competencies not only increases nurses' satisfaction but also reduces their burnout-related professionals and helps them provide spiritual care to patients.	
Cross sectional and correlational study (2021)	Ahmadi et al. (IRAN)	To identify the relationship between perceived competence in spiritual care and spiritual intelligence among nursing	A significant positive correlation was found between nursing students' competence in spiritual care and spiritual intelligence ($p < 0.001$, $r = 0.26$). No significant differences were found between the mean competence scores of spiritual cares in terms of demographic	First, self-report bias may have been introduced by the nursing students in response to the items of the questionnaires; therefore, results might not wholly reflect their competency level. It might be necessary to conduct observational

		students. (510)	characteristics. There were significant differences between the mean spiritual intelligence score in terms of age, marital status, history of clinical practice and academic year. The regression model indicated that for increased rates of spiritual intelligence, professional competence in spiritual care would rise as much as 0.39.	studies to better assess nursing students' competence in providing spiritual care. Second, the cross-sectional design of the study did not allow for measurement of the variables over time and cannot be used to infer causality.
Descriptive developmental study (2021)	Milan Jr & Buenaventura (LA UNION)	To determine the spiritual care competency of staff nurses employed in tertiary hospitals, a total enumeration was used wherein all the employed regular staff nurses and immediate nurse supervisors assigned in the Medical, Surgical, Orthopaedic, and Obstetrical-Gynaecological Wards. (174)	The theories that were considered most relevant and substantial on spiritual care are; Watson's Theory of Human Caring, Edelman and Mandle's Holistic Health Model, Reed's Self-Transcendence Theory, and Benner's Stages of Clinical Competence. These theories provided a strong springboard and served as the backbone of the study especially in determining the level of spiritual care competency of the staff nurses. The results showed that the staff nurses are moderately competent in providing spiritual care, which is highly affected by personal, psychological and socio-cultural factors.	Not stated.
Descriptive correlational study (2021)	Irmak & Midilli (TURKEY)	To examine the relationship between psychiatric nurses' spiritual care practices, perceptions and competencies. (134)	It is seen that 60.2% of the nurses stated that they had a concept of spirituality; 37.5% defined spiritual care as 'supporting and getting close to patients in a spiritual way', and 34.4% as 'treating patients by supporting them along the lines of religion'. Also, 93% of the nurses stated that spirituality and spiritual care had an effect on patients' recovery. In addition, 78.1% of the nurses stated that they had not had education on spiritual care when they were at school, 95.3% that they had not had in-service training on spiritual care where they were working, and 86.7%	Nurses sometimes have time problems in answering the questions due to their excessive workload.

			that they wanted training on spiritual care.	
Qualitative interpretive description study (2021)	Lalani et al. (PAKISTAN)	To describe how healthcare providers perceived spirituality and spiritual care while caring for dying patients and their families in a hospice setting in Karachi, Pakistan. (34)	Participants showed a profound sense of attachment and belongingness in their caregiving attitudes and values toward dying patients and their families. Spirituality and spiritual care were perceived as shared human connections, relating to each other, acts of compassion, showing mutual respect while maintaining dignity in care and empowering patients and their families. Participants showed a profound sense of attachment and belongingness in their caregiving attitudes and values toward dying patients and their families. Spirituality and spiritual care were perceived as shared human connections, relating to each other, acts of compassion, showing mutual respect while maintaining dignity in care and empowering patients and their families. Participants described using humour as a spiritual care strategy. There is an ongoing debate in the literature about the use of humour as a healing or coping strategy in death and dying experiences. Maintaining dignity was considered important to the participants as it allowed them to look at a person as a whole rather than just focusing on the disease, pain, or symptoms. It was interesting to note in the findings that although study participants did not have any formal training or education in palliative care or spirituality, the concepts of spirituality and spiritual care were perceived as central to their inherent and learned compassionate caring values and practices. Such caring values stemmed from their own personal caring values and beliefs, personal, and professional work experience in the hospice setting. Most participants found that the provision of spiritual care was both rewarding and demanding	The study was conducted in a single hospice setting and included the findings from a small sample size who self-identified as Muslim. However, findings add to the existing knowledge of the importance of spirituality and spiritual care at the EOL from the perspectives of HCPs. Translating the interviews from the original language Urdu to English language may have resulted in losing some of the meaning and the essence of actual words in the data.

