Scandinavian Journal of Caring Sciences

WILEY

ORIGINAL ARTICLE OPEN ACCESS

Cross-Cultural Adaptation of the EPICC Spiritual Care Education Standard Into European Portuguese

Sara Sitefane[1] | Ana Afonso[1] | Willyane De Andrade Alvarenga[2] | Wilfred Mcsherry[3] | Linda Ross[4] | Josephine Attard[5] | Isabel Rabiais[6] | Sílvia Caldeira[1]

[1]Faculty of Health Sciences and Nursing, Center for Interdisciplinary Research in Health, Universidade Católica Portuguesa, Lisbon, Portugal | [2]Centro Universitário Santo Agostinho in Teresina, Teresina, Brazil | [3]Department of Nursing and Midwifery, School of Health, Education, Policing and Sciences, University of Staffordshire, Stoke-on-Trent, UK | [4]Faculty of Life Sciences & Education, University of South Wales, Pontypridd, UK | [5]Faculty of Health Sciences, University of Malta, Msida, Malta | [6]Center for Interdisciplinary Research in Health, Universidade Atlântica, Higher School of Health Atlântica, Barcarena, Portugal

Correspondence: Sara Sitefane (s-ssitefane@ucp.pt)

Received: 18 March 2025 | **Revised:** 26 November 2025 | **Accepted:** 18 December 2025

Keywords: competency-based education | EPICC | nursing | spiritual care education | spirituality

ABSTRACT

Background: Spiritual care is a dynamic and multifaceted concept. The EPICC project, launched to improve nurses' competence in spiritual care through innovative education, supports this approach. The EPICC framework includes several tools and resources with the Spiritual Care Education Standard as the core tool.

Aim: Translation, validation and cross-cultural adaptation of the EPICC Spiritual Care Education Standard into European Portuguese language and culture.

Methods: Validation study using the Cross-Cultural Adaptation method. This method involves a six-step framework: translation, synthesis, back-translation, review by the expert panel ($n = 6$), pre-testing, and concluding with the submission and approval of all documents by the original instrument authors and the expert panel. EQUATOR checklist: GRRAS.

Ethical Issues and Approval: Doctoral research project (approved by the Ethics Committee on 19 July 2023).

Results: The data were collected between November 2023 and April 2024 and showed 100% agreement and a Content Validity Index (CVI) of 1 for all items among experts. The pre-test, collected in May 2024, with 39 nursing students showed 90% agreement and minimal response variability among the items.

Conclusions: The study successfully adapted the EPICC Spiritual Care Education Standard to European Portuguese, highlighting the need for ongoing investment in spiritual care education in nursing curricula.

Implications: This study highlights the importance of students' spiritual care competencies in nursing education and practice, emphasising their integration into curricula and the ongoing relevance of healthcare policy in supporting this dimension of holistic care.

1 | Introduction

Spirituality and spiritual care are increasingly recognised as the core aspect of the true meaning of what it means to be human [1, 2]. For this reason, the scientific community has made numerous attempts over the years to define the concept of spirituality and spiritual care [3–8]. However, despite experts' efforts to establish a unified understanding of these concepts, the outcomes may not be universally applicable or widely accepted [9].

Ross (1994) identified parts of the nursing process in spiritual care—assessment, planning, intervention and evaluation [10].

Kang (2006) and his colleagues identified a three-stage process for spiritual care: spiritual assessment, spiritual intervention and spiritual evaluation, while also emphasising the importance of ensuring the quality of this care [11]. Later, Monareng et al. (2012) identified caring presence, respect and concern for several dimensions, including spiritual needs of the person from both religious and nonreligious nurses [12]. Spiritual care is defined as a dynamic and subjective concept that encompasses various aspects of care, arising from nurses' awareness of the transcendent dimension of life and reflecting the patient's reality [13]. Additionally, attributes of spirituality such as connectedness, transcendence and the search for meaning in life emerge from this complex concept [6], highlighting its significance for the discipline of nursing [7]. Nevertheless, the most widely accepted definition of spirituality for healthcare is the European Association for Palliative Care (EAPC)—(...) dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred. "(...) 'spirituality' is difficult to define because of its multidimensional nature, as the spiritual field encompasses:

- Existential questions (concerning, for example, identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).
- Value-based considerations and attitudes (i.e., the things most important to each person, such as relations to oneself, family, friends, work, things, nature, art and culture, ethics and morals and life itself).
- Religious considerations and foundations (faith, beliefs and practices, one's relationship with God or the ultimate)." [14] (p. 88).

