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## What do we know about spiritual growth in healthcare literature? A scoping review

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### ABSTRACT

This scoping review aims to map existing evidence on how spiritual growth is defined, contextualized, and applied among patients, healthcare providers, families, and students across healthcare settings. A comprehensive search was conducted in Medline (PubMed), CINAHL Complete (EBSCO), Scopus, and Web of Science, with the support of a scientific librarian. Three independent reviewers performed screening and full-text analysis using Ryyan<sup>®</sup> software; NVivo<sup>®</sup> was used for data extraction and synthesis. No time constraints were applied. The review followed the JBI methodology for scoping reviews and the PRISMA-ScR 2020 flow diagram.

Ninety-five articles were included: 24 qualitative, 44 descriptive, 12 reviews, and 15 mixed-methods studies. The concept of spiritual growth was examined across diverse healthcare contexts with implications for patients, families, and providers. Despite its relevance, a substantial research gap remains regarding how to foster spiritual growth within healthcare. Findings highlight its role as a foundational element of spiritual care and underscore the need to integrate spirituality into healthcare education and practice.

The review also stresses the importance of nurturing nursing students' spiritual development and recommends including spiritual care in healthcare curricula.

Patient and public contributions were not included in this review.


### KEYWORDS

Spirituality; spiritual growth; healthcare; nursing education; scoping review

## 1. Introduction

Spirituality has been widely defined in the literature. Some scholars describe it as the search for meaning in life and recognizing a higher or transcendent power, while others emphasize feelings of connectedness with others, personal values, and existential challenges (Bergamo and White 2016; Puchalski et al. 2014). It is a comprehensive but general definition that can be used in healthcare. A systematic review by Sena et al. (2021) further categorizes spirituality into four dimensions: human aspect, individual

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aspect, dynamic process, and necessity. Spirituality includes existential challenges, value-based considerations and attitudes, religious considerations and foundations (Rykkje et al. 2022), and can be analysed through various perspectives. A different concept analysis by Jaber et al. (2019) describes transcendence, purposefulness and meaningfulness, faithfulness, harmonious interconnectedness, integrative power, multidimensionality, holistic well-being and moral development as spiritual health outcomes.

The importance of spirituality in healthcare is widely recognized. The International Council of Nursing and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) stress the need to integrate spirituality into patient care by respecting and assessing patients' spiritual beliefs (Lalani 2020). Research suggests that spirituality supports health, coping, and resilience, especially in serious illnesses such as cancer (Balboni et al. 2022; Vincensi 2019). Moreover, incorporating spirituality in palliative care is considered an essential component of comprehensive healthcare and reflects our shared humanity and compassion towards those in need (Corpuz 2021). In addition, research has shown that patients express interest in discussing spirituality (Balboni et al. 2022). For patients coming to terms with advancing disease, it can also be a time of internal and spiritual growth (Connolly and Timmins 2021). For example, cancer patients reported spirituality as the most critical factor in coping with their illness (Salsman et al. 2015).

Spirituality has been used in nursing and is characterized as an individual process that develops as a person ages or because of a challenging life event or trauma. It is not limited by cognitive ability (Weathers, McCarthy, and Coffey 2016). Therefore, spirituality is considered important as it fosters health and dignity and helps individuals cope with illness and death (Peng-Keller 2019).

Spiritual growth has been defined as a spiritual development that can occur when individuals examine, assess, and reconstruct their values and beliefs, influencing future behaviour (Oltjenbruns and Ann 1999). This may affect individuals differently, as faith enables many to endure suffering and assists in finding meaning and purpose in challenging times, which can ultimately become a transcendent experience and bring personal growth (Asgeirsdottir et al. 2013). Fujino, Watanabe, and Yamakawa (2022) suggested that spiritual growth focuses on the development of inner resources and is achieved through 'transcending,' 'connecting,' and 'developing.' Transcending relates to new opportunities for becoming something more by going beyond the self and helping achieve inner peace. Connecting is the feeling of harmony, wholeness, and unification with the universe. Finally, developing involves maximizing human potential for wellness by searching for meaning, finding a sense of purpose, and working towards one's goals in life (Fujino, Watanabe, and Yamakawa 2022). It is a process of seeking experience, being curious and open to religious and spiritual beliefs, and susceptibility to a general personality trait that may reasonably be considered an essential component of the dynamics of self-growth (Buxant, Saroglou, and Tesser 2010). Spiritual growth does not relate only to patients and their families but also to health care providers.

