

Spirituality Among Iranian Nursing Students During Undergraduate Study

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Abstract

Background: Nursing students are expected to deliver holistic care in their upcoming career. Developing spirituality during nursing training is poorly understood.

Objectives: The current study aimed to explore the process of developing spirituality among Iranian nursing undergraduates.

Patients and Methods: The study employed Grounded theory approach and purposive sampling with maximum variation to select the participants among undergraduate nursing students in their fourth-year of study in the nursing school of Tehran University of Medical Sciences. Data were gathered through semi structured interviews with nineteen nursing students and one faculty member (n = 20). Strauss and Corbin approach was selected for data analysis.

Results: Data analysis revealed that developing spirituality during nursing education is an intuitive development including three stages: early frustration, intuitive development through hardship and seeking meaning and fulfilment. This process is influenced by educational/caring environment as well as role models.

Conclusions: Upbringing capable nurses to deliver spiritual care require supportive environment and influential role models to encourage students' spiritual development. Developing spiritually may end in delivering spiritual care and provide nursing students with inner strength for better confrontation with serious situations common in their upcoming career.

Keywords: Spiritual Development, Nursing Students, Undergraduate Education, Grounded Theory

1. Background

Developing spirituality during nursing training is poorly understood even though professional organizations emphasise the importance of spirituality as an essential element of holistic nursing practice (1-3). It is argued that holistic care requires an understanding of spirituality, which thus should be part of nurses' education (4-6) to allow them to become competent in spiritual care (7). Studies concluded that nurses rarely address spiritual issues and often feel unprepared to do so (8, 9). This lack of preparedness may root in educational programs and lack of personal spiritual awareness (10). For example, McEwen found limited discussion on spirituality and spiritual care in basic nursing education. In addressing the provision of spiritual care, Graham proposed that the removal of barriers requires nurturing nursing students capable of

responding to patients' spiritual needs (11). This means that gaining comfort with ones' own spirituality is a prerequisite to develop spiritual care competency. Moreover, strengthening students' spirituality may help them (12) by harmonizing and balancing their inner resources and enabling better confrontations with crises throughout their careers (13). It is not known, however, if nursing education facilitates such a development.

There is no universal definition of spirituality, but a nursing literature review suggests that it is the expressed essence of human beings manifested in both vertical (with a supreme being) and horizontal (human ties) relationships (14). Its effects include meaning, purpose, love, connectedness, hope, existential experiences, transcendence, force and energy (15). Some authors identified a fusion between spirituality and religiosity (16). Since most Iranians are devoted Muslims, religious beliefs influence their con-

ceptualizations of many issues including spirituality. Spirituality in Islam signifies the human being's origin, reality and the ultimate destination. Islam defines God (Allah) as the source and creator of the universe and the ultimate destination of human beings and followers are expected to live in such a way that God be pleased with them. A few studies have focused on this important concept. For example, Mahmoodishan et al. studied Iranian nurses' spiritual perceptions and traced a vertical relationship with God in the main themes (17). It may be impossible to generalize the Western research to countries with different cultures and belief systems, given the cultural and the belief-system diversities involved. There is thus a need for more research in different cultural contexts, which is qualitative in nature.

Several studies investigated the place of spirituality in nursing curricula and the role of education in preparing nurses for spiritual care (18-21). The works emphasize on the necessity of integrating (22) and teaching (23) the concept of spirituality in nursing programs. No study investigated nursing education approaches to spirituality in a religious society such as Iran with its own cultural and education systems.

Most Iranian nursing students begin their education at the age of 18 to 20 years, a period of spiritual development identified as the ego development stage (24). Nursing education in Iran claims to include spirituality as a key focus and emphasize on nursing students' spiritual development as a crucial necessity. However, a review of course content reveals that the overall program is designed to improve students' cognitive and technical competencies in delivering the physical and psychosocial aspects of care. The few courses involving Islamic sciences and ethics are general and open to disciplines unrelated to the spirituality of nursing care. This gives rise to the crucial question of how nursing students develop their spirituality through their education.

2. Objectives

The current study aimed to explore the process of spiritual development among nursing students (NSs) throughout their undergraduate study to identify factors shaping their spiritual development and the consequences of this process. The main study question was: what is the process of spiritual development among undergraduate nursing students?