International guidelines produced by the World Health Organization (WHO) and the European Commission [15, 16], and regulations governing the nursing profession [17] collectively promote the provision of holistic care by nurses. This approach extends beyond physical care, encompassing all dimensions of the human being, including the spiritual dimension to promote compassionate care, aligning with both international guidelines and the ethical code that underpins the nursing profession [17].

Hence, it is essential to invest in the nursing curriculum by incorporating evidence-based programs of spiritual care education [18–20] that allow students to develop competencies in this context [21–28]. In alignment with this need, a European collaborative initiative was established to develop a shared framework for embedding spiritual care competencies within nursing and midwifery education across Europe—Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC).

2 | Background

The European project—Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC) sought to establish best practice in spiritual care education. Between 2016 and 2019, the EPICC Project engaged 31 nurse/midwifery educators from 21 countries and around 60 stakeholders in the co-production of its evidence-based outputs, namely:

- EPICC Spiritual Care Education Standard (EPICC Standard) which defines how 'spirituality' and 'spiritual care' are understood for nursing/midwifery practice and contains 4 spiritual care competencies [25] also validated as a self-assessment tool [21].
- EPICC Gold Standard Matrix for Spiritual Care Education, outlining the factors contributing to development of spiritual care competency in nursing/midwifery students [29]. It identifies the first international evidence that students' perception of spirituality and personal spirituality are significant factors in competency development [30].
- EPICC Toolkit with activities to support teaching and learning (www.epicc-network.org).

The EPICC Standard adopts the EAPC definition of spirituality [14] and adapts the NHS Education for Scotland (2010) definition of spiritual care to include positive life events, such as birth, specifically [25]:

- Spiritual care: "Care which recognises and responds to the human spirit when faced with life-changing events (such as birth, trauma, ill health and loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires" [25] (p. 978).

In addition, the EPICC Standard comprises four competencies: (a) intrapersonal spirituality, (b) interpersonal spirituality, (c) assessment and planning of spiritual care and (d) intervention and evaluation of spiritual care, each containing 5–8 items relating to knowledge, skills and attitudes (28 items in total). Thoroughly, the first competency—intrapersonal spirituality—demonstrates an understanding of the significance of spirituality in relation to health and overall well-being; the second—interpersonal spirituality—responds to the spiritual dimension of individuals by recognising their personal spiritual and cultural beliefs, values, and practices; the third—assessment and planning of spiritual care—identifies and evaluates individuals' spiritual needs and available resources through suitable structured or unstructured methods, formulates an appropriate spiritual care plan and ensures confidentiality and informed consent are upheld throughout the process; and the last competency embraces individuals' spiritual needs and strengths within a supportive, empathetic and compassionate therapeutic relationship.

In summary, these competencies build on the earlier competency development work of van Leeuwen et al. [25, 31] and Attard et al. [27, 28]. Therefore, the EPICC Standard builds on all the pioneering work of previous authors [24] pertaining to competency development in nursing and midwifery, providing a contemporary conceptualisation based on the most up-to-date evidence.

3 | Aim of the Study

This study aims to translate, validate and culturally adapt The EPICC Spiritual Care Education Standard into European Portuguese language and culture.

4 | Methods

This is a validation study in which the EPICC Spiritual Care Education Standard for undergraduate nursing students was translated, validated and culturally adapted into European Portuguese language and culture. In this sense, the Cross-Cultural Adaptation method [32–35] was selected due to its predominant use in the nursing context [36]. This method involves a six-step framework: translation, synthesis, back-translation, review by the expert panel, pre-testing and concluding with the submission and approval of all documents by the original instrument authors and the expert panel (Figure 1).

4.1 | Data Collection

The data collection process encompasses Step I to III of the Cross-Cultural Adaptation method proposed by Beaton et al. [32–35], as outlined in detail below. It is also important to note that, as a deliberate decision by the research team, a certified translation company—Traductanet (ISO 9001:2015/ISO 17100:2015) was engaged during the first three stages to ensure linguistic accuracy and rigour.

4.1.1 | Step I: Translation

Translating the original instrument into the target language through two separate translations by distinct bilingual translators, referred to as T1 and T2. Each translation has specific requirements:

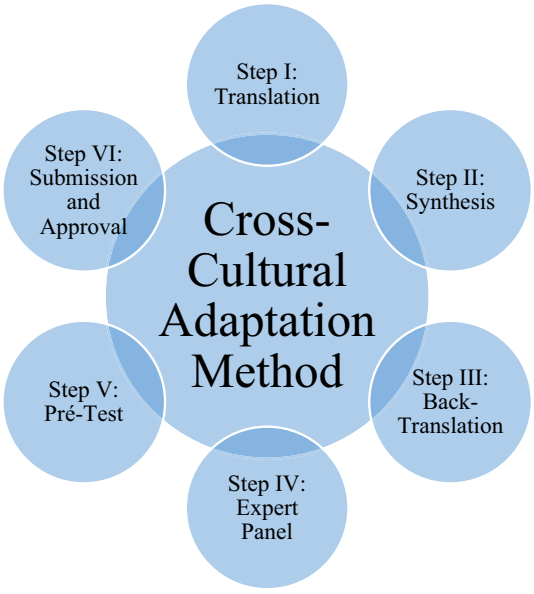

FIGURE 1 | Graphical representation of the *Cross-Cultural Adaptation* method [32–34].

