Received: 14 April 2023 | Revised: 10 June 2023 | Accepted: 7 July 2023

DOI: 10.1002/nop2.1946

EMPIRICAL RESEARCH QUALITATIVE

NursingOpen Open Access WILEY

Strengths and challenges with spiritual care: Student feedback from the EPICC Spiritual Care Self-Assessment Tool

Pamela H. Cone[1,2] | Joanne Lassche-Scheffer[3] | Bodil Bø[4] | Britt Moene Kuven[5,6] | Wilfred McSherry[2,7,8] | Benson Owusu[9] | Linda Ross[10] | Annemiek Schep-Akkerman[11] | Venke Ueland[4] | Tove Giske[6]

[1]School of Nursing, Azusa Pacific University, Greater Los Angeles, California, USA

[2]VID Specialized University, Bergen, Norway

[3]Nursing Academy of Health Care, Viaa Christian University of Applied Sciences, Zwolle, The Netherlands

[4]Faculty of Health Sciences, University of Stavanger, Stavanger, Norway

[5]Western Norway University of Applied Sciences, Bergen, Norway

[6]Faculty of Health Studies, VID Specialized University, Bergen, Norway

[7]Department of Nursing, School of Health, Science and Wellbeing, Staffordshire University Stoke-on-Trent, University Hospitals of North Midlands NHS Trust, Stoke-on-Trent/Stafford, UK

[8]Faculty of Health Studies, VID Specialized University, Oslo, Norway

[9]School of Public Health, College of Health Sciences, University of Ghana, Accra, Ghana

[10]School of Care Sciences, Faculty of Life Sciences & Education, University of South Wales, Newport, UK

[11]Viaa Christian University of Applied Sciences, Zwolle, The Netherlands

Correspondence
Pamela H. Cone, School of Nursing, Azusa Pacific University, Greater Los Angeles, CA, USA.
Email: pcone@apu.edu

Funding information
VID Specialized University

Abstract

Aim: To explore qualitative data from students' self-reported competencies in spiritual care gathered during testing of a student self-assessment tool based on the EPICC Spiritual Care Education Standard.

Design: Reflexive thematic analysis of qualitative data from a multinational study on validating a new self-assessment tool.

Methods: The EPICC Spiritual Care Education Standard for competency in spiritual care was developed to enhance nurses' and midwives' ability to provide spiritual care by creating a baccalaureate education standard for spiritual care competencies. Spiritual care researchers then developed a self-assessment tool to raise student awareness of spirituality and track personal and professional growth in spiritual care competency. The EPICC Spiritual Care Competency Self-Assessment Tool, tested at eight universities in five countries, provided many opportunities for student comments, resulting in rich qualitative data presented here.

Results: Themes related to strengths, weaknesses and areas for improvement. Identified strengths were similar across countries: caring attitudes, general knowledge of caring and compassion and good communication skills. Weaknesses/challenges touched on spirituality as overlooked in some cultures but part of life for others, complex questions were hard to understand, and self-assessment tools are common for some and rare for others. Areas for improvement included need for knowledge of religious and other deeply held beliefs and for greater spiritual assessment skills. Similarities across countries related to basic training in communication and compassionate care for nurses globally. Differences lay in the challenges and/or barriers for spiritual care and may relate to cultures within countries and/or university test sites.

Relevance to clinical practice: The Tool raises awareness of spirituality among students and working nurses, providing an accessible way to self-check personal and professional growth in spiritual care competencies, which increases student and nurse capacity to become more knowledgeable and skilled in facilitating spiritual care, thus be role models for students at the intersection of spirituality and health.

1 | INTRODUCTION

Spirituality is a domain of healthcare that is difficult to measure; spiritual care is challenging to learn and practice (Cone & Giske, 2017; Rykkje et al., 2021; Weathers et al., 2016), and there are many barriers to the provision of spiritual care (Cone & Giske, 2021a; Kuven & Giske, 2019; Neathery et al., 2020). Some of these include misunderstandings about what spiritual care is and how nurses can ethically facilitate care of the spirit (Chen et al., 2020; Folami & Onanuga, 2018; Pargament, 2013; van Leeuwen et al., 2008). However, studies report that education and practical training on spirituality can improve students' spiritual competencies, enhance individual spiritual growth and increase students' ability to provide patient-centred whole-person care for their patients (Chiang et al., 2020; Giske & Cone, 2012; McSherry et al., 2020; Ross et al., 2018, 2022; Rykkje et al., 2021; Wu et al., 2016).

A matrix for educators was also developed (Ross et al., 2022), which has a figure outlining the barriers and facilitators for teaching spiritual care competencies, (available at REDACTED). Later, a group of these spiritual care nurse scholars from Europe, Africa and the United States formed a team that worked together to develop a self-assessment tool for the spiritual domain. The hope was that such a tool could measure student and nurse competencies in spiritual care (van Leeuwen et al., 2020) in order to enhance the effectiveness of healthcare providers in nursing and midwifery to provide or facilitate spiritual care (McSherry et al., 2020; Ross et al., 2014). The EPICC Spiritual Care Competency Self-Assessment Tool, hereafter called the Tool (Giske et al., 2022), was based on the work of the EPICC Network of scholars who previously developed and published (Ross et al., 2022; van Leeuwen et al., 2020) the EPICC Spiritual Care Educational Standard for bachelor competencies in spiritual care (www.epicc-network.org).

Development of the Tool included testing it through a cross-sectional, mixed-method approach using a standardized tool development protocol (DeVellis, 2012). Testing was done multi-nationally in the countries represented by the research team members. Results of the parametric statistics testing the reliability and validity of the Tool included extensive discussion of the quantitative data and a brief overview of qualitative findings, all of which are presented in another paper (Giske et al., 2022). The Tool was also pilot tested among mental health staff (Cone & Giske, 2021b). The purpose of this paper was to report on the qualitative findings from students' open comments, since rich data provided an opportunity to explore similarities and differences among the responses from each country where the tool was tested.

2 | BACKGROUND

Interest in spirituality and spiritual care has increased in recent years, and a growing amount of literature reveals that it is seen in the nursing profession as important to patient health and healing (Hvidt et al., 2020; Weathers et al., 2016) but that it is still not well understood or frequently practiced (Chen et al., 2020; McSherry, 2020). While there has been a significant amount of spiritual care research in palliative care nursing (Nolan et al., 2011; Tan Jr., 2019) and in the chaplaincy literature (Poncin et al., 2019), limited research has been identified addressing spiritual issues in the acute care setting (Cone & Giske, 2017; Giske & Cone, 2015), nursing homes (Dewittea et al., 2021; Gordon et al., 2020), mental health (Holmberg et al., 2021; Patterson et al., 2018), paediatrics (Fazlollahi et al., 2022) or from the patient perspective (Best et al., 2022; Cone & Giske, 2017).