3. Patients and Methods

Grounded theory approach was applied in the study since spirituality is a socially constructed and multidimen-

sional concept that evolves over one's life (25) and is influenced by life experiences, relationships and cultural contexts.

3.1. Participants

Participants were the fourth-year undergraduate nursing students. Initially, three participants were selected based on characteristics such as compassion, empathy and good relationships as features of spiritual people (26). They introduced some classmates and friends, who provided rich data. The inclusion criteria were 1) being a fourth-year nursing undergraduate; and 2) willingness and ability to express and share spiritual experiences.

Data showed that participating in socio-cultural activities, working as a nursing staff, being far from family and dormitory residency may influence students' experiences. Initial data revealed dormitory residency exposes participants to students from different places, cultures and beliefs. These help them to see and analyze differences and become more open to new insights. To produce maximum variation, researchers recruited further participants with the above mentioned conditions. Ultimately, 19 nursing students in their fourth year of study were recruited; they varied in terms of gender, marital status, membership in student associations, dormitory residency and student work experience (Table 1). Most of the participants mentioned that role models had an influential role in their spiritual query. According to purposeful sampling one of their most influential tutors was also included.

3.2. Data Collection

Data were gathered through personal in-depth interviews ($n = 14$ NSs and 1 tutor) and one five member focus group. At the end of the 10th individual interview, it was found that the presence of a classmate helped the dynamics of discussion and clarified more dimensions of their experience. A focus group, therefore, was formed to develop emerging categories in terms of properties and dimensions. The focus group explored the properties of earlier responses. The individual (from 43 to 130 minutes) and focus group (126 minutes) interviews were conducted in quiet environments and were taped with the participants' permission. To ensure that the data collection had captured all the relevant information, the question 'Is there anything related to our subject that has not been discussed?' ended each interview.

The first author was trained in in-depth interviewing by two advisors and an interview guide was prepared according to their comments. Three pilot interviews were undertaken to identify problems in the interviews process

Table 1. Participants' Characteristics

Characteristics	Frequency (%)
Gender	
Female	14 (74)
Male	5 (26)
Marital status	
Single	16 (84)
Married	3 (16)
Dormitory residency	
Yes	9 (47)
No	10 (53)
Membership in student associations (Scientific, socio-cultural, religious)	
Yes	9 (47)
No	10 (53)
Student work experience	
Yes	8 (42)
No	11 (58)

and the questions. The team agreed on a modified interview guide, its non-directive questions and the first author's readiness to enter the field. Each interview commenced with a broad open-ended question: 'How have these years of studying nursing influenced you individually?' This opening discussion allowed participants to lead the interview to the subjects interesting to them. A semi-structured approach was later adopted to explore the years of studying nursing and how this affected students' spirituality; in what ways? How does it affect to the way they treat the others? How does it affect their approach to life and death? How does affect their approach to God and how does affect what the meaning and purpose of life to them?

When students described the gained or changed characteristics during university years, the spirituality related ones were explored through questions such as, 'Please tell me more about that', 'How did it initiate and how it progressed?' and 'Please describe an actual experience you have had in the setting that will help me understand what you mean'. Subsequent questions were refined to analyse the data further. For instance, data revealed that students experienced peak satisfaction with and motivation for the meaning and purpose of working and studying as a nurse through practicum in intensive care units. Thus, researchers conducted an interview with the main tutor who had taught and guided them throughout their practicum to ensure the findings were well grounded and to discover why the practicum had influenced them so deeply.

3.3. Data Analysis

All interviews were transcribed verbatim and transcriptions were transferred to MAXQDA software used to manage the data. According to the approach of Strauss and Corbin, data analysis was done in four steps: analysing data for concepts, analysing data for context, bringing process into the Analysis and integrating categories (27). In earlier stages micro analysis was emphasised to produce as much as in-vivo and interpretative codes. At the same time, using constant comparative method, similar codes were grouped and conceptually labelled. This way, concepts were derived from data. After that, the emerging categories were developed by exploring their properties and dimensions. According to Strauss and Corbin, context is structural conditions that shape the nature of situations, circumstances, or problems to which individuals respond by means of action/interaction/emotions. Also, process is the flow of action/interaction/emotions that occur in response to events, situations, or problems. The questions such as why, where, how and what happens were used as analytic cues to determine the context. Also, data were sought to capture the process of spiritual development by asking questions such as: what is going on here? What are the structural conditions that give rise to those situations? How are persons responding to these through interaction and emotional responses? How interactions/emotions have consequences? In the final step, categories were integrated with diagrams, writing memos and the story line.

