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A Grounded Theory of Spiritual Development Within Holistic Professional Formation in Undergraduate Nursing Students

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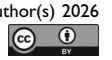

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Abstract

Purpose: To explore how undergraduate nursing students from different academic years experience and describe their spiritual development, and to explain how this process contributes to holistic professional formation.
Design: A qualitative grounded theory study informed by Corbin and Strauss was conducted.
Methods: Twenty-one undergraduate nursing students from different academic years participated in semi-structured interviews, and 11 of them also completed reflective online diaries. Data collection and analysis were conducted concurrently using constant comparative analysis. Ethical approval was obtained.
Findings: Spiritual development emerged as a meaning-oriented process situated within holistic professional formation, characterized by a movement from externally guided reassurance toward internally grounded meaning-making. Emotionally demanding clinical experiences disrupted students' assumptions and generated uncertainty. When supported through reflection and relational engagement, these experiences contributed to self-awareness, internal grounding, and students' capacity for presence, compassion, and engagement in care.
Conclusions: Findings challenge the assumption that clinical exposure alone supports students' spiritual development. The MAMA–BEAR model offers a substantive grounded theory explaining how academic and clinical environments may support spiritual development as part of holistic professional formation, with implications for curricula, educator preparation, and whole-person care.

Keywords

grounded theory, holistic nursing, nursing education, nursing students, spiritual development, spirituality

Introduction

Becoming a nurse extends beyond the acquisition of technical knowledge and clinical skills. It is a formative process through which students develop professional values, a sense of meaning in care and an emerging understanding of themselves as nurses. Within contemporary nursing education, this process increasingly requires attention to the inner dimensions of students' development, including spirituality, as students are prepared to engage with human vulnerability, suffering, and moral complexity in clinical practice.

Holistic nursing provides an important perspective for understanding this formative process. Holistic nursing has been described as whole-person care that commonly acknowledges the interconnection of body, mind, and spirit, and as a disciplinary practice specialty rather than merely a set of complementary or integrative modalities (Frisch & Rabinowitsch, 2019).

From this perspective, preparing nursing students for holistic care requires attention not only to clinical competence, but also to their developing self-awareness, presence, compassion, and capacity to engage meaningfully with patients' vulnerability and existential concerns. Spiritual development may therefore be understood as one dimension of students' holistic professional formation, supporting their ability to provide care that addresses the person rather than the condition alone.

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Spirituality has been recognized as an important inner resource in healthcare, associated with hope, coping, resilience, health promotion, and improved patient outcomes (Balboni et al., 2022; Vincensi, 2019). International professional and regulatory bodies, including the International Council of Nurses and the Joint Commission on Accreditation of Healthcare Organizations, emphasize the integration of spirituality as a core component of holistic care and advocate for the assessment and respect of patients' spiritual beliefs in healthcare settings (Lalani, 2020). Patients, particularly those facing serious or life-limiting illness, frequently identify spirituality as central to coping and meaning-making during illness trajectories (Abu et al., 2026; Connolly & Timmins, 2021; Riba et al., 2019).

To respond effectively to patients' spiritual needs, nurses must cultivate their own spiritual awareness and inner resources, which underpin authentic, compassionate, and sustainable care (Catanzaro & McMullen, 2001; Cone et al., 2023; Heilferty, 2004). Reluctance to engage in spiritual care has been linked to limited self-awareness or uncertainty regarding one's own spirituality (Govier, 2000; Lundmark, 2026; Selby et al., 2016). In addition, the emotional demands of caring for patients and families may deplete personal resources, further underscoring the importance of developing inner spiritual capacities as part of nursing education (Hamzaa et al., 2025). Within a holistic nursing perspective, such inner capacities are not peripheral to professional preparation; rather, they are closely connected to nurses' ability to remain present, compassionate, and responsive to the whole person in situations of suffering and uncertainty.

Although spirituality is increasingly recognized as relevant to healthcare, it remains a conceptually and methodologically complex field, with ongoing challenges related to definition, measurement, and the development of consistent research and clinical approaches (Tobin et al., 2022). Within this context, students' spiritual development remains insufficiently examined (Costa et al., 2023; Kırca et al., 2025). Existing literature has largely focused on spiritual care competencies or educational interventions, rather than on spirituality as a meaning-oriented process described across undergraduate nursing education. Studies suggest that educational attention to students' own spiritual perspectives can foster greater awareness of spirituality, personal values and sources of meaning, thereby supporting self-reflection, personal growth, and holistic professional formation during their education (Cone & Giske, 2013; Vermette & Doolittle, 2022).

Qualitative evidence further indicates that students perceive spirituality and mindfulness as integral to coping with the emotional demands of clinical training and to the formation of a compassionate professional identity (Prescott et al., 2024).