- T1: The translator is familiar with the study's purpose and has expertise in the relevant field (health/education). This ensures that the translation provides equivalence from a clinical perspective and a more reliable measurement equivalence [33].
- T2: The translator is unaware of the study's purpose and lacks clinical knowledge in the health/education field, making them a "blind" translator. This approach aims to provide a translation that reflects the language of the population, often highlighting ambiguities in the original questionnaire [33].

4.1.2 | Step II: Synthesis

Synthesising the T1 and T2 translations into a single document, referred to as T12, involves comparing the two translations, minimising discrepancies between them, ensuring consistency with the original version of the instrument, and producing a version suitable for the new context [32, 33]. This synthesis was carried out by the investigating team, along with a third researcher who acted as a mediator throughout the process [32, 33].

4.1.3 | Step III: Back-Translation

The back-translation of version T12 into the original language of the questionnaire is initiated by two other bilingual translators, independent from the first two translators, whose native language matches that of the original document, referred to as BT1 and BT2. Both translators do not know the original instrument or prior procedures, nor do they have expertise in the healthcare field [33].

4.2 | Data Analysis

The data analysis process comprises Steps IV and V, as prescribed by the chosen methodological approach for this validation study, and includes both descriptive (Content Validity Index [CVI]; Kuder–Richardson Formula 20 [KR-20]) and inferential statistics (Fleiss' Kappa) performed using the IBM Statistical Package for the Social Sciences (SPSS) version 29.0.2.0 software programs.

4.2.1 | Step IV: Expert Committee Panel

The expert panel was responsible for reviewing all versions, including the original and translated versions (T1, T2, T12, BT1, BT2), to validate their content in terms of semantic, idiomatic, experiential and conceptual equivalence [33]. Additionally, the panel strives to achieve the highest possible level of consensus among its members. For each item evaluated, the minimum acceptable agreement ratio among panel members is 80% [37].

The panel was composed of six experts, including specialists in spirituality, health professionals and methodologists, as well as the four forward and back translators involved in the process up to this stage. According to the literature, the composition of the panel should include diverse professionals and the translation team involved up to this point [32], with a recommended size of 6 to 10 members [37].

The selection process for the experts was based on the following criteria: native language (European Portuguese), professional and academic experience, expertise in the subject matter under investigation, scientific publications related to the topic, as well as accessibility, availability and commitment to the research project. The recruitment process involved direct contact by the research team, both in person and electronically (e-mail). The 'in person' contact initially took place via telephone, conducted by the research team to establish direct communication with the panel members. This was necessary to provide clarity regarding the study's objectives, ensure engagement and address any immediate questions. Subsequently, the online form, created using Qualtrics software, was distributed via email to the panel.

The EPICC Standard was divided by the research team into 10 sections to facilitate its submission as an online questionnaire for the panel of experts, developed using Qualtrics software (Figure 2). Each item included closed-ended questions designed for content validation and assessment of the panel members' level of agreement [35]. This quantitative approach utilised a dichotomous scale (linguistic agreement and clarity—yes/no response) and a 4-point Likert scale (1: Not relevant; 2: Unable to determine relevance; 3: Relevant but requires minor revision; 4: Very relevant and concise).

4.2.2 | Step V: Pre-Test

The pre-final version was tested in a small group of students in fourth year of the Undergraduate Nursing Degree at a Portuguese University (curricular year 2023/2024), selected by non-probabilistic convenience sampling [38], using an online form with the resource of Qualtrics software—for semantic and linguistic evaluation of the translated instrument—sent by the university's administrative service (A total of 86 got the invitation by email and 39 participated). By clicking the link in the email, students were directed to the online platform hosted on Qualtrics software.

The statistical measures used correspond to the index of agreement among the students—minimum acceptable agreement ratio among panel members was 80% [37]; and the internal consistency reliability measure for assessments with dichotomous items, respectively, Kuder–Richardson Formula 20 (KR-20) [39].

