Revista Brasileira de Enfermagem
REBEn

Programs on spirituality in nursing students in the Americas: scoping review

Programas sobre espiritualidad en estudiantes de enfermería en las Américas: revisión de alcance

Programas sobre espiritualidade em estudantes de enfermagem nas Américas: revisão de escopo

Carmen Rocio Ricra Echevarria[I]
ORCID: 0000-0001-5366-1935

Jhon Alex Zeladita-Huaman[II]
ORCID: 0000-0002-5419-5793

Roberto Zegarra Chapoñán[III]
ORCID: 0000-0002-0471-9413

Julia María Eugenia Lema Morales[II]
ORCID: 0000-0001-9773-9095

[I]*Universidad Nacional Autonoma Altoandina de Tarma. Tarma, Junin, Peru.*
[II]*Universidad Nacional Mayor de San Marcos. Lima, Lima, Peru.*
[III]*Universidad María Auxiliadora. Lima, Lima, Peru.*

How to cite this article:
Ricra Echevarria CR, Zeladita-Huaman JA, Zegarra-Chapoñan R, Lema Morales JME. Programs on spirituality in nursing students in the Americas: scoping review. Rev Bras Enferm. 2026;79:e20250240. https://doi.org/10.1590/0034-7167-2025-0240

Corresponding Author:
Jhon Alex Zeladita Huaman
E-mail: jhonzeladita@hotmail.com

Submission: 06-01-2025 **Approval:** 08-24-2025

ABSTRACT

Objectives: to evaluate the state of the art regarding programs to strengthen spirituality and spiritual care implemented in nursing students in the Americas. **Methods**: scoping review guided by PRISMA-ScR. Four electronic databases were consulted using MeSH and DeCS terms to include original studies published in peer-reviewed journals, conducted in the Region of the Americas, in English, Spanish, and Portuguese, with no date restriction. **Results**: most studies were conducted in the United States, with students in their final years of study and at religiously affiliated universities. Four educational interventions and five programs were identified, in which mainly reflective and experiential educational strategies were employed. **Conclusions**: the scarcity of educational initiatives in the Americas contrasts with the consensus on the importance of integrating spirituality into nursing education.
Descriptors: Spirituality; Students, Nursing; Holistic Nursing; Religion; Program.

RESUMEN

Objetivos: evaluar el estado del arte acerca de los programas de fortalecimiento de la espiritualidad y los cuidados espirituales implementados en estudiantes de enfermería en la Región de las Américas. **Métodos:** revisión de alcance guiado por PRISMA-ScR. Se consultaron cuatro bases de datos electrónicos utilizando los términos MeSH y DeSC, para incluir estudios originales publicados en revistas revisadas por pares, realizados en la Región de las Américas, en inglés, español y portugués, sin restricción de tiempo. **Resultados:** la mayoría de los estudios fueron realizados en los Estados Unidos, en estudiantes de los últimos años de estudios y en universidades de filiación religiosa. Se identificaron cuatro intervenciones educativas y cinco programas, en las que emplearon, principalmente, estrategias educativas reflexivas y experienciales. **Conclusiones:** la escasez de iniciativas educacionales en las Américas contrasta con el consenso sobre la importancia de integrar la espiritualidad en la formación en enfermería.
Descriptores: Espiritualidad; Estudiantes de Enfermería; Enfermería Holística; Religión; Programa.

RESUMO

Objetivos: avaliar o estado da arte sobre os programas de fortalecimento da espiritualidade e dos cuidados espirituais implementados em estudantes de enfermagem na Região das Américas. **Métodos:** revisão de escopo guiada por PRISMA-ScR. Consultaram-se quatro bases de dados eletrônicas utilizando os termos MeSH e DeSC, para incluir estudos originais publicados em periódicos revisados por pares, realizados na Região das Américas, em inglês, espanhol e português, sem restrição de tempo. **Resultados:** a maioria dos estudos foi realizada nos Estados Unidos, com estudantes dos últimos anos de curso e em universidades de filiação religiosa. Identificaram-se quatro intervenções educacionais e cinco programas, nos quais foram empregadas, principalmente, estratégias educacionais reflexivas e experienciais. **Conclusões:** a escassez de iniciativas educacionais nas Américas contrasta com o consenso sobre a importância de integrar a espiritualidade na formação em enfermagem.
Descritores: Espiritualidade; Estudantes de Enfermagem; Enfermagem Holística; Religião; Programa.

ONLINE VERSION ISSN: 1984-0446

INTRODUCTION

Historically, nursing care has been conceived as a practice that involves holistic attention to the person. However, despite this recognition, the formal integration of spirituality into nursing education programs remains incipient in the Region of the Americas[1]. As theories of care have evolved, it has been recognized that people's spiritual values, beliefs, and practices are fundamental to the healing process and well-being[2]. In this sense, the impact of spirituality on healing, favorable health outcomes, and the ability to cope with and adapt to illness is undeniable[3].

In the scientific community, there is a tendency to confuse spirituality with religiosity, which creates confusion about how to address spiritual needs during professional training without imposing personal and religious beliefs[4]. On the other hand, nurses face significant challenges in incorporating this competency into their practice due to the lack of specific training and the clinical environment, which often prioritizes the physical dimension over emotional and spiritual aspects[5].

