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Spirituality and Spiritual Care Practices among Nursing Students: Basis for Comprehensive Program

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Abstract

A fundamental component of holistic nursing practice is spiritual care, and how it is provided may depend on one's level of spirituality. Using a modified questionnaire survey design, this descriptive-correlational study sought to evaluate the spirituality and spiritual care behaviors of 175 nursing students from a tertiary institution in Negros Province. The data was compiled using descriptive statistics (mean, percentage, and frequency count). The association between spirituality and the practice of spiritual care was also investigated using Spearman's rank-order correlation. Females (n = 134, 76.0%), second-year students (n = 76, 43.4%), and Seventh-day Adventists (n = 70, 40.0%) made up the bulk of responders. The students' total mean score of 4.29 (SD = 0.558) indicated that they had a strong sense of spirituality. With a mean score of 4.19 (SD = 0.523), they also reported consistently using spiritual care practices in academic and clinical settings, classifying them as "applied every time." Nevertheless, correlation analysis showed no statistically significant relationship between the degree of spirituality and the extent of spiritual care practice, with a coefficient (ρ) of 0.113 and a p-value of 0.137. These results imply that although students are spiritually inclined and frequently engage in spiritual care, the frequency of its use in clinical settings may not be directly correlated with their level of spirituality. The study emphasizes how crucial it is for nursing education to preserve and enhance spiritual care competencies. In order to better understand how spirituality translates into practice, future program assessments might find it beneficial to include and assess additional metrics. This would strengthen the foundation for programs aimed at offering spiritual care training.

KEYWORDS: Nursing, Nursing Students, Students, Spiritual Care, Spirituality

Introduction

Spirituality is a multifarious mixture of notions. According to empirical and theoretical studies, spirituality refers to the connection of self to a higher being or nature; it is a human understanding of life's purpose. Spirituality is most important in an individual's life because it brings healing in one's suffering and promotes productivity, peace, and relief from life's affliction or misfortune. Spirituality could lead to one's motivation, hope, love, and happiness. Addressing patient's spirituality and administering spiritual care has been tested to improve patient's well being and life's quality including how to manage stress, cope up with serious illness, resilience in suffering and being courageous to face death. (Puchalski, C.,et.al, 2020)

Innate and personal, spirituality is an integral part of each individual. It affects us every day and affects one's health. In the healthcare setting, nursing care is a holistic approach. It provides each patient with physical, emotional, psychological, and spiritual care. Among all these aspects, spiritual care is usually overlooked and neglected despite its importance in one's healing. For many ill patients, spiritual health is integral, and nurses must be able to meet these needs with grace and compassion. Thus, it is vital to take a look at how well our student nurses are in giving their spiritual care and how capable they are in providing it.

Nursing education plays a vital role in in the development of spiritual care competences and awareness of nursing students. Integrating spiritual care into nursing curriculum develops students ability to address the needs of the patient in the holistic care.

However, despite the awareness of its importance in nursing care, nursing education focuses little on spiritual care and gaps in curriculum design and institutional support persist. The deficient training and program centers on spiritual care and spirituality means that nursing students may not have an understanding and structure on how to give spiritual care and identify factors that affect the spiritual health of patients in their clinical experiences. By studying nursing students' spirituality and spiritual care practices, this study aimed to fill the gap in nursing education and suggest a direction for incorporating spiritual care more efficiently into nursing curricula and training. The study aimed to investigate the current state of spirituality and spiritual care practices among nursing students and assess how well they were equipped to provide spiritual care in their future professional roles.

Objectives of the Study

This study aimed to determine nursing students' spirituality and spiritual care practices. Specifically, this study sought answers to the following questions:

1. What is the socio-demographic profile of the nursing students according to:
    a. sex;
    b. year level;
    c. and, religion?
2. What is the level of spirituality of the nursing students?
3. What is the level of spiritual care practices of nursing students?
4. Is there a significant relationship between the spirituality and spiritual care practices of the nursing students?
5. Based on the gathered data, what comprehensive program can be structured?

Materials and Methods

Research Design

The researcher utilized a descriptive-correlational research design to describe and determine the relationship between spirituality and spiritual care practices among nursing students. Descriptive correlational design measures the extent of the relationship and defines the variables among and between variables. It includes collecting and analyzing data on at least two variables to see if there is a link between them (Bandari, 2023). In this research study, the spirituality and spiritual care practices were described. Furthermore, the researcher explores the relationship between spirituality and spiritual care practices among nursing students.

