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Pediatric nurses' perspectives of integrating spiritual care into everyday practice: An integrative review

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ABSTRACT

Aim: To explore nurses' perspectives regarding children's spiritual care in pediatric healthcare settings.

Background: Spiritual care is a fundamental source of comfort and healing and an essential

component of nursing practice. However, pediatric nurses often lack the competence and confidence to incorporate spiritual care into their clinical routines. Despite its importance, the perceptions and practices of pediatric nurses across various clinical specialties regarding spiritual care remain underexplored in current literature.

Methods: The integrative review methodology was chosen to provide a comprehensive and up-to-date synthesis of the literature. Four electronic databases (CINAHL, MEDLINE, Scopus and Google Scholar) were used to search for relevant manuscripts. These studies were critically appraised by the three nursing academics using the Mixed Methods Appraisal Tool, Version 2018. Themes were subsequently generated following Braun and Clarke's (2022) thematic analysis framework.

Results: Eight manuscripts were selected. Thematic analysis generated three themes: spiritual care practices, barriers to spiritual care and nurses' inner spirituality.

Conclusion: Providing spiritual care is a fundamental element of holistic care. Nurses achieve this by respecting family values, culture, rituals, traditions and facilitating opportunities for spiritual expression, however many nurses experience a sense of incompetence in delivering spiritual care. Barriers such as heavy workloads and insufficient formal education impair the effective delivery of spiritual care.

Implication to practice: Healthcare organisations should provide structured training and clear guidelines to help nurses deliver culturally sensitive and age-appropriate spiritual care. Supporting nurses' spiritual well-being also requires a committed, system-wide approach to foster resilience and a supportive work environment.

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Introduction

In today's fast-paced nursing environment, shaped by complex social, cultural, financial, and organisational pressures, pediatric healthcare settings have progressively shifted away from holistic individualised care (Cassidy et al., 2023; Sheehan et al., 2024). Instead, the focus has moved toward rapid clinical assessments and acute care delivery, driven by shorter hospital stays, budget constraints and staff shortages (Cassidy et al., 2023; Mueller, 2010; Murphy et al., 2015). A holistic approach to care supports the physical, emotional, social, developmental, cultural, and spiritual needs of children and their families as

interconnected parts of overall health (Henderson, 2024). Holistic care has shown to lead to increased coping and emotional resilience, reduced anxiety and distress, stronger family engagement, improved treatment adherence and long-term well-being for the child and family (Brito Jiménez et al., 2025; Foster & Blamires, 2023). Supporting children's spirituality can strengthen their ability to cope and find meaning during times of stress and illness (McSherry & Smith, 2007; Murphy et al., 2015). The literature further highlights the significance of spirituality in promoting children's health, well-being, as well as fostering resilience and recovery (Murphy et al., 2015; Pendleton et al., 2002). Understanding pediatric nurses' perceptions and practices is, therefore, essential to advance nursing care that prioritises holistic, child-centred care, addressing children's needs (Carter et al., 2024).

The United Nations (1989) declared spiritual well-being as one of the fundamental rights for children, stating that all children were entitled to optimal spiritual development and to care that supported this aspect of their lives. Since then, spirituality has gained increased

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recognition within the healthcare field as an essential aspect of comprehensive, holistic, biopsychosocial care (Brémault-Phillips et al., 2015; Hefti, 2011; Timmins & Caldeira, 2017). The definition of spirituality as stated in Bakker et al. (2018) meta-synthesis of the literature includes consideration of three interconnecting domains being 1. existential questions regarding identity, meaning and topics such as suffering but also hope and joy; 2. value-based considerations and attitudes, which they describe as: *‘the things most important to each person such as...family,...ethics and morals, and life itself’* (Nolan et al., 2011, p.88), and 3. religious considerations and foundations such as faith, religious and other beliefs and practices. Further to this Gijssberts et al. (2019) synthesis of 53 studies reports spirituality was seen as being present, creative, empowering and bringing peace within a palliative care environment. However, it is evident in the literature that spirituality is a complex multifaceted concept and has different meanings for different people (Timmins & Caldeira, 2017).

Spirituality is an inherent aspect of human existence throughout the lifespan, often defined as a deeply individualised personal connection with the transcendent, from which individuals seek and derive a sense of meaning, purpose, and belonging in life (De Andrade Alvarenga et al., 2017; Harris, 2021; Jackson, 2012). There is a strong correlation between the term spirituality and religion. Religion is defined as beliefs, practices, experiences, and socialisation processes through which families and children engage with concepts of sacred or transcendent (Foster, 2013). It is important to note that spirituality and religion in children are separate constructs with religion being organized, taught, external and/or a communal construct and spirituality being an experiential, personal, internal, meaning based construct influenced by the child's cognitive, emotional, and social development (Bloch et al., 2025; Mahoney, 2021).

WHO's definition of health emphasises the integration of body, mind, and spirit, including the human spirit, as a vital component of both the science and art of medicine (Winiger, 2022; Woroniecki & Moritz, 2023). Similarly, the Joint Commission on Accreditation of Healthcare Organisations highlights the need to incorporate spiritual care as an essential component of holistic patient care (The Joint Commission, 2026; Winiger, 2022; Woroniecki & Moritz, 2023). Spiritual care in nursing practice is defined as *“actions to meet the spiritual needs of the client and family”* (Lovering, 2014) and includes three domains being intra-personal, interpersonal, and extra-personal domains and is an essential part of holistic nursing care (Timmins & Caldeira, 2017; Vithana et al., 2025). In New Zealand, spiritual care has become an integral component of the patient-centred approach in professional practice, with increased emphasis on its use in government policies, healthcare guidelines, and educational curricula (Egan et al., 2017; Kids Health, 2025; Starship, 2022).

The International Association for Children's Spirituality is specifically dedicated to promoting global research and practice across disciplines, nurturing children's spiritual wellbeing and awareness to promote children's voices, experiences and relationships with spirituality (International Association for Children's Spirituality, 2026). UNICEF, the United Nations agency for children, operating across 192 countries, also integrate a rights-based framework that acknowledges identity, belonging, and cultural expression, which considers spiritual wellbeing from a holistic lens (UNICEF, 2026). In addition, child health faith-based organisations such as World Vision International, Compassion International and Catholic Relief Services embed spirituality as a core component of their child-focused health and wellbeing practices (Compassion International, 2026; World Vision International, 2026); whereas the Child Theology Movement and Network for Children's Spirituality support spirituality research in synergy with health service delivery (Child Theology Movement, 2026; The Spiritual Child Network, 2026). In various palliative healthcare settings (Moore et al., 2020; Pandya, 2018), and spirituality for children in general (Robinson et al., 2025), it was found that a child's connection to one's spirituality is strongly linked to better mental health (reduces stress, anxiety,

depression), emotional resilience, and overall wellbeing, especially through a sense of meaning, purpose, and connection.

Children's spiritual lives are rich and active, yet their needs are often neglected in nursing care due to developmental factors such as age, cognition, and psychosocial and moral growth stages (Allana et al., 2017; Jackson, 2012; Neuman, 2011; Schein, 2013). Hospitalisation due to illness or chronic conditions can heighten children's vulnerability and spiritual distress, an experience characterised by suffering that disrupts their sense of meaning, self-understanding, and connection to others (Harris, 2021; Martins et al., 2024; Murphy et al., 2015). For example, children who receive cancer treatment often require numerous invasive procedures, frequent injections, extended hospital stays, and separation from home, family, and peers (Cheng et al., 2023; Ozturk & Kilicarslan, 2024). These experiences can significantly limit children's social interactions and lead to spiritual distress, manifesting as fear, insecurity, disbelief, depression, mood fluctuations, and existential questioning (Ebrahimipour et al., 2021). Therefore, whether a child is receiving palliative care, ongoing health and disability management, or striving for full recovery, spirituality remains a crucial component of their overall wellbeing, serving as a key coping resource that fosters resilience and sustains hope throughout their illness experience (Downing et al., 2025; Parkinson et al., 2019).

A comprehensive and critical examination of nurses' self-perceptions and reflective practices in delivering spiritual care to pediatric patients is essential for identifying systemic gaps, evaluating professional competencies, and addressing structural and personal barriers that may compromise the provision of high-quality, holistic care (Grinberg & Sela, 2022; Shin et al., 2023). Recognising and assessing the significance of a child's spirituality is imperative, as it can profoundly influence their overall health, emotional resilience, healing process, and capacity to cope (Murphy et al., 2015; Neuman, 2011). Spiritual care is closely aligned with Watson's Human Caring Science, a nursing theory that promotes a holistic approach through the integration of mind, body, and spirit (Ghanbari-Afra et al., 2022; Petersen, 2013). A hallmark of this framework is the helping-trust relationship, a foundational element that fosters compassionate and authentic connections between nurses and patients (Petersen, 2013). As frontline professionals in healthcare, nurses play a pivotal role in nurturing the spiritual well-being of children (Murphy et al., 2015).

By understanding the uniqueness of each child's spirituality, nurses can support the development of autonomy, self-confidence, and self-awareness, core foundations that strengthen resilience and promote mental health and well-being (Harris, 2021). In doing so, nurses must also remain culturally responsive, acknowledging that some cultures place deep and enduring importance on spirituality (Harris, 2021). Yet, numerous studies revealed nurses' discomfort discussing spirituality with children and their families, stemming from limited education and a lack of structured opportunities for reflective spirituality dialogue outside acute clinical settings (Harrad et al., 2019; Kenny & Ashley, 2005; Murphy et al., 2015). This stands in contrast to the widespread consensus in the literature regarding the necessity of adequately preparing nurses to deliver spiritual care as a core component of holistic practice (McSherry, 2000; Murphy et al., 2015; Pesut, 2008). Understanding nurses' perception on their practices is essential, as it can generate new insights, foster self-regulation, deepen awareness of their actions, and support the development of both clinical competencies and accountable, professional practitioners (NZNO, 2021; Shin et al., 2023). The aim of this review is to explore nurses' perspectives regarding children's spiritual care in pediatric healthcare settings.

Methodology

Research question

“What are pediatric nurses' perspectives on integrating spiritual care into their practice?”

Design

This review consisted of five specific rigorous steps designed to produce high-quality research evidence. These steps were: (1) Problem identification, (2) Literature search, (3) Data evaluation, (4) Data analysis, and (5) Presentation (Whittemore & Knafl, 2005). During data analysis thematic analysis was used to synthesis the findings across qualitative and quantitative study designs (Braun & Clarke, 2022). Such integration promotes methodological rigor by promoting robust insight into a complex phenomenon by mitigating the limitations of single-method designs (Henline-Hall, 2024).

Search methods

Four databases including CINAHL, MEDLINE, Scopus, and Google Scholar were searched independently by the research team in consultation with a senior librarian. Key search terms.

utilised were “(nurses AND perception) OR (nurses AND experience) OR (nurses AND attitudes) AND.

“spirituality” OR “spiritual needs” OR “spiritual care” AND “pediatric*” OR “pediatric*”. Search results were combined using the Boolean operation ‘AND.’ To obtain an accurate and thorough search, phrase searching techniques, including verbal quotes and truncations, were used.

Inclusion criteria

Empirical research (qualitative, quantitative, mixed methods design) published in peer-reviewed journals on pediatric nurses' experiences regarding children's spiritual care needs within a pediatric healthcare setting were included. Research needed to be published in English language with full text access, between 2015 and 2025. All articles that met the inclusion criteria as represented in Table 1 were independently reviewed by three researchers for potential inclusion to ensure methodological rigor (Dhollande et al., 2021) (See Table 1).