However, how students describe and make sense of spiritual development across undergraduate nursing education remains conceptually underdeveloped. There is a lack of explanatory research examining the processes and conditions through which spirituality is experienced, shaped, and integrated into students' personal and professional formation. This gap is particularly relevant to holistic nursing, because preparing students for whole-person care requires understanding not only what students learn about spirituality, but how they develop the inner grounding, reflective capacity and relational presence needed to enact such care. The gap also reflects a broader assumption within nursing education that exposure to clinical practice inherently promotes development, without sufficient attention to the conditions required for students to process and integrate these experiences.

What remains unclear is how students experience spiritual development as a process within professional formation, rather than as a presumed outcome of clinical exposure.

Accordingly, this study aimed to explore and explain the spiritual dimension of nursing students' development as described by students from different academic years. Using a grounded theory approach, the study conceptualizes spiritual development as a meaning-oriented process shaped through educational and clinical experiences and identifies the relational and reflective conditions that support its development within undergraduate nursing education.

Background

Undergraduate nursing education constitutes a formative period in which students integrate knowledge, clinical competence, personal meaning, and an emerging understanding of nursing practice. Exposure to illness, suffering, and moral complexity frequently challenges students' assumptions and inner resources (de Brito Sena et al., 2021; Murgia et al., 2020), making spirituality increasingly relevant to professional formation.

Spirituality in nursing is widely described as a dynamic dimension of human experience through which individuals seek meaning, connection, and purpose. Contemporary perspectives emphasize spirituality as evolving through reflection and lived encounters rather than as a fixed or exclusively religious attribute (Harrad et al., 2019). Within this view, the concept of spiritual growth provides a developmental lens for understanding how inner resources may be cultivated and integrated over time (Fujino et al., 2022).

This emphasis on inner resources is particularly relevant to holistic nursing. From a holistic perspective, nurses' capacity to care for others is closely linked to their own physical, psychological, and spiritual well-being. Spiritual self-care has been described as supporting psychophysical balance, spiritual wellness, and existential resilience, while also strengthening qualities such as empathy, compassion,

and inner strength in care (Nilsson, 2022). Although this literature has focused largely on nursing professionals, it is relevant to undergraduate nursing education because students begin encountering emotionally demanding clinical realities early in their formation.

Educational environments place students in situations that may stimulate spiritual development, particularly during clinical placements where vulnerability, uncertainty, and responsibility are prominent. Yet recent analyses of nursing curricula suggest that spiritual and existential dimensions remain inconsistently addressed, with priority often given to procedural competence while students' inner development remains implicit (Afonso et al., 2023). This suggests that students' spiritual development cannot be assumed to emerge automatically from clinical exposure; rather, the educational and relational conditions that support students in processing and integrating these experiences require closer examination.

Although research recognizes spirituality as important for compassionate and resilient practice, limited attention has been given to how students experience spiritual development across undergraduate nursing education and how this development becomes connected to broader professional formation. Existing studies have focused primarily on spiritual care competencies, perceptions, or educational interventions, leaving the developmental process itself insufficiently explained. A process-oriented understanding is therefore required. Grounded theory offers a suitable framework for examining how spirituality is shaped through interaction with educational and clinical contexts (Corbin & Strauss, 1997). In the present study, this approach enables the development of an explanatory model that contributes to holistic nursing knowledge by clarifying how students' spiritual development is shaped within undergraduate nursing education.

Methods

Study Design

A qualitative study guided by the grounded theory methodology of Corbin and Strauss (1997) was conducted to explore and explain the spiritual dimension of undergraduate nursing students' personal development within the context of nursing education. Grounded theory was chosen because it is particularly suited to investigating processes, actions, and interactions, and to generating explanatory models grounded in participants' experiences. This approach aligned with the study aim by enabling spiritual development to be examined as a meaning-oriented process shaped through nursing education and clinical learning contexts.

Participants and Sampling

Participants were undergraduate nursing students enrolled in different academic years of a bachelor's nursing program. Participants were recruited through academic channels, including announcements shared within the undergraduate nursing program.

Theoretical sampling was used, consistent with grounded theory methodology, to ensure variation in students' academic stage and clinical exposure and to support the development and refinement of emerging theoretical categories. As analysis progressed, comparisons were made across students from different academic years and levels of clinical experience in order to examine similarities and differences in how spiritual development was described. The final sample included 21 students: six first-year, four second-year, six third-year, and five fourth-year students. All participants took part in semi-structured interviews, and 11 of them also completed reflective online diaries over a 30-day period.

Data Collection

Data were collected using semi-structured individual interviews and reflective online diaries. The interviews were conducted by the first author, a PhD nursing student. Interviews focused on students' experiences of nursing education and clinical practice, with particular attention to moments of challenge, meaning-making, inner change, and personal development. Interviews were conducted online, audio-recorded with participants' consent and transcribed verbatim. The initial interview guide was reviewed and approved by the ethics committee. In keeping with grounded theory methodology, subsequent interviews were adapted in response to the analysis of previous interviews and emerging categories. Each interview lasted approximately 1 h.