3.4. Rigor

The rigour of a study provides readers with a set of criteria which help them audit researcher's activities and effects throughout the study (28). To enhance the credibility of the findings, the member-checking technique was employed. Accordingly, the participants were provided with a summary of the findings to check the congruence between the findings and their own experiences. To increase dependability, at onset of the study, limited review of the literature was done to avoid researchers' bias in data collection and analysis. Moreover, participants' quotations were used to present codes and categories. Carefully recording and reporting stages of the study and decisions made to provide the possibility of follow-up for other researchers were accordingly confirmed. Transferability was achieved by comparing the findings with non-participant students' experiences.

3.5. Ethical Consideration

The study was approved by the Institutional Ethics committee of Tehran University of Medical Sciences. Prior

to commencement, participants were informed of the study purpose and confidentiality issues. Written informed consent was obtained from participants for participation, permission to record the interview for transcription and anonymous publication of the results. In addition, could leave the study at any time without penalty.

4. Results

Spiritual development is an intuitive process which starts from early frustration proceeding with intuitive development through hardships and ends in seeking more meaning and fulfilment (Figure 1). According to the findings, this process is deeply affected by educational/caring environment as well as role models. In the following sections each phases is explored in turn.

4.1. Phase 1: Early Frustration

According to students' reflections on their first year of study, the dominant experience was early frustration of being a nursing student. The phase of early frustration consisted of four subcategories: lack of motivation, superficial perception of nursing, uncertainty/doubt whether to continue or leave the major and unmet expectations. The transition from high school to university was critical. Most students had entered nursing with little or no awareness or interest and just because it was their only choice. Their first year of study was thus frustrating, perhaps due to the considerable gap between expectations of studying in a high ranking university as TUMS and the disappointing reality which was mirrored in the way that fundamental nursing was presented. Fundamental courses like nursing principles and especially the practice classes were not motivating, but were regarded as inflexible courses which induced a sense of being less important and inhibited students' creativity and inquiry.

'The first year of study was not attractive. Classrooms, fundamental theoretical courses and practicing with simulators could not attract any special interest. Focusing just on ordinary tasks, made me disappointed' (P: 3, f, 8th semester).

Nursing practice courses did not seem important and induced a superficial understanding of nursing. One participant explained her primary misunderstanding and superficial perception of nursing as follows:

'In the first year, nursing practice was summarized as simple services that could be offered by anyone, without any special education. I thought there is no difference between me as a nursing student and a person who can do the same tasks without university education.' (P: 2, f, 8th semester).

The attitudes of more experienced nurses were carefully monitored: negative attitudes toward nursing had a negative impact on the search for and experience of meaning and worthiness at this new stage of life. Uncertainty/doubt between remaining and leaving this major mirrored in quotations like this:

'In the first year, I was uncertain about studying nursing, maybe because I found bad attitudes toward my discipline regarding nursing personnel, or, even worse, among my tutors. It left a great negative impact on me. It was so disappointing to receive negative feedback and energy from inside the nursing society. I was not sure if it was worth continuing (P: 8, f, 8th semester).

By the end of their first year, most students were frustrated by pessimistic nurses and the way the discipline had been introduced. What they faced with and experienced was deeply far from what they had imagined and expected from entering a top rank university like Tehran University of Medical Sciences.

'I couldn't believe this is the end of so much efforts to enter the best university. It was so disappointing that several times I decided to change my field of study or at least thought about it'(P: 1, f, 8th semester).

4.2. Phase 2: Intuitive Development by Going Through Hardships

As the second year began, exposure to real nursing occurred through specialized courses, visits to hospital wards, patients and working with real patients. This exposure was a turning point that involved students in real nursing, not as it seemed in the first year. Sub-categories in this phase included emotional engagement with clients, mutual help/support, experiencing difficult situations, reflection, questioning existential subjects and hovering and rearranging values and goals.