Quality appraisal

In this research, quality and risk of bias for each manuscript were assessed using Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018). The MMAT recognises the unique methodological features inherent to each component of mixed-methods studies, including qualitative, quantitative, and mixed-method designs (Hong et al., 2018; Hong et al., 2019). The purpose of this process was to determine the authenticity, validity, level of information, and representativeness of all included studies, ensuring methodological limitations and risk-of-bias were transparent (Hong et al., 2019). To ensure a systematic and rigorous process, the articles were independently appraised by three researchers where any doubts and disagreements in scoring were discussed until a mutual consensus was established (Knafl & Whittemore, 2017). No manuscripts were excluded based on critical appraisal score (See Table 2).

Table 1
Inclusion and Exclusion Criteria.

Inclusion	Exclusion
Published in English Language	Any studies that do not meet all the inclusion criteria.
Published within the last 10 years (2015–2025)	
Primary research published in academic, peer-reviewed journals	
Includes pediatric nurses as participants, where pediatric nurses' experiences of spiritual care can be extrapolated	
The study focuses on spirituality, spiritual care and spiritual well-being	

Data extraction

A data extraction table was used to compile relevant information across the studies and to promote rigor within the review (Whittemore & Knafl, 2005). This table provides an overview of the title, aim, authors, year of publication, design, participants, data collection, findings, and recommendations for each study. Qualitative data and qualitized quantitative data were extracted and synthesized as text (Lizarondo et al., 2025). In the final stage of the research, a thorough conclusive interpretation of the findings is presented, highlighting their implications for research, practice, and interventions (Toronto & Remington, 2020) (See Table 3).

Synthesis

This review utilised Braun and Clarke (2022) six phases of thematic analysis, a fundamental method for examining high-quality qualitative data. These six phases were familiarisation with the data, generating initial codes, searching for themes by categorising the various codes into potential themes and subthemes, defining and naming these themes, and finally producing the report. A theme represents a creative concept or idea that highlights repeated patterns of responses or meanings within the dataset, helping to address the research questions (Castleberry & Nolen, 2018). To minimise potential bias or subjective assumptions, all stages of the analysis were reviewed by the research team to ensure emerging and recurring codes were sufficiently robust to support the development of themes.

Ethical considerations

This research does not require formal ethics approval, as it is based exclusively on a review of published international literature.

Findings

The database search yielded a total of 135 articles. A hand search of reference lists and the use of Google Scholar resulted in two further articles for review. Removal of duplicates via endnote left 102 articles. All 102 articles were screened against the inclusion criteria independently by the authors, seven articles were unable to be sourced in full text, leaving 95 articles for title and abstract screening of which 42 articles were excluded, leaving 60 for full text screening. After screening using the inclusion and exclusion table, eight research sources were analysed. To ensure transparency and justification in the sampling decisions, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram was employed to enhance the reporting of the search process (Toronto & Remington, 2020). The screening process of the PRISMA flow chart is presented in Fig. 1.

Common reasons for exclusion included manuscripts that focused on spirituality in adults, children, or family members rather than on nurses' perceptions, as well as those that did not involve pediatric nurses, did not address spirituality, or were not published in English. Following the screening process, eight were selected as the final manuscripts for inclusion in this review, six identified through database searches and two through reference list screening and Google Scholar.

In total, three studies were conducted in the United States (Ferrell et al., 2016a; Murphy et al., 2021; Petersen et al., 2016), two in Indonesia (Madu et al., 2023; Romdzati & Yuliandari, 2021), and one each in Iran (Ghaljaei et al., 2018), Saudi Arabia (Khraisat et al., 2019), and Brazil (Nascimento et al., 2016). The selected literature comprises a total of 714 pediatric nurses and includes four qualitative studies (Ferrell et al., 2016a; Ghaljaei et al., 2018; Nascimento et al., 2016; Romdzati & Yuliandari, 2021), one quantitative study (Khraisat et al., 2019), two quantitative non-randomized studies (Madu et al., 2023; Petersen et al., 2016), and one mixed-methods study (Murphy et al., 2021) as represented in Table 2. The manuscripts ranged in critical

Table 2
Summary of Appraisal Scores.

MMAT Screening Questions	Ferrell et al., 2016	Ghaljaei et al., 2018	Nascimento et al., 2016	Romdzati & Yuliandari, 2021	Khraisat et al., 2019	Petersen et al., 2016	Madu et al., 2023	Murphy et al., 2021
Question 1: Are there clear research questions?	✓	✓	✓	✓	✓	✓	✓	✓
Question 2: Do the collected data allow to address the research questions?	✓	✓	✓	✓	✓	✓	✓	✓
MMAT Qualitative Questions								
Question 1: Is the qualitative approach appropriate to answer the research question?	✓	✓	✓	✓				
Question 2: Are the qualitative data collection methods adequate to address the research question?	✓	✓	✓	✓				
Question 3: Are the findings adequately derived from the data?	✓	✓	✓	X				
Question 4: Is the interpretation of results sufficiently substantiated by data?	✓	✓	✓	X				
Question 5: Is there coherence between qualitative data sources, collection, analysis and interpretation?	✓	✓	✓	✓				
Total score	5	5	5	3				
MMAT Quantitative Descriptive Questions								
Question 1: Is the sampling strategy relevant to address the research question?	✓							
Question 2: Is the sample representative of the target population?	✓							
Question 3: Are the measurements appropriate?	✓							
Question 4: Is the risk of nonresponse bias low?	X							
Question 5: Is the statistical analysis appropriate to answer the research question?	✓							
Total score	4							
MMAT Quantitative Non-Randomized Questions								
Question 1: Are the participants representative of the target population?	✓	✓						
Question 2: Are measurements appropriate regarding both the outcome and intervention (or exposure)?	✓	✓						
Question 3: Are there complete outcome data?	✓	✓						
Question 4: Are the confounders accounted for in the design and analysis?	X	X						
Question 5: During the study period, is the intervention administered (or exposure occurred) as intended?	✓	✓						
Total score:	4	4						
MMAT Mixed Methods Questions								
Question 1: Is there an adequate rationale for using a mixed methods design to address the research question?	✓							
Question 2: Are the different components of the study effectively integrated to answer the research question?	✓							
Question 3: Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	✓							
Question 4: Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X							
Question 5: Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	✓							
Total score	4							

appraisal scores from 3 to 5. Quality appraisal scores for each manuscript are presented in Table 3. Thematic analysis generated three overarching themes, and seven sub-themes (Fig. 2). The generation of themes, subthemes and exemplary quotes are represented in Table 4.

Theme 1: Spiritual care practices

The first theme reports on nurses' experiences of providing spiritual care within pediatric settings. It includes three sub-themes: Spirituality, nurses' roles and Family-centred spiritual and ritual practices. These themes were represented across the eight studies (Ferrell et al., 2016a; Ghaljaei et al., 2018; Khraisat et al., 2019; Madu et al., 2023; Murphy et al., 2021; Nascimento et al., 2016; Petersen et al., 2016; Romdzati & Yuliandari, 2021).

Spirituality

The term spirituality in this study is defined by nurses' interpretations, stemming particularly from their experiences in providing spiritual care to pediatric patients and their families, as well as from their personal and professional spiritual development. Nurses working in the PICU perceived spirituality as a "subjective, individual, abstract, and broad concept" (Nascimento et al., 2016, p. 3). They described it as varying between individuals and regarded it as an inherent aspect of human nature (Nascimento et al., 2016). Spirituality was further

characterised as a source of "meaning and strength in life," perceiving it not as a concrete concept, but as a deeply personal force that provides nurses with inner strength and empowerment (Nascimento et al., 2016, p. 3). Of interest, the pediatric nurses in the Romdzati and Yuliandari (2021) study perceived spirituality as being closely associated with religion and God, whereas Nascimento et al. (2016) and Murphy et al. (2021) found that spirituality and religiosity were interconnected yet distinct. Nascimento et al. (2016) and Murphy et al. (2021), both conceptualised spirituality as a relationship with transcendence and a supreme being, whereas religiosity was defined as adherence to specific religious doctrines. Across multiple studies, spirituality has been identified as playing a significant role in supporting nurses, children, and families as they engage with existential questions, such as the meaning of pain, suffering, and death (Ferrell et al., 2016a; Khraisat et al., 2019; Murphy et al., 2021; Nascimento et al., 2016). Although spirituality and religiosity are distinct concepts, Khraisat et al. (2019) and Murphy et al. (2021) highlighted the practice of purposeful spirituality, rooted in religious faith, providing meaningful support to both children and nurses by fostering coping strategies that help address some of life's existential questions, serving as a vital source of comfort and strength.

"Participants also described existential spiritual connectedness as a sense of purpose or driving force that sustains practice, a moral compass, being true to core values and beliefs, being present in the moment, centered self-awareness, sense of peace as a person, place in the universe,

Table 3
Characteristics of included studies.

Author/Date Country	Design	Participants	Data Collection	Main Findings and Recommendation
<p>Title: Nurses' Experiences of Spiritual Communication with Seriously Ill Children Aim: To explore nurse experiences in communication with children about spiritual topics to develop training in the area.</p>				
Ferrell et al., 2016 United States of America	Qualitative data were thematically analysed by the research team, which included experts in palliative care, spirituality, and communication, along with two pediatric palliative care specialists.	<i>N</i> = 30 registered nurses and advanced practice nurses in clinical roles	Surveys were distributed to attendees at three End-of-Life Nursing Education (ELNEC) courses conducted in 2015.	<p>Nurses reported that children often ask spiritual questions about God, the reasons for their illness, and express curiosity about the afterlife, sometimes describing it as heaven. These conversations help children make sense of their shortened lives, and nurses highlighted the value of being present and engaging in such discussions.</p> <p>Training is needed to help healthcare providers respond to children's spiritual questions, support parents during these conversations, and explore the spiritual meaning of illness with both child and family. Chaplains, as experts in spiritual care, can assist by training nurses to identify spiritual distress, communicate more confidently, and collaborate effectively. Spiritual care is a vital part of quality palliative care.</p>
<p>Title: Spiritual Challenges Experienced by Nurses in Neonatal End of Life: A Qualitative Study Aim: To explain the spiritual challenges experienced by nurses in the care of infants at the end of life and death.</p>				
Ghaljaei et al., 2018 Iran	Qualitative method and "purposive" sampling.	<i>N</i> = 24 neonatal intensive care nurses interviewed	Semi-structured interviews used for interview and data collection.	<p>This study found that NICU nurses face three key challenges in providing end-of-life and bereavement care for newborns. The first involves the complex needs of dying infants, made more difficult by the lack of clear guidelines on palliative and spiritual care. The second challenge relates to supporting grieving families, who need psychological and spiritual care that nurses often feel unprepared to provide due to limited training.</p> <p>A third, less recognised challenge is the emotional and spiritual toll on nurses themselves. Many experience spiritual distress when caring for dying infants, even if this is not openly acknowledged. To deliver effective family-centred care, attention must be given to all three aspects: neonatal care, family support, and nurse well-being. Clear policies and guidelines are needed to address these areas.</p>
<p>Title: Spirituality-focused end-of-life care among pediatric patients: evidence from Saudi Arabia? Aim: To assess the greatest facilitators that would help to provide spirituality for pediatric end of life</p>				
Khraisat et al., 2019 Saudi Arabia	Quantitative descriptive studies.	<i>N</i> = 250 pediatric oncology nurses	Surveyed using a spirituality and spiritual care rating questionnaire.	<p>Spiritual care is recognised as a basic human right. A holistic understanding of children's and young people's spiritual needs is essential in end-of-life care. Nurses identified key enablers for providing this care, including belief in spirituality as a source of inner peace, actively listening and giving patients time to express their fears, encouraging creativity and self-expression, and respecting privacy, dignity, and cultural or religious beliefs. Professional experience, confidence, and specific training are necessary for nurses to deliver effective spiritual care to pediatric patients. Support from colleagues and management, including clinical supervision and psychological support, also helps nurses manage the emotional challenges of this work. These needs should be addressed through education and ongoing support.</p>
<p>Title: Pediatric Hematology/Oncology Nurse Spirituality, Stress, Coping, Spiritual Well-being, and Intent to Leave: A Mixed-method study Aim: To explore, describe, and understand how pediatric hematology/oncology nurses caring for chronically ill or dying patients use their spirituality to cope with job stress, maintain spiritual well-being (SWB), and continue to work in this specialty.</p>				
Murphy et al., 2021 United States of America	Mixed Method	<i>N</i> = 178 paediatrics oncology nurses	Web-based survey and interview	<p>A nurse's spirituality helps them cope with the ongoing losses and grief experienced in practice, supporting their spiritual well-being. This study highlights how Pediatric Hematology/Oncology Nurses (PHONs) draw on spirituality to care for patients in challenging, long-term situations, contributing to the nursing literature. These insights can inform strategies to strengthen PHONs' spiritual well-being and resilience, aiding in staff retention. Future research should explore the impact of spirituality and well-being on nurses working in other high-stress settings, such as NICU, ICU, emergency, organ transplant, and mental health care. Further studies are also recommended across more diverse religious backgrounds and international contexts.</p>
<p>Title: Spiritual care: the nurses' experiences in the Pediatric Intensive Care unit (PICU) Aim: To describe (1) the meaning of spirituality according to nurses working in the PICU and (2) the nurses' experiences in providing spiritual care to children and their families.</p>				
Nascimento et al., 2016 Brazil	Qualitative description	<i>N</i> = 11 PICU nurses. Aged between 24 and 40 years old	Face-to-face Interviews	<p>Nurses acknowledged the value of spiritual care but noted it is often overlooked in favour of physical treatment. Spiritual support was typically directed toward families, with nurses citing lack of time and the child's age or consciousness level as reasons for not providing it to children. These findings reveal gaps in spiritual care within PICUs and highlight the need to improve nurses' knowledge and confidence in addressing the spiritual needs of children, adolescents, and families. Current practice continues to prioritise physical aspects of care over spiritual and emotional needs. These results point to the importance of integrating spiritual care education into nursing training to promote more holistic care.</p>
<p>Title: An online educational program improves pediatric oncology nurses' knowledge, attitudes, and spiritual care competence</p>				

