An Overview of the Status of Spiritual Care in Nursing Education in Iran and the World

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Abstract

Spirituality is an essential component of health. However, evidence suggests that patients' spiritual dimension has received less attention, possibly due to the unpreparedness of nurses to provide spiritual care. This study aimed to investigate the context of spiritual care in nursing education and to review the necessary preparations to provide spiritual care, as well as to examine the effective models and methods of spiritual care education in nursing. A comprehensive and in-depth review of the texts was conducted using national and international databases including SID, Magiran, Barakat, PubMed, ProQuest, Scopus, Embase, Web of Science and Google Scholar, spanning the years 2016–2021 and using the keywords "Spiritual care"; "Spiritual Curriculum"; "Spirituality"; "Religion"; "Nursing curriculum"; "Nursing students"; "Nursing educator"; "Nursing education"; "Education"; "Nursing"; and "Curriculum." Out of 743 obtained articles, 39 were enrolled. The results showed that the basis of spiritual care in nursing education is inappropriate and the necessary preparations for providing proper spiritual care are not well provided. Although various models and variants have been presented to educate spiritual care, they are not organised throughout the students' curriculum. Using a curriculum includes spirituality, spiritual awareness, and spiritual care, as well

as organising it throughout the student curriculum, which can be the first step in providing decent spiritual care. Therefore, it is worthwhile to take effective steps in promoting spiritual care by solving the existing challenges and reducing the gap between theoretical and clinical education.

Keywords: spirituality; spiritual care; nursing education; spirituality curriculum

Introduction

Spirituality can be defined as confidence in oneself and others, belief in a superior being, love and communication, self-fulfilment, and finding sources of hope and power in situations of despair (Ross et al. 2014; Soheili and Mollai Iveli 2019). Spirituality is one of the major components of health (Ross et al. 2014). The World Health Organisation defines health in four aspects, including physical, mental, social, and spiritual health, and with regard to the relationship between care providers and patients, it has required healthcare providers to consider patients' beliefs while providing healthcare to them (Ahmadi et al. 2018). However, the concept of spirituality and spiritual care in the health system remains a mental, ambiguous, and complex concept (Soheili and Mollai Iveli 2019). Spiritual care is a multidimensional concept defined as care activities that increase patient comfort, increase self-confidence, spiritual health and improve quality of life as well as people's spiritual well-being, and reduce spiritual distress (Ahmadi et al. 2021; Baldacchino 2015; Soheili and Mollai Iveli 2019).

Addressing the spiritual needs of patients has been considered an inseparable part of nursing care (Galloway and Hand 2017). The Code of Ethics adopted by the International Council of Nurses (ICN) considers environmental development to be one of the specific tasks of nurses where human rights, values, customs, traditions and spiritual beliefs of the individual, family and society are respected (Baldacchino 2015). Regarding the role of spiritual care in maintaining individuals' health and coping with the disease, various studies have indicated that spiritual care impacts the power of recovery and the ability to cope with changes and adapt to them, and it also increases the sense of well-being and satisfaction among patients (Tofighian et al. 2017; Vargas-Escobar and Guarnizo-Tole 2020).

However, evidence suggests that patients' spirituality is considered less frequently in healthcare (Khorrami Markani and Vahidi 2020), which may be due to the fact that nurses are not well prepared for providing spiritual care. The results of the conducted studies in Iran and other countries indicate that the nursing curriculum does not prepare students to provide appropriate spiritual care (Galloway and Hand 2017; Zakaria Kiaei et al. 2015) and in Iran, there is no course called spiritual care in the nursing curriculum (Zakaria Kiaei et al. 2015). Although nurses consider spiritual care as one of the dimensions of holistic care, they feel unprepared to provide this type of care, despite the fact that nursing graduates must have the necessary competency to provide spiritual care for patients (Milner, Foito, and Waton 2016). Therefore, spirituality needs to be emphasised in nursing education and included in the nursing curriculum (Bennett and

Thompson 2015). Regarding the provision of spiritual care to patients, professional nursing organisations have provided clear explanations for preparing nurses. In the nursing Code of Ethics, the American Nurses Association has included instructions to highlight the spiritual care needs that nurses should consider while providing care for patients and their families (Davis and Kimble 2011). Furthermore, the empowerment and preparedness of nurses in providing spiritual care are considered as one of the major goals of nursing education (Rassouli and salmani 2018).

