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Spiritual intelligence in nursing education, an increasingly recognized resource

Olga Rocío Márquez Moreno
Universidad Pedagógica y Tecnológica de Colombia
olga.marquez@uptc.edu.co
ORCID: https://orcid.org/0000-0002-7985-4329
Efren Ariolfo Báez Conde
Universidad Pedagógica y Tecnológica de Colombia
efren.baez@uptc.edu.co
ORCID: https://orcid.org/0000-0003-3942-8912

Abstract

Introduction: Nursing is a discipline involving comprehensive care of human beings, encompassing physical, emotional, social, and spiritual dimensions. In this context, Spiritual Intelligence (SI) has been identified as an emerging educational resource with the potential to strengthen professional practice, caregiver well-being, and quality of care.

Objective: Explore, through a scoping review, the scientific findings surrounding the integration of SI in nursing education and its applications in educational and clinical settings.

Method: A scoping review was conducted following the Arksey and O'Malley protocol, with a systematic search of the PubMed, Web of Science, Scopus, Science Direct, Medline, BVS–LILACS, ProQuest, and Google Scholar databases through October 2023. Broad inclusion criteria were applied in terms of language, methodological design, and scope of study. Of the 2,357 records identified, 14 studies met the final selection criteria. Most of the studies come from Iran and other Middle Eastern countries, including research in both educational and clinical settings.

Results: The review showed that including SI in nurse training improves key skills such as verbal and nonverbal communication, critical thinking, emotional self-regulation, and clinical decision-making. It also promotes positive moods, a sense of purpose, vocation, and job satisfaction. The benefits extend to the care provided, reflecting in better perceived quality of care, reduced patient anxiety, fewer hospital remissions, and lower healthcare costs. However, much of SI training occurs in isolation, through self-study or extracurricular activities, underscoring the need to formally

integrate it into curricula.

Conclusions: Spiritual intelligence is a fundamental skill for nursing from a holistic perspective. Its systematic incorporation into the academic curriculum can enhance students' overall development, improve their academic and professional performance, strengthen caregivers' mental health, and optimize health outcomes. It is recommended to promote educational models that integrate SI across the board, as well as to encourage qualitative studies in diverse contexts that enrich the understanding and cultural adaptation of this construct.

Keywords: Spiritual intelligence, training, education, nursing

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Introduction

Spiritual intelligence has emerged in recent years as a fundamental concept for understanding the complete growth of the individual. This concept is understood as the ability to confront challenges, solve problems, seek the purpose of existence, and act ethically and consistently, based on personal values, self-knowledge, and profound reflection (Sharifnia et al., 2022). In this sense, Zohar and Marshall (2001) posit in their book Spiritual Intelligence that this type of intelligence is present in every human being as an innate characteristic that goes beyond logic and allows a connection with deep aspects of the self, as well as creativity and faith, without requiring membership in a specific religion.

From this perspective, spiritual intelligence emerges as a pivotal instrument in occupations that demand human interaction, emotional support in times of distress, ethical decision-making, and work in high-pressure environments, such as nursing. According to Hacker and Washington (2017), qualities linked to spiritual intelligence—such as introspection, personal adaptability, harmonization of values, and identification of purpose—are essential for facing the challenges of clinical care, work stress, and establishing an empathetic relationship with others.

The humanistic tradition in nursing, as initially promulgated by Florence Nightingale, has long acknowledged the inherent interconnectedness of individuals with their physical, mental, spiritual, and environmental dimensions. For Florence, effective care required a holistic perspective that combined science with spirituality and empathy (Shirazi and Sabetsarvestani, 2021). In the

contemporary context, this perspective is gaining prominence in contrast to the biomedical approach, which, while it has enhanced the technical aspects of care, has often marginalized the subjective and spiritual dimensions of the patient (Pérez, 2016).

In this context, various voices from the educational and philosophical spheres, such as that of Professor Francesc Torralba, emphasize the need to redirect professional training toward a more comprehensive education. Torralba (2016) posits that cultivating spiritual intelligence entails comprehensive preparation, metamorphosing individuals into conscious, responsible beings endowed with the capacity for ethical and compassionate action, as opposed to merely imparting technical proficiency.