4.3 | Ethical Approval and Considerations

Before starting the research, permission to use the EPICC Spiritual Care Education Standard was granted by the EPICC Network Steering Group by e-mail. Ethics Committee approval (19.07.2023, Universidade Católica Portuguesa n. 278) was

The EPICC Spiritual Care Education Standard

Evaluated Items	Original Version (English)	European Portuguese Version – *Versão Portuguesa de Portugal (VPP)*
1	Title	Título
2	Introduction	Introdução
3	Spirituality	Espiritualidade
4	Spiritual Care	Cuidados Espirituais
5	Cultural Context	Contexto Cultural
6	Terminology	Terminologia
7	Competency 1: Intrapersonal Spirituality	Competência 1: Espiritualidade Intrapessoal
8	Competency 2: Interpersonal Spirituality	Competência 2: Espiritualidade Interpessoal
9	Competency 3: Spiritual Care: Assessment and Planning	Competência 3: Cuidados Espirituais: Recolha de Dados e Planeamento
10	Competency 4: Spiritual Care: Intervention and Evaluation	Competência 4: Cuidados Espirituais: Intervenção e Avaliação

FIGURE 2 | The EPICC Spiritual Care Education Standard—questionnaire items.

obtained for this project. It was stated to the expert committee panel and nursing students included in the research that the decision about whether to participate in the research was entirely voluntary, that the data obtained from this study would only be used within the scope of the research, and that confidentiality would be strictly ensured, and their consent was obtained. All ethical considerations have been taken into account in light of the characteristics underlying the progression of innovation, with particular regard to the primacy of the human being, which overrides any social and/or scientific interest.

5 | Results

The results were analysed with the support of the University Biostatistics Reference and Research Support Service at a Portuguese University.

5.1 | Cross-Cultural Adaptation

The equivalence between the source (original English version)—The EPICC Spiritual Care Education Standard—and—*Versão Portuguesa de Portugal* (VPP): *Norma Educativa do Cuidado Espiritual*—was established across semantic, idiomatic, experiential and conceptual dimensions, with the aim of preserving the instrument's validity and reliability across different linguistic and cultural contexts.

5.1.1 | Step IV: Expert Committee Panel

Data were collected from 03.11.2023 to 03.04.2024, analysed with the IBM SPSS statistics version 29.0.2.0 software programs and the consensus of all expert committee reviews was obtained.

The Fleiss' Kappa was not calculated as the results showed unanimous agreement among all experts (100%). Content Validity Index (CVI) was calculated. It showed 1 for all items, meaning that all experts rated each item as relevant (with scores of 3 or 4), indicating perfect agreement among them, indicating that the instrument is well-constructed in terms of content (see Table 1) [40].

Accordingly, the structure of the original EPICC Spiritual Care Education Standard was preserved in the European Portuguese version, following the expert panel's unanimous agreement on the semantic, idiomatic, conceptual and cultural adequacy of all items, including the four core competencies and their respective knowledge, skills and attitudes. Only minor grammatical suggestions were made by the expert committee to enhance textual clarity. This decision reflects the strong content validity

TABLE 1 | Expert committee panel and CVI response rate.

Evaluated items	European Portuguese version—Versão Portuguesa de Portugal (VPP)	Expert 1[a]	Expert 2[a]	Expert 3[a]	Expert 4[a]	Expert 5[a]	Expert 6[a]	CVI
1	Título	4	4	4	3	4	4	1
2	Introdução	4	4	4	3	4	4	1
3	Espiritualidade	4	4	4	3	4	4	1
4	Cuidados Espirituais	4	4	4	3	4	4	1
5	Contexto Cultural	4	4	4	4	4	4	1
6	Terminologia	4	4	4	4	4	4	1
7	Competência 1: Espiritualidade Intrapessoal	4	4	4	3	3	4	1
8	Competência 2: Espiritualidade Interpessoal	4	4	4	3	3	4	1
9	Competência 3: Cuidados Espirituais: Recolha de Dados e Planeamento	4	4	4	4	4	4	1
10	Competência 4: Cuidados Espirituais: Intervenção e Avaliação	4	4	4	3	3	4	1

[a]4-point Likert scale (1: Not relevant; 2: Unable to determine relevance; 3: Relevant but requires minor revision; 4: Very relevant and concise).

demonstrated by the CVI results and ensures conceptual alignment with the original instrument.

5.1.2 | Step V: Pre-Test

Data were collected from 06.05.2024 to 18.05.2024 using an online form with the resource of Qualtrics software and then analysed with IBM SPSS statistics version 29.0.2.0 software programs.

Of the 39 students enrolled in this step, the majority were female. The mean age of participants was 21.9 years; the median was 22 years; and the mode was 21 years.

