

## RESEARCH ARTICLE

# Assessment of the Spiritual Nursing Care Competencies of Nursing Students in the Ilocos Region, Philippines: A Descriptive Correlational Study

Epifania Marlene R. Purisima, PhD, RN<sup>1</sup> and Norenia T. Dao-ayen, PhD, RN<sup>2</sup>

## Abstract

The study aimed to assess the spiritual nursing care competencies of BSN students in Region 1 through the utilization of a descriptive-correlational research design involving the 424 Levels 2 - 4 BSN students and 125 clinical instructors from 14 selected higher education institutions. Data were gathered through questionnaires and were analyzed using frequency percentage, mean, and Pearson Correlation Coefficient. Findings revealed that the extent of the spiritual nursing care competencies of BSN students in Region 1 is moderate (spiritual nursing knowledge:  $\bar{x}$  = 11.18; spiritual values:  $\bar{x}$  = 3.77; and spiritual nursing skills:  $\bar{x}$  = 2.76). There is a very weak positive, statistically significant correlation between the students' year level and spiritual values ( $r$  = 0.135,  $SD$  = 0.63,  $p$  < 0.01) and spiritual nursing skills ( $r$  = 0.153,  $SD$  = 0.62,  $p$  < 0.01). Furthermore, a very weak inverse significant relationship was revealed between the school category ( $r$  = -0.113,  $SD$  = 0.62,  $p$  < 0.05) and the level of accreditation ( $r$  = -0.101,  $SD$  = 0.62,  $p$  < 0.05) to their spiritual nursing skills. The BSN students in Region 1 are reasonably competent in rendering spiritual nursing care. Their year level, school category, and school accreditation are important factors to better spiritual nursing skills. As they advance in the year level, they are likely to assimilate spiritual values that are indispensable in delivering spiritual nursing care. However, amidst this favorable competence, clinical instructors still see the students as work in progress, capable of excelling. Thus, the utilization of the training module, which is an output of this endeavor, can help the nurse educators mold BSN students to advance their spiritual nursing care competence.

**Keywords:** *Spiritual Nursing Care Competencies, Spirituality, Assessment*

## Introduction

Spiritual care is an integral and indispensable element in the practice of nursing. It is an important aspect of care because addressing the patients' spiritual needs is a component of the holistic nature of nursing care that pose a considerable challenge in realizing the meaning of spiritual care.

Despite the increasing focus on spiritual dimension, nurses' confidence in dealing with spiritual concerns are still confronted (Royal College of Nursing, 2010). Many factors affect the capability of nurses in assisting patients with their spiritual needs. Narayasamy (2001) asserted that less emphasis is given to spiritual aspects, and is under-utilized while other

authors attempt to explain the inadequacy of spiritual caregiving in practice. Perry (2016) for instance mentioned lack of time and administrative support. The most debated reason for not providing spiritual care revolves around lack of educational preparation (Leeuwen et al., 2008) while Lewinson et al. (2015) acknowledged the factor of underrepresentation of spiritual care content in nursing education and practice. With all the mentioned issues, the importance of developing competent spiritual care nurses through intensive training becomes an idea to be reckoned with. This may be carried out significantly early in the student nurses' training during the four years of nursing education.

<sup>1</sup> Corresponding author; Assistant Professor, College of Nursing, University of Northern Philippines, Tamag, Vigan City, Ilocos Sur  
Email: epifaniamarlene.purisima@unp.edu.ph; ORCID ID: 0000-0001-6478-0227

<sup>2</sup> Former Associate Dean, School of Nursing, Saint Louis University, Baguio City

Integrating spirituality into the nursing curriculum, as mentioned by Wallace-Kazer et al. (2008), entails the commitment of the school of nursing and universities. Yilmaz and Gurler (2014) posited that integrating the concept of spirituality into the undergraduate nursing curriculum increases the knowledge, attitudes, and awareness associated with the spirituality of nursing students.

Generally, teaching spiritual care remains uncertain as to its execution, course design, delivery and course content (Dugan et al., 2011) as there are limited resources and lack models to benchmark from (Yimaz & Gurler, 2014). It must be noted, however, that there is already an existing memorandum on the inclusion of spiritual nursing care in the curriculum. The CHED through its Memorandum Order no. 14 series of 2009 prescribed the integration of Spiritual Care as an elective subject in its new Policies and Standards for Bachelor of Science in Nursing Program. This Memo was then updated in 2017 (CMO # 15 s. 2017) with the recommended course descriptive name: Religion, Religious Experiences, and Spirituality. These memoranda demonstrate CHED's support for spiritual nursing care. However, its effects on students' spiritual nursing care performance have yet to be determined, warranting usefulness of this study in determining how this memorandum has been translated into practice.

This study aimed to assess the spiritual nursing care competencies of BSN students. Results may serve as a

reference in designing an educational program on which the objectives, competencies, and contents may be based from. Outcomes may provide nurse educators a more profound insight into appropriate training and education for student nurses. This study may pave the way for new approaches to teaching spiritual care nursing to student nurses in the future. The study findings were also used to create a spiritual care training module that that clinical instructors may use in teaching Spiritual Care Nursing. Nursing administrators may also use this as a component for their service programs, improving BSN students' spiritual nursing care competence.

## Methods

A descriptive-correlational research design was utilized to assess the spiritual nursing care competencies of BSN students. The study was conducted in 14 universities and colleges offering the program in Bachelor of Science in Nursing in the four provinces of Region 1. All the 14 HEIs offers the subject Spiritual Care Nursing, now known as Religion, Religious Experiences, and Spirituality.

The study involved two groups of respondents. The first group were the 424 level 2, 3, and 4 student nurses officially enrolled during the school year 2017-2018, who were selected through stratified sampling. In this study, a significant percentage of the student nurse respondents are on Level 3 (193 or 45.52 %) and belong to Level 2 – Accredited HEIs (208 or 49.06%). The

**Table 1.** *Distribution of the Respondents*

Province	Universities and Colleges of Nursing	Number of Student Respondents	Number of CI Respondents
Ilocos Norte (3)	Divine Word College of Laoag	31	6
	Northern Christian College	22	3
	Northwestern University, Inc.	42	6
Ilocos Sur (2)	St. Paul College of Ilocos Sur	7	5
	University of Northern Philippines	38	20
La Union (3)	Don Mariano Marcos Memorial State University – Agoon Campus	28	11
	Lorma Colleges, Inc.	34	18
	Union Christian College	36	6
Pangasinan ( 6 )	Lyceum-Northwestern University	17	2
	Pangasinan State University- Bayambang Campus	41	5
	University of Luzon	20	10
	University of Pangasinan	37	18
	Urdaneta City University	31	10
	Virgen Milagrosa University Foundation	40	5
	<b>TOTAL</b>	<b>424</b>	<b>125</b>

majority of them came from private HEIs (286 or 67.45%) and were enrolled in the Spiritual Care Nursing subject (114 or 73.08%).