Therefore, the spiritual dimension in nursing care has emerged as a crucial aspect that requires attention and development in professional practice. Its origin can be traced back to the need to approach human beings in a holistic manner, recognizing that health encompasses not only physical, social, emotional, and mental aspects, but also spiritual ones. This comprehensive approach is based on the premise that spirituality is inherent to the human condition and plays a crucial role in overall well-being[6].

Most nursing education programs do not include a robust component on spiritual care in their curricula, which may limit the ability of future professionals to provide holistic care[7,8]. For this reason, the American Nurses Association[9] and the American Association of Colleges of Nursing[10] consider spirituality and spiritual care to be essential elements in nursing practice and education.

A synthesis of evidence that analyzed spiritual education programs implemented in Korean universities showed that promoting educational interventions on spirituality during nursing training effectively improves spiritual competence[11]. Similarly, another systematic review with meta-analysis that examined studies conducted in China, Ethiopia, and Iran highlights that academic training, courses on spirituality, religious beliefs, work hours, and the work environment are factors that significantly influence the competence to offer spiritual care[12]. In Latin America, nursing training programs tend to incorporate spirituality more implicitly, influenced by predominant religious traditions. In countries with a strong Catholic tradition, such as Mexico or Brazil, spirituality may be more present, although not always in a formalized way, in the curriculum[13].

The current state of professional training in spiritual competencies reflects a shift toward a more holistic and comprehensive approach to healthcare[14]. As the importance of addressing the spiritual needs of both patients and professionals is recognized, it is crucial to continue developing and implementing educational programs that integrate these competencies. The evolution toward a more inclusive and comprehensive education will benefit not only patients but also the personal and professional development of nurses[15].

This review is justified due to the growing relevance of spirituality in the training of nursing students and the fact that strategies for teaching spirituality vary according to geographical region, due to factors such as regulatory frameworks, cultural and religious traditions, and health policies. In this sense, mapping educational interventions that strengthen spirituality will serve to identify the best teaching strategies and propose recommendations for the implementation of new educational programs, thus ensuring the holistic care and well-being of future nursing professionals.

OBJECTIVES

To assess the state of the art regarding programs to strengthen spirituality and spiritual care in nursing students in the Region of the Americas.

METHODS

Ethical aspects

As this was a scoping review, it was not considered necessary to submit the protocol to the Research Ethics Committee for review, as it did not involve the collection of primary data from human subjects. Similarly, the studies that comprised the final sample were duly cited.

Study design

This scoping review was conducted using the methodology proposed by the JBI, which comprises nine steps[16]. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (Prisma-ScR)[17] were considered for reporting purposes.

Protocol and registration

The study protocol was registered on the Open Science Framework (OSF) platform, which was assigned the DOI 10.17605/OSF.IO/MVNCD.

Research question

The PCC (population, concept, and context) strategy was used to formulate the research question. Nursing students were considered the population (P); spirituality programs and spiritual care were considered the concept (C); and the Region of the Americas was considered the context (C). Therefore, the guiding research question was: What is the state of the art of programs to strengthen spirituality and spiritual care implemented in nursing students in the Americas?

Data search strategy and sources

Initially, after thoroughly reviewing the OSF, databases, and data platforms, it was found that no protocols or review studies with similar themes had been published. Next, the steps for conducting the scoping review were carried out.

Eligibility criteria

Inclusion criteria were considered as follows: P: research conducted with nursing students or studies that included health science students in their sample, but presented their results in a disaggregated manner, allowing the identification of post-intervention results in nursing students. C: investigations addressing programs or interventions (courses, pilots, videos) to strengthen spirituality and spiritual competencies. C: qualitative, quantitative, and mixed studies conducted in the Region of the Americas and published in peer-reviewed journals were included. Regarding language, studies published in English, Spanish, and Portuguese were considered; in addition, all investigations were included, without time restrictions. The exclusion criteria were: scientific articles that do not present results on training programs in spirituality or spiritual competencies, studies that do not include nursing students as the target population, studies that do not directly address spiritual care, non-peer-reviewed documents (unpublished reports, theses); as well as anecdotal studies, individual case reports, letters to the editor, comments, and opinions without empirical data.

Sources of information

Between September and October 2024, with the support of a librarian, a preliminary search was initiated to identify seed articles and select controlled and uncontrolled descriptors from Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS), choosing those with the highest sensitivity and reliability. Next, the final search equation was constructed using terms related to the acronym PCC, joined by the Boolean operators AND and OR. Subsequently, a systematic search of primary articles was conducted in the PubMed, EBSCO, Scopus, and Web of Science databases, selected for their breadth and relevance in the health field. The search equations were developed considering the following controlled and uncontrolled language terms: ((“students nursing”) OR (“nurses pupil”) OR (“nursing education”) OR (“nursing training”) OR (undergraduate)) AND ((programs) OR (“training program”) OR (“education program”) OR (“program development”) OR (“program evaluation”) OR (“program effectiveness”) OR (“training outcome”) OR (curriculum)) AND ((spirituality) OR (“spiritual care competence”) OR (“spiritual nursing”) OR (“spiritual care”) OR (“hospice care”) (“holistic nursing”)).

Selection of studies

The selection and evaluation of primary studies were performed on the Rayyan platform by the first author. Initially, two reviewers independently screened titles and abstracts using the software’s blinding function and applying inclusion and exclusion criteria to identify relevant studies. Subsequently, the studies were screened by reviewing abstracts, ending with a review of the full text. Discrepancies were resolved with a third reviewer.