Healthcare places numerous pressures on healthcare providers, including the challenges of clinical work, time constraints, competing demands, lack of control over work processes and scheduling, and conflicting roles and relationships with leadership (Bridgeman, Bridgeman, and Barone 2018). According to Kuhn and Flanagan (2017), dedication and a sense of service are the most compelling reasons that draw individuals to a medical career. Nevertheless, the personal sacrifices required to provide this service

can result in feelings of deprivation or victimization if the self-sacrifice is extreme. Physicians routinely deny personal needs, such as sleep and food, during training and work (Kuhn and Flanagan 2017).

It was found that the professional work of nursing does indeed impact nurses in covert, spiritual ways that can be tragic and/or transformative (Taylor et al. 2023). Nurses experience increased stress because of heavy work loads (Crane and Ward 2016). For nurses to focus clearly on patients' spiritual needs, they must first consider their spirituality (Greenstreet 1999). Heiferty (2004) described how the Paediatric Nurse Practitioner (PNP) is well-suited to manage the spiritual care of the dying child, as he/she is aware of family dynamics and many resources. However, Heiferty cautioned that the PNP must own a strong sense of his/her spirituality to provide sufficient spiritual care (Heiferty 2004). Reluctance to provide spiritual care may be due to nurses needing more insight into their own spirituality (Govier 2000). According to research, most nurses have not been able to develop spiritual conversations with patients, and the frequency of spiritual nursing in clinical practice is low (Bloomer et al. 2022; Zeng et al. 2023). Caring for patients and families requires developing inner spiritual strength and growth. Given these challenges, understanding how spiritual growth is conceptualized and fostered in healthcare settings is crucial. This scoping review aims to explore how spiritual growth is defined and described in healthcare literature, particularly in clinical practice and healthcare education, aiming to disclose future research.

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and JBI Evidence Synthesis was conducted, and no current or in-progress scoping reviews or systematic reviews on the topic were identified.

## 2. Methods

The review was conducted using the JBI methodology for scoping reviews (Aromataris et al. 2024). A scoping review was chosen because it could be helpful in providing a map of what has been known and studied about spiritual growth to understand the scope of the existing evidence.

### 2.1. Search strategy

The search strategy included all identified keywords and index terms from the Medical Subject Heading (MeSH). The keywords Spirituality, Spiritual Growth, and healthcare were used for the search. The thesaurus was adapted for each included information source. These terms were combined using Boolean operators to ensure a thorough retrieval of relevant studies. The search located primary studies, reviews, and text and opinion papers. An initial limited search of Medline (PubMed) and CINAHL Complete (EBSCO) was undertaken to identify articles on the topic. The text words in the titles and abstracts of relevant articles and the index terms used to describe the articles were used to develop a full search strategy for CINAHL Complete (EBSCO), Medline Complete (EBSCO), PubMed, Scopus and Web of Science. After the data extraction and screening, the reference lists of articles included in the review were also screened for additional papers. The search included all available literature published from database inception

up to December 2024, with no lower time limit imposed. This broad timeframe was chosen to capture the historical evolution of the concept of spiritual growth in healthcare (see appendix 1).

## **2.2. Inclusion and exclusion: Inclusion criteria**

This review included peer-reviewed articles written in English that explored the concept, definition, process, or outcomes of spiritual growth in the context of healthcare. Studies were eligible if they addressed spiritual growth among any of the following: patients, family members, healthcare providers, or healthcare students. We included all research methodologies (qualitative, quantitative, mixed methods, and reviews), without restriction to healthcare setting, profession, or geographic region, to ensure comprehensive coverage of the literature.

## **2.3. Exclusion criteria**

Studies were excluded if they: (1) focused solely on spirituality or spiritual care without referencing spiritual growth; (2) were not related to healthcare contexts (e.g. general education or non-health professions); (3) were editorials, commentaries, or opinion pieces lacking empirical data; or (4) were not available in English.

**Rationale:** The inclusion and exclusion criteria were developed to support a comprehensive yet focused exploration of the concept of spiritual growth within healthcare. By including a wide range of populations (patients, family members, providers, and students) and all research methodologies across diverse healthcare settings, the review aimed to capture the breadth and depth of how spiritual growth is defined, experienced, and studied in the literature. Removing restrictions on profession or geographic region allowed for cross-contextual insights and increased the potential for identifying common themes and variations

Excluding studies that lacked a direct focus on spiritual growth or empirical data helped maintain conceptual clarity and methodological rigour. Limiting to English-language articles reflected practical constraints in translation and analysis.

