Original Article

Professional Competence of Nursing Students in Providing Spiritual Care: The Role of Spiritual Competence and Religiosity

Mahmoud Shokouhi-Tabar[1], Zahra Taheri-Kharameh[1,2], Tari D. Topolski[3]

[1]Spiritual Health Research Centre, School of Health and Religion, Qom University of Medical Sciences, Qom, Iran, [2]Department of Public Health, School of Health, Qom University of Medical Sciences, Qom, Iran, [3]University of Washington, Department of Health Services, Seattle Washington, USA

Abstract

Background: Spiritual care is a critical component of holistic healthcare, significantly contributing to patients' well-being and recovery. Understanding the factors influencing nurses' competence in providing spiritual care is crucial for improving patient outcomes. This study aimed to examine the relationship between spiritual competence, religiosity, and professional competence in delivering spiritual care among Iranian nursing students. **Materials and Methods:** This cross-sectional study was conducted in Qom, Iran, from September to November 2022. A total of 150 nursing students from a medical sciences university were randomly selected to participate. Data were collected using demographic questionnaires, spiritual competence scale, and the Spiritual Care Competence Scale (SCCS). Descriptive statistics and multiple linear regression analyses were performed to assess the relationships between variables. **Results:** The mean (SD) SCCS score among students was 101.88 (17.33) (range: 44–135). Spiritual competence showed a significant positive correlation with all dimensions of the SCCS ($p < 0.05$). However, no significant association was found between religiosity and SCCS scores. According to the multiple linear regression model, interconnectedness ($\beta = 0.36$, $p = 0.001$) and self-awareness ($\beta = 0.19$, $p = 0.045$) emerged as the strongest predictors of spiritual care competence. **Conclusions:** This study highlights the importance of spiritual competence in enhancing nursing students' ability to provide spiritual care. The findings suggest that awareness of interconnectedness and self-awareness are key predictors of spiritual care competence. These insights emphasize the need for comprehensive training programs focused on strengthening spiritual competence among nursing students to improve patient care.

Keywords: *Clinical competence, holistic nursing, nursing students, religiosity, spirituality*

Introduction

Research consistently emphasizes the fundamental role of spirituality in healthcare, highlighting its significance across all aspects of nursing practice.[1,2] Spirituality, which fosters connections to deeper meanings in life and existence beyond the self,[3] has been shown to positively influence healing processes, enhance resilience, and alleviate psychological distress symptoms, including depression, anxiety, and stress.[4] This understanding aligns with the World Health Organization's holistic approach to health, which defines it as a comprehensive state of physical, mental, and social well-being, incorporating spiritual dimensions.[5]

The recognition of spiritual care as an essential component of holistic nursing practice stems from its integral role in promoting overall patient well-being and health outcomes.[6-9] Biopsychosocial-spiritual care frameworks enable healthcare professionals to engage meaningfully with patients, addressing their fears and aspirations while fostering therapeutic relationships.[10] However, contemporary healthcare education often prioritizes technical competencies over spiritual care skills, leading to a significant gap between theoretical knowledge and practical application.[5,11] This disparity is further complicated by inadequate curriculum preparation, resulting in professional competency gaps among nursing practitioners. Existing literature highlights widespread deficiencies in nursing professionals' spiritual care knowledge and skills, alongside their expressed need for further training in this domain.[4] To address these shortcomings, the integration of spiritual care practices into nursing curricula is essential. Such integration should encompass effective communication strategies, authentic presence, active

Address for correspondence:
Dr. Zahra Taheri-Kharameh, Faculty of Health and Religion, Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran. Postal Code: 3713649373
E-mail: ztaheri@muq.ac.ir

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listening, and appropriate support for religious practices.[12] These components are fundamental in equipping nurses to address patients' spiritual needs effectively.

While the existing literature acknowledges the significance of spirituality in nursing, it often overlooks the specific roles of spiritual competence and religiosity in enhancing nursing students' abilities to provide spiritual care. Most studies focus on general deficiencies in spiritual care knowledge, without examining how individual factors—such as a nurse's personal spirituality or religiosity—affect their competence in delivering spiritual care. Furthermore, there is limited research reporting the relationships between spirituality, religiosity, and perceived ability to provide spiritual care. Addressing this gap in knowledge offers implications for informing the development of nursing curricula at the undergraduate level to better prepare nursing students to meet patients' spiritual needs. The spirituality of healthcare professionals may significantly influence nurses' spiritual care competencies and, consequently, the quality of care they provide. Therefore, this study aims to investigate the relationship between spiritual competence and religiosity with perceived competence among nursing students in providing spiritual care. It is anticipated that the findings will contribute to the development of more comprehensive nursing education programs that better equip students to meet the holistic needs of patients.

