

# Nursing students' spiritual well-being, spirituality and spiritual care

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## ABSTRACT

**Background:** Spiritual care should be considered an important part of holistic and multidisciplinary care and it has not been given much importance so far. We should begin with student nurses, who will soon be clinicians, to find out about potentiality of the nursing profession to put spiritual care into practice. Little has been known about spiritual well-being, spirituality, and spiritual care perspectives among nursing students. In this study, a comparison has been made in spiritual well-being, spirituality, and spiritual care perspectives between the first and fourth year baccalaureate nursing students.

**Materials and Methods:** This is a descriptive-comparative study that was carried out among 283 nursing students. All the students were Iranians studying in the universities of Iran, Tehran, and Shahid Beheshti medical sciences. They volunteered to participate in the study. There were 105 first year students and 178 fourth year students. The questionnaires used were on Spiritual Well-being (SWB) Scale, Spiritual Perspective Scale (SPS), and Nursing Spiritual Care Perspective Scale (NSCPS). The statistical analysis was performed using the SPSS software, version 10. The data were analyzed using descriptive statistics (distribution frequency, mean, and standard deviation). Mann-Whitney test was to compare each item and independent t-test to compare the mean values of two groups.

**Results:** Regarding spiritual well-being, there were no significant differences between the two groups. 98.8% of the first year students and 100% of the fourth year students were in the category of moderate spiritual well-being. Neither were there any significant differences between the two groups in spiritual perspective and spiritual care perspectives.

**Conclusions:** The scores of fourth year nursing students were similar to those of first year students in spiritual well-being, spirituality, and spiritual care perspectives, though the fourth year students had already undergone 4-year nursing course. Including spiritual care in the curriculum of nursing students' courses will add to their understanding and provision of spiritual care. This will fill the present gap evident in the system in Iran. At present, the educational system here does not make use of spiritual care as part of its comprehensive curriculum.

**Key words:** Iran, nursing student, spiritual care, spiritual well-being, spirituality

## INTRODUCTION

Human being, the most interesting (extraordinary) creation of God, has a variety of dimensions, each of which has to be studied and debated on by researchers<sup>[1]</sup> The World Health Organization (WHO) announced that the health needs should include spiritual well-being in addition to physical, mental, and social

domains.<sup>[2]</sup> Besides, today, health is no longer viewed as a passive state of being, but as a dynamic process of attaining higher levels of wellness within each dimension.<sup>[3]</sup> Spirituality and spiritual care are not new to nursing and healthcare system.<sup>[4]</sup> Spiritual well-being is an assertion of life in relationship with God, the self, others, the community, and the environment that nurtures and celebrates wholeness. People who appreciate spiritual well-being tend to feel alive, purposeful, and satisfied.<sup>[5]</sup> The dimension of spirituality and the related concepts of spiritual well-being and spiritual health have been important to nursing throughout history.<sup>[6]</sup> Moreover, studies have suggested that spirituality is the essence of human beings and plays a vital role in people's lives.<sup>[7]</sup> Still, addressing the spiritual dimension of care makes a considerable difference in physical and psychosocial outcome.<sup>[4,8,9]</sup>

As the healthcare system becomes increasingly complex, there is a professional prerequisite for nurses to improve their competence in spiritual care delivery, assessment, and

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meeting the spiritual needs of their patients.<sup>[7]</sup> If nurses are able to assess spiritual needs and develop interventions to help patients meet their spiritual needs, they will be able to help promote the quality of life and decrease suffering of patients.<sup>[10]</sup> Nursing study shows the positive effects of spirituality on health, well-being, and satisfaction in life.<sup>[11-14]</sup>