The EPICC Spiritual Care Education Standard for Spiritual Care Competencies, hereafter called the EPICC Standard, was based on the original work of van Leeuwen and Cusveller (2004) and was further developed to enhance the ability of bachelor prepared nurses and midwives to provide spiritual care by creating a standard for spirituality and spiritual care education in baccalaureate education. After reflection and dialogue, the EPICC team of scholars condensed the long list of competencies into four primary competencies (Attard et al., 2019a, 2019b; van Leeuwen et al., 2020) in spiritual care across three areas of development (knowledge, skills, attitudes): (1) IntraPersonal Spirituality—addresses one's understanding of self in the spiritual domain, (2) InterPersonal Spirituality—focuses on the relationship and connections between self and others, (3) Spiritual Care Assessment and Planning—fits with the first three steps of the Nursing Process where nurses assess and identify the problem and create a plan of action and (4) Spiritual Care Intervention and Evaluation—where nurses carry out the plan, evaluate it and document what is important to pass on to others on the healthcare team.

Some of the researchers from that EPICC network later formed the Spiritual care in Education and Practice development (SEP) Team that included Africa and the United States in order to develop and test a self-assessment tool for student use (DeVellis, 2012). The aims were to develop a tool that can raise awareness about the spiritual domain of whole-person care globally among nursing and midwifery students. The goal of the SEP Team was to promote the use of the Tool to facilitate self-evaluation so that students and nurses/midwives can track their personal and professional growth in spiritual care competency (Giske et al., 2022).

The aim of this paper was to explore and discuss similarities and differences among qualitative findings of the Tool from the various testing sites based on students' open comments.

3 | METHODS

3.1 | Participants and settings

The Tool was tested in the schools of nursing/midwifery at eight universities in five countries: England & Wales–UK, the Netherlands, Norway, Ghana–Africa, and California–USA (Giske et al., 2022). Ethical approval was obtained by each university's lead scholar through the review boards of their home universities.

Some universities were Christian, while others were secular in nature, so spirituality may or may not be a topic of general discussion at those sites. In addition, while ($N = 323$) in all the testing countries could understand English, Norway and the Netherlands used a standard translation protocol (Martins et al., 2015) to translate the EPICC Tool from English into Norwegian and Dutch so that students could use the Tool in their primary language. It should also be noted that, while all of the other sites were in areas where English was the primary language, there are cultural nuances in language use between Ghana, England, Wales and the United States that may be present when addressing the intersection of spirituality and health.

When completing the questionnaire, nursing and/or midwifery students were invited to write their reflections about 'What is your strength'? and 'In which areas do you need to develop further' after scoring themselves for each of the four competencies. Students wrote multiple comments that provided rich qualitative data. Table 1 shows the number of responses for qualitative analysis by country within each of the four spiritual care competencies, along with the number of student comments related to the questions under each competency.

The structure of the Tool, with commentary required frequently in order to move on, led to a low response rate in several places, since it required reflective comments on most items before one could continue. More than twice the number of students began the survey than completed it. Those who completed the survey were able to reflect on its usefulness and were interested enough in the content to write numerous responses about the areas where they felt they were strong in knowledge, skills and attitudes, which are part of the layout of the EPICC Standard.

3.2 | Procedure for qualitative analysis

Qualitative data for each country were then analysed using the reflexive thematic analysis (RTA) approach developed by Braun and Clarke (2006, 2019). Presented by Byrne (2021) as an exemplar, the flexibility and organic nature of the RTA method was useful when working with an international team of research analysts and was a key factor in the choice of this approach. COREQ (Consolidated criteria for reporting qualitative research) was used for reporting of this study (Tong et al., 2007). All the SEP Team members have long experience with qualitative work and with the domain of spiritual care, and used a predominantly inductive approach (Braun & Clarke, 2019) to analysis with reflexive dialogue via zoom when analysts could not meet in person. The six steps of RTA as outlined by Byrne (2021) include the following:

1. Becoming familiar with the data, which each scholar did by placing all the qualitative quotes in a table and reading them over many times while making notes on their thinking;
2. Generating initial codes, which each team did by underlining, highlighting or pulling out words to one side to indicate a possible code, a process that was iterative and allowed us to consider code clusters;
3. Generating themes, which gave us the opportunity to work individually or in small teams or to identify the primary and subthemes and to collapse some codes into the primary themes;
4. Reviewing potential themes, which gave us the opportunity to gather virtually with the lead qualitative analyst from each country and to reflect together on the generated themes to see if they are the best fit for the data;
5. Defining and naming the themes, which allowed us to work together virtually again across countries to clarify and settle on the best name for each theme and to choose quotes exemplifying each theme; and finally,
6. Producing the report, which is what we are currently doing. (Byrne, 2021).

Lead scholars from the SEP Team network, sometimes working alone (Ghana, Africa) and in other cases with research assistants (California, USA, England, UK & Wales, UK) or scholar teams (Norway & the Netherlands), took responsibility for analysis in each country. All utilized the RTA approach to qualitative analysis of data from the university(ies) for their respective data sets. The initial analysis was conducted in each country in the language the students

TABLE 1 Number of comments in reflective questions about competencies.

Country (number of students) Total # students: $N = 323$	Comp 1 INTRAperson spirituality	Comp 2 INTERperson spirituality	Comp 3 SC: Assess & Plan	Comp 4 SC: Intervene & Evaluate
California ($n = 33$)	39	33	32	31
Ghana ($n = 75$)	97	91	79	77
The Netherlands ($n = 56$)	72	59	55	52
Norway ($n = 65$)	107	71	61	60
UK: England ($n = 56$)	77	59	55	53
UK: Wales ($n = 38$)	52	45	42	39
Total student comments = 1438	444	358	324	312

Abbreviation: SC = spiritual care.

Note: Each student provided many comments, resulting in more than four times as many responses as respondents.

had used for answering the EPICC Tool. Each scholar or team developed a framework based on this initial analysis of student comments. After themes were generated, those in Norwegian and Dutch were translated into English for discussion, comparison and further analysis with the whole group of analysts.

Because of the richness of the qualitative data, the SEP Team chose to first publish the overall results of the testing process and then to present here a separate detailed report on what was learned from the student participants. Themes were organized into a final framework through group dialogue and consensus; exemplars of specific themes are given in direct quotes with original country cited. Moreover, scholars in each country were encouraged to also publish their individual country findings separately from this overall qualitative report, especially where there was a unique language used. Table 2 shows the combined themes after analysis across all the countries was completed. Tables from each country show the similarities and differences across nations and are available on reasonable request, along with analysis in original languages for Norway and the Netherlands.

4 | RESULTS

In many areas of the Tool, there was great similarity of perspectives across all the participating countries demonstrating how the fundamentals of nursing education include elements that prepare one for care of the whole person, including the spirit. These areas had comments on themes such as empathy, compassion and openness as well as tolerance for differences and an ability to treat patients nonjudgmentally with respect and dignity. Several comments reflect values that are common in specific countries. Some may relate to cultural views and deeply held beliefs, such as views on the pervasiveness of the spiritual domain in Ghana, and others reveal the Christian orientation of a university, such as in California. Thematic findings across countries are displayed in Table 2.