Materials and Methods

This cross-sectional study was conducted between September and November 2022 in Qom, a holy city located in central Iran. The study population comprised all nursing students enrolled at Qom University of Medical Sciences. To establish an accurate sampling frame, a detailed list of registered nursing students was obtained from the university's Education Office. The sample size was determined using Cochran's formula for cross-sectional studies, with a 95% confidence level, a 5% margin of error, and an assumed proportion of 50% for the primary variable of interest. Based on this calculation, a minimum of 150 participants was required. A simple random sampling technique was employed to select participants. A computer-generated random number list was utilized to ensure that every student in the sampling frame had an equal probability of inclusion in the study. Participants were included in the study if they were actively enrolled as nursing students at Qom University of Medical Sciences, had no prior diagnosis or self-reported symptoms of mental illness, and provided voluntary agreement by signing an informed consent form; conversely, participants were excluded if they submitted incomplete responses to the study questionnaire or withdrew from the study.

Data were collected using a structured, self-administered questionnaire. The questionnaires were distributed to students during their scheduled class sessions. Before distribution, the study objectives were explained to participants, and assurances were provided regarding the confidentiality and anonymity of their responses. Students were encouraged to complete the questionnaire immediately, and completed forms were collected on-site to ensure data integrity and reduce the likelihood of missing data.

Participants completed a three-part questionnaire that included:

1. Clinical and sociodemographic information: age, gender, marital status, educational status, and employment. Additionally, participants self-assessed their level of religiousness by answering the question, "How do you perceive your own religiosity?" The response options ranged from not at all to very much.
2. The Spiritual Competence Scale, developed by Tripti Singh and R. K. Premarajan from Xavier Labour Relations Institute, India,[13] is a 22-item scale assessing six dimensions of spiritual competence: (1) service toward humankind; (2) feeling of inner peace and calm; (3) being vision and value led; (4) interconnectedness; (5) respect for others; and (6) self-awareness. The questionnaire utilizes a 4-point Likert scale for responses, where participants rate their agreement with each statement from 1 (strongly disagree) to 4 (strongly agree). The total score for the questionnaire is calculated by summing the scores from all items. Higher scores indicate greater spiritual competence. The questionnaire's validity and reliability were assessed using established psychometric methods. Content validity was established through expert panel review, with a panel of 10 experts in the field rating the relevance and comprehensiveness of each item. Reliability was assessed using Cronbach's alpha, yielding a coefficient of 0.85, suggesting good internal consistency.
3. The Spiritual Care Competence Scale (SCCS) was developed by Van Leeuwen and his colleagues in 2009. It consisted of six dimensions: the first domain was "evaluating and providing spiritual care" (questions 1–6), the second domain was "professionalism and enhancing spiritual care quality" (questions 7–12), the third domain was "supporting individuals and counseling patients" (questions 13–18), the fourth domain was "making referrals" (questions 19–21), the fifth domain was "patient spirituality attitude" (questions 22–25), and lastly, the sixth domain was "communication" (questions 26–27). The questionnaire utilizes a 5-point Likert scale for responses, where participants rate their agreement with each statement from 1 (strongly disagree) to 5 (strongly agree). The total score is calculated by summing the scores from all items, resulting in a possible range from 27 to 135. Each dimension contributes to the overall score, reflecting various aspects of spiritual care competence, with higher scores indicating greater perceived competence.[14] Khalaj *et al.*[15] validated the Persian scale's reliability and validity. Exploratory factor

analysis with varimax rotation yielded six factors with eigenvalues more than 1 that explained 63.18% of the variance. The subscales showed good homogeneity with average interitem correlations more than 0.35 and a good test–retest reliability. The Confirmatory Factor Analysis (CFA) of the six-factor model based on the Exploratory Factor Analysis (EFA) represented an acceptable fit. The overall Cronbach's alpha score was 0.77 for the entire scale, with subscales showing values ranging from 0.65 to 0.85.

