

# Nursing Students' Perceptions of Spiritual Care Competency: A Qualitative Study

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## Abstract

**Background:** Spiritual care is a crucial component of holistic nursing practice, as it addresses patients' emotional, psychological, and existential well-being. Nursing students play a vital role in providing spiritual support, yet their competencies in this area remain underexplored.

**Objectives:** To explore nursing students' perceptions of their competencies in providing spiritual care to patients.

**Methods:** A descriptive qualitative research design was employed in this study. Ten fourth-year nursing students from the Faculty of Nursing at Ubon Ratchathani Rajabhat University were selected using purposive sampling and snowball techniques. Data were collected through in-depth interviews conducted between December 2024 and January 2025. The research instruments included a semi-structured interview guide, field notes, observational tools, and the researcher's reflective journal. Content analysis was used to analyze the data.

**Results:** The findings revealed that nursing students perceived their spiritual care competencies as encompassing 3 key areas: 1) assessing and diagnosing spiritual issues; 2) planning and implementing spiritual care, which included: maintaining a positive attitude and respecting patients' spiritual beliefs, communication and counseling, empathy and compassion, encouraging patients to practice their faith and beliefs, and referring patients to spiritual care specialists; and 3) evaluating spiritual care practices.

**Conclusions:** While nursing students show confidence in certain aspects of spiritual care, the study highlights the need for enhanced training. Integrating comprehensive spiritual care education and practical experiences into the curriculum, along with support from spiritual care professionals, is essential for strengthening students' competencies.

**Keywords:** Nursing students, Spiritual care, Competency, Patients, Holistic nursing

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## Introduction

Spirituality is a fundamental dimension of human existence, encompassing a search for meaning, purpose, and connection that becomes particularly significant in times of illness and vulnerability.<sup>1,2</sup> In healthcare, especially in nursing, addressing patients' spiritual needs is essential for holistic care. Spiritual care involves recognizing and responding to the existential concerns of patients, such as hope, suffering, meaning, and the need for transcendence.<sup>2</sup> Core components of spiritual care nursing include presence, active listening, compassion, and facilitated access to spiritual resources. Competent nurses in

this area are trained to assess spiritual distress, incorporate spiritual beliefs into care plans, and support diverse spiritual expressions without imposing their own beliefs.<sup>3</sup>

Research indicates that effective spiritual care enhances patient outcomes by promoting emotional well-being, resilience, and a sense of peace, particularly in palliative and end-of-life settings.<sup>2,3</sup> Moreover, nurses with strong spiritual care competencies are better equipped to navigate ethical dilemmas and provide culturally sensitive support, ultimately enriching the quality of care and the human experience within healthcare contexts.<sup>3</sup> Nursing students, as future healthcare providers, must acquire the necessary knowledge, skills, and confidence to deliver spiritual care effectively.<sup>3</sup> Their perceptions of spiritual care competency play a crucial role in shaping their attitudes, preparedness, and willingness to integrate spirituality into their professional practice.<sup>3</sup>

Despite the recognized importance of spiritual care, research indicates that nursing students often encounter challenges in developing competence in this area. Factors such as a lack of formal education, limited clinical exposure, and personal uncertainties regarding spirituality contribute to gaps in their ability to provide effective spiritual care.<sup>4,5</sup> For instance, previous studies have shown that the majority of nursing students possess a moderate level of competency in spiritual care, with scores ranging from 52.40% to 55.22%,<sup>4,5</sup> and only 34.10% have received training in this domain.<sup>4</sup>

In Thailand, research on the competencies of nursing students in providing spiritual care remains limited, with existing studies primarily focusing on nurses' behaviors in delivering spiritual care. Findings indicate that nurses exhibit moderate levels of spiritual care behaviors.<sup>6</sup> Understanding nursing students' perspectives on spiritual care competency is therefore critical for informing improvements in nursing education and practice.

Given the subjective and experiential nature of spirituality in healthcare, qualitative research is particularly well-suited for investigating nursing students' perceptions of spiritual care competency. A qualitative approach allows for an in-depth exploration of students' lived experiences, beliefs, and challenges, providing nuanced insights that may not be captured through quantitative methodologies.<sup>7</sup> By employing qualitative methods, researchers can better understand the complexities of spiritual care competency and identify strategies to enhance its integration into nursing curricula, ultimately strengthening the delivery of holistic patient care.