A multitude of studies have demonstrated that training in emotional intelligence (EI) fosters the development of interpersonal skills, enhances the mental well-being of healthcare professionals, improves the quality of care, and mitigates emotional exhaustion and compassion fatigue syndrome. Pinto, C. T. and Pinto, S. (2020) emphasize that SI learning provides healthcare professionals with creative, conscious, and adaptable tools to meet the specific needs of patients. Moreover, research such as that by Esmaili et al. (2014) has been conducted that links SI with attributes such as humility, integrity, openness, and precision in professional performance. These attributes are essential for ethical and humane practice in the field of nursing.

Conversely, emotional exhaustion, prolonged stress, and elevated workload have been identified as risks for healthcare workers, who frequently encounter situations involving suffering, death, and critical decision-making. In this context, Sabo and Vachon (2011) emphasize the need to care for those who care, suggesting that cultivating emotional intelligence (EI) can be an effective way to prevent problems such as compassion fatigue, anxiety, moral suffering, and vicarious trauma.

In this theoretical and professional context, the present study is part of doctoral research entitled "Experiences of nursing students in their preparation to provide spiritual care: impact of spiritual intelligence in professional training. Perspective in the Colombian Context," a doctoral thesis conducted to obtain a Doctorate in Clinical Medicine and Public Health at the University of Granada. The objective of this analysis is to provide a distinct contribution to the existing body of knowledge in this domain, emphasizing the methods through which SI can be integrated into nursing education and the advantages this integration can offer to both educational and healthcare settings.

The objective of this study is to underscore the significance of spiritual intelligence in the education of nursing professionals and to illustrate the merits of its systematic incorporation into academic institutions. The proposal asserts that an educational curriculum that incorporates SI not only reinforces clinical expertise and elevates the standard of care, but also fosters the well-being, professional fulfillment, and emotional resilience of prospective nurses as they navigate the multifaceted challenges inherent in their profession.

Methods

A scoping review was conducted to synthesize the evidence surrounding the use of spiritual intelligence in the training of nursing professionals.

This review followed the protocol of Arksey and O'Malley (2005), who propose a clear and replicable methodology, providing reliable and scientific data for health professionals. This methodology consists of five stages: 1) Formulation of the research question; 2) Systematic search for relevant studies; 3) Review and selection of studies; 4) Organization and extraction of data; and 5) Compilation, summary, and dissemination of results (Fernández et al., 2019).

Search strategy

The units of analysis corresponded to scientific records or articles from inception to October 2023, in the PubMed, Web of Science, Scopus, Science Direct, Medline, BVS – Lilacs, ProQuest, and Google Scholar databases using the search equation ((“spiritual intelligence” AND (education* OR collage* OR vocation*) AND nursing*)).

The review did not determine a time frame, and all writings up to October 2023 with a qualitative, quantitative, or mixed design, observational studies, conference abstracts, and free writings were included. In the review of the included articles, manual searches were conducted in the reference lists to obtain data not captured in the databases consulted.

Search for relevant articles

Duplicates were excluded from the results (the abstracts were exported to the Mendeley web platform and Excel tool, where duplicates were identified and eliminated).

Review and selection of studies

After removing duplicates, titles, keywords, and abstracts were read to apply an initial filter and exclude studies that did not meet the defined inclusion criteria.

The **inclusion criteria** were as follows:

1. Articles published in any language, considering that studies were identified in Persian, Hebrew, and Arabic.
2. Studies whose findings were directly related to the use of spiritual intelligence in the educational or training field of nursing professionals.
3. No restrictions were established in terms of time or type of methodological design, allowing for the inclusion of qualitative, quantitative, mixed, observational studies, systematic reviews, conference abstracts, and reflection articles.

The **exclusion criteria** were:

1. Studies that address spiritual intelligence in exclusively clinical or therapeutic contexts, without connection to educational processes.
2. Duplicate publications not previously detected by the Mendeley tool.
3. Studies for which relevant information was not available in the full text, or which did not allow data to be extracted on the relationship between IE and nursing training.
4. Studies with evident methodological weaknesses, such as a lack of ethical criteria or instrument validation.

The articles that passed this initial stage were subjected to a thorough review of the text, during which the inclusion and exclusion criteria were applied once more to ensure the relevance of the selected studies.

Two independent reviewers (ORMM and EBC) participated in each round of evaluation, examining each study in parallel and recording their assessments in a comparative matrix. In instances of discordance, a collaborative analysis session was arranged between the two reviewers, with the assistance of an external advisor (CAP), an authority figure in the domain, to achieve a definitive consensus on the inclusion or exclusion of the articles.