Descriptive statistics, including measures of central tendency (mean), measures of variability (standard deviation), and frequency distributions, were utilized to summarize and explore the data. An independent *t*-test and one-way analysis of variance were employed for comparison. Pearson correlation coefficients were calculated to assess the relationships between spiritual competence, religiosity, and spiritual care competence. A multiple linear regression analysis was conducted to explore the factors influencing spiritual care competence, based on the variables under investigation. All statistical analyses were performed using IBM SPSS Statistics for Windows, Version 26.0 (IBM Corp., Armonk, NY, USA). A p value of less than 0.05 was considered statistically significant.

Ethical considerations

Approval for the study was given by IR.NASRME.REC.1400.101. Before taking part, all participants were required to give informed written consent to show they comprehended the study's objectives, methods, and advantages. Participants were guaranteed that their answers would remain confidential and that they could opt out of the study at any point without facing any consequences. Information was de-identified and safely saved, with restricted access granted solely to the research group to ensure privacy and confidentiality for participants.

Results

In all, 150 nursing students were approached. Of these, 121 individuals agreed to participate in the study (response rate 80.60%). The mean (SD) age of participants was 22.05 (2.92) years; 73 (60.30%) were female and single 93 (77.7%). The characteristics of the study participants are shown in Table 1.

The mean (SD) score of overall spiritual care competence among nursing students was 101.88 (17.33), ranging from 44 to 135. Among the dimensions of scale, the dimension of "referral to professionals" had the lowest average score, with 63.83% of the maximum attainable score, and the dimension of "communication" had the highest average score, with 82.62% of the maximum attainable score [Table 2]. When examining the scores of spiritual care competence based on demographic characteristics, only age had a significant positive correlation with the assessment and implementation of spiritual care (r = 0.16; p = 0.031).

Table 1: Sociodemographic information of the study sample (n=150)

	Number
Gender	
Male	48 (39.70)
Female	73 (60.30)
Educational grade	
First year	14 (11.60)
Second year	51 (42.10)
Third year	28 (23.10)
Fourth year	28 (23.10)
Marital status	
Single	93 (77.70)
Married	27 (22.30)
Employment status	
Employed	21 (22.10)
Unemployed	74 (77.90)
Specialty	
General nursing	28 (23.10)
Operating room	29 (23.90)
Anesthesiology	31 (25.6)
Emergency nursing	32 (26.4)
Academic average	
Mean (SD)	17.02 (1.60)

The average score of spiritual competence among the participants in the study was 92.52, ranging from 22 to 110 [Table 2]. Among the dimensions of the spiritual competence scale, the dimension of "service toward humankind" had the lowest average score, with 72.37% of the maximum attainable score, and the dimension of "being vision and value led" had the highest average score, with 85.75% of the maximum attainable score. Among the demographic variables, age had a significant positive correlation with self-awareness (r = 0.20; p = 0.011) and service to humanity (r = 0.18; p = 0.026). Additionally, female students obtained higher scores in the dimension of inner peace ($p < 0.05$).

Table 3 shows the relationship between spiritual competence, religiosity, SCCS, and its dimensions. There is a significant positive correlation between all dimensions of spiritual competence with SCCS (r = 0.15–0.50, $p < 0.05$). The finding revealed significant moderate to strong correlations between interconnectedness, self-awareness, and the six dimensions of the SCCS, with correlation coefficients ranging from r = 0.32 to r = 0.50 ($p < 0.05$). However, no significant relationship was found between religiosity and SCCS ($p > 0.05$).

To assess the role of spiritual competence and religiosity in the prediction of SCCS, multiple linear regression analysis was performed. Spiritual care competence was treated as a dependent variable, and spiritual competence subscales and religiosity were considered as independent factors. The multiple linear regression analysis showed

that the independent variables had a significant joint impact on the SCCS produced R^2 of 0.38. About 38.5% of the total variance on SCCS is explained by the combination of the independent variables. The multiple regression data was analyzed for variance, with the *F*-ratio value being statistically significant at the 0.05 alpha level, with $F = 9.93$ ($p < 0.05$). Based on the multiple linear regression model, interconnectedness ($\beta = 0.36$; $p = 0.001$) and self-awareness ($\beta = 0.19$; $p = 0.045$) were the most important predictors of spiritual care competence [Table 4].