## Methods

### Study Design, Setting, and Participants

A descriptive qualitative study design was employed for this research. The research was conducted at the Faculty of Nursing, Ubon Ratchathani Rajabhat University.

Participants were selected using purposive sampling, ensuring the inclusion of individuals with relevant experiences and insights into spiritual care competency. Additionally, the snowball sampling technique was used, allowing initial participants to refer other potential informants who met the study criteria. This approach facilitated access to a diverse range of perspectives while ensuring that all participants had direct, firsthand experience with spiritual care in clinical settings. For instance, such experience may include engaging in conversations with patients about their spiritual concerns, offering spiritual support through prayer, or assisting patients in connecting with a monk, chaplain, or other spiritual care provider.

The inclusion criteria required participants to be fourth-year nursing students who had experience providing care to patients across all age groups and in various fields,

including critical and chronic illness, within both hospital and community settings. Additionally, participants had to be willing to take part in the study.

According to Creswell and Plano Clark,<sup>8</sup> an appropriate sample size for qualitative research typically ranges from 1 to 30 participants or until data saturation is achieved. Data saturation occurs when no new themes, patterns, or insights emerge from further data collection, indicating that the gathered information is sufficient for comprehensive analysis. In this study, data saturation was reached with a total of 10 participants, as additional interviews did not yield new findings. This ensured the depth and richness of the qualitative data while maintaining methodological rigor.

### Research Instruments

A semi-structured interview guide was developed to facilitate open-ended discussions and was tested for content validity by 5 experts. It was designed to allow participants to share their perspectives on nursing students' competencies in providing spiritual care to patients. The guide ensured consistency in data collection while maintaining flexibility for participants to elaborate on their experiences. Three key interview questions were included to explore nursing students' perceptions of spiritual care competency: 1) What does spiritual care mean to you in the context of nursing? 2) In your opinion, what core competencies should nursing students have in order to provide effective spiritual care? 3) Can you describe a personal experience during your training or clinical practice in which you provided or witnessed spiritual care?

Field notes and observational tools consisted of three main components: nonverbal cues, contextual factors, and relevant interactions. These aspects included body language, facial expressions, the physical setting, and social dynamics during interviews. A nonparticipant, naturalistic observation approach was used, allowing the researcher to record observations without interference. This method supported a richer interpretation of participants' responses and strengthened the depth and accuracy of the qualitative analysis.<sup>7,10</sup>

The researcher used a reflective journal to record personal insights and reactions after each interview, focusing on assumptions, emotions, and ethical considerations. This helped maintain reflexivity and reduce bias. A secure digital tool was used for journaling, without including any participant-identifiable data. The process enhanced the credibility and depth of the qualitative analysis.<sup>10</sup>

### Data Collection

Data were collected through face-to-face, in-depth interviews to gain a comprehensive understanding of nursing students' perceptions of spiritual care competency. The interviews were conducted after participants had completed either their clinical ward practice or relevant coursework. All interviews took place in a safe and private setting, scheduled at times convenient for the participants to ensure comfort and confidentiality. The interview process began with simple, rapport-building questions and gradually progressed to more complex inquiries. Specific techniques, such as the use of open-ended prompts and encouragement to share personal experiences, were employed to elicit in-depth insights into spirituality. Each interview lasted between 45 and 60 minutes and was conducted 1 to 2 times per participant, depending on the depth of information provided and the need for clarification or further exploration of emerging themes. A total of 10 participants were interviewed between December 2024 and January 2025. This method

facilitated rich, detailed responses and enabled a deeper exploration of participants' experiences and perspectives on spiritual care competency.