The two primary domains were about student perspectives on strengths in examining their own competencies in spiritual care and identified weaknesses leading to areas for improvement. These two domains were evident across all four spiritual care competencies. Within those domains, themes were related to the knowledge, skills and attitudes of participants about spiritual care, which clearly reflects the structure of the Tool.

Because the themes fell into two domains, the framework was organized by those rather than by the four spiritual care competencies. Of note is the fact that *awareness of the spiritual* is the most common theme, occurring 116 times across the findings. This awareness was seen in relation to all three areas of knowledge, skills and attitudes. The other significant finding of a positive nature is the students' focus on person-centred care demonstrated by empathy, openness and respect, which was found in all four of the spiritual care competencies. This element was related most closely to attitudes.

For the domain regarding areas that needed development, participants felt that they had a lack of knowledge and experience about spirituality, spiritual care and religious views of others. The lack of knowledge was a common theme, and many students expressed a need for help to gain knowledge and skills to off-set this lack, including more skill in spiritual assessment and the use of assessment tools. Attitude adjustment within the domain of the awareness of the spiritual was mostly related to the need for greater courage and self-confidence relating to spiritual assessment and care.

4.1 | Findings by domain and theme

4.1.1 | Strengths: Awareness of the spiritual

Knowledge

Students reported that they sometimes recognized things related to the spiritual domain that were important to the patient but not necessarily areas of need. On the other hand, there were recognizable spiritual needs with some patients, while at times, the issue was more related to deeply held beliefs that were not easily connected to spirituality.

> As I have travelled abroad and taken different religious studies, I think that I have an understanding of how spirituality is impacted by culture and is lived out in different individuals. I know the uniqueness each person brings and how that translates into their spiritual needs. I feel like I can understand how people practice their spirituality.
>
> (California)

> I am able to ensure that patients are receiving services that align with their beliefs. For example, some religions have specific foods in meals in which should be upheld, and that they are able to participate in their practices while receiving care. I can provide an environment that empowers and dignifies patients on their journeys.
>
> (England, UK)

> I am aware of the role that spirituality may play in a person's life and within health care I understand the need to ensure that these needs are met. On identifying that a spiritual need may be met, I am able to explore input from other professionals that can have an input to enhance the care for the individual. Maintaining confidentiality and obtaining informed consent is paramount in my work before referrals or other interventions are sought.
>
> (Wales, UK)

TABLE 2 Overall analysis of findings from eight Universities in five countries combined.

Analysis of all eight Universities in five country findings combined		
Strengths		
1. Awareness of the Spiritual	Knowledge	1. Spiritual issues of importance
		2. Spiritual needs
		3. Spiritual & religious beliefs/Values
	Skills	1. Spiritual attentiveness/Assessment
		2. Spiritual support/Communication
		3. Collaboration/Teamwork in spiritual care
	Attitudes	1. Spiritual humility/Learning attitude
2. Relating to others/Person-centred care	Attitudes	1. Empathy/Compassion
		2. Openness/Open-mindedness
		3. Respect/Support patient dignity
Areas to develop		
1. Lack of knowledge	Knowledge	1. Religions & belief systems/Values
	Skills	1. Practical knowledge & experience
		2. Assessment tools & techniques for spiritual assessment & care
2. Need for personal growth/Confidence	Attitudes	1. Courage (dare) to ask/Initiative to ask/act
		2. Self-confidence

Skills

Some students felt like they could assess what was going on in the patient's spirit and could provide spiritual care and/or support. The Tool raised their awareness, but they reported that they already had a certain awareness of the importance of the spiritual in patient-centred, whole-person care.

> I pay much attention to patients' perception about certain diseases they attribute the cause to spiritual forces and given [sic] them clear explanation to their understanding to improve their recovery and their wellbeing.
>
> (Ghana)

> I am not afraid to open up for conversations on spirituality and let the patient lead the conversation, being an active listener and trying to understand the other person. I am reliable and I am a good listener and I understand that spirituality may need room in all people and need to be taken care of if it is expressed in the other.
>
> (Norway)

> I encourage individuals to express their emotions. This is a vital part of the recovery process. I do not shy away from emotions however uncomfortable I may feel. I feel that a strength of mine, is that I try and put myself into the patient's situation so I can try to figure out how best I can help them, what would I want or need if I were them and what is most important to them, what can I do to fulfil that.
>
> (Wales, UK)

Attitudes

One interesting theme was that of 'spiritual humility', a concept that was expressed in a variety of ways, but that is associated with a willingness to learn from the patient rather than being the 'one who knows' and who imparts knowledge and information to patients and their families. This can also be associated with the concept of 'cultural humility' (Forondo et al., 2016) that has been discussed in the literature as a learning posture openness and respect when encountering a different belief system or cultural group. Having spiritual humility means not having the answers and being okay with that.

> I am very good at recognizing the beauty in many different religions and understand the role that religion has in many peoples' lives and that spirituality and religion looks different to everyone.
>
> (California)

> I try and put myself into the patient's situation so I can try to figure out how best I can help them.
>
> (Ghana)

> I like working together with others and I am open to their expertise. I know my limitations and I know

when to refer. I want to collaborate more with other disciplines about spiritual care.

(Netherlands)

4.1.2 | Strengths: Relating to others/ person-centred care

Attitudes

The concept of compassion was mentioned numerous times and is seen across all the countries and sites. It is not only something that is taught in basic nursing courses, but is also a character quality that often draws individuals into the helping profession of nursing.

My strength is that I dare to be compassionate and empathetic to the patients I care for.

(Netherlands)

I feel that I am able to show empathy and compassion. I am sensitive to other people's emotions. What is important for the patient is important for me. I want to learn more about how I can use information and knowledge I have to help people. I have to learn more about people's beliefs and spirituality, how it is expressed and how I can meet them in the best way.

(Norway)

I feel confident that I can deliver compassionate care, free of judgement or prejudice surrounding other people's beliefs. Truthfully, I think it is important to not feel inwardly frustrated when people are spiritual or religious….

(England, UK)

In addition to compassion, students stress the importance of openness and of being open-minded.

I am open toward accepting other's beliefs and not interfering with them. I have learned how to be a reliable, trustworthy person to share with. This has given opportunities to care for people and hear their life.

(California)

My strengths are that I myself think and relate to the spirituality and may use it in my further work. I use time to find out what is important for the patient to feel well. I listen *and wish to hear about other people's spirituality – to try to understand them.*

(Norway)

Respect for both the patient and family is also important. Likewise, having a non-judgmental attitude is necessary for care of the spirit.

I believe I approach spiritual and religious beliefs with respect and dignity for all involved. [I am] trustworthy and approachable, open minded and understand people need different support.

(England, UK)

I am willing and interested in understanding the views of others. I am non-judgmental and open minded when it comes to other people's spirituality and would fully support their choices and decisions in how they wish to live their life.