			at the same time. Participants reported feelings of emotional exhaustion, sadness, and grief while providing care to the dying patients and their families.	
Descriptive cross-sectional study (2020)	Green et al. (UNITED STATES)	To examine associations between spiritual care education, preparedness, competence, and frequency of provision of spiritual care among RNs. (2274)	Nurses are not being adequately prepared to provide spiritual care, with a majority of RN participants reporting not feeling prepared to provide spiritual care. Only about 40% of the participants reported receiving spiritual care education in their prelicensure program, and about 30% reported receiving spiritual care training at work. Lack of spiritual education may prove a barrier to holistic care, as nurses are primarily educated to consider just the physical aspect of a patient's needs. nurses generally perceived that they were competent in the provision of spiritual care, particularly in the areas of communication and showing respect. However, the participants felt less competent in "professionalisation and improving the quality of spiritual care." The findings of the quantitative and qualitative analyses indicated that lack of time was the biggest reason nurses were providing spiritual care infrequently. The findings indicated that there was a positive association between receiving spiritual care education and self-reported feelings of preparedness.	The current study has several limitations due to the use of a convenience sample and the cross-sectional design. The homogeneous nature of the sample (predominantly Caucasian females) limits the generalizability of the results to a larger population. Nurses' perceptions were assessed at one point in time with the use of self-report instruments, so the answers are subjective. Longitudinal studies would provide evaluation of nurses' understanding and knowledge gains over time, especially after the subject of spiritual care was discussed with participants.
Cross-sectional study (2020)	Abusafia et al. (MALAYSIA)	To validate the translation of the spiritual care competence (SCC) scale to the Malay language version. (320)	In this study, the forward-backward method used to translate the SCCS English-language version into the Malay-language version is appropriate and understandable to Malaysians. Subsequently, the researcher verified the psychometric properties of the survey to provide an instrument for assessing the competence of the Malay nurses' community in the field of spiritual care. Perceived spiritual care is an essential aspect of the healthcare given to patients by nurses. As a result, the scale of	Not stated.

			the SCC should consider the concept of self-efficacy and be assessed with the population of Malay-nurses.	
Qualitative exploratory and descriptive study (2020)	Linda et al. (SOUTH AFRICA)	To explore and describe the understanding of spiritual care in nursing practice by nurse educators (NE). (10)	The discussion focuses on two main findings from the NEs: (i) issues around the definition and understandings of spirituality and spiritual care which was pointed out as a potential source of contention, and (ii) challenges in the teaching and learning of spiritual care. A view that spirituality was predominantly focusing on religion potentially presents a gap in the understanding of spirituality, as it assumes that a person's religious spirituality is the originator for spiritual care, which therefore excludes non-religious people. The findings of the current study not only identified a gap in the teaching-learning of spiritual care, based on a variety of reasons including but not limited to different cultures, beliefs, and lack of required skills as existing challenges, but also the need to provide it.	The study was conducted in a single HEI and the finding thus cannot be generalisable. However, a thick description of the findings provides a basis for the reader who may want to replicate the study.
Cross-sectional mixed method two-phased explorative study (2020)	Giske & Cone (NORWAY)	To compare similarities and differences between nurses' and patients' comfort level with spiritual assessment in an acute health care setting. (172)	Nurses reported a higher level of comfort than patients did. Education did not come up as being directly related and highly relevant for the nurses' level of comfort with spiritual assessment. The challenge for the nurse is to figure out who is in which group when they meet with a new patient. The nurses' comments reveal that they know patients are different and that they know they should be careful and use their professional discernment to respect those who do not want to be assessed and to find those who may or do want to be assessed spiritually. Spiritual care competencies among nurses develop from personal spirituality, life experience, and professional experiences. Patients rated hospital chaplains as number one for spiritual assessment, before nurses. Nurses feel comfortable	Not stated.