### Data Analysis

Qualitative data analysis was conducted using content analysis based on the framework proposed by Cohen et al.<sup>9</sup> This analytical process involved several key steps to ensure a systematic and rigorous approach to interpreting the data. The process began with data immersion, where the researcher repeatedly reviewed transcripts to develop a deep understanding of the content. This was followed by data reduction or transformation, in which irrelevant or redundant information was eliminated or reorganized to facilitate meaningful analysis. Line-by-line coding was then applied to systematically identify key concepts, patterns, and recurring ideas within the data. The coded data were subsequently grouped into categories, allowing for the formation of broader thematic structures. From these categories, preliminary themes were developed and refined through iterative analysis. Finally, determination of final themes was completed by synthesizing insights into well-defined, overarching themes that captured the essence of the participants' perspectives. In qualitative analysis, disagreements among the researchers verifying the themes were resolved through discussion and consensus. The researchers reviewed the data together, compared interpretations, and collaboratively refined the themes to ensure accuracy, consistency, and alignment with the study's objectives.

To ensure the trustworthiness of the study, Lincoln and Guba's criteria were applied,<sup>10</sup> addressing credibility, transferability, dependability, and confirmability. Credibility was achieved through triangulation by collecting data from multiple sources, including interviews with participants and observational notes. Additionally, member checking was employed, where participants were provided with the opportunity to review and validate the interpretations of their responses, ensuring that their perspectives were accurately represented. Transferability was supported by providing a comprehensive description of the sampling process, participant characteristics, and the research context. This detailed account allows future researchers to assess the relevance and applicability of the study's findings to different settings or populations. Dependability was ensured through meticulous documentation of the research process. This included a clear record of data collection procedures, the coding framework used for analysis, and a step-by-step outline of the data analysis process. Such transparency allowed for consistency and replicability. Confirmability was maintained by engaging in regular consultations with the research team throughout the study to verify findings and interpretations. Additionally, detailed audit trails and supporting records were kept, which minimized researcher bias and ensured that the findings were shaped by the data rather than personal assumptions.<sup>10</sup>

## Results

The key informants in this study were 10 fourth-year nursing students (9 females and 1 male), all of whom identified as Buddhists. The key informants identified essential competencies required for nursing students to provide adequate spiritual care for patients, categorized as follows:

### Theme 1 Competency in Assessing and Diagnosing Spiritual Issues

Key informants highlighted the critical role of developing core competencies in

assessing and diagnosing patients' spiritual needs as a foundation for effective spiritual care. This competency encompasses the observation of nonverbal cues, such as facial expressions and body language, the recognition of spiritually significant objects or individuals, and the use of empathetic communication to explore patients' spiritual concerns. Additionally, the application of appropriate assessment tools was seen as vital for accurately identifying spiritual needs and tailoring individualized care interventions. These findings emphasize the centrality of assessment within the spiritual care process. As key informants stated:

*"We must first assess the patient's needs, specifically their spiritual needs or issues. Then, we use that information to diagnose the problem and design appropriate care activities. Each patient requires different care activities, and their issues are not the same. Since we are providing spiritual care, our conversations must be conducted with sincerity. Additionally, we may use appropriate assessment tools to support this process, ensuring that we identify the relevant issues."* [KI01]

*"In my view, the most important competency that nursing students must develop first is assessment. We need to assess the patient's spiritual issues and identify what they are. Then, we use that information to plan nursing interventions and implement appropriate care."* [KI04]

## **Theme 2 Competency in Planning and Implementing Spiritual Care**

### **Subtheme 2.1 Maintaining a Positive Attitude and Respecting Patients' Spiritual Beliefs**

Key informants emphasized that maintaining a positive attitude and showing respect for patients' spiritual beliefs are essential competencies in providing effective spiritual care. This involves not only accepting and valuing patients' faith and spiritual perspectives without prejudice or judgment, but also understanding the deeper meaning these beliefs hold for each individual. Such an approach fosters trust and emotional reassurance, contributing to a supportive care environment. As illustrated by the following statements from the key informants:

*"I think it is part of nursing practice, which includes having a positive attitude toward patients and respecting their diverse cultural and religious beliefs."* [KI03]

*"We should have a positive attitude toward patients' spirituality, which means accepting, respecting, and refraining from making judgments about their spiritual beliefs."* [KI02]