Therefore, one of the goals of nursing education should be to help students in this regard and to remove barriers to spiritual care. An essential factor in increasing students' competency for providing spiritual care is to create the appropriate context and a supportive environment for students to enable them to fulfil their roles and gain clinical experience in the field of spirituality (Seylani et al. 2016). This can be made possible through learning activities, by developing communication skills that may lead to the development of students' awareness of personal spirituality and their ability to cope with personal feelings, and by enhancing their spiritual intelligence (Ahmadi et al. 2018; Ahmadi et al. 2021).

Teaching spiritual care to nursing students through effective approaches can improve the quality of spirituality as a vital aspect of holistic nursing. However, teaching approaches in this regard have deficiencies, including the fact that they lack the necessary strategies to help nursing students understand their spiritual needs, which is the first major step in assessing and understanding patients' spiritual needs. The results of the previous studies also indicate a lack of proper contexts, such as the lack of a training course on spirituality and spiritual care in the nursing curriculum for providing spiritual care to patients (Bruhjell 2016; Riklikiene et al. 2016).

Therefore, this review study was conducted to investigate the context of spiritual care provision in the nursing education system and the necessary preparations to provide appropriate spiritual care by focusing on effective models and approaches of teaching spiritual care to students.

Methods and Materials

The present review study on the status of spiritual care in nursing education was done through searching, analysis and making reports, using the literature review guideline of the University of York in seven stages (Dissemination 2009) (see figure 1).
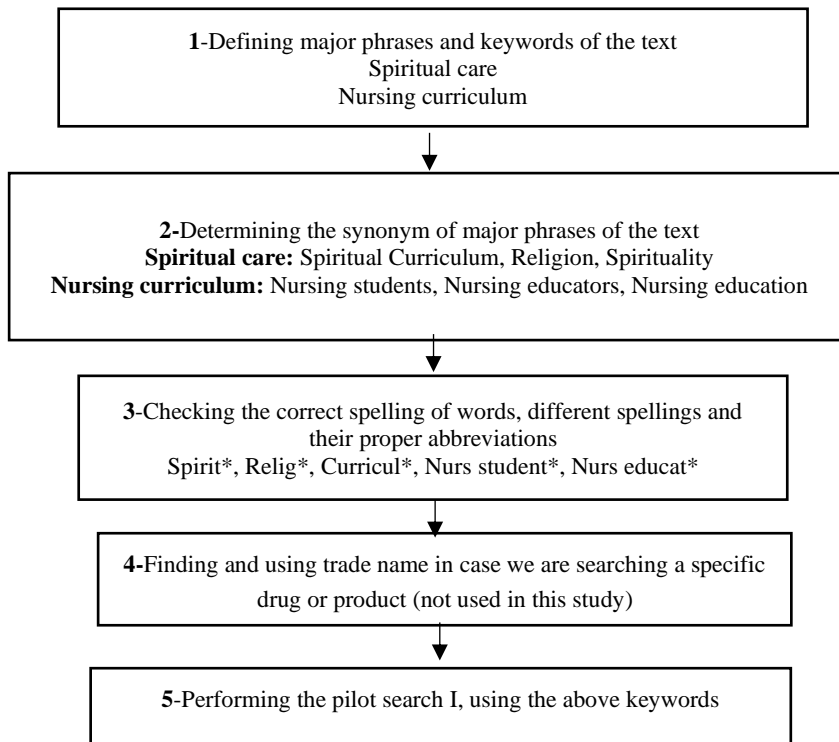
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┌─────────────────────────────────────────────────────────┐
│         1-Defining major phrases and keywords of the text │
│                      Spiritual care                       │
│                    Nursing curriculum                     │
└─────────────────────────────────────────────────────────┘
                            │
                            ▼
┌─────────────────────────────────────────────────────────┐
│      2-Determining the synonym of major phrases of the text │
│  Spiritual care: Spiritual Curriculum, Religion, Spirituality │
│ Nursing curriculum: Nursing students, Nursing educators, Nursing education │
└─────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────┐
│    3-Checking the correct spelling of words, different spellings and │
│                  their proper abbreviations               │
│     Spirit*, Relig*, Curricul*, Nurs student*, Nurs educat* │
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┌─────────────────────────────────────────────────────────┐
│   4-Finding and using trade name in case we are searching a specific │
│           drug or product (not used in this study)        │
└─────────────────────────────────────────────────────────┘
                            │
                            ▼
┌─────────────────────────────────────────────────────────┐
│    5-Performing the pilot search I, using the above keywords │
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Figure 1: The University of York's guidance for undertaking literature review

In the first stage, efforts were made to develop questions for reviewing texts, the answers to which could clarify the status of spiritual care in nursing education and yield ways to achieve proper spiritual care. The questions were developed in various areas, such as the meaning and the nature of spiritual care in nursing; the dimensions and the characteristics of spirituality care; the necessary preparations for providing appropriate spiritual care; the challenges against and the barriers to spiritual care; the attitudes toward spiritual care in nursing education; nursing students' viewpoints and perceptions of spirituality and spiritual care provision for patients; as well as the approaches to teaching spiritual care.