Table 3 (continued)

Author/Date Country	Design	Participants	Data Collection	Main Findings and Recommendation
Aim: Evaluated the potential impact of an online spiritual care educational program on pediatric nurses' attitudes toward and knowledge of spiritual care and their competence to provide spiritual care to children with cancer at the end of life. (Petersen et al., 2016)				
United States of America	Quantitative N = 112 participants non-- randomized studies	Data were collected at baseline prior to participation in the educational program (Time Point 1), after a participant's completion of the program (Time Point 2), and 3-months after a participant's completion of the program (Time Point 3).	Nurses showed a significant and sustained improvement in the Assessment and Implementation of Spiritual Care subscale after the intervention ($p < 0.0005$). Scores for Professionalization and Quality of Spiritual Care rose from 20.83 (T1) to 27.45 (T2), but dropped slightly to 24.97 (T3), suggesting ongoing support is needed to maintain gains. Attitudes toward patients' spirituality improved from 12.36 (T1) to 15.61 (T2), with a further increase to 15.85 (T3), reflecting a sustained positive shift. Overall, the intervention led to meaningful, lasting improvements in nurses' competence and attitudes toward spiritual care, with a moderate effect size indicating practical impact. There was a positive link between improvements in nurses' attitudes and knowledge of spiritual care and their competence in providing it. Online spiritual care training may have a lasting impact on nurses' knowledge, attitudes, and ability to support children with cancer at the end of life. Further research is needed to assess how education affects	

(continued on next page)

connections to the environment and people, and letting go of things in the physical world" (Murphy et al., 2021, p. 355).

The integration of spiritual care into routine nursing practice was important for the spiritual well-being of pediatric patients (Ferrell et al., 2016a; Nascimento et al., 2016). Such incorporation helped children to "recover soon", "speed up healing", "provide support and motivation" (Romdzati & Yuliandari, 2021, p. 325). To improve spiritual care practices, Petersen et al. (2016) and Madu et al. (2023) stated educational interventions focused on spiritual care enhanced nurses' competence and positively influenced their attitudes toward the delivery of spiritual care in practice. Petersen et al. (2016) reported statistically significant and sustained improvements following a three-week online educational program, as evidenced by increased mean scores in both the assessment and implementation of spiritual care subset ($p < 0.0005$) and the attitudes toward spirituality ($p < 0.005$). However, while the professionalization and improving the quality of spiritual care subset showed a substantial initial increase from a mean score of 20.83 at T1 to 27.45 at T2, a decline to 24.97 at T3 was observed (Petersen et al., 2016). These findings suggested that ongoing reinforcement or support was necessary to sustain long-term improvements in the quality of spiritual care (Petersen et al., 2016).

Nurses' roles

Nurses, among other healthcare professionals, often perceived their frontline role as ideal for assessing the spiritual needs of both children

and their families (Ferrell et al., 2016a; Khraisat et al., 2019; Nascimento et al., 2016). Pediatric nurses' role as a spiritual care provider involved being an intermediary, bridging the gap between a child's spiritual development and the parents' belief systems (Ferrell et al., 2016a). This included providing therapeutic, age-appropriate communication to support children in exploring spiritual questions related to God, faith, and their place in the universe, engaging in discussions on topics such as heaven and angels, assisting parents in understanding their child's beliefs, and addressing the parents' own spiritual needs (Ferrell et al., 2016a; Khraisat et al., 2019). Such support was particularly significant for seriously ill or end-of-life care (Ferrell et al., 2016a). In these instances, nurses observed that some children demonstrated an awareness of their limited lifespan and spoke about the afterlife without fear (Ferrell et al., 2016a). By serving as intermediaries and conveying these insights to parents, nurses believed they could provide spiritual reassurance, as parents found comfort in knowing that, despite the pain of impending loss, their child's spiritual beliefs in heaven and angels offered a sense of peace and acceptance (Ferrell et al., 2016a).

Three studies consistently emphasised the importance of nurses being present, facilitating prayer, whether through shared prayer or gentle reminders, engaging in dialogue or in art therapy, and actively listening to children's fears and anxieties, all of which constitute integral components of spiritual care provision (Ferrell et al., 2016a; Khraisat et al., 2019; Romdzati & Yuliandari, 2021). This was further supported by Khraisat et al. (2019) where pediatric oncology nurses perceived

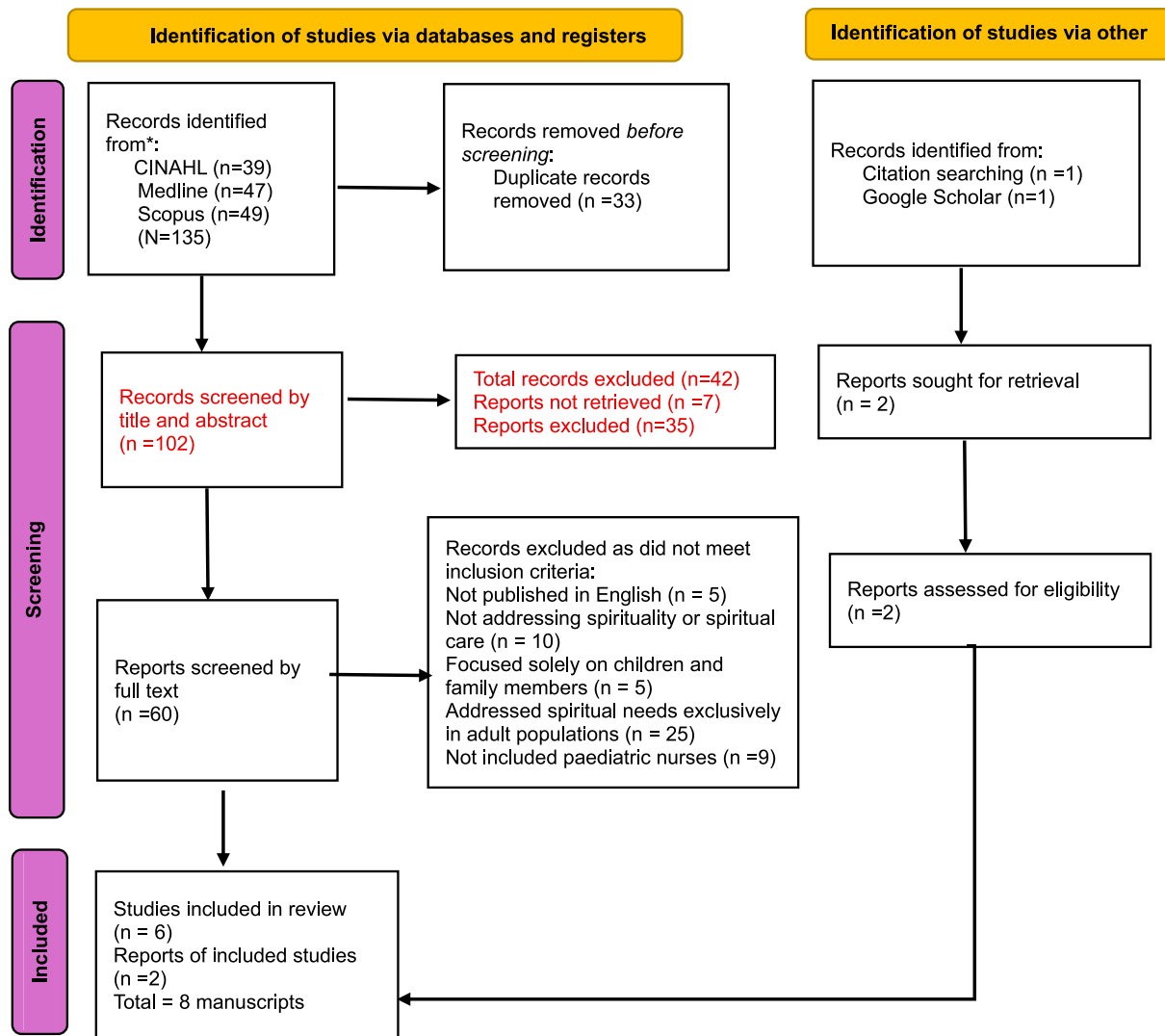


Fig. 1. PRISMA Flow Diagram.

the best facilitator to spiritual care was active listening, reporting a mean score of 4.34, followed by spending time with patients and demonstrating acts of kindness and cheerfulness with a mean score of 4.12 and 3.90, respectively. Arranging hospital chaplain services, however, was the least facilitator, with the lowest mean score of 3.33 (Khraisat et al., 2019). Therefore, nurses recognised their role in providing spiritual care extended beyond clinical interventions, highlighting the importance of diverse approaches to foster genuine and empathetic human connections with children and their families.

“Most nurses in the present study believed they could provide spiritual care to paediatric patients by: spending time with them; having respect

for their privacy, dignity and religious and cultural beliefs; showing kindness, concern and cheerfulness; enabling the discovery of meaning and purpose in the illness; and facilitating prayer five times a day facing Mecca, as well as reading or listening to the Holy Qur’an and engaging in remembering Allah” (Khraisat et al., 2019, p. 616).