Data mapping and extraction

They were conducted independently by two researchers, who obtained the necessary information using a data extraction form. Once this stage was complete, the researchers shared the extracted data to assess any agreements or disagreements and reach a consensus. In cases where disagreements persisted, a third researcher acted as an arbitrator.

Data analysis

A descriptive analysis of the identified programs was carried out, considering the objective, sample, and conclusions. Subsequently, they were grouped into interventions and educational programs to describe the instructional design and the results obtained after their implementation. In the case of programs, the theoretical model on which they were based was specified. Finally, the scope of these educational initiatives was analyzed using the model proposed by Krikpatrick, widely used to evaluate educational interventions developed during nurse training[18].

RESULTS

Of the total of 433 records identified, nine scientific articles were selected for the synthesis of information (Figure 1).

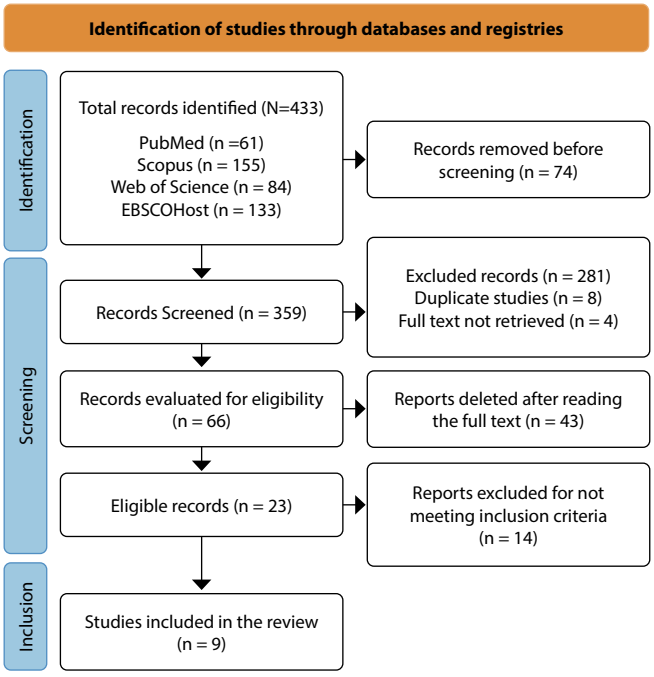

Figure 1 – Study selection flow diagram based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews PRISMA-ScR, Lima, Peru, 2025

The studies reviewed were predominantly from the United States (77.7%). In terms of design, they were mainly quantitative (55.5%), followed by qualitative (22.2%); in terms of participants, in general, their samples consisted of NS in their final years at religiously affiliated universities. The objectives and conclusions of these reviewed studies are detailed in Chart 1.

Educational interventions on spirituality identified

Chart 2 details the characteristics, results, and level achieved in four interventions identified according to Kirkpatrick’s model.

Specifically, an interactive workshop on the use of a spiritual assessment tool was identified, in which participation and dialogue were encouraged through personal reflection on one's own spiritual journey before using the tool with a patient. This was followed by spiritual assessment exercises with real patients in a clinical setting. It concluded with feedback on performance during spiritual assessments. Similarly, an educational video was identified, which, in its pre-production phase, included the development of a script based on literature and expert input, as well as the creation of a storyboard. The production phase involved rehearsing scenes with actors, filming, narration, and developing images and animations. Finally, in the post-production phase, the focus was on editing the educational video and its evaluation by experts and NS.