In the second stage, in order to systematically search and access the available texts in the related fields, the following steps were taken (see figure 2).
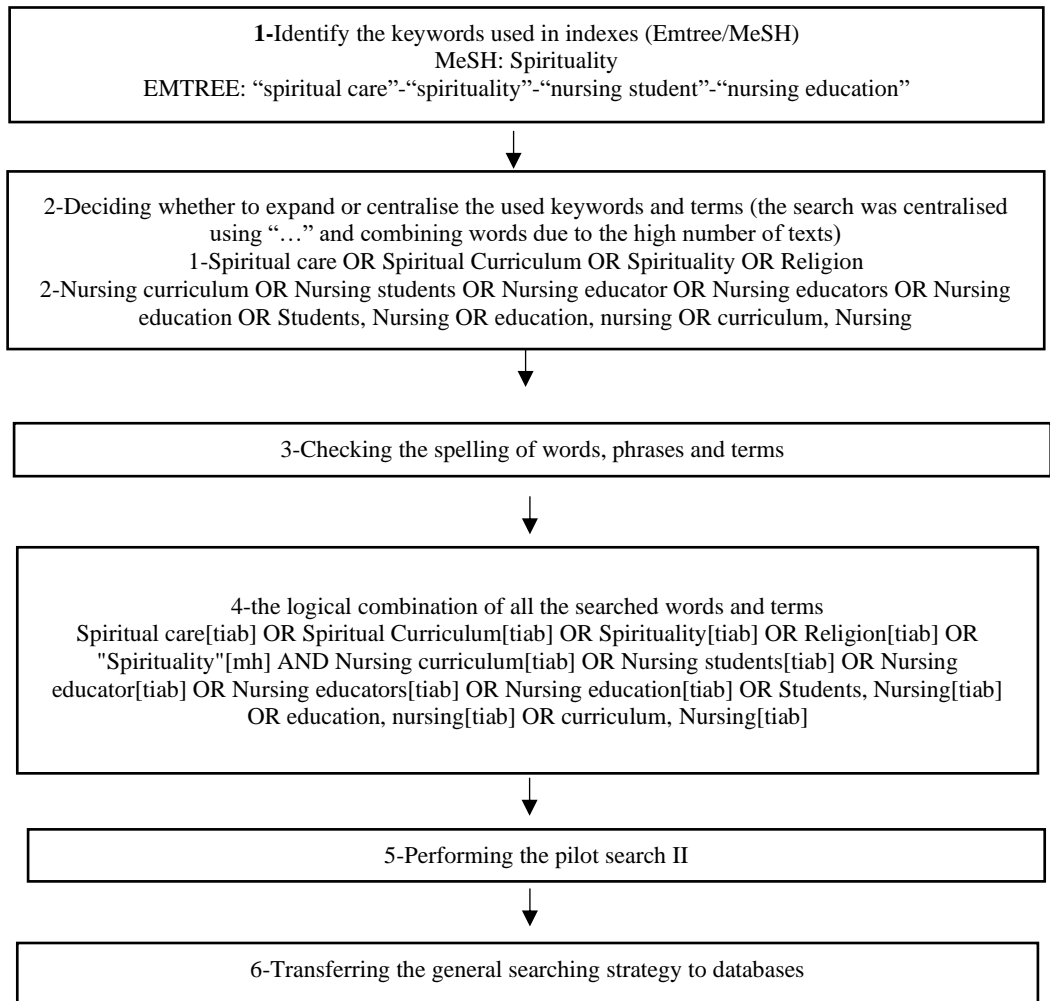
1-Identify the keywords used in indexes (Emtree/MeSH) MeSH: Spirituality EMTREE: "spiritual care"-"spirituality"-"nursing student"-"nursing education"