The second group of respondents included 125 clinical instructors (CI) from the different universities and colleges of nursing who followed up students in the clinical area for at least five months or one term and were selected through purposive sampling. The CI respondents assessed the extent of the spiritual nursing care competencies (skills) of BSN students in general regarding their skills. The majority of the respondents came from private HEIs (79 or 63.2%), while a significant percentage (44 or 35.2 %) of them followed- up students in various levels (multilevel) and are teaching in Level 2-Accredited HEIs (58 or 46.4%).

A questionnaire consisting of two parts was the primary data gathering tool for the study.

Part 1 asked for the demographic profile of the respondents. Part 2 were statements related to the student nurses' spiritual nursing care competencies focused on a) spiritual nursing knowledge, b) spiritual values, and c) spiritual nursing skills. Items on spiritual values were lifted from the Spirituality and Spiritual Care Rating Scale (SSCRS) developed by McSherry et al. (2002) of the Royal College of Nursing. The questionnaire on students' spiritual nursing knowledge and spiritual nursing skills were subjected to content validation and reliability testing with the following results: knowledge CVI = 0.983 and  $\alpha$  = 0.901; and skills CVI = 0.98 and  $\alpha$  = 0.729.

In gathering data, the researcher initially obtained permission from the Saint Louis University Research Ethics Committee (SLU-REC), with an approval certificate number SLU – REC 2017 – 149. Permission to administer questionnaire was obtained from the presidents and, consequently, from the universities' deans and colleges of nursing in Region I. The respondents' rights were protected through written informed consent, disclosing the study's full information as to its purpose, procedural requirements, risks, and benefits. This also included acquiring of written assent and consent from parents for students below 18 years of age. For ethical reasons, the researcher warranted confidentiality, anonymity, and privacy of the respondents through number-coding.

In determining the strength of association among variables, the researcher used the Pearson product-moment correlation coefficient. A software package, the SPSS (Statistical Package for the Social Science) statistics, was utilized in data analysis.

## Results

This section presents the study's findings on the extent of spiritual nursing care competencies of BSN students in Region 1

Table 2. Characteristics of the Respondents

Student Respondents' Characteristics	N	%
<b>Year Level</b>		
Level 4	149	35.14 %
Level 3	193	45.52 %
Level 2	82	19.34 %
<b>TOTAL</b>	<b>424</b>	<b>100.00 %</b>
<b>School Category</b>		
Government	138	32.55 %
Private	286	67.45 %
<b>TOTAL</b>	<b>424</b>	<b>100.00 %</b>
<b>School's Accreditation Level</b>		
Level 4	34	8.02 %
Level 3	134	31.60 %
Level 2	208	49.06 %
Level 1	17	4.01 %
No Accreditation	31	7.31 %
<b>TOTAL</b>	<b>424</b>	<b>100.00 %</b>
<b>With or without Spiritual Care Nursing elective subject (level 4 only)</b>		
Enrolled	114	73.08 %
Not Enrolled	42	26.92 %
<b>TOTAL</b>	<b>149</b>	<b>100.00 %</b>
<b>Clinical Nurse Instructors' Characteristics</b>	<b>N</b>	<b>%</b>
<b>Year Level</b>		
Level 4	24	19.2 %
Level 3	34	27.2 %
Level 2	23	18.4 %
Multilevel	44	35.2 %
<b>TOTAL</b>	<b>125</b>	<b>100.00 %</b>
<b>School Category</b>		
Government	46	36.80 %
Private	79	63.20 %
<b>TOTAL</b>	<b>125</b>	<b>100.00 %</b>
<b>School's Accreditation Level</b>		
Level 4	18	14.40 %
Level 3	41	32.80 %
Level 2	58	46.40 %
Level 1	2	1.60 %
No Accreditation	6	4.80 %
<b>TOTAL</b>	<b>125</b>	<b>100.00 %</b>

as assessed by the students themselves, the extent of their spiritual nursing skills as assessed by their clinical instructors, and the relationship of the study's variables.

**Extent of Spiritual Nursing Care Competencies of BSN Students**

Spiritual nursing care competencies include BSN students' spiritual nursing knowledge, spiritual values, and spiritual nursing skills. This section provides the study's findings on the extent of the BSN students' spiritual nursing care competencies.

**A. Spiritual Nursing Knowledge**

Table 3 shows the extent of spiritual nursing knowledge of the BSN students in Region 1. These competencies deal with specific information for a student nurse to provide spiritual care for their patients. The frequency and percentage of those who got the correct answers for each item are shown in the table.

The computed mean total score of 11.18 signifies that the student nurse respondents have "Moderate" spiritual nursing knowledge. Throughout the 15 items on knowledge, almost all of the respondents answered three of them correctly (416 or 98.10%). On the other hand, the spiritual nursing knowledge about nursing interventions that promote spiritual health that is not limited to offering one's presence and supporting the client's religious practices only achieved a trivial number of correct answers from the students (122 or 28.80%). Nearly only a quarter of the number of respondents had the right spiritual nursing knowledge on this item.

**B. Spiritual Values**

Spiritual values pertain to the essential and lasting beliefs or ideals of a student nurse that significantly influence behavior and attitude and may serve as personal guidelines in rendering spiritual care. Table 4 reveals the spiritual values of BSN students in the Ilocos Region.