Spiritual care was defined as the care that nurses provide to meet the spiritual needs and/or problems of patients.<sup>[15]</sup> Spiritual care, a central element of holistic and multidisciplinary care, is not often included into practice.<sup>[16,17]</sup> Over the years, the provision of spiritual care has been a primary aspect of holistic nursing care,<sup>[18]</sup> but many principal medical educational systems have not yet encompassed spiritual care as part of their comprehensive or core curricula.<sup>[2]</sup> Nurses conduct nursing assessments routinely, but spiritual needs assessment is usually not done and spiritual care is often neglected. The role of spiritual health care is accepted by health professionals.<sup>[19-21]</sup> The International Council of Nurse's Code recognizes the spiritual aspect of nursing and provides spiritual care as an essential responsibility of all nurses.<sup>[19,22]</sup> Recognition of a patient's spiritual needs is now being formally expressed through the Joint Commission on Accreditation for Health Care Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities.<sup>[23-25]</sup>

Nurses, as the biggest members of healthcare team, who spend more time with their patients than do other healthcare providers, must recognize the spiritual needs of patients as a domain of nursing care.<sup>[26]</sup> Some studies have shown that the way a nurse relates to his/her own spirituality is an important factor of the quality of the spiritual care he/she will provide.<sup>[27]</sup> Nurses' perception of spirituality can directly influence on how to behave, how to deal with their patients, and how to communicate with them in favor of providing spiritual care.<sup>[4,28]</sup> The importance of nurses' abilities to understand their own perception of spirituality before assessing others' spiritual needs has to be stressed.<sup>[10]</sup> Positive attitudes and perceptions of nurses' own spirituality might promote a delicate sensitivity to others' spiritual concerns and an elevated consciousness regarding spirituality, which could be potentially helpful in the assessment process.<sup>[29]</sup>

Student nurses need to be educated in spiritual care.<sup>[30]</sup> The education of nursing students is one of the most important items for their future career,<sup>[13]</sup> and developing a sentience of spirituality in nursing students may deliver the surest way to provide spiritual care for patients. When nurses are accurately educated about spiritual meaning, they may be more likely to understand how to provide spiritual care and the role of spiritual interventions.<sup>[31]</sup> The faculty has an essential role to play in making the nurses

understand their role in providing spiritual nursing care.<sup>[32]</sup> As spirituality is an essential concept related to nursing education and practice, it can be integrated into patient care as well as nursing education. If student nurses are not educated about spirituality, how then can a nurse assess and take in his/her hand the spiritual needs of clients as a practicing expert? How can students identify spirituality in action and find role models for spiritual care if they do not understand what spirituality is? Faculty-directed student inquiry and opportunities for reflective practice in the clinical arena encourage students to identify and then deal with the complexities of concepts.<sup>[24]</sup>

Nursing educational system in Iran has not yet incorporated spiritual care as part of its comprehensive or core curriculum.

No studies have specifically been done on the subject we have been concerned about. Therefore, due to the importance of the issue, this study was conducted. It was carried out to compare the responses of the first and fourth year nursing students on the spiritual well-being, spirituality, and spiritual care perspectives in Tehran.

## MATERIALS AND METHODS

This is a descriptive-comparative study conducted on nursing students of three schools of nursing and midwifery affiliated to Iran, Tehran, and Shahid Beheshti medical sciences universities. The aim was to investigate and compare the responses of the first year and fourth year nursing students, regarding spiritual well-being, spirituality, and spiritual care perspectives. Total number of participating students was 350, of which 105 students in their first year, second semester and 178 students in their fourth year, eighth semester completed the study

Related questionnaires were used to gather information. They contained items on Spiritual Well-being Scale (SWB) developed by Palutzian and Ellison (1998), Spiritual Perspective Scale (SPS) by Reed (1986), and Nursing Spiritual Care Perspective Scale (NSCPS) by Taylor, Highfield, and Amenta (1994), and a demographic information sheet.

SWB is a 20-item scale. Each of the 20 items on the SWB scale is scored on a Likert-type format from one to six; the highest possible score for SWB scale is 120. Score classification is as follows: 20-40 low, 41-99 moderate, and 100-120 high spiritual well-being.