### **Subtheme 2.2 Communication and Counseling for Patients**

Key informants explained that building an effective caregiver-patient relationship through open communication, active listening, and counseling is essential for understanding patients' spiritual issues, needs, and perspectives. Such a relationship fosters trust and enables the development of care plans that are truly aligned with patients' spiritual concerns, thereby enhancing the relevance and effectiveness of spiritual care interventions. This is illustrated by the following statements from the key informants:

*"We must engage in meaningful communication, which involves active listening and understanding patients' emotions. By building a good relationship and fostering trust, we create a safe space where patients feel comfortable expressing their feelings."* [KI02]

*"Sometimes, patients hesitate to talk directly to the nurses, but they may feel more comfortable speaking with the student nurses during clinical practice. For example, when I was training in community psychiatric care, I met a patient who had lost a loved one and was struggling to cope. By engaging in conversation and building rapport, I provided a space for the patient to express their emotions. The patient mentioned never having spoken to family members about*

*their feelings due to fear of being perceived as weak. However, through our interaction, they were able to share their emotions, which brought them comfort and relief.” [KI05]*

### **Subtheme 2.3 Empathy and Compassion for Patients**

Key informants emphasized that empathy and compassion are essential in addressing patients' spiritual needs. Providing care with genuine kindness and attentiveness helps patients feel valued and understood, fostering a strong therapeutic relationship. Additionally, demonstrating honesty in the care process is vital for building trust between caregivers and patients, which is crucial for spiritual well-being. Prioritizing patient safety is also a reflection of a commitment to holistic care, addressing not only physical and emotional but also spiritual needs. The following statements from key informants illustrate these perspectives:

*“For me, I think the most important thing is having compassion for patients. Understanding that those who come for treatment often feel discomfort or distress due to their illness. As nursing students, we have the opportunity to care for these patients, so we should show empathy and understand their suffering. We need to consider how to provide appropriate care and interact with them in a way that respects their condition.” [KI06]*

*“By using our own spirituality — whether it is providing nursing care with gentleness and kindness — we embody the spirit of being a nursing student.” [KI04]*

### **Subtheme 2.4 Encouraging Patients to Practice Their Faith and Beliefs**

Key informants explained that encouraging patients to practice their religious and spiritual beliefs is a crucial element in addressing their spiritual needs. Examples of practices that support this include meditation, chanting, listening to religious teachings, and reading spiritual books. Involving family members or close individuals in these activities can further enhance their effectiveness. Additionally, providing necessary accommodations, such as prayer rooms, meditation spaces, or other designated areas for religious activities, is essential. For patients with mobility limitations, facilitating spiritual practices at their bedside is also significant. These activities play a vital role in fostering emotional strength, promoting inner peace, and alleviating the suffering of patients. This is reflected in the following statements from key informants:

*“We should encourage patients to practice their faith. For example, Buddhist patients may engage in meditation or chanting. If there is a designated space available, we should facilitate their access to it.” [KI01]*

*“Encouraging patients to follow their religious beliefs, such as practicing meditation, chanting, or reading spiritual books. Additionally, providing support by arranging spaces or facilities for religious activities.” [KI03]*

### **Subtheme 2.5 Referral of Patients to Spiritual Care Specialists**

The key informants explained that referring patients to specialized spiritual care professionals is essential when their spiritual needs exceed the nursing students' capabilities. Such referrals may involve consultations or guidance from clinical instructors, healthcare professionals, monks, clergy members, religious leaders, or individuals with expertise in religion and spirituality. This process ensures that patients receive appropriate and profound care that aligns with their beliefs, faith, and spiritual needs, providing personalized support tailored to each individual. The following statements from key informants illustrate these perspectives:

*"Providing patients with access to specialists — if we can facilitate this, it would be highly beneficial."* [KI01]

*"Giving patients the opportunity to communicate with their spiritual support and ensuring they have access to this resource."* [KI02]

### **Theme 3 Competency in Evaluating Spiritual Care Practices**

Key informants emphasized that evaluating spiritual care practices is essential for nursing students, as it allows them to assess whether patients have received adequate spiritual support. This evaluation, a key part of the nursing process, helps determine care effectiveness and identify areas for improvement. It also serves as a reflective tool, enabling nursing students to deepen their understanding of spiritual care and enhance their ability to address patients' spiritual needs in the future. The following statements from key informants illustrate these perspectives:

*"The competency in evaluating spiritual care means that after assessing the patient's needs and implementing care, we must evaluate each time. This helps us determine how beneficial our actions have been for the patient and allows us to make improvements."* [KI01]

*"The competency in evaluating spiritual care is essential for adjusting and improving patient care to better suit their needs."* [KI03]

## **Discussion**

Nursing students' perceptions of their competency in providing spiritual care encompass several key areas: assessing and diagnosing spiritual issues, planning and implementing spiritual practices, and evaluating spiritual care interventions. Understanding these perceptions is crucial for improving nursing education and ensuring the integration of spiritual care into clinical practice.

### **Competency in Assessing and Diagnosing Spiritual Issues**

Key informants emphasized the importance of building core competencies in evaluating and identifying patients' spiritual needs as a fundamental aspect of delivering effective spiritual care. The ability to assess and diagnose spiritual issues is a critical competency for nursing students and healthcare professionals in delivering holistic patient care.

Effective assessment involves observing patients' facial expressions, body language, and significant spiritual objects or symbols, such as amulets or sacred threads, which may indicate their spiritual beliefs and needs.

Additionally, engaging in conversations regarding spiritual concerns and utilizing standardized spiritual assessment tools are essential in identifying patients' spiritual distress and requirements. These practices serve as the foundation for planning and implementing appropriate spiritual care interventions.<sup>11-13</sup>

This perspective aligns with the nursing process framework, which emphasizes that assessment and diagnosis are fundamental steps in identifying patient needs and planning appropriate nursing interventions.<sup>14</sup> Empirical studies further support this view, highlighting that assessing patients' spiritual concerns is a core competency required for both nursing students and practicing nurses in providing spiritual care.<sup>15-19</sup>

A recent qualitative study by Matos et al<sup>2</sup> examining spiritual care from the perspective of palliative care specialists in Portugal reinforces the importance of spiritually

competent care strategies. The study emphasizes that assessment of patients' spiritual needs is essential for effective spiritual care delivery, particularly in palliative settings. These findings underscore the necessity of integrating spiritual assessment training into nursing education to enhance students' competency in addressing the spiritual dimensions of patient care.

### **Competency in Planning and Implementing Spiritual Care**

- **Maintaining a Positive Attitude and Respecting Patients' Spiritual Beliefs**

Key informants emphasized that maintaining a positive attitude and respecting patients' spiritual beliefs are essential components of effective spiritual care. A fundamental aspect of spiritual care competency in nursing is maintaining a positive attitude and demonstrating respect for patients' spiritual beliefs. This includes acknowledging and valuing patients' faith, religious practices, and spiritual perspectives without bias or judgment. Nurses must be mindful of not imposing their own beliefs on patients, as doing so may compromise trust and emotional comfort. Instead, by fostering an environment of acceptance and respect, healthcare providers can enhance the therapeutic relationship and contribute to holistic patient care.<sup>20</sup>

This approach aligns with previous studies emphasizing the significance of positive attitudes and respect for patients' faith as a core competency for nursing students and professional nurses in delivering spiritual care.<sup>15-19</sup> A study by Bø et al<sup>21</sup> analyzing the strengths and areas for improvement in nursing students' spiritual care competencies found that an open and accepting attitude toward patients plays a crucial role in enhancing students' ability to provide effective spiritual care. Similarly, García-Navarro et al<sup>22</sup> explored nursing students' perceptions of the spiritual needs of terminally ill patients and found that respecting patients' and their families' beliefs is a fundamental aspect of end-of-life spiritual care.

Furthermore, Irajpour et al<sup>23</sup> examined the perspectives of chronically ill Muslim patients on spiritual care, revealing that patients want recognition and treatment that respects their cultural values, personal beliefs, and spiritual traditions. These findings underscore the necessity of integrating cultural sensitivity and respect for diverse spiritual perspectives into nursing education and practice, thereby enhancing nurses' ability to provide patient-centered and spiritually competent care.