Family-centred spiritual and ritual practices

Pediatric nurses emphasised the importance of providing spiritual care as an intervention to both children and their family members, recognising the interconnectedness of their sufferings and spiritual

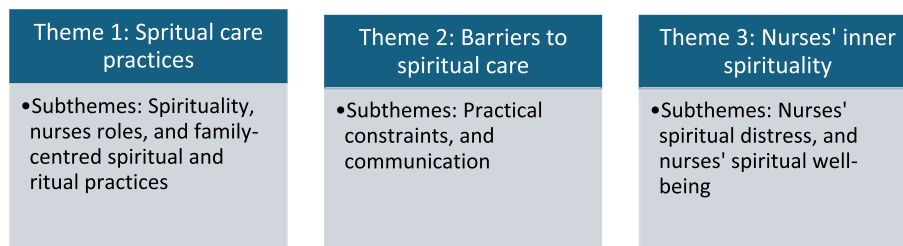


Fig. 2. Themes and Subthemes.

Table 4
Generation of Themes, Subthemes and Exemplary Quotes.

Themes	Sub-theme	Exemplar Quotes
Spiritual Care Practices	Spirituality	<p>“Spirituality is everything the person believes in, in a higher essence, in what is not concrete to him/her. It is something abstract... Each person has a definition for what strengthens him/her” (Nascimento et al., 2016, p 3)</p> <p>“Spirituality is related with religion and God” (Romadzati & Yuliandair, 2021, p 325).</p> <p>“Religiosity is more focused on one religion, on a divine doctrine, while spirituality is broader, related to faith” (Nascimento et al., 2016, p 3).</p> <p>“The belief that spirituality is a unifying force that enables one to be at peace with oneself and the world” (Khraisat et al., 2019; pp 613).</p>
	Nurses' roles	<p>“The nurses' role involved acknowledging the child's belief and helping parents understand the child's visions” (Ferrell et al., 2016)</p> <p>“Within the spiritual care domain, nurses regarded active listening and providing patients with the opportunity to discuss and explore their fears, anxieties, and concerns as the most important aspect of spiritual care, as reflected by the highest mean score of 4.34” (Khraisat et al., 2019).</p> <p>“Nurses provide spiritual needs by reminding them to pray, whether it is a 5-time-a-day prayer or praying before and after doing something such as before breakfast or taking some medicines” (Romdzati & Yuliandair, 2021).</p>
	Family-centred spiritual and ritual practises	<p>“Nurses perceived that when they stimulate and respect the family's faith, positive thinking, and belief in God they were also promoting serenity and reducing anxiety toward the child's illness. They believe that it is important for the family to keep the faith because parents without beliefs are more pessimistic about their child's health condition” (Nascimento et al., 2016).</p> <p>“[...] they are all newborns. It is something complicated, although they have a soul and spirituality, they are not aware of that. Thus, we have a stronger spiritual relationship with the mothers than with the patients themselves” (Nascimento et al., 2016, p 5).</p> <p>“The spiritual needs of pediatric patients should be met through family-centred care that maintains normal home routines and is in line with the family's beliefs” (Khraisat et al., 2019).</p> <p>“Some parents bring a rosary and leave it close to the child's bedside; or they bring a handkerchief that is linked to promises made. Sometimes they bring a written prayer and hang it on the child's bed. It's something we allow, it's their belief” (Nascimento et al., 2016, p 4).</p>
Barriers to Spiritual Care	Practical Constraints	<p>“No, I do not provide spiritual care because there are conceptual disagreements between nurses and patients and their families” (Nascimento et al., 2016, p 6).</p> <p>“What makes it difficult is this lack of bonding with the patient” (Nascimento et al., 2016, p 6).</p> <p>“Because, when the situation was severe, we are so focused on the child, there are so many things to do [...]. Through the daily rush during the shift, we do not even consider that. There is no time because there is a lot to do, there is a lot of bureaucracy; the delivery of care is so busy. [...] There is no time. It is impossible!” (Nascimento et al., 2016, p 6).</p>
	Communication	<p>“Although a child's age was as a barrier to providing spiritual care, some nurses mentioned that they were able to assess the spirituality of newborns by observing the way they interact. Older children are able to interact, establish a dialogue, and allow assessment of their spirituality and religiosity” (Nascimento et al., 2016).“</p> <p>... Sometimes the babies are strongly stressed and get wounds all around the body. Although we know that they don't survive, but we bother them with unnecessary treatments. I think newborns with no hope of survival. The only thing they need is caress and peace and shouldn't spend their last moments with pain and suffering...” (Ghalijaei et al., 2018, p 6,7).</p> <p>“When it comes to the point that all the efforts of medical and nursing care for treating and saving the life of a newborn are useless, thereafter, we should try to have the baby at the end of life under high quality care. That is, they should be at least in proper physical condition, changed regularly, if there are no prohibition on drinking milk, it certainly be fed with milk and reduce pain, nausea and vomiting and” (Ghalijaei et al., 2018, p 6).</p>
Nurses' Inner Spirituality	Spiritual distress	<p>“... given that most babies who are admitted in our ward, would unlikely return to life and probably their spending their last hours or minutes of their lives, therefore, caring for them will impose bigger damage to us in spiritual terms, and such situations will never become normal to us” (Ghalijaei et al., 2018, p. 9).</p> <p>“[I take] on the emotions of my patients and their parents...knowing that no matter what you're doing, you're trying to help but sometimes no matter what you do, it doesn't help” (Murphy et al., 2021, p 358).</p> <p>“Going into the helping profession you know that everything that you're doing is ultimately helping but not exactly the kind of help they want or need because they want cure and survival, and you can't always do that” (Murphy et al., 2021, p. 358).</p> <p>“With some sicker children, in severe conditions, we ask: ‘What is happening? What has this child done in life?’ We always look for what previously happened that caused him/her to deserve this. We ask that a lot. ‘Where is God, why did He want it to be this way?’” (Nascimento et al., 2016, p 6).</p>
	Spiritual well-being	<p>“Spiritual care was considered important not only for patients and families, but also for nurses because it is associated with the search for the meaning of life and the psychosocial strengthening, emotional comfort, and coping with death” (Nascimento et al., 2016).</p> <p>“I draw on that sense of kind of my place within the universe...I tend to nurture that part of me when things are really not good or difficult at work...and I have no idea how to go about it” (Murphy et al., 2021, p. 358).</p> <p>“Spiritual gratitude practice and then I think of my faith is going to the building and saying my prayers...making a difference...it's more about the showing up and the listening and so knowing at the end of most days I can say I made a difference, even if it doesn't feel like I did anything except listen... I think it allows me to be the best I can be...I really trust my faith life to support me in that way so that when I come to work, I can be more present in a professional way...I feel like I have a safe place to put things there that allow me to be more present in my work life and my professional life and it sustains me every day. I mean it think it's just part of how I deal with the hard stuff” (Murphy et al., 2021, p. 358).</p>

well-being (Khraisat et al., 2019; Nascimento et al., 2016). They advocated for integrating spiritual care within a family-centred framework to support holistic health outcomes (Khraisat et al., 2019; Nascimento et al., 2016). Fostering families' spiritual beliefs and cultural values, particularly those of mothers who often serve as primary caregivers, was found to promote emotional calm, reduce anxiety related to the child's illness, and support the recovery process (Ghalijaei et al., 2018; Khraisat et al., 2019; Nascimento et al., 2016). In tertiary healthcare settings, PICU and NICU nurses frequently encountered infant and child

mortality and witnessed families experiencing profound fear and anxiety due to the critical condition of their child and the invasive use of advanced medical technology (Ghalijaei et al., 2018; Nascimento et al., 2016). Within this context, the delivery of spiritual care in intensive care units offered essential emotional and psychological support to families, helping to alleviate the “weight” of the overwhelming environment (Nascimento et al., 2016, pp. 6). Nurses' perceived that families with strong spiritual beliefs were able to manage the emotional challenges of pediatric illness with greater resilience and optimism, while those

lacking such beliefs and relying exclusively on biomedical aspects of care were more prone to emotional distress and pessimism (Ghaljaei et al., 2018; Nascimento et al., 2016).

“We [nurse interviewed speaking] see parents here who believe in God and their mood is much better than those who do not and who end up being pessimistic focusing on the disease and not believing in anything. I think it helps a lot when you believe in something” (Nascimento et al., 2016, p. 4).

Recognising the significance of supporting parental spiritual beliefs nurses emphasised that spiritual care can also be delivered by respecting family values, culture, rituals, traditions and facilitating opportunities for spiritual expression, such as permitting the presence of meaningful or religious objects near the sick child, including rosaries, written prayers, or images of guardian angels displayed by the bedside (Ferrell et al., 2016a; Ghaljaei et al., 2018; Nascimento et al., 2016). By offering words of spiritual encouragement, such as *“Keep having faith, keep having faith! Things will work out”*, nurses aimed to provide comfort and alleviate emotional distress (Nascimento et al., 2016, pp. 4). In the NICU, parents engage in spiritual practices such as placing the Quran (Islamic Holy Book) under their newborns' heads, playing Quranic recitations (words from the Islamic Holy Book), or placing blessed artifacts, such as a piece of cloth from a holy shrine or other sacred items, near the infant's bed (Ghaljaei et al., 2018). In the PICU, although visits from relatives and religious leaders are typically initiated by families rather than nurses, staff reported that facilitating these forms of spiritual assistance was the primary way spiritual care was provided (Nascimento et al., 2016). Nurses also emphasised simple gestures, such as praying alongside the child or allowing parents to remain at the bedside beyond designated visitation times were meaningful expressions of spiritual support for both the family and the child (Nascimento et al., 2016). Therefore, in pediatric care, supporting the spiritual beliefs and rituals of families is just as important as providing spiritual care to the child.

Theme 2: barriers to spiritual care

The second theme reports on the barriers/challenges nurses experience/perceive in providing spiritual care within pediatric settings. It includes two subthemes: Practical constraints and Communication that was represented across four studies (Ferrell et al., 2016a; Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016).

Practical constraints

Nurses expressed that although providing spiritual care was essential in practice, several practical barriers hindered its implementation (Ferrell et al., 2016a; Murphy et al., 2021; Nascimento et al., 2016). Despite earlier discussions emphasising a key aspect of the nurse's role in providing spiritual care involved acting as an intermediary between the child and the family, nurses underscored the need to approach this role with caution, highlighting the importance of first establishing a preliminary relationship and building trust with both parties before assuming such a position (Ferrell et al., 2016a). Findings from two studies highlighted that nurses' ability to deliver spiritual care was significantly constrained by various workplace factors, such as lack of time, heavy workloads, understaffing, high levels of stress, and institutional bureaucracy; all of which limited their ability to establish meaningful bonds with children (Murphy et al., 2021; Nascimento et al., 2016). They voiced concerns such as,

“There are many competing priorities... and a finite number of resources... It is difficult being able to provide the best care for everyone at one time”, and reported “feeling understaffed and overstressed and not feeling supported” (Murphy et al., 2021, p. 358).

Nurses reported that weekly shift variations, especially for those on night shifts or not working daily, hindered their ability to establish rapport with children and families (Nascimento et al., 2016). In these

situations, nurses emphasised the importance of possessing spiritual competence to effectively support both children and their families, especially upon observing signs of spiritual distress (Ghaljaei et al., 2018). Nurses reported difficulties in clearly distinguishing between spirituality and religiosity, which hindered their ability to provide appropriate spiritual care. One nurse explained,

“I do not provide spiritual care because there are conceptual disagreements between nurses and patients and their families” (Nascimento et al., 2016, p. 6).

PICU nurses also expressed a sense of insecurity in addressing the spiritual dimensions of pediatric care, as their clinical responsibilities were predominantly focused on assessing the physical and observable effects of illness, which led them to feel a lack of competency when attending to the more subjective and individualised spiritual needs of children and their families (Nascimento et al., 2016). They further reported,

“I do not know if my spirituality will help the child; the mother's spirituality helps much more than mine” (Nascimento et al., 2016, pp. 6).