## **2.4. Review questions**

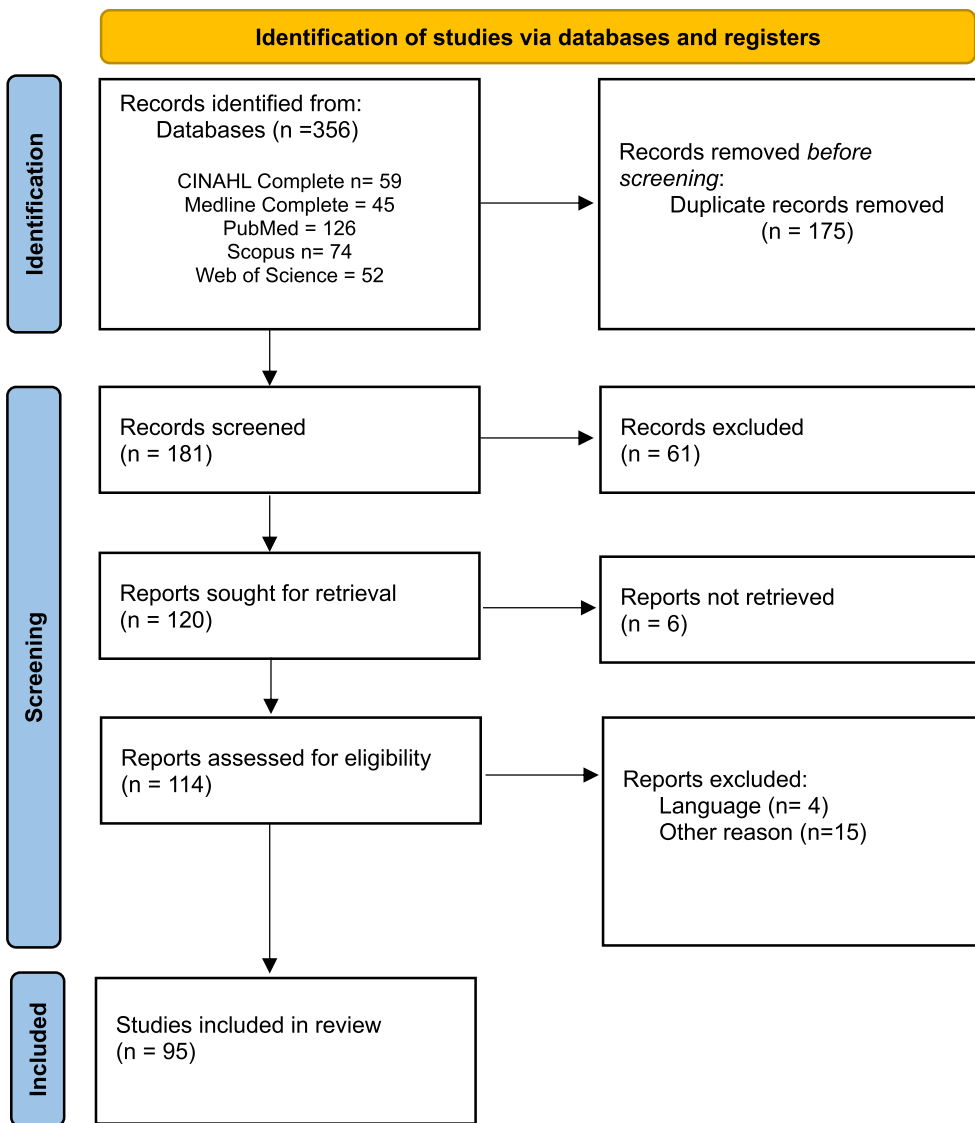
The four questions that guided the review were: What are the definitions of spiritual growth in healthcare literature? In what healthcare contexts is spiritual growth discussed? What are the related factors of spiritual growth? What are the consequences of spiritual growth in healthcare settings?

## **2.5. Study selection**

A total of 356 articles were obtained through the search process. The reference manager tool *Ryvan*<sup>®</sup> was used to check the duplicates so that 175 identical articles were subsequently excluded from the list. A total of 142 articles went through independent title and abstract reading by each author independently. A total of 61 articles were rejected following matching the inclusion criteria, and 95 relevant articles for full-text review

were saved. Each of the authors conducted an independent review of the full text and discussed when disagreements were found over the decision to select the article. Important extraction data included in this review include methods, regional settings, objectives, interventions, and findings. The review was updated in December 2024, and 39 new articles were obtained through the same search process as the previous search. The reference tool Ryyan® was used, and out of the 39 results, 19 articles were deleted following matching the inclusion criteria, and 20 relevant articles for full-text review were saved.