**Table 3. Frequency and Percentage Distribution of Spiritual Nursing Knowledge**

Spiritual Nursing Knowledge	F	% of Correct Answers
1. Spirituality is a multidimensional phenomenon that involves a belief in a relationship with some higher power or divine being. It is influenced by life experiences, coping skills, and individual belief systems.	416	98.1
2. To implement spiritual care, nurses need to be skilled in establishing a trusting nurse-client relationship.	412	97.2
3. The initial spiritual assessment should collect information not only about spiritual beliefs and practices affecting health but also about how the client desires spiritual care from the health care team.	409	96.5
4. The level to which nurses nurture and care for themselves influences their ability to function effectively in their healing role with their clients.	406	95.8
5. Just as individuals develop physically, cognitively, and morally, they also develop spiritually. Thus, in providing spiritual care, it is important to consider individuals' life stages.	403	95
6. Nurses need to follow ethical guidelines for providing spiritual care and not to impose personal beliefs or practices on clients.	400	94.3
7. Spiritual care is not just about religious beliefs and practices.	379	89.4
8. Spiritual distress is reflected in various behaviors including depression, anxiety, verbalization of unworthiness, and fear of death.	377	88.9
9. Spiritual care is very much dependent upon the personal attributes and qualities displayed by the nurse in the interaction and dealings with patients.	355	83.7
10. All clients need to be screened for spiritual needs, however, only those who indicate needs require a pertinent, in-depth assessment.	274	64.6
11. The spiritual needs of clients and support persons often come into focus at a time of illness.	233	55
12. The nursing process, which includes assessing, diagnosing, planning, implementing, and evaluating, can be applied both to physical and spiritual health.	205	48.3
13. Therapeutic communication and interpersonal skills assist nurses in meeting the needs of the human spirit.	187	44.1
14. Clients have the right to receive care irrespective of their individual spiritual and religious values.	164	38.7
15. Nursing interventions that promote spiritual health are not limited to offering one's presence and supporting the client's religious practices.	122	28.8
<b>Mean = 11.18</b>	<b>DR = Moderate Knowledge</b>	

Legend: Excellent Knowledge scores of 12 – 15 182 42.92% Minimal Knowledge scores of 4 – 7 9 2.12%  
 Moderate Knowledge scores of 8 – 11 232 54.72% Limited Knowledge scores of 1 – 3 1 0.24%

The overall mean rating of 3.77 suggests that the extent of the BSN students' spiritual values is "favorable" corresponding to 260 (61.32%) respondents. Item analysis shows that the BSN student respondents believe that nurses can "provide spiritual care by showing kindness, concern, and cheerfulness when giving care" ( $\bar{x} = 4.26$ ), "provide spiritual care by having respect for privacy, dignity and religious and cultural beliefs of a patient" ( $\bar{x} = 4.23$ ), and "spirituality includes peoples' morals" ( $\bar{x} = 4.23$ ), all of which are interpreted as "Highly favorable" values. Meanwhile, the belief that spirituality is not concerned with a view and faith in a god or supreme being had the lowest mean rating of 2.48 interpreted as "Slightly Favorable."

### C. Spiritual Nursing Skills as Assessed by the Students

The spiritual nursing skills relate to the abilities and capacities acquired through deliberate, systematic, and sustained effort to

smoothly and adaptively carry out spiritual nursing care activities and functions. Exhibited in Table 5 is the extent of the BSN students' spiritual nursing skills.

The extent of the respondents' spiritual nursing skills in general, is "Moderate" ( $\bar{x} = 3.00$ ). Taken singly, they have moderate skills on assessment ( $\bar{x} = 3.13$ ), which ranked the highest; on diagnosis ( $\bar{x} = 2.98$ ), ranking the least; on planning ( $\bar{x} = 3.15$ ); on implementation ( $\bar{x} = 3.06$ ); and on evaluation ( $\bar{x} = 3.08$ ). Of all the items on implementation, the item "providing quiet time for meditation, prayer, and relaxation ( $\bar{x} = 3.27$ )" is the only item that got "Excellent Skill." A mean rating of 3.22 and 3.20 respectively for asking how to be most helpful, then actively listen, reflect, and seek clarification and use therapeutic communication when providing spiritual care to patients indicates that they have "Moderate Skills."

**Table 4.** Mean Ratings of the Extent of Spiritual Values of BSN Students

Spiritual Values	Mean	DR
1. Nurses can provide spiritual care by showing kindness, concern, and cheerfulness when giving care.	4.26	Highly Favorable
2. Nurses can provide spiritual care by having respect for privacy, dignity, and religious and cultural beliefs of a patient.	4.23	Highly Favorable
3. Spirituality includes peoples' morals.	4.23	Highly Favorable
4. Spirituality is about having a sense of hope in life.	4.15	Favorable
5. Nurses can provide spiritual care by listening to and allowing patients time to discuss and explore their fears, anxieties and troubles.	4.12	Favorable
6. Spirituality is concerned with a need to forgive and a need to be forgiven.	4.10	Favorable
7. Spirituality is a unifying force which enables one to be at peace with oneself and the world.	4.04	Favorable
8. Spirituality involves personal friendships, relationships.	4.02	Favorable
9. Nurses can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need.	3.97	Favorable
10. Nurses can provide spiritual care by enabling a patient to find meaning and purpose in their illness.	3.97	Favorable
11. Nurses can provide spiritual care by arranging a visit by the hospital chaplain or the patient's own religious leader if requested.	3.96	Favorable
12. Spirituality has to do with the way one conducts one's life here and now.	3.91	Favorable
13. Spirituality is about finding meaning in the good and bad events of life.	3.83	Favorable
14. Spirituality does not apply to atheists or agnostics.	3.15	Moderately Favorable
15. Spirituality does not include areas such as art, creativity and self-expression.	2.92	Moderately Favorable
16. Spirituality involves only going to church/place of worship.	2.61	Moderately Favorable
17. Spirituality is not concerned with a belief and faith in a god or supreme being.	2.48	Slightly Favorable
<b>Overall</b>	<b>3.77</b>	<b>Favorable</b>

\*Negatively stated items were reversely scored

Legend:	Scale	Interpretation
	4.20 - 5.00	Highly Favorable (HF)
	3.41 - 4.20	Favorable (F)
	2.61 - 3.40	Moderately Favorable (MF)
	1.81 - 2.60	Slightly Favorable (SF)
	1.00 - 1.80	Not Favorable (NF)

#### Qualitative Description

The student nurse possesses highly positive spiritual values in rendering spiritual care nursing.  
 The student nurse has reasonably positive spiritual values in rendering spiritual care nursing.  
 The student nurse has moderately positive spiritual values in rendering spiritual care nursing.  
 The student nurse has partially negative spiritual values in rendering spiritual care nursing.  
 The student nurse holds negative spiritual values in rendering spiritual care nursing.