Reflective online diaries were used to capture students' ongoing reflections on their educational and clinical experiences over a 30-day period. Students received information about diary participation by email. Those who provided consent were invited to respond to diary prompts that encouraged them to reflect on emotionally or existentially significant experiences and on how these experiences influenced their values, perspectives, and sense of self. The combination of interviews and diaries enabled both retrospective and contemporaneous insights into students' spiritual development.

Reflexivity was maintained throughout the study. The first author's background as a nurse educator and PhD student was acknowledged as a potential influence on data collection and interpretation. Reflexive notes and analytic memos were used to support awareness of assumptions, emerging interpretations, and the relationship between the researcher's position and the developing analysis.

Data Analysis

Data collection and analysis occurred concurrently, following the constant comparative method. Analysis

proceeded through open, axial, and selective coding, as described by Corbin and Strauss. During open coding, data were examined line by line to identify initial concepts. Axial coding was then used to explore relationships between categories, conditions, interactions, and consequences. Selective coding supported the integration of categories into a coherent explanatory framework.

The emerging theory was refined through constant comparison across participants, data sources, and academic stages. For example, initial codes such as "not knowing what to say," "feeling nervous with real people," and "freezing when uncomfortable" were compared and grouped within the category of disruption of meaning through clinical exposure. Codes such as "reflecting on mistakes," "thinking what I could do better," and "deconstructing the situation" contributed to the category of reflective meaning-making. Through axial and selective coding, these categories were integrated into the core process of movement from external reassurance toward internal grounding. The analysis was discussed within the research team, and conceptual notes were developed for each code to support consistency in the analysis.

Memo writing was used throughout the analysis to document analytic decisions, emerging insights, category development, and theoretical integration. Analytic memos were also written following each interview to capture immediate reflections and support the iterative analysis. NVivo 14 was used to support data organization and coding. Analysis continued until the main categories were theoretically well developed, their properties and relationships were clear, and additional data no longer contributed new conceptual insights to the explanatory model.

Rigor and Trustworthiness

Methodological rigor was supported through strategies aligned with qualitative research standards. Credibility was enhanced through prolonged engagement with the data, use of multiple data sources, constant comparison, and iterative movement between participants' accounts and the emerging theory. Dependability and confirmability were supported through transparent documentation of analytic decisions, reflexive notes, and memo writing. The use of interviews and reflective diaries enabled triangulation of retrospective and ongoing accounts of students' experiences. Including participants from different academic years allowed comparison across varying levels of academic and clinical exposure.

Ethical Considerations

Ethical approval was obtained from the university ethics committee. Participation was voluntary, and all participants received written information about the study before deciding whether to take part. Written informed consent was obtained prior to participation, including consent for audio-recording of interviews. Participants were informed that they could withdraw from the study without penalty.

Confidentiality and anonymity were protected throughout the research process. Participants and diary entries were assigned alphanumeric codes, and identifying information was removed from transcripts and diary data. Data were stored securely and accessed only by the research team. Quotations used in reporting the findings were anonymized to prevent identification of individual participants.

Findings

The analysis generated a grounded theory explaining how undergraduate nursing students described spiritual development as a meaning-oriented process within nursing education and holistic professional formation. Across interviews and reflective diaries, spiritual development was experienced as a process of meaning-making shaped by clinical exposure, emotional challenge, reflection, and relational support. Rather than emerging automatically from clinical placement, spiritual development appeared to be supported when students were able to process experiences of vulnerability, uncertainty and suffering and integrate them into a more internally grounded sense of self and nursing practice.

The findings are organized around four interconnected categories: disruption of meaning through clinical exposure, reflective meaning-making, emerging internal grounding, and spiritual presence in care.

These categories are presented as an interpretive process grounded in participants' accounts, rather than as evidence of individual longitudinal change. The final section presents the MAMA–BEAR model as an analytic integration of these categories and of the academic and clinical conditions that shaped participants' accounts of spiritual development.

Spiritual Development as Meaning-Making Within Professional Formation

Spiritual development emerged as a meaning-oriented process through which nursing students made sense of their personal and professional formation. Rather than being described as a static attribute or a discrete outcome, spirituality was experienced as something shaped through engagement with clinical practice, emotional challenge, reflection and relational contexts. Across participants' accounts, spirituality was closely connected to how students interpreted vulnerability, suffering and care, and how they began to understand themselves in relation to nursing practice.

This process involved a movement from reliance on external sources of reassurance, such as rules, protocols, supervision, or the expectations of others, toward a more

internally grounded sense of self. Students described learning to navigate emotionally complex situations not only by gaining knowledge or technical confidence, but also by reflecting on their experiences and connecting them with their values, sense of purpose, and capacity to be present with patients.