The references of the full texts that were included were retrieved and two more papers were included due to their relevancy.



**Figure 1.** Preferred reporting items for systematic reviews and meta-analyses flowchart of the scoping review.

The review process is represented in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart (Figure 1).

## 2.6. Charting the data

The included articles were exported to NVivo (14)©. Four codes/categories were created according to the review questions. This was organized into extraction fields according to the review questions. Full texts were analysed, and data was extracted for each category. The data analysis was then discussed for the exclusiveness and completeness of the codes. Then, tables displayed each category according to the author, method, settings, and findings.

## 3. Results

A total of 95 articles were included in the scoping review. From these, 24 were qualitative, 44 were descriptive, 12 were reviews, and 15 were mixed studies. Also, 27 studies were conducted in the USA (29%), nine in Iran (15%), six in China (6%), four in Turkey (4%), three in Canada (4%), three in Korea (3%), three in Malaysia (4%), three in Israel (4%), two in Pakistan (3%), two in Japan (3%), one in Taiwan (1%), one in Egypt (1%), one in Brazil (1%), one in Croatia (1%), one in Mexico (1%), one in Kurdistan (1%), one in Singapore (1%), one in Thailand (1%), one in Australia (1%), one in Ethiopia (1%), one in Saudi Arabia (1%), and one in Jordan (1%).

### 3.1. Definitions of spiritual growth

Among the 95 papers, 12 included full definitions of spiritual growth (Table 1). The attributes of the concept of spiritual growth, as included in the definitions, relate to those

**Table 1.** Definitions of spiritual growth in healthcare literature.

Author /Year	Definition and attributes
Tabriz et al. (2021)	The individual's ability to grow internally, discover, and express the main goal of life.
Fujino, Watanabe, and Yamakawa (2022)	Spiritual growth involves ongoing personal development through life enhancing well-being. This journey might be connected to changes in brain structure.
Khanjarian and Sadat-Hoseini (2021)	Praying to and reliance on God; ethical growth and being superhuman.
Agarwal et al. (2020)	Increased wisdom and insight.
Moosavi et al. (2019)	Inner and positive transformation that enhances an individual's awareness of self, others, and the surrounding world and allows the development of a positive attitude in life and improves understanding of the value of relations with others.
Fournier (2017)	Human ability that enables every individual to react to their physical activities.
Kamali et al. (2016)	Refers to the process of becoming conscious of the being and to a force beyond self.
Hensel and Laux (2014)	Developing inner resources, cultivating an awareness of personal values, and connecting with some greater force.
Flattery et al. (2006)	The meaning, purpose, and fulfilment in life.
Callaghan (2006)	Component of health-promoting self-care behaviours and can be conceptualized as a productive capability of self-care operations within this conceptual integration.
Ming-Shium. (2006)	The search for the meaning of one's existence, relationships, and the place of an individual in the universe through the experiences of self or others, to establish or adjust a person's life attitudes, and behaviour.
Walker and Hill-Polerecky (1996)	Focuses on the development of inner resources and is achieved through 'transcending,' 'connecting,' and 'developing.'

attributes of the concept of spirituality, emphasizing a dynamic, inner and continuous perspective that is a process of and seeks wisdom, meaning and fulfilment.

### **3.2. Context of spiritual growth**

A total of 53 articles were found describing the context of spiritual growth (Table 2). Different contexts have been listed within healthcare, such as education or illness experience.

### **3.3. Related factors of spiritual growth**

A total of 84 articles were found with related factors of spiritual growth (Table 3).

The most common was the ‘The Health-Promoting Lifestyle Profile-II (HPLP-II) questionnaire’, which combines physical activity, nutrition, interpersonal relationship, stress management and health responsibility. More related factors were cancer, elderly health disease, gender (female), age, and self-care.

### **3.4. Consequences of spiritual growth**

A total of 18 articles were found that had consequences for spiritual growth (Table 4). Interestingly, most are positive consequences in life, concerning coping, feelings and general sense of well-being.

## **4. Discussion**

This scoping review aimed to map spiritual growth in healthcare, namely the definitions, related factors, contexts, and consequences. Having this information better organized is important to understand the concept and to design new research to improve the care provided.