↓

2-Deciding whether to expand or centralise the used keywords and terms (the search was centralised using "…" and combining words due to the high number of texts) 1-Spiritual care OR Spiritual Curriculum OR Spirituality OR Religion 2-Nursing curriculum OR Nursing students OR Nursing educator OR Nursing educators OR Nursing education OR Students, Nursing OR education, nursing OR curriculum, Nursing

↓

3-Checking the spelling of words, phrases and terms

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4-the logical combination of all the searched words and terms Spiritual care[tiab] OR Spiritual Curriculum[tiab] OR Spirituality[tiab] OR Religion[tiab] OR "Spirituality"[mh] AND Nursing curriculum[tiab] OR Nursing students[tiab] OR Nursing educator[tiab] OR Nursing educators[tiab] OR Nursing education[tiab] OR Students, Nursing[tiab] OR education, nursing[tiab] OR curriculum, Nursing[tiab]

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5-Performing the pilot search II

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6-Transferring the general searching strategy to databases

Figure 2: Different stages of searching texts, based on the approach developed by the University of York

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┌─────────────────────────────────────┐
│ The total number of articles        │
│ extracted from searching through    │
│ databases = 743                     │
└─────────────────────────────────────┘
              │                    ┌──────────────────────────────────┐
              │       ────────────▶│ The exclusion of duplicate and   │
              ▼                    │ irrelevant titles = 211          │
┌─────────────────────────────────────┐ └──────────────────────────────────┘
│ Articles left = 532                 │
└─────────────────────────────────────┘
              │                    ┌──────────────────────────────────┐
              │       ────────────▶│ Exclusion after screening        │
              ▼                    │ abstracts = 490                  │
┌─────────────────────────────────────┐ └──────────────────────────────────┘
│ Articles left = 42                  │
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              │                    ┌──────────────────────────────────┐
              │       ────────────▶│ Exclusion after the qualitative  │
              ▼                    │ assessment of the articles = 3   │
┌─────────────────────────────────────┐ └──────────────────────────────────┘
│ Articles left = 39                  │
└─────────────────────────────────────┘
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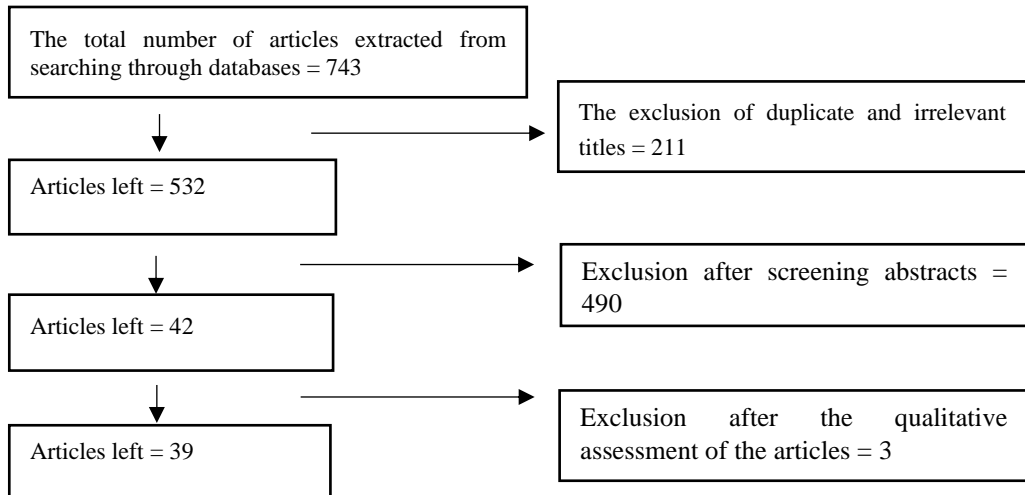
Figure 3: Identification, inclusion and exclusion of articles

- 1-Defining key words and the main phrases of the text (including spirituality, religion, Spiritual Curriculum, Spiritual care, nursing students, nursing education, nursing curriculum, nursing educators).
- 2-Determining synonyms and words similar to the main words and phrases of the text.
- 3-Checking the spelling of words and their different forms or appropriate abbreviations.
- 4-Finding and using a trade name (which was not useful in this study).
- 5-Performing the pilot search I (using the above keywords).
- 6-Identifying the keywords used in indexes (MeSH, Emtree).
- 7-Deciding whether to expand or centralise the used keywords and terms.
- 8-Checking the correct spelling of words, phrases and terms.
- 9-Logically combining all the searched words and terms, using AND/OR.
- 10-Performing the pilot search II.
- 11-The implementation of the general searching strategy on national and international databases and sites including SID, Magiran, Barakat, PubMed, ProQuest, Web of Science, Embase, Scopus, as well as Google Scholar, from 2016 to 2021 separately by two researchers based on predefined keywords and strategies.

