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Overview of spiritual care instruments and its domains: a scoping review

K. V. G. S. G. Vithana[1,3], T. A. Asurakkody[2*] and S. S. P. Warnakulasuriya[3]

Abstract

Background Spiritual care in nursing involves addressing the spiritual needs of patients as part of their overall healthcare. It acknowledges that health is not just physical but also includes emotional, mental, and spiritual dimensions. Spiritual care can be particularly important during times of illness, suffering, or near the end of life when patients may seek comfort, meaning, and connection to their beliefs or faith. Integrating spiritual care in nursing and measuring spirituality and the level of spiritual care in nursing are important strategies to enhance spiritual care among nursing professionals. Nurses who have a better orientation to the concept of spiritual care would be a great resource for clients who are seeking to fulfill their own spiritual care needs. The aim of this review was to identify and synthesize the domains of standard spiritual care instruments that have been developed to measure the spiritual care provided by nurses and nursing students.

Methods A review of the literature was carried out to examine the scales available online related to nurses and nursing students on spiritual care nursing. A total of 20 scales were encountered from the reported evidence related to spiritual care nursing and its domains. These scales are discussed under three themes. The scoping review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance for Scoping Reviews (PRISMA-ScR) checklist.

Results Three major themes emerged from the identified studies that contained information related to scales of spiritual care nursing presented as intra-personal domains (spirituality nature, spirituality, religiosity, beliefs, values, knowledge, attitudes, and perspectives), interpersonal domains (spiritual care activities, spiritual support, personalized care practices, attributes of care, competencies, nurses' role and training context), and extra-personal domains (environmental factors, supportive measures, education, barriers. All three domains contained a number of important metrics that need to measure spiritual care in nursing practice.

Conclusions Overall, spiritual care instruments evaluate major domains with relevant factors under three domains related to spiritual care in nursing. All scales have some different changes due to the variety of religions, cultures, and countries. Therefore, all instruments have different values and important metrics that are related to evaluating the concept of spiritual care in nursing.

Keywords Spiritual care, Religious care, Nursing, Instruments, Domains

*Correspondence:
T. A. Asurakkody
thanuja@fnd.cmb.ac.lk
[1] National Hospital, Galle, Sri Lanka
[2] Department of Fundamental Nursing, Faculty of Nursing, University of Colombo, Colombo, Sri Lanka
[3] Faculty of Nursing, University of Colombo, Colombo, Sri Lanka

Introduction

Spirituality is one aspect that is generally discussed in relation to human understanding of searching for meaning and objectives in life and death [1] and is viewed as a dimension of the holistic understanding of human functioning in life [2]. Spiritual care nursing begins with encouraging human connections in relationships with

compassion and moving in whatever direction is needed [3]. Spiritual care is defined as "actions to meet the spiritual needs of the client and family" [4]. Spiritual care is an essential part of holistic nursing care. In the implementation process of spiritual care, the nurse must examine, diagnose, and respond to the requirements of each and every client. Achieving the spiritual care nursing needs of the client guides healing of physical symptoms, reduces pain, and personalizes growth. Nurses who provide spiritual care experience less stress and lower burnout. [5]. During the past decades, there has been a noticeable increase in preference for spirituality and religiosity among health professionals and scientific communities [6]. Holistic nursing focuses on the aspects of physical, psychological, social, and spiritual care for the person [7]. In the context of health care, spiritual care nursing raises complex questions that arise from the spiritual needs of the patient and their family [8]. Spiritual care nursing is considered a valid part of overall nursing care that helps to improve the quality of life for patients and families [9]. The World Health Organization (WHO) has emphasized the importance of patients' physical, psychological, social, and spiritual well-being rather than focusing solely on the disease. The International Council of Nurses (ICN) has emphasized the importance of the nurse's role in preparing an environment that respects personal rights, worth, customs, and spiritual beliefs [10].

Spiritual care nursing appears to provide observable therapeutic benefits to both the clients and the caregivers. Clients experience contentment and recovery, and caregivers accept the recipient's diagnosis, while nurses comprehend the offering of spiritual care nursing as a reward [11]. Consequently, it is mandatory to improve nurses' abilities in spiritual care nursing by enhancing their understanding of the impact of spiritual care nursing in supporting clients to discover the meaning and purpose of life [10]. When considering the spiritual care concept, which is a responsible part of the care provided by nurses [12], literature has recorded that nurses are not confident in the concept of spirituality and that they have insufficient engagement in spiritual care nursing in clinical practice [13]. Considering the above aspects, one may summarize that spiritual care nursing is regarded as demanding and applicable; however, its systematic awareness has reduced due to the influence of a variety of domains. Among these domains, the most prominent factors are nurses' preparation issues for the spiritual care nursing role and the gap in training and education [14]. Some studies have reported on nurses'confusion regarding their caring role in spiritual care and its assessment [15–17]. Nurses'confusion about their role can be caused by several factors related to providing spiritual care. These factors include a lack of preference for the nursing profession, misunderstandings of religious beliefs, communication issues between nurses and family members, sustenance issues for nurses, decreased motivation, insufficient time, a lack of essential communication skills, and not having training in effective communication [16, 17]. Therefore, the current review is focusing on spirituality, spiritual care, measuring instruments of spiritual care nursing, and related domains of such measurements.

Method

Aim

The aim of this scoping review was to examine, understand, and synthesize the domains of existing tools for measuring the spiritual care of nurses and nursing students. It is essential for nursing professionals who are entering into spiritual caregiving to be provided with the right measuring instruments. Therefore, it is crucial to identify effective assessment instruments for spiritual care practice. The guiding question of the study was developed based on the Population, Concept, and Context (PCC) question development framework [18].

Research questions based in this review

The following questions were addressed: (1) What are the existing tools for measuring the spiritual care of nurses and nursing students? (2) What are the domains of the instrument that measures the spiritual care of nurses and nursing students? (3) What is the major type of domain that can be synthesized from measuring the spiritual care of nurses and nursing students? The scoping review was carried out in steps. Scoping review methodology was considered suitable to systematically map the range of literature, identify key concepts, and identify the types of evidence available [19]. The review was conducted in accordance with the JBI methodology for scoping reviews and was reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist [20].

Eligibility criteria

Population

In the current review, studies focusing on instruments for measuring the spiritual care provided by nurses or nursing students were included. Studies were deemed eligible for inclusion if they focused on, but were not limited to, hospital nurses, hospice care nurses, and nursing students. Contexts outside of nursing (such as occupational therapists, clinical pastoral care members, and informal caregivers) were excluded. For readability, the review referred to the participant role as 'nurses' or 'nursing students' and excluded studies that focused on other healthcare professionals.

Concept

Eligible instruments focus on measuring spiritual care nursing interventions and religion-based care.

Context

The current scoping review included studies in the context of spiritual care assessment in nursing. Eligible studies with instruments should measure at least one domain of spiritual care nursing intervention and religious-based care, using a validated questionnaire. The research examines English-language publications from the past 25 years (1999–2024).