SPS is composed of 10 items rated on a 6-point Likert-type response format, ranging from "strongly disagree" to "strongly agree" for the spiritual values questions and

from “not at all” to “about once a day” for the spiritual interactions questions. For the SPS and each of the two subscales, the total score is calculated as the arithmetic mean across all items and can range from one to six, indicating spiritual values or spiritual interactions. Higher numbers than the mean score obtained between 1 and 6 (3/5) represent samples’ greater or positive spiritual perspective. The highest possible sum score for the total scale is 60 and the highest possible sum score for each of the subscales is 30.

NSCPS is a 13-item scale scored on a Likert-type format from one to five. The possible mean range is one to five. Mean scores above 3.0 on positively worded items and below 2.0 on negatively worded items were considered favorable responses toward providing spiritual care to patients. This instrument has been widely used. Its reliability and validity are well documented. In the present study, the validity of the scale was assessed through content validity; 13 faculty members of the nursing faculty and Islamic Research Centre reviewed the content of the scales and agreed upon a reasonable content validity. The Cronbach’s alpha for this study was 0.87 for SWB, 0.75 for SPS, and 0.75 for NSCPS.

The statistical analysis was performed using the SPSS software, version 10. The data were analyzed using descriptive statistics [frequency, percentage, mean, and standard deviation (SD)]. Mann–Whitney test was used to compare each item of the scales. Independent *t*-test was used to compare the two groups’ total mean and was used to describe the study results.

Data were gathered at the end of daily regular classes (in their classrooms at the end of their lectures). Ethical approval was obtained from the Nursing Faculty Research Committee of Iran University of Medical Science. Students were informed about the purpose and procedure of the study. They were ensured that participation in the study was voluntary and anonymous. Participants were asked to complete a consent form prior to completing the questionnaires. A Persian version of this article was published in the Iranian Journal of Nursing (IJN).<sup>[33]</sup>

## RESULTS

A response rate of 80.85% ( $N = 283$  out of 350) was achieved. There were 105 (37.1%) first year students and 178 (63%) fourth year students in their final semester. Most study subjects were females (83.8%,  $n = 88$  and (86%,  $n = 153$ ) in the first and fourth year, respectively. The age of the respondents ranged from 18 to 21 years 93.2% ( $n = 96$ ) for first year, and from 22 to 25, 92% ( $n = 162$ ) for fourth year students.

The results for spiritual well-being and its subscales were generally moderate for both first and fourth year students. Of a possible total score of 120, the mean was 65.58 for the first year (7.73) and 67.17 (6.55) for the fourth year students. The mean for the religious subscale was 32.60 (4.6) for the first year and 33.04 (4) for the fourth year students. The mean for fourth year students was slightly higher. The mean for the existential subscale was 33.7 (4.48) for the first year and 34.05 (4.87) for the fourth year students.

In other words, 98.8% of the first year and 100% of the fourth year students had moderate level of spiritual well-being. Besides, the means and SDs of spiritual perspective were 4.45 (0.65) and 4.33 (0.76) for the first and fourth year students, respectively, and no statistical differences were seen between the two groups ( $P = 0.19$ )

Table 1 displays the results of comparison between item means and SDs of the first and fourth year nursing students’ spiritual perspective. The means and SDs of spiritual care perspective were 42.99 (6.9) for the first year students and 42.5 (6.1) for the fourth year students and no statistical differences were seen ( $P = 0.5$ ). Table 2 displays the comparison between item means and SDs for the first and fourth year nursing students’ spiritual care perspective.