Chart 1 – Summary of the studies reviewed, Lima, Peru, 2025

Author/Year/Country	Objective of the study	Type of study/ Design	Conclusion
Burkhart and Schmidt[19] (2012) USA	To evaluate the effectiveness of the SCERP program in NS	Two-phase study. In the first phase, they developed the program; in the second phase, they conducted a randomized controlled clinical trial with a pre- and post-test design with two cohorts. Fifty-nine NS in their final year at a private university participated.	The study highlights that reflection and spiritual education through the SCERP program, developed during the final clinical practices of the NS, were effective in improving confidence, perception, and spiritual skills and in fostering reflective practices in professional training.
Catanzaro and McMullen[20] (2021) USA	To explore and articulate effective teaching strategies to foster spiritual sensitivity in NS.	Qualitative study; participants were nursing students enrolled in a community health rotation at a Catholic university.	The study highlights the effectiveness of the teaching strategies implemented (use of reflective journals, review of specialized literature, and open dialogue in community and parish clinical settings) to increase the spiritual sensitivity of nurses.
Galloway *et al*.[21] (2017) EUA	To develop, implement, and evaluate a simulation exercise to improve knowledge and attitudes about spirituality and spiritual care.	Mixed study. Seventy-four second-year NS students from a public university participated.	The use of simulation as a teaching strategy was effective in improving confidence, knowledge, and attitudes toward spirituality in patient care.
Hoffert *et al.*[22] (2007) USA	To evaluate the effectiveness of an intervention program to improve the comfort level of NS in conducting a spiritual assessment.	Quantitative, quasi-experimental, time series study (pre-test and post-test). Fifty-four third-year NS students from a church-affiliated university participated.	The study demonstrated that a structured educational program can improve NS competence and confidence in spiritual assessment.
Lovanio and Wallace[23] (2007) USA	To develop and evaluate a pilot educational project focused on spirituality.	Quantitative, pre-experimental study, pre/post-test design of a single group, composed of 10 NS in their second year at a private Catholic university.	The pilot project had a positive impact on understanding and attitudes toward spirituality and spiritual care in NS.
Rakin and DeLashmutt[24] (2006) USA	To describe a nursing school's approach to motivating nursing students to explore and understand the concepts of spirituality and the role of nursing through clinical experience.	Qualitative case study. 188 NS students in their final year at a private Christian university participated.	Nursing students can develop a greater understanding of spirituality and the role of nursing through structured clinical experiences with patients who have spiritual needs and that incorporate active strategies that promote guided reflection through questions and discussions.
Rodrigues *et al*.[4] (2020) Brazil	To develop and validate an educational video on assessing patients' spiritual needs.	Methodological study with descriptive analysis. Eight specialists and 15 students in their third and fourth years at a public university participated.	The use of educational videos, complemented by discussion and reflection on spirituality in an academic setting, can facilitate the teaching of intimate topics such as spirituality and better prepare students for clinical practice.
Taylor *et al*.[25] (2014) USA	To Describe how a Christian nursing school systematically integrated spiritual care into the curriculum and evaluated its impact on course completion.	Descriptive study. Faculty members and students (approximately 500) enrolled in all years of study at a Seventh-day Adventist Christian university participated.	Integrating spiritual care into a nursing curriculum can be effective in teaching students about spiritual care.
Vargas and Guarnizo[26] (2020) Colombia	To evaluate the effect of an educational intervention in NS to strengthen their perception of spirituality and spiritual care.	Parallel experimental study with a control and experimental group, but without blinding. Ninety students in their final year at a Christian university participated.	The educational intervention strengthened the perception of spirituality and spiritual care in people suffering from chronic diseases.

SCERP – Spiritual Care Educational and Reflective Program, acronym in English; USA – United States of America; NS – Nursing students.

Chart 2 – Instructional design, results, and level assessment according to Kirkpatrick's model of the educational interventions analyzed, Lima, Peru, 2025

Author	Instructional design	Post-intervention outcome	Kirkpatrick Level
Hoffert *et al*.[22]	**Type**: Educational workshop **Session number/duration**: 1 session of 90 minutes. **Theoretical content**: importance of spiritual assessment and care in nursing, difference between spirituality and religiosity, transition from spiritual assessment as a task to a way of being through care, active listening, and spiritual assessment. **Methodological strategies**: interactive seminar-type workshop, personal reflection, and application of tools.	There was a significant improvement in the perception of nurses regarding their ability to perform a spiritual assessment (p = 0.001). Nurses showed greater clarity in differentiating between spirituality and religion. An increase in nurses' confidence in addressing spirituality with patients was reported.	2
Rodrigues *et al*.[4]	**Type:** educational video **Session number/duration:** 10-minute, 52-second video. **Theoretical content of the video:** definitions of spirituality and religiosity. Strategies for assessing patients' spiritual needs. Application of the NURSE technique for patients' emotional management. Spiritual care interventions**.** **Methodological strategy:** the video was structured in three phases: pre-production, production, and post-production**.** Interactive dialogues and questions to stimulate student reflection.	The educational video was well received and considered useful for future professional performance, as a motivational resource in assessing spiritual needs and providing comprehensive care. In addition, it encouraged critical reflection on nursing practice..	2
Vargas and Guarnizo[26]	**Type:** lecture entitled "Spiritual Nursing Care: Integrity of the Human Being in Care" **Session number/duration:** single session. The effect was measured four months later**.** **Theoretical content:** reality of people with chronic diseases, McSherry's conceptualization of spirituality and spiritual care**.** **Methodological strategy:** lecture with slides, 15-minute educational video, and delivery of reflective messages on spiritual care**.**	In the intervention group, they report that the intervention had a positive impact; specifically, the score increased significantly, both on the SSCRS scale and in the dimensions and perceptions: spirituality, spiritual care, and personalized care. In the control group, they do not report an increase in the score.	2
Galloway *et al*.[21]	**Type:** simulation exercise on spiritual care with standardized patients**.** **Session number/duration:** one semester **Theoretical content:** based on chapters from nursing books on spirituality and spiritual care. **Simulation strategy:** case study prior to simulation. The standardized patient represented a woman in spiritual distress after the death of her husband in an accident. The Debriefing for Meaningful Learning model was used to analyze the experience after the simulation**.** **Methodological strategy**: lecture, followed by a simulation exercise and debriefing session; at the end, the FICA spiritual assessment tool was applied.	The intervention group showed significant improvements in four factors of the SSCRS scale. Hope (p=0.006): increased perception of the value of hope in life and spiritual care. Meaning and purpose (p=0.02): greater awareness of how to help patients find meaning in difficult times. Spiritual care (p=0.006): greater recognition of respect, privacy, and active listening in spiritual care. Relationships (p=0.04): increased perception of the role of personal relationships in spirituality.	2

SSCRS – Spirituality and Spiritual Care Rating Scale; FICA – Faith, Importance and Influence, Community, and Address; NS – Nursing students.