Respondents and Locale of the Study

The study was conducted at one of the colleges located in Negros Occidental. The institution offers and provides courses, including the School of Nursing. This school was chosen as the locale of the study because it offers a faith-based nursing education program that emphasizes holistic care, including the spiritual dimension of health. It integrates Christian values into its curriculum, making it an appropriate setting to investigate the development of spirituality and spiritual care competence among nursing students.

The respondents of this study consisted of 175 Level 2 to 4 nursing students who have been with medical wards and special area clinical duty exposure.

Sampling Technique

Respondents were selected using the stratified random sampling method. This sampling method is a probability sampling method, in which a population is divided into sub groups. (Thomas, 2023). After divided into subgroups, simple random sampling technique through cast lots was utilized. The utilization of this method, lessen the selection bias and guaranteed that the results mirrored the perspective of spirituality and spiritual care of each nursing students. Sloven's formula was used to determine the sample size in the study. The selected sample balanced each year's level of study among student nurses.

Research Instrument

In this study, an adapted questionnaire was designed to apprehend the variables under the survey. To ensure the survey tool's validity and reliability to the objectives, the researcher adapted items from existing questionnaires used in previous studies and aligned them accordingly. The research instrument comprises 3 parts, each addressing the objectives of the study. Part 1 focused on gathering the socio-demographic profiles of the respondents. Part 2 consists of 15-item questions assessing the spiritual level of the nursing students, adapted from the "Spiritual Care-Giving Scale" by Tiew & Creedy (2012). Lastly, Part 3 contains a 15-item block from the "Spirituality and Spiritual Care Rating Scale (SCCRS)" by Mcsherry et al. (2002) tailored to measure the ability of the student to provide spiritual care practices and how much emphasis spirituality is given in their nursing training.

Validity of the Instrument

The instrument went through testing to ensure the instrument's Validity Test. To evaluate the instrument's content validity, the researcher spoke with three (3) professionals with expertise in nursing and clinical academe. Good and Scates validity tool test was used. Validator 1 gave a mean Good and states rating scale of 4.22, Validator 2 with 4.44, and Validator 3 with 4.00, having an overall mean score of 4.22. With the minimum rating of 3.5 for the instrument to be valid, having a 4.22 mean rating means that the instrument's validity is strong.

Reliability of the Study

The study's reliability was determined using Cronbach's alpha. This statistical tool gauges the survey tool's consistency and how each item is correlated with the group. Cronbach's alpha measures the consistency of each questionnaire item in every section and notes the connection of each construct as a group.

A validated instrument was administered to thirty (30) student nurses who were asked to complete a questionnaire as pilot study volunteers; they were not part of the study's actual participants. Overall, Cronbach's alpha value of 0.847 showed internal consistency results, whereas the spirituality section yielded alpha values of 0.809 and 0.804 for spiritual care practices. An alpha value of higher than 0.70 shows that items support the internal consistency of the variable items of the study.

Statistical Treatment of Data

The survey responses were collected, tabulated, and collated in Microsoft Excel. The data collated in Excel was analyzed statistically using descriptive statistics.

Data Gathering Procedure

The study data was collected through face-to-face and in-person interactions with printed questionnaires. Before initiating the data gathering, the researcher secured clearance from the institution's research ethics committee. A formal letter was drafted and filled out the forms for Research Ethics Committee Approval and Application for Research Ethics Review addressed to the institution's research director. Securing a clearance from the Ethics board adheres to the school's ethical guidelines and respects the participants' rights to be protected. After the approval letter was secured, letters were sent to the clinical coordinators at the level involved for assistance in data gathering. The production of the questionnaires were facilitated and organized to ensure the efficiency of data collection—the study data gathering commenced by endorsing the printed survey tool to the level coordinators involved. The participants were provided with an information sheet and obtained informed consent in the written consent form regarding all the information they needed before participating in the study. At the end of daily regular classes, data was gathered by the level coordinators in their classrooms. The researcher allotted 1 week to assimilate the survey, and then after 1 week, the researcher returned and collected the survey tool. Data was prepared by sorting and collating and was ready for data analysis.