- **Communication and Counseling for Patients**

Key informants emphasized that effective communication and patient counseling are fundamental to providing meaningful spiritual care. Effective communication and counseling are essential competencies in spiritual care, enabling caregivers to establish meaningful relationships with patients. Open communication, active listening, and providing counseling facilitate a deeper understanding of patients' spiritual concerns, needs, and perspectives. Establishing such relationships not only fosters trust between caregivers and patients but also enhances the ability to design care interventions that are truly aligned with patients' spiritual needs.<sup>13, 20</sup>

These findings align with previous research emphasizing the critical role of communication and counseling skills in nursing students' and professional nurses' ability to provide spiritual care.<sup>15-19</sup> Moosavi et al<sup>24</sup> further examined the impact of spiritual care on cancer patients, highlighting that effective communication is a key factor in spiritual care. Their findings suggest that nurses who are sensitive to patients' spiritual needs and

encourage them to express their feelings can reduce their sense of isolation, foster stronger nurse-patient relationships, build trust, and enhance the overall quality of spiritual care. Thus, integrating effective communication and counseling skills into nursing education and practice is essential for delivering holistic, patient-centered spiritual care. By doing so, nurses can better support patients' emotional and spiritual well-being, ultimately improving their overall healthcare experience.

- **Empathy and Compassion for Patients**

Key informants emphasized that empathy and compassion are vital in meeting patients' spiritual needs and supporting holistic, person-centered care. Providing care with genuine empathy and compassion allows patients to feel valued and acknowledged, fostering effective communication and a trusting caregiver-patient relationship.<sup>20-23</sup> Moreover, demonstrating integrity in the care process plays a crucial role in establishing trust between nursing students and patients. Prioritizing patient safety reflects a nursing student's responsibility and commitment to holistic health, encompassing physical, psychological, social, and spiritual dimensions. These findings align with previous studies indicating that nursing students and professional nurses should be attentive to patients' spiritual needs as part of routine care.<sup>15-19</sup> Similarly, Irajpour et al<sup>25</sup> and Irajpour et al<sup>23</sup> found that compassion and kindness from caregivers are crucial in addressing the spiritual needs of chronically ill Muslim patients. Furthermore, Wang et al<sup>26</sup> identified a positive correlation between nursing students' empathy and their perception of spiritual care, indicating that students with higher levels of compassion are more likely to engage in effective spiritual care practices. These findings underscore the necessity of integrating compassion, integrity, and patient safety into nursing education and clinical practice to enhance the delivery of holistic, patient-centered spiritual care.

- **Encouraging Patients to Practice Their Faith and Beliefs**

Key informants emphasized that encouraging patients to practice their faith and beliefs is an important aspect of supporting their spiritual well-being. The primary informants emphasized the importance of supporting patients in maintaining their religious and spiritual practices, such as meditation, prayer, listening to religious teachings, reading sacred texts, and engaging in religious activities with family members or close companions. Additionally, facilitating access to religious spaces, such as prayer rooms or bedside accommodations for those with mobility limitations, plays a vital role in addressing patients' spiritual needs. These practices enhance patients' inner strength, promote peace of mind, and alleviate suffering.<sup>12, 13, 24</sup> This perspective aligns with previous studies by Vogel et al,<sup>15</sup> Daghan et al,<sup>16</sup> Abusafia et al,<sup>17</sup> Seid et al,<sup>18</sup> and Fang et al<sup>19</sup> which highlight the essential role of nurses and nursing students in assisting patients to maintain their spiritual and religious practices. Similarly, studies by Irajpour et al<sup>25</sup> and Irajpour et al<sup>23</sup> found that Muslim patients with chronic illnesses often seek religious practices to cope with their illnesses by fostering inner peace, reducing anxiety and fear, strengthening their connection with religious figures, and enhancing hope, confidence, and a sense of security. Moreover, Cheng et al<sup>27</sup> investigated the spiritual needs of patients with advanced cancer in China and found that many expressed a strong desire to engage in folk religious practices. These included visiting temples to pay homage to Buddha and participating in religious rituals such as incense burning, chanting, and listening to spiritual music. Such practices provided patients with comfort and hope, helping them navigate the challenges of their illness.