In addition, there is an experimental design study with an educational intervention[26], which employed multimodal teaching strategies and considered a four-month follow-up period to assess the impact using the Spirituality and Spiritual Care Rating Scale (SSCRS). A simulation exercise on spiritual care was also identified, which employed standardized patients[21], beginning with a lecture, simulation activities in pairs, assuming the roles of nurse and observer, and finally a debriefing session. After the simulation, students were asked to complete a spiritual assessment of a patient during their clinical rotation using the FICA (Faith, Importance and Influence, Community, and Address) spiritual history tool.

Educational programs on spirituality identified

Chart 3 details the characteristics, results, and level achieved according to Kirkpatrick's model in five identified educational programs. One of them was SCREP[19] (Spiritual Care Educational and Reflective Program), conducted in two retreats; in the first, they developed the theoretical content through didactic group sessions and small group exercises; then, they implemented an online discussion forum (Wiki), where they shared their clinical experiences in groups of 4 to 5 NSs and received feedback from researchers, which included an evaluation of these experiences in terms of recognizing a patient's sign and providing spiritual interventions. Similarly, they encouraged reflective practices using the examination of conscience, which allowed them to inquire into their feelings and reactions in their daily experience. At the end, they held another retreat that included a group discussion about the spiritual encounters experienced in their clinical practice and the impact of online interactions. They concluded with reflective practices on how to incorporate spirituality into their future professional performance. The SCERP theoretical model was based on Burkhart/Hogan's theory of Spiritual Care in

Nursing Practice[19], which describes spiritual care as an interactive process between the patient and the nurse, aimed at promoting the patient's spirituality.

The second was a pilot program[23], which began with a half-day lecture on the theory of spirituality in nursing, given by a specialist. This was followed by weekly clinical conferences to deepen theoretical content and analyze spiritual interventions implemented according to the theoretical model with residents of the long-term care center. In addition, NPs were encouraged to write about their experiences in reflective journals and to develop care plans with nursing diagnoses related to spirituality. This pilot program was based on the model by Callister et al.[27], which proposes integrating spirituality into nursing education through "fundamental elements" based on the competencies of the American Association of Colleges of Nursing (AACN). This model suggests that interventions that influence spirituality are: connection with oneself (reminiscence, presence, and inspirational reading), connection with something higher (prayer, visits to the chapel, and musical meditation), and connection with nature (walking outdoors and inspirational reading).

Chart 3 – Instructional design, results, and level assessment according to Kirkpatrick's model of the programs analyzed, Lima, Peru, 2025

Author	Instructional design	Result after applying the program	Kirkpatrick Level
Burkhart and Schmidt[19]	**Program:** SCERP **Duration:** 6 weeks, during the last semester in which they perform their final clinical practices**.** **Theoretical content:** definition and how spirituality is experienced, professional identity; and how to provide spiritual care. **Methodological strategy:** two retreats, online discussions, and reflective practices (examination of conscience) were held.	The SCERP program was effective because: It increased the SCI score globally and in two dimensions (faith rituals and attribution of meaning). In other words, it increased the perception of nurses regarding their ability to provide spiritual care. Similarly, it increased the SCIP scale score, which represents an increase in HWs' belief and self-confidence in their ability to provide spiritual care to patients and families.	4
Lovanio and Wallace[23]	**Program**: Spiritual education pilot **Duration:** 10 weeks, during the development of a Geriatric Nursing course. **Theoretical content:** religion and spirituality, the spiritual dimension of holistic nursing, and spiritual interventions. **Methodological strategy:** lectures (initial and one each week), reflections and literature analysis, development of care plans, spiritual interventions with residents.	They report that the post-test SSCRS score was higher than the pre-test score and statistically significant. Similarly, they report differences between items. Students showed greater recognition of spirituality as a central component of holistic care. There were positive changes in attitudes toward spiritual care. The journals reflected positive experiences. The NPs emphasized the impact of the program on their perception of spiritual care and their relationship with patients.	2
Catanzaro and McMulle[n][20])	**Program:** Experiential learning **Duration:** rotation of community health practices (1 semester) **Theoretical content:** impact of spirituality on health, aging, and hope. Methodological strategies: reflection and personal journals, practices in community settings, dialogues, and lectures.	The nurses demonstrated a significant increase in their spiritual sensitivity, manifested in greater awareness of their own spiritual needs and those of others, greater comfort in addressing spiritual issues with patients, and greater ability to provide care that integrates the spiritual dimension.	3
Rakin and De Lashmutt[24]	**Program:** experiential learning implemented in a clinical rotation and community center. **No. of sessions/duration:** 4 consecutive weekly sessions. **Methodological strategies:** clinical experience focused on promoting "nursing presence"; that is, being fully present with the patient, providing emotional and spiritual support**.** **Complementary activities:** seminars, readings, and case studies on the connection between spirituality and health. Written reflections on the experience of spirituality in care. Student assessment: questionnaires and reflections were conducted after the clinical experience**.**	The nurses reported a greater understanding of spirituality as part of holistic care. They learned to differentiate between spirituality and religiosity. There was evidence of improvement in the students' confidence and ability to offer spiritual care and practice "nursing presence". The nurses were able to demonstrate "nursing presence" as the ability to connect with patients on a deep level and provide compassionate attention. Patients reported feeling more supported and understood by the nurses.	4
Taylor *et al.*[25]	**Type:** integration of spiritual care into a study plan. **Methodological strategy:** lectures and group discussions on spirituality in nursing. Reflective journals on clinical experiences related to spirituality. Assessment of spiritual needs in care plans. Exposure to nurses specializing in spiritual care. Simulations and case studies on spirituality. Clinical practice with parish nurses.	The study revealed that 85% of nurses felt "quite" or "very well" prepared to offer spiritual care. Nurses indicated that clinical experiences were the most useful component for their learning. Final-year nurses felt confident in their ability to offer spiritual care to patients and valued spiritual care as an important part of nursing care.	4