## DISCUSSION

The results showed that spiritual well-being of all students was in moderate range score, and there were no significant differences between the two groups. These findings are similar to the results of Pesut’s study, but the mean scores of our findings are in contrast with Pesut’s study in that spiritual well-being in the two groups had a score of high range. Overall, in Pesut’s study, students had a strong awareness of personal spirituality and a high level of spiritual health.<sup>[19]</sup> Only when student nurses are concerned about their own spiritual health can they provide appropriate spiritual care to the patients. These findings are surprising because almost all the communities in Iran are religious. Rich culture and religions of Iran present a valuable opportunity through which students can reflect on their religious traditions and personal spiritual journeys. The statement that scored the lowest mean was “I feel life is full of conflicts and unhappiness.” The statements that scored the highest means were “God loves me and cares for me” and “I believe there is some real purpose for my life.” The statements that yielded the highest and lowest means on the scale were similar in both the groups, while we would expect that students’ spiritual well-being would improve during their education. This result may be because the nursing educational system in Iran has not yet incorporated spiritual care as part of its comprehensive curriculum.

**Table 1: Comparison of spiritual perspective item means and SDs between the first and fourth year nursing students**

	Mean±SD		Mann-Whitney
	1 <sup>st</sup> year	4 <sup>th</sup> year	
In talking with your family or friends, how often do you mention spiritual matters?	3.15±1.22	3.33±1.43	z=0.64, P=0.5
How often do you share with others the problems and joys of living according to your spiritual belief?	3.18±1.12	3.33±1.26	z=0.84, P=0.4
How often do you read spiritually related material?	2.24±0.92	2.56±1.1	z=0.84, P=0.4
How often do you engage in private prayer or meditation?	4.8±1.38	4.8±1.36	z=0.1, P=0.9
Forgiveness is an important part of my spirituality	4.88±0.98	4.89±1.06	z=0.3, P=0.7
I seek spiritual guidance in making decisions in my everyday life	4.97±0.98	4.74±1.04	z=1.8, P=0.06
My spirituality is a significant part of my life	5.24±0.95	5.01±1.06	z=1.9, P=0.054
I frequently feel very close to God or a "higher power" in prayer, during public worship, or at important moments in my daily life	5.47±0.82	5.0±1.18	z=2.5, P=0.01*
My spiritual views have had an influence upon my life	5.24±0.84	4.91±1.14	z=2, P=0.03*
My spirituality is especially important to me because it answers many questions about the meaning of life	5.15±0.99	4.74±1.16	z=3.1, P=0.002*

\*Significant at P≤0.05. SD: Standard deviation

There is a professional obligation for nursing students to achieve proficiency in the provision of spiritual care.<sup>[34]</sup> Nursing programs have done a commendable occupation keeping pace with the rapid advances in disease management. Yet, spirituality has received far less attention in nursing curricula, and nursing students often do not have a strong basis in this area.<sup>[35]</sup> In Stranhan's (2001) study, 58% practitioners felt their education was inadequate or somewhat inadequate to prepare them to provide spiritual care.<sup>[31]</sup> Also, Vance's (2001) study reports that 65% of nurses identified insufficient spiritual education as a barrier to providing spiritual care.<sup>[23]</sup> Teaching spiritual

**Table 2: Comparison of spiritual care perspective item means and SDs between the first and fourth year nursing students**

	Mean±SD		Mann-Whitney
	1 <sup>st</sup> year	4 <sup>th</sup> year	
Spiritual care is a significant part of advanced nursing practice	3.69±1.43	3.43±1.46	z=0.35, P=0.7
In general, my patients have spiritual need	4.04±1.12	4.02±1.04	z=0.14, P=0.2
I believe that as a nurse, I should share my beliefs with patients	2.89±1.27	2.27±1.25	z=0.44, P=0.6
The domain of advanced practice nursing includes spiritual care	4.11±1.1	3.82±1.1	z=0.11, P=0.9
Spiritual care is not only for religious persons	4.19±1.16	4.35±1	z=0.89, P=0.3
A patient's spiritual concerns are of my business	4.08±1.29	4.14±1.16	z=0.6, P=0.5
Atheists and agnostic are spiritually healthy	2.1±1.29	1.85±1.06	z=2, P=0.04*
A person must not believe in a higher being/power to be spiritually healthy	2.18±1.25	2.28±1.3	z=0.6, P=0.5
Relationships with others are important to patients' spiritual health	4.24±0.81	3.98±1.04	z=3, P=0.003*
The nurse should not wait for a patient to raise spiritual issues	2.17±1.19	4.15±1.21	z=2.7, P=0.006
Only clergy should help patients with specific religious activities	4.15±1.12	4.15±1.23	z=0.4, P=0.6
Nurse should assist a patient in using his/her religious or spiritual resources to cope with illness	4.07±1.01	3.93±0.93	z=0.2, P=0.7