In the analysis, spiritual development was distinguished from, but closely related to, other aspects of professional formation. Reflection referred to the process through which students revisited and interpreted challenging experiences. Internal grounding referred to the emerging sense of stability, self-awareness and meaning that enabled students to remain present in care. Professional identity referred to students' developing sense of themselves as nurses. Spiritual development referred specifically to the meaning-oriented process through which students connected experiences of vulnerability, suffering and care with their values, sense of purpose and capacity for presence.

Across accounts, spiritual development was not described as separate from professional learning but as embedded within it. Students experienced spirituality as influencing how they understood their role as nurses, how they related to patients and how they positioned themselves in moments of challenge. In this way, spiritual development functioned as a connective process linking personal meaning, emotional awareness, and students' developing approach to nursing practice.

Some participants described this process in terms of personal change across their education. One participant reflected:

> From the first year to now, I feel like I have changed a lot. At first, I was really anxious and didn't know what to say to patients. Over time, through the clinical experiences, I became more confident, not only as a nurse, but also as a person. (P13)

Another participant described emotionally demanding encounters as becoming less overwhelming and more integrated into her sense of self:

> It's a process… In the first year… I went home and I cried very much because of this situation. My brain didn't stop thinking about it. And now I can separate the practice… I say, you did better for this situation… I couldn't do more, because it's not possible. But I did the best I could. (P20)

This account was not interpreted only as emotional regulation, but as an expression of internal grounding, in which the student was able to hold suffering with self-compassion, accept the limits of care, and remain connected to the meaning of doing her best for the patient.

Although the study did not follow the same students longitudinally, participants' accounts reflected differences by academic year and level of clinical exposure. Students in earlier academic years more frequently described uncertainty, emotional disruption, and reliance on external guidance during clinical encounters. Students in later academic years more often described reflection, emotional regulation, and a more integrated sense of themselves as future nurses. These differences are interpreted here as a possible developmental pattern within the data, rather than as direct evidence of individual longitudinal change.

Disruption of Meaning Through Clinical Exposure

Clinical exposure emerged as a disruptive context in students' accounts of spiritual development, marked by emotional challenge, uncertainty, and a sense of unpreparedness. Encounters with patients confronted students with illness, vulnerability, and responsibility in ways that often exceeded their expectations and prior understandings of nursing practice. For many students, these encounters challenged assumptions about what it meant to care for others and how they should respond in emotionally charged situations.

Students described entering clinical placements with reliance on external structures, such as procedures, instructions, and supervision. However, encounters with patients' emotional needs often left them uncertain about how to respond beyond technical tasks. Feelings of nervousness, insecurity, and hesitation were commonly reported, particularly in relation to first encounters with patients. One student described this uncertainty:

> Sometimes I feel nervous because it's real people. I feel insecure, and I don't always know how to handle the situation. (P8)

For some students, the emotional intensity of clinical encounters led to moments of inner dislocation, in which they felt overwhelmed or unsure of how to act in ways they believed were expected of them as future nurses. These experiences highlighted the limits of technical knowledge when confronted with human suffering and emotional complexity. As another participant reflected:

> It was very hard because it was my first contact with people in this context. I was very nervous. I didn't know how to deal with people. (P9)

For some students, this sense of uncertainty was intensified when they did not feel accepted within the clinical environment. One participant explained:

> I wasn't really welcomed in that place. So, I felt uncomfortable. And I tend to, I don't know, freeze and make more mistakes when I'm more uncomfortable and anxious. (P5)

Across accounts, clinical exposure functioned as a destabilizing experience that disrupted externally

anchored understandings of nursing practice and initiated uncertainty and questioning. Rather than leading immediately to growth, this disruption created the conditions for students to recognize the emotional and existential dimensions of nursing. The following section explores how students engaged with this uncertainty through reflective meaning-making and emerging internal grounding.

Reflective Meaning-Making and Emerging Inner Grounding

Students described engaging in reflective processes that helped them make sense of emotionally challenging clinical situations. Rather than resolving uncertainty immediately, reflection allowed students to revisit difficult encounters, examine emotional responses, and reconsider their assumptions about themselves and their role as nurses. Through this meaning-making work, students described regaining a sense of orientation and agency within clinical practice.

Reflection was often prompted by moments of difficulty, perceived failure, or emotional overwhelm. In these situations, students described deliberately revisiting events to understand what had occurred and how they might respond differently in the future. One student described how a clinical error became a catalyst for reflective learning:

> I actually took advantage of this error and used it for an academic project. I used this mistake as my source, my material to reflect. (P5)

For another student, structured reflection provided a way to deconstruct and reinterpret difficult experiences:

> This cycle of Gibbs, help me deconstruct that situation and see, okay, this situation happened. I was dealing with this situation this way and made me feel this way. (P3)

Through such reflective engagement, students described developing greater awareness of their emotional reactions and a growing ability to regulate them. Reflection supported a shift away from self-blame and helplessness toward learning, acceptance, and self-understanding. This process contributed to an emerging sense of internal grounding, in which students began to trust their capacity to learn from experience rather than relying solely on external validation.