Finally, a total of 743 articles were extracted after performing the search.

At stages 3 and 4, the inclusion criteria consisted of English and Farsi articles, articles published from 2016 to June 2021, research articles, review articles, theses, articles related to the development of spiritual care in the nursing curriculum, and articles with titles, keywords or abstracts related to the main words or the mentioned synonyms. The

exclusion criteria included articles published before 2016, articles in languages other than Farsi or English, e-books, the abstracts of the articles published in congresses, letters to the editor, pilot studies and case studies related to the development of spiritual care in the curriculum of other medical disciplines. By taking into account the inclusion and exclusion criteria and studying the titles and the abstracts of the articles, 532 articles were extracted from the primary screening.

In stages 5 and 6, the CASP checklist was used to assess the quality of articles with qualitative methodology and the STROBE tool to evaluate the quality of quantitative articles. Moreover, through a careful review of the full text of the obtained articles (42 articles), content analysis of the texts and a secondary screening were performed. At this stage, 39 studies that completely related to the main aspects of the research in the field of spiritual care were obtained, the final results of which were obtained at the 7th stage and reported in the form of results and discussions. It should be noted that the primary and secondary screenings were performed concurrently and separately by two members of the research team. A supervisor, who was another member of the research team, helped to eliminate the few differences that emerged in the screening.

Results

Out of 374 primary extracted articles, 39 related ones were finally selected and reviewed in the three areas: 1) the context of spiritual care in the nursing education system; 2) the necessary preparations to provide appropriate spiritual care and effective models; and 3) approaches in spiritual care education in nursing. The context of spiritual care in the nursing education system is discussed in terms of the concept of spiritual care in nursing education, the separation of theory and practice in the field of spiritual care, beliefs and nursing students' understanding of spirituality and educational challenges. The level of students' preparedness to provide spiritual care is investigated as being on the three levels of favourable, moderate and poor, in terms of educational deficiencies and shortcomings in the field of spiritual care, the need to integrate spiritual care education into the curriculum, educational needs assessment, the need for tools and instructions regarding spiritual needs assessment and the factors affecting spiritual care. A few studies investigated the models and the approaches to the education of spirituality, spiritual care and their advantages, which were also reviewed.

Author/Year	Report on the context of spiritual care in the nursing education		Report on the necessary preparations to provide appropriate spiritual care			Report on the models and approaches effective in teaching spiritual care					
	Favourable	Unfavourable	Favourable preparedness	Moderate preparedness	Unfavourable preparedness	Communication techniques	Group discussions	ASSET model	Being present at clinical settings and role functioning	Novel educational approaches	Other measures
Ahmadi et al. (2018)				*							
Galloway and Hand (2017)											*
Milner et al. (2016)									*		*
Seylani et al. (2016)					*						
Wu et al. (2016)	*										
Bruhjell et al. (2016)	*					*	*				
Memariyan et al. (2017)	*										
Riklikiene et al. (2016)		*			*						
Cruz et al. (2017)	*										
Cooper and Chang (2016)					*						
Strand et al. (2017)										*	
Garner et al. (2016)										*	
Timmins et al. (2016)	*										
Kerr (2018)	*				*						

Table 1: Reports of the results of literature review regarding the context of spiritual care in the nursing education, the necessary preparations, models and approaches effective in the education of spiritual care among nursing students

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Author/Year	**Report on the context of spiritual care in the nursing education**		**Report on the necessary preparations to provide appropriate spiritual care**			**Report on the models and approaches effective in teaching spiritual care**					
	Favourable	Unfavourable	Favourable preparedness	Moderate preparedness	Unfavourable preparedness	Communication techniques	Group discussions	ASSET model	Being present at clinical settings and role functioning	Novel educational approaches	Other measures
Bristol et al. (2017)	*										
Caldeira et al. (2016)	*										
Booth et al. (2018)	*				*						
Kalkim et al. (2018)					*		*		*		*
Connors et al. (2017)									*		
Cordero et al. (2018)	*				*						
Daghan (2018)	*										
Linda et al. (2020)	*										
Akgün Şahin et al. (2016)	*				*						
Vargas-Escobar et al. (2020)											*
Kalkim et al. (2016)	*										
Babamohamadi et al. (2018)	*			*							
Rodrigues et al. (2020)										*	
Huehn et al. (2019)	*								*		
Marzband et al. (2019)				*							