Types of sources

For the current scoping review, studies utilizing quantitative and/or mixed methods design, theses and dissertations, text and opinion papers were considered. The inclusion criteria included studies written in the English language, regardless of study design, book chapters, protocols, and some grey literature (theses, preprints, guidelines, policy documents, or any other form of report) where the described approach meets all other criteria and explains an approach actually delivered or intended for spiritual care nursing or religious-based care nursing. Eligible scales incorporated those that focus on measuring the level of spiritual care or have a spiritual care-related knowledge, practice, and attitude of the engaging spiritual care nursing practices. This study excluded books, conference proceedings, newspaper articles, web articles, expert letters, presentations and duplicates. In this review, researchers preferred detecting all tools for measuring spiritual care among nurses and nursing students.

Information sources

A systematic search was conducted across six databases to cover published articles in health-related fields: PubMed, CINAHL (EBSCOhost), Scopus (Elsevier), PsycINFO, ResearchGate, and Web of Science up to November 2024. The reference list of incorporated study articles was searched to identify additional related studies.

Search strategy

The search strategies using subject headings combined with free text terms: ('Spiritual care nursing scales' OR 'Religious care' OR 'Spirituality scale' OR 'measure spiritual care' OR combined with the title word nursing) by holding counsel with a more experienced librarian. The search was run from June to December 2024. A further search was also conducted from the references of all included studies related to spiritual care and relevant terms, keywords, and synonyms. This search also included different terminology, word plurals, different word forms, various word spellings, acronyms, and specific names. In addition, studies were manually identified through the reference lists of selected articles. The search strategies used subject headings together with free text terms: ('Spiritual care nursing scales' OR 'Religious care' OR 'Spirituality scale' OR 'measure spiritual care' OR combined with the title word nursing).The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) extension for scoping reviews (PRISMA-ScR) checklist was used [20]. The flowchart of PRISMA-ScR (Fig. 1) was integrated.

Study selection

The selection processes of the data search were reported manually in the Preferred Reporting Items for Systematic Reviews and Meta-analysis 2020 (PRISMA-2020) guidelines by two researchers (KVGSG, TA) [21]. Records for full-text review were required and identified for eligibility in a comprehensive manner. Studies had to be read in full text to prove that they specifically focused on measuring spiritual care nursing among nurses or nursing students. Due to the adaptability of terms related to measuring spirituality, it was challenging to distinguish between scales focused on spirituality and those focused on spiritual care nursing. As a result, many articles underwent full-text reading to accurately examine their relevance. Any inconsistencies in the selection process were resolved through discussion among all researchers.

Data extraction

The review employed a two-step assessment. First, two researchers (KVGSG and TA) independently screened titles and abstracts judged by the inclusion criteria and then obtained full texts where those titles and abstracts met the inclusion criteria or where there was any uncertainty. The two researchers then examined the full spiritual care instruments of potentially eligible articles according to the study eligibility criteria. A senior researcher (SSPW) was consulted if there were any disagreements or doubts. Data extraction was undertaken independently by the two researchers (KVGSG and TA) using an extraction spreadsheet form developed for this review. The data extraction spreadsheet was then updated, adding clarity to the details of the data to be extracted in each column. Finally, the study researchers compared the two data forms to detect any discrepancies in order to obtain the corresponding data.

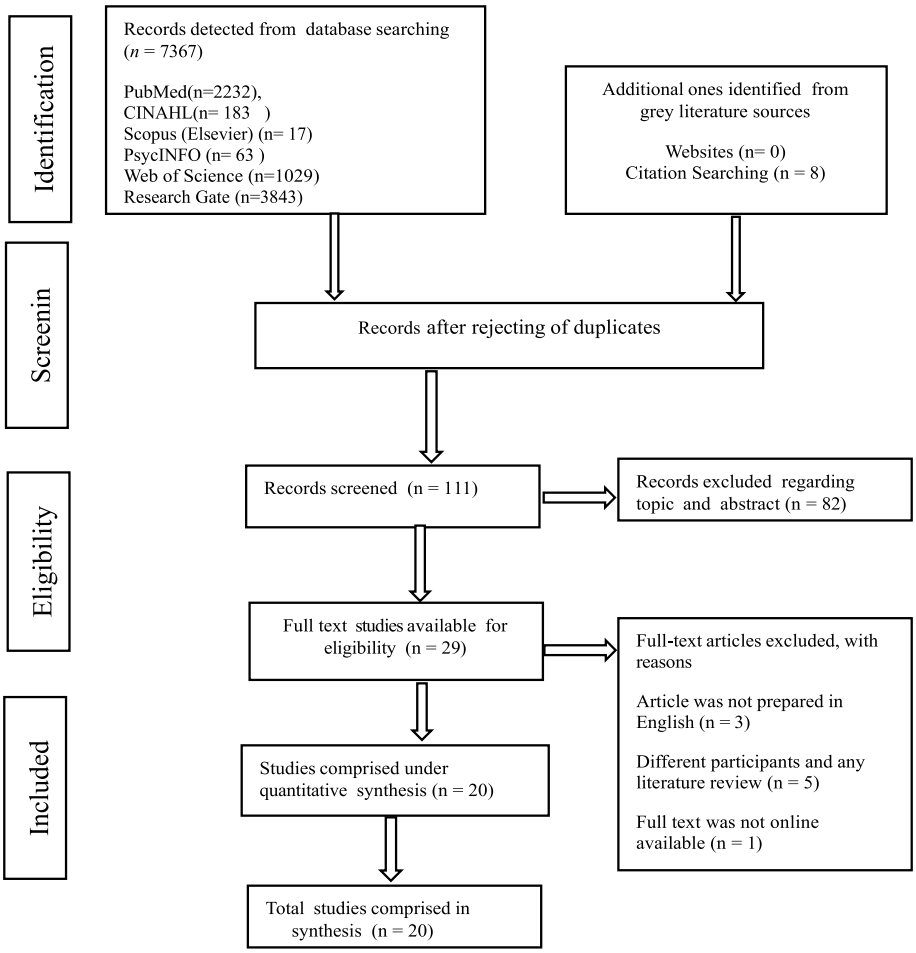

Fig. 1 PRISMA-scoping reviews flow chart of study selection

Data items

Data were extracted that contained details of included studies were (1) author, (2) year of publication, (3) country, (4) study design (5) name or type of the instrument, (6) no of items (7) settings, (8) type of participants (nurses or nursing students or both) (9) size of samples, (10) psychometric properties of the instrument, (11) domains measured, and (12) validated versions.

Data analysis

There wasn't any statistical pooling of outcomes performed because the instruments and study design of the included studies were heterogeneous [22]. Therefore, a narrative summary was selected to present the results of the included instruments. At the beginning, a descriptive summary of the characteristics of the included studies was formulated. Then the major domains of spiritual care measurements and themes were synthesized in a narrative way and presented in a table.