This review shows that the concept has changed and expanded to be relevant to providers, family members, and patients. The definitions of spiritual growth found in the review are broad and combine physical and emotional characteristics. According to Kale (2011), the definitions of spirituality may be more philosophical or theological than scientific, creating situations that cause spirituality to be more complex to practice in nursing.

Over the years, the definition of spirituality was emphasized to demonstrate the person as an integrated whole of body, mind and spirit (Baldacchino 2010; McSherry, Cash, and Ross 2004).

There is no standard universal definition of spirituality, as this concept may vary from one person to another. In this manner, in the review, the words inner process appeared as elements in the definition of spiritual growth, meaning it’s an individual process that goes along life, a developing process (Fujino, Watanabe, and Yamakawa 2022; Hensel and Laux 2014; Moosavi et al. 2019; Walker, Sechrist, and Pender 2015). Another element was the connection to God. Interestingly, until the 90s, spirituality was used synonymously with religiosity. It created confusion and ambiguity because it demonstrated spirituality as worshipping God, which excluded seculars from using it

**Table 2.** Contexts related to spiritual growth in healthcare literature.

Context	Author /Year
Oncology	Agarwal et al. (2022)
	Connolly and Timmins (2021)
	Agarwal et al. (2020)
	Momenifar, Asgarabad, and Abbasi (2020)
	Ben-Arye et al. (2018)
	Moosavi et al. (2019)
	Farsi (2015)
	Allmon, Tallman, and Altmaier (2013)
	Narayanasamy (2007)
	Halstead and Hull (2001)
	Thomas and Retsas (1999)
Covid 19	Beer (2024)
	Feingold et al. (2022)
	Moshagh, Mirlashari, and Brown (2023)
	Karimi et al. (2021)
	Khanjarian and Sadat-Hoseini (2021)
	Lee et al. (2021)
	Lucchetti et al. (2021)
Brain structure Duchenn Muscular Dystrophy Childbirth	Hosseini et al. (2014)
	Fujino, Watanabe, and Yamakawa (2022)
HIV	Schwartz et al. (2022)
	Crowther, Stephen, and Hall (2020)
	Taghizdeh et al. (2017)
Obstetrical care Healthcare education	Desrosiers (2020)
	Pérez et al. (2009)
Family as caregivers	Dunbar et al. (1998)
	Nyberg (2021)
Palliative care	Shamsuddin et al. (2024)
	Al-Qahtani (2019)
	Docherty-Skippen, Hansen, and Engel (2019)
	Hensel and Laux (2014)
	Rezaei et al. (2024)
	Lalani (2020)
	Ben-Arye et al. (2018)
	Lalani (2020)
	Moosavi et al. (2019)
	Petersen (2013)
	Penderell and Brazil (2010)
Pregnancy Coronary Intervention Meditation Fibromyalgia Syndrome Burn recovery Spiritual care	Narayanasamy (2007)
	Thomas and Retsas (1999)
	Narenji et al. (2018)
	Xiao et al. (2018)
	Gordon et al. (2018)
	Gordon et al. (2016)
	Wiechman Askay and Magyar-Russell (2009)
	Petersen (2013)
	So and Shin (2011)
	Oakley, Aekwarangkoon, and Ward (2011)
Diabetes type 2 Mental Health Karma Transplant recipients Illness Child development	Oji and Powell (2024)
	Thrane (2010)
	Flattery et al. (2006)
	Ming-Shium. (2006)
	Zhang 2014
Healthcare Organizations Parkinson	Smith and McSherry (2004)
	Graber and Johnson (2001)
	Fowler (1997)

(Torskenaes et al. 2015). As we can see from the review, definitions of spiritual growth started to be expanded and went beyond religious affiliation, and consequently becoming relevant to more people. Instead of using the word God or a specific name of a God, it's more general like 'higher force', 'greater force', 'beyond self', etc, as reflected in the