In addition to specific clinical incidents, students described broader reflective shifts in how they perceived others and themselves. Exposure to diverse patient experiences prompted reconsideration of previously held judgments and assumptions. As one student explained:

> With some exercises of reflection on different situations, particularly situations in practice, it made me think a lot about what a nurse is supposed to be… I feel like now I am less judgmental and more open to understand the situation that the other person is in. (P2)

Some students explicitly connected this reflective development to academic learning spaces. One participant described small-group classes that included "exercises to find out about ourselves" and reflection "about what we learned about ourselves," explaining that these classes helped students consider "what we stand for" and how to deal with different people (P4).

Across accounts, reflective meaning-making functioned as a process through which students interpreted emotional disruption and began to develop a more grounded and self-aware orientation to practice. While uncertainty and emotional challenges remained, students described themselves as increasingly capable of engaging in complex clinical situations without becoming entirely defined by fear, self-blame, or external validation.

Internal Grounding and Spiritual Presence in Care

Students' accounts suggested that spiritual development became visible in the way they approached patients and understood the meaning of care. Rather than remaining an abstract concept or only an internal coping resource, spirituality was described as shaping students' capacity to be present, compassionate, and relationally engaged in clinical encounters. This was particularly evident in situations involving vulnerability, suffering, or emotional complexity.

Students described feeling more grounded and present with patients. Spirituality was not articulated as separate from nursing practice, but as informing how students related to patients and families. One student described this shift in how care was enacted:

> I think we are more than medication and procedures. For many patients, what they need most is our presence and our company. (P13)

This presence was expressed as remaining with the patient even when students did not have clear answers:

> Right now, I am here with you. In the future, we don't know. But right now, I'm here with you. (P4)

Students also described confidence rooted not only in technical ability, but in a deeper understanding of themselves, their values, and their capacity to be with others. This was associated with greater emotional stability and an increased ability to remain present in challenging situations. As another participant reflected:

> I feel more confident with myself now because I know what I'm capable of, not only in doing things, but in being with people. (P14)

Across accounts, spiritual development was evident in students' movement toward a more grounded, compassionate, and relational way of engaging in care. While this process was connected to students' broader professional formation, its distinct spiritual dimension lay in the way students made meaning of suffering, connected care with personal values, and developed the inner grounding needed to remain present with patients as whole persons.

Development of the MAMA–BEAR Model

The categories developed through the analysis were integrated into the MAMA–BEAR model, which conceptualizes students' spiritual development as a movement from external reassurance toward internal grounding within academic and clinical learning environments. The model was generated as an analytic integration of participants' accounts, showing how emotionally demanding clinical experiences could become meaningful for students' spiritual development when accompanied by relational support, reflective processing and opportunities for active engagement in care.

The first part of the model, MAMA, represents the academic conditions that supported students' spiritual development within professional formation. These conditions were developed from students' accounts of the university as a space that could provide structured reflection, self-exploration, communication learning, and legitimization of emotional experience. **M**entoring refers to guidance that helps students interpret emotionally difficult experiences and connect them with learning, values and meaning in care. **A**ccompaniment captures the importance of remaining alongside students during uncertainty rather than leaving them to process vulnerability alone. **M**odelling refers to educators' demonstration of reflective, compassionate and ethically sensitive ways of engaging with patients and with students. **A**dvocacy represents the broader educational responsibility to recognize students' emotional and spiritual development as a legitimate part of nursing education and to embed this within curriculum structures.

The second part of the model, BEAR, represents the clinical learning conditions that shaped students' accounts of spiritual development. **B**elonging reflected students' descriptions of feeling safe enough to participate, asking questions and expressing uncertainty within the clinical team. **E**ngagement referred to active involvement in patient care, through which students encountered vulnerability, responsibility, and meaning. **A**ctive reflection captured the process by which students revisited clinical experiences, interpreted their emotional responses and transformed difficult encounters into learning. **R**esilience referred to students' developing capacity to remain present, compassionate, and grounded in situations of suffering and uncertainty.

Together, these components explain how vulnerability in clinical learning may be transformed into spiritual and developmental capacity. Within the MAMA–BEAR model, spiritual development is not presented as an automatic result of clinical exposure. Rather, the model suggests that academic and clinical environments can support students' movement from external reassurance toward internal grounding when they provide relational, reflective, and pedagogical conditions that help students integrate experiences of vulnerability, suffering, and care into a more grounded, compassionate, and whole-person approach to nursing practice.

Discussion

This study offers a grounded theory explanation of how undergraduate nursing students describe spiritual development as a meaning-oriented process within holistic professional formation.

The findings suggest that spiritual development was not experienced simply as a result of clinical exposure or as the acquisition of discrete spiritual care competencies. Rather, it was shaped through students' engagement with emotionally and existentially demanding clinical experiences and through the relational and reflective conditions that enabled them to make meaning of these experiences.