(Wales, UK)

4.1.3 | Areas to develop: Knowledge

Knowledge

The lack of knowledge most often expressed is related to religious and other deeply held beliefs of various people groups.

I can grow in my knowledge of other spiritual beliefs and their effect on other people's lives. I do not have all the knowledge on how to assess one's spirituality. I feel like I can grow in my understanding of different ways people express their spirituality.

(California)

I need to develop a broader knowledge on spirituality and religions to be able to understand and care for the individual patient. I want to know more about other religions and cultures to connect with the other. I have to learn to take time to really understand the patient.

(Netherlands)

I do not know much about different religions and I do not know how to approach the patients on this topic. I do not know enough about how to talk about spirituality within the health care setting. What do you say? How should we prioritize? How much can we facilitate? I need to develop strategies in how to talk to patients about spirituality. I would like to develop my knowledge on how to document spiritual and religious needs among patients.

(Norway)

Skills

Students expressed a need to develop skills in spiritual assessment, including training and experience that develops one's confidence and ability to assess and intervene spiritually when needed.

> I need to develop in learning when to stop and start conversations. I need to develop ways to help others when going through crisis in regards to helping them identify ways to help themselves. While we have learned the theory and a basic level of assessment, implementing it in the field is something that I know I need to work on, such as interpersonal skills like the timing of assessments.
>
> (California)

> I have limited knowledge on assessment tools and approaches to spiritual care. I need to know more about how to assess the spiritual needs of an individual. I need knowledge on how to conduct spiritual assessments.
>
> (Ghana)

> I try to map patients' spiritual beliefs when they come to the ward. However, I think there are shortcomings and should be practiced on. I need to develop my competence in how to systematically map whether the spiritual care is handled.
>
> (Norway)

4.1.4 | Areas to develop: Confidence/Courage & personal growth

Attitudes

Most students included some comment on personal growth and the need to develop courage to engage with their patients in the spiritual realm or to increase their level of self-confidence in doing spiritual assessments and providing spiritual care.

> Sometimes there's fear, and one feels that the patient would not need that care at that point. How to start it is another big challenge. Admittedly, I respect the spirituality of every client even if it contradicts with my own belief and principles; but I have to be more sensitive to the beliefs of others, whether I side with them or not.
>
> (Ghana)

> Sometimes I am too frightened to do things wrong, which makes me doing nothing. Find a way to keep being myself and not crossing personal borders.
>
> (Netherlands)

> I think I need to develop my confidence so I am able to express myself without fear and achieve more through life. Development would be being more educated about the topic, realizing that spiritual care may already be involved in my every day competency.
>
> (Wales, UK)

5 | DISCUSSION

The SEP Team identified common themes across the universities and countries that took part in this research project. Table 2 provides the overall analysis of qualitative findings across all countries involved in the study. Within this conceptual framework developed by the SEP Team scholars, themes were identified about strengths relating to awareness of the spiritual and relating to others in person-centred care and about areas where improvement is needed relating to a lack of knowledge and need for self-confidence and courage to intervene in the spiritual domain.

The research team discovered that there are some ways in which nursing or midwifery as profession is the same the world over, even while having some differences in scope of practice. For example, emphasis on kindness and compassion in patient care is universal, as is a focus on the importance of communicating in a therapeutic manner, but the role of the nurse or midwife and responsibilities of such things as what and when to explain things may differ. Moreover, the team came to understand that language matters to a people group. Issues that relate to deeply important topics are best understood in one's 'heart language' or the language that one learned as a child. Students who did not have English as their primary language were very happy to answer questions and provide comments in their heart language. This helped them be more open, honest and expressive. While understanding that nursing programmes in primarily Christian versus secular settings were similar, the team also realized that a clearly identifiable bent towards the spiritual was present in some sacred or faith-based settings. Finally, a variety of similarities and differences in spiritual care across various nations and people groups can be seen in student comments from this study.

5.1 | Nursing around the world

Through prior research and supported by research literature (Ahmadi et al., 2021; Cone & Giske, 2021a; Dewittea et al., 2021; Ghorbani et al., 2021; McSherry et al., 2020), the SEP Team discovered that the patient experience is fairly similar across healthcare around the world, reflecting the sense of vulnerability one feels when you lose control of your life and/or health. Nursing and midwifery also have global similarity in that it is a helping profession with a strong service element at its core along with the importance of compassionate care (International Council of Nurses, 2021; Puchalski, 2006; McSherry et al., 2021). Nursing is seen around the globe as a service profession (ICN, 2021), and communication skills are taught in

most programmes (Cone, 2020b; Kuven & Giske, 2019), which may be why that element revealed similarities among students across all five countries (see country findings).

Norwegian and Dutch students in our study report differences in the definitions of spirituality, which is reflected in the work of Weathers et al. (2016). This underlines the importance of consensus on definitions at least within a country, as well as the need for a global understanding of spirituality as a dimension of healthcare, which is a goal among the EPICC network of spiritual care scholars. While the scope of practice may be similar across some nations and within a large country such as Canada or the United States, nursing skills are not taught or utilized in the same way even among schools in a specific country (American Nurses Association [ANA], 2022; D'Amour et al., 2012). In addition, the differences noted in literature reveal the ways in which nursing/midwifery skills differ among countries around the world (International Council of Nurses [ICN], 2022), with such things as nurse autonomy or teamwork, as well as self-care and workplace or environment care, are taught in a variety of ways globally (Cone, 2020a; Giske, 2012; Ross et al., 2016; Schwartz et al., 2021).

The International Council of Nurses (ICN, 2022) is working towards standardizing nursing scope and quality of care among its member countries, and it has recently presented a revised code of ethics (ICN, 2021) for the profession that will go far to minimize some differences in current nursing practice. Moreover, the *ICN Code of Ethics for Nurses* (ICN, 2021) has been promoted globally by the International Council for Nurses causing nursing ethics and standards of practice to become more consistent worldwide (ICN, 2022). Furthermore, with the increase in technology, nursing programmes have the ability to access information and literature via the Internet, thus raising an awareness of common goals, such as the inclusion of spiritual care in the nursing profession.

5.2 | Language and cultural concerns

Both language and culture influence how the spiritual is understood and shared among a people group. Development of an Arabic language spiritual care intervention (Musa & Pevalin, 2016) identified that even gender elements related to spirituality are understood differently in some languages. Norwegian students note that the word for spiritual has religious overtones, so that most Norwegians think you are talking of religion when you mention spiritual care (Norway findings). In Ghana, the students report that because spirituality pervades all of life, they do not think of spiritual care as different from good, compassionate nursing care (Ghana findings).