The results showed that the percentage of nursing students demonstrating semantic and linguistic agreement was 90%, reflecting a high level of comprehensibility of the adapted version. The analysis of response variability yielded a value approaching zero, indicating minimal dispersion in item responses. This lack of variability—largely due to the predominance of positive dichotomous answers—rendered the calculation of the Kuder–Richardson Formula 20 (KR-20) statistically inappropriate (KR-20$\approx 3.70 \times 10^{-16}$). These results strongly suggest that the items were uniformly understood and interpreted as intended. Furthermore, the pre-test revealed that students encountered no difficulties with the intelligibility or clarity of the EPICC Standard, confirming the effectiveness of the transcultural adaptation process.

6 | Limitations

The response rate in the pre-test, although seemingly low, falls within the acceptable range, according to the referenced author [32, 33]. Some students began the questionnaire but did not complete it, so they were excluded from the data analysis. The authors assert that a psychometric evaluation will bring greater scientific rigour to the cross-cultural adaptation process, and such an assessment will be imperative in future research soon to be published. Furthermore, the tool was administered in nursing schools in Portugal, marking its first application within the Portuguese context.

7 | Discussion

Developing competencies for spiritual care necessitates direct investment in the nursing curricula, bringing multiple benefits for students and patients [41] and aiming to holistically prepare nursing and midwifery students in all dimensions of human care [18].

As a result, it becomes increasingly important for academia to invest in achieving excellence in the delivery of spiritual care [21, 27, 28, 42] alongside the rising number of educational strategies focused on cultivating spiritual competencies [23, 26, 43]. These strategies span diverse educational contexts, highlighting an urgent need for a cohesive, cross-disciplinary consensus.

The EPICC Standard thus serves as a conceptual basis for developing spiritual care competencies, as illustrated by the study "Effectiveness of an Educational Intervention to Teach Spiritual Care to Spanish Nursing Students" [9], which found that the implemented educational programme effectively enhanced knowledge, skills and attitudes related to spiritual care. Also, another report used the four core competencies as theme categorization of qualitative data analysis. It reinforced the outcomes that are fundamental to providing context of education and training of spiritual care [44].

As spirituality is inherently multidimensional [14] and context-sensitive [24]—often deeply embedded within specific cultural, religious and linguistic frameworks [25, 30, 45]—it is essential that any instrument designed to address spiritual needs undergo a rigorous cross-cultural adaptation process [35]. Such a process ensures not only semantic and linguistic equivalence but also conceptual and cultural relevance within the target context, thereby safeguarding the integrity and applicability of the instrument across diverse populations [32, 33, 35, 37]. Moreover, the inherent difficulty of capturing spiritual constructs across languages underscores the importance of a rigorous and reflective translation process, beyond simple semantic substitution [45].

The original EPICC Spiritual Care Education Standard was developed collaboratively with input from multiple European partners, achieving consensus among them [25]. This tool has been translated into various languages, including Dutch, Norwegian, Chinese and Italian, addressing a gap widely acknowledged in the scientific community (www.epicc-network.org).

In this study, the EPICC Spiritual Care Education Standard was translated, validated and culturally adapted into European Portuguese using the cross-cultural adaptation methodology proposed by Beaton et al. (2000, 2007), in alignment with the steps recommended by the EPICC Steering Group. This approach facilitated the identification of subtle linguistic and cultural nuances that could potentially influence the interpretation of individual items [35]. As in the original version, a consensus value was achieved among all members of the expert committee and demonstrated a very strong Content Validity Index, confirming the clarity, relevance and cultural appropriateness of the items. Furthermore, the pre-test conducted with fourth-year nursing students confirmed the instrument's clarity, relevance and acceptability, thereby reinforcing the suitability of the adapted version for application within Portuguese academic and clinical settings. In light of the dichotomous nature of the questionnaire items used in this phase, the authors employed an internal consistency measure appropriate for binary responses—named the Kuder–Richardson Formula 20 (KR-20) [39]. However, the responses exhibited an exceptionally high level of uniformity, resulting in near-zero variability. Consequently, the calculation of KR-20 was rendered statistically unfeasible. This absence of response variation suggests a high degree of consistency and homogeneity among participants, with nearly all items being answered identically.

While this homogeneity may suggest that the instrument was easily understood and broadly accepted by the target population, it also raises important considerations regarding the instrument's sensitivity to subtle variations in interpretation or perception among respondents. Future research should therefore prioritise cross-validation and further psychometric evaluation of the EPICC Tool for Self-Assessment of Spiritual

Care Competence within the European Portuguese context. Developed from the EPICC Spiritual Care Education Standard, this tool aims to assess students' perceived competence in delivering spiritual care [21]. Validating it in the target linguistic and cultural context would enhance the robustness of the framework and support its broader applicability. Such efforts would also contribute to a deeper understanding of how spiritual care competencies are interpreted, internalised and developed across diverse educational and cultural environments. These complexities further reinforce the need for sustained curricular investment in the area of spirituality within nursing education [2, 18, 20, 24, 46, 47].