Results

Through the evaluation process 20 instruments were identified that related to spiritual care nursing measurements and evaluation. Results were narratively analyzed with details. Those are presented with its sub domains and content of focus. Specific data, description and psychometrics details of scales listed in Table 1. After the reading of all domains of instruments, three themes were identified that contained information related to scales of spiritual care nursing, presented as intrapersonal domains, interpersonal domains, and extrapersonal domains. Therefore, these three categories are divided according to the majority of attention focused on their domains and content basis. The study's major themes, domains of each instrument, and the number of document analyses for each domain are presented in Table 2 and Fig. 2: presented domains of the review.

Table 1 Spiritual care nursing instruments extracted details ($n = 20$)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
1	Taylor et al., 1994 [23]	The Oncology Nurse Spiritual Care Perspectives Survey (ONSPS) Likert-type items with 5-point response	United states	13	To assess'cancer nurses'attitudes and beliefs regarding spiritual care	There were two parts (A) attitudes about spiritual care in nursing practice (B) how nurses should relate to the spirituality and religiosity of patients Data analyzed for spiritual care within nursing, and relationships between beliefs and attitudes about spiritual care and self-reported work, role, education, spirituality, religiosity, and ethnicity	Not published	181 Oncology Nursing Society members	
2	Taylor et al., 1999 [24]	Spiritual Care Perspective Scale-Revised 5-point Likert response		10	To quantify attitude toward spiritual caregiving in nursing care	To quantify attitude toward spiritual caregiving in nursing practice, nurse attitude toward including spiritual care in nursing was measured. SCPS includes both an attitude and a frequency subscale	The internal reliability $\alpha = 0.75$	638 Rregistered Nurses	
3	Highfield et al., 2000 [25]	Spiritual Care Perspectives Scale (SCPS) Likert scale	United states	06	To examine the formal and experiential preparation for spiritual care of nurses in oncology and hospice	SCPS aims to identify nurses'beliefs, attitudes, practices, perspectives, and preparation regarding spiritual care. The impact of spirituality on cancer is measured, including the frequency, ability, comfort levels, and education of offering spiritual care		Members in oncology nursing society clinician (n = 181) and members of hospice nursing association (n =645)	

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
4	Mcsherry et al., 2002 [26]	Spirituality and Spiritual Care Rating Scale (SCCRS) five-point Likert Scale	England	17	To discover and explore understanding and attitudes regarding the concepts of spirituality and spiritual care	Response options are there for spiritual beliefs and values There are four factors: (1) Spirituality – 05 items (2) Religiosity – 03 items (3) Spiritual Care– 05 items (4)Personalized Care – 03 items	Cronbach's alpha coefficient—0.64	Wd based nurses ($n = 549$)	Cross-culturally adapted and validated for various versions such as, Persian version [27], Portuguese version [28], Italian version [29]and Polish version [30]
5	Meyer, 2003 [31]	Student Survey of Spiritual Care (SSSC)		09	To identify the effects of student characteristics and the contribution of nursing education to this ability	Nursing student characteristics and the contribution of their ability to deliver spiritual care, as well as the students'religious commitment and the importance placed on spiritual care provision in their nursing education	Reliability coefficient of 0.84	Nursing students	
6	Chan et al.,2006 [32]	Spiritual Care Perceptions and Practices Scale (SCPPS) five-point Likert Scale	Hong Kong	12	To describe nurses'perceptions and practices of spiritual care	Two dimensions were there Spiritual care perception: 07 items (1 = strongly disagree; 5 = strongly agree) and Practice toward spiritual care: 05 items (1 = very unimportant; 5 = very important)	Perceptions were significantly positively correlated with practices (r = 0.62)	193 Nurses	Cross-culturally adapted and validated for the Turkish version [33]

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
07	Hoffert et al., 2007 [34]	Spirituality Questionnaire Evaluation Tool Five-point Likert scale		10	To address the four barriers to performing a spiritual assessment	Examine the ability of nursing students to perform a spiritual assessment and perceive comfort. The tool comprises demographic data and examines students'perceived comfort level with conducting a spiritual assessment, their perceived abilities to demonstrate a spiritual assessment, their capabilities to differentiate between religiosity and spirituality, and nurses'role in spiritual care	A value of the tool =0.74	Nursing Students	
08	Taylor et al., 2009 [35]	Communicating for Spiritual Care Test (CSCT) true/false answer options	California	24		Evaluated knowledge about how to communicate to deliver spiritual care		Nursing students and practicing registered nurses	
09	Leeuwen et al., 2009 [36]	Spiritual care competence scale (SCCS) five-point Likert scale	Netherlands	35	To examine competencies of giving spiritual care of nurses	There were six competencies identified in spiritual care nursing: 1) Assessing and implementing spiritual care 2) Professionalization and enhancing the quality of spiritual care 3) Providing personal help and patient counseling 4) Making professional referrals 5) Having the right attitude towards the spirituality of the patient 6) Effective communication	For 1 Cronbach's alpha 0.82 For 2 Cronbach's alpha 0.82 For 3 Cronbach's alpha 0.81 For 4 Cronbach's alpha 0.79 For 5 Cronbach's alpha 0.56 For 6 Cronbach's alpha 0.71 The above subscales showed better homogeneity, with average inter-item correlations greater than 0.25, indicating better test–retest reliability	n = 197 Bachelors level nursing students	

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
10	Chan et al., 2010 [37]	Spiritual Care Perceptions and Practices Scale (SCPPS- revised)		10	To measure perceptions and practices scores on spiritual care	There were two factors measured regarding perceptions of spiritual care and practices of spiritual care		110 nurses	
11	Burkhart et al., 2011 [38]	Spiritual care inventory (SCI) Five-point Likert scale		18	To measure the spiritual care offered by nurses	Divided into three subscales: interventions of spiritual care, meaning-making, and rituals of faith	Internal consistency for subscale 1 = 0•82 subscale 2 = 0•92 Subscale 3 = 0•86	For second version, staff nurses (n =30) and graduate nursing students(n =48)	
12	Nardi & Rooda, 2011 [39]	Spirituality Scale Likert-type scale	Midwest	45 statements	To determine the level of awareness of spirituality and utilization of nursing strategies to identify the spiritual needs of the patients	Three sections were there: demographic questions in the first part, 15 items on therapeutic strategies and behaviors, and 28 items for beliefs and values	Combined mean spirituality score was 128.76, $t(64) = 0.668$, $P = .507$ Cronbach's alpha was 0.95	86 senior-level nursing students	
13	Tiew & Creedy, 2012 [40]	Spiritual Care-Giving Scale (SCGS) six-point Likert scale	Singapore	35	To measure perceptions towards spirituality and spiritual care	Items are divided into five factors. These five dimensions are spiritual care value, spiritual care attitudes, key aspects of spiritual care, spirituality perspectives, and definition of spiritual care	Showed noticeable reliability of test–retest ($r = 0.811$; $p < 0.01$). It comprised five core domains: attributes of spiritual care (Cronbach's alpha 0.926), spiritual perspectives (Cronbach's alpha 0.896), definitions of spiritual care (Cronbach's alpha 0.868), spiritual care attitudes (Cronbach's alpha 0.879), and spiritual care values (Cronbach's alpha 0.822). The total Cronbach's alpha of this scale is 0.86	745 student nurses	Cross-culturally adapted and validated for Turkish [41], Arabian [42], and Chinese version [43]