A study in Turkey by Karaman et al. (2022) showed there are even differences between the development levels and cultures within the regions of that country where the study was conducted at two universities in very different regions. Students in the Western region scored significantly higher on their spiritual caregiving than students in the Central Anatolia region. Western culture and values are more common among people in the Western Region of Turkey. In other regions of the country, the Anatolian culture that is heavily influenced by religious beliefs is more prevalent. Moreover, a special elective palliative care course was available in the Western university and not in the Anatolian one (Karaman et al., 2022). Further investigation is needed to better understand spiritual care in Turkey (Daghan, 2018) as well as other countries around the world, and to identify the elements responsible for differences in the scores of spiritual care competencies within nursing/midwifery among various cultures and ethnic groups.

5.3 | Christian versus secular settings

Research by Ahmadi et al. (2021) has shown that 'spiritual intelligence' can affect the competence of nursing students in providing spiritual care to patients. Therefore, to promote students' spiritual intelligence, appropriate plans with the aim of promoting a high level of critical thinking and spiritual self-awareness are recommended (Ahmadi et al., 2021). California USA students involved in the SEP Team study report that chapel is required at their university, and that religious studies courses are required of all students. Furthermore, every course in the entire university has some element of faith integration; this raises their awareness of the spiritual in their personal as well as professional lives (student comments).

In Norway, the programmes in faith-based institutions include readings, case studies and test questions related to the spiritual domain, so students are more aware than their counterparts in schools where this is not part of the curriculum (student comments). Writing about 'Searching for the Sacred', Dr Kenneth Pargament (2013) addresses the concept of what is sacred within and beyond religious perspectives, reminding readers that spirituality is ultimately part of being human. As such, spiritual care belongs in all nursing and midwifery education, regardless of the underlying belief system of the institution. More research is needed to clarify the differences among nursing programmes in sacred and secular settings.

5.4 | Similarities and differences in spirituality and spiritual care globally

There also are similar findings about spirituality and spiritual care with other types of global research. The lack of confidence shown in Table 2 as an area to develop is also found as a barrier to the provision of spiritual care among undergraduate nurses in Nigeria (Folami & Onanuga, 2018). Nursing in Turkey has differences within their country based on the cultural influences in specific areas (Karaman et al., 2022). Nursing education in Indonesia does not address spirituality and spiritual care in the same way across all of their programmes (Sinaga et al., 2021), and they report that more effective strategies for spiritual care education are needed. Definitions of what is spiritual and who should provide spiritual care also differ, though overall, there is general consensus that it is needed across healthcare professions (Rykkje et al., 2021; Weathers et al., 2016).

The variety of educational strategies for spiritual care education is the focus of a scoping review conducted by Rykkje et al. (2021) as a project of the SEP Team scholars who developed the Tool; that review shows that raising awareness of the spiritual is important to healthcare and can be provided in a variety of ways. Other countries have begun to work on translation of the EPICC materials (Dezorzi et al., 2018), with the EPICC Standard available in English, Dutch, Norwegian, Italian, Portuguese and Mandarin Chinese (see EPICC website), and the SEP Team hopes to enlist interested scholars to help with this ongoing project of making these spiritual care resources freely available to all nurses in the major global languages. Considerably more work needs to be done to identify the most effective strategies for spiritual care among various nations, cultures and languages around the world.

6 | IMPLICATIONS FOR EDUCATION, PRACTICE AND RESEARCH

6.1 | Strategies for nursing and midwifery education

There are significant barriers to spiritual care training that can only be overcome through strategic integration of the spiritual into nursing/midwifery education globally (Booth & Kaylor, 2018; Cone & Giske, 2018; Giske, 2012; McSherry et al., 2020). One of the best strategies to provide education to improve knowledge and perception of spirituality and spiritual care is clinical training that includes the spiritual domain (Cone, 2020a; Rykkje et al., 2021; Sinaga et al., 2021). Didactic education should introduce the EPICC Standard with readings, scenarios and role plays that can raise awareness (Cone & Giske, 2022), but deep learning comes from reflection, dialogue and clinical practice where there is an opportunity to reflect after a spiritual care encounter (Ross et al., 2018; van Leeuwen et al., 2008).

A spiritual education course would be a good consideration, but threading the content through the regular courses in the nursing/midwifery curriculum is optimal, and it should be integrated with the use of the Tool in all of the clinical courses across the curricula (Cone, 2020b; Cone & Giske, 2018; Giske et al., 2021; Huehn et al., 2019). Moreover, utilizing the EPICC Matrix for spiritual care education can assist educators in designing the best approach and individualizing it to their programme. The use of all the EPICC materials (www.epicc-neteork.org) could improve students' spiritual competencies, enhance individual personal and professional growth in the spiritual domain, and increase the ability to care for patients (Chiang et al., 2020; Giske & Cone, 2012; McSherry et al., 2020; Wu et al., 2016). Spiritual care is not only within the domain of nurses and midwives, but it is needed across all of healthcare (Baldacchino, 2015; Cone & Giske, 2021a, 2021b; Dewittea et al., 2021; Gordon et al., 2020; Holmberg et al., 2021; Hvidt et al., 2020; Neathery et al., 2020; Nolan et al., 2011; Patterson et al., 2018; Poncin et al., 2019) to promote whole person and patient-centred care.

6.2 | Relevance to clinical practice in nursing

The EPICC Spiritual Care Self-Assessment Tool is useful in raising awareness about the importance of care in the spiritual domain among working healthcare professionals (Dezorzi et al., 2018; Giske et al., 2022). The Tool provides an accessible way to self-check personal and professional growth. Furthermore, using this instrument will increase capacity for working nurses and midwives to become role models of spiritual care for students, thus enhancing their learning experience and their ability to provide spiritual care and facilitate health and healing. Finally, greater attention to in education to the intersection of spirituality and health will enhance the ability of nurses and midwives to collaborate as a team with other healthcare professionals who interact with us during patient care.

6.3 | Future nursing/midwifery research

Nursing and Midwifery Research in the future should investigate barriers that inhibit providing or facilitating spiritual nursing care among patients and whether they are the result of a lack of relevant knowledge or other factors (Sinaga et al., 2021; Wu et al., 2016). Additionally, research needs to focus on identifying the best educational strategies across cultures and languages in order to make it possible to tailor spiritual care education to the people group within which nurses serve. Furthermore, the development of translation teams to bring baccalaureate standards for spiritual care competencies will not make a difference in healthcare without researchers who can test translated materials for cultural and linguistic accuracy. The research possibilities are endless.

7 | CONCLUSION

Both the research literature and the student comments in this project make it clear that spiritual care is important to whole-person patient-centred nursing/midwifery care around the globe. However, there are cultural and linguistic differences that make it challenging to take information and make standards and standardized instruments useful and practical for all. Even in places where language is the same, such as Ghana, the United Kingdom and the United States, there are differences in culture and context that change how something is understood. Student comments reflect both the pervasive culture of the country and the unique culture of the university site where the Tool was tested.