8 | Implication for Nursing & Health Policy

The successful translation, validation and cross-cultural adaptation of the EPICC Spiritual Care Education Standard to the Portuguese context have significant implications for nursing education, practice and health policy. Firstly, integrating this standard into nursing curricula can enhance students' competence in delivering spiritual care, addressing an often-overlooked dimension of holistic patient care. Secondly, the high level of agreement and content validity among experts and students underscores the relevance and applicability of the adapted standard in nursing education. From a health policy perspective, these findings highlight the ongoing need for institutional and governmental support in formalising spiritual care as a fundamental component of nursing education and practice.

9 | Conclusion

The results indicate a successful cross-cultural adaptation of the EPICC Spiritual Care Education Standard to the European Portuguese language and culture. Further investigation is crucial to validate the tool and provide evidence for its effectiveness in the educational setting, in order to confirm its suitability for assessing spiritual care competencies within the context of nursing education in Portugal.

Author Contributions

All the authors contributed to the conception and design of the study. Material preparation, data collection and analysis were carried out by Sara Sitefane, Ana Afonso, Isabel Rabiais and Sílvia Caldeira. The first draft of the manuscript was written by Sara Sitefane, and all authors commented on previous versions of the manuscript. All authors have read and approved the final manuscript. Study design: Sara Sitefane, Ana Afonso, Isabel Rabiais, Sílvia Caldeira. Data collection: Sara Sitefane, Ana Afonso, Isabel Rabiais, Sílvia Caldeira. Data analysis: Sara Sitefane, Ana Afonso, Isabel Rabiais, Sílvia Caldeira. Study supervision: Isabel Rabiais, Sílvia Caldeira. Manuscript writing: Sara Sitefane, Ana Afonso, Willyane De Andrade Alvarenga, Wilfred Mcsherry, Linda Ross, Josephine Attard, Isabel Rabiais, Sílvia Caldeira. Critical revisions for important intellectual content: Sara Sitefane, Ana Afonso, Willyane De Andrade Alvarenga, Wilfred Mcsherry, Linda Ross, Josephine Attard, Isabel Rabiais, Sílvia Caldeira.

Acknowledgements

The authors have nothing to report.

Funding

The authors have nothing to report.

Disclosure

Human and animal rights: This article does not contain any studies with human or animal participants performed by the author.

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

1. C. Puchalski, B. Ferrell, R. Virani, et al., "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference," *Journal of Palliative Medicine* 12, no. 10 (2009): 885–904, https://pubmed.ncbi.nlm.nih.gov/19807235/.

2. C. Puchalski, N. Jafari, H. Buller, T. Haythorn, C. Jacobs, and B. Ferrell, "Interprofessional Spiritual Care Education Curriculum: A Milestone Toward the Provision of Spiritual Care," *Journal of Palliative Medicine* 23, no. 6 (2020): 777–784.

3. W. McSherry, K. Cash, and L. Ross, "Meaning of Spirituality: Implications for Nursing Practice," *Journal of Clinical Nursing* 13, no. 8 (2004): 934–941.

4. H. G. Buck, "Spirituality: Concept Analysis and Model Development," *Holistic Nursing Practice* 20, no. 6 (2006): 288–292.

5. J. Pike, "Spirituality in Nursing: A Systematic Review of the Literature From 2006–10," *British Journal of Nursing* 20, no. 12 (2011): 743–749.

6. E. Weathers, G. Mccarthy, and A. Coffey, "Concept Analysis of Spirituality: An Evolutionary Approach," *Nursing Forum (Auckland, NZ)* 51, no. 2 (2016): 79–96, https://doi.org/10.1111/nuf.12128.

7. C. Murgia, I. Notarnicola, G. Rocco, and A. Stievano, "Spirituality in Nursing: A Concept Analysis," *Nursing Ethics* 27, no. 5 (2020): 1327–1343, https://doi.org/10.1177/0969733020909534.

8. M. A. de Brito Sena, R. F. Damiano, G. Lucchetti, and M. F. P. Peres, "Defining Spirituality in Healthcare: A Systematic Review and Conceptual Framework," *Frontiers in Psychology* 12 (2021): 1–11.

9. M. D. Fernández-Pascual, A. Reig-Ferrer, and A. Santos-Ruiz, "Effectiveness of an Educational Intervention to Teach Spiritual Care to Spanish Nursing Students," *Religions (Basel, Switzerland)* 11, no. 596 (2020): 1–12, https://www.mdpi.com/2077-1444/11/11/596/htm.