Table 1: Reports of the results of literature review regarding the context of spiritual care in the nursing education, the necessary preparations, models and approaches effective in the education of spiritual care among nursing students

Author/Year	Report on the context of spiritual care in the nursing education		Report on the necessary preparations to provide appropriate spiritual care			Report on the models and approaches effective in teaching spiritual care					
	Favourable	Unfavourable	Favourable preparedness	Moderate preparedness	Unfavourable preparedness	Communication techniques	Group discussions	ASSET model	Being present at clinical settings and role functioning	Novel educational approaches	Other measures
Karnjuš et al. (2019)	*										
Kroning et al. (2017)	*										
Van Leeuwen et al. (2021)										*	
Fernández-Pascual et al. (2020)										*	
Ross et al. (2016)				*							
Ross et al. (2018)	*										
Van der Vis-Sietsma et al. (2019)	*										
White et al. (2017)	*										
Williams et al. (2016)	*										
Chiang et al. (2020)	*										

Discussion

The Context of Spiritual Care in the Nursing Education System and the Related Challenges

Spirituality and spiritual care, despite their important roles, have been neglected in nursing education (Wu et al. 2016). Different educational challenges have affected nursing students. Evidence in Iran and other countries suggests that one of the major challenges is the lack of a training course on spirituality and spiritual care in the nursing curriculum (Bruhjell 2016; Memariyan et al. 2017; Riklikiene et al. 2016), while studies have shown that offering formal courses on spirituality education in the nursing curriculum seems necessary for students' spiritual growth (Bruhjell 2016; Chiang et al. 2020; Linda et al. 2020; Marzband et al. 2019). However, the results of Bruhjell's study have shown that there is no consensus on the position of spirituality in the curriculum, and some faculty members believe that spirituality should be combined and taught alongside cultural studies (Bruhjell 2016). Faculty members have also considered the lack of sufficient support for spirituality education, time limitations, the large volume of educational materials, and not receiving training in the field of teaching spirituality and spiritual care, as the challenges against spirituality education. At the same time, teachers should be interested in the subject of spirituality and spiritual care, have sufficient knowledge and awareness in this field and receive the necessary support for teaching spirituality (Bruhjell 2016).

Another major factor in investigating the context of spiritual care is the separation of theory and practice. Evidence in Iran and other countries shows that the lack of appropriate education in clinical settings regarding this type of care and the lack of role models, on the one hand, the lack of appropriate tools for assessing spiritual needs and the lack of a clinical practice guideline for spiritual care, on the other hand, are among the factors causing the division between theory and practice in the field of spiritual care (Bruhjell 2016; Kroning and Yoon 2017; Rassouli and salmani 2018; Timmins et al. 2016).

The Necessary Preparations for Providing Appropriate Spiritual Care

Preparing nurses for identifying patients' spiritual care needs and teaching the skills needed to provide this type of care are major challenges against educating nursing students in spiritual care. (Kerr 2018).

The students' attitude toward spiritual care, their different understanding of the concept of spirituality, their different abilities to communicate with patients as well as some students' lack of interest in spirituality are among other challenges against spiritual care (Rassouli and salmani 2018). Inadequate education is one of the causes of students' inappropriate understanding of spiritual care, and the results of studies indicate that education can lead to a better understanding of students' spirituality and spiritual care, which in turn affects students' competence (Kalkim et al. 2016; Ross et al. 2016; Ross et al. 2018; Van der Vis-Sietsma et al. 2019; Vargas-Escobar and Guarnizo-Tole 2020;

Wu et al. 2016). Some studies have suggested that individual characteristics such as gender, student religiosity, and religious practice affect one's understanding of spirituality and the provision of spiritual care, and nursing educators are concerned about how to encourage non-religious students to broaden their views of spirituality (Karnjuš et al. 2019; Riklikiene et al. 2016; Ross et al. 2016; Ross et al. 2018). However, the results of the studies conducted in Iran and Saudi Arabia have shown that nursing students have a moderate understanding of spiritual care, while due to the religious nature of these communities, nursing students are expected to have a higher understanding of this. Maybe this issue is a result of the poor attention to spiritual care education in nursing education in these countries (Babamohamadi et al. 2018; Cruz et al. 2017).