Overall, the SEP Team feels that the Tool is a useful and user-friendly instrument that can be utilized around the world; one goal of the team is to provide free access to the Tool in every major world language. Currently in English, Dutch, Norwegian, Mandarin and Italian, it is now being translated into French. The EPICC Standard has also been translated into these and into Portuguese, and other languages are forthcoming. The SEP Team plans to continue translation efforts to put both the EPICC Standard and the Tool into the

major languages of the world and welcomes language-specific collaboration in that endeavour.

Communication skills in nursing/midwifery are clearly of utmost importance to the provision of spiritual care, and as long as nursing and midwifery programmes keep making that a priority, nurses will have many of the necessary skills for spiritual care giving. Of note, students report that having time to reflect and discuss spiritual care encounters with others and having role models to demonstrate appropriate spiritual care with patients and their families are effective ways for them to develop their knowledge and skills in the spiritual domain. Patients easily recognize when nurses or midwives are not genuinely caring, so providing whole-person patient-centred care with compassion, respect and open attitudes towards patients and their families is essential for spiritual care. Finally, knowing ourselves deeply and sharing our areas of expertise with peers can help nurses build teams that are skilled in facilitating care that is spiritual in nature.

AUTHOR CONTRIBUTIONS

All authors participated in planning the study, collecting and analysing the data, discussing and comparing themes and deciding on the final thematic framework, writing up findings, and commenting and revising the article critically for important intellectual content. All have agreed on the final version. Qualitative Analysis by Country: *California, USA by Pamela Cone & research assistant Pam Sunga; *Ghana by Benson Owusu; *Netherlands by Joanne Lassche-Scheffer & René van Leeuwen; *Norway by Bodil Bø, Tove Giske, Britt Moene Kuven, & Venke Ueland; *England/Wales UK by Wilf McSherry /Linda Ross & research assistant James Turner.

ACKNOWLEDGEMENTS

A huge thank you to all the students who participated in the research. The authors appreciate the support of our respective universities, the EPICC Network of spiritual care research scholars and the Spiritual Care Education and Practice (SEP) Team. We value the work of all scholars in this international network focusing on the spiritual domain who contributed in some way, including Adam Boughey of England and Rene van Leeuwen of the Netherlands, as well as research assistants Pam Sunga from California and James Turner from Wales. Finally, we are deeply grateful for the Excellence in Research grant the SEP Team received from VID that helped fund our research efforts, enabling authors to gather together for dialogue and writing this manuscript.

FUNDING INFORMATION

The work was funded by VID Specialized University.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data supporting these findings are available from the authors who led the work in each country. The data are stored in English as well as the original language at each site and will be made available upon reasonable request.

ETHICS STATEMENT

The authors all worked to obtain ethical approval of the research project at each university site where the study was carried out. Using an online platform for distribution of the survey link allowed participants to remain anonymous, and no personally identifiable data were gathered. All statistics were scrutinized by the statistician on our team and then reviewed for accuracy by the entire author team. Reflexive thematic analysis (RTA) was an appropriate analytical approach for data gathered through surveys. RTA allowed the authors to analyse data from each site separately and then comparatively across all sites. Psychometrics on the Tool is presented in another manuscript previously published by JoCN.

ORCID

Pamela H. Cone https://orcid.org/0000-0003-4127-289X
Joanne Lassche-Scheffer https://orcid.org/0000-0003-4108-9534
Bodil Bø https://orcid.org/0000-0002-4232-7277
Britt Moene Kuven https://orcid.org/0000-0003-0080-2655
Wilfred McSherry https://orcid.org/0000-0003-0932-5875
Benson Owusu https://orcid.org/0000-0001-5576-1606
Linda Ross https://orcid.org/0000-0003-3978-5952
Annemiek Schep-Akkerman https://orcid.org/0000-0002-3068-3821
Venke Ueland https://orcid.org/0000-0001-5600-3348
Tove Giske https://orcid.org/0000-0002-6018-4468

REFERENCES

Ahmadi, M., Estebsari, F., Poormansouri, S., Jahani, S., & Sedighie, L. (2021). Perceived professional competence in spiritual care and predictive role of spiritual intelligence in Iranian nursing students. *Nurse Education in Practice*, *57*, 103227. https://doi.org/10.1016/j.nepr.2021.103227

American Nurses Association [ANA]. (2022). *Nurses: Scope and standards of practice* (4th ed.) ANA.

Attard, J., Ross, L., & Weeks, K. (2019a). Design and development of a spiritual care competency framework for pre-registration nurses and midwives: A modified Delphi study. *Nurse Education in Practice*, *39*, 96–104. https://doi.org/10.1016/j.nepr.2019.08.003

Attard, J., Ross, L., & Weeks, K. (2019b). Developing a spiritual care competency framework for pre-registration nurses and midwives. *Nurse Education in Practice*, *40*, 102604. https://doi.org/10.1016/j.nepr.2019.07.010

Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, *6*, 594–613. https://doi.org/10.3390/re16020594

Best, M. C., Jones, K., Merritt, F., Casey, M., Lynch, S., Eisman, J., Cohen, J., Mackie, D., Beilharz, K., & Kearney, M. (2022). Australian patient preferences for the introduction of spirituality into their healthcare journey: A mixed methods study. *Journal of Religion & Health*, 1–18. https://doi.org/10.1007/s10943-022-01616-3

Booth, L., & Kaylor, S. (2018). Teaching spiritual care within nursing education: A holistic approach. *Holistic Nursing Practice*, *32*(4), 177–181.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research Sport Exercise Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Byrne, D. (2021). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, *1–22*, 1391–1412. https://doi.org/10.1007/s11135-021-01182-y

Chen, M. L., Chen, Y. H., Lin, L. C., & Chuang, L. L. (2020). Factors influencing the self-perceived competencies in spiritual care of nurses in the long-term care facilities. *Journal of Nurse Management*, *28*(6), 1286–1294. https://doi.org/10.1111/jonm.13080

Chiang, Y. C., Lee, H.-C., Chu, T.-L., Han, C.-Y., & Hsiao, Y.-C. (2020). A spiritual education course to enhance nursing students' spiritual competencies. *Nurse Education in Practice*, *49*(2020), 102907. https://doi.org/10.1016/j.nepr.2020.102907

Cone, P. H. (2020a). Facilitating spiritual care for whole person patient-centered care. *Online Journal of Complementary and Alternative Medicine*, *1*(2), 1–2.

Cone, P. H. (2020b). An open journey approach to spiritual care education. *Atlas of Science (a Requested layman's Summary of 2018 Article in JNEDT)*, 1–2. https://atlasofscience.org/an-open-journey-approach-to-spiritual-care-education/

Cone, P. H., & Giske, T. (2017). Nurses' comfort level with spiritual assessment: A mixed method study among nurses working in diverse healthcare settings. *Journal of Clinical Nursing*, *26*(19–20), 3125–3136. https://doi.org/10.1111/jocn.13660

Cone, P. H., & Giske, T. (2018). Integrating spiritual care into nursing education and practice: Strategies utilizing open journey theory. *Nurse Education Today*, *71*, 22–25. https://doi.org/10.1016/j.nedt.2018.08.015

Cone, P. H., & Giske, T. (2021a). Hospitalized patients' perspective on spiritual assessment: A mixed-method study. *Journal of Holistic Nursing*, *39*(2), 187–198. https://doi.org/10.1177/0898010120965333

Cone, P. H., & Giske, T. (2021b). Mental health staff perspectives on spiritual care competencies in Norway: A pilot study. *Frontiers in Psychology*, *12*, 1–9. https://doi.org/10.3389/psyg.2021.794165

Cone, P. H., & Giske, T. (2022). *The nurse's handbook of spiritual care*. Wiley Blackwell.