Following the meticulous application of inclusion criteria, a comprehensive sample of 14 studies was identified and consolidated for further analysis.

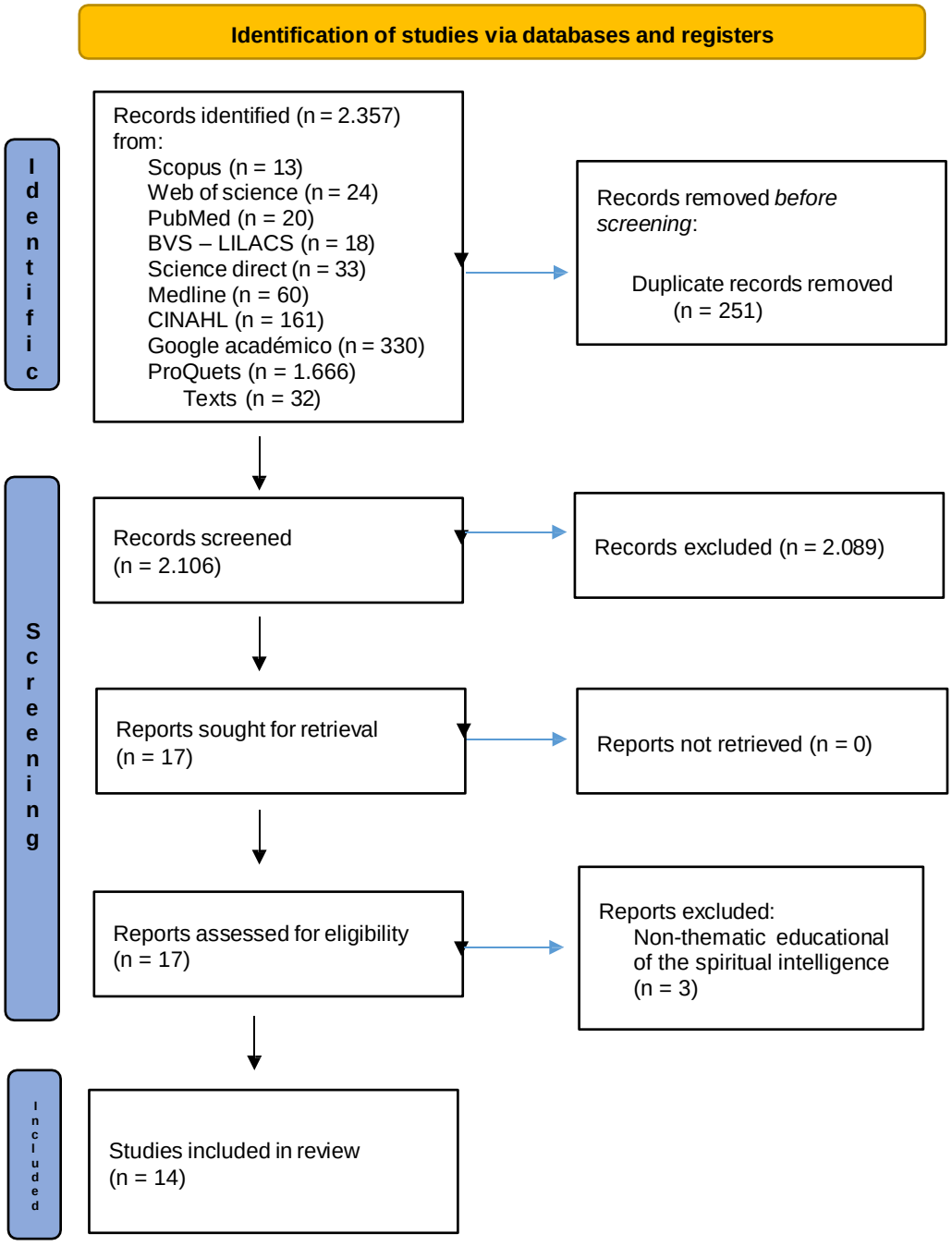
Data organization and extraction

The articles selected for analysis that make up the sample were summarized in Table 1, which includes the following aspects: 1) year and country where the study was conducted, 2) study design, 3) method and characteristics of the sample, 4) results and conclusions, and 5) applications for nursing education.