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
14	Burkhart & Schmidt, 2012 [44]	The Spiritual Care in Practice (SCIP) Five-point Likert scale	United states of America	12	To develop and test a spiritual care pedagogy	There were two phases. During the first phase, a program with educational and reflective spiritual care was planned and developed using the theory of spiritual care nursing by Burkhart Hogan. In phase 2, the effectiveness was measured in a pre-posttest, randomized controlled trial. There was a statistically noticeable increase in the perceived ability of students to provide spiritual care. There was a significant enhancement in the students'utilization of reflective practices, which they found helpful in supporting them during stressful times	The Cronbach's alpha for the tool was.91	n = 59 Nursing Students	
15	Taylor, 2013 [45]	The Nurse Spiritual Assessment Questionnaire (NSAQ) Five response options	New Zealand	21	To measure how comfortable hospice nurses are in directing spiritual assessment and to explore possible related factors	Designed questionnaire examined respondents'comfort with finding patients'spiritual assessment question Demographic factors comprising age, years in nursing, religiosity, and spirituality were not associated Significance of training and exhibit how nurses can be cozy with and competent of assessing spirituality of patient		60 hospice nurses	

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
16	Kavas & Kavas, 2014 [46]	Spiritual Support Perception Scale (SSPS) Four-point response scale	Turkey	12	To assess perception of spiritual support	Perception of spiritual support and attitudes were measured. A total average is calculated. If the level of perception rises, the level of spiritual support enhances. Perception of spiritual support is assessed as 0 (Low) < 20–40 (Medium) < 60 (High)	Cronbach alpha) was found to be 0.940 exploratory factor analysis of variance demonstrating the construct + validity of a rate of 58.4%,	155 Nurses, 36 Doctors and 53 Midwives. Total 244 participants	
17	Mamier & Taylor, 2015 [47]	Nurse Spiritual Care Therapeutics Scale (NSCTS) Five-point answering scale		17	To measure the provision of spiritual care by nurses working 12- or 8-h shifts, it was necessary to take into account the last 72 or 80 h for a response	Scale means anybody who had nursing spiritual care. Criteria for comprising items were (1) discussing an intervention that was suitable for a nurse to give, (2) precisely inscribing spirituality or religiosity, and (3) suitable to utilize relatedness of patient's religious direction or the non-appearance of it The relationship with measures of religiosity and spirituality was weak to moderate, but always noticeable, which prop up the convergent validity	Content validity index = 0.88, alpha coefficient of 0.93. Validity was shown by item-total association varying from 0.40 to 0.80. Cronbach's α coefficient = 0.93–0.94 and exploratory factor analysis only extracted one factor that accounted for 49.5% of the total variance	554 Registered nurses	

Table 1 (continued)

No	Author, Year	Instrument	Country/Region	No of items	Aim	Domains	Psychometric properties	Population	Versions
18	Doram et al., 2017 [48]	Spiritual Climate Scale Five response scale	USA	04	To describe a novice survey scale to examine spiritual climate of healthcare workers	The scale contains four items with similar meanings to the following: 1) I am encouraged to express my spirituality. 2) My spiritual beliefs are respected. 3) My spirituality feels welcomed. 4) A diverse range of spiritual perspectives are acknowledged in this clinical setting	Internal consistency was Cronbach α =.863). On average 68% (SD 17.7)	7923 healthcare workers, including registered nurses (RNs), charge nurses, nurse managers, physician assistants/nurse practitioners, vocational nurses/licensed practicing nurses, along with other health workers, are involved in 325 clinical areas across 16 hospitals	
19	Giske et al.,2022 [49]	EPICC Spiritual Care Competency Self-Assessment Tool Four-point response Likert scale	California, USA; England, UK; Ghana; Netherlands; Norway; Wales, UK	28	To measure perceptions of spiritual care competence in health care practice	The four competences of intrapersonal, interpersonal spirituality, spiritual care: assessment and planning, Spiritual care: intervention and evaluation with knowledge, skills and attitudes	Cronbach's alpha coefficient = 0.91 Cronbach's alpha – sub scales = between 0.7–0.8	323 undergraduate nursing and midwifery students' at eight universities in five countries	Cross-culturally adapted and validated for Turkish version [50]
20	Murgia et al.,2023 [51]	Nursing Care and Religious Diversity Scale (NCRDS) Five-point response Likert scale	Rome, Italy	25	To evaluate nursing care and religious diversity in nursing	The tool was developed with five dimensions to examine the meaning of spirituality and personal belief, the religious health environment, adequacy of education, spiritual and religious requirements, and plurality of religions	Cronbach's α was 0.83	317 nurses	

Table 2 Domains of spiritual care instruments

Name of the instrument	Intrapersonal										Interpersonal
	Spiritual nature	Spirituality	Religiosity	Belief	Values	Knowledge	Self-Attitudes	Perspectives	Perception	Self-preparation	Spiritual care activities
ONSPS [23]		X	X	X			X				
Spiritual Care Perspective Scale-Revised [24]		X	X	X			X				
SCPS [25]		X		X			X	X	X	X	X
SCCRS [26]	X	X	X	X	X						X
SSSC [31]		X	X								
SCPPS [32]		X						X	X		
Spirituality Questionnaire Evaluation Tool [34]		X	X								
CSCT [35]		X				X	X				
SCCS [36]		X					X			X	X
SCPPS- revised [37]		X						X	X		
SCI [38]		X		X							
Spirituality Scale [39]		X		X	X						
SCGS [40]	X	X	X	X	X	X	X	X	X	X	X
SCIP [44]		X									
NSAQ [45]		X	X								
SSPS [46]		X		X	X			X	X		X
NSCTS [47]		X	X								
Spiritual Climate Scale [48]		X		X				X	X		
EPICC Spiritual Care Competency Self- Assessment Tool [49]	X	X	X	X	X	X	X	X	X	X	X
NCRDS [51]	X	X	X	X					X	X	X
Total no of instruments (n)	4	20	10	11	5	3	7	7	8	5	7
%	20	100	50	55	25	15	35	35	40	25	35

Table 2 (continued)