Table 5. Extent of Spiritual Nursing Skills of BSN Students

Spiritual Nursing Skills	As assessed by the Students		As assessed by the Clinical Instructors	
	Mean	DR	Mean	DR
<b>ASSESSMENT</b>				
1. Ensure sensitivity on the patient's behavior, verbalization, affect, attitude, and interpersonal relationships, which may provide cues to spiritual and religious preferences, strengths, concerns, or distress.	3.13	Moderate Skill	2.93	Moderate Skill
2. Take into consideration patients' dietary preferences based on their faith (e.g., as a Muslim, Jehovah's Witness, Adventist).	3.12	Moderate Skill	3.06	Moderate Skill
3. Examine how the patient's spiritual beliefs and practices affect his coping.	3.01	Moderate Skill	2.85	Moderate Skill
4. Determine patients' spiritual beliefs and practices and ascertaining those that are most important to him.	3.00	Moderate Skill	2.85	Moderate Skill
5. Ask the patient about how he may like to receive support on spirituality from the health care team.	2.96	Moderate Skill	2.62	Moderate Skill
6. Ask the patient about the presence of spiritual support or counselor, which he may be regularly meeting, and determine his desire for a visit.	2.94	Moderate Skill	2.59	Moderate Skill
7. Verify the presence of religious items of patients such as rosary beads, Buddha beads, bible, etc.	2.86	Moderate Skill	2.62	Moderate Skill
<b>OVERALL (ASSESSMENT)</b>	<b>3.00</b>	<b>MODERATE SKILL</b>	<b>2.79</b>	<b>MODERATE SKILL</b>
<b>DIAGNOSIS</b>				
1. Utilize the North American Nursing Diagnosis Association (NANDA) approved nursing diagnoses in labeling patients' spiritual needs.	3.04	Moderate Skill	2.77	Moderate Skill
2. Consider that spiritual problem may provide the diagnostic label, which can either be spiritual distress, readiness for enhanced spiritual well-being, and risk for spiritual distress.	2.93	Moderate Skill	2.69	Moderate Skill
<b>OVERALL (DIAGNOSIS)</b>	<b>2.98</b>	<b>MODERATE SKILL</b>	<b>2.73</b>	<b>MODERATE SKILL</b>
<b>PLANNING</b>				
1. Consider and recognize spiritual limitations.	3.27	Excellent Skills	2.78	Moderate Skill
2. Devise ways to assist patient in achieving a sense of hope through attaining spiritual strength, serenity, and satisfaction.	3.18	Moderate Skills	2.72	
3. Identify interventions to help patient achieve the overall goal of maintaining or restoring spiritual well-being.	3.16	Moderate Skills	2.82	Moderate Skill
4. Establish desired spiritual care outcomes, which are short, measurable, attainable, realistic, and time-bounded.	3.14	Moderate Skills	2.75	Moderate Skill
5. Formulate means to help patients draw on and use inner resources more effectively and find the meaning of existence and present situation.	3.02	Moderate Skills	2.66	Moderate Skill
<b>OVERALL (PLANNING)</b>	<b>3.15</b>	<b>MODERATE SKILLS</b>	<b>2.75</b>	<b>MODERATE SKILL</b>
<b>IMPLEMENTATION</b>				
1. Provide quiet time for meditation, prayer, and relaxation.	3.27	Excellent Skills	2.92	Moderate Skill
2. Ask how to be most helpful, then actively listen, reflect, and seek clarification.	3.22	Moderate Skills	2.99	Moderate Skill
3. Make use of therapeutic communication when providing spiritual care to the patient.	3.20	Moderate Skills	2.99	Moderate Skill
4. Physically present and available to help the client determine religious and spiritual choices.	3.16	Moderate Skills	2.88	Moderate Skill
5. Provide privacy for the patient to pray with others or be read to by members of their faith.	3.15	Moderate Skills	2.89	Moderate Skill
6. Provide spiritual care to all patients regardless of their condition.	3.14	Moderate Skills	2.83	Moderate Skill
7. Help the patient develop and accomplish short-term goals and tasks.	3.11	Moderate Skills	2.90	Moderate Skill
8. Hold the patient's hand or placing a hand gently on the arm (if comfortable with touch) to make him feel that I am available to help him.	3.00	Moderate Skills	2.86	Moderate Skill
9. Orient patient and family to the hospital unit, including the directions to the hospital chapel.	2.99	Moderate Skills	2.81	Moderate Skill
10. Refer the patient for counseling, therapy, support groups, or hospice.	2.96	Moderate Skills	2.56	Moderate Skill
11. Accomplish written nursing reports in the spiritual functioning of my patients. (eg. The stipulation of spiritual care in FDAR documentation)	2.96	Moderate Skills	2.54	Moderate Skill
12. Provide appropriate religious materials, artifacts, or music as requested.	2.93	Moderate Skills	2.55	Moderate Skill
13. Coordinate spiritual care in multidisciplinary consultation.	2.92	Moderate Skills	2.54	Moderate Skill
14. Refer the patient to the spiritual advisor of choice.	2.90	Moderate Skills	2.59	Moderate Skill
<b>OVERALL (IMPLEMENTATION)</b>	<b>3.06</b>	<b>MODERATE SKILLS</b>	<b>2.77</b>	<b>MODERATE SKILL</b>
<b>EVALUATION</b>				
1. Appraise the effectiveness of spiritual care with the patient and the healthcare team.	3.10	Moderate Skills	2.70	Moderate Skill
2. Utilize the measurable desired outcomes developed during the planning stage to determine whether goals or desired outcomes have been achieved.	3.07	Moderate Skills	2.71	Moderate Skill
<b>OVERALL (EVALUATION)</b>	<b>3.08</b>	<b>MODERATE SKILLS</b>	<b>2.71</b>	<b>MODERATE SKILL</b>
<b>OVERALL (SPIRITUAL NURSING SKILLS)</b>	<b>3.06</b>	<b>MODERATE SKILLS</b>	<b>2.75</b>	<b>MODERATE SKILL</b>

Legend: **Scale**  
 3.25 – 4.00 Excellent (ES)  
 2.50 – 3.24 Moderate Skills (MS)  
 1.75 – 2.49 Minimal Skills (mS)  
 1.00 – 1.74 Limited Skills

**Qualitative Description**  
 The student nurse possesses exceptional spiritual nursing skills.  
 The student nurse has adequate spiritual nursing skills.  
 The student nurse has partially adequate spiritual nursing skills.  
 The student nurse has poor and inadequate spiritual nursing skills.