**Table 3.** Related factors of spiritual growth in healthcare literature.

Related Factor	Author /Year
The Health-Promoting Lifestyle Profile-II (HPLP-II) questionnaire	Hareru et al. (2024)
	Shamsuddin et al. (2024)
	Yusof et al. (2024)
	Ashgar and Krishnasamy (2023)
	Fathnezhad-Kazemi, Zeighami Mohammadi, and Nayebinia (2023)
	Kamalian et al.(2023)
	Moshfeghy et al. (2023)
	Tabriz et al. (2021)
	Zarvekanloo et al. (2023)
	Jeoung (2022)
	Seah et al. (2022)
	Bai and Cheng (2022)
	Maglione and Neville (2021)
	Musić et al. (2021)
	Tabriz et al. (2021)
	Zainab et al. (2021)
	Iddrisu et al. (2022)
	Momenifar, Asgarabad, and Abbasi (2020)
	Keele (2019)
	Khosravan et al. (2019)
	Li et al. (2018)
	Wah Mak et al. (2018)
	Xiao et al. (2018)
	Chen, Zhang, and Fu (2018)
	Kurnat-Thoma et al. (2017)
	Belgüzar and Bahar. (2016)
	Kamali et al. (2016)
	Profis and Simon Toval. (2016)
	Ritten, Waldrop, and Kitson (2016)
	Thacker et al. (2016)
	Cheng et al. (2015)
	Hosseini et al. (2014)
	Nacar et al. (2014)
	Horner-Johnson, Drum, and Abdullah (2011)
	Kemppainen et al. (2011)
	Peker and Bermek (2011)
	Eshah, Bond, and Froelicher (2010)
	Pierini and Stuijbergen (2010)
	Ozturk Can et al. (2006)
	Riley et al. (2008)
	Callaghan (2006)
	Flattery et al. (2006)
	Callaghan (2006)
Fowler (1997)	
Pain Cancer	Lewis et al. (2023)
	Rezaei et al. (2024)
	Mozhgan et al. (2023)
	Tabriz et al. (2021)
	Agarwal et al. (2022)
	Moshfeghy et al. (2023)
	Tabriz et al. (2021)
	Agarwal et al. (2020)
	Momenifar, Asgarabad, and Abbasi (2020)
	Allmon, Tallman, and Altmaier (2013)
Elderly health disease	Hareru et al. (2024)
	Seah et al. (2022)
	Iddrisu et al. (2022)
	Li et al. (2018)
	Xiao et al. (2018)
Kemppainen et al. (2011)	

(Continued)

**Table 3.** Continued.

Related Factor	Author /Year
	Eshah, Bond, and Froelicher (2010)
	Pierini and Stuijbergen (2010)
	Callaghan (2006)
Disability	Jeoung (2022)
	Horner-Johnson et al. (2011)
Meditation	Agarwal et al. (2022)
Brain structure	Fujino, Watanabe, and Yamakawa (2022)
Menopause syndrome	Moshfeghy et al. (2023)
	Zarvekanloo et al. (2023)
	Bai and Cheng (2022)
Spiritual sensitivity Morale	Kazemi et al. (2022)
Pray and reliance on God	Khanjarian and Sadat-Hoseini (2021)
	Allmon, Tallman, and Altmaier (2013)
Ethical growth	Khanjarian and Sadat-Hoseini (2021)
Writing Spiritual diaries	Kim et al. (2021)
Gender (Female)	Yusof et al. (2024)
	Ashgar and Krishnasamy (2023)
	Fathnezhad-Kazemi, Zeighami Mohammadi, and Nayeibinia (2023)
	Kamalian et al. (2023)
	Khosravan et al. (2019)
	Moshfeghy et al. (2023)
	Mozhgan et al. (2023)
	Zarvekanloo et al. (2023)
	Moshtagh et al. (2022)
	Musić et al. (2021)
	Belgüzar & Bahar (2016)
	Hosseini et al. (2014)
	Riley et al. (2008)
Age	Beer. (2024)
	Ashgar and Krishnasamy (2023)
	Kamalian et al. (2023)
	Musić et al. (2021)
	Iddrisu et al. (2022)
	Kurnat-Thoma et al. (2017)
Post traumatic growth	Agarwal et al. (2020)
	Allmon, Tallman, and Altmaier (2013)
Friendship	Desrosiers (2020)
Private religious activities	Lucchetti et al. (2021)
Hope	Lucchetti et al. (2021)
	Fowler (1997)
Fear	Lucchetti et al. (2021)
social isolation	Lucchetti et al. (2021)
Spiritual support	Momenifar, Asgarabad, and Abbasi (2020)
spiritual beliefs and attitudes	Momenifar, Asgarabad, and Abbasi (2020)
	Gordon et al. (2016)
Self care	Michael, Schujovitzky, and Karnieli-Miller (2024)
	Docherty-Skippen, Hansen, and Engel (2019)
	Hensel and Laux (2014)
	Callaghan (2006)
Sense of self	Lalani (2020)
Perception of death	Lalani (2020)
Income	Hareru et al. (2024)
	Shamasuddin et al. (2024)
	Mak et al. (2018)
	Riley et al. (2008)
Health Worries	Rapkin et al. (2018)
Obesity	Ritten, Waldrop, and Kitson (2016)
Living with Family member	Hosseini et al. (2014)
Fit to nursing	Hensel and Laux (2014)
Professional identity	Hensel and Laux (2014)
Body Image	Ashgar and Krishnasamy (2023)