			referring their patients to the chaplain/priest as a trusted member of the health care team with good communication skills and more time available for patient conversations.	
Descriptive correlational cross-sectional study (2020)	Neathery et al. (AMERICA)	To measure spiritual perspectives, frequency of spiritual care, and knowledge of recovery-oriented practice. To explore variables to identify a model of spiritual care. (171)	Those who viewed themselves as "spiritual and religious" had statistically higher spiritual perspectives and provided more frequent spiritual care than those who viewed themselves as "spiritual but not religious." On average, this sample provided spiritual care therapeutics rarely (about one to two times) to occasionally (about three to six times) in the past 72 to 80 hours of patient care. The most frequently provided spiritual care therapeutic was after completing a task, remained present just to show caring (M = 3.30, SD = 0.90).	The study topic might have drawn some nurses to eagerly participate and cause others to avoid participation, thus biassing the sample as is inherent to research based on convenience samples. Self-report instrumentation may be biassed due to participants' perceptions and memories that may not be completely accurate or may be influenced by social desirability.
Qualitative study (2020)	Tao et al. (TAIWAN)	To gauge physicians and nurses' self-reported perspectives and clinical practices on the roles of their professions in addressing spiritual care in an inpatient palliative care unit in a tertiary hospital with Buddhist origins. (20)	Participants frequently noted that spiritual care was difficult to provide a concrete definition for. Providers then came up with definitions of spiritual care focused on outlining patient beliefs and values, providing presence, and addressing physical symptoms as well as emotional needs. Intermittent but inconsistent reference was given to God or a higher power. Participants also noted that sources of spiritual distress included the afterlife, burdening one's family, and roadblocks in communication. Providers named the social unacceptability of candid discussions as playing a role in their workflow regarding spiritual care. The present study highlights that providers believe spiritual care to address basic goals in improving patient quality of life during serious illness but offer differing definitions of the scope of spiritual care practice in healthcare. Combined with providers' self-perceived lack of preparedness to address spiritual	First, it is a single-institution study encompassing a largely non-religious sample of physicians and nurses. Findings in this study reflect a subculture of inpatient practice in Taiwan and are not necessarily applicable to other hospice practices, such as in Central or Southern Taiwan. Of note, most of our participants did not personally identify as spiritual or religious despite working in a hospice with a Buddhist background. This may have impacted the perspectives they were willing to share about spiritual care, as well as their interpretation of patients' spiritual needs in the inpatient setting. Second, although participant information was protected and anonymous, a positive bias toward wanting to provide spiritual care may be influenced by the formal professional expectation to provide spiritual care within

			concerns, this paucity of consistent, discrete definitions of spiritual care may stem from both a lack of professional training in spiritual care and a lack of clear definitions and roles for spiritual care on a more global scale.	the hospice itself. Third, despite our efforts to recruit as many of our staff as possible for a comprehensive view of how spiritual care is practised in our hospice, physicians and nurses spending more time near the inpatient palliative care unit were more readily available for interviews. Additionally, limitations in our analysis include influence from summative or quantitative paradigms as the number of times participants volunteered themes influenced our perceived importance of said themes; while this method promoted fair representation of participant perspectives, it also came at the expense of presenting more rich and thick interview content as described in other qualitative studies. Lastly, we did not separate perspectives of physicians from nurses during content analysis but treated them as a whole. Despite more extensive literature on initiatives in spiritual competency for nurses than physicians in Taiwan, the ramifications of these training differences for physician and nurse perspectives on spiritual care did not stand out in the present study and this represents another potential limitation.
Quasi-experimental study (2020)	Ghorbani et al. (IRAN)	To explore the effect of applying a spiritual model of nursing care on spiritual well-being and quality of spiritual care in cancer patients. (135)	Before the intervention, the means for spiritual well-being and the quality of spiritual care were not significantly different for the intervention and control groups ($p < 0.05$). After the intervention, i.e., upon discharge from the hospital, the mean of spiritual well-being in the intervention group was significantly higher than that of the control group ($p <0.001$). Based on the opinions of both nurses and patients, the mean of	The impossibility of randomising the samples in the intervention and control groups can result in selection bias. Limited number of wards particularly in one medical centre and smallness of sample size, especially for the nurses, can affect generalizability of the findings.