Name of the instrument	Interpersonal						Extra-personal			
	Spiritual support	Personalized care practice	Attitudes of care	Competencies	Nurses' role	Training context	Environmental factors	Supportive measures	Education	Barriers
ONSPS [23]									X	
Spiritual Care Perspective Scale-Revised [24]										
SCPS [25]		X		X					X	
SCCRS [26]	X	X					X	X		
SSSC [31]				X					X	
SCPPS [32]		X								
Spirituality Questionnaire Evaluation Tool [34]					X					X
CSCT [35]						X				
SCCS [36]	X		X	X			X	X		
SCPPS- revised [37]		X								
SCI [38]		X		X			X	X		
Spirituality Scale [39]	X	X	X	X	X					
SCGS [40]	X	X	X	X	X		X	X	X	
SCIP [44]		X		X		X	X	X	X	
NSAQ [45]							X		X	
SSPS [46]		X		X			X	X		
NSCTS [47]					X	X			X	
Spiritual Climate Scale [48]							X			X
EPICC Spiritual Care Competency Self- Assessment Tool [49]	X	X	X	X	X		X	X	X	
NCRDS [51]							X		X	
Total no of instruments (n)	5	10	4	9	5	3	10	7	9	2
%	25	50	20	45	25	15	50	35	45	10

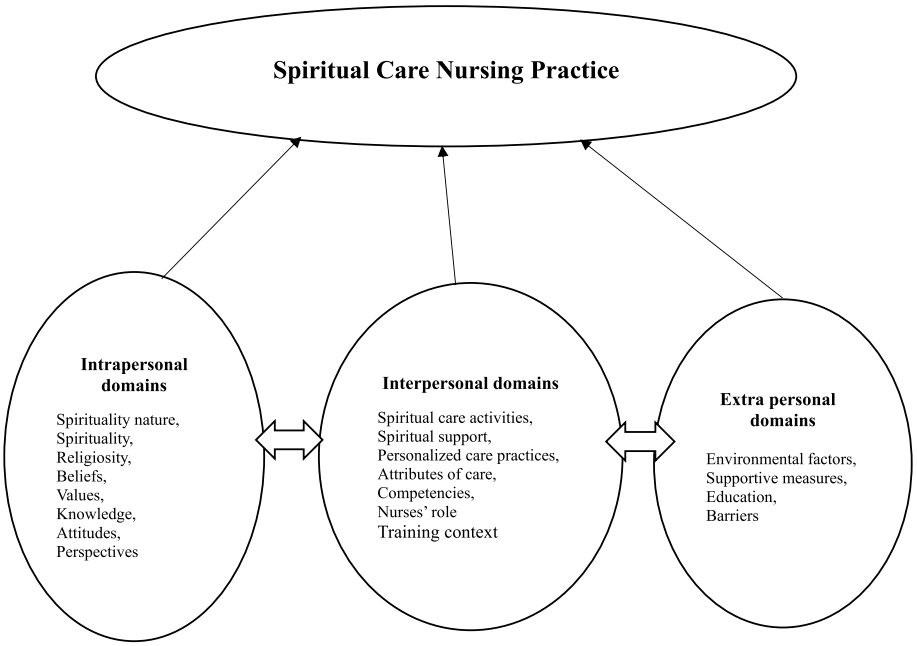

Fig. 2 Spiritual care nursing practice instruments' sub domains

Theme 1: Intra personnel domains

When considering above concepts intrapersonal domains such as personal spirituality, spirituality nature, spirituality characteristics, religiosity, beliefs, values, knowledge, self-attitudes, perspectives and perceptions are included in several scales in measuring spiritual care. However, these defining factors influence and shape individuals' spiritual perceptions and the importance of spiritual well-being. All instruments focus on spirituality as intrapersonal domains. Taylor et al. [35] This instrument has constructs that are attitudes, behaviors, or concepts. Specifically, the religiosity contents and spirituality aspects and their associations were not directly examined. The SCGS developed by Tiew and Creedy [40] encompasses several domains. Its primary emphasis is on assessing nursing students'perceptions on spirituality and spiritual care, rather than on interpersonal and extra personal aspects. Nevertheless, it offers limited focus on practice elements. Despite this, the SCGS includes inquiries pertaining to all three domains. In Spiritual Climate Scale by Doram et al. [48] contains spirituality and spiritual vision regarding two items among four items.

Theme 2:Interpersonal domains

When considering the above concepts, interpersonal domains have not been majorly focused on in the five instruments, which are ONSPS [23], Spiritual Care Perspective Scale-Revised [24], CSCT [35], Spiritual Climate Scale [48], and NSAQ [45] within the reviewed scales. The SCGS [40] added interpersonal domains under items of spiritual care attributes. There were nine items out of 35 regarding the nurse-patient relationship in spiritual care and team approach. SCCRS consisted of spiritual care and personalized care out of four factors, including 17 questions [26]. NSAQ was designed with 21 items for examining respondents'comfort with finding patients' spiritual assessment questions, and it measured participants'comfort with asking clients about the assessment of spirituality [45]. The EPICC Spiritual Care Competency Self-Assessment Tool consisted of five questions related to interpersonal basis and included questions to evaluate competencies in the spiritual care assessment and planning process [49]. Therefore, several spiritual care instruments have specifically focused on evaluating the interpersonal domains of the nursing population.

Theme 3: Extra personnel domains

Under the practice of spiritual care, extra personnel domains mainly focus on areas such as environmental factors, supportive measures, education, and barriers. However, these defining factors impact spiritual care in nursing practice. A total of five instruments did not have a major focus on extra personnel domains: Spiritual Care Perspective Scale-Revised [24], SCPPS [32], CSCT [35], SCPPS-Revised [37], and Spirituality Scale [39]. The SSSC examined how much prominence spirituality care provision has in the nursing education of students [31]. The NCRDS by Murgia et al. [51] evaluated nursing care

and religious diversity in nursing. It has given priority attention to the religious health environment, which is one of the major dimensions in the scale, as extra-personnel domains. The Spirituality Questionnaire Evaluation Tool evaluated the four barriers to performing a spiritual assessment of nursing students. That study suggested teaching methods to help nursing students evaluate and conduct spiritual care [34]. Spiritual Climate Scale addresses environmental extra personal domains. It describes a novel survey scale to examine the spiritual climate of healthcare workers. The SCIP developed and evaluated a spiritual care pedagogy. SCIP helped to translate nursing theory and study into a successful pedagogy [44], and the NSAQ revealed the significance of the training in spiritual care nursing [45].

Discussion

The current scoping review provides insights into scales for measuring spiritual care, which have assessed 20 spiritual care nursing instruments that evaluate whether a nursing population (nurses or nursing students) desires to offer spiritual care and the frequency of offering spiritual care. Instruments should have sufficient content validity for evaluating the spiritual care provided, including supportive points and barriers, as well as the knowledge, attitude, and practice required to maximize spiritual nursing care practice. The current review concludes with details of the measuring tools, items, and subdomains under three themes in the study.