Thus, while acknowledging the importance of spiritual care, nurses were aware of several practical constraints that hindered its consistent implementation.

Communication

Nurses in the study by Khraisat et al. (2019) identified therapeutic communication as a key facilitator in providing spiritual care; however, Ferrell et al. (2016a) and Nascimento et al. (2016) highlighted communication itself presented several barriers to the effective delivery of spiritual care in pediatric care. Nurses perceived the poor clinical condition of critically ill children, particularly in the PICU, as a significant barrier to spiritual care, as factors such as decreased consciousness, sedation or intubation often hindered the establishment of meaningful dialogue (Nascimento et al., 2016). Another factor that limited nurses' ability to provide effective spiritual communication to children was the child's age with younger children being more challenging (Ferrell et al., 2016a; Nascimento et al., 2016). Nurses observed that older children could verbalise their beliefs and questions, which made discussing spirituality easier with them compared to very young children and newborns (0–5 years) (Ferrell et al., 2016a; Nascimento et al., 2016). However, nurses also recognised that regardless of age or lifespan, children inherently articulated their spiritual awareness, which becomes visible as part of their illness journey (Ferrell et al., 2016a).

Nurses noted that although newborns possess a soul and a sense of spirituality, their close connection to their mothers often led to spiritual care communication being directed more toward the mothers than the neonates themselves (Ferrell et al., 2016a; Nascimento et al., 2016). When parents experienced spiritual distress, frequently blaming themselves for the loss of their infants, nurses stressed the importance of responding with empathy and compassion, using the parents' own spiritual beliefs to help guide them toward acceptance and inner peace (Ghaljaei et al., 2018). NICU nurses further reported that, in the absence of specific clinical guidelines, their ability to communicate with infants was limited primarily to interpreting and responding to their cries. Cries. In these situations, particularly at the end of life, nurses explained that the only way to provide comfort was by meeting the infants' physical needs through attentive, consistent care and, when permitted, offering nourishment such as milk (Ghaljaei et al., 2018; Nascimento et al., 2016). Therefore, while nurses recognised that neonates and children have an inner spirit, though the severity of illness and age-related factors often constrained their capacity to deliver spiritual care.

Theme 3: Nurses' Inner Spirituality

The third theme reports on the nurses' inner spirituality and includes two subthemes: Nurses' spiritual distress and Nurses' spiritual well-being that was represented across four studies (Ferrell et al.,

2016a; Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016).

Nurses' Spiritual Distress

Nurses highlighted the crucial role of recognising their own spiritual availability and drawing from personal spirituality to effectively meet and guide the spiritual needs of children and families (Ferrell et al., 2016a; Murphy et al., 2021). However, despite this awareness, nurses reported that providing end-of-life care for pediatric patients or repeatedly witnessing deaths was profoundly difficult, significantly impacting both their spiritual well-being and psychological health (Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016). Their struggles often arose because they carried the emotional weight of the children and families they attend to, experiencing their pain and suffering as if it were their own (Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016). NICU nurses described feeling deep distress, with one stating,

"When I see a small child die, I can't stop thinking about it for a few days, and sometimes even for several months... I suffer intense psychological pressure when I see a baby die before ever experiencing her mother's arms" (Ghaljaei et al., 2018, pp. 8170).

"Nursing newborns in the final stages of life is so hard and painful and witnessing their death is an experience that can deteriorate the spirit of the nurse" (Ghaljaei et al., 2018, pp. 8169).

Nurses further reported that encountering neonatal death or witnessing severely ill children evoked significant mental conflict, as they struggled to comprehend the underlying causes and come to terms with the suffering and loss (Ghaljaei et al., 2018; Nascimento et al., 2016). This experience often led them to question their faith in God (Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016). Pediatric oncology nurses also voiced that with some severely sick children; they questioned *"What is happening? What has this child done in life? Where is God, why did He want it to be this way?"* (Nascimento et al., 2016, pp. 11). Nurses recognised that although nursing is a helping profession, no matter how much clinical or spiritual care they provided, their efforts often fell short of what families ultimately longed for: a cure and the survival of their child, leaving them with feelings of helplessness and emotional burden (Murphy et al., 2021). As one nurse reflected, *"You can't make it better from their perception no matter how hard you try, and it's devastating"* (Murphy et al., 2021, pp. 358). Therefore, nurses caring for seriously ill pediatric patients experience profound emotional and spiritual distress, often grappling with feelings of guilt and questioning their faith and profession as they repeatedly witness suffering and death.

Nurses' Spiritual Well-being

Despite the spiritual challenges inherent in the nursing profession, nurses recognised the importance of nurturing their own spiritual well-being, viewing it as a coping mechanism that fostered inner peace and helped them manage stress through psychosocial and emotional support (Murphy et al., 2021; Nascimento et al., 2016). They are also aware that engaging in self-reflection and prioritising to explore their own spiritual well-being enhances their ability to support and nurture the spiritual awareness of those in their care (Ferrell et al., 2016a; Murphy et al., 2021). A pediatric palliative care nurse mentioned *"The ability to draw on previous life experiences/personal spirituality is critical to meeting the needs of patients and families"* (Ferrell et al., 2016a, p. 1169). Hematology/oncology nurses described engaging in self-care practices as a form of spiritual care, helping them reconnect with their inner selves through leisure activities such as hobbies, physical exercise, relaxation techniques, and taking time away from work (Murphy et al., 2021). One senior nurse voiced,

"I do a lot of walking. I read, I knit. I have a dog...I bake.. I think probably for me the most important thing is that my time away from my work is

better than my time at work and I love what I do, but I always want to make sure that my time away from work is better... I've been a nurse for thirty-five years and if you've been doing this long, you figured out a few things that work" (Murphy et al., 2021, pp. 358).

Nurses also reported that engaging in faith-based practices, such as prayer, expressions of gratitude, and religious reflection, provided a sense of meaning in the face of pediatric pain, suffering, clinical deterioration, and death (Murphy et al., 2021). These practices reinforced their awareness of a higher power and the recognition that they were not in control of the universe, offering spiritual reassurance amid challenging circumstances (Murphy et al., 2021). Nurses reflected,

"My faith is one of the things that keeps me in oncology, knowing that even those we lose, we haven't actually lost and being able to accept his decision in the way things turn out has made it a lot easier to move on, and accept the outcomes when they are not what I want in that situation" and *"I rely on my faith to sort of guide me and to remind me that I am doing the best that I can"* (Murphy et al., 2021, pp. 358).

Lastly, nurses highlighted that personal connections with family and friends provided joy, laughter, and emotional support, helping to alleviate their own spiritual distress and nurture their sense of spiritual well-being (Murphy et al., 2021). Nurses mentioned,

"The three F's, faith, family, and friends... have a close-knit family that I rely on for distraction and some support" and *"Reconnecting with myself and reconnecting with the things that I define as spirituality, the people that I'm around, the things around me... realign my focus back to why I became a nurse and what I truly do"* (Murphy et al., 2021, pp. 358).

Thus, in times of spiritual distress, nurses perceived spiritual well-being practices as a reaffirmation of their spirit and a source of meaning in their career journey.

Discussion

This integrative review explored pediatric nurses' perspectives on integrating spiritual care into pediatric healthcare settings revealing three key themes: spirituality, barriers to spiritual care, and nurses' inner spirituality.

Spiritual care practices

Nurses in this review regarded spirituality as a subjective and individualised concept involving transcendence and belief in a supreme being, separate from religiosity but often rooted in faith (Khraisat et al., 2019; Nascimento et al., 2016). They believed the provision of spiritual care was vital in helping children, families, and themselves cope with existential challenges by providing meaning, resilience, and emotional calm during difficult periods (Ferrell et al., 2016a; Murphy et al., 2021). This understanding reflects the wider body of healthcare literature, which viewed spirituality as an evolving and individualised concept that extended beyond religious or theistic beliefs, encompassing personal experiences shaped by meaning, purpose, connection, wholeness, energy, and transcendence (Harris, 2021; Lalani, 2020). These views are also congruent with the European Association for Palliative Care (EAPC) framework which conceptualises spirituality through three domains: existential concerns related to identity, meaning, suffering, hope, and joy; value-based attitudes and reflections; and religious beliefs and practices, including faith and other spiritual traditions (Bakker et al., 2018; Gijssberts et al., 2019). Therefore, despite the absence of a universally agreed-upon definition, pediatric nurses' perspectives align with a global understanding of spirituality, reinforcing their capacity to support children's spiritual well-being and promote holistic healing.

Nurses are aware that, beyond routine clinical practice, providing spiritual care to pediatric patients and their families requires them to engage in multifaceted supportive roles (Ferrell et al., 2016a; Khraisat et al., 2019; Nascimento et al., 2016; Romdzati & Yuliandari, 2021). In moments of spiritual distress and vulnerability, nurses are

often seen as better positioned than physicians or even specialist spiritual care providers to provide spiritual support (Ferrell et al., 2016b; Harrad et al., 2019). A substantial body of research has affirmed that spiritual care provided by nurses encompasses establishing rapport, attentive listening, shared prayer, offering companionship and reassurance, engaging in supportive interactions, and respecting individuals' religious and cultural beliefs (Ferrell et al., 2016b; Fradelos et al., 2024; Harrad et al., 2019; Kappes et al., 2025; Kiaei et al., 2015). Of interest, De Andrade Alvarenga et al. (2020) and Petersen (2013) reported pediatric nurses use storytelling and conversations centred around a belief in God to connect with children and support their spiritual understanding, facilitating meaning-making around illness and the experience of suffering.

Other research stated nurturing spirituality in pediatric patients was achieved through interactive and expressive methods such as playing with puppets or toys, musical activities, open dialogue, and artistic expression using materials like clay, paint, yarn, or paper (Harris, 2021). This review underscored the nurses' role as an intermediary, facilitating the spiritual perspectives gap between the child and the parent (Ferrell et al., 2016a). There has been a definite shift over time from traditional dyadic relationships, primarily between the nurse and the parent, toward more of a triadic partnership that includes the child as an active participant alongside the parent and nurse in the delivery of holistic, family-centred care (Barratt et al., 2023; Smith et al., 2015). Kang et al. (2022) further reported nurses expressed challenges in delivering spiritual care to children, indicating that acting as intermediaries within a triadic partnership involving parents enhanced their capacity to understand and address the child's spiritual needs. Therefore, nurses play multiple roles in supporting the spirituality of pediatric patients, either by fostering resilience to aid recovery or by nurturing hope in the face of illness.

Nurses in this review understood how spirituality played a meaningful role in helping pediatric patients either strengthen their resilience to aid the recovery process or find inner peace when approaching end-of-life (Khraisat et al., 2019; Nascimento et al., 2016). However, they also acknowledged the challenges in implementing spiritual care in practice, particularly when working with neonates or in intensive care settings (Ghaljaei et al., 2018; Nascimento et al., 2016). In these circumstances, nurses from the review often extended spiritual support to the family, especially to parents, acknowledging the interconnectedness between the child's suffering and the emotional distress experienced by caregivers (Khraisat et al., 2019; Nascimento et al., 2016). This understanding is further reinforced by existing literature, where a child's spirituality is closely linked to the spiritual well-being of their parents, as fostering parental spiritual coping has been shown to mitigate spiritual distress experienced by the child throughout the illness trajectory (Atashzadeh-Shoorideh et al., 2018; Ghasemi et al., 2022). In New Zealand, spiritual care involves recognising and nurturing the spiritual needs of both pediatric patients and their whānau (family) (Parkinson et al., 2019). In align with the current findings, Barratt et al. (2023) also mentioned how parents are often regarded as secondary patients, highlighting the need for nurses to extend spiritual care to them to strengthen parental emotional coping capacities for their children.