#### • Referral of Patients to Spiritual Care Specialists

Key informants emphasized that referring patients to spiritual care specialists is important for ensuring they receive appropriate and personalized support for their spiritual needs. The primary informants emphasized the critical importance of referring patients to specialized spiritual care providers when their spiritual needs exceed the nursing students' capacity. Such referrals may involve consultations with clinical supervisors, healthcare professionals, Buddhist monks, clergy members, religious leaders, or individuals with expertise in religious and spiritual matters. This process ensures that patients receive appropriate and in-depth spiritual care tailored to their individual beliefs, faith, and spiritual needs.<sup>12</sup> This perspective aligns with previous studies by Vogel et al,<sup>15</sup> Daghan et al,<sup>16</sup> Abusafia et al,<sup>17</sup> Seid et al,<sup>18</sup> and Fang et al<sup>19</sup> which highlight that referring patients to spiritual care specialists is a crucial competency for nursing students and nurses in providing spiritual care. Similarly, García-Navarro et al<sup>22</sup> explored the spiritual needs of terminally ill patients from the perspective of nursing students. The findings revealed that nursing students recognized the importance of nurses facilitating access to spiritual care specialists, such as hospital chaplains, priests, or other spiritual leaders who align with the patient's faith and beliefs. This approach ensures that patients receive holistic care that respects and supports their spiritual well-being.

#### Competency in Evaluating Spiritual Care Practices

Key informants emphasized that evaluating spiritual care is vital for ensuring effectiveness and improving future care. The primary informants emphasized that evaluating spiritual care practices is a crucial process, as it enables nursing students to assess whether patients' spiritual needs have been adequately addressed. This evaluation not only helps determine the effectiveness of the care provided but also serves as a guideline for improving and enhancing the quality of spiritual care for patients.<sup>13</sup> This concept aligns with the nursing process, which identifies nursing evaluation as a critical step in assessing whether nursing interventions achieve the intended outcomes. Through this process, caregivers can measure the success of resolving patient concerns, conduct reassessments, and modify care plans to enhance the quality of care.<sup>13</sup> Furthermore, previous studies Vogel et al,<sup>15</sup> Daghan et al,<sup>16</sup> Abusafia et al,<sup>17</sup> Seid et al,<sup>18</sup> and Fang et al<sup>19</sup> have highlighted that evaluating spiritual care alongside patients and healthcare teams is a key competency for nursing students and professional nurses in providing holistic spiritual care.<sup>15-20</sup> Similarly, a qualitative synthesis by Sarrión-Bravo et al<sup>3</sup> examined learning outcomes related to the assessment of nursing students' competencies in spiritual and emotional care. The findings indicated that monitoring, evaluating, and improving spiritual and emotional care to meet patients' needs are essential indicators for measuring learning outcomes in nursing students' ability to provide spiritual and emotional care.

#### Recommendations

For nursing education institutions, nursing curricula should incorporate structured training — such as case-based learning, role-play, and simulations — focused on using spiritual assessment tools and developing critical thinking to help students effectively identify and assess patients' spiritual needs. Nursing programs should provide practical training that fosters respect for spiritual diversity, builds communication and empathy skills, and guides students in supporting spiritual practices and making appropriate referrals. Students should be taught to evaluate spiritual care outcomes using feedback

and observable signs of well-being, supported by tools like reflective journals, case studies, and input from patients or preceptors.

For further research, building on the findings of this study, future research should focus on developing models or programs specifically designed to improve nursing students' competencies in providing effective spiritual care for patients.

## Conclusions

The findings of this study highlight that nursing students recognize their competencies in providing spiritual care across three key areas: assessment and diagnosis of spiritual concerns, planning and implementation of spiritual care, and evaluation of care practices. Despite these competencies, it is evident that further support and training are essential to enhance their confidence and skills in addressing the spiritual needs of patients. These findings emphasize the importance of integrating spiritual care training into nursing education to better prepare students for the holistic care of patients in clinical settings. A limitation of this study is the lack of religious diversity among participants, as all identified as Buddhists. This homogeneity may limit the generalizability of the findings in addressing spiritual care for individuals from diverse religious backgrounds.

### Additional Information

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**Author Contributions:**

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