These findings are relevant to holistic nursing because they illuminate the inner capacities that support whole-person care, including self-awareness, presence, compassion, and internal grounding. This emphasis is consistent with research on person-centered care competence among undergraduate nursing students, which highlights the importance of professional competence, empathy, human understanding, and communication skills in supporting care that is responsive to the person as a whole (Park & Choi, 2020). From this perspective, spiritual development is not an optional or purely private aspect of students' education, but a dimension of holistic professional formation that shapes how students come to relate to patients, interpret suffering, and remain present in situations of vulnerability. The study therefore contributes to holistic nursing knowledge by explaining how students' inner development may shape their approach to care and their broader professional formation.

A central contribution of this study is that it challenges the assumption that clinical exposure is inherently developmental. Clinical encounters with illness, suffering, and moral complexity appeared to act as catalysts for growth, but exposure alone was insufficient. This interpretation is consistent with previous research suggesting that students' development in spiritual care is shaped not only by caring for patients, but also by university education, personal life

experiences, and reflection on practice (Giske et al., 2023). When emotionally demanding experiences were not accompanied by structured relational and reflective support, they risked remaining overwhelming or unresolved. Students' accounts suggest that such experiences became more developmentally meaningful when they were supported to reflect, process vulnerability, and gradually transform external sources of reassurance into internal grounding.

Early encounters with suffering destabilized students' previously held expectations and frameworks, generating uncertainty and emotional disruption. Similar disruptions have been described in literature on reality shock and emotional exposure in clinical education (Chachula & Varley, 2022; Yao et al., 2025). However, the present findings suggest that disruption itself does not constitute development. Rather, disruption created the potential for spiritual and professional growth when students were able to engage in reflective meaning-making within supportive academic and clinical relationships.

Reflective engagement enabled students to move beyond immediate emotional reactions and to construct meaning from challenging experiences. Through this process, students described greater self-awareness and a more internally anchored orientation to practice. These findings extend existing research linking vulnerability with identity formation (González-García et al., 2020; Heggestad et al., 2022) and support conceptualizations of spirituality as a multidimensional and evolving capacity (McSherry et al., 2020). Importantly, vulnerability became meaningful for development when students were given opportunities to reflect on what these experiences meant for themselves, their values and their way of being with patients.

The findings also extend previous work showing that nurses' own spiritual well-being is associated with their provision of spiritual care, including existential dimensions such as presence, respect, support, meaning, and purpose (Musa, 2017). While this previous research has examined spirituality and spiritual care among practicing nurses, the present study adds an educational and developmental perspective by suggesting how spiritual awareness, meaning-making, and internal grounding may begin to form during undergraduate nursing education. This is important for holistic nursing because students' capacity to provide whole-person care depends not only on learning about patients' spiritual needs, but also on developing the inner resources needed to engage with suffering in a grounded, compassionate, and relationally present way.

Taken together, these findings clarify spiritual development as a meaning-oriented dimension within students' broader professional formation. Students' accounts reflected growing confidence and adaptation to clinical practice but also pointed to a deeper process through which emotionally demanding encounters were connected with personal values, compassion, presence, and internal grounding. The distinct spiritual dimension of this process was evident in how students made meaning of suffering, remained present with vulnerability, and connected their developing sense of self with compassionate care.

A further finding of this study is the gap between the intensity of students' clinical experiences and the availability of structured support to process them. While clinical placements exposed students to emotionally complex situations, the responsibility for making sense of these experiences was frequently left to informal mentorship or individual coping strategies. This has implications for holistic nursing education, because students' emotional and spiritual development requires deliberate reflective and relational support.

In the present study, students described greater stability and more integrated ways of engaging with clinical practice when educators and preceptors legitimized vulnerability and modelled reflective engagement. This interpretation is supported by health professions education literature showing that clinical teachers can influence learners' professional formation through explicit role modelling, meaningful conversations about challenging aspects of practice, reflection and the gradual provision of autonomy (Sternszus et al., 2020). The findings therefore highlight the role of clinical educators and preceptors not only as supervisors of practice, but also as facilitators of students' inner and professional development. Preparing educators to support students' spiritual development through reflective and relational pedagogical approaches may strengthen students' capacity for presence, compassion, and ethically engaged whole-person care. For holistic nursing education, this suggests that students' spiritual development should be intentionally supported rather than assumed to emerge automatically from clinical exposure.