10. L. A. Ross, "Spiritual Aspects of Nursing," *Journal of Advanced Nursing* 19, no. 3 (1994): 439–447, https://doi.org/10.1111/j.1365-2648.1994.tb01105.x.

11. S. R. Kang, "Concept Analysis of Spiritual Care," *Taehan Kanho Hakhoe Chi* 36, no. 5 (2006): 803–812, https://pubmed.ncbi.nlm.nih.gov/16953137/.

12. L. V. Monareng, "Spiritual Nursing Care: A Concept Analysis," *Curationis* 35, no. 1 (2012): 28.

13. M. Ramezani, F. Ahmadi, E. Mohammadi, and A. Kazemnejad, "Spiritual Care in Nursing: A Concept Analysis," *International Nursing Review* 61, no. 2 (2014): 211–219.

14. S. Nolan, P. Saltmarsh, and C. Leget, "Spiritual Care in Palliative-care: Working Towards an EAPC Task Force," *European Journal of Palliative Care* 18, no. 2 (2011): 1–4.

15. World Health Organization, "Thirty-Seventh World Health Assembly: The Spiritual Dimension in The Global Strategy for Health for All by the Year 2000," (1984).

16. European Commission, *Communication From the Commission Europe 2020: A Strategy for Smart, Sustainable and Inclusive Growth* (Brussels, 2010).

17. International Council of Nurses [ICN], *The ICN Code of Ethics for Nurses Revised 2021* (ICN—International Council of Nurses, 2021), 1–32.

18. A. Afonso, S. Sitefane, I. Rabiais, L. Nunes, and S. Caldeira, "Spiritual Care in the Undergraduate Nursing Degree in Portugal," *Educational Sciences* 13 (2023): 273, https://www.mdpi.com/2227-7102/13/3/273/htm.

19. P. H. Cone and T. Giske, "Integrating Spiritual Care Into Nursing Education and Practice: Strategies Utilizing Open Journey Theory," *Nurse Education Today* 71 (2018): 22–25, https://pubmed.ncbi.nlm.nih.gov/30216754/.

20. M. L. Costa, J. N. de Araújo, A. C. de Araújo, A. C. Dantas, P. E. Pérez, and A. F. Vitor, "Spiritual Care and Spirituality in Academic Nursing Training: Scoping Review," *Avances en Enfermería* 41, no. 2 (2023): 1–20.

21. T. Giske, A. Schep-Akkerman, B. Bø, et al., "Developing and Testing the EPICC Spiritual Care Competency Self-Assessment Tool for Student Nurses and Midwives," *Journal of Clinical Nursing* 32, no. 7–8 (2023): 1148–1162.

22. P. H. Cone, J. Lassche-Scheffer, B. Bodil, et al., "Strengths and Challenges With Spiritual Care: Student Feedback From the EPICC Spiritual Care Self-Assessment Tool," *Nursing Open* 10, no. 10 (2023): 6923–6934.

23. L. Rykkje, M. B. Søvik, L. Ross, W. McSherry, P. Cone, and T. Giske, "Educational Interventions and Strategies for Spiritual Care in Nursing and Healthcare Students and Staff: A Scoping Review," *Journal of Clinical Nursing* 31, no. 11–12 (2022): 1440–1464.

24. W. McSherry, L. Ross, J. Attard, et al., "Preparing Undergraduate Nurses and Midwives for Spiritual Care: Some Developments in European Education Over the Last Decade," *Journal for the Study of Spirituality* 10, no. 1 (2020): 55–71.

25. R. van Leeuwen, J. Attard, L. Ross, et al., "The Development of a Consensus-Based Spiritual Care Education Standard for Undergraduate Nursing and Midwifery Students: An Educational Mixed Methods Study," *Journal of Advanced Nursing* 77, no. 2 (2021): 973–986.

26. S. Sitefane, A. Afonso, and S. Caldeira, "A Commentary on "Educational Interventions and Strategies for Spiritual Care in Nursing and Healthcare Students and Staff: A Scoping Review"," *Journal of Clinical Nursing* 32, no. 5–6 (2023): 963–964, https://pubmed.ncbi.nlm.nih.gov/34866266/.

27. J. Attard, L. Ross, and K. Weeks, "Developing a Spiritual Care Competency Framework for Pre-Registration Nurses and Midwives," *Nurse Education in Practice* 40 (2019): 96–104.

28. J. Attard, L. Ross, and K. W. Weeks, "Design and Development of a Spiritual Care Competency Framework for Pre-Registration Nurses and Midwives: A Modified Delphi Study," *Nurse Education in Practice* 39 (2019): 96–104.

29. L. Ross, T. Giske, A. J. Boughey, et al., "Development of a Spiritual Care Education Matrix: Factors Facilitating/Hindering Improvement of Spiritual Care Competency in Student Nurses and Midwives," *Nurse Education Today* 114 (2022): 1–7.