Discussion

The findings of this study provide important insights into the role of spiritual competence and religiosity in spiritual care competence among nursing students. Based on the results, there was a meaningful connection between spiritual competence and various aspects of spiritual care competence, aligning with the research done by Markani *et al.*[16] and Wang *et al.*[17]

This discovery underscores that as spiritual competence increases, so do the skills essential for effective spiritual

Table 2: Descriptive statistics for spiritual competence and spiritual care competence

	Mean (SD)	Possible range	Percentage**
Spiritual competence*			
Service toward humankind	15.58 (2.46)	4–20	72.37
Feeling of inner peace and calm	12.11 (2.40)	3–15	75.91
Being vision and value led	17.72 (2.05)	4–20	85.75
Interconnectedness	12.17 (1.81)	3–15	76.41
Respect for others	22.12 (2.35)	5–25	85.60
Self-awareness	12.80 (1.73)	3–15	81.66
Total	92.52 (9.61)	22–110	
Spiritual care competence*			
Assessment and implementation of spiritual care	22.34 (2.46)	6–30	68.08
Professionalization and improving the quality of spiritual care	21.57 (2.40)	6–30	64.83
Personal support and patient counseling	22.23 (2.05)	6–30	67.62
Referral to professionals	10.66 (1.81)	3–15	63.83
Attitude toward patient spirituality	16.46 (2.35)	4–20	77.87
Communication	8.61 (1.73)	2–10	82.62
Total	101.88 (17.33)	27–135	69.33

*Higher scores indicate better conditions, **Percentage of the mean from the maximum obtainable score

Table 3: Correlation between religiosity, spiritual competence, and spiritual care competence

Variables	Assessment and implementation of spiritual care	Professionalization and improving the quality of spiritual care	Personal support and patient counseling	Referral to professionals	Attitude toward patient spirituality	Communication
Service toward humankind	0.26**	0.30**	0.33**	0.15	0.21*	0.25**
Feeling of inner peace and calm	0.39**	0.48**	0.43**	0.39**	0.25**	0.28**
Being vision and value led	0.34**	0.37**	0.34**	0.21*	0.32**	0.32**
Interconnectedness	0.49**	0.50**	0.50**	0.39**	0.39**	0.41**
Respect for others	0.35**	0.31**	0.31**	0.16	0.37**	0.25**
Self-awareness	0.38**	0.42**	0.42**	0.37**	0.32**	0.33**
Religiosity	0.08	−0.01	−0.06	−0.07	−0.14	−0.18

Note: *$p < 0.05$, **$p < 0.01$

Table 4: Results of multiple linear regression to predict spiritual care spiritual care competence

Variables	Regression coefficient	Standard error	Beta (β)	Confidence interval 95%		*p*
				Upper bound	Lower bound	
Service toward humankind	0.28	0.59	0.042	−0.89	1.47	0.632
Feeling of inner peace and calm	0.93	0.75	0.13	−0.57	2.43	0.223
Being vision and value led	0.23	0.77	0.02	−1.30	1.77	0.765
Respect for others	−0.02	0.69	−0.01	−1.40	1.36	0.978
Self-awareness	−1.76	0.94	0.19	0.25	3.63	0.045
Interconnectedness	3.31	0.93	0.36	1.45	5.16	0.001
Religiosity	−1.46	1.52	−0.07	−4.49	1.56	0.340

caregiving. Consequently, students and spiritual care professionals with heightened spiritual competence are better equipped to listen to patients' spiritual concerns and demonstrate empathy, thereby fostering a supportive environment that enhances patient care.

The findings emphasize the necessity for specialized spiritual courses for nurses, aimed at improving their spiritual well-being and promoting a more holistic approach to patient care.

Similar to other studies, our results showed interconnectedness and self-awareness were the most important predictors of spiritual care competence. The finding suggests that being aware of the interconnected nature of all matters and having self-awareness may be related to spiritual care competence. This finding is consistent with findings from a study conducted during COVID-19,[18] which suggested that interconnectedness may be associated with a greater sense of civic duty and collective action participation through transcendental awareness and compassion during. Likewise, self-awareness has been found to be an important predictor of spirituality, which is related to spiritual care competence.[19] In addition, the findings suggest that healthcare professionals, as experts in providing spiritual care to patients, should focus on developing interpersonal communication and self-awareness to improve their spiritual care competence. Accordingly, engaging in activities that promote self-awareness, such as reflection, mindfulness, and exploring personal beliefs, can have a positive impact on their ability to provide effective spiritual care.