The results of Iranian studies show that nursing students do not have sufficient knowledge of spiritual care and do not receive the training they need. Therefore, they have a moderate level of competence for providing spiritual care to patients (Ahmadi et al. 2018; Ahmadi et al. 2021; Babamohamadi et al. 2018). In a study conducted in Turkey, the results reported insufficient knowledge of spiritual care, both in general and in the theoretical and clinical education of nursing students (Akgün Şahin, and Kardaş Özdemir 2016). According to a US study conducted by Pipkins et al. this lack of knowledge in the field of spiritual care was more common in freshman nursing students than in senior ones (Pipkins et al. 2020). The systematic review of Marzband et al. has confirmed that the students have a moderate level of awareness of spirituality and spiritual care (Marzband et al. 2019).

Many effective factors have been mentioned regarding such challenges that play an important role in preparing nursing students to provide appropriate spiritual care. One of these factors is the role of education and a curriculum that includes spirituality, spiritual awareness and spiritual care, which can be the first step to providing spiritual care (Akgün Şahin, and Kardaş Özdemir 2016; Riklikiene et al. 2016). According to the conducted studies, the process of preparing nursing students for spiritual care provision includes raising the level of students' awareness, helping them overcome personal barriers, and improving their level of competence in providing spiritual care (Cooper and Chang 2016). Another important factor that can improve the preparedness and competence of nursing students for providing appropriate spiritual care is the existence of a coherent educational programme, the integration of spiritual care education into the clinical curriculum of nursing students, the existence of a standard curriculum and the application of practical training strategies (Bristol et al. 2017; Caldeira et al. 2016; Van der Vis-Sietsma et al. 2019; White and Hand 2017). The integration of spirituality into the major courses of clinical nursing will lead to a comprehensive health assessment, including an assessment of patients' values and beliefs and their spiritual needs, and an assessment of the resources used to address their needs (Bristol et al. 2017; Caldeira et al. 2016; Van der Vis-Sietsma et al. 2019; Williams et al. 2016). Teaching the art of healthcare provides opportunities for students to learn about spiritual care, to understand the uniqueness of each patient and his/her family, and to make the necessary

preparations in this regard. Therefore, creating a supportive environment for students to fulfil their roles and gain clinical experience in the field of spirituality leads to better performance in serious and common situations in their professional life, and can be considered as an important factor in increasing sensitivity and improving competence in spiritual care (Seylani et al. 2016). In this regard, Rassouli et al. (2018) conducted a study with the aim of needs assessment and formulating the educational goals of the plan for providing spiritual care in Iran. The results of this study showed that developing the objectives of the curriculum in the form of three general goals, including *the development of one's self-awareness from a spiritual viewpoint*, *the explanation of spirituality in the nursing profession, and its place in nursing care* and *preparing nurses to provide spiritual care* can result in increasing their knowledge and skills and empowering them in providing spiritual care to patients (Rassouli and salmani 2018). It is also necessary to have a national guideline for nurses to assess patients' needs and provide them with spiritual care. In addition to the abovementioned and the important role of education in preparing nursing students to provide spiritual care, their own faith, personal beliefs and spiritual maturity can also be effective in preparing them for the provision of appropriate spiritual care (Booth and Kaylor 2018; Cordero et al. 2018).

Effective Models and Approaches in the Field of Spiritual Care

Using appropriate methods to teach spiritual care can play an effective role in enhancing students' competence in providing spiritual care. Evidence suggests that communication techniques and group discussions on spiritual care issues are among common techniques for teaching spirituality by instructors (Bruhjell 2016; White and Hand 2017). In addition, in various studies, holding Q&A sessions, focus groups, holding workshops and orally presenting students' spiritual experiences and discussing them, thematic discussions in seminars and reflective thinking, especially in the field of difficult concepts of spirituality, and case reports have been cited as effective ways to increase awareness or increase spiritual sensitivity and meaningful learning in students (Daghan 2018; Ross et al. 2018; Strand et al. 2017; Van der Vis-Sietsma et al. 2019).

Producing video programmes on spiritual education and spiritual care is another method used by Rodrigues et al. (2020), the results of which confirm the effectiveness of this method in improving students' motivation and knowledge in the assessment of spirituality and spiritual care (Rodrigues et al. 2020).

Educational approaches such as putting students in clinical settings to interact with patients, role functioning and simulating spiritual care education have also been proposed as simple and useful teaching strategies that can lead to the promotion of students' spiritual attitude, knowledge and ethics (Huehn et al. 2019; Kalkim et al. 2018). The results of the study by Connors (2017), aiming to compare simulation and lecture as educational approaches, showed that the simulation approach is a more appropriate way to improve students' competence and self-confidence in providing spiritual care (Connors et al. 2017).