SCERP – Spiritual Care Educational and Reflective Program; SCI – Spiritual Care Inventory; SCIP – Spiritual Care in Practice; SSCRS – Spirituality and Spiritual Care Rating Scale; NS – Nursing students.

The third program, which was experiential learning-based, was carried out during a community rotation[20], in which NS were encouraged to reflect on their relationship with the transcendent and to keep a journal during clinical practice in order to explore thoughts and feelings about their own spirituality and that of their patients. In addition, they encouraged research and discussion on health-related spirituality to promote greater understanding and dispel fears about addressing patients' spiritual needs. This was accompanied by home visits to patients referred by the parish to participate in the spiritual dimension of holistic nursing care. Before and after the visits, discussions were held to share their experiences, feelings, and prejudices. At the end of the intervention, they held a conference with the participation of health professionals and priests to summarize their learning and reflect on their growth in spiritual sensitivity.

The fourth program was experiential learning-based, promoting the participation of nursing students in a variety of activities at a religious-based community crisis center for homeless people and those living in poverty. It included patient care, observation of spirituality, analysis of nursing practice, and participation in post-clinical seminar discussions.

The fifth program was the only one in which spiritual care was integrated into various courses in a curriculum[25], through methodological strategies such as supporting students' spiritual well-being, combining various teaching methods (theoretical and practical) with an emphasis on reflection, as well as clinical experiences and assessment of learning in spiritual care.

DISCUSSION

This review showed that, in the Region of the Americas, there are few educational initiatives aimed at strengthening spirituality in healthcare settings, among which structured educational programs[19,22], simulations[21], educational videos[4], and guided clinical experiences[24] stand out. These initiatives were implemented to strengthen confidence, competence, and spiritual sensitivity.

As for the characteristics of the studies reviewed, most were conducted in the United States; this may be due to the fact that this country was a pioneer in integrating spirituality into healthcare, reflecting an institutionalized interest in the holistic training of nursing professionals[19,25]; in addition, most studies considered students in their final years as their sample. This shows that students begin their curriculum with general courses and then progressively become involved in immersive learning experiences in career courses linked to the biological, psychological, and social dimensions of the people they care for; therefore, the final year would be a relevant setting for addressing the spiritual dimension.

The finding that most of the programs identified were implemented by religiously affiliated universities suggests that these institutions consider the spiritual dimension an essential component of their mission and the holistic care they seek to instill[20,24]. However, this predominance also raises questions about possible gaps in the training offered by secular institutions and the need to ensure that the teaching of spirituality is inclusive and respectful of diversity of beliefs, which opens up opportunities for all institutions to explore how to effectively integrate the spiritual dimension into the training of nurses in order to provide humanized care.

The reviewed studies highlight that reflective strategies based on personal experiences[23], the use of journals[20,25], or clinical experience[19] fostered the development of awareness about the relevance of spirituality in nursing care, suggesting that introspection and critical analysis of practice can be considered valuable methods for internalizing the importance of this aspect. In addition, the simulation strategy with standardized patients[21] emphasizes that experiential learning in a safe environment strengthens hope, confidence, and attitudes favorable to the provision of spiritual care; which shows that guided practice and exposure to realistic scenarios are crucial for translating theoretical understanding into skills for providing spiritual care and a favorable disposition toward comprehensive patient care.

On the other hand, the implementation of interactive workshops and conferences[22,26] is another useful strategy for increasing knowledge about religiosity and spirituality; in addition, it fosters a positive perception and self-confidence to assess patients' spiritual needs; However, their impact on promoting spiritual care attitudes and practices is significantly amplified when combined with more experiential and reflective methodologies, such as reflective practices, retreats, and online discussion[19,23]. This suggests that, although the transmission of theoretical knowledge is an important first step, the internalization and effective application of spirituality in care requires a more comprehensive pedagogical approach that involves personal reflection, experiential immersion, and active exchange of ideas; this allows HCWs to transcend conceptual understanding and develop genuine sensitivity and skills to address the spiritual needs of their patients.

The analysis of educational initiatives on spirituality in NS, using Kirkpatrick's model, reveals that brief interventions[4,21,22,26] focused mainly on raising awareness and conceptual clarification; they achieved level 2 by improving NS's understanding and self-confidence; however, medium- and long-term training programs[19,20,23-25], which reached levels 2, 3, or 4 by integrating a variety of experiential and reflective strategies, such as retreats, clinical practices, and simulations, demonstrated a significantly greater impact by facilitating changes in student behavior; in some cases, they generated a positive impact on patients' perception of care.

This difference underscores that, although short interventions are useful for the initial acquisition of knowledge, the transformation of professional practice and tangible improvement in spiritual care require more immersive and sustained programs that allow for internalization, practical application, and development of the "nursing presence" in holistic care of the person[23].