A total of 11 scales have mainly focused on spiritual care nursing beliefs, attitudes, and values as interpersonal domains of humanity. The ONSPS, Spiritual Care Perspective Scale-Revised, SCPS, SCCRS, SCPPS, Spiritual Care Competence Scale, SCPPS-Revised, SCI, Spirituality Scale, SCGS, SSPS, and EPICC tool were evaluated under all three study themes with their domains, such as defining spiritual care nursing, beliefs and attitudes regarding spirituality and spiritual care nursing, therapeutic strategies, perspectives, attributes, preparations, competencies, communication, and spiritual care practices from the nursing population. The majority of scales have focused on intrapersonal domains; some scales examine the other two domains that are important for practicing spiritual care. Both the ONSPS and the Spiritual Care Perspective Scale-Revised have a greater focus on examining spiritual care beliefs and attitudes. The Spiritual Care Perspective Scale-Revised has been developed by adapting the ONSPS. The Spiritual Care Perspective Scale-Revised includes ten questions about spiritual care attitudes. When considering the above scales, the SCPPS and SSPS attempt to draw more attention to perceptions and practices of spiritual nursing care and other related domains. When comparing these scales, the SCGS and EPICC tool have become multidimensional instruments for measuring spiritual care nursing practices, as their five subdomains related to intrapersonal, interpersonal, and extra-personal domains primarily influence spiritual care.

A total of five scales have focused more on the examination of the personnel characteristics of the nurse or nursing student, spiritual and religious health, and religious commitment. SCCRS, SSSC, NSCTS, and NCRDS have addressed the religiosity components of the nurse. SSSC has focused on participants'personnel characteristics such as age, spirituality of the individuals, and religious commitment, as well as the association between spiritual care nursing attitudes and spiritual care practices. SSSC has directed attention to nursing students' spirituality levels and religious commitment, highlighting how prominent the concept of spirituality is during the nursing academic environment, which has been reported as a predictor in their study [31].

When a researcher wants to examine the components of religiosity among the nursing population, the EPICC spiritual care competency self-assessment tool, SCCRS, NSCTS, and NCRDS can be used. Additionally, NSCTS can be used to examine the presence or absence of a relationship with the orientation of patients'religious states [47]. NCRDS is the most common evaluation scale that examines religious diversities under intrapersonal domains [51]. It will be helpful to effectively evaluate religiosity diversities among nurses in muti religious and multicultural countries. A total of two instruments in the current review have focused more attention on examining barriers and the climate for spiritual care nursing, along with other factors in the extra personal domain. The Spirituality Questionnaire Evaluation Tool and the Spiritual Climate Scale contain these elements along with other subdomains. The Spirituality Questionnaire Evaluation Tool provides measurements for examining four barriers to performing a spiritual assessment. However, it includes parts related to intrapersonal domains, such as the ability to differentiate between religion and spirituality, as well as the nursing role in spiritual care provision [34]. The Spiritual Climate Scale can be used when examining the spiritual climate of healthcare workers. Spiritual climate is positively associated with teamwork climate. It is similar to the SSSC tool, which evaluates the association of environmental factors as extra personal domains and spiritual care [31].

A total of three instruments in the present review have focused attention on identifying views of training contexts in spiritual care nursing under interpersonal domains. CSCT, SCIP, and NSAQ focused on knowledge, education, and training concepts evaluation. The study developed the SCIP scale interventions to support enhancing

nursing students' perceived ability to offer spiritual care nursing in complex clinical situations. SCIP has been developed and examined as a spiritual care pedagogy and helped to translate nursing theory [44]. The CSCT study proposed that the portion of spiritual care nursing education gained anticipated learning about empathetic responding. Nevertheless, these developments do not seem to be influenced by the type of institution where the respondents are currently working. That study observed an effect of interaction time between nursing students and staff nurses on both spiritual care nursing attitudes and individual spirituality experiences [35].

Implications for clinical practice and research

Nurses play a vital role in palliative care, supporting clients in coping with disease-related spiritual distress. They have a unique opportunity within the multidisciplinary palliative care team to develop strong professional relationships with their clients, including facilitating their spiritual needs. Reviewing the benefits of spiritual care nursing instruments and their application to the clinical setting is important for a holistic nursing approach. This holistic process helps all nursing care professionals provide spiritual care nursing as a major part of palliative care. Instruments and their domains of spiritual care may support a spiritual care nursing intervention. As the main providers of spiritual care, nurses should have a better awareness of spiritual care nursing interventions. They need a good level of attitudes, knowledge, and practices. During this occasion, nurses must be aware of their own skill levels. The spiritual care nursing scales for nurses are very helpful for their development. They can then make a relevant choice of spiritual care nursing interventions for patients according to their spiritual distress, needs, preferences, and spiritual traditions. Next, the most relevant plans should be made according to patients'conditions, cultural backgrounds, and religious backgrounds. Patients with religious beliefs are not reluctant to actively participate in activities that do not suit their own culture and religious rituals. When nurses measure their own intrapersonal, interpersonal, and extra-personal domains, it will be helpful for conducting better spiritual care for their patients. Besides, cross-culturally validated and consistent outcome instruments are recommended for measuring their spiritual care domains in their own country setting.

When considering all instruments in the review that are effective for different cultural and religious contexts, With this in mind, nurses may tailor spiritual care nursing to meet the spiritual care requirements of their clients. This kind of flexibility helps to promote autonomy and creativity among nurses. It supports the selection of an assessment format that achieves the working goals best with their clients. Finally, it is vital that more research studies and education programs be undertaken in this context. It should be included in the basic nursing curriculum and adopted in all nursing units. Proper assessment tools can be chosen for use by every nurse, with further in-depth discussion regarding barriers to offering spiritual care for patients. This can be supported by evidence-based practice in spiritual care nursing.

Conclusion

All 20 instruments that were used to assess spiritual care by nursing professionals were reviewed. The studies recorded the utilization of these instruments to evaluate the major domains of spiritual care, along with relevant factors, under three categories: intra-personal, interpersonal, and extra-personal domains related to spiritual care nursing. The creation of a scientifically valid and culturally adapted spiritual care scale is a challenging task, as it can undergo various changes due to the diversity of religions, cultures, and countries. Therefore, all instruments have different values and important metrics related to evaluating the concept of spiritual care nursing worldwide. However, the most important concept is that nurses who have a better understanding of the concept of spiritual care can deliver a holistic nursing approach by integrating spiritual care practices for their clients.

Limitations of the review

Given the risk of bias inherent in the heterogeneity among the different spiritual care scales, the results should be interpreted and generalized with caution. Spiritual care among nurses from diverse cultural backgrounds may result in different outcomes, which may limit its appropriateness. Besides, the option of limiting the language to English may induce language and publication bias. Excluding articles in other languages can lead to missing some important points that were published in other languages. On the other hand, the current review was limited to instruments used only by nurses and nursing students. It did not include tools related to interdisciplinary research on spiritual care.