Ethical Considerations

Ethical considerations were observed during the study. Ethical approval from the institution's review ethics committee was obtained before commencing the data gathering. Information sheets were provided. The study's title, purpose, objectives, risks, and benefits were explained clearly to the respondents. Written informed consent was obtained from the study respondents. The consent was to ensure the respondents' rights and willingness to participate voluntarily. Secondly, the confidentiality of the respondents was ensured and strictly observed. All data collected and tabulated were coded, and any identifying data of the respondents was deleted to maintain anonymity strictly. Moreover, potential risks were presented to ensure respondents were not exposed to physical, emotional, or psychological risks while answering the survey tool. Data security was strictly noted. The data is secured in a box locked in the storage to avoid and prevent access from unofficial personnel. Lastly, the study findings will be used solely for research and academic purposes. Respondents will not be published in any publication or presentation. Privacy and confidentiality will be protected following legal, ethical, and institutional standards. Proper data collection disposal will be deleted after 5 years, and proper documentation will be maintained to ensure accountability.

Additionally, the researcher will explain to the individuals the future advantages of the study.

Results and Discussions

Table 1 presents the frequency and percentage distribution of the nursing students according to their sex, year level, and religious affiliation. A total of 175 nursing students participated in the study.

In terms of sex, most of the respondents were female (n = 134, 76.0%), while male respondents accounted for 24.0% (n = 42).

Regarding the year level, almost half of the respondents were second-year students (n = 76, 43.4%). Third-year students comprised 34.8% (n = 61), and fourth-year students represented21.7% (n = 38). As to their religious affiliation, the largest group identified as members of the Seventh Day Adventist Church (n = 70, 40.0%), followed by Roman Catholics (n = 51, 29.1%) and Baptist Church (n = 26, 14.9%). Other affiliations included Iglesia Ni Kristo (n = 13, 7.4%), Jehovah's Witness (n = 11, 6.3%), and other unspecified religions (n = 4, 2.3%).

Table 1: Frequency and Percentage distribution of Nursing Students' profile

Variables	Frequency	Percentage
Sex		
Male	42	24.0
Female	133	76.0
Total	175	100.0
Year Level		
Second Year	76	43.4
Third Year	61	34.8
Fourth Year	38	21.7
Total	175	100.0
Religious Affiliation		
Roman Catholic	51	29.1
Baptist	26	14.9
Seventh-day Adventist	70	40.0
Iglesia ni Kristo	13	7.4
Jehovah's Witness	11	6.3
Others	4	2.3
Total	175	100.0

Table 2 presents the descriptive statistics on the spirituality level of nursing students, disaggregated by sex, year level, and religious affiliation. The categorization of mean scores is based on the following interpretation scale: Very Low (1.0–1.7), Low (1.8–2.5), Moderate (2.6–3.3), High (3.4–4.1), and Very High (4.2–5.0).
With respect to sex, both male (M = 4.21, SD = 0.467) and female (M = 4.31, SD = 0.583) respondents demonstrated a very high level of spirituality. This indicates that regardless of sex, the students tend to have a Very high spirituality level.

In terms of year level, second-year students recorded a mean spirituality score of 4.30 (SD = 0.584), followed by fourth-year students with a mean of 4.29 (SD = 0.527), and third-year students with a mean of 4.22 (SD = 0.516). All year levels were classified under the very high spirituality category, suggesting a consistent level of spiritual engagement throughout academic progression.

This analysis revealed a pattern that reflect the school's formation of faith-based education, which is included in the curriculum from the early stages of nursing years. The slight higher mean score of level 2 students could be because of the recent exposure to to course in values, Bible, and ethics, which often point out the value of spirituality. As students progress, clinical exposures and academic workload may change their focus, possibly the reason of the slight decrease in level 3 mean score.

Interestingly, Level 4 students demonstrate a rebound level of spirituality, nearly matching the level 2 mean score. This could be due to maturity, greater exposure in clinical settings and life reality of the patient care scenarios and

deeper recognition for the spiritual dimensions of health, especially in dying or palliative patient or community settings they encountered in the level 4 clinical exposures.

Overall, the high level of spirituality scores across year levels reveals the success of the institution's mission that develops the spirituality growth and prepare students for holistic approach in nursing care. These findings support the idea that spirituality is not only retained but may be further internalized as students advance through their nursing education.