Patients and their families' perception of spiritual care from nurses is understood not solely through formal interventions, but through qualities such as genuine compassion, professionalism, emotional presence, instilling hope, and sensitivity to religious practices (Atashzadeh-Shoorideh et al., 2018). Pediatric nurses in the review recognised that family members' spiritual beliefs, shaped by their cultural roots, rituals and traditions, significantly influenced the child's spiritual outlook and response to illness (Ferrell et al., 2016a; Ghaljaei et al., 2018; Nascimento et al., 2016). Nakazuru et al. (2017) highlighted how Buddhist beliefs and ritual practises were shown to play a significant role

in helping mothers cope spiritually with the stress and uncertainty associated with their child's congenital heart defect (CHD) surgery in Japan. The use of such practices illustrates how spirituality can meaningfully support parents' emotional resilience and psychological stability (De Morais Almeida et al., 2024). This wider literature highlighted that by incorporating families' spiritual and ritual practices into pediatric care parental coping and optimism regarding their child's health outcomes were significantly enhanced (De Morais Almeida et al., 2024). Thus, even if nurses are unable to deliver spiritual care directly to pediatric patients, offering spiritual support to parents with through acknowledgment of their cultural and ritual practises remains a meaningful aspect of holistic care, as emotionally resilient parents are less likely to transmit anxiety and fear to their children.

Barriers to spiritual care

In this review, nurses reported the integration of spiritual care into nursing practice was challenging, as they were frequently confronted with contextual and systemic barriers (Murphy et al., 2021; Nascimento et al., 2016). Consistent with previous studies, a major barrier to providing spiritual care lies in workforce standards, such as staff shortages, high workloads, non-standard nurse-to-patient ratio, time constraints associated with documentation, inconsistent shift schedules, and inadequate training in spiritual care (Alch et al., 2020; Chen et al., 2017; Guido et al., 2025; Momeni et al., 2022). A further contributing factor identified in the literature is organisational shortcomings, specifically, the limited attention given by healthcare managers to spiritual dimensions of care, which, in turn, restricts nurses from effectively addressing the spiritual needs of pediatric patients (Momeni et al., 2022). Nurses further voiced the importance of embedding spiritual care within hospital accreditation criteria, suggesting a shift from performance-based evaluations to strategic initiatives that include policy development and staff training in spiritual care (Momeni et al., 2022).

Apart from the challenges in workforce standards, this review further highlighted that while nurses viewed effective communication as a foundational aspect of spiritual care, many continued to experience unease when discussing spiritual concerns with pediatric patients and their families in hospital (Ferrell et al., 2016a; Ghaljaei et al., 2018; Nascimento et al., 2016). While the child's age and clinical condition were identified in the findings as two of the most common barriers to communication, De Andrade Alvarenga et al. (2017) and Momeni et al. (2022) highlight a persistent gap in nurses' understanding of spiritual care, often attributed by lack of emphasis on spirituality in tertiary nursing education and the absence of specialised training in this domain. Consistent with the findings, the wider literature also highlights that nurses, particularly those who identify as atheists, often struggle to initiate conversations and assess the spiritual beliefs and cultural backgrounds of pediatric patients and their families due to the ambiguity surrounding the definition of spirituality (Chen et al., 2017; Momeni et al., 2022; Zumstein-Shaha et al., 2020). However, Lowey (2015) explains, spirituality does not require nurses to adhere to formal religion, as they can embody spiritual care through compassion, presence, and meaning making. Enhancing spiritual care in nursing thus requires institutional commitment and the development of culturally sensitive competencies through structured training and educational programs.

Nurses' inner spirit

Pediatric nurses in the study working in high-acuity settings such as PICU, NICU, oncology, and palliative or end-of-life care identified spiritual distress as an innate aspect of their professional role (Ghaljaei et al., 2018; Murphy et al., 2021; Nascimento et al., 2016). Such experiences often gave rise to reflections on their professional identity,

particularly when their efforts to provide compassionate care and promote recovery were perceived by families as inadequate in the absence of a curative outcome (Ghaljaei et al., 2018; Murphy et al., 2021). Of importance, Eshghi et al. (2023) highlighted that spiritual distress in nurses often manifested as a loss of hope, diminished inner strength, and a disrupted sense of purpose. Peters (2018) further stated compassion fatigue in pediatric nurses, stemmed from organisational constraints and personal vulnerabilities were significant factors that contributed to spiritual exhaustion and waning professional commitment.

This review has emphasised the importance of nurses' spiritual well-being playing a crucial role in shaping how nurses deliver spiritual care (Ferrell et al., 2016a; Murphy et al., 2021). It is evident in the wider literature that nurses with a well-developed sense of spirituality tend to provide more compassionate care and demonstrate greater attentiveness to patients' spiritual needs (Chiang et al., 2016; Mosavizadeh et al., 2024). As Mosavizadeh et al. (2024), further argue, a nurse's spirituality constitutes a core component of their professional values and belief systems, influencing both patient interactions and overall commitment to holistic care.

Pediatric nurses in this review stated they sustained their own spiritual well-being through personal practices such as reconnecting with family and friends, engaging in prayer or faith, and pursuing leisure activities that fostered inner tranquillity (Murphy et al., 2021). Complementing these individual strategies, existing literature advocates for the importance of institutional wellness initiatives aimed at reducing spiritual distress (Guido et al., 2025). These initiatives include interventions such as art therapy tailored for oncology staff, professional development training, on-site psychological support, mindfulness and debriefing sessions, and initiatives promoting emotional resilience, effective communication, and healthy lifestyle practices (Guido et al., 2025; Moody et al., 2013; Slater et al., 2018). Other literature states that a spiritually supportive work environment is crucial in alleviating stress and pressure among pediatric nurses, with collegial support and a sense of connectedness fostering emotional stability and resilience (Guido et al., 2025). Therefore, the emotional intensity embedded in nursing practice renders nurses vulnerable to spiritual distress. Mitigating this requires a dual approach, encompassing personal resilience strategies alongside institutional provisions, to ensure the sustained delivery of holistic and spiritually sensitive care to pediatric patients and their families.

Strengths and limitations

One of the strengths of this review lies in its focused exploration of pediatric nurses' perspectives on spiritual care, an area largely overlooked in existing literature, which tends to prioritise adult spiritual care while offering limited insight into the unique spiritual needs of children and their families. In addition, each phase of the process was guided by three academics experienced in pediatric nursing and research, ensuring methodological rigor, transparency, and the minimisation of potential bias.

A limitation of this review lies its reliance solely on pediatric nurses' perspectives on spiritual care in English language peer-reviewed published manuscripts. To construct a holistic understanding of spiritual care within the pediatric setting, it is crucial to include the lived experiences of both children, siblings, families and the multidisciplinary team. In addition, the search strategy was not specifically tailored for each database, and did not include additional related terms such as religion, faith, culture, distress, trauma, or suffering, potentially missing valuable manuscripts. As the reviewed manuscripts were largely in English, there is a disproportionate representation of research from English-speaking countries. This linguistic bias may marginalise contribution from non-English-speaking researchers, restricting the diversity of viewpoints and potentially the findings (Jackson & Kuriyama, 2019).

Implications for nursing practice

Nursing care is grounded in a holistic framework that extends beyond the biomedical model. Addressing pediatric spirituality is an essential component of holistic care, and pediatric nurses must be confident and comfortable integrating spiritual care into their clinical practice. To facilitate this, institutional support is imperative. Healthcare organisations must implement structured educational initiatives, including targeted training, workshops, and evidence-based guidelines, to enhance nurses' capacity to deliver culturally sensitive and developmentally appropriate spiritual care assessments and interventions. Furthermore, given that children typically require more time to build rapport, it is crucial that nurse managers ensure equitable workload distribution to enable nurses to meaningfully engage with patients. Lastly, the spiritual well-being of nurses should not be viewed as an individual obligation alone. Rather, it requires institutional commitment to cultivate a supportive environment through systemic strategies or initiatives that promote the spiritual resilience of nursing staff. When supported by strong institutional commitment, nurses can confidently integrate spiritual care as a component of holistic, child and family centred care into their daily practice.

Recommendations for future research

To enrich the current understanding of spiritual care delivery, particularly beyond life-threatening scenarios, future research should include the perspectives of pediatric patients, families, and other healthcare professionals. This broader approach would help inform the development of more tailored, culturally safe child-centred spiritual care practices. Future studies could also focus on synthesis on how the present spiritual care is integrated into nursing curricula. In addition, clinical studies need to explore types of spiritual care assessment tools, hospital accreditation standards, and the present hospital or palliative care clinical guidelines on spirituality. It could also explore how the hospitals and institutions help nurses in supporting their spiritual well-being through workplace culture, staffing structures, and leadership support.

Conclusion

The findings of this study highlight that nurses conceptualise spirituality as a subjective and individualised experience, yet one that is fundamentally embedded within holistic care and regarded as integral to the recovery process. Despite recognising different nursing roles in supporting spiritual needs, many nurses reported feelings of inadequacy and uncertainty in delivering spiritual care. These limitations were commonly attributed to lack of time, insufficient formal education, a lack of institutional resources, and the influence of personal cultural or religious beliefs. Nurses also recognised the emotional demands of caring for children in vulnerable conditions, often led to experiences of spiritual distress, which in turn prompted reflections on their professional identity. To enhance the provision of spiritual care, nurses in this review acknowledged the significance of their own spiritual well-being, which they believed could be sustained through personal practices and supported by institutional initiatives aimed at fostering emotional resilience and spiritual awareness.

CRedit authorship contribution statement

Y.M.H. Htay: Writing – original draft, Visualization, Validation, Software, Methodology, Formal analysis, Data curation, Conceptualization. **M. Foster:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Data curation, Conceptualization. **R. Mowat:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization.

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The perceptions and practices of pediatric nurses across a range of clinical specialties concerning spirituality remain underexplored in the current literature. The absence of comprehensive clinical spiritual care interventions, combined with limited knowledge, affects how spiritual care is integrated into pediatric nursing, highlighting a disconnect between theory, research, and practice in the delivery of holistic care. This review explores the gap in published literature on how nurses' perspectives regarding children's spiritual care is interpreted and acted in pediatric healthcare settings.