Researchers have also examined new ways to provide spiritual care to patients. The study by Strand (2017) on the evaluation of a peer learning programme in clinical settings showed that this type of curriculum could lead to learning the concepts of spiritual care and increasing students' communication skills, resulting in improving students' clinical competence to provide spiritual care (Strand et al. 2017). Moreover, Garner introduced storytelling in the classroom as a memorable way to teach spiritual care (Garner 2016).

Some studies have made efforts to provide special educational programmes to enhance students' ability to provide spiritual care. In this regard, we can refer to the spiritual care education programme based on the EPICC consensus project, which has been used as a standard in spiritual care education for graduate nursing and midwifery students with the aim of increasing the ability of nurses and midwives to provide spiritual care (Van Leeuwen et al. 2021). In Spain, the education of secular and non-sectarian spirituality has been explored, which has improved students' knowledge, competence and attitude towards spiritual care (Fernández-Pascual et al. 2020).

Some studies have considered the use of nursing models such as the Benner theory from beginner to advanced, Kolb's theory of experiential learning, Gibbs' Reflective Cycle, ASSET model and ACCESS model, a model for cultural care education, effective in the clinical education of spiritual care to increase the professional competence of students in providing spiritual care (Memariyan et al. 2017).

There are also some suggestions for integrating religious and spiritual practices into the curriculum, such as conducting action research on how to teach spirituality and spiritual care to nursing students and promoting cultural competence by providing education on religious beliefs, values and cultures. In addition, facilitating the early presentation of nursing history and the basic principles of nursing to students for providing holistic care, designing class assignments for spiritual care, and considering spiritual care as a clinical practice can be effective. Finally, the development of an educational model of spiritual care based on the results of phenomenological, ethnographical and grounded theory studies can be a guide in nursing education to improve nurses' knowledge and skills for the provision of spiritual care (Garner 2016).

Conclusion

Based on the findings of the present study, there is evidence that indicates a shortage or lack of spiritual education in the education systems of different societies. However, considering many challenges and barriers for teachers and students in the education system, no effective repair and reconstruction have been done in this regard. Furthermore, for reasons such as deficiencies in education regarding role functioning and gaining clinical experience in the field of spirituality, students fail to meet the necessary requirements for providing appropriate spiritual care. Despite the fact that, in some societies, effective teaching approaches are implemented in the field of spirituality education, the necessary competence for spirituality-based nursing and holistic care is

not improved in students due to not integrating spirituality into the curriculum and the lack of implementing educational materials in practice. In Iran, one of the reasons for ignoring spirituality and spiritual care in nursing has been the viewpoint of Iranian planners and education officials regarding spirituality as an equivalent to religion. The challenges against academic planning and its implementation are among the other factors preventing spiritual care from being operational. Therefore, according to the evidence at hand, in Iran, not much has been done regarding designing and developing spirituality and spiritual care in nursing education, and there is no evidence of including spirituality in the curriculum or of its implementation in a comprehensive manner.

Therefore, in order to prepare nursing students to provide spiritual care, the following can be suggested:

1. Integrate spirituality in the nursing curriculum and use effective educational methods such as storytelling, holding workshops and oral presentations of students' spiritual experiences and discussing them, teaching spiritual care through simulation, producing video programmes on spiritual education and spiritual care, which can lead to learning the concepts of spiritual care and increase students' communication skills.

2. Integrating spirituality into the core of clinical nursing courses that provide opportunities for students to learn spiritual care and be prepared to assess the values, beliefs and spiritual needs of patients and their families.

3. The existence of an appropriate spiritual screening tool and a clinical practice guide for assessing the spiritual needs of patients, as well as the use of role modelling, can be effective in reducing the gap between theoretical and clinical education and increasing students' clinical competence in providing spiritual care.

4. Integration of spirituality in care models, which creates a suitable environment for providing spiritual care in the clinic and creates a suitable role model for nursing students in clinical settings. This allows students to learn how to meet the spiritual needs of patients, which will play a valuable role in improving nursing students' level of attitude, thus improving their competence in providing spiritual care.

Limitations

One of the limitations of this study was the use of articles in English and Persian and not using articles in other languages. Although a large number of studies are published in English, even many abstracts of studies in other languages have an English version, therefore, the chances of losing important and practical studies were low; however, this must be accepted as a limitation of the present study.

Acknowledgements and Conflict of interest

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