### Clinical Instructor's Assessment of Student's Spiritual Nursing Skills

Presented in Table 5 is the extent of spiritual nursing skills of BSN students as assessed by their clinical instructors in the five areas of the nursing process: assessment, diagnosis, planning, implementation, and evaluation.

With the grand mean rating of 2.75, the clinical instructors evaluated the students, skills as "Moderate" (Please see Table 4). All their skills on the five (5) steps of the nursing process: assessment ( $\bar{x} = 2.79$ ), diagnosis ( $\bar{x} = 2.73$ ), planning ( $\bar{x} = 2.75$ ), implementation ( $\bar{x} = 2.77$ ) and evaluation ( $\bar{x} = 2.71$ ) were all rated as "Moderate".

### Related Variables to Spiritual Nursing Care Competencies

The study's findings on the association of related variables to spiritual nursing care competencies are presented in this section.

#### A. Year Level

Shown in Table 6 are the spiritual nursing care competencies of the students and its relationship by their year levels.

When spiritual nursing knowledge is analyzed across year level, the results show *no significant relationship for level 1 or 4 students* ( $\bar{x} = 11.41$ ,  $SD = 1.58$  and  $\bar{x} = 11.00$ ,  $SD = 1.85$  respectively). However, *a very weak positive relationship, which is statistically significant, exists between the year level and spiritual values* ( $r = 0.135$ ,  $SD = 0.63$ ,  $p < 0.01$ ); *and their extent of spiritual nursing skills* ( $r = 0.153$ ,  $SD = 0.62$ ,  $p < 0.01$ ).

#### B. School Category

Table 6 also sums up the spiritual nursing care competencies of BSN students according to school category (government or private) and the relationship between and among these variables.

*No relationship exists between the school category and spiritual nursing knowledge and school category and spiritual values.* Although there is a slightly higher mean rating for students coming from private HEIs, no significant relationship can be seen from both spiritual nursing knowledge ( $\bar{x} = 11.19$ ,  $SD = 1.66$ ) and spiritual values ( $\bar{x} = 3.80$ ,  $SD = 0.64$ ). However, *a very weak inverse significant relationship exists between the school category and spiritual nursing skills* ( $r = -0.113$ ,  $SD = 0.62$ ,  $p < 0.05$ ).

### C. School's Accreditation Level

The summary of the BSN students' spiritual nursing care competencies by schools' accreditation level is also illustrated in Table 6. It also described the relationship between the level of accreditation and spiritual nursing care competencies. Higher education institutions may be accredited as level 4, level 3, level 2, level 1 and no accreditation.

It can be seen from the table that there is *no significant relationship between accreditation and spiritual nursing knowledge and values*, however, there is a *weak inverse statistical relationship between accreditation and spiritual nursing skills* ( $r = -0.101$ ,  $SD = 0.62$ ,  $p < 0.05$ ).

### D. Spiritual Care Nursing Elective Subject

Provided in Table 6 is a run-through of the Spiritual Care Competencies of the Level 4 students regarding their enrollment or not in the Spiritual Care Nursing elective subject. In the CMO 14 series of 2009, Spiritual Care Nursing is an elective subject for the Level 4 students. It is the students' discretion whether they opt to enroll in the subject or not. However, in the new curriculum, the CMO 15 series of 2017, with its new descriptive name: Religion, Religious Experiences and Spirituality, electives recommended are based on institutional choice.

The table uncovered that *no relationship exists between the enrolment/not to Spiritual Care Nursing subject with spiritual nursing knowledge, spiritual values, and spiritual nursing skills.* Taken singly, a slightly higher mean rating in knowledge on Spiritual Care Nursing ( $\bar{x} = 11.10$ ,  $SD = 1.92$ ) is derived from the students who were not enrolled in the Spiritual Care Nursing elective subject compared to those who were enrolled ( $\bar{x} = 10.97$ ,  $SD = 1.83$ ) while a slightly higher mean rating for spiritual values ( $\bar{x} = 3.91$ ,  $SD = 0.60$ ) and spiritual nursing skills ( $\bar{x} = 3.24$ ,  $SD = 0.55$ ) was revealed from those who were enrolled. However, all these are considered to be statistically not significant.

## Discussion

This study found that the BSN students in Region 1 have moderate extent of spiritual nursing care competencies. The students' year level has a very weak positive, statistically significant association with spiritual values and spiritual nursing skills. Furthermore, a very weak inverse significant link was identified between their spiritual nursing skills and the school category and level of accreditation. A thorough discussion of these findings are presented in this section.