During clinical practice, participants learned how to communicate with clients and establish caring relationships which involved students' affections and emotions:

'Through engaging with patients and their problems, I could actually realize what they felt. I did not gain this understanding through classrooms or courses. I realized it, just when I directly could touch it, by being with the patients and their families' (P: 2, f, 8th semester).

They connected with and attended to others, starting to see problems through their eyes. Patients and their problems became important:

'My communication with others improved. I, who had the habit of building fences around myself, changed through this close interaction. Now I can say I like other people and I am somehow connected to them. This is not limited to my patients; I mean I have become interested in all human beings' (P: 5, f, 8th semester).

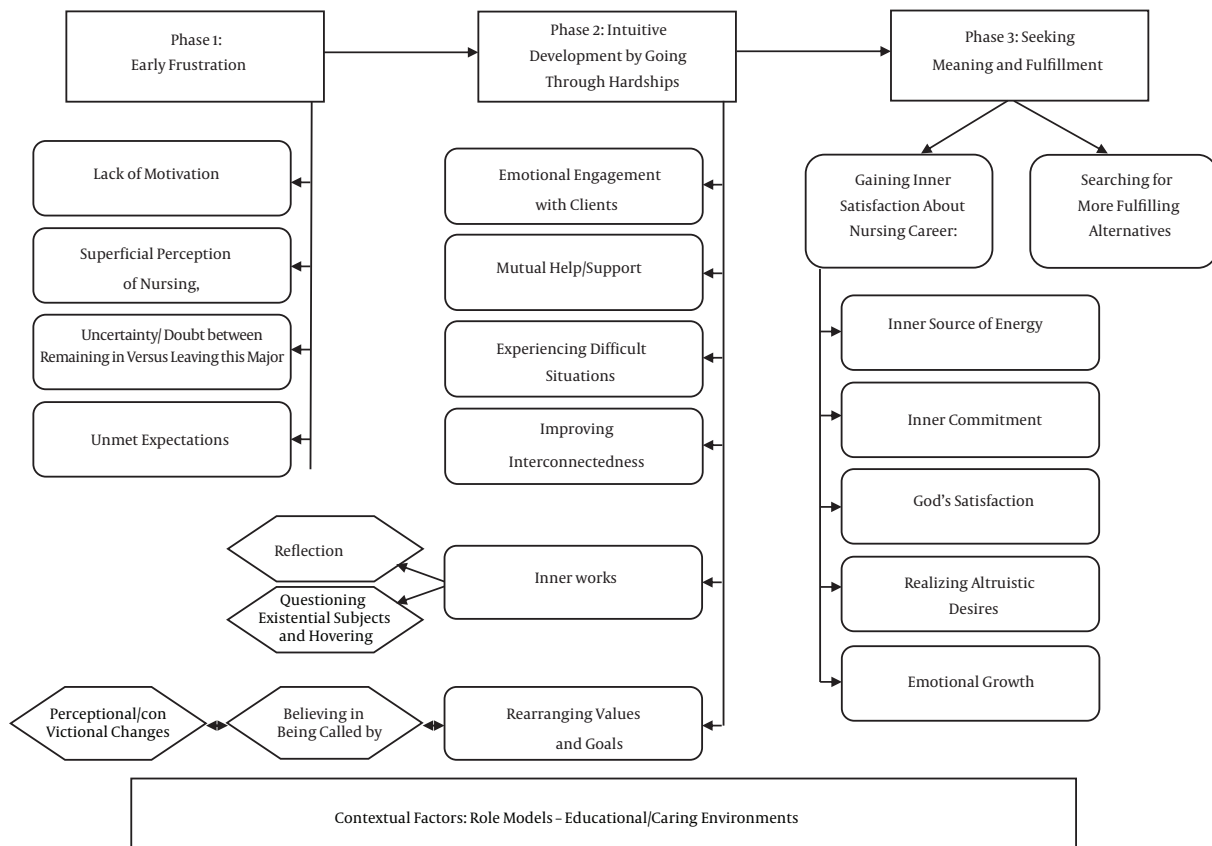


Figure 1. The Process of Developing Spirituality Among Undergraduate Nursing Students