Results

The search retrieved 2,357 studies. After eliminating duplicates, the titles and abstracts of 2,106 articles were analyzed, and finally, 17 studies were reviewed in full text, with 14 studies being included for analysis, as three of them did not address topics in the field of SI education, as shown in Figure 1.

Figure 1. Flow chart of Spiritual intelligence in nursing education, an increasingly recognized resource



Source: McKenzie et al. (2021)

This review included 14 articles; 12 are original studies and 2 are systematic/bibliographic reviews. Of the original studies, 6 of the 12 correspond to research carried out in educational institutions where nurses are trained, mainly located in Iran (Jafarbaglou, 2013; Jamal, 2012; Mosavinezhad, 2019; Özcan, 2020; Rakhshanderou, 2020; Sisman, 2021) and one in Turkey (Sisman, 2021); four studies were conducted in hospitals in Iran with graduate nursing professionals (Alilu, 2022; Mehralian, 2023; Riahi, 2018; Sabzianpur, 2018); and two studies focused on nursing teachers, one in Iran and one in South Africa (Mounaghi, 2011; Molekodi, 2017). These studies have sample sizes ranging from a minimum of 14 participants (Molekodi, 2017) to a maximum of 540 participants (Rakhshanderou, 2020).

Table 1. Articles included in the scoping review: spiritual intelligence in nursing education, an increasingly recognized resource:

Author	Year	Source	Country	Study design	Sample
Alilu	2022	Web of Science	Iran	Experimental study	70 nurses from clinical areas
Jafarbaglou	2013	CINAHL	Iran	Descriptive analytical study	353 nursing, midwifery, and medical students
Jamal	2012	CINAHL	Iran	Descriptive analytical study	180 nursing students
Mehralian	2023	Scopus	Iran	Descriptive analytical study	312 nurses working in a COVID-19 hospital in southern Iran
Molekodi	2017	ProQuets	South Africa	Descriptive analytical study	14 nursing teachers
Mosavinezhad	2019	CINAHL	Iran	Descriptive analytical study	300 health and education students
Mounaghi	2011	CINAHL	Iran	Descriptive analytical study	160 teachers from clinical areas in health
Özcan	2020	Medline	Iran	Descriptive analytical study	260 nursing students
Rakhshanderou	2020	Medline	Iran	Descriptive analytical study	540 undergraduate and graduate health students in nursing, medicine, dentistry, nutrition, obstetrics, rehabilitation, and nutrition
Riahi	2018	PubMed	Iran	Experimental study	82 nurses from the Intensive Care Unit

Sabzianpur	2018	Scopus	Iran	Descriptive analytical study	174 nurses working in university hospitals
Sharifnia	2022	Science direct	Iran	Systematic review and meta-analysis	Search of 16 databases that included x randomized trials and x non-randomized trials
Sisman	2021	Web of Science	Iran	Experimental study	120 nursing students
Vidal	2023	Google scholar	Turkey	Narrative literature review	Search of 7 databases that included x literature reviews and x original articles

Source: Own elaboration based on a scoping review: Spiritual intelligence in nursing education, an increasingly recognized resource.

The main findings, as well as the limitations of the studies included in the scoping review, are summarized in Table 2.

Table 2. Main findings and limitations of the articles included in the scoping review: spiritual intelligence in nursing education, an increasingly recognized resource.

AUTHOR	KEY FINDINGS	LIMITATIONS
Alilu	SI training is effective in improving verbal and nonverbal communication skills in nurses. It is recommended that this training be included on an ongoing basis in healthcare organizations through workshop-style methodologies.	The study population consisted of Iranian nurses, which makes it difficult to generalize the results.
Jafarbaglou	It was determined that higher SI is associated with greater happiness and academic progress in nursing students. Happy moods were reported, which correlated with improved quality of patient care and higher-grade point averages among students. Nursing teachers should plan strategies that include their SI competencies in workshop-style sessions that address critical thinking skills, self-awareness, and meaning-seeking in the workplace.	A self-assessment questionnaire was used, which limits knowledge of the phenomenon; qualitative studies with in-depth interviews are suggested to investigate IE in each cultural context, in different environments, families, teachers, friends, and types of religion that a person adheres to.