**Table 6.** Relationships on the Extent of Spiritual Nursing Care Competencies of BSN Students and some Variables

<b>A. Year Level</b>				
Level 4	Mean	11.00	<b>3.89</b>	<b>3.2</b>
	SD	1.85	0.63	0.60
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Level 3	Mean	<b>11.41</b>	3.71	2.98
	SD	1.58	0.61	0.65
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Level 2	Mean	10.99	3.67	2.97
	SD	1.66	0.66	0.51
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
<b>As a Whole</b>	Mean	<b>11.18</b>	<b>3.77</b>	<b>3.06</b>
	SD	<b>1.71</b>	<b>0.63</b>	<b>0.62</b>
	r (424)	<b>-0.027</b>	<b>0.135**</b>	<b>0.153**</b>
	p-value	<b>0.580</b>	<b>0.005</b>	<b>0.002</b>
	DR	<b>Moderate Knowledge</b>	<b>Favorable Values</b>	<b>Moderate Skills</b>
<b>B. School Category</b>				
Government	Mean	11.17	3.71	2.96
	SD	1.81	0.62	0.59
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Private	Mean	<b>11.19</b>	<b>3.80</b>	<b>3.11</b>
	SD	1.66	0.64	0.62
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
<b>As a Whole</b>	Mean	<b>11.18</b>	<b>3.77</b>	<b>3.06</b>
	SD	<b>1.71</b>	<b>0.63</b>	<b>0.62</b>
	r (424)	<b>-0.004</b>	<b>-0.064</b>	<b>-0.113*</b>
	p-value	<b>0.933</b>	<b>0.188</b>	<b>0.020</b>
	DR	<b>Moderate Knowledge</b>	<b>Favorable Values</b>	<b>Moderate Skills</b>
<b>C. Accreditation Level</b>				
Level 4	Mean	11.47	3.84	3.06
	SD	1.78	0.65	0.64
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Level 3	Mean	11.21	3.76	3.02
	SD	1.69	0.66	0.66
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Level 2	Mean	11.14	3.75	3.03
	SD	1.71	0.63	0.59
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
Level 1	Mean	10.06	<b>3.98</b>	3.29
	SD	2.16	0.56	0.62
	DR	Moderate Knowledge	Favorable Values	Excellent Skills
No Accreditation	Mean	<b>11.68</b>	3.75	<b>3.32</b>
	SD	1.14	0.58	0.54
	DR	Excellent Knowledge	Favorable Values	Excellent Skills
<b>As a Whole</b>	Mean	<b>11.18</b>	<b>3.77</b>	<b>3.06</b>
	SD	<b>1.71</b>	<b>0.63</b>	<b>0.62</b>
	r (424)	<b>0.017</b>	<b>0.007</b>	<b>-0.101*</b>
	p-value	<b>0.732</b>	<b>0.892</b>	<b>0.037</b>
	DR	<b>Moderate Knowledge</b>	<b>Favorable Values</b>	<b>Moderate Skills</b>
<b>D. Enrollment or Not to Spiritual Care Nursing</b>				
<b>Enrolled</b>	Mean	10.97	<b>3.91</b>	<b>3.24</b>
	SD	1.83	0.60	0.55
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
<b>Not Enrolled</b>	Mean	<b>11.10</b>	3.82	3.07
	SD	1.92	0.73	0.70
	DR	Moderate Knowledge	Favorable Values	Moderate Skills
<b>As a Whole</b>	Mean	<b>11.0</b>	<b>3.89</b>	<b>3.20</b>
	SD	<b>0.85</b>	<b>1.12</b>	<b>0.90</b>
	r (156)	<b>-0.031</b>	<b>0.062</b>	<b>0.130</b>
	p-value	<b>0.698</b>	<b>0.440</b>	<b>0.106</b>
	DR	<b>Moderate Knowledge</b>	<b>Favorable Values</b>	<b>Moderate Skills</b>

\*\* Correlation is significant at the 0.01 level (2-tailed)

\*Correlation is significant at the 0.05 level (2-tailed)



## Extent of Spiritual Nursing Care Competencies of BSN Students

### A. Spiritual Nursing Knowledge

The BSN students' understanding of the various spiritual care nursing concepts is adequate. However, the respondents' moderate extent of *spiritual nursing knowledge* implies the need for further explanations regarding varied concepts of spiritual nursing. It indicates the need to reiterate and explicate that spiritual nursing interventions are not limited to offering their presence and supporting the client's religious practices; rather it also involves the understanding that clients have the right to receive care irrespective of their individual spiritual and religious values, emphasizing knowledge of the therapeutic communication techniques, and that interpersonal skills are necessary in meeting the needs of the clients' human spirit. Their knowledge on the sufficiency of how spiritual care is rendered (whether it is enough to offer one's presence or support patients' religious practices), may be a role that is ambiguous to these students. This may also be attributed to their deficiency of understanding regarding the multicultural faith systems, resulting to their lack of knowledge on dealing with diverse religious practices.

### B. Spiritual Values

The result on the extent of *spiritual values* means that BSN students have reasonably positive values when rendering spiritual nursing care. The favorable spiritual values may be ascribed to the modeling shown by clinical instructors and the provision of emphasis on the process of spiritual formation in the curriculum. More so, values are ingrained throughout their nursing formation to promote the good of the patients (beneficence). The belief system is highly commendable as it is the foundation of respectful and value-laden care. These demonstrated characteristic traits are in fact some of the identified reasons for the existence of the subject Spiritual Care Nursing identified in CMO 14, s. 2009. The necessity to maintain these highly positive perceptions and attitudes of students on spirituality may further hoist their receptiveness to spiritual concerns of others. Conversely, the belief that spirituality is not concerned with a view and faith in a god or supreme being emphasizes that the BSN students do not necessarily need to have credence in God's supremacy to become spiritual. This corresponds to Watts (2017), who postulated that one need not believe in a god to have questions that scientific materialism cannot answer.

### C. Spiritual Nursing Skills

The *spiritual nursing skills* relate to the abilities and capacities acquired through deliberate, systematic, and sustained effort

to smoothly and adaptively carryout spiritual nursing care activities and functions. This area spans the nursing process five key steps namely: *assessment, diagnosis, planning, implementation, and evaluation*. Findings of the study signifies that the BSN students perform spiritual nursing skills in conformity with the accepted criteria for rendering spiritual nursing care. It further denotes that their skills are somehow sufficient or adequate to carry out tasks precisely and correctly. Their spiritual nursing skills are moderate because BSN students may have difficulty simulating the spiritual nursing skills modeled by their clinical instructors. To exacerbate the situation, the training hospitals' environment might not be conducive to the modeling of the spiritual nursing care skills during the Related Learning Experience (RLE). To explain, some RLE exposures are in emergent departments where immediate physical intervention is priority thus relegating spiritual care to the background. In detail, the BSN students' spiritual nursing skills on *assessment* manifests that they ensure sensitivity on patient's behavior, verbalization, affect, attitude, and interpersonal relationships, which may provide cues to spiritual and religious preferences, strengths, concerns, or distress. Their moderate spiritual nursing skill implies an understanding of others' spiritual needs and problems that may be very useful in the assessment process. Yet, spiritual nursing skills on *diagnosis* suggests that BSN students lack skills in formulating spiritual care-related diagnoses. They may fail to utilize the North American Nursing Diagnosis Association (NANDA) approved nursing diagnoses. This result emphasizes the need to master skills in the use of the NANDA approved nursing diagnoses, and or familiarization with the available NANDA approved nursing diagnoses for spiritual crises. On *planning*, it can be inferred that the capacity of students to conduct this skill is with a degree of acceptable competence. Planning is an intrinsic aspect of the nursing process that entails setting priorities, identifying expected outcomes, prescribing interventions, and identifying patient-centered goals. It is carried out through the deliberate use of critical thinking followed by a more profound judgment and problem-solving approach. Meanwhile, the extent of the BSN students' spiritual nursing skills on *implementation* may bring into a realization that student nurses know how to employ therapeutic techniques when caring for patients such as when to listen and when to talk or offer help to patients. This is also in accordance to the findings of Nero (2020), who found out that Ilocano nurses offers spiritual advising through active listening and giving support to the emotional and spiritual needs of an individual. These activities help the patient achieve internal peace. Further, on *evaluation*, as with the preceding areas, students have the competency to standard, although there is opportunity for improvement. One possible reason for the students' inability to excel in this domain can be traced back