Enjoying the emotional and spiritual capital that creates humanistic caring relationships broadened perspective on the meaning of nursing. They helped patients and their families according to formal instruction and common sense and were then rewarded by patients' positive feedback, prayers and expressed satisfaction. This feedback was appreciated as a spiritual reward: 'When I, as a human being, am sympathetic to another human, it works, because I can sense its positive impact on my own soul. It gives me a sense of self-worth. When my clients, especially those who are alone, more needy or belong to a lower economical class, pray for me sincerely, I understand that he/she is satisfied with the care and it really changes that day [for me]; that day everything looks more bright and beautiful' (P: 11, M, 8th semester).

This feedback and students' inner sense of goodness and effectiveness shifted their views of work from being just a job to an altruistic pursuit and a way to satisfy God. The stronger the sense of working in accordance with religious beliefs or life philosophy, the more hopeful they were about the meaning and purpose of this part of their life

to obtain God's satisfaction : 'Then I gradually understood that nursing is not just what it seems at the first glance or as what others say. It is not a job similar to other jobs. The services that are offered to people in nursing are not comparable to other fields of work. You cannot get so involved with other people and help those who are in need and vulnerable, nowhere like nursing it can fill you up with the sense of effectiveness and inner satisfaction when you try to relieve another humans' suffering' (P: 6, M, 7 semester).

This phase also involved reflection especially in difficult situations. Through nursing, students connected with suffering, poverty, death and bitter realities. Caring for dying patients, those with cancer or amputees and witnessing death and family grief rose to grief in students. They felt disappointed and powerless and wondered why bad things happened and why they should witness these bitter events. This could be described as an encounter with challenges:

'I had a patient with advanced metastasis from her breasts to her uterus, pelvis and spinal cord; she was 27 years old when the cancer was detected and, now at age 36,

she knew she had no chance and was just concerned about her three children. When she expressed her concerns, she cried and I couldn't control myself and I cried with her. How could I be indifferent? I was deeply disappointed. The worst part is that you cannot do anything for her. So I asked myself what I'm doing here' (P:12, f, 8th semester).

Reflection on these issues inspired existential questions about life and death, paradoxes, suffering and healing. There were contradictions between these experiences and prior beliefs about God's compassion:

'I was constantly thinking about that. What was the reason for so much pain? Why does not God do anything? Why are some destinies so bitter?' (P: 15, M, 8th semester).

These reflections, described as awakening experiences that broadened the mind, resulted in perceptual/convictional changes. For example, students could respond by accepting the dark side of life as inevitable. Some indicated that these new insights led them to rearrange their values and goals: 'Previously, I had a childlike viewpoint to life as a bowl of cherries with no worries, but now I know that life has its own hardships, which are a part of life Now I place little value on the material things in life and believe that we can reach happiness without them as well. I seek deep relaxation and self-esteem as my purpose in life. I would like to have the competency and harmony that is apparent in spiritual people' (P: 13, f, 8th semester).

Being a witness of so much suffering meant that the nurses perceived that they were selected by God to help needy people. Almost all participants implied that being a nurse meant being selected: 'The nurses have not been gathered here by chance. I believe that we were summoned by God: "I chose you, I selected you, Come and take your part". Nurses were invited for their kind heart, for their sympathy and ability to provide relaxation to patients. If you knew it from the beginning and you appreciated being invited, any experience along the way would become important and valuable to you' (P: 5, f, 8th semester).

4.3. Phase 3: Seeking Meaning and Fulfilment

The above interactions conditioned their feelings about the meaning and purpose of nursing education, the work and themselves.

The final phase consisted of the subcategories of inner satisfaction about nursing career and searching for more fulfilling alternatives. The dimensions of inner satisfaction were an inner source of energy, inner commitment, God's satisfaction, realizing altruistic desires and emotional growth. Almost all students agreed about nursing's potential for transcendence through fostering and accelerating emotional growth and humanism. When satisfied with the caring experiences, they felt connected to a

source of positive energy, peace and pleasure that enabled them to continue:

'Maybe what I do for others is small, but the intention behind that small help matters. I enjoy when I know this can help them...it makes me full of pleasure and positive energy for tomorrow' (P: 16, f, 8th semester).