Jamal	Nursing students who received topics with IE-supported teaching tools were associated with greater academic success, lower dropout rates, greater responsibility, resilience, and effort in their assignments. Work was done to promote self-regulation mechanisms, critical thinking, and reading comprehension. Nursing teachers are recommended to increase their knowledge of educational psychology and learning strategies.	There are no other studies comparing the relationship between IE and academic success. The self-report used to collect information limits the exploration and understanding of the phenomenon for further study.
Mehralian	Nursing education centers are encouraged to use IE to promote problem-solving and decision-making skills, improve self-awareness and enhance ethical standards, foster communication skills and interdisciplinary work, reduce errors caused by stress and fatigue, promote job satisfaction, and improve productivity and self-efficacy levels among nurses.	Study based on a self-reported survey and limited to a single culture. Qualitative studies in other cultures are recommended.
Molekodi	The construction of a nursing education model that includes all aspects of interconnected human care—body, mind, and spirit—is proposed, and to this end, the training of students in spiritual care is proposed.	The review was literary, and its context focused on South Africa, thus limiting its results.
Mosavinezhad	SI correlates as a factor that strengthens mental health in obstetrics and nursing students, reducing their levels of anxiety about academic exams and their social performance. University officials are encouraged to plan and offer educational services to promote EI-based workshops.	The information was collected as a self-report. In the future, qualitative studies in other populations, cultures, and with gender differences will be considered.
Mounaghi	Teachers who enrich their technical knowledge with SI tools demonstrated greater teaching ability. It is suggested that the academic world recognizes the importance of incorporating personal development topics into training, rather than focusing exclusively on technical knowledge, in order to improve teaching ability and holism in the professional future.	A self-assessment questionnaire was used, which limits knowledge of the phenomenon; qualitative studies with in-depth interviews are suggested.

Özcan	When conducting an evaluation and comparison between students who are beginning and those who are about to graduate in nursing, in terms of awareness, ethics, flexibility, and social sensitivity, no differences were found that indicate growth in these areas. It is recommended that nursing academics make more efforts to include SI tools as a basic and cross-cutting theme in the nursing curriculum (compulsory and elective courses), not limiting themselves to topics in deontology and/or professional ethics, as it has been shown that this training is not sufficient to generate growth in students.	The purpose of the study was to evaluate and provide evidence for taking corrective measures and necessary precautions in nursing curricula; therefore, it does not present any intervention measures to assess their effectiveness.
Rakhshanderou	Health science students perceive a positive and significant relationship between spirituality and self-efficacy. It is recommended that nursing education administrators create mechanisms to improve and promote spirituality in training in order to generate tools, incentives to be better, excellence in actions, a vocation for service to others, responsibility, and self-confidence in objective decision-making. Professionals who perceive themselves as self-efficacious are better prepared to deal with clinical situations effectively.	Study based on a self-reported survey and limited to a single culture. Qualitative studies in other cultures are recommended.
Riahi	SI training for ICU nurses showed a reduction in anxiety and symptoms of depression in patients during hospitalization, a reduction in the length of hospital stays, a reduction in relapses and hospital readmissions, fewer invasive interventions at the end of life, lower costs, a greater sense of quality of life, and satisfaction with the care received. Nurses reported greater job satisfaction and reduced burnout due to work overload. Most nurses are trained in SI independently, not in undergraduate programs or at their workplace, which is recognized as a limitation to the provision of holistic care.	There are limited studies that point to ways of improving nurses' spiritual care skills, which is compounded by the restricted geographical area. Therefore, further studies are recommended on the effect of SI training on spiritual care skills, with larger samples and a broader setting.

Sabzianpur	A correlation was found between SI and quality of nursing care; it is suggested that EI-related competencies be included in job entrance exams and in human talent development programs in healthcare at the institutional level.	Study not extended to non-Iranian cultural contexts. The aspects of care quality that are improved with SI are not specified.
Sharifnia	Educational interventions in SI have been shown to have a positive effect on SI in nursing professionals and students. Scores on SI assessment scales increase after receiving training and continue to do so progressively over time, demonstrating adherence to these constructions. These participants also show significantly higher job competencies in communication and spiritual care skills, job satisfaction, and stress control and reduction.	The results were measured after one month of follow-up in most of the studies reviewed. Longer trials with more outcomes and larger populations are needed.
Sisman	Nursing students who received SI training improved their ability to identify factors that affect their feelings, how to express them, and learn skills to manage them. It is recommended that these topics be included in undergraduate curricula as they are essential for addressing the needs and emotions of patients, promoting their recovery, solving problems, improving performance, protecting mental health, and reducing burnout and work-related stress.	No studies were found in other cultures to compare these results.
Vidal	The relationship between SI and emotional intelligence and their importance in the skills of students and health professionals is demonstrated. It is recommended to avoid confusing the concepts of spirituality with religiosity and morality, which, although associated, have different meanings and practical implications.	Further studies linking these two variables are warranted.