\*Significant at P ≤ 0.05. SD: Standard deviation

care in nursing curricula would increase nursing students' understanding and provision of spiritual care.<sup>[3]</sup> Studies opined that nurses' competencies related to spiritual care are underdeveloped because of poor role preparation in nursing education in this area.<sup>[15,36]</sup> Studies show that following nursing training programs about spiritual care, nurses experience more spiritual awareness and close relations with patients and feel more capable in providing spiritual care.<sup>[20]</sup>

In the total spirituality and spiritual care perspective scores for first and fourth year students, there were no significant differences between the two groups. The findings are similar to the results of Stranhan's study.<sup>[19]</sup> Subjects in the two

studies indicated a moderately high degree of perceived spirituality. Also, regarding spiritual care perspective, the mean responses to 9 of 12 items in first year students and 10 of 12 items in fourth year students were within the range of a favorable attitude toward providing spiritual care and these findings are similar to those of Stranhan's study. Stranhan (2001) found that nurses infrequently identify and address spiritual needs among their patients,<sup>[31]</sup> In Hubbell *et al.*'s (2006) study, although most of the nurse practitioners felt that spiritual care was an important part of nursing practice, 73% did not routinely provide spiritual care to their patients.<sup>[36]</sup> Also, Chan *et al.*'s findings indicated that regardless of their level of spiritual care perceptions, nurses seldom incorporated spiritual care practices into their daily nursing care, and the level of spiritual care awareness of some nurses was low.<sup>[3]</sup> But a positive relationship between the spiritual well-being of students and their attitudes toward spiritual care was reported by Soeken and Carson.<sup>[23]</sup>

Many studies show that internal spirituality and desire for spiritual care are interrelated,<sup>[37]</sup> but there is less stress on self-awareness in the area of spirituality and its role in spiritual nursing care. Most patients have a spiritual life and regard their spiritual health and physical health as equally important. Also, people may have greater spiritual needs during illnesses; however, these needs may not be met.<sup>[38]</sup>

Researchers, health specialists, policy makers, and receivers of health care increasingly recognize the effect of spirituality on health and the importance of considering the spiritual dimension in the provision of healthcare services.<sup>[39]</sup> Deprived of adequate spiritual education for students and nurses, the spiritual dimension may not be adequately addressed in holistic care.<sup>[40]</sup> Two elements are necessary for adequate spiritual nursing care delivery. The first is personal development of a spiritual self and the second is knowledge of culturally relevant spiritual interventions to meet those needs.<sup>[41]</sup>

## CONCLUSION

Study findings indicate that although fourth year students had been involved in a 4-year nursing education curriculum, their scores of spirituality, spiritual well-being, and offering spiritual care perspective were similar to those of the first year students. So, the researchers suggest that the revision of the curriculum may be necessary to incorporate the spiritual aspect of life with nursing education programs. This study provides preliminary insights on nursing students' spiritual well-being, spirituality, and spiritual care perspectives; further studies need to be undertaken to gain more insight into longitudinal investigations and the use of new tools that are especially suitable to Iranian culture. Moreover, we suggest more studies on identifying the spiritual care

facilitators and barriers to develop models for spiritual care in different religions and cultures in order to localize nursing practice and also to promote nursing students' skills regarding spiritual well-being.