As to religious affiliation, the highest mean was observed among students who indicated "Others" as their religion (M = 4.58, SD = 0.166), followed by members of Baptist Church (M = 4.42, SD = 0.518) and Roman Catholics (M = 4.37, SD = 0.520). Seventh day Adventist Church members (M = 4.20, SD = 0.612), Iglesia ni Kristo (M = 4.23, SD = 0.499), and Jehovah's Witnesses (M = 4.15, SD = 0.539) also exhibited very high spirituality levels, although slightly lower in mean scores.

Overall, the aggregated mean score for all respondents was 4.29 (SD = 0.558), which falls within the very high category. This suggests that the nursing students in the study possess a strong sense of spirituality

Table 2: Descriptive Statistics on the Spirituality Level of Nursing Students using Mean

Variables	Mean	SD	Interpretation
Sex			
Male	4.21	.467	Very High
Female	4.31	.583	Very High
Year Level			
Second Year	4.30	.584	Very High
Third Year	4.22	.516	Very High
Fourth Year	4.29	.527	**Very High**
Religious Affiliation			
Roman Catholic	4.37	.520	**Very High**
Baptist	4.42	.518	**Very High**
Seventh Day Adventist Church	4.20	.612	Very High
Iglesia ni Kristo	4.23	.499	Very High
Jehovah's Witness	4.15	.539	Very High
Others	4.58	.166	Very High
As a Whole	4.29	.558	Very High

Category: Very Low (1.0-1.7), Low (1.8-2.5), Moderate (2.6-3.3), High (3.4-4.1), Very High (4.2-5.0)

Table 3 shows the descriptive statistics on the level of spiritual care practices among nursing students, classified according to sex, year level, and religious affiliation. The interpretation of mean scores follows the predefined scale: Not Ever Applied (1.0–1.7), Applied Rarely (1.8–2.5), Applied Sometimes (2.6–3.3), Applied Most of the Time (3.4–4.1), and Applied Every Time (4.2–5.0).

In terms of sex, both male (M = 4.24, SD = 0.382) and female (M = 4.17, SD = 0.560) respondents were rated within the category "Applied Every Time", indicating that both groups regularly integrate spiritual care into their nursing practices.

In year level, second-year (M = 4.21, SD = 0.556) and fourth-year students (M = 4.18, SD = 0.496) reported spiritual care practices being applied every time, while third-year students (M = 4.12, SD = 0.428) reported slightly lower mean scores, falling under the category "Applied Most of the Time". Despite this slight difference, the overall trend suggests a generally consistent application of spiritual care across year levels.

The transitional difficulties usually seen at this academic stage may have contributed to this minor decline among third-year pupils. As students work to improve their technical skills, the third year frequently brings with it more rigorous clinical exposures and higher academic standards, which may momentarily divert attention from spiritual care.

However, core courses emphasizing values, compassion, and the holistic philosophy of care may still have a significant impact on second-year students, leading to slightly higher reported practices. Being more seasoned and exposed to a range of clinical and patient care settings, fourth-year students would have gained a greater appreciation for the significance of spiritual care, which would have led to a reaffirmation of its constant use.

As to religious affiliation, the highest mean score was observed among Iglesia ni Kristo students (M = 4.40, SD = 0.464), indicating spiritual care practices were applied every time, followed by Baptist (M = 4.29, SD = 0.455), and Roman Catholics (M = 4.24, SD = 0.470). Students identifying as "Others" also reported a high level of application (M = 4.20, SD = 0.596). Meanwhile, students from the Seventh Day Adventist (M = 4.09, SD = 0.582) and Jehovah's Witnesses (M = 4.08, SD = 0.519) fell within the "Applied Most of the Time" category.

Overall, the general mean score of 4.19 (SD = 0.523) suggests that, as a group, the nursing students "applied spiritual care practices every time" in their academic or clinical setting, reflecting a strong integration of spiritual care in their nursing approach.