Abbreviations

ICN	International Council of Nurses
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analyses-extension for scoping reviews
ONSPS	The Oncology Nurse Spiritual Care Perspectives Survey
SCPS	Spiritual Care Perspectives Scale
SCCRS	Spirituality and Spiritual Care Rating Scale
SCCS	Spiritual care competence scale
SSSC	Student Survey of Spiritual Care
SCPPS	Spiritual Care Perceptions and Practices Scale
CSCT	Communicating for Spiritual Care Test
SCI	Spiritual care inventory
SCGS	Spiritual Care-Giving Scale
SCIP	The Spiritual Care in Practice
NSAQ	The Nurse Spiritual Assessment Questionnaire

SSPS	Spiritual Support Perception Scale
NSCTS	Nurse Spiritual Care Therapeutics Scale
NCRDS	Nursing Care and Religious Diversity Scale
EPICC	Enhancing nurses' and midwives' competence in Providing spiritual care through-Innovative education and Compassionate Care

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Not applicable.

Authors' contributions
The conceptualization of the literature was conducted by authors KVGSGV, TAA, and SSPW. The searches for relevant articles, data synthesis, and data analysis were performed by author KVGSGV,TAA and SSPW. The protocol and manuscript were drafted by authors KVGSGV, TAA, and SSPW. Article revisions and editing were performed by authors TAA and SSPW.

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Declarations

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References

1. Puchalski CM. Spirituality and the care of patients at the End-of-Life: an essential component of care. OMEGA. 2007;56(1):33–46. Available from: https://doi.org/10.2190/om.56.1.d.
2. Kinchen E. Development of a quantitative measure of holistic nursing care. J Hol Nurs. 2014;33(3):238–46. Available from: https://doi.org/10.1177/0898010114563312.
3. *Spiritual Care Matters An Introductory Resource for all NHS Scotland Staff*. n.d. Available from: https://www.nes.scot.nhs.uk/media/23nphas3/spiritualcaremattersfinal.pdf.
4. Lovering, SR. "The Crescent of Care: A Nursing Model to Guide the Care of Arab Muslim Patients." *Diversity & Equality in Health and Care*, vol. 9, no. 3, Radcliffe Publishing, Jan. 2012. Accessed 7 Dec. 2024.
5. Connerton CS, Moe CS. The essence of spiritual care. Creative Nurs. 2018;24(1):36–41. https://doi.org/10.1891/1078-4535.24.1.36.
6. Koenig HG. Religion, Spirituality, and Health: the research and Clinical Implications. ISRN Psychiatry. 2012;2012:1–33. Available from: https://doi.org/10.5402/2012/278730.
7. Ambushe SA, Awoke N, Demissie BW, Tekalign T. Holistic nursing care practice and associated factors among nurses in public hospitals of Wolaita zone, South Ethiopia. BMC Nurs. 2023;22(1):390. Available from: https://doi.org/10.1186/s12912-023-01517-0.
8. Timmins F, Naughton MT, Plakas S, Pesut B. Supporting patients' and families' religious and spiritual needs in ICU – can we do more? Nurs Crit Care. 2015;20(3):115–7. Available from: https://doi.org/10.1111/nicc.12177.
9. Lundberg PC, Kerdonfag P. Spiritual care provided by Thai nurses in intensive care units. J Clin Nurs. 2010;19(7–8):1121–8. Available from: https://doi.org/10.1111/j.1365-2702.2009.03072.x.
10. Baldacchino DR. Nursing competencies for spiritual care. J Clin Nurs. 2006;15(7):885–96. Available from: https://doi.org/10.1111/j.1365-2702.2006.01643.x.
11. Narayanasamy A, Owens J. A critical incident study of nurses' responses to the spiritual needs of their patients. J Adv Nurs. 2001;33(4):446–55. Available from: https://doi.org/10.1046/j.1365-2648.2001.01690.x.
12. International Council of Nurses. *The ICN code of ethics for nurses*.2021. Available from: https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf.
13. Egan R, Llewellyn R, Cox B, MacLeod R, McSherry W, Austin P. New Zealand Nurses' Perceptions of Spirituality and Spiritual care: Qualitative Findings from a National Survey. Religions. 2017;8(5):79. Available from: https://doi.org/10.3390/rel8050079.
14. McSherry W. The principal components model: a model for advancing spirituality and spiritual care within nursing and health care practice. J Clin Nurs. 2006;15(7):905–17. Available from: https://doi.org/10.1111/j.1365-2702.2006.01648.x.
15. Best M, Butow P, Olver I. Do patients want doctors to talk about spirituality? A systematic literature review. Patient Educ Counsel. 2015;98(11):1320–8. Available from: https://doi.org/10.1016/j.pec.2015.04.017.
16. Momeni G, Hashemi MS, Hemati Z. Barriers to providing spiritual care from a nurses' perspective: A content analysis study. Iran J Nurs Midwifery Res. 2022;27(6):575–80. Available from: https://doi.org/10.4103/ijnmr.ijnmr_422_21.
17. Kiaei MZ, Salehi A, Nasrabadi AM, Whitehead D, Azmal M, Kalhor R, et al. Spirituality and spiritual care in Iran: nurses' perceptions and barriers. International Nursing Review. 2015;62(4):584–92. Available from: https://doi.org/10.1111/inr.12222.
18. Parker M, Fang X, Self-Brown SR, Rahimi A. Establishing how social capital is studied in relation to cardiovascular disease and identifying gaps for future research—A scoping review protocol. PLoS ONE. 2021;16(4):e0249751. Available from: https://doi.org/10.1371/journal.pone.0249751.
19. Peters M, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, et al. Updated methodological guidance for the conduct of scoping reviews. JBI Evid Synth. 2020;18(10):2119–26.
20. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. 2018;169(7):467–73. https://doi.org/10.7326/M18-0850.
21. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021;372:n71.
22. Higgins JP and Green S. Cochrane handbook for systematic reviews of interventions. Version 5, 2011, https://doi.org/10.1002/14651858.CD002902.pub4/pdf
23. Taylor EJ, Highfield M, Amenta M. Attitudes and beliefs regarding spiritual care. A survey of cancer nurses. Cancer Nurs. 1994;17(6):479–87 PMID: 7820826.
24. Taylor EJ, Highfield MF, Amenta M. Predictors of oncology and hospice nurses' spiritual care perspectives and practices. Appl Nurs Res. 1999;12(1):30–7. Available from: https://doi.org/10.1016/s0897-1897(99)80156-6.
25. Highfield MEF, Taylor EJ, Amenta MO. Preparation to care: the spiritual care education of oncology and hospice nurses. J Hospice Palliat Nurs. 2000;2(2):53–63. Available from: https://doi.org/10.1097/00129191-200002020-00003.
26. McSherry W, Draper P, Kendrick D. The construct validity of a rating scale designed to assess spirituality and spiritual care. Int J Nurs Stud. 2002;39(7):723–34. Available from: https://doi.org/10.1016/s0020-7489(02)00014-7.
27. Khoshknab MF, Mazaheri M, Maddah SS, Rahgozar M. Validation and reliability test of Persian version of The Spirituality and Spiritual Care Rating Scale (SSCRS). J Clin Nurs. 2010;19(19–20):2939–41. Available from: https://doi.org/10.1111/j.1365-2702.2010.03411.x.
28. Martins A, Pinto S, Caldeira S, Pimentel F. Translation and adaptation of the Spirituality and Spiritual Care Rating Scale in portuguese palliative care nurses. Rev De Enfermagem Referência. 2015;IV Série(No 4):89–97. Available from: https://doi.org/10.12707/riii13129.
29. Parozzi M, Terzoni S, Ferrara P, Miseroni F, D'Antuono A, Di Prisco L, et al. Validation of the Italian version of the spirituality and spiritual care rating scale (SSCRS-ita). Int J Nurs Knowledge. 2022;34(2):126–32. Available from: https://doi.org/10.1111/2047-3095.12385.