An inner commitment to do one's best irrespective of external surveillance because of God's supervision or one's conscience was also described: 'I felt myself the closest person to patients at the moment. They don't have their beloved ones. I feel I'm committed to support them physically and spiritually. This satisfies both God and my conscience' (P: 7, f, 8th semester).

Since all participants were Muslim, gaining God's satisfaction was a key aim. They were also satisfied by nursing's altruism. The emphasis differed according to their religiosity:

'I am satisfied by helping other people because it makes me happy as a philanthropic work. At first, I actually did it for my own pleasure. But now, its value will be multiplied and it will be more meaningful if it provides God satisfaction as well. It is a higher level of worthiness' (P: 4, M, 8th semester).

Another dimension of inner satisfaction was emotional growth, described as a valuable characteristic to attain during nursing education:

'Studying in the nursing field gives us the sense of being a mother, clear, kind and always ready to take care of others. Now I know how to be sympathetic with others, to understand and support them I can forgive others easily I am more flexible and thankful for what I have in life, such as health and a good family' (P:18, f, 8th semester).

The process of searching for more fulfilling opportunities was also evident and related to perceived lack of autonomy and limited power. There was a sense that one could not flourish and was doomed to failure and thus a compulsion to pursue different goals: 'In nursing, I could not find proper room to develop creativity and questioning. I hate repetitive routines and I'm always searching for creative and better ways to change them. Only in this way can I satisfy myself. Therefore, I will leave the nursing as a job but I will be a nurse forever and try to improve nursing care by studying and investigating nursing related subjects in nanotechnology' (P: 14, f, 8th semester).

4.4. The Context

The process of spiritual development was influenced by two interrelated contextual factors: the educational/caring atmosphere and role models.

The educational/caring atmosphere factors most often mentioned as facilitators or stimulators were being valued and respected as a unique person/student by professors

and nursing personnel, being supported and guided during practicums, especially during critical and ambiguous situations, being inspired by positive intra-disciplinary relationships, finding meaning in joining nursing groups and paying attention to the ethical and spiritual aspects of care in evaluations, which motivated practical ethics and spirituality:

‘Working in the positive, supportive and friendly atmosphere of some clinical settings was fantastic. We were motivated by personnel respectful behaviour, their acceptance and support. This made us hopeful about our future profession as a significant part of life’. (P: 2, f, 8th semester)

Factors that made the educational/caring atmosphere non-supportive/development inhibiting included the single-facet nature of nursing education; for example its focus on theory and ignores students’ need for spiritual and moral nurturing:

‘The focus of clinical practice was limited to gaining technical skills. In fact, we were trained to do procedures correctly and fast. Other aspects, including spiritually, were usually neglected and even perceived as time wasting. Therefore, I can say in most practicums I didn’t get useful training unless in theoretical/technical aspects’ (P: 15, M, 8th semester).

The other factors which degraded the educational/caring atmosphere to non-supportive/development inhibiting atmosphere included: the lack of courses related to spirituality, marginalization of nursing students in hospitals, the lack of support and respect, especially from head nurses and nursing personnel, the strained relations among nurses and the negative attitudes about nursing, the discriminatory behaviour not faced by medical students:

‘When I see the discriminatory behaviour with nursing students compared to that of medical students, I doubt about the practicality of values such as respecting for inherent worth and dignity of every individual irrespective of social status’ (P: 11, M, 8th semester).

The second contextual factor influencing students’ spiritual development was role models. Students saw various models during their studies: tutors, head nurses, personnel, classmates and even patients. They did not always have direct responsibility in students’ education, yet students observed them, scrutinizing their behaviour and being affected by them. Students divided them into inspirational and ineffective/negative models.

The inspirational ones were characterized by humanistic and ethical behaviour in their approach to students, clients and colleagues, commitment to their work and being purposeful and full of energy. Some clients were role models. Students met clients who resisted hopefully and steadfastly against their conditions and were influenced

by their inner energy. Students also admired and imitated classmates and friends who set transcendental, long-term objectives and tried seriously to actualize them:

‘In oncology ward, I worked with a young nurse. Unlike her nervous head nurse, she treated all patients with kindness and respect. She talked with them and listened to them eagerly. She read poems for them during delivering nursing care. During that practicum I learned how caring can be spiritual and meaningful. Therefore, I decided to be a source of energy and hope for other people, as she did’ (P: 10, f, 8th semester).