Daghan, S. (2018). Nursing students' perceptions of spirituality and spiritual care: An example of Turkey. *Journal of Religion and Health*, *57*(1), 420–430.

D'Amour, D., Dubois, C.-A., Dery, J., Clarke, S., Tchouaket, E., Blais, R., & Rivard, M. (2012). Measuring the actual scope of nursing practice: A new tool for nurse leaders. *Journal of Nursing Administration*, *42*(5), 248–255. https://doi.org/10.1097/NNA.0b013e31824337f4

DeVellis, R. F. (2012). *Scale development: Theory and applications* (pp. 109–110). Sage Publications.

Dewittea, L., Vandenbulckec, M., Schellekensa, T., & Dezutter, J. (2021). Sources of well-being for older adults with and without dementia in residential care: Relations to presence of meaning and life satisfaction. *Aging & Mental Health*, *25*(1), 170–178. https://doi.org/10.1080/13607863.2019.1691144

Dezorzi, L. W., Raymundo, M. M., Goldim, J. R., & van Leeuwen, R. (2018). Cross-cultural validation of the Brazilian version of the spiritual care competence scale. *Palliative Support Care*, *17*(3), 322–327. https://doi.org/10.1017/S1478951518000159

Fazlollahi, M., Ramezani, M., Nekah, S. M. A., Saki, A., & Feyzabadi, M. J. J. (2022). The effects of meaning-centered play on spiritual sensitivity of children: A randomized controlled trial. *International Journal of Community Based Nursing & Midwifery*, *10*(1), 42–53. https://doi.org/10.30476/IJCBNM.2021.90120.1669

Folami, F. F., & Onanuga, K. A. (2018). Perception of spirituality, spiritual care, and barriers to the provision of spiritual care among undergraduate nurses in the University of Lagos, Nigeria. *Journal of Clinical Science*, *15*, 8–12. http://www.jcsjournal.org. IP: 88.88.190.26

Forondo, C., Baptiste, D.-L., Reinholdt, M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, *27*(3), 210–217. https://doi.org/10.1177/1043659615592677

Ghorbani, M., Mohammadi, E., Aghabozorgi, R., & Ramezani, M. (2021). Spiritual care interventions in nursing: An integrative literature review. *Support Care Cancer*, *29*, 1165–1181. https://doi.org/10.1007/s00520-020-05747-9

Giske, T. (2012). How undergraduate nursing students learn spiritual care in clinical studies – A review of literature. *Journal of Nursing Management*, *20*, 1049–1057.

Giske, T., & Cone, P. H. (2012). Opening up to learning spiritual care of patients: A grounded theory study of nursing students. *Journal of Clinical Nursing*, *21*(13–14), 2006–2011.

Giske, T., & Cone, P. H. (2015). Discerning the healing path: How nurses assist patients spiritually in diverse health care settings. *Journal of Clinical Nursing*, *24*, 10–20. https://doi.org/10.1111/jocn.12907

Giske, T., Damsma-Bakker, A., Caldeira, S., González-Romero, G. M., de Abreu, W. C., & Timmins, F. (2021). Competence 4: Spiritual care, intervention and evaluation. In W. McSherry, A. Boughey, & J. Attard (Eds.), *Enhancing Nurses' and Midwives' competence in providing spiritual care through innovative education and compassionate care* (pp. 131–149). Springer.

Giske, T., Schep-Akkerman, A., Bø, B., Cone, P. H., Moene Kuven, B., Mcsherry, W., Owusu, B., Ueland, V., Lassche-Scheffer, J., van Leeuwen, R., & Ross, L. (2022). Developing and testing the EPICC spiritual care competency self-assessment tool for student nurses and midwives. *Journal of Clinical Nursing.*, *32*, 1148–1162. https://doi.org/10.1111/jocn.16261

Gordon, C., Jones, S. C., Taylor, M., McInerney, M., & Wagner, J. (2020). An Australian study on the benefits of pastoral care to aged care residents in Christian affiliated homes. *Health & Social Care in the Community*, *28*, 366–375.

Holmberg, Å., Jensen, P., & Vetere, A. (2021). Spirituality–a forgotten dimension? Developing spiritual literacy in family therapy practice. *Journal of Family Therapy*, *43*, 78–95. https://doi.org/10.1111/1467-6427.12298

Huehn, S. L., Kuehn, M. B., & Fick, K. E. (2019). Integrating spiritual care during interprofessional simulation for baccalaureate nursing students. *Sciences*, *12*(2), 892–905.

Hvidt, N. C., Nielsen, K. T., Kørup, A. K., Prinds, C., Hansen, D. G., Viftrup, D. T., Assing Hvidt, E., Hammer, E. R., Falkø, E., Locher, F., Boelsbjerg, H. B., Wallin, J. A., Thomsen, K. F., Schrøder, K., Moestrup, L., Nissen, R. D., Stewart-Ferrer, S., Stripp, T. K., Steenfeldt, V. Ø., … Wæhrens, E. E. (2020). What is spiritual care? Professional perspectives on the concept of spiritual care identified through group concept mapping. *British Medical Journal Open*, *10*, e042142. https://doi.org/10.1136/bmjopen-2020-042142

International Council of Nurses. (2021). *The ICN code of ethics for nurses*. https://www.icn.ch/news/international-council-nurses-launches-consultation-revise-code-ethics-nurses

International Council of Nurses [ICN]. (2022). *The ICN strategic priorities*. https://www.icn.ch/nursing-policy/icn-strategic-priorities

Karaman, E., Sayin Kasar, K., & Yildirim, Y. (2022). Nursing students' spiritual caregiving status: Comparison of Western and Central Anatolia regions of Turkey. *Perspectives in Psychiatric Care*, *58*, 9–16. https://doi.org/10.1111/ppc.12790

Kuven, B., & Giske, T. (2019). Talking about spiritual matters: First year nursing students' experiences of an assignment on spiritual care conversations. *Nurse Education Today*, *75*, 53–57. https://doi.org/10.1016/j.nedt.2019.01.012

Martins, A. R., Pinto, S., Caldeira, S., & Pimentel, F. (2015). Translation and adaptation of the spirituality and spiritual care rating scale in Portuguese palliative care nurses. *Journal of Nursing Reference (Revista de Enfermagem Referência)*, *4*, 89–97.