			the spiritual care quality was significantly higher in the intervention group in comparison to that in the control group once the intervention was over ($p < 0.001$).	
Non-randomized controlled trial study	Hu et al. (CHINA)	To establish a spiritual care training protocol and verify its effectiveness. (92)	The results indicated that the study group had higher total spiritual health and spiritual care competency scores as well as higher scores for their individual dimensions than the control group ($P < 0.05$). The overall spiritual health and spiritual care competency scores and their subscale scores in the study group were higher after the intervention ($P < 0.05$), and the effect values of the study group before and after the intervention ranged from 0.23 to 0.88. The above study results indicate that the nurses in the study group had significantly higher total spiritual health and spiritual care competency scores as well as significantly higher individual dimension scores after the intervention with a moderate to intense effect. In addition, compared with the control group, the study group showed significantly better spiritual health and spiritual care competency scores as well as significantly better individual dimension scores following the intervention.	All participants in this study included nurses in various departments of a single cancer hospital. Furthermore, to facilitate the continued provision of spiritual care training to all nurses, a considerable portion of these participants consisted of head nurses or nursing staff members in their respective departments. As a consequence, most of the nurses in this study were senior personnel with over seven years of experience. Although these individuals had a certain degree of representativeness, some uncertainty remains concerning the effectiveness of the intervention protocol when applied to nurses with less seniority. Subsequent research should therefore examine the effectiveness of the training protocol in the case of less experienced nurses. In addition, certain contents of the intervention (such as “Illness comes from the mind: Anxiety and fear will cause the functioning of qi in our bodies to shut down, thereby impeding circulation of life force, whereas joy and serenity cause the qi to function freely, enabling our life force to flow freely and create an energy field, preventing illnesses from drawing near”) is a combination of the unique elements of Chinese culture and the content of intervention with Chinese cultural characteristics. The transcultural validity of the intervention requires further consideration and

				verification.
Cross-sectional study (2019)	Hu et al. (CHINA)	To determine the validity and reliability of the Spiritual Care Competency Scale (SCCS) among nurses in China. (800)	Three factors were abstracted from the EFA and explained 58.19% of the total variance. The Cronbach's alpha coefficients of the three subscales were.93,.92, and.89, and the Guttman split-half coefficient for the C-SCCS was.84. The CFA indicated a well-fitting model, and the significant correlations between the C-SCCS and the PCSCCS-M ($r=0.67$, $p<0.01$) showed adequate concurrent validity. Nurses' education and income level showed a significant association with the C-SCCS score. Conclusion The C-SCCS was shown to be a psychometrically sound instrument for evaluating Chinese nurses' spiritual care competencies.	The sample of nurses was mainly from two provinces in China and was obtained using a convenience sampling method; therefore, the findings may not be representative of all nurses in China. Further testing in a larger sample is required to explore the details of and reasons for the association between nurses' demographic variables and the three factors of the C-SCCS.
Cross-sectional study (2019)	Hu et al. (CHINA)	To determine this version's validity and reliability for use with nurses in mainland China. (400)	The results showed that three factors corresponded with the findings of Chen et al. Cronbach's alpha for all three factors was higher than 0.80, providing empirical evidence that the psychometric properties were within an acceptable and ideal range. The results showed that the response data fit reasonably well with the hypothetical structure of the PCSCCS-M, which provided positive evidence for its construct validity. We propose that the PCSCCS-M is an appropriate tool for assessing the competency of spiritual care providers in mainland China.	The main shortcoming of the present study may be that the sample of nurses was mainly from the Henan and Jilin provinces of China. Therefore, the findings may not represent the opinions of all nurses in China.
Qualitative descriptive study (2019)	Burkhart et al. (UNITED STATES)	To describe spiritual care in nursing practice and reveal organisational facilitators and barriers in providing spiritual care in a VA health care system.	RN choosing to engage the patient is affected by the nurse's spiritual well-being. The decision to engage the patient is influenced by lack of time and collegial support. Organisational policy and a task-oriented culture are barriers that can lead to a decision to not engage in spiritual interventions. VA health care lacks chaplain integration into the health care team. Nurses,	Participants who came forward may value spiritual care and may not represent the entire VA RN population. The sample also represented nurses with higher education (25% masters) than typical RNs at the VA, which may have affected the results. Also, participants were recruited from one Veterans Integrated Service Network

		(39)	who are present at the moment of need, lack the formal education in addressing spiritual needs and lack the knowledge of available spiritual resources.	(VISN), which may not be consistent with other VISNs.