Table 3: Descriptive Statistics on the spiritual care practices level of Nursing Students using Mean

Variables	Mean	SD	Interpretation
Sex			
Male	4.24	.382	Applied Every time
Female	4.17	.560	Applied Every time
Year Level			
Second Year	4.21	.556	Applied Every time
Third Year	4.12	.428	Applied most of the time
Fourth Year	4.18	.496	Applied Every time
Religious Affiliation			
Roman Catholic	4.24	.470	Applied Every time
Baptist	4.29	.455	Applied Every time
Seventh-day Adventist	4.09	.582	Applied most of the time
Iglesia ni Kristo	4.40	.464	Applied Every time

Jehovah's Witness	4.08	.519	Applied most of the time
Others	4.20	.596	Applied Every time
As a Whole	4.19	.523	Applied Every time

Category: Not ever applied (1.0-1.7), Applied Rarely (1.8-2.5), Applied Sometimes (2.6-3.3), Applied most of the time (3.4-4.1), Applied Every time (4.2-5.0)

Table 4: Spearman Rho Analysis of spirituality and spiritual care practices of the nursing students

Variables	Correlation Coefficient	P-Value	Interpretation
Spirituality and Spiritual Care Practices	0.113	0.137	Not Significant

Table 4 presents the relationship between spirituality and spiritual care practices among nursing students using Spearman's rank-order correlation analysis. This non-parametric test was utilized since the data violated the assumption of normality, as confirmed in the preliminary analysis.

The analysis revealed a correlation coefficient (ρ) of 0.113 with a corresponding p-value of 0.137. Since the P-value is greater than level of significance α=0.05, this means that there is no statistical significance on the relationship between the variables. Further, there is no sufficient evidence to conclude that a statistical relationship exists between the students' level of spirituality and the extent to which they practice spiritual care in nursing settings.

This result may appear unexpected, especially in a faith-based institution like Central Philippine Adventist College, where spiritual development is emphasized throughout the nursing program. One possible explanation is that while students may possess high levels of personal spirituality, the translation of those beliefs into clinical practice may be influenced by external factors such as time constraints, clinical workload, lack of confidence, or inadequate opportunities to apply spiritual care during hospital rotations.

Additionally, the absence of a statistically significant relationship might suggest that spiritual care practice is not solely determined by a student's level of spirituality, but may also depend on educational exposure, role modeling by instructors or preceptors, institutional support, and the perceived importance of spiritual care within clinical settings.

Despite the lack of a significant correlation, it is important to note that both the level of spirituality and reported practice of spiritual care were individually high among students, as indicated by earlier results. This highlights that while spirituality and practice are both valued by students, they may not always align directly in measurable ways, pointing to the complex and multifactorial nature of spiritual caregiving in nursing.

Conclusion and Recommendation

The study's findings revealed that respondents' level of spirituality and spiritual care practices were in high levels in which it suggested a strong awareness and value of the significance and role of spirituality in clinical care and settings. These results corresponded to the literature reported previously of the role of spiritual care to holistic care advocated by nurses to improve the well being and health of the individual.

However, despite these high scores, the results did not yield statistically significant associations. This suggests that while spirituality and spiritual care are recognized and valued, their measurable effects may be more subtle, complex, or indirect than anticipated.

Several factors may explain the lack of statistical significance:

- The subjective and deeply personal nature of spirituality may not be fully captured by standardized quantitative measures.

- The impact of spiritual care may unfold over time, making it difficult to detect within the timeframe of the study.
- There may be mediating or moderating variables—such as emotional intelligence, institutional culture, or individual belief systems—that influence the relationship between spiritual care practices and measurable outcomes.
- The study may have been limited by sample size or homogeneity, affecting statistical power.

Nevertheless, the high score level suggested that respondents are eager and motivated to engaged openly to spirituality in care, thus, offered a strong and solid foundation for further spiritual care initiatives development.
Although the study did not revealed a statistically significant correlations between the spirituality and spiritual care tactics, the consistent high scores suggested a clear sense of its importance. These findings showed that both spirituality and spiritual care practices are core component of holistic care.
As such, future study/work should focus not only on measurement strategies improvement but also on structuring an expandable and sustainable spiritual care programs through education, reflection and interdisciplinary connections. A suggested program entitled "Nurturing the Spirit: Ongoing Education in Spiritual Care" should be implemented to maintain the high scores of the respondents specifically be included as part of the lower year level course such as Fundamentals of Nursing subject. Spirituality remains an important dimension of care, and its continuous support and incorporation are important for comprehensive, compassionate and efficient client service delivery.