to their professional counterparts, as aptly captured by Govier (2000) when he shared his predicaments about the difficulty of evaluating and the lack of precision caused by the spiritual dimension's subjectivity.

### Clinical Instructor's Assessment of Student's Spiritual Nursing Skills

A clinical instructor is instrumental in the quality learning experience as much as the clinical experience is an essential aspect of the nursing education program. The role of the clinical instructor as a facilitator of learning is indispensable. Teaching and assessing are two dimensions within the learning process that seek to evaluate students' learning. As to the result of the clinical instructors' assessment on the spiritual nursing skills of BSN students, it entails that students perform spiritual nursing care skills in conformity with the acceptance criteria of delivering spiritual nursing care. This may signify that the spiritual nursing care skills, as attested by the clinical instructors, is insufficient. This may be due to what Linda et al. (2015) said in their article that no explicit instruction is existing on how spiritual care in nursing should be integrated into the undergraduate curriculum.

On *assessment*, the finding is suggestive that as per clinical instructors' evaluation, the BSN students' assessment skills are seemingly adequate. This may be credited to the availability of teaching-learning resources and experiences that are crafted to mold the students' competencies applicable in various situations. The adequacy of their spiritual nursing skills in assessment may also be ascribed to the offering of the subject Health Assessment which is offered early during the first year of the BSN curriculum.

In terms of *diagnosis*, result points out that although there is an acceptable level of competence for this area, BSN students may not be that proficient in designating nursing diagnoses for their patients' spiritual care needs. The clinical instructors' observations denote that NANDA approved diagnoses are not fully utilized in identifying and defining the spiritual nursing diagnoses and the care needs of clients by the BSN students. Their focus may be on the physiologic conditions, like during emergencies, such that spiritual care needs may have been neglected.

In the same way, the extent of the BSN students' spiritual nursing skills in terms of *planning* underscores that the planning skills of BSN students on spiritual nursing care is still deficient. This calls to mind that the integration of self-directed learning into nurse education programs is advantageous because it promotes critical thinking and decision-making skills among students. Furthermore, the clinical instructors' motivation has a significant impact on how BSN students embrace spiritual care in their clinical practice by identifying interventions in the planning phase

to help clients achieve the overall goal of maintaining or restoring spiritual well-being.

Meanwhile, on *implementation*, the clinical instructors' evaluation of skills on spiritual nursing by the BSN students signifies that they have sensitivity to their patient's spiritual care needs and are competent in using oneself therapeutically when rendering spiritual care to their patients as verified by their clinical instructors. It entails their high regard for a therapeutic nurse-patient relationship to meet the patient's spiritual needs. Further, on BSN students' spiritual nursing skills on *evaluation*, clinical instructors perceived that student nurses are not so well-versed on or with regards to evaluating the effectiveness of spiritual care rendered. That is why the balance of teacher-directed learning and student-directed learning is vital. While the clinical instructor's reinforcement is crucial and their role in assisting the students in evaluating their spiritual interventions' effectiveness is equally valuable, the students are also encouraged to self-evaluate their performance and identify their areas of strengths and weaknesses.

### Related Variables to Spiritual Nursing Care Competencies

#### A. Year Level

Further analysis of the results revealed that *year level* is not necessarily associated with their *spiritual nursing knowledge level* as spiritual care is already introduced early in the first year's professional nursing subjects. These are then reinforced in other professional nursing subjects in the higher years. Results are comparable to that of Folami and Onanuga (2018), which disclosed that the perceptions of spirituality and spiritual care by the BSN students had no affinity with their academic level. Additionally, as the year level increases, spiritual values may also increase. This may be explained by the fact that essential and lasting beliefs or ideals of a nurse that significantly influence behavior and attitude in the render of spiritual nursing care are modestly affected by their year levels. This may be so because values are learned through what is seen and experienced, yielding greater spiritual values among students at higher year levels. The weak positive statistically significant association between the year level and the extent of spiritual nursing skills may be due to the experiences gained from completing the course, which supports BSN students in acquiring skills. These skills are set for the BSN students to meet in order to obtain higher-level competencies or rising spiritual care abilities in their Related Learning Experience (RLE). More so, the BSN curriculum's contextualization into an outcomes-based curriculum through the CMO 15 series of 2017 ensures that BSN students are equipped with appropriate and purposeful learning experiences and opportunities.

## B. School Category

The school category was not associated with the extent of spiritual nursing knowledge and spiritual values. Regardless whether government or private, both must follow the minimum CHED requirement in their BSN course offerings. This includes the course content for Spiritual Care in Nursing, which broadly constitutes spiritual nursing knowledge. On the other hand, spiritual values are formed as the confluence of personal experiences and particular culture. They are imposed from the family and are reinforced through cultural and life experiences. Thus, the extent of spiritual values may ensue irrespective of the school category. Student-friendly approaches, innovations, and best practices enhance quality, add value, and get more mileage in knowledge delivery (Rao et al., 2015).

The very weak inverse significant relationship between the school category and spiritual nursing skills shows that students from government-owned Higher Education Institutions (HEIs) may have a lower extent of spiritual nursing skills than those from privately-owned HEIs. Organizational factors, including policies, processes, and standards, may account for these differences in the extent of students' spiritual nursing care skills from government and private higher education. It may also have something to do with the diverse methodologies and the optimal clinical training environment that BSN students can offer emerging from private HEIs, posing a positive impact on their skills development. According to de Guzman and Cabanda (2009), private educational institutions have maintained a positive reputation for providing quality education. Technical efficiency among these HEIs may have brought continuous improvement and, to a great extent, the achievement of its goals and the thorough implementation of its policies.