30. L. Ross, W. McSherry, T. Giske, et al., "Nursing and Midwifery Students' Perceptions of Spirituality, Spiritual Care, and Spiritual Care Competency: A Prospective, Longitudinal, Correlational European Study," *Nurse Education Today* 67 (2018): 64–71.

31. R. van Leeuwen, L. J. Tiesinga, B. Middel, D. Post, and H. Jochemsen, "The Validity and Reliability of an Instrument to Assess Nursing Competencies in Spiritual Care," *Journal of Clinical Nursing* 18, no. 20 (2009): 2857–2869, https://pubmed.ncbi.nlm.nih.gov/19220618/.

32. D. Beaton, C. Bombardier, F. Guilimin, and M. Ferraz, *Recommendations for the Cross-Cultural Adaptation of the DASH & QuickDASH Outcome Measures* (Institute for Work & Health, 2007).

33. D. E. Beaton, C. Bombardier, F. Guillemin, and M. B. Ferraz, "Guidelines for the Process of Cross-Cultural Adaptation of Self-Report Measures," *Spine (Phila Pa 1976)* 25, no. 24 (2000): 3186–3191.

34. F. Guillemin, C. Bombardier, and D. Beaton, "Cross-Cultural Adaptation of Health-Related Quality of Life Measures: Literature Review and Proposed Guidelines," *Journal of Clinical Epidemiology* 46, no. 12 (1993): 1417–1432, https://pubmed.ncbi.nlm.nih.gov/8263569/.

35. P. Cruchinho, M. D. López-Franco, M. L. Capelas, et al., "Translation, Cross-Cultural Adaptation, and Validation of Measurement Instruments: A Practical Guideline for Novice Researchers," *Journal of Multidisciplinary Healthcare* 17 (2024): 2701–2728.

36. R. Machado, A. Fernandes, A. de Branco Oliveira, L. Soares, M. Gouveia, and G. da Freiras Silva, "Métodos de Adaptação Transcultural de Instrumentos na Área da Enfermagem," *Revista Gaúcha de Enfermagem* 39 (2018): 1–11, 2017–0164, www.seer.ufrgs.br/revistagauchadeenfermagem.

37. V. D. Sousa and W. Rojjanasrirat, "Translation, Adaptation and Validation of Instruments or Scales for Use in Cross-Cultural Health Care Research: A Clear and User-Friendly Guideline," *Journal of Evaluation in Clinical Practice* 17 (2011): 268–274.

38. D. F. Polit and C. T. Beck, *Essential of Nursing Research: Appraising Evidence for Nursing Practice*, 10th ed. (Wolters Kluwer Health, 2021), 448.

39. R. F. DeVellis, *Scale Development: Theory and Applications*, 4th ed. (SAGE Publications Inc, editor, 2017).

40. M. S. B. Yusoff, "ABC of Content Validation and Content Validity Index Calculation," *Education in Medicine Journal* 11, no. 2 (2019): 49–54.

41. Y. C. Chiang, H. C. Lee, T. L. Chu, C. Y. Han, and Y. C. Hsiao, "A Spiritual Education Course to Enhance Nursing Students' Spiritual Competencies," *Nurse Education in Practice* 49 (2020): 1–8.

42. W. Mcsherry, A. Boughey, and J. Attard, *Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care Through Innovative Education and Compassionate Care* (Springer Nature Switzerland AG, 2021), 1–179.

43. S. Caldeira, "A Espiritualidade no Curriculo de Enfermagem," *Nursing* 2012 (2012): 18–21.

44. D. Burgos, A. López-Serrano, S. Palmisano, F. Timmins, and M. Connolly, "Digital Competencies for Nurses: Tools for Responding to Spiritual Care Needs," *Healthcare (Switzerland)* 10, no. 10 (2022): 1–15.

45. M. Piredda, A. Lo Cascio, M. De Maria, et al., "Cross-Cultural Adaptation and Cross-Validation of the Italian Version of the EPICC Spiritual Care Competency Self-Assessment Tool for Clinical Nurses," *Journal of Clinical Nursing* 34 (2025): 4757–4768.

46. T. Karaca and Y. Altınbaş, "Spiritual Care Support Perception and Spiritual Care Competence of Nursing Students in Turkey: A Quasi-Experimental Study," *Journal of Religion and Health* 63, no. 3 (2024): 1775–1785.

47. S. O'Connell-Persaud and M. J. Isaacson, "Undergraduate Nursing Students' Spirituality and Perceived Ability to Provide Spiritual Care: A Mixed-Method Study," *Journal of Holistic Nursing* 40, no. 1 (2022): 36–45.