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## REFERENCES

1. Iraqi HA. Understanding of the truth of faith in the human spirit, soul and spirit 1<sup>st</sup> ed. Tehran: Scientific and Cultural Research Foundation; 2003. p. 80.
2. Shih FJ, Gau ML, Mao HC, Chen CH, Lo CH. Empirical validation of a teaching course on spiritual care in Taiwan. *J Adv Nurs* 2001;36:333-46.
3. Chan MF, Chung LY, Lee AS, Wong WK, Lee GS, Lau CY, *et al.* Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: Results of a cluster analysis. *Nurse Educ Today* 2006;26:139-50.
4. Wong KF, Lee LY, Lee JK. Hong Kong enrolled nurses' perceptions of spirituality and spiritual care. *Int Nurs Rev* 2008;55:333-40.
5. Monareng LV. Spiritual nursing care: A concept analysis. *Curatationis* 2012;35:1-9
6. Ozbasaran F, Ergul S, Temel AB, Aslan GG, Coban A. Turkish nurses' perceptions of spirituality and spiritual care. *J Clin Nurs* 2011;20:3102-10
7. Wu LF, Liao YC, Yeh DC. Nursing student perceptions of spirituality and spiritual Care. *J Nurs Res* 2012;20:219-27.
8. Sanders C. Challenges for spiritual care-giving in the millennium. *Contemp Nurse* 2002;12:107-11.
9. Hsiao C, Chiang HY, Chien LU. An exploration of the status of spiritual health among nursing students in Taiwan. *Nurse Educ Today* 2010;30:386-92.
10. Barber JR. Nursing students' perception of Spiritual awareness after participating in a Spirituality project in partial fulfillment of requirements for the Degree of Doctorate in Health Education with Health Professional Education, Nebraska: College of Saint Mary, 2008.
11. Jenkins ML, Wikoff K, Amankwaa L, Trent B. Nursing the Spirit. *Nurs Manage* 2009;8:29-36.
12. TIEW LH, Drury V. Singapore Nursing Students' Perceptions and attitudes about spirituality and spiritual care in practice: A qualitative study. *J Holist Nurs* 2012;30:160-9.
13. Tomasso CS, Beltrame IL, Lucchetti G. Knowledge and attitudes of nursing professors and students concerning the interface between spirituality, religiosity and health. *Rev Lat Am Enfermagem* 2011;19:1205-13.
14. Seymour B. What do nursing students understand by spirituality and spiritual care? *Scott J Healthcare Chaplain* 2009;12:38-46.
15. van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The effectiveness of an educational programme for nursing students on developing competence in the provision of spiritual care. *J Clin Nurs* 2009;17:2768-81.
16. Layhwa L. Nursing students' perceptions and attitudes about spirituality and spiritual care in practice. Thesis for the Degree