The ineffective/negative models were described as tutors and nurses who were inflexible, unapproachable, closed minded, unable to establish effective/positive relationships with students, focused on courses and techniques with no lasting impact on students’ morality or characters, pessimist and disregard of professional and ethical commitment:

‘In practicum, when tutor behaves inflexible and inattentive to the emotional and spiritual aspects of the work, caring seems a boring mechanical task which loses its humanistic meaning and worth. When working with such tutors, students do not feel the growth and transcendence’ (P: 20th, f, tutor).

Interestingly, this made students aware of how embarrassing such behaviour could be, teaching them to avoid that kind of irresponsibility and carelessness.

4.5. Core Category

The central or core category is the concept that all other concepts will be related to. It appears to have the greatest explanatory relevance and highest potential to link all other categories together (27). Findings of the current study revealed that the more abstract phrase- which all the other categories can be subsumed under it- is bitter growth through working with human being. Working with human beings who mostly suffered and were in hard situations, was the essence that made the study participants more mature through bitter awakening alarms and experiences. These triggers persuaded them to more reflection, questioning, query and sometimes reconstructing/ rearranging their value system. By gaining these new and more matured insights some of them believed that nursing can fulfil their search for life purpose and meaning and the others realized that they have to search fulfilment through other alternatives.

5. Discussion

The findings suggest that developing spirituality during nursing education is intuitive, shaped within the educational/caring environments and deeply influenced by

the role models both negatively and positively. This intuitive development occurs mostly in clinical settings, where students actually deliver care. Establishing caring relationships with clients exposes students to different people, cultures, situations and experiences which encourage them to reflect on spiritual issues. Confronting diversity, critical situations and awakening experiences call for inner work, such as reflection, hovering/questioning and finding meaning. The approaches and supports of tutors, nursing personnel and peers affect students' personal quest to find meaning and purpose in life, academic years included.

According to Perry, exemplary nurses as excellent role models in the clinical settings can deeply affect other colleagues by attending to the little things, making connections, maintaining a light-hearted attitude, modelling and affirming others (29). Jahanpour et al., also asserted that working with instructors who are good role models and enjoy friendly relationship with nurses increase students' self-confidence (30). These role models can foster students' spiritual growth by the encouragement of self-reflection and affirmation (31). The study findings also revealed the intentional and unintentional roles of tutors and nursing personnel as significant contextual factors in students' spiritual development. According to the literature, the educational system can encourage this development by honouring spiritual questions, challenging learners to consider how particular topics affect their spirituality and supporting dialogues about crucial life issues such as death and illness (32).

The current study found no trace of any obvious intention in the educational program to help students' spiritual development; however this process is influenced by what they observe and experience among the role models during academic years. This may be explained by the Bandura social learning theory which believes people can learn through observing live models according to their internal mental states. Joolae et al. highlighted the need for nurturance as a crucial need of nursing students. This nurturing care that leads to the sense of worthiness and respectability should be met by instructors, peers and nurses in charge, through helping students to grow and preventing them from falling (33).

Students described their first year as frustrating; the findings suggest it was a reality shock. Focusing on simple tasks presented through rigid methods was not what students expected from university education. New students needed the support and approval of nurses, tutors in particular, but the way fundamental nursing was introduced in skill labs and tutors' one-way approach inhibited meaningful learning and the student-tutor relationship. Negative attitudes encountered in their major made them uncertain about their studies. Students became frus-

trated and the nursing program did not attract their attention as it began. Perceived differences between preconceptions and reality, called reality shock (34), were reported in other fields. Though an adult educational environment, the nursing faculty could not fulfil students' expectations about mutual respect, helpfulness, freedom of expression, acceptance of differences and searching new and creative ways to practice. Thus, the first year of nursing seems to need revision in content as well as in teaching methods to move towards more welcoming and motivational environments. Changing it to make learners aware of the philosophy of care by reflection and to provide positive role models and a learning experience that fosters commitment and motivation (35) may initiate spiritual development in the first year.