McSherry, W. (2020). Enhancing and advancing spiritual care in nursing and midwifery practice. *Nursing Standard*, *35*(10), 65–68. https://

doi.org/10.7748/ns.35.10.65.s35. https://journals.rcni.com/nursing-standard/feature/enhancing-and-advancing-spiritual-care-in-nursing-and-midwifery-practice-ns.35.10.65.s35/pdf. ISSN 0029-6570 (print) ISSN 2047-9018 (online)

McSherry, W. (2021). In A. Boughey & J. Attard (Eds.), *Enhancing Nurses' and Midwives' competence in providing spiritual care through innovative education and compassionate care*. Springer.

McSherry, W., Ross, L., Attard, J., van Leeuwen, R., Giske, T., Kleiven, T., Boughey, A., & the EPICC Network. (2020). Preparing undergraduate nurses and midwives for spiritual care: Some developments in European education over the last decade. *Journal of the Study of Spirituality*, *10*(1), 55–71. https://doi.org/10.1080/20440243.2020.1726053

Musa, A. S., & Pevalin, D. J. (2016). Development of the Arabic spiritual care intervention-provision scale. *Journal of Clinical Nursing*, *25*(15–16), 2275–2284.

Neathery, M., Taylor, E. J., & He, K. (2020). Perceived barriers to providing spiritual care among psychiatric mental health nurses. *Archives of Psychiatric Nursing*, *34*, 572–579. https://doi.org/10.1016/j.apnu.2020.10.004

Nolan, S., Saltmarsh, P., & Leget, C. (2011). Spiritual care in palliative care: Working towards an EAPC task force. *European Journal of Palliative Care*, *18*, 86–89.

Pargament, K. I. (2013). Searching for the sacred: Toward a nonreductionistic theory of spirituality. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion and spirituality, Vol. 1* (pp. 257–273). American Psychological Association. https://doi.org/10.1037/14045-014

Patterson, J. E., Edwards, T. M., & Vakili, S. (2018). Global mental health: A call for increased awareness and action for family therapists. *Family Processes*, *57*, 70–82. https://doi.org/10.1111/famp.12281

Poncin, E., Brandt, P.-Y., Rouiller, F., Drouin, M., & Robert, Z. D. (2019). Mapping healthcare chaplaincy literature: An analytical review of publications authored by chaplains and theologians between 2000 and 2018. *Journal of Health Care Chaplain*, *26*, 16–44. https://doi.org/10.1080/08854726.2019.1593722

Puchalski, C. M. (2006). Spiritual care: Compassion and service to others. In C. M. Puchalski (Ed.), *A time for listening and caring: Spirituality and care of the chronically ill and dying* (pp. 39–54). Oxford University Press.

Ross, L., Giske, T., Boughey, A. J., van Leeuwen, R., Attard, J., Kleiven, T., & McSherry, W. (2022). Development of a spiritual care education matrix: Factors facilitating/hindering improvement of spiritual care competency in student nurses and midwives. *Nurse Education Today*, *114*, 105403. https://doi.org/10.1016/j.nedt.2022.105403

Ross, L., Giske, T., van Leeuwen, R., Baldacchino, D., McSherry, W., Narayanasamy, A., Downs, C., Jarvis, P., & Schep-Akkerman, A. (2016). Factors contributing to student nurses'/midwives' perceived competence in spiritual care: Findings from a European pilot study. *Nurse Education Today*, *36*, 445–451.

Ross, L., McSherry, W., Giske, T., van Leeuwen, R., Schep-Akkerman, A., Koslander, T., Hall, J., Steenfeldt, V. Ø., & Jarvis, P. (2018). Nursing and midwifery students' perceptions of spirituality, spiritual care, and spiritual care competency: A prospective, longitudinal, correlational European study. *Nurse Education Today*, *67*, 64–71. https://doi.org/10.1016/j.nedt.2018.05.002

Ross, L., Van Leeuwen, R., Baldacchino, D., Giske, T., McSherry, W., Narayanasamy, A., Downes, C., Jarvis, P., & Schep-Akkerman, A. (2014). Student nurses' perceptions of spirituality and competence in delivering spiritual care: A European pilot study. *Nurse Education Today*, *34*(5), 697–702. https://doi.org/10.1016/j.nedt.2013.09.014

Rykkje, L., Søvik, M. B., Ross, L., McSherry, W., Cone, P., & Giske, T. (2021). Enhancing spiritual care in nursing and healthcare: A scoping review to identify useful educational strategies. *Journal of Clinical Nursing*, *31*(11-12), 1440–1464, [Accepted August 2021, currently online]. https://doi.org/10.1111/jocn.16067

Schwartz, A., Baume, K., Snowden, A. K., Patel, J., Genders, N., & Ali, G. (2021). Self-care. In W. McSherry, A. Boughey, & J. Attard (Eds.), *Enhancing Nurses' and Midwives' competence in providing spiritual care through innovative education and compassionate care* (pp. 77–93). Springer.

Sinaga, R. R., Montu, D. L., Simbolon, S., & Susanty, S. (2021). The spirituality and spiritual care of clinical nurses in Indonesia. *International Journal of Public Health Science*, *10*(3), 551–557. http://ijphs.iaescore.com. https://doi.org/10.11591/ijphs.v10i3.20906

Tan, A. K., Jr. (2019). Models of palliative care in long-term care: An integrative review. *International Journal of Caring Sciences*, *12*(2), 892–905.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357.

van Leeuwen, R., Attard, J., Ross, L., Boughey, A., Giske, T., Kleiven, T., & McSherry, T. (2020). The development of a consensus-based spiritual care education standard for undergraduate nursing and midwifery students: An educational mixed methods study. *Journal of Advanced Nursing*, *77*, 973–986. https://doi.org/10.1111/jan.14613

van Leeuwen, R., & Cusveller, B. (2004). Nursing competencies for spiritual care. *Journal of Advanced Nursing*, *48*(3), 234–246. https://doi.org/10.1111/j.1365-2648.2004.03192.x

van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D., & Jochemsen, H. (2008). The effectiveness of an educational programme for nursing students on developing competence in the provision of spiritual care. *Journal of Clinical Nursing*, *17*(20), 2768–2781.

Weathers, E., McCarthy, G., & Coffey, A. (2016). Concept analysis of spirituality: An evolutionary approach. *Nursing Forum*, *51*(2), 79–96. https://doi.org/10.1111/nuf.12128

Wu, L. F., Tseng, H. C., & Liao, Y. C. (2016). Nurse education and willingness to provide spiritual care. *Nurse Education Today*, *38*, 36–41.

How to cite this article: Cone, P. H., Lassche-Scheffer, J., Bø, B., Kuven, B. M., McSherry, W., Owusu, B., Ross, L., Schep-Akkerman, A., Ueland, V., & Giske, T. (2023). Strengths and challenges with spiritual care: Student feedback from the EPICC Spiritual Care Self-Assessment Tool. *Nursing Open*, *00*, 1–12. https://doi.org/10.1002/nop2.1946