Study limitations

This review faced some limitations. First, the inclusion of only nine primary studies significantly restricts the generalizability of the findings. Second, the fact that the studies came mainly from the United States raises questions about the transferability of the results to other cultural and educational contexts in Latin America. Third, having analyzed mainly educational interventions implemented in religiously affiliated universities may have influenced

the valuation and focus on spirituality in nursing practice, limiting the applicability of the findings to secular environments. Finally, as this is a scoping review, in which no assessment of the methodological quality or evidence of the included studies was performed, caution is required when interpreting the implications of the results for nursing education.

Contributions to nursing, healthcare, or public health

The findings of this review have implications for nursing education, highlighting the need to formally integrate the teaching of spirituality, identifying spiritual needs, competence, and spiritual intelligence[28] into curricula for a comprehensive approach to people, an essential component of holistic care. The effectiveness of active and experiential educational strategies underscores the importance of innovating teaching methodologies that promote spiritual sensitivity and confidence in future nurses.

Based on the findings of this review, it is recommended that interventions aimed at strengthening spirituality in nursing education in the Americas require the design of strategies that promote spiritual self-awareness among students, recognizing the spiritual dimension as an intrinsic component of their well-being and professional development. Subsequently, strategies should be implemented that foster the skills to assess needs and provide spiritual care. Finally, nursing teachers should not focus solely on theoretical training on spirituality, but also on practical training in spiritual care[29].

CONCLUSIONS

This review highlights a limited number of educational initiatives on spirituality in NS in the Americas, with a slight predominance of structured programs over brief interventions; this contrasts with the academic consensus on the importance of integrating spirituality into nursing education. Nevertheless, the studies analyzed demonstrate the feasibility of training sensitive professionals who are prepared to offer holistic care that incorporates the spiritual dimension through reflective and experiential pedagogical strategies, ranging from concise workshops to experiential programs that promote reflection.

The concentration of these initiatives in specific contexts, particularly religious universities and countries such as the United States, underscores the need to expand and adapt these training experiences to a wider range of educational environments. As actors in nursing education, we face the challenge of integrating spirituality in a systematic and experiential way into the curriculum, transcending the mere transmission of content to cultivate a deep understanding of the wholeness of the human being in health care.

ACKNOWLEDGEMENT

To librarian Manuel Santa Cruz Zúñiga for his support in constructing the search equations. Likewise, to Father Mateo Bautista García, religious priest of the Order of St. Camillus, for his contribution in reviewing aspects related to spirituality.

CONTRIBUTIONS

Ricra Echevarria CR and Zeladita-Huaman JA contributed to the conception or design of the study/research. Ricra Echevarria CR, Zeladita-Huaman JA, Zegarra-Chapoñan R and Lema Morales JME contributed to the analysis and/or interpretation of data. Ricra Echevarria CR, Zeladita-Huaman JA, Zegarra-Chapoñan R and Lema Morales JME contributed to the final review with critical and intellectual participation in the manuscript.

AVAILABILITY OF DATA AND MATERIAL

The research data are available only upon request.

REFERENCES

1. Bush RS, Baliko B, Raynor P. Building spiritual care competency in undergraduate psychiatric mental health nursing students: a quality improvement project. J Holist Nurs. 2022;41(3):256-64. https://doi.org/10.1177/08980101221103104
2. Jenkinson AK, Hartman N. Interprofessional end-of-life simulation in nursing education. Clin Simul Nurs. 2021;51:14-18. https://doi.org/10.1016/j.ecns.2020.12.001
3. Khalajinia Z, Tehran HA, Heidari A. Explaining the perception of spiritual care from the perspective of health personnel: a qualitative study. J Educ Health Promot. 2021;10(1):53. https://doi.org/10.4103/jehp.jehp_599_20
4. Rodrigues JC, Miranda TPS, Fulquini FL, Guilherme C, Caldeira S, Campos E. Construction and evaluation of an educational video: nursing assessment and intervention of patients' spiritual needs. Religiones. 2020;11(9):460. https://doi.org/10.3390/rel11090460
5. Castillo Mancera F, Domínguez García JF, Rodríguez Rodríguez MG, Luna Gómez YA, Guerrero Castañeda RF. Significado del cuidado espiritual de enfermería en pacientes en cuidados paliativos. Gaceta Méd Boliv. 2023;46(2):13-19. https://doi.org/10.47993/gmb.v46i2.654
6. Morales Contreras BN, Palencia Sierra JJ. Dimensión espiritual en el cuidado enfermero. Enferm Investig. 2021;6(2):51-9. https://doi.org/10.31243/ei.uta.v6i2.1073.2021
7. Martínez Rodríguez L. Humanización desde la evidencia científica: el reto de las competencias espirituales y su formación. Paraninfo Dig[Internet]. 2023[cited 2025 May 20];(23):foroIEc1. https://ciberindex.com/c/pd/foroIEc1
8. Aponte-Franco SM, Guerrero-Castañeda RF, Cervantes ER, Jiménez González DJ. Intervención educativa sobre cuidado espiritual para estudiantes de licenciatura en enfermería y obstetricia. Rev Cult Cuid Enferm[Internet]. 2022[cited 2025 May 20];19(2):101-115. Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=8897660