The average score for the spiritual competence of students was obtained as 52.92, with a range of 22–110, indicating that the level of spiritual competence among nursing students is desirable. This finding is similar to the study by Heidari *et al*.,[20] which showed that the spiritual health of nurses is a desirable state. Among the dimensions of the spiritual competence questionnaire, the dimension of "service to humanity" had the lowest frequency with an average score of 3.72 out of the maximum attainable score. This result may be related to the service to humanity, which is a behavioral aspect of spirituality and somewhat based on certain dimensions of spirituality, usually requiring time and investment. The dimension of "insight and value-based" had the highest frequency among the dimensions of this questionnaire, with an average score of 75.85 out of the maximum attainable score, which is consistent with the religious context of Iran. Among the demographic variables, age had a significant positive correlation with self-awareness and service to humanity. This finding indicates that with increasing age, human awareness of oneself increases. Additionally, with increasing age, due to a better understanding of one's own needs and those of others, the value of service to humanity is more appreciated. The findings also showed that female students achieved higher scores in the dimension of inner peace.

One of the objectives of this study was to determine the perceived professional competence of Iranian nursing students in providing spiritual care to patients. It is clear that supervision and evaluation of such competencies can help identify gaps in knowledge, skills, and attitudes and determine the appropriate path for students' education at different levels.[21] The results indicated that students have sufficient competence in providing spiritual support in all its dimensions. These findings are consistent with the study by Machul *et al*.[22] with an average score of 104.39 ± 15.22 and the study by Heidari *et al*.[20] which reported a high level of spiritual care competence. These results are noteworthy as there is not much training in this area for nursing students in Iran. Students obtained higher scores in the dimension of communication and attitude toward patient spirituality compared to "referral to professionals" and "professionalization and improving the quality of spiritual care," indicating the need for a more developed attitude-based approach to spiritual care throughout their education, related to the design, implementation, and management of spiritual care in healthcare centers. This aspect is consistent with the study by Machul *et al*.,[22] indicating the increasing need for training and skill development in this important aspect of holistic nursing practice.

This study has limitations that warrant consideration. First, the use of self-reported measures introduces the risk of social desirability bias, potentially inflating reported spiritual competence and caregiving skills. Second, the cross-sectional design precludes causal inferences, and the single-site sampling from a religiously homogeneous region (Qom, Iran) limits generalizability to secular or multicultural settings. Third, while the study identified predictors of spiritual care competence, it did not examine how these factors translate into tangible patient outcomes. Future research should employ multi-center longitudinal designs, integrate objective assessments of spiritual care delivery, and explore cultural variability in spirituality-care competence relationships.

In conclusion, this study addresses its central aim by demonstrating that spiritual competence—particularly interconnectedness and self-awareness—significantly enhances nursing students' professional capacity to deliver spiritual care. These findings underscore that spiritual care training programs should prioritize cultivating transcendent awareness, reflective practices, and interpersonal skills to strengthen students' ability to provide holistic, patient-centered care.

Conclusion

This study highlights the significance of spiritual competence in enhancing nursing students' professional capacity to provide spiritual care. The findings demonstrate that participants exhibited an overall moderate to high level of spiritual care competence. A strong positive correlation was observed between spiritual competence and all dimensions of the SCCS. Furthermore, interconnectedness and

self-awareness emerged as key predictors of spiritual care competence. However, specific deficiencies—particularly in referral skills—were identified, suggesting gaps in current training programs. Notably, no significant relationship was found between religiosity and spiritual care competence.

To apply these results effectively, it is essential to develop and implement comprehensive training programs that focus on improving spiritual competence among nursing students. Educational institutions should prioritize cultivating interconnectedness and self-awareness, as these dimensions were found to be key predictors of spiritual care competence. By integrating reflective practices, mindfulness training, and interpersonal skill development into the curriculum, future healthcare practitioners can be better equipped to address patients' spiritual needs, thereby enhancing holistic patient outcomes and fostering a more compassionate healthcare environment.

Future research should explore how cultural influences, personal experiences, and institutional training frameworks impact nurses' perceptions and capabilities in delivering spiritual care. Additionally, longitudinal studies could provide deeper insights into how spiritual competence evolves over time and its long-term effects on patient outcomes. Expanding research in this area will contribute to the development of evidence-based strategies aimed at enhancing spiritual care delivery across diverse healthcare settings, ultimately promoting a more holistic approach to patient care.

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Conflicts of interest

Nothing to declare.

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