The review presented indicates that incorporating topics related to emotional intelligence into nurse training improves their verbal (Alilu, 2022) and nonverbal (Alilu, 2022) communication skills, which are essential for their communication competence, which is essential for teamwork and patient relations.

Furthermore, advancements in skills that promote students' mental well-being have been observed, contributing to a reduction in their levels of anxiety and stress (Mosavinezhad, 2019; Sisman, 2021). These developments have also fostered resilience, responsibility, and professional vocation. Consequently, this phenomenon has been shown to positively impact various aspects of job satisfaction, including increased productivity and enhanced self-confidence (Mehralian, 2023; Sabzianpur, 2018).

The impact of emotional intelligence training on nurses' academic performance is evidenced by enhanced achievement, increased responsibility in their duties, reduced rates of school dropout, improved emotional regulation, higher performance on academic assessments, and enhanced preparation to confront clinical scenarios necessitating decision-making and collaborative teamwork (Jafarbaglou, 2013; Jamal, 2012; Rakhshanderou, 2020; Sisman, 2021).

Comprehensive nurse training, as evidenced by Mounaghi (2011), has been shown to promote emotional intelligence, thereby offering health service users several notable advantages. These include a reduction in anxiety and depressive symptoms during hospitalization, a decrease in relapses, the ability to more effectively identify needs, an enhanced quality of life, and an increased satisfaction with care (Riahi, 2018). Furthermore, service providers have demonstrated a decline in hospital stays and readmissions, a reduction in invasive interventions at the end of life, and a decrease in costs (Riahi, 2018). These changes have resulted in enhanced healthcare quality indicators.

The benefits of nursing training include emotional intelligence are addressed by Jafarbaglou (2013), who links them to happiness, academic advancement, and quality of health care. This author proposes methodologies for integrating emotional intelligence through workshops (Alilu, 2022; Jafarbaglou, 2013) that encompass a range of topics, including communication, critical thinking, self-awareness, job seeking and vocational purpose, self-knowledge, self-regulation, reading comprehension, problem solving, decision making, and ethical and moral training. These methodologies are designed to promote excellence and comprehensive development (Jamal, 2012; Sisman, 2021).

A review of the literature reveals that emotional intelligence (EI) training for nurses is often implemented in isolation, as a component of a broader topic within the domain of professional ethics or deontology. This approach has been deemed inadequate (Özcan, 2020). Furthermore, there have been endeavors to provide ongoing training during professional practice as continuing

education strategies (Mehralian, 2023; Riahi, 2018; Sabzianpur, 2018). This training is often self-taught and empirically based, emerging as a response to problems of anxiety, stress, depression, and difficulties in conflict resolution (Özcan, 2020).

Consequently, there is a compelling need for nursing educators to receive training in SI issues. It is recommended that educators broaden their knowledge beyond the technique, thereby enhancing competencies such as educational psychology, learning strategies, and the development of person-centered tools (Mounaghi, 2011; Molekodi, 2017). This approach is conducive to comprehensive education for future nursing professionals.

The ability to engage effectively with patients on a personal level is a critical component of nursing education, as it is instrumental in ensuring the delivery of comprehensive care that addresses the multifaceted needs of individuals, encompassing their physical, mental, social, and spiritual dimensions (Sharifnia, 2022; Vidal, 2023). These competencies have been put forth as essential criteria for the selection, admission, and evaluation of nurses in their professional practice (Sabzianpur, 2018).

The integration of SI into nursing curricula is presented as a necessary and effective action to train well-rounded professionals. The development of specific training models that incorporate SI throughout the curriculum is recommended, covering subjects and courses—both compulsory and optional—that promote the spiritual, emotional, and ethical growth of students (Sisman, 2021; Torralba, 2016).