30. Panczyk M, Kwiećkowska L, Dobrowolska B, Borowiak E, Dyk D, Grochans E, et al. Validation Study of the Revised Spirituality and Spiritual Care Rating Scale (SSCRS): a Cross-Sectional survey in Poland. J Multidiscipl Healthcare. 2023;16:1439–53. Available from: https://doi.org/10.2147/jmdh.s394941.
31. Meyer CL. How effectively are nurse educators preparing students to provide spiritual care? Nurse Educ. 2003;28(4):185–90. Available from: https://doi.org/10.1097/00006223-200307000-00010.
32. Chan MF, Chung LYF, Lee ASC, Wong WK, Lee GSC, Lau CY, et al. Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: Results of a cluster analysis. Nurse Educ Today. 2005;26(2):139–50. Available from: https://doi.org/10.1016/j.nedt.2005.08.006.
33. Turan T, Karamanoğlu AY. Determining intensive care unit nurses' perceptions and practice levels of spiritual care in Turkey. Nurs Crit Care. 2012;18(2):70–8. Available from: https://doi.org/10.1111/j.1478-5153.2012.00538.x.
34. Hoffert D, Henshaw C, Mvududu N. Enhancing the ability of nursing students to perform a spiritual assessment. Nurse Educ. 2007;32(2):66–72. Available from: https://doi.org/10.1097/01.nne.0000264327.17921.b7.
35. Taylor EJ, Mamier I, Bahjri K, Anton T, Petersen F. Efficacy of a self-study programme to teach spiritual care. J Clin Nurs. 2008;18(8):1131–40. Available from: https://doi.org/10.1111/j.1365-2702.2008.02526.x.
36. Van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The validity and reliability of an instrument to assess nursing competencies in spiritual care. J Clin Nurs. 2009;18(20):2857–69. Available from: https://doi.org/10.1111/j.1365-2702.2008.02594.x.
37. Garssen B, Ebenau AF, Visser A, Uwland N, Groot M. A critical analysis of scales to measure the attitude of nurses toward spiritual care and the frequency of spiritual nursing care activities. Nurs Inquiry. 2016;24(3). Available from: https://doi.org/10.1111/nin.12178.
38. Burkhart L, Schmidt L, Hogan N. Development and psychometric testing of the Spiritual Care Inventory instrument. J Adv Nurs. 2011;67(11):2463–72. Available from: https://doi.org/10.1111/j.1365-2648.2011.05654.x.
39. Nardi D, Rooda L. Spirituality-Based Nursing Practice by Nursing Students: an Exploratory study. J Profession Nurs. 2011;27(4):255–63. Available from: https://doi.org/10.1016/j.profnurs.2011.03.006.
40. Tiew LH, Creedy DK. Development and preliminary validation of a composite Spiritual Care-Giving Scale. Int J Nurs Stud. 2011;49(6):682–90. Available from: https://doi.org/10.1016/j.ijnurstu.2011.11.014.
41. Çoban Gİ, Şirin M, Yurttaş A. Reliability and validity of the spiritual Care-Giving scale in a Turkish population. J Religion Health. 2015;56(1):63–73. Available from: https://doi.org/10.1007/s10943-015-0086-6.
42. Cruz JP, Alshammari F, Colet PC. Psychometric Properties of the Spiritual Care-Giving Scale-Arabic version in Saudi nursing students. J Holist Nurs. 2016;35(2):175–84. Available from: https://doi.org/10.1177/0898010116647804.
43. Hu Y, Tiew LH, Li F. Psychometric properties of the Chinese version of the spiritual care-giving scale (C-SCGS) in nursing practice. BMC Medical Research Methodology. 2019;19(1):21. Available from: https://doi.org/10.1186/s12874-019-0662-7.
44. Burkhart L, Schmidt W. Measuring effectiveness of a spiritual care pedagogy in nursing education. J Profession Nurs. 2012;28(5):315–21. Available from: https://doi.org/10.1016/j.profnurs.2012.03.003.
45. Taylor EJ. New Zealand hospice nurses' self-rated comfort in conducting spiritual assessment. Int J Palliat Nurs. 2013;19(4):178–85. Available from: https://doi.org/10.12968/ijpn.2013.19.4.178.
46. Kavas E, Kavas N. Spiritual Support Perception (SSPS) Scale: Development, validity and reliability. Turk Stud Int Period Languages, Literature History TurkishTurkic. 2014;9(2):905–15. Available from: https://www.researchgate.net/publication/288003451. ResearchGate.
47. Mamier I, Taylor EJ. Psychometric Evaluation of the Nurse Spiritual Care Therapeutics Scale. Western J Nurs Res. 2014;37(5):679–94. Available from: https://doi.org/10.1177/0193945914530191.
48. Doram K, Chadwick W, Bokovoy J, Profit J, Sexton JD, Sexton JB. Got spirit? The spiritual climate scale, psychometric properties, benchmarking data and future directions. BMC Health Serv Res. 2017;17(1):132. Available from: https://doi.org/10.1186/s12913-017-2050-5.
49. Giske T, Schep-Akkerman A, Bø B, Cone PH, Kuven BM, Mcsherry W, et al. Developing and testing the EPICC Spiritual Care Competency Self-Assessment Tool for student nurses and midwives. J Clin Nurs. 2022;32(7–8):1148–62. Available from: https://doi.org/10.1111/jocn.16261.
50. Karabey T, Özveren H, Gülnar E, Gültürk E. The Enhancing of Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care using the Spiritual Care Competency Self-Assessment Tool: Turkish Version. J Religion Health. 2024 Sep 18. Available from: https://doi.org/10.1007/s10943-024-02132-2.
51. Murgia C, Stievano A, Rocco G, Notarnicola I. Development and validation of the Nursing Care and Religious Diversity Scale (NCRDS). Healthcare. 2023;11(13):1821. Available from: https://doi.org/10.3390/healthcare11131821.

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