## C. School's Accreditation Level

The non-association of accreditation level and spiritual nursing knowledge and values, and the weak inverse statistical relationship between accreditation and spiritual nursing skills can be explained by the unequal distribution of respondents across variables. This loop-sided respondent distribution might have affected the findings and thus, care must be taken in interpreting this result. As Hole (2019) have mentioned, if the sample size is reasonably large, it will most likely obtain a small correlation between the two variables thus caution must be exercised in deciding that the observed value of the correlation coefficient represents a "real" relationship. A suggestion for further study equalizing distribution of respondents across variables should be done in order to further explain this finding. As to the finding of no

relationship, this can be attributed to the policy standards set forth for all nursing programs by CMO # 14 series of 2009. This policy dictates the HEIs with nursing programs to follow the curriculum. This curriculum has levels and each level have specific courses/subjects. This means that regardless of accreditation level, an HEI offering a nursing program is mandated to implement a curriculum compliant to the minimum standard the educational department has set. Thus, the HEIs, regardless of their accreditation status, can be seen to have been doing this as manifested by the similar levels of spiritual knowledge, spiritual values and spiritual nursing skills that their students possess at the time of this study.

## D. Spiritual Nursing Elective Subject

Based from the findings, the enrolment to the subject *Spiritual Care Nursing* is not associated with the spiritual nursing care competencies of the BSN students in Region 1. The distribution of respondents for each category must again be noted to be unequal where there were 114 (73.08%) enrolled and 42 (26.92%) not enrolled in the elective subject *Spiritual Care Nursing*. As mentioned by Hole (2019), if a correlation is likely to occur or not to happen by chance more often, it is assumed that it has arisen merely by chance and that it is not evidence for a correlation or noncorrelation in the parent population. It could be that the population size is not statistically comparable as compared to the whole population. Nevertheless, the above result may point toward the fact that there may also be other factors contributing to the BSN students' acquisition of spiritual nursing knowledge, spiritual values, and spiritual nursing skills. Spiritual care in nursing is a subject being integrated into other professional nursing subjects. Hence, spiritual care concepts are already being introduced to students even before the *Spiritual Care Nursing Elective Course* is offered. For spiritual values, the students may have acquired these from their families as well as their day-to-day experiences. These values are usually imposed early by the family and developed over the years.

## Implications of the Study

The spiritual care competencies among BSN students in the Ilocos Region remains to be challenged as to its extent. The current study shows that student nurses from Region 1 have moderate knowledge on spiritual nursing, favorable spiritual values, and perceive themselves to have a moderate extent of spiritual nursing skills. Moreover, the extent of their skills in spiritual nursing was evaluated by their clinical instructors as moderate as well.

While, spiritual nursing care is a distinct aspect of care that necessitates acquiring the relevant spiritual nursing knowledge, spiritual values, and spiritual nursing skills, the training on the provision of spiritual care among BSN students is essential. Relevant training is deemed necessary in responding to the need for competent spiritual care nurses. The clinical area is a significant learning arena for students. Hence, adequate preparation before students' actual meeting with their patients relies much on the higher education institution's teaching efforts in offering the BSN program. In this regard, the position of the nursing academe in taking the lead in molding and advancing spiritual care competence and capability among student nurses cannot be undermined. The nursing programs' effort to incorporate the concept of Spiritual Care Nursing into the nursing curriculum provides an immense and promising hope in addressing the need for holistic care through spiritual nursing care as a subject. The transfer value of these preparations in the clinical nursing practice reflects the effectiveness and relevance of the classroom's teaching-learning experiences.

### Strengths and Limitations of the Study

The broad coverage of the study, as it included fourteen (14) Higher Education Institutions in Region 1 offering the Bachelor of Science in Nursing Degree, warrants its usefulness. It should be noted, however, that the study was conducted during the academic year 2017-2018. Thus, the results may differ at present time. Moreover, self-perception by the BSN students may render bias on the outcome of their extent of spiritual nursing skills. In contrast, the capacity of the CIs to evaluate is subjective and were based on their perception of the students' skills in general. These findings may then offer implications relating to instruction where the students and clinical instructors may be assessing the extent of spiritual nursing care skills differently.

### Conclusion and Recommendations

The BSN students in Region 1 are reasonably competent in rendering spiritual nursing care to their assigned patients. Their year level, school category, and school accreditation are important factors to a better spiritual nursing skill. As they advance in the year level, they are likely to assimilate the spiritual values that are indispensable in delivering spiritual nursing care. However, amidst this favorable competence, clinical instructors still see these students as work in progress, capable of excelling. To do this, the utilization of the training module, which is an output of this endeavor, may assist the nurse educators in helping the BSN students to improve their spiritual nursing care competence.

The study's findings support the necessity of intensifying the BSN students' spiritual nursing care competencies. It demands

educational intervention and fostering students' competence through teacher-directed and student-directed learning. Concepts of spiritual care may be reinforced by integrating them into professional nursing subjects. It is also recommended that the training module of spiritual care nursing, which is an output of this study be utilized to assist the clinical instructors in effectively honing BSN students' spiritual care competencies. For future studies, a broader scope is encouraged, and qualitative studies on spiritual care are suggested to explore BSN students' spiritual care competencies further.

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## ABOUT THE AUTHORS



**Epifania Marlene R. Purisima**, PhD, RN, is an Assistant Professor at the College of Nursing in University of Northern Philippines, Vigan City. She has also been designated as the unit research coordinator since March 2021 up to present. The author graduated from the University of Northern Philippines with a Bachelor of Science in Nursing and a Master of Arts in Nursing. In December 2020, she earned the degree, Doctor of Philosophy in Nursing at Saint Louis University in Baguio City. Her fields of expertise include spiritual care nursing, pediatric nursing, and nursing research.



**Norenia T. Dao-ayen**, PhD, RN is a retired Associate Dean of the School of Nursing of Saint Louis University. She actively engages in research advising and teaching would-be nurses at present, as she is hired as visiting professor of the Saint Louis University, her Alma Mater.

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**“From caring comes courage.”**

– Lao Tzu