**Table 4.** Consequences of spiritual growth in healthcare literature.

Author/Year	Consequence
Beer (2024)	Improved relationship with God Improved relationship with family members More time for self-reflection
Michael, Schujovitzky, and Karnieli-Miller (2024)	Personal accomplishment
Mozhgan et al. (2023)	Patience Clarifying values
Desrosiers (2020)	Peace
Kazemi et al. (2022)	Inner satisfaction Hope Nurture their human spirit Improved satisfaction Ethical growth
Khanjarian and Sadat-Hoseini (2021)	Increased sense of fit, Decreased Perceived stress a knowledge
Agarwal et al. (2020)	Increased wisdom and insight
Crowther, Stephen, and Hall (2020)	Reduce stress
Momenifar, Asgarabad, and Abbasi (2020)	Closer relationship with God Valuing and enjoying life opportunities Empowerment of the body and soul by going to spiritual places, readings, and exercising. Modified and controlled some of their unpleasant behaviours Paid more attention to moral virtues.
Lalani (2020)	Rise above or self-transcendence: "I see myself a better person". Faith, hope, peace, contentment, and serenity
Moosavi et al. (2019)	Comfort Inner satisfaction Peace Joy Hope Acceptance of the disease Strong sense of spirituality Fearlessness Happiness Positive attitude Increases the tendency to help others Experience change
Wiechman Askay and & Magyar-Russell (2009)	Emotional healing
Allmon, Tallman, and Altmaier (2013)	Positive affect Intrinsic religious orientation Positive coping
Callaghan (2006)	Positive self-concepts Initiative and responsibility for self-care.
Flattery et al. (2006)	Acceptance of the disease and the treatment
Ming-Shium (2006)	New perception of life after a stressful event. Help patients to transcend pain and loss rather than simply help them to suffer without reflection.
Halstead and Hull (2001)	Period of painful questioning and letting go of control over some aspects of life.
Thomas and Retsas (1999)	Deeper sense of spiritual perspective, an enhanced sense of spiritual awareness and recognition and acceptance of the value of the spiritual experiences of others, God or another higher being.

research of Steensland, Wang, and Schmidt (2018). According to their study, 41% of descriptions of spirituality referenced God, and 21% contained some other type of reference to a higher being. A further 13% referenced transcendence or supernaturalism (Steensland, Wang, and Schmidt 2018).

The review found common contexts of spiritual growth were Oncology, the COVID-19 pandemic and Elderly health disease. A common thread among these contexts is that

they involve challenging periods in life. One of the most common contexts of spiritual growth found in the review was palliative care. Caring for individuals at the end of life requires caregivers to meet their physical, emotional, psychological, and spiritual needs to alleviate their suffering and maximize their quality of life during their final days. The World Health Organization (2012) recognizes spiritual care as a fundamental aspect of palliative care. It defines it as ‘an approach that improves the quality of life of patients and their families’ facing problems associated with life-threatening illness. As found in the review, spiritual care means taking care to identify and respond to the spiritual needs of humans when faced with trauma, disease, sadness, and suffering. It was found that spiritual growth was a recurring motive in cancer patients and Oncology nurses (Moosavi et al. 2019). However, implementing spiritual care in practice is fraught with difficulties and is considered a much-neglected area of practice (Kale 2011; Noble and Jones 2010). Interestingly, the research of Tiew et al. (2013) identified that senior nurses possessed greater spiritual understanding and a sense of responsibility towards spiritual care. These nurses were aware of the difficulties in accurately assessing patients’ spiritual needs and reported greater ease and comfort in spiritual caregiving (Tiew et al. 2013). It’s well known in the literature that healthcare professionals do not feel prepared or sufficiently educated and lack the confidence, competence, and skills to address spiritual issues with patients (Best, Butow, and Olver 2015).