Development, which occurs mainly at the beginning of clinical training, happened in real settings with real clients, when students transitioned into professional nursing. The findings revealed that what students perceived as spiritual development mainly occurred individually, in close interaction with clients, when caring relationships such as emotional investment, helping/supporting and interconnectedness were required. Establishing these caring relationships with patients, triggered students' spiritual development. This finding can be strongly supported by the Watson theory of human caring, which focuses on nurse-client interactions and acknowledges the spiritual dimensions of clients and caregivers. Watson believes that transpersonal caring influences both the one caring and the one cared for. The word transpersonal means going beyond the ego-self, opening to others with sensitivity and compassion and allowing the self to reach a deeper spiritual connection. According to Watson, promoting and applying *caritas* processes in nursing can help nurses find meaning in their work (36).

In the current study, students' clinical learning experiences, especially difficult ones, resulted in critical reflection, questioning and hovering, finding meaning and rearranging values. This is compatible with the specific findings of the study by Lindholm et al., which showed that a large majority of college students are actively engaged in a spiritual quest; that many expect their colleges to assist them in this quest; and that colleges and universities have demonstrated the capacity to facilitate students' spiritual development in many of their curricular and co-curricular programs. Providing students with more opportunities to touch base with their inner selves will facilitate their spiritual growth (37). Nursing education, as an adult educational system, is expected to treat students holistically, addressing spiritual, biological, intellectual and emotional needs. Moreover, a nursing education that encompasses spiritual learning and care is supposed to nurture students

and deal with clients spiritually (38). This study found no trace of common strategies to foster students' spiritual development such as purposeful reflection, article writing, reflective reading or artwork. However, positive and motivational role models among tutors, nurses and patients were detected as contextual factors encouraging students' spiritual development. Role models who were exemplars of ethics and spirituality, inspired students' spiritual development, while some tutors, nurses and classmates were inhibitors. The significance of qualified nurses as role models for students' professional transitions is confirmed in the nursing literature (34). Additionally, highly spiritual tutors who give high priority to opportunities for spiritual growth and integration are more likely to use learning methods such as 'student-centred' ones (39), thus providing room for students' spiritual development.

By the end of their fourth year, students were searching /seeking more meaning and fulfilment that either determined them in their careers or turned them towards other opportunities to seek more satisfying lives and work. Some of the study findings about inner satisfaction (Figure 1) as inner source of energy, commitment, gaining God's satisfaction, realizing altruistic desires and emotional growth are supported in the literature as characteristics of spiritual health (40). Thus, gaining God's satisfaction denotes an improvement in the vertical aspect of spirituality (the relationship with a supreme being). Participants were Muslim and God is an inseparable part of their belief system; thus, gaining God's satisfaction was crucial to their spiritual development. Moreover, realizing altruistic goals may confirm not only participants' horizontal spiritual progression (human ties) but also that their behaviour is consistent with their religious doctrines.

5.1. Implications of the Findings

The current study revealed that nursing students' spiritual development was intuitive and was also influenced by role models and the educational-caring atmosphere. Making nursing instructors and personnel aware of their strong influence on students' spiritual development can affect their relationships with students and thus help their spiritual development and professional competence. Nursing authorities should arrange the educational-caring atmosphere to be more supportive and develop stimulating/facilitating environments to help students find deeper meaning and a more humanistic purpose as they learn. Considering the important effect of the first year of studying in nursing school, faculty authorities should use their most optimistic faculty members with the most motivational teaching strategies in this year to induce the best positive professional perspective in newcomers. Participating in real nursing relationship

with clients and service learning should be encouraged and guided. In addition, including diverse perspectives in class discussions and assignments relate positively to spiritual development can help students with their spiritual query. Preparing opportunities by student affairs to induce friendly supportive relationships among students with peers can convey a sense of belonging which may also lead to developing a deep sense of spirituality.

Although the findings revealed that participants considered themselves spiritually transformed, this may not transcend spiritual care giving. Realizing spiritual competency depends on factors such as organizational objectives and a proper caring atmosphere, the lack of which are barriers to spiritual care. The shared efforts of nursing education and management can improve students' spiritual development, resulting in higher spiritual care competency and a movement towards holistic care, the ideal of nursing practice.

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Footnotes

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