A notable limitation identified in this review is the predominance of Eastern countries as the source of many of the most significant studies (Sharifnia, 2022; Mehralian, 2023; Riahi, 2018). This phenomenon may be indicative of a perspective influenced by religious beliefs. Consequently, it is imperative to expand the perspective to encompass a more comprehensive and culturally diverse understanding of spirituality. The proposal includes the execution of qualitative research in various contexts. This research will be conducted through in-depth interviews, which are intended to promote a more contextualized understanding of the phenomenon under investigation (Jafarbaglou, 2013; Molekodi, 2017).

Discussion

The review presented indicates that incorporating topics related to emotional intelligence into nurse training improves their verbal (Alilu, 2022) and nonverbal (Alilu, 2022) communication

skills, which are essential for their communication competence, which is essential for teamwork and patient relations.

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ethics or deontology. This approach has been deemed inadequate (Özcan, 2020). Furthermore, there have been endeavors to provide ongoing training during professional practice as continuing education strategies (Mehralian, 2023; Riahi, 2018; Sabzianpur, 2018). This training is often self-taught and empirically based, emerging as a response to problems of anxiety, stress, depression, and difficulties in conflict resolution (Özcan, 2020).

Consequently, there is a compelling need for nursing educators to receive training in SI issues. It is recommended that educators broaden their knowledge beyond the technique, thereby enhancing competencies such as educational psychology, learning strategies, and the development of person-centered tools (Mounaghi, 2011; Molekodi, 2017). This approach is conducive to comprehensive education for future nursing professionals.

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Conclusions

This comprehensive review facilitated the identification and synthesis of the extant scientific evidence concerning the incorporation of spiritual intelligence (SI) in the training of nursing professionals. The findings indicate that SI is a valuable educational tool that promotes both personal and professional growth in future nurses. Its systematic integration into education has been demonstrated to enhance communication, ethical, emotional, and cognitive skills, which are imperative for providing humanized, comprehensive, and high-quality care. The implementation of SI training has been demonstrated to engender a number of notable benefits in students. These include the cultivation of heightened resilience, a profound sense of responsibility, enhanced clarity regarding their vocations, augmented self-awareness, and the development of effective emotional regulation skills. These factors have been shown to exert a positive influence on various aspects of students' academic well-being, clinical performance, and their level of dedication to the profession. Furthermore, professionals who have enhanced this dimension report a greater sense of job satisfaction, a reduced incidence of emotional burnout, and an enhanced ability to confront challenges in healthcare practice, a phenomenon that also positively impacts patient health outcomes.

However, the extant studies indicate that education in SI remains scarce, marginal, or even self-taught in many areas. Its scope is predominantly constrained, as it is primarily incorporated into courses such as ethics or deontology, with limited integration across the curriculum. Moreover, the preponderance of research originates from Middle Eastern countries, a factor that curtails cultural diversity and the generalizability of the findings. It is therefore essential to move forward in the creation of training models that incorporate SI as a central axis in professional education, from the first to the last year, through specific subjects, experiential workshops, reflective practices, and ethical and spiritual teacher guidance.

It is therefore recommended that higher education institutions in nursing integrate spiritual intelligence into their programs as a crucial element in the training of professionals who are ethical, empathetic, and ready to face the human and clinical challenges of health care. Furthermore, the promotion of qualitative research in Latin American contexts is proposed, with a focus on the experiences, obstacles, and opportunities for the inclusion of SI in nursing education and practice. The establishment of a nursing profession that is truly committed to humanity in all its dimensions—physical, emotional, social, and spiritual—is only possible through comprehensive training.

Declaration statements

Author contributions statement

The author designed the study, collected data, curated and analyzed the dataset, wrote the first version of the manuscript, read, reviewed and approved the final version of the manuscript.

Conflicts of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Data availability

The data supporting the findings of this study are available from the corresponding author, upon reasonable request.

Biographical note: Nurse, Health Audit Specialist, Master's Degree in Nursing with an emphasis on maternal and child health, and PhD candidate in Clinical Medicine and Public Health. Professor at the School of Nursing, Pedagogical and Technological University of Colombia, Tunja. Her areas of professional expertise are maternal-perinatal health, participation in administrative processes related to the provision and continuous improvement of quality in Health Service Institutions. Research Group: Nursing and Primary Health Care.

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