9. American Nurses Association (ANA). Nursing: scope and standards of practice [Internet]. Washington, DC: American Nurses Association. 2004[cited 2025 May 20]. https://www.nursingworld.org/practice-policy/scope-of-practice/

10. American Association of Colleges of Nurses (AACN). Essentials of Baccalaureate Education for Professional Nursing Practice [Internet]. Washington, DC: (AACN); 2008[cited 2025 May 20]. https://www.aacnnursing.org/Portals/0/PDFs/Publications/BaccEssentials08.pdf

11. Cho HJ, Kang K y Park KY. Spiritual nursing education programme for nursing students in Korea: a systematic review and meta-analysis. BMC Nurs. 2024;23(1):310. https://doi.org/10.1186/s12912-024-01961-6

12. Kaiyue W, Xinsheng W, Linbo S, Jiayi F, Changping S. Nurse competency in providing spiritual care and associated influencing factors: a systematic review and meta-analysis. Nurs Open. 2025;12(4):e70192. https://doi.org/10.1002/nop2.70192

13. Torres-Contreras CC, Vargas-Escobar LM, Triana-Rodríguez JY. Cuidado espiritual en estudiantes de enfermería: estudio cualitativo. MedUNAB. 2022;25(3):419-40. https://doi.org/10.29375/01237047.4330

14. Torres Contreras CC, Vargas Escobar LM, Triana Rodríguez JY, Cañon-Montañez W. Competencia en cuidado espiritual en enfermería: revisión integrativa de literatura. Rev Cuidarte. 2023;14(2). https://doi.org/10.15649/cuidarte.2635

15. Intriago GC, Alvarado CC, Panchana EL y Coffre AF. El cuidado espiritual como problema profesional y educativo de enfermería: preguntas complejas, respuestas simples. Polo del Conoc [Internet]. 2023[cited 2025 May 20];8(11):98-111. https://www.polodelconocimiento.com/ojs/index.php/es/article/view/6195

16. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11. Scoping Reviews In: (2020). Aromataris E, Munn Z. JBI Manual for Evidence Synthesis, JBI [Internet]. 2020 [cited 2023 Jul 18]. Available from: https://synthesismanual.jbi.global

17. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med. 2018;169(7):467–73. https://doi.org/10.7326/M18-0850

18. Miranda MD, Santos VD, Kristman VL, Mininel VA. Uso de la metodología de Kirkpatrick para evaluar la formación de los profesionales de enfermería: una revisión integradora. Rev Latino-Am Enfermagem. 2025;33:e4431. https://doi.org/10.1590/1518-8345.7250.4430

19. Burkhart L, Schmidt W. Measuring effectiveness of a spiritual care pedagogy in nursing education. Rev Enferm Prof. 2012;28(5):315-21. https://doi.org/10.1016/j.profnurs.2012.03.003

20. Catanzaro AM, McMullen KA. Increasing nursing students' spiritual sensitivity. Nurse Educ. 2001;26(5):221-6. https://doi.org/10.1097/00006223-200109000-00011

21. Galloway S, Hand MW. Spiritual immersion: developing and evaluating a simulation exercise to teach spiritual care to undergraduate nursing students. Nurse Educ. 2017:42(4):199-203. https://doi.org/10.1097/NNE.0000000000000347

22. Hoffert D, Henshaw C, Mvududu N. Enhancing the ability of nursing students to perform a spiritual assessment. Nurse Educ. 2007;32(2):66-72. https://doi.org/10.1097/01.NNE.0000264327.17921.b7

23. Lovanio K, Wallace M. Promoting spiritual knowledge and attitudes: a student nurse education project. Holist Nurs Pract. 2007;21(1):42-47. https://doi.org/10.1097/00004650-200701000-00008

24. Rankin EA y DeLashmutt MB. Finding spirituality and nursing presence: the student's challenge. Rev Enferm Holíst. 2006;24(4):282-8. https://doi.org/10.1177/0898010106294423

25. Taylor EJ, Testerman N, Hart D. Teaching spiritual care to nursing students: an integrated model. JCN. 2014;31(2):94-9. https://doi.org/10.1097/cnj.0000000000000058

26. Vargas LM, Guarnizo M. Effect of an educational intervention delivered to senior nursing students to strengthen spiritual care for people with chronic illness. Int J Nurs Educ Scholarsh. 2020;17(1):20190049. https://doi.org/10.1515/ijnes-2019-0049

27. Callister LC, Bond AE, Matsumura G, Mangum S. Threading spirituality throughout nursing education. Holist Nurs Pract. 2004;18(3):160-6. https://doi.org/10.1097/00004650-200405000-00008

28. Zeladita-Huaman JA, Cuba-Sancho JM, Martina-Chavez MB, Zegarra-Chapoñan R y Castillo-Parra H. Religión y experiencia profesional: ¿serán predictores de la inteligencia espiritual de los enfermeros? estudio transversal. Rev Bras Enferm. 2024;77(6):e20240217. https://doi.org/10.1590/0034-7167-2024-0217es

29. Wang W, Yang J, Bai D, Lu X, Gong X, Cai M, et al. Nurses' perceptions and competencies about spirituality and spiritual care: a systematic review and meta-analysis. Nurse Educ Today. 2024;132:106006. https://doi.org/10.1016/j.nedt.2023.106006