Some caregivers feel that others could fulfil the role better (Selman et al. 2018). It is known that patients with unmet spiritual needs are at increased risk of poorer psychological outcomes, diminished quality of life, reduced sense of spiritual peace and increased risk of depression (Pearce et al. 2012). Therefore, all staff must be at ease and capable of providing basic spiritual care. This leads to healthcare education, another context found in the review. Healthcare workers working in palliative care should get training and be prepared to deal with the spiritual needs of the patients (O’Brien et al. 2019).

Related factors found in the review were part of The Health-Promoting Lifestyle Profile-II (HPLP-II) questionnaire. This measurement comprises six subsections: spiritual growth, health responsibility, exercise, nutrition, interpersonal relations, and stress management. Despite increased interest in patients’ spirituality, little attention has been paid to the spiritual development of nurses or nursing students (Catanzaro and McMullen 2001). According to Corpuz (2023), healthcare professionals should receive spiritual training and education, equipping them with the knowledge and skills necessary to provide holistic care. This training should include intercultural and interreligious competence, communication, and spiritual assessment (Corpuz 2024). Paal, Helo, and Frick (2015) complement previous literature on spiritual care training for healthcare professionals. It points out the importance of healthcare professionals being prepared to meet vulnerability, emotions, and rejection before entering the field of health (Paal, Helo, and Frick 2015). It was found that nursing students with increased awareness of their spiritual perspectives will effectively adapt to and interact with the environment and will have increased potential for growth, mastery, and transformation in nursing education. Eventually, they will become more competent in providing spiritual care and provide higher-quality care interventions in the future (Estebansari et al. 2023). Spiritual care is a unique component of care that can accommodate the spiritual needs of patients, and that’s why it has been recognized as an essential

part of holistic health care in nursing. According to Astin, Astin, and Lindholm (2011), college students place significant personal emphasis on matters related to the interior dimensions of their lives.

Moreover, they generally have high expectations for their college or university's role in their emotional and spiritual development (Astin, Astin, and Lindholm 2011). Spiritual development is an ongoing, continuous component of overall learning. Identifying a student's spiritual perspectives is part of the educational journey and contributes to holistic personal development (Shores 2010).

We identified some relevant strengths and possibilities in this study. Among the strengths, we highlight the fact that the study encompasses a variety of research over the years and in different contexts, providing a comprehensive view of spiritual growth and strengthening the conclusions presented. Systematizing the identified factors and consequences can be useful for future studies, enabling the development of spiritual care in practice and in training with nursing or healthcare students. Regarding the possibilities, the predominance of studies in palliative care contexts may open space for further research in other contexts. Healthcare education should prioritize spiritual growth training, equipping professionals with the skills to effectively address patients' spiritual needs. The findings support incorporating spiritual development programmes into medical and nursing curricula.

## 6. Conclusion and Implication

This scoping review mapped the definitions, contexts, related factors, and consequences of spiritual growth in the healthcare literature. The findings demonstrate that spiritual growth is a complex and evolving concept observed across a wide range of clinical and educational settings. It is experienced by patients, family caregivers, healthcare professionals, and students – often in response to critical life events, illness, caregiving, or professional challenges.

Spiritual growth is not confined to religious expression but is more broadly understood through existential dimensions such as meaning-making, connectedness, inner transformation, and personal development. It frequently emerges in emotionally intense contexts such as oncology, palliative care, and during the COVID-19 pandemic, and is also evident in the training of healthcare students.

These findings carry several important implications. In clinical practice, spiritual growth should be recognized not only as a patient response but also as a process that can enhance the emotional well-being and reflective capacity of healthcare providers. In education, the review supports incorporating structured opportunities for reflection, values clarification, and discussions of spirituality into healthcare curriculum – particularly in nursing – so that students can develop both personal and professional awareness of spirituality in care.

From a policy perspective, spiritual growth should be acknowledged as a relevant and legitimate component of quality care. Institutions and educational bodies may benefit from adopting frameworks that support both the assessment of spiritual needs and the facilitation of inner growth among staff and students.

Finally, future research is needed to explore how spiritual growth can be meaningfully supported in healthcare education and practice, and to examine its potential role in

promoting resilience, compassion, and human-centred care in diverse cultural and professional settings.

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Conception and design of this manuscript: RS and SC; Acquisition of data: RS and SC. All authors contributed to the analysis and interpretation of data, drafting the manuscript or revising its intellectual content, and approval of the final version of the publication. All authors accept accountabilitys for all aspects of the work and ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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