Structured Program:
"Nurturing the Spirit: Ongoing Education in Spiritual Care"

Program Focus:
The "Nurturing the Spirit" program offers continuous learning for student nurses, aiming to enhance spiritual care practices. This program takes a holistic and reflective approach, nurturing both the student's ability to provide spiritual care and their own personal well-being. By engaging with ongoing education, participants will be better equipped to address the spiritual needs of patients and families and build resilience in their own spiritual journey.
This program could be incorporated as part of the Fundamentals of Nursing course. This may help the lower year levels understand fully the importance of spiritual care.

Core Components of the Program:
1. Foundational Spiritual Care Training
   - To further understand the role of spirituality to well being
   - Introduction to key spiritual care models
   - Understand cultural sensitivity in care.
2. Reflective Practice Workshops
   - Facilitate self-reflection through journaling, group discussions, and storytelling.
   - Encourage mindfulness and meditation practices to support emotional resilience.
   - Explore case studies to deepen understanding and empathy.
3. Advanced Spiritual Care Competency
   - Specialized topics like palliative care, trauma-informed spirituality, and spiritual assessment techniques.
   - Role-playing and simulations for real-life spiritual care scenarios.
   - Development of advanced communication skills for discussing spiritual concerns.
4. Ongoing Learning & Knowledge Sharing
   - Quarterly seminars featuring guest speakers (e.g., chaplains, cultural leaders, spiritual care experts).
   - Peer learning circles for participants to share experiences and strategies.
   - Access to a digital library of spiritual care resources, articles, and research.
5. Interdisciplinary Collaboration
   - Promote collaboration between healthcare providers (e.g., chaplains, nurses, social workers) to deliver holistic care.
   - Interdisciplinary spiritual care rounds and case discussions.
   - Develop shared protocols for integrating spirituality into routine care.
6. Personal Spiritual Well-being and Self-care
   - Encouraging students to take care of their own spiritual well-being, preventing burnout.
   - Practices like mindfulness, meditation, and spiritual reflection.
   - Offering spaces or retreats for staff to recharge spiritually.

Program Structure and Duration:
- Year 1:
  - Introductory training (Foundational Spiritual Care + Reflective Practice)
  - Bi-annual training sessions for core skills and concepts.
  - End-of-year reflection on personal and professional growth.
- Year 2 and Beyond:

- Advanced training and workshops on specialized spiritual care practices.
- Ongoing assessment via quarterly workshops and learning circles.
- Annual review of program outcomes and participant feedback to ensure continuous improvement.

Program Goals:

- Enhance the knowledge and skills of healthcare professionals in delivering effective spiritual care.
- Integrate spirituality as a core element of holistic, person-centered care.
- Provide ongoing emotional and spiritual support to staff members to prevent burnout.
- Promote cultural and religious sensitivity within spiritual care practices.
- Create an inclusive, supportive environment for open dialogue on spirituality in care.

Expected Outcomes:

- Improved patient and family satisfaction with spiritual care services.
- Increased staff confidence and competency in providing spiritual support.
- Strengthened interdisciplinary collaboration in addressing spiritual needs.
- Enhanced staff well-being and resilience through continuous support and self-care.
- Greater institutional commitment to spiritual care, resulting in holistic, compassionate care.

Implementation Timeline:

Timeline	Activity
Month 1–3	Launch foundational training module, introduce reflective practice
Month 4–6	First advanced competency workshop, peer learning circles start
Month 7–9	Launch quarterly seminars, digital resource hub
Month 10–12	Annual program review, feedback collection, and program adjustments
Year 2+	Continue with advanced modules, bi-annual assessments, guest speaker series

Program Assessment:

- Feedback surveys after each workshop to gauge effectiveness.
- Reflection tools to monitor individual growth.
- Annual evaluation reports based on outcomes like patient feedback, staff satisfaction, and program engagement.

Conclusion:

Nurturing the Spirit: Ongoing Education in Spiritual Care" is designed to be an evolving, enriching experience that aligns with the growing need for comprehensive, holistic care in healthcare systems. By nurturing both personal and professional growth, this program ensures that student nurses are not only equipped to meet the spiritual needs of their patients but also empowered to sustain their own well-being, creating a resilient and compassionate workforce.

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