References

- Alch, C. K., Wright, C. L., Collier, K. M., & Choi, P. J. (2020). Barriers to addressing the spiritual and religious needs of patients and families in the intensive care unit: a qualitative study of critical care physicians. *American Journal of Hospice & Palliative Medicine*, 38(9), 1120–1125. <https://doi.org/10.1177/1049909120970903>.
- Allana, A. R., Tennant, G., & Petručka, P. (2017). Embedding spirituality in young children: An inter-generational challenge. *International Journal of Children's Spirituality*, 22(3–4), 239–259. <https://doi.org/10.1080/1364436x.2017.1357537>.
- Atashzadeh-Shoorideh, F., Zakaryae, N. S., & Fani, M. (2018). The barriers and facilitators in providing spiritual care for parents who have children suffering from cancer. *Journal of Family Medicine and Primary Care*, 7(6), 1319. https://doi.org/10.4103/jfmpc.jfmpc_76_18.
- Bakker, A. D., Van Leeuwen, R., & Roodbol, P. (2018). The spirituality of children with chronic conditions: A qualitative Meta-synthesis. *Journal of Pediatric Nursing*, 43, e106–e113. <https://doi.org/10.1016/j.pedn.2018.08.003>.
- Barratt, M., Bail, K., Lewis, P., & Paterson, C. (2023). Nurse experiences of partnership nursing when caring for children with long-term conditions and their families: A qualitative systematic review. *Journal of Clinical Nursing*, 33(3), 932–950. <https://doi.org/10.1111/jocn.16924>.
- Bloch, S. B., Stripp, T. A., Nissen, R. D., Wallin, J. A., Hvidt, N. C., & Viftrup, D. T. (2025). Measuring spiritual, religious, and existential constructs in children: A systematic review of instruments and measurement properties. *Archive for the Psychology of Religion*, 47(2), 210–237. <https://doi.org/10.1177/00846724241309924>.
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>.
- Brémault-Phillips, S., Olson, J., Brett-MacLean, P., Oneschuk, D., Sinclair, S., Magnus, R., Weis, J., Abbasi, M., Parmar, J., & Puchalski, C. (2015). Integrating spirituality as a key component of patient care. *Religions*, 6(2), 476–498. <https://doi.org/10.3390/rel6020476>.
- Brito Jiménez, I. T., Brito Jiménez, J. K., & Cortina Navarro, C. E. (2025). School nursing in children's health from a holistic perspective. *Revista Cuidarte*, 16(3), Article e4668. <https://doi.org/10.15649/care%20for%20you.4668>.
- Carter, B., Young, S., Ford, K., & Campbell, S. (2024). The concept of child-centred care in healthcare: a scoping review. *Pediatric Reports*, 16(1), 114–134.
- Cassidy, L., Quirke, M. B., Alexander, D., Greene, J., Hill, K., Connolly, M., & Brenner, M. (2023). *Integrated care for children living with complex care needs: An evolutionary concept*.
- Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching & Learning*, 10(6), 807–815. <https://doi.org/10.1016/j.cptl.2018.03.019>.
- Chen, C. S., Chan, S. W., Chan, M. F., Yap, S. F., Wang, W., & Kowitlawakul, Y. (2017). Nurses' perceptions of psychosocial care and barriers to its provision: A qualitative study. *Journal of Nursing Research*, 25(6), 411–418. <https://doi.org/10.1097/jnr.000000000000185>.
- Cheng, L., Cai, S., Zhou, X., & Zhai, X. (2023). In every detail: Spiritual care in pediatric palliative care perceived by healthcare providers. *Journal of Pain and Symptom Management*, 67(2), 167–172. <https://doi.org/10.1016/j.jpainsymman.2023.11.005>.
- Chiang, Y., Lee, H., Chu, T., Han, C., & Hsiao, Y. (2016). The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring. *Nursing Outlook*, 64(3), 215–224. <https://doi.org/10.1016/j.outlook.2015.11.012>.
- Child Theology Movement (2026). Doing theology with a child in the midst. <https://childtheologymovement.org>.
- Compassion International (2026). Annual impact report. <https://www.compassion.com/about-us/our-impact/#your-faith>.
- De Andrade Alvarenga, W., De Carvalho, E. C., Caldeira, S., Vieira, M., & Nascimento, L. C. (2017). The possibilities and challenges in providing pediatric spiritual care. *Journal of Child Health Care*, 21(4), 435–445. <https://doi.org/10.1177/1367493517737183>.
- De Andrade Alvarenga, W., Leite, A. C. a. B., Menochelli, A. A., La Banca, R. O., De Bortoli, P. S., Neris, R. R., & Nascimento, L. C. (2020). How to talk to children and adolescents with cancer about spirituality? Establishing a conversation model. *Journal of Pediatric Oncology Nursing*, 38(2), 116–130. <https://doi.org/10.1177/1043454220975703>.
- De Moraes Almeida, S. L., De Carvalho, L. I. A., Júnior, E. A., Byk, J., & Da Rocha Amorim, L. A. (2024). The role of spirituality in the well-being of families with children with congenital heart disease: Scoping review. *Translational Pediatrics*, 13(8), 1457–1468. <https://doi.org/10.21037/tp-24-134>.
- Dhollande, S., Taylor, A., Meyer, S., & Scott, M. (2021). Conducting integrative reviews: A guide for novice nursing researchers. *Journal of Research in Nursing*, 26(5), 427–438. <https://doi.org/10.1177/1744987121997907>.
- Downing, J., Randall, D., Mcnamara-Goodger, K., Ellis, P., Palat, G., Ali, Z., ... Neilson, S. (2025). Children's palliative care and public health: Position statement. *BMC Palliative Care*, 24(1). <https://doi.org/10.1186/s12904-025-01653-1>.
- Ebrahimipour, F., Mirshari, J., Hosseini, A. S. S., Zarani, F., & Thorne, S. (2021). Symbols of Hope on pediatric oncology Ward: Children's perspective using Photovoice. *Journal of Paediatric Oncology Nursing*, 38(6), 385–398. <https://doi.org/10.1177/10434542211041934>.
- Egan, R., Llewellyn, R., Cox, B., MacLeod, R., McSherry, W., & Austin, P. (2017). New Zealand nurses' perceptions of spirituality and spiritual care: Qualitative findings from a National Survey. *Religions*, 8(5), 79. <https://doi.org/10.3390/rel8050079>.
- Eshghi, F., Nikfarid, L., & Zareyan, A. (2023). An integrative review of defining characteristic of the nursing diagnosis "spiritual distress". *Nursing Open*, 10, 2831–2841. <https://doi.org/10.1002/nop2.1574>.
- Ferrell, B., Wittenberg, E., Battista, V., & Walker, G. (2016a). Nurses' experiences of spiritual communication with seriously ill children. *Journal of Palliative Medicine*, 19(11), 1166–1170. <https://doi.org/10.1089/jpm.2016.0138>.
- Ferrell, B., Wittenberg, E., Battista, V., & Walker, G. (2016b). Exploring the spiritual needs of families with seriously ill children. *International Journal of Palliative Nursing*, 22(8), 388–394. <https://doi.org/10.12968/ijpn.2016.22.8.388>.
- Foster, M., & Blamires, J. (2023). Editorial. Child and family centred care. *Journal of Pediatric Nursing*, 71, A8–A9. <https://doi.org/10.1016/j.pedn.2023.05.006>.
- Foster, M. J. (2013). Family centred care in the paediatric critical care setting: Child, parent and staff perspectives (Doctoral dissertation, University of Otago). <https://hdl.handle.net/10523/4304>.
- Fradelos, E. C., Alikari, V., Artemi, S., Missouridou, E., Mangoulia, P., Kyranou, M., ... Tzavella, F. (2024). A mixed-method study on the assessment of factors influencing nurses' provision of spiritual care. *Healthcare*, 12(8), 854. <https://doi.org/10.3390/healthcare12080854>.
- Ghaljaei, F., Goli, H., Rezaee, N., & Sadeghi, N. (2018). Spiritual challenges experienced by nurses in neonatal end of life: A qualitative study. <https://doi.org/10.22038/ijp.2018.28630.2511>.
- Ghanbari-Afra, L., Adib-Hajbaghery, M., & Dianati, M. (2022). Human caring: A concept analysis. *Journal of Caring Sciences*, 11(4), 246–254. <https://doi.org/10.34172/jcs.2022.21>.
- Ghasemi, S. S., Bagheri-Saveh, M. I., Shali, M., Zakaryae, S., & Zakaryae, N. S. (2022). Explaining the process of spiritual adjustment in parents of a child with Cancer: A qualitative study. *Journal of Caring Sciences*, 11(4), 232–238. <https://doi.org/10.34172/jcs.2022.27>.
- Gijsberts, M. H. E., Liefbroer, A. I., Otten, R., & Olsman, E. (2019). Spiritual Care in Palliative Care: A systematic review of the recent European literature. *Medical sciences (Basel, Switzerland)*, 7(2), 25. <https://doi.org/ezproxy.aut.ac.nz/10.3390/medsci7020025>.
- Grinberg, K., & Sela, Y. (2022). Perception of the image of the nursing profession and its relationship with quality of care. *BMC Nursing*, 21(1). <https://doi.org/10.1186/s12912-022-00830-4>.
- Guido, A., Peruzzi, L., Tibuzzi, M., Sannino, S., Dario, L., Petruccini, G., ... Ruggiero, A. (2025). Burnout in pediatric oncology: Team building and clay therapy as a strategy to improve emotional climate and group dynamics in a nursing staff. *Cancers*, 17(7), 1099. <https://doi.org/10.3390/cancers17071099>.
- Harrad, R., Cosentino, C., Keasley, R., & Sullia, F. (2019). Spiritual care in nursing: An overview of the measures used to assess spiritual care provision and related factors amongst nurses. *PubMed*, 90(4–S), 44–55. <https://doi.org/10.23750/abm.v9i04-s8300>.
- Harris, K. I. (2021). Intentional spiritual care for sick children: A beacon for decreasing stress and nurturing spirituality. *International Journal of Children's Spirituality*, 26(4), 214–234. <https://doi.org/10.1080/1364436x.2021.1945548>.
- Health, K. (2025). Principle 2: Holistic approach. <https://www.kidshealth.org.nz/well-child-tamariki-ora-programme>.
- Hefti, R. (2011). Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions*, 2(4), 611–627. <https://doi.org/10.3390/rel2040611>.
- Henderson, L. (2024). Integrating holistic care approaches in pediatric nursing practice. *Asian Journal of Research in Gerontological Nursing*, 1(2), 1–35.
- Henline-Hall, J. (2024). Introduction to quantitative and qualitative research methods. *Radiologic Technology*, 96(1), 45–56. <https://research-ebSCO-com.ezproxy.aut.ac.nz/cz6jai/search/details/lbcgxt7sn?db=ccm>.
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., ... Pluye, P. (2018). The mixed methods appraisal tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, 34(4), 285–291. <https://doi.org/10.3233/efi-180221>.
- Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., ... Vedel, I. (2019). Improving the content validity of the mixed methods appraisal tool: a modified e-Delphi study. *Journal of Clinical Epidemiology*, 111, 49–59.e1. <https://doi.org/10.1016/j.jclinepi.2019.03.008>.
- International Association for Children's Spirituality (2026). The IACS website. <https://www.childrenspirituality.org/about>.
- Jackson, J. L., & Kuriyama, A. (2019). How often do systematic reviews exclude articles not published in English? *Journal of General Internal Medicine*, 34(8), 1388–1389. <https://doi.org/10.1007/s11606-019-04976-x>.
- Jackson, S. A. (2012). Children, spirituality, and counselling. *American Journal of Applied Psychology*, 1(1), 1. <https://doi.org/10.11648/j.ajap.20120101.11>.
- Kang, K., Yu, S., Kim, C. H., Lee, M., Kim, S., Kwon, S., ... Choi, S. E. (2022). Nurses' perceived needs and barriers regarding pediatric palliative care: A mixed-methods study. *The Korean Journal of Hospice and Palliative Care*, 25(2), 85–97. <https://doi.org/10.14475/jhpc.2022.25.2.85>.