- of Doctorate of philosophy (Nursing) Singapore: National University of Singapore 2011.
17. Vlasblom JP, van der Steen JT, Knol DL, Jochemsen H. Effects of spiritual care training for nurses. *Nurse Educ Today* 2011;31:790-6.
  18. Katherine L. Cooper KI, Chang E, Sheehan A, Johnson A. The impact of spiritual care education upon preparing undergraduate nursing students to provide spiritual care. *Nurse Educ Today* 2013;33:1057-61.
  19. Pesut B. The development of nursing Students' spirituality and spiritual care-giving. *Nurse Educ Today* 2001;22:128-35.
  20. van Leeuwen R, Tiesinga LJ, Post D, Jochemsen H. Spiritual care: Implications for nurses' professional responsibility. *J Clin Nurs* 2006;15:875-84.
  21. Callister LC, Bond AE, Matsumura G, Mangum S. Threading spirituality throughout nursing education. *Holist Nurs Pract* 2004;18:160-6.
  22. Moss M. Nursing Student's perception of clients spirituality, spiritual needs, and spiritual. Care in faith communities In partial fulfillment of requirements for the degree of doctorate of philosophy. Virginia: George Mason University; 2007.
  23. Vance D. Nurses attitudes towards spirituality and patient care. *Med Surg Nurs* 2001;10:264-78.
  24. Rankin EA, DeLashmutt MB. Finding spirituality and nursing presence: The student's challenge. *J Holist Nurs* 2006;24:282-8.
  25. Galek K, Flannelly KJ, Vane A, Galek RM. Assessing a patient's spiritual needs: A comprehensive instrument. *Holist Nurs Pract* 2005;19:62-9.
  26. Mitchell DL, Bennett MJ, Manfrin-Ledet L. Spiritual development of nursing students: Developing competence to provide spiritual care to patients at the end of life. *J Nurs Educ* 2006;45:365-70.
  27. van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The validity and reliability of an instrument to assess nursing competencies in spiritual care. *J Clin Nurs* 2009;18:2857-69.
  28. Lundmark M. Attitudes to spiritual care among nursing staff in a Swedish oncology Clinic. *J Clin Nurs* 2006;15:863-74.
  29. Vincensi BB. Spiritual care in advanced practice nursing. Dissertations paper for the degree of doctor of philosophy program in nursing Illinois: Loyola University Chicago; 2011.
  30. Ross. Linda Spiritual care in nursing: An overview of the research to date. South Wales, and UK: University of Glamorgan; 2006. p. 852-62.
  31. Stranhan S. Spiritual perception, attitudes about spiritual care, and spiritual care practices among nurse practitioners. *West J Nurs Res* 2001;23:90-104.
  32. Lemmer C. Teaching the spiritual dimension of nursing care: A survey of U.S. baccalaureate nursing programs. *J Nurs Educ* 2002;41:482-90.
  33. Farahaninia M, Abbasi M., Givari A. Haghani H. Nursing Students' Spiritual Well-Being and their perspectives towards spirituality and spiritual care. *Iran J Nurs* 2006;18:7-14.
  34. McSherry W, Gretton M, Draper P, Watson R. The ethical basis of teaching spirituality and spiritual care: A survey of student nurses perceptions. *Nurse Educ Today* 2008;28:1002-8.
  35. Wallace M, Campbel SL, Grossman SC, Shea JM, Lange JW, Quell TT. Integrating spirituality into undergraduate nursing curricula. *Int J Nurs Educ Scholarsh* 2008;5:1-13
  36. Hubbell SL, Woodard EK, Barksdale-Brown DJ, Parker JS. Spiritual care practices of nurse practitioners in federally designated no metropolitan areas of North Carolina. *J Am Acad Nurse Pract* 2006;18:379-85.
  37. Cavendish R, Konecny L, Mitzeliotis C, Russo D, Luise B, Lanza M, *et al.* Spiritual care activities of nurses using Nursing Interventions Classification (NIC) labels. *Int J Nurs Terminol Classif* 2003;14:113-24.
  38. Mueller PS, Plevak DJ, Rummans TA. Religion, spirituality, and medicine: Implications for clinical practice. *Mayo Clin Proc* 2001;76:1225-35.
  39. Chiu L, Emblen JD, Van Hofwegen L, Sawatzky R, Meyerhoff H. An integrative review of the concept of spirituality in the health sciences. *West J Nurs Res* 2004;26:405-28.
  40. O'Shea ER, Wallace M, Griffin MQ, Fitzpatrick JJ. The effect of an educational session on pediatric nurses' perspectives toward providing spiritual care. *J Pediatr Nurs* 2011;26:34-43.
  41. Conner NE, Sanzero Eller LS. Spiritual perspectives, needs and nursing interventions of Christian African-Americans. *J Adv Nurs* 2004;46:624-32.

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