Contribution to Holistic Nursing Knowledge: The MAMA–BEAR Model

The MAMA–BEAR model contributes to holistic nursing knowledge by offering a substantive grounded theory of spiritual development as a dimension of holistic professional formation in undergraduate nursing education. The model can be interpreted in dialogue with established holistic nursing scholarship. Erickson's philosophy and theory of holism provide a philosophical foundation for understanding the person as an integrated whole rather than as a collection of separate physical, psychological, and spiritual parts (Erickson, 2007). From this perspective, students' spiritual development is not an isolated inner experience, but part of their movement toward a more integrated way of being with patients. Mariano's discussion of holistic nursing as a specialty further situates this process within the professional responsibility to cultivate self-

awareness, presence, and compassionate whole-person care (Mariano, 2007). Potter and Frisch's emphasis on presence within holistic assessment and care supports the interpretation of internal grounding as a condition that enables students to engage with patients not only through clinical tasks, but through relational presence and attentiveness to meaning (Potter & Frisch, 2007).

This interpretation is consistent with *Holistic nursing: Scope and standards of practice*, which presents holistic nursing as whole-person care grounded in the integration of body, mind, and spirit, and emphasizes the nurse's self-awareness, presence, and compassionate engagement as central to holistic practice (American Nurses Association & American Holistic Nurses Association, 2019). In this context, the MAMA–BEAR model extends holistic nursing knowledge by explaining how students' capacity for presence and whole-person engagement may be shaped during undergraduate education through the interaction between academic learning, clinical exposure, relational support, and reflective meaning-making.

The model identifies the academic and clinical conditions that may support this process. The academic conditions represented by MAMA—mentoring, accompaniment, modelling, and advocacy—highlight the responsibility of educators to legitimize students' emotional and spiritual development as part of professional learning. The clinical conditions represented by BEAR—belonging, engagement, active reflection, and resilience—show how clinical environments can support students in transforming vulnerability into developmental capacity.

By linking these conditions to students' movement toward internal grounding, the MAMA–BEAR model offers a process-based explanation of how students become able to enact holistic presence in care. Its contribution is not only practical but theoretical: it clarifies how spirituality, reflection, and resilience are related within students' broader professional formation, while maintaining spirituality as a distinct meaning-oriented process. In this model, reflection is the meaning-making process, resilience is the capacity to remain engaged without becoming overwhelmed, and spiritual development refers specifically to the deepening of meaning, connectedness, internal grounding, and presence within students' broader professional formation.

Practical Implications for Holistic Nursing Education and Practice

To enhance its applicability, the MAMA–BEAR model can be translated into structured educational practices within undergraduate nursing curricula. Rather than being addressed implicitly, spiritual development may be intentionally integrated as an ongoing component across the undergraduate program. Within academic settings, mentoring may be operationalized through structured relationships between students and educators that support personal and professional development. Accompaniment can be enacted through curriculum-embedded reflective spaces, such as facilitated group discussions, reflective journals and guided debriefing sessions following clinical exposure. Modelling requires educators and clinical instructors to demonstrate relational presence, emotional awareness, and engagement with patients' existential needs. Advocacy involves recognizing students' emotional and spiritual experiences as legitimate components of learning and embedding these dimensions within curriculum design, learning outcomes, and institutional discourse.

In clinical environments, fostering belonging may involve creating psychologically safe learning environments where students feel accepted as members of the team. Engagement can be supported by enabling active participation in patient care with appropriate supervision. Active reflection may be facilitated through structured, preceptor-led debriefing and reflective dialogue integrated into clinical learning processes. Resilience can be strengthened by supporting students in developing strategies to remain present and emotionally engaged in challenging situations without becoming overwhelmed.

Taken together, these strategies suggest that spiritual development can be intentionally supported through curriculum and clinical practices, rather than left to emerge implicitly from clinical exposure alone. For holistic nursing education, this means preparing students not only to assess and respond to patients' spiritual needs, but also to develop the inner grounding, reflective capacity, and relational presence required for compassionate whole-person care. Embedding such approaches within institutional and curriculum frameworks may support the preparation of nurses who are clinically competent, spiritually aware, and able to sustain caring presence in situations of vulnerability and suffering.

The conceptual relationships underpinning the MAMA–BEAR model are illustrated in Figure 1.

Limitations

This study has several limitations. First, participants were recruited from one undergraduate nursing program, and the findings should therefore be interpreted in relation to this educational and cultural context. Second, students who chose to participate may have been more willing to reflect on spirituality, vulnerability, and personal development than those who did not participate. Third, although the inclusion of students from different academic years enabled comparison across stages of education, the study was not longitudinal in design and did not follow the same students over time. Finally, the first author's background as a nurse educator may also have shaped data collection and interpretation; however, reflexive memo

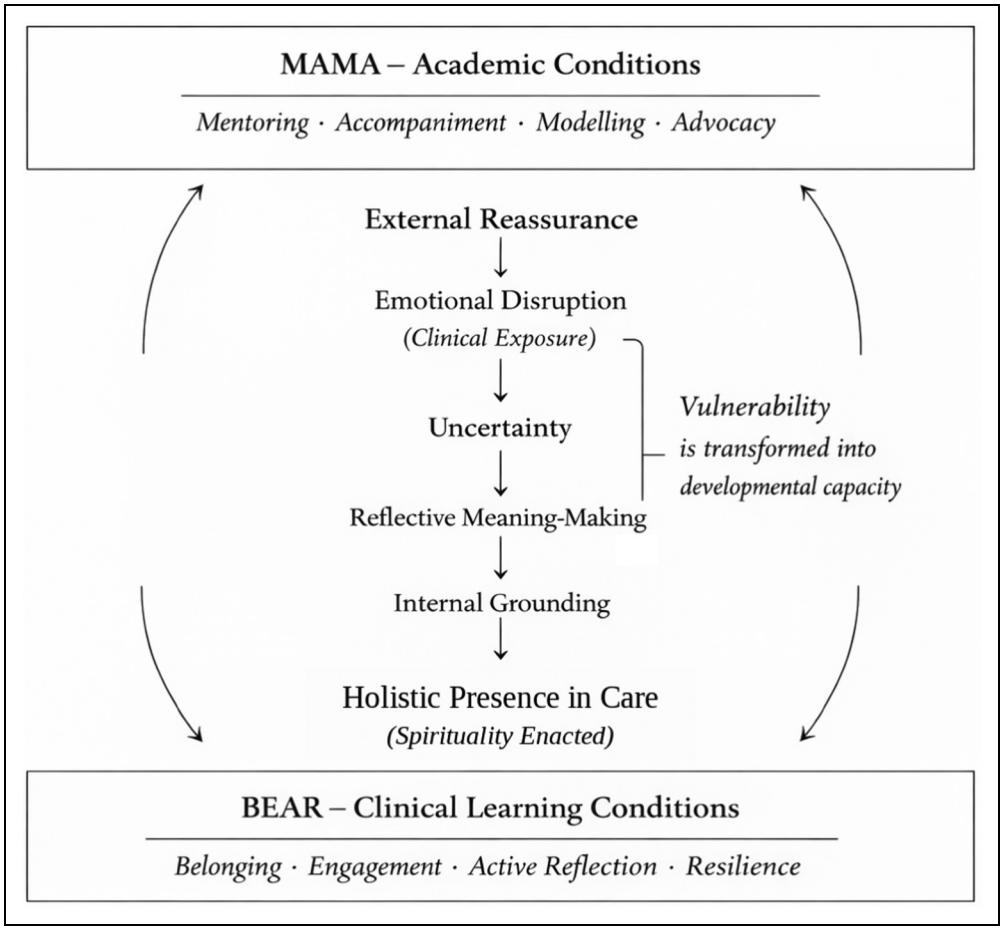

Figure 1. The MAMA–BEAR model of spiritual development within holistic professional formation.

writing and constant comparison were used to support analytic rigor.

Because the study was cross-sectional and included students from different academic years rather than following the same students longitudinally, the model should be understood as an interpretive developmental pattern rather than direct evidence of individual longitudinal change.

Conclusion

This grounded theory study conceptualizes spiritual development as a meaning-oriented process through which undergraduate nursing students described movement from external reassurance toward internal grounding within nursing education. Spirituality emerged not as an optional or purely private dimension, but as an aspect of holistic professional formation through which students learn to make meaning of vulnerability, remain present with suffering and engage compassionately in care.

The findings indicate that current educational structures may underestimate the emotional and existential work required of students during clinical learning. While clinical exposure is often assumed to foster maturity, development cannot be left to experience alone. Without deliberate opportunities for reflection, relational support, and guided integration, vulnerability may remain unresolved rather than contributing to growth.

By identifying the relational and pedagogical conditions that support this process, the study offers a theoretical contribution through the MAMA–BEAR model as an explanatory framework for understanding how spiritual development may be supported within undergraduate nursing education. These findings have implications for holistic nursing education, clinical supervision, and educator preparation, highlighting the need to intentionally integrate students' spiritual development as part of preparing nurses for compassionate, relational, and whole-person care.

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Ethical considerations

Ethical approval for this study was obtained from the Ethics Committee of the Universidade Católica Portuguesa.

Consent to participate

All participants received written information about the study and provided written informed consent prior to participation. Participation was voluntary, and participants were informed that they could withdraw from the study without penalty.

Consent for publication

Participants provided consent for anonymized data and quotations to be used in publications. All identifying information was removed from transcripts, diary entries and reported quotations to protect participants' anonymity.

Author contributions

Revital Shapira: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Writing—original draft.
Sílvia Caldeira: Supervision; Methodology; Writing—review and editing.

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Data availability statement

Relevant anonymized excerpts may be available from the corresponding author upon reasonable request and subject to ethical approval and institutional requirements.

Declaration of Generative AI and AI-assisted technologies in the writing process

Grammarly software was used solely during the writing process to enhance the manuscript's readability and language. After using this tool, the authors reviewed and edited the text. The authors take full responsibility for the content of the manuscript.

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