- Kappes, M., Fernández-Silva, C. A., Catalán, L., Navalle, C., Diaz, M., & Guglielmi, I. (2025). Nurses' role in spiritual care for patients and families in intensive care units: A scoping review. *Enfermería Intensiva (English Ed.)*, 36(1), Article 100494. <https://doi.org/10.1016/j.enfie.2025.100494>.
- Kenny, G., & Ashley, M. (2005). Children's student nurses' knowledge of spirituality and its implications for educational practice. *Journal of Child Health Care*, 9(3), 174–185. <https://doi.org/10.1177/1367493505054415>.
- Khrasat, O. M., Alkhalaf, A., & Abuhammad, S. (2019). Spirituality-focused end-of-life care among paediatric patients: Evidence from Saudi Arabia? *International Journal of Palliative Nursing*, 25(12), 610–616. <https://doi.org/10.12968/ijpn.2019.25.12.610>.
- Kiaei, M. Z., Salehi, A. M., Nasrabadi, A. M., Whitehead, D., Azmal, M., Kalhor, R., & Bahrami, E. S. (2015). Spirituality and spiritual care in Iran: Nurses' perceptions and barriers. *International Nursing Review*, 62(4), 584–592. <https://doi.org/10.1111/inr.12222>.
- Knafl, K., & Whittemore, R. (2017). Top 10 tips for undertaking synthesis research. *Research in Nursing & Health*, 40(3), 189–193. <https://doi.org/10.1002/nur.21790>.
- Lalani, N. (2020). Meanings and interpretations of spirituality in nursing and health. *Religions*, 11(9), 428. <https://doi.org/10.3390/rel11090428>.
- Lizarondo, L., Stern, C., Salmond, S., Carrier, J., Cooper, K., Godfrey, C., & Loveday, H. (2025). Methods for data extraction and data transformation in convergent integrated mixed methods systematic reviews. *JBI Evidence Synthesis*, 23(3), 429–440. <https://doi.org/10.1112/JBIES-24-00331>.
- Loving, S. (2014). The crescent of care: a nursing model to guide the care of muslim patients. *Cultural competence in caring for Muslim patients*, 9(3), 104–120.
- Lowey, S. E. (2015). Nursing care at the end of life: What every clinician should know. <https://knightscholar.geneseo.edu/cgi/viewcontent.cgi?article=1011&context=oer-ost>.
- Madu, Y. G., Lusmilasari, N. L., Hartini, N. S., Solon, N. M., Wirmando, W., Bakri, A., ... Linggi, E. B. (2023). The relationship between knowledge, self-efficacy and nursing spiritual care behaviors in school-age children in pediatric room. *Journal NERS*, 18(3), 274–279. <https://doi.org/10.20473/jn.v18i3.46546>.
- Mahoney, A. (2021). *The science of children's religious and spiritual development*. Cambridge University Press.
- Martins, H., Silva, R. S., Bragança, J., Romero, J., & Caldeira, S. (2024). Spiritual distress, hopelessness, and depression in palliative care: Simultaneous concept analysis. *Healthcare*, 12(10), 960. <https://doi.org/10.3390/healthcare12100960>.
- McSherry, W. (2000). Education issues surrounding the teaching of spirituality. *Nursing Standard*, 14(42), 40–43. <https://doi.org/10.7748/ns2000.07.14.42.40.c2875>.
- McSherry, W., & Smith, J. (2007). How do children express their spiritual needs? *Pediatric Care*, 19(3), 17–20. <https://doi.org/10.7748/paed.19.3.17.s20>.
- Momeni, G., Hashemi, M. S., & Hemati, Z. (2022). Barriers to providing spiritual care from a nurses' perspective. *Iranian Journal of Nursing and Midwifery Research*, 27(6), 575–580. <https://doi.org/10.4103/ijnmr.ijnmr.422.21>.
- Moody, K., Kramer, D., Santizo, R. O., Magro, L., Wysogrod, D., Ambrosio, J., ... Stein, J. (2013). Helping the helpers. *Journal of Pediatric Oncology Nursing*, 30(5), 275–284. <https://doi.org/10.1177/1043454213504497>.
- Moore, K., Talwar, V., Gomez-Garibello, C., Bosacki, S., & Moxley-Haegert, L. (2020). Children's spirituality: Exploring spirituality in the lives of cancer survivors and a healthy comparison group. *Journal of Health Psychology*, 25(7), 888–899. <https://doi.org/10.1177/1359105317737605>.
- Mosavizadeh, S. R., Bahrami, M., Maghami-Mehr, A., Torkan, M., & Mehdipoorkorani, L. (2024). Explaining the nurses' spiritual needs in the oncology department: A qualitative study. *Iranian Journal of Nursing and Midwifery Research*, 29, 98–104. https://doi.org/10.4103/ijnmr.ijnmr.84_23.
- Mueller, C. (2010). Spirituality in children: Understanding and developing interventions. *Pediatric Nursing*, 36(4), 197–208.
- Murphy, J. M., Chin, E. D., Westlake, C. A., Asselin, M., & Brisbois, M. D. (2021). Pediatric hematology/oncology nurse spirituality, stress, coping, spiritual well-being, and intent to leave: A mixed-method study. *Journal of Pediatric Oncology Nursing*, 38(6), 349–363. <https://doi.org/10.1177/10434542211011061>.
- Murphy, M. M., Begley, T., Timmins, F., Neill, F., & Sheaf, G. (2015). Spirituality and spiritual care – Missing concepts from core undergraduate children's nursing textbooks. *International Journal of Children's Spirituality*, 20(2), 114–128. <https://doi.org/10.1080/1364436x.2015.1055458>.
- Nakazuru, A., Sato, N., & Nakamura, N. (2017). Stress and coping in Japanese mothers whose infants required congenital heart disease surgery. *International Journal of Nursing Practice*, 23(5), 1255. <https://doi.org/10.1111/ijn.12550>.
- Nascimento, L., Alvarenga, W., Caldeira, S., Mica, T., Oliveira, F., Pan, R., ... Vieira, M. (2016). Spiritual care: The nurses' experiences in the pediatric intensive care unit. *Religions*, 7(3), 27. <https://doi.org/10.3390/rel7030027>.
- Neuman, M. E. (2011). Addressing children's beliefs through fowler's stages of faith. *Journal of Pediatric Nursing*, 26(1), 44–50. <https://doi.org/10.1016/j.pedn.2009.09.002>.
- Nolan, S., Saltmarsh, P., & Leget, C. (2011). Spiritual care in palliative care: Working towards an EAPC task force. *European Journal of Palliative Care*, 18(2), 86–89.
- NZNO (2021). Reflective Writing. <https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Reflective%20writing.%202021.pdf>.
- Ozturk, C. S., & Kilicaslan, E. (2024). A picture of hope: From the perspective of adolescents with cancer—A phenomenological-visual qualitative study. *Nursing & Health Sciences*, 26(2). <https://doi.org/10.1111/nhs.13127>.
- Pandya, S. P. (2018). Spirituality for wellbeing of bereaved children in residential care: Insights for spiritually sensitive child-Centred social work across country contexts. *Child & Adolescent Social Work Journal*, 35(2), 181–195. <https://doi-org.ezproxy.aut.ac.nz/10.1007/s10560-017-0509-1>.
- Parkinson, S., Bray, Y., & Kool, B. (2019). How do health professionals provide spiritual care to seriously ill children? *International Journal of Children's Spirituality*, 25(1), 64–77. <https://doi.org/10.1080/1364436x.2019.1701421>.
- Pendleton, S. M., Cavalli, K. S., Pargament, K. I., & Nasr, S. Z. (2002). Religious/spiritual coping in childhood cystic fibrosis: A qualitative study. *Pediatrics*, 109(1), e8. <http://pediatrics.aappublications.org/content/109/1/e8.full.html>.
- Pesut, B. (2008). Spirituality and spiritual Care in Nursing Fundamentals Textbooks. *Journal of Nursing Education*, 47(4), 167–173. <https://doi.org/10.3928/01484834-20080401-05>.
- Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum*, 53(4), 466–480. <https://doi.org/10.1111/nuf.12274>.
- Petersen, C. L. (2013). Spiritual care of the child with cancer at the end of life: a concept analysis. *Journal of Advanced Nursing*, 70(6), 1243–1253. <https://doi.org/10.1111/jan.12257>.
- Petersen, C. L., Callahan, M. F., McCarthy, D. O., Hughes, R. G., White-Traut, R., & Bansal, N. K. (2016). An online educational program improves pediatric oncology nurses' knowledge, attitudes, and spiritual care competence. *Journal of Pediatric Oncology Nursing*, 34(2), 130–139. <https://doi.org/10.1177/1043454216646542>.
- Robinson, C., Hyde, B., Forlin, C., & Best, M. (2025). The experience and expression of spirituality in childhood: A systematic review and qualitative synthesis of the literature. *Journal for the Study of Spirituality*, 1–16. <https://doi.org/10.1080/20440243.2025.2475058>.
- Romdzati, R., & Yuliandari, W. R. (2021). Spiritual care need: The pediatric nurses' perspective. *Journal of Medical Sciences*, 9(T4), 324–326. <https://doi.org/10.3889/oamjms.2021.5811>.
- Schein, D. L. (2013). Research and reflections on the spiritual development of young Jewish children. *Journal of Jewish Education*, 79(3), 360–385. <https://doi.org/10.1080/15244113.2013.817238>.
- Sheehan, R., Ryder, M., & Brenner, M. (2024). Quality Care for Children and Young People with complex and integrated care needs: A discussion on nursing-sensitive indicators. *International Journal of Nursing Studies Advances*, 8, Article 100275. <https://doi.org/10.1016/j.ijnsa.2024.100275>.
- Shin, S., Lee, I., Kim, J., Oh, E., & Hong, E. (2023). Effectiveness of a critical reflection competency program for clinical nurse educators: a pilot study. *BMC Nursing*, 22(1). <https://doi.org/10.1186/s12912-023-01236-6>.
- Slater, P. J., Edwards, R. M., & Badat, A. (2018). Evaluation of a staff well-being program in a pediatric oncology, hematology, and palliative care services group. *Journal of Healthcare Leadership*, 10, 67–85. <https://doi.org/10.2147/jhl.s176848>.
- Smith, J., Swallow, V., & Coyne, I. (2015). Involving parents in managing their child's long-term condition—A concept synthesis of family-centered care and partnership-in-care. *Journal of Pediatric Nursing*, 30(1), 143–159. <https://doi.org/10.1016/j.pedn.2014.10.014>.
- Starship (2022). Supporting beliefs and values at the end of life. <https://starship.org.nz/guidelines/spiritual-care/>.
- The Joint Commission (2026). Spiritual Beliefs and Preferences - Evaluating a Patient's Spiritual Needs. <https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/provision-of-care-treatment-and-services-pc/000001669/>.
- The Spiritual Child Network (2026). The Spiritual Child Network Website. <http://spiritualchild.co.uk/>.
- The United Nations (1989). Convention on the rights of the child. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.
- Timmins, F., & Caldeira, S. (2017). Understanding spirituality and spiritual care in nursing. *Nursing Standard*, 31(22). <https://www.doi.org/10.7748/ns.2017.e10311>.
- Toronto, C. E., & Remington, R. (2020). In C. E. Toronto, & R. Remington (Eds.), *A step-by-step guide to conducting an integrative review*. Springer.
- UNICEF (2026). A child's rights-based approach. <https://www.unicef.org/child-friendly-cities/crba/>.
- Vithana, K. V. G. S. G., Asurakkody, T. A., & Warnakulasuriya, S. S. P. (2025). Overview of spiritual care instruments and its domains: a scoping review. *BMC Palliative Care*, 24(1), 111. <https://doi-org.ezproxy.aut.ac.nz/10.1186/s12904-025-01750-1>.
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>.
- Winiger, F. (2022). Spirituality, religiousness, and personal beliefs in the WHO'S quality of life measurement instrument (WHOQOL-SRPB). *Oxford university press eBooks* (pp. 133–160). <https://doi.org/10.1093/oso/9780192865502.003.0007>.
- World Vision International (2026). Faith and development. <https://www.wvi.org/our-work/faith-and-development>.
- Wroniecki, R., & Moritz, M. L. (2023). Investigating the human spirit and spirituality in pediatric patients with kidney disease. *Frontiers in Pediatrics*, 11. <https://doi.org/10.3389/fped.2023.1104628>.
- Zumstein-Shaha, M., Ferrell, B., & Economou, D. (2020). Nurses' response to spiritual needs of cancer patients. *European Journal of Oncology Nursing*, 48, Article 101792. <https://doi.org/10.1